

# Product Monograph: **TRANSBIOTIC™**



*Transformation's Professional Protocol™ Transbiotic™ was formulated with an innovative prebiotic developed to support the growth of healthy bacteria in the gut through a mechanism that is neither fiber nor starch-based. The unique PreforPro® works synergistically with probiotic strains to combat bacterial diseases such as candida, SIBO, and UTI's. This formula is great for eliminating E.coli and other pathogen transmission from food and water, making it ideal for travelers and those immune to antibiotics. This product is also unique with the introduction of bacillus subtilis, an endospore-forming bacteria which can withstand extreme temperatures and environments. The hardiness of the bacillus subtilis attributes to a longer shelf life, no need for refrigeration, and lower CFU count to reach maximum effectiveness.*

The growth of microorganisms and infectious diseases continues despite the fact that our use of prescriptive and over-the-counter antibiotics, antifungals, antivirals, antiseptic soaps, and cleaning disinfectants has dramatically increased over the past few decades. The World Health Organization estimates that by 2050, antibiotic-resistant bacteria will cause upwards of 10 million deaths a year around the world. The emergence of pathogenic bacteria with resistance to multiple antibiotics has reduced the effectiveness of antibiotic treatment of infections. As cases of infection caused by antibiotic-resistant bacteria increase, there is growing concern over the use of antibiotics in both human and animal medicine. The impending ban of antibiotics in animal feed, the current concern over the spread of antibiotic resistance genes, the failure to identify new antibiotics, and the inherent problems with developing new vaccines make a compelling case for developing alternative prophylactics.

This resistance to antibiotics amongst bacteria should come as no surprise since it is well documented that with time a microorganism will learn to adapt to any threat to its survival. These species not only adapt, but they pass their new resistant traits onto other species of bacteria rendering antibiotics useless against them as well. An inability to control pathogenic bacteria creates an imbalance in the microbiome, creating a great threat to our immunity and ability to fight disease. The specific effects of a broken microbiome can be poor nutrient absorption and digestion as well as poor mental, metabolic, and immune function. Everything from our energy levels to our mood, mental state, and weight stems from the balance of good flora inside the GI tract.

The digestive tract contains trillions of microorganisms that constantly compete for space and nutrients. It is also highly susceptible to attacks from bacteria, which can result in a weakened immune system. Therefore, it is important for beneficial bacteria to outcompete harmful bacteria in order to maintain a proper balance of intestinal microflora and overall good health. Probiotics provide a solution to this problem since they are the sworn enemies of pathogenic bacteria, fighting them off one by one to protect our health and longevity. Our body's probiotics comprise 70% of our immune response. Probiotics work with the body's immune system to stimulate an array of antibodies and immune cells that identify and break down infectious microbes. To illustrate the immune effects of probiotics, one might consider the increasing emergence of foodborne Escherichia coli (*E.coli*) outbreaks. Our bodies typically already contain *E.coli* and Salmonella within the intestinal tract. However, we do not always get sick due to healthy bacterium such as the *Lactobacillus* and *Bifidus* species keeping the unwanted population under control. Should new pathogenic colonies arrive, these probiotics will mobilize natural antibiotics to limit the invasion.

Failure to continuously replenish the body with good bacteria can weaken the natural antibiotic response allowing certain aggressive strains of *E. coli* bacteria to outgrow and consume more resources than beneficial bacteria. This results in an imbalance of intestinal microflora and small intestinal bacterial overgrowth, which is associated with many conditions. *E.coli* is one of the most frequent causes of many common bacterial infections, including cholecystitis, bacteremia, cholangitis, urinary tract infection (UTI), and traveler's

diarrhea as well as other clinical infections such as neonatal meningitis and pneumonia.

Among the large number of probiotic products in use today are bacterial spore formers, mostly of the genus *Bacillus*. Used primarily in their spore form, these products have been shown to prevent gastrointestinal disorders, and the diversity of species used and their applications are astonishing. The durability of soil-spore probiotics also allows for lower CFU counts due to their ability to survive various temperatures and environments. Their ability to stand up to extreme conditions is what keeps them alive for millions of years. In fact, they can be stored at any temperature without any deleterious effects.

Prebiotics help beneficial bacteria, known as probiotics, grow faster than harmful bacteria. More specifically, prebiotics are defined as natural sources of nutrients that benefit the host by stimulating the growth and activity of good bacteria in the digestive tract, thereby improving the health of the host. While their benefit is well known, most prebiotics used are fiber or starch-based and can have some drawbacks. Common concerns related to prebiotics include: large amounts are required to show effectiveness; complaints of gas, bloat, and discomfort; and environmental sensitivity. Since fiber or starch-based prebiotics can limit tolerance of a probiotic in some individuals, alternatives in the form of bacteriophages for prebiotic benefit can be used. Highly specific bacteriophages may be classified as prebiotics since they enhance the growth of beneficial bacteria in the gastrointestinal tract. Beneficial GI bacteria such as bifidobacteria, lactobacillus, and others are in a constant battle for food and space. Inhibition of the growth of neutral or potentially harmful bacteria creates an availability of space and resources to allow the growth of beneficial organisms.

Bacteriophages, or simply phages – whose name means to eat or devour in Greek – are benevolent viruses that exclusively infect bacteria. Phages are the most abundant naturally occurring organisms on earth and are relatively benign. We are surrounded by phages, as they can be found virtually everywhere, including in soil, food, and drinking water. They prey on bacteria, and bacteria cannot become resistant to them. Recently, strictly lytic bacteriophages were isolated for human consumption and have been shown to act as prebiotics when consumed. These phages are related to the virulent phages T4 and T1 and specifically target harmful strains of *E. coli* bacteria in the digestive tract. They support the growth of beneficial bacteria in the digestive system by decreasing harmful strains of *E. coli* from growing and

consuming essential nutrients. The lysis and subsequent destruction of *E. coli* bacteria provides the needed space and nutrients for beneficial bacteria to thrive in the digestive tract and prevents bacterial infections by maintaining the proper balance of intestinal microflora in both the small and large intestines.

### Safety of Soil-Based Spore Formers

Among the soil-based spore formers, *bacillus coagulans* and *bacillus subtilis* have undergone the most clinical human research. There are more than one hundred species of bacillus bacterium, and because some of them can be harmful, it is important to know exactly which species and strains are contained in any probiotic formula you are using. Experts at the FDA consider *bacillus subtilis* safe and have included it on the list of GRAS (Generally Recognized as Safe) food supplements. They found this helpful bacteria is a natural part of a healthy gut environment. Minimal amounts of spore-based organisms are needed to control putrefaction in the intestinal mucosa. *Bacillus subtilis*, for example, was used for centuries by Arabs for dysentery. Soil-based spore formers have also been observed breaking down hydrocarbons and other molecules, allowing better absorption of difficult-to-digest foods. Another benefit is their ability to aggressively attack and ingest other pathogens such as *Candida*, *Penicillium frequens* and *notatum*, and *Aspergillus niger*. *Bacillus subtilis* can serve as a cooperative probiotic and is shown to be more aggressive than probiotic lactobacilli and bifidobacteria species.

### Safety of Bacteriophages

Bacteriophages (phages) are viruses that infect and replicate within bacteria. As demonstrated in *Figure 1* below, the phages use their pointed tails to inject their DNA into the bacterial host cell. By attaching to the cell membrane and injecting their DNA, the phages are able to utilize the genetic replication machinery of the bacterial host cell to make copies of themselves. The new phage progeny then lyse the cell wall, which bursts open to release the phage and the cell contents into the environment. The multiplied phage population then seeks out more host cells and continues to reduce the host population. This process makes space available for the probiotics, which can utilize the nutrients to increase their population.

The use of virulent bacteriophages for the treatment of bacterial infections started in the early 1920's but was abandoned in the 1940's with the introduction of antibiotics, due to a failure to properly understand the

complex nature of phages and their specific bacterial targets. Western nations are becoming more aware of the possibilities of phage treatment for antibiotic-resistant bacteria. Phages are considered self-amplifying and self-limiting. They are able to replicate and maintain high concentrations of particles as long as susceptible bacteria are present. In the absence of host bacterial cells, their activity ceases, and they are flushed from the body.

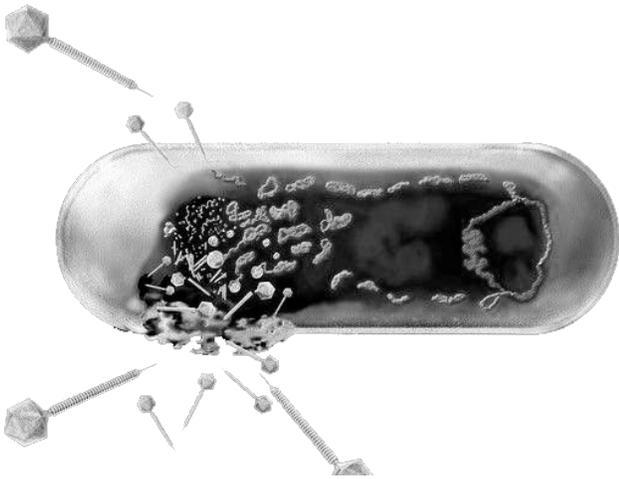


Fig 1. example of the PreforPro® prebiotic bacteriophage

Phage therapy has distinct advantages over antibiotics because the use of “wild type” phage with a multitude of different types of phages is too variable for bacterial resistance to form. Additionally, the phages keep intact healthy microflora and maintain a good microorganism count by preventing against small intestinal bacterial overgrowth (SIBO). The abundance of phages in the environment and the constant exposure of mammalian species to them support a natural tolerance for phages and reflect their general safety. Research involving both animal and human consumption studies has also shown that humans are exposed to large numbers of phages daily through food and water without evidence of harmful effects. No allergic reactions in humans have been reported despite evidence that phages enter circulation.

## FORMULA RATIONALE

*Lactobacillus acidophilus* has as its main function digestive support, producing key enzymes such as lactase, lipase, and protease. As a result, it supports better nutrient absorption, especially vitamin K and B vitamins, lactose, calcium, and fatty acids. Studies are finding *L. acidophilus* effective for lactose intolerance, colitis, impaired intestinal permeability, dyspepsia, IBS, and diarrhea. It is also supportive to

a healthy immune system, reducing inflammation, allergies, and infections such as overgrowth of candida albicans, *H-pylori*, *E. coli*, salmonella, shigella, and staphylococcus. It also produces antibiotic substances such as acidolin, acidophillin, lactobacillin, and lactocidin. *L. acidophilus* also shows benefit for those with cholesterol imbalances.

*Lactobacillus casei* is naturally found in the mouth and intestines of humans. It is well studied and accepted for its beneficial effects on digestion including reduced diarrhea/constipation, reduced inflammation in IBD, and lactose intolerance. *L. casei* has been reported to also support healthy immunity.

*Lactobacillus plantarum* is one of the most versatile probiotics and is also considered a “starter” as it promotes the growth of other beneficial bacteria. It is found in plant material and the gastrointestinal tract of animals, including humans. It has been used in the fermentation of foods for hundreds of years, and is a healthier option in food preservation. Along with promoting normal digestive health, *L. plantarum* has been shown to be an effective treatment for irritable bowel syndrome (IBS), Crohn’s disease, and colitis. It has the ability to destroy pathogens and to preserve critical nutrients, vitamins, and antioxidants. It has also shown the rare ability to produce *L. lysine*, a beneficial amino acid. In the area of immune support, *L. plantarum* has been shown to reduce risk of infections, inflammation, and is considered to be anti-pathogenic.

*Bacillus subtilis* is considered an ideal probiotic because of its ability to safely survive the low pH balance in the early GI tract and to thrive once it reaches the intestines. Unlike some probiotics which have proven to be somewhat fragile, *B. subtilis* can form a protective endospore to keep itself alive almost indefinitely. Due to its hardiness, smaller doses are able to achieve therapeutic outcomes. It is important to note that while in the same genus as some disease-causing bacillus species, it is not to be confused with them due to the ability to distinguish between the helpful and harmful strains. *Bacillus subtilis* stimulates the immune system to a considerable extent, causing it to produce a broad spectrum of antibodies, including those which fight gut and urinary tract diseases, Rotavirus, Shigella, and food borne illness.

## PreforPro® – the Prebiotic Difference

Prebiotics are generally fibers or starches that help support healthy bacteria in the gut. Transformation’s Transbiotic™ contains PreforPro®, a prebiotic that

supports the growth of healthy bacteria in the gut through a mechanism that is neither fiber nor starch based, but rather bacteriophage based. The use of bacteriophages in place of fructo-oligosaccharides allows for a more tolerable probiotic with greater effectiveness. PreforPro® addresses the drawbacks of typical prebiotics on the market. Benefits include:

- effectiveness in small doses within hours
- ability to function in both the small and large intestine
- does not cause bloat, gas, or discomfort
- not affected by varying gut environments
- works in a broad spectrum of probiotic species

The PreforPro® prebiotic also helps to extend the shelf life to 18 months.

**Inactive Ingredients**

This product is encapsulated in a delayed release capsule containing hypromellose, pectin, and water.

DRcaps® Delayed Release Capsules by Capsugel provide better delivery of nutritional ingredients that are acid sensitive. DRcaps® are the alternative to enteric coating which may utilize plasticizers, additives, chemicals, and/or solvents. DRcaps® are made with an innovative hypromellose (HPMC) formulation. These capsules are Vegetarian society certified, Kosher certified, and vegan approved.

**COMPONENT BENEFITS**

Transbiotic™ was formulated with an innovative prebiotic developed to support the growth of healthy bacteria in the gut through a mechanism that is neither fiber nor starch based.

Each capsule is formulated to include:

TZyme® Probiotic Blend (1 billion cfu) 299 mg

- Lactobacillus acidophilus*
- Bacillus subtilis* DE111®
- Lactobacillus casei*
- Lactobacillus plantarum*

PreforPro® 15 mg

- LH01 - Myoviridae
- LL5 - Siphoviridae
- T4D - Myoviridae
- LL12 - Myoviridae

Other Ingredients:

- Hypromellose
- Pectin
- Water

**SUMMARY**

It is not surprising that the native microbiota have been found to play an important role in human health. Most of these bacteria are not harmful, and in fact contribute positively to human health, growth, and development. Due to diet, lifestyle, environment, and certain medications, the balance of good and bad can be altered, creating a potentially harmful situation. It is important that the balance of microbes be maintained to favor the beneficial bacteria over the pathogenic ones. Based on over thirty years of clinical experience and the current research findings, one of the most effective ways to support GI health is through regular probiotic supplementation.

**CLINICAL APPLICATIONS**

Possible indications for Transbiotic™ include:

- Prevention and wellness
- Digestive disorders
- Constipation
- Diarrhea
- Inflammatory bowel disorders
- Gas and bloating
- Dysbiosis
- Frequent antibiotic use
- Weakened immunity
- Lactose Intolerance
- Viral / bacterial infections
- Yeast infections
- Frequent travelers
- Food borne illness

**RECOMMENDED USAGE**

Take one capsule upon rising or at bedtime with at least 8 oz. of water or as directed by a healthcare practitioner.

**PRODUCT SPECIFICATIONS**

Transbiotic™ is available in bottles of 30 capsules. Refrigeration is not required but recommended for optimum activity.

## REFERENCES

- Ackermann HW, Krisch HM. A catalogue of T4-type bacteriophages. *Arch Virol*. 1997;142(12):2329-45.
- Adams CW. *Probiotics - Protection Against Infection: Using Nature's Tiny Warriors To Stem Infection And Fight Disease*. New Delhi: Readworthy Publications. 2009.
- Adams MH. *Bacteriophages*. New York: Interscience Publishers, Inc., pp. 1-12. 1959.
- Allen, KP, Randolph MM, Fleckenstein JM. Importance of heat-labile enterotoxin in colonization of the adult mouse small intestine by human enterotoxigenic *Escherichia coli* strains. *Infect Immun*. 2006 Feb;74(2):869-75.
- Alisky J, Iczkowski K, Rapoport A, Troitsky N. Bacteriophages show promise as antimicrobial agents. *J Infect*. 1998 Jan;36(1):5-15.
- Armon R, Araujo R, Kott Y, Lucena F, Jofre J. Bacteriophages of enteric bacteria in drinking water, comparison of their distribution in two countries. *J Appl Microbiol*. 1997 Nov;83(5):627-33.
- Ashelford KE, Day MJ, Fry JC. Elevated abundance of bacteriophage infecting bacteria in soil. *Appl Environ Microbiol*. 2003 Jan;69(1):285-9.
- Atterbury RJ, Connerton PL, Dodd CE, Rees CE, Connerton IF. Isolation and characterization of *Campylobacter* bacteriophages from retail poultry. *Appl Environ Microbiol*. 2003 Aug;69(8):4511-8.
- Babalova EG, Katsitadze KT, Sakvarelidze LA, Imnaishvili NS, Sharashidze TG, Badashvili VA, et al. Preventive value of dried dysentery bacteriophage. *Zh Mikrobiol Epidemiol Immunobiol*. 1968 Feb;45(2):143-5.
- Berchieri A Jr, Lovell MA, Barrow PA. The activity in the chicken alimentary tract of bacteriophages lytic for *Salmonella typhimurium*. *Res Microbiol*. 1991 Jun;142(5):541-9.
- Bergh O, Børsheim KY, Bratbak G, Heldal M. High abundance of viruses found in aquatic environments. *Nature*. 1989 Aug 10;340(6233):467-8.
- Biswas B, Adhya S, Washart P, Paul B, Trostel AN, Carlton R, et al. Bacteriophage therapy rescues mice bacteremic from a clinical isolate of vancomycin-resistant *Enterococcus faecium*. *Infect Immun*. 2002 Jan;70(1):204-10.
- Blattner FR, Plunkett G, Bloch CA, Perna NT, Burland V, Riley M, et al. The complete genome sequence of *Escherichia coli* K-12. *Science*. 1997 Sep 5;277(5331):1453-62.
- Boyd EF. Bacteriophages and bacterial virulence. In: Kutter E, Sulakvelidze A, eds. *Bacteriophages: Biology and Applications*. Boca Raton, FL: CRC Press. pp. 223-66. 2005.
- Breitbart M, Hewson I, Felts B, Mahaffy JM, Nulton J, Salamon P, et al. Metagenomic analyses of an uncultured viral community from human feces. *J Bacteriol*. 2003 Oct;185(20):6220-3.
- Brussow H, Fremont M, Bruttin A, Sidoti J, Constable A, Fryder V. Detection and classification of *Streptococcus thermophilus* bacteriophages isolate from industrial milk fermentation. *Appl Environ Microbiol*. 1994 Dec;60(12):4537-43.
- Brussow H. *Phage therapy: the Escherichia coli experience*. *Microbiology (Reading)*. 2005 Jul;151(Pt 7):2133-2140.
- Bruttin A, Brussow H. Human volunteers receiving *Escherichia coli* phage T4 orally: a safety test of phage therapy. *Antimicrob Agents Chemother*. 2005 Jul;49(7):2874-8.
- Callaway TR, Edrington TS, Brabban AD, Anderson RC, Rossman ML, Engler MJ, et al. Bacteriophage isolated from feedlot cattle can reduce *Escherichia coli* O157:H7 populations in ruminant gastrointestinal tracts. *Foodborne Pathog Dis*. 2008 Apr;5(2):183-91.
- Carlton RM, Noordman WH, Biswas B, de Meester ED, Loessner MJ. Bacteriophage P100 for control of *Listeria monocytogenes* in foods: genome sequence, bioinformatics analyses, oral toxicity study, and application. *Regul Toxicol Pharmacol*. 2005 Dec;43(3):301-12.
- Cervený KE, DePaola A, Duckworth DH, Gulig PA. Phage therapy of local and systemic disease caused by *Vibrio vulnificus* in iron-dextran-treated mice. *Infect Immun*. 2002 Nov;70(11):6251-62.
- Chibani-Chennoufi S, Bruttin A, Dillman ML, Brussow H. Phage-host interaction: an ecological perspective. *J Bacteriol*. 2004 Jun;186(12):3677-86.
- Chibani-Chennoufi S, Sidoti J, Bruttin A, Dillman ML, Kutter E, Qadri F, et al. Isolation of *Escherichia coli* bacteriophages from the stool of pediatric diarrhea patients in Bangladesh. *J Bacteriol*. 2004 Dec;186(24):8287-94.
- Chibani-Chennoufi S, Sidoti J, Bruttin A, Kutter E, Sarker S, Brussow H. In vitro and in vivo bacteriolytic activities of *Escherichia coli* phages: implications for phage therapy. *Antimicrob Agents Chemother*. 2004 Jul;48(7):2558-69.
- Chibani-Chennoufi S, Canchaya C, Bruttin A, Brussow H. Comparative genomics of the T4-like *Escherichia coli* phage JS98: implications of the evolution of T4 phages. *J Bacteriol*. 2004 Dec;186(24):8276-86.
- Chibani-Chennoufi S, Dillman ML, Marvin-Guy L, Rami-Shojaei S, Brussow H. *Lactobacillus plantarum* bacteriophage LP65: a new member of the SPO1-like genus of the family Myoviridae. *J Bacteriol*. 2004 Nov;186(21):7069-83.
- Colom J, Freitas D, Simon A, Brodkorb A, Buckley M, Deaton J, et al. Presence and germination of the probiotic *Bacillus subtilis* DE111® in the human small intestinal tract: a randomized, cross-over, double-blind, and placebo-controlled study. *Front Microbiol*. 2021 Aug 2;12:715863.
- Colom J, Freitas D, Simon A, Khokhlova E, Mazhar S, Buckley M, et al. Acute physiological effects following *Bacillus subtilis* DE111 oral ingestion - a randomised, double blinded, placebo-controlled study. *Benef Microbes*. 2023 Mar 14;14(1):31-44.
- d'Herelle F. *The Bacteriophage: Its Rôle in Immunity*. Smith GH, trans. Baltimore, MD: Williams & Wilkins. 1922
- Dabrowska K, Swiatała-Jelen, K, Opolski A, Weber-Dabrowska B, Gorski A. Bacteriophage penetration in vertebrates. *J Appl Microbiol*. 2005;98(1):7-13.
- Dabrowska K, Swiatała-Jeleń, K, Opolski A, Górski A. Possible association between phage, Hoc protein, and the immune system. *Arch Virol*. 2006 Feb;151(2):209-15.
- Davidson PF, Freifelder D. The physical properties of T7 bacteriophage. *J Mol Biol*. 1962 Dec;5:635-42.
- Duckworth DH. History of virology: bacteriophages. In *Encyclopedia of Virology*, Granoff A, Webster RG, eds. Memphis, TN: Academic Press. pp. 725-30. 1999.
- Dynamac Report. Evaluation of microorganisms for possible exemption under TSCA Section 5. US Environmental Protection Agency: Washington, DC. 1990.
- EBI Food Safety B.V. GRAS Notice (GRN) No. 198. Bacteriophage

- P100 preparation from *Listeria innocua*. Apr 2006.
- EBI Food Safety B.V. GRAS Notice (GRN) No. 218. Bacteriophage P100 preparation from *Listeria innocua*. Dec 2006.
- European Bioinformatics Institute. Bacteria Genomes – *Bacillus subtilis*. 2009.
- Fraser D, Jerrel EA. The amino acid composition of T3 bacteriophage. *J Biol Chem*. 1953 Nov;205(1):291-5
- Fuhrman JA. Marine viruses and their biogeochemical and ecological effects. *Nature*. 1999 Jun 10;399(6736):541-8.
- Furuse K. Distribution of coliphages in the general environment: general considerations. In *Phage Ecology*. Goyal SM, Gerba CP, Bitton G, eds. New York, NY: Wiley. pp. 87-124. 1987.
- Górski A, Weber-Dabrowska B. The potential role of endogenous bacteriophages in controlling invading pathogens. *Cell Mol Life Sci*. 2005 Mar;62(5):511-9.
- Grabow WO, Coubrough P. Practical direct plaque assay for coliphages in 100-ml samples of drinking water. *Appl Environ Microbiol*. 1986 Sep;52(3):430-3.
- Gautier M, Rouault A, Sommer P, Briandet R. Occurrence of *Propionibacterium freudenreichii* bacteriophages in swiss cheese. *Appl Environ Microbiol*. 1995 Jul;61(7):2572-6.
- Gill JJ, Berry JD, Russell WK, Lessor L, Escobar-Garcia DA, Hernandez D, et al. The *Caulobacter crescentus* phage phiCbK: genomics of a canonical phage. *BMC Genomics*. 2012 Oct 10;13:542.
- Greer GG. Bacteriophage control of foodborne bacteriat. *J Food Prot*. 2005 May;68(5):1102-11.
- Hausler T. *Gesund durch Viren*. Piper & Co: München/Zürich. 2003.
- Hershey AD, Bronfenbrenner J. Stepwise liberation of poorly sorbed bacteriophages. *J Bacteriol*. 1943 Mar;45(3):211-8.
- Hodgson DA. Generalized transduction of serotype 1/2 and serotype 4b strains of *Listeria monocytogenes*. *Mol Microbiol*. 2000 Jan;35(2):312-23.
- Hsu FC, Shieh YS, Sobsey MD. Enteric bacteriophages as potential fecal indicators in ground beef and poultry meat. *J Food Prot*. 2002 Jan;65(1):93-9.
- Huffnagle G, Wernick S. *The Probiotics Revolution*. New York, NY: Bantam Dell. 2007.
- Karam JD. *Molecular Biology of Bacteriophage T4*. Washington, DC: American Society for Microbiology. 1994.
- Kennedy JE Jr, Oblinger JL, Bitton G. Recovery of coliphages from chicken, pork sausage, and delcatessen meats. *J Food Prot*. 1984 Aug;47(8):623-626.
- Kennedy JE Jr, Bitton G. Bacteriophages in foods. In: *Phage Ecology*. Goyal SM, Gerba CP, Bitton G, eds. New York, NY: Wiley. pp 289-316. 1987.
- Kennedy JE Jr, Bitton G, Oblinger JL. Comparison of selective media for assay of coliphages in sewage effluent and lake water. *Appl Environ Microbiol*. 1985 Jan;49(1):33-6..
- Loc Carrillo C, Atterbury RJ, el-Shibiny A, Connerton PL, Dillon E, Scott A, et al. Bacteriophage therapy to reduce *Campylobacter jejuni* colonization of broiler chickens. *Appl Environ Microbiol*. 2005 Nov;71(11):6554-63.
- Lu Z, Breidt F, Plengvidhya V, Fleming HP. Bacteriophage ecology in commercial sauerkraut fermentations. *Appl Environ Microbiol*. 2003 Jun;69(6):3192-202.
- Lu Z, Breidt F, Fleming HP, Alternann E, Klaenhammer TR. Isolation and characterization of a *Lactobacillus plantarum* bacteriophage, AJL-1, from a cucumber fermentation. *Int J Food Microbiol*. 2003 Jul 25;84(2):225-35.
- Lunan KD, Sinsheimer RL. A study of the nucleic acid of bacteriophage T7. *Virology*. 1956 Aug;2(4):455-62.
- Luria SE, Williams RC, Backus RC. Electron micrographic counts of bacteriophage particles. *J Bacteriol*. 1951 Feb;61(2):179-88.
- Matsuzaki S, Rashel M, Uchiyama J, Sakurai S, Ujhara T, Kuroda M, et al. Bacteriophage therapy: a revitalized therapy against bacterial infectious diseases. *J Infect Chemother*. 2005 Oct;11(5):211-9.
- Mazhar S, Khokhlova E, Colom J, Simon A, Deaton J, Rea K. In vitro and in silico assessment of probiotic and functional properties of *Bacillus subtilis* DE111®. *Front Microbiol*. 2023 Jan 13;13:1101144.
- Merril CR, Biswas B, Carlton R, Jenson NC, Creed GJ, Zullo S, et al. Long-circulating bacteriophage as antibacterial agents. *Proc Natl Acad Sci USA*. 1996 Apr 16;93(8):3188-92.
- Merril CR, Scholl D, Adhya SL. The prospect for bacteriophage therapy in Western medicine. *Nat Rev Drug Discov*. 2003 Jun;2(6):489-97.
- Miller ES, Kutter E, Mosig G, Arisaka F, Kunisawa T, Ruger W. Bacteriophage T4 genome. *Microbiol Mol Biol Rev*. 2003 Mar;67(1):86-156, table of contents.
- Monk AB, Rees CD, Barrow P, Hagens S, Harper DR. Bacteriophage applications: where are we now? *Lett Appl Microbiol*. 2010 Oct;51(4):363-9.
- Natural Partners. Bacteriophages: Improve digestive health and well-being. 2016. Retrieved January 16, 2017, from <http://blog.naturalpartners.com/bacteriophages-the-newest-and-most-novel-way-to-improve-digestive-health-and-well-being/>
- Ochs HD, Davis SD, Wedgwood RJ. Immunologic responses to bacteriophage phi-X 174 in immunodeficiency disease. *J Clin Invest*. 1971 Dec;50(12):2559-68.
- Ochs HD, Buckley RH, Kobayashi RH, Sorensen RU, Douglas SD, Hamilton BL, et al. Antibody responses to bacteriophage phi X174 in patients with adenosine deaminase deficiency. *Blood*. 1992 Sep 1;80(5):1163-71.
- Repoila F, Tetart F, Bouet JY, Krisch HM. Genomic polymorphism in the T-even bacteriophages. *EMBO J*. 1994 Sep 1;13(17):4181-92.
- Reyes A, Haynes M, Hanson N, Angly FE, Heath AC, Rohwer F, et al. Viruses in the fecal microbiota of monozygotic twins and their mothers. *Nature*. 2010 Jul 15;466(7304):334-8.
- Roberts MD, Martin NL, Kropinski AM. The genome and proteome of coliphage T1. *Virology*. 2004 Jan 5;318(1):245-66.
- Ryan EM, Gorman SP, Donnelly RF, Gilmore BF. Recent advances in bacteriophage therapy: how delivery routes, formulation, concentration and timing influence the success of phage therapy. *J Pharm Pharmacol*. 2011 Oct;63(10):1253-64.
- Sarker SA, McCallin S, Barretto C, Berger B, Pittet AC, Sultana S, et al. Oral T4-like phage cocktail application to healthy adult volunteers from Bangladesh. *Virology*. 2012 Dec 20;434(2):222-32.
- Schade AL, Caroline L. The preparation of a polyvalent dysentery bacteriophage in a dry and stable form: I. Preliminary investigations and general procedures. *J Bacteriol*. 1943 Nov;46(5):463-73.
- Schade AL, Caroline L. The preparation of a polyvalent dysentery

- bacteriophage in a dry and stable form: II. Factors affecting the stabilization of dysentery bacteriophage during lyophilization. *J Bacteriol.* 1944 Aug;48(2):179-90.
- Schade AL, Caroline L. The preparation of a polyvalent dysentery bacteriophage in a dry and stable form: III. Stability of dried bacteriophage towards heat, humidity, age, and acidity. *J Bacteriol.* 1944 Aug;48(2):243-51.
- Seok J, Shaw Warren H, Cuena AG, Mindrin MN, Baker HV, Xu W, et al. Genomic responses in mouse models poorly mimic human inflammatory diseases. *Proc Natl Acad Sci USA.* 2013 Feb 11;110(9):3507-12.
- Smith HW, Huggins MB. Successful treatment of experimental *Escherichia coli* infections in mice using phage: its general superiority over antibiotics. *J Gen Microbiol.* 1982 Feb;128(2):307-18.
- Smith HW, Huggins MB. Effectiveness of phage in treating experimental *Escherichia coli* diarrhoea in calves, piglets, and lambs. *J Gen Microbiol.* 1983 Aug;129(8):2659-75.
- Smith HW, Huggins MB, Shaw KM. The control of experimental *Escherichia coli* diarrhoea in calves by means of bacteriophages. *J Gen Microbiol.* 1987 May;133(5):1111-26.
- Smith HW, Huggins MB, Shaw KM. Factors influencing the survival and multiplication of bacteriophages in calves and in their environment. *J Gen Microbiol.* 1987 May;133(5):1127-35.
- Stickel F, Droz S, Patsenker E, Bögli-Stuber K, Aebi B, Leib SL. Severe hepatotoxicity following ingestion of Herbalife nutritional supplements contaminated with *Bacillus subtilis*. *J Hepatol.* 2009 Jan;50(1):111-7.
- Sulakvelidze A. Phage therapy: an attractive option for dealing with antibiotic-resistant bacterial infections. *Drug Discov Today.* 2005 Jun 15;10(12):807-9.
- Sulakvelidze A, Barrow P. Phage therapy in animals and agribusiness. In *Bacteriophages: Biology and Applications*. Kutter E, Sulakvelidze A, eds. CRC Press, Boca Raton, FL. pp. 335-80. 2005.
- Summer WC. *Felix d'Herelle and the Origins of Molecular Biology*. New Haven, CT: Yale University Press. 1999.
- Summers WC. Bacteriophage therapy. *Annu Rev Microbiol.* 2001;55:437-51.
- Swanstrom M, Adams MH. Agar layer method for production of high titer phage stocks. *Proc Soc Exp Biol Med.* 1951 Nov;78(2):372-5.
- Swartzburg R. *Bacillus subtilis*. 2009. Retrieved January 16, 2017, from <http://www.probiotic.org/bacillus-subtilis.htm>
- Taylor JR, Mitchell D. *The Wonder of Probiotics*. New York, NY: St. Martin's Press. 2007.
- Thomas CA, Abelson J. The isolation and characterization of DNA from bacteriophage. In *Procedures in Nucleic Acid Research*. Vol. 1. Cantoni GL, Davies DR, eds. New York, NY: Harper & Row, Publishers, Inc. pp. 553-61. 1966.
- Todar K. The Genus *Bacillus*. In *Todar's Online Textbook of Bacteriology*. 2009.
- U.S. Environmental Protection Agency. Final risk assessment of *Bacillus subtilis*. Biotechnology Program Under Toxic Substances Control Act (TSCA). U.S. Government Publishing Office. 1997. <https://www.epa.gov/sites/default/files/2015-09/documents/fra009.pdf>
- Wang J, Jiang Y, Vincent M, Sun Y, Yu H, Wang J, et al. Complete genome sequence of bacteriophage T5. *Virology.* 2005 Feb 5;332(1):45-65.
- Whitman PA, Marshall RT. Isolation of psychrophilic bacteriophage-host systems from refrigerated food products. *Appl Microbiol.* 1971 Aug;22(2):220-3.
- Wolf MK, Taylor DN, Boedeker EC, Hyams KC, Maneval DR, Levine MM, et al. Characterization of enterotoxigenic *Escherichia coli* isolated from U.S. troops deployed to the Middle East. *J Clin Microbiol.* 1993 Apr;31(4):851-6.
- Wommack KE, Colwell RR. Virioplankton: viruses in aquatic ecosystems. *Microbiol Mol Biol Rev.* 2000 Mar;64(1):69-114.
- Wyatt GR, Cohen SS. A new pyrimidine base from bacteriophage nucleic acids. *Nature.* 1952 Dec 20;170(4338):1072-3.
- Wyatt GR, Cohen SS. The base of desoxyribonucleic acids of T2, T4, and T6 bacteriophages. *Ann Inst Pasteur (Paris).* 1953 Jan;84(1):143-6.
- Yoon SS, Barrangou-Pouey R, Breidt F Jr, Klaenhammer TR, Fleming HP. Isolation and characterization of bacteriophages from fermenting sauerkraut. *Appl Environ Microbiol.* 2002 Feb;68(2):973-6.
- Zdobnov EM, Apweiler R. InterProScan – an integration platform for the signature recognition methods in InterPro. *Bioinformatics.* 2001 Sep;17(9):847-8.
- Zhou CE, Smith J, Lam M, Zemla A, Dyer MD, Slezak T. MvirDB – a microbial database of protein toxins, virulence factors, and antibiotic resistance genes for bio-defense applications. *Nucleic Acids Res.* 2007 Jan;35(Database issue):D391-4

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