Blame Candida

Yeast infections are the common cold of vaginal vexations, but in HIV ladies, they can be more frequent and harder to treat. To both avoid and avenge them:

February 1, 2003 By Tim Murphy

Don’t feed the yeast. Every gal has a small, harmless amount of the *candida* fungus in her mouth, digestive tract and vagina. It coexists with natural “good” bacteria that keep it in check, but a suppressed immune system can spur its overgrowth -- hence, the yeasty beast. If you can, avoid antibiotics, steroids and the Pill, which further tip the scale in *candida*’s favor.

Grow the “good” stuff. Preserve yeast-fighting “good” bacteria by not douching, which washes it away. Promote it with acidophilus supplements. Consume fewer yeasty starches (breads, pasta, booze) and more soy products. And eschew nylon panties, tight jeans and damp swimsuits in favor of loose, breathable cotton -- or as one lady HIVer, who genteelly requested anonymity, urges, “Let the sun shine in!”

Treat to beat. If standard over-the-counters like Gyne-Lotrimin or Monistat don’t work (even if used past the standard 3 to 10 days), go see Gyno about a prescription cream. *Still* can’t ease the cheese? Doc can Rx an oral antifungal, but have a lab check a sample of your discharge to be sure it’s just yeast and not a look-alike infection. And consider a CD4 update: New York HIV doc David Gelman, MD, says chronic or stubborn yeast infections can be “if not a red flag, then a yellow flag” for increased immune suppression.

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