

Saccharomyces Boulardii – 10 Billion

About Saccharomyces Boulardii

- Small intestine bacterial overgrowth (SIBO) is a condition with an abnormally high number of bacteria growing in the small intestine, causing symptoms such as bloating, gas, and altered bowel habits.¹
- SIBO is often associated with other conditions, such as IBS, as well as celiac disease that does not respond to a gluten-free diet alone.
- *Saccharomyces boulardii* (*S. boulardii*) is a strain of *Saccharomyces cerevisiae*, a probiotic yeast, that helps prevent bacterial adhesion to intestinal cells and suppresses bacterial overgrowth.²
- SIBO is treated with antibiotics. Because *S. boulardii* is a yeast, it is unaffected by antibiotics and can be used alongside them to help restore a healthy microbiome.³
- *S. boulardii* helps reduce the risk of antibiotic-associated diarrhea. Study participants taking *S. boulardii* had a 53% decrease in relative risk compared to those taking a placebo.⁴
- *S. boulardii* helps support the return of the initial bacterial equilibrium when taken during antibiotic use and for seven days afterward.⁵
- *S. boulardii* helps regenerate intestinal microbiota following antibiotic-associated diarrhea and could promote a favourable gut flora.⁶

How to Use Saccharomyces Boulardii

- **Recommended Dose (Adults 18 Years and Older):** 1 capsule per day or as directed by a health care practitioner. Take at least 2–3 hours before or after taking antifungal medication.

Cautions and Contraindications

- Do not use if you have an immune-compromised condition (e.g., AIDS, lymphoma, patients undergoing long-term corticosteroid treatment). Consult a health care practitioner prior to use if you have fever, vomiting, bloody diarrhea, or severe abdominal pain. Stop use and consult a health care practitioner if symptoms of digestive upset (e.g., diarrhea) occur, worsen, or persist beyond 3 days. Keep out of reach of children.

Drug Interactions

- Theoretically, *S. boulardii* may be less effective when taken with antifungals. People with immunodeficiency or a central venous catheter may have a higher risk of fungemia when taking *S. boulardii*. Theoretically, the elderly or individuals with gastrointestinal disease may also be at higher risk of fungemia. People with yeast allergy may theoretically be allergic to *S. boulardii*.⁷

PATIENT NAME: _____

PRACTITIONER NOTES:

Quick Tips for Optimal Health

- ☐ Talk to your health care practitioner about the low FODMAP diet. A diet high in fermentable carbohydrates (FODMAPs), low in fibre, and high in fat slows gut motility and may predispose to a dysregulated microbiome.⁸
- ☐ Eat fibre. Dietary fibre can support healthy gut motility and increase stool frequency.^{9,10}
- ☐ Stay regular, as a longer food transit time can increase the risk of SIBO.¹¹
- ☐ Be mindful of carbohydrate consumption. Diets high in sugars and total carbohydrates can predispose to SIBO.⁹
- ☐ Consider using digestive enzymes. In a study using a multi-enzyme digestive formula designed to help break down FODMAPs, participants experienced significant improvements in gas, bloating, and abdominal pain. In addition, people with IBS-D and IBS-C reported improvements in diarrhea and constipation, respectively.¹³
- ☐ Consider using enteric-coated peppermint oil. Studies show that enteric-coated peppermint oil may significantly improve abdominal pain as well as global IBS symptoms.¹⁴
- ☐ Stay active. Aerobic exercise supports diverse and stable microbiota, especially lactobacilli and bifidobacteria, enhances gut motility, and supports a healthy transit time.¹⁵
- ☐ Manage stress. Stress can predispose to or worsen SIBO. Patients with SIBO were more likely to have significant stress and anxiety compared to people without,¹³ and a preclinical study found that stress can slow transit time and disrupt microbial balance.¹⁶

PRACTITIONER CONTACT INFORMATION:

References

1. Animalu, C. (2024). Bacterial Overgrowth Syndrome. *Medscape*. Retrieved from: <https://emedicine.medscape.com/article/212861-overview>
2. Pothoulakis, C. (2009). Review article: Anti-inflammatory mechanisms of action of *Saccharomyces boulardii*. *Aliment Pharm Ther*, 30(8), 826-33.
3. García-Collinot, G., Madrigal-Santillán, E.O., Martínez-Bencomo, M.A., et al. (2020). Effectiveness of *Saccharomyces boulardii* and Metronidazole for small intestinal bacterial overgrowth in systemic sclerosis. *Dig Dis Sci*, 65(4), 1134-43.
4. McFarland, L.V., & Li, T. (2025). Efficacy and safety of *Saccharomyces boulardii* CNCM I-745 for the treatment of pediatric acute diarrhea in China: A systematic review and meta-analysis. *Front Cell Infect Microbiol*, 15, 1587792.
5. Spatz, M., Wang, Y., Lapiere, A., et al. (2023). *Saccharomyces boulardii* CNCM I-745 supplementation during and after antibiotic treatment positively influences the bacterial gut microbiota. *Front Med*, 10, 1087715.
6. Moré, M.I., & Swidsinski, A. (2015). *Saccharomyces boulardii* CNCM I-745 supports regeneration of the intestinal microbiota after diarrheic dysbiosis - A review. *Clin Exp Gastroenterol*, 8, 237-55.
7. NatMed Pro. (2026). *Saccharomyces boulardii* [monograph]. <https://naturalmedicines.therapeuticresearch.com/>
8. Sieradzka, I., Wajda, K., Mika, W., et al. Dietary and lifestyle factors associated with small intestinal bacterial overgrowth (SIBO): A review from a health education perspective. *J Educ Health Sport*, 87, 67772.
9. Velasco-Aburto, S., Llama-Palacios, A., Sánchez, M.C., et al. (2025). Nutritional approach to small intestinal bacterial overgrowth: A narrative review. *Nutrients*, 17(9), 1410.
10. Yang, J., Wang, H.P., Zhou, L., et al. (2012). Effect of dietary fiber on constipation: A meta-analysis. *World J Gastroenterol*, 18(48), 7378-83.
11. Efremova, I., Maslennikov, R., Poluektova, E., et al. (2023). Epidemiology of small intestinal bacterial overgrowth. *World J Gastroenterol*, 29(22), 3400-21.
12. Li, C., Li, J., Zhou, Q., et al. (2024). Effects of physical exercise on the microbiota in irritable bowel syndrome. *Nutrients*, 16(16), 2657.
13. Kaye, A.J., Meyers, S.R., Hachuel, D., et al. (2026). FODMAP-targeting digestive enzyme blend for management of gastrointestinal symptoms: A “real-world” pre-post intervention cohort study. *Gastro Hep Advances*, 5(4), 100898.
14. Khanna, R., MacDonald, J.K., & Levesque, B.G. (2014). Peppermint oil for the treatment of irritable bowel syndrome: A systematic review and meta-analysis. *J Clin Gastroenterol*, 48(6), 505-12.
15. Kossewska, J., Bierlit, K., & Trajkovski, V. (2022). Personality, anxiety, and stress in patients with small intestine bacterial overgrowth syndrome. The Polish preliminary study. *Int J Environ Res Public Health*, 20(1), 93.
16. Wang, S.X., & Wu, W.C. (2005). Effects of psychological stress on small intestinal motility and bacteria and mucosa in mice. *World J Gastroenterol*, 11(13), 2016-21.