



# The Best Probiotics

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**Definition:** Probiotics are live microorganisms which when administered in adequate amounts confer health benefits to the host.

Although this is quite a dry definition, it does bring attention to the fact that these microorganisms are a variety of bacteria and functional yeast. They do NOT colonize your intestines but can survive the trip through your stomach and subsequently be found live in your feces. Furthermore, studies in animals document a multifactorial advantage to the host via the stimulation of host immune response—specifically increased secretory IgA versus pathogens, competitive inhibition of bacterial adhesion—“crowding out” the bad guys, production of enzymes that kill pathogens, and protection of your intestinal mucosal barrier. Taking different probiotics in the same formula often provide complementary methods of action, which gives a theoretical advantage to certain combinations for treating specific health conditions. Within one to two weeks of stopping a probiotic, no further living organisms survive in the host, emphasizing the fact that they do not colonize us and that their activities are transient.

Scientifically, although so many probiotics are available on the market, only two have randomized, double-blind, placebo-controlled trials (RDBPCT) documenting their efficacy. Lactobacillus GG (LGG-Culturelle) and Saccharomyces boulardii (Sb-Flora Myces from Designs for Health) have by far the best research supporting their use. Actually well done clinical trials on other probiotics fail to show a benefit the vast majority of the time, especially when Lactobacillus acidophilus is the only or predominant strain in the probiotic.

## Clinical Use:

**Prevention of Traveler’s Diarrhea (TD):** Both LGG and Sb are heat-stable which makes them perfect for travel. For optimal results, take LGG one capsule (10 billion organisms), or Sb one capsule (250 mgs) twice daily beginning three days before departure and taken for at least seven days after your return home. You can decrease your risk of TD by up to 50% as proven RDBPCTs.

**Prevention of Antibiotic-Associated Diarrhea (AAD):** This seems to be another area where the public has been most misinformed about the benefits of probiotics. One must take a probiotic concurrently with an antibiotic in order to prevent antibiotic related complications. I suggest not consuming your probiotic within one hour of taking

your antibiotic to minimize the degree to which the antibiotic kills the probiotic. You can decrease your risk of AAD by more than 75% as proven in RDBPCTs by using the same dosage of LGG or Sb as recommended above.

**Treatment of Infections Diarrhea (ID):** Once you develop a diarrheal illness or are exposed to one, begin a probiotic. Multiple RDBPCTs exist for LGG and Sb documenting a profound decrease in stool volume and duration of the illness. Sb is the treatment of choice if the dreaded C. Difficile diarrhea is suspected.

### **Other Clinical Uses:**

Interestingly, although great clinical evidence exists for the prevention and treatment of TD, AAD, and ID, the majority of physicians who prescribe probiotics use them for conditions where the evidence of their efficacy for those conditions is vastly less compelling. I will give you my own personal preferences on how to use probiotics and what other favorites I like to use.

**Candida Syndromes:** If you or your clinician suspects this syndrome (as no diagnostic test can prove its existence), I recommend continuously taking a probiotic. Always rotate monthly between at least three favorites. This means take one probiotic for one month and then switch to another. Use your experience with how you feel to determine at least three different probiotics to rotate through. This advice will hold for anyone who chooses to stay on a probiotic for any condition. We rotate probiotics in order to prevent resistance to the probiotics, as this will always develop when one does not rotate a variety of probiotics with different mechanisms of action. Next to diet, probiotics are the most important treatment for Candida syndromes.

**Gastroesophageal Reflux & Irritable Bowel Syndrome (IBS):** These two conditions, although RDBPCTs don't exist, profoundly benefit from maintenance probiotics. A three-month trial while rotating probiotics will usually provide a 50% decrease in over all symptoms. As both of these unique syndromes have a documented relationship with dysbiosis (an abnormal balance of bacteria in the small bowel and colon), it is not surprising that probiotics can provide such remarkable benefits in these conditions.

**Recurring Infections & Allergies:** As probiotics are proven immunomodulators (balancers of our immune response), it is not surprising that most everyone with either recurring respiratory infections or chronic allergic disorders benefit from a minimum three month trial of probiotics as described above.

**Medication Exposures:** Some people should stay on maintenance probiotics, specifically those who take more than two courses of antibiotics in one year, or who take continual antibiotics for conditions such as acne. For anyone on medicines that alter the normal flora or induce leaky-gut syndrome, including Non-Steroidal Anti-Inflammatory Drugs (NSAIDS such as aspirin, ibuprofen, etc.), steroids, oral contraceptives, or antacids, you should stay on maintenance probiotics.

## **“Favorites”:**

As mentioned above, by far the most clinically proven probiotics are LGG and Sb. However, I do have a few other favorites that have, over the past ten years, proven more successful than fad probiotics. These include Ultra Flora Plus and Ultra Flora IB from Metagenics, I-Flora and I-Flora YC from Sedona Labs, and OrthoBiotic from Ortho Molecular. Each probiotic has its unique advantages.

Please avoid the “latest” probiotic hyped in your health food store as it will always be too expensive and have no clinical track record. Probiotics from the Digestive Advantage brand have so few live organisms that they simply cannot work outside of whatever placebo benefit they may carry. Companies that spend money on advertising instead of product development should, as a rule, be avoided. Instead, favor the products listed above where excellent research has been done to validate their efficacy.

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