

CANDIDA

SIGNS, SYMPTOMS AND ASSOCIATIONS OF CANDIDA

(Circle any symptoms you have)

Main symptoms checklist (more than one)

- Have you had thrush (oral or vaginal) more than once?
- Have you had recurrent cystitis or other vaginal infections (not thrush)?
- Do you have a history of endometriosis?
- Have you had athlete's foot or fungal infections of the nails or skin?
- Are you severely affected by exposure to chemical fumes, perfumes, tobacco smoke etc? Or are your symptoms worse after taking yeasty or sugary foods or drinks?
- Do you suffer from a variety of food allergies?
- Do you suffer from abdominal bloating, diarrhoea or constipation?
- Do you suffer from pre-menstrual syndrome?
- Do you suffer from depression, fatigue, lethargy or poor memory?
- Do you have food cravings?
- Do you have muscular aches, tingling, numbness or burning?
- Do you suffer from unaccountable aches and/or swelling in joints?
- Do you have erratic vision or spots before the eyes?
- Do you suffer from impotence or lack of sexual desire?

Minor symptoms checklist (several)

- Symptoms usually worse on damp days
- Persistent drowsiness / tired all the time
- Lack of co-ordination
- Headaches / migraines
- Mood swings
- Loss of balance
- Rashes
- Mucus in stools
- Belching and /or flatulence
- Bad breath
- Dry mouth or throat
- Nasal itch and/or congestion
- Nervous irritability
- Tightness in chest
- Ear sensitivity or fluid in ears
- Heartburn and indigestion

Causes checklist (at least one)

- Have you ever had an infection treated by antibiotics for eight weeks or more, or had antibiotics for short periods four or more times in a year?
- Have you ever taken a course of antibiotics for the treatment of acne for a month or more continuously?
- Have you ever had a course of steroid treatment such as prednisone, cortisone or ACTH?
- Have you ever taken the contraceptive pill for a year or more?
- Have you ever been treated with immuno-suppressant drugs?
- Have you had multiple pregnancies?