

The homeopathic treatment of candida

by Mary-Jane Sharratt BA (Hons) SDSHom MARH



Mary-Jane Sharratt graduated from the South Downs School of Homeopathy in 2006, when she left her 15-year career in the finance industry to establish a successful practice in mid-Sussex. She has taught at colleges in Sussex and runs eight-week courses on acute homeopathic prescribing.

For many years I suffered from severe bloating after meals, and the problem continued even when I stopped eating wheat, and later, dairy products. I finally acknowledged that I had a problem with yeast overgrowth and embarked on a full, restrictive anti-candida diet, complete with numerous supplements. Although I generally felt well when following the diet, as soon as I began eating 'normally' again, the candida symptoms returned.

My experience prompted me to write my college project on the subject of candida, and its homeopathic and naturopathic treatment. In the two and a half years since completing the project I have treated almost thirty people exhibiting the symptoms of candida, and I have seen some common themes emerging. Consequently there are certain homeopathic remedies I find myself using time and again, with which I have obtained some good results.

Symptoms of candida overgrowth

Candida is the popular term used for an overgrowth of the yeast *candida albicans* (Chaitow 2003; for a detailed explanation see Sheridan Stock's article in *HIP* Spring 2007, entitled: 'Conquering Candida', pages 36-43).

This yeast is normally present in a healthy person in small amounts and, if kept in balance, it doesn't cause a problem. Numerous factors can upset this balance (see below). When the balance is altered, candida overgrowth may result which can cause symptoms of disease. Candida prefers the warm moist conditions found in the intestines and mucous membranes of the body, and is most common in the ascending colon, mouth, oesophagus and vaginal tract.

There is no accurate data on the number of candida sufferers – many individuals may not realise their symptoms are a consequence of candida. Women are thought to suffer more commonly than men.

The term candida is often used interchangeably with thrush, indicating an oral or genital fungal infection, often with soreness, itching and/or discharge. There can be candida overgrowth but no evidence of thrush, but other symptoms will be evident.

The most common indications of the presence of candida are:

- Fungal infections – thrush, athlete's foot, or fungal problems of the skin or nails
- Digestive problems – lethargy and bloating after eating; excessive wind; food cravings, particularly sugar, carbohydrates, yeasty food and alcohol; a worsening of symptoms after eating yeasty or sugary foods
- Environmental sensitivity – food allergies and intolerances; hay-fever and increased sensitivity to smells and chemicals
- Mental symptoms – foggy brain, depression, lethargy, fatigue and mood swings
- Menstrual problems – irregular menstrual cycle; bleeding or excessive discharge between periods and pre-menstrual tension

- Joint pain and arthritis – swollen, painful joints; muscle aching, tingling, numbness or burning
- Ear, nose and throat symptoms – sinusitis, post-nasal drip, itching in nose or ears
- Aggravation from damp weather, sugar, bread, drinking alcohol, exposure to chemicals, petrol fumes, perfume.

Assessing the presence of candida

As homeopaths we treat the totality of symptoms and not the disease; so whether the symptoms are a result of an underactive thyroid or candida, the most appropriate remedy will be prescribed for the individual. However, an awareness of the symptoms that indicate candida can be useful when considering nutritional advice or organ support remedies. It is also common for patients to believe that their symptoms are caused by candida overgrowth as, although GPs are often dismissive of it, there is frequent mention of it in the media and a wealth of information on the internet, resulting in self-diagnosis in many cases.

Numerous tests are available to test for candida, but as it is naturally occurring, they are not always accurate. A clinical questionnaire is considered to be one of the best methods of establishing the presence of candida. It can also be beneficial to refer a patient for allergy testing to ascertain if there is a maintaining cause such as toxicity or a deficiency of a particular vitamin or mineral.

Particular areas to cover if there is a suspicion of candida (Winderlin 1996):

- Medication – history of using antibiotics, steroids, HRT, contraceptive pill, Mirena coil
- Endocrine imbalance – history of pregnancy, menstrual problems, including bleeding between periods, PMT, hypothyroid symptoms, blood sugar imbalance (weakness, emptiness, dizziness, sweating or nausea alleviated by eating)
- Digestive complaints – lethargy or bloating after eating, excessive wind and flatulence, food cravings, (particularly sugar, carbohydrates, alcohol), diarrhoea or constipation, worsening of symptoms after eating yeasty or sugary foods
- Fungal infections – history of athlete's foot, fungal infection of the nails or skin (a yellowing of the nail bed or surrounding skin); oral or genital thrush; vaginal discharge or irritation; rectal itching
- Mental symptoms – mental symptoms of candida should not be used as the sole guiding factor; however, they commonly include depression; poor coordination and balance; forgetfulness; fatigue and lethargy; mood swings (particularly PMT); diminished libido; sleepiness in the morning
- Musculo-skeletal symptoms – include unexplained joint pain or swelling of joint and muscle aches, tingling, numbness or burning
- Ear, nose and throat symptoms – may include post-nasal drip or persistent itching in nose or ears
- Environmental sensitivity – may include allergies or intolerances to a number of foods; hayfever and other allergies (especially if they appeared in adulthood); sensitivity to perfume, chemicals, petrol fumes, tobacco smoke
- Modalities:
 - Aggravation in damp weather
 - Aggravation from eating sugar, bread and other yeasty food
 - Aggravation from drinking alcohol
 - Aggravation from exposure to chemicals.

What causes candida?

There is unlikely to be any single cause of candida, however the most common ones (or a combination of them) are:

- repeated prescriptions of antibiotics
 - exposure to chemicals and toxic metals
 - use of hormone-mimicking drugs and creams including the oral contraceptive pill, HRT and progesterone creams
 - the presence of parasites in the gut
 - excessive stress
 - excess sugar consumption
 - severe emotional trauma or separation from a parent.
- It is common for sufferers of

Excessive stress is a common cause of candida.



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Remedies such as *Carcinosin* and *Nat mur* can be useful in cases of chronic candida where there is history of grief over separation

chronic conditions such as multiple sclerosis, diabetes and hypothyroidism to have clear symptoms indicating candida overgrowth. What is less clear is whether the candida overgrowth contributed to their condition. Case-taking often reveals that the symptoms of candida were present before the symptoms of the chronic disease, so it is possible that, in some cases, chronic disease is the next stage of systemic candida.

Sugar addiction can certainly be a maintaining cause in cases of candida. It is worth noting that those who claim not to have a 'sweet tooth' may get their sugar from alcohol (see Case 1). This is often the case with men, who may eat little sugar but crave alcohol.

Since completing my college project I have treated 28 patients with clear evidence of candida overgrowth and I began to see some themes emerging. In a short space of time I saw four new female patients, all of whom were seeking treatment for candida. Two had been adopted in the first year of their life, one had been abandoned by her mother when she was four and the other had been in and out of care for her first few years. I started getting good results from remedies which helped patients to deal with the issues around separation, such as *Natrum muriaticum*, *Carcinosin*, *Lac humanum* and *Lac caninum*. This prompted me to review all my candida cases, and of 28 patients there were 17 (60%) who had either suffered the death of a family-member at a young age, were adopted or abandoned or are now estranged from one or both parents after a poor relationship with them in childhood. How significant this is as a cause of candida is impossible to say, but those patients who are no longer showing symptoms of candida report that they have come to terms with issues from their childhood.

Treating candida

Originally I drew up a treatment plan which included following an anti-candida diet and using a wide range of supplements. However, I now find many of the supplements unnecessary. I often give a digestive support alongside the remedy best indicated for the presenting complaint.

Many naturopathic texts on candida overgrowth refer to 'die-off'. ➤

FEATURE

➤ This occurs when a rigorous diet and supplementation programme is followed; the excess candida dies and then has to be excreted from the body. Commonly this results in a worsening of symptoms as the body is unable to excrete the dead yeast sufficiently quickly.

Many patients suffering from severe candida are in a state of low vitality both physically and emotionally and, in my view, expecting them to suffer a worsening of symptoms is not reasonable. For this reason, at the first appointment, I ensure that the bowels are working effectively so that any die-off can be efficiently removed, but I do not impose a rigorous diet.

At the first appointment I will usually prescribe as follows:

- a remedy based on the presenting symptoms (thrush is often the main complaint)
- a digestive support
- if the patient is constipated or stools are inadequate, a remedy specifically to improve bowel action (it may be the same remedy required for the treatment of thrush)
- advice to take a good quality probiotic
- advice to eat regular meals three to five times daily, which will help to stabilise blood sugar levels and reduce cravings
- nutritionally if there is one food that appears to be aggravating the symptoms I recommend that they remove it from their diet (try asking what food they couldn't live without – this is frequently the one that aggravates the most). Patients often expect to be given a stringent diet to follow; however, if their energy is low it can be difficult to make significant nutritional changes. Removing one aggravating food can result in a significant improvement in symptoms.

I have found that giving a deep emotional remedy early in the case can cause aggravations. For example, if a patient who was adopted presented with severe thrush symptoms, *Lac humanum* may aggravate if given before the thrush has subsided.

The following remedies have proved useful in treating patients with thrush (see chart, right): Frequency and potency depend on the severity of symptoms, but I usually start with 30c

Remedies for thrush	Keynotes	Modalities
<i>Arsenicum album</i>	Acrid, thick yellow leukorrhoea Restlessness Thirsty	< standing; after midnight
<i>Borax</i>	Oral thrush Ulcers Dry, cracked tongue with a bitter taste Craves sour food	< fruit, tobacco
<i>Caladium</i>	Most commonly used to help smokers to give up, this remedy also has the symptom of itching of vulva and vagina with burning	> masturbation, rubbing the affected area
<i>China officinalis</i>	When candida symptoms have been present since food poisoning or after a severe bout of diarrhoea, even if this occurred months or years ago Recommend 6c daily for 2 to 4 weeks	< diarrhoea
<i>Helonias</i>	Foul, curdled, lumpy leukorrhoea Vaginitis with backache and consciousness of womb Urinations with burning and frequent desire	< pregnancy; pressure of clothes > keeping busy; holding abdomen
<i>Kreosotum</i>	Foul, acrid leukorrhoea which stains Craves smoked food Pressure in region of spleen	< cold; rest; menses; 6pm to 6am > warmth; hot food
<i>Lac caninum</i>	Feels dirty, self-loathing Useful for cleansing toxicity, particularly of pesticides Vulva is sore and itchy with discharge Tender breasts, particularly before menses Lacks confidence and may be confused with <i>Lycopodium</i>	< night, cold air
<i>Medorrhinum</i>	Thin discharge with fish-brine smell Itchy vagina Thirsty Craves sweets and oranges Particularly useful for cases of thrush after a new sexual partner or after multiple partners	Itching > rubbing and bathing < damp conditions; daytime
<i>Morgan gaertner</i>	All bowel nosodes are useful but <i>Morgan gaertner</i> in particular is excellent for treating symptoms of candida which appeared since antibiotics. It is similar to <i>Lycopodium</i> but seems to have a deeper action on the digestive tract. Recommend 30c daily for 5 days	> passing wind; hot food
<i>Nitricum acidum</i>	Acrid, offensive discharges and redness Splinter-like pains Itching, burning foreskin Vaginal itching after sex Offensive smell of urine	< milk
<i>Platina</i>	Painfully sensitive genitals, which cannot bear touch The avoidance of sex is likely to be a big issue for the patient suiting this remedy – they will tell you about it!	< touch; sex
<i>Pulsatilla</i>	Thick, bland or yellowish-green discharge Thirstless	< rich foods > fresh air; company
<i>Sepia</i>	Leukorrhoea with large lumps Bearing down feeling in abdomen + vinegar, sweets Often useful for women who feel irritated by their husband and/or children	< before menses, sex, touch > crossing legs; vigorous exercise
<i>Staphisagria</i>	Thrush after sex, particularly if relationship is problematic, or after emotional upset or indignation	< grief, anger, indignation; after sex
<i>Thuja</i>	Profuse, thick, green discharge Very sensitive vagina Male: sweetish smell of genitals, and offensive smell of semen	< cold; damp heat; sweets > warmth

Organ support remedies	Action
A combination of: <i>Berberis vulgaris</i> + <i>Ceanothus</i> + <i>Chelidonium</i> 3x	This has a beneficial action on kidneys, spleen and liver
<i>Carduus marianus</i> 6x	Particularly effective if the patient is a regular or heavy consumer of alcohol or has a history of liver disease such as jaundice or hepatitis
<i>Hydrastis</i> 6x	If there has been a history of severe diarrhoea or food poisoning (also <i>China</i> , see above)

and may increase the potency weekly.

In cases of chronic candida, the liver and digestive tract is unlikely to be working to its optimum level. (See the above chart for my favoured organ supports.)

Dosage is usually twice daily of any of the above, and *Candida albicans* 6c can be combined with any of the others.

I prefer to use a bottle of tablets rather than herbal tinctures, finding it easier and more portable. The efficacy of the remedies seems to be unaffected.

It is vital that the bowels are working effectively. For constipation or insufficient bowel movements, try one of the following:

- A dessertspoon of linseeds soaked in water for 2 hours and drunk before bed
- *Nux vomica* 6c daily for unproductive straining until symptoms improve
- *Poly bowel nosode* 30c daily until symptoms improve
- For inadequate stools, psyllium husks twice daily (plus at least 3 litres of water a day)
- Other homeopathic remedies such as *Opium*, *Lycopodium*, or *Calcarea carbonica* may be indicated in cases of chronic constipation.

I usually see people at two or three week intervals for the first few appointments, until a clear improvement is evident.

As treatment progresses:

- Continuing use of organ support
- Continuing use of probiotics
- Treatment of sugar addiction, if this is a problem (I have not seen a case of candida yet where the patient did not crave sugar either now or in the past).

The following remedies may be beneficial for sugar addiction (see chart on the right). In addition,

a supplement of Chromium 200 mcgs daily will stabilise blood sugar.

As mentioned previously, remedies such as *Carcinosin* and *Nat mur* can be useful in cases of chronic candida where there is history of grief over separation.

Case 1

RB, female, 43 years old.
Presenting complaint: chronic recurring thrush.

14/7/07: History of depression and past use of anti-depressants. Married with two sons in late teens, both living at home. Teaches maths and English to adults. History of labyrinthitis with some residual symptoms. Relationship with husband is poor – they live separate lives. Brother died in 2005 with cancer prior to which she nursed him for two years. Frequent user of cannabis and occasionally cocaine. Heavy consumer of red wine, routinely drinking a bottle a night, but can be up to three bottles. Mother is an alcoholic, and the relationship is

Remedies for sugar addiction	Keynotes	Modalities
<i>Antimonium crudum</i>	Huge appetite, with over-consumption of food Thickly coated white tongue Bloating after eating with frequent belching Diarrhoea alternating with constipation	< heat & cold bathing
<i>Lac humanum</i>	Separation from mother at an early age (either permanent or temporary) Patients who were not breast-fed The remedy can bring up emotional memories Food/alcohol addiction and issues around food such as history of anorexia or bulimia If an early separation was experienced, keep appointments frequent to sustain a link with the patient	< alcohol, before menses, eating > from sex, eating
<i>Lycopodium</i>	Craves sweets Chilly Bloating, distended abdomen Appetite increases/reduces while eating Eats quickly	< 4-8 pm; missing a meal; eating; re-heated foods; cold food and drinks > rubbing abdomen; hot food and drinks
<i>Nux vomica</i>	Reliance on stimulants Sugar is obtained primarily from alcohol Over-indulgence in rich food Food has significant impact on mood (although the patient may not acknowledge this)	< coffee, alcohol, stimulants > sleep, rest, loose clothing
<i>Saccharum officinale</i>	Secretive addiction Suppressed anger Ailments from grief/disappointment Insatiable appetite (especially sweets) Indigestion and hard, swollen abdomen Can be taken every time a craving becomes over-whelming	< morning, warm weather, eating sugar/chocolate > evening, eating, after breakfast
<i>Syphilinum</i>	History of addiction to sugar and other stimulants Sabotages own efforts to eat healthily	< night, damp > daytime
<i>Winchelsea sea salt</i>	Similar to <i>Natrum muriaticum</i> but with a cleansing and detoxifying action. Patients may experience skin eruptions, mouth ulcers or loose bowels after taking this remedy	< grief > being alone

▷ strained. She has had no contact with her father since parents divorced 30 years ago. She has had thrush on and off since her brother died, although currently it is not severe.

Natrum muriaticum 30c sd (single dose) week 1; 200c sd week 2; 1M sd week 3; 10M sd week 4. The thrush was not the presenting complaint at the time of the appointment, although its frequent occurrence was noted. Her brother's death was very current for her and she related everything in her life back to the time he died, hence the choice of *Nat mur*.

28/8/07: No thrush since the previous appointment. After *Nat mur* 1M she developed terrible stomach pains which she had experienced previously when her parents divorced. She complains that she is everybody's carer and her family is invading her space. Still drinking and using cannabis and cocaine. *Carcinosin* 30 sd with *Rose quartz* 30 weekly.

I find that *Rose quartz* can be a good support for *Carcinosin*, prolonging its action.

26/9/07: R felt considerably better after *Carcinosin* and has had no thrush symptoms. Occasional binges of drinking but generally drinking less and trying to stop smoking. *Carcinosin* 200 sd.

2/11/07: After the remedy she had a terrible cold and cough which lasted four weeks, similar to a cough in her teens after parents divorced. Last period was unusually heavy. Some thrush symptoms but they didn't last long. She almost cancelled this appointment due to her extreme fear of fireworks – she was afraid to leave the house. *Phosphorus* 1M sd plus AAA 30 to use as needed.

2/12/07: Had impetigo on her face after the remedy, but it cleared in a week without treatment. Hasn't smoked for four weeks and is drinking less alcohol. She has pain

in L side of chest < after drinking. Some thrush symptoms, mainly itchy but no discharge. She is constipated and windy and is having problems getting to sleep. Dreams are busy, so feels unrefreshed in the morning. *Syphilinum* 30c sd week 1; 200c sd week 2; 1M sd week 3. The reliance on alcohol and drugs indicates the syphilitic miasm and this seemed to be an appropriate time to give the nosode.

7/1/08: Terrible thrush before period. Drank and smoked too much over Christmas plus took cocaine but has decided not to drink or smoke for a month. Some return of the labyrinthitis symptoms which had disappeared. Struggling to control use of stimulants; very sensitive to coffee and cigarettes but craves them. Has been constipated, 'as if not completely finished'.

Nux vom 30c sd week 1; 200c sd week 2; 1M sd week 3.

27/2/08: Very irritable and grumpy

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with everyone. No thrush but libido is zero. No cigarettes for a month and drinking less. Relationship with husband has been based on drinking and smoking cannabis together, and now feels they have nothing in common. Energy levels are low, feels exhausted all the time.

Sepia 30 – 200 – 1M over three weeks.

This is a remedy which R has had in the past and feels is 'her' remedy, although this is the first time it presented as the dominant remedy since her treatment with me.

15/4/08: Still feels irritable and is drinking again and smoking some cannabis (secretly without telling husband). Libido 5% better.

Saccharum officinale 30c sd week 1; 200c sd week 2; 1M sd week 3. I chose this remedy in particular due to the secret nature of her smoking – secretive addiction is a big part of the remedy picture.

24/6/08: After remedy R didn't want alcohol and felt ill when drinking. Pain in chest only comes after drinking. Thrush is terrible, really itchy and sore. Her neighbour is driving her mad (talking about her neighbour took up most of the appointment).

Nit ac 30, 3 x weekly.

R's reaction to alcohol after the *Saccharum off* was notable, and it was interesting that the thrush came back severely after many months with no symptoms. It appears to be a return of old symptoms in accordance with Hering's Law of Cure.

Since this appointment there has been no recurrence of thrush symptoms, and the pain in her chest has gone. Subsequent appointments have focused around a change of job and a back injury. R is smoking very little and drinking much less. She has a bottle of *Saccharum off* 30 and takes one dose when she craves a drink.

Case 2

A 14 month old baby had a habit of 'grinding' her genital area against anything available. Her mother commented that the child's vulva was often red and sore, but was embarrassed by her behaviour, believing her to be indulging in a form of masturbation. It seemed likely that the girl may have thrush, and after five daily doses of *Caladium* 30 the



Lycopodium (club moss) may be indicated for constipation and if controlled by others.

redness disappeared and the 'grinding' ceased, to the relief of the mother and no doubt of the child too!

Case 3

SG, female, 38 years old.

Presenting complaints: thrush and insomnia.

3/3/07: SG is an aerobics teacher, married with two children (one from a previous marriage) and three step-children (who stay for two to three days a week). Her husband is jealous and cannot bear mention of S's first husband. They do not socialise in case someone mentions it and he is very dominant in their relationship.

Her mother died when S was 18. She had multiple sclerosis and had been ill for 16 years before her death, staying in a nursing home or hospital since S was eight years old. S has an older and a younger sister. Her father has remarried and lives abroad.

After her mother's death, S became anorexic and was in hospital for four months. She is still slim but eats sensibly. Had a very sweet tooth in the past, but this is now under control and she just has occasional chocolate.

Her sleep is terrible; she worries that she has offended someone during the day and frets about it. She is taking prescribed medication for sleep. She also suffers from severe thrush, which is < during and after intercourse.

Lycopodium 30c sd week 1; 200c sd week 2; 1M sd week 3; *Berberis* + *Ceanothus* + *Chelidonium* 3x bd.

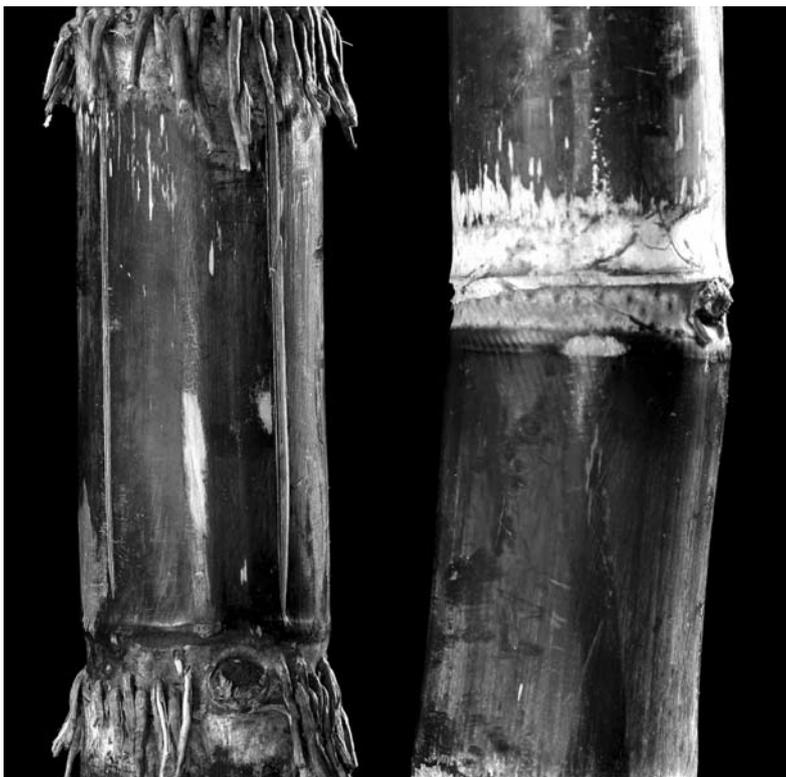
Lycopodium and *Sepia* are both strongly indicated, however the impression from S is that she has spent her life being controlled, firstly by her mother's illness, then by both her husbands.

23/3/07: Slept really well for two weeks but energy very low now and had a sore throat (same symptoms as she had as a child). Thrush symptoms have disappeared but she has the feeling of a heavy period all the time, with a dragging feeling.

Sepia 30c sd week 1; 200c sd week 2; 1M sd week 3; Continue with *BCC*.

11/5/07: Three periods in six weeks, with bleeding every two weeks. Sleep been better but

An awareness of the symptoms that indicate candida can be useful when considering nutritional advice or organ support remedies



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Saccharum officinale (sugar cane) can help secret addictions.

husband wakes with screaming nightmares. The dragging feeling has subsided. Thrush symptoms have returned and are worse after sex but generally she feels much calmer. Her husband has commented on how much better she seems. She comments that she has been everyone's carer all her life and that when her mum was in hospital, she would cook for her father and look after her younger sister. *Carcinosin* 30c sd week 1; 200c sd week 2; 1M sd week 3.

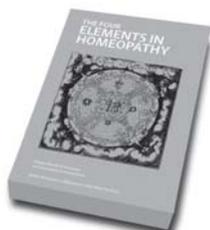
12/8/07: Sleep is good and last menstrual cycle was 27 days. No thrush symptoms, even after sex. *Lac humanum* 30, twice weekly. With her mother absent so much during her childhood, and her subsequent eating disorder, I felt that *Lac humanum* would begin to resolve some of these issues. 17/10/07: S was very angry and depressed with terrible PMT. Her periods are more frequent again, coming every two weeks. They are very heavy and painful, for three

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to four days. She usually takes a maximum dose of Paracetamol (this has been the case for over 20 years but was the first time she had mentioned it to me). *Fraxinus americanus* 30, daily for four days.

(Over the next few months there were no thrush symptoms, and sleep was reasonable. S's husband came for three appointments, after which his relationship with S's son improved and the jealousy and nightmares abated.)

20/2/08: S phoned with a terrible case of thrush. She had visited her father and step-mother in Spain and has argued with them. It reminded S of her mother's death and how her step-mother had moved in just a few months later. She felt as though the thrush was eating her alive. *Staphisagria* 200 sd.

1/4/08: After the *Staph* she cried a lot and felt real grief about the loss of her mother and her absence

during S's childhood. She still felt very upset at the time of the appointment.

Ignatia 30c sd week 1; 200c sd week 2; 1M sd week 3.

8/6/08: Thrush has gone but there is a yellow discharge and she feels acidic. Sleep is deep and S is not worrying about the row with her father and step-mother. Went to a party with her husband and both had a great time (this was their first social outing for several years). A bit of PMT but not severe, and feels able to express irritation with husband.

Natrum carbonica 30c sd week 1; 200c sd week 2; 1M sd week 3.

No thrush symptoms have been evident, the discharge has cleared up and S is generally sleeping well. *Candida* 6c has been added to the BCC combination and she takes a couple of tablets if she feels any indication of thrush. She continues to teach her aerobics classes, which are fully booked, and has begun to practise Reiki.

Conclusion

When I began researching candida overgrowth, there was no mention of physical or emotional separation from parents, either permanently or for a short period as a possible cause. As I have seen more cases it has become apparent that, for a significant number of patients, an early separation is a contributory factor and resolution of the emotions around this can result in permanent resolution of the candida symptoms. Other therapists are often surprised that homeopathy alone can treat candida, without adhering to a strict dietary regime, but I rely very little on nutritional supplements, and still achieve very positive results with remedies.

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