

Innovative prebiotics and probiotics for digestive support

High prevalence of digestive issues

Several factors may influence gut health, including diet, stress, genetics, medications (e.g., antibiotics, NSAIDs), tobacco use, alcohol use, activity level, geography, and age.⁽³⁾⁽⁶⁾ Additionally, the Western diet often lacks gut-supportive ingredients from vegetables, fruit, and fermented foods.⁽¹⁷⁾ It's no surprise that digestive issues such as irritable bowel syndrome (IBS) are some of the most common concerns seen by primary care physicians in the United States.⁽¹⁾



A unique blend of prebiotics and probiotics

Prebiotics and probiotics work synergistically to support the health of intestinal microbiota and promote normal gut-barrier function.

Human milk oligosaccharides (HMOs)

Human milk oligosaccharides (HMOs), the third-largest component of human breast milk after lactose and fat, act as prebiotics by feeding beneficial bacteria in the gut. HMOs play a role in developing an infant's immune system, brain, and metabolism.⁽¹⁸⁾

2'-Fucosyllactose (2'-FL), the most abundant type of HMO, demonstrates anti-inflammatory properties and may contribute to the development and functioning of the immune system.⁽⁵⁾⁽¹⁰⁾ Recent studies suggest that HMOs, particularly 2'-FL, may modulate microorganisms living in the intestines, promote an environment favorable to beneficial bacteria such as *Bifidobacterium*, and limit the growth of potentially harmful bacteria.⁽⁹⁾⁽¹⁵⁾

Health benefits of HMOs

HMOs may play a beneficial role in alleviating digestive symptoms such as:

- Abdominal pain
- Constipation
- Excessive gas

Dosing and adverse effects

The dosing in studies for HMOs varies considerably from 5 to 20 g per day for a minimum of four weeks. Studies have found that supplementing with as little as 5 g of HMOs per day can significantly improve IBS symptoms. However, supplementing with higher doses (10 to 20 g) appears to have a greater impact on modulating the gut microbiota.⁽⁷⁾⁽⁹⁾⁽¹⁵⁾

HMOs are generally well tolerated, even in individuals with IBS and at higher doses (20 g).⁽⁹⁾ However, mild gastrointestinal symptoms such as gas, abdominal discomfort, or bloating are possible.⁽¹⁵⁾

Bacillus coagulans Unique IS2

Bacillus coagulans Unique IS2 is a probiotic strain used in dietary supplements to help maintain optimal gut flora. *B. coagulans* Unique IS2 is a spore-forming bacteria with a protective coating that allows it to survive the stomach's acidic environment and reach the gut intact.⁽¹⁴⁾

Health benefits of *B. coagulans* Unique IS2

The *B. coagulans* Unique IS2 strain has been researched for its potential health benefits, including alleviating symptoms such as:

- Abdominal pain
- Bloating
- Constipation⁽⁸⁾⁽¹¹⁾

Dosing and adverse effects

B. coagulans Unique IS2 is typically dosed at 2 billion CFU per day for four to eight weeks. It is well tolerated, and no adverse effects have been reported.⁽¹¹⁾⁽¹²⁾



Comparing 2'-FL and *B. coagulans* Unique IS2 to other ingredients

This table compares 2'-FL and *B. coagulans* Unique IS2 to other ingredients commonly recommended for digestive discomfort.

Addresses	Abdominal discomfort	Bloating and gas	Constipation	Diarrhea
2'-FL ⁽¹⁵⁾	✓	✓	✓	—
<i>B. coagulans</i> Unique IS2 ⁽¹²⁾	✓	✓	✓	—
Peppermint oil ⁽⁴⁾⁽¹³⁾	✓	✓	—	✓
Magnesium ⁽²¹⁾	—	—	✓	—
Soluble dietary fiber ⁽¹⁹⁾⁽²⁰⁾	—	—	✓	✓



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References

1. ACG. (2023, August 4). American College of Gastroenterology. <https://gi.org/topics/irritable-bowel-syndrome/>
2. Belcaro, G., Gizzi, G., Pellegrini, L., Corsi, M., Dugall, M., Cacchio, M., Feragalli, B., Togni, S., Riva, A., Eggenhoffner, R., & Giacomelli, L. (2017). European Review for Medical and Pharmacological Sciences, 21(9), 2249–2254. <https://www.ncbi.nlm.nih.gov/pubmed/28537656>
3. Bischoff, S. C. (2011). *BMC Medicine*, 9(1). <https://doi.org/10.1186/1741-7015-9-24>
4. Cappello, G., Spezzaferro, M., Grossi, L., Manzoli, L., & Marzio, L. (2007). *Digestive and Liver Disease*, 39(6), 530–536. <https://doi.org/10.1016/j.dld.2007.02.006>
5. Chen, Q., Yin, Q., Xie, Q., Jiang, C., Zhou, L., Liu, J., Li, B., & Jiang, S. (2022). *Journal of Agricultural and Food Chemistry*, 70(42), 13615–13625. <https://doi.org/10.1021/acs.jafc.2c04410>
6. Cresci, G., & Bawden, E. (2015). *Nutrition in Clinical Practice*, 30(6), 734–746. <https://doi.org/10.1177/0884533615609899>
7. Elison, E., Vigsnæs, L. K., Krogsbaard, L. R., Rasmussen, J., Sørensen, N., McConnell, B., Hennet, T., Sommer, M. O. A., & Bytzer, P. (2016). *British Journal of Nutrition*, 116(8), 1356–1368. <https://doi.org/10.1017/s0007114516003354>
8. Gupta, A. K., & Maity, C. (2021). *Medicine*, 100(3), e23641. <https://doi.org/10.1097/md.00000000000023641>
9. Iribarren, C., Törnblom, H., Aziz, I., Magnusson, M. K., Sundin, J., Vigsnæs, L. K., Amundsen, I. D., McConnell, B., Seitzberg, D., Öhman, L., & Simrén, M. (2020a). *Neurogastroenterology and Motility*, 32(10). <https://doi.org/10.1111/nmo.13920>
10. Ling, X., Leusink-Muis, T., Kettelarij, N., Van Ark, I., Blijenberg, B., Hesen, N. A., Stahl, B., Overbeek, S. A., Garssen, J., Folkerts, G., & Land, B. V. (2018). *Frontiers in Immunology*, 9. <https://doi.org/10.3389/fimmu.2018.00452>
11. Madempudi, R. S., Ahire, J. J., Neelamraju, J., Tripathi, A., & Nanal, S. (2019). *Scientific Reports*, 9(1). <https://doi.org/10.1038/s41598-019-48554-x>
12. Madempudi, R. S., Neelamraju, J., Ahire, J. J., Gupta, S. K., & Shukla, V. (2019). *Probiotics and Antimicrobial Proteins*, 12(2), 335–342. <https://doi.org/10.1007/s12602-019-09542-9>
13. Merat, S., Khalili, S., Mostajabi, P., Ghorbani, A., Ansari, R., & Malekzadeh, R. (2010). *Digestive Diseases and Sciences*, 55(5), 1385–1390. <https://doi.org/10.1007/s10620-009-0854-9>
14. Mu, Y., & Cong, Y. (2019). *Beneficial Microbes*, 1–10. <https://doi.org/10.3920/bm2018.0016>
15. Palsson, O. S., Peery, A. F., Seitzberg, D., Amundsen, I. D., McConnell, B., & Simrén, M. (2020a). *Clinical and Translational Gastroenterology*, 11(12), e00276. <https://doi.org/10.14309/ctg.00000000000000276>
16. Riva, A., Giacomelli, L., Togni, S., Franceschi, F., Eggenhoffner, R., Zuccarini, M. C., & Belcaro, G. (2019). *Minerva Gastroenterologica E Dietologica*, 65(1), 30–35. <https://doi.org/10.23736/S1121-421X.18.02530-8>
17. Simpson, H. L., & Campbell, B. J. (2015). *Alimentary Pharmacology & Therapeutics*, 42(2), 158–179. <https://doi.org/10.1111/apt.13248>
18. Wiciński, M., Sawicka, E., Gębalski, J., Kubiak, K., & Malinowski, B. (2020). *Nutrients*, 12(1), 266. <https://doi.org/10.3390/nu12010266>
19. Yang, J., Wang, H.-P., Zhou, L., & Xu, C.-F. (2012). *World Journal of Gastroenterology*, 18(48), 7378–7383. <https://doi.org/10.3748/wjg.v18.i48.7378>
20. Yasukawa, Z., Inoue, R., Ozeki, M., Okubo, T., Takagi, T., Honda, A., & Naito, Y. (2019). *Nutrients*, 11(9). <https://doi.org/10.3390/nu11092170>
21. Y. H. Ni, Lin, C. C., Chang, S. H., Yeung, C. Y., & Taiwan Pediatric Constipation Study Group. (2001). *Acta Paediatrica Taiwanica*, 42(6), 345–349.