

# I-31

3 STRAIN BLEND

Lactobacillus plantarum CECT7484

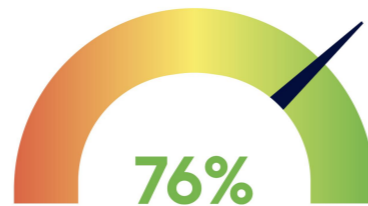
Lactobacillus plantarum CECT7485

Pediococcus acidilactici CECT7483

## Summary

This 3-strain probiotic has been evaluated in two randomized, placebo-controlled trials in IBS populations. The first trial by Lorenzo-Zúñiga et al. explored different doses, comparing a high dose (10 to 30 Billion CFU/day) and a low dose (3-6 Billion CFU/day) over six weeks in individuals with IBS-D.(1) Neither dose proved superior to placebo in terms of the number of treatment responders or overall symptom relief – effects we categorized beneath “global IBS symptoms.” **Continues next page...**

Evidence Quality Grade



SYMPTOM	IMPROVEMENT ↕	# PARTICIPANTS	STUDIED DOSE
Diarrhea ⓘ	<b>STRONG</b>	33	3 billion CFU
Constipation ⓘ	NOT STUDIED	0	N/A
Bowel Habits ⓘ	NOT STUDIED	0	N/A
Global IBS Symptoms ⓘ	NO EFFECT	64	N/A
Abdominal Pain /... ⓘ	<b>STRONG</b>	33	3 billion CFU
Bloating / Distension ⓘ	NOT STUDIED	0	N/A
Gas / Flatulence ⓘ	NOT STUDIED	0	N/A
Nausea / Vomiting ⓘ	NOT STUDIED	0	N/A
Mental Health ⓘ	<b>MODERATE</b>	64	3-6 billion CFU

## Dosing

Potentially Effective Doses(s)	3 to 6 billion CFU/day
Form	Capsule
Suggested Minimum Trial Duration	6 weeks

\*Results were assessed in IBS-D and/or IBS-M populations only

## How to select a product

Many commercial products contain this strain. But not all are suitable. You need to find one that:

1. has a transparent formula, so we know what is in it and how much
2. only contains active ingredients that are probiotic strains, which have been clinically studied in IBS populations
3. can deliver the studied dose
4. has undergone 3rd party testing for active ingredient and potency, as well as microbiological testing, heavy metals analysis and allergen testing

Search [probioticfinder.org](https://probioticfinder.org) to see which products match this criteria.

## Notes:

## Summary (continued)

However, both doses improved IBS quality of life scores and reduced gut-related anxiety, as measured via the IBS-QOL tool. Interestingly, the lower dose (3-6 Billion CFU/day) showed stronger effect size results in this study compared to the higher dose, suggesting a more robust clinical response at the lower dose.

The second trial by Barraza-Ortiz et al. assessed the probiotic blend either as a 3 Billion CFU dose taken alone in one group or taken along with 3x daily capsules containing 300 mg of simethicone and 60 mg of the antispasmodic alverine in another group.(2)

To isolate the effects of the probiotic intervention, we only assessed the group exclusively receiving the 3 billion CFU/day probiotic dose without the additional medications. Over six weeks, participants with IBS-D and IBS-M, recruited during a diarrheal phase of their illness, experienced significant improvements in stool consistency and reductions in Bristol stool scale scores, indicating improvements in diarrhea.

Despite the small population size in the probiotic group, we calculated a very strong effect size for improvements in stool consistency, which were categorized as improvements in diarrhea. Additionally, this group reported significant reductions in abdominal pain and improvements in quality of life scores.

## Key Takeaway:

Based on limited data from small-scale studies, this 3-strain probiotic blend, at a dose of 3-6 Billion CFU/day over six weeks, may help improve diarrhea, IBS quality of life, abdominal pain, and IBS-QOL mental health measures.

These effects have been observed in individuals with IBS-D and/or IBS-M.

This handout provides educational content on probiotics, derived from clinical studies, for both clinicians and their patients over the age of 18. The information is intended to enrich professional knowledge and practice but does not constitute medical advice, diagnosis, or treatment. Always consult with medical professionals before making any changes to exercise, nutrition, or supplementation regimens.

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## References

1. Lorenzo-Zúñiga V, Llop E, Suárez C, et al. I.31, a new combination of probiotics, improves irritable bowel syndrome-related quality of life. *World J Gastroenterol* 2014; 20(26): 8709-8716. [doi 10.3748/wjg.v20.i26.870].
2. Diego A. Barraza-Ortiz, Nuria Pérez-López, Víctor M. Medina-López, José I. Minero-Alfaro, Felipe Zamarripa-Dorsey, Nerina del C. Fernández-Martínez, Alberto Llorente-Ramón, Gustavo A. Ramos-Aguilar; Combination of a Probiotic and an Antispasmodic Increases Quality of Life and Reduces Symptoms in Patients with Irritable Bowel Syndrome: A Pilot Study. *Dig Dis* 11 May 2021; 39 (3): 294-300. <https://doi.org/10.1159/000510950>