

Acidophilus Ultra



Code: FE1621 – 30 capsules; Code: FE0004 – 60 capsules ; Code: FE0495 – 120 capsules
Vegetable capsules with enteric coating.

ACIDOPHILUS ULTRA is one of the strongest, most advanced probiotics on the market. Our capsule presentation has a minimum of 11 billion beneficial bacteria (viable cells) per capsule and 11 different probiotic strains, exclusively selected to act in synergy in order to obtain health benefits. It's very important to protect probiotics from stomach acids and bile, that's why ACIDOPHILUS ULTRA uses a pH5 technology, giving our capsules a special enteric coating designed to resist the acid pH of the stomach, and to open in the intestine where the pH is precisely between 5 and 5.5. Here the probiotics are slowly released, without brusquely impacting the flora already living in the intestine where they will take effect, ensuring that 100 % of the probiotics are used.

Our capsules contain plant FOS (fructooligosaccharides) and AOS (arabino-oligosaccharides), which are considered prebiotic ingredients due to their ability to influence the growth and stimulation of beneficial bacterial.

Numerous studies back the importance of using a strong probiotic formula in order to obtain optimal health benefits.

Scientific literature confirms its positive effects in three areas of health: the intestinal microbiota, the immune system and digestive function.

Ingredients: Bacterial culture (11 billion live active healthy cells per capsule; see nutritional information), inulin (from chicory root, *Cichorium intybus*), arabinogalactan (from *Larix laricina*), anticaking agent: vegetable magnesium stearate, potato starch, antioxidant: ascorbic acid, enteric-coated vegetable capsule (glazing agent: hydroxypropylmethylcellulose; aqueous enteric-coating solution; purified water).

Nutritional information:	1 enteric caps. (385 mg)
<i>L. rhamnosus</i> R0011*	4,4 billion CFU
<i>L. rhamnosus</i> R1039*	3,3 billion CFU
<i>L. acidophilus</i> R0418**	605 million CFU
<i>L. helveticus</i> R0052*	550 million CFU
<i>L. plantarum</i> R1012***	440 million CFU
<i>L. casei</i> R0215*	440 million CFU
<i>B. longum</i> R0175**	330 million CFU
<i>B. infantis</i> R0033**	330 million CFU
<i>B. breve</i> R0070**	330 million CFU
<i>S. salivarius ssp. thermophilus</i> R0083*	220 million CFU
<i>L. delbrueckii ssp. bulgaricus</i> R9001*	55 million CFU
Inulin	10 mg
Arabinogalactan	10 mg

Source of strains: * dairy / ** human / *** plant
CFU: Colony-Forming Unit Cells

Contains no: Sugar, wheat, yeast, preservatives, artificial flavour or colour.

Size and formats:

30, 60 and 120 enteric-coated vegetable capsules

Recommended daily dose:

1-2 capsules daily.

Do not exceed the stated recommended daily dose.

Store preferably refrigerated.

Cautions:

Consult a health-care practitioner before use if you are pregnant or breast-feeding, if you are treated with medication, or if you have a special medical condition.

Indications and uses:

Different studies have shown that the components of Acidophilus Ultra can be helpful for:

Repopulating damaged or destroyed intestinal flora, intestinal regeneration, counteracting the side effects of antibiotic use such as diarrhoea and the degeneration of intestinal flora, and protecting and counteracting the proliferation of pathogenic germs such as *Candida albicans*, *Salmonella*, *Streptococcus* and *Escherichia coli*.

It is also helpful for allergies, eczema and cases of intolerance.

Store preferably in a refrigerator.

Contributes to the intestinal peristalsis.

Improves the immune system.

Improves skin appearance.

Eliminates bad breath caused by intestinal putrefaction.

Supports absorption of proteins and minerals.

In case of constipation.

In case of diarrhoea.

Improves digestion.

AcidophilusUltra

Code: FE1621 – 30 capsules; Code: FE0004 – 60 capsules ; Code: FE0495 – 120 capsules
Vegetable capsules with enteric coating.



Most of these beneficial microorganisms are normally found in the gastrointestinal tract, mouth and vagina as colonizing bacteria. All of these microorganisms are absolutely necessary for the body's proper functioning. They aid protein digestion, an important process in which the following are produced: lactic, acetic and formic acid, hydrogen peroxide, enzymes, antibiotic substances and B vitamins (1,7,10,11).

These microorganisms noticeably benefit the body by inhibiting the growth of pathogenic organisms, forming a film that covers the intestinal lining and lowering the pH of the large intestine, thereby preventing the installation of pathogenic organisms.

They reduce colonies of coliform bacteria, reducing intestinal putrefaction. They improve the absorption of protein and minerals such as calcium. They facilitate the digestion of dairy products by breaking down lactose. They ferment foods containing protein and fat, increasing their absorption and nutritional value. They have a regulating effect on the composition and thickness of the intestinal mucosa, preventing intestinal permeability. They can stimulate a positive immune response(12,13).

L. rhamnosus resides in the mucous membrane of the intestines and combats harmful bacteria by reducing their growth. It's a useful PROBIOTIC for many conditions including gastrointestinal discomfort and diarrhoea, and for the prevention of urogenital tract infections, dermatitis and weight loss. It is very useful after broad-spectrum antibiotic treatment which usually eliminates both harmful and beneficial bacteria. It may also help relieve conditions such as irritable bowel syndrome, inflammatory intestinal disease and Crohn's disease(1,2,3,4).

L. acidophilus has the property of adhering to the intestinal mucosa and colonizing the intestinal tract, protecting it from the harmful activity of bad microorganisms. It also protects the body from bacteria and viruses, helps cure vaginal infections and decreases toxin production by controlling putrefactive microbes in the body(7).

L. helveticus is used to reduce lactose intolerance and diarrhoea, control undesired microorganisms and intestinal bacteria and limit the proliferation of *Candida albicans*(7).

L. plantarum fights against undesired bacteria, specifically in irritable bowel disease (IBD) and above all, in ulcerative colitis(24,25).

L. casei treats intestinal infections, improving immunity against bacterial and viral infections(26).

Bifidobacterium longum, *B. Infantis* and *B. Breve* reside in the mucosal lining of the last part of the small intestine and are the predominant strains which colonize the large intestine, supporting intestinal health, cleanliness and function. They decrease serum cholesterol, dissolve bile salts and help maintain normal and balanced intestinal flora, particularly in children and the elderly.

The *Bifidus* probiotic family carries out several important functions in the intestinal tract, including the production of lactic and acetic acids, which increase the acidity of the intestines. They help control and limit coliform bacteria and *Clostridia*. They also improve lactose tolerance. They lower the intestinal pH from 7-8 to 5-6 and prevent toxic amines(26,27). A healthy intestinal tract depends on sufficient quantities of these probiotics(27).

S. Thermophilus and *L. Bulgaricus* are transitory species, not colonizers. They are normally found in yogurt. Their benefits come from the production of lactic acid (which can reduce lactose intolerance) and natural antibiotic-like substances(5,6,7,8).

F.O.S. (Inulin) is a complex of plant carbohydrates extracted from the chicory root. This ingredient acts as a PREBIOTIC, creating an appropriate environment for probiotics or beneficial microorganisms to reproduce faster and in greater quantities(14,15,16).

AOS, extracted from *Larix laricina*, is also an excellent PREBIOTIC. It is considered an ally of intestinal function because it favours an increase of friendly bacteria in the colon. It has great immunostimulant activity and is useful for fighting infection because of its ability to decrease bacterial adherence(15,16).

Both prebiotics stimulate the proliferation and implantation of beneficial microorganisms (Probiotics) in the gastrointestinal tract. Additionally, they reduce the intestinal pH and improve mineral absorption(16,17,18,19).

A healthy colon should have at least 85% lactobacilli and 15% coliform bacteria, but often this intestinal flora is damaged, altered and destroyed under different circumstances such as the use of antibiotics, contraceptive pills, brusque dietary changes, gastrointestinal tract surgery, or simply because of age. This imbalance causes different problems within the body such as constipation, flatulence, intestinal toxicity and poor nutrient absorption, which can lead to the growth of *Candida albicans*. This is why it's important to maintain healthy intestinal flora in order to avoid and counteract all of these problems(20,21,22,23).

References:

- 1) Alander, M., Satokari, R., Korpela, R., Saxelin, M., Vilpponen-Salmela, T., Mattila-Sandholm, T., & von Wright, A. (1999). Persistence of colonization of human colonic mucosa by a probiotic strain, *Lactobacillus rhamnosus* GG, after oral consumption. *Applied and Environmental Microbiology*, 65(1), 351-354.
- 2) Basu, S., Chatterjee, M., Ganguly, S., & Chandra, P. K. (2007). Effect of *Lactobacillus rhamnosus* GG in persistent diarrhea in Indian children: a randomized controlled trial. *Journal of clinical gastroenterology*, 41(8), 756-760.
- 3) Braat, H., van den Brande, J., van Tol, E., Hommes, D., Peppelenbosch, M., & van Deventer, S. (2004). *Lactobacillus rhamnosus* induces peripheral hyporesponsiveness in stimulated CD4+ T cells via modulation of dendritic cell function. *The American journal of clinical nutrition*, 80(6), 1618-1625.
- 4) Schultz, M., Linde, H. J., Lehn, N., Zimmermann, K., Grossmann, J., Falk, W., & Schölmerich, J. (2003). Immunomodulatory consequences of oral administration of *Lactobacillus rhamnosus* strain GG in healthy volunteers. *Journal of dairy research*, 70(02), 165-173.
- 5) Beniwal, R. S., Arena, V. C., Thomas, L., Narla, S., Imperiale, T. F., Chaudhry, R. A., & Ahmad, U. A. (2003). A randomized trial of yogurt for prevention of antibiotic-associated diarrhea. *Digestive diseases and sciences*, 48(10), 2077-2082.
- 6) Whitford, E. J., Cummins, A. G., Butler, R. N., Prisciandaro, L. D., Fauser, J. K., Yazbeck, R., ... & Howarth, G. S. (2009). Effects of *Streptococcus thermophilus* TH-4 on intestinal mucositis induced by the chemotherapeutic agent, 5-Fluorouracil (5-FU). *Cancer biology & therapy*, 8(6), 505-511.
- 7) Gandhi A, Shah, N.P. (2014). Crecimiento celular y actividad proteolítica de *Lactobacillus acidophilus*, *Lactobacillus delbrueckii* ssp. *bulgaricus*, y *Streptococcus thermophilus* en leche, ya afectado por la suplementación con fracciones de péptidos. *International Journal of Food Sciences and Nutrition*, 65(8):937-941.
- 8) Hwang, E. N., Kang, S. M., Kim, M. J., & Lee, J. W. (2015). Screening of Immune-Active Lactic Acid Bacteria. *Korean Journal for Food Science of Animal Resources*, 35(4), 541-50.
- 9) Gaon, D., Garmendia, C., Murrielo, N. O., De Cucco Games, A., Cerchio, A., Quintas, R., ... & Oliver, G. (2002). Effect of *Lactobacillus* strains (*L. casei*, *L. acidophilus* strains CERELA) on bacterial overgrowth-related chronic diarrhea. *MEDICINA-BUENOS AIRES*, 62(2), 159-163.
- 10) Wang, Y. H., & Huang, Y. (2014). Effect of *Lactobacillus acidophilus* and *Bifidobacterium bifidum* supplementation to standard triple therapy on *Helicobacter pylori* eradication and dynamic changes in intestinal flora. *World Journal of Microbiology and Biotechnology*, 30(3), 847-853.
- 11) Wang, Z. H., Gao, Q. Y., & Fang, J. Y. (2013). Meta-analysis of the efficacy and safety of *Lactobacillus*-containing and *Bifidobacterium*-containing probiotic compound preparation in *Helicobacter pylori* eradication therapy. *Journal of clinical gastroenterology*, 47(1), 25-32.
- 12) Videlock, E. J., & Cremonini, F. (2012). Meta-analysis: probiotics in antibiotic-associated diarrhoea. *Alimentary pharmacology & therapeutics*, 35(12), 1355-1369.
- 13) Johnston, B. C., Ma, S. S., Goldenberg, J. Z., Thorlund, K., Vandvik, P. O., Loeb, M., & Guyatt, G. H. (2012). Probiotics for the prevention of *Clostridium difficile*-associated diarrhea: a systematic review and meta-analysis. *Annals of internal medicine*, 157(12), 878-888.
- 14) Institute of Food Technologists (IFT) (2013). What are fructooligosaccharides and how do they provide digestive, immunity and bone health benefits?. *ScienceDaily*. 16 July 2013. <www.sciencedaily.com/releases/2013/07/130716115728.htm>
- 15) Gibson, G. R. (1999). Dietary modulation of the human gut microflora using the prebiotics oligofructose and inulin. *The Journal of nutrition*, 129(7), 1438-1441.
- 16) Flamm, G., Glinsmann, W., Kritchevsky, D., Prosky, L., & Roberfroid, M. (2001). Inulin and oligofructose as dietary fiber: a review of the evidence. *Critical reviews in food science and nutrition*, 41(5), 353-362.
- 17) Van Loo, J., Coussement, P., De Leenheer, L., Hoebregs, H., & Smits, G. (1995). On the presence of inulin and oligofructose as natural ingredients in the western diet. *Critical Reviews in Food Science & Nutrition*, 35(6), 525-552.
- 18) Niness, K. R. (1999). Inulin and oligofructose: what are they?. *The Journal of nutrition*, 129(7), 1402-1406.
- 19) Rao, A. V. (1999). Dose-response effects of inulin and oligofructose on intestinal bifidogenesis effects. *The Journal of nutrition*, 129(7), 1442-1445.
- 20) Krause, R., Schwab, E., Bachhiesl, D., Daxböck, F., Wenisch, C., Krejs, G. J., & Reisinger, E. C. (2001). Role of *Candida* in antibiotic-associated diarrhea. *Journal of Infectious Diseases*, 184(8), 1065-1069.
- 21) Hilton, E., Isenberg, H. D., Alperstein, P., France, K., & Borenstein, M. T. (1992). Ingestion of yogurt containing *Lactobacillus acidophilus* as prophylaxis for candidal vaginitis. *Annals of Internal Medicine*, 116(5), 353-357.
- 22) Mathews, H. L., & Witek-Janusek, L. I. N. D. A. (2002). Host defense against oral, esophageal, and gastrointestinal candidiasis. *Candida and candidiasis*. ASM Press, Washington, DC, 179-192.
- 23) Mavromanolakis, E., Maraki, S., Cranidis, A., Tselentis, Y., Kontoyiannis, D. P., & Samonis, G. (2001). The impact of norfloxacin, ciprofloxacin and ofloxacin on human gut colonization by *Candida albicans*. *Scandinavian journal of infectious diseases*, 33(6), 477-478.
- 24) Lönnemark, E., Friman, V., Lappas, G., Sandberg, T., Berggren, A., & Adlerberth, I. (2010). Intake of *Lactobacillus plantarum* reduces certain gastrointestinal symptoms during treatment with antibiotics. *Journal of clinical gastroenterology*, 44(2), 106-112.
- 25) Bixquert, J. M. (2009). Treatment of irritable bowel syndrome with probiotics. An etiopathogenic approach at last?. *Revista española de enfermedades digestivas: organo oficial de la Sociedad Española de Patología Digestiva*, 101(8), 553-564.
- 26) Reuter, G. (2001). The *Lactobacillus* and *Bifidobacterium* microflora of the human intestine: composition and succession. *Current issues in intestinal microbiology*, 2(2), 43-53.
- 27) O'Mahony, L., McCarthy, J., Kelly, P., Hurley, G., Luo, F., Chen, K., ... & Quigley, E. M. (2005). *Lactobacillus* and *bifidobacterium* in irritable bowel syndrome: symptom responses and relationship to cytokine profiles. *Gastroenterology*, 128(3), 541-551.