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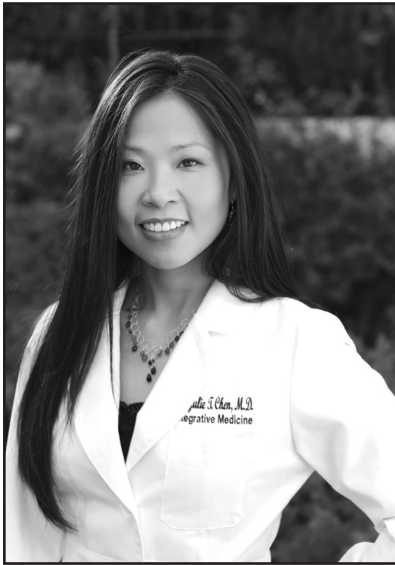
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Dr. Julie

by Julie T. Chen, MD
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Probiotics May Well Be One of the Body's Best Friends

Many of my patients, despite being very knowledgeable about supplements and interested in natural remedies, are still not taking probiotics on a regular basis. Even when they are taking antibiotics for a flagrant bacterial infection, they may not think of taking probiotics. There was even one episode where a patient of mine told me that her pharmacist strictly warned her to specifically not take probiotics while on antibiotics.

I find this interesting because if there was one thing that we learned in integrative medicine fellowship, it was that probiotics are our friends. The stronger yeast strains may be concerning for those who are immune-compromised, but in general, probiotics are beneficial.

Take a recent study for example published May 2012 in the *Journal of American Medical Association*, a review of 63 randomized controlled trials showing that out of 11,811 people, those who were on probiotics had an associated reduction in risk of antibiotic-associated diarrhea. So, even if you are one of those people who don't like to take daily pills, at least if you are taking antibiotics, try adding a probiotic to your routine during the time you are on the medication to make sure that your intestinal tract stays healthy and balanced.

Those of you who regularly read my columns know that I usually like to pick one patient story to demonstrate a clinical point. In this instance, there are just too many good examples of why probiotics are our friends that I can't just share one story. So let me take this opportunity to show two cases of how probiotics may be helpful for various health issues.

I had an older female patient who came to me for irritable bowel syndrome with a propensity toward constipation and gastroesophageal reflux. After our initial discussion as to what might be beneficial for her work-up, she decided that she wanted food sensitivity testing. When the results came back, we explored the categories of foods that caused

inflammation in her system and she consequently removed those foods from her diet. Her symptoms improved about 60%, but she wanted to know if there was anything else she can do to help the rest of her symptoms.

When she first started seeing me, she wasn't sure that she wanted any more supplements, since she thought that she took enough and was certain that removal of food triggers alone would rid her of all her gastrointestinal issues. After our discussion, once she had removed food triggers and symptoms improved but plateaued, she wanted to give probiotics a try. We started her on a gluten-free, dairy-free probiotic, and after about 4 weeks on it, she noticed that her symptoms were mostly gone. We discussed the idea that she may have had some small bowel dysregulation in flora after many years of irritation and inflammation of the gastrointestinal tract from food triggers and that she needed to rebalance the flora after the removal of those triggers to get her bowel to fully heal. She is now on probiotics daily and recently told me that she had fewer colds last winter, which she attributes to the probiotics' role in a healthy immune system.

In that patient's case, we see that the probiotics helped with gastrointestinal issues as well as achieving and maintaining a healthy immune system for fighting colds. In the next example, probiotics help a patient with recurrent urinary tract infections.

I was treating a woman in her 40s who presented with recurrent urinary tract infections. She thought that she had "borderline interstitial cystitis" because she always felt some low level of burning in her bladder and was concerned that it would become "full-blown interstitial cystitis." She was concerned about taking cranberry for her recurrent infections because she thought that the acidic foods made the burning in her bladder worse, and wanted to know what other options could work for her.



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During our initial visit, she also expressed concern that her back and joints hurt regularly and that she never used to have reactive airway disease with cold, but the last few years, she started getting some wheezing with her upper respiratory infections.

Based on her history of many symptoms pointing to a more inflamed physiology, I recommended that we test for food sensitivities to remove all offending triggers and worked with her on lowering stress and improving her sleep and relaxation schedules. She started walking more often and overhauled her lifestyle patterns to lessen inflammation. After several months of these changes, she felt significantly better in regard to pain, sleep, and overall

energy. She said that even the burning feeling lessened. But, she was still getting recurrent urinary tract infections, although less frequently.

I counseled her on appropriate bathroom cleansing behaviors and then we talked about the option of probiotics. She still didn't want to use cranberry extract but thought she would give probiotics a shot at helping her immune system rebalance itself. After about 6 to 8 weeks on the probiotic, she started noticing that her urinary system was more balanced and calmer. After about 12 weeks, she noticed she had not had a urinary tract infection for about four weeks. We are now about a year and a half into her regimen and she hasn't had another urinary tract infection except once during that time period.

These patient examples show us that while probiotics definitely are our friends and can support us in many health areas, lifestyle and dietary changes usually are needed to create a healthy foundation for probiotics to help us achieve our goals.

So, as we settle into the winter months, keep in mind that maintaining a healthful anti-inflammatory diet and not succumbing to stress are very important ... but we should also keep our helpful probiotic friends within our reach as well, so that we can have a joyful, healthy season.

Reference

Hempel S et al. Probiotics for the prevention and treatment of antibiotic-associated diarrhea: a systemic review and meta-analysis. *JAMA*. May 2012;307(18):1959-1969. doi:10.1001/jama.2012.3507.

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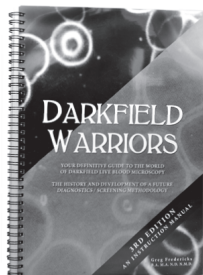
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