

The
Yeast
Connection
A Medical Breakthrough

SECOND EDITION

By William G. Crook, M.D.

Illustrated by Cynthia P. Crook

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associate and perceptive col-
ly for her contributions to this
us other endeavors during the

Acknowledgements

First, I thank C. Orian Truss, M.D. of Birmingham, Alabama. His brilliant pioneer observations on the common yeast(germ) Candida albicans, alerted me to the possibility that candida could play an important role in causing health problems in many of my allergic patients . . . especially those with chemical sensitivity. I'm especially grateful to Dr. Truss for generously and patiently sharing his knowledge with me on countless occasions during the past three and one-half years.

Special thanks are also due to Sidney M. Baker, M.D., Head of the Gesell Institute of Human Development, New Haven, Connecticut. During the past four years, Dr. Baker's observations and concepts have greatly influenced me and my work with my patients, including those with yeast connected health problems. I'm grateful to many other physicians who have shared their knowledge and experiences with me, including especially Doctors Emanuel Cheraskin, Amos Christie, William Deamer, Larry Dickey, John Gerrard, Hobart Feldman, Alan Lieberman, John MacLennan, Marshall Mandell, Joseph McGovern, Joseph Miller, David Morris, James O'Shea, Robert Owen, Theron Randolph, Doris Rapp, William Rea, Douglas Sandberg, Frederic Speer, Del Stigler and Robert Stroud.

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sional departures seem not to aggravate symptoms noticeably, in contrast to the continued high intake of these foods."

In conversations with me on several occasions, Dr. Truss confirmed these observations and in most of his patients he recommends a diet which contains only 60 to 80 grams of carbohydrate each day. Then, after 2 to 4 months, as his patients improve, he suggests that carbohydrates be cautiously increased.

In November, 1983, I sent a questionnaire to a number of practicing physicians who are treating patients with yeast-connected illness.† Most recommended that carbohydrates, initially, be restricted to 60 to 100 grams. (However, all of these physicians felt that diets must be individualized to suit the unique needs of each patient.)

One knowledgeable physician with a background in nutrition and biochemistry commented, "Avoiding sugars, corn syrup, white flour products and other refined and processed carbohydrates is essential. (Yet I do not recommend avoiding the good complex carbohydrates found in whole grains and fruits unless a person doesn't tolerate them.)"

In December, 1983, I interviewed John W. Rippon, Ph.D., of the University of Chicago, an authority on yeasts and molds. In discussing diets to discourage the multiplication of yeasts, Dr. Rippon commented,

★ "Yeasts thrive on the simple carbohydrates including sugar, syrup and honey. Fruits also encourage yeast growth. (Vegetables (even those high in carbohydrates) and whole grains do not.) However, more research should be done to further confirm these observations."

★ I was so impressed with Dr. Rippon's knowledge and expertise I felt I should include his viewpoint in this second edition of *The Yeast Connection*. Because of what I learned from him and from others (including my patients), I made significant changes in my diet recommendations. I continued to emphasize the importance of avoiding sugars and foods containing yeasts and molds. (I also advised that fruits and milk be avoided during the early weeks of treatment) (see pages 42-43, 75, 89, 95-110, 117-120 and 298-300).

I revised and updated my comments on the pre-menstrual syndrome (page 187) and included comments by two practicing gynecologists who have found that an anti-candida treatment program has helped many of their PMS patients. I included a report by Dr.

Alan Levin of San Francisco of a child with (autism) to anti-candida Nizoral®.

In section E, Chapter 36, with the heading *Mobilizing Your Health*, the importance of finding a knowledgeable practitioner utilizing faith, hope and prayer is briefly described. 35 sources of information on those with yeast-connected illnesses related to nutritional, environmental and emotional factors are listed.

In Chapter 37, *What You Can Do About the Yeast Connection*, I made a number of suggestions you'll find useful (including a list of foods to avoid). In this chapter I also discussed the role of yeast in *alternative or complementary medicine* in Britain. And I briefly reviewed the work of Dr. John Naisbitt in the *New England Journal of Medicine*.

I put together a chapter on candida. This chapter contains new material on candida observations of twelve practitioners; new methods of candida therapy; new methods with mold sensitivity; notes on candida toxins; and also discussed (garlic, milk and yeast).

I added additional material on menstrual syndrome (PMS), candida in marital problems and the toxicity of (aspartame) and (meat).

I also defined and commented on candida and added suggestions on reading and nutrition. Finally, I added a report on candida.

Everyone interested in yeast research is needed. So in my book, I invite "anyone and everyone" to the Illness Research Foundation.

"Sit down before a fact, as a little child, be prepared to give up every preconceived notion, follow humbly wherever and to whatever abyss nature leads or you shall learn nothing."

Thomas Huxley

"It is very unscientific not to have an open mind."

E. William Rosenberg, M.D.

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**How y
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il**

(Q) Are dye-free tablets or capsules of nystatin available that I could use in place of the powder for my daytime dose of nystatin?

(A) Although dye-free tablets aren't manufactured by the large pharmaceutical firms, (some pharmacists prepare and dispense nystatin powder in dye-free capsules.)

(Q) If nystatin helps me, how long will I need to take it?

(A) This will depend on your response. You'll need to take it for many, many months . . . or until you're well. And (some of my patients have required nystatin for a year or longer.) Try to be patient.

(Q) Suppose the nystatin disagrees with me, or suppose my symptoms continue to bother me. Is there a medication other than nystatin which can be used?

(A) Yes . . . ketoconazole . . . a drug which has been used extensively in Europe for a number of years without serious reactions. Ketoconazole was first licensed by the Federal Drug Administration (FDA) in August, 1981 for use in treating fungal infections. It is now marketed in this country by the Janssen Company under the name Nizoral®.

Nizoral® is a potent, valuable drug. And in certain ways it is superior to nystatin. Like many effective medications, it is absorbed from the intestinal tract and transported by the circulation to various parts of the body. So (it not only kills yeast germs in your digestive tract, it also helps eradicate them in your vagina, skin and other tissues of your body)

(Q) Why don't you prescribe Nizoral® for all of your patients with the candida problem?

(A) Because Nizoral® may rarely cause side-effects, more especially liver inflammation. According to a recent report by the FDA, "Serious liver injury was not observed in clinical trials before the drug's approval for marketing in the United States. (It became manifest only when large numbers of persons began taking the drug.)"

During the first year of its use in the United States, approximately 150,000 prescriptions for Nizoral® were written. Three deaths

have been reported in patients. However, (these patients) before the Nizoral®) was s additional patients who sh

(Q) Let's talk more about Nizoral. Is it worth the risk? And v

(A) Everything you do carries risk. I've learned from aspirin, penicillin and other drugs of the possible side effect of prescribing it for their patients. In discussing the side-effect section on the label, prepare to perform live and at periodic intervals (if necessary), particularly in therapy or who have a his

(Q) Do you prescribe Nizoral specifically, would you pr

(A) Yes, especially if you didn't tolerate nystatin. However, usually have my patients in powder four times a day. A doses.

(Q) Gosh, that seems like a nystatin?

(A) Such a big dose of nystatin enough nystatin to get in t (which may have invaded t branes.) And by reaching a ment may occur which di

I also remind my patients health problems and that r magic bullet that will cur treatment measures that ar tion C, pages 131-175.)

depending on the type and actions of the kidney or bladder be used in treatment? In some cases, as Dr. Mandell has commented, "Most of the nitrofurantoin drugs, these drugs do not promote the detailed discussion of these

when they aren't needed in the symptoms. Because such in-creased urination, both the symptoms are caused by cystitis . . .

symptoms may be due to the general vaginal area, giving rise to drugs in this condition serves as a precaution that is the actual cause

with severe yeast-related illness; use of sulfonamide or other anti-biotics to prevent recurrent urinary tract infections may suppress the germs that encourage the growth of candida. These are often worse than those that can be prevented. (See, also, pages

on use of tetracyclines for acne in the treatment of severe yeast-connected illness program.

estrogens and progesterone have been used for decades for contraception. Giving women with menstrual irregularities. *Avoidance of the chronic candidiasis is to be suc-*

cessive pills causes changes in the

vaginal mucous membrane which makes it easier for ever-present yeasts to multiply and cause not only vaginitis, but associated systemic symptoms, including irritability, fatigue and depression. Other mechanisms may also be involved in producing these symptoms, including changes in hormonal function.

Pure estrogen pills which are frequently prescribed for women during and after menopause do not encourage the growth of yeasts. ★

Treat your home with formaldehyde vapors?

One of my patients (I'll call her Susan) commented,

"I'm sensitive to all sorts of chemicals. Yet, mold exposure causes severe symptoms, including depression and fatigue. My house is killing me and I can't afford to move. What can I do?"

Getting rid of molds isn't easy. Yet, there are steps which are effective. One of these is the use of formaldehyde, a substance which causes both toxic and allergic reactions in many people, including individuals with yeast-connected illness.

So in discussing this problem with Susan, I said,

"Anything you do carries a risk, whether it's eating, taking a bath or driving your car to your office. And before making a decision about what you should and should not do, you should weigh the relative risks. And in your situation, I feel you may wish to consider the formaldehyde method of Dr. Marshall Mandell to eliminate molds from your home."

In his book, Dr. Mandell's 5-day Allergy Relief System,¹⁰ in a section entitled, "Steps To Take If Mold Is A Problem," Dr. Mandell commented,

"One day a friend and I were talking about his sailboat. He said, 'You know, whenever I go sailing, I develop a terrible cough which is much worse when I'm down in the cabin.'"

Dr. Mandell then told of inspecting the boat and being "overwhelmed" by the musty odor characteristic of mildew (molds). The problem was how to remove the molds for a reasonable period of time without causing a persistent chemical problem from the use of mold-killing agents.

Dr. Mandell described a method suggested by mold allergy expert, Dr. Nathan Schaeffer, using formaldehyde. Using this method was

Introduction

To obtain adequate nutrition, you need proteins, fats (oils) and carbohydrates. According to the Food and Nutrition Board of the National Academy of Sciences, at least 50 to 100 grams (200 to 400 calories) of digestible carbohydrates per day are desirable to offset undesirable metabolic responses. Although this board made no distinction between *refined* and *unrefined* carbohydrates, a number of research studies, including those by Cheraskin and Ringsdorf,¹¹ show that unrefined carbohydrates (vegetables, fruits and whole grains) promote health. By contrast, their studies indicate that refined carbohydrates (cane, beet and corn sugars and syrups, and white flour) promote disease, including dental caries, high blood pressure, emotional disorders and susceptibility to infection.

I met Cheraskin over 10 years ago at a medical meeting in Miami and became one of his fans. I began following the Cheraskin-Ringsdorf recommendations in prescribing diets for my patients. And I urged them to eat more vegetables, fruits and whole grains along with a variety of other wholesome foods, including nuts and seeds, some dairy products, eggs and meats, especially chicken and fish.

About the same time, I began to notice that *children who consumed diets loaded with sugar and corn syrup became irritable, nervous and hyperactive*. And when these foods were removed from their diets, their symptoms would improve. Also, many of my adult patients would comment,

"When I cut down on my sweets and other junk food, I feel better . . . less nervousness, irritability and fatigue."

At the same meeting where I met Cheraskin, I had dinner with Nathan Pritikin, the Californian who reported that diets containing

80% complex carbohydrates (400 or more grams of complex carbohydrate per day) would help people with all sorts of health disorders. Included among these were high blood pressure, hardening of the arteries and adult onset diabetes.

A couple of years later, Pritikin asked me to serve as a member of the Advisory Board of the Pritikin Research Foundation. I visited the Pritikin center in California twice and was impressed with the "fantastic" results obtained by many people I met who had followed the Pritikin program.

Soon thereafter, my good friend, Jacksonian H. A. ("Rich") Richardson who had suffered from the severe and persistent chest pain called "angina", learned of the Pritikin program. One of his sons commented,

"Dad had to take nitroglycerin every day. His pain bothered him even at rest and during the night. He had to sit up in bed. He couldn't sleep."

Complete heart studies, including catheterization at the Ochsner Clinic in New Orleans, showed complete blockage of one of Rich's major arteries and 60 to 90 percent blockage of the others. Open heart surgery was initially recommended (in 1975). Yet the severity of Rich's heart disease was such that he was subsequently told,

"You'd be a poor operative risk."

So Rich kept taking his nitroglycerin and his pain continued. About a year later, Rich and his wife, Rosemary, read a report in an Atlanta paper about the Pritikin program. They went to California, spent a month eating the high carbohydrate diet and started walking. Today, 7 years later, 70-year-old Rich walks three to six miles a day and works almost 12 hours a day, six days a week, running a highly successful business. He takes no medicine and experiences no pain unless he walks too fast up a hill. One of his sons commented,

"Every person who works for dad has to push to keep up with him!"

Soon afterward, an across-the-street neighbor, Turner Bridges (then age 69), was told by his physician,

"You have diabetes. And your cholesterol is too high . . . over 250."

On a modified Pritikin diet, Turner's diabetes has vanished and his

cholesterol has fallen to 16 (on a diet of 16 golf cart) and enjoys better health.

For over 10 years, I've been a professor at the University of Texas in Austin and at the University of Texas in Hamilton, Co. of Hillsboro, New Hampshire. I emphasize the importance of nutritious, natural foods: vegetables, fruits and whole grains. I cover to cover several times a week.

"Avoid fabricated and processed foods containing sugar, processed fat and animal protein."

Moreover, I've been interviewed by many professionals and non-professionals and have written many articles on eggs and fat-laden dairy products, fruits and grains. For example, I am a frequent writer and personal health advisor. I am the author of *Jane Brody's Nutrition*.

"Even if you have no interest in health, you should have animal protein."

So with this sort of background, I made a 180° turn-around in my diet. I eliminated protein and fat and low carbohydrate foods. When I saw a number of my patients convinced of their value, I was convinced of their value.

My initial diet for most patients was high carbohydrate. If the patient had a high carbohydrate content to 150 g or more of carbohydrates, whole grains, more vegetables, whole grains, and less sugar or white flour products.

If the patient wasn't improving, I would add two, if things were better, more carbohydrates. In dealing with patients who had high sugar, corn syrup and other refined sugar products, or whole grain products, I would add to a permitted food.

place in internal medicine, medicine. And during the last subspecialists have entered es across the country. Many part of the body or only one ng arthritis or thyroid disease e digestive tract. Still others is, hyperactivity or multiple

nowledge, medical education ance of correct diagnosis. placed on the naming of ed and labeled, a treatment es drugs or surgery. Without is effective in coping with angling from acute bacterial

medical problem? Suppose go a variety of medical ex- have a "disease?" No brain gallstones; no appendicitis;

a 38-year-old professional, ssful career. Moreover, her and added to the happiness rely felt good.

lominal pain and menstrual er gynecologist for medical came almost incapacitating, arried out a variety of tests, ns. Both were said to be

il pain, bloating and other red to a gastroenterologist. dder x-rays and endoscopic ar studies are normal." But l occasional urinary tract in- èy x-rays were carried out.

identified and she continued

to feel tired and depressed, Marilyn's gynecologist suggested that she talk to clinical psychologist, Cheryl Robley, Ph.D. After two visits, Cheryl called me saying,

"I'd like for you to see Marilyn and see if you can help her with her fatigue and depression. She has no significant psychological hangups and I feel her symptoms are yeast connected."

After taking nystatin and changing her diet, Marilyn improved. She improved even more when she really worked on her diet and avoided all junk foods and began taking yeast-free vitamins and minerals. Further improvement followed the banning of odorous colognes and perfumes, insecticides, bathroom chemicals and other chemical pollutants from her home. Marilyn and her husband, John, have also been taking out more time for exercise, rest and relaxation and Marilyn feels that taking essential fatty acids in the form of linseed oil helps her get rid of her premenstrual tension.

In talking to the patients who come to see me seeking help for yeast-connected illness, here's what I tell them:

1. I possess no "quick fix." No magic pill. Yet, I'll do my best to help you get rid of your symptoms and regain your health.
2. Each person differs from every other person. And I do not think of the "yeast problem" as a disease. Instead, it's only one factor which plays a role in causing your health problems. Other important factors include the quality of the food you eat, the air you breathe, the water you drink and the relationship you enjoy with your family and friends.

So to overcome yeast-connected health problems, we have to take a comprehensive approach. This means you need to understand the many factors that play a role in making you sick and take control of them. Then you can help your own immune system conquer them.

similar results. For example, a double-blind study on 41 treated asthmatic symptoms (and sensitivity).

1000 mgs. of ascorbic acid were treated with a placebo of the rainy season. (The supplemental vitamin C exercise vitamin C group suffered in C was withheld from the pneumonia attack rate increased

the late Dr. William Osler of who develop severe tuberculosis, experiments in bio-ur heart or slow it down, or psychological factors may reverse from cancer.

psychological factors in current Norman Cousins' book, former editor of the *Saturday Evening Post*, crippling and supposedly he attributed his recovery to assigned to make him laugh, sense desire to get well. Dr. Glasser commented,

immune system doesn't seem at we could use our minds to attack against infection."

has always been, to help the its own during the unending

health problems, your task many things that play a role to cope with them. After all, ill recover if you'll give it a

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Labelling Diseases Isn't The Way We Should Go†

In a paper some 10 years ago, E. Cheraskin, M.D., D.M.D.²², then Chairman of the Department of Oral Medicine at the University of Alabama, said in effect,

"We physicians are taught to diagnose, classify and label 'diseases'. And most of us feel if we can put a diagnostic label on each patient who comes to us, we've done our duty. Then we feel we can relax because our task becomes easy. All we have to do then is to go to our procedure book, medical library, Physicians Desk Reference® or computer and find the recommended treatment. Then we prescribe drugs, surgery or psychotherapy."

Cheraskin emphasized

"There's a better way."

And in his numerous publications, including his book; *Predictive Medicine*²³, he pointed out that many disabling health disorders could be prevented by recognizing early signs and symptoms and helping patients make appropriate changes in their life styles and, more especially, in their diets.

In his recent book, *The Missing Diagnosis*²⁴, Dr. Orian Truss commented,

"I would like to call attention once again to the pitfall inherent in dividing human illness into 'diseases'. The organs and systems of the body are so integrated, with each playing its specialized role in the maintenance of good health and efficient function, that to speak of disease of an individual organ is to suggest an autonomy that is underserved. If one organ

† Illustrations adapted from Sidney Baker, M.D., and used with permission.

Miscellaneous Measures That May Help You

If you're bothered by yeast-connected illness and are taking nystatin and following the *Candida Control Diet* and your symptoms continue to bother you, what else can you do? Here are comments and suggestions I've obtained from various sources, including my patients and other physicians:

1. *Low Carbohydrate Diet*: Carbohydrates of any type, even the good ones, may promote candida growth in your digestive tract. If you do not improve on the *Candida Control Diet*, try the Low Carbohydrate Diet for 4 weeks or longer (see pages 75-93. Or try the Fruit-free, Grain-free, Milk-free, Nut-free diet (see page 119).
2. *Hidden Food Allergies*: Adverse or allergic reactions to any food, including such protein foods as milk, egg, beef or soy, may be contributing to your health problems. To identify such food troublemakers, try the "cave man" diet for a week and see if your symptoms get better. Then add back the eliminated foods, one at a time, and see if your symptoms worsen. (You'll find complete instructions for carrying out this diet in my book, *Tracking Down Hidden Food Allergy*,¹³ pages 25-38 and 49-53.).
3. *Rotated Diets*: If you're eating the same food every day, you may develop an intolerance or allergy to that food. To keep this from happening, rotate your diet (see pages 129-130).
4. *Multivitamin and Mineral Supplements*: Take a yeast free, sugar free, color free vitamin/mineral preparation. Preparations I use contain extra amounts of the B vitamins, 300 to 1500 mgs. of vitamin C, 15 mgs. of zinc and other supplementen-