

## **Crohn's Disease linked with Candida\***

*by S. Colet Lahoz, MS, RN, LAc*

Karen Henman was 28 years old when she first came to our clinic. She was sick most of her life and at age 18 was diagnosed with Crohn's disease. This illness is also referred to as ileitis or regional enteritis and is characterized by chronic inflammation of the intestines. Symptoms include chronic diarrhea, fatigue, weight loss, abdominal cramps, joint pain and skin lesions.

Karen had minimal response to cortisone and drug therapy—in 1995 they performed partial colectomy. Her symptoms worsened. Rectal strictures became a constant problem and had to be dilated once a week. The next step was to do an ileostomy, an operation in which a major portion of the intestine is removed and the route of elimination is created in the abdominal wall.

### **The Candida Question**

Karen was evaluated for possible *Candida* overgrowth using an in-depth clinical symptom questionnaire. She scored extremely high, confirming my suspicions that this illness was *Candida*-related. The doctors had missed that at age four Karen had acute tonsillitis, was given a lot of antibiotics and eventually a tonsillectomy. *Candida* overgrowth started then. *Candida* toxins, especially acetaldehyde, a byproduct of high yeast and sugar, cause a constant weakening of the lymphatics and all the organs and systems in the body. No wonder she had been sick most of her life!

*Candida albicans* is the specific name for a strain of fungus or yeast that naturally exists in the digestive track. In healthy individuals it can co-exist with other microbes causing no problems. When the immune system is weak, the diet is high in refined breads, sugar and alcohol or when antibiotics or cortisone drugs are taken, the fungal-bacterial balance is disrupted and the fungal colonies become overgrown.

In Karen's case this overgrowth was unrecognized. Most physicians are not looking for it. In fact, the drugs they use encourage the overgrowth. Her symptoms were typical of candidiasis. They included chronic fatigue, craving sugary foods or breads, constant intestinal problems, allergies, chemical sensitivities, headaches, mood swings, memory lapses, skin problems, depression and joint and muscle pain. Women with *Candida* often

suffer recurrent vaginitis, PMS and even develop endometriosis. Birth control pills and hormone therapy worsen the condition.

The predominant symptom varies from person to person, which makes *Candida* difficult to diagnose.

## **Treatment Tactics**

The fundamental question regarding treatment approaches led me to study which combinations are most effective in curing candidiasis. I surveyed individuals who recovered from severe, chronic problems.

Successful treatment requires a combination of modalities. Natural fungicides, a strict diet (yeast-free, sugar-free, no alcohol) and acupuncture treatments gave the quickest, most lasting reversal of symptoms. The average time for symptoms to reverse was three months and up to one year in severe cases.

The appropriate fungicide and colon cleanser are of prime importance if treatment is to be successful. A combination of liquid caprylic acid, bentonite, psyllium powder and DDS acidophilus was successful in my study. These four ingredients are taken together in a mix twice a day for at least three months.

Liquid caprylic acid, a natural product, is effective because it's a broad-spectrum fungicidal agent. When combined with bentonite, an absorbent detoxifying product, die-off is significantly reduced. Psyllium, made from high grade seeds and husks, helps clean out built-up toxins and yeast colonies in the intestinal wall. DDS acidophilus is the fourth ingredient and is needed to re-implant beneficial bacteria in the intestinal tract.

Karen was given this treatment regime and after the fourth acupuncture visit and four weeks using the supplements and following a strict diet, the diarrhea and food cravings were controlled. Her rectal strictures gradually diminished with episodic recurrences and were completely healed after five months. Episodes of abdominal pain in Karen's right lower quadrant were secondary to visceral inflammation and responded to acupuncture points used in the lower abdomen. After just five weeks and five acupuncture treatments she was able to get off both drug prescriptions that she had taken for years.

She stayed on the program for five months and received 25 acupuncture treatments. At this writing, which is two and a half years since her first visit, she is a healthy, vibrant young woman and just needs occasional follow-up treatments.

Other diseases linked to candidiasis include chronic fatigue, irritable bowel syndrome, migraines, depression, panic episodes, lupus, multiple sclerosis, rheumatoid arthritis, endometriosis and fibromyalgia. People experiencing no success with their current therapies are encouraged to explore possibilities that they may have fungal

overgrowth and seek appropriate therapy. Colet Lahoz, MS, RN, LAc. is a board-certified practitioner of Chinese medicine.

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