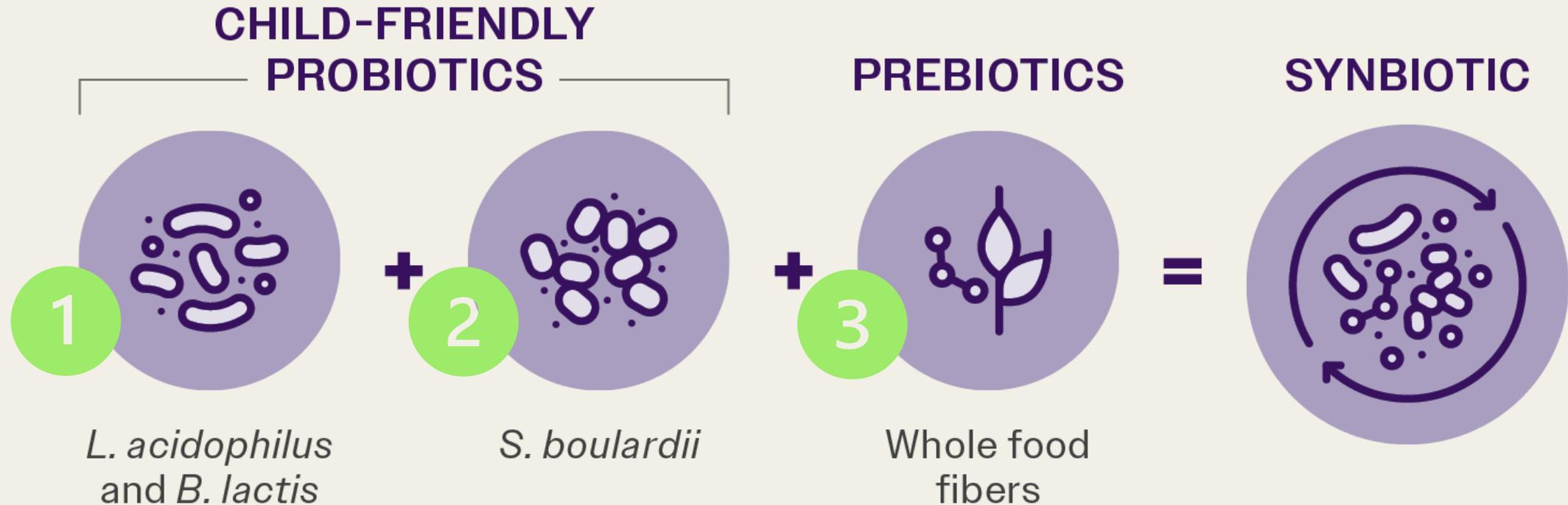


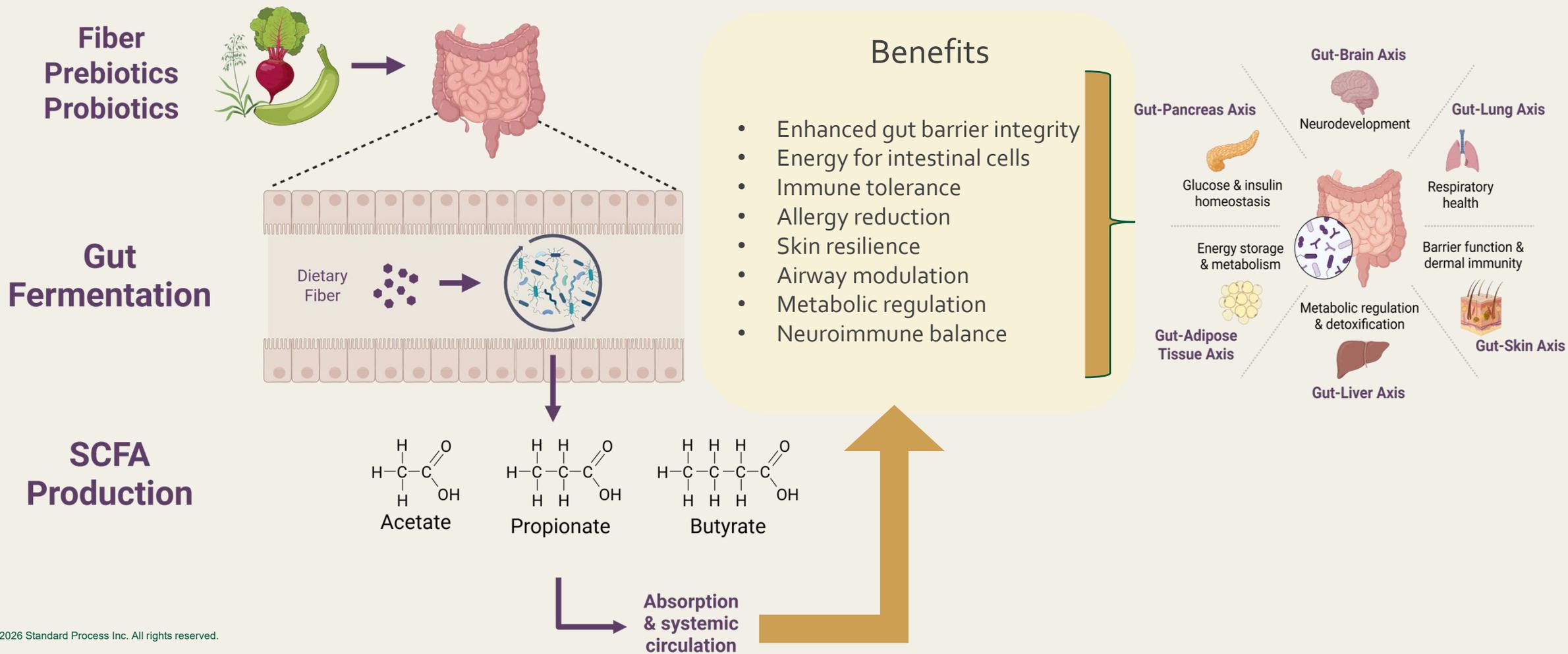
# A Three-Layer Synbiotic Strategy for Pediatric Gut and Immune Health

Mimi Prunella Hernandez, MS, RH(AHG)  
Clinical Educator, Standard Process

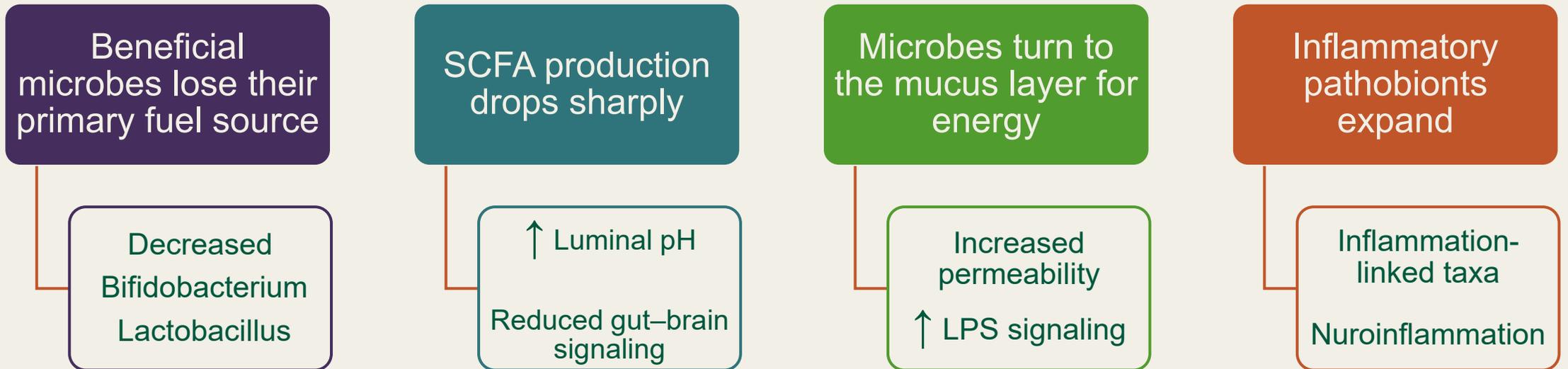
# A Three-Layer Synbiotic Strategy



# Synbiotic Mechanisms of Action



# Low Fiber as a Driver of Pediatric Dysbiosis



Low-fiber diets reduce beneficial microbial metabolites while promoting barrier disruption and inflammatory signaling along the gut–brain axis.

# Building a Diverse Fiber Foundation: Key Categories

## Insoluble Fiber

Adds bulk; stimulates peristalsis and stool regularity  
**Sources: Beetroot, Oats, Green Banana Flour**

## Soluble Fiber

Forms gels; improves stool transit, slows digestion  
**Sources: Apple Pectin, Oats, Inulin/FOS**

## Resistant Starch

feeds colonic microbes; ferments to SCFAs  
**Source: Green Banana Flour**

## $\beta$ -Glucans

Viscous gel-forming fiber that supports healthy glycemic patterns and metabolic balance  
**Source: Oats**

## Oligosaccharides

Short-chain fibers that selectively nourish beneficial microbes and support gut and immune development  
**Sources: Chicory Root Derived Inulin/FOS**

# Building a Microbiome Friendly Fiber Foundation

**95%** of children do not meet daily fiber recommendations

**30%** of children are affected by constipation

- Different fibers feed different microbes
- Different fibers produce different metabolites
- Fiber diversity promotes microbial cross-feeding



Chicory Root



Apple Pectin



Green Banana Flour



Ancient Oats



Beetroot

# Clinically Studied Microbes in Pediatric Care

## ***Lactobacillus acidophilus* DDS-1®**

- Well-characterized lactate-producing *Lactobacillus* species
- Supports microbial cross-feeding and metabolite production

## ***Bifidobacterium lactis* UABLA-12®**

- Common member of healthy pediatric microbiomes
- Ferments prebiotic fibers and supports SCFA production

## ***Saccharomyces boulardii***

- Supports intestinal barrier integrity and immune balance
- Ecosystem stability influences gut–brain communication

# Prebiotic Oligosaccharides

## Studied across age groups

- Softer, more frequent stools in infants
- Increased Bifidobacteria abundance
- Reduced atopic dermatitis risk
- SCFA-driven immune maturation

→ Rapid inulin fermentation may cause gassiness at higher doses

→ Diverse fiber blends slow and extend fermentation, improving tolerance

FOS provides a prebiotic fermentable substrate that supports probiotic function, including strains such as DDS-1 and UABLA-12, reinforcing synbiotic synergy.

Vandenplas et al., Br J Nutr, 2015 – Prebiotics in infant formula  
Closa-Monasterolo et al., Clin Nutr, 2013 – Inulin/FOS safety & efficacy  
Moro et al., Arch Dis Child, 2006 – Prebiotics & atopic dermatitis

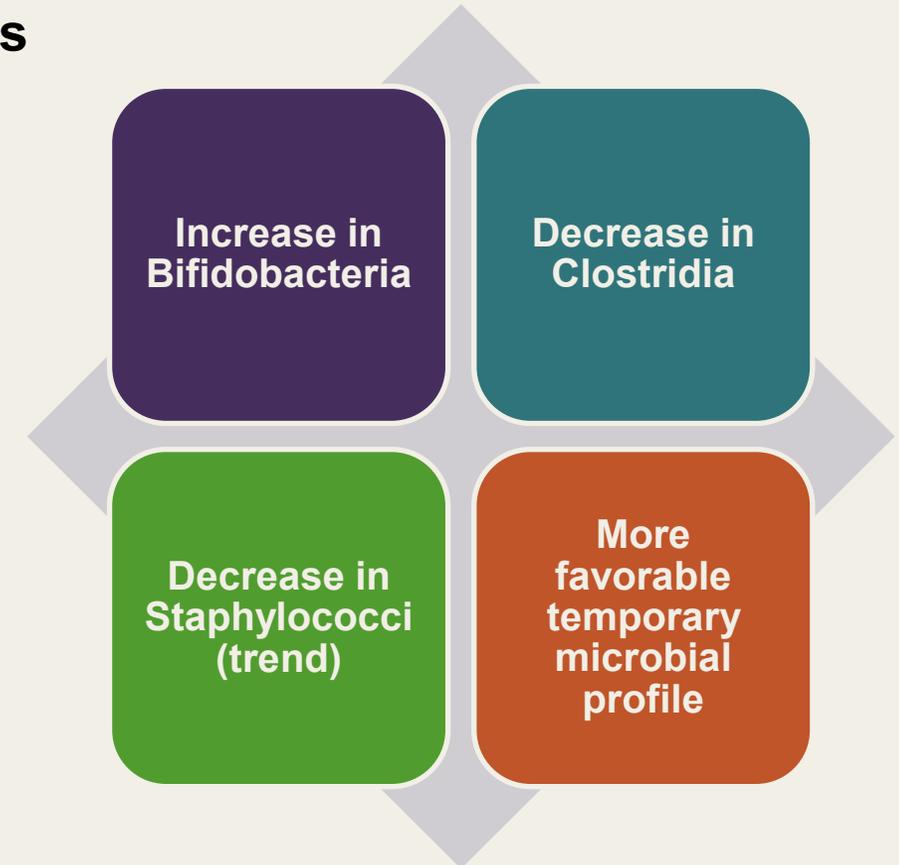


# Prebiotic Support for Healthy Gut Function in Children

2 g/day oligofructose (Inulin derived- FOS), ages 7-9 months

## Clinical outcomes at 21 days:

- ↓ Flatulence
- ↓ Diarrhea
- ↓ Vomiting
- ↓ Fever Episodes



Randomized Controlled Trial > Int J Food Microbiol. 2007 Jan 1;113(1):108-13.

doi: 10.1016/j.ijfoodmicro.2006.07.009. Epub 2006 Sep 22.

**Effect of oligofructose supplementation on gut microflora and well-being in young children attending a day care centre**

Anne-Judith Waligora-Dupriet <sup>1</sup>, Florence Campeotto, Ioannis Nicolis, Anne Bonet, Pascale Soulaines, Christophe Dupont, Marie-José Butel



# Improved Stool Habits in Children

10 billion CFU/day: *L. acidophilus* DDS-1 + *B. lactis* UABLA-12

RCT (ages 4–12) with functional constipation

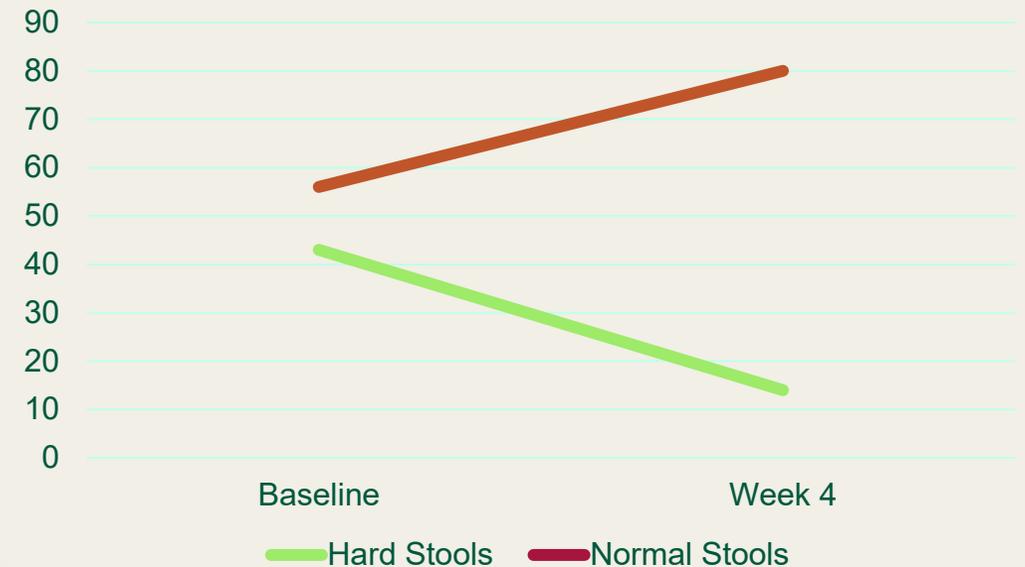
## Clinical outcomes:

- Stool frequency normalized more quickly
- Microbiota shifts were favorable

↑ Actinobacteria

↓ Proteobacteria

## Probiotic Use Normalized Stool Consistency in 4 Weeks



> [Front Microbiol.](https://doi.org/10.3389/fmicb.2022.985308) 2022 Aug 22;13:985308. doi: 10.3389/fmicb.2022.985308. eCollection 2022.

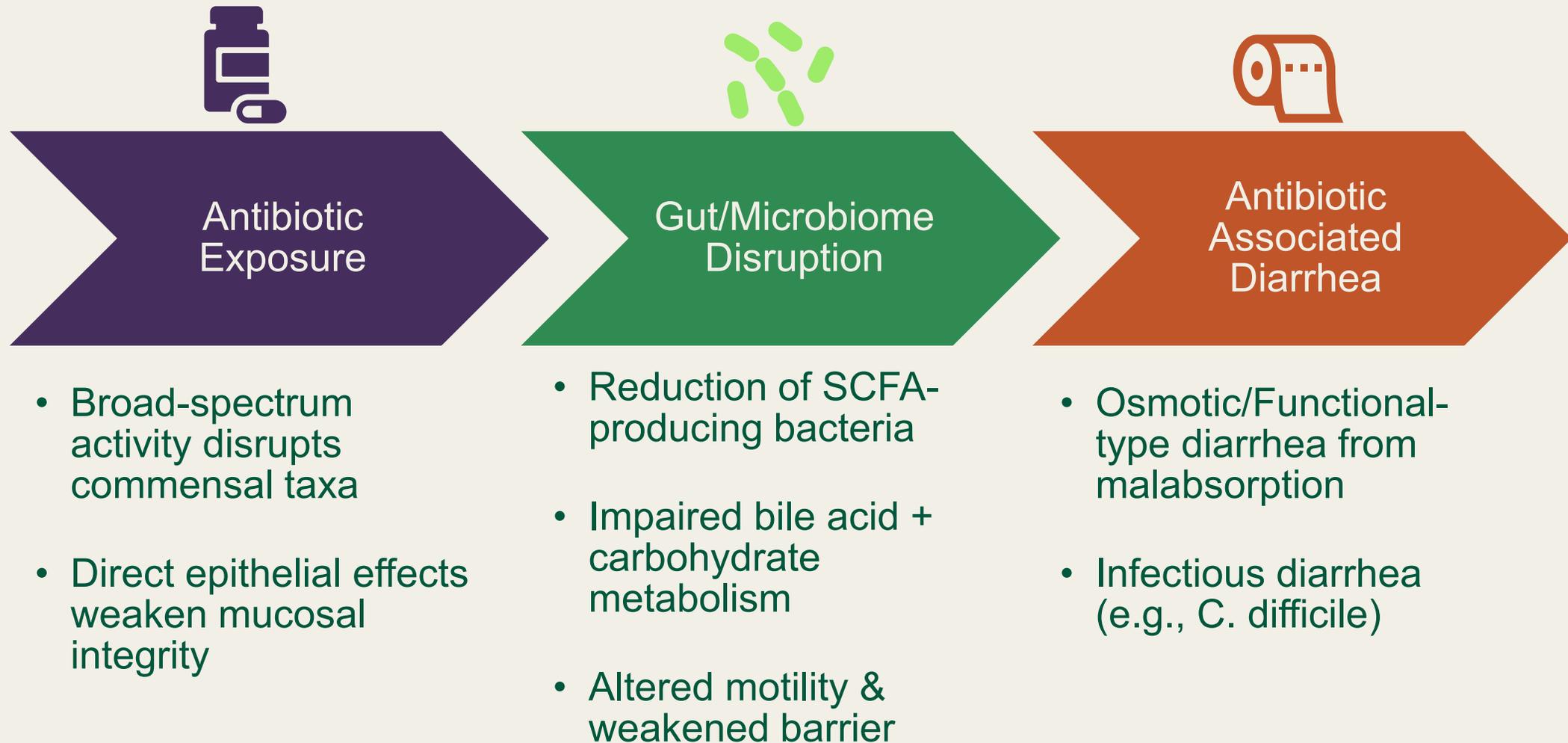
### Impact of a probiotic chewable tablet on stool habits and microbial profile in children with functional constipation: A randomized controlled clinical trial

Dan Gan<sup>1</sup>, Jialun Chen<sup>1</sup>, Xin Tang<sup>1</sup>, Luyao Xiao<sup>2</sup>, Christopher J Martoni<sup>3</sup>, Gregory Leyer<sup>3</sup>, Guixia Huang<sup>1</sup>, Wei Li<sup>2</sup>



# When Antibiotics Disturb the Gut

## Antibiotic associated diarrhea

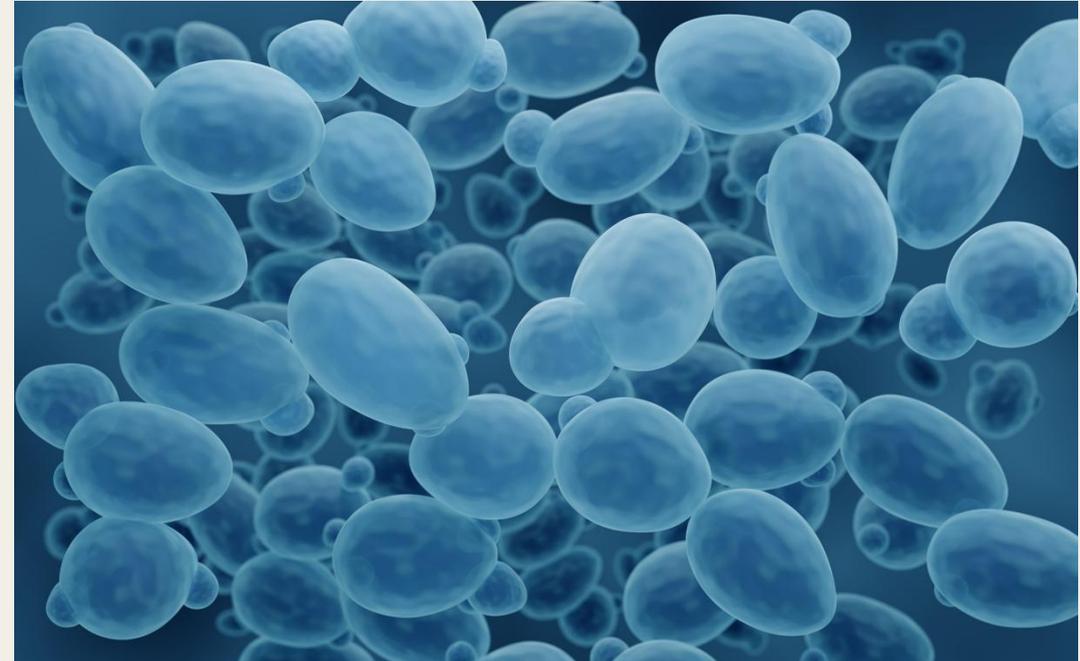


# *S. boulardii* Prevention Antibiotic Associated Diarrhea

269 children (6 months–14 years); 250 mg BID *during* antibiotic therapy

First pediatric RCT showing significant AAD prevention with *S. Boulardii*

- 70% reduction in diarrhea incidence
- 80% reduction in antibiotic-associated diarrhea
- Protection persisted up to 2 weeks post-antibiotics
- Reduced both *C. difficile*–associated and unexplained AAD
- No adverse events reported



Clinical Trial > Aliment Pharmacol Ther. 2005 Mar 1;21(5):583-90.

doi: 10.1111/j.1365-2036.2005.02356.x.

**Saccharomyces boulardii in the prevention of antibiotic-associated diarrhoea in children: a randomized double-blind placebo-controlled trial**

M Kotowska <sup>1</sup>, P Albrecht, H Szajewska

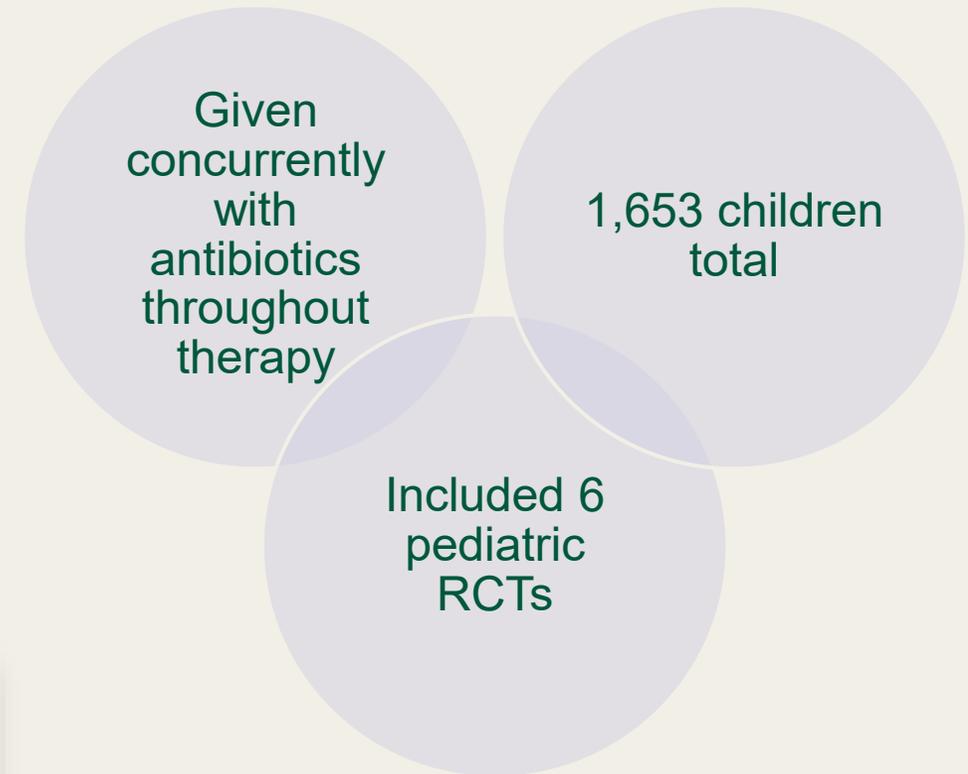


# *S. boulardii* for Prevention of Antibiotic Associated Diarrhea

Effective across a range of doses (typically 250–1000 mg/day)

- Reduced the risk of *C. difficile*–associated diarrhea in children
- No serious adverse events reported in trials

In children, *S. boulardii* reduced the risk from 20.9% to 8.8%



Meta-Analysis > *Aliment Pharmacol Ther.* 2015 Oct;42(7):793-801. doi: 10.1111/apt.13344.

Epub 2015 Jul 27.

**Systematic review with meta-analysis:  
Saccharomyces boulardii in the prevention of  
antibiotic-associated diarrhoea**

H Szajewska <sup>1</sup>, M Kołodziej <sup>1</sup>



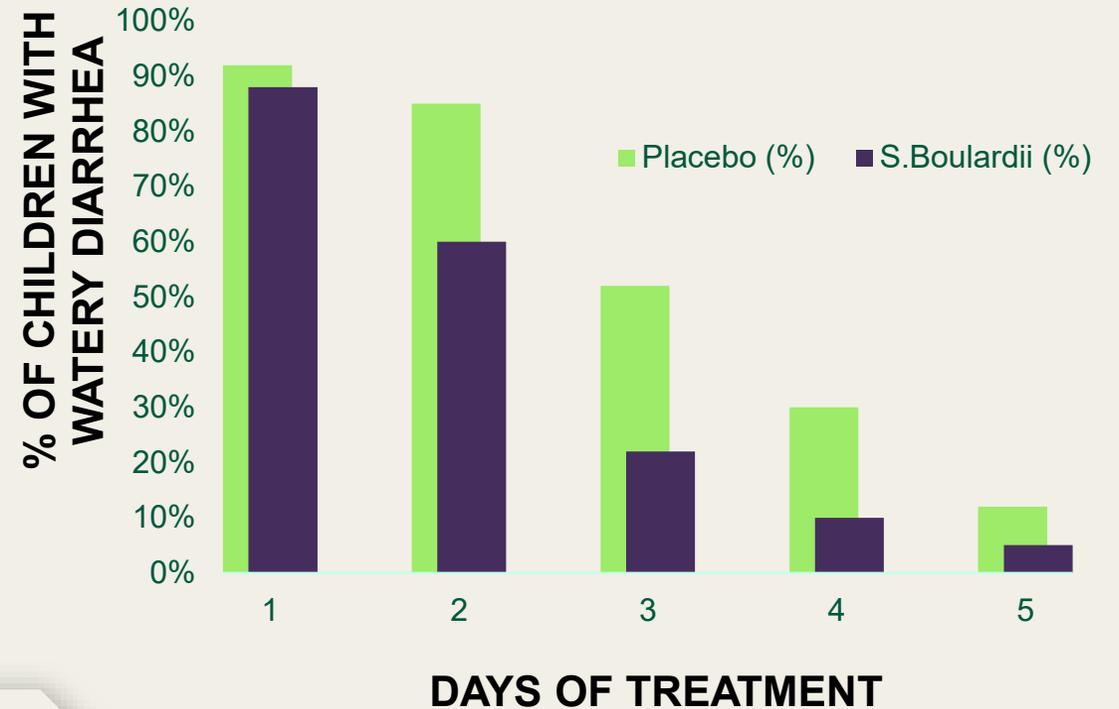
# *S. boulardii* Therapeutic Outcomes in Acute Diarrhea

250 mg/day of *Saccharomyces boulardii*

Ages 3–12

Hospitalized with acute diarrhea

- ↓ Duration of diarrhea
- ↓ Watery diarrhea
- ↓ Hospital stay
- ↓ Persistent diarrhea



Clinical Trial > [Acta Paediatr. 2005 Jan;94\(1\):44-7. doi: 10.1111/j.1651-2227.2005.tb01786.x.](https://doi.org/10.1111/j.1651-2227.2005.tb01786.x)

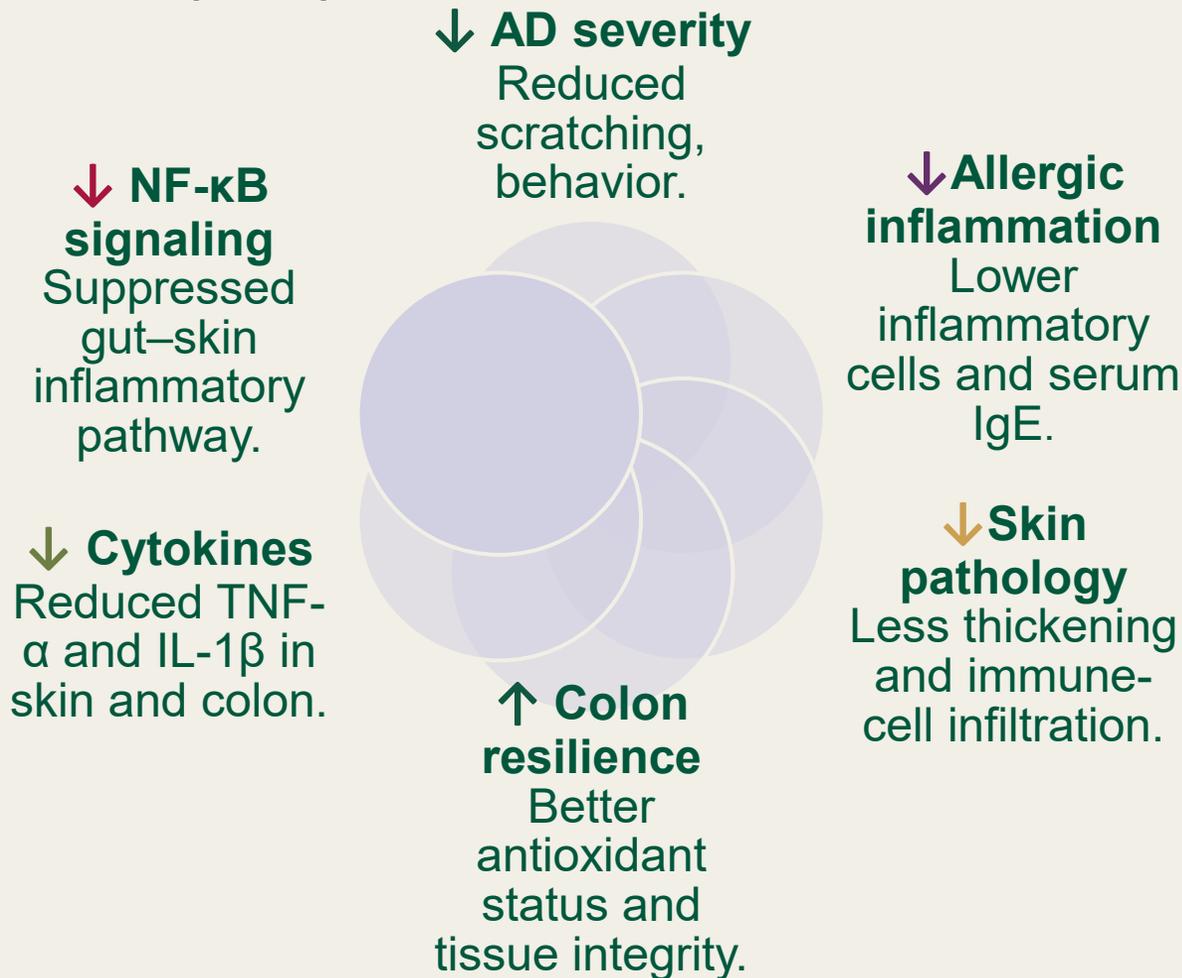
Effects of *Saccharomyces boulardii* in children with acute diarrhoea

Z Kurugöl<sup>1</sup>, G Koturoğlu

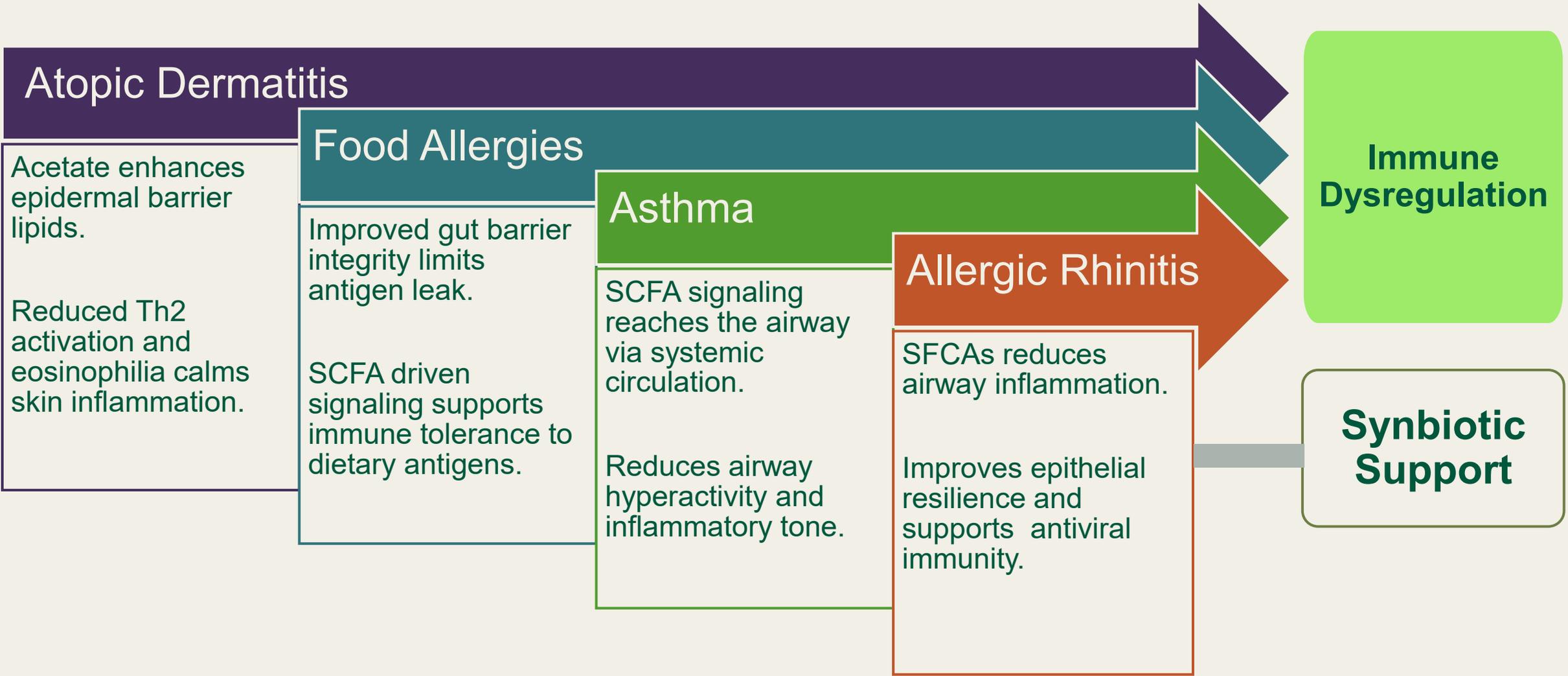


# *S. boulardii* & Gut-Skin Immune Modulation

## Recent preclinical evidence (2025)



# Synbiotic Support Across the Atopic March



# Synbiotic Outcomes Atopic Dermatitis

10 billion CFU/day (*L. acidophilus* & *B. Lactis*) + 100 mg inulin

## 8-week Synbiotic

Ages 12–36 months

33.7%

SCORAD reduction

7.7 g

Less topical corticosteroid used

Reduced  
overall skin  
involvement

Less itching  
and  
improved  
sleep

Visibly  
milder lesion  
appearance

Randomized Controlled Trial > [Am J Clin Dermatol. 2010;11\(5\):351-61.](#)

doi: 10.2165/11531420-000000000-00000.

**Probiotic supplement reduces atopic dermatitis in preschool children: a randomized, double-blind, placebo-controlled, clinical trial**

Sergei V Gerasimov<sup>1</sup>, Volodymyr V Vasjuta, Oksana O Myhovych, Lyudmyla I Bondarchuk



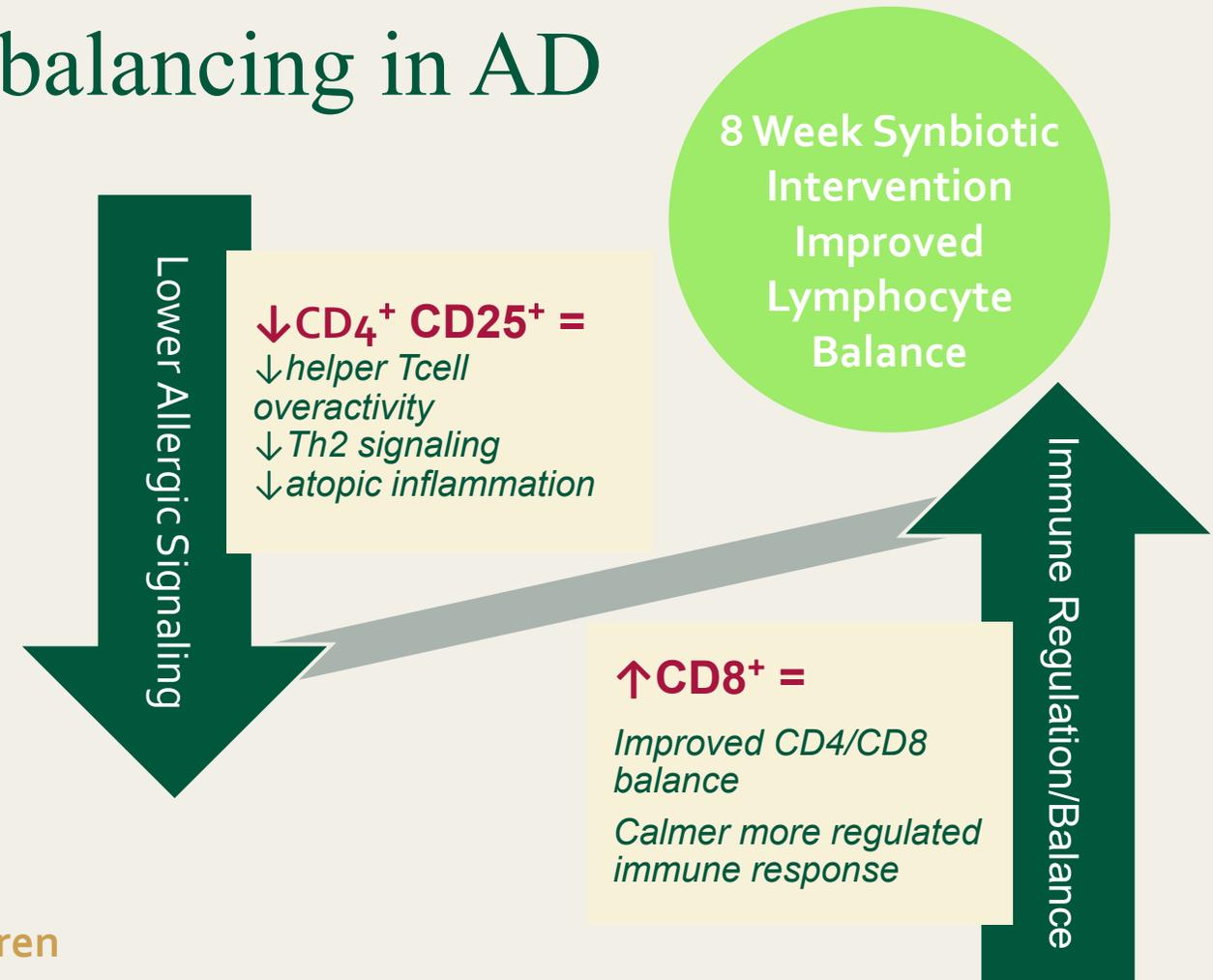
# Synbiotic Driven Immune Rebalancing in AD

Lowered CD<sub>4</sub>/CD8 ratios:

- ↓ Inflammation
- ↓ Th2 allergic activity
- ↓ Atopic dermatitis severity

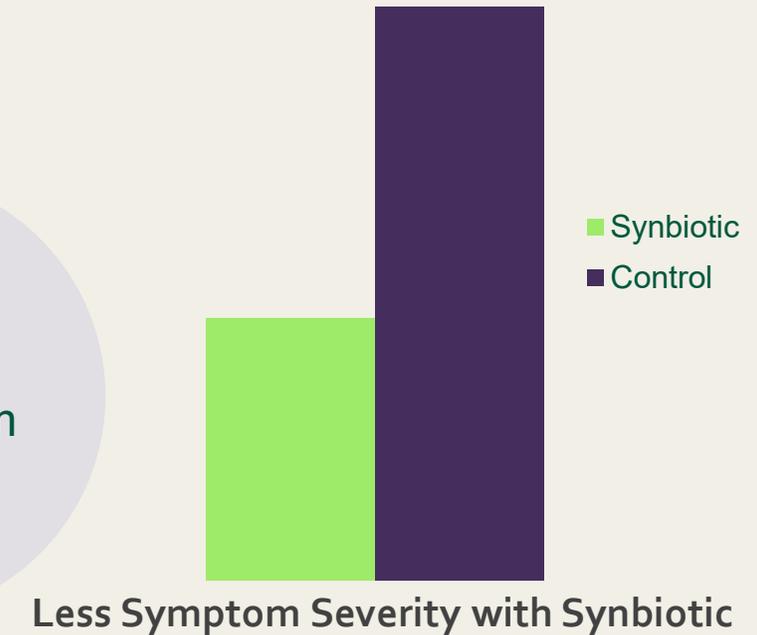
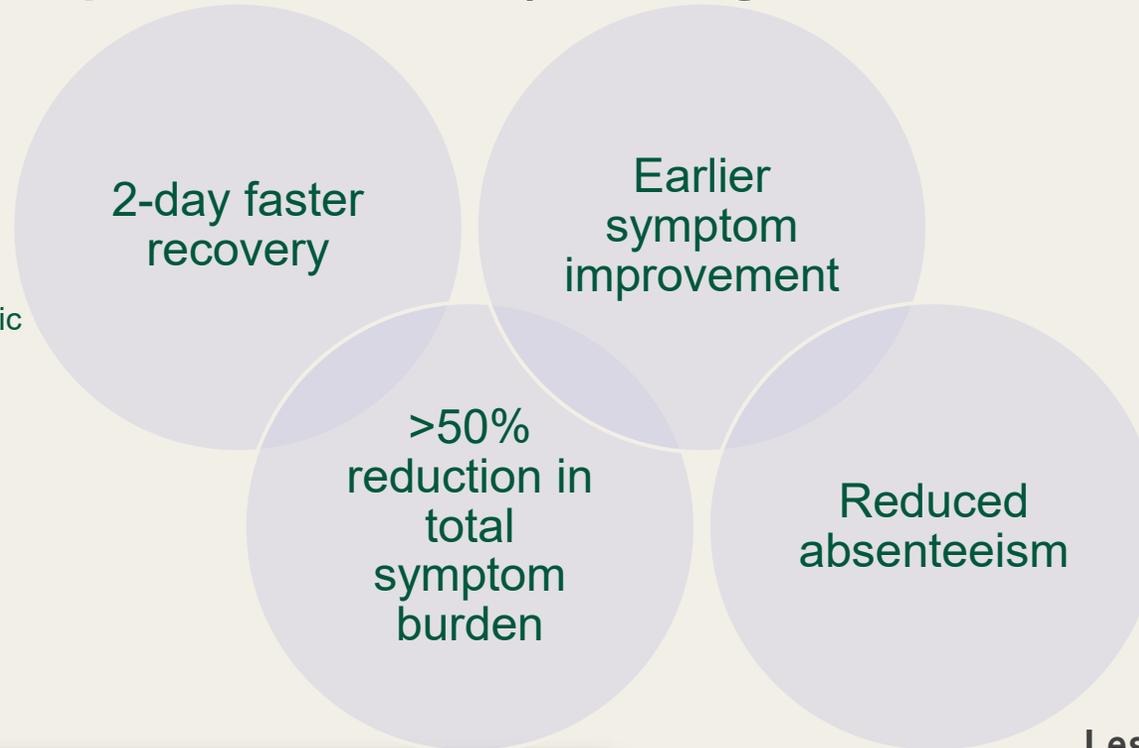
Restoring this ratio = immune recalibration

Strongest benefits seen in high-IgE/eosinophil children



# Synbiotic Outcomes Acute Respiratory Infection

5 billion CFU/day (*L. acidophilus* & *B. Lactis*) + 50 mg FOS



Randomized Controlled Trial > Eur J Clin Nutr. 2016 Apr;70(4):463-9. doi: 10.1038/ejcn.2015.171.

Epub 2015 Oct 14.

**Role of short-term use of *L. acidophilus* DDS-1 and *B. lactis* UABLA-12 in acute respiratory infections in children: a randomized controlled trial**

S V Gerasimov<sup>1</sup>, V A Ivantsiv<sup>2</sup>, L M Bobryk<sup>2</sup>, O O Tsitsura<sup>3</sup>, L P Dedyshin<sup>1</sup>, N V Guta<sup>2</sup>, B V Yandyo<sup>2</sup>



# Clinically Backed Ingredients

