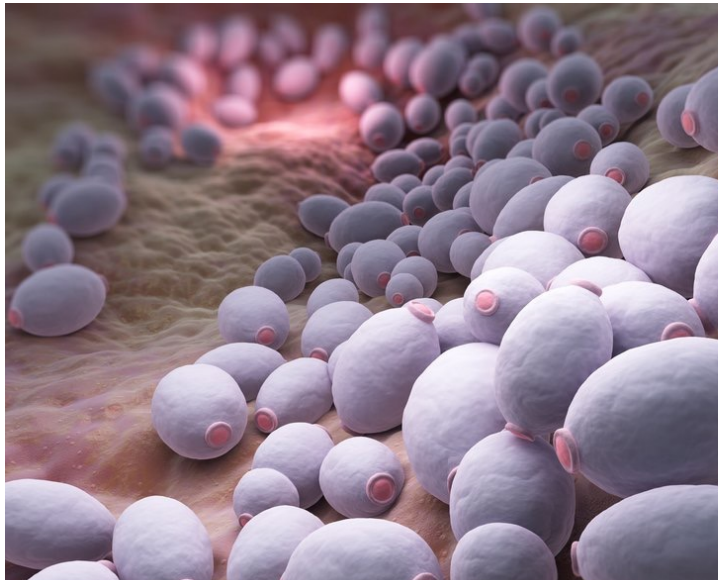


Thrush – getting the right diagnosis



Chronic UTI Info Factsheet Series

Candida or Thrush is sadly one of the main side effects from an antibiotic or natural antimicrobial regime whether it be prescribed for a few days or long term.

How do you get candida overgrowth? The good news is that the healthy bacteria in your gut typically keep your candida levels in check. However, a few factors can cause the candida population to grow out of control:

- ✓ Eating a diet high in refined carbohydrates and sugar
- ✓ Consuming a lot of alcohol
- ✓ Taking oral contraceptives
- ✓ Living a high-stress lifestyle
- ✓ Taking high dose antibiotics or strong antimicrobials that kill too many of those friendly bacteria

Thrush can affect anyone, though it occurs most often in babies, toddlers, older adults, and people with immune deficiencies. Left untreated, thrush can spread to other parts of the body including the lungs and liver of immunocompromised people.

Treatment options include various antifungal agents combined with supplements, nutritional and lifestyle modifications.

What are the symptoms of vulval/vaginal Candida?

- ✓ Vulval itching,
- ✓ Vulval soreness, burning & irritation,
- ✓ Pain, or discomfort, during sexual intercourse (superficial dyspareunia),
- ✓ Pain, or discomfort, during urination (dysuria), and
- ✓ Vaginal discharge - although this is not always present. The discharge is usually odourless and can be a thin, watery fluid, or thicker, white, and a similar texture to cottage cheese.
- ✓ Vulvovaginal inflammation
- ✓ Erythema (redness) - of the vagina and vulva,
- ✓ Vaginal fissuring (cracked skin) - in severe cases,

Candida species:

Of the 150-plus species of fungal Candida, six are frequently associated with human infections:

Candida Albicans: This is the most common species to cause yeast infections, responsible for about 50% of all candidiasis occurrences. Candida albicans is opportunistic in nature, so if your immune system is compromised, or your “good bacteria” population is reduced by antibiotics, high stress levels, excessive “bad” carbohydrate intake or hormonal imbalance, Candida albicans will seize the opportunity to overgrow, wreaking havoc in various parts of your body. Common symptoms include fatigue, bloating, flatulence, anxiety, depression, vaginitis, itchy skin, impaired memory, poor concentration, and a “foggy” brain. Left untreated, Candida albicans overgrowth can lead to systemic infection via the bloodstream, allowing numerous disease processes to occur.

Candida Tropicalis: The second most common species, Candida tropicalis is believed to be responsible for up to 30% of Candida bloodstream infections (candidaemia causing an array of issues including diarrhoea, excessive gas, stomach cramps, and skin irritations including relentless itching, eczematous rashes and hives.

Candida tropicalis can also cause vaginal candidiasis, symptomized by intense vaginal itching, abnormal thin watery discharge, pain when urinating, redness and swelling of the outer genitals. Overgrowth can also cause nervous system disorders resulting in depression, anxiety, headaches and memory loss.

While Candida tropicalis is not as aggressive as Candida albicans, it’s becoming more resistant to antifungal drugs such as Flucytosine, making it more difficult to treat. Fortunately, there are several new generation antifungals that have been found effective when combined with a balanced treatment regimen including supplements and dietary/lifestyle modifications.

Candida Glabrata: With the increased use of immunosuppressive agents, mucosal and systemic infections caused by Candida glabrata have increased significantly in recent years. Estimated to be involved in 10-30 percent of yeast infections, Candida glabrata can cause oral thrush, which presents as creamy white, slightly raised lesions in the mouth.

This can result in painful or difficult swallowing, or fever if the infection spreads beyond the oesophagus.

Candida Parapsilosis: Candida parapsilosis is believed to be involved in up to 30 percent of Candida infections, notably nail and tissue infections, and fungemia (fungal blood infection). Candida parapsilosis can cause severe flu-like symptoms, chronic fatigue and systemic infections, most often in immune-impaired people.

Its high resistance to antimicrobial drugs is causing concern in hospitals.

Candida Krusei: A rare species, Candida Krusei accounts for approximately 1% of candidiasis, and is usually associated with infant diarrhea and sometimes systemic candidiasis. Although it's resistant to Fluconazole, Candida Krusei can be successfully treated with antifungal medications including Amphotericin B. or Nystatin in addition to a holistic regimen.

Candida Lusitaniae: Another rare species responsible for about 1% of Candida infections, Candida lusitaniae has been linked to several cases of candidemia blood infections, as well as systemic candidiasis, including sepsis and pyelonephritis, a potentially serious kidney infection. Fluconazole is an appropriate choice as first-line therapy for Candida lusitaniae, combined with dietary and lifestyle modifications.

As with the species of Candida mentioned above, a comprehensive treatment approach is necessary to regain good health.

How do you test for candida overgrowth?

Firstly, if you have been suffering from persistent, chronic thrush which OTC treatment has not helped, go to your GP and ask for a vaginal swab to be carried out. If your GP is unable to offer this, then go to your local GUM (Genito-Urinary Medicine Clinic) who are used to seeing people every day with chronic candidiasis or thrush and can swab and have the sample analysed. They can also confirm that it is candida as opposed to Bacterial Vaginosis (BV).

Some clinics will swab and send off the sample on the first visit, others will simply swab and look under the clinic microscope and prescribe from there. If this treatment course does not work, go back, ask to be re-swabbed and for the sample to be sent to the National Fungal Lab for analysis. They should identify the strains and treatment susceptibilities and resistances and can work from there.

If the clinic is unable to offer this service then your GP can refer you to the Vulval clinic based in your local hospital who offer specialist consultant dermatologists who can check chronic candidiasis and for other issues such as Vulvodynia, Vulval Dermatitis, Lichen Sclerosis and other genital conditions.

It is very important that the strain(s) of are identified and whether it is susceptible to current treatment. As noted above, many strains of Candida are now resistant to the “Azoles” so a full diagnosis is needed.

Thrush can be hard to culture and false negatives are common, previous anti-fungal treatment can also effect results.

Thrush spores are at their highest the week leading up to your period and during menstruation due to the alkaline change of the vaginal tract so the best time to be tested is in that week and if possible don't take or use any anti-fungal treatments for 7 days before the test.

If after treatment, candida is still a problem then you may want to investigate further the root causes of the overgrowth and a comprehensive stool or blood test may be required to check on systemic candida and appropriate treatment.

For systemic candida, an immunologist appointment may be necessary to determine diagnosis, cause and treatment

How do you treat candida overgrowth?

To successfully treat candida, you need to do three things: stop the yeast overgrowth, build up the friendly bacteria, and heal your gut so that candida can no longer enter your bloodstream.

First step: getting rid of the candida overgrowth, which mainly requires switching to a low-carbohydrate diet.

Sugar is what feeds yeast. So, start by eliminating sugar in all its simple forms — such as sweets or candy, puddings or desserts, alcohol, and flours.

At the same time, cut back to just 1 cup a day of the more complex carbohydrates, like grains, beans, fruit, bread, pasta, and potatoes. This will help prevent the candida from growing and will eventually cause it to die.

It is recommended that you work with an appropriately qualified practitioner to monitor and design an appropriate treatment programme specific to your health issues.

There are many supplements that help to treat candida including but not exclusive to:

- ✓ Caprylic acid
- ✓ Oil of Oregano
- ✓ Garlic
- ✓ Grapefruit Seed Extract

Next, try to rebuild the good bacteria that typically keep your candida population under control. Taking anywhere from 25 to 100 billion units of probiotics on a regular basis should help to reduce the candida levels and restore your levels of good bacteria.

Rotate your probiotics every few months to prevent the gut bacteria becoming accustomed to one type.

Additionally, *Saccharomyces boulardii* is a yeast species that can provide substantial support to the health of the gastrointestinal tract. In clinical studies, *Saccharomyces boulardii* has been demonstrated to increase the production of secretory IgA, the first-line defense immunoglobulin of the gastrointestinal tract. *S. boulardii* benefits the gastrointestinal tract in a variety of ways. It inactivates bacterial toxins, inhibits toxin binding to intestinal receptors and lessens toxin-induced inflammation. It reduces the ability of potentially harmful microorganisms and candida to adhere to and invade intestinal cells.

Finally, heal your gut. Eliminating inflammatory foods that can harm your GI tract — and introducing foods that help — will prevent candida from working its way through your body, and dramatically improve your overall health. Again, work with an appropriately qualified practitioner to help with gut healing.

There's no "magic pill" or instant solution for beating candidiasis. The only way to win the battle is with a diligent multifaceted practitioner guided approach that addresses the root problems and corrects them over time. Candidiasis can be beaten if you're persistent with your treatment and make the lifestyle changes necessary to accelerate your recovery.

It's up to you and it may be easier to work with a Health Practitioner or Functional Medicine Doctor with a prescribed programme of treatment.

Ultimately balancing the high antibiotic/natural antimicrobial load with candidiasis will be a challenge. Hopefully as the infection comes under control the medications can be lessened and the probiotic and lifestyle measures increased. If the antibiotic route is not suitable for you, a functional medicine doctor or suitable alternative health practitioner can work with you using natural antimicrobials.

However, be aware that these are as powerful as synthetic medications so you will need to repopulate the gut with restorative probiotics to prevent gut disbiosis and further candida overgrowth.

RESOURCES

NHS Vaginal Thrush Guide

<http://www.nhs.uk/conditions/Thrush/Pages/Introduction.aspx>

The National Candida Centre

<http://www.nationalcandidacenter.com>

Candida Tests

<http://www.candidatest.co.uk/>

Genova Diagnostics (Practitioner testing only)

<https://www.gdx.net/uk/>