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The "Antifungal Parade" - an option for treating resistant cases of Candida (and other types of yeast overgrowth).

Candida (or similar yeast overgrowth) is a common problem in chronic ill-health. I have seen over the years many patients suffer from the ongoing resistance of candida to being eradicated. One problem with these various yeast organisms is the growing resistance to anti-fungal medication. Just like bacteria that develop resistance to antibiotics, candida (and other forms of yeast) can develop resistance as well.

Most forms of Candida (and certain other forms of yeast) live in harmony in small amounts in our digestive system (aka. commensal). They are kept in balance by other natural bacteria (referred to as "natural flora"). However, when our immune resistance is down or the natural flora is disturbed (i.e. prolonged antibiotics) these commensal yeast can start to flourish beyond their normal levels. If left untreated this overgrowth of yeast can become invasive. What this means is the yeast starts to change form and begin to embed into the lining of the gut – in essence it starts to grow roots. The longer it is left untreated the more invasive it becomes. It can be difficult to tell what treatment is going to work the best for a particular yeast overgrowth problem. One common antifungal medication called Nystatin can work very well - many times dramatically at eradicating candida. At other times having to use a variety of antifungal medication is needed.

Dr. Baker's Antifungal Parade

Dr. Sidney Baker, a well-known and respected DAN! (Defeat Autism Now) and integrative medicine physician, coined a phrase called the "antifungal parade" for a treatment approach for chronic cases of yeast overgrowth. This treatment regimen uses various antifungal medication on a rotation basis to determine which one works the best and also to avoid drug resistance. I have been using this approach with good success for patients with chronic, resistant yeast problems. Listed below is an example of my antifungal parade modified from Dr. Baker's original recommendation. The list of therapies is only an example and can be modified based on specific need, availability of medication, and tolerance. I have only listed prescription medications for simplicity sake, but understand that natural antifungals such as grapefruit seed extract, olive leaf extract, oregano oil, etc. can be used in conjunction as well.

Anti-Yeast Treatment Program

Most of these medications can be obtained with a doctor's prescription from your local pharmacy. However, the oral Amphotericin B will need to come from a compounding pharmacy. Compounding pharmacies are specialized at making their own formulations of medications from bulk supply. They are more adept at making special formulations of oral

suspensions and other blends that are preservative-free. The dosages listed are those commonly given to adults, and the amounts can be modified for children (although some of the dosages are fairly similar). If you are seeking oral suspensions for these medications the use of a compounding pharmacy may have to be employed as only a few medications come standard as both capsule/tablet or liquid.

Nystatin Tablet (500,000 units) – one 3x daily for 10 days, then double the dose for 10 days, then switch to:

Diflucan 200mg – one daily for 10 days, then double the dose for 10 days, then switch to:

Amphotericin B 250mg - 4x daily for 10 days, then double the dose for 10 days, then switch to:

Nizoral 200mg – one daily for 10 days, then double the dose for 10 days, then switch to:

Nystatin Tablet (500,000 units) – one 3x daily for 10 days, then double the dose for 10 days, then switch to:

Sporanox 100mg – one 2x daily for 10 days, then double the dose for 10 days, then switch to:

Amphotericin B 250mg - 4x daily for 10 days, then double the dose for 10 days, then switch to:

Lamisil 250 mg – one daily for 10 days, then double the dose for 10 days, then switch back to Nystatin.

This program can be repeated over and over again if needed. Periodic blood work for liver function is warranted, but much less of an issue because you are only taking a systemic antifungal, i.e. Diflucan, Nizoral, Sporanox or Lamisil for only 3 weeks at a time. Usually, if any of these medications are taken for longer than 6 to 8 weeks at a time liver function needs to be checked. The non-systemic antifungals, i.e. Nystatin and Amphotericin B, do not require blood work analysis as they do not get absorbed into the blood supply and only stay local in the digestive system.

The antifungal parade allows for a lot of flexibility. You can start anywhere on the list. The point is you keep rotating from one to the other. A few additional things need to be made clear. You or your child are getting good results from a particular medication it may not be advisable to switch. If something is working it is okay to stick with it. The last comment is that some of these medications will need prior authorization from your insurance company if going through a standard pharmacy and/or if you are trying to use insurance for co-pay. Usually, Sporanox and Lamisil are the tougher ones to get while I have not seen much problem with Nystatin, Diflucan or Nizoral. Amphotericin B is only available in oral form from compounding pharmacies so this one is usually not available via insurance copay anyway.

Please feel free to pass this message on to others you feel could benefit. I look forward to continuing to seek new ways of improving your and your families health.

Sincerely,

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