

Symbioflor-2

6 STRAIN BLEND PREPARATION

Escherichia

GENUS

coli

SPECIES

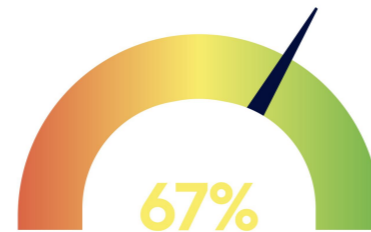
DSM 17252

STRAIN

Summary

This liquid Escherichia coli probiotic preparation was studied in a randomized, placebo-controlled trial in IBS over an 8-week period.1 Initially conducted in 1989 and re-analyzed in 2009, this clinical trial evaluated a range of symptoms, both IBS-related and non-IBS-related. The study set high responder thresholds, requiring the complete absence of an IBS symptom at one or more visits during the treatment period to be considered a responder. **Continues next page...**

Evidence Quality Grade



SYMPTOM	IMPROVEMENT	# PARTICIPANTS	STUDIED DOSE
Diarrhea ⓘ	NOT STUDIED	0	N/A
Constipation ⓘ	NOT STUDIED	0	N/A
Bowel Habits ⓘ	WEAK	214	See dose
Global IBS Symptoms ⓘ	WEAK	214	See dose
Abdominal Pain /... ⓘ	WEAK	214	See dose
Bloating / Distension ⓘ	WEAK	214	See dose
Gas / Flatulence ⓘ	NOT STUDIED	0	N/A
Nausea / Vomiting ⓘ	WEAK	214	See dose
Mental Health ⓘ	NO EFFECT	214	See dose

Dosing

Potentially Effective Doses(s)

1.25-33.75 million CFU during the first week, 22.5 million-67.50 million from the second week onward. (i.e., 10 drops for week one, 20 drops onward)

Form

Liquid Drops

Suggested Minimum Trial Duration

At least 14 days

How to find Symbioflor-2

Search probioticfinder.org to see which retailers stock this probiotic.

Notes:

Summary (continued)

The probiotic group showed significantly more responders compared to placebo for several symptoms, including:

- Stool consistency
- Bloating
- Complete remission of symptoms
- Nausea and vomiting
- Several measures of abdominal pain
- Miscellaneous non-IBS symptoms (e.g., headache, sleep disturbances)

This therapeutic response was apparent from visit 3 onwards which was after around 14 days of supplementation.

The probiotic did not significantly outperform the placebo for symptoms such as depression, belching, heartburn, stool frequency, or nighttime pain.

A major pitfall in this study was the lack of reported baseline symptom severity and the use of binary yes/no questions to assess therapeutic responses.

This approach may have prevented capturing clinically meaningful improvements in participants who did not achieve the responder threshold of complete symptom relief.

Overall, our calculated effect sizes were very small, and we're left with much unknown about the magnitude of the probiotic's benefits due to the assessment methods.

Additionally, a high attrition rate due to incomplete data could have impacted the results. No details about IBS subtypes were provided, though most participants reported "alternating" bowel habits, suggesting a predominant IBS-M population.

Key Takeaways

One clinical trial has indicated that this *E. coli* preparation may improve several IBS symptoms. However, aside from measures of complete symptom relief, the extent of symptom improvement remains unknown.

However, it does not seem to significantly impact bowel movement frequency or incomplete evacuation.

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.

References

1. Enck P, Zimmermann K, Menke G, Klosterhalfen S. Randomized controlled treatment trial of irritable bowel syndrome with a probiotic *E. coli* preparation (DSM17252) compared to placebo. *Z Gastroenterol* 2009; 2009 Feb;47(2):209-14. [doi:10.1055/s-2008-1027702]