

Review Article

# Health management using probiotics

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## Introduction

'Let food be thy medicine and medicine be thy food', the age-old quote by Hippocrates is evidently proved in today's life management as probiotics have become a valuable part of human day-to-day life [1]. Eating habits, mother's milk and quality of foods are mainly responsible for overall health status. Humans consumed food with several live microorganisms in earlier times. However, the concept of hygiene improved the criteria for eating clean food with little live bacteria. The intake of fermented foods has significantly decreased due to the Western diet hence reducing the number of probiotic organisms to which human ancestors were exposed [2]. The Western diet's declining probiotic content automatically increases cases of malignancies, allergies, obesity, heart disease, and autoimmune disorders [3]. The use of probiotics influences human physiology by modulation of gut microbiota and mucosal immunity [4]. US FDA recommended probiotic strains. Various Studies have shown that lactose-intolerant individuals digest dairy products that have been fermented are superior to milk when compared in size [5-8]. *L. delbrueckii* and *S. thermophiles* used as a starter culture enhance lactose digestion and get rid of lactose intolerance symptoms when yogurt is made [9]. The fermented dairy products were less likely to cause gastric upsets in various ways as follows. 1) Fermented products contain 4% - 6% of lactose as a result of microbial digestion during fermentation. 2) Live bacteria found in fermented foods operate as bacterial lactase in the gut lumen *in vivo*, facilitating lactose breakdown and reducing lactose intolerance [10-12]. 3) Slow gastric emptying of the fermented milk product due to high viscosity as compared to milk and slower transit time of yogurt may permit the residual intestinal lactase and yogurt bacteria to digest the lactose [13].

## Cholesterol assimilation

Due to the high levels of cholesterol in people's bloodstream, the risk of coronary heart disease was rising daily [14-16]. Shaper, et al. 1963 [17] and Mann, 1974 [18] for the first time observed that drinking fermented milk containing *Lactobacilli* claimed to control hypocholesterolemic effects among people. Since then, a number of studies had also revealed that consuming fermented dairy products lowers the chance of

### More Information

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developing high cholesterol [19-23]. Several mechanisms had been postulated regarding the effects of hypocholesterolemic induced by lactic acid bacteria. Assimilation of cholesterol through cell growth or attachment to the cell surface was one of the mechanisms carried by lactic acid bacteria [24,25]. The second method involves the bile salts deconjugation due to the enzyme bile salt hydrolase (BSH), which hydrolyzes conjugated bile salts of taurine and glycine into residues of amino acid and free bile salts (bile acids). As a result of being less soluble, these deconjugated bile salts were expelled in the feces and replenished by fresh bile salts, which the body produced from cholesterol. The body removes more cholesterol when more bile salts are secreted [16,26]. When cultivated in broth medium supplemented with 0.2% bile salts, studies showed that *Lactobacillus acidophilus* PI06 appeared to have an active bile salt hydrolase that eliminated cholesterol from the body roughly 29.02% to 45.3%. [27,28] (Figure 1).

*L. Plantarum* S4-1 isolated from Chinese sauerkraut was examined *in vivo* in a 2013 study by Yu, et al. [23] The strain was able to lower mice's serum cholesterol levels when fed fermented milk containing it. Kumar, et al. 2011 [29] stated that the strains of *L. Plantarum* such as Lp91 and Lp21 showed a potential BSH activity in rats resulting in the lowering of cholesterol through cholesterol assimilation and cholesterol

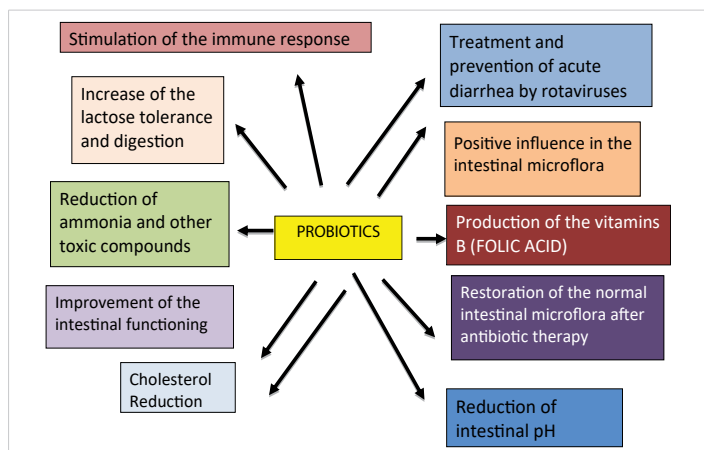


Figure 1: Beneficial effects of probiotics on human health.

Table 1: Recommended doses of Lactobacilli (Bhadoria and Mahapatra, 2011).

S.No	Strains	The effective dose in cfu/d
1.	<i>L. caseishirota</i>	$6.5 \times 10^9$
2.	<i>L. rhamnosus</i> GG	$10^9 \times 10^{10}$
3.	<i>L. plantarum</i> 299 v	$5 \times 10^8$
4.	<i>L. acidophilus</i> NCFB 1748	$3 \times 10^{11}$
5.	<i>L. reuteri</i>	$1 \times 10^9 - 10^{11}$
6.	<i>L. rhamnosus</i> DSM 6594	$16 \times 10^9$

co-precipitation. Another potential method for decreasing cholesterol was propionate resulting from the end product of short-chain fatty acid. Studies conducted by Liong and Shah [22] reported that short-chain fatty acids played a role in the altered lipid metabolism that resulted in a drop in the body's serum cholesterol level (Table 1).

### Immune response

Parvez, et al. 2006 [30] stated that the immune system was an extremely complex system that involves cell-based as well as antibody-based responses against potential infectious agents. The modification in the host "immunity" is the most frequently cited advantage of probiotic ingestion. The use of probiotics has an effect on the immune system by enhancing both specific and non-specific immune responses, according to evidence from in vitro research utilizing animal models and humans. These reactions were thought to be mediated by activating macrophages, up-regulating cytokines, up-regulating natural killer (NK) cell activity and up-regulating immunoglobulin levels [31,32]. Kaila, et al. 1992 [33] stated that the infants with acute rotaviral diarrhea had been given *Lactobacillus rhamnosus* strain GG (LGG) resulted in increased immunoglobulins like (IgA), (IgG) and (IgM) resulting in shortened duration of gastroenteritis symptoms. Studies showed that probiotics also stimulate the production of systemic and mucosal IgA in humans [33-35]. Various studies reported that probiotics improve the intestinal mucosa's ability to act as an immune barrier by secreting IgA. By recognizing toll-like receptor 2 and toll-like receptor 9, probiotic bacteria's cell walls components, such as lipoteichoic acids, peptide glycans and DNA motifs, caused modulatory effects [36,37]. Intake of fermented milk with *L. johnsonii* or *Bifidobacterium*

*bifidum* increases phagocytosis of *E. coli* as well as increased serum IgA response to *Salmonella typhi* [34-42]. Several studies had showed that probiotics improve immune responses to immunization with poliovirus. A live attenuated poliovirus vaccination produced much stronger virus-neutralizing antibody responses (mostly IgA) in yogurt containing *L. rhamnosus* and *L. paracasei* than in uncontaminated yogurt. [43]. Schiffrin, et al. in 1997 [38] reported the incredible potential of healthy human peripheral blood leucocytes to phagocytose when given fermented milk supplemented with *Lactobacillus johnsonii* Lai or *Bifidobacterium lactis* Bbl2. Studies on animals showed that the phagocytic cell's improved functionality which totally relies on the species or strain of bacteria. Some probiotics were reported to increase the activity of Natural Killer (NK) cells [44-46] serve as a first line of defense because they carried out cytotoxic actions without previous antigen sensitization. Probiotic-containing yogurt, milk, or sausages significantly increased the activity of the Natural Killer (NK) cells and their percentage in the blood peripheral of human volunteers [47-51]. *L. casei* DNI 14001 consumption increases the oxidative burst capacity of Natural Killer (NK) cells and monocytes which results in a positive effect in modulating innate immune defense [52]. Studies showed that the administration of *Lactobacillus casei* strain Shirota (LcS) not only enhances innate immunity by stimulating the splenic NK cells activity stated by Matsuzaki and Chin [53]. LcS stimulates the production of TH1 cytokines which represses the IgE antibodies production against ovalbumin in experimental mice [16,54,55].

### Diarrhoea

Diarrhea was the most common adverse effect of both long-term and short-term antibiotic treatment, particularly throughout several antibiotic regimens. Gill and Guamer, 2004; Saad, et al. 2013 [56,57] reported that the cases of antibiotic-associated diarrhea in infants and adults reduced when the patients were co-administration on probiotics. To restore the balance of the intestinal microflora, administration of an exogenous probiotic preparation was required shown in Table 2. Various clinical trial studies had been administrated to check the potency of probiotics in preventing acute diarrhoeal conditions [58-61]. *Clostridium difficile* a pathogenic strain caused about 10% to 20% of antibiotic-associated diarrhea. Hickson, et al. 2007 [62] reported that the consumption of probiotic drinks containing *L. casei*, *L. bulgaricus* and *S. thermophilus* as starter cultures reduced the chances of

Table 2: Probiotics used treatment durations and dosages.

Probiotic(s) Used (Genus and Strain)	Duration of Treatment	Dosage
<i>Lactobacillus acidophilus</i>	10 days	$5.1 \times 10^8$ CFU
<i>Lactobacillus bulgaricus</i>	10 days	$5.1 \times 10^8$ CFU
<i>Lactobacillus rhamnosus</i> GG	7 - 10 days	$2 \times 10^{10}$ CFU
<i>Streptococcus thermophilus</i>	12 days	$10^9$ CFU
<i>Bifidobacterium animalis lactis</i>	11 days	$10^9$ CFU
<i>Lactobacillus casei</i>	17 days	$1 \times 10^5$ CFU
<i>Bifidobacterium longum</i>	12 - 15 days	$1 \times 10^6$ CFU

antibiotic-associated diarrhea. Probiotics had been used to prevent *C. difficile*-associated diarrhea in elderly patients who were on antibiotic therapy [62-64].

Claeson and Merson, 1990 [65] reported that in industrialized countries rotavirus was the most common cause of acute diarrhea among infants. Rotavirus differentiated invades and replicates in absorptive epithelial cells of the small intestine which leads to the disruption of the intestinal mucosa and results in loss of micro-villi, a decrease in the villus/crypt ratio, and also an increase in permeability of the intestine [66-68]. Clinical trials reveal that acute diarrhea conditions were reduced with the intake of probiotics mainly *L. reuteri*, *L. GG*, *L. casei*, and *S. Boulardii* [56]. The duration of acute diarrhoeal sickness in infants was treated by probiotic therapy for approximately one day. Szajewska, et al. [69] reported that *L. GG* reduced the period of diarrhea which was mainly induced by rotavirus. LGG also reduced the persistence of diarrhea (lasting greater or equal to seven days) and reduced the duration of hospitalization as compared to a placebo [57]. The diarrhoeal disease was common among travelers and traveler's diarrhea affects approximately 20% - 50% of travelers replacement of antibacterial drugs with *Lactobacilli* is considered to be a safe alternative [64,70]. Probiotics by competing with pathogenic viruses or bacteria prevent the binding to epithelial cells [71] or by the production of bacteriocins [64,72] help in preventing microbes that causes diarrhea and against *H. pylori* [73].

### Inflammatory bowel disease

Inflammatory bowel disease IBD, which encompasses ulcerative colitis, pouchitis and Crohn's disease, is a chronic and recurrent inflammation that typically affects the colon or small intestine [74]. The mucosa and submucosa of the colon were the only parts of ulcerative colitis (UC) where an inflammatory response occurred, and these areas had distinct boundaries. The entire gastrointestinal system was said to be affected by Crohn's Disease (CD) and the inflammation penetrated the intestinal wall from the mucosa to the outer coat (serosa). While diarrhea, stomach discomfort and weight loss were the prominent symptoms of Crohn's disease, diarrhea was the main symptom of ulcerative colitis and was frequently accompanied by rectal hemorrhage. Patients with inflammatory bowel disease had higher concentrations of a particular type of bacterium, called Bacteroides, adhered to epithelial cells than did persons without the condition [75]. When compared with healthy people the microbiota with irritable bowel syndrome was shown to be less stable [76-78]. With the restoration of altered intestinal microbiota, probiotics are crucial in the treatment of IBS. According to Hamilton-Miller, treating IBD using *L. salivarius* UCC118, *L. rhamnosus* GG, *S. cerevisiae* (boulardii) and *E. coli* (Nissle) was successful [79]. Numerous studies reported the potential value of probiotic therapy and show how the combination of strains is crucial for rehabilitation [80-82]. It had also been

recommended that individuals with mild cases of ulcerative colitis consume fermented milk with *B. breve*, *B. bifidum*, and *L. acidophilus* [82]. The probiotic VSL#3 combinations were very successful in keeping chronic pouchitis in remission [80,84]. Linskens, et al. (2001) found showed in people with predisposed genetic makeup, the luminal product from the local flower contributed to the development of mucosal inflammatory reactions. By assessing the impact of regulatory T cells on effector T cell subsets, it was possible to determine that the intestinal mucosa was in a state of regulated inflammation. The effector T cell's activities prevail and cause pathological inflammation when this regulation is compromised. Probiotics like *Lactobacilli* and *Bifidobacteria*, which appear to have anti-inflammatory properties, have been used as an alternative to traditional therapy in the treatment of inflammatory bowel disease [71].

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