Candidiasis Treatment With Traditional Chinese Medicine

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Candidiasis deserves recognition as it may already have perpetuated into epidemic proportions. Candidiasis is an infection of the *Candida* within the mucus membrane, which usually occurs in the skin, respiratory tract, genital region, gastrointestinal tract, mouth or bloodstream. Some physicians only suspect Candidiasis in severely immunocompromised patients. This, coupled with lack of clinical information, allows those suffering from Candidiasis to not get an accurate diagnosis, much less proper treatment. Depending on detection, the extent and location of initial proliferation, and secretory or non-secretory blood phenotype, TCM diagnosis may vary from early-stage spleen *qi xu* (deficiency) to late-stage blood *xu* with dampness or phlegm.

**Intestinal Dysbiosis and Antibiotics**

Some causes of *Candida*, particularly *Candida albicans* transforming into a pathogenic state, stem from intestinal dysbiosis, often a side effect from medications. As antibiotics are prescribed to eradicate bacterial infections, much of the "friendly bacterial flora," *Acidophilous* in the small intestine and *Bifidous* in the large intestine, also are destroyed. Research "tested the effect of five antibiotics on the candidacidal activity of human white blood cells (WBC) capable of ingesting and killing bacteria. Each of the antibiotics blocked the actions of the WBC against *Candida albicans.*"¹ Once the delicate ratio of friendly bacterial flora and *Candida* becomes disrupted, *Candida* can proliferate into pathogenic proportions.

Although *Candida albicans* exists harmoniously in the human body, it can become dimorphic, metamorphisizing into a pathogen. The aftermath of medications such as antibiotics, cortisol and steroids, birth control pills and patches, and the "morning-after pill" can drastically change the delicate milieu of co-existing micro-organisms within the body’s terrain. *Candida albicans* has a protein that binds corticoids and progesterone.¹ Hence, patients on these medications or women with multiple pregnancies may be more susceptible to Candidiasis. We consume steroids and antibiotics administered to factory-farmed animals, with possible long-term effects.² A contributing cause of *Candida albicans* also includes diets high in sugars, carbohydrates and alcohol. Often a compilation of factors can set the environment for *Candida albicans*’ opportunistic growth.
According to Stanley Weinberg, in its pathogenic state, *Candida albicans* is known to release 79 toxins. The intestinal tract is an area where *Candida albicans*’ overgrowth thrives: "The excessive toxins will make membrane linings in the gut leak," which weakens the epithelial lining. Thus, large protein molecules permeate into the bloodstream, causing a variety of food allergies. A *yang ming* headache after food intake is one possible clue. Upon lacking enough nutrients, the *Candida* grows hyphae. On the tip of the hyphae, an enzyme, phospholipase, can penetrate the cell wall by splitting fatty acids, enabling the *Candida* to utilize nutrients within the human cell.

**TCM for Candidiasis**

The refinement of traditional Chinese medicine diagnosis supplemented with appropriate laboratory tests allows the practitioner to make an accurate diagnosis. The famous Chinese physician Ye Tianshi hypothesized the "Four-Level" system of diagnosis.4 Within TCM theory, Candidiasis may present under varied etiologies ranging from the transmission of pathogens from the *wei qi* level, *qi* level, *ying* level to *xue* level.

One example of the four levels of diagnosis at the acute stage or *wei qi* level of Candidiasis may present as spleen *qi xu* from the cold nature of antibiotics. Abdominal distension, poor appetite, fatigue may be an initial sign. If left unchecked, the *Candida or chong* (parasites) can infiltrate deeper into the *qi* level. This causes dampness, stagnation and rebellious stomach *qi*, belching, nausea or vomiting. As the *chong* further colonizes its species and reaches the *ying* level, particularly in ecosystems of blood types with the subcategory of non-secretors, *yin xu* symptoms can manifest. As the dampness proliferates, body fluids become depleted by the *chong* and/or leukorrea. Once at the *xue* (blood) level, the *Candida* begins to permeate through the lipid layer of the cell wall to ingest its host nutrients, leading to blood *xu* symptoms. As *Candida* has been found to release toxins, additional turbidity and dampness transforms into phlegm. This phlegm may present itself productively as sinusitis, bronchitis, menstrual blood or invisible phlegm.

According to Bob Flaws, "When there is spleen vacuity, liver depression, and damp heat, there is often also *chong* or parasites in the intestines."5 Flaws’ research revealed information regarding observations from the Qing Dynasty on *gu chong* (parasites). Certain herbs (*bai zhu*, Radix angelicae dahuricae; *he shou wu*, Radix polygoni multiflori; *lian qiao*, Fructus forsythiae suspensae; *zi su ye*, Folium perillae frutescentis; *bo he*, Herba menthae haplocalycis; and *wu mei*, Fructus pruni mume) regularize intestinal flora. Here again is another association concerning the delicate balance of intestinal flora and the presence of *gu chong*, or
parasites.

In dealing with microscopic pathogens, a general co-evolution of species is occurring from stronger antibiotics and subsequent resistant strains of pathogens. *Candida albicans* is one of many species that mutates into stronger, more resilient strains. The plethora of subtle TCM diagnostic theory addresses depth, location and type of imbalance for each unique patient. Progressive laboratory tests provide detailed information on intestinal bacterial flora, fatty acid ratios and *Candida* overgrowth. With accurate diagnosis, balance can be restored through acupuncture, herbs, diet, nutritional support, *qigong* and exercise.

References


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