

Mini-Review – CAM Concepts/Treatment Yeast Syndrome-Enteric Candidiasis

Theory

Enteric Candidiasis, or Yeast Syndrome, is theorized to be an abnormal overgrowth of *Candida albicans* in the intestinal tract, causing a wide variety of clinical symptoms. This overgrowth of yeast is thought to be the result of excessive antibiotic use, excessive intake of refined carbohydrates, or use of immunosuppressive medications such as prednisone. The yeast are believed to adhere to the gut lining, release toxins, and cause a host inflammatory reaction that increases gut permeability. Toxins and antigenic molecules can thus enter the bloodstream through the compromised GI mucosal layer, and are thought to cause immune system and other health problems. To date, there is scant evidence in the literature to support this theory (see below).

Symptoms

Fatigue, lethargy, depression, inability to concentrate, headaches, skin rashes, constipation, abdominal pain, diarrhea, gas, bloating, heartburn, PMS, recurrent yeast vaginitis, arthralgia, myalgia, paresthesias, rhinitis, sinusitis, serous otitis, food and chemical sensitivities, hyperactivity have all been reported as symptoms of enteric candidiasis.

Diagnosis

Tests commonly used include stool cultures for *Candida albicans*, and stool and serum *Candida* antigen and antibody levels, although results of these tests correlate poorly with clinical symptoms and healthy people without symptoms often have positive results. The diagnosis is often made by exclusion when patients have the symptoms above plus one or more predisposing factors (medications or nutritional factors), and after other conditions such as hypothyroidism and anemia have been ruled out.

Treatment

Patients are advised to avoid simple carbohydrates and yeast and mold containing foods, to promote healthy gut flora balance by taking probiotics, and to take anti-fungal supplements such as oregano oil, caprylic acid, garlic. Some practitioners use prescription anti-fungals such as nystatin, fluconazole, ketoconazole, etc. Duration of treatment varies from a few weeks to many months.

Evidence

There is scant evidence in the scientific literature to support the existence of enteric candidiasis. A randomized, double blind trial of nystatin vs. placebo in individuals with presumed fungal hypersensitivity did demonstrate a significant reduction in symptoms in the nystatin group. (Family Practice Vol. 18, 2001 No. 3, 258-265).

A systematic review published in the International Journal of Hygiene and Environmental Health in 2002 concluded that “neither epidemiological nor therapeutic studies provide evidence for the existence of the so-called ‘Candida-syndrome’ or ‘Candida-hypersensitivity-syndrome’”. (Int J Hyg Environ Health, 2002 May;205(4):257-68).