

CANDIDIASIS: A Physiological Approach
with E.A.P. Diagnostics.

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Candidiasis is an infection, usually of moist parts of the body such as the mouth, the throat and the vagina – although skin, especially between fingers and toes can also become infected. It may also be called thrush.

The agent is a fungus – more specifically, a yeast – that is usually ingested with food, but may also be breathed in or picked up by contact. It seems to be almost native to the intestinal tract and only causes disease when it grows out of control due to a shortage of antagonistic bacteria, such as Acidophilus or to the presence of toxic matter conducive to its growth, such as mercury (and perhaps also nickel). Stagnation in the intestinal tract certainly favours infection, and here again, metals such as mercury, nickel, silver, cobalt, gold, aluminium, calcium combined with tannin may be involved. Most are filtered from the bloodstream by the liver and pass through the bile tract to the small intestine and then the colon. They often adhere to the intestinal wall and interfere with peristalsis (enteric nervous system).

The yeast that causes Candidiasis is Candida albicans. When it proliferates it forms a mass of branching, threadlike filaments which cling to the intestinal wall with rhizoids that seem capable both of absorbing nourishment from and emitting spores into the bloodstream. Once the spores enter the bloodstream, they can cause problems – especially, it appears to me, with microcirculation – in distant parts of the body. When that happens, Candidiasis becomes systemic.

As one American Doctor exclaimed during a seminar in Germany in 1985: “In the U.S.A., Candidiasis has become an epidemic. You can see the stuff floating in the blood.” My response to that remark was quite direct: “The way everything in the U.S.A. is pasteurised: the milk, the cheese, the yogurt, even the beer; and the way antibiotics are dished out for the least sign of possible infection, what else can one expect?”

I believe that a similar situation is becoming evident in many other countries today. The widespread use of hormone for contraception, causing a change in the mucous membranes of the vagina, which is conducive to yeast infection, is most likely a considerable contributing factor to the “epidemic”.

The diagnosis: By measuring changes in the electrical resistance of related acupuncture points in the hands and the feet (E.A.P. diagnostics) when the micromagnetic antidote for Candida Albicans is placed in the circuit of the measuring device (a galvanometer) the skilled operator can determine quite quickly whether there is a problem with candidiasis and with which organs. If the small and/or large intestines are measurably infected, the exact sites of the infection can likewise be determined. If the enteric nervous system is affected, the trouble spots can be exactly identified by systematic application of the south pole of a medium sized magnet (1-2000 gauss) along the intestinal tract as energetically related acupoints are measured. Often in minor infections, only the enteric nervous system is affected. Major infections may cause spasm in the small and/or large intestine; and if it spreads into the blood stream, microcirculation (the circulation of blood through capillary beds) can be impeded in various organs, e.g., the ventricles of the brain, the pituitary gland, the inner ears, lungs, spleen, and liver.

This apparently is caused by clumping of blood cells, especially red ones, into a mass too large to enter capillaries*. The clumping in turn may be caused by antibodies produced by the immune system linking up with the Candida cells to mark them for destruction by

phagocytes. Sometimes Candida cells also stick to the endocardium (inner lining of the heart). This can interfere with the heartbeat and lower blood pressure sufficiently to cause faintness. Again, all these problems can be accurately traced with E.A.P. diagnostics.
 (* Red cells pass through capillaries single file.)

Treatments: Intestinal infection (Candida proliferation) can usually be brought under control through deep, careful, massage by a trained therapist, followed by daily, morning massage by the client herself (or himself) as directed by the therapist. At the same time the client should take about ¼ teaspoon of unpasteurized (live) Miso (pronounced Mee-so) once or twice a day on an empty stomach for 2 weeks.

After 5 days without Miso, take it again for 5 days, and repeat this routine until healthy intestinal flora are established. The sure sign of this is that the stool is odourless since balanced flora prevent putrefaction. Miso contains lactic acid forming bacteria, mainly Lactobacillus delbrueckii and Pediococcus halophilus which are antagonistic to dangerous microorganisms such as Staphylococcus aureus, Escherichia coli and Salmonella which cause food poisoning. Miso also contains a very small proportion of moulds and yeasts. The Aspergillus oryzae (not to be confused with Asp. Flavus responsible for dangerous aflatoxins on mouldy peanuts and corn) which is used for fermentation in the first stage of Miso production, is reduced by introducing salt in the second stage. Salt tolerant yeasts are used to produce esters for aroma and organic acids for flavour. The final product should be free of all toxins, according to repeated testing world-wide.

Miso is rich in enzymes for digesting proteins, carbohydrates, and fats, and at least 80% of its own nutrients have been digested in production. The enzymes are destroyed by heat above 104 °F. and the lactic bacteria by several minutes of simmering.

Hence, to control Candidiasis by promoting healthy intestinal flora, only unpasteurized, uncooked Miso should be used. (Pasteurized Miso is packed in airtight bags.) It may be mixed with a cup of hot water or milk and drunk or taken raw with a little bread or cheese. The salt content is 5.5 to 13% (sodium chloride), gaugeable by its tang.

I recommend 'Genmai Miso', also available by post from Allerton Health Stores, 773 Allerton Road, Mossley Hill, Liverpool L18. All Health Food Stores should stock unpasteurized Miso. Few do

Removal of toxic metals from the intestinal tract is usually achieved by the above treatments as well. Removal from the lymphatics requires further skilled help. Likewise, clearance of the capillary beds. But the client must learn to do some specific exercises as well.

A Magnet and Body Massager are most useful tools for self-help.

Hopefully, this physiological approach will prove to be an uncomplicated, inexpensive, effective answer to that pest: Candidiasis.

P.S. This approach is still new. Much feedback is needed to evaluate its worth.

Information about Miso from the Book of Miso: Shurtleff & Aoyagi; Ballantine 1976