

TEST PATIENT**Dr.TEST DOCTOR**

P: 1300 688 522
 E: info@nutripath.com.au
 A: PO Box 442 Ashburton VIC 3142

Date of Birth : 01-Jan-1959
 Sex : F
 Collected : 11/Aug/2021
 Received : 11-Aug-2021

TEST HEALTH CENTRE
 123 TEST STREET
 BURWOOD VIC 3125

Lab id : **3759609** UR# :

COMPLETE DIGESTIVE STOOL ANALYSIS - Level 3

MACROSCOPIC DESCRIPTION

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

MICROSCOPIC DESCRIPTION

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





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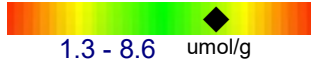
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DIGESTIVE AND ABSORPTION MARKERS

Short Chain Fatty Acids, Putrefactive

12.0



1.3 - 8.6 umol/g

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

Pancreatic Elastase 1

180



> 200 ug/g

Pancreatic Elastase is used to assess pancreatic exocrine function.

Pancreatic insufficiency is associated with diabetes mellitus, cholelithiasis, pancreatic tumour, cystic fibrosis and osteoporosis. This test is not affected by substitution therapy with enzymes of animal origin. PE-1 levels decline with age.

Long Chain Fatty Acids

13.0



1.3 - 23.7 mg/g

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

Absorption Comment

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.

PANCREATIC ELASTASE: MILD TO MODERATE INSUFFICIENCY.

Pancreatic insufficiency reflects trypsin, chymotrypsin, amylase and lipase activity.

PE1 is also useful in monitoring exocrine pancreatic function caused by: Chronic pancreatitis, Autoimmunopathies & connective tissue diseases, Chronic inflammatory bowel disease, Intestinal malabsorption with mucosal atrophy.

Treatment:

- Digestive enzyme supplementation
- A low-fat diet to control steatorrhea (excess fat in stools)
- Vitamin and mineral supplementation
- Investigate underlying causes for reduced pancreatic function (for eg. Coeliac disease, duodenal enteropathy, pancreatitis).



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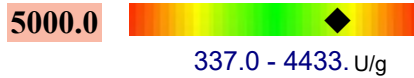
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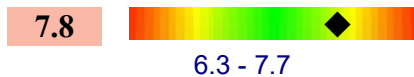
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METABOLIC MARKERS

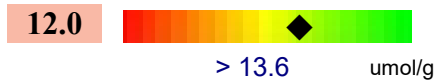
b-Glucuronidase



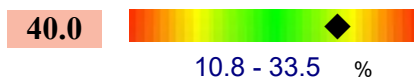
pH



Short Chain Fatty Acids, Beneficial



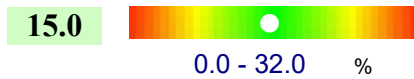
Butyrate



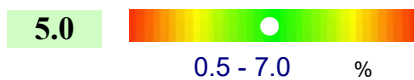
Acetate



Propionate



Valerate



Markers

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.

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.

Acetate - Decreased Acetate levels may indicate inadequate colonic function.

Propionate - Decreased Propionate levels may indicate inadequate colonic function.

Valerate - Decreased Valerate 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%)

LOW BENEFICIAL SCFAs:

Low Short chain Fatty Acid, Beneficial levels may be indicated by reduced beneficial flora such as Lactobacillus, Bifidobacterium, Escherichia and other normal bacterial gut flora levels.

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

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.

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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VALERATE:

Valerate is a short chain fatty acid that is important for gut health. Although Acetate, propionate, and butyrate make up the the most abundant SCFAs in gastrointestinal tract (95%), Valerate and other SCFA's make up the remaining and work optimally when within range.

HIGH pH PRESENT: Low Acidity stool.

Alkaline pH may be related to decreased SCFA's (particularly butyrate) and suggests inadequate intake or digestion of fibre.

Elevated pH.

Suspect: Increased risk of colon cancer, Inadequate bacterial short chain fatty acid production,

Causes include insufficient flora, dietary fiber, or water, Inadequate acid-producing organisms, Lactobacillus sp., Bifidobacteria, etc., Hypochlorhydria, Ammonia production in bowel, May be stimulated by high meat diet, Slow transit time (more time for short chain fatty acid absorption).

Consider the following actions:

Consider supplementation with probiotics (including Lactobacilli and Bifidobacteria), Increase dietary fiber (esp. soluble) and water will foster SCFA production and help to normalize transit time, Support digestion, Supplementation with betaine HCl or herbs to stimulate gastric acid production, including gentian, ginger, peppermint, cardamon, etc.

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TUMOUR/ULCER MARKERS

H. PYLORI, Antigen

POSITIVE

Comment - Helicobacter Pylori antigen indicates the patient's current status and is not affected by the presence of other organisms, antacids, barium sulphate, blood or fat. This test may be used on its own to monitor the success of eradication therapy one month after completion of the therapy.

Tumour/Ulcer Markers Comment

H. PYLORI ANTIGEN:

This test, if POSITIVE, indicates the presence of a current infection and is not affected by the presence of other organisms, antacids, barium sulphate, blood or fat.

If the patient has diagnosed gastritis or a peptic ulcer consider:

- Standard triple therapy: eg. PPI, clarithromycin and amoxicillin/or metronidazole, 7-14 days
- Lactobacillus Probiotics

If the patient is asymptomatic consider natural products including:

- Black currant seed oil and fish oil
- Lactobacillus Probiotics
- Vitamin C
- Mastic gum.

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BENEFICIAL BACTERIA		Result	Range		Result	Range
Bifidobacterium longum.		2+	2 - 4+	Lactobacillus plantarum	1+ *L	2 - 4+
Bifidobacterium bifidum		1+ *L	2 - 4+	Lactobacillus rhamnosus.	2+	2 - 4+
Bifidobacterium animalis		2+	2 - 4+	Lactobacillus paracasei	1+ *L	2 - 4+
Bifidobacterium pseudocaten.		1+ *L	2 - 4+	Lactobacillus casei	2+	2 - 4+
Bifidobacterium breve		2+	2 - 4+	Lactobacillus acidophilus	1+ *L	2 - 4+
Escherichia coli		2+	2 - 4 +	Enterococci	2+	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.

PATHOGENIC BACTERIA

Organism	Growth	Range	Classification
Aeromonas species	NEG		
Campylobacter	ISOLATED		
Salmonella	NEG		
Shigella	NEG		
Yersinia	NEG		
Campylobacter jejuni	1+ *H	< 1+	Pathogen

COMMENTS:

The above Pathogenic Bacteria are those that have the potential to cause disease in the GI tract. A result of **ISOLATED** may require a notification to the Department of Health and also cross tested via a secondary method such as PCR or sequencing. Should this be the case, you will also be notified.

OPPORTUNISTIC AND DYSBIOTIC BACTERIA

Organism	Growth	Range	Classification
Citrobacter braakii	4+ *H	< 3+	Possible Pathogen
Enterococcus faecium.	3+ *H	< 3+	Possible Pathogen
Citrobacter freundii	3+	< 4+	Non-Pathogen

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.

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YEASTS

Organism	Growth	Range	Classification
Candida albicans	2+ *H	NEG - +	Possible Pathogen
Candida Parapsilosis	1+	NEG - +	Non-Pathogen
Geotrichum spp	NEG	NEG - +	
Rhodotorula spp	NEG	NEG - +++	
Other Yeasts	NEG	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**

Blastocystis Hominis	DETECTED
Dientamoeba fragilis	NOT DETECTED
Cryptosporidium	NOT DETECTED
Giardia lamblia	NOT DETECTED
Entamoeba Histolytica	NOT DETECTED
Other Parasites	NOT DETECTED

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

	Campylobacter	Citrobacter braakii	Citrobacter freundii
Antibiotics	Susceptible	Susceptible	Susceptible
Augmentin	N/A	N/A	N/A
Ciprofloxacin	S	S	S
Norfloxacin	R	S	S
Meropenem	R	S	S
Gentamycin.	N/A	N/A	N/A
Trimethoprim/Sulpha	R	S	S
Erythromycin	S	N/A	N/A
Penicillin.	N/A	N/A	N/A

LEGEND


S = Sensitive	R = Resistant	N/A = Not Tested
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Inhibitors

	Inhibition %	Inhibition %	Inhibition %
Berberine	80%	60%	60%
Black Walnut	60%	40%	40%
Caprylic Acid	60%	100%	100%
Citrus Seed	60%	40%	40%
Coptis	60%	40%	40%
Garlic-	80%	60%	60%
Golden seal	80%	40%	40%
Oregano	60%	60%	60%

LEGEND

Low Inhibition			High Inhibition		
0	20	40	60	80	100

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YEAST - SENSITIVITIES and NATURAL ANTIFUNGALS

	Candida albicans	Candida Parapsilosis
Antifungals	Inhibition	Inhibition
Fluconazole	<=0.5=S	<=0.5=S
Voriconazole	<=0.12=S	<=0.12=S
Itraconazole		

INHIBITION CATEGORY

- R** Resistant This category indicates that the organism is not inhibited by obtainable levels of the pharmaceutical agent
- I** 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
- SDD** 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
- S** Susceptible This category indicates that the organisms are inhibited by the usual achievable concentration of the agent
- NI** No Interpretative Guidelines This category indicates that there are no established guidelines for MIC interpretation for these organisms

Non-absorbed Antifungals

	Inhibition %	Inhibition %
Nystatin	60%	100%

Natural Antifungals

	Inhibition %	Inhibition %
Berberine.	60%	60%
Garlic	40%	40%
Black Walnut.	40%	40%
Citrus Seed.	40%	40%
Coptis.	20%	20%
Golden seal.	20%	20%
Oregano.	20%	20%

LEGEND

Low Inhibition High Inhibition

0	20	40	60	80	100
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PATHOGEN SUMMARY

CAMPYLOBACTER SPECIES:

Campylobacter infections are isolated from several sources. Poultry is a key source of infection, in particular chicken. Red meat and shellfish can also harbor the organism. Other sources include unpasteurized milk, and water contaminated by wild birds. Symptoms can include fever, abdominal cramping, diarrhea (often bloody) abdominal pain and fever. Relapses may occur in 5%-10% of untreated cases.

Treatment:

Erythromycin is the drug of choice for treating C. jejuni infections. Ciprofloxacin may be an alternative drug.

PLEASE NOTE:

Campylobacter detection has been confirmed through a secondary PCR test. Campylobacter is a Notifiable Disease. The laboratory has notified the relevant state Department of Health. The practitioner is also required to notify the state Dept of Health.

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 and 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.

ENTEROCOCCUS:

Description:

Enterococcus species are gram-positive bacterium that are part of normal flora in the human gut. It can however be implicated in a variety of infections of which urinary tract infections are the most common. These infections can be exceptionally difficult to treat due to the genus exhibiting antibiotic resistance.

Sources:

Enterococcus infections spread from person to person through poor hygiene. Because these bacteria are found in faeces, people can transmit the infection if they don't wash their hands after using the bathroom. The bacteria can get into food or onto common touched surfaces.

Treatment:

Treatment of Enterococcus species in gut flora may not be necessary or recommended. However, overgrowth of this genus may be implicated in other infections such as urinary tract infections.

Enterococci are challenging to treat due their drug-resistant mechanisms. Ampicillin is the preferred antibiotic used to treat enterococci infections if required.



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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.

BLASTOCYSTIS HOMINIS:

B. hominis has recently been reclassified as a protozoan, of which there are thought to be four separate serologic groups.

Sources:

This organism is transmitted via the fecal-oral route or from contaminated food or water. Prevention can be enhanced by improving personal hygiene and sanitary conditions.

Pathogenicity:

When this organism is present in the absence of any other parasites, enteric organisms or viruses, it may be considered the etiological agent of disease.

Symptoms:

Symptoms can include: diarrhea, cramps, nausea, fever, vomiting and abdominal pain. B. hominis has been associated with irritable bowel syndrome, infective arthritis and intestinal obstruction.

Treatment:

Currently, Metronidazole (Flagyl) is considered the most effective drug (750 mg tid x 10 days). Iodoquinol (Yodoxin) is also an effective medication (650 mg tid x 20 days). Recommended therapy can also eliminate G. lamblia, E. histolytica and D. fragilis, all of which may be concomitant undetected pathogens and part of patient symptomology.



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The Four “R” Treatment Protocol

REMOVE	<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
		ANTIPARASTIC	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	<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
REINOCULATE	<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 subsp lactise, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius sp salivarius, lactobacillus paracasei, lactobacillus rhamnosus, Saccaromyces boulardii
REPAIR & REBALANCE	<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	Seep, diet, exercise, and stress management