

Miracles Can Happen: An Interview with Warren M. Levin, MD, FAAFP, FACN, FAAEM

by Sue Vogan

Beyond the Yeast Connection: A How-To Guide to Curing Candida and Other Yeast-Related Conditions

by Warren M. Levin, MD, and Fran Gare

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Known as the “East Coast Dean of Alternative Medicine,” Dr. Levin has enjoyed over 40 years of treating patients who, he discovered, usually had multiple issues that kept them from getting well.

One of the most common, and overlooked, issues in mainstream medicine that keeps patients from reaching homeostasis is candida-related complex (CRC).

“In my many years of practice, I have found that there are a few underlying health problems, often not diagnosed, that slowly destroy your health. You end up with symptoms that physicians have no explanation for, and often you are told, it’s all in your head. However, what may be in your head begins in your body.”

A candida infection can produce symptoms such as brain fog, behavioral problems, learning disabilities, rashes, and more. It can also be the underlying cause of numerous disorders, such as scleroderma and Sjögren’s syndrome. Since candida can cause an array of symptoms, it is not something that mainstream physicians first consider when looking for a diagnosis or when their patients are not getting well on a symptom-based therapy. “When patients present with mood swings, chronic muscle aches and joint pain, poor memory, depression, sinus congestion, allergies, chemical sensitivities, digestive disturbances, fatigue, anxiety, or skin rashes, and the doctor can see no apparent reason for the complaints, they may not have done their candida homework,” Levin suggests.

Levin was one of the first to document a connection he called “Lyme-induced autism.” Along with this connection was candida, which is central to the treatment of children on the autism spectrum. Also are the connections with fibromyalgia and chronic fatigue syndrome. “A large percentage of candida infections are due to the overuse of pharmaceuticals, such as

antibiotics, birth control pills, corticosteroids, and antacids, as well as the overconsumption of sugar.” He calls candida “a physician-induced illness. It’s a complication of a good treatment program that is incomplete without a prophylaxis” to protect against candida.

Levin was also one of the first to link CRC and parasites. Years ago, he discovered that some of his irritable bowel syndrome (IBS) patients were not getting well. He had checked their stool for parasites, but had no positive results from two excellent labs. He was introduced to the anoscopy technique by Dr. Herman Bueno and arranged for 12 of his most difficult cases to be swabbed for parasites in the rectum. It turned out that 10 out of 12 patients were positive for parasites, and 6 of them got better after the first antiparasitic treatment. He would soon discover that parasites and yeast were synergistic. And once the parasites were treated, the yeast was easier to get rid of.

When a clinician suspects candida, he or she will order a stool test as a standard protocol. Should this be a definitive test for candida? “As a matter of fact, we can sometimes not find the yeast when we examine the stool in the worst patients. Even the patients who have had it the longest time, with the classical picture, and yet it’s not there. I finally figured out that these roots were causing the colony to shrink because now, instead of having to forage through the waste products in the colon looking for something to eat, they are getting all of the nutrition that the colony needs from the patient’s interstitial fluids, like a deep tap root from a tree. Even when the ground is dry, many plants continue to exist in their underground root forms. And yeast is more plant than animal. Years ago, I was missing the yeast in the worst cases because I was depending on finding it in the stool. When I didn’t find it in the stool, I believed that

Symptoms of Candida

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| Chronic tension headaches and migraines | Itching anus or genitals | Abnormal bleeding |
| Cold hands and feet | Hands and feet pain | Cervicitis |
| High and low blood pressure | Joint, muscle, ligament, and tendon pain | Endometriosis |
| Postural hypotension | Spine, neck, and back pain | Infertility |
| Rapid or slow heart rates | Anger and irritability | Polycystic ovaries |
| Bloating after meals | Brain fog | Menstrual irregularities (PMS) |
| Cholecystitis | Depression | Vaginitis |
| Constant hunger | Forgetfulness | Acne |
| Constipation | Hyperactivity | Alopecia |
| Diarrhea | Neurosis | Fungal infections |
| Flatulence | Paranoia | Psoriasis |
| Intestinal spasms | Psychosis | Recurring urinary tract infections |
| Irritable bowel syndrome | Schizophrenia | Low libido |

I had made a wrong diagnosis." The patient may be unable to digest food properly, offering a more attractive environment to this opportunistic fungus, so the yeast is not being eliminated through stool, thereby making a stool analysis useless for making a diagnosis of candida.

In the foreword to *Beyond the Yeast Connection*, Dr. Jacob Teitelbaum states, "Most doctors have a near-religious belief that candida overgrowth does not even exist, unless it is so severe that it is about to kill the patient." The reason for this is that there was no accurate test to let the clinician know if it is normal or overgrowth. "So in medicine, if there's no test, it doesn't exist!" He likens this to children who cover their eyes, believing if they can't see you, you surely can't see them.

Candida is a common microscopic yeast/fungal organism normally present in such places as the mucous membranes of the mouth and intestinal tract. When candida becomes overgrown, it may cause candidiasis, which can affect many organs.¹ Candidiasis is often found in patients who have lowered resistance due to another illness or who may be taking medications that suppress the immune system.

"The standard theory is that yeast is growing in the intestinal tract." So if you clear the intestinal tract, you will have a better chance of clearing infection. The old standby was nystatin for treating yeast infections. "It can kill the colony in the lumen of the gut, but the roots remain embedded in the wall of the intestinal tract." Levin further states, "I call it the lawnmower drug. You can relieve symptoms with it, but they are going to come back because of the roots." When the instinct to survive takes over in the colony, roots are placed firmly and these older drugs used to treat yeast "are effective on the colony, but not against the roots." Diflucan was the first oral medication that "would get to the roots." Levin explains that this drug was first applied to use on AIDS patients. One of the causes of death among HIV/AIDS patients was an overgrowth of invasive candida. Diflucan went into the system to clear systemic candida. "There are now several other absorbable antifungals available because of resistant strains created by inadequate doses and/or short treatment regimens." Levin attributes this to the serious error by the Food and Drug Administration (FDA) in approving a single 150 mg dose for intractable recurrent vaginitis after a study sponsored by the manufacturer demonstrated dramatic improvement, but was not followed long enough to observe the eventual recurrences.² Severe cases may require long-term IV protocols.³⁻⁵

How do you know if you have CRC? In *Beyond the Yeast Connection*, there is a quiz that has been designed to "help you begin to understand the many ways in which CRC may be responsible for the problems your doctor may have been unable to successfully treat or explain." It goes on to further list specific tests used to diagnose candida, emphasizing the urine organic acid test (OAT) offered at Great Plains Laboratory. Finding arabinose and/or tartaric acid is definitive for diagnosis. Each abnormal test is explained in much detail, with suggested treatments from mainstream and integrative viewpoints. Levin states that he achieves "the best results when I combine all medical approaches, beginning with the mainstream medicine and then adding complementary therapies." And, as with any

Candida Also May Be Associated with:

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| ADHD | Chronic fatigue syndrome |
| Asthma | Fibromyalgia |
| Interstitial cystitis | Ankylosing spondylitis |
| Rheumatoid arthritis | Systemic lupus erthematousus |
| Thyroiditis (Hashimoto's disease) | |

protocol, there may be risks. Levin advises on the major risks associated with the treatment of candida infection as well. "Complete blood counts and liver function tests should be followed during systemic therapy."

"I believe the immune system operates on the Goldilocks principle," Levin states. Remember Goldilocks – testing the porridge to see which one was *just right*? When it is "just right," there are no ill symptoms. In an overactive immune system, "it can cause the body to react to external particles such as pollen and dust." In an underactive immune system, "the body's ability to fend off disease-causing pathogens is weakened." And "when all the components of the immune system have been brought back into balance, and everything is *just right*, miracles can happen." It is our own bodies that have the directions to healing, not the doctors with a pill-for-every-ill. The physicians can guide us in helping our bodies back on the healing path, but they cannot *fix us*. An exceptional guide would be one who has experience with patient outcomes, a tendency to think outside of the proverbial box, isn't hesitant when needing another opinion, and has "first, do no harm" in mind when he or she tests, diagnoses, and treats.

There is a beautifully done part of the book on nutrition and food. This chapter discusses "going yeast free." From the building blocks of food to the yeast-free diet, there is no stone left unturned, so the reader gets all the information to live a healthful, yeast-free life. There are recipes and dining-out tips as well. From personal patient stories to the candida connection to many illnesses, *Beyond the Yeast Connection* is a must-have for clinicians and patients.

Levin opened his first private practice in 1959 and now practices in Washington, DC. He is board certified with the American Board of Chelation, the American Board of Clinical Metal Toxicology, the American Board of Environmental Medicine, the American Board of Longevity Medicine, and the American Board of Bariatric Medicine; a Fellow of the American Academy of Family Practice, Fellow of American Academy of Environmental Medicine, and Fellow of the College of Nutrition; and on the board of directors of the NoVA Chapter of the National Autism Association.

Notes

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