Fungal Infections: The Cleanup Crew

An Essay on Athlete's Foot, Candida, Ringworm, and Why the Fungus Is Not Your Enemy

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When Tom Cowan was thirteen, he ate a lot of candy and licorice and had athlete's foot. The doctors told him it was contagious. They gave him creams. The creams didn't work, or they worked temporarily and the fungus came back. At seventeen, he read a book called *Sugar Blues* by William Dufty. He quit sugar completely. Within a few months, every trace of athlete's foot disappeared and never returned.[1]

That was over fifty years ago. In the decades since, Cowan built a medical practice where he treated fungal conditions — athlete's foot, jock itch, ringworm, candida overgrowth — hundreds of times. His approach never changed. No antifungal creams. No nystatin. Clean up the diet, stop the sugar, address the toxic load. In his own account: he never once had to prescribe antifungal medication, and the conditions resolved.[2]

The question is why that works. And the answer restructures everything conventional medicine claims to know about fungal "infection."

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What Fungi Do

Over 100,000 species of fungi form their own biological kingdom. They are not plants, not animals, not bacteria. They occupy a category of life whose primary function across all of nature is decomposition — the breaking down of dead and excess organic matter into reusable components.[3]

In a forest, fungi eat fallen leaves, dead twigs, branches, tree stumps, and pinecones, returning nutrients to the soil as humus. Without fungi, dead matter would accumulate indefinitely. Forests would choke on their own debris. The entire carbon cycle would stall. Fungi are not optional participants in ecology. They are the recycling system upon which all other life depends.

The vast majority of fungal species are saprotrophic — they feed exclusively on dead organic matter.[4] A small minority are parasitic. Botany textbooks note that fungal illness has no chance in compact, healthy plants. If a plant is infested by a fungus, something is wrong with the plant's living conditions — overly acidic soil, insufficient light, damaged tissue.[5] The fungus is not the cause of the problem. It is the consequence.

Fungi cannot tell the difference between a forest floor and the human body. Their biological function is identical in both settings: find dead or excess organic matter, break it down, metabolise it, return the components to the system. When fungus appears on human skin — between the toes, in the groin, under the arms — it is performing the same work it performs everywhere else in nature. It is decomposing

what the body's primary elimination systems have failed to clear.

Dr. George Kobayashi's *Medical Microbiology* (1996), a standard textbook accessible through the National Institutes of Health, states the point plainly: "Fungi rarely cause disease in healthy immunocompetent hosts."[6] This is not a controversial claim in mycology. It is the baseline understanding. Fungi proliferate when the host is compromised — when there is something for them to eat.

The Compost Pile

The analogy that clarifies everything comes from the most ordinary domestic experience. If you put rotting food scraps in your compost pile, bacteria and fungi will proliferate. They feed on the decaying matter. No rational person looks at a compost pile teeming with microbial life and declares the pile "infected." The microbes are doing their job. They are bioremediating the waste.[7]

Or consider a pond that has become a dumping ground for toxins. Algae proliferate, feeding on the poison, gradually returning the water to a healthier state — provided you stop poisoning the pond. Again, this is bioremediation, not infection.

The same logic applies to the human body. Bacteria are found at the site of disease for the same reason that firemen are found at the site of fires. Maggots on a dead animal are there to clean up dead tissue — no one accuses the maggots of killing the animal. Maggot therapy for necrotic wounds works on exactly this principle: apply maggots to the wound, they consume only dead tissue, and when only live tissue remains, they die off.[7]

Fungi operate on the same basis, one stage further along the decomposition spectrum. Where bacteria handle initial cleanup of damaged tissue, fungi handle deeper decomposition — particularly of sugars, metabolic waste, and proteinaceous toxins that the body's standard elimination channels (bowel, kidneys, sweat, lungs) have failed to process. Barbara O'Neill describes the progression as a kind of escalation within the body's own compensatory system: microorganisms in healthy terrain contribute to normal function; bacteria activate as "garbage collectors" when cell damage occurs; yeast and fungus arrive as the next stage when the environment deteriorates further; mould represents the final stage, returning matter to dust.[8]

This is not speculation. It is what fungi do, observably, in every ecosystem on the planet. The question is not whether fungi perform this function. The question is why medicine insists on treating them as attackers rather than recognising them as cleanup crew.

The Pleomorphic Framework

The deeper answer involves a concept that mainstream microbiology rejected over a century ago and has never adequately refuted: pleomorphism.

Antoine Béchamp (1816–1908) spent decades documenting what he called *microzyma* — primordial biological units that he observed changing form depending on the conditions of the environment they inhabited. In healthy conditions, they remained small and contributed to normal bodily function. When cell damage occurred, they transformed into bacterial forms. When conditions deteriorated further — excess

sugar, accumulating toxins, increasingly acidic terrain — they shifted into fungal forms. Béchamp witnessed these transformations under the microscope, watching the same biological unit assume virtually every microbial shape known to science simply by altering the medium in which it existed.[9]

Royal Raymond Rife (1888–1971) built a microscope with resolution powers far exceeding anything available in his era and confirmed Béchamp's observations. He demonstrated that some bacteria are pleomorphic — capable of assuming different forms depending on the conditions in which they exist. At one pH or oxygen tension, a spore form emerges. At a different pH, a hyphal (fungal) form appears. He showed he could manipulate the growing medium to determine the form. The implication was enormous: infectious disease does not so much come from the outside but is a question of the internal environment — the conditions in the body.[10]

Gunther Enderlein (1872–1968) observed through microscopy that microorganisms he called "protits" remained small in response to healthy conditions but enlarged and changed into more complex forms — including bacteria and fungus — when they encountered a disturbed internal environment.[11] Sorin Sonea and Maurice Parisset, writing in *A New Bacteriology* (1980), concluded that different types of bacteria were only different manifestations of a unified bacterial world.[12]

The modern framing comes from Tom Cowan. In his February 2026 webinar, he described the fungal response directly: the body creates, in a pleomorphic way, what we call fungal growth. It turns precursor elements called microzyma into fungus because there is too much sugar or other toxins in the blood. The fungus metabolises those substances to keep them from poisoning you.[1]

In a separate discussion on the appendix — another organ conventional medicine considers expendable — Cowan described these microzyma as "the precursors of all life, including bacteria and fungus, and probably including us." Depending on the nutritional, emotional, and electromagnetic environment, they form into whatever species of bacteria or fungus or parasite is needed. They are not fixed entities. They are responsive biological units whose form follows function, and whose function follows terrain.[13]

This framework makes the standard approach to fungal infections incoherent. If the fungus is not an invader but a form generated by the body's own microzyma in response to internal conditions, killing the fungus with chemicals addresses nothing. The conditions that generated the fungal response remain. The body will generate it again.

Sugar: Rolling Out the Red Carpet

The single most consistent terrain condition associated with fungal overgrowth, across every source in the literature, is excess sugar.

William Dufty's *Sugar Blues* (1975) — the book that changed Cowan's life at seventeen — documents how refined sucrose is produced by multiple chemical processes that remove 90% of the natural plant. What remains is a crystallised acid that drains vitamins and minerals from the body through the demands its digestion, detoxification, and elimination impose on the entire system.[14]

The mechanism is straightforward. Glucose is produced naturally by the body from many foods and is carefully regulated under normal circumstances. Refined sugar disrupts this regulation. Blood sugar spikes, insulin floods the system to bring it down, blood sugar crashes, the person reaches for more sugar. The metabolic whiplash wears out the pancreas over time. But before that long-term damage, something more immediate happens: the excess sugar that the body cannot metabolise becomes food for fungal growth.

O'Neill is unequivocal on the connection: "Sugar in all its forms is fungi's favourite feast. The pure, crystallised acid that is extracted from the sugar cane or sugar beet plants is a particularly potent way to cause any fungus in the body to multiply quickly."[15] Her metaphor is vivid: consuming refined sugar is like rolling out the red carpet and saying to fungus, "Come right on in."[15]

The terrain physician Dr. Ulric Williams, practising in New Zealand in the early twentieth century, identified the same pattern from a different angle. He documented how fermentation products from excess undigested sugar and starch were among the worst sources of toxic accumulation in the body. Sugar and starch metabolism requires calcium for successful elimination of acid residue. When waste is produced in excess, acids accumulate, and the body raids calcium reserves from teeth and bones.[16] The result is systemic acidification — the same terrain condition that promotes fungal growth in both plants and humans.

The acid-alkaline feedback loop is self-reinforcing. Fungal organisms thrive in an acidic environment, and their metabolic waste products — lactic acid, acetic acid, uric acid, and alcohol — further acidify the body.[15] O'Neill describes this as fungus "feathering its nest." The more acidic the terrain becomes, the more hospitable it is for further fungal proliferation, which produces more acid, which creates more hospitable conditions. The cycle does not break until the input — primarily sugar — is removed.

This explains something that anyone who has dealt with recurring athlete's foot or candida already knows intuitively: the condition flares after dietary indulgence and recedes with dietary discipline. The creams are incidental. The sugar is the variable.

The Sick Steve Cascade

O'Neill illustrates the full escalation pathway with a narrative that tracks a fictional patient — "Sick Steve" — through the conventional medical system.[8]

Steve is thirty-five, a smoker with a poor diet. He catches a cold. His brother, Healthy Harry, is exposed to the same environment but never gets sick — there is nothing to eat, very little waste to feed on, and nothing in Harry's food program to sustain microbial overgrowth. Steve goes to the doctor. The doctor prescribes antibiotics.

The antibiotics kill the bacteria in Steve's lungs — bacteria that were, in the terrain framework, cleaning up cell damage. But the antibiotics also destroy the beneficial flora in his gut: the acidophilus and bifidus populations that keep Candida albicans in check. With those populations decimated, candida begins to multiply.

To celebrate feeling better, Steve eats baked mushrooms on yeasted bread with blue vein cheese, a steak, several glasses of beer, peanuts, and a bowl of ice cream with chocolate syrup. Every item on this menu feeds fungus — the yeast, the sugar, the

alcohol, the fermented cheese, the peanuts (notorious for fungal contamination).

The result: jock itch around the scrotum, anal itch, tinea between the toes, a heavily coated tongue. All fungal manifestations. Steve returns to the doctor. The doctor prescribes nystatin — an antifungal medication.

Here the cascade deepens. O'Neill, drawing on the oncologist Tullio Simoncini, explains that fungi are able to rapidly mutate their genetic structure. After an initial phase of sensitivity to fungicides, they codify the chemical and metabolise it without damage — in some cases extracting benefit from its toxicity. The antifungal medication drives the fungus to mutate and go deeper into the tissues.[1,7]

In attempting to alleviate a common cold, a far greater problem has been created. Steve is caught in a vicious cycle: antibiotics destroy gut flora, fungal overgrowth follows, antifungal medication drives the fungus deeper, the underlying terrain conditions remain unaddressed, and the next episode is worse than the last.

The Sick Steve narrative is fictional. The pattern is not. It plays out in millions of clinical encounters every year.

Ringworm and the Rubber Mats

Not all fungal conditions trace back to sugar. Some trace back to environmental toxicity — but the principle is identical.

In a 2025 interview, Cowan was asked about ringworm in Brazilian jiu-jitsu training rooms — a condition so common in combat sports that gyms post warnings about it and athletes carry antifungal creams in their bags.[2]

His first point was methodological. If ringworm fungus causes ringworm, the proof would be simple: take the fungus, apply it to people's skin, and see if they develop ringworm. As far as he knows, no study has confirmed this. The obvious test has not been done — or has been done and failed.

His second point was observational. What is actually happening on those training mats? People are rolling around in each other's sweat on rubber mats impregnated with chemicals. The sweat contains whatever toxins the body is excreting. The rubber degrades, vaporises, gets on the skin. The skin breaks down. Fungus colonises the damaged area — because that is what fungus does. It lives where there is dead or damaged tissue to decompose.

Cowan's prescription: no antifungal creams. Don't roll around on toxic mats in other people's sweat. Don't eat sugar, because sugar transforms microzyma into fungal forms. Come back in six weeks. In his account, the condition resolved every time. Across a hundred patients, zero required antifungal medication.[2]

This is a testable claim. Any sports medicine practitioner could replicate it. The question is whether anyone in sports medicine is willing to try an approach that involves no product, no prescription, and no recurring revenue.

The Antifungal Paradox

The global antifungal market generates billions of dollars annually. The products

range from over-the-counter creams for athlete's foot to prescription systemic antifungals for candidiasis. The treatment model is the same in every case: identify the fungal organism, apply a chemical to kill it. This model rests on the assumption that the fungus is the problem.

If the fungus is not the problem but the response to the problem, the entire treatment model inverts. Antifungal treatment becomes the equivalent of arresting the firemen at a fire. The flames continue. In fact, they worsen, because the firefighters have been removed.

Several specific problems compound the basic error.

Topical antifungals treat a surface manifestation of a systemic condition. Athlete's foot is not a disease of the skin between the toes. It is a sign of excess sugar, metabolic waste, or toxic accumulation in the body that the standard elimination pathways have failed to clear. The skin — the body's largest organ — serves as an accessory elimination route. What appears between the toes is what the body is pushing out. Applying cream to the surface does nothing about what is driving the excretion from within.[15]

Pharmaceutical antifungals drive adaptation and mutation. O'Neill, drawing on Simoncini's clinical observations, documents that fungi quickly adapt their genetic structure to metabolise the very chemicals designed to kill them. After initial sensitivity, they codify the fungicide and neutralise it. In some cases, they extract nutritional benefit from the drug's toxicity. The medication becomes food.[17] This is not antimicrobial "resistance" in the way conventional medicine frames it — as though the organism is defiantly holding out against treatment. It is the organism doing what it always does: metabolising available chemical substrate.

Killing the fungus without addressing the terrain forces the body to find another route for the waste the fungus was attempting to process. If the secondary excretion pathway (skin-level fungal growth) is chemically suppressed, the body must either store the waste internally or find a tertiary pathway. O'Neill documents cases where suppression of superficial fungal infections preceded deeper systemic problems — the waste had to go somewhere.[8]

Dr. Ulric Williams put the principle in the plainest possible terms in the 1930s: almost all drugs are poisonous, many are venomous, few are even temporarily admissible, none would be required if natural requirements were complied with.[16] The best way to get rid of maggots and poisonous odours is to remove the garbage and prevent its collection — not dissipate energy in futile attempts to destroy the flies.

The Asthma Patient

Cowan's most striking clinical illustration of where the antifungal paradox leads involves a patient from his early years of practice. The man had asthma and used inhalers. He progressed to steroid inhalers — corticosteroids being among the most potent suppressors of the body's inflammatory and immune responses. He also ate large quantities of sugar and processed food.

The fungal growth that the steroids and sugar promoted did not stay on his skin. It colonised his airway. The fungal mass grew severe enough to close off his trachea. He

ended up in hospital with a tracheotomy tube — a surgical opening in his throat to bypass the blockage.[1]

This is the same biological process as athlete's foot, escalated to a life-threatening degree. The sugar fed the fungal growth. The steroids suppressed the body's ability to manage or limit that growth. The fungus expanded into available territory — territory rendered increasingly hospitable by the combination of excess sugar and immunosuppression. At no point did anyone address the dietary cause. The treatment was surgical: cut a hole in the throat to work around the obstruction the treatment itself had helped create.

The Streetlight Effect

A 2013 paper titled "The emerging world of the fungal microbiome" confirmed what terrain practitioners have long argued: every human being has fungi as part of their normal microbiota. The paper also made a revealing admission — the vast majority of studies have focused on fungal outgrowth when the host is compromised, with little known about the dynamics of the mycobiome during health.[6]

This is the streetlight effect in mycology. Science studies fungi almost exclusively as pathogens, in the context of disease, ignoring their role in healthy bodies. The result is a literature that can describe in exquisite detail which antifungal drug kills which fungal species at which concentration, while having almost nothing to say about why the fungus is there, what function it serves, or what conditions in the body summoned it.

The asymmetry is not accidental. Understanding why fungi appear in the body leads directly to questions about diet, sugar consumption, pharmaceutical use, environmental toxicity, and the body's own compensatory mechanisms — none of which generate revenue for the pharmaceutical or medical device industries. Understanding which drug kills which fungus leads to prescriptions. The research follows the money.

Lester and Parker, in *What Really Makes You Ill?*, conclude that the presence of fungi in the human body needs to be recognised as normal, and their role regarded as providing assistance in the body's normal processes of decomposition of dead cells and other detritus.[6] This is not a radical reinterpretation. It is what the biological evidence shows. It has simply been ignored because it leads in the wrong commercial direction.

The Detective Hat

O'Neill draws a distinction between two approaches to fungal conditions that captures the core difference between conventional and terrain medicine.[8]

The first is what she calls the "kill mentality." Identify the organism. Prescribe something to kill it. Ignore why it is there. The result: the organism mutates, goes deeper, or returns, because the terrain has not changed.

The second is putting on the "detective hat." Ask why the organism is active. What cell damage is occurring? What is feeding the fungal growth? What environmental exposure created the conditions? Address the cause, and the cleanup crew stands down.

Her case studies illustrate the detective approach. A woman reported asthma from age five. O'Neill's question: what happened at five? The family had moved into a new house where the carpet grew small mushrooms. Children breathe closer to the floor than adults — higher exposure to carpet-level mould. The "asthma" was the body's response to chronic fungal inhalation from a mouldy carpet.[8]

A man in his early sixties, a former singer, had lost his voice. Ten years of coughing with blood-streaked sputum. Multiple specialists, scopes, and tests produced no diagnosis. O'Neill's detective work: he had spent a day shovelling mushroom compost ten years earlier, was bedridden for a week afterward, and had been coughing ever since.[8] Massive inhalation exposure, a single episode, a decade of consequences — none of which would be identified by a model focused on killing whatever organism is present at the symptom site.

The detective hat asks the question conventional medicine never asks: *Why is this here?*

Starve, Clear, Restore

For readers dealing with fungal conditions — athlete's foot, jock itch, candida, ringworm, recurrent fungal skin infections — the practical application of the terrain framework follows a three-pronged logic.[15]

Starve the fungus. Remove its food supply. The primary target is sugar in all forms — refined cane and beet sugar, honey, sweeteners, fruit juices, and in cases of active fungal overgrowth, most fruit (exceptions being low-sugar fruits like Granny Smith apples and grapefruit, which also contain antifungal compounds). Remove yeasted bread, alcohol, mushrooms, aged cheeses, peanuts (notorious for fungal contamination in storage), and corn and wheat (similarly vulnerable). Eliminate old cooked food — anything over two days old is beginning to develop fungal colonies. Address environmental mould: check the house for damp areas, mouldy carpet, degraded mattresses and pillows. Bleach kills mould but feeds fungus; vinegar kills both.

Clear the fungus with herbal — not pharmaceutical — antifungals. O'Neill distinguishes between pharmaceutical antifungals, which cause mutation and drive fungus deeper into the tissues, and herbal antifungals, which support the body's own clearing processes. She recommends rotating herbal antifungals every two weeks to prevent adaptation. The key agents include garlic (potent antifungal; may cause Herxheimer die-off reactions as dead microbes release toxins), olive leaf extract, oregano oil, pau d'arco, grapefruit seed extract, and coconut in all forms (approximately 40% antifungal due to caprylic acid). Lugol's iodine solution, beginning at one drop daily on the skin and increasing gradually, functions as an effective fungicide. Sunshine is a direct fungus killer. Exercise increases oxygen uptake — fungal cells, like cancer cells, are anaerobic and cannot thrive in well-oxygenated tissue.

Restore the balance. Flood the gastrointestinal tract with beneficial bacteria through probiotic supplementation (acidophilus and bifidus) and cultured foods — sauerkraut, miso, sourdough bread (which contains Lactobacillus, not problematic yeast). Shift the overall dietary ratio toward 80% alkaline-forming foods (green vegetables, salads, sprouts) and 20% acid-forming foods. The greener the vegetable, the better — chlorophyll builds haemoglobin, limits microbial overgrowth, and stimulates cell

repair.

O'Neill recommends a minimum of one month on strict elimination before reintroducing berries, maple syrup, and stevia in a second stage. Those who have battled fungal conditions for years may need an extended maintenance period. The duration depends on the depth of the problem — which depends on how long the terrain conditions have been operating and how aggressively the fungus has been pharmaceutically suppressed.[15]

The Body Will Heal

Every fungal condition resolves the same way. Not by killing the fungus, but by removing the conditions that generated it.

Cowan's teenager athlete's foot: remove the sugar, the fungus clears within months and never returns. His hundred ringworm patients: address the diet and the environmental exposure, and the condition resolves without medication. His asthma patient: an extreme case of what happens when the terrain conditions (sugar, processed food) are compounded by pharmaceutical suppression (steroids) without ever addressing the cause.

The cleanup crew model is not a metaphor. It is a description of biological function. Fungi decompose dead and excess organic matter. That is their role in every ecosystem, including the ecosystem of the human body. When they appear on your skin, they are performing the function they have performed for millions of years. They have not changed. What has changed is the internal environment of the modern human body — saturated with refined sugar, processed food, pharmaceutical residues, and environmental chemicals. The fungi are responding to the mess. Killing them for responding is like firing the janitor because the office is dirty.

O'Neill frames the principle through Newton's third law: to every action there is an equal and opposite reaction. The fungus *is* the compensatory force — nature's equaliser responding to imbalance. Attacking the compensatory force without addressing the imbalance is the fundamental error of the antifungal approach.[8]

Tom Cowan closed his February 2026 webinar with a paraphrase of Dr. Ulric Williams, the New Zealand terrain physician whose work the Bailey researchers have documented extensively: "Most disease — your body will heal as long as you stop insulting it."[1]

The body does not need so much a remedy for its problem. It needs you to stop doing what is hurting it. Stop the sugar. Stop the processed food. Stop the pharmaceutical suppression of symptoms. Stop poisoning the terrain. And the body knows how to change those fungal forms back into normal microzyma. It knows how to stand down the cleanup crew when there is nothing left to clean up.

That is the message fungal infections are carrying, if anyone is willing to hear it. The fungus is not the enemy. It never was. It is the body's own intelligence, expressed through the oldest recycling system on Earth, doing exactly what it was designed to do.

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