



Exploring the Link Between Gut Microbiome and Antimicrobial Resistance in India: Insights and Implications

Sudeepti Kulshrestha¹, Payal Gupta², Kashika Kapoor³, Abhishek Sengupta^{4*}

^{1,2,3,4}Systems Biology and Data Analytics Research Lab, Amity Institute of Biotechnology, Amity University, Uttar Pradesh, Noida, India

*Email ID: asengupta@amity.edu

Priyanka Narad⁵

Division of Biomedical Informatics (BMI), Indian Council of Medical Research, New Delhi, India

Adrika Saha⁶

Email ID: adrikasaha2007@gmail.com

Ayesha Mehra⁷

Email ID: ayeshamehra9@gmail.com

Article History

Volume 6, Issue 10, 2024

Received: 29 Apr 2024

Accepted : 27 May 2024

doi: 10.33472/AFJBS.6.10.2024.4537-4555

ABSTRACT:

There is growing evidence that is indicating antimicrobial resistance is widespread in India. In order to protect the efficacy of antimicrobial agents in India, this work intends to contribute to international efforts to combat gut microbiome and antimicrobial resistance in India by examining its epidemiology and causal variables. Investigating the gut microbiome's susceptibility to antibiotic resistance was the primary goal.

However, India is making strides in addressing these challenges. Initiatives like the Indian Council of Medical Research's (ICMR) national genomic surveillance program for AMR demonstrate a commitment to combatting the issue. Additionally, various research institutions and laboratories across India are actively engaged in AMR research utilizing genomic approaches. Genomic surveillance heralds a new era in the fight against AMR. By providing insights into resistance mechanisms and transmission dynamics, it empowers India to implement effective control measures, preserve antibiotic efficacy, and develop innovative therapeutic strategies. As India strengthens its genomic surveillance capabilities, it can envision a future where resistant infections pose minimal threats to public health. Investigating the gut microbiome's susceptibility to antibiotic resistance, was the primary goal. By carefully analyzing the ecology of microbes, patterns of antibiotic exposure, and epidemiological trends, this talk tries to offer a basic framework for future research and intervention approaches that will help reduce the growing threat of AMR and promote the best possible gut health outcomes for a variety of Indian communities. A comprehensive understanding of the gut microbiome-antimicrobial resistance (AMR) nexus is well-positioned to inform evidence-based strategies for preserving the effectiveness of antimicrobial therapies and protecting human health in the Indian subcontinent and beyond, as we navigate the complex terrain

of microbial ecology and antimicrobial stewardship.

Our research used natural language processing techniques with the "easy PubMed" and "Kable Extra" libraries in R to do text mining for the purpose of extracting pertinent research data and publications from PubMed based on a particular keyword combination. Moreover, physiologically relevant keywords based on the "BioNER" model were extracted from the corpus of literature using Named Entity Recognition analysis and the Flair Python package. A growing body of research indicates that AMR is widespread in India. Through investigating the causes and patterns of this phenomenon, this study intends to support international initiatives to combat antibiotic resistance and preserve the efficacy. In addition, a nodal network was created and displayed in Cytoscape in order to gain deeper insights. Correlation calculations were performed between keywords with similar counts. We determined the important nodes based on ranking and scoring methods using the Cytohubba plugin. The report concludes by highlighting the complexity of AMR and the urgent need for extensive interventions, and by offering a thorough analysis and insights into the existing situation of AMR in India. For successful efforts to reduce the impact of antimicrobial resistance (AMR) on public health, it is imperative to comprehend the causes of AMR in India.

NLP algorithms are designed to analyze and understand the structure and meaning of human language. This includes tasks such as text classification, sentiment analysis, named entity recognition, and part-of-speech tagging also involves generating human-like language in response to input data or queries. This can range from simple tasks like text summarization and paraphrasing to more complex tasks like machine translation and dialogue generation: NLP techniques are used to extract relevant information from large volumes of unstructured text data. This includes tasks such as text indexing, information extraction, and document clustering. A growing body of research indicates that AMR is widespread in India. Through investigating the causes and patterns of this phenomenon, this study intends to support international initiatives to combat antibiotic resistance and preserve the efficacy. In addition, a nodal network was created and displayed in Cytoscape in order to gain deeper insights. Correlation calculations were performed between keywords with similar counts. We determined the important nodes based on ranking and scoring methods using the Cytohubba plugin. The report concludes by highlighting the complexity of AMR and the urgent need for extensive interventions, and by offering a thorough analysis and insights into the existing situation of AMR in India. For successful efforts to reduce the impact of antimicrobial resistance (AMR) on public health, it is imperative to comprehend the causes of AMR in India

INTRODUCTION

In recent years, the interaction between the gut microbiota and antimicrobial resistance (AMR) has become an important research and health issue for the public. The gut microbiome is a diverse group of bacteria in the gastrointestinal tract that plays an important role in regulating metabolism, immunity, and overall health. At the same time, increasing global resistance to infectious diseases poses a serious threat to global health, increasing the use of antibiotics and increasing the burden of disease spread. Diseases such as viruses, bacteria and viruses create resistance to antibiotics, making treatment ineffective [1]. This phenomenon occurs when microorganisms change their mechanism of resistance to antibiotics, thus reducing or eliminating their exposure to these drugs. Antibiotics are a threat to global health because they can make infectious diseases untreatable, prolong the duration of the disease, increase healthcare costs, and result in more deaths. Effective management of antibiotic resistance requires a multifaceted approach that includes surveillance, antibiotic evaluation, disease prevention and control, and new antibiotic development [2]. This introductory exploration aims to delineate the present understanding between association of gut microbiome and AMR in Indian context. This introductory exploration aims to delineate the present understanding between association of gut microbiome and AMR in Indian context. By synthesizing existing research findings and elucidating potential mechanisms driving microbial resistance within the gut environment, this discourse seeks to shed light on the multifaceted nature of AMR in India and its ramifications for public health policy, clinical practice, and antimicrobial stewardship efforts. Through a nuanced examination of microbial ecology, antibiotic exposure patterns, and epidemiological trends, this discourse endeavors to provide a foundational framework for further inquiry and intervention strategies aimed at mitigating the escalating threat

of AMR while fostering optimal gut health outcomes among diverse populations in India [3]. As we navigate the intricate terrain of microbial ecology and antimicrobial stewardship, a holistic understanding of the gut microbiome-AMR [4] nexus stands poised to inform evidence-based strategies for safeguarding human health and preserving the efficacy of antimicrobial therapies in the Indian subcontinent and beyond. One excellent source of knowledge that has a wealth of new study discoveries is the biomedical scientific literature. On the other hand, because the publications are unstructured, it is crucial to extract embedded information to facilitate literature-based analysis and the creation of applications like information retrieval, document classification, summarization, and so on. A number of techniques must be integrated, such as linguistic analysis, to allow the system to mine text data at various abstraction levels, such as the sentence or document level. Thus, in this we have used Natural processing language, text mining, NER analysis and nodal analysis.

REVIEW OF LITERATURE

The term "microbiome" describes the aggregate populations of microorganisms (including bacteria, viruses, fungus, and archaea) that live in a specific environment, including the human body, soil, water, or different types of plants. The microbial communities occurring in a variety of locations on Earth are essentially represented by microbiomes [5]. With hundreds or even millions of distinct microbial species present, microbiomes can be extraordinarily varied environments. The term "microbiome" refers to the trillions of minute bacteria, fungi, viruses, and parasites that are primarily located in the large and small intestine. These variables, which include temperature, pH, nutrition availability, and interactions with other organisms, might affect microbial colonization and growth as well as the variety observed in that habitat. Within each of their surroundings, microbiomes are essential. Microbiomes play a crucial role in various bodily functions such as digestion, immune system development, nutritional absorption, and pathogen defense in humans. The breakdown of organic matter, the cycling of nutrients, and plant health are all influenced by soil microbiomes. Nitrogen recycling, carbon cycling, and water quality maintenance are all aided by aquatic microbiomes [6]. The growth, development, and pest and disease resistance of plants can all be influenced by the microbiomes associated with them. The microbiome is essential to preserving human health. For instance, beneficial bacteria in the gut microbiome support healthy digestion, generate vital vitamins, control the immune system, and fend off dangerous pathogens. Gaining knowledge about the microbiome has improved our ability to prevent and treat illness. Probiotics are live bacteria that, when taken in sufficient quantities, offer health advantages [7]. They are used to treat infections, irritable bowel syndrome (IBS), diarrhea, and other disorders by restoring or maintaining a healthy microbiome. Personalized medical techniques have been made possible by research on the microbiome. Healthcare professionals can customize treatments and interventions to optimize health outcomes by analyzing an individual's microbiome composition. This can be achieved through targeted probiotic therapy or personalized dietary recommendations [8]. Dysbiosis, or imbalance in the microbiome composition, has been associated with various health problems, including obesity, autoimmune diseases, allergies, and mental health disorders. Factors such as antibiotic use, diet, and environmental exposures can disrupt the microbiome and increase susceptibility to disease. While efforts to manipulate the microbiome for therapeutic purposes hold promise, there are potential risks and unintended consequences to consider. Altering the microbiome through interventions like probiotics or fecal microbiota transplantation (FMT) could have unforeseen effects on microbial diversity, ecosystem stability, and long-term health outcomes. Overuse and misuse of antibiotics can lead to the emergence of antimicrobial resistance (AMR) in both pathogenic and commensal bacteria within the microbiome [9]. This poses a significant public health threat by reducing the effectiveness of antibiotics and making infections more difficult to treat. Within a microbiome, microorganisms interact not only with their host organisms but also with the environment. The dynamics, stability, and resilience of ecosystems can be significantly impacted by these interactions, which might be cooperative, competitive, or neutral. Microbiomes are dynamic systems that are subject to change over time in response to host factors, environmental changes, and disturbances [10]. Microbiomes can change in composition and function due to several factors such as nutrition, use of antibiotics, and climate. Thanks to developments in bioinformatics and DNA sequencing technologies, research on microbiomes has grown dramatically in recent years. Scholars are

investigating microbiomes in several settings to comprehend their multiplicity, capabilities, and ecological positions. Furthermore, studies on microbiomes have applications in environmental science, biotechnology, health, and agriculture. The health and functioning of several environments, including the human body, are significantly influenced by the intricate and ever-changing ecosystems known as microbiomes. Ecology, human health, agriculture, and environmental sustainability are all directly impacted by our understanding of microbiomes and their interactions. In conclusion, the microbiome offers chances to enhance health and further medical research, but it also brings risks and difficulties that must be properly addressed. The term “gut microbiome” generally describes the bacterial community that lives in the gastrointestinal tract, and specifically the colon. It contains many mixed organisms, including bacteria, fungi, bacteria, and archaea related to health and disease. The microbiome consists of bacteria, viruses, fungi, and archaea that hold together trillions of microbial cells and collectively encode more genes than the human genome. One of the most studied microbial communities is the gut microbiome, which is primarily found in the intestinal tract [11]. The gut microbiome is an ecosystem affected by many factors such as genetics, diet, lifestyle, medications and environmental influences. It contains a wide variety of microbial taxa, among the most abundant and well-characterized bacteria. The composition and diversity of the gut microbiota varies between individuals and changes over time in response to internal and external stimuli. Major bacterial phyla such as Firmicutes, Bacteroidetes, Actinobacteria, Proteobacteria, and Verrucomicrobia dominate the gut microbial environment, and each taxon contributes to the functioning of the microbiome [12]. Through fermentation of dietary fiber and other substrates, the gut microbiome produces many metabolites, including short chain fatty acids (SCFA), which serve as energy for the host and regulate many physiological processes. The group interacts with the immune system and helps train and control the immune system while maintaining tolerance against pathogens. Dysbiosis is characterized by changes in gut microbial composition and function and is implicated in the pathogenesis of many diseases [13], including inflammatory bowel disease, metabolic syndrome, autoimmune disease, and neurodevelopmental disorders. Complex interactions with the healthy host inspire much research to determine their roles in health and disease [14]. It represents the power and importance of human biology and has a major impact on health and disease. Further investigation of its composition, function, and interaction with the host holds promise for the development of new therapeutic strategies and treatments aimed at altering the microbiome to improve healthcare and disease prevention.

Some of the key benefits of a healthy gut microbiome include:

Nutritional Health - The gut microbiome helps digest fibers and complex carbohydrates that are not normally digested by human enzymes. Bacteria ferment these substrates to produce short chain fatty acids (SCFA), such as acetate, propionate, and butyrate, which are energy for gut bacteria and help regulate bowel movements. The gut microbiota helps digest and absorb nutrients from food, including vitamins and minerals. They produce vitamin K and some B vitamins, which are important for many physiological processes in the body. It helps distinguish benign from malignant. Microbial metabolites and signaling molecules interact with the gastrointestinal tract (GALT) to promote immune, defense, and regulatory responses. Improve the integrity of the intestine by producing mucin, protecting the intestinal epithelium, and preventing tightening of the muscles that control permeability. A healthy gut microbiome helps prevent harmful bacteria and toxins from entering the bloodstream from the intestinal lumen, thus reducing the risk of inflammation and immune system damage. Bacteria compete with pathogenic bacteria to obtain nutrients and colonization sites, inhibiting their growth and colonization. Additionally, some microbial species produce antibiotics such as bacteriocins and organic acids that help protect against invading bacteria. Energy homeostasis. SCFA help maintain healthy lipid and glucose metabolism by acting as signals that regulate appetite, satiety, and energy utilization.

Check Mental Health and Brain Function – New research reveals a two-way communication between the gut microbiome and the central nervous system, known as the gut brain axis. Microbial metabolites, neurotransmitters, and neuroactive compounds produced by gut bacteria influence mood, cognition, and behavior, as well as psychological disorders such as depression, anxiety, and stress.

Infections: Exposure to diverse microbial communities early in life promotes the growth and development of the immune system, improving immunity and reducing the risk of allergies and autoimmune diseases. Dysbiosis or lack of ability in the intestines has been shown to play a role in the pathogenesis of diseases such as asthma, allergies and autoimmune diseases.

Effects on hunger and satiety: The gut microbiome affects health by producing many chemicals and metabolites that regulate hormonal signaling pathways related to hunger and satiety. Moreover, some gut bacteria play a role in the synthesis and regulation of health hormones such as leptin, ghrelin and peptide YY (PYY), which affect hunger and other mood states. Propionic acid is produced by gut microbes that ferment dietary fiber and has been shown to affect hormone health. This suggests that prebiotics, which contain compounds that can harm gut bacteria, may have a similar effect on health. 6 Taking prebiotics has been shown to promote fermentation by gut bacteria, as evidenced by increased hydrogen levels in breath analysis. This fermentation process is associated with increased SCFA production and increased levels of hormones such as GLP1 and PYY, ultimately reducing hunger and increasing satiety. Interactions of nutritional factors and hormonal signals in the regulation of appetite. Further research into the mechanisms underlying these interactions holds promise for the development of intervention plans designed to modify appetite and promote healthy eating behaviors. It affects every aspect of human health. Impact of the Microbiome on Health The microbiome, especially the gut microbiome, plays an important role in digestion and food metabolism. They break down complex carbohydrates, produce enzymes necessary for digestion, and produce vitamin K and some B vitamins. They help support the growth and development of the immune system, regulate activity tolerance to antigens, ensuring no problems in developing the appropriate response to the diseases. It prevents infection and removes toxins from the intestines. Improper functioning of the intestines can lead to conditions such as stomach ulcers, making people susceptible to illnesses and diseases. SCFAs provide energy to the host, regulate appetite and satiety, and play a role in lipid and glucose metabolism. abdominal axis. The microbiome produces neurotransmitters, modulates neuroinflammation, and influences brain development and function.

Dysbiosis [15] has been linked to neurological disorders such as autism spectrum disorders, depression and anxiety. It's about the disease. Dysbiosis promotes inflammation, alters energy metabolism and contributes to obesity. About pathogenesis. Unbalanced gut microbiota can lead to weakened immune system and chronic disease in vulnerable individuals. It plays an important role in immunity. Disruption of the microbiome increases susceptibility to infection and alters pathophysiology. important. Research in this area continues to uncover new insights into the role of the microbiome in health and disease, paving the way for personalized approaches to managing disease treatment and prevention. Strategies to maintain or improve gut microbiome health, such as dietary changes, probiotics, prebiotics, and lifestyle inventions, can improve digestion, prevent functioning, metabolic control, and mental health. The microbiome often plays a beneficial role in human health, but imbalances or disorders in its composition and function are associated with many diseases.

Inflammatory bowel disease (IBD): Crohn's disease and ulcerative colitis are characterized by inflammation of the body. Abdominal intestinal microbiota dysbiosis, including genetic predispositions and environmental factors, is thought to contribute to the pathogenesis of IBD [16] by affecting immune homeostasis and intestinal function. Patients with IBD often show changes in the composition, diversity, and function of the gut microbiome compared to healthy individuals. Dysbiosis is common in IBD patients and is characterized by an imbalance of microbial taxa and reduced microbial diversity. Reduced diversity may affect the maintenance and stability of the intestinal ecosystem, making it susceptible to inflammatory processes and the immune system. Increases and decreases in Proteobacteria in Firmicutes and Bacteroidetes are associated with IBD.

Production of short chain fatty acids (SCFA) and other metabolites. SCFAs, such as butyrate, have anti-

inflammatory properties and play an important role in maintaining intestinal and immune homeostasis. Decreased SCFA production in IBD patients may contribute to intestinal inflammation and infection. Understanding the role of the gut microbiome in IBD pathophysiology holds the promise of developing new therapeutic strategies to target microbial dysbiosis and restore intestinal homeostasis in affected individuals. Syndrome (IBS) is a disease. IBS is a controversial disease whose etiology is multifactorial and includes genetic, environmental, dietary, microbial and psychological factors. Although the exact pathophysiology of IBS is not fully understood, gut brain axis dysregulation, visceral hypersensitivity, altered intestinal motility, and the immune system are thought to play an important role in the development of pain symptoms. Additionally, changes in gut microbiome composition and function have been implicated in the pathogenesis of IBS, with evidence suggesting that microbial dysbiosis [17], intestinal inflammation, and symptom severity play a role in some patients. Treatment for IBS usually involves a multidisciplinary approach that includes dietary changes, lifestyle interventions, symptom-based medications, and psychotherapy to improve symptoms and quality of life. Further research into the mechanisms that drive IBS pathophysiology, including the role of the gut microbiome, holds the promise of developing targeted, personalized interventions for this complex disease.

Clostridium difficile infection (CDI): CDI is a colon infection caused by *Clostridium difficile* (formerly *C. difficile*) and usually occurs after antibiotic treatment that affects the gut microbiota. Dysbiosis leads to the growth of *C. difficile* and the production of toxins, causing diarrhea, colitis, and potentially life-threatening infections. *Clostridium difficile* infection (CDI) is a major healthcare complication associated with diarrhea, abdominal pain, and potentially life-threatening complications such as pseudomembranous colitis and toxic megacolon. CDI usually occurs after disruption of the gut microbiota, often due to antibiotic treatment, which inhibits bacterial competition and allows *C. difficile* infection. *C. difficile* multiplies and produces toxins [18]. Transmission of *C. difficile* occurs via the fecal oral route, and healthcare facilities are reservoirs of transmission. CDI places a heavy burden on healthcare systems worldwide, resulting in prolonged hospital stays, increased morbidity and mortality, and significant economic costs. Management of CDI involves a number of approaches, including rapid diagnosis, appropriate antibiotic therapy, prophylaxis, and, in recurrent or severe cases, fecal microbiota transplantation (FMT) to restore the gut microbiome. Prevention strategies aimed at reducing the incidence and spread of CDI include antibiotic stewardship, disease prevention and control, and environment. Despite advances in prevention and treatment, CDI remains a healthcare challenge, highlighting the importance of continued research and vigilance in preventing this epidemic.

Obesity: Dysbiosis in the intestinal microbiota; It is associated with metabolic diseases such as obesity, insulin resistance and metabolic syndrome [19]. Changes in microbial composition and activity can promote low-grade inflammation, dysregulated energy metabolism, and lack of glucose and lipid homeostasis, leading to the development of obesity. Metabolic syndrome and obesity are metabolic problems with various etiologies, in which dysbiosis of the gut microbiome plays an important role in the pathogenesis of the disease. The gut microbiome has a profound impact on host metabolism, energy balance, and adipose tissue homeostasis through its ability to ferment dietary substrates, produce bioactive metabolites, and modulate systemic inflammation and insulin sensitivity. Dysbiosis changes in gut microbiome composition, characterized by reduced microbial diversity and changes in microbial taxa, have been associated with metabolic syndrome and obesity in animal models and human studies. Additionally, changes in intestinal integrity and the immune system caused by dysbiosis can lead to metabolic dysfunction as well as metabolic endotoxemia, chronic pain, and insulin resistance. Understanding the role of the gut microbiome in the pathogenesis of metabolic syndrome and obesity promises to develop new therapeutic strategies for disease prevention and control that target microbial dysbiosis and metabolic dysfunction. Immune system: Gut microbial dysbiosis [20] is associated with an increased risk of allergies such as asthma, eczema, and food allergies. Additionally, dysbiosis can affect the immune system and promote negative immune responses to self-antigens, thereby leading to autoimmune diseases such as rheumatoid arthritis, multiple sclerosis,

and type 1 diabetes. Allergic and autoimmune diseases represent diverse groups of diseases that challenge immune cells in self-defense or against harmless antigens. Evidence suggests that dysbiosis of the gut microbiome plays an important role in the initiation and development of these diseases. In allergic diseases such as asthma, eczema and food allergies, changes in the composition of the gut microbiome, especially in early life, are associated with allergies and specific diseases. Impairment of the immune system and impaired T cell function caused by dysbiosis may contribute to immune dysfunction in allergic diseases. Similarly, in autoimmune diseases such as rheumatoid arthritis, multiple sclerosis, and type 1 diabetes, dysbiosis of the gut microbiome has been shown to play a role in triggering and supporting autoimmune responses. Molecular mimicry, dysregulation of the immune system, and changes in mucosal barrier function may play a role in autoimmune diseases mediated by the gut microbiota. Understanding the interaction between the gut microbiome and the immune system in allergic and autoimmune diseases holds promise for new approaches to microbial dysbiosis and its prevention, as well as implications for disease prevention and control.

Neurological and psychiatric symptoms: Emerging evidence suggests a link between gut microbiome dysbiosis and neurological disorders such as autism spectrum disorder, depression, anxiety, and Parkinson's disease [21]. New research has uncovered interactions between the gut microbiome and mental and emotional health, revealing a two-way communication system known as the gut-brain axis. Changes in the composition and function of the gut microbiome have been associated with a variety of neurological disorders, including autism, depression, anxiety, and Parkinson's disease. The gut microbiome influences neurodevelopment, neurotransmitter synthesis, and neuroinflammatory pathways and has profound effects on brain function and behavior. Gut microbiome dysbiosis, characterized by an imbalance in microbial diversity and metabolic activity, can disrupt gut-brain signaling and contribute to neuroinflammation, oxidative stress, and neuronal dysfunction. In addition, microbial metabolites such as short-chain fatty acids (SCFAs), neurotransmitters, and neuroactive compounds produced by gut bacteria can modulate neurotransmitter pathways and neural circuits, influencing mood, cognition, and emotional regulation. Understanding the role of the gut microbiome in neurological and mental disorders holds promise for the development of new therapeutic strategies targeting microbial dysbiosis and neuroimmune interactions with potential implications for disease prevention and treatment.

Colon cancer: Dysbiosis in the gut microbiota is associated with the growth and development of colon cancer, including colon cancer. Disturbance in the intestinal microbiota promotes chronic inflammation, causes genotoxic effects, and alters the immune system, leading to cancer formation. The answer is that the development of new diagnostic and therapeutic strategies that target the microbiome-host axis is crucial. Modulation of the gut microbiome through diet, probiotics, prebiotics, and fecal microbiota transplantation (FMT) holds promise for the prevention and control of these diseases in the future. It provides protection against bacteria, viruses, bacteria and viruses, as well as antibiotics. This resistance can lead to poor clinical outcomes, long-term morbidity, increased mortality, and higher medical costs. The importance of antibiotics is the misuse and overuse of pesticides for humans and animals, as well as growth and proliferation. Poor infection control and clinical management practices encourage the spread of antibiotic resistance. The widespread use of antibiotics in livestock to promote growth and prevent disease has also led to antibiotic resistance. It poses a major threat to global health as it can lead to treatment failure and increased morbidity and mortality. Antibiotic treatment is more complex and expensive; it often requires a longer hospital stay, alternative antibiotic therapy, or more invasive surgery. Antimicrobial resistance threatens modern medical procedures, rendering important health interventions such as surgery, chemotherapy and organ transplants ineffective. Antimicrobial resistant microorganisms can spread within and between medical facilities, communities, and countries through personal contact, contaminated surfaces, food, water, and the environment. The importance of giving antibiotics only when needed and choosing the best treatment. Strengthening disease prevention and control measures, including sanitation, hygiene, and the use of personal protective equipment, can help reduce the spread of resistant bacteria in medical facilities. Analysis of antibiotic

resistance patterns and antibiotic use patterns can provide information for monitoring conditions, guiding policy decisions, and implementing intervention 10 plans. The World Health Organization (WHO) is joining other international organizations and national governments in distributing vaccines against a world of global threats to health security. Initiatives such as the Global Action Plan for Disease Control and Prevention, the Global Plan for Disease Control and Prevention, and the Global Cooperation Plan raise awareness and mobilize resources to tackle global disease prevention challenges.

In summary, AMR [21] poses a significant challenge to modern health systems that requires a concerted effort by health professionals, policy makers, researchers and the public to mitigate its impact and preserve the effectiveness of antimicrobial drugs for future generations. Antimicrobial resistance (AMR) is influenced by a number of interrelated factors involving human, animal, environmental and societal domains. Antimicrobial use in human and animal health: Overuse, misuse, and inappropriate prescribing of antimicrobials in human health care, veterinary medicine, and agriculture contribute to selection pressure for resistant microorganisms. Inadequate dosing, incomplete treatment cycles and self-medication further exacerbate AMR by promoting the survival and proliferation of resistant strains. Agricultural and veterinary practice in which the use of antimicrobials in livestock, aquaculture and crop production for growth promotion, disease prevention and treatment contributes to the emergence and spread of resistant bacteria in food-producing animals and in the environment.

Antimicrobial residues in animal products and agricultural wastes can contaminate soil, water bodies, and crops, facilitating the transfer of resistance genes to human pathogens. In international travel and trade, they facilitate the global spread of resistant microorganisms and resistance genes across borders. Resistant pathogens can be introduced into new geographic areas through the movement of people, the importation of food, and the movement of animals and animal products. High-density transport hubs such as airports and seaports serve as hubs for the transfer of resistant bacteria between countries and continents. Inadequate infection prevention and control measures in healthcare settings, including poor hand hygiene, improper hygiene and overcrowding, contribute to the transmission of resistant pathogens between patients, healthcare workers and the community. Healthcare-associated infections caused by resistant bacteria such as methicillin-resistant *Staphylococcus aureus* (MRSA) and carbapenem-resistant Enterobacteriaceae (CRE) pose significant challenges to patient care and hospital-acquired infection control. Environmental pollution, including the discharge of antimicrobial residues, sewage and agricultural effluents, contributes to the spread of resistance genes in soil, water and air. Resistance genes can be exchanged between environmental bacteria and human pathogens, strengthening the reservoir of resistance in natural ecosystems and urban environments. Socioeconomic disparities, lack of access to health care, and limited availability of effective antimicrobial therapies contribute to the persistence and spread of resistant infections in resource-limited settings. Cultural beliefs, attitudes, and practices related to antimicrobial use, hygiene, and health care-seeking behavior influence patterns of resistance emergence and transmission in communities. The absence of coordinated global governance frameworks and policy mechanisms for AMR surveillance, antimicrobial stewardship, and regulation of the use and sale of antimicrobials hinders efforts to address the multifaceted challenges associated with AMR. International initiatives such as the Global Action Plan on Antimicrobial Resistance and the World Health Organization's Global Antimicrobial Resistance Surveillance System aim to harmonize efforts and strengthen cooperation in the fight against AMR [22]. In summary, AMR is a complex and multifactorial problem influenced by various interrelated factors involving human, animal, environmental and societal domains. Addressing AMR requires a holistic and multidisciplinary approach involving collaboration between stakeholders at local, national and global levels. The relationship between the gut microbiome and antimicrobial resistance (AMR) [23] is an active area of research because the gut microbiome plays an important role in the ecology of antimicrobial resistance genes (ARGs) and the transmission of these disease resistant genes. These genes may be essential for certain species or may be acquired through horizontal transfer processes such as conjugation, transduction, and transformation. Horizontal gene transfer allows ARGs to spread between humans as well as the gut microbiome, thereby leading to the spread of harmful bacteria. Exposure to antibiotics can lead to

selective pressure on the gut microbiota, promoting the proliferation of resistant bacteria and the development of ARGs. In particular, broad-spectrum antibiotics can affect the ecological balance of the intestinal microbiota, causing dysbiosis and overgrowth of resistant bacteria. Long-term repeated use of antibiotics can worsen the problem by promoting the selection and persistence of resistant bacteria in the gut microbiome. The gut microbiome plays an important role in the spread of drug resistance in clinical and community settings. Weak bacteria can cause intestinal obstruction or can asymptotically cause symptoms, allowing resistant bacteria to be released into the stool and spread to others. Overcrowding in healthcare and public facilities and inadequate vaccination and screening, including social distancing, lead to the spread of vaccinia. Intervention is important because it may affect the effectiveness of antimicrobial therapy for the infection. Infections caused by Multiresistant bacteria, including those transmitted by the gut microbiome, are associated with higher morbidity, mortality, and medical costs than infections. Antibiotic monitoring supports the decision to use antibiotics to reduce the selection of the gut microbiome and reduce the risk of antibiotic use. Probiotics and prebiotics may help improve gut microbial diversity by reducing the spread of pathogenic bacteria and reduce dysbiosis after antibiotic treatment. Fecal microbial transplantation (FMT) has been studied as a treatment to restore the gut microbiota of individuals with recurrent *Clostridium difficile* infection. However, there are concerns about the spread of the vaccine. The repertoire of ARGs underlies protection and selection in the immune system. Understanding these interactions is important to develop strategies to reduce antibiotic resistance and increase the effectiveness of antimicrobial therapy. These include heavy use of antibiotics, poor sanitation and hygiene, and a high burden of infectious diseases [24]. Gut microbiota and antibiotic resistance in India are influenced by: India is one of the world's largest consumers of antibiotics, which are widely used in human consumption, veterinary medicine, agriculture and aquaculture. Antibiotics are often sold without a prescription, leading to unnecessary and overuse. The widespread use of antibiotics has led to greater selection of the gut microbiome and facilitated the emergence and spread of resistant bacteria and genes in the Indian population. India has a high burden of infectious diseases, including respiratory, diarrheal, lung and health problems. Most antibiotics make these diseases difficult to manage and treat, especially in limited areas. In India, poor sanitation and hygiene, lack of clean water and overcrowding lead to diseases and drug resistance. Contaminated food, water, and the environment may contain pathogenic bacteria that can harm the gut microbiota when ingested or exposed. Antimicrobial residues and antimicrobial contamination have contributed to the spread of antibiotics in India. Pesticides used in agriculture and aquaculture and poor water treatment can cause environmental pollution. Human and animal gut microbiota can be exposed to antibiotics and pathogens through contact with food, beverages, and contaminated surfaces, leading to an immune response. Vaccination testing in India faces challenges such as low testing numbers, measurement inconsistencies and reporting of vaccines. Analyzing information about the immune system and gut microbiome is important to inform immune system management and disease prevention. Addressing antimicrobial resistance in the gut microbiota requires a number of approaches, including antibiotic resistance testing, disease prevention and control, and access to clean water. Promote public awareness of environmental sanitation, vaccination and antimicrobial stewardship. The impact of factors such as environmental hygiene, environmental pollution, maintenance and control issues. Addressing antimicrobial resistance in the gut microbiota requires national and local collaboration, including physicians, policymakers, researchers, and communities.

METHODOLOGY:

Data Acquisition and Retrieval

Relevant papers are retrieved based on specific keywords connected to research on the human gut microbiome and Amr relationship using PubMed, an extensive collection of biological literature. Finding pertinent information inside the text and turning it into data that can be examined is one of the primary objectives of text mining (TM)[25]. This definition is accurate; however, it falls short of capturing the true significance, effectiveness, and function that TM plays in bioinformatics. The number of research publications gathered in public archives, like PubMed, has increased significantly during the past ten years.

We have applied libraries like dplyr, easy PubMed, and Kable Extra while using R programming for text mining. The text mining platform was the R programming environment. Data processing, table construction, and the retrieval of pertinent research articles were made easier using libraries like as dplyr, Kable Extra, and easy PubMed. We have used keywords such as 'gut microbiome, multidrug resistance, diseases', 'gut dysbiosis, amr, disease, India', 'gut microbiome and resistance pathogens and India', 'Intestinal flora AND AMR AND India' and other keywords related to topic for findings. PubMed IDs (PMIDs) are extracted from the search results [26]. The retrieved articles were subjected to meticulous cleaning processes. Duplicate entries were eliminated to ensure data integration.

DATA CURATION:

To obtain the relevant abstracts from PubMed, the retrieved PMIDs are utilized. Then, a format appropriate for additional analysis is created from these abstracts. To extract pertinent data, including authors, titles, and abstract text, this may entail parsing the abstracts.

Literature Mining:

In order to resolve ambiguities in human language, text mining systems need to do linguistic analysis using Natural Language Processing (NLP) methods. NLP algorithms include disambiguation, part-of-speech tagging, and other basic techniques that have been improved upon or tailored specifically to text-mining in bioinformatics and biomedical literature [27]. The most basic task in text mining is the identification of biological named entities (NERs), which include diseases, substances, and genes. Existing NER techniques rely on pre-defined features that attempt to capture the unique surface characteristics of different object kinds, as well as prior knowledge, language data, and characteristics of the normal local context.

For literature mining of the extracted data, we have used libraries such as pandas, flair and torch in python for the same. Most of NLP libraries and toolkits are generally available in python.

Biomedical Name Entity Recognition (BioNER)

Using BioNER model in Python language in the field of biomedical text mining, which seeks to automatically identify and categorize biomedical items (such as diseases, cell lines, chemicals, and genes) in text. With the help of this we get deep learning and in depth of the literature which help one to understand and strategies accordingly [28]. The NER code in Python was designed to extract specific entities from the text of the research articles within the extracted data. Divided the keywords into groups, such as diseases, cell lines, chemicals, genes, and species. novel categories of items. Neural network models are taken into consideration in recent NER experiments to automatically create quality features.

Data Exploration and Visualization/Data profiling:

To find correlations between keywords (Species, cell line, diseases, genes) transposed data was used, along with correlation analysis. Calculating correlation coefficients between several items was made easier by this format transformation. In order to facilitate correlation analysis, random numbers were allocated to represent each entity's frequency of occurrence. a correlation data file was constructed, and random integers were generated to mimic correlation data [29]. For understanding the relation, a visual representation in form Heat map was created using the pandas, and matplotlib packages to show the relationships between terms. The visual aid illustrated the direction and intensity of relationships across several entities linked to gut microbiome and antimicrobial resistance in India.

Network Analysis:

For the last phase of research, Cytoscape software—a potent platform for network visualization—was used. Cytoscape had three important plugins installed: Metascape, cytoHubba, and Yfiles. The node centrality analysis, functional enrichment analysis, and network formation were improved by these plugins. installed Cytohubba, Metascape, and files—all necessary files for Cytoscape. Cytohubba -used for visualizing and analyzing biological networks. Cytohubba is specifically designed for identifying important nodes or hubs within a biological network based on various topological analysis algorithms. Metascape is helpful for gene annotation and functional enrichment analysis along with network visualization. Yfiles is used for graph visualization and layout tools. These files contain information about the structure of a graph, including nodes, edges, and their attributes [30]. Once generated, the group data and correlation data (entity lists sorted by type) were imported into Cytoscape. A network made up of nodes and edges was the end outcome of this. Edges showed the relationships between the nodes, which stood for entities (genes, species, etc.). Based on genomic data, larger nodes indicated entities with a higher prevalence in gut microbiome and AMR association in India.

To conclude, the above-described methodology offered a methodical way to investigate the relationship between gut microbiota and antibiotic resistance in India. A thorough understanding of the genomic factors underlying antimicrobial resistance patterns in the Indian context was attained by combining techniques like literature search and retrieval, data filtering and selection, NER analysis, correlation analysis, heatmap generation, and network visualization. Future research and monitoring initiatives aiming at addressing gut microbiota and antibiotic resistance in India and elsewhere may benefit from the knowledge gained from this methodology.

The methodology encompassed several distinct stages, each designed to contribute to a comprehensive understanding of the genomic landscape of antimicrobial resistance within the Indian context

Our research methodology delved into the intricate realm of genomic surveillance of antimicrobial resistance (AMR) in India, addressing the pressing global health challenge posed by AMR. Beginning with a thorough literature search conducted through the R programming environment, we utilized essential libraries such as kableExtra, dplyr, and easy PubMed to identify relevant research articles. Our search strategy encompassed an array of keywords, including "Gut Microbiome,"

"Antimicrobial resistance," and "India," as well as specific terms like "Gut microbiome," "Amr," and "Drug resistance" and "India." Through this methodical approach, we aimed to compile a comprehensive set of research papers directly relevant to our study objectives.

The initial step involved literature search and retrieval, facilitated by R programming for text mining. Leveraging libraries such as kableExtra, dplyr, and easy PubMed, a systematic approach was adopted to identify relevant research papers

Following the retrieval of relevant literature, a meticulous process of data filtering and selection was undertaken. Duplicate research papers were removed, and strict criteria were applied to exclude studies unrelated to Indian genomic data. This involved eliminating research papers focusing on animals, rivers, or originating from different countries, ensuring that the final dataset was specifically tailored to Indian genomic surveillance of antimicrobial resistance. The compilation of a refined list of research papers formed the foundation for subsequent analysis.

Named Entity Recognition (NER) analysis was employed to extract and categorize keywords from the compiled research papers. Utilizing libraries such as pandas, flair, and torch in Google Collab, keywords were extracted and categorized into distinct groups, including Species, Chemical name, Gene name, cell line, and Diseases. This process allowed for the systematic organization and analysis of key terms relevant to antimicrobial resistance in

the Indian context, providing valuable insights into the genomic determinants underlying resistance patterns.

The extracted keywords underwent meticulous organization and analysis to derive meaningful insights into their prevalence and distribution within the Indian AMR landscape. Through a frequency analysis, we quantified the occurrence of keywords within the selected research papers, aiming to identify prevalent entities.

Following the frequency analysis, we proceeded to correlation analysis, a pivotal step aimed at uncovering potential relationships and associations between different entities identified through NER analysis. By calculating correlation coefficients between these entities and assigning random numbers to represent the frequency of occurrence, we sought to elucidate the interconnectedness of various aspects of gut microbiome and AMR association within the Indian context.

Upon extraction and categorization of keywords, a comprehensive analysis of their occurrence and correlations was conducted. This involved sorting keywords by occurrence and performing correlation analysis to identify relationships between different categories of terms. To simulate correlation data, random numbers were generated and integrated into the analysis, facilitating the identification of significant associations and patterns within the dataset. The utilization of seaborn, pandas, and matplotlib libraries in python enabled the generation of a heatmap, visually representing the correlations between keywords and providing further insights into the genomic landscape of antimicrobial resistance in India.

Subsequently, network visualization using Cytoscape was employed to construct and analyse networks based on the correlation data. Essential files including Yfiles, cytoHubba, and Metascape were installed in Cytoscape to facilitate network generation. The correlation data file and the groups file containing keyword occurrences were uploaded, and a network was generated, with keywords represented as nodes and their correlations depicted as edges.

Node size was used to reflect the frequency of occurrence, with larger nodes indicating higher occurrence of specific terms. This network visualization allowed for the identification of key associations and patterns among antimicrobial resistance-related keywords, offering valuable insights.

To conclude, the above-described methodology offered a methodical way to investigate the relationship between gut microbiota and antibiotic resistance in India. A thorough understanding of the genomic factors underlying antimicrobial resistance patterns in the Indian context was attained by combining techniques like literature search and retrieval, data filtering and selection, NER analysis, correlation analysis, heatmap generation, and network visualization. Future research and monitoring initiatives aiming at addressing gut microbiota and antibiotic resistance in India and elsewhere may benefit from the knowledge gained from this methodology.

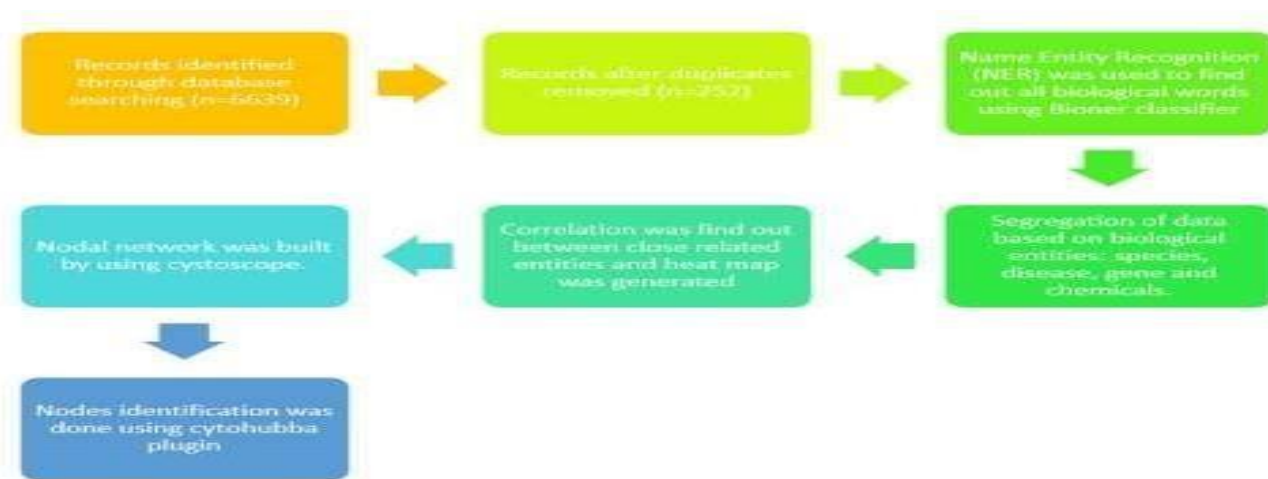


Figure 1: Systematic representation of workflow carried out for work on Gutmicrobiome and AMR association in India

RESULT:

Data Acquisition and Retrieval: This work showed some notable findings that help us in understanding certain useful realms of data and some meaningful inferences. The study yields ample findings which all are mentioned below.

In this work first, the literature is retrieved by using the R platform and with the use of different keywords for gut microbiome and antimicrobial resistance in India. The following data represents the number of papers retrieved then duplicates were removed manually and studied.

The following table shows us the data extraction from PubMed using R programming language with the help of libraries such as “Kable Extra” and “easy PubMed.”

Table 1 Represents the number of total numbers of literature extracted from PubMed, Duplicated and unique entries for different keywords

Keywords used	Total Number	Unique Entries	Duplicates
gut microbiome, multidrug resistance, diseases	94	11	83
gut dysbiosis, amr, disease, India	5	1	4
gut microbiome and resistance genes and India	485	68	417
gut microbiome and resistance pathogens and India	600	103	497
gut microbiota AND AMR AND India	79	13	66
Gut microorganisms AND antimicrobial resistance AND India	2528	12	2516
intestinal ecology and antimicrobial	2516	5	2511

resistance and India			
Intestinal flora ANDAMR AND India	53	6	47
Intestinal flora ANDanti-microbialresistance and India	279	33	246
TOTAL	6639	252	6387

In bioinformatics and other fields, the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flowchart is a commonly used tool for illustrating the flow of information through the various stages of a systematic review or meta-analysis. It shows how many studies were found, reviewed, evaluated for eligibility, and included in the final analysis. It also gives a visual depiction of the selection process for the studies that were part of the evaluation.

A clear and consistent method for reporting the selection procedure for papers that are included in systematic reviews and meta-analyses is offered by the PRISMA flowchart. It makes it easier for readers to comprehend the scope of the literature search for gut microbiome and Amr association in India, which is 6639, the standards by which studies were chosen, and the rationale for the exclusion of particular research. After that the literature was screened more refinery according to the purpose. After this the duplicates were removed and the number changes to 107. With help of BioNer model 390 keywords were extracted and then for better understanding and visualization aid it was made into a network with help of Cytoscape. In the field of bioinformatics, the PRISMA flowchart plays a crucial role in guaranteeing the precision and openness of reporting, as systematic reviews and meta-analyses are frequently employed to amalgamate data from extensive genomic or computational investigations

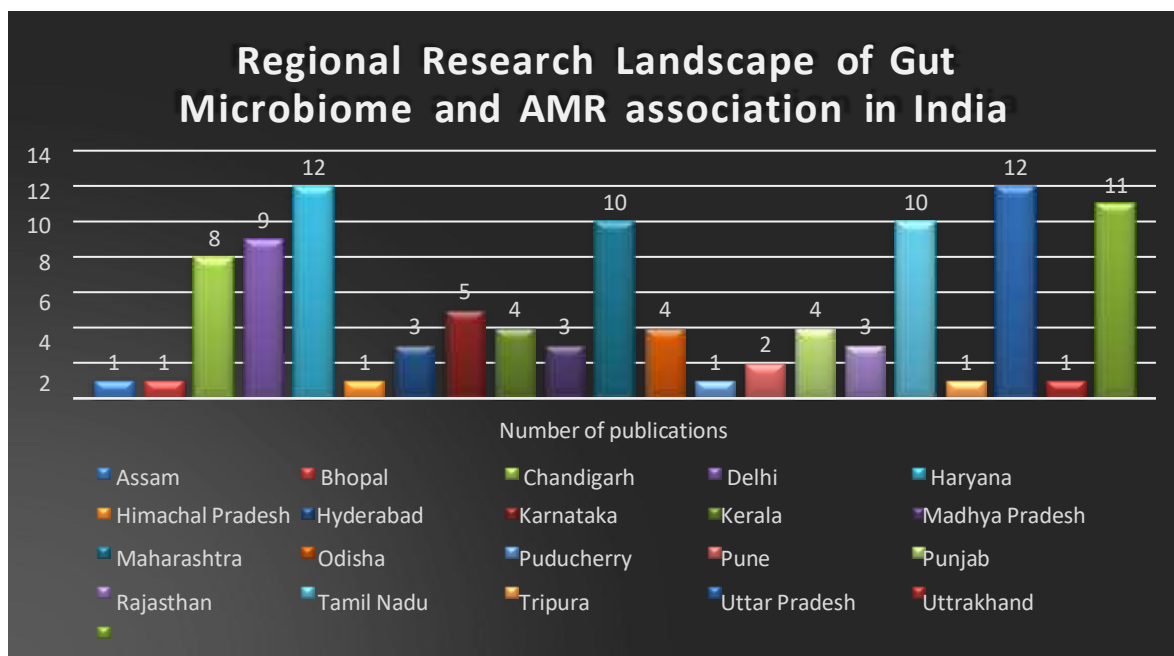


Figure 2: Graphical analysis depicting regional research landscape of gut microbiome and AMR association in India

From the graph one can interpret that majorly research of gut microbiome and AMR association is in Uttar Pradesh and in Haryana followed by West Bengal, Maharashtra, Tamil Nadu, Delhi, Chandigarh, Karnataka, Kerala, Odisha,

Punjab, Hyderabad, Madhya Pradesh, Rajasthan, Pune, Assam, Bhopal, Himachal Pradesh, Puducherry, Tripura, Uttarakhand.

With a growing global interest in comprehending the interaction between microbiota and AMR, research in India is focusing on the relationship between the gut microbiome and AMR. In India, a number of educational establishments and research groups are actively investigating the connection between the gut microbiota and antibiotic resistance. Dedicated research groups focused on microbiology, infectious diseases,

and molecular biology conduct research on gut microbiome and antibiotic resistance (AMR) at institutions such as the Indian Institutes of Technology (IITs), Indian Institutes of Science Education and Research (IISERs), Indian Council of Medical Research (ICMR) institutes, and premier medical colleges.

Bioinformatics and computational biology are fundamental to the analysis and interpretation of gut microbiome information due to the growing availability of high-throughput sequencing data. Researchers from India are involved in the creation of pipelines and bioinformatics tools specifically designed for the analysis of microbiome and antimicrobial resistance (AMR) data from people in India. Together, scientists from a variety of disciplines, including microbiology, clinical medicine, epidemiology, bioinformatics, and public health, are working together to explore the gut microbiome and AMR relationship in India. To tackle the intricate problems brought forth by antimicrobial resistance (AMR) and advance gut health in India, sustained funding for research infrastructure, capacity building, and interdisciplinary collaboration is necessary.

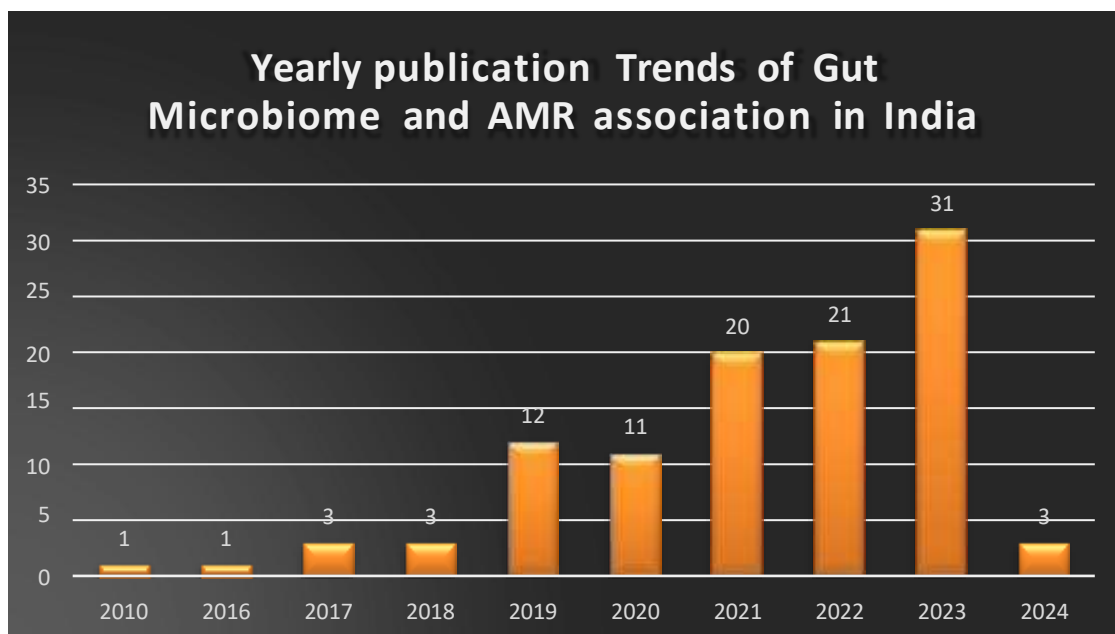


Figure 3: Graphical representation of yearly journal developments of Gut microbiome and Amr association in India

The graph shows how many papers there were on the relationship between the gut microbiota and antibiotic resistance in India year between 2010 and 2024. This analysis sheds light on how the field of research on antimicrobial resistance (AMR) and gut microbiome has changed over time. Researchers can spot times of increased research activity and possible changes in research priorities or focus by looking at publication trends. One can clearly study from the graph that after 2021 there have been gradual increase in trends of publication of gut

microbiome and Amr association in India.

Correlation Analysis and Heat Map:

Correlation analysis is the statistical method used in bioinformatics to quantify the direction and intensity of a relationship between two or more variables. These variables could be clinical indices, proteins, metabolites, genes, or other biological entities.

In bioinformatics, the main objective of correlation analysis is to find relationships or dependencies between variables. These relationships can offer important insights into biological interactions, processes, and regulatory mechanisms. One can see patterns, trends, and clusters in the data by using the heatmap visualization, which provides a graphical depiction of these correlations. In order to better understand the causes impacting AMR dynamics and to guide targeted interventions and policy decisions, researchers can visualize complex data relationships.

This provides us with the relation, a visual representation in the form heat map was created. The visual aid illustrated the direction and intensity of relationships across several entities linked to gut microbiome and antimicrobial resistance in India with the help of entities found.

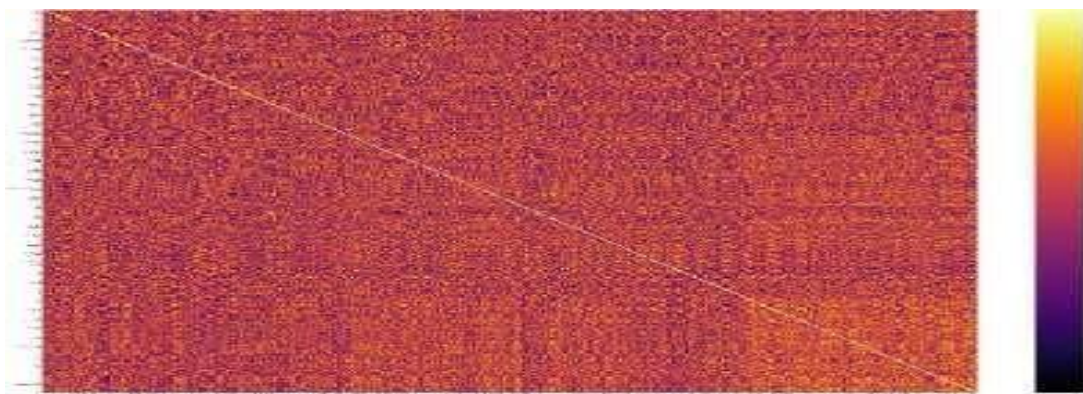


Figure 4: This shows the nodal network which explains the relationship between celline, chemicals, genes, species.

Network Analysis:

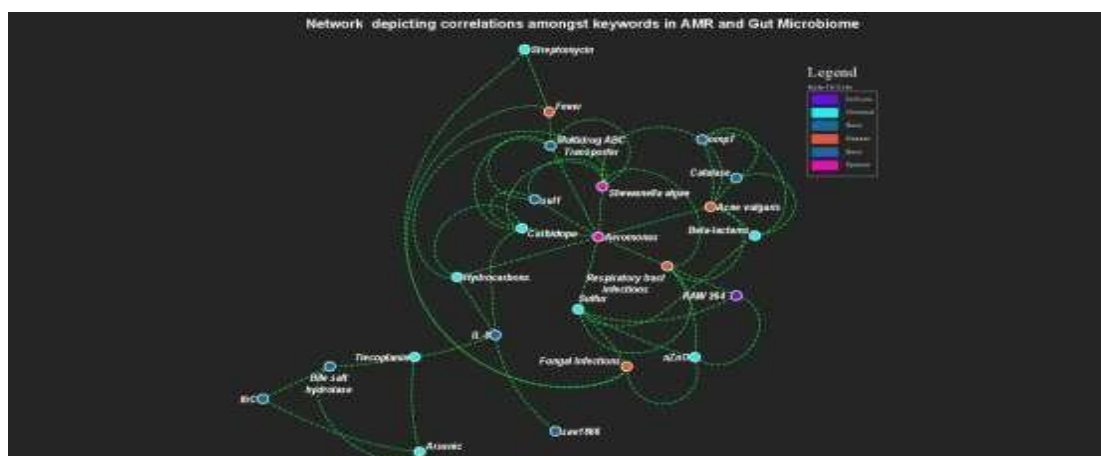


Figure 5: represents nodal analysis of the genes, chemicals, species, celline nodes extracted from the stud

From this we extracted that we got 16 common key nodes which represents biological entities responsible for Gut microbiome and Amr association were identified. This includes we got 3 genes: VIM.1, cephalosporin, cfxA3;5 associated diseases: Alzheimer's disease, gastrointestinal dysmotility, neonatal sepsis, non-alcoholic steatohepatitis, urinary tract infections (UTI).1; 4 chemicals: vitamins, ursodeoxycholic acid, nitrogen, carbohydrates; 4 species: Enterobacter, Klebsiella, Weissella cibaria, and Bacillus anthracis.

CONCLUSION:

Antimicrobial resistance (AMR) is a major global health problem that has increased over the last 20 years. India faces a public health challenge from infectious diseases that requires prevention and control strategies. Antimicrobial resistance in humans occurs when an organism adapts a defense mechanism to avoid the drug designed to ward it off from the host. A growing body of research shows that drug resistance is widespread in India. Epidemiology and etiology will be investigated in this study to prevent drug resistance and increase the effectiveness of antibiotics in India. The main aim is to investigate the impact of Indian gut microbiota on drug resistance and the implications of environmental and genomic analysis of this relationship. , this article provides a comprehensive review of the relationship between the gut microbiome and drug resistance in India. The article begins by highlighting the importance of immunemediated disease (AMR) as a global health problem and its negative impact on countries like India.

India faces significant challenges in the fight against AMR due to high population density, poor use of antibiotics, poor sanitation and limited access to healthcare. This introduction sets the stage for further discussion about the importance of genetic testing in solving this complex problem. The process describes the Indian research philosophy that uses communication methods such as visual communication, data mining, named entity recognition (NER) and correlation analysis to investigate the relationship between gut microbiota and antimicrobial resistance (AMR). This methodology attempts to extract, analyze and interpret data from multiple locations to provide important information about the prevalence, causes and dynamics of drug resistance in India. It does this by looking for patterns, trends, and relationships in data. The report highlights key observations, trends and challenges encountered during the review in the findings section.

n. Relationship between gut microbiota and antimicrobial resistance (AMR). Collaboration of scientists, policymakers, healthcare providers, and local and national communities is needed to address antimicrobial resistance (AMR) in the gut microbiome.

REFERENCES:

29

1. Carvalho, M.J., Sands, K., Thomson, K. *et al.* Antibiotic resistance genes in the gut microbiota of mothers and linked neonates with or without sepsis from low- and middle-income countries. *Nat Microbiol* **7**, 1337– 1347 (2022). <https://doi.org/10.1038/s41564-022-01184-y>
2. Diebold, P.J., Rhee, M.W., Shi, Q. *et al.* Clinically relevant antibiotic resistance genes are linked to a limited set of taxa within gut microbiome worldwide. *Nat Commun* **14**, 7366 (2023).
3. Kovale L, Nimonkar YS, Green SJ, et al (2021) Antibiotic susceptibility of human gut-derived facultative anaerobic bacteria is different under aerobic versus anaerobic test conditions. *Microbes and Infection* 23:104847.
4. Vijay, S., Ramasubramanian, V., Bansal, N., Ohri, V.C. and Walia, K., 2023. Hospital-based antimicrobial stewardship, India. *Bulletin of the World Health Organization*, 101(1), p.20.
5. Van Duin, D. and Paterson, D.L., 2016. Multidrug-resistant bacteria in the community: trends and lessons learned. *Infectious disease clinics*, 30(2), pp.377-390.
6. Ursell, L.K., Metcalf, J.L., Parfrey, L.W. and Knight, R., 2012. Defining the human microbiome. *Nutrition reviews*, 70(suppl_1), pp.S38-S44.
7. Lloyd-Price, J., Abu-Ali, G. and Huttenhower, C., 2016. The healthy human microbiome. *Genome medicine*, 8, pp.1-11.

8. Gilbert, J.A., Blaser, M.J., Caporaso, J.G., Jansson, J.K., Lynch, S.V. and Knight, R., 2018. Current understanding of the human microbiome. *Nature medicine*, 24(4), pp.392-400.
9. Baky, M.H., Salah, M., Ezzelarab, N., Shao, P., Elshahed, M.S. and Farag, M.A., 2024. Insoluble dietary fibers: structure, metabolism, interactions with human microbiome, and role in gut homeostasis. *Critical reviews in food science and nutrition*, 64(7), pp.1954-1968. **disease**
10. Ludington, W.B., 2024. The importance of host physical niches for the stability of gut microbiome composition. *Philosophical Transactions of the Royal Society B*, 379(1901), p.20230066.
11. O'Donnell, J.A., Zheng, T., Meric, G. and Marques, F.Z., 2023. The gut microbiome and hypertension. *Nature Reviews Nephrology*, 19(3), pp.153-167.
12. Caley, L.R., White, H., de Goffau, M.C., Floto, R.A., Parkhill, J., Marsland, B. and Peckham, D.G., 2023. Cystic fibrosis-related gut dysbiosis: a systematic review. *Digestive Diseases and Sciences*, 68(5), pp.1797- 1814.
13. Romero-Figueroa, M.D.S., Ramírez-Durán, N., Montiel-Jarquín, A.J. and Horta-Baas, G., 2023. Gut-joint axis: Gut dysbiosis can contribute to the onset of rheumatoid arthritis via multiple pathways. *Frontiers in Cellular and Infection Microbiology*, 13, p.1092118.
14. Chang, S.H. and Choi, Y., 2023. Gut dysbiosis in autoimmune diseases: Association with mortality. *Frontiers in Cellular and Infection Microbiology*, 13, p.1157918.
15. Asseri, A.H., Bakhsh, T., Abuzahrah, S.S., Ali, S. and Rather, I.A., 2023. The gut dysbiosis-cancer axis: Illuminating novel insights and implications for clinical practice. *Frontiers in Pharmacology*, 14, p.1208044.
16. Li, L., Peng, P., Ding, N., Jia, W., Huang, C. and Tang, Y., 2023. Oxidative stress, inflammation, gut dysbiosis: what can polyphenols do in inflammatory bowel disease?. *Antioxidants*, 12(4), p.967.
17. Dahiya, D. and Nigam, P.S., 2023. Antibiotic-therapy-induced gut dysbiosis affecting gut microbiota— brain Axis and cognition: Restoration by intake of probiotics and synbiotics. *International journal of molecular sciences*, 24(4), p.3074.
18. Zhao, C., Hu, X., Qiu, M., Bao, L., Wu, K., Meng, X., Zhao, Y., Feng, L., Duan, S., He, Y. and Zhang, N., 2023. Sialic acid exacerbates gut dysbiosis-associated mastitis through the microbiota-gut-mammary axis by fueling gut microbiota disruption. *Microbiome*, 11(1), p.78.
19. Chu, J., Feng, S., Guo, C., Xue, B., He, K. and Li, L., 2023. Immunological mechanisms of inflammatory diseases caused by gut microbiota dysbiosis: A review. *Biomedicine & Pharmacotherapy*, 164, p.114985.
20. Sharma, G., Biswas, S.S., Mishra, J., Navik, U., Kandimalla, R., Reddy, P.H., Bhatti, G.K. and Bhatti, J.S., 2023. Gut microbiota dysbiosis and Huntington's disease: Exploring the gut-brain axis and novel microbiota-based interventions. *Life Sciences*, p.121882.

Gut amd amr

21. Merrick, B., Sergaki, C., Edwards, L., Moyes, D.L., Kertanegara, M., Prossomariti, D., Shawcross, D.L. and Goldenberg, S.D., 2023. Modulation of the gut microbiota to control antimicrobial resistance (AMR)—anarrative review with a focus on faecal microbiota transplantation (FMT). *Infectious Disease Reports*, 15(3), pp.238-254.
22. Santacroce, L., Di Domenico, M., Montagnani, M. and Jirillo, E., 2023. Antibiotic resistance and microbiota response. *Current Pharmaceutical Design*, 29(5), pp.356-364.
23. Yadav, K., & Dhodapkar, R. (2017). Antimicrobial resistance – A ticking time bomb. *Medical Journal Armed Forces India*, 73(3), 220–221.
24. methodologyAshtiani, M.N. and Raahemi, B., 2023. News-based intelligent prediction of financial markets using text mining and machine learning: A systematic literature review. *Expert Systems with Applications*, 217, p.119509.
25. Zheng, Z., Zhang, O., Borgs, C., Chayes, J.T. and Yaghi, O.M., 2023. ChatGPT chemistry assistant for text mining and the prediction of MOF synthesis. *Journal of the American Chemical Society*, 145(32), pp.18048-18062.
26. Gurcan, F. and Cagiltay, N.E., 2023. Research trends on distance learning: a text mining-based literature

review from 2008 to 2018. *Interactive Learning Environments*, 31(2), pp.1007-1028.

27. Ahmad, P.N., Shah, A.M. and Lee, K., 2023, April. A review on electronic health record text-mining for biomedical name entity recognition in healthcare domain. In *Healthcare* (Vol. 11, No. 9, p. 1268). MDPI.
28. Jehangir, B., Radhakrishnan, S. and Agarwal, R., 2023. A survey on Named Entity Recognition—datasets, tools, and methodologies. *Natural Language Processing Journal*, 3, p.100017.
29. Kulshrestha, S., Narad, P., Pai, S.S., Singh, B., Modi, D. and Sengupta, A., 2024. Metagenomic investigation of 16S rRNA marker gene samples to analyze the role of race, ethnicity, and location in preterm birth: A comprehensive vaginal microbiome meta-analysis. *Human Gene*, 39, p.201260.
30. Gupta, P., Dube, S., Priyadarshini, P., Singh, S., Srivastava, V.L., Sengupta, A. and Narad, P., 2023. Deciphering Key Genes of Proliferative and Secretory Phase Using Integrated Transcriptomics and Network Analysis.