

CANDIDIASIS: A Nearly Closed Case

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Mrs. S.D. had been under treatment for Candidiasis for 6 years. She had taken Nystatin for 2 mos. and was on a strict diet, avoiding all foods containing yeast, all dairy products and stimulating drinks such as coffee and tea. No Alcohol. She was still experiencing throbbing pain on the right side of her head and severe swelling of the abdomen and flatulence.

I found no trace of Candida Albicans affecting her enteric nervous system, her Peyer's Patches on the wall of the small intestine. or the Papillae Vateri, the lymphoid tissue guarding the exit of the bile and pancreatic duct on the wall of the descending duodenum.

No sign of Candida in the thymus or in the blood. But I did find indications of mercury in the blood.

So, I placed the negative side of a ceramic magnet against the lower sternum for 3 minutes to energise the blood as it passed through the heart, thus enabling it to discard the mercury into the spleen for clearance through the liver and bile ducts into the intestine. When I tested the liver afterwards, I found traces of mercury in the left lobe of the liver as one would expect. But remarkably, the right lobe of the liver showed traces of Candida. Where had it come from?

I found the answer in the limbic system point on the arch of the forehead between the eyes. The magnet therapy had evidently helped the cells surrounding the choroid plexus in the right lateral ventricle of the brain to discard Candida spores which were stored up there, into the capillaries of the choroid's plexus, and this now registered on the acupuncture point I had measured.

I realized then that the severe treatment and diet had indeed prevented further contamination of the blood with spores from the small intestine and had enabled the spleen and liver to clear all traces of Candida from the blood.

But there still remained the final clearing of the fungus from the lateral ventricle of the brain. For this purpose, I compressed the carotid artery about 5 times on the side of the neck to force spurts of blood up through the ventricle, and this cleared the choroid plexus.

More candida may, of course, still re-enter the capillary bed from the mass of cells surrounding the plexus for the purpose of absorbing the fluid which becomes cerebral fluid after it leaves the ventricles, and I instructed the client to treat herself several times a day just as I had done. Then also to apply Do-in to the spleen and liver to ensure that the Candida is successfully passing into the small intestine.

I could see no further purpose to taking Nystatin or for remaining on a diet. However, a course of Miso for 10 days could help re-establish healthy intestinal flora for safety.