

Candida Albicans:

A Special Interview with Dr. Leon Chaitow

By Dr. Joseph Mercola

JM: Dr. Joseph Mercola

LC: Dr. Leon Chaitow

JM: Candida. If you're not optimally healthy, could it be devastating your health? Hi, this is Dr. Mercola, helping you take control of your health. Today we are joined by Dr. Leon Chaitow, who's written a book about this and will help us understand the details of the dangers, and more importantly, what we can do to correct this infection that's so common in so many people. Welcome and thank you for joining us today.

LC: Thank you for having me.

JM: Perhaps it might be best to start by explaining what your training is and where you reside and practice, and then what motivated you to focus on this as an area of your personal interest and clinical interest.

LC: I'm trained as an osteopath, naturopath. British trained. I practiced in England for 30 odd years before moving to Greece where I live now. I've lived both in London and in Greece.

In the mid-1980s, I began to notice a change, or not a change, but an increase in the number of patients who were coming to me with symptoms that I have not recognized as being as common as it had become. There was an increase in digestive gut problems. There was an increase in yeast-related illnesses. They were reporting skin problems. Vaginitis. Fatigue was a major feature.

I was really concerned about what was producing this change in my patient population. It was that time that I came across Dr. Crook's book on *The Yeast Connection* and read it and its illuminated story. I began to understand what I was dealing with. I contacted Dr. Crook and we communicated. It's from there on that an evolution in dealing with yeast – let me just go sideways.

When, in my practice, I have got a problem in understanding fully the nature of what I'm dealing with, I tend to try to write about. I've got an article, a journal article or sometimes these end up as books. What actually happened as I explored *The Yeast Connection*, I had to put my own take on it, my own spin on it, if you like, as far as I've seen it in the United Kingdom. What happened then was by synchronicity, my publisher asked me whether I'd be interested in writing a book about my work.

The book that you mentioned is the full edition of that book, which came out in 1985. It was then known as *Candida: Could Yeast Be Your Problem?* It's very much the question you have asked at the beginning of our talk. As that evolved, I began to see a link with chronic fatigue syndrome with patients who had chronic pain problems, fibromyalgia-type symptoms. That led me onto other things, which we may get to explore.

But basically, my interest was triggered by patients and then illuminated by Dr. Crook, and then resolved, if you like, in terms of how to manage the condition, at least, at that time by exploring all the options. That came out of writing the book.

JM: Great. Dr. Crook's book was also instrumental in my personal journey into natural health. Many people may not know this, but I'd like to share that story now. I read his book in 1985, which is the year I finished my family practice residency and started my practice outside of North or suburbs of Chicago. I was one brainwashed doctor. I bought into the pharmacological model hook, line, and sinker.

I read his book. Clearly, like any physician, you're going to have patients that exhibit these symptoms. They're pervasive, as we'll get into in a moment. I tried his approach. But because I was so brainwashed, I thought the major purpose was to kill the yeast, so I prescribed antifungals and never addressed the diet. Guess what? It never worked. I let that go.

Fast-forward to about six or seven years, maybe late '80s or early '90s, somewhere in that frame, I had another patient that came in who was a small child, had this chronic diarrhea, was exhibiting some signs of autistic spectrum disorder, and had the classic signs that Dr. Crook described in his book.

I said, "We'll try it this time." For some reason, I've grown somewhat and became more knowledgeable about nutrition, so I said, "Let's do the diet interventions too." Lo and behold, of course, it worked like a miracle. My eyes were opened.

It started me down the path. I went on the back of his book and looked at physicians I can connect with, so I can understand this more. That eventually started my journey towards getting post-graduate education in natural medicine and my voracious reading. That started the path. It really did. I'm very, very grateful. Unfortunately, Dr. Crook passed away a number of years ago now. But his work continues.

Let's go back to what the issue is. We know how instrumental he is to both of our clinical practices. But Candida, Candida albicans specifically, is a yeast that's pervasive. Basically everyone watching this has it in their system. But if your immune system becomes disrupted from lifestyle – exposure to antibiotics, poor dietary choices, improper sleep, or any combination of that – it becomes disrupted and it just grows out of control. Maybe you can expand on that nugget, the beginning, so people can have an appreciation of the problem.

LC: Yes, I can or I can try. The issue seems to be a mixture between modern lifestyle and diet. It can be a range of features that is to some degree of immune suppression, not in the extreme sense, but simply not functioning well enough.

What seem to happen at the same time that I was becoming interested, which was the mid80s like yourself, in this almost epidemic of symptom picture, was the link was the, as you say, antibiotics and other hormonal products seem to be getting more and more prescribed. We had both medication, which was producing problems, we had lifestyle that was producing problems.

The issues seem to initially start in the gut. That seem to be the heart of the matter. We all, as you say, have yeast in us. That makes diagnosis a little bit problematic, because you can do a stool analysis, look at the content of yeast, and it can be quite high but there could be no actual problems and quite a healthy individual. It seems that the change in the gut flora – which can be the result of antibiotics, it can also simply be nutritional (high-sugar diet, high refined carbohydrates) factor – leads to this change in gut behavior where the yeast can change.

The normal flora of the gut produce biotin. That's in a normal healthy flora. The biotin suppresses the ability of yeast to change into a more aggressive mycelial form, where it can actually put down little rootlets, penetrate the gut mucus membrane, and start a process where we start to absorb toxins from the gut and we start getting sensitivity allergic-type symptoms bodywide. It can be pain. It can be fatigue. It can be many other things.

The change in the normal flora seems to be the key to correcting the problem, because they normally keep yeast under control. Yeast is there, but it's not aggressive. Once we lose the functionality of the normal gut flora, the problems accelerate.

That was my focus then. How do we enhance the gut flora? What diet suits them best? We can come onto that. How will that control the yeast? Rather than killing the yeast, we need to, if you like, starve it and suppress it naturally, the way the body normally does.

JM: I like the way you phrase it in your book, that it's really, as you just mentioned, a normal flora. It's not necessarily a pathogen, but it's an opportunistic infection and really can be viewed properly as a parasite and a free-loader that takes advantage of your mistakes when you fail to implement a proper lifestyle or are exposed and buy into the medical paradigm, like I did 30, 40 years ago, hook, line, and sinker, that drugs are the solution.

That very frequently, these drugs – the antibiotics, the steroid hormones, the oral contraceptives – when you're taking these, it changes the internal environment that predisposes the Candida to grow into this more invasive form of infection that can really cause some problems

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LC: That summarizes it beautifully. The formula that I try to have as an overarching approach to all these chronic problems is to try and simplify it to enhance immune function, whichever way you can, reduce the adoptive load that you're imposing to the system. It can be just better lifestyle, better sleep, more exercise, and improved, enhanced diet. Stop feeding the yeast, stop damaging your immune function, and replenish the gut flora as best possible. That's something we do a lot of.

The yeast, controlled, takes care of itself. You don't have to kill it. There are times – and I have personal experience of that. I had an injured cut. I had a cut in my foot last year from stepping on some broken glass. It became infected. It actually became a burn infection. I had osteomyelitis. I had to have high-dose antibiotics. They saved my leg. I have my leg, but I also have the after-effects of the high-dose antibiotics. That's dealt with very neatly with probiotics, prebiotics, symbiotics, getting the gut flora healthy again.

It's not like we can be anti-antibiotics. They save lives. They saved my leg. It's about how can we deal with the repercussions of that and how can we prevent it from affecting us when antibiotics are used unnecessarily and, as you said, oral contraceptives and many other hormone derivatives sometimes used appropriately, but always going to have this negative effect on the control of this always-present yeast.

We have this natural wonderful symbiosis with our gut flora. It keeps us alive. It keeps us healthy. But if we damage it, we pay the price.

JM: Yes indeed. The intention of this dialogue is not to unnecessarily alarm or instill fear in people. Because if you're living a healthy lifestyle, the likelihood that this is going to be an issue for you is very remote. Highly unlikely. But if you're not and you're just seeking to enter into this healthy lifestyle, most likely it's a challenge for you.

I can tell you very simply one of the major clinical symptoms that I notice in people is when they stick their tongue out. If it's not pink, bright pink, and coated with white – because Candida clinically when you see it in large populations is white – if you have a white coat on your tongue –

LC: White coat.

JM: That's a major sign that you have some issue. But I'm wondering if you can describe to us some other symptoms that people who aren't living a healthy lifestyle might be alert to that can signal them. As you mentioned earlier, a simple stool culture is not going to be very helpful here. We really have to rely on the symptoms.

LC: People who report, as they often do, that they are sensitive to certain foods, they're reacting to certain foods, they may, in fact, be reacting to wheat or dairy food, but that's unusual.

It's when people start to report changes in what they are having negative effects from in the diet, or they're getting unnaturally fatigued, or the unusual aches and pains, which I associate with some muscular rather than joint problems and which are, again, appearing for no particular reason. Especially if this is in the female. It seems to be a more female gender issue. Especially if they've been on oral contraceptives or had one or two or three prescribed antibiotics courses in the last year or so.

And gut symptoms. Unusual bloating. It is perhaps not an irritable bowel but sometimes constipated, sometimes diarrhea. Changes in normal gut function, changes in fatigue, changes in pain symptoms, and odd skin issues, which can look like just dry patches. Obviously the vaginitis type symptoms. This is the most common manifestation in young women. It's inflammation of the genital area. All or any of those might set the alarm bells ringing. That's when often patients would come in.

I remember a phrase that Dr. Bland, Jeff Bland, used when I worked with him some years ago. He talked about people being vertically ill. They weren't sick enough to lie down. They had a catalogue of symptoms. They were still walking around. Like most of us or like many people, they had two, three, four, five symptoms, which they shouldn't have, and they couldn't explain it. It's the unexplained symptoms. No obvious pathology. That's what I would look for.

JM: Assuming you have it, clearly the very first step is to remove the factors that contribute to the growth of this organism. We went over them again, but let's repeat it, because repetition is the key to learning. Antibiotics. Only take them if your life depends on it.

As a corollary is avoid the antibiotics in almost all confined animal feeding operations or CAFO meat products. That would be beef and chicken primarily and pork. Because they're loaded with antibiotics. Eighty percent of the antibiotics used in the United States, at least, are in agriculture.

The antibiotics, the hormones, the unnecessary contraceptives, and sugar. You got to clean up your diet. You can't have sugar. Ideally, it's the diet we talk about on the site: low in net carbs, high in high-quality fats, and moderate in protein. That's key.

You're doing all those. Maybe you can mention some more to round up that process, and then we'll talk about potential other interventions, including pharmacologic and natural therapies. What other recommendations would you recommend they can do by themselves without anything else other than the ones I mentioned?

LC: I think you're absolutely right. The diet is the key. The diet needs to be as unprocessed as possible. I live in Greece half of the year. The Mediterranean Diet is the ideal one. It's fish, not farmed fish if possible. Fresh fish. Lean meat if it's from a non-farmed source. If someone can come with organic meat, that's a different story. Most of it is not.

The agricultural industry is the main user, as you say, of antibiotics. That's where we're most at risk.

The dietary changes are very simple. Mediterranean-type diet: vegetables, fruits, not too much of the very sweet fruits at the beginning of the Candida, the anti-Candida program, but certainly fruits like papaya and so on are wonderful. The avoidance of anything that is going to provoke fermentation. Sugar is key to

avoid. At the beginning, that even covers things like honey in the first month or two of an anti-Candida program.

I think it's quite a simple process. It's healthy lifestyle, healthy diet. The program has to be coupled initially by trying to encourage more normal gut flora. We go straight into the prebiotics and probiotics. That needs to be accompanied by change in diet and avoiding antibiotics wherever possible.

JM: There's no question. That's going to be an important component of it. I think the next step once you've integrated these lifestyle changes into your program is to consider how serious the symptoms are, and if they're still persistent, know if are you a candidate for drug therapy.

As I mentioned at the beginning, what I thought was going to work so wonderful failed miserably, because no one implemented the lifestyle changes. I think I prescribed Diflucan at the time or Fluconazole, which was not necessarily recommended in Dr. Crook's book.

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What I want to discuss with you, because you've got a sense of experience in this – I played with this for a while, and I never really came to a firm conclusion, but Dr. Crook recommends Nystatin, which is available as a powder or tablets even, but typically powder or suspension that you would swallow in relatively high doses. It's a relatively benign drug, relatively few side effects. It seem to be useful.

I'm wondering what your experience with that is and if you have any recommendations about people using that or even some of the more potent antifungals, the pharmacological ones as part of the comprehensive program to treat resistant infections.

LC: I have used Nystatin over the years as a fallback. I try to avoid using antifungals unless the condition is not improving at a reasonable rate. I think there is an argument for using Nystatin. Diflucan is another one I do use. That type of antibiotic. I use it as a fallback position rather than as a starting position. Initially, I try to get the shift, the tilt towards control of the yeast via diet and probiotics. I can't argue the case for starting with antifungals. I think use them, as I say, only as a fallback position. Over the years, that has proved adequate if people have the patience.

There are issues about cost here, because sometimes, a comprehensive antifungal program becomes somewhat expensive. You've got a number of nutrients, probiotics, and so on to buy. Some of the food is more expensive if you're buying organic meat rather than the normal processed meat and so on. I think people have to compromise at times.

I think using antifungals, unless there's an extreme fungal infection that demands a rapid resolution, and as an economic imperative, I would try to think of it as, not last resort, but certainly second resort. Primary is diet, lifestyle, and the associated probiotics. There are many, many botanical, herbal-type products, which can assist in that process. I'm not sold on always or even 50 percent of the time using medication.

JM: That's good to know. That's basically the position that I reached after trying that. The reason I had taken a more aggressive position with that is Dr. Crook's book, as you know, highly recommends this as an intervention it seems for almost everyone. But I think your more conservative application of using it as a fallback position makes a lot more sense. That's a lot of times what it all boils down to: common sense.

Getting back to the dietary interventions, I neglected to mention my perspective on the fruit. That was really key when I was treating patients clinically with this: restrict all fruit in the initial stages and as they improve and they get better.

Now, I've learn and grown since then. My newest passion is recovering health through improving mitochondrial metabolism. Basically, that involves people shifting – almost everyone watching this, most of the people in the world are burning carbohydrates as their primary fuel, which is a dirty fuel creating a lot of reactive oxygen species and secondary free radicals – over to the point where you can burn fat as your primary fuel.

Once you've made that shift (which can take several weeks to several months, somewhat similar to the shift that occurs in treating Candida), then I think fruit becomes a viable option. But until you're making that shift, I think it's highly counterproductive to have a lot of these fruits. It kind of goes hand in hand. That's my evolved position on eating fruit. Even then you have to be careful. You can't overeat it. I personally have about maybe 80 to 90 grams of net carbohydrates a day. That might be 200 grams of carbohydrates. That's what I would do.

Do you have any responses to that? Then we can talk about the probiotics, fermented vegetables, and then the herbal interventions – not herbal necessarily but the supplements that might be useful for this.

LC: My direction has taken a different one from yours. This biochemical or refined attempt to modify the way the body functions, the mitochondrial function and so on, it fascinates me, but I have not gone down that route. I've got diverted from there, so I can't really speak to that. I have a far more pragmatic approach to the use of fruit, carbohydrates in general, which may well need revising. I may need to do some studying of your work more than I have done.

I prescribe fruit in the initial stages. I then allow the less sugary type fruit like, I mentioned, papaya in increasing quantities. I think by the time I get – someone has got three to four months into a reformed program – to where Candida is under control or seems to be – I don't limit their fruits in particular. I think we may have to slightly disagree on that. Not disagree but I'm just not there.

JM: I just don't think you've been exposed to that literature yet. But when people are struggling with far more serious diseases like terminal cancer, heart disease, heart failure, neurodegenerative disease, like Alzheimer's or Parkinson's, you have to get more aggressive. That's where this conversion to optimization of burning fat for your primary fuel becomes really crucial.

Anyone who's actually interested, like myself, in longevity – I'm pretty healthy, but I'd like to stay around for a lot longer. Maybe another 70 to 80 years. The only way to do that is to optimize your health, so that you stay healthy long enough to take advantage of some of the technical improvements that will allow us to do that.

But getting back to the probiotic that you mentioned, I think they're crucial – probiotics and prebiotics. One of my favorites is fermented vegetables. In fact, I personally don't take any probiotics. I use high-quality fermented vegetables that literally have ten hundred thousand times more viable organisms, beneficial organisms, in there than the probiotics do. Ideally, my strategy is to get it from food rather than to take a supplement. I think that's useful.

Maybe you can comment on that and then we can talk about some of the other strategies you can use, which are natural approaches, and not necessarily supplements, but extracted from nature, things like Peruvian tree barks, that you can use. Aloe and things like that. Let's talk about the probiotics, prebiotics, and fermented vegetables for a bit.

LC: The prebiotics, fructo-oligosaccharides (FOS), which are taken to enhance the functionality of the normal flora, that can be taken as a powder. I absolutely agree that fermented foods are the ideal. It's sometimes a shift too far for people in the early stages. That's completely outside of their culture. It's something that I try to introduce when I can.

But simplicity seems to be – look, I was taught from a different place. Compliance to the program I s always going to be difficult. The more complex it is, the less likely you are to have a patient comply, to fulfill what you’re asking them to do.

The essence of compliance for me is the patient needs to understand the why. Why are you asking me to do this? You’re asking me to stop eating this. I like this stuff. You’re going to ask me to stop it. Now you’re asking me to do something else. Take this and take fermented vegetables for God’s sake. No.

A simple program where it’s, “Take this powder, which is a prebiotic, once or twice a day. Take these powdered or encapsulated probiotics and one or two other things.” The more complicated it is, the more expensive it is, the more difficult it is, the less likely you’re going to have compliance. If you lose your patient because they just find that it’s too much, either too expensive, too complicated, or too unpleasant, you’ve not gained anything. It’s about simplicity for me. I use the prebiotics, probiotics that come in a simple, easy form to take.

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JM: Compliance is a big issue. There’s no question. It’s basically undisputable. If people are just going to give up and abandon your program, because it’s too complex, what good have you done? With respect to prebiotics though, I’m not necessarily a big fan of FOS, fructo-oligosaccharides, because I think it’s been reported in the literature that that can actually cause some pathogenic bacterial growth. I think it’s Pseudomonas, but it might be another one.

What I would like to recommend as a prebiotic alternative is a natural approach, to eat a lot of high-fiber foods. There are programs – CRON-O-Meter is my favorite – that will tell you how many grams of fiber you’re getting. Try to get your daily grams of fiber above 70 grams a day. Just a lot of fiber.

You may not be able to do that unless you have fiber supplements like chia seeds, which is a whole food, and organic psyllium husk. Organic would be important there, because psyllium is frequently grown and contaminated with large amounts of pesticides. Those are two that I’m very fond of and take about two tablespoons of each a day. That’s why I can get my fiber and take up to 80 grams.

That’s a magnificent form of substrate, so that these bacteria can multiply and grow. Because they double in time every 20 minutes. If they have the ideal nutrients, they would take over the planet, the planet in like a day. But of course, they’re limited in their growth by the nutrients. You don’t need much to get them to grow. That’s a big strategy. Maybe you can comment on that and then we can go into some of the other components.

LC: Firstly, the takeover the planet, yeast will do the same if you give it the right environment.

JM: Sure. Those microbes – you’ve got to be careful. It really is a synergistic ideal. It’s just that when we make it artificial and do these aggressive interventions, they get out of control and causes the problems.

LC: Just to go back to the fructo-oligosaccharides, the FOS, yes, it can lead to a small intestine bacterial overgrowth, but that, in my experience is extremely rare. Again, it’s about simplicity. The getting people to eat high fiber, absolutely. Oatmeal is my favorite. It’s a favorite because it’s easy and because it’s familiar. It’s not unusual.

We also have to think in terms of our cultures. What’s available to you in the health food stores and in the pharmacies in the USA is not quite the same necessarily in Europe. We have to deal with what we have as raw materials. Many of the more exotic fibers that you mentioned, you’ll just not find them anywhere. They might be too expensive or hard to resource.

The issue here for me is simplicity. I agree with you, there can be problems with FOS. I never noticed any anyway, but it could happen.

JM: Good. Let's go into what I think is one of the fun parts of this. As we're doing this interview, I am in the process of writing and finishing up actually my next book, which is about mitochondrial health, mitochondrial metabolic therapy is sort of what we're calling it.

I've been just immersed in this for the last year. It's my new passion, because I think it has the potential to literally help hundreds of millions, billions of people once they understand this and integrate this into their lifestyle. Probably for the rest of my life I'll be helping people understand and implement this.

But what fascinated me, because there are supplement components to this. The supplements are actually derivatives of food. What absolutely fascinated me is that your list of items that you can take in supplemental form were almost identical to things that improved mitochondrial health. I want go over them one by one. I couldn't believe it. It's almost all the same things I'm taking anyway, but not for the reason of eliminating Candida, but for improving mitochondrial health.

Let's go over the first one. You talked about caprylic acid. Caprylic acid is a short-chain fat, a derivative of coconut oil. It's C8. You can actually buy it as a form of an MCT oil. Most MCT oils are C8 and C10, but caprylic acid, there is nothing, no food source that converts more to ketones than caprylic acid, which is a magnificent fuel for your body. It also is a very important antifungal. Why don't you explain how caprylic acid can be used in an anti-Candida program?

LC: We simply use it as one of the antifungals, which we call natural antifungals, to avoid using the pharmaceutical versions. We encourage the use of coconut in many forms, but I can't really expand on that, because what you've just elaborated on, its other uses, is news to me. I'm familiar with it.

JM: I'm telling you this is big news. An increasing number of people are beginning to appreciate this. It's been used almost a century to treat drug resistance seizure disorders primarily in kids. About 80 or 90 years it's been used and very, very effectively.

LC: Totally unaware of that. Thank you for the information. I shall look it up. But I can't really elaborate on caprylic acid, except to say we use it as one of the primary antifungals when the diet alone is not doing it or in combination with probiotics are not producing the results we want. It's never a first line; it's always an individualized prescription if it's deemed necessary.

JM: The interesting component of this is if you have a Candida problem, you can use these supplements. You can benefit from the knowledge that you're also improving your mitochondrial health. Conversely, if you're seeking to optimize mitochondrial health, you're also treating Candida, which is a double win. I never was aware that all these approaches has similar end target points.

The next down the list is berberine, which is another one that I'm fascinated with. It was a very potent alkaloid. Probably one of the up and coming supplements on the market. It's very effective in assisting mitochondrial functions. Maybe you can elaborate on its use in the treatment of Candida.

LC: Again, I'm going to have to give you the same answer. Elaboration is not possible. We use Echinacea, hydrastis, berberine, the tree bark you mentioned, Pau d'Arco tree barks. We use a variety of botanical products, which, in this context, are used to deal with yeast overgrowth. But that they have other benefits, a double bonus, wonderful. I was unaware of.

JM: Here's one that you have not and hardly anyone is – I found it through an obscure scientist that had basically 300 views on his YouTube channel when I just happened to listen to him. I was just fascinated. This is actually Pau d'Arco. The primary ingredient of Pau d'Arco is something called beta-lapachone.

Why are talking about that for with respect to mitochondrial health? There is a molecule, it's called NAD⁺, which if you've studied biology, you will understand that it's a receptor for electrons in electron transport chain in the mitochondria. Really important. But it's also, in addition to that critical and vital function that it plays in the mitochondria, plays as a signaling molecule. It's a sensor for stress and for disease.

The interesting thing about NAD⁺ is as you age, it goes down pretty dramatically, maybe 50 percent. These anti-aging researchers are identifying this molecule, NAD⁺, as probably the primary control mechanism for slowing down the aging process.

It may be the most critical one. Far more important than resveratrol. Because resveratrol actually hits sirtuin 1, but NAD⁺ actually hits all the sirtuins. It's really important. This beta-lapachone derivative from Pau D' Arco may be one of the most important catalyst to improve NAD⁺. It's really inexpensive. I use this all the time. I've been using it for the last month or two. I make up a liposomal preparation of it. It's again yet another one.

I'm sure you're going to have the same response, so I'm just going to another one, since you can't, which is aloe. I personally grow about 300 aloe plants in my front yard. I have about two giant aloe leaves a day. I put them in my smoothies. It's a mucopolysaccharide and it has so many powerful immune benefits. But again, it works for the mitochondria.

Any treatment for aloe on the treatment of Candida.

LC: I do regret having to keep repeating myself. My focus was always in this context to deal with the yeast issue. The fact that it has so many – many of these things obviously have other benefits. I'm looking at olive oil as another one, oregano extracts, oregano oil. We grow that here in Greece.

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JM: Is that oregano (ore-gano) or oregano?

LC: That's the same one.

JM: I just want to make sure. Most people might think something different. I didn't mean to –

LC: No. You pronounce it oregano. We pronounce it oregano. All of these are antifungal, but they have multiple other benefits. Olive oil, for example, we know has numerous, numerous other benefits. I'm just reading today about new research about the benefits of olive oil. It goes on and on and on.

What really would be useful I could take a chapter of your book and draft it on to my chapter and say, "There's a double benefit here," because this is really complementary in every sense of the word. The fact that I'm promoting or suggesting these particular agents in an antifungal context – I have not explored its other possible benefits. I need to if I can just divert slightly from where we are – I know you're –

JM: That's fine. We can go to have a digression. I just thought it was a very interesting –

LC: I am fascinated. There are another 15 things I could study up on, but there we are. What happen when I offered the initial focus on the yeast problems – in the mid90s, I was writing a series of books for Elsevier in the United Kingdom on manual medicine and various forms.

I was doing some videos for them. The one particular day, I was highly involved in tight deadlines, a lot of time pressure, extremely hot studio, I started to develop symptoms down the left side of my body, which were odd. I thought I was having a stroke. I ended up with a full tetanic contraction on the left side

of my body, which was diagnosed by the neurologist who saw me as a result of hyperventilation. I had no idea I wasn't breathing normally.

My whole focus turned towards breathing issues. I spent 10, 15 years working on biochemical effects of breathing dysfunction, which is extremely common, and many of them were identical to yeast problems. I began to see how young women with yeast-related problems, many of them had upper chest breathing patterns. It's extremely common in women to have that.

These breathing pattern disorders were leading to a range of symptoms – gut symptoms, because muscle constriction occurs when you're in a state of respiratory alkalosis or overbreathing. They were getting fatigued. They were getting all the symptoms that I thought were yeast related. Many of the yeast-type problems are compounded, aggravated by common breathing pattern disorders. Not pathology, simply dysfunction.

That's where my focus has been during which time I could hopefully or perhaps more beneficially been focusing on what you're studying, which is the mitochondrial issues.

JM: No. I didn't mean to have superiority, because to me everything is important.

LC: But what I was trying to explain is why I think my focus on the yeast-related problems diverted to similar problems being produced by other dysfunctions. When you present me with the information that I should have in my head about these wonderful other effects of the things that I've been recommending, I'm not embarrassed, but I'm irritated with myself for not having followed that.

JM: No. You just have to love yourself. That's the key. We focus on breathing quite a bit. You're doing the best you can. It's not like you're irresponsible. This is brand new information. There's no one in the world that's going to know everything. That's just the way it is. That's why I love interviewing people, because they get to share their years of clinical experience and we get nuggets and pearls out to everyone, including myself.

The breathing, I'm not sure if you're familiar with the Buteyko Breathing Method. We've had Patrick McKeown, who is one of the leaders in the world on teaching this. He's out in Ireland.

LC: I've met him.

JM: It's great. I couldn't agree more. It's a very, very powerful intervention. It can clearly help and abort panic attacks, and really have profound benefits on your health overall. I wasn't aware that it can be related to Candida. It makes no – I'm not surprised.

LC: They're not related. Not related. Very similar symptoms can emerge from both directions. Sometimes they're both happening and you're only dealing with one. The ideal is to deal with lifestyle, which would include enhanced breathing patterns and the dietary side. The problem is if you only focus on the diet and the obvious yeast overgrowth, and you don't deal with what might be treading into it from what is an extremely common problem, you miss a part of the story.

JM: That makes sense. Well, if you have been listening or watching this and have been intrigued with the information, and feel that you may suffer from a yeast overgrowth, and as I said, if you're not leading a really healthy lifestyle and consuming some of these other foods that we've been talking about, there's a good likelihood that Candida, which is really present in all of us, may have grown to the point where it's a parasite and really causing you symptoms that are taking away from your health.

There's certainly good information that we brought in here, but some more comprehensive approach's in Dr. Chaitow's book that you can pick up. The name of that book is *Candida Albicans*. It's available on

Amazon. You're in the fourth edition of it now. It's a pretty solid book that summarizes it very, very well. It's sort of an update to Dr. Crook's book. You may want to pick that up at the library. They may even still be publishing it.

Dr. Crook was a prolific writer. He wrote many, many books on this topic. And Dr. Truss, Orian Truss I believe was one of Dr. Crook's mentors. These are the two pioneers in these area. They've both since passed away.

LC: Yes. I think both *The Missing Diagnosis* by Truss and Dr. Crook's book *The Yeast Connection*, they're both still available on Amazon.

JM: Your book is another, sort of updated version, because, as I said, those individuals are no longer with us as far as I recall. I just may be ignorant at the point, but I don't believe Dr. Crook went into some of the natural therapies. Certainly caprylic acid and oregano.

Interestingly, I've got a massive oregano bed. I have every day like eight ounces of oregano and just put it in my salad. Fresh is best I think, especially if you can grow it yourself.

One point on the olive oil: you've got to be careful. You're in Greece, so it's not as big of an issue. But in the United States, 60 Minutes earlier this year did a massive exposé on the Italian mafia with respect to olive oil. They're making 15 billion dollars by adulterating it with safflower oil, a really pernicious, highly oxidizable omega-6 refined vegetable oil that has adulterated 80 percent of the olive oil in the US. Eighty percent.

I will not buy fish canned in olive oil, because it's almost 100 to one guaranteed it's going to be an adulterated oil. They're going to use the cheapest one.

LC: You're absolutely right. We have very low acidity. Our oil here it's from our own olive trees. Believe me, we know very well what's happening. They buy olive oil from Greece, they take it to Italy, they adulterate it, they add other stuff to it, and they sell it off as pure virgin olive oil, which it isn't.

JM: You can get the real thing, you're going to pay more for it though. Some of the big brands like Costco I think in the United States is one that's pretty good about making sure that the products that they sell are not adulterated. If you're not getting it from there and you're really confident, you have to be very, very careful. Or you can live in Greece and pick your olives.

I've got an olive tree in my backyard. It actually has a lot of olives, but I just never figured out how to harvest them, process them, and turn them into olive oil. I've got to figure it out one of these days.

LC: I'll send you a diagram.

JM: Definitely do that. I would really appreciate that, because I'm just letting all these olives go to waste every year. I think we've covered it pretty well unless there's anything you'd like to add to it or any website that you have to refer people to.

LC: It's www.LeonChaitow.com. The probiotics themselves, just be careful of what you're buying. Unless it states on the bottle the actual amount that's going to be in it at the time of opening, not at the time of manufacture, be careful what you're buying, because you've got problems there as well. People are selling dead material.

[----- 50:00 -----]

JM: Yes indeed. Quality is always the key. We definitely sell supplements and natural health resources on our site. That's our primary focus: to make sure it's the highest quality possible. Because it's just not

worth it. I mean, it may cost a little bit more, but buying inferior products is going to save you a little bit of money, but ultimately, it's going to cost you a heck of a lot more in your health. No one needs that.

LC: I hope our discussion has given you something to use.

JM: Yes. I would agree. Thank you for sharing your insights from many years of helping people get better with this problem.

LC: Thank you very much for having me. Cheers.

[END]