



L. PLANTARUM

Guaranteed potency tested for stability and survivability

Nutritional Information One Capsule provides:

Lactobacillus Plantarum

2 billion (2x10⁹)

Take one or two capsules daily with or after a meal





SUMMARY

- 2 billion viable L. plantarum organisms per capsule
- With DRcaps, a unique delayed release capsule shell that protects sensitive bacteria from stomach acid
- Lyophilised, encapsulated and individually sealed to enhance stability
- Refrigeration is optional
- Suitable for Vegetarians and vegans

DESCRIPTION

Quest probiotic products are manufactured 100% in-house from proprietary probiotic master cultures with proven stability and survivability in the GI tract. Quest L. Plantarum provides 2 billion lactobacillus plantarum bacteria per capsule, lyophilised and encapsulated with guaranteed potency until the end of shelf life.

HOW DOES L. PLANTARUM SUPPORT GUT HEALTH IN IBS SUFFERERS?

Alteration in gut microbiome: Alterations of normal intestinal microbiome is frequently observed in IBS (irritable bowel syndrome) patients and probiotic supplementation has been shown to be beneficial in reducing symptoms. A review looked at 20 trials with a total of 1404 subjects and concluded that probiotics were associated with improvements in IBS symptoms including less abdominal pain when compared to a placebo¹.

Abdominal pain and bloating: Lactobacillus probiotics decrease intestinal pain in IBS sufferers by promoting the expression of opioid and cannabinoid receptors in the gut and inducing an effect similar to morphine². Studies suggest that L. plantarum may be beneficial for those with IBS, particularly relieving abdominal pain and bloating^{3,4}.

Regulation of bowel movements: One placebo-controlled study showed a trend towards the normalisation of bowel movements in the majority of constipated IBS sufferers. An improvement occurred in 95% of participants who took L plantarum vs 15% of participants who took the placebo⁴. Lactobacilli strains produce short chain fatty acids, of which acetate, propionate and butyrate nourish the gut cells and promote peristalsis and the relief of constipation⁵.

Protection against pathogenic organisms: L. plantarum adheres to the gut mucosa via a mechanism known as mannose adhesion and resides and colonises in the gut. L. plantarum has significant antibacterial activity against Listeria monocytogenes, Escherischia coli, Yersinia enterolytica, Enterobacter cloacae and Enterococcus faecalis and prevents these from becoming pathogenic and causing symptoms³.

Intestinal immune modulation: L. plantarum has immunomodulatory effects and increases the secretion of macrophages and T cells from the colon which protects against pathogens further³. Probiotics have a large influence on the gut associated lymphoid tissue (GALT), the body's store of immune cells and directly influence the development of these cells.

HOW SHOULD L.PLANTARUM BE TAKEN?

As a food supplement take one or two capsules daily with or after a meal. Swallow with water.

ARE THERE ANY PRECAUTIONS BEFORE OR WHILE TAKING L. PLANTARUM?

Medical supervision should be obtained before taking L. Plantarum while taking immune suppressants.

THE ADVANTAGE OF DRCAPS™

DRcaps are designed to delay the release of probiotic bacteria, protecting the probiotics from stomach acidity and allowing the probiotics to be most effective where they need to be - **directly in the intestine**.





*Subject consumed light breakfast 30 minutes prior to dosing DRcaps containing 300mg of lactose, 10mg of which was radiolabelled to allow anterior and posterior images taken every 5 minutes after dosing.

FEATURES

- 2 billion viable L. plantarum organisms per capsule
- With delayed release capsules to protect bacteria from the harsh environment of the stomach
- Non-dairy sourced vegan strains

HEALTH NEEDS

GUT & DIGESTION

SCIENTIFIC REFERENCES

- 1. World J Gastroenterol. 2008: 14 (17).
- 2. Nature Medicine. 2007:13;35-37
- 3. World J Gastroenterol. 2012: 14;18(30): 4012-4018
- 4. European J Gastroenterology and hepatology.2001:13;10
- 5. Colorectal Dis. 2016;18(8):803-10



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