

# CANDIDA DIGEST

Volume 10 Issue 4

[www.candida-society.org](http://www.candida-society.org)

October-December 2006

## PerfectSweet Xylitol – Great News

Last January I attended Patrick's Holford's Hidden Food Allergies conference in London, where he praised xylitol as a sugar substitute. I have always had a great deal of respect for Patrick so I immediately brought this to members' attention in the next *Candida Digest*. I ended the article by saying that as this was a new product to me I would listen out for any indication that the product was not as good as its press. The unwelcome news came in April's edition of *Healthy* magazine where Dr Sarah Brewer said: "Avoid sugar substitutes such as sorbitol, **xylitol**, mannitol, aspartame and saccharin. The body processes these like alcohol to form compounds that stimulate candida growth." I brought this to members' attention in the editorial of the next *Candida Digest*, ending with the promise: "I don't, as yet know if this is true, but I will do my best to find out."

Well I have great news, it is not true - Patrick was right all along. Daniel Reeds of a company called *Healthy by Nature* told me:

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## Editorial

I am really pleased to announce that three more support groups have started up, in:

1. Muswell Hill, London
2. Princes Risborough, Buckinghamshire
3. Brighton, East Sussex

Contact details are on page 6. Please support your local group leader. If there is not a group in your area, and you would like to run one (and qualify for free membership), tel: 01689-813039.

We have a few new products on the Products page of our website: [www.candida-society.org](http://www.candida-society.org)

- PerfectSweet (see the article opposite)
- Glyconutrients (as mentioned in the editorial in the last edition of the *Candida Digest*)
- Dida (see page 7 for trial results).

Erica White recently retired, but she has launched an on-line questionnaire. It triggers an instant report giving detailed individual advice, including anti-candida therapy if appropriate. Material for the reports is based on Erica's sixteen years in nutritional practice specialising in candida & M.E. Optional support is available from ION-trained nutritionists (additional fee) or from non-nutritionist 'encouragers' (free). Three-monthly reviews enable programmes to be fine-tuned according to progress. Laboratory tests are available with Erica's advice. It costs £47 – full details on: [www.nutritionhelp.com](http://www.nutritionhelp.com) which is accessible via the Distance page (left-hand column) of our Clinics page: [www.candida-society.org](http://www.candida-society.org)

If you suffer from toenail fungus, you will know how difficult it can be to eradicate it. There's a new website dedicated to this problem:

[www.treatnailfungus.org](http://www.treatnailfungus.org)



## Focus on Practitioners: Robert Boniske

Robert Boniske is a Californian who moved to Europe some thirty years ago. He is a UK-trained nutritionist with a strong basis in naturopathy, who has been in practice for 6 years. Prior to that he worked as a chef in France for 25 years. He uses the Meridian Stress Assessment Testing System on a Best machine to test and treat:

- Vitamin and mineral deficiencies
- Food intolerance sensitivity
- Hormonal imbalance
- Environmental allergens

When Robert kindly offered a free full consultation, I invited one of our members (Sally) to undergo the consultation whilst I took notes. Sally is a high-achieving professional, who works in Europe. She had been half-heartedly treating symptoms of candida for several years, until it brought her to a complete standstill this Summer forcing her to halt her career and return home. Her GP ran various tests, and said that she might have CFS but failed to suggest any treatment. Sally saw several very good candida consultants who diagnosed candida, CFS, some immune deficiencies, and food intolerances. When she failed to improve, expensive treatments were suggested by one consultant who told her very honestly that he could not guarantee successful treatment of her immune deficiencies. Alarmed at cost and lack of certainties, Sally jumped at the chance to see Robert for an alternative view.

Sally completed a questionnaire in the waiting room, and at the start of the consultation, Robert took a detailed case history from her. Sally said that until this Summer her candida symptoms had responded to the anti-candida diet, but they no longer did so now.

Robert explained that candida overgrowth is a sign that homeostasis is being breached, and that it is far more important to treat the underlying imbalance than the symptoms. Once the body is brought back into balance, many of the symptoms spontaneously disappear. Any that remain after 4-6 weeks can be addressed then. But in the first instance, Robert aims to treat the whole body through digestion.

Robert uses the first appointment to test for vitamin and mineral deficiencies, and food intolerances. At the same time he educates his patients about the digestive process. He asked Sally a number of questions about her diet, before declaring himself happy with her diet in general, but less happy that she was taking her vitamins/minerals as tablets as they can be hard to digest. In descending order, he favoured liquid vitamins/minerals, capsules and finally tablets.

### Diagnosis

Robert explained that the Meridian Stress Assessment Testing System has the frequencies of 37,000 different items programmed into it. The patient holds a copper tube throughout the process, to complete the circuit. After ascertaining a balanced reference point, the machine can be used to detect any deficiencies. Robert stressed that it was important not to focus on individual deficiencies as the minerals and vitamins act together synergistically. When a longish list of deficiencies emerged, Robert commented that Sally did not appear to be deriving much benefit from her tablets.

In addition, Sally had a very long list of food intolerances. Whilst acknowledging that this tended to be part and parcel of candida, Robert stressed the importance of chewing food. Many of us tend to chew three times and swallow, bolting our food. I know I do. Aim to chew 15 times before swallowing. Interestingly, since the consultation, a new book has been published on this very topic: *Enzymes For Health And Healing by Ellen Cutler & Dr Jeremy Kaslow. Published by Rodale, £12.99.* Cutler & Kaslow support Robert on this, saying:

“Research has shown that salivary enzymes can digest as much as 30-40 per cent of starches before food even reaches the stomach. Better chewing is the first step towards improving digestion”.

Robert gave a lot of digestive advice, including:

- when eating don't do other things in parallel, as this can detrimentally affect digestion
- if very stressed – skip a meal
- don't drink much with food as it dilutes the digestive enzymes

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- use digestive enzymes in the short-term only
- keep the colon moist by eating grains chickpeas; dark green leafy cooked vegetables; golden flaxseeds soaked in water overnight; eat short grain (not long grain) rice
- avoid fermentation of food as that can cause a leaky gut, leading to food intolerances
- take plenty of good quality Omega 3

### Treatment

Robert used a kinesiology plate to see what products the machine indicated that Sally needed to take. These were:

- 1 Maximol (a liquid multivitamin & mineral)
- 2 Vitamin C
- 3 Digestamin (whilst learning to chew)
- 4 Magnesium

Robert told Sally to avoid all of the food she was intolerant to for 4 weeks. The very next day he emailed a large bundle including full results, food alternatives, and dietary information. He tests for hormonal imbalances on the second visit, and in the meantime he is available on email.

### Sally's verdict?

"I thought that Robert Boniske was good and gave sound solid advice based on common-sense, which I appreciated a lot... I was happy to hear that he wants my body to deal with things itself, in contrast to (other consultants). I was surprised at the test results of vitamins/minerals... and how many food substances I have an intolerance to. This was not the case when I was tested in May - how could I have become so devitalised since then?! Anyway I am taking the supplements as advised and avoiding the foods listed". Three weeks' later Sally said: "I am feeling fine, energy is so much better compared to a month ago."

Robert's clinics are listed on the Clinics page of our website:

**Chelsea, London: 020 7730 7928**

**Primrose Hill, London: 020 7483 3344**

**Northampton: 07773 516787**

1<sup>st</sup> appt costs £125; subsequent appts are £85.



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### PerfectSweet continued

*"I suspect that the confusion has arisen because xylitol is a 'sugar alcohol'. A slightly confusing term, a sugar alcohol is neither a sugar nor an alcohol, but rather a kind of polyol (a different molecule) which acts in a different way.*

*Both of our nutritional consultants in the States have ensured me that there is no literature relating to xylitol producing alcohol, although xylose appears to be able to be broken down by various candida strains and a bi-product of this is ethanol. But it should be stressed that xylose and xylitol are two very different products. Fran Gare is one of the directors of our sister company in the States and she is a very high-standing consultant there. I discussed this in some depth with her and she informed me that thrush was one of the main problems (along with diabetes) for which she used to recommend the use of xylitol."*

Daniel also sent me research papers backing up his claim, plus an abstract of a paper about oral candidiasis. It was published in *New Microbiol.* January 2000 23(1):63-71, and entitled: *Effect of dietary carbohydrates on the in-vitro epithelial adhesion of Candida albicans, Candida tropicalis, and Candida krusei.* The abstract concludes by saying:

*"These results suggest that the frequent consumption of carbohydrates, such as sucrose, glucose, maltose, or fructose, might represent a risk factor for oral candidosis. The limitation of their consumption by substituting xylitol or sorbitol could be of value in the control of oral Candida colonisation and infection."*

It you would like to know more about PerfectSweet (xylitol) take a look at the very informative website for PerfectSweet which contains lots of recipes, and hundreds of research papers published over the past 35 years citing the benefits of xylitol.

You can access the PerfectSweet website via the Products page of our website:

**[www.candida-society.org](http://www.candida-society.org)**



## **One Member's Story: Electro-Sensitivity and Candida**

Four years ago, I was fab, fit and in my 40s with a dynamic marketing and media business, exciting social life and active sporting schedule. My lifestyle was exciting and affluent. I had energy and dynamism. Without noticing too much, I gradually succumbed to a host of symptoms which sapped my energy and stole my memory. I kept myself going but as insomnia, erratic high blood pressure and heart palpitations joined the list, I got nervous.

Two years ago, my right body tingled and I had numbness in patches down my right leg, hip and right hand. I could hear buzzing in my right ear and I suddenly lost 40% my right eye-sight overnight.

I tried my doctor, various complementary practitioners, a Chinese doctor and then as I felt more and more unwell I paid what seemed an enormous sum to visit a private 'doctor' on Harley Street. Not one of them told me what was wrong with me. This so-called 'doctor' is now being investigated by his accrediting Board. They have been unable to trace his medical qualifications and fear that he may have misrepresented his background. He diagnosed radiation on the basis of a hair test and prescribed large doses of one brand of supplements which I took religiously only to find that my health deteriorated further and that the loading on my system eventually gave me liver damage. He totally failed to diagnose the complexity of my condition.

In May 2005, I self-diagnosed radiation sickness or electro-sensitivity (ES), which is a negative biophysical response to electro-magnetic frequencies and/ or non-ionising electro-magnetic radiation. I did this with the help of several websites and their supporting writers. At this stage I was lucky to have enough energy to get up and shower, keep my house tidy, and my dog walked. All business projects were filed in my office. A light stroll with my dog would result in a myriad of symptoms overtaking me, forcing me home. I could no longer work close to computers, cordless or mobile phones without my head burning and almost exploding.

As an electro-sensitive (ES), I am currently off the NHS radar. ES formerly known as Radiation Sickness is one of the new 21st century illnesses and there could be approximately 3-10% of the Western World affected. Sweden, where the affliction is formally recognised, has more than 250,000 sufferers. In the UK, The Health Protection Agency (formerly the National Radiation Protection Board) has recently set up the HPA EMF Discussion Group which meets regularly to ascertain the extent of the ES problem in the UK. The World Health Organisation meets annually on the subject of electro-sensitivity.

Colleagues were in disbelief as my symptoms widened. My income is now zero. To clear my system I am taking a mineral treatment prescribed to victims of Chernobyl, supplied by a pharmacy in Germany. I work voluntarily to raise the profile of the dangers of electro-magnetic frequencies (EMFs) or non-ionising electro-magnetic radiation (NIEMR).

ES is a life sentence. Sufferers are unable to work, attend public places, travel on trains and buses, dine out, and socialise with family and friends. NHS GPs are not familiar with this problem. In the main, they are unable to recognise the symptoms and often resort to prescribing tranquillisers or referring already stressed ES patients to psychiatrists!

A consensus of experienced ES practitioners from around the world have postulated that the rain-barrel effect or accumulation of total body toxin loadings eventually gets so heavy on the body, that ES results. Therefore, the reverse of this is true, once ES is diagnosed. It is likely that the individual already suffers other stresses and toxins, largely broken down into physical, chemical and biological categories. In my case, it was an ME replica virus, chronic candida albicans, leaky gut, accumulated pesticides, bacteria, gluten and dairy allergies and stored trauma. The challenge has been to gradually clear these deep and accumulated sources of stress and to minimise my negative response to the great increases in electromagnetic radiation we are all now subjected to on a daily basis.

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I moved during this period and found that my new house was subject to severe geopathic stress, with two black lines meeting literally under my bed. I was therefore predisposed to severe conditions. The consultant recommended new bed mattresses for us all, getting rid of all interior sprung mattresses with metal spring coils and replacing with foam. He suggested wooden bed frames to replace metal bedsteads and to move our beds into other positions. He confirmed that he has tested homes and animal barns where serious sickness exists and always finds bad geopathic stress in such places.

My symptoms have developed and expanded over the past 5 years, to include:

1. Gluten and dairy intolerances
2. Digestive problems, hypoglycaemia, irritable bowel syndrome
3. Cystitis
4. Chronic Candidiasis with thrush and anal fissures
5. ME/CFS
6. Hair loss (significant) & fingernail flaking
7. Fibromyalgia
8. Severe headaches
9. Bouts of irritability, anger and despair
10. Loss of libido
11. Memory loss
12. Sleep disturbance, insomnia, night terrors
13. Dizziness
14. Skin tingling and numbness
15. Right eye loss of vision acuity and constricted eye pupils under dim light
16. Erratic blood pressure up to 145/105 and now stable at 100/70
17. Heart arrhythmia & palpitations
18. Toothache and teeth loosening
19. Hearing humming & buzzing
20. Hormonal disturbances – low thyroid and oestrogen overload
21. Damaged liver and adrenals
22. Impending flu symptoms
23. Difficulty concentrating
24. Feelings of abnormal weakness that cannot be explained by routine
25. Numbness, clicking & weakness in joints and limbs

Symptoms are caused and exacerbated by electro-magnetic frequencies (EMFs) emitted by

all manner of mobile phones, cordless home phones, wireless Internet connections, computers, microwave ovens, baby listeners, microwave room sensors linked to burglar alarms and many other sources. Powerwatch estimates that EMF emissions are some 1000 million million times greater than 30 years ago. What are we to do about this invisible peril, which affects many of us? I am unable to visit households equipped with this 21<sup>st</sup> century technology. I am blessed with a very understanding partner and son.

I now sleep in a shielded bedroom with foil-lined wallpaper, with windows screened with EMF proof fabric. I wear a radiation proof head-net for car travel, take numerous supplements, and avoid all toxic environments. I sleep on a foam mattress supported by a wooden bed, well away from geopathic stress. I drink spring water and eat a very healthy home-cooked diet. Additionally, I no longer use a mobile phone. Giving that up caused me withdrawal symptoms. I went through cold turkey because I was addicted to my phone. My right eye-sight has since improved enough for me not to have to wear glasses.

I work with both Electrosensitivity-UK.org and h.e.s.e.-UK as their media consultant, so I am in a position to read an immense amount of European science that is written about health problems associated with electromagnetic radiation. It could well turn out to be the case that microscopic fungi / candida albicans predisposes the human system to damage from EMFs resulting in worsening symptoms if the body remains exposed to EMFs, especially at night when the body needs to repair itself and produce melatonin. Among many projects, I am heading up a data collection exercise of case notes from ES/EHS living in the UK for compilation into a compendium of sufferers' observations for public distribution.

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Sarah (0000-6252) has supplied the electro-sensitivity questionnaire for our members. It is now available on the Members' Area of our website:

[www.candida-society.org](http://www.candida-society.org)

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## **Local Support Groups**

*Ring your local leader for meeting arrangements. Support group leaders provide support and local info, but do not give advice. No part of the society can be held responsible for any course of action that you take.*

### **London**

#### **North-West**

#### **NEW GROUP**

Muswell Hill: Caroline Goldblatt, tel: 020 8442 1912  
Email: caroline@cgoldblatt.freemove.co.uk

### **England**

#### **Berkshire**

Bracknell: Julia Broux, tel: 01344-455722  
Email: jos@broux.freemove.co.uk

#### **Bristol Region**

Bristol: Sue Allen, tel: 01454-898644  
Email: SueAllenFflag@blueyonder.co.uk

#### **Buckinghamshire NEW GROUP**

Princes Risborough: Susie Kearley  
Tel: 01844 275163 (eves)  
Email: susie-town-council@hotmail.co.uk

#### **Chilterns**

Wendover: Elizabeth McCarthy, tel: 01296-696787

#### **Cleveland**

Elwick: Julia Burgess, tel: 01429-866304  
Email: pigpen@zoom.co.uk

#### **County Durham**

Chester-le-Street: Deborah Ash, tel: 0191-388-1959  
Email: muttleyandmoz@aol.com

#### **Essex**

Colchester: Hazel Rea, tel: 01206-531046  
Email: fortytwo23@hotmail.com

#### **Gloucestershire**

Cheltenham: Shona Brown, tel: 01242-676896  
Email: laurens@tesco.net

#### **Hertfordshire**

Stevenage: Angela Travis, tel: 01438-357850  
Email: angela@travis-home.co.uk

#### **Lancashire**

Blackburn: Janine Monaghan, tel: 01254 582892  
Email: j.hope@blackburnmail.com

#### **Leicestershire**

Leicester: Carol Bird, tel: 0116-2920157  
Email: carol.bird60@ntlworld.com

#### **Lincolnshire**

Lincoln: Rebecca May, tel: 01427-668575

#### **Merseyside**

Liverpool: Kathryn Dixon, tel: 0151-281-1827  
Email: zana\_binya@hotmail.com

Formby: Mary Gye, tel: 01704 833619

Email: marygye@hotmail.com

#### **Norfolk**

Norwich: Kiri Owen, tel: 07790-465781  
Email: norfolkcandida@yahoo.co.uk

#### **Nottinghamshire**

Mansfield: Diane Rhodes, tel: 01623-481045  
Email: paul@moneyfarm.co.uk

#### **Somerset**

Glastonbury: Bridget McDermott, tel: 01458-834858  
Email: Maheperre@aol.com

#### **Surrey**

Richmond: Sue Dawson, tel: 020-8546-5254  
Email: SusanDawson92336@aol.com

#### **Sussex (East)**

Bexhill-on-Sea: Sharon Griffiths, tel: 01424-844156  
Email: sharon8@griffithsr.fsnet.co.uk

#### **Sussex (East) NEW GROUP**

Brighton: Vicky Jones  
Email: victoriajanejones@yahoo.com

#### **Sussex (West)**

Horsham: Marie King, tel: 01403-270498  
Email: miss\_mcalpine@yahoo.co.uk

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## Sussex (West)

Horsham: Marie King, tel: 01403-270498  
Email: miss\_mcalpine@yahoo.co.uk

## Warwickshire

Leamington Spa: Jane Hastings tel: 01926-745869  
Email: jane.hastings@ntlworld.com

## Wiltshire

Salisbury: Cherry Clark, tel: 01980-622034

## West Midlands

Birmingham: Kay Clark, tel: 0121-770-5234

## Yorkshire (East)

Flamborough: Margaret Cory, tel: 01262-850498  
**Phone 11am - 6pm ONLY**  
Email: marg@retcory165.fsnet.co.uk

## Yorkshire (West)

Pontefract: Lisa Dixon, tel: 01977-619679  
Email: lisa.dixon@rethink.org

## Scotland

### Central

Bridge of Allan: Audry Bowie, tel: 01786-834401  
Email: audry@cmbow.fsnet.co.uk

### Fife

Kirkcaldy: Beth Wallace, tel: 01592-200329  
Email: beth@wallace999.fsnet.co.uk

### Grampian

Elgin: Shelagh Boughton, 01343-842481  
Email: shelagh@leuchars.freemove.co.uk

### Highlands

Inverness: Elaine Wappler, tel: 01463-791502

### Lothian

North Berwick: Mary Brown, tel: 01620-894567  
Email: d.m.brown@care4free.net

## Wales

### West Glamorgan

Swansea: Patricia Llewellyn, tel: 01639-842777 ❖

## Trial results for Dida

**New Nordic** kindly donated six week's supply of **Dida** for twelve members to trial. Our trial, as always, was informal and unsupervised. **Dida** contains oregano, olive leaf, pot marigold, thyme, cardamon, cloves, garlic, cinnamon oil, fennel oil and peppermint oil.

**Dida** was taken by 11 women and 1 man. Each trialler was asked to complete our questionnaire. Two triallers experienced die-off and withdrew from the trial. Of the remaining ten triallers, half reported a very significant improvement (60%) in itchy anus and vulva.

One-third of triallers reported significant improvements in: thrush (80%); headaches (60%); soreness (50%); depression (40%); bloating (40%); anxiety (40%); insomnia (20%).

The following percentage improvements were reported by individual people: vaginal discharge (100%); odour (90%); flatulence (70%); phlegm (60%); sinusitis (50%); diarrhoea (50%); flaky scalp (20%); earache (20%) brain-fog (20%); and athletes' foot (10%).

The side-effects reported were: constipation, bloating, headaches, fatigue and itchy ears. Thus, some triallers reported a worsening of the very symptoms that the product helped to alleviate in other triallers. We have now seen this in most of our trials – a high degree of individual reaction to candida products.

**Dida** is undoubtedly a strong product. One trialler who withdrew from the trial because of die-off said:

"I think it is a very strong product, I normally take Oregano Complex which is nowhere near as strong. I wanted to see if it was something I could use as an alternative, so that my body didn't become too used to one product. I am easing myself into trying the **Dida** again, starting with half a tablet."

About one-third of triallers said that they will now buy the product.

Further information about **Dida** can be found on New Nordic's website: [www.newnordic.com](http://www.newnordic.com)



## Causes of candida – Part Two

Candida is part of a cascade of causes and effects, indicating that the body is out-of-balance i.e. that homeostasis is being breached.

Candida should be treated as a warning that things may get much worse if underlying causes are not addressed. For a case in point, see Sarah's story on page 4. Sarah told me that her symptoms began with candida and progressed to electro-sensitivity – apparently a typical progression. That is food for thought, but we will leave a discussion about consequences for another day. Here our focus is on contributory factors. I prefer the term 'contributory factors' to causes because whilst these factors do cause candida in susceptible people, they do not affect healthy people.

In the last edition of the *Candida Digest*, three types of imbalance were identified of the:

1. microbes living in our digestive system
2. endocrine system
3. cells and organelles.

The main contributory factors that can result in a loss of homeostasis leading to candida are:

1. **Prolonged use of broad-spectrum or strong antibiotics** which destroys the good bacteria in the digestive system. During the course of a long interview with the editor of CAM (a magazine for health professionals), in 2004, Dr Nigel Plummer described a trial undertaken by BioCare that demonstrated *Candida albicans* overgrowth in the human caecum following the use of antibiotics in 50% of subjects; 33% had mucosal surface colonisation by yeast; 15% of subjects had (what appeared to be) persistent colonisation giving rise to a low-grade inflammatory response. He said that because the inflammation never becomes systemic, the immune system is incapable of resolving it. This means that people end up with a low-level chronic inflammatory condition that gives rise to fatigue, periodic aches and pains, muscle pain, joint pain, intermittent fever, depression, loss of concentration, brain-fog, i.e. symptoms of candida.

2. **Use of hormonal products** such as HRT, contraceptive pill, or Natural Progesterone Cream. It doesn't help that these products are usually taken when the body is already undergoing hormonal havoc. The female body is more susceptible to candida at times of puberty, pregnancy, and menopause.
3. **Use of steroids** such as hydrocortisone, beconase, and prednisolone which block oestrogen receptors.
4. Long-term use of drugs for medical conditions such as **immuno-suppressive drugs** following organ transplants.
5. Dental **mercury** amalgam poisoning, or mercury from other sources, e.g. fish. Make sure your Omega 3 is free from mercury. Mercury blocks oestrogen receptors.
6. **Chemical poisoning** from the home, garden, or workplace. This is particularly relevant for some occupations e.g. hairdressing and farming. Most of our farmer members cite the handling of sheep-dips and other chemicals as precipitating their candida.
7. **Heavy metal poisoning** (other than mercury) e.g. lead, cadmium.
8. **Stress** leading to adrenal exhaustion.
9. **As a complication of a medical condition** such as diabetes, and/or of the treatment e.g. cancer or AIDS.
10. **Vaccinations**. There is increasing concern that babies are now given too many vaccinations (25 per year) when their immune systems are underdeveloped. This may predispose them to chronic illness, including candida, later in life. Our adult members who say that vaccinations caused their candida had to have the injections twice because the first one 'didn't work'.

Some causes indicate specific treatments e.g. detoxification or specific diets. For example if the cause is hormonal then soya and cow's milk are best avoided, although sheep and goats' milk may be ok. Conversely, food intolerances of milk and soya should alert a woman to the possibility that her candida has an hormonal cause.

