IBgard vs Heather's: Label and Evidence Decision Table

Use this page to compare the exact products in front of you. It does not declare a universal winner or replace the current package label.

Comparison Board

Decision field	IBgard	Heather's Tummy Tamers	What it can decide	What it cannot prove
Core active	Peppermint oil	Peppermint oil	Both belong to the same broad symptom-tool category.	That both products are equivalent.
Delivery design	Manufacturer describes triple-coated sustained-release microbeads.	Manufacturer describes an enteric gelatin softgel.	Format or ingredient preference; questions to verify on the physical label.	Better absorption, effect, or reflux protection.
Other active oils	None in the studied formulation	Fennel and ginger oils listed	Fewer active variables versus a three-oil formula.	That added oils create broader or stronger relief.
Product-specific trial	One small four-week placebo-controlled IBS-D/IBS-M trial	No exact-formulation PubMed trial identified in the July 16, 2026 search	How much direct product evidence exists.	That IBgard beats Heather's.
Head-to-head trial	None identified	None identified	The choice must remain conditional.	A clinical winner.
Reflux or heartburn	Possible with oral peppermint	Possible with oral peppermint	Whether peppermint is a poor category fit or needs review.	That either brand is reflux-proof.
Current directions	Two capsules once daily for daily support; two capsules three times daily during a four-	One capsule one to three times daily on an empty stomach, 30–60 minutes before a meal; do not	Feasibility and safety review.	A personalized dose.

	week flare; maximum eight daily.	use with heartburn or reflux.		
Package or SKU checked	Amazon ASIN B00Z7OIKXS, 48 capsules.	Amazon ASIN B0002UDK4Q, 90 capsules.	Confirms the exact comparison.	Evergreen product facts.
Retailer listing checked	Supplied Amazon listing: _____	Supplied Amazon listing: _____	Current availability and package verification.	Effectiveness or value without a readable trial.

Tie-Breaker Questions

- Has a clinician or pharmacist confirmed that oral peppermint is a reasonable option for this situation?
- Is frequent heartburn, reflux, an ingredient allergy, pregnancy or nursing, or a medication question already part of the picture?
- Do you prefer the formulation with direct product-specific trial evidence, while accepting that the trial was small and did not include IBS-C?
- Do you prefer fewer active herbal ingredients or intentionally want the three-oil formula despite the lack of exact-formulation trial evidence?
- Which current package and label schedule are practical enough to test consistently?
- Can you change one variable, track one target symptom, and set a review and stop decision?

Evidence Boundary

No PubMed-indexed head-to-head trial was identified in the July 16, 2026 search. A higher peppermint amount, added oils, patented delivery language, price, or reviews cannot establish comparative clinical superiority.