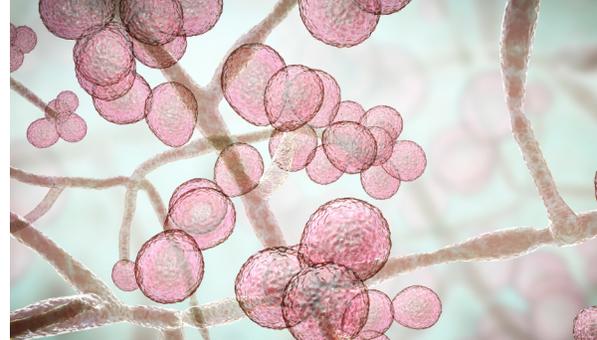


Candida Overgrowth Protocol

Clinical Protocol to Support Healthy Gut, Oral, and Vaginal Microbial Environments*



The Pathophysiology of Candida Overgrowth

Candida overgrowth, or candidiasis, is an infection caused by the *Candida* species, an opportunistic fungus. Candidiasis commonly occurs in the oral cavity, gastrointestinal tract, vagina, penis, or other body parts. Although *Candida albicans* is a component of normal oral microflora, unbalanced amounts may lead to oral candidiasis. Oral candidiasis is also referred to as thrush, characterized by white patches on the tongue, throat, or other mouth regions, and may be associated with soreness or difficulty swallowing.¹ Vulvovaginal candidiasis (a yeast infection) may be asymptomatic or present with genital itching, burning, and abnormal discharge.²

Candidiasis occurs when the host's immunity becomes disrupted, coupled with an unbalanced microbial environment. Individuals who are immunocompromised may be more at risk of candidiasis.¹ Those with a history of antibiotic use or gut inflammatory conditions, such as Crohn's disease, are associated with gastrointestinal candidiasis.³ Vulvovaginal candidiasis is associated with pregnancy and use of oral contraceptives.² Other predisposing factors of candidiasis include hormonal imbalance, nutrient deficiencies (e.g., iron, magnesium, and vitamins A and B6), unhealthy glucose metabolism, surgery, burns, long-term stay in an intensive care unit, smoking, older age, or poorly maintained dentures.^{1,4,5} Untreated *Candida* overgrowth can potentially lead to a systemic infection in which other organs can be involved and may lead to sepsis.¹

This clinical protocol is designed to support individuals with *Candida* overgrowth by promoting healthy immune responses and balanced microbial environments through evidence-based lifestyle, dietary, and nutrient interventions.*

Diagnostic Biomarkers and Clinical Indicators of Candida Overgrowth

- Obtain the patient's history and symptomology. Oral candidiasis is often diagnosed and treated by a dentist.¹
- Consider [Designs for Health GI Spotlight™](#) testing. Relevant markers include *Candida albicans*, *Candida* spp., *Microsporidia* spp., and other fungal organisms.
- Collect vaginal discharge samples to diagnose vulvovaginal candidiasis, which is responsible for one-third of all cases of vulvovaginitis in reproductive-aged women.²
- For systemic candidiasis, a blood culture is necessary for diagnosis.¹

Therapeutic Diet and Nutritional Considerations

- Promote a low-glycemic diet rich in whole foods and probiotics, prebiotics, and fiber to support a balanced gut microbiome and the production of short-chain fatty acids.³ Gut dysbiosis and an unhealthy GI inflammatory response can potentially promote *Candida albicans* overgrowth.^{6,7}
- Advise against consuming simple sugars, artificial sweeteners, high fructose corn syrup, and starchy carbohydrates like potatoes, carrots, beets and parsnips.^{3,8}
- Suggest avoiding foods that are more likely to contain mold, yeast, or other fungi, such as nuts, coffee, dried fruits, mushrooms, cheese, breads, fermented foods, cured meats, and leftovers.⁹
- Recommend avoiding any suspected food sensitivities or allergies.
- Consider incorporating high-quality protein with each meal or snack to help promote normal blood sugar regulation. Unhealthy glucose metabolism is associated with the proliferation of *Candida*.⁵

Lifestyle Interventions

- Identify if the patient is pregnant. Vulvovaginal candidiasis is common during pregnancy and can potentially lead to systemic infections in newborns.¹
- Reduce significant stressors and excessive obligations; practice stress-relieving activities.³
- Educate on sleep hygiene. Disrupted sleep can compromise the immune system.
- Advise smoking and alcohol cessation.³

Supplement Protocol

Primary Support

Note: Probiotic supplementation is recommended throughout the three phases and ongoing after remission. Probiotics should be taken with food and 2 to 3 hours away from antimicrobials.

Phase I: 4-to-6-week duration; initiate after removal of suspected offending foods

ProbioMed™ 100	1 capsule per day with a meal
GI Microb-X™	2 capsules twice per day on an empty stomach (between meals, away from probiotics) Warning: Do not use if pregnant or breastfeeding. Consult your healthcare practitioner for use beyond 30 days, or for use at higher dosing or frequency.
Oil of Oregano	1 to 2 softgels per day on an empty stomach
Silvencillin™ Liquid	2 tsp three times per day

Phase II: 3-month duration

ProbioMed™ 100	1 capsule per day with a meal
Betaine HCl	1 capsule per day with protein-containing meals
Digestzymes™	1 capsule per day with protein-containing meals

Phase III: 3-month duration

ProbioMed™ 100	1 capsule per day with a meal
GI Revive™ powder or capsules	1 tbsp or 7 capsules per day

Secondary Support: For potential “die off” reactions, take Charcoal Plus Binder (2 capsules per day at least 2 hours before or after other medications/supplements).*

For a list of references cited in this document, please visit:

<https://www.designsforhealth.com/api/library-assets/literature-reference---candida-overgrowth-support-protocol-references>

Dosing recommendations are given for typical use based on an average 150-pound healthy adult. Health-care practitioners are encouraged to use clinical judgement with case-specific dosing based on intended goals, subject body weight, medical history, and concomitant medication and supplement usage. Any product containing botanical substances has the potential for causing individual sensitivities, appropriate monitoring, including liver function tests (LFT) is recommended.

For considerations regarding herb-drug and nutrient-drug interactions, please refer to reliable, evidence-based resources such as the Natural Medicine Database or Stargrove MB, Treasure J, McKee DL. *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies*. St. Louis, MO: Mosby-Elsevier; 2008.

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