

**TEST PATIENT****Dr.TEST DOCTOR**

P: 1300 688 522  
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 A: PO Box 442 Ashburton VIC 3142

Date of Birth : 01-Jan-1962  
 Sex : F  
 Collected : 23/Aug/2019  
 Received: 23-Aug-2019  
 123 TEST STREET  
 BURWOOD VIC 3125  
 Lab id : **3629213** UR#:

TEST HEALTH CENTRE  
 123 TEST STREET  
 BURWOOD VIC 3125

## **COMPLETE DIGESTIVE STOOL ANALYSIS - Level 2**

### MACROSCOPIC DESCRIPTION

	Result	Range	Markers
Stool Colour	<b>Brown</b>	Brown	<b>Colour</b> - Brown is the colour of normal stool. Other colours may indicate abnormal GIT conditions.
Stool Form	<b>Formed</b>	Formed	<b>Form</b> -A formed stool is considered normal. Variations to this may indicate abnormal GIT conditions.
Mucous	<b>NEG</b>	< +	<b>Mucous</b> - Mucous production may indicate the presence of an infection, inflammation or malignancy.
Occult Blood	<b>NEG</b>	< +	<b>Occult Blood</b> - The presence of blood in the stool may indicate possible GIT ulcer, and must always be investigated immediately.

### Macroscopy Comment

BROWN coloured stool is considered normal in appearance.





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## MICROSCOPIC DESCRIPTION

	Result	Range	Markers
RBCs (Micro)	<b>NEG</b>	< +	<b>RBC(Micro)</b> - The presence of RBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.
WBCs (Micro)	<b>0</b>	< 10	<b>WBC(Micro)</b> - The presence of WBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.
Food Remnants	<b>+</b>	< ++	<b>Food Remnants</b> - The presence of food remnants may indicate maldigestion.
Fat Globules	<b>+</b>	< +	<b>Fat Globules</b> -The presence of fat globules may indicate fat maldigestion.
Starch	<b>NEG</b>	< +	<b>Starch</b> - The presence of starch grains may indicate carbohydrate maldigestion.
Meat Fibres	<b>NEG</b>	< +	<b>Meat Fibres</b> - The presence of meat fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.
Vegetable Fibres	<b>+</b>	< ++	<b>Vegetable Fibres</b> - The presence of vegetable fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.

## Microscopy Comment

### FAT GLOBULES PRESENT:

The presence of fat globules in faeces is an indirect indicator of incomplete fat digestion. Consider high dietary fat intake, cholestasis, malabsorption & digestion (diarrhoea, pancreatic or bile salt insufficiency), intestinal dysbiosis, parasites, NSAIDs use, short bowel syndrome, whipples disease, Crohn's disease, food allergies & sensitivities.

### Treatment:

- Prebiotic and probiotic supplementation
- Supplement hydrochloride, digestive enzymes or other digestive aids
- Investigate underlying causes
- Investigate food sensitivities and allergies
- Remove potential irritants
- Assess other CDSA markers such as pancreatic elastase 1, calprotectin, & microbiology markers.

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## DIGESTIVE AND ABSORPTION MARKERS

### Chymotrypsin



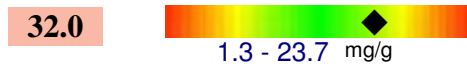
**Chymotrypsin** - Chymotrypsin is involved in protein digestion. Low levels of chymotrypsin may indicate protein maldigestion due to pancreatic insufficiency.

### Short Chain Fatty Acids, Putrefactive



**Short Chain Fatty Acids, Putrefactive** - Putrefactive SCFAs are produced when anaerobic bacteria ferment undigested protein, indicating protein maldigestion.

### Long Chain Fatty Acids



**Long Chain Fatty Acids** - Elevated levels of total LCFAs in the stool may indicate inadequate lipid absorption

### Absorption Comment

Chymotrypsin LOW:

Suspect pancreatic insufficiency or hypochlorhydria or slow transit time.

Putrefactive SCFAs are ELEVATED:

Suspect hypochlorhydria, exocrine pancreatic insufficiency, or protein malabsorption.

Other causes include bacterial overgrowth of the small bowel, gastrointestinal disease, and/or rapid transit time.

Long Chain Fatty Acids ELEVATED:

Suspect malabsorption, increased mucosal cell turnover, bacterial overgrowth of the small intestine, bile insufficiency.



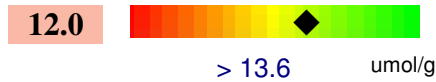
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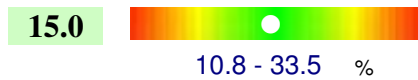
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**METABOLIC MARKERS AND SHORT CHAIN FATTY ACIDS**

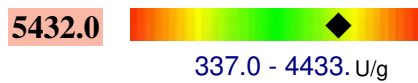
Short Chain Fatty Acids, Beneficial



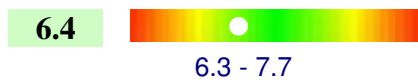
Butyrate



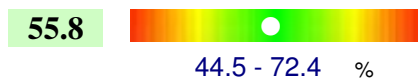
b-Glucuronidase



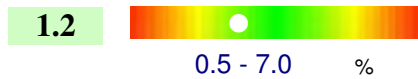
pH



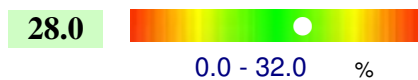
Acetate



Valerate



Propionate



Markers

**Short Chain Fatty Acids, Beneficial (Total)** - Elevated SCFAs may indicate bacterial overgrowth. Inadequate SCFAs may indicate inadequate normal flora.

**Butyrate** - Decreased Butyrate levels may indicate inadequate colonic function.

**b-Glucuronidase** - Increased levels of b-Glucuronidase may reverse the effects of Phase II detoxification processes.

**pH** - Imbalances in gut pH, will influence SCFA production and effect.

**Acetate** - Decreased Acetate levels may indicate inadequate colonic function.

**Valerate** - Decreased Valerate levels may indicate inadequate colonic function.

**Propionate** - Decreased Propionate levels may indicate inadequate colonic function.

**Metabolic Markers Comment**

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

Beneficial SCFAs are LOW:

Also indicated by Lactobacilli <2+, Bifidobacteria <4+, E.coli <4+

Suspect increased susceptibility to pathogenic bacterial infection, increased toxic enzyme exposure, increased risk for mucosal barrier defects and immune dysregulation.

beta GLUCURONIDASE ELEVATED:

Suspect increased activation and enterohepatic recirculation of toxins, hormones, and various drugs within the body. Increased burden on glucuronidation pathway is associated with increased risk of colorectal, prostate and breast cancers.

Treatment:

Consider Calcium-D-glucarate which may assist with lowering B-glucuronidase levels. It is also suggested to introduce a low-calorie/vegetarian diet for 4 weeks which may also be beneficial with lowering faecal B-glucuronidase levels.

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**BENEFICIAL BACTERIA**

	Result	Range
Bifidobacteria	+	2 - 4 +
Lactobacilli	+	2 - 4 +
Eschericia coli	++++	2 - 4 +
Enterococci	+	1 - 2 +

**COMMENTS:**

Significant numbers of Lactobacilli, Bifidobacteria and E coli are normally present in the healthy gut: Lactobacilli and Bifidobacteria, in particular, are essential for gut health because they contribute to 1) the inhibition of gut pathogens and carcinogens. 2) the control of intestinal pH, 3) the reduction of cholesterol, 4) the synthesis of vitamins and disaccharidase enzymes.

**OPPORTUNISTIC AND DYSBIOTIC BACTERIA**

	Result	Range
Klebsiella	++++	< +++
Citrobacter	++++	< +++
Pseudomonas	NEG	< +++
Proteus	++++	< +++
Campylobacter	NEG	< +
Salmonella	NEG	< +
Streptococcus	++	< +++
Yersinia	NEG	< +
Other Bacteria.	+	< +++

**COMMENTS:**

Commensal bacteria are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels. Dysbiotic bacteria consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. A detailed explanation of bacteria that may be present can be found in the Pathogen Summary at the end of this report.

**YEASTS**

	Result	Range
Candida albicans	++	< +
Geotrichum spp	NEG	< +
Rhodotorula spp	NEG	< +
Other Yeasts	NEG	< +

**COMMENTS:**

Yeast may normally be present in small quantities in the skin, mouth, and intestine. A detailed explanation of yeast that may be present can be found in the Pathogen Summary at the end of this report.

**PARASITES**

	Result	Range
Blastocystis Hominis	NEG	< +
Dientamoeba fragilis	+	< +
Cryptosporidium	NEG	< +
Giardia lamblia	NEG	< +
Entamoeba Histolytica	NEG	< +
Other Parasites	NEG	< +

**COMMENTS:**

Parasites are organisms that are not present in a normal/healthy GIT. A detailed explanation of parasites that may be present can be found in the Pathogen Summary at the end of this report.

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**ANTIBIOTIC SENSITIVITIES and NATURAL INHIBITORS**

	<b>Proteus mirabilis</b>	<b>Citrobacter freundii</b>	<b>Klebsiella pneumoniae</b>
<b>Antibiotics</b>	Susceptible	Susceptible	Susceptible
Ampicillin	YES	NO	NO
Augmentin	NO	NO	NO
Ciprofloxacin	NO	YES	YES
Norfloxacin	NO	YES	YES
Meropenem	NO	YES	YES
Cephalothin	NO	NO	NO
Gentamycin.	NO	NO	NO
Trimethoprim/Sulpha	YES	NO	NO
Erythromycin	NO	NO	NO
Penicillin.	NO	NO	NO
<b>Inhibitors</b>	Inhibition %	Inhibition %	Inhibition %
Berberine	60%	80%	80.00
Black Walnut	60%	60%	60.00
Caprylic Acid	60%	60%	60.00
Citrus Seed	60%	60%	60.00
Coptis	60%	60%	60.00
Garlic-	60%	60%	60.00
Golden seal	100%	80%	80.00
Oregano	60%	80%	80.00

**LEGEND**

Low Inhibition

High Inhibition



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## YEAST - SENSITIVITIES and NATURAL ANTIFUNGALS

### Candida albicans

#### Antifungals

Inhibition

Fluconazole	<b>&lt;=0.5=S</b>
Voriconazole	<b>&lt;=0.12=S</b>
Itraconazole	

#### INHIBITION CATEGORY

<b>R</b>	Resistant	This category indicates that the organism is not inhibited by obtainable levels of the pharmaceutical agent
<b>I</b>	Intermediate	This category indicates where the minimum inhibition concentrations (MIC) approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates
<b>SDD</b>	Susceptible, Dose Dependent	This category indicates that clinical efficacy is achieved when higher than normal dosage of a drug is used to achieve maximal concentrations
<b>S</b>	Susceptible	This category indicates that the organisms are inhibited by the usual achievable concentration of the agent
<b>NI</b>	No Interpretative Guidelines	This category indicates that there are no established guidelines for MIC interpretation for these organisms

#### Non-absorbed Antifungals

Inhibition %

Nystatin	<b>60%</b>
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#### Natural Antifungals

Inhibition %

Berberine.	<b>60%</b>
Black Walnut.	<b>60%</b>
Citrus Seed.	<b>60%</b>
Coptis.	<b>60%</b>
Garlic	<b>80%</b>
Golden seal.	<b>80%</b>
Oregano.	<b>80%</b>

#### LEGEND

Low Inhibition

High Inhibition



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**PATHOGEN SUMMARY****OTHER BACTERIA PRESENT:**

Organism	Result	Range	Classification
The following group of organisms are deemed commensal, being neither beneficial or pathogenic. Where present, often inadequate levels of beneficial bacteria are also noted. These organisms may become dysbiotic at high levels where treatment may become necessary.			
Bacillus species	1+	0 - 3+	Non-Pathogen
Streptococcus agalactiae Group B	2+	0 - 3+	Non-Pathogen
Citrobacter freundii	4+ * H	0 - 3+	POSSIBLE Pathogen
Klebsiella pneumoniae	4+ * H	0 - 3+	POSSIBLE Pathogen
Proteus mirabilis	4+ * H	0 - 3+	POSSIBLE Pathogen

**OTHER YEASTS PRESENT:**

Organism	Result	Range	Classification
Candida albicans	2+ * H	0 - 1+	POSSIBLE Pathogen

**OTHER PARASITES PRESENT:**

Organism	Result	Range	Classification
Dientamoeba fragilis	1+ * H	<1+	<b>PATHOGEN</b>

**BACILLUS SPECIES:**

Bacillus species are spore forming, gram-positive rods belonging to the Bacillaceae family. There are currently 50 valid species within the genus.

**Sources:**

Meat dishes are a common source of infection in other species of Bacillus such as B. subtilis and B. licheniformis.

**Pathogenicity:**

As yet, no toxins or other virulence factors have been identified in association with the symptoms that accompany non-B. cereus species.

**Symptoms:**

B. licheniformis and B. subtilis are associated with food-borne diarrheal illness.

**Treatment:**

B. species is almost always susceptible to clindamycin, erythromycin and vancomycin.

**STREPTOCOCCUS:****Description:**

Streptococcus is a common isolate from gut flora. With the exception of very rare cases, streptococcus species are not implicated in gastric pathogenesis. However, there has been correlations with the presence of streptococcus pyogenes in patients who have, or have recently had scarlet fever. Streptococcus species are also implicated in urinary tract infections and faecal flora are the common source of contamination for urinary tract infections.

**Sources:**

Recent infections with streptococcus pyogenes or scarlet fever can be linked to the presence of this species in faeces.

**Treatment:**

Treatment of streptococcus in gut flora is not always recommended. A practitioner may take into consideration a range of patient factors and symptoms to determine if treatment is necessary.



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**CITROBACTER:****Sources:**

Common in the environment and may be spread by person-to person contact. Several outbreaks have occurred in babies in hospital units. Isolated from water, fish, animals and food.

**Pathogenicity:**

Citrobacter is considered an opportunistic pathogen and therefore can be found in the gut as part of the normal flora.

**Symptoms:**

Citrobacter has occasionally been implicated in diarrheal disease, particularly C. freundii C. diversus and C. koseri

**Treatment:**

Currently, standard texts provide no specific antimicrobial guidelines for GI overgrowth of Citrobacter. Carbapenems and fluroquinolones are the recommended antibiotics for extraintestinal sites.

**KLEBSIELLA:****Sources:**

Isolated from foods and environmental sources. Klebsiella appears to thrive in individuals on a high starch diet. Avoiding carbohydrates such as rice, potatoes, flour products and sugary foods reduces the amount of Klebsiella in the gut

**Pathogenicity:**

Part of the normal GI flora in small numbers, but can be an opportunistic pathogen. Klebsiella is capable of translocating from the gut when in high numbers. Certain strains of K. oxytoca have demonstrated cytotoxin production.

**Symptoms:**

K. pneumoniae and K. oxytoca have been associated with diarrhea in humans. Cytotoxin-producing strains are associated with acute hemorrhagic enterocolitis. Increased colonization of Klebsiella in the stool has been found in HLA-B27 + AS patients.

**Treatment:**

Currently, standard texts provide no specific antimicrobial guidelines for GI overgrowth of Klebsiella. Third generation cephalosporins and fluroquinolones are the recommended antimicrobial agents for extra-intestinal sites.

**Other Herbal antimicrobials include:**

Lemon and clove, Burr marigold, Thyme, Licorice, euphobia, cordyceps.

**PROTEUS SPECIES:****Sources:**

Food has been implicated as a vehicle of infection.

**Pathogenicity:**

Part of the normal flora of the GI tract, though has been shown to be an independent causative agent of intestinal disorder. May also play a role as an opportunistic organism in enteric infection due to other pathogens.

**Symptoms:**

Occasionally implicated in diarrheal disorders. Recently, it has been suggested that P. mirabilis may be an etiological agent in rheumatoid arthritis. The mechanism may be related to the molecular cross reactivity between P. mirabilis and the HLA antigens, specifically HLA-DR4.



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#### Treatment :

Currently, standard texts provide no specific antimicrobial guidelines for GI overgrowth of Proteus.  
 Ampicillin is recommended for extra-intestinal infections of P. mirabilis, followed by trimethoprim/sulfamethoxazole.

#### CANDIDA

##### Sources :

Most sources of Candida infection are thought to be of endogenous origin. While yeast are ubiquitous in the environment and are found on fruits, vegetables and other plant materials, contamination from external sources is linked to patients and health care workers.

##### Pathogenicity:

A normal inhabitant of the GI tract. May become an opportunistic pathogen after disruption of the mucosal barrier, imbalance of the normal intestinal flora and/or impaired immunity. Risk factors for colonization include: Antibiotics, corticosteroids, antacids, H2 blockers, oral contraceptives, irradiation, GI surgery, Diabetes mellitus, burns, T cell dysfunction, chronic stress and chronic renal disease.

##### Symptoms :

The most common symptom attributable to non-invasive yeast overgrowth is diarrhea. Symptoms of chronic candidiasis affect four main areas of the body.

1. Intestinal system - symptoms include: diarrhea, constipation, abdominal discomfort, distention, flatulence and rectal itching.
  2. Genital Urinary system - symptoms include: menstrual complaints, vaginitis, cystitis and urethritis.
  3. Nervous system - symptoms include: severe depression, extreme irritability, inability to concentrate, memory lapses and headaches.
  4. Immune system - symptoms include: urticaria, hayfever, asthma, and external otitis.
- Sensitivities to tobacco, perfumes, diesel fumes and other chemicals.

##### Treatment :

Currently, standard texts provide no specific antifungal guidelines for GI overgrowth of Candida.  
 Oral azoles have been recommended for extra intestinal infections.  
 Susceptibility testing is advised due to increasing drug resistance.

#### DIENTAMOEBA FRAGILIS :

It is closely related to Histomonas and Trichomonas species. D. fragilis is known to cause non-invasive diarrheal illness in humans. 90% of children are symptomatic, whereas only 15-20% of adults are. The most common symptoms associated with D. fragilis are intermittent diarrhea, fatigue, abdominal pain, nausea, anorexia, malaise and unexplained eosinophilia. Diarrhea is predominately seen during the first 1-2 weeks of infection and abdominal pain may persist for 1-2 months.

##### Treatment :

Iodoquinol (650 mg tid x 20 days) or Tetracycline (500 mg qid x 10 days) or Metronidazole (500-750 mg tid x 10 days) have been used to treat D. fragilis. Another alternative is Paromomycin (500 mg tid x 7 days).



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# The Four “R” Treatment Protocol

<b>REMOVE</b>	<p>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.</p> <p>Consider testing IgG96 foods as a tool for removing offending foods.</p>	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
<b>REPLACE</b>	<p>In cases of maldigestion or malabsorption, it may be necessary to restore proper digestion by supplementing with digestive enzymes.</p>	DIGESTIVE SUPPORT	Betaine hydrochloride, tilactase, amylase, lipase, protease, apple cider vinegar, herbal bitters
<b>REINOCULATE</b>	<p>Recolonisation with healthy, beneficial bacteria. Supplementation with probiotics, along with the use of prebiotics helps re-establish the proper microbial balance.</p>	PREBIOTICS	Slippery elm, pectin, larch arabinogalactans
		PROBIOTICS	Bifidobacterium animalis sup lactise, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius ssp salivarius, lactobacillus paracasei, lactobacillus rhamnosus, Saccaromyces boulardii
<b>REPAIR &amp; REBALANCE</b>	<p>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.</p>	INTESTINAL MUCOSA IMMUNE SUPPORT	Saccaromyces boulardii, lauric acid
		INTESTINAL BARRIER REPAIR	L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc carnosine, Saccaromyces boulardii, omega 3 essential fatty acids, B vitamins
		SUPPORT CONSIDERATION	Sleep, diet, exercise, and stress management