

In article <1993Apr26.103242.1@vms.ocom.okstate.edu>

banschbach@vms.ocom.okstate.edu writes:

>are in a different class. The big question seems to be is it reasonable to  
>use them in patients with GI distress or sinus problems that \*could\* be due  
>to candida blooms following the use of broad-spectrum antibiotics?

I guess I'm still not clear on what the term "candida bloom" means,  
but certainly it is well known that thrush (superficial candidal  
infections on mucous membranes) can occur after antibiotic use.

This has nothing to do with systemic yeast syndrome, the "quack"  
diagnosis that has been being discussed.

>found in the sinus mucus membranes than is candida. Women have been known  
>for a very long time to suffer from candida blooms in the vagina and a  
>women is lucky to find a physician who is willing to treat the cause and  
>not give give her advise to use the OTC anti-fungal creams.

Lucky how? Since a recent article (randomized controlled trial) of  
oral yogurt on reducing vaginal candidiasis, I've mentioned to a  
number of patients with frequent vaginal yeast infections that they  
could try eating 6 ounces of yogurt daily. It turns out most would  
rather just use anti-fungal creams when they get yeast infections.

>yogurt dangerous). If this were a standard part of medical practice, as  
>Gordon R. says it is, then the incidence of GI distress and vaginal yeast  
>infections should decline.

Again, this just isn't what the systemic yeast syndrome is about, and  
has nothing to do with the quack therapies that were being discussed.

There is some evidence that attempts to reinoculate the GI tract with  
bacteria after antibiotic therapy don't seem to be very helpful in

reducing diarrhea, but I don't think anyone would view this as a  
quack therapy.

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