

Logo Latopic (x1)

Graphic "little clown" (x1)

The first step in food allergy and atopic dermatitis (x1)

Food allergy and atopic dermatitis (AD)

Food allergy (cow's milk, hen's eggs, soya) is most commonly manifested as atopic dermatitis (AD). AD is a chronic and recurrent skin lesions, characterized by intense pruritus, skin dryness, periodic inflammatory and exudative lesions.¹

It has been proven that patients with atopic dermatitis have a permeable intestinal barrier, which can lead to increased permeability of allergens.²

Vicious circle of AD

The main symptoms of atopic dermatitis are skin dryness and pruritus which provoke scratching. This leads to mechanical damage of the *stratum corneum*, which facilitates the penetration of *Staphylococcus aureus* and irritants that exacerbate skin lesions. *Staphylococcus aureus* is the most common microorganism causing superinfection of atopic skin. It colonizes approximately 90% of people with this type of skin. This bacteria may exacerbate skin lesions. As a result, it produces a vicious circle of AD.³

In order to stop the vicious circle, the causes of AD should be addressed.³

Lactic acid bacteria contained in oral Latopic and in specialized emollients belonging to Latopic line for the skin use will help in this respect.

Latopic is a product intended for dietary management in food allergy and in atopic dermatitis (AD). It includes 3 Polish, live and patented strains of lactic acid bacteria of the *Lactobacillus* genus, whose safety and efficacy have been confirmed in long-term studies.^{4,5}

The lactic acid bacteria used in the diet **act from the inside**. They can contribute to increasing the integrity of the intestinal barrier, maintain microbial and immunological balance in the body and stimulate mucus secretion.^{2,6}

The lactic acid bacteria can favorably affect the course of atopic dermatitis, alleviating the severity of skin lesions.^{4,5}

The product received a positive opinion of "Children's Memorial Health Institute"

Emollients from Latopic line (Face and body cream, Body emulsion, Bath emulsion, Body and hair wash gel, Regenerative hand cream) **act from the outside**. They contain *Lactobacillus sp. metabolites*, which have antimicrobial properties and help to prevent growth of *Staphylococcus aureus*, and thanks to the presence of other active ingredients act on 7 areas: effectively moisturize and oil the skin, quickly relieve itching and irritation, regenerate damaged skin, supplement intercellular lipids, and nourish.

Properties

Latopic is a food for special medical purposes. It includes 3 Polish, live and patented strains of lactic acid bacteria:

- *Lactobacillus casei* ŁOCK 0919 (formerly *Lactobacillus paracasei* ŁOCK 0919),
- *Lactobacillus rhamnosus* ŁOCK 0908 (formerly *Lactobacillus casei* ŁOCK 0908),
- *Lactobacillus rhamnosus* ŁOCK 0900 (formerly *Lactobacillus casei* ŁOCK 0900).

The following properties of the strains contained in **Latopic** have been confirmed by *in vitro* studies:

- production of substances exerting activity against: *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Salmonella* Enteritidis, *Salmonella* Typhimurium, *Listeria innocua*, *Listeria monocytogenes* and *Enterococcus faecalis*,
- typical for the group of *Lactobacillus casei/rhamnosus* resistance to antibiotics,
- resistance to low gastric pH and to bile salts,

- adherence to intestinal epithelial cells.

Important information

Latopic is intended for the dietary management of food allergy and in atopic dermatitis. The product is an incomplete foodstuff. It is not suitable for use as the sole source of nourishment. Do not use parenterally.

Latopic is intended for infants, children and adults. The product should be used under medical supervision. Caution is indicated when lactic acid bacteria are used in severely immunocompromised infants. **The product is gluten-free. It does not contain milk protein and lactose.**

Ingredients

One capsule of Latopic contains: maltodextrin, ingredient of the capsule – gelatin, 1 billion of lactic acid bacteria in the following proportions: 50% *Lactobacillus casei* LOCK 0919, 25% *Lactobacillus rhamnosus* LOCK 0908, 25% *Lactobacillus rhamnosus* LOCK 0900, capsule dye - titanium dioxide, antioxidant - ascorbic acid.

Dosage and method of use



- Administer 1 capsule a day for at least 3 months^{4,5}
- For infants, children and people with swallowing difficulties, open the capsule, take out the content (discard the empty capsule) and dissolve in a small amount 1.5-3 ml (one teaspoon) of lukewarm liquid (i.e. in boiled water at room temperature, breast milk or in hypoallergenic preparation recommended by your doctor, which was prepared according to the leaflet). Product should be used directly after preparation.

Nutrition and energetic value	In 100g of the product	In 1 capsule
energetic value (energy)	1571 kJ / 370 kcal	4.81 kJ / 1.13 kcal
fat	0 g	0 g
of which		
— saturated fatty acids (saturates)	0 g	0 g
carbohydrate	69.0 g	0.211 g
of which		
— sugars	18.9 g	0.058 g
fibre	23.0 g	0.07 g
salt	0.42 g	0.0013 g
bacterial strains:		
— <i>Lactobacillus casei</i> LOCK 0919		
— <i>Lactobacillus rhamnosus</i> LOCK 0908		
— <i>Lactobacillus rhamnosus</i> LOCK 0900	327 billion	1 billion

Package contents

10 capsules 306 mg each. Net weight 3.06 g.
 30 capsules 306 mg each. Net weight 9.18 g.
 90 capsules 306 mg each. Net weight 27.54 g.

Not all pack sizes may be marketed.

Storage

Store in a refrigerator (2°C - 8°C). Keep out of reach of young children. Protect against humidity.

Attention! If the product is stored **out of the refrigerator, at the temperature up to 25°C**, it should be used within 2 weeks.

Manufacturer

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¹Cukrowska (2010) Przedruk z “Zakażeń”. “Probiotyki w atopowym zapaleniu skóry: 3

²Rosenfeldt V. et al. (2004) J Pediatr; 145: 612-6.

³Kurzawa i wsp. (2014) Poradnik dla rodziców; Atopowe zapalenie skóry: 32-33

⁴Cukrowska i wsp. (2008) Pediatr. Wspólcz. Gastroenterol. Hepatol. Żywnienie Dziecka; 10, 2: 15-18.

⁵Cukrowska i wsp. (2010) Przegl Pediatr; 40, 1: 21-25

⁶Osborn D.A. et al. (2008) The Cochrane Library, Issue 4.