



3896916

## COMPLETE MICROBIOME MAPPING

### General Macroscopic Description

	Result	Markers
Stool Colour	<b>Brown</b>	<b>Colour</b> - Brown is the colour of normal stool. Other colours may indicate abnormal gut health.
Stool Form	<b>Semi-formed</b>	<b>Form</b> - Sample form is categorised using the Bristol stool chart. A comment on stool appearance can be found in the comments section.
Mucous	<b>Not Detected</b>	<b>Mucous</b> - Mucous production may indicate the presence of an infection and/or inflammation.
Occult Blood	<b>Negative</b>	<b>Blood (Macro)</b> - The presence of blood in the stool may be the result of several causes besides colorectal bleeding, including hemorrhoids or gastrointestinal infection.

### Short Chain Fatty Acids

	Result	Range	Units	
Short Chain Fatty Acids, Beneficial	82.5	> 13.6	umol/g	
Butyrate	33.9 *H	10.8 - 33.5	%	
Acetate	50.4	44.5 - 72.4	%	
Propionate	14.6	0.0 - 32.0	%	
Valerate	1.1	0.5 - 7.0	%	

### GIT Functional Markers

	Result	Range	Units	
Calprotectin.	<5.0	0.0 - 50.0	ug/g	
Pancreatic Elastase	>500.0	> 200.0	ug/g	
Secretory (slgA)	644.6	510.0 - 2010.0	ug/g	
Zonulin	123.0 *H	0.0 - 107.0	ng/g	
Beta glucuronidase	4200.0	337.0 - 4433.0	U/g	
Steatocrit	>35.0 *H	0.0 - 15.0	%	
a-Transglutaminase IgA	20.0	0.0 - 100.0	units/L	

### Microbiome Mapping Summary

Parasites & Worms	Bacteria & Viruses	Fungi and Yeasts
	Streptococcus species Shiga-like Toxin E. coli stx2	

#### Key Phyla Microbiota

Firmicutes:Bacteroidetes Ratio

1.11 \*H < 1.00

RATIO



Relative Commensal Abundance of the 6 Phyla groups can be found on page 4 of this report





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## Parasites and Worms.

### Parasitic Organisms

Result	Range	Units	
<dl	< 1.0	x10 <sup>6</sup> org/g	●
<dl	< 1.0	x10 <sup>4</sup> org/g	●
<dl	< 1.0	x10 <sup>3</sup> org/g	●
<dl	< 1.0	x10 <sup>3</sup> org/g	●
<dl	< 1.0	x10 <sup>5</sup> org/g	●
<dl	< 1.0	x10 <sup>4</sup> org/g	●
<dl	< 5.0	x10 <sup>6</sup> org/g	●
<dl	< 1.0	x10 <sup>2</sup> org/g	●

### Worms

Ascaris lumbricoides, Roundworm	Not Detected	Necator americanus, Hookworm	Not Detected
Trichuris trichiura, Whipworm	Not Detected	Enterobius vermicularis, Pinworm	Not Detected
Enterocytozoon spp	Not Detected	Hymenolepis spp, Tapeworm	Not Detected
Strongyloides spp, Roundworm	Not Detected	Taenia species, Tapeworm	Not Detected

Comment: Not Detected results indicate the absence of detectable DNA in the sample for the worms reported.

NOTE: Reflex testing is performed on clinically indicated samples

## Opportunistic Bacteria/Overgrowth

Result	Range	Units	
0.22	< 1.00	x10 <sup>5</sup> CFU/g	●
0.50	< 1.00	x10 <sup>4</sup> CFU/g	●
0.44	< 1.00	x10 <sup>4</sup> CFU/g	●
<dl	< 1.00	x10 <sup>3</sup> CFU/g	●
<dl	< 1.00	x10 <sup>4</sup> CFU/g	●
<dl	< 3.00	x10 <sup>2</sup> CFU/g	●
0.17	< 1.00	x10 <sup>4</sup> CFU/g	●
3.55	< 5.00	x10 <sup>2</sup> CFU/g	●
3.14 *H	< 3.00	x10 <sup>3</sup> CFU/g	●
<dl	< 3.50	x10 <sup>9</sup> CFU/g	●
<dl	< 18.00	x10 <sup>7</sup> CFU/g	●
<dl	< 5.00	x10 <sup>6</sup> CFU/g	●

### Potential Autoimmune Triggers

<dl	< 5.00	x10 <sup>5</sup> CFU/g	●
<dl	< 5.00	x10 <sup>5</sup> CFU/g	●
<dl	< 5.00	x10 <sup>3</sup> CFU/g	●
0.28	< 5.00	x10 <sup>4</sup> CFU/g	●
<dl	< 1.00	x10 <sup>7</sup> CFU/g	●
<dl	< 5.00	x10 <sup>4</sup> CFU/g	●
<dl	< 1.00	x10 <sup>3</sup> CFU/g	●
<dl	< 10.00	x10 <sup>7</sup> CFU/g	●

## Fungi & Yeast

Result	Range	Units	
<dl	< 5.00	x10 <sup>3</sup> CFU/g	●
<dl	< 5.00	x10 <sup>2</sup> CFU/g	●
<dl	< 3.00	x10 <sup>2</sup> CFU/g	●
<dl	< 3.00	x10 <sup>3</sup> CFU/g	●
<dl	< 1.00	x10 <sup>3</sup> CFU/g	●



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Bacterial Pathogens	Result	Range	Units	
Aeromonas hydrophila.	<dl	< 1.00	x10 <sup>3</sup> CFU/g	
Campylobacter species.	<dl	< 1.00	x10 <sup>3</sup> CFU/g	
C. difficile, Toxin A	<dl	< 1.00	x10 <sup>3</sup> CFU/g	
C. difficile, Toxin B	<dl	< 1.00	x10 <sup>3</sup> CFU/g	
Enterohemorrhagic E. coli	<dl	< 1.00	x10 <sup>3</sup> CFU/g	
Enteroinvasive E. coli/Shigella	<dl	< 1.00	x10 <sup>3</sup> CFU/g	
Enterotoxigenic E. coli LT/ST	<dl	< 1.00	x10 <sup>3</sup> CFU/g	
Shiga-like Toxin E. coli stx1	<dl	< 1.00	x10 <sup>3</sup> CFU/g	
Shiga-like Toxin E. coli stx2	2.44 *H	< 1.00	x10 <sup>3</sup> CFU/g	
Salmonella species.	<dl	< 1.00	x10 <sup>4</sup> CFU/g	
Vibrio species.	<dl	< 1.00	x10 <sup>5</sup> CFU/g	
Yersinia species.	<dl	< 1.00	x10 <sup>5</sup> CFU/g	
Helicobacter pylori	<dl	< 1.0	x10 <sup>3</sup> CFU/g	

**Comment: Helico Pylori virulence factors will be listed below if detected POSITIVE**

H.pylori Virulence Factor, babA	Not Detected	H.pylori Virulence Factor, cagA	Not Detected
H.pylori Virulence Factor, dupA	Not Detected	H.pylori Virulence Factor, iceA	Not Detected
H.pylori Virulence Factor, oipA	Not Detected	H.pylori Virulence Factor, vacA	Not Detected
H.pylori Virulence Factor, virB	Not Detected	H.pylori Virulence Factor, virD	Not Detected

Viral Pathogens	Result	Range	Units
Adenovirus 40/41	Not Detected		
Norovirus GI/II	Not Detected		
Rotavirus A	Not Detected		
Sapovirus (I,II,IV,V)	Not Detected		
Astrovirus (hAstro)	Not Detected		

Normal Bacterial GUT Flora	Result	Range	Units	
Bacteroides fragilis	11.0	1.6 - 250.0	x10 <sup>9</sup> CFU/g	
Bifidobacterium species	469.5	> 6.7	x10 <sup>7</sup> CFU/g	
Bifidobacterium longum	37.3	> 5.2	x10 <sup>6</sup> CFU/g	
Enterococcus species	960.0	1.9 - 2000.0	x10 <sup>5</sup> CFU/g	
Escherichia species	3805.0 *H	3.7 - 3800.0	x10 <sup>6</sup> CFU/g	
Lactobacillus species	2.0 *L	8.6 - 6200.0	x10 <sup>5</sup> CFU/g	
Lactobacillus Rhamnosus	1.1 *L	8.3 - 885.0	x10 <sup>4</sup> CFU/g	
Clostridium species	46.0	5.0 - 50.0	x10 <sup>6</sup> CFU/g	
Oxalobacter formigenes	17.00	> 15.00	x10 <sup>7</sup> CFU/g	
Akkermansia muciniphila	<dl *L	1.00 - 50.00	x10 <sup>3</sup> CFU/g	
Faecalibacterium prausnitzii	813.5	200.0 - 3500.0	x10 <sup>3</sup> CFU/g	

#### Methodology:

GIT Functional markers performed by GCMS,EIA,FEIA.

Bacteriology,Virology,Fungi,Parasites & Worms performed by PCR,qPCR.






<dl = result below detectable limit. \*H = Result greater than the reference range. \*L = Result less than the reference range



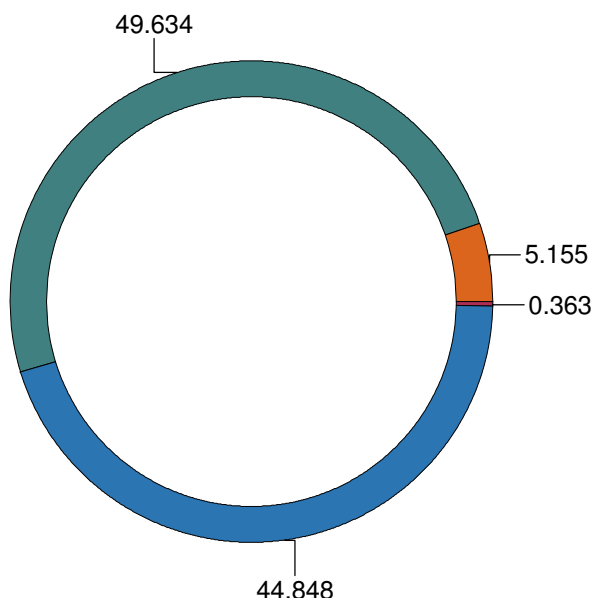
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#### Introduction:

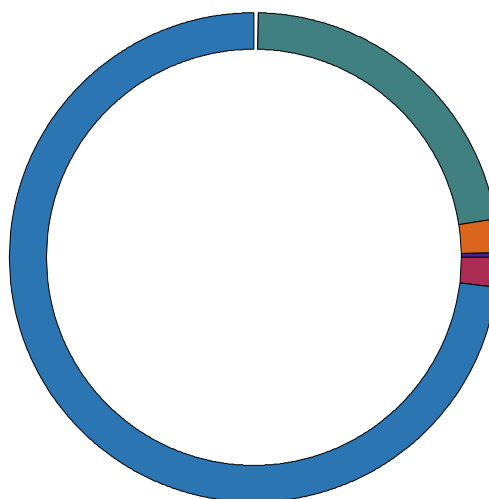
Your gut microbiome is a collective name for the 40 trillion cells and up to 1000 microbial species that include bacteria, viruses, fungi, parasites, and archaea and reside in our gut. The number of gut bacterial cells is approximately equal to the total number of human cells in our body, so if we consider only cell counts, we are only about half human. In terms of gene counts, the microbiome contains about 200 times more genes than the human genome, making bacterial genes responsible for over 99% of our body's gene content! Of all the microbial communities in the human body, the gut microbiome is by far the most dense, diverse, and physiologically important ecosystem to our overall health.

Relative Commensal Abundance	Result	Range	Units
 Firmicutes Phylum	49.634 *H	3.500 - 40.000	%
 Bacteroidetes Phylum	44.848 *L	50.000 - 95.000	%
 Proteobacteria Phylum	5.155	0.500 - 12.500	%
 Actinobacteria Phylum	0.363	0.001 - 4.818	%
 Euryarchaeota Phylum	0.000	0.000 - 0.017	%
 Verrucomicrobia Phylum	0.000	0.000 - 2.400	%

**Your Phyla:**



**Healthy Phyla:**



#### References:

NOTE: Relative abundance reference ranges have been based on a healthy population study.

King CH, et., al. (2019) Baseline human gut microbiota profile in healthy people and standard reporting template. PLoS One. 2019 Sep 11;14(9):e0206484.



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## Pathogen Summary:

### Macroscopy Comment

BROWN coloured stool is considered normal in appearance.

Faecal Occult Blood Negative:

Faecal occult blood has not been detected in this specimen. If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is recommended.

### Metabolism Comment

In a healthy gut Short Chain Fatty Acids (SCFAs) exhibited in the following proportions; Butyrate, Acetate, Propionate (16%:60%:24%).

The primary SCFAs butyrate, propionate and acetate are produced by predominant commensal bacteria via fermentation of soluble dietary fibre and intestinal mucus glycans.

Key producers of SCFAs include *Faecalibacterium prausnitzii*, *Akkermansia muciniphila*, *Bacteroides fragilis*, *Bifidobacterium*, *Clostridium* and *Lactobacillus* Spp.

The SCFAs provide energy for intestinal cells and regulate the actions of specialised mucosal cells that produce anti-inflammatory and antimicrobial factors, mucins that constitute the mucus barriers, and gut active peptides that facilitate appetite regulation and euglycemia. Abnormal SCFAs may be associated with dysbiosis, intestinal barrier dysfunction and inflammatory conditions.

#### ELEVATED BUTYRATE LEVEL:

Butyrate is a short chain fatty acid that is extremely important for gut health. It is the main fuel source for gut cells, which helps keep the gut cell barrier intact, can reduce inflammation, and helps control appetite. Elevated levels are associated with carbohydrate intolerance and diarrhoea.

## SCFA PRODUCTION TABLE

BACTERIA	BUTYRATE	PROPIONATE	ACETATE
<i>Akkermansia muciniphila</i>		▲▲▲	▲▲
<i>Anaerostipes caccae</i>	▲▲▲		
<i>Bacteroides</i> spp.		▲▲▲	
<i>Bifidobacterium</i> spp.		▲	▲▲▲
<i>Blautia obeum</i>		▲▲	▲▲▲
<i>Coprococcus eutactus</i>	▲		
<i>Escherichia coli</i>			▲
<i>Eubacterium rectale</i>	▲▲		
<i>Faecalibacterium prausnitzii</i>	▲▲▲		
<i>Lactobacillus</i> spp.	▲	▲	▲
<i>Roseburia homini</i>	▲▲		
<i>Ruminococcus bromii</i>	▲		▲
<i>Subdoligranulum variabile</i>	▲		

**KEY**

▲ Low Producers

▲▲ Moderate Producers

▲▲▲ High Producers



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**ROSELAINA BILLINGS**  
**25-Mar-2000**      **Female**

**582 BURRENBAR ROAD**  
**UPPER BURRENBAR NSW 2483**

LAB ID : 3896916  
UR NO. : 6194946  
Collection Date : 06-Jun-2023  
Received Date: 08-Jun-2023



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## GIT Markers Comment

**PANCREATIC ELASTASE:** Normal exocrine pancreatic function.  
Pancreatic Elastase reflects trypsin, chymotrypsin, amylase and lipase activity.  
This test is not affected by supplements of pancreatic enzymes.  
Healthy individuals should be producing >500 ug/g of PE-1 under normal/healthy conditions.  
PE-1 levels between 200 - 500 ug/g may indicate suboptimal production.  
PE-1 levels <200 ug/g indicate clear inadequate production.  
The clinician should therefore consider digestive enzyme supplementation if one or more of the following conditions is present:  
Loose watery stools, Undigested food in the stools, Post-prandial abdominal pain, Nausea or colicky abdominal pain,  
Gastroesophageal reflux symptoms, Bloating or food intolerance.

**CALPROTECTIN Normal:**  
Faecal calprotectin values <50 ug/g are not indicative of inflammation in the gastrointestinal tract. Subjects with low faecal calprotectin levels normally do not need to be further investigated by invasive procedures. In patients with strong clinical indications of intestinal inflammation, repeat testing may be useful.  
Test performed by Phadia ELIA Fluorescence enzyme immunoassay (FEIA).

**SECRETORY IGA NORMAL:**  
Secretory IgA is within range.  
Secretory IgA represents the first line of defence of the gastrointestinal mucosa and is central to the normal function of the gastrointestinal tract as an immune barrier. Review this level with other pathogenic bacteria and normal commensal flora. Lower levels within reference range should be interpreted clinically.

**ELEVATED ZONULIN LEVELS:**  
Zonulin is a protein that modulates intestinal barrier function and can also be considered as a potential inflammatory marker. Review other markers in conjunction to this result such as faecal calprotectin.  
Zonulin release facilitates the opening of tight junctions between the cells of the intestinal lining to allow for passage of nutrients and fluids into the body. However, Zonulin release can be "overstimulated" by certain external factors to cause excessive opening of tight junctions, leading to intestinal hyperpermeability or "leaky gut", inflammation, liver overload, nutrient deficiencies, rheumatoid arthritis and autoimmune disorders.  
Identify the possible cause/s (Gut microorganism imbalance or the presence of dietary Gluten/gliadin) and remove to reduce further damage.

**BETA-GLUCURONIDASE NORMAL:**  
B-Glucuronidase is considered normal and is within reference range.

**ELEVATED STEATORRHEA:**  
The presence of steatorrhea is an indirect indicator of incomplete fat digestion. Consider high dietary fat intake, cholestasis, malabsorption and digestion (diarrhoea, pancreatic or bile salt insufficiency), intestinal dysbiosis, parasites, NSAIDs use, short bowel syndrome, whipple disease, crohn's disease, food allergies & sensitivities.  
Treatment:  
o Prebiotic and probiotic supplementation  
o Supplement hydrochloride, digestive enzymes or other digestive aids  
o Investigate underlying causes  
o Investigate food sensitivities and allergies  
o Remove potential irritants  
o Review markers such as pancreatic elastase 1 and calprotectin

## Opportunistic Bacteria Comment

**STREPTOCOCCUS SPECIES ELEVATED:**

PHYLUM: Firmicutes

**DESCRIPTION:**  
Streptococcal species are a genus of gram-positive cocci which are normally diverse in the intestinal microbial community. Streptococcus spp. are involved in the fermentation of sugars, yielding lactic acid as their predominant fermentation end product. Elevated gut streptococci may be associated with diseases such as inflammatory bowel disease, liver cirrhosis or hypertension.

Higher levels in the intestine may result from low stomach acid, PPI use, reduced digestive capacity, SIBO or constipation; Elevated levels may also be indicative of intestinal inflammatory activity, and may cause loose stools.





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#### TREATMENT SUGGESTIONS:

Treatment of streptococcus in gut flora is not always recommended. A practitioner may take into consideration a range of patient factors and symptoms. The 4R treatment protocol at the end of this report may be considered.

#### METHANOBREVIBACTER SMITHII:

PHYLUM: Euryarchaeota

#### DESCRIPTION:

Methanobrevibacter smithii is a methane-producing microbe that plays an important role in the gut ecosystem by facilitating carbohydrate fermentation and production of short-chain fatty acids by commensal bacteria. Approximately 70% of the healthy cohort has below detectable levels of Methanobrevibacter smithii.

### Bacterial Pathogens Comment

#### SHIGA TOXIN-PRODUCING ESCHERICHIA COLI STX2 ELEVATED:

PHYLUM: Proteobacteria

#### DESCRIPTION:

Shiga toxin-producing Escherichia coli (STEC) are defined as strains of E. coli that produce Shiga toxins (stx1 and 2). STEC is seen in faecal contamination of food (undercooked beef, raw milk, and unpasteurized juice) and water. It may also be seen in farm workers/agricultural families/pet farms. Implicated in haemorrhagic colitis, with fever, abdominal cramping, fatigue, nausea, and frank fresh bloody diarrhoea with no faeces, lasting up to a week. May complicate to haemolytic uremic syndrome (HUS), causing hepato-renal shutdown.

#### TREATMENT SUGGESTIONS:

Managed conservatively with supportive therapy and monitor for warning signs of HUS. B lactam (cell wall active) antibiotics are contraindicated with mild symptoms as can precipitate HUS, which warrants in-patient IV non B lactam antibiotics.

#### PLEASE NOTE:

STEC is a Notifiable Disease. This result has been notified to the Department of Health.

NOTIFICATION BY THE REFERRING PRACTITIONER may also be required under the Public Health and Wellbeing Act 2009.

### Phyla Microbiota Comment

#### FIRMICUTES (PHYLUM) ELEVATED:

#### DESCRIPTION:

Firmicutes are a phylum of diverse bacteria which are primarily grouped into classes, Bacilli, Clostridia, Erysipelotrichia and Negativicutes. They are found in various environments, including the intestinal tract, and the group includes some notable pathogens. Firmicutes are involved in energy resorption in the gut microbiome and levels may be affected by diet. Elevated levels and disturbance of gastrointestinal microbiome balance, particularly Firmicutes/Bacteroidetes ratio, have been associated with inflammation, obesity, diabetes and with a high sugar/ fat diet.

TREATMENT SUGGESTIONS: Consider using Bifidobacterium or Saccharomyces containing probiotics. It may also be suggested to optimise the patient diet. A lower fat diet may help to normalize Firmicutes levels.

#### FIRMICUTES/BACTEROIDETES RATIO ELEVATED:

Elevated Firmicutes/Bacteroidetes ratio is frequently cited in the scientific literature as a hallmark of obesity, metabolic syndrome, irritable bowel syndrome or diabetes risk. The ratio may also be used to evaluate commensal microbial balance.

The calculation provided in this report is made by the sum of abundance of Firmicutes tested divided by the sum of abundance Bacteroidetes. Reference ranges are based off internal cohort studies.

#### Treatment:

Balance commensal bacteria using the 4R Protocol which is located at the end of this test report. When firmicutes are high, consider using Bifidobacterium probiotics and Saccharomyces boulardii primarily. Lactobacillus spp. and Bacillus spp. (found in probiotics) can elevate firmicutes. It is further suggested to optimize the patient diet. A lower fat diet may assist to normalize the F/B ratio.



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## Normal Bacterial Flora Comment

ESCHERICHIA SPECIES ELEVATED:

PHYLUM: Proteobacteria

### DESCRIPTION:

Escherichia is a genus of Gram-negative, non-spore-forming, facultatively anaerobic, rod-shaped bacteria and normal inhabitants of the gastrointestinal tract. Species include *E. albertii*, *E. fergusonii*, *E. hermannii*, *E. marmotae* and most notably *E. coli*. High levels may be indicative of increased intestinal inflammatory activity and be associated with irritable bowel syndrome, Crohn's, ulcerative colitis and diarrhea. Studies have also revealed that chronic psychological stress may be associated with an increase in *E. coli* colonisation.

TREATMENT SUGGESTIONS: Commensal probiotic cocktails are suggested to prevent and reverse gut elevated colonization.

LACTOBACILLUS SPECIES LOW:

PHYLUM: Firmicutes

### DESCRIPTION:

Lactobacillus species low. Lactobacillus is a genus of Gram-positive rod-shaped, non-spore-forming bacteria which constitute a significantly important component of the human gastrointestinal system.

Lactobacillus exhibits a mutualistic relationship with the human body, as it protects the host against potential invasions by pathogens, and in turn, the host provides a source of nutrients. Lactobacilli are among the most common probiotic found in food such as yogurt, and it is diverse in its application to maintain gut health and to help treat ailments clinically such as diarrhea and obesity.

Lactobacillus species promote the anti-inflammatory response, thereby supporting the improvement of symptoms pertaining to asthma, chronic obstructive pulmonary disease, neuroinflammatory diseases, cardiovascular diseases, inflammatory bowel disease (IBD) and chronic infections in patients. Reduced levels increase the risk of infections and inflammation. Studies have also revealed that chronic psychological stress and alcohol use may be associated with a decrease in Lactobacillus species, as well as antibiotic / medication use.

TREATMENT SUGGESTIONS: Treatment may involve the use of Lactobacillus containing probiotics and treatment of any intestinal infections.

LACTOBACILLUS RHAMNOSUS LOW:

PHYLUM: Firmicutes

### DESCRIPTION:

Lactobacillus Rhamnosus is a Gram-positive anaerobic bacterium and is one of the most widely used probiotic strains, of which various health effects are well documented including the prevention and treatment of gastro-intestinal infections and diarrhea and even preventing certain allergic symptoms.

Decreased Lactobacillus rhamnosus colonisation has been shown to decrease gastro-intestinal health, increasing the risk of gastro-intestinal infections and diarrhea as well as extra-intestinal infections including oral and respiratory health. Studies have also revealed that chronic psychological stress and alcohol use may be associated with a decrease in Lactobacillus species, as well as antibiotic / medication use.

TREATMENT SUGGESTIONS: Treatment may involve the use of Lactobacillus containing probiotics and treatment of any intestinal infections.

AKKERMANSIA MUCINIPHILA LOW:

PHYLUM: Verrucomicrobia

### DESCRIPTION:

Akkermansia muciniphila is a Gram-negative, strictly anaerobic, non-motile bacterium, often considered a human intestinal symbiont. There is growing evidence to suggest that the prevalence of this bacteria is associated with intestinal homeostasis, immunity, and a healthy gut. Decreased colonisation levels may be associated with obesity, type 2 diabetes, and inflammation.

TREATMENT SUGGESTIONS: Treatment may involve the use of probiotics, treatment of any intestinal infections and dietary modification.





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# The Four “R” Treatment Protocol

REMOVE	Using a course of antimicrobial, antibacterial, antiviral or anti parasitic therapies in cases where organisms are present. It may also be necessary to remove offending foods, gluten, or medication that may be acting as antagonists.  Consider testing IgG96 foods as a tool for removing offending foods.	ANTIMICROBIAL	Oil of oregano, berberine, caprylic acid
		ANTIBACTERIAL	Liquorice, zinc carnosine, mastic gum, tribulus, berberine, black walnut, caprylic acid, oil of oregano
		ANTIFUNGAL	Oil of oregano, caprylic acid, berberine, black walnut
		ANTIPARASITIC	Artemesia, black walnut, berberine, oil of oregano
		ANTIVIRAL	Cat's claw, berberine, echinacea, vitamin C, vitamin D3, zinc, reishi mushrooms
		BIOFILM	Oil of oregano, protease
REPLACE	In cases of maldigestion or malabsorption, it may be necessary to restore proper digestion by supplementing with digestive enzymes.	DIGESTIVE SUPPORT	Betaine hydrochloride, tilactase, amylase, lipase, protease, apple cider vinegar, herbal bitters
REINOCULATE	Recolonisation with healthy, beneficial bacteria. Supplementation with probiotics, along with the use of prebiotics helps re-establish the proper microbial balance.	PREBIOTICS	Slippery elm, pectin, larch arabinogalactans
		PROBIOTICS	Bifidobacterium animalis subsp lactis, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius subsp salivarius, lactobacillus paracasei, lactobacillus rhamnosus, Saccharomyces boulardii
REPAIR & REBALANCE	Restore the integrity of the gut mucosa by giving support to healthy mucosal cells, as well as immune support. Address whole body health and lifestyle factors so as to prevent future GI dysfunction.	INTESTINAL MUCOSA IMMUNE SUPPORT	Saccharomyces boulardii, lauric acid
		INTESTINAL BARRIER REPAIR	L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc carnosine, Saccharomyces boulardii, omega 3 essential fatty acids, B vitamins
		SUPPORT CONSIDERATION	Sleep, diet, exercise, and stress management