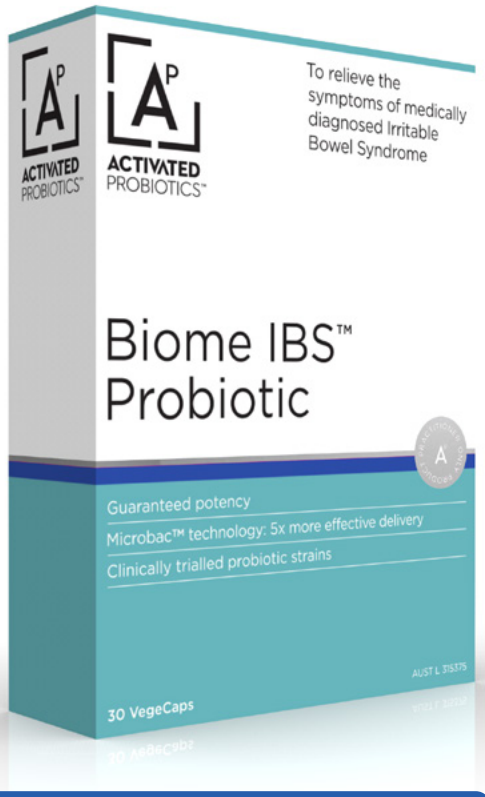
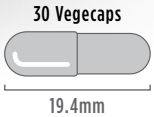
Biome IBS™ Probiotic

To relieve the symptoms of medically diagnosed Irritable Bowel Syndrome



PREMIUM, PRACTITIONER-ONLY PRODUCT



AUST L 315375

- Targets the upper and lower GI tract for effective IBS relief
- Clinically trialled probiotic strains
- Microbac™ technology: 5x more effective delivery
- Guaranteed potency

INDICATIONS

- Relieves the symptoms of medically diagnosed Irritable Bowel Syndrome
- Relieves abdominal bloating
- Promotes bowel regularity

FORMULATION

Lactobacillus plantarum 299v (DSM 9843)	10 BLB*
Lactobacillus rhamnosus GG (ATCC 53103)	10 BLB*
Bifidobacterium breve BR03 (DSM 16604)	3 BLB*
Total live bacteria	**23 BLB***

*BLB = Billion Live Bacteria

DIRECTIONS FOR USE

Adults and children over 12 years: take 1 capsule daily (with or without food), or as directed by your healthcare practitioner.

If you are pregnant or breastfeeding – seek the advice of a healthcare practitioner before using. If symptoms persist or worsen, consult your medical practitioner. Drink plenty of water. Do not use when abdominal pain, nausea or vomiting are present, or if you develop diarrhoea.

NO ADDED

GMOs, wheat, gluten, dairy, lactose, fructose, yeast, nuts, seeds, peanut, soy, egg, fish, shellfish, or animal derivatives. No artificial colours, flavours, sweeteners, or preservatives.

GMP · LIVE PROBIOTIC PROMISE · DAIRY FREE · ONE A DAY FORMULATION · FRIDGE FREE · VEGAN

We use an innovative delivery technology (Microbac™), which stabilises the probiotic bacteria by coating them with a layer of plant-derived lipid. This protects the bacteria from the strong acid in the stomach, allowing 5x more bacteria to survive transit through the upper gastrointestinal tract and colonise the intestines, compared to traditional, uncoated bacteria.

ipa INTERNATIONAL PROBIOTICS ASSOCIATION

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Lactobacillus plantarum 299v significantly reduces IBS symptoms

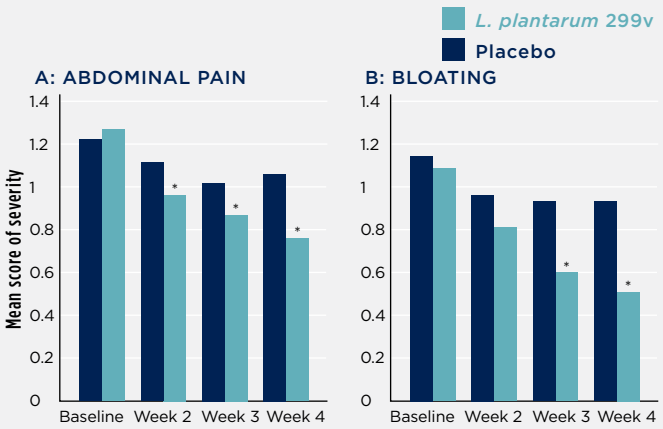

Figure 1:
Changes in IBS symptom severity in patients in the *Lactobacillus plantarum* 299v (n= 108) and placebo groups (n=106) over the 4-week treatment period. *p<0.05 vs. baseline[12].

Lactobacillus rhamnosus GG significantly reduces IBS symptoms

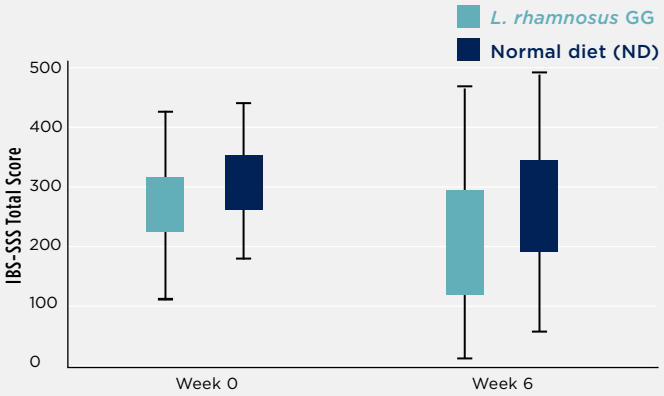

Figure 2:
Box plot of IBS Symptom Severity Score (IBS-SSS) total score in patients with IBS in the *Lactobacillus rhamnosus* GG and normal diet (ND) groups at baseline and week 6. At the end of the 6 week intervention, the mean IBS-SSS in the *Lactobacillus rhamnosus* GG group was significantly lower than the ND group p<0.01)[12].

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder, affecting around 9% of the Australian population[1].

IBS is classified into three main subtypes: IBS-C (constipation predominant), IBS-D (diarrhea predominant), and IBS-M (mixed, with patients experiencing episodes of both diarrhea and constipation).

TREATMENT OPTIONS

As the underlying cause of IBS is complex and likely multifactorial, treatment options are limited in their effectiveness, as they typically target the most distressing symptoms. For example, anti-diarrhoeal medications are commonly prescribed by GPs to patients complaining of loose, frequent bowel movements, and laxatives to those suffering from constipation.

THE ROLE OF GUT MICROBIOTA

Numerous observations have implicated alterations to the gut microbiota in the development of IBS. For example, an episode of gastroenteritis is a well known cause of a subtype of IBS termed 'post-infectious' IBS[2]. Further, a number of studies have demonstrated clear differences in the composition of the microbiota in patients with IBS when compared to healthy controls [3-5]. As such, the gut microbiota present an attractive target for therapeutic intervention, with a number of recent systematic reviews and meta-analyses demonstrating a clear benefit of probiotics in patients with IBS[6-10]. Two of the most well-studied probiotics for the management of IBS are *Lactobacillus plantarum* 299v and *Lactobacillus rhamnosus* GG. **Biome IBS™ Probiotic combines these two probiotic strains, each at a therapeutic dose, in a convenient one-a-day formulation.**

CLINICAL TRIALS – *LACTOBACILLUS PLANTARUM* 299V

In a large multi-centre, double blind, placebo-controlled, parallel-designed trial, 214 participants with IBS received a capsule containing 10 billion cfu Lactobacillus plantarum 299v or a placebo capsule daily for 4 weeks. At the week 2, 3 and 4 time points, abdominal pain severity was significantly lower in the group who received the probiotic, compared to those in the placebo group (p<0.05 at all time points)[11] (figure 1) Further, abdominal bloating severity was significantly lower at the 3 and 4 week time points in the group who received the probiotic, compared to those in the placebo group (p<0.05 at both time points)[11] (figure 1) After 4 weeks, 78% of the patients in the probiotic group scored the symptomatic effect of the treatment as 'excellent' or 'good' compared to only 8% for those who received the placebo (p< 0.01)[11].

CLINICAL TRIALS – *LACTOBACILLUS RHAMNOSUS* GG

A randomised controlled trial investigating the effect of a 6-week intervention with either *Lactobacillus rhamnosus* GG (12 billion cfu per day), the Low FODMAP Diet, or a normal (Western) diet (ND) found a statistically significant reduction in mean IBS Symptom Severity Score (IBS-SSS) in the participants with IBS in the *Lactobacillus rhamnosus* GG group, compared to the ND group p<0.01)[12] (Figure 2).

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