

Ear Infections Reduced Through Use Of Blis K12 - Italian Clinical Study

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The International Journal of General Medicine reports findings of an Italian clinical study showing the daily use of BLIS K12 reduced the rate of ear infections (acute otitis media) by over 40% when compared to diagnosed infections from the same populations in the prior 12 months.

In addition, there was a 50-60% improvement in specific measurements for hearing (p<0.01) as well as an approximate 40% improvement in the appearance of the ear canal and eardrum (p<0.05), including reductions in fluid build-up in the middle ear.

Those latest results confirm and extend earlier findings in both children and adults, establishing the importance of a healthy oral cavity microbiome and demonstrating the striking benefits of daily BLIS K12 supplementation in promoting oral health.

The results of this study also reconfirm the excellent safety profile of BLIS K12 in children with no adverse effects reported.

In this pilot study, conducted by a Milan-based research team, 22 children ages 3-9 years old with a recent history of acute otitis media and fluid in one or both ears for at least two months were selected for participation in the study. They were each administered a once daily chewable lozenge containing BLIS K12.

Middle ear infections are common in children affecting 80% of children at some time during their childhood. Acute otitis media can become a lingering problem resulting in an inflammatory condition characterised by persistent fluid in the middle ear cavity. If left untreated it can lead to hearing-related complications.

NZX-listed Blis Technologies chief executive Barry Richardson said the latest trial followed three previous successful trials by the same Italian group. One of those previous trials using BLIS K12 on strep throat indicated a secondary effect of reduction of ear infections so this trial follows up that observation.

Blis Technologies commercialised the BLIS K12 strain of Streptococcus salivarius that has resulted from research carried out at the University of Otago by Professor John Tagg.

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