IHCAN WEBINAR · TUESDAY 13 OCTOBER 2026

Recurrent Vaginal **Symptoms & Dysbiosis**

Understanding BV, Aerobic Vaginitis, Thrush and the Role of Lactobacilli in Vaginal Health

Post-Webinar Q&A: Your Questions Answered

01 Does the probiotic work without antibiotics? What is the success rate?

Yes. GR-1 and RC-14 have shown significant benefit on their own. **However, an active infection such as BV, thrush or a UTI must always be properly diagnosed and treated, and antibiotics or antifungals remain the first-line treatment where indicated. Probiotics should not replace this treatment. In active BV, the research supports using GR-1 and RC-14 alongside antibiotics, which increased cure rates to 88%, compared with 40% with antibiotics and placebo, more than doubling the effect of antibiotics alone (2.2 times higher) (Anukam et al., 2006).**

Taken on their own, the strains restored a balanced vaginal microbiota in 61.5% of women with BV, compared with 26.9% on placebo (Vujic et al., 2013). They also improved symptoms such as odour, discharge and itching: in a self-reported outcome study, 94% of women rated them effective and over 40% reported complete symptom resolution (Cheng et al., 2022). In recurrent UTIs, they reduced recurrences by around 50% over 12 months **(taken as prevention between infections, not during an active infection)**, nearly as effective as antibiotic prophylaxis, without causing resistance (Beerepoot et al., 2012).

One of the most common reasons infections recur is biofilm, a protective layer that shields pathogens from treatment, found in around 90% of BV cases (Jung et al., 2020), 92% of recurrent UTIs (Kudinha & Kong, 2022) and in recurrent thrush (Pan et al., 2023). RC-14 produces a biosurfactant, a natural detergent-like substance that helps break down biofilms.

02 How might Candida present in the gut, and how does the gut affect the vaginal microbiome?

Research on gut Candida and thrush is still limited. The stronger evidence points to overall gut dysbiosis, an imbalanced microbial composition, and to the gut acting as a reservoir for pathogens, which may increase the risk of vaginal and urinary infections. Uropathogenic *E. coli* (UPEC), the main cause of UTIs, originate in the gut before colonising the vaginal and periurethral area. *Gardnerella* and other BV-associated bacteria are also found in the rectum, and rectal colonisation has been linked to a higher risk of developing BV. Women with recurrent UTIs and BV tend to show a less diverse gut microbiome, with fewer beneficial bacteria, which may contribute to recurrence and symptom severity. Similarly, in menopause, gut dysbiosis has been associated with more severe GSM symptoms. Supporting the gut microbiome is therefore relevant to vaginal health, particularly in recurrent cases. Orally taken GR-1 and RC-14 also reach the vaginal tract via this gut–vagina route.

03 Can I get leaflets, vouchers or samples?

Yes, please email me at **health.professionals@Optibac.com**.

04 Have you tested with oregano oil instead of antibiotics?

No. Optibac specialises solely in probiotics, so we haven't tested oregano oil and it falls outside our area of research. Published research on oregano oil in urogenital infections is currently limited to laboratory and animal studies, with no human clinical trials of oral oregano oil supplementation to date.

05 Which products contain *L. gasseri*? Is it good for menopausal belly fat?

Research on *Lactobacillus gasseri* and abdominal fat is based on two specific strains: an intestine-derived strain (SBT2055) and a separate strain isolated from human breast milk (BNR17), neither of which is a vaginal strain. Oral supplementation with the intestine-derived strain produced an average visceral-fat reduction of about 5% in one trial, with similar findings in a later study. These studies investigated possible metabolic effects through the gut, not vaginal support; they did not test vaginal colonisation, improvement of vaginal microbiome composition, or effects on urogenital infections. The results are specific to these strains and have not been linked to vaginal *L. gasseri*.

06 What are your thoughts on recurrent or post-coital UTIs/BV requiring frequent or long-term antibiotics?

Recurrence after antibiotics is common, partly because pathogens such as *Gardnerella* and uropathogenic *E. coli* (UPEC) form biofilms, which antibiotics have little effect on. Bacteria therefore persist and regrow once treatment stops. Repeated courses can also drive antibiotic resistance and disrupt both the gut and vaginal microbiome, increasing susceptibility to further infections. In post-coital cases, intercourse can transfer gut-derived bacteria such as UPEC towards the urethra, and alkaline semen can temporarily raise vaginal pH, favouring BV-associated bacteria over protective lactobacilli. Antibiotics reduce pathogens but don't restore lactobacilli, so re-establishing lactobacillus dominance afterwards is key to reducing recurrence. GR-1 and RC-14 support this by helping disrupt biofilms, reducing pathogen levels and adhesion, and supporting recovery of a lactobacilli-dominated microbiota, without the resistance issues seen with antibiotics.

07 During pregnancy, would you recommend continuous use or a one- or two-month course?

GR-1 and RC-14 have been studied in pregnant women for 8 weeks, with a good safety profile. Any suspected infection in pregnancy should always be checked by the GP or midwife, and any supplement should be agreed with them before starting.

08 Is there an Optibac daily probiotic for menopausal women that can be taken long term?

Optibac For Women contains GR-1 and RC-14, which have been studied daily for 12 months in postmenopausal women with recurrent UTIs. Over that period, the probiotic reduced UTI recurrences by around 50% and was nearly as effective as long-term antibiotic prophylaxis, only a few points below, without causing antibiotic resistance (Beerepoot et al., 2012). For active infections, antibiotics remain first-line treatment, but GR-1 and RC-14 may help reduce relapses and improve symptoms. In postmenopausal women, these strains have also been shown to help restore a healthier vaginal microbiota.

09 What supplements do you recommend for *Gardnerella*?

Research on *L. rhamnosus* GR-1 and *L. reuteri* RC-14, the strains found in Optibac For Women, suggests that these are among the best-studied probiotic strains for bacterial vaginosis (BV). In clinical trials, adding these strains to antibiotics produced cure rates of approximately 88% versus 40% with antibiotics and placebo (Anukam et al., 2006), while another study reported restoration of a balanced, lactobacilli-dominant vaginal microbiota in 61.5% versus 26.9% of participants (Vujic et al., 2013). In the laboratory biofilm study by Saunders et al. (2007), these strains changed the structure and viability of *Gardnerella vaginalis* biofilms, breaking up thick layers of bacteria; RC-14 showed the strongest effect, reducing the biofilm's size, thickness and density. For active BV, antibiotics remain first-line treatment, while GR-1 and RC-14 may be considered as an adjunct, particularly in recurrent BV, to support restoration of a healthier vaginal microbiota and potentially reduce relapse.

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What vaginal microbiome tests do you recommend?

For diagnosis, testing via the GP or a sexual health clinic remains the gold standard. For BV, this includes the Amsel criteria (discharge, pH above 4.5, fishy odour and clue cells) and the Nugent score (a lab Gram stain rating bacterial balance from 0 to 10). For thrush, a vaginal swab is examined by microscopy and culture. For UTIs, a urine dipstick is a quick first check, but a urine culture (from a midstream sample) is needed to confirm infection and guide antibiotic choice. In all cases, matching symptoms to the clinical context is important, both to choose the right test and to interpret the result correctly. Consumer at-home tests use DNA sequencing to show which bacteria dominate the vaginal microbiome, and can be useful for tracking. However, they aren't validated for diagnosis, as there are no agreed thresholds linking a profile to infection and results vary across the cycle.