

Case Histories

Case History – Candida manifests in multiple conditions – resolving with Nutritional Therapy.

Gender, Age, Occupation, Nationality, height and weight.	<p>Mrs F.R. is a 60 year old lady who still loves her work. She has four grown children and two grandchildren. She is very active & travels frequently. She is 5 ft 6 in, tall (168 cm) and weighs 15 stone 4 lbs (95.11 kg).</p>
Presenting complaint – list and duration	<p>Mrs. F.R. is noticeably overweight and has swollen legs (diagnosed as lymphoedema). She also has daily foot pain from an accident seven years ago. She complains of becoming breathless at the smallest physical endeavour, has painful boils on her legs and bottom, feels bloated all the time, and has a poor memory, a far cry from the outstanding memory she has enjoyed in her lifetime. She also has raised total cholesterol of 7.5. Recently, she had also experienced episodic labyrinthitis which completely incapacitated her, accompanied with painful leg cramps.</p> <p>Mrs. F.R.'s health had taken deteriorated after her fall on her foot seven years prior. At the time, she was given steroids and then antibiotics, had foot surgery, and then more antibiotics.</p> <p>Since this time, she had gained 4 stone in weight, developed lymphoedema, boils, reduced cognitive function complains of being permanently bloated.</p> <p>She now cannot play with her new grandchildren, and has much greater difficulty walking which makes her travelling all the more difficult.</p> <p>She did divulge on the questionnaires, as well as verbally, that she had drunk more alcohol since the accident, and that she had probably drunk too much for the whole of her adult life.</p> <p>My first impression, was that she was very similar to an actress that older readers will remember fondly, Margaret Rutherford. As I spent more time with her the likeness proved to be stronger and stronger. Although she was 60, she did appear somewhat older.</p>
Any Investigations	<p>Mrs. F.R.'s doctor had recommended statins to manage the high cholesterol, but had advised her that the results were otherwise normal and made no other comment about her weight, her pain, bloating or anything else.</p> <p>She was fed up with the apparent lack of interest in her overall health from the medics, and was now determined to correct the consequences of the past seven years and "jolly well got on with it!", she declared.</p> <p>When I analysed her diet, I discovered that it was very sound. She ate no processed, refined foods. She ate a boiled egg with a slice of wholegrain toast with her only coffee of the day. For lunch she ate a meat or fish with fresh veg. She typically ate fish with vegetables for dinner. She drank water throughout the day and 1 cup of tea. On the face of it, other than portion size, there was no way of associating her diet with the way she felt or her weight.</p>

Strategy

And then there was her wine. She drank 3 to 4 glasses a night, and sometimes at the weekend more. Prior to her accident, she had consumed 1-2 glasses a night, and was known for “having a good time at parties” she told me wistfully.

In following the time line about what had happened after her accident, F.R. reported how she had gained weight with the steroids and that the bloating had started when she took antibiotics and she had never been the same since. There was also a great deal of emotional stress involved, as the accident was caused by someone else in their vehicle. There was then a court case in order to reimburse the medical expenses which was very stressful and lasted long after the incident itself. Her foot never healed properly and she was unable to walk in the same way.

She gained weight fast and gradually developed all of the other complaints listed above. She kept herself very busy, as usual, and perhaps not so strangely as it seems, woke up one day to see herself 4 stone heavier and completely out of puff if she even walked down the street. “Time to do something”, she told me.

Based on the drugs and her symptoms and the wine intake, I recommend a single test in the first instance – a candida antibody test. The results showed a high level of 67 anti-candida IgA (range = < 10). In this second meeting with her, I also discovered that she had a coated back-of-the-tongue, and excessive mucus in her throat. These could also be another sign of the candida associated dysbiosis.

The combination of the accident, the stress that surrounded it, the medications and then the decline in health and the bloating and the reduced cognitive function indicated the possibility of a commensal organism becoming pathogenic by virtue of non-resolved changes to the mucosal tissues and relevant immune cells.

My thinking was that *C. Albicans* had created intestinal permeability, increased the body burden of toxins and was therefore contributing to each and every one of F.R.’s complaints, either directly or indirectly. [Learn more about this opportunistic pathogen.](#)

Diet & Supplements: name and dose

Given that her diet was sound, low in carbs, low in sugars and so on, there was little to change in the way of food. However, the wine had to be stopped, and F.R. agreed given that she could see this was potentially the single most problematic item that passed her lips.

With the positive test results she also felt that there was something she could do for herself and was back in the driving seat, after giving up on herself for the past seven years, which she admitted. This is a vital part of the engagement in the patient and practitioner relationship, and represents a significant element of ‘meaning response effects’.

In addition to the alcohol free existence, I recommended food supplements to support her through the process.

The food supplements I recommended to F.R. in the first instance, were selected to support her innate/adaptive immunity rather than look to inhibit it, which would commence in the second phase. F.R. was certainly a candidate for additional supplements, but I chose what I believed to be the most relevant to her immediate needs.

I deliberately decided NOT to use *S. Boulardii* (AR) albeit, that it was strongly indicated because of the yeast, on the basis that there was potential that she may react to the yeast - she told me she did have a reaction to non-specific yeast related foods, in

particular mushrooms.

Product & Brand	Dose
Liquid Iodine Forte (BR)	One dropperful twice daily, swished in the mouth, gargled and swallowed.
Lactobacillus GG (AR)	1 with breakfast & lunch
Immuno-gG (BR)	2 with breakfast, 2 at bedtime
Magnesium Malate Forte (AR)	1 with each meal

- **Liquid Iodine Forte (BR)** – provides 150 mcg per drop. It has anti-microbial properties, and also supports the thyroid, which I felt could only help F.R.'s weight and cholesterol if her thyroid hormones were under-active.
- **Lactobacillus GG (AR)** – world's most researched probiotic, also supports SIgA production.
- **Immuno-gG (BR)** – a colostrum formula that supports innate immunity and helps to heal the gut lining.
- **Magnesium Malate Forte (AR)** – a useful source of magnesium (124 mg) with 50 mg of malic acid, and in this instance designed to resolve her leg cramps as well as help with energy.

F.R. followed all the recommendations for 5 weeks, and then returned. She had made good progress, and a revised programme was then recommended, as shown below.

Product & Brand	Dose
Liquid Iodine Forte (BR)	One dropperful twice daily, swished in the mouth, gargled and swallowed.
Lactobacillus GG (AR)	1 last thing at night with Immuno-gG
Immuno-gG (BR)	2 with breakfast, 2 at bedtime
Magnesium Malate Forte (AR)	1 with each meal
Tanalbit (INP)	Build up slowly to 2 with each meal
A.D.P. (BR)	Build up slowly to 1 with each meal

Tanalbit (INP) – contains plant tannins which inhibits mucosal yeast and unwanted bacteria. It typically induces less 'die off' symptomology, and this is why I favour its use before the use of caprylic acid (i.e. Caprin – BR).

A.D.P. (BR) - the emulsified oregano extract with a patent vs *B. Hominis*, but also effective vs a wide range of microbes. This too tends to induce less 'die off' symptoms than other anti-yeast agents.

F.R. followed this programme for 4 weeks, and then after a review, for a further 8 weeks in total.

Duration

F.R. engaged in the Nutrition Programme in two main phases, with the first lasting for 5 weeks, the next lasting 12 weeks.

We met four times and had one telephone follow up consultation.

Outcome

We met after 5 weeks of the first phase and F.R. had diligently followed everything to the letter. She was the kind of lady that would not be put off her target, once she had one.

She had made progress; she was convinced we were on the right track. She had lost weight (8 lbs). Her Manual Lymphatic Drainage practitioner had reported that her tissues felt quite different were easier to manipulate and she lost more fluid related weight after these sessions than before (and urinated a lot more afterwards). Her throat mucus was much less. Her energy felt better, but I was not sure if this was F.R. "on the march", as it were, or a true improvement. Her leg cramps had all but gone.

Her cognitive function had not changed, however. Her bloating was only marginally improved, if at all. The boils were the same. She had not tested her cholesterol.

She felt that her ability to walk further without becoming puffed out was greater. She had not suffered from a bout of labyrinthitis.

She then followed the second phase which involved direct anti-yeast supplements, and then we reviewed things 4 weeks after that.

She had experienced worse cognitive function, but more weight fell off (another 10 lbs = 18 in total) and she felt more comfortable in her abdomen. Her lymphoedema was definitely improving. Her foot pain was less too. She had 1 bout of labyrinthitis which may be related to "die-off", it is difficult to know. Her energy was generally better too. She presented herself in the utmost good spirits whenever I met her or spoke with her.

After another 4 weeks, F.R. had "soldiered" on and was very pleased to report more weight loss (another 7 lbs = 25 lbs) but confessed to over-eating on occasion which she thought was something to do with not having alcohol. Her leg girth was still reducing. Her concentration and memory was the same, however. All physical ailments were improving, she reported.

After 12 weeks on the same second phase programme we met again, and she was noticeably lighter than she had been and had lost another 8 lbs, making a total of 33 lbs since she started. The reduction in calories from the wine did not equate to the pounds lost by any means. This further supported the correlative opinion that the fungal pathogen may be involved in disrupting her metabolism.

For the first time, she also told me she had experienced some improvements in her cognitive function and memory. This did not last, but she made the most of it when she was clear headed.

We then reduced the supplements to determine if a lower dose would suit her, and she continues on about 2/3rds of the phase two programme. She has another 2 stone of weight to lose before she returns to the more typical weight of her adulthood.

Comments

Whilst there may be other imbalances with F.R., such as increased oxidative stress from the alcohol or a history of this, and a negative impact on her liver, the candida appears to have played a key role in the descent into poor health experienced by F.R.

The yeast was most likely promoted by the steroids and antibiotics and her host terrain was not able to stem the continued growth.

The lab test proved to be extremely helpful for F.R. who leant on it heavily when she told me about conversations she had had with friends and family. She did not refer to years and years of over-drinking wine, but rather that the “dastardly drugs” had caused this problem in her and that with her nutritionist’s help she was back on the road to recovery.

On the face of it, when we first met, there were no particular obvious signs and symptoms of candida (e.g. thrush, athlete’s foot, excessive fermentation). Therefore the test result also proved very useful for me, to have the confidence to strongly stand by the alcohol-free recommendations (although this may sound rather obvious) and the choice of supplements. It also meant I could offer what I believed to be very relevant and sound explanations of what was going on within her body each time I saw her.

The iodine may well have helped F.R.’s thyroid and had a synergistic effect on her weight loss, along with the reduction in candida.

F.R. is a ‘real character’ from a different era almost, and she showed unstinting determination to achieve her goals. I was very glad we were on the same side, and the programme to date has proved to be successful, and still is.

Practitioner

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