

FREE
YOUR
SELF

CANDIDA
PROGRAMME

By Janine Burns and GutDoctor.com

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PLEASE READ FIRST

A note from the author (an ex-candida overgrowth & M.E. sufferer)

If you've had candida overgrowth for many years then the chances are you'll feel exhausted, your brain fog will be like pea soup and your short term memory will have got up and gone. If this is the case, before you go any further with this self help guide to getting rid of your candida overgrowth, I urge you to enlist the help of a friend or loved one who isn't suffering, so they can guide you through the process of getting better. You will benefit much more by having a wellness partner as they will find the programme much easier to take in and understand. I've found that candida sufferers (including myself) who are chronically ill, can't concentrate enough to get maximum benefit from this programme. What tends to happen is they only do a portion of what they need to do, and for this programme to be successful you need to do it all. So if you are one of these people, please ask someone for help.

Finally, please remember that we are all different and those differences will show in how quickly we respond to the programme and in what we need to do to remove the cause. A word of wisdom from someone who was a long standing sufferer - do not neglect your stress or emotional baggage, they are a very relevant part of you which needs to be dealt with in order to get better.

A note about the contents of this booklet: whilst there are many ideas in this life on how to maintain optimum health, and some can be very extreme, what I have learned over my years of working closely with people is that not many will work to those extremes for any length of time, if at all. So, in my bid to help as many people as I can, I have tried to stay 'middle of the road' as much as possible whilst still keeping the programme effective.

Remember, there is light at the end of the tunnel, and you can get candida overgrowth under control!

I wish you every success with your health

Janine

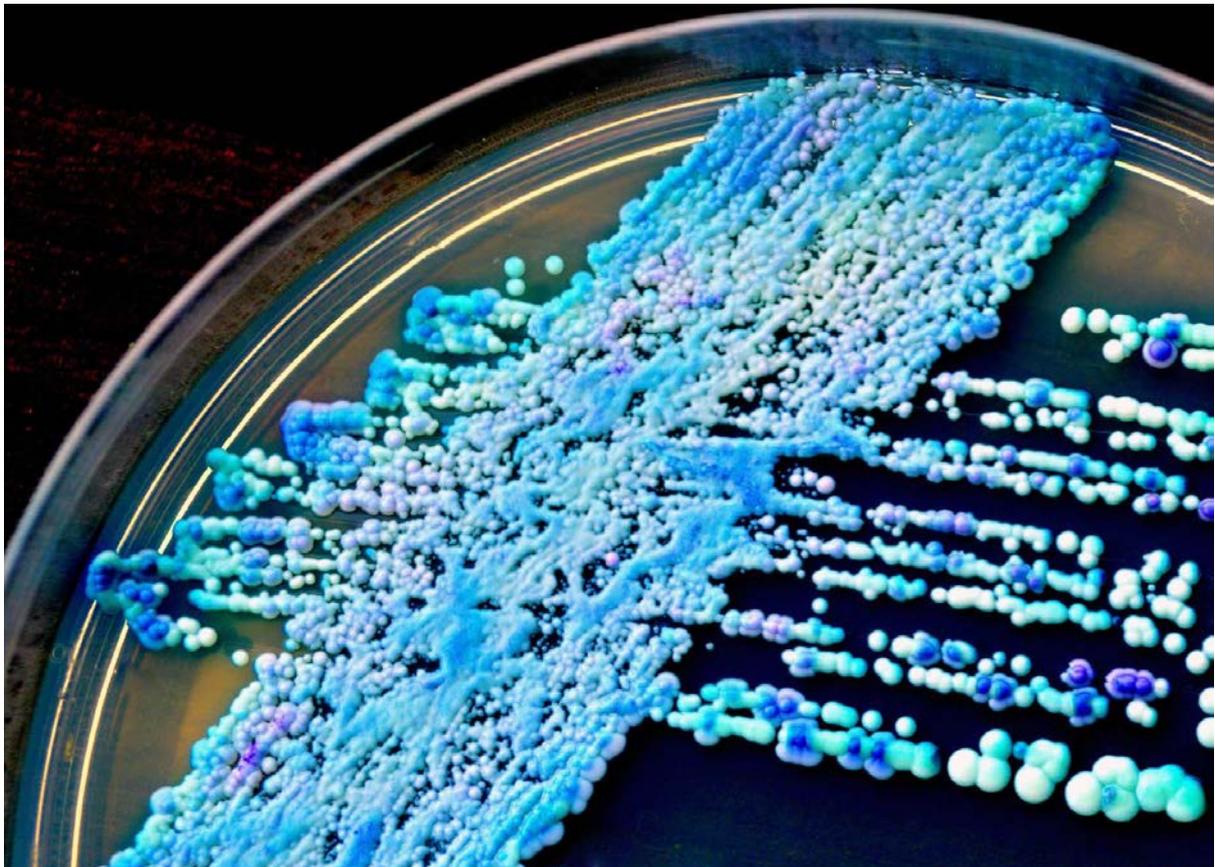


Janine and Alex

WHAT IS CANDIDA?

Candida is a yeast-like organism found in the mouth, throat, stomach, bowel and vagina. It's not something you catch - you are actually born with it. Under normal circumstances the candida is kept under control by the good/friendly bacteria we have in our bodies (in the intestinal tract).

Unfortunately, if normal conditions change due to any of the causes mentioned below then the natural healthy balance of the gut can change. The candida organisms can convert from their yeast form into a 'mycelial' form that has root-like growths. These can then penetrate the intestinal walls (causing what is often referred to as leaky gut or gut wall hyper-permeability) and enable toxins such as proteins, alcohols & ammonia to be absorbed into the blood stream causing many side effects, including food/product intolerances some of which can often be debilitating.



TESTS FOR CANDIDA OVERGROWTH

There are three mainstream recognized tests for identifying Candida overgrowth, none of which is 100% conclusive. One of the problems lies in the name of the condition - Candida overgrowth. Candida species are present in almost everyone, and only become a problem when the natural balance of gut flora is disturbed - a state known as dysbiosis. Candida overgrowth is also sometimes known as a fungal dysbiosis, to differentiate from an imbalance in gut bacteria caused by pathogenic bacteria, known as a bacterial dysbiosis.

The three tests are a **Stool** Test; a **Saliva** Antibody test; and a **Blood** Antibody test.

STOOL TEST FOR MYCOLOGY:

You can send a stool sample to a Laboratory to look for the presence of fungal organisms. If fungal organisms are detected, then the species should be identified, and what is known as a susceptibility profile run. This means that the species is tested for what will kill it, and recommendations made to you for pharmaceutical or natural products on that basis. It may sound obvious, but the Lab will only diagnose Candida overgrowth if they find it. If they happen to miss it even if it is present, and it does happen, then their diagnosis will be faulty - what is known as a false negative.

SALIVA ANTIBODY AND BLOOD ANTIBODY TEST:

These tests will attempt to isolate antibody (immunoglobulin) reactions to Candida species. These reactions will occur if your immune system has attacked Candida species within the preceding six months. The antibodies that are tested for are IgG, IgM, IgA, Candida Antigen and immune complexes. If you have recently brought a Candida overgrowth under control, you may still test positive for Candida overgrowth, as the antibodies remain detectable in the immune system for up to six months.

There are two other non-laboratory tests doing the rounds at the moment. One is the Spit Test:

Fill a clear glass with water and place it by your bed at night. When you wake in the morning, work up a bit of saliva and spit into the glass of water. It is important that nothing enters your mouth or touches your lips before you do this. Do not drink any water, do not brush your teeth and do not kiss your partner. I'm sure they will understand just this one time!

Immediately make note of how the saliva looks. Check again 2 or 3 minutes later. Check the glass every 15 minutes until you leave for the day.

Healthy saliva will be clear, it will float on top and it will slowly dissolve into the water without any cloudiness and without sinking. There are normally some bubbles or foam present.

Candida saliva will have one or more characteristics that point to a Candida albicans overgrowth:

- Strings traveling down to the bottom of the glass
- Cloudy saliva that sinks to the bottom of the glass
- Cloudy specks suspended in the water

The more strings and cloudiness there are, and the faster it develops, the greater the Candida albicans overgrowth.

This test is gaining in popularity, although it has no good basis in science. Another popular diagnostic is to take a pure antifungal (whether pharmaceutical or natural), and if symptoms are alleviated, even if only for a short period of time, then the problem must be a fungal one. By pure anti fungal, I mean one that only acts against fungal organisms and does not affect bacteria.

The other test is a [Candida Symptoms Questionnaire](#), which, if carried out correctly with a health history being taken, and cross referenced with a further Questionnaire - the FRDQ-7 (Fungus Related Disease Questionnaire - a bona fide medical questionnaire), gives a diagnostic accuracy of 95%.

For information on the tests go here: <http://www.gdx.net/product/yeast-culture-test-stool>

WHAT CAUSES CANDIDA OVERGROWTH?

There are many causes of candida overgrowth (also known as candidiasis). The more that apply to you and the longer you have had them the worse your candida overgrowth is likely to be.

How many of these have affected you during your lifetime?

- Overuse of antibiotics (any use at all should to be taken into account)
- High sugar diet
- Diet high in refined carbohydrates
- High levels of stress (whether you internalise or externalise your stress)
- High stimulant intake (tea, coffee, sugar, alcohol, chocolate & tobacco)
- Drugs (recreational or prescribed)
- Steroid treatments
- Use of the contraceptive pill or HRT

(Other factors such as diet, hereditary factors and immune health may also affect the severity of the candida overgrowth).

HOW MANY OF THESE SYMPTOMS DO YOU HAVE?

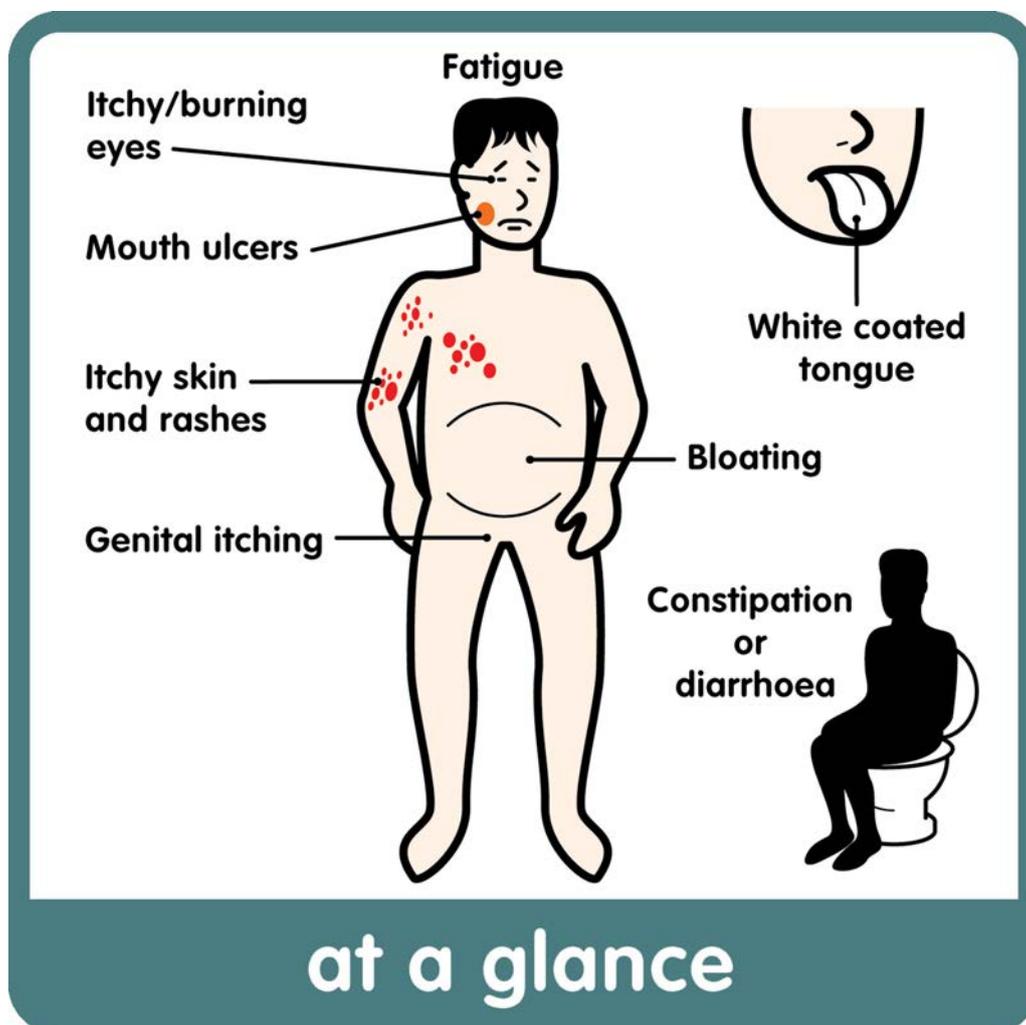
- Recurrent/persistent thrush (oral or vaginal)
- Cystitis or recurrent urinary tract infections
- Athlete's foot, fungal nails or skin infections
- Abdominal bloating, wind, IBS, itchy anus
- Fatigue, poor memory, brain fog, lethargy
- PMS, menstrual irregularities, irritability, menstrual cramps, endometriosis, infertility
- Muscle aches and fatigue for no reason, swollen or aching joints
- Loss of libido
- Frequent upper respiratory tract infections, colds, coughs & sinusitis
- Depression, anxiety & headaches
- Chronic fatigue (M.E.)
- Food allergies and intolerances, including hay fever, hives, asthma, eczema, psoriasis
- Hyperactivity in children

Candida is controversial, of that there is no doubt. The medical profession denies its existence, except in very limited cases, making it very difficult to get a medical

diagnosis of candida. Our own Medical Consultant advises that you should not waste your time going to your GP saying that you have a Candida overgrowth problem, as medics are not allowed to recognize it other than in cases of severe immune compromise like HIV AIDS. Candida is the popular term for candidiasis (yeast overgrowth) - a condition first identified by American physicians in the 1970s.

Moderate amounts of candida (and other yeast) live in every one of us without causing any harm, but when given free rein to grow unchecked, for example by wiping out the surrounding beneficial bacteria with broad-spectrum antibiotics, candida can change into its fungal form and spore through the intestinal wall into the rest of the body. Once through, it rampages around the body producing a multitude of symptoms.

COMMON SYMPTOMS OF CANDIDA



Candida overgrowth

A minority of sufferers have numerous symptoms; the vast majority have thrush plus a few others. It is interesting to note that not every sufferer has vaginal thrush.

Group 1:

The damage to the intestinal wall allows undesirable toxins to permeate into the bloodstream. This condition, called 'leaky gut syndrome', often leads to:

- multiple food allergies and intolerances
- migraines
- foggy brain
- muscle aches
- joint aches

Group 2:

Once through to the rest of the body, candida has the ability to disrupt the endocrine system causing symptoms such as:

- thrush
- cystitis
- PMS
- menstrual irregularities
- joint pains
- asthma
- hayfever
- sinusitis
- fungal infections of the nails/skin e.g. athlete's foot
- weight gain or weight loss
- ear infections
- chronic tiredness
- allergies
- sensitivity to perfume, tobacco smoke and petrol

Group 3:

Symptoms in the intestines include:

- bloatedness
- flatulence
- diarrhoea and/or constipation
- itchy anus

In addition, candida involvement has been implicated in some cases of other illnesses e.g. ME/CFS, Endometriosis.

Contributory factors

The popular perception is that candida is the consequence of antibiotics usage. The medical profession dismisses this as fantasy, saying that antibiotics could not have that effect in a healthy individual. But it may be that antibiotics act as the 'final straw' in cases where health has already been compromised, possibly by one or more of the following:

- use of the contraceptive pill or HRT
- use of natural progesterone cream
- use of other steroids (hydrocortisone, prednisolone etc.)
- use of immuno-suppressive drugs
- repeated use of broad-spectrum antibiotics e.g. for acne
- dental mercury amalgam poisoning
- other heavy metal poisoning e.g. lead, cadmium
- chemical poisoning from the home, garden, workplace etc.
- stress and hormonal changes e.g. puberty, pregnancy, menopause

IF IT IS NOT CANDIDA OVERGROWTH, WHAT ELSE COULD IT BE?

Because diagnosis is difficult, we are often contacted by people who think that Candida overgrowth is their problem, but after careful consultation, it transpires that something else is at issue.

If you suspect having vaginal Thrush, you would normally notice a discharge that is thick, white and curd-like. This does not usually have an odour, but may be accompanied by itching or soreness. Thrush is usually treated with a course of anti fungal medication or supplementation.

Conditions that are confused with **Thrush** are **Bacterial Vaginosis (BV)** or **Trichomoniasis (TV)**.

With **BV** the discharge may be white or grey, and thin. This may or may not be accompanied by a fishy odour and itching, and vaginal irritation or discomfort. BV is a vaginal infection caused by an imbalance in the pH levels in your vagina. BV is the most common vaginal infection and almost twice as common as thrush. It's also the most common cause of vaginal discharge in women of childbearing age. You can treat and prevent BV with [Balance Activ](#), which works quickly to restore your vagina's natural pH balance while treating and relieving symptoms.

In cases of **TV** an accompanying discharge is yellow/green and frothy, and there is an unpleasant fishy odour. There may also be soreness, swelling and pain during or after urination or intercourse. Trich, as it is known, is a common sexually transmitted infection that affects the vagina and urethra.

Caused by a tiny parasite called trichomonas vaginalis, the condition can be difficult to diagnose because it rarely displays symptoms. You should visit your GP or GUM clinic, they will advise you on the correct treatment.

Small Intestinal Bacterial Overgrowth (SIBO) can impair bile salts production (leading to steatorrhea) and interfering with vitamin B12 absorption. A [Hydrogen breath test](#) will diagnose this disorder. Small intestine bacterial overgrowth (SIBO) is a condition in which abnormally large numbers of commensal bacteria are present in the small intestine. SIBO is a common cause of IBS - in fact it is involved in over half the cases of IBS. It accounts for 37% of cases wherein endoscopic cultures of aerobic bacteria are used for diagnosis. Eradication of this overgrowth leads to a 75% reduction in IBS symptoms. Bacterial overgrowth leads to impairment of digestion and absorption and produces excess quantities of hydrogen and/or methane gas. These gases are not produced by human cells but are the metabolic product of fermentation of carbohydrates by intestinal bacteria. When commensal bacteria (oral, small intestine or large intestine) multiply in the small intestine to the point of overgrowth, IBS is likely. Hydrogen/methane breath testing is the most widely used method of testing for this overgrowth. Stool testing has no value in diagnosing SIBO.

Irritable Bowel Syndrome (IBS) is one of the most common complaints in the western world. Indeed, many candida overgrowth sufferers will have been told by their GP that IBS is their diagnosis, and to go away and live with it!

Around 50% of all gastrointestinal complaints and half of all GP referrals are due to IBS. Irritable bowel syndrome (IBS) is also known by many other names, such as spastic colon, mucous colitis, functional bowel disorder, dyspeptic diarrhoea, spastic constipation, anxiety and GI syndrome, and nervous bowel. It affects 24% of all women and 19% of all men, usually developing in late adolescence or early adulthood. Before the menopause, more women than men present with IBS; after the menopause the numbers are about equal. The condition is characterized by intermittent periods of constipation or diarrhoea, often accompanied by bloating and/or abdominal pain, mucous in stools and bowel rumbling.

Patients with IBS can be divided into:

- Those with constipation predominant IBS
- Those with diarrhoea predominant IBS
- Mixed IBS

Patients often complain of abdominal pain, typically above the left hipbone, and the pain is relieved by going to the toilet. The patient may also complain of a feeling of incomplete emptying of the rectum. Abdominal distension and bloating are suggestive of IBS, in the absence of any bowel obstruction. Non gastrointestinal symptoms may also be reported, like fatigue, or urinary tract problems. Up to 20% of patients develop symptoms after a bout of infectious gastroenteritis, and this is known as 'post infectious IBS'.

IBS needs to be distinguished from conditions with similar symptoms such as celiac, colorectal cancer, infective diarrhoea, diverticular disease, carcinoid syndrome, gallstones, appendicitis and inflammatory bowel disease (IBD). This is particularly important when the following indicators are present:

- A short history of symptoms
- Weight loss
- Nocturnal symptoms
- Rectal bleeding
- Age over 50 years

Stool tests usually find nothing significant - no blood, excess white cells, parasites or bacteria. Likewise, full blood count tests and inflammatory markers will be normal.

Factors that have been implicated in the mechanism of IBS are:

- **Abnormal GI sensation**

- **Abnormal GI motility.** Once partly digested food has left the stomach, it is moved through the digestive tract by rhythmic contractions of the muscles in the intestinal walls, a process called peristalsis. In irritable bowel syndrome, these muscles go into spasm for unknown reasons, becoming so uncoordinated that they move residues either too quickly (causing diarrhoea) or too slowly (causing constipation).
- **Altered GI serotonin signalling.** In these cases the use of a supplement like [*Stressolim*](#), that normalises serotonin levels in the gut has been found to be useful, naturally relaxing the gut and returning it to normal function.
- **Altered bacterial flora, or dysbiosis.** Gut dysbiosis can be bacterial or fungal (candidiasis). In cases of bacterial dysbiosis [*Lactoferrin*](#) and [*Custom Probiotics CP-1*](#) have been effective. Lactoferrin will kill off bad bacteria while CP-1 will quickly replace beneficial bacteria in the gut. For a fungal dysbiosis, [*Candigest Plus*](#) and CP-1 have been effective

Although IBS is often very uncomfortable, inconvenient and sometimes quite painful, (and I suffered from it for 30 years), thankfully this digestive disorder is not at all dangerous or life threatening. Nor does it ever lead to anything more "serious," like colon cancer or ulcerative colitis. For doctors, IBS can be challenging to diagnose, because tests often show no abnormalities even though symptoms are often all too real. As a result, a diagnosis of irritable bowel syndrome is usually arrived at by process of elimination, if you will excuse the pun, after other disorders with similar but more serious symptoms--such as diverticulitis, ulcerative colitis, Crohn's disease, or intestinal parasites--have been ruled out. There is no inflammation of the bowel, yet the patient suffers a variety of symptoms. These can be varying degrees of abdominal pain from vague to excruciatingly sharp; alternating constipation to diarrhoea, watery stools, wind, bloating, nausea, sweats and a worsening of symptoms after eating a large meal, during or just before menstrual periods, or while under stress.

While experts have suggested many potential causes for irritable bowel syndrome, no single cause has been established beyond a reasonable doubt. The list of possible culprits has ranged from parasitic infections and lactose intolerance, to food allergies and overuse of antibiotics. Does any of this sound familiar? It is a good idea to rule out any serious illness, especially if you have rectal bleeding, black or mucousy stools. If you have, check with your doctor. Some GP's will prescribe a high bran intake for IBS sufferers, but this may be one of the worst things to do, as bran is particularly irritating to the gut.

Other treatments available from your doctor may include:

- Tricyclic anti depressants like amitriptyline, which may help to relieve pain at lower doses than normally used for depression.
- Antispasmodics such as mebeverine may help in the short term with diarrhoea type IBS, but this is not a long term solution.
- Peppermint oil may help with bloating.

- Hypnotherapy may be useful, but is not widely available.

Because no two people are alike, a notion known as biochemical individuality, there is no single best diet for IBS. It may be wise to rule out the common sensitivities and allergies to wheat, sugar, cow's milk, beef, pork, corn, coffee and orange juice, as these are the major culprits in the onset of IBS. As with ulcerative colitis and Crohn's, the 'Stone age' or elemental diet may help. This diet is free of all dairy, grains, red meat, refined sugars and processed foods. This can give your gut a rest from allergens and proteins that cause problems.

Blastocystis hominis was long considered a non pathogenic yeast, is now believed to be a protozoan capable of causing intestinal problems. Symptoms include bloating, change in bowel habit including diarrhea, foggy brain and other symptoms that are similar to those experienced in candida overgrowth. If you treat your problem as candida overgrowth and it does not respond, then it is worth getting a test for BH. Pharmaceutical treatment is usually administration of metronidazole for 5-7 days. Natural treatment is administration of Lactoferrin and high dose probiotics for two to four weeks.

SO WHAT CAN YOU DO?

CONVENTIONAL PHARMACEUTICAL APPROACHES:

As previously discussed, a doctor will not treat a candida overgrowth, but will prescribe anti fungal medications such as fluconazole for Thrush symptoms. If it is an oral medication, it will lead to an improvement in symptoms, even systemic ones, for a short period of time. Typically you will be back where you started in one or two months time.

CONVENTIONAL NATURAL APPROACHES:

These include natural anti fungal agents such as Olive Leaf extract and Caprylic Acid. Because fungal organisms become resistant to these approaches, it is necessary to rotate the use of these every four days. This is inconvenient, and people often find that they give what is called 'die-off'. As they are killing off the fungal organism, they actually make the patient feel worse than they did before starting treatment. At this point, many people give up.

Many books have been published on this subject, but advances in nutritional supplementation and strategies on tackling candidiasis mean that these books cannot possibly keep up to date. Until recently there was a Candida Society and also many practitioners who have their 'own ways' of dealing with it. As discussed previously, testing is also a big issue as there is no agreement on a 100% conclusive test for candida overgrowth. Also, doctors invariably do not acknowledge candida in the same way as complementary healthcare practitioners.

This seven-point plan of action uses natural products that are as up to date as possible. We use a questionnaire and client's history for testing and diagnosis. Armed with this information you will then be asked to undertake the candida diet. (Oh joy!). This is a part that causes a lot of debate so we have gone for the short, sharp shock approach for 4 weeks leading on to a maintenance programme. Some companies selling candida products do so on the basis that you do not need to change your diet. They are, unfortunately, being disingenuous; it will take you much, much longer to overcome your candida overgrowth without the diet, if at all. What their approach does mean is that you will be buying their products or a long time, which is good for their business. Our approach is to tackle candida overgrowth as comprehensively as possible in the shortest possible space of time - a kind of nutritional 'shock and awe'.

Warning!

You cannot approach your candida programme half-heartedly and you cannot cheat occasionally. You have to do this 100%!

ANTI-CANDIDA PROGRAMME

HEAL YOUR LEAKY GUT

Your gut should be permeable in order for you to absorb nutrients. In a state of normal permeability the gut is like a sieve that sifts flour for baking. The fine flour gets through but the lumps get kept behind. When the gut becomes hyper permeable it is like sieving flour with a colander - everything gets through, lumps and all. This gut hyper permeability (leaky gut) can cause multiple food intolerances and an overload on the immune system as well as neurological symptoms like 'brain fog'. Leaky gut is almost always found where there is candida overgrowth, because of the way the fungal organism roots into the gut wall. There are tests for leaky gut, such as the PEG 400 test, which tests for different sized molecules and so can establish the extent of the permeability.

If you have leaky gut or food intolerances, there is no point doing anything until you have started the process of healing the gut. To do this you need to take Immunecare Colostrum for one month. You will need to front-load for a week or for one or two weeks depending on how sensitive you are. (Front loading is a method of building up the dosage of a supplement). Then go on a maintenance dose for a further three weeks. Whilst healing the gut, you need to rotate what you eat by eating as many different types of food that your body can tolerate (excluding sugar and stimulants of course) whilst still eating healthily. You should aim not to eat the same food within four days of last eating it.

Note: *Most candida patients are told they are allergic to dairy. This puts a lot of people off using colostrum, however what is usually meant is that you are intolerant to lactose. Colostrum is okay for you to use unless you are actually 'allergic' to dairy products.*

Glutamine can also be used but does not work as quickly. Colostrum usually heals leaky gut within four weeks whilst glutamine takes a minimum of eight months. Recent studies from Korea have shown that combining colostrum and glutamine gives a synergistic effect that is marginally better than taking Colostrum on its own.

KILL OFF THE BAD GUYS

To get rid of candida you need a product that will kill the bad guys without causing die-off. For this we use a product called [*Candigest Plus*](#). Unlike other products on the market, Candigest Plus is an enzyme formulation that has been specifically designed to digest the candida cell wall and interior nuclear proteins, therefore avoiding die-off symptoms attributed to anti fungal use. This was the first product in the UK to achieve this.

Over the years leading candida practitioners including specialist Erica White and Institute of Optimum Nutrition (ION) practitioners recommend Candigest Plus to their clients. Nutritionist Katherine Barker has said that Candigest Plus has never failed her with her clients over the past several years.

BOOST YOUR IMMUNE SYSTEM

Your immune system needs all the help it can get while you are trying to get rid of your candida, so here is an effective immune boosting programme. It incorporates a special immune boosting product called Immunecare Colostrum.

- Immunecare Colostrum
- 1000mg Vitamin C
- Good quality multi vitamin and mineral (Liquid form is best, but watch out for the sugar/fruit juice which is often added to make it taste nice.)

Note: *A good quality anti-oxidant would be worthwhile taking as well.*

HELP YOUR DIGESTION

If you suffer from food intolerances, allergies, have poor absorption or are unable to digest your food effectively, then a helping hand with your digestion is required. Digestive enzymes are produced to break down the food in the stomach. By use of a natural supplement you can increase the amount of enzymes in the stomach. This will enable you to digest your food better and have it cause fewer problems, whilst getting more nutritional value from your food. It is also worth taking a digestive enzyme if your meal is high in protein. Avoid drinking with your meals, especially cold drinks, as liquid will dilute the stomach acid thereby making it less effective in breaking down food, particularly protein. (Enzymes are temperature dependent.)

REPLENISH THE GOOD BACTERIA

When you tackle candida overgrowth it is vital to replenish the gut with large numbers of good bacteria as quickly as possible. The optimum time to do this is while you tackle the candida with Candigest Plus. We have found that the best product to use is [Custom Probiotics CP-1](#). It has up to 78 billion bacteria in each capsule and 5 different bacterial strains. This is, we think, the strongest probiotic available on the market. (Often there are more bacteria in one or two of these capsules than you find in some whole bottles of probiotics. If you are already taking a probiotic it is worth checking the bacterial count.) There are over 100 trillion organisms in the human gut so the quicker we can replace the bad organisms with good bacteria, the better. When you have a candida overgrowth the pH level of the gut becomes less acidic. This is not a good thing, because the gut is designed to work best at an acid pH environment of between 5.9 and 6.3. Probiotic bacteria are primarily beneficial because they produce various acids, most notably lactic acid, - the healthy pH level of the gut should be slightly acidic. Because fungal organisms in the gut like a different pH level to good bacteria, in cases of candida overgrowth good bacteria struggle to survive. This is when rectifying a dysbiosis becomes a numbers game. In order to establish the healthy pH in the gut massive doses of beneficial bacteria are required, in the order of 100 - 300 billion bacteria a day. If you use small numbers of beneficial bacteria, it is like invading a very large country with a very small army - the chances of success are slim.

Note: *On the subject of probiotics we recommend that you use probiotics that do not contain FOS (fructooligosaccharides) as they will upset people with candida overgrowth in 99.9% of cases. This is because FOS contain free sugar.*

ANTI-CANDIDA DIET

From her own experience Janine knows that the anti-candida diet is an art in itself, and so has designed one that is basic, effective, easy to follow and time efficient. There is no easy way out of this one although you could take a week off work to get organised. A separate diet sheet has been designed for this part of the plan. Remember, you will be wasting your time, money and effort if you continue to feed the bad guys (candida) with a bad diet. The diet needs to be strict for four weeks followed by a maintenance programme for another four weeks.

REMOVE THE CAUSE

Whilst the diet may be a tough thing to do, the hardest part is changing your lifestyle and removing the problems that caused the candida overgrowth in the first place. Some of these problems are major causes while others just irritate the condition/situation.

Here are some of the basic things that contribute towards candida overgrowth:

- Over-use of antibiotics
- High sugar diet - this also includes food with a high glycemic index (ie. the rate at which foods affect blood glucose levels). Remember there are a lot of hidden sugars in your food. Look at food labels for anything end in -ose, this denotes a sugar.
- High levels of stress (whether you show them or not - ask someone close to you if you're not sure!)
- High stimulant intake (tea, coffee, sugar, alcohol, chocolate, fizzy drinks, stress or tobacco)
- Drugs, both recreational and prescribed
- Steroid treatments
- Use of contraceptive pill and hormone replacement therapy
- Emotional baggage and stress (Please do not under-estimate this one or ignore it, or deal with it last! Stress can have the same affect on candida as eating a high sugar diet)

Note: *These causes could have been at any time of your life, even from as far back as being a baby, not just recently.*

Here are some suggestions to help remove the cause. (Some are very obvious - nevertheless...!)

- If possible use a natural antibiotic that doesn't kill off the good bacteria like Immunecare Lactoferrin. In fact lactoferrin has been shown to cause good bacteria to proliferate. Also keep your immune system topped up (colostrum,

vitamin C etc and cutting out sugar will all help).

- Remove sugar and stimulants, (this includes anything ending in 'ose', dried fruit, fruit juices, syrups, honey, tea, coffee, alcohol, smoking etc) - don't forget the stuff that's hidden!

Note: *If you abstain from sugar and sweets and eat a high protein diet you will find your sweet cravings subside - sugar and stimulants are addictive !*

- You can do something about stress. Choose something from the following that suits you: homeopathy; T'ai Chi; yoga; hypnotherapy; health kinesiology; exercise; meditation; stress therapy; career change; Proteus mind lab; Journey therapy; Emotional Freedom Technique (EFT).
- Quit excessive alcohol intake if have any at all. (I know you didn't want to hear that one but your health is important.)
- Recreational drugs and some prescribed drugs are a problem. Natural alternatives to some prescription drugs are available. Please ask us if you are not sure.
- Try alternative therapies and remedies for pain relief and other associated problems: Acupuncture; Cranial Osteopathy; Spinal touch therapy; Shiatsu; Homeopathy; Reflexology; Chinese herbs; Health Kinesiology; Journey Therapy; Scenar Therapy etc.
- Look at alternative methods of birth control (I hope I am spared from giving you ideas on this one). Additionally there are many natural HRT alternatives. If you are concerned about bone density then make sure you continue to take the colostrum as the growth factors in this will help rebuild bone density, as will weight training and weight bearing exercise. (No, you won't end up with huge bulging biceps.)

Janine found that **Journey Therapy** and **EFT** are excellent ways to deal with emotional baggage. Emotional baggage can keep us in a state of stress for a long time if we don't sort it out and there are many other problems that such issues can cause, so deal with it as soon as possible. To find out more about Journey Therapy contact: <http://www.thejourney.com> or call buy the book 'The Journey' by Brandon Bays (ISBN 0722538391). For a quick and easy guide to Emotional Freedom Technique (EFT), try Isy Grigg's 'EFT in your pocket' (ISBN 0954922220).

Please do not neglect dealing with your emotional baggage - this is a very important part of the programme, and is integral to the success of the programme for a lot of people.

This list is by no means exhaustive so if you find something that isn't mentioned that works for you then stick with it!

You may find a little bit of gentle recreational activity (walking/swimming etc) will improve your feelings of well being but do refrain from strenuous workouts, competitions and vigorous exercise as these will reduce the effectiveness of your immune system.

MAINTAINANCE

After the initial four weeks you change to a maintenance programme.

DAILY SUPPLEMENT PLAN

1 hour before breakfast

CANDIGEST PLUS x 2

1/2 hour before breakfast

COLOSTRUM x 2 CP-1 x 2

Breakfast

1,000 mg VITAMIN C x 1
 MULTI VITAMIN & MINERAL x 1;
 DIGESTIVE ENZYME IF REQUIRED x 1
 ANTIOXIDANT x 1
 (Plus any other supplements you are taking)

Lunch

DIGESTIVE ENZYME IF REQUIRED x 1

Evening Meal

1,000 mg VITAMIN C x 1
 MULTI VITAMIN & MINERAL x 1
 DIGESTIVE ENZYME IF REQUIRED x 1
 ANTIOXIDANT x 1
 (Plus any other supplements you are taking)

2 Hrs after food

COLOSTRUM x 2; CP-1 x 2

Before bed

CANDIGEST PLUS x 2

Notes:

- *Our supplements are most effective if you take them on an empty stomach. This means with a large glass of tepid water at least half an hour before food or at least two hours after food. Take all 'gut type' supplements with a large glass of tepid water.*
- *If your lifestyle or work routine means that a different timescale than given above suits you better then please follow that but do make sure that you take the supplements on an empty stomach.*
- *If you take any oil-based supplement, do not take it at the same time as your other supplements as this will interfere with their absorption.*

SUPPLEMENT DOSAGE INSTRUCTIONS

Candigest Plus (Digests cell wall and the nucleus of the candida)

2 capsules twice a day on an empty stomach with a large glass of tepid water - taken on an empty stomach. Here is a suggestion:
First dose one hour before breakfast, second dose before bedtime. (You must not take at the same time as food or colostrum)

Immunecare Colostrum Front loading:

- 1) 8 a day for a week (not to be done by people sensitive to medications or supplements) or
 - 2) 1 capsule day one, 2 capsules on day two, 3 on day three and so on until day eight. Then take 8 a day for a week (more suitable for sensitive people). (These doses should be split and taken on two separate occasions during the day for optimum effect.)
- B). And then 2 twice a day

Note: *All should be taken with a large glass of tepid water and on empty stomach (1/2 hour before food-pre breakfast is good or 2 hours after food)*

CP-1 Custom Probiotic

Two in the morning and two at bedtime. Build up slowly to this if you are sensitive -1 capsule a day for three days; 2 capsules a day for three days; 3 a day for three days, and finish up on four a day.

Note: *Take with a glass of tepid water on an empty stomach (if your candida is really bad take an extra one in the morning and evening)*

MAINTENANCE SUPPLEMENT PLAN

- CANDIGEST PLUS: 4 Capsules a day
- COLOSTRUM: 2 capsules twice daily
- CP-1 CUSTOM PROBIOTIC: 2 capsules twice a day
- MULTI: 1 tablet twice a day
- 1000 mg VITAMIN C: 1 tablet twice a day
- DIGESTIVE ENZYMES: 1 with each meal

THE CANDIDA DIET - AARRGGHHH!

No matter how many books you read no-one can fully agree on what you should and shouldn't eat, most of it is black and white, but there are definitely grey areas. It is not possible to starve the fungal organism into submission, there will always be some substrate in the gut for it to feed on. The role of the diet is to make it as hard as possible for the candida to survive, whilst hitting it with anti fungals and probiotics too.

If I could interview every practitioner and candida sufferer, I know there would be many more useful recipes than I could offer, so please don't limit your diet to my suggestions. I've taken on board as much information as my brain can hold and tried to come up with something that is effective and practical. It starts with a 4 week plan which should then be followed up with a maintenance plan.

The first week has minimal carbohydrates in it and weeks 2 to 4 have small amounts of complex carbohydrates in them. (You will need to design your own menu plan.) If you are a vegetarian then your challenge is slightly harder, just do the best you can and remember it's only for 4 weeks. Please note that the purpose of this diet is to get rid of the candida so it is a diet for a particular purpose. We don't recommend it long term, nor is it advocated as a healthy diet to follow. As long as you keep off the foods that encourage the candida to grow, and foods to which you are intolerant, you will do well. Above all, remember to check every food label.

If you suffer from ME or Chronic Fatigue Syndrome (CFS), then the anti candida diet may not suit you. This is because sufferers of these conditions tend to crash in energy if they do not consume carbohydrates and sugars. If this is the case with you, then you will need to take a much longer view regarding getting rid of your candida overgrowth, more like a year rather than two or three months.

Please note that these lists of foods are not exhaustive and are given as guidelines for the sorts of foods you need to avoid. Foods which are considered a grey area are followed with a (G).

SUGAR:

The first thing we need to do is remove all sugar—in whatever form. This is one of the most important things to remove as it provides the most ready food source the candida.

Foods to avoid: As before, anything end in -ose is a sugar, i.e. fructose; maltose; glucose; sucrose; dextrose; lactose (as in products that come from a cow) etc. Honey; dried fruit; fruit; tinned fruit; syrup; fruit juice; malt; desserts; cakes; canned drinks; tinned tomatoes; sweets; biscuits etc.

(Once again, a reminder to check labels.)

STIMULANTS:

Stimulants have a similar effect on the candida as sugar because they trigger a release of sugars into the blood, so these also need to be avoided.

Foods to avoid: Tea; coffee; sugar; alcohol; chocolate; tobacco; fizzy drinks; anything with caffeine in i.e. stimulant drinks; etc.

FUNGI & YEAST:

Stay off fungi and yeast products for the four week programme. After this, on the maintenance programme, they can be reintroduced in moderation. However, if you are intolerant to them you should stay off them for the maintenance programme too.

Foods to avoid: Bread; breadcrumbs; most stocks; Marmite; Bovril; soya sauce; mushrooms; certain vitamin tablets; anything fermented (including alcohol); vinegar and associated products; Quorn; Monosodium Glutamate (If you have a Chinese meal you can ask for it to be cooked without this); peanuts and peanut butter. Malted products (G); anything that is smoked (G); nuts (G- nuts grow mould on them very quickly so if you have them at all make sure they are freshly cracked.)

GRAINS & CARBOHYDRATES:

Avoid all grains that you are intolerant to along with processed carbohydrates. Learn to rotate your grains and carbohydrates and try not to make them the main part of the meal.

Avoid jacket potatoes as they have a high glycemic index (this depicts how quickly a food is converted to sugar in the body).

Foods to avoid: Bread; pizza; pasta; white rice; wheat; jacket potatoes; refined carbohydrates; grains you are intolerant to; corn.

WEEK 1**PROTEINS**

Chicken (O); Turkey (O); Eggs (O) unprocessed organic happy meat (O); sardines; cod; trout; soya mince; haddock; seeds (pumpkin, linseed and hemp are best but all are OK); nuts (freshly cracked); hummus; unsweetened soya milk (diluted with water 50/50); quinoa; etc. Yoghurt (unsweetened) (G); tofu (G); shellfish (G); mackerel (G); salmon (G); tuna (G).

VEG

Peppers; broccoli; spinach; kale; runner beans; peas; courgettes; garlic; cabbage; sprouts; cauliflower; carrots; onions; lettuce; watercress; alfalfa sprouts; celery; fennel; salad leaves etc.

FATS

Butter; extra virgin olive oil (do not use for cooking); coconut oil; palm oil; omega and seed oils (do not use for cooking); ghee.

DRINKS

Water (filtered or bottled); herbal teas (not fruit teas); Rooibos tea (again not fruit flavours); caro; Barley Cup.

OTHER STUFF

Carob (sugar free); herbs & spices; yeast free stock; organic meat stock; coconut.

WEEK 2-3

Weeks 2 to 4 can be a bit more varied. Plan ahead to make this as easy as possible. (O) denotes organic.

PROTEINS

Chicken (O); Turkey (O); Eggs (O) unprocessed organic happy meat (O); sardines; cod; trout; soya mince; haddock; seeds (pumpkin, linseed and hemp are best but all are okay); nuts (freshly cracked); hummus; unsweetened soya milk(diluted with water 50/50); quinoa; etc. Yoghurt (unsweetened) (G); tofu (G); shellfish (G); mackerel (G); salmon (G); tuna (G).

VEG

Peppers; broccoli; spinach; kale; runner beans; peas; courgettes; garlic; cabbage; sprouts; cauliflower; carrots; onions; lettuce; watercress; alfalfa sprouts; celery; fennel; salad leaves etc.

FATS

Butter; extra virgin olive oil (do not use for cooking); coconut oil; palm oil; omega and seed oils (do not use for cooking); ghee.

CARBS - eaten in small quantities

Quinoa; beans (Kidney beans - Black eye beans etc); lentils; sweet potato; swede; broad beans; beetroot; oats; oat cakes (try & avoid wheat and corn and keep it unprocessed); rice (brown Basmati is best); rye crackers; oat milk. Pasta (G); Couscous (G); any type of grain (G).

DRINKS

Water (filtered or bottled); herbal teas (not fruit teas); Rooibos tea (again not fruit flavours); caro; Barley Cup.

OTHER STUFF

Carob (sugar free); herbs & spices; yeast free stock; organic meat stock; coconut.

1 MONTH MAINTENANCE

- Introduce fruit gradually (1 piece a day maximum and only if it doesn't upset you)
- Tinned Tomatoes can be used sparingly (only if they don't upset you)
- Remain off sugar and stimulants (If circumstances force you to stray, up your dose of Candigest Plus for a week and be ultra careful with your food)

PROTEINS

Soya mince; chicken (O); turkey (O); quinoa; sardines; cod; trout; eggs (O); haddock; cottage cheese; unprocessed organic 'happy meat' (O); seeds (pumpkin, linseed, & hemp are best but all are ok); nuts (freshly cracked); hummus; chick peas; unsweetened soya milk (diluted with water 50/50); yoghurt (unsweetened) (G); tofu (G); shellfish (G); mackerel (G); salmon (G); tuna (G).

VEG

Peppers; broccoli; spinach; kale; runner beans; peas; courgettes; garlic; cabbage; sprouts; cauliflower; carrots; onions; lettuce; water cress; alfalfa sprouts; celery; fennel; salad leaves; etc.

CARBS - eaten in small quantities

Quinoa; beans (Kidney beans - Black eye beans etc); lentils; sweet potato; swede; broad beans; beetroot; oats; oat cakes (try & avoid wheat and corn and keep it unprocessed); rice (brown Basmati is best); rye crackers; oat milk; Rice Dream (vanilla flavour is nice on the cold cereals); 'Millet Rice' cereal; sweetcorn. Any type of grain (G); Pasta (G); Couscous (G).

FATS

Butter; extra virgin olive oil (do not use for cooking); coconut oil; palm oil; omega and seed oils (do not use for cooking); ghee.

DRINKS

Water (filtered or bottled); herbal teas (not fruit teas); Rooibos tea (again not fruit flavours); Caro; Barley Cup.

FRUIT

Apples; pears; fresh tomatoes (G).

OTHER STUFF

Carob (sugar free); herbs & spices; yeast free stock; organic meat stock; coconut.

Notes: *It may be useful for you to obtain a [pocket book on the glycemic index of foods](#). This will give you relative GI values - choose one with foods in a list form for ease and quick reference.*

HELPFUL GUIDELINES FOR THE PROGRAMME

- Organic food is the best choice if at all possible.
- You should try to drink at least one litre of filtered/bottled water a day. (Never drink from a plastic bottle that has been allowed to become warm.) Avoid drinking with a meal. You can drink half an hour before a meal, or two hours after a meal. Drinking with a meal disrupts digestion.
- Tofu is a grey area so if you are not a vegetarian, use sparingly.
- Eggs can be boiled, poached, scrambled or an omelette but not fried.
- Poultry should have skin removed, all meat & eggs should be organic and as lean as possible.
- Tinned fish (if you can't get fresh) should always be in brine or spring water. (See notes on next page.)
- Potatoes should be boiled or steamed.
- Carbohydrates should not be refined e.g. - white
- Drinks: Water (filtered or bottled) tepid is best especially for taking supplements with. If you can afford it invest in a 'Reverse Osmosis' filtration unit. Also, read the book *'Your Body's Many Cries For Water'* (ISBN 1903571499)
- Try & eat as balanced a diet as possible
- There is no limit to the amount of veg you can eat
- Eat as much variety as possible and learn to try new foods!!!!
- YOU SHOULD NOT START THIS DIET UNTIL YOU HAVE STARTED TO TACKLE YOUR LEAKY GUT.

WHAT HAPPENS WHEN IT'S ALL UNDER CONTROL?

- It would appear that once a person has suffered a yeast overgrowth, they tend to be vulnerable to it happening again, so please keep this in mind when taking part in the act of indulgence!
- Stick to the maintenance diet as much as possible eating vegetables as much as you can and limiting your intake of carbs.
- Stay on a maintenance dose of probiotics and colostrum. Colostrum stops candida sticking to the gut wall. You can stay on a maintenance dose of Candigest Plus (1 a day), but if you choose not to, make sure you keep it handy for the slip-ups!
- Consider going on a detox programme (see over).

Look after yourself—in all ways!

JANINES TIPS

Detox your liver when the candida is under control

Once you feel your candida is under control, you may wish to do a liver detox. This is something I found to be very beneficial. I used a very gentle supplement called Detox Support Formula by Nutrigold which promoted both the phase 1 of detoxification (the loosening) and phase 2 (the elimination). Many products just encourage Phase 1, which does not achieve much. Detox Support Formula can be used whilst staying on the maintenance diet.

Elimination routes

It is important to assist your body in the elimination of toxins from the body. This needs to be done gently and it is recommended that they be done under the guidance of a practitioner. Some useful techniques are: colonics (I hope I don't have to explain these to you!), enemas, Epsom Salt baths, skin brushing, drinking linseed tea, Castor Oil packing, and urine therapy.

The skin is one of the final detoxification routes which is why, when the gut is out of balance and the liver is not performing properly, the toxicity comes out of the skin leaving people with various skin conditions.

The only advice I would give on these techniques is to wait until you are feeling stronger before you try any at all and do not try all of them at once.

Stone-Age body

Not a lot of people know this, but you are still the proud owner of a stone-age body. Whilst technology has evolved, your body hasn't! "So what?" I hear you cry! Well, it means your body needs activity to function effectively. (No, that doesn't mean pounding the roads or pumping iron.) It does mean movement though - of whatever nature appeals to you. A stone-age body is not designed to take on board too many chemicals. It can probably handle some quite happily, but we are quick to overload the body with chemicals that are not necessary. So take a trip down to your local health food shop and find out about organic shampoos, skin creams and cosmetics, sanitary products (yes ladies, you can get organic tampons!), toothpastes etc.

Useful reading

Leading on from the above, there are 2 excellent books on diet that are worth reading:

- 'Eat right 4 your type' ISBN 0-7181-4476-7
- 'Eat right for your metabolic type' ISBN 0-7679-0564-4

They are both worth a read (especially if you are plagued with sweet cravings!)

Microwaves

One of those grey areas where people think there is a problem but nobody seems to be quite sure about it, so I say err on the side of caution and only use one if you really have to.

Fish and mercury

The oily fish that we have come to rely on as one of our sources of omegas seem to have fallen foul of the activities of mankind. It would appear that the large fish (Tuna, Swordfish, Shark and Marlin) all have dangerously high levels of mercury in them. Consequently, if you are eating lots of fish, you'll also be taking on board lots of mercury! Thankfully nowadays supplementation with mercury free omega oils is much more readily available.

Aspartame

Aspartame is an artificial sweetener found in a large majority of diet drinks and foods. It can also be found in normal foods and drinks. It is a chemical that converts to wood alcohol and formaldehyde in the body, both of which are highly toxic and they accumulate in the body. Need I say more - and if I do then I suggest you go on the internet and do a search (you'll be shocked by what you read!)

Anti-Nutrient Foods

There are foods that are high in nutrients (Organic).

There are foods that are low in nutrients (Non Organic & refined)

There are foods that have no nutrients in it (Junk/processed food)

And then there are foods that are 'anti-nutrient'. This means it takes more nutrients to absorb and assimilate them than they provide.

These are:

- Burnt food
- Food cooked in aluminium
- Food cooked in plastic
- Fried food
- Food cooked in non-stick pans

F.Y.I:

I've decided to give you a quick list of the things I did to get me better which had the biggest effect on my health with regard getting the candida under control. This doesn't mean to say I didn't try the other stuff, because I did.

My top 3 products that helped me dramatically:

1. Candigest Plus
2. Colostrum
3. Custom probiotics CP-1

And my top four therapies that helped me dramatically:

1. Journey Therapy
2. Acupuncture
3. Body clear outs (colonics and detox etc)
4. Emotional Freedom Technique (EFT)

ANTI-NUTRIENT FOODS

Diet-wise:

1. The Blood Typing Diet
2. The Metabolic Typing Diet

IN SUMMARY

The seven-point plan

- HEAL THE GUT & BOOST THE IMMUNE SYSTEM
- DIGEST THE CANDIDA
- REPLENISH THE GUT WITH GOOD BACTERIA
- REMOVE THE SUBSTANCES THAT FEED CANDIDA
- IMPROVE DIET & AID DIGESTION
- REMOVE THE CAUSE / CAUSES
- DETOX THE LIVER AND ELIMINATE TOXINS

And, in addition, what should perhaps be number eight

- PREVENT IT HAPPENING AGAIN

ABOUT GUTDOCTOR.COM

We are a friendly specialist company with a personal touch that was originally started by Neil and Janine, who both overcame their own long-term gut problems. Neil had IBS for over 30 years, and Janine suffered from chronic candida overgrowth, chronic fatigue syndrome and fibromyalgia. Janine had tried various methods along both the traditional medical and the nutritional routes with no success, before she and Neil decided to take things into their own hands and researched these products and developed this system. As a result of using this programme Janine sorted out her candida overgrowth problem in four weeks, and gutdoctor.com was founded. The programme is for four weeks, followed by a maintenance phase for a further four weeks. Everyone is an individual, and at gutdoctor.com we treat you as one. The average time to effectively tackle a candida overgrowth problem is two to three months. Because you are an individual this length of time may vary. If you have any queries about the programme, you are welcome to call our free helpline on 02089016477. As a company we are now able to call on expertise from nutritionists, naturopaths, as well as a qualified GP and Consultant Physician who is also trained as a Homoeopath and Acupuncturist. Gutdoctor.com specialises in gut related chronic problems including candidiasis, ulcerative colitis, Crohn's, irritable bowel syndrome, diverticulitis, ulcers and leaky gut.

GOOD LUCK

We hope you find this guide user friendly and that it helps you on your path to better health.

Just remember that everyone is an individual and that Rome wasn't built in a day. If you have other conditions as well as the candida overgrowth you must continue to work on those too. Take the holistic approach.

Please use your common sense when undertaking this programme and if you have any questions please do not hesitate to call us on 02089016477 and we will be happy to help.

We wish you good health
Neil, Janine and all at gutdoctor.com

