

PROBIOTIC SUPREME DF™

HELPS SUPPORT INTESTINAL/GASTROINTESTINAL HEALTH
60 CAPLETS | NPN80062453 | PROS60-CN

PROBIOTIC SUPREME DF™ uses the most advanced patented delivery and shelf stability technology available to ensure maximum potency and viability. This is achieved using the latest techniques designed to protect fragile probiotic organisms from harsh stomach acid and deliver the highest number of live organisms to the intestinal tract. Probiotics are naturally occurring friendly bacteria that are an integral part of a healthy digestive system. They exist primarily in the small and large intestine, enhancing health in several key ways. They help by assisting with food and nutrient assimilation, inhibiting harmful bacteria and by stimulating the immune system. Proper probiotic supplementation replaces intestinal tract organisms lost to antibiotic use, disease, poor diets, stress and other factors.

COMMON PROBLEMS WITH PROBIOTIC SUPPLEMENTS

- Strain identification and count is very difficult proper technology is critical
- Prevention of strain crossover
- Strain integrity and stability
- Very unstable to stomach acid
- Poor handling by manufacturer and supplier is common
- Moisture entering capsules negatively affects longevity of probiotic viability

Practitioners and savvy consumers alike are becoming increasingly aware of the importance of supplementing with probiotic bacteria. However, there continues to be confusion regarding the potency and efficacy of probiotic dietary supplements.

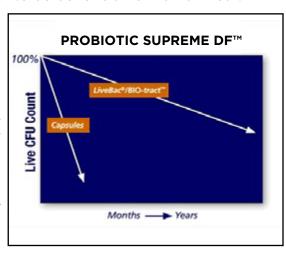
IT'S ALL ABOUT SURVIVAL

Probiotic organisms must survive three major barriers in order to be beneficial for human health.

- Barrier 1: Survival during the manufacturing process
- Barrier 2: Survival on the shelf
- Barrier 3: Survival through stomach acid

HOW?

Probiotic Supreme DF^{TM} is formulated to survive these barriers. Designs for Health became aware of new, cutting edge technology that uses the most advanced patented delivery and shelf stability technology available to ensure maximum potency and viability. This is achieved using the latest tableting technology designed to protect fragile probiotic organisms from harsh stomach acid and deliver the highest number of live organisms to the intestinal tract.



The end result—higher potency, superior delivery, and minimal waste. This tableting technology technology allows for a highly efficient, cost effective way to introduce probiotics and enjoy their benefits, which include:

- Helps minimize the side effects of antibiotics
- May help reduce risk of traveler's diarrhea
- · Helps manage acute diarrhea and constipation in infants, adults and elderly
- Potential growth inhibition of pathogenic organisms: bacteria, yeast, parasites
- Support digestion of lactose
- Vitamin K synthesis
- Support atopic dermatitis

PROBIOTIC SUPREME DF™ is a high-dose, dairy-free probiotic, using this tableting technology in order to deliver 15 billion organisms per dose in a caplet form over an extended time frame. This formula is for individuals who require higher amounts of probiotic species to support an optimal microbial balance. Such situations may include individuals coming off antibiotic therapies, or those with colitis, candidiasis, dysbiosis or various other GI conditions. These products are meant to release over an extended time frame (10-12 hours), which helps to ensure delivery throughout the entire gastrointestinal tract.

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Medicinal Ingredients (per caplet):

REFERENCES

- 1. United States Patent Application # 20080118444; Hsu; Ching-Hsiang; et al.; Lactobacillus paracasei-containing product; May 22, 2008
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- 3. Lactic acid bacteria from healthy oral cavity of Thai volunteers: inhibition of oral pathogens; Sookkhee S, Chulasiri M, Prachyabrued W.; Department of Microbiology, Faculty of Pharmacy, Mahidol University; J Appl Microbiol. 2001 Feb;90(2):172-9.
- 4. Xylitol in relation to the incidence of dental caries; Scheinin A.; Int Z Vitam Ernahrungsforsch Beih. 1976;15:358-67.
- 5. Calcium glycerophosphate and caries: a review of the literature. Lynch RJ; Int Dent J. 2004;54(5 Suppl 1):310-4.
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