one of the survival mechanisms of these pathogens.[6]

L. rhamnosus GR-1 and *L. reuteri* RC-14 have been shown to exert beneficial effects on the genitourinary system after oral administration. These organisms survive passage through the gastrointestinal tract and then apparently migrate to and colonize the genitourinary tract.[7] The fact that it is not necessary to administer *L. rhamnosus* GR-1 and *L. reuteri* RC-14 intravaginally is advantageous with respect to convenience and patient compliance.

Urinary Tract Infections

In a double-blind trial, 252 postmenopausal women (mean age, 64 years) with at least 3 self-reported symptomatic urinary tract infections (UTIs) in the previous year were randomly assigned to receive antibiotic prophylaxis (480 mg of trimethoprim-sulfamethoxazole once a day) or oral capsules containing 10^9 colony-forming units of *L. rhamnosus* GR-1 and *L. reuteri* RC-14 twice a day for 12 months. During the trial, as compared with the year before the trial, the number of UTI episodes fell by 58.5% in the antibiotics group and by 51.4% in the probiotics group (difference not statistically significant). In the antibiotics group, resistance of uropathogenic *Escherichia coli* to trimethoprim-sulfamethoxazole and to amoxicillin increased from 20% to 40% at baseline to 80% to 95% after 1 month of treatment. In contrast, resistance to these antibiotics did not occur during probiotic treatment.[8]

Thus, the combination of *L. rhamnosus* GR-1 and *L. reuteri* RC-14 was nearly as effective as antibiotics for preventing UTI recurrences and, unlike trimethoprim-sulfamethoxazole, did not lead to antibiotic resistance.

Bacterial Vaginosis

One hundred twenty-five women with bacterial vaginosis were treated with oral metronidazole (500 mg twice a day for 7 days). They were also randomly assigned to receive, in double-blind fashion, 1 capsule twice of day of *L. rhamnosus* GR-1 and *L. reuteri* RC-14 or placebo for 30 days, beginning with the start of metronidazole therapy. Each capsule contained 10^9 viable cells of both strains. Cure of bacterial vaginosis was defined as a normal Nugent score, a negative sialidase test, and no symptoms or signs at day 30. Among the 106 patients who completed the trial, the cure rate was 88% in the probiotics group and 40% in the placebo group ($p < 0.001$).[9]

Sixty-four women with bacterial vaginosis were treated with a single 2 g dose of the antibiotic tinidazole and were randomly assigned to receive, in double-blind fashion, 2 oral capsules containing *L. rhamnosus* GR-1 and *L. reuteri* RC-14 every morning for 4 weeks, starting on the day tinidazole was given. After 4 weeks, the cure rate was significantly higher in the probiotics group than in the placebo group (87.5% vs. 50.0%; $p = 0.001$).[10]

Vulvovaginal Candidiasis

Fifty-five women (mean age, 28 years) with vulvovaginal candidiasis were given a single 150 mg dose of fluconazole and were randomly assigned to receive, in double-blind fashion, 2 capsules each morning containing *L. rhamnosus* GR-1 and *L. reuteri* RC-14 (2×10^9 viable cells per day of each strain) or placebo for 4 weeks, starting on the day of fluconazole use. After 4 weeks, the proportion of women who were symptom free (90% vs. 65%; $p = 0.3$) and the proportion of women who had a negative culture for

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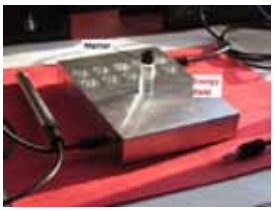

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