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KEEPING KIDS HEALTHY: DUPAGE PROJECT

Problem:

Atopic disease (Eczema, asthma and rhinoconjunctivitis) is a increasing problem particularly in the population less then two years of age. Genetic (non-modifiable) and environmental (modifiable) factors determine the dysregulation and the development of an atopic disease.[1] At birth, bacterial colonization of a previously germ-free human gut begins. Studies have shown that full-term, breast fed, vaginally delivered infants have a decreased incidence of atopic disease due to colonization of a gut flora rich in *Lactobacillus* and *Bifidobacteria spp* (good bacteria). [2] In contrast, preterm infants, children delivered through cesarian section, or formula feed tend to be colonized by other obligate anaerobes, such as *Clostridium spp*. and *Bacteroides spp.* and colonization of gut flora rich in *Lactobacillus* and *Bifidobacteria spp.* is seldom. [2]

What can be done?

Probiotics and prebiotics modulate the composition of the human intestinal microflora to the benefit of the host. These beneficial effects may result in the suppression of harmful microorganisms, the stimulation of *Bifidobacterial* growth, or both. In a double-blind, randomised placebo-controlled trial published in Lancet[3] mothers were given *Lactobacillus* GG prenatally if they had at least one first-degree relative (or partner) with atopic eczema, allergic rhinitis, or asthma, and postnatally for 6 months to their infants. Chronic recurring atopic eczema, which is the main sign of atopic disease in the first years of life, was the primary endpoint. Atopic eczema was diagnosed in 46 of 132 (35%) children aged 2 years. Asthma was diagnosed in six of these children and allergic rhinitis in one. The frequency of atopic eczema in the probiotic group was **half** that of the placebo group (15/64 [23%] vs 31/68 [46%]; relative risk 0.51 [95% Cl 0.32–0.84]), resulting in a number needed to treat of 4.5 (95% Cl 2.6–15.6).

We suggest the following protocol for prevention of atopic disease in infants especially for infants at high risk (pre-term, formula feed, delivered through cesarian section, or have a high risk first degree relative).

The importance of dosing high cell counts of multiple strains that occupy lots of space in the gut and colonize cannot be emphasized enough. Example: Florjen3 has 15 billion live active cells of 3 species; 95% FOS(fructoologosaccharides) at ¼ teaspoonful (1gm) causes *Bifidobacteria spp*. to multiply 5 times faster.

Protocol:

THE LISTECKI KEEPING KIDS HEALTHY PROTOCOL

- Florajen3 one capsule and 95% FOS ¼ teaspoonful (1gm) daily prenatally one month prior to expected delivery.
- Florajen3 one-half capsule and 95% FOS 1/8 teaspoonful daily for 2 months postnatally for 2 months to their infant.

Side effects – JHE's (Jarisch – Herxheimer effects) reported in less than 10% of patients in the first 3 to 5 days of therapy (rare up to 2 weeks). Nausea, mild to moderate headaches, joint pain, sweating, flulike symptoms without fever, malaise, a red rash, skeletal pain, and itching. Less common symptoms include chills, diarrhea (typically of short duration), vomiting of short duration, and fever. These symptoms are actually an indication that the treatment is working and the cause is a protein fragment from disintegrating yeast and fungal cell die off. If these occur stop the treatment for 24 to 48 hours and resume at a lower dose.

Other nutritional support: Reduce consumption of high glycemic index carbohydrates to minimize infective yeast and fungal overgrowth, which competes with therapy to increase beneficial microorganisms.

Yours for Better Health Care,

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