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Bio Mamps® Lactobacillus rhamnosus

Inovação no combate às alergias e inflamações

DESCRIÇÃO

Os Bio-MAMPs são fragmentos ativos na forma de lisados proteicos, obtidos de cepas probióticas com elevadas concentrações de unidades formadoras de colônias (UFC), que receberam tratamento térmico-tecnológico patenteado para a viabilidade da liberação de fragmentos ativos. Nesse processo inovador, as cepas são "mortas" e, dessa maneira, os fragmentos dos probióticos são capazes de ativar o sistema imunológico do hospedeiro. Os **Bio MAMPs® *Lactobacillus rhamnosus*** são indicados para doenças inflamatórias devido à sua eficácia anti-inflamatória e ainda possuem eficácia clínica no tratamento de doenças alérgicas como doenças respiratórias alérgicas e alimentares.

MECANISMO DE AÇÃO

Os Bio MAMPs® *Lactobacilluus rhamnosus* reduzem significativamente a inflamação por meio da diminuição de citocinas inflamatórias como IL-4, IL-5, IL, IL-12; antígenos como IgE, IgG1; e ainda diminuem os radicais livres. Além disso, também aumentam as citocinas anti-inflamatórias.

INDICAÇÕES

- Atenuação da dor em várias patologias associadas à dor crônica e inflamação como a artrite reumatoide, a colite e outras.
- Estimulação do sistema imunológico.
- Redução de citocinas inflamatórias.
- Redução de doenças alérgicas, por meio da redução de IgE.
- Redução de alergias alimentares.

DOSAGEM USUAL:

A recomendação oral de **Bio MAMPs® *Lactobacillus rhamnosus*** é de 5 mg a 100 mg ao dia.

Comprar AGORA!

Sugestões de Fórmulas

Bio-MAMPs® L. *casei* ..... 12,5 mg
Bio-MAMPs® L. *gasseri* ..... 12,5 mg
Bio-MAMPs® L. *rhamnosus* ..... 12,5 mg
Bifidobacterium lactis ..... 1 bilhão UFC
Lactobacillus delbruekii ..... 1 bilhão UFC
GliSODin® ..... 50 mg
Modo de uso: uma dose, duas vezes ao dia.
Indicação: doenças respiratórias alérgicas.

Bio-MAMPs® L. *rhamnosus* ..... 20 mg
Bio-MAMPs® S. *thermophilus* ..... 20 mg
Bio-MAMPs® L. *gasseri* ..... 20 mg
Bifidobacterium breve ..... 1 bilhão UFC
Lactobacillus rhamnosus ..... 1 bilhão UFC
Modo de uso: uma dose, duas vezes ao dia.
Indicação: colite.

Bio-MAMPs® L. *acidophilus* ..... 15 mg
Bio-MAMPs® L. *rhamnosus* ..... 15 mg
Bio-MAMPs® L. *gasseri* ..... 15 mg
Lactobacillus crispatus ..... 1 bilhão UFC
GliSODin® ..... 50 mg
Modo de uso: uma dose, duas vezes ao dia.
Indicação: doenças inflamatórias.

Bio-MAMPs® L. *rhamnosus* ..... 12,5 mg
Bio-MAMPs® L. *casei* ..... 12,5 mg
Bio-MAMPs® S. *thermophilus* ..... 12,5 mg
Lactobacillus delbruekii ..... 1 bilhão UFC
Bifidobacterium infantis ..... 1 bilhão UFC
GliSODin® ..... 50 mg
Modo de uso: uma dose, duas vezes ao dia.
Indicação: alergias alimentares.

Bio Mamps® Lactobacillus rhamnosus

ESTUDOS

Effect of *Lactobacillus rhamnosus* HN001 in Pregnancy on Postpartum Symptoms of Depression and Anxiety: A Randomised Double-blind Placebo-controlled Trial.

Probiotics may help to prevent symptoms of anxiety and depression through several putative mechanisms. The aim of this study was to evaluate the effect of *Lactobacillus rhamnosus* HN001 (HN001) given in pregnancy and postpartum on symptoms of maternal depression and anxiety in the postpartum period. This was a secondary outcome, the primary outcome being eczema in the offspring at 12months of age. A randomised, double-blind, placebo-controlled trial of the effect of HN001 on postnatal mood was conducted in 423 women in Auckland and Wellington, New Zealand. Women were recruited at 14-16weeks gestation. Women were randomised to receive either placebo or HN001 daily from enrolment until 6months postpartum if breastfeeding. Modified versions of the Edinburgh Postnatal Depression Scale and State Trait Anxiety Inventory were used to assess symptoms of depression and anxiety postpartum. Australia NZ Clinical Trials Registry: ACTRN12612000196842. 423 women were recruited between December 2012 and November 2014. 212 women were randomised to HN001 and 211 to placebo. 380 women (89.8%) completed the questionnaire on psychological outcomes, 193 (91.0%) in the treatment group and 187 (88.6%) in the placebo group. Mothers in the probiotic treatment group reported significantly lower depression scores (HN001 mean=7·7 (SD=5·4), placebo 9·0 (6·0); effect size -1·2, (95% CI -2·3, -0·1), p=0·037) and anxiety scores (HN001 12·0 (4·0), placebo 13·0 (4·0); effect size -1·0 (-1·9, -0·2), p=0·014) than those in the placebo group. Rates of clinically relevant anxiety on screening (score>15) were significantly lower in the HN001 treated mothers (OR=0·44 (0·26, 0·73), p=0·002). Women who received HN001 had significantly lower depression and anxiety scores in the postpartum period. This probiotic may be useful for the prevention or treatment of symptoms of depression and anxiety postpartum.

Effect of Probiotics on Incident Ventilator-Associated Pneumonia in Critically Ill Patients: A Randomized Clinical Trial.

Growing interest in microbial dysbiosis during critical illness has raised questions about the therapeutic potential of microbiome modification with probiotics. Prior randomized trials in this population suggest that probiotics reduce infection, particularly ventilator-associated pneumonia (VAP), although probiotic-associated infections have also been reported. To evaluate the effect of *Lactobacillus rhamnosus* GG on preventing VAP, additional infections, and other clinically important outcomes in the intensive care unit (ICU). Randomized placebo-controlled trial in 44 ICUs in Canada, the United States, and Saudi Arabia enrolling adults predicted to require mechanical ventilation for at least 72 hours. A total of 2653 patients were enrolled from October 2013 to March 2019 (final follow-up, October 2020). Enteral L rhamnosus GG (1 × 1010 colony-forming units) (n = 1321) or placebo (n = 1332) twice daily in the ICU. The primary outcome was VAP determined by duplicate blinded central adjudication. Secondary outcomes were other ICU-acquired infections including Clostridioides difficile infection, diarrhea, antimicrobial use, ICU and hospital length of stay, and mortality. Among 2653 randomized patients (mean age, 59.8 years [SD], 16.5 years), 2650 (99.9%) completed the trial (mean age, 59.8 years [SD], 16.5 years; 1063 women [40.1%.] with a mean Acute Physiology and Chronic Health Evaluation II score of 22.0 (SD, 7.8) and received the study product for a median of 9 days (IQR, 5-15 days). VAP developed among 289 of 1318 patients (21.9%) receiving probiotics vs 284 of 1332 controls (21.3%; hazard ratio [HR], 1.03 (95% CI, 0.87-1.22; P = .73, absolute difference, 0.6%, 95% CI, -2.5% to 3.7%). None of the 20 prespecified secondary outcomes, including other ICU-acquired infections, diarrhea, antimicrobial use, mortality, or length of stay showed a significant difference. Fifteen patients (1.1%) receiving probiotics vs 1 (0.1%) in the control group experienced the adverse event of L rhamnosus in a sterile site or the sole or predominant organism in a nonsterile site (odds ratio, 14.02; 95% CI, 1.79-109.58; P < .001). Among critically ill patients requiring mechanical ventilation, administration of the probiotic L rhamnosus GG compared with placebo, resulted in no significant difference in the development of ventilator-associated pneumonia. These findings do not support the use of L rhamnosus GG in critically ill patients.

***Lactobacillus acidophilus* CL1285, *Lactobacillus casei* LBC80R and *Lactobacillus rhamnosus* CLR2 improve quality-of-life and IBS symptoms: a double-blind, randomised, placebo-controlled study.**

A combination of *Lactobacillus acidophilus* CL1285, *Lactobacillus casei* LBC80R and *Lactobacillus rhamnosus* CLR2 was compared to placebo for relief of symptoms of irritable bowel syndrome (IBS). A total of 113 subjects at 3 clinical sites were randomised in a 2:1 ratio and followed for 12 weeks. Subjects ingested either 2 capsules of active study product, containing 50×109 cfu of live organisms, or 2 placebo capsules daily. Endpoints included improvement in abdominal pain, days of pain, distention, stool consistency and frequency, quality of life (QOL), and adequate relief (AR) of IBS symptoms. IBS subtypes constipation (IBS-C), diarrhoea (IBS-D), and mixed (IBS-M) were evaluated separately; the effect of gender was also examined. For all efficacy endpoints improvement of 30% or more vs placebo was considered clinically significant. With the exception of pain intensity and AR, the endpoints demonstrated a therapeutic advantage of active over placebo for IBS symptoms in at least some subject subgroups. The IBS-D and female subgroups showed the largest and most consistent effects. Stool frequency and consistency were evaluated in the IBS-C and IBS-D subgroups, and improvement of active vs placebo was noted in both. QOL improvement was seen overall and in specific domains.

REFERÊNCIAS

Material cedido pelo fornecedor.

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