

FAQ – Probiotics Table for Adults

Concise answers to the most frequent practical questions on Information Sheet 1 and the examples in Information Sheet 2. Deliberately free of repetition: each question addresses only one decision point.

Basic logic and product groups

1. Why does the table use product groups – and how are they formed?

Individual probiotic selection is complex and cannot be fully represented in a clear, concise table. Preparations sharing a strong common main indication are therefore first combined into a product group. The remaining functional axes are then rated for all members of this group. The table thus provides a practical preselection; the future engine will be able to assess each individual preparation in a far more differentiated way.

2. What does the group value mean – and why can the same probiotic have different values in different groups?

The value shown is a group value, not the individual rating of a single product. It is determined by the lowest-rated preparation within the respective group. +++ therefore means: every group member achieves at least +++; individual products may be more effective. Because the composition of the groups differs, the group value can also differ, even though the same probiotic is included.

3. Which preparation do I choose within a suitable group?

The group first shows which preparations adequately cover the relevant findings axes. Beyond that, the individual products may have different clinical focuses, strain combinations and matrices. This fine differentiation is deliberately not fully apparent from the group table, and in the future, it will be provided by a clinical questionnaire and the product information in the probiotics engine. Until then, the product group is the central level of selection.

Cross-manufacturer examples of additional focuses

Example	Group	Additional indication
OB SR-9	Neurotransmitters	Stress · IBS · gut-brain axis
Lb Forte	Neurotransmitters	Gut-brain axis
BG Stress	Neurotransmitters	IBS · stress · gut-brain axis
SAH Hista-Care	Histamine	Histamine intolerance · histamine sensitivity
BG SR&C	Toxin / AhR agonists	SIBO · problematic microbial burden
BG Long Vital	Toxin / AhR agonists	Older adults · immunosenescence

Note: The examples are not a ranking or a purchase recommendation. They merely show why further differences may exist within functionally suitable groups.

Practical selection and combination

4. How do I proceed with specific test results?

First select only the findings axes that are actually relevant from the microbiome, metabolome, medical history and symptoms. Then look for the product group that covers these axes together as well as possible. Overall fit is decisive; a single very strong rating is less important than an activity profile that fits as a whole.

5. When is one probiotic sufficient – and when are two useful?

If a product group adequately covers the relevant main axes (guide value: at least +++), one probiotic from this group is usually sufficient. If an important axis remains inadequately covered, a second probiotic with a complementary effect can be added. Two preparations can be used in a staggered manner, e.g., morning/evening, or sequentially, e.g., weeks 1–4 and weeks 5–12.

6. If the butyrate or diversity axis is less well covered, do I automatically have to use a second probiotic?

No. Diversity and butyrate production in particular are special cases. A single less well-covered axis can often be supported specifically with a suitable prebiotic; in butyrate deficiency, butyrate can also be supplied directly as an alternative or in addition. Another well-fitting probiotic group plus a prebiotic may therefore also be a sensible choice.

7. What applies to Candida if no group adequately covers all axes?

First choose the group that best covers the essential main axes. A remaining Candida axis can then be addressed in a complementary way with another suitable preparation or a separate therapeutic measure. The goal is targeted supplementation, not the largest possible number of preparations.

Prebiotics, pH and duration of therapy

8. When and how should prebiotics be used?

Prebiotics can be used in a targeted way, e.g., to support diversity or butyrate production. As a rule, they should be started at a low dose and increased gradually to avoid bloating and other intolerance reactions as far as possible. In pronounced abnormal fermentation, SIBO (small intestinal bacterial overgrowth) or a very sensitive gut, particular caution and individual selection are required.

9. What applies to a low or acidic stool pH (fermentative dyspepsia)?

With an acidic stool pH, the cause of the fermentative dyspepsia should be investigated first. In this situation, probiotics and especially prebiotics should initially be used with restraint. Only once the underlying disorder has improved and the pH has normalized should targeted pro-/prebiotic therapy be reassessed.

10. How long should probiotic therapy be continued?

As a rule, for at least 3 months, and longer depending on the clinical picture. Functional changes may become visible earlier at the metabolite level; marked changes at the microbiome level often take more time. Testing too early may therefore underestimate the therapeutic effect.

11. What should be considered with HMOs?

There are various suppliers, such as SAH Supplements, Bellmeda or Sunday Natural. However, the decisive factor is not the manufacturer alone, but above all product quality. For HMOs (human milk oligosaccharides), aim for a purity of 98–99% whenever possible; products with around 90% purity may be less well tolerated by sensitive patients due to residual lactose, glucose or fermentation by-products. Prebiotic agents such as polydextrose, XOS and AXOS are functionally rated in the separate prebiotics table.

What the table does not replace

12. Are bile acid ratios or additional mucosal therapies covered by the probiotics table?

No. Shifted bile acid ratios are not a separate probiotic axis and must be considered separately within the overall therapy concept. The same applies to additional measures such as Activomin (humic acids WH67®), L-glutamine or intestinal mucosa preparations: their use is derived from the overall test results and the rest of the therapy concept, not from the probiotics table itself.

13. What should be considered for older adults?

For older adults without a specific indication, OB Aktiv, BG Long Vital and Lb 60 Plus are suitable. If a specific therapeutic indication applies, however, the functional activity profile takes priority, and other preparations may be more specifically suitable.

14. What do I do if the table logic is too elaborate for everyday practice?

Continue to use the therapeutic flowchart at the beginning of the therapy section. It already lists personalized probiotics and prebiotics for the five most important findings axes. This allows a sound, results-based basic therapy to be implemented. The tables also allow for greater individualization.

15. Why do we also need the probiotics engine?

The table has to simplify complex information and therefore works with product groups. The engine, by contrast, is intended to take every single probiotic into account and to bring together findings axes, clinical questionnaire, indication-based assignment, strains, dosage and product matrix. The product list and knowledge base can be continuously expanded to include new preparations and findings.