

There is a fungus among us

What you need to know about prevention and treatment

The most common fungus family that lives in the mouth, throat and rest of the GI tract is called Candida (also called “yeast”). Candida typically lives a small and quiet life within your mouth, gut and skin. But when the environment is ripe, it multiplies and grows out of control.

Most of us have either experienced or heard of a “yeast infection” or “thrush”, which shows up as white or yellow patches in the mouth or vagina, and it’s caused by the most common candida type called albicans. But this type is only responsible for approximately half of the candidiasis (candida infection) we see today.

The incidence of fungal infections has risen significantly in the last decade—the climb is thought to be caused by a decrease in host immune response (i.e. we are sicker) and an increase in antimicrobial (i.e. antibiotic, antiviral and antifungal) resistance. Candida is also spread from person to person; a combi-

nation of these two factors make fungal infections the most common (comprising about 60%) of hospital spread infections. And its penetration into the bloodstream is often deadly, killing about one in three affected by the blood infection.

Other than obvious white or yellow patches in the mouth, the less obvious symptoms can include redness or soreness in the mouth and/or throat, bleeding gums, cracking at the corners of the mouth and painful swallowing. Beyond the mouth, Candidiasis might also result in gut pain, bloating, loose stools, fever, fatigue, or genital itching/soreness.

Fortunately, today we can detect nine strains of Candida from a single drop of saliva. This has become incredibly helpful when we discover patients whose “treated” periodontal (gum) disease and/or gingivitis remains unresolved. Frequently, it’s a result of a non-obvious (non-albicans) type of Candida.

Treatment with antifungal medications is tricky since there are a restricted

number of drugs and delivery systems, and they have some side effects. It is often difficult to quell the overgrowth without repeated attempts. If you are being treated, please remember to discuss an anti-fungal oral rinse to clean your denture, bite splint or orthodontic retainers too—as they can remain the breeding ground.

If you suspect you have Candidiasis, ask your dentist for a saliva detection test and seek treatment before it’s too late. On a healthier note, it’s always best to attend to the underlying cause—not just a pharmacological remedy.



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