Practitioner Guide

Restoring Vaginal Health

Intervention	Intervention Description (with Length)	Researched GU Conditions	Increase in Vaginal Lactobacilli	Side Effects	MOA and Protocol Notes
Probiotics GR-1 & RC-14	Oral L. *rhamnosus* GR-1 and L. *reuteri* RC-14 or placebo x at least 2 weeks (and up to 12 months, depending on the condition)	• BV[1] • Recurrent UTIs[2] • Group B strep (during pregnancy)[3,4] • Vaginal dysbiosis[5] • Postmenopause[6]	Percent of patients with "high counts" of vaginal lactobacilli HIGHER in BV patients taking GR-1 and RC-14 (compared to placebo)[1]	None evaluated/reported in these studies[1–6]	Lactobacilli 1) are the dominant genus in the vagina of healthy/ normal women, 2) reduce the growth of potential/ opportunistic pathogens, and 3) produce lactic acid. GR-1 and RC-14 1) colonize the vagina, and 2) is used acutely & long term
Antibiotics followed by probiotics GR-1 & RC-14	Oral antibiotics (Metronidazole or Clindamycin x 7 days or Tinidazole single dose for BV; or Fluconazole single dose for CVV); followed by oral L. *rhamnosus* GR-1 and L. *reuteri* RC-14 or placebo x 2-4 weeks	• BV[7–11] • Candidiasis[12]	Percent of patients with "high counts" of vaginal lactobacilli HIGHER in BV patients taking GR-1 and RC-14 (compared to placebo)[11]	Oral antibiotics can cause systemic side effects (C. diff-associated diarrhea, abdominal pain, nausea, diarrhea, and headache)	See above (re. lactobacilli, GR-1, and RC-14) GR-1 and RC-14 1) colonize the vagina and 2) is used adjunctively with antibiotics to enhance condition resolution acutely & long term
Antibiotics only	Oral antibiotics (Metronidazole or Clindamycin for BV) x 7 days Intravaginal (Miconazole, Clotrimazole) x 1–7 days	• BV[13] • Candidiasis[14]	Higher "relative abundance" of lactobacilli after treatment[13]	Oral antibiotics can cause systemic side effects (C. diff-associated diarrhea, abdominal pain, nausea, diarrhea, and headache)	Antibiotics 1) are antibacterial or antifungal and 2) are used acutely (short-term)
Boric acid (vaginal)	Vaginal boric acid insert or gel (for BV) x 7 days	• BV[15] • Candidiasis[15]	Not evaluated[15]	Not evaluated/reported in this study[15]	Boric acid 1) interferes with microbial and fungal biofilms and 2) is used acutely (short-term)
Other prescription probiotics	Vaginal antibiotic gel (Metronidazole) followed by vaginal L. *crispatus* CTV-05 or placebo x 2-16 weeks	• BV[16–18]	Higher detection of L. *crispatus* CTV-05 with probiotic (compared to placebo)[16]	Safety and tolerability similar in the probiotic and placebo groups[16–18]	L. *Crispatus* is a naturally occurring vaginal strain of lactobacilli

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Metagenics Institute