

Candida *Protocol*

Symptoms Of *Candida* Overgrowth

Is this yeast wreaking havoc in your body?



Oral
Thrush



Recurring Yeast
Infections/UTIs



Constipation or
Diarrhea



Fatigue



Abdominal
pain



Bloating &
Gas



Acne



Brain Fog

Hormunity® Candida Protocol

Candida albicans is a normal resident of the gut, mouth, nasal passages, and vaginal tract, where it typically exists in a harmless **yeast form**. But when the ecosystem of the gastrointestinal tract becomes disrupted - through antibiotics, high-sugar diets, chronic stress, immune suppression, low stomach acid, mold exposure, or dysbiosis - *Candida* can shift into its invasive **hyphal form**, create biofilms, penetrate mucosal tissue, and trigger an array of systemic symptoms such as brain fog, bloating, fatigue, skin irritation, joint discomfort, and recurrent vaginal yeast infections.

While thrush or vaginal candidiasis is easy to diagnose, ***Candida* overgrowth inside the GI tract often presents with vague, whole-body symptoms** that mimic other conditions like SIBO, IBS, or dysbiosis. This is because *Candida* metabolites, biofilms, and inflammatory byproducts place a heavy burden on detoxification pathways - especially the liver - and weaken intestinal barrier integrity over time.

A critical, frequently overlooked root cause is **low stomach acid**. Betaine HCL Pepsin is often deficient in individuals with Candida overgrowth. Low acidity allows yeast to survive through the stomach, disrupts protein digestion, alters the microbiome, and weakens natural antifungal defenses. Prolonged use of acid-suppressing medications (PPIs, H2 blockers), stress, aging, and nutrient deficiencies all lower gastric acid and create the perfect environment for Candida to flourish in the upper GI tract.

Candida also becomes significantly more persistent when **mold exposure or mycotoxin burden** is present. Mycotoxins suppress immune function, impair detoxification, and damage the gut barrier - meaning Candida will continually return until mold-related inflammation is addressed. For many individuals, chronic yeast issues are less about Candida itself and more about the compromised internal environment that allows it to overgrow.

And most importantly: **Candida cannot be controlled without the correct diet.**

Even the strongest antifungals will fail if the individual continues consuming high amounts of simple sugars, sweetened beverages, pastries, refined carbohydrates, fruit juices, processed foods, alcohol, or yeast-based products. These foods directly feed yeast overgrowth and will override any supplement protocol. The diet must focus on **low sugar, low starch, clean proteins, healthy fats, and high-fiber vegetables**, with strict avoidance of hidden sugars, sweet sauces, and fermented alcoholic beverages.

The Hormunity® Candida Protocol is designed to address these deeper root causes rather than simply suppressing yeast. With **SBO Clear™ Oregano Oil, DysbioFix™ Botanicals, NAC Glutathione Precursor™, Saccharomyces boulardii™, Micellized Vitamin D3™, Mood Biotic™, GI-Integral™, and Betaine HCL Pepsin**, this protocol works to:

- Disrupt fungal biofilms and reduce invasive hyphal forms
- Restore healthy microbial balance and support beneficial flora
- Repair mucosal barrier integrity and reduce inflammation
- Strengthen immune resilience and improve detoxification capacity
- Rebuild gut lining for long-term protection
- Support gastric acidity and protein digestion, restoring the body's natural antifungal defense

Candida is resilient and adaptable, which is why a multi-layered, root-cause-focused strategy is essential. The goal is not to eliminate Candida completely - because it is a normal commensal organism - but to return it to a healthy, non-invasive state while rebuilding a robust gastrointestinal ecosystem that prevents recurrence.

Product Rationale & Why Each Supplement Is Included



SBO Clear™ Oregano Oil

This formula provides a standardized, micro-emulsified delivery of **carvacrol and thymol**, two of the most potent natural antifungals studied against *Candida albicans* and fluconazole-resistant strains. Oregano oil disrupts fungal cell membranes, reduces hyphal transformation, breaks biofilms, and helps suppress fungal overgrowth along the entire GI tract.



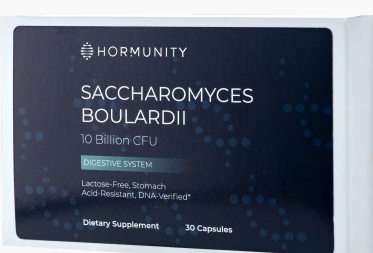
DysbioFix™ Botanicals

This multi-botanical blend mirrors clinical herbal combinations proven effective in *Candida*-related dysbiosis. Ingredients such as **berberine, clove (eugenol), thyme (thymol), olive leaf, and plant tannins** inhibit fungal growth, suppress biofilms, and shift *Candida* from its invasive form back to its less harmful yeast form. These botanicals also have natural anti-inflammatory and mucosal supportive properties.



NAC Glutathione Precursor™

Candida produces aldehydes, toxins, and inflammatory metabolites that place a heavy burden on detox pathways. **NAC breaks down fungal biofilms**, increases glutathione production, reduces oxidative stress during die-off, supports liver clearance of yeast metabolites, and helps prevent Herxheimer reactions (acute, temporary adverse reaction to the toxins released when bacteria are killed by antibiotics). Essential whenever yeast is being actively reduced.



Saccharomyces boulardii™

This beneficial probiotic yeast competes directly with *Candida*, **reduces its adhesion to the intestinal wall, prevents hyphal transition, neutralizes mycotoxins, and lowers inflammation**. *S. boulardii* also reduces recurrence and helps restore microbial balance after antifungals and antibiotics.



Micellized Vitamin D3™

Vitamin D deficiency is extremely common in chronic Candida due to inflammation, poor absorption, and immune dysregulation. Vitamin D **strengthens mucosal immunity, tightens the intestinal barrier, modulates inflammatory cytokines, and enhances antifungal immune defense**. Micellized delivery ensures absorption even in patients with fat malabsorption.



Mood Biotic™

This clinically formulated probiotic blend supports microbial balance and promotes a healthy gut-brain axis - essential because chronic Candida is linked to **brain fog, mood symptoms, and nervous system dysregulation**. These strains help inhibit fungal overgrowth, restore lactobacilli populations, and strengthen mucosal barrier function.



GI-Integral™

This evidence-based mucosal repair formula helps heal the intestinal lining damaged by Candida metabolites, inflammation, and biofilms. It supplies glutamine, immunoglobulins, soothing botanicals, and anti-inflammatory nutrients to **restore gut barrier integrity**, reduce reactivity, and maintain long-term resistance to fungal recurrence.



Betaine HCL Pepsin™

Candida thrives when stomach acid is low. HCL restores normal gastric pH to prevent fungal survival through the stomach, improves protein digestion, reduces fermentation, and supports natural antimicrobial defense in the upper GI tract. Essential for individuals with bloating after protein, reflux history, PPI use, or chronic dysbiosis.

How to Take Your *Supplements*

To support your comfort and safety, **begin with one supplement and introduce the next every three days**. This gradual approach makes it easier to recognize which product may be causing a reaction. If at any point you feel unwell or notice symptoms that concern you, pause the protocol and reassess.

Supplement	Dosage & Timing				
SBO Clear™ Oregano Oil	2 tablets ×3 daily before meal	 2 tablets	 3 x daily	 Before meals	
DysbioFix™ Botanicals	2 capsules ×3 daily before meal	 2 capsules	 3 x daily	 Before meals	
NAC Glutathione Precursor™	1000-1500 mg/day on an empty stomach	 1-3 capsules	 1 x daily	 On empty stomach	
Saccharomyces boulardii™	1 capsule ×2 daily (away from antifungals) on an empty stomach	 1 capsule	 2 x daily	 On empty stomach	
Mood Biotic™	1 capsule ×2 daily after meals	 1 capsule	 2 x daily	 After meals	
Micellized Vitamin D3™	4–5 drops daily after breakfast	 4-5 drops	 1 x daily AM	 After meals	
GI-Integral™	2 teaspoons daily (afternoon/evening; away from antifungals) on an empty stomach	 2 teaspoons	 1 x daily	 On empty stomach	
Betaine HCL Pepsin™	Start with 1 cap at first bites of protein meals. Increase gradually until warmth, then reduce by 1. Max ~3000 mg/meal				

Betaine HCL Pepsin: How to Use It Safely & Correctly

Betaine HCL Pepsin is a foundational supplement in SIBO treatment because adequate stomach acid is essential for protein digestion, microbial control, and preventing fermentation in the small intestine. However, **HCL must be used correctly and is not appropriate for everyone.**



CONTRAINDICATIONS (DO NOT USE HCL IF YOU HAVE):

- Active **gastric ulcer**
- Active **duodenal ulcer**
- **Erosive gastritis**
- **Esophagitis** or Barrett's esophagus
- Severe **GERD** with burning before eating
- A history of **GI bleeding**
- If you take **NSAIDs, steroids, or blood thinners** without medical supervision
- After stomach or esophageal surgery unless cleared by a provider

If unsure, consult your healthcare practitioner before using HCL.

How HCL + Pepsin Dosing Works (Always Individualized)

Your HCL dose **depends on the amount and type of animal protein** in the meal. This is why there is no single standard dose - it changes meal by meal.

General rule: more dense animal protein = more HCL needed.

- **HIGH-PROTEIN MEALS - Highest HCL Needs**
(Examples: **red meat, steak, lamb, bison, duck, pork**)
These require the **most capsules** because they demand the strongest acid.
- **MODERATE-PROTEIN MEALS - Medium HCL Needs**
(Examples: **chicken, turkey, white meat**)
Need a moderate HCL dose.
- **LIGHT-PROTEIN MEALS - Lowest HCL Needs**
(Examples: **fish, shrimp, eggs**)
Typically require **less** HCL.

How to Find Your Perfect HCL Dose (Burn-Test Method)

You must find your **individual tolerance** because stomach acid requirements differ for every person and every meal.

STEP 1 - START LOW

At your next **animal-protein meal**, take: **1 capsule** of HCL Pepsin with the first bites of food.

STEP 2 - OBSERVE

If you feel nothing, next meal increases to: **2 capsules**.

If still nothing, next meal: **3 capsules**.

...and so on.

STEP 3 - STOP AT THE "BURN"

When you reach the point where you feel: mild warmth / slight burning / heat in the stomach - you have exceeded your ideal dose **slightly**.

STEP 4 - ADJUST

At the next identical meal, **reduce by 1 capsule**.

That is **your correct dose** for that type of meal.



Important Safety Limits

- Do **NOT** exceed **3000 mg** HCL per meal.
- Dose can change **every meal** depending on protein type and
- amount.
- Do NOT take with meals **without** animal protein.

Conclusion

The Hormunity® Candida Protocol is a comprehensive, root-cause-focused approach designed to restore microbial balance, strengthen the gut barrier, and support immune resilience - not simply suppress Candida. Because *Candida albicans* is a normal part of the human microbiome, the goal is not eradication, but **re-balancing**: shifting Candida out of its invasive hyphal form, breaking down biofilms, lowering fungal burden, and rebuilding an environment where beneficial microbes can thrive.

Candida overgrowth develops when several systems fail at once - **low stomach acid, impaired bile flow, weakened immune defense, chronic stress, high-sugar diets, antibiotic exposure, mold toxicity, and dysbiosis**. This protocol strategically addresses each layer with targeted botanicals, antifungal nutrients, immune support, mucosal repair, and acid restoration to rebuild the internal terrain and prevent recurrence.

Long-term success requires consistency, a low-sugar anti-Candida diet, proper digestion, and a gradual reduction of antifungals to avoid Herxheimer reactions. As your microbial ecosystem stabilizes and the gut lining heals, symptoms like brain fog, bloating, fatigue, sugar cravings, and recurrent yeast infections begin to resolve - often more quickly than expected.

With the right support, the gut can rebuild itself, immunity strengthens, energy returns, and the entire body moves toward balance. The Hormunity® Candida Protocol gives you the tools to break the cycle of overgrowth and create a strong, resilient microbiome for the long term.

Caution

Consult your healthcare provider before use if pregnant, nursing, or taking medications.
These statements have not been evaluated by the FDA.
This product is not intended to diagnose, treat, cure, or prevent any disease.

• Offer

Save 15% with protocol bundles

Carefully structured protocols designed to work together — at a better value than purchasing each product separately.

Buy Candida Protocol Bundle • \$300.99



Candida Protocol Bundle

Hormunity®

\$300.99

Contact us

 www.hormunity.com

 info@hormunity.com

 +1 (775) 525-6771

 400 Dorla Court
Suite 200
Zephyr Cove, NV 89448

References

- Ehrström S, Kornfeld D, Rylander E. Perceived stress in women with recurrent vulvovaginal candidiasis. *J Psychosom Obstet Gynaecol*. 2007;28(3):169–176.
- Russo A, Falcone M, Fantoni M, et al. Risk factors and clinical outcomes of candidaemia in patients treated for *Clostridium difficile* infection. *Clin Microbiol Infect*. 2015;21(5):495.e1–495.e4.
- Sokol H, Leducq V, Aschard H, et al. Fungal microbiota dysbiosis in IBD. *Gut*. 2016.
- Chchoud C, Albenberg LG, Judge C, et al. Fungal signatures in pediatric inflammatory bowel disease. *Inflamm Bowel Dis*. 2015;21(8):1948–1956.
- Kumamoto CA. Inflammation and gastrointestinal Candida colonization. *Curr Opin Microbiol*. 2011;14(4):386–391.
- Kondori N, Edebo L, Mattsby-Baltzer I. $\beta(1-3)$ -glucan and IgG subclasses in systemic candidiasis. *Clin Diagn Lab Immunol*. 2004;11(2):344–350.
- Jaijakul S, Vazquez JA, Swanson RN, et al. (1,3)- β -D-glucan as prognostic marker in invasive candidiasis. *Clin Infect Dis*. 2012;55(4):521–526.
- Pitarch A, Nombela C, Gil C. Molecular fingerprints of anti-Candida antibodies. *Mol Cell Proteomics*. 2011;10(1):M110.004010.
- Cormane RH, Goslings WR. Factors influencing growth of *Candida albicans*. *Sabouraudia*. 1963;3(1):52–63.
- Olsen I, Birkeland JM. Sucrose rinses aggravate denture stomatitis via *Candida* growth. *Scand J Dent Res*. 1976;84:94–97.
- Reed BD, Slattery ML, French TK. Dietary intake and *Candida* vulvovaginitis. *J Fam Pract*. 1989;29:509–515.
- Vargas SL, Patrick CC, Ayers GD, et al. Dietary carbohydrates modulate *Candida* invasion in mice. *Infect Immun*. 1993;61(2):619–626.
- Samaranayake LP, MacFarlane TW. Carbohydrates enhance *Candida* adhesion. *J Med Microbiol*. 1982;15(4):511–517.
- Martins N, Ferreira IC, Barros L, Silva S, Henriques M. Candidiasis: predisposing factors, diagnosis and alternative treatment. *Mycopathologia*. 2014;177:223–240.
- Hayama K, Takahashi M, Yui S, Abe S. Fatty acids inhibit *Candida* growth. *Drug Discov Ther*. 2015;9(6):386–390.
- Bergsson G, Arnfinnsson I, Steingrímsson O, Thormar H. Fatty acids kill *Candida albicans* in vitro. *Antimicrob Agents Chemother*. 2001.
- Shi D, Zhao Y, Yan H, et al. Undecylenic acid inhibits *Candida* biofilm formation. *Int J Clin Pharmacol Ther*. 2016;54(5):343–353.
- McLain N, Ascanio R, Baker C, et al. Undecylenic acid inhibits morphogenesis. *Antimicrob Agents Chemother*. 2000;44(10):2873–2875.
- Ogbolu DO, Oni AA, Daini OA, Oloko AP. Coconut oil shows anti-*Candida* activity. *J Med Food*. 2007;10(2):384–387.
- Gunsalus KT, Tornberg-Belanger SN, Matthan NR, et al. Diet alters GI colonization by *Candida albicans*. *mSphere*. 2015;1(1):e00020–15.
- De Cremer K, Staes I, Delattin N, et al. Combinatorial antifungal strategies vs *Candida* biofilms. *Expert Rev Anti Infect Ther*. 2015;13(8):973–984.
- Cui J, Ren B, Tong Y, et al. Synergistic combinations of antifungals and anti-virulence agents. *Virulence*. 2015;6(4):362–371.
- Pauli A. Anticandidal compounds from plants (essential oils). *Med Res Rev*. 2006;26(2):223–268.
- Pramod K, Ansari SH, Ali J. Pharmacology of eugenol. *Nat Prod Commun*. 2010;5(12):1999–2006.
- Pinto E, Vale-Silva L, Cavaleiro C, Salgueiro L. Clove essential oil vs *Candida* species. *J Med Microbiol*. 2009;58(11):1454–1462.
- Ahmad A, Khan A, Akhtar F, et al. Thymol and carvacrol disrupt ergosterol. *Eur J Clin Microbiol Infect Dis*. 2011;30(1):41–50.
- Braga PC, Culici M, Alfieri M, Dal Sasso M. Thymol inhibits *Candida* biofilm formation. *Int J Antimicrob Agents*. 2008;31:472–477.
- Guo N, Liu J, Wu X, et al. Thymol inhibits fluconazole-resistant *Candida* strains. *J Med Microbiol*. 2009;58(Pt 8):1074–1079.
- Chami F, Chami N, Bennis S, et al. Carvacrol/eugenol treat vaginal candidiasis in animal model. *J Antimicrob Chemother*. 2004;54(5):909–914.
- Mason KL, Erb Downward JR, Mason KD, et al. *Candida* overgrowth after broad-spectrum antibiotics. *Infect Immun*. 2012;80(10):3371–3380.