International Journal of Institutional Pharmacy and Life Sciences 11(2): March-April 2021

# INTERNATIONAL JOURNAL OF INSTITUTIONAL PHARMACY AND LIFE SCIENCES

**Pharmaceutical Sciences** 

**Review Article.....!!!** 

Received: 29-01-2020; Revised: 25-02-2021; Accepted: 03-03-2021

# REVIEW FOR HEALTH BENEFITS OF PROBIOTICS IN DISEASE PREVENTION

Samiksha Lokhande\*, Pratik Wankhade, Roshan Khetade, Milind Umekar Department of Quality Assurance, Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee, Rashtrasant Tukadoji Maharaja University, Nagpur, Pin-441002.

# **Keywords:**

Probiotics,
Health Benefits,
Human Diseases Prevention

# For Correspondence:

#### Samiksha Lokhande

Department of Quality Assurance, Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee, Rashtrasant Tukadoji Maharaja University, Nagpur, Pin-441002

#### E-mail:

roshankhetade9@gmail.com

#### **ABSTRACT**

The health benefits imparted by probiotics and prebiotics as well as synbiotics have been the subject of extensive research in the past few decades. Probiotics, live cells with different beneficiary characteristics, have been extensively studied and explored commercially in many different products in the world. Probiotics used in humans are most of ten of the Lactobacillus and Bifidobacterium species. However, as more research is conducted, new species with beneficial, probiotic properties are being discovered. This paper provides a review of available information about the influence of probiotics on human health. Few treatments for human diseases have received as much investigation in the past 20 years as probiotics. In 2017, Englishlanguage meta-analyses totaling 52 studies determined the effect for various probiotics include cardiovascular disease, colon cancer, acute diarrhea, antibioticassociated diarrhea & radiation associated diarrhea, H. pylori infection, allergic conditions, hepatic encephalopathies, inflammatory bowel diseases, irritable bowel syndrome common infectious disease, necrotizing enterocolitis, lactose malabsorption, nonalcoholic fatty liver disease, upper respiratory tract infections, prevention of systemic infections, boosting immune response, Anti-diabetic and Anti-obesity activity etc. The literature on the health benefits of probiotics has often focused on disease states using either animal models of such diseases or studies in human populations.

# INTRODUCTION

Probiotic is a relatively new word meaning 'for life', which is used to name microorganisms that are associated with the beneficial effects for humans and animals' health [1]Research in probiotic has progressed considerably in the past two decades and significant advances have been made in the selection and characterization of specific probiotic cultures along with substantial health benefits upon consumption. An ecological consideration of the gut flora is necessary to understand their relevance in human health, as well as the probiotic food concept. Each individual has a unique signature of more than 100-1000 microbial species in gastrointestinal tract (GIT) [2].Bacterial cells comprise half of the wet weight of colonic material and their numbers exceed by 10-fold the number of tissue cells forming the human body. Normally, the stomach contains 103 different bacterial species, the total microbial population of colon comprises of about  $10^{11}$ - $10^{12}$  cfu/g[3].

The United Nations Food and Agricultural Organization and the World Health Organization define probiotics as "live microorganisms such as bacteria or yeast that are similar to beneficial microorganisms found in the human gut, which when administered in adequate amounts confer a health benefit on the host [4,5] and are included in a number of fermentable foods, pills, powders, and liquid drops. Common probiotics are available in

pharmacies, groceries, and online in the United States. They include but are not limited to Lactobacillus rhamnosus GG, Lactobacillus reuteri, Lactobacillus casei, Lactobacillus paracasei, Bacillus Bacillus clausii, Bifidobacterium coagulans, infantis, Bifidobacterium longum, Bifidobacterium infantis, Streptococcus thermophilus, Escherichia coli strain Nissle1917, and yeasts, including Saccharomyces boulardii and Saccharomyces cerevisiae. Many probiotics contain mixtures of two or more individual species. Prebiotics are defined as metabolic substrates that promote the growth and/or activity of beneficial microorganisms, usually in the gastrointestinal tract[6].

Although their definition has been debated and modified, the general consensus is that prebiotics nondigestible by are human gastrointestinal cells. Prebiotics include oligosaccharides, resistant starch, and soluble or insoluble fibers. Synbiotics are defined as mixtures of probiotics and prebiotics that beneficially affect the host by impacting the microbiome within the gastrointestinal tract[7]. Probiotics are able to regenerate our digestive system with good microbes that will neutralize the harmful ones. Useful microbes will ferment our food correctly and improve our health. During our lives, we are exposed to different types of microbes, which are unsuitable for our health. Antibiotic treatment could destroy our useful microflora. In such cases, Probiotics should be used to regenerate our microflora. If our daily food contains Probiotics, that will be the best and the cheapest way to recover any losses in our digestive system microflora and to improve our health. In olden civilizations, the public used to include food-containing Probiotics in their daily food [8]. However, when our microflora has been affected severely due to any reasons, Probiotics should be given in large dosage as tablets or in any other suitable forms [9].

# Meaning of probiotics

Probiotics are live microbes that can be formulated into many different types of products, including foods, drugs, and dietary supplements. Species of Lactobacillus and Bifidobacterium are most commonly used as probiotics, but the yeast Saccharomyces cerevisiae and some E. coli and Bacillus species are also used as probiotics. Lactic acid bacteria, including Lactobacillus species, which have been used for preservation of food by fermentation for thousands of years, can serve a dual function by acting as agents for food fermentation and, in addition, potentially imparting health benefits. Strictly speaking, however, the term "probiotic" should be reserved for live microbes that have been shown in controlled human studies to impart a health benefit. Fermentation of food provides characteristic taste profiles and lowers the pH, which prevents contamination by potential pathogens. Fermentation is globally applied inpreservation of a range of raw agricultural materials (cereals, roots, tubers, fruit and vegetables, milk, meat, fish etc.) [10].

#### The genus Bifidobacterium

Bifidobacteria were first isolated and described in 1899-1900 by Tissier, who described rodshaped, non-gas-producing, anaerobic microorganisms with bifidobacterial morphology, present in the faeces of breast-fed infants, which he termed Bacillus bifidus. Bifidobacteria are generally characterized as Gram-positive, non-spore-forming, non-motile and catalase-negative anaerobes [11]. They have various shapes including short, curved rods, club-shaped rods and bifurcated Yshaped rods. Presently, 30 species are included in the genus Bifidobacterium, 10 of which are from human sources (dental caries, faeces and vagina), from animal intestinal tracts or rumen, two from wastewater and one from fermented milk [12]. Bifidobacteria are microorganisms of paramount importance in the active and complex ecosystem of the intestinal tract of humans and other warm-blooded animals, as well as of honeybees [11]. They are distributed in various ecological niches in the human gastrointestinal and genitourinary tracts, the exact ratio of which is determined mainly by the age and diet. The indigenous microflora of infants is dominated by bifidobacteria, which are established shortly after birth. Their proliferation is stimulated by the glycoprotein components of k-casein in human colostrum and, to a lesser extent, human milk. The

number of bifidobacteria decreases with increasing age of an individual and eventually becomes the third most abundant genus (accounting for approx. 25 %of the total adult gut flora) after the genera Bacteroides and Eubacterium [13].

#### The genus Lactobacillus

In 1990, Moro was the first researcher to isolate a strain which he typified as Bacillus acidophilus, a generic name for intestinal lactobacilli. Lactobacilli are in general characterized as Gram-positive, non-sporeforming and non-flagellated rods coccobacilli [14]. They are either aerotolerant or anaerobic and strictly fermentative. Glucose is fermented predominantly to lactic acid in the homofermentative case, or equimolar amounts of lactic acid, CO2 and ethanol (and/or acetic acid) in the heterofermentative counterpart. Gomes and Malcata [13] reported that 56 species of the genus Lactobacillus have been recognized. Lactobacilli are distributed in various ecological niches throughout the gastrointestinal and genital tracts constitute an important part of the indigenous microflora of man and higher animals. Their distribution affected bv several environmental factors, which include pH, oxygen availability, level of specific substrates, secretions bacterial presence of and interactions. They are rarely associated with cases of gastrointestinal and extraintestinal infection, and strains employed technologically are regarded as non-pathogenic and safe microorganisms. Furthermore, they have the reputation of health promoters, especially in the human gastrointestinal and genitourinary tracts [15].

#### Health benefits of probioticsand symbiotic

The most important and documented beneficial effects of probiotics include the prevention of diarrhea, constipation, changes in bile salt conjugation, enhancement of antibacterial activity, anti-inflammatory. Furthermore, they also contribute to the synthesis of nutrients and improve their bioavailability; some probiotics are known to exert anti-oxidative activity in the form of intact cells or lysates. Probiotics have also demonstrated their inherent effects in alleviating symptoms of allergy, cancer, AIDS, respiratory and urinary tract infections. There are stray reports on their beneficial effects on aging, fatigue, autism, osteoporosis, obesity and type2diabetes [16]. As shown below a mechanisms number thought to associated with probiotic beneficial effects:

- Production of inhibitory substances like H<sub>2</sub>O<sub>2</sub>, bacteriocins, organic acids, etc.,
- Competition with the pathogenic bacteria for nutrients,
- Blocking of adhesion sites for pathogenic bacteria.
- Modulation of immune responses.
- Degradation of toxins as well as the blocking of toxin receptors,

#### **Probiotics in Food and Beverages**

As it was reported by Chow [17], the notion that food could serve as medicine was first conceived thousands of years ago by the Greek philosopher and father of medicine. Hippocrates, who once wrote: 'Let food be thy medicine, and let medicine be thy food'. However, during recent times, the concept of food having medicinal value has been reborn as 'functional foods'. A probiotic may also be a functional food [18]. Functional foods are defined as: 'foods that contain some healthpromoting component(s) beyond traditional nutrients'. Functional foods are also known as designer foods, medicinal foods, nutraceuticals, therapeutic foods, superfoods, foodiceuticals, and medifoods. In general, the term refers to a food that has been modified in some way to become 'functional'. One way in which foods can be modified to become functional is by the addition of probiotics [19]. New food products have been formulated with the addition of probiotic cultures. Different types of food matrices have been used such as various types of cheese, ice creams, milk-based desserts, powdered milk for newborn infants, butter, mayonnaise, powder products or capsules and fermented food of vegetable origin [20].

Nowadays, consumers are aware of the link among lifestyle, diet and good health, which explains the emerging demand for products that are able to enhance health beyond providing basic nutrition. The list of health benefits accredited to functional food continues to increase and the probiotics are one of the fastest growing categories within food for which scientific researches have demonstrated therapeutic evidence. Among several therapeutic applications of the probiotics can be cited the prevention of urogenital diseases, alleviation of constipation, protection against traveller's diarrhoea. reduction hypercholesterolemia, protection against colon and bladder cancer, prevention of osteoporosis and food allergy [21]. One of the most studied strains, Bifidobacterium lactis, has been used in several types of studies to demonstrate its probiotic ability, and scientific evidence for this strain has been cited in many reviews [22-26]. Ingestion of LAB has been suggested to confer a range of health benefits including immune system modulation [27,28], increased resistance to malignancy [29] and infectious illness [30, 31].

#### **Allergic Diseases**

Allergic diseases have become a serious health concern in recent decades. The number of cases of atopic dermatitis, food allergies, or asthma is constantly increasing, especially in Western societies. More favorable results were obtained by examining the effectiveness of probiotics in the prevention and treatment of eczema and atopic dermatitis. Kukkonen et al. proved that giving pregnant women complex probiotics (*Lactobacillus rhamnosus*, *Bifidobacterium breve*, and *Propionibacterium freudenreichii*)

significantly reduces the risk of atopic dermatitis in children up to the age of two [32]. The preventive effect of LG Ghas also been demonstrated in another clinical study conducted on pregnant women in New Zealand [33]. A meta-analysis of 21 clinical trials in which prenatal and postnatal women were given probiotics showed that they are effective in preventing but not treating atopic dermatitis. The results of another meta-analysis showed the preventive effect of probiotics on the development of eczema, but the effectiveness of the use of probiotics for other allergic diseases has not been confirmed [34].

#### **Heart and Circulatory System**

Cardiovascular disease (CVD) is a leading cause of death worldwide. There are numerous reports on the beneficial properties of certain probiotic strains used in treatments aimed at lowering cholesterol and treating hypertension.[35]Hypertension is closely related to hypercholesterolemia. It has been proven that selected strains of the genera Lactobacillus and Bifidobacterium are effective in lowering blood pressure because they produce peptides that act similarly to drugs from the group of angiotensin converting inhibitors enzyme (ACE) [36]. cardioprotective effect of probiotics on the heart muscle has been proven in animal model studies. Inhibition of proinflammatory cytokine production and reduction of oxidative stress have also been exhibited by B. breve, L. casei, L.

bulgaricus, and L. acidophilus. Therefore, probiotic supplements may find use as an additional prophylactic option in patients at risk of coronary heart disease [37, 38]. High cholesterol, especially the LDL fraction, is a major precursor of hypertension, hyperlipidemia, and coronary heart disease and also causes plaque buildup in the arteries. The serum LDL fraction maintained within the optimal range reduces the chances of these diseases occurring. In a study in which a metaanalysis of randomized clinical trials was conducted on 1971 patients, it was shown that probiotic strains, i.e., L. acidophilus, L. Lactis, and L. plantarum, significantly reduce the level of total serum cholesterol [39]. Lowering the total cholesterol and LDL fraction in all groups compared to the control group was observed in a study involving 485 patients with high, borderline, and normal cholesterol [40].hence more randomized multicenter studies should be conducted to broaden the knowledge about the possibility of using probiotics in the treatment of cardiovascular diseases.

#### **Neurodegenerative Diseases**

Neuropsychiatric diseases have various causes. The emerging evidence of the interaction between the brain, intestines, and microbiome can help explain the mechanisms underlying these complex interactions. A two-way information exchange takes place on the gutbrainaxis. Direct and indirect exchange mechanisms include nerve (vagus, intestinal

nerves), hormonal (serotonin, monoamines, GABA, neutrophilic brain factor), and immune pathways. It is believed that changes in the intestinal microbiome are a possible cause of some brain diseases, including Parkinson's disease (PD), Alzheimer's disease(AD), and multiple sclerosis (MS). A study by Akbari et al. showed that a probiotic supplement consisting of Lactobacillus acidophilus, Lactobacillus casei, Bifidobacterium bifidum, and Lactobacillus fermentum administered for 3 months improves the cognitive functions of patients with AD [41]. One of the latest review articles discusses microbiological therapy as a novel treatment for Parkinson's disease. This analysis also contains data on the effects of stool transplantation in patients with Parkinson's disease [42].Patients with MS also have a reduced amount of Lactobacillus bacteria. The administration of these probiotic strains resulted in increased bacterial diversity in the microbiome. At the immune level, the administration of probiotics induced an antiinflammatory peripheral immune response. In addition, in the control group with the MS risk gene (HLA-DQA1), a reduced expression of this gene was observed. These results suggest that probiotic treatment may have a synergistic effect [43].In addition, future research probiotics in patients with neurodegenerative diseases, as well as hormonal, immunological, neurochemical, and metabolic changes induced by probiotics or prebiotics. Therefore, further investment in large-scale clinical trials is needed to prove the efficacy of probiotics in neurodegenerative diseases [44].

#### Diarrhea

Diarrhea is defined by the World Health Organization as three or more loose or watery stools during 24-hour period. In the last 2 decades, several investigations on probiotic microorganisms by *in vitro* studies, animal experiments and appropriate well-designed clinical studies have validated the positive effects of probiotic consumption in arresting diarrhea of different types [45].

#### • Acute infantile diarrhea

Acute infantile diarrhea caused by rotaviruses is most studied gastrointestinal condition and rapid oral rehydration is the primary treatment. Probiotics have been found to be useful as adjunct to rehydration therapy. Although limited data is available, it suggests the minimal effective dose in children is 10 billion CFU within the first 48 hours [46].

#### • Antibiotic associated diarrhea

Probiotics including various bacterial species like *L. acidophilus*, *L. rhamnosus* GG, *L.delbruckii*, *L.fermentum* etc. and the yeast *S. boulardii* are effective in reducing the incidence of antibiotic-induced diarrhea [47]. However, it remains to be established by controlled clinical studies which probiotic is more effective and what dosage(s) are to be used. [48].

#### • Traveller's diarrhea

It is estimated that 20-60% of travellers around the world are affected by traveller's diarrhea. It particularly affects people who travel from industrialized to developing countries. especially tropical and semi-tropical regions. The most common causes are bacteria (60-85 % of cases) and most responsible bacterial pathogen is Escherichia coli followed by Campylobacter jejuni, Shigella spp.AndSalmonellaspp.Parasitesaccountforabo ut10% and viruses for balance 5 % of infections [49]. It was observed that S.boulardii was found to be more effective on bacterial diarrhea and Lactobacillus GG showed effectiveness against viral and idiopathic diarrhea. Lactobacilli, Bifidobacteria, Enterococci and Streptococci have been used prophylactically to prevent traveller's diarrhea [50].

# Irritable bowel syndrome (IBS)

IBS is one of the most common functional gastrointestinal disorders and is a chronic condition characterized by recurrent bouts of abdominal discomfort and pain, bloating and a changeable bowel habit with an absence of anyovert mucosal abnormality and flatulence. The multi-factorial pathophysiological factors for inducing IBS are:a) Psychological factors like stress and emotional status b) Social factors like upbringing and support systems and c) Biological factors like gut motility and visceral sensitivity, which interact in a complex way to exacerbate symptoms [51].Probiotic Escherichia coli Nissle 1917 has also been proved effective in IBS treatment, especially in patients with altered enteric microflora, e.g., aftergastroenterocolitis or administration of antibiotics [52].

#### Inflammatory bowel disorder: (IBD)

IBD is chronic, relapsing, multi-factorial disorder causing inflammation of the gastro-intestinal tract that causes severe watery, bloody diarrhea accompanied by abdominal pain. IBD affects bothcolon, small intestine and includes Ulcerative colitis (UC), Crohn's Disease (CD) and pouchitis [53].

# • Ulcerative colitis

(UC) UC like IBD mainly affects the lining of the large intestine and rectum. Long-standing UCisa risk factor for colon cancer. Use of various probiotic species like *S. boulardii, Lactobacillus casei* and *Bifidobacterium bifidum* has shown promising results [54].

# • Crohn's disease

Crohn's disease is a form of IBD which usually affects the intestine, but may occur anywhere. Body's ability to absorb nutrients and eliminate in a waste healthy way. Salmonella, Campylobacter jejuni, Clostridium difficile, Adenovirus, and Mycoplasma have been identified as some of the common causative agents. There are reports suggesting the effectiveness of probiotics in countering the problems of CD (e.g., E. coli Nissel1917, S. boulardii, Lactobacillus rhamnosus strain GG, VSL#3, L. GG) in humans [55]. Probiotics also prevent IBD by restoring integrity of the Bprotectiveintestinal mucosa [56].In another study, 10 Crohn's Disease patients receiving 15 g of FOS demonstrated a reduced disease activity index [57].

#### Pouchitis

Pouchitis is another type of IBD where ileal pouch gets inflamed especially after colectomy and ileal pouch canal anastomosis. In different studies the VSL#3 probiotic mixture was found to be highly effective for maintaining remission of chronic pouchitis [58]. Prebiotics also have been reported to play a beneficial role in controlling the IBD. A significant reduction in the number of bacteriodetes in faeces was reported in patients with chronic pouchitis treated with 24 g per day of inulin [59]. Several studies on both acute and chronic intestinal inflammation suggest that probiotics, prebiotics and/or synbiotics may be helpful in the management of inflammatory bowel disorder [56].

#### **Upper Respiratory Infections**

All probiotics induce an immune response, and probiotics increase immunoglobulin A (IgA)-secreting cells in respiratory and gastrointestinal mucosae [60]. Day care center studies showed that consuming a daily probiotic by healthy children resulted in an approximately 25% reduction in the number of days of school missed [61]. Systematic reviews of probiotics have shown that there is a reduction of the severity of symptoms associated with probiotics and a shorter

duration of respiratory tract infection by approximately 1 day [62].

#### **Infant Colic**

Colic may be a factor in child abuse and infanticide [63,64]. In one investigation of 112 cases of abusive head trauma to infants, forensic interrogation revealed that shaking of the infant was violent and repetitive in most cases. The parent, usually a father, reported that he shook the infant in order to stop the baby from crying in 63% of cases, not intending to hurt the baby [65]. With these considerations in mind, at least 5 published studies have now investigated the role of a single probiotic, L. reuteri to alter the course in infants with colic. The preparation was originally isolated from a Peruvian mother's breast milk, cured of an antibiotic-resistant plasmid, and is now provided as liquid drops in sunflower oil. Two meta-analyses concluded that in breastfed infants with colic, quantified "crying + fussing time" was reduced by approximately 1 hour per day within 2 weeks of administering the probiotic [66,67].

#### **Netrotizing Enterocolitis (NEC)**

NEC is the scourge of premature infants and neonatologists. It affects 5% to 10% of infants with birth weight between 500 and 1500 g, and approximately 50% of these infants require surgery [68]. Mortality rates range from 20% to 30%, and NEC is the leading cause of short bowel syndrome in children. They found that during the first 60 days of life, infants not

developing NEC experienced an expansion of fecal Negativicutes, whereas those developing NEC saw a reduction in Negativicutes and a more than doubling of the composition of Gammaproteobacteria. Thus, NEC would appear to be a classical disease associated with gastrointestinal dysbiosis. There have been at least 3 meta-analyses showing that probiotics prevent NEC. In 2012, and also reported on meta-analysis of 20 RCTs in which probiotics were given individually to prevent NEC in very preterm infants [69].

# Helicobacter pylori infections

Lactobacillus salivarius capable of producing high amounts of lactic acid, which can inhibit the growth of *H. pylori in vitro*. There is some preliminary evidence that Probiotic bacteria may inhibit the gastric colonization and activity of *H. pylori*, which is associated with gastritis, peptic ulcers and gastric cancer. L. salivarius was found to inhibit *H. pylori* colonization in the *in vitro* studies as well as in mice [70,71]. The use of Probiotics in the field of *H. pylori* infection has been proposed for improving the eradication rate and tolerability and for the compliance of multiple antibiotic regimens used for the infection [72,73].

#### Anti-diabetic activities

Management of type-2 diabetes by modulating gut hormones, such as gastric inhibitory polypeptide and glucagonlike peptide-1, via probiotic and prebiotic interventions is another convincing strategy. In this context, hormones

play an implicated role in glucose homeostasis, which results in neutralizing the disorder caused by peripheral insulin resistance or failure of b-cells to produce insulin. Currently, research is focused on generating new prebiotics, such as arabinoxylan and arabinoxylan oligosaccharides, which show promising results in counteracting related metabolic disorders, because carbohydrates have been linked to adiposity reduction [74].

# Anti-obesity activity

Probiotics possess physiological functions that contribute to the health of host environment regulating microbes. In most instances, weight loss is facilitated by thermogenic and lipolytic responses through stimulating the sympathetic nervous system. Probiotic strains, Lactobacillus gasseri BNR17 have shown properties of inhibiting the increase in adipocyte tissue that are the main source of leptin and adiponectin and thereby, limiting leptin secretion. Other probiotic microbes such as *L. casei*, *Lactobacillus acidophilus* and *Bifidobacterium longum* have also been reported to have hypocholesterolemic effects [75,76].

#### Canceractivity

L. acidophilus is known to prolong the induction of colon tumors. It was demonstrated that feeding milk and colostrum fermented with L. acidophilus resulted in 16–41 % reduction in tumor proliferation [77]. The other probiotic L. bulgaricus has also been reported to induce antitumor activity against sarcoma-180 and

solid Ehrlich ascites tumors.Beta-glucosidase and urease convert pro-carcinogens in to proximate carcinogens. *Propionibacterium freudenreichii* was shown to induce cell death of human colon and gastric cancer cell lines through secretion of SCFAs in to culture media [78].GOS consumption in humans resulted in reduced activity of nitro reductase which is involved in producing genotoxic metabolites, indicating the potential of prebiotics and probiotics to reduce or prevent carcinogenesis [79].

#### **CONCLUSION**

Overall in this review probiotics, prebiotics and synbiotics have been discussed with respect to the systemic effects they exert on the host's health, metabolism and immune system. Probiotics, probiotics and synbiotics have systemic effects on the host's health metabolism and immune system. Utilization of prebiotics by probiotics should be a prerequisite for symbiotic selection, in order to maintain a good synergy between the two and maximize the beneficial effects. The evidencebased, mechanistic research on probiotics reveals that cultured microorganisms, when given in adequate quantities for sufficient periods of time, are beneficial in many human disease conditions and safer than most pharmaceuticals. conditions These includeAllergic Diseases, Heart and Circulatory System, Neurodegenerative Diseases, Acute infantile diarrhea, Antibiotic associated diarrhea, Traveller's diarrhea, Irritable bowel syndrome (IBS), Upper Respiratory Infections, Infant Colic, Netrotizing Enterocolitis (NEC), Helicobacter pylori infections, Anti-diabetic, Anti-obesity, Cancer activity etc. Dietary probiotic supplementation generally involves dairy products probiotics can also be incorporated into nondairy fermented food products, presenting an alternative and more advantageous source in the process of evaluating new probiotic strains. Moreover, present clinical and nutritional evaluations have been successful in exposing someprobiotic strainsand their applicability in biomedical/clinical research, paving a new direction for exploration and exploitation of probiotics aimed at improving human health.

#### REFERENCES

- Bagchi T. Traditional food & modern lifestyle: impact of probiotics. Indian J Med Res 2014;140(3):333-5.
- Aziz Q, Dore J, Emmanuel A, Guarners F, Quigley EMM. Gut microbiota and gastrointestinal health: current concepts and future directions. Neuro Gastroenterol Motil 2013; 25:4-15.
- 3. Slavin J. Fiber and prebiotics: mechanisms and health benefits. Nutrients 2013; 5:1417-35.
- 4. Iyer C, Kosters A, Sethi G, et al. Probiotic Lactobacillus reuteri promotes TNFinduced apoptosis in human myeloid leukemia-derived cells by modulation of

- NFkB and MAPK signaling. Cellular Microbiology, 2008;10(7):1442–1452.
- Zhang W, Azevedo MSP, Wen K, et al. Probiotic *Lactobacillus acidophilus* enhances the immunogenicity oforal rotavirus vaccinegnotobiotic pigs. Vaccine 2008; 26:3655–3661.
- Reid G Probiotics: definition, scope and mechanisms of action. Best Pract Res Clin Gastroenterol 2016; 30:17–25.
- 7. Hutkins RW, Krumbeck JA, Bindels LB et al. Prebiotics: why definitions matter. Curr Opin Biotechnol. 2016; 37:1–7.
- 8. Amara. A (2012): In Toward Healthy Genes, Scheduling Verlage Germany.
- Reid, G., Sanders, M.E., Gaskins, H.R., Gibson, G.R., Mercenier, A., Rastall, R., Roberfroid, M., Rowland, I., Cherbut, C., Klaenhammer, T.R., 2003. New scientific paradigms for Probiotics and prebiotics. J. Clin. Gastroenterol. 37, 105–118.
- 10. Michail S, Abernathy F. Lactobacillus plantarum inhibits the intestinal epithelial migration of neutrophils induced by enteropathogenic *Escherichia coli*. J Pediatr Gastroenterol Nutr 2003;36(3):385-391.
- B. Sgorbati, B. Biavati, D. Palenzona: The Genus Bifidobacterium. In: The Lactic Acid Bacteria, Vol. 2, B.J.B. Wood, W.H. Holzapfel (Eds.), Chapman and Hall, London, UK (1995) pp. 279–306.
- 12. A.M.P. Gomes, F.X. Malcata, Bifidobacterium spp. and *Lactobacillus*

- acidophilus: Biological, biochemical, technological and therapeutical properties relevant for use as probiotics, Trends Food Sci. Technol. 10 (1999) 139–157.
- 13. S.M. Finegold, V.L. Sutter, G.E. Mathisen: Normal Indigenous Intestinal Flora. In: Human Intestinal Microflora in Health and Disease, D.J. Hentges (Ed.), Academic Press, New York, NY, USA (1983) pp. 3–31.
- 14. W.P. Hammes, R.F. Vogel: The Genus Lactobacillus. In: The Lactic Acid Bacteria, Vol. 2, B.J.B. Wood, W.H. Holzapfel (Eds.), Chapman and Hall, London, UK (1995) pp.19–54.
- 15. S. Salminen, E. Isolauri, E. Salminen, Clinical uses of probiotics for stabilizing the gut mucosal barrier: Successful strains and future challenges, Antonie van Leeuwenhoek, 70 (1996) 347–358.
- 16. Harish K, Varghese T: Probiotics in humans'evidence-based review. Calicut Med J(2006) 4(4):3.
- 17. J. Chow, Probiotics and prebiotics: A brief overview, J. Ren. Nutr. 12 (2002) 76–86.
- S. Scheinbach, Probiotics: Functionality and commercial status, Biotechnol. Adv. 16 (1998) 581–608.
- 19. Food and Agriculture Organization/World Health Organization (FAO/WHO), Guidelines for the evaluation of probiotics in food, Report of a Joint FAO/WHO Working Group on Drafting Guidelines for the Evaluation of Probiotics in Food,

- London, Ontario, Canada (2002) (http://ftp.fao.org/es/esn/food/wgreport2.pdf).
- 20. A.Y. Tamime, M. Saarela, A. Korslund Søndergaard, V.V. Mistry, N.P. Shah: Production and Maintenance Viability Probiotic Micro-Organisms in Dairy Products. In: Probiotic Dairy Products, A.Y. Tamime (Ed.), Blackwell Publishing, Oxford, UK (2005) pp. 44–51.
- 21. A. Lourens-Hattingh, B.C. Viljoen, Yogurt as probiotic carrier food, Int. Dairy J. 11 (2001) 1–17.
- 22. J. Dekker, M. Collett, J. Prasad, P. Gopal: Functionality of Probiotics. Potential for Product Development. In: Nutrigenomics. Opportunities in Asia, Vol. 60, E.S. Tai, P.J. Gillies (Eds.), Karger, Basel, Switzerland (2007) pp. 196–208.
- P. Gopal, J. Dekker, J. Prasad, C. Pillidge, M.L. Delabre, M. Collett, Development and commercialization of Fonterra's probiotic strains, AustJDairy Technol. 60(2005)173– 182.
- 24. A.C. Ouwehand, S. Philipp, *Bifidobacterium lactis* HN019; The good taste of health, Agro Food Ind. Hi-Tech, 15 (2004) 10–12.
- 25. M.E. Sanders, Summary of probiotic activities of *Bifidobacterium lactis* HN019, J. Clin. Gastroenterol. 40 (2006) 776–783.
- 26. A.C. Ouwehand, S. Lahtinen, P. Nurminen: Lactobacillus rhamnosus HN001 and Bifidobacterium lactis HN019. In: Handbook

- of Probiotics and Prebiotics, Y.K. Lee, S. Salminen (Eds.), John Wiley & Sons, Hoboken, NJ, USA (2009) pp. 473–477.
- H. Yasui, K. Shida, T. Matsuzaki, T. Yokokura, Immunomodulatory function of lactic acid bacteria, Antonie van Leeuwenhoek, 76 (1999) 383–389.
- 28. E. Isolauri, Y Sutus, P. Kankaanpää, H. Arvilommi, S. Salminen, Probiotics: Effects on immunity, Am. J. Clin. Nutr. 73 (2001) 444–450.
- 29. M. Roller, A.P. Femia, G. Caderni, G. Rechkemmer, B. Watzl, Intestinal immunity of rats with colon cancer is modulated by oligofructose-enriched inulin combined with *Lactobacillus rhamnosus* and *Bifidobacterium lactis*, Br. J. Nutr.
- 30. (2004) 931–938. 92. K. Nomoto, Prevention of infections by probiotics, J. Biosci. Bioeng. 100 (2005) 583–592.
- 31. C. Maldonado Galdeano, A. de Moreno de LeBlanc, E. Carmuega, R. Weill, G. Perdigón, Mechanisms involved in the immunostimulation by probiotic fermented milk, J. Dairy Res. 76 (2009) 446–454.
- 32. K. Kukkonen, E. Savilahti, T. Haahtela et al., "Probiotics and prebiotic galactooligosaccharides in the prevention of allergic diseases: a randomized, doubleblind, placebo-controlled trial," Journal of Allergy and Clinical Immunology, vol. 119, no. 1, pp. 192–198, 2007.

- 33. C. Barthow, K. Wickens, T. Stanley et al., "The probiotics in pregnancy study (PiPstudy): rationale and design of a double blind randomized controlled trial to improve maternal health during pregnancy and prevent infant eczema and allergy," BMC Pregnancy Childbirth, vol. 16, no. 1, p. 133, 2016.
- 34. J. Lee, D. Seto, and L. Bielory, "Metaanalysis of clinical trials of probiotics for prevention and treatment of pediatricatopic dermatitis," Journal of Allergy and Clinical Immunology, vol. 121, no. 1, pp. 116–121, 2008.
- 35. G. Ettinger, K. MacDonald, G. Reid, and J. P. Burton, "The influence of the human microbiome and probiotics on cardiovascular health," Gut Microbes, vol. 5, no. 6, pp. 719–728, 2014.
- 36. C. Gonzalez-Gonzalez, T. Gibson, and P. Jauregi, "Novel probiotic-fermented milk with angiotensin I-converting enzyme inhibitory peptides produced by *Bifidobacterium bifidum* MF 20/5," International Journal of Food Microbiology, vol. 167, no. 2, pp. 131–137, 2013.
- 37. J. Sadeghzadeh, A. Vakili, H. R. Sameni, M. Shadnoush, A.-R. Bandegi, and M. Z. Khorasani, "The effect of oral consumption of probiotics in prevention of heart injury in a rat myocardial infarction model: a histopathological, hemodynamic and biochemical evaluation," Iranian

- Biomedical Journal, vol. 21, no. 3, pp. 174–181, 2017.
- 38. A. Uchinaka, N. Azuma, H. Mizumoto et al., "Anti-inflammatoryeffectsofheat-killedLactobacillusplantarumL-137on cardiac and adipose tissue in rats with metabolic syndrome," Scientific Reports, vol. 8, no. 1, p. 8156, 2018.
- 39. L.Wang, M.-J. Guo, Q. Gaoetal., "The effects of probiotics on total cholesterol," Medicine, vol. 97, no. 5, Article ID e9679, 2018.
- 40. Z. Guo, X. M. Liu, Q. X. Zhang et al., "Influence of consumption of probiotics on the plasma lipid profile: a meta-analysis of randomized controlled trials," Nutrition, Metabolism and Cardiovascular Diseases, vol. 21, no.11, pp. 844–850, 2011.
- 41. E. Akbari, A. Asemi, R. D. Kakhaki et al., "Effect of probiotic supplementation on cognitive function and metabolic status in Alzheimer's disease: a randomized, double-blind and controlled trial," Frontiers in Aging Neuroscience, vol. 8, p. 256, 2016.
- 42. X. Fang, "Microbial treatment: the potential application for Parkinson's disease," Neurological Sciences, vol. 40, no. 1, pp. 51–58, 2019.
- 43. S. K. Tankou, K. Regev, B. C. Healy et al.,

  "A probiotic modulates the microbiome
  and immunity in multiple sclerosis,"

- Annals of Neurology, vol.83, no.6, pp.1147–1161,2018.
- 44. H. Wang, I.-S.Lee, C.Braun, and P.Enck, "Effect of probiotics on central nervous system functions in animals and humans: a systematic review," Journal of Neurogastroenterology and Motility, vol. 22, no. 4, pp. 589–605, 2016.
- 45. Narayan SS, Jalgaonkar S, Shahani S, Kulkarni VN (2010) Probiotics: current trends in the treatment of diarrhoea. Hong Kong Med J 16(3):213–218.
- 46. Szymański H, Pejcz J, Jawień M, Chmielarczyk A, Strus M, Heczko PB (2006) Treatment of acute infectious diarrhoea in infants and children with a mixture of three *Lactobacillus rhamnosus* strains— a randomized, doubleblind, placebo- controlled trial. Aliment Pharmacol Ther 23(2):247–253.
- 47. McFarland LV (2006) Meta-analysis of probiotics for the prevention of antibiotic associated diarrhea and the treatment of *Clostridium difficile* disease. Am J Gastroenterol 101(4):812–822.
- 48. Sudha R M, Bhonagiri S (2012) Efficacy of *Bacillus coagulans* strain unique is-2 in the treatment of patients with acute diarrhea. Intern J Probiot Prebiot 7(1)
- 49. HillDR, RyanET(2008)Management of travellers 'diarrhoea. BMJ,337.

- McFarland LV (2007) Meta-analysis of probiotics for the prevention of traveler's diarrhea. Travel Med Infect Dis 5(2):97–105.
- 51. Tanaka Y, Kanazawa M, Fukudo S, Drossman DA (2011) Biopsychosocial model of irritable bowel syndrome. J Neurogastroenterol Motil 17(2):131–139.
- 52. Kruis W, Chrubasik S, Boehm S, Stange C, Schulze J (2012) A doubleblind placebocontrolled trial to study therapeutic effects of probiotic *Escherichia coli* Nissle 1917 in subgroups of patients with irritable bowel syndrome. Int J Color Dis 27(4):467–474.
- 53. Moeinian M, Farnaz Ghasemi-Niri S, Mozaffari S, Abdollahi M (2013)
  Synergisticeffectofprobiotics,butyrateandlCarnitineintreatment of IBD. J Med Hypotheses Ideas 7(2):50–53.
- 54. Kelesidis T, Pothoulakis C (2012) Efficacy and safety of the probiotic *Saccharomyces boulardii* for the prevention and therapy of gastrointestinal disorders. Ther Adv Gastroenterol 5(2):111–125.
- 55. Jonkers D, Penders J, Masclee A, Pierik M (2012) Probiotics in the management of inflammatory bowel disease. Drugs 72(6):803–823.
- 56. Peña AS (2007) Intestinal flora, probiotics, prebiotics, synbiotics and novel foods. Rev Esp Enferm Dig 99(11):653.
- 57. Lindsay JO, Whelan K, Stagg AJ, Gobin P, Al-Hassi HO, Rayment N, Forbes A (2006) Clinical, microbiological, and

- immunological effects offructooligosaccharide in patients with Crohn's disease. Gut 55(3):348–355.
- 58. Veerappan GR, Betteridge J, Young PE (2012) Probiotics for the treatment of inflammatory bowel disease. Curr Gastroenterol Rep 14(4): 324–333.
- Langen LV, Mirjam AC, Dieleman LA (2009) Prebiotics in chronic intestinal inflammation. Inflamm Bowel Dis 15(3):454–462 Peña 2007).
- 60. Gleeson M, Bishop NC, Oliveira M, Tauler P. Daily probiotic's (*Lactobacillus casei* Shirota) reduction of infection incidence in athletes. Int J Sport Nutr Exerc Metab. 2011; 21:55–64.
- 61. Weizman Z The role of probiotics and prebiotics in the prevention of infections in child day-care centres. Benef Microbes. 2015; 6:181–183.
- 62. Wang Y, Li X, Ge T, et al. Probiotics for prevention and treatment of respiratory tract infections in children: a systematic review and meta-analysis of randomized controlled trials. Medicine (Baltimore). 2016;95: e4509. [PubMed: 27495104]
- 63. Barr RG. Crying as a trigger for abusive head trauma: a key to prevention. Pediatr Radiol. 2014;44(suppl 4): S559–S564.
- 64. Levitzky S, Cooper R. Infant colic syndrome—maternal fantasies of aggression and infanticide. Clin Pediatr (Phila). 2000; 39:395–400.

- 65. Adamsbaum C, Grabar S, Mejean N, Rey-Salmon C. Abusive head trauma: judicial admissions highlight violent and repetitive shaking. Pediatrics. 2010; 126:546–555
- 66. Harb T, Matsuyama M, David M, Hill RJ. Infant colic—what works: a systematic review of interventions for breast-fed infants. J Pediatr Gastroenterol Nutr. 2016; 62:668–686.
- 67. Xu M, Wang J, Wang N, Sun F, Wang L, Liu XH. The efficacy and safety of the probiotic bacterium Lactobacillus reuteri DSM 17938 for infantile colic: a meta-analysis of randomized controlled trials. PLoS ONE. 2015;10: e0141445.
- 68. Neu J, Walker WA. Necrotizing enterocolitis. N Engl J Med. 2011; 364:255–264.
- 69. Warner BB, Deych E, Zhou Y, et al. Gut bacteria dysbiosis and necrotising enterocolitis in very low birthweight infants: a prospective case-control study. Lancet. 2016; 387:1928–1936.
- 70. Aiba, Y., Suzuki, N., Kabir, A.M., Takagi, A., Koga, Y., 1998. Lactic acid-mediated suppression of *Helicobacter pylori* by the oral administration of *Lactobacillus salivarius* as a Probiotic in a gnotobiotic murine model. Am. J. Gastroenterol. 93, 2097–2101.
- MacFarlane. G.T and Cummings. J.H, 2002, probiotics infection and immunity Curr. Opin. Infect. Dis. 15, 501-506.

- 72. Bazzoli, F., Zagari, R.M., Fossi, S., 1992. In vivo *Helicobacter pylori*clearance failure with *Lactobacillus acidophilus*. Gastroenterology 102, A38.
- 73. Filippo, C., Filippo, C., Di Caro, S., Santarelli, L., Armuzzi, A., Gasbarrini, G., Gasbarrini, A., 2001. *Helicobacter pylori* treatment: a role for Probiotics. Dig. Dis. 19, 144–147.
- 74. Grover S, Rashmi HM, Srivastava AK, Batish VK. Probiotics for human healthnew innovations and emerging trends. Gut Pathog 2012;4:1e14.
- 75. Karimi G, Sabran MR, Jamaluddin R, Parvaneh K, Mohtarrudin N, Ahmad Z, et al. The anti-obesity effects of *Lactobacillus casei* strain Shirota versus Orlistat on high fat diet-induced obese rats. Food Nutr Res 2015;59:1e8.
- 76. Kang J-H, Yun S-I, Park M-H, Park J-H, Jeong S-Y, Park H-O. Anti-obesity effect of

- Lactobacillus gasseri BNR17high sucrose diet-induced obese mice. PLoS One 2013;8:1e8.
- 77. Andrews JM, Tan M (2012) Probiotics in luminal gastroenterology: the current state of play. Intern Med J 42(12):1287–1291.
- 78. Lee JH, Nam SH, Seo WT, Yun HD, Hong SY, Kim MK, Cho KM (2012) The production of surfactin during the fermentation of cheonggukjang bypotentialprobioticBacillussubtilisCSY191 andtheresultantgrowth suppression of MCF-7 human breast cancer cells. Food Chem 131(4): 1347–1354.
- 79. Macfarlane et al. 2006) Macfarlane S, Macfarlane GT, Cummings JT (2006) Review article: prebiotics in the gastrointestinal tract. Aliment Pharmacol Ther 24(5): 701–714.

#### **HOW TO CITE THIS ARTICLE**

Samiksha Lokhande\*, Pratik Wankhade, Roshan Khetade, Milind Umekar. Review for Health Benefits of Probiotics In Disease Prevention. International Journal of Institutional Pharmacy and Life Sciences, Vol 11[2] March-April 2021: 01-17.