

## HealthWatch Newsletter no 7: July/August 1991

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### NEWS FLASH: HealthWatch is now a registered charity.

In July 1991 the Charity Commissioners approved our application for registration, and our Charity Registration number is 1003392. Now that we have achieved this we hope to generate enough income to employ two full-time staff members so that we can respond so we can take an active role in promoting good public information, organising lectures and press briefings, and - not least - offering more services to our members. We would like to respond to appeals for help from members of the public who are experiencing difficulties. In recent months these have included a 35-year old man whose has since died of a brain tumour; his treatment was delayed after a false diagnosis by vegatest and ineffective treatment with food supplements and acupuncture.

Most of all, we want the public to take a more questioning stance about all forms of health care, whether orthodox or alternative, especially towards those who claim to cure the incurable or whose claims are not supported by scientific evidence.

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### Science and slimming - controlled trials by television

*In 1987 Esther Rantzen's That's Life TV programme evaluated seven slimming regimens. This was a good example of how popular television can carry out scientific trials and thus be both educational and entertaining - just what Lord Reith had wished. 352 overweight male and female viewers took part in a six week controlled trial of the following: Bai-lin tea, the Grapefruit Pill, Natural Vitality Pill, Limmits, 1000 Per Day, Slimming Clubs, Weightwatchers, and placebo. The placebo consisted of half a carrot before meals and was called the carrot diet. The study was designed by Dr Tom Sanders and approved by the Ethics Committee of King's College London.*

Two thousand viewers who wanted to lose weight responded to an invitation to write into the programme. They were sent a letter with a brief description of the slimming methods and asked if they were over 18 and to provide written consent from their GPs. 496 people were eligible and were allocated into equal groups of 62 by drawing their names out of a hat as in a lottery. Subjects were then sent the various treatments or invited to join one of the two slimming clubs. At the start, they were asked to report to their local BBC radio station to be weighed. After six weeks they returned to be re-weighed. Nobody was paid for taking part, but they were encouraged to seek sponsorship for their favourite charity.

352 subjects completed the trial, which was reported on television in July 1987 by Esther Rantzen. She explained the need for the placebo and that the carrot diet was a control. There were weight changes in every group but a significant difference between groups. The Bai-lin tea, grapefruit pill, and natural vitality diet were no better than placebo. The treatments that led to significant weight loss were the 1000 calorie per day, WeightWatchers and Slimming Clubs.

This seems to be the first study to have used television to carry out a controlled trial. The researchers have shown that randomisation and the use of a placebo group are essential for fair comparisons. It was splendid that this point was made clearly and entertainingly to such a large audience. The study was published in the *Lancet* of October 13th 1990.

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### How to dispose of your surplus cash:

HealthWatch's Silly Season shortlist:

## Vitamin C and seaweed tights

### Where does quackery end and plain daftness begin?

The John Lewis group of department stores are selling tights impregnated with vitamin C or seaweed extract, price £3.95. When we asked a sales assistant if anybody bought them we got a withering look. We copied the blurb on the tights packets for HealthWatch readers:

"Kanebo's exclusive cosmetic hosiery is the result of advanced technology harmoniously combined with natural ingredients. Small microcapsules containing vitamin C are captured within the yarn and gently released onto the skin by movements of the legs. The vitamins, which remain effective for up to 6 washes, have a cooling and refreshing effect, while offering a mild protection from uv rays. These benefits, when combined with the gentle support of the elastane yarn, give you healthier and more beautiful legs. Let caring for your legs naturally become part of your daily skin care program with Couture Cosmetic Hosiery from Kanebo."

The seaweed tights differ slightly: the extract has a moisturising effect and tones up the skin.

### Aerobic (we think) spectacles

If you have £24.95 to dispose of you might consider a pair of exercise spectacles from Larkhall laboratories. They have black lenses with tiny pinholes. According to Larkhall's catalogue: "blurred vision and poor focusing may be caused by the poor circulation of blood through the eye muscles. Relaxation of these muscles could improve your vision. The areobic [sic] glasses exercise your eyes in a natural, healthy way so that the blood circulation is improved. All you have to do is wear the glasses for at least ten minutes each day. Opticians sometimes treat 'lazy' eyes by covering the stronger eye so that the lazy one is forced to work harder. Areobic [sic] glasses work in a similar way. Without actually covering the sight, they force the eyes to work harder. This is achieved by small pinholes made in each black shield covering the eye."

We enquired in the Larkhall shop: they weren't in stock but could be imported if demand warranted.

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## Candida albicans - "The Yeast Syndrome"

by Ursula Arens

***Many dietitians have become depressed over the epidemic of nutritional nonsense surrounding the Candidiosis hypersensitivity syndrome (also known as Candida allergy). Indeed, after several letters on the subject had been published in the Journal of the American Medical Association, one correspondent concluded: "... There is a relationship between Candida albicans and depression, because I am suffering from depression after repeatedly exchanging letters with Dr Crook" (the US doctor who introduced the idea).***

Quackery, nutritional or otherwise, requires for its appeal and credibility a few raisins of solid fact to sweeten and add some substance to the porridge of illogic, woolly assumption, and crass conclusion. So I shall start this review with some raisins and follow by digesting some of the porridge.

Candida is a yeast-like fungus which forms part of the normal microbiological flora of respiratory, gastrointestinal and genital tracts. It is an opportunistic pathogen causing infection when host defences are impaired or the normal microbiological balance is altered. The most common manifestations of infection are vaginal candidiasis (thrush) where predisposing factors include pregnancy, diabetes and antibiotic, steroid or immune suppressive therapy. Oral candidosis is also encountered after antibiotic or immune suppressive treatment, in many denture wearers, and, especially, in over 70% of people with Aids. Invasive candidosis is a rare and very severe condition associated particularly with cancer and Aids patients, whose mortality secondary to systemic Candida infection is significant.

If the very specific symptoms of a Candida infection are not evident, a diagnosis can be made by culture or measurement of Candida-associated lymphocyte proliferation, and treatment will involve the topical or systemic administration of one of the antifungal drugs. Immediate hypersensitivity (allergy) to *Candida albicans* has been documented, but there is little evidence that it contributes to any orthodox allergic reactions.

### Dr Truss, Dr Crook, the symptoms, the fungus, and ... the diet

*Candida albicans* might have continued to enjoy the public obscurity of medical journals and mycology meetings, had it not been spotlighted as a significant public health enemy by Dr Orion Truss in his book *The Missing Diagnosis*. Dr Truss set out his belief that *Candida albicans* was the cause of many non-specific conditions in three articles published in the *Journal of Orthomolecular Psychiatry*. The book includes these articles, and expands in detail on the mechanisms whereby chronic exposure to *Candida albicans* results in "systemic allergic and toxic effects". These are said to be responsible for some of the specific and even more of the non-specific conditions described as idiopathic.

Dr Truss feels that the clinical picture of chronic yeast growth in the tissues is quite consistent: to use his own words, when such symptoms are presented a diagnosis can be 'tentatively made with considerable assurance'. The best but not the only evidence for the involvement of *Candida albicans* is a favourable response to oral nystatin, and a 'yeast-free' diet. More recently Dr Truss has written another article in what appears to be his favourite journal (... of *Orthomolecular Psychiatry*) with the concept that acetaldehyde secreted by *Candida albicans in vivo* may be the toxic substance causing the "whole-system symptomatology".

### **"If you feel sick all over, this book could change your life"**

Dr Truss was the herald of the role of *Candida* as a major cause of lack of well-being, but Dr Crook, with his book modestly described on the cover as a "medical breakthrough", *The Yeast Connection*, was the publicist ("...if you feel sick all over, this book could change your life"). Again the concerned lay reader of the book, now in its third edition, is warned that over 30% of Americans suffer from *Candida*, and the 150 testimonials that illustrate the book all support the picture being presented of a virulent and wide-spread disease. Chronic exposure to *Candida* toxins (nature unspecified) leads to immunosuppression (nature unspecified), and hence to a wide variety of symptoms (very much specified). Dr Crook warns "...if a careful check-up doesn't reveal the cause of your symptoms, and your medical history (as described in his book) is 'typical', then it's possible or even probable that your health problems are yeast-connected". Chapter six of the book provides a questionnaire to allow the reader an on-the-spot diagnosis whereby it is nearly impossible to have a score that is not interpreted as a yeast-connected health problem.

Dr Crook is not able to detail any objective method of diagnosis for this wide-spread affliction other than a positive response to the treatment of antifungal agents such as nystatin, and the *Candida*-control diet. Much of his book is then dedicated to a discussion of the do's and don'ts of this special diet, and some recipes.

The theory behind the diet is that the proliferation of *Candida albicans* in the body causes a craving for foods containing yeast or foods providing nourishment for yeasts, and so dietary therapy requires the long-term avoidance of both of these food groups. In addition foods containing any antibiotics or hormones should be avoided, so for sensitive patients, meat is off the menu. The yeast containing foods are bread and all yeast-raised bakery products, cheese, vinegar, alcohol (the latter two are both free from yeast cells, so are yeast metabolites i.e.. acetic acid and alcohol also implicated?), nuts, dried fruit, fruit juices, unpeeled fruit or fruit that has not been washed in a weak bleach solution, and some vegetables, especially mushrooms. Caution is given about leftovers, because of the potential for yeast contamination. By itself such a diet could be manageable but the further avoidance of foods thought to encourage yeast growth is a more demanding exercise. The diet should be low in carbohydrate (60 - 80 g), and sugars and refined carbohydrates are especially to be avoided, as is milk.

Initially all fruit and fruit products are to be avoided, but these may be rotated back into the diet if they are tolerated without a re-emergence of any of the offending symptoms. Specific recommendations made for infants and young children are a low carbohydrate diet that is sugar-free, milk-free, yeast-free and egg-free (? where has this recommendation come in from?) and the use of a "carbohydrate-free soy formula (!). Such dietary advice advocated by Dr Crook for one third of the American public must cause great concern - and the general warnings that "if you eat the same food every day, the greater your chance of developing an allergy to the food" or "Your mineral needs are more important than your vitamin needs since your body cannot make minerals" further hint at Dr Crook's fuzzy concepts of nutrition science.

Since the publication of *The Missing Diagnosis* and *The Yeast Connection*, the view of a widespread public health problem posed by *Candida* has been enthusiastically popularised by further books, articles, radio and TV. Many supplements now claim to be 'yeast-free', and there are an increasing number of over-the-counter formulations claiming to cure *Candida* infections.

Dr Crook, when asked whether he should conduct a controlled test to examine his pet subject declined because he was a "clinician, not a researcher". However even in the absence of any published data in peer-review journals, the American medical establishment cannot be accused of sit-on-the-fence on this issue, and have given uniform criticism to the tenets of the *Candidiasis Syndrome* theory.

### **Medical and scientific views on the syndrome**

In a commentary, 'Is there an Epidemic of Chronic *Candidiasis* in our Midst?' in the *Journal of the American Medical Association*, the writer conceded the "permeation of *Candida* activism in certain sectors of the medical profession" but cautions that there is a "dearth of published clinical research to support the activist claims." *Candidiasis* does exist in susceptible populations i.e. individuals undergoing chemotherapy or prolonged antibiotic therapy, but "given the information available, it is inappropriate to believe that there is an epidemic of the proportions espoused by the proponents". This article also notes with concern the presumptive nature of yeast diagnosis, and warns that the treatment might obscure other conditions. The author calls for a proper examination - of the *Candida* issue and warns that until there is a reliable diagnostic test and scheme of treatment that has undergone clinical verification, people will remain vulnerable to such entrepreneurial adventurism.

The *Harvard Medical School Newsletter*, in an article "Yeast: Raising Questions" slammed the use of drugs, with their costs and adverse effects, for conditions that have not been proven to exist, and notes that real conditions

involving Candida, such as vaginal thrush, cannot be treated with a low-sugar diet.

America's largest professional organisation of allergists, the American Academy of Allergy and Immunology, are highly critical. In the Position Statement on 'Candidiasis hypersensitivity syndrome' they recommend that on the basis of the evidence so far reviewed, and until appropriate published to the contrary is brought to their attention, the concept of Candidiasis is unproven, and the diagnosis, laboratory tests and treatment should be considered experimental, and reserved for use with informed consent in appropriate controlled trials that have been approved for scientific merit and safety by competent institutional review boards.

## Summary

While some of the views given by Truss, Crook and other members of the Candida-clan could be regarded as harmless amusement for those uncritical enough to accept their statements at face value, encouraging large numbers of people to adopt diets that have not been shown to affect *Candida albicans* proliferation, and that may be ill-advised or dangerous in some circumstances, requires forceful contradiction by those experts in the manipulation of diet to prevent or treat specific disease conditions. If not they, then who?

## The A-Z of the Candidiasis hypersensitivity syndrome (Truss & Crook)

### *Truss and Crook blame Candida hypersensitivity for:*

Abdominal gas & bloating; abdominal pain; allergy symptoms (sneezing, cough, stuffiness, asthma, catarrh), bruising, angioedema; anxiety; arthritis; asthma; athlete's foot; bronchitis; cold hands/feet; constipation; craving for sugar and/or alcoholic drinks; Crohn's disease; crying frequently, depression; diarrhoea; dizziness; drowsiness; dry mouth; dyspnoea on exertion; ear fluid; eczema; fatigue; feeling bad on damp days / in damp places; gastric burning; headaches; heartburn; hyperactivity; hypoglycaemia; hypothyroidism; impotence; inability to concentrate / make decisions; infertility, insomnia; intolerance to colognes, cigarette smoke, hair spray, synthetic fibres; irritability; joint pain; local numbness / tingling; loss of sexual desire; malfunctioning immune system; menstrual problems; mitral valve prolapse; mood swings; multiple sclerosis (component of); muscle ache; nasal drip; nasal itching; oral ulcers; ocular blind spots; otitis; pneumonia; poor bust development; poor intellectual function; predisposition to AIDS, Epstein-Barr virus infection, and mercury amalgam toxicity; premenstrual tension; prostatitis; psoriasis; rectal itching; rude behaviour; schizophrenia; sexual dysfunction; shaking when hungry; shortness of breath; sinus infection; sore throat; spastic colon; symptoms of AIDS, multiple sclerosis, psychosis, and schizophrenia; tear flow; urinary frequency/urgency; urticaria; vaginal discharge; vaginitis; weak memory; weight gain.

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This article is reprinted from the BDA.

See also article on Candida by Gillian Shankland in [Newsletter 27](#)

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