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# **Candida - friend and helper or “foe”?**

**New associations in the cause of the Candida “problem“**

**by**

**Dr. Thomas Rau, Schweiz**



*Yeast fungi on the skin and mucous membranes - Candida - are not only unpleasant and irritating but in numerous cases are the cause of considerable vegetative and neurological disorders as well as diseases of the mucous membranes. Most recently new references have been found to the cause of candidiasis in humans. For example, the fact that healthy people with a high level of amalgam are at the same time affected by Candida - though not in a pathogenic but a protective form.*

*In various investigations and talks, Dr. Thomas Rau (medical superintendent at the Paracelsus Clinic) has shown that not only is Candida a foe which can cause illness for human beings but its natural occurrence is completely justified. Candida must therefore be treated correctly, made less capable of causing disease and not killed.*

### **The pathogenicity of Candida is a sign of the times**

In the Paracelsus Clinic we treat numerous patients with vague multiple symptoms. Because of the frequent occurrence of neurological disorders and problems of the mucous membranes which these patients present, traditional medicine would assume them to be under attack from Candida. The investigations which have been carried out are often unsatisfactory: that is, stool tests show false negative results, serology relating to the physical attack is hardly convincing and the symptoms are blurred in such a way that mostly it is assumed that there is a vegetative

weakness or a psychosomatic illness. This does the patient an injustice, as the supposedly vegetative and psychological symptoms almost always improve after a thorough course of milieu therapy and treatment of the pathogenicity of the Candida.

### **The different methods of diagnosis**

Only a small number of analytical methods can prove the presence of Candida:

The best is *darkfield diagnosis of vital blood*: this is not only very important in clarifying the milieu but also extremely useful. It shows the endobiotic attack on a patient, but not that of the Candida on itself. In any case darkfield is of central significance for the biological physician in his/her assessment of the milieu and the proneness to infectious diseases. (However, for the clinical physician it is the clinic which is at the forefront in the assessment of a possible „Candida patient“).

EAV (Electroacupuncture according to Dr. Voll), the Vega test, Mora testing and kinesiology are suitable only to prove the Candida attack but never suitable for providing evidence relating to pathogenicity.

Thermoregulation diagnosis according to the methods of Professor A. Rost shows only non-specific reactions of the intestinal mucous membrane.

Stool tests are again often of no use: on the basis of several investigations it was possible to confirm that patients who in clinical terms have

been indisputably diagnosed as Candida patients can present negative results in stool cultures. This can be explained by the fact that - despite correct methods of transport - Candida culture can die whilst being transported to the laboratory. Proof of this comes from an experiment in which two stool samples from the same patient and the same motion were sent to the laboratory, one by post and the other directly. The findings from the two samples were extremely different. Moreover, in 30 % of clinically healthy subjects who presented no Candida symptoms, Candida was found up to a level of  $10^4$ . And this although no evidence of pathogenicity could be found in the stool cultures. A straightforward attack of Candida is therefore not a disease but a variation. Only in the light of further studies was it possible to prove that all the subjects who were Candida positive yet healthy were exposed to mercury. That means, the Candida cultures in the stools are insignificant and non-specific. Therefore it is absolutely vital to take care that the stool samples are measured while they are still fresh.

Candida seriology is very cost-intensive and only shows that Candida is present in the system, but not whether it is pathogenic, so this does not indicate what treatment should be given.

To summarise: based on my own investigations, in every case where Candida is suspected, a DMPS (Dimaval) test (preferably i.v.), hair mineral analysis and darkfield investigations should be used to



check for the patient being exposed to mercury and other heavy metals.

### **Symptoms**

Some of the extremely diverse range of symptoms are shown in the following table. They can be divided into symptoms of the mucous membrane, neurological symptoms and vegetative symptoms:

#### **Exposure to heavy metals and Candida present the same symptoms**

##### *Symptoms of the mucous membrane*

- aphthae, chronic sinusitis;
- proneness to infection, throat infections;
- stomach problems, dysbioses;
- colitis, proctitis;
- bronchitis, asthma;
- recurrent cystitis, vaginitis, prostatitis;
- non-articular rheumatism (excess acid);
- joint problems.

##### *Neurological symptoms*

- poor concentration;
- visual disorders;
- headaches, neuralgia;
- paraesthesia, trembling;
- dizziness.

##### *Vegetative disorders*

- sweating;
- trembling;
- palpitations;
- interrupted sleep pattern;
- depression;
- emotional disturbance;
- stomach cramps, etc.

You will inevitably find symptoms of the mucous membrane: they are the

sign of an attack and of dysbiotic modification to the corresponding mucous membranes. The best known are chronic cystitis, vaginitis and prostatitis. Moreover these conditions almost always present a cough which is slightly productive and a whitish livid change in the mucous membrane of the anum and the perianal skin. Very small tears, either in the corners of the mouth or in the folds of the anus, are a frequent occurrence. Stomatitis aphtosa, and in longer attacks Lichen ruber planus too, are both a sign of Candida and of exposure to mercury. Also very typical is chronic sinusitis. Anti-mycotic treatments make the attack worse in the long term, in particular if the cause is not treated (excess acid, exposure to toxins).

Neurological symptoms are both a sign that mycotoxins are being released and possibly also of mistreatment with antimycotics, as mycotoxins and heavy metals are again released by the decomposition of the Candida.

Vegetative disorders can be interpreted on the one hand as a defect of vegetative neuroganglions and mycotoxins, or on the other hand as a localised attack with Candida itself which however until now could not be proven by histological methods.

The vegetative and neurological symptoms are however completely identical with those of heavy metal poisoning, which again shows the parallelity. These parallels can be explained as follows:

### **Candida as a form of natural protection**

It is well known from nature that fungi are able to bond with heavy metals. This is even how fungi are used in industrial applications. For example, in American mines yeast cultures are knowingly introduced into the bore holes. These bond with silver, manganese, gold and other heavy metals so that a large yield can be obtained. In this respect there is a parallel with human beings, as recent investigations show: of about 56 healthy, symptom-free subjects 30 per cent had Candida colonies. Here exceptionally only people with a high level of exposure to amalgam were involved (Hg following DMPS 250 mg i.v. > 100 µg/g of creatinine).

According to this Candida colonisation in humans can be regarded as a natural form of protection of the organism against exposure to heavy metals - the heavy metals are bonded by the Candida and finally excreted. If a fungal attack is treated with chemicals, the fungus is killed and thus at the same time the natural protection against exposure to heavy metals is destroyed. In addition, the toxins which are liberated when the fungus is killed as well as the products of fungal decomposition such as mycotoxins and mercury complexes are released. And Candida - if they are „starved out“ or „wiped out“ - by a carbohydrate-free diet or by intestinal antimycotics - can change into a protease-forming form, penetrate the wall of the intestine and infiltrate the tissues and circulation in a highly pathogenic form, or they



transform themselves into a chronic spore form. This can be seen in darkfield investigations. The treatment of Candida attacks must therefore be carried out carefully and in particular be started with the milieu.

### **Fungi must be treated, not killed**

Logically the treatment cannot therefore be to kill the fungus itself, but only to change it into the non-pathogenic, non protease-forming form. The SANUM preparations made to Professor Enderlein's instructions are suitable for this purpose. For him health is synonymous with a situation in which a balanced milieu exists in the microbial ecology of the human organism and the „balance of symbiosis“ is maintained with the help of natural biological control functions. On the other hand Enderlein ascribes illness to the dysbiotic, destructive activity of the endobiotic high valencies which triggers various forms of degenerative diseases, as degeneration of the cells or degeneration in the sense of neoplasia.

### **The three stages of treatment**

The aims of the treatment of Candida are: first to support the Candida in its role as a detoxifier, secondly to lower its pathogenicity, and thirdly to prevent it filtrating through the intestinal wall into the blood. At the same time the intestinal flora should be built up by using isopathic remedies and a special diet. All this is achieved with the following treatment plan over a period of about a year (the symptoms will begin to improve after 1 - 4 weeks):

### **Medications:**

*Initially:* one FORTAKEHL capsule three times daily for two weeks, then 1 PEFRAKEHL capsule or drops (10 drops/0/10 drops); at the same time a slow increase with ALBICANSAN drops (beginning with 5 twice daily, then rising to 10 three times daily), from the second week possibly adding EXMYKEHL suppositories (0/0/0/1); subsequently for one year SANKOMBI drops (10 drops/0/10 drops) or MUCOKEHL tablets (2/0/0) and NIGERSAN tablets (0/0/2) for the degeneration of high valencies in the cells and systems which enable the Candida to build up.

### **Diet:**

The diet should not „starve“ the fungus but must build up the wall of the intestine and enable the regeneration of the normal intestinal flora. What is required is a diet which is low in allergens, rich in minerals and basic as laid down by Dr. K. Werthmann and Dr. Thomas Rau. That means, no cow's milk products and hens' eggs, no pork, no citrus fruits and no fruit in the evening (because of fermentation). Industrially-produced sugar in any form, including in drinks, is forbidden. Carbohydrates are permitted, but proteins should be avoided.

### **Assistance in the removal of heavy metals:**

The heavy metals (for example, amalgam) are sought out using hair mineral analysis, the Dimaval test and darkfield microscopy and, wherever possible and necessary, removed. Excretion of metal is achieved with Pleo-chelate from

SANUM (for adults 15 to 30 drops two to three times daily), with seaweed remedies and ALKALAN ( $1/2$ -1 measuring spoon dissolved in warm water, in the morning on an empty stomach). Colonic irrigation therapy can also help (approx. once every 1-2 weeks, six to eight times in all).

### **Footnote:**

*Swiss researchers have for the first time used microorganisms successfully to remove heavy metals from the residue of waste incineration plants.*

*The fly ash from domestic waste, caught in the filters, contains toxic heavy metals in sometimes considerable concentrations. Now Helmut Brandl's team at the Institute for Plant Biology at the University of Zurich has succeeded in removing a large part of these contaminants from the residue of waste incineration plants with the help of microorganisms. For example, after 24 hours in a bath containing a solution of minute fungi of the *Aspergillus niger* variety, fly ash had lost the following amounts of heavy metals: 81 % cadmium, 66 % zinc, 57 % copper and 52 % lead; also 32 % manganese and 27 % aluminium.*

*The new technique will make fly ash usable in future as an admixture for building materials which does not damage the environment. Thus two problems have been solved at once: recycling instead of disposal of rubbish - today 70 000 tons of*



*Swiss fly ash are dumped annually as toxic waste, some of it in former mines in Germany - as well as the recovery of the valuable metals contained in the rubbish.*

*The processes being used at present to clean fly ash require a*

*lot of either energy (until the metals evaporate as they are heated) or chemical solvents (which in themselves are a hazard). On the other hand, with biological leaching using bio-organisms, such disadvantages disappear. (Press release from the Swiss National Fund, S e p t e m b e r 1996).*

**Dr. Thomas Rau, M.D.  
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