Women’s health is a top concern for consumers which has lead dietary supplement sales for this category to consistently grow over the years. One of the main health issues women face is vaginal infections, the most common types being bacterial vaginosis and vulvovaginal candidiasis. Since a healthy human vagina is colonized predominantly with members of the genus *Lactobacillus*, a reduced proportion of lactobacilli in the vaginal microbiota is associated with disease or increased disease risk.

Supplementation with probiotics is an attractive approach to increasing the levels of vaginal lactobacilli and helping reduce the risk of vaginal infections. HOWARU® Feminine Health combines *Lactobacillus rhamnosus* HN001™ and *Lactobacillus acidophilus* La-14® in clinically proven formula to promote vaginal microbiota in addition to having beneficial effects in regards to bacterial vaginosis and vulvovaginal candidiasis.
Balanced Vaginal Microbiota

A randomized, double-blind, placebo-controlled trial has shown that after taking two probiotic capsules (5 x 10^9 CFU) once daily of HOWARU® Feminine Health containing L. rhamnosus HN001™ and L. acidophilus La-14® plus lactoferrin for 14 days that there was a colonization of the vagina of healthy women with these microbes and that the colonization persisted at least one week after intervention compared to the placebo (Figure 1). Vaginal pH remained in the healthy range throughout the study.

In another clinical trial, 40 women with an intermediate Nugent score, indicating a perturbed vaginal microbiota, and with signs/symptoms of vaginitis/vaginosis orally consumed once daily either a proprietary mixture of 5 x 10^9 CFU of L. acidophilus La-14® and L. rhamnosus HN001™ in combination with 50mg of bovine lactoferrin RCK™ (Respecta®) or a placebo for 15 days. Lactobacillus species were analysed by RT-PCR from vaginal swabs at baseline and in the end of the 15-day probiotic/placebo treatment.

The study showed that both species were detected in significantly higher levels from the vaginal samples at the end of intervention as compared with baseline and placebo. In addition, the Nugent score of women in the probiotic group significantly improved from intermediate at baseline to normal (P=0.0004) after 15 days of supplementation. In contrast, the Nugent score in the placebo group remained unchanged. Self-assessed vaginal symptoms (itching, discharge) decreased significantly at the end of 15d treatment compared with placebo (P<0.001) as well. Significant results from the clinical study are shown in Table 1.


**Figure 1: Vaginal recovery of healthy bacteria**

**Table 1.** Significant results from the clinical trial comparing probiotic + lactoferrin group with the placebo group (Russo et al., 2018a)

<table>
<thead>
<tr>
<th>Evaluation (15 days)</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal colonization of L. acidophilus La-14® and L. rhamnosus HN001™</td>
<td>There was vaginal colonization of both species and the bacterial counts in the probiotic group was significantly higher than the placebo group and baseline</td>
</tr>
<tr>
<td>Nugent score</td>
<td>There was a significant improvement from intermediate to normal score in the probiotic group from baseline (P=0.0004)</td>
</tr>
<tr>
<td>No changes from the baseline in the placebo group</td>
<td></td>
</tr>
<tr>
<td>Significantly lower for the probiotic group compared with the placebo group (P=0.011) at the end of the study</td>
<td></td>
</tr>
<tr>
<td>Vaginal symptoms (itching/discharge)</td>
<td>Symptoms decreased significantly in the probiotic group compared with the placebo group (P=0.001) at the end of the study</td>
</tr>
<tr>
<td>Vaginal pH changes</td>
<td>No change in pH between groups</td>
</tr>
</tbody>
</table>

**Bacterial Vaginosis**

Bacterial vaginosis (BV) is one of the most common types of vaginal infections faced by women. It is characterized by a depletion of beneficial bacteria (lactobacilli) and an overgrowth of atypical bacteria. A randomized, double-blind, placebo controlled trial was conducted in Romania to investigate the effectiveness of probiotics in the treatment of BV.

In the clinical trial, 48 women with symptomatic BV infections were treated with metronidazole (500 mg twice daily) for seven days and were randomly assigned to take simultaneously orally either the L. acidophilus La-14®, L. rhamnosus HN001™ and lactoferrin formulation or placebo (two capsules/day for five days followed by one capsule/day for 10 consecutive days; induction phase). The administration of study products (one capsule/day for 10 consecutive days) was repeated monthly (maintenance phase) during the six months of follow-up starting the first day of menstrual cycle as the menstrual blood increases the vaginal pH and contributes to an increased the risk of BV recurrences. The clinical cure rate of BV symptoms, microbiological cure rate (Nugent score), and BV recurrence was evaluated during the 6-month study period.

The results showed that BV-associated symptoms (vaginal discharge and itching) and the Nugent score were significantly improved, as well as BV recurrence rate was significantly reduced by the probiotic treatment group containing L. acidophilus La-14® and L. rhamnosus HN001™ in association with lactoferrin when compared with the placebo. A significant regression of Nugent score and resolution of symptoms were seen both during the induction phase (15 days) and maintenance phase (24 months). This probiotic approach has been shown to represent a safe and effective adjunct for the restoration of healthy vaginal microbiota and in reducing vaginal symptoms associated with bacterial vaginosis.

**Vulvovaginal Candidiasis**

Vulvovaginal candidiasis (VVC) is a fungal infection of the vulva and vagina, which is the second most common cause of inflammation and vaginal discomfort in women.

A randomized, double-blind, placebo-controlled clinical trial involving 48 adult women assessed the clinical cure rate of vulvovaginal candidiasis (VVC) symptoms, overall cure rate, as well as the recurrences during a follow-up period of six months. In the study, women with symptomatic acute episodes of VVC and a documented anamnestic history of recurrences were treated with a topical clotrimazole (100 mg) for seven days and were randomly assigned to simultaneously orally take either the probiotic mixture plus lactoferrin (active) or a placebo (two capsules/day for five days followed by one capsule/day for 10 consecutive days; induction phase). The active or placebo administration (one capsule/day for 10 consecutive days) was repeated monthly (maintenance phase) during the six months of follow-up in the premenstrual phase or luteal phase as during this time, hormonal and immunological reasons make the vagina more vulnerable to pathogens and pose a higher risk of VVC recurrences.

The results showed that after three months, symptoms of VVC (vaginal discharge and itching) were significantly improved and the recurrence rate was significantly reduced in the participants taking the probiotic-lactoferrin combination in comparison to that of the placebo until the end of the study (six months). This approach may represent a safe and effective adjunct to clotrimazole therapy for supporting and maintaining vaginal health following VVC.

**Why Choose HOWARU® Feminine Health?**

- Promotes healthy vaginal microbiota
- May help reduce the risk and symptoms of recurrent bacterial vaginosis
- May help reduce risk of recurrence of vulvovaginal candidiasis

**Why Choose DuPont?**

- Leader in probiotic science
- Broader range of clinically-documented probiotics
- Unrivalled dietary supplement formulation expertise
- Robust regulatory support
- Marketing support and industry insights to help you successfully posi-

**References**

3. R. Russo, E. Karadj, and F. De Seta Beneficial Microbes 2019 10:1, 19-26
4. Russo et al. Mycoses, 2019 10111/myc12883