Essential-Biotic®

SACCHAROMYCES BOULARDII

Friendly Probiotic Yeast*

Essential-Biotic® SACCHAROMYCES BOULARDII is a probiotic, non-colonizing yeast species closely related to Brewer's yeast and not related to the yeast group to which Candida belongs. Soon after supplementation begins, *S. boulardii* "blooms" and quickly becomes established in the gut, where it can produce lactic acid and some B vitamins. Both extensive studies and clinical use suggest it can help displace unfriendly yeast species in the GI tract.* It has also been shown to increase levels of secretory IgA.* During its use, friendly probiotic bacteria are able to colonize in the GI tract, supporting a healthy micro-ecology.* When *Saccharomyces boulardii* supplementation is stopped, it is then eliminated from the gut. *S. boulardii* has been used in Europe after antibiotic use to support normal gastrointestinal tract function.*

Key Features

- Supports the establishment of friendly bacteria in the GI tract*
- May help displace problematic yeast species in the GI tract*
- Supports nutrient absorption in the small intestinal mucosa*

Item #71050 · 60 vegetarian capsules
Item #77230 · 120 vegetarian capsules

Essential-Biotic® SACCHAROMYCES BOULARDII

The gastrointestinal tract is not an inert tube, but a complex micro-ecosystem in which the mucosal lining of the host coexists with billions of microorganisms that live on or attached to the lining. These probiotic (life-enhancing) bacteria are provided with shelter and support, and copious amounts of food substrates. The body benefits from the vitamins and other useful metabolic products these bacteria produce. Other, less beneficial micro-organisms are also present and compete with the probiotics. Dietary supplementation with potent probiotic cultures assists the host in maintaining a healthy probiotic balance.*

S. boulardii is a variant of *S. cerevisiae*. A recent study published in Systemic and Applied Microbiology confirmed the existing taxonomic position of *S. boulardii* within *S. cerevisiae*. Morphological and physiological characteristics of *S. boulardii* were consistent with those of *S. cerevisiae*. Sequence analysis of *S. boulardii* revealed a very close resemblance with the sequences published for *S. cerevisiae* strains. The results of that study strongly indicate a close relatedness of *S. boulardii* to *S. cerevisiae* and thereby support the recognition of *S. boulardii* as a member of *S. cerevisiae*. The name boulardii is not a recognized taxonomic name, but it is commonly used because it allows the strain-specific differentiation from *S. cerevisiae*.

Probably the most correct designation for boulardii would be *S. cerevisiae var. boulardii*. Every lot of *S. boulardii* we sell is verified by its genetic (DNA) fingerprint.

Saccharomyces boulardii is a probiotic, non-colonizing yeast species, and is stable at room temperature. The capsules can appear speckled due to the fact that the powder inside is a mixture of *S. boulardii*, which is brown, and cellulose, which is lighter in color.

References:

Adam M, et al. Medecine Et Chirurgie Digestives 1976;5(6):401-406.
Barbet F, et al. Br Med J 324:1345-6, 8 Jun 2002.
Bassetti S, Frei R, Zimmerli W. Am J Med 1998;105:71-2. Bengmark S. Gut 42: 2-7, 1988.
Bleichner G, Bléhaut H, et al. Intens Care Med 23: 517-523, 1997. Brandao R L, Castro I M, et al. Appl Environ Microbiol. 1998 Feb;64(2):564-8.
Buts J P, et al. Pediatr Research20(2):192-196, 1986.
Buts J P, Corthier G, Delmee M. Journal Of Pediatric Gastroenterology & Nutrition 1993;16:419-425.
Buts J P, De et al. Pediatric Research36(4):522-527, 1994.
Buts J P, De Keyser N, et al. Gut 1999;45:89-96 89.
Buts J P, Vaerman J P, et al. Biology Italiani 6:39-42, 1990.
Buts J P, et al. Dig Dis Sci 35: 251-256, 1990.
Castagliuolo I, et al. Infect Immun. 1999 Jan;67(1):302-7. Cetina-Sauri J G, Sierra Basto G. Annales De Pediatrie 1994;41(6):397-400.
Chapoy P. Annales de Pediatrie, 1985.
Dias R S, et al. Braz J Med Biol Res 28: 323-325, 1995.
Elmer G W, MartinS W, et al. Microbial Ecology In Health And Disease 11:29-34 (1999).
Elmer G W, et al. Aliment Pharmacol Ther 13:1663-1668 (1999). Elmer G W, Mcfarland L V, Surawicz C M, Editors. Humana Press (1999).
Elmer G W. Am J Health-systems Pharmacy 58:1101-1107 (2001). Golledge C L, Riley T V. Med J Austral 1996;164:94-5 [Review]. Guslandi, M, Mezzi G, Sorghi M, Testoni P A. Digestive Diseases And Sciences, Vol. 45, No. 7 (July 2000), Pp. 1462-1464. Hafeez A, et al. JCPSP, Jul 2002, Volume 12, Number 07. Hochter W, Chase D, Hagenhoff G. Munchener Medizinische Wochenschrift 1990;132(12):188-192.
Izadnia F, Wong CT, et al. Dig Dis Sci 43: 2055-2060, 1998.

Supplement Facts

Serving Size	3 Capsules
Servings Per Container	20 (#71050), 40 (#77230)
Amount Per Serving	**% Daily Value**
Saccharomyces boulardii (DBVPG 6763).....(9 Billion CFUs) 450 mg	†

† Daily Value not established.

Other ingredients: Hydroxypropyl methylcellulose, microcrystalline cellulose, silicon dioxide, stearic acid.

Suggested Use: As a dietary supplement, 1 to 3 capsules three times daily with or without food, or as directed by a healthcare practitioner.

BiOOtic™ is a Trademark of Gnosis.

Essential-Biotic® SACCHAROMYCES BOULARDII is part of a line of high quality evidence-based professional probiotics introduced by Allergy Research Group. Each unique formula includes two clinically proven strains, *Lactobacillus acidophilus* DDS®-1 and *Bifidobacterium lactis* UABla-12™, to support digestion and immunity, as well as pediatric skin health.*

Also available: Essential-Biotic® COMPLETE, Essential-Biotic® MOOD & MIND, Essential-Biotic® SACCHAROMYCES BOULARDII, and Essential-Biotic® WOMEN'S

James J S. Aids Treat News 1995 Jun 2;(No 224):1-4.
Kimmey KB, Elmer GW, Surawicz CM, McFarland LV. Dig Dis Sci 35: 897-901, 1990.
Kollaritsch H H, Kremsner P, Wiedermann G, Scheiner O. Travel Medicine International 1989:9-17.
Levy D, et al. Clinical Therapeutics 22:91-102 (2000).
Line J E, Stern N J, Bailey J S, Cox N A. United States Pat.# 6,010,695. 19.2000.
Loizeau E. Annales De Gastroenterologie Et D Hepatologie 1993;29(1):15-8.
Marandi S, De Keyser N, Hermans D, Chae Yhe,Lambotte L, Buts J P. Gastroenterology, Vol. 116, N°4 -part 2, G2382, 1999. Mcfarland L V, Elmer G W. Anaerobe 3:73-78 (1997). Mcfarland L V, Surawicz C M, et al. Am J Gastroenterol 1995 Mar;90(3):439-48.
Mcfarland L V, Surawicz C M, et al. The Journal Of The American Medical Association (JAMA) 1994;271(24):1913-1918. Plein K, Hotz J. Z Gastroenterol 31: 129-134, 1993.
Quinton J F, Sendid B,et al. Prevalence and diagnostic role. Gut 42: 788-791, 1998.
Saint-Marc T, Rossello-Prats L, Touraine J L. Ann Med Interne (Paris) 1991;142(1):64-5.
Schloterrer M, Bernasconi P, Lebreton F, Wassermann D. Nutrition Clinique Et Metabolique 1987;1:31-34.
Sendid B, et al. Am J Gastroenterol 93: 1306-1310, 1998.
Spirt M J. Am J Gastroenterol 89:974-978, 1994.
Surawicz C M, et al. Gastroenterology. 1989 Apr;96(4):981-8. Surawicz C M, Mcfarland L V, et al. J. The American Journal Of Gastroenterology 1989;84(10):1285-1287.
Surawicz C M, Mcfarland L V, et al. Clinical Infectious Diseases 31:1012-1017 (2000).
Tempe J D, Steidel A L, et al. Semaine Des Hopitaux De Paris 1983;59(18):1409-1412.