

Probiotics in Infants, Children and Adolescents

When selecting a probiotic in childhood, two factors should be considered: the child's age and the specific therapeutic indication. The younger the child, the more important age-appropriate selection becomes. With increasing age, by contrast, the functional activity profile of the preparation gains in importance.

The basic principle

The younger the child, the more age determines the selection. The older the child and the more specific the test results, the more the functional indication determines the selection.

0-1 year	Infant table	Select strictly according to age. The focus is on microbiome maturation, early dysbiosis, infant colic, risk of atopy/allergy, barrier function and immune maturation.
1-3 years	Toddler table	Continue to select primarily according to age. Common focuses are stabilization of the gut flora and milieu, susceptibility to infections, immune support, atopy and barrier function.
4-12 years	Children's table first	The table serves as a practical preselection. If it is not sufficient for a specific findings axis, the adult table can be used in addition – provided the preparation and dosage are age-appropriate.
13 years and older	Adolescent table as a guide	The selection increasingly approaches the adult logic. For specific findings axes, the functional adult table can be consulted directly in addition.

Why the tables are not rigid age limits

The age groups are intended to simplify the selection, not to restrict it. Age-based preselection is particularly important in infants and toddlers. From school age onwards, however, specific functional findings axes may become increasingly decisive.

An older child with a pronounced histamine, neurotransmitter, toxin or other specific axis does not necessarily need a conventional "children's probiotic". If the children's table does not adequately cover this axis, a suitable preparation from the adult table may be the functionally better choice. This requires an age-appropriate composition, dosage form and dosage.

The children's tables are an age-based, functionally characterized preselection - not an exhaustive list of all probiotics that can be used.

How to Work with the Children's Tables

The children's tables follow the same basic logic as the adult table: the aim is not to find the supposedly "best" probiotic, but the preparation whose functional profile best matches the child's age, test results and clinical question.

How should the table be read?

Each row represents one probiotic. The functional columns show how strongly the respective preparation covers the areas of intestinal milieu, inflammation, butyrate production, leaky gut, immune function, *Clostridium difficile*/pathogenic organisms (PO), *Candida* and – in older children – histamine.

The plus signs serve as functional guidance: the more +, the stronger the assignment to the respective axis. "Primary use" lists the situations for which the preparation appears particularly characteristic; "Further applications" shows additional useful areas of use.

The tables are not rankings. Several preparations may be suitable for the same situation. What matters is the combination of age, abnormal findings axes, symptoms and the overall functional profile of the preparation.

How to select a probiotic

1. Determine the age group	Start with the table that matches the child's age. For infants and toddlers, this age-based preselection is particularly important.
2. Identify relevant axes and indications	Use the test results, symptoms and medical history. Then consider only the columns and areas of use that are actually relevant for the child.
3. Look for a matching activity profile	Prefer a preparation that covers the relevant axes as strongly as possible and collectively. A single very strong rating is less important than a profile that fits the overall pattern of findings.
4. Check primary use and further applications	The primary use provides initial guidance. The further applications show whether the preparation can also usefully address additional problems present in the child.
5. From age 4, consult the adult table if needed	If the age-based preselection is not sufficient for a clinically important axis, a suitable adult preparation may be a better functional fit. This requires age suitability and an appropriate dosage form and dosage.

When is the children's table sufficient - when should it be extended?

For ages 0–1 and 1–3, the respective age table remains the central basis for selection. For ages 4–12, the children's table should also be used first. Only if a relevant specific axis is not adequately represented is the adult table consulted in addition.

In adolescents aged 13 and older, selection can increasingly follow the same functional criteria as in adults. The adolescent table remains a quick preselection; with differentiated microbiome or metabolome test results, the adult table can be included in the decision earlier.

Key principles: First preselect according to age - then individualize according to test results and indication. The older the child, the more the functional axis logic of the adult table may be used.

Infants 0-1 Year – Age-Based Selection

For infants, the infant table should always be used. During this early stage of life, the microbiome, the intestinal barrier, and the immune system are still undergoing a significant maturation process. The table therefore compiles a selection of important preparations and characterizes them according to typical areas of use in early childhood.

0-1 year: The infant table is the primary level of selection. The adult table is not a regular selection table for this age group.

Product	Milieu	Inflammation	Butyrate	Leaky Gut	Immune	C. difficile, Pathogens	Candida	Primary use	Further applications
Arktibiotic Start	+	+	(+)	+	+++	+	(+)	Gut microbiome establishment Milieu stabilization	Atopy Atopic dermatitis Immune support
BactoGena Start	+++	+	+	++++	++++	+	+	Microbiome maturation Early dysbiosis	Infant colic Risk of atopy/allergy Barrier support Immune support
BioGaia Protectis Baby Drops	+++	+	(+)	+	++++	+	(+)	Infant colic Microbiome stabilization	Early dysbiosis Microbiome maturation
OMNI-BiOTiC Panda	+++	+++	(+)	++++	++++	+	+	Microbiome maturation Risk of atopy/allergy	Infant colic Barrier support Immune support
OMNI-BiOTiC Panda Drops	+++	+++	(+)	++++	++++	+	+	Microbiome maturation Risk of atopy/allergy	Infant colic Barrier support Immune support
Microbiol Kind Platinum Tropfen	+++	+	(+)	+++	++++	+++	(+)	Gut microbiome establishment Immune support	Susceptibility to infections Barrier support Early dysbiosis
Microbiol Kind Tropfen	+	+	(+)	+	+++	+	(+)	Gut microbiome establishment Milieu stabilization	Immune support Mild dysbiosis

Reading tip: First use the primary area of use for guidance, then check which preparation best complements the functional axes relevant to the infant. Several preparations may be suitable for the same situation.

Toddlers 1-3 Years – Still Primarily Age-Based

Age-appropriate preselection also remains important in toddlers. Compared with infancy, the focus increasingly shifts towards milieu stabilization, susceptibility to infections, immune support, dysbiosis, atopy and barrier function.

1-3 years: Use the toddler table first. It offers a manageable selection for the most common clinical questions in this age group.

Product	Milieu	Inflammation	Butyrate	Leaky Gut	Immune	C. difficile, Pathogens	Candida	Primary use	Further applications
Arktibiotic Start	+	+	(+)	+	+++	+	(+)	Gut microbiome establishment Milieu stabilization	Atopy, Atopic dermatitis Immune support Mild dysbiosis
BactoGena Kids	+++	+++	+	++++	++++	+++	+	Microbiome stabilization Immune support Susceptibility to infections / recurrent daycare infections	Gut microbiome establishment Barrier support Tendency towards atopy
BioGaia Protectis Baby Drops	+++	+	(+)	+	++++	+	(+)	Functional bowel complaints Microbiome stabilization	Gut microbiome establishment Immune support
Lactobact Junior	+	+	(+)	+	+++	+	+	Gut microbiome establishment Dysbiosis	Susceptibility to infections Barrier support
OMNI-BIOTiC Panda	+++	+++	(+)	++++	++++	+	+	Microbiome stabilization Milieu stabilization Tendency towards atopy/allergy	Immune support Barrier support
Microbiol Kind Platinum Tropfen	+++	+	(+)	+++	++++	+++	(+)	Susceptibility to infections Immune support	Gut microbiome establishment Barrier support
Microbiol Kind Tropfen	+	+	(+)	+	+++	+	(+)	Gut microbiome establishment Milieu stabilization	Mild dysbiosis Immune support

The table is intended to simplify the selection. It is not a ranking; what matters is which activity profile matches the child's specific situation.

Children 4-12 Years – Preselection plus Functional Extension

From about 4 years of age, assignment by age alone becomes increasingly less important. The children's table remains the first, easy-to-use guide and covers many common situations such as susceptibility to infections, dysbiosis, irritable bowel syndrome (IBS), stress, histamine sensitivity, as well as barrier-related and inflammatory bowel problems.

4-12 years: Children's table first. For a specific or inadequately covered findings axis, also check the adult table.

Product	Milieu	Inflammation	Butyrate	Leaky Gut	Immune	<i>C. difficile</i> , Pathogens	Candida	Histamine	Primary use	Further applications
Arktibiotic Sensitive	+++	+	(+)	+++	+	+	+	++++	Histamine sensitivity Sensitive gut	Irritable Bowel Syndrome (IBS) Barrier support
BactoGena Kids	+++	+++	+	+++	+++	+++	+	+++	Susceptibility to infections Recurrent infections	Atopy Gut flora and barrier stabilization
BactoGena Stress	+++	+++	+	+++	+++	+	+	+++	IBS Stress-associated bowel complaints	Histamine sensitivity Inflammatory / barrier- associated bowel complaints
OMNI-BIOTIC SR-9	+	+	(+)	+++	+	(+)	(+)	(+)	Stress Gut-brain axis	IBS Stress-associated bowel complaints
SAH Hista-Care	+++	+++	(+)	+++	+++	+++	+	+++	Histamine intolerance Histamine sensitivity	IBS Barrier support Atopy
VSL#3	+++	+++	+	+++	+++	+++	+	+	Pronounced dysbiosis Inflammatory bowel problems	IBS Barrier support Post-infectious dysbiosis

When to switch to the adult table? When a clinically important axis is not adequately covered by the preparations listed here. Functional suitability then takes precedence over the label "children's" or "adult" probiotic.

Composition, dosage form and dosage must be suitable for the child's age. The adult table therefore extends the selection – it does not replace the children's table.

Adolescents 13 Years and Older – Increasingly Functional, as in Adults

In adolescents, the selection increasingly approaches the adult logic. The adolescent table offers a quick preselection for common topics such as stress, the gut-brain axis, IBS and histamine-related problems.

13 years and older: Adolescent table as a guide – for specific findings axes, select increasingly according to the functional adult table.

Product	Milieu	Inflammation	Butyrate	Leaky Gut	Immune	C. difficile, Pathogens	Candida	Histamine	Primary use	Further applications
Arktibiotic Axis	+	+	-	+	+	(+)	(+)	(+)	Stress Gut-brain axis	Functional bowel complaints
Arktibiotic Sensitive	+++	+	(+)	+++	+	+	+	+++	Histamine sensitivity Sensitive gut	IBS Barrier support
BactoGena Stress	+++	+++	+	+++	+++	+	+	+++	Stress Gut-brain axis and IBS	Histamine sensitivity Inflammatory / barrier-associated bowel complaints
OMNI-BiOTIC SR-9	+	+	(+)	+++	+	(+)	(+)	(+)	Stress Gut-brain axis	IBS
SAH Hista-Care	+++	+++	(+)	+++	+++	+++	+	+++	Histamine intolerance Histamine sensitivity	IBS Barrier support Atopy

With differentiated microbiome or metabolome test results, it is therefore possible to check directly whether a preparation from the adult table covers the relevant axes better. Here too, age suitability and dosage remain prerequisites.

The Age Logic at a Glance

Simple decision rule

Age	First choice	Further decision
0-1 year	Infant table	Age-appropriate selection takes priority.
1-3 years	Toddler table	Age-appropriate preselection still takes priority.
4-12 years	Children's table → adult table if needed	Simple preselection first; extend functionally for a specific axis.
13 years and older	Adolescent table → adult table	With increasing specificity, select more according to the adult axis logic.

What the children's tables are intended to do

The tables compile a selection of important probiotics for each age group. They aim to characterize the preparations according to their functional properties and typical areas of use and to make differences visible. The goal is not a ranking, but an additional decision aid for a more targeted selection based on age and indication.

Key principle: In the youngest children, age determines the basic selection - with increasing age, the specific indication increasingly determines targeted therapy.

If the preselection is not sufficient for older children or adolescents, use the adult table in addition. The axis logic remains the same: what matters is which preparation best covers the functions that are actually relevant for the patient.