https://doi.org/ 10.33472/AFJBS.6.10.2024.4381-4405



African Journal of Biological Sciences

Journal homepage: http://www.afjbs.com



ISSN: 2663-2187

Research Paper

Open Access

Role of the Microbiome in Health and Disease: Impact on Pathophysiology and Therapeutic Interventions

Dr. Vamseedhar Annam,

Professor & HOD, Department of Pathology, Sapthagiri Institute of Medical Sciences & Research Centre Bengaluru

Dr.Sathyanarayana T N

Director-Digital Health Systems, Indian Institute of Public Health, PHFI, Bengaluru **Dr.Prabhu Meganathan**

Lab. Director, Hybrinomics Life Science & Diagnostics, Bengaluru

Article History Volume 6,Issue 10, Feb 2024 Received:28 Apr 2024 Accepted: 25 May 2024

doi: 10.33472/AFJBS.6.10.2024.4381-4405

Abstract:

The human microbiome, which consists of a wide range of bacteria living in different parts of the body, has a crucial impact on sustaining health and on the development of diseases. This study paper examines the complex connections between the microbiome and host physiology, specifically looking at how it affects pathophysiology and potential therapeutic approaches. Recent advancements in high-throughput sequencing technologies have revealed the intricate nature of microbial ecosystems and their functional impact on human health. This has provided new and valuable knowledge on the microbiome's involvement in many diseases.

The microbiome exerts its influence on various physiological systems, such as metabolism, immunological regulation, and barrier function. Dysbiosis, which refers to the disturbance of the microbial equilibrium, has been linked to various ailments including inflammatory bowel disease (IBD), obesity, diabetes, cardiovascular diseases, and neurological problems. The relationships between these factors are complex and involve microbial metabolites, immunological responses, and direct interactions with host cells. This study explores the precise mechanisms by which changes in the microbiome contribute to the development of diseases, focusing on important research that demonstrate these relationships.

In the context of inflammatory bowel disease (IBD), dysbiosis has been demonstrated to worsen inflammation in the intestines by producing pro-inflammatory cytokines and disrupting the protective epithelial barrier. Similarly, changes in the makeup of gut microbiota in metabolic illnesses such as obesity and diabetes impact the balance of energy and the body's ability to respond to insulin. Microbial metabolites, such trimethylamine-N-oxide (TMAO), produced by gut bacteria, have been associated with cardiovascular disorders and can contribute to the development of atherosclerosis. Moreover, the gut-brain axis has been recognised as a vital channel via which the microbiome affects neurological well-being, with potential consequences for illnesses such as depression, anxiety, and autism spectrum disorders.

Therapeutic strategies that focus on the microbiota are becoming increasingly popular as potential therapies for various disorders. Probiotics, prebiotics, and synbiotics seek to rebalance the microbial ecosystem by introducing advantageous bacteria or substances that stimulate their growth. Faecal microbiota transplantation (FMT) has demonstrated potential in the treatment of recurrent Clostridium difficile infections and is also under investigation for additional illnesses such as inflammatory bowel disease (IBD) and metabolic syndrome. Furthermore, the use of engineered microorganisms with targeted therapeutic capabilities in next-generation probiotics is a novel method for manipulating the microbiome.

Dietary treatments are crucial in altering the microbiota and hence impacting health outcomes. High-fiber diets have been linked to an increase in microbial diversity and the generation of short-chain fatty acids (SCFAs), which have anti-inflammatory effects. On the other hand, diets that are rich in fat and sugar can encourage an imbalance in the gut microbiota and the presence of toxins in the bloodstream, which can contribute to the development of chronic diseases. This research examines the existing dietary strategies and their effects on the microbiome, highlighting the importance of personalised nutrition regimens that are tailored to individual microbiome profiles. The incorporation of microbiome research into clinical practice encounters various obstacles, such as the heterogeneity in microbial composition among individuals, the intricacy of microbial interactions, and the requirement for standardised methodologies to evaluate alterations in the microbiome. Nevertheless, current research is actively tackling these obstacles by employing sophisticated bioinformatics techniques, conducting long-term investigations, and carrying out clinical trials. This research seeks to provide a thorough comprehension of how microbial populations impact health and disease by clarifying the dynamic interaction between the microbiome and the host.

Keywords Microbiome, Dysbiosis, Pathophysiology, Therapeutic Interventions, Probiotics, Prebiotics, Gut-Brain Axis, Inflammatory Bowel Disease (IBD), Metabolic Disorders, Cardiovascular Health.

1. Introduction:

The human microbiome, an extensive and intricate community of microbes that live on and inside the human body, has received much scientific interest in recent years because of its major influence on health and disease (1). The complex assemblage of microorganisms, encompassing bacteria, viruses, fungus, and archaea, is dispersed throughout many anatomical regions, such as the

gastrointestinal tract, integumentary system, mouth cavity, and respiratory system (2). The microbiome, which refers to the collection of microorganisms in a particular environment, has been greatly enhanced by the development of high-throughput sequencing technology and bioinformatics (3). These advancements have significantly transformed our comprehension of the microbiome, highlighting its vital involvement in several physiological processes and its potential as a target for therapeutic interventions.

In the past, the study of microorganisms mostly concentrated on their ability to cause disease, with bacteria frequently seen as disease-causing agents(4). The emergence of metagenomics and other 'omics' technologies has altered this viewpoint, revealing a more intricate portrayal in which the majority of these bacteria are either commensal or mutualistic, performing vital functions in preserving homeostasis and promoting good health (5). The microbiome plays a crucial role in essential tasks such as the absorption of nutrients, the development of the immune system, and the defence against infections, underscoring its fundamental significance in human life (6).

Dysbiosis, an imbalance in microbial communities, is a significant area of microbiome research. It has been linked to various diseases, making it an intriguing topic of study (7). Gastrointestinal illnesses, such as inflammatory bowel disease (IBD), are strongly associated with dysbiosis, since research has shown that changes in the microbial composition can trigger an inflammatory response that worsens symptoms of the condition (8). In addition to affecting the stomach, dysbiosis has been linked to several systemic ailments such as obesity, diabetes, cardiovascular diseases, and neuropsychiatric disorders (9). The dysbiosis contributes to various disorders through multiple pathways, including changes in microbial metabolites, immunological dysregulation, and disruption of the epithelial barrier.

Metabolic illnesses such as obesity and diabetes are characterised by alterations in the composition of gut microbiota, which impact the body's ability to extract energy, metabolic processes, and the sensitivity to insulin (10). Specific gut bacteria participate in the process of fermenting dietary fibres into short-chain fatty acids (SCFAs), which have been demonstrated to impact metabolic pathways and inflammation (11). Dysbiosis can interfere with this process, resulting in metabolic endotoxemia and chronic low-grade inflammation, which are crucial factors in the progression of obesity and insulin resistance (12).

Specific microbial metabolites have been associated with cardiovascular disorders. Trimethylamine-N-oxide (TMAO), a substance synthesised by intestinal bacteria through the breakdown of choline and carnitine in the food, has been linked to a higher likelihood of developing atherosclerosis and experiencing cardiovascular events (13). The gut microbiota's capacity to regulate these metabolites highlights its impact on overall health and disease.

The gut-brain axis is a significant channel that the microbiome uses to influence health, especially in relation to neurological and mental illnesses (14). Recent findings indicate that the collection of microorganisms in the gut, known as gut microbiota, can impact brain function and behaviour through several means. These include the creation of neurotransmitters, the adjustment of immune responses, and the control of the hypothalamic-pituitary-adrenal (HPA) axis. Depression, anxiety, and autism spectrum disorders have been associated with changes in the composition of gut

microbiota (15). This suggests that therapies based on the microbiome have the potential to be used in neuropsychiatric therapy.

Due to the microbiome's significant impact on health and disease, there is an increasing focus on creating treatment approaches that specifically address microbial communities. Probiotics, prebiotics, and synbiotics are being investigated for their capacity to reestablish microbial equilibrium and enhance well-being. Probiotics, living bacteria that provide benefits, can improve gut health by outperforming harmful microbes and regulating immune responses (16). Prebiotics, which are indigestible fibres that promote the growth of beneficial bacteria, and synbiotics, which mix probiotics and prebiotics, provide further options for modifying the microbiome.

Faecal microbiota transplantation (FMT) is a method that directly restores a healthy microbiome (17). Faecal Microbiota Transplantation (FMT) has demonstrated extraordinary efficacy in treating recurrent Clostridium difficile infections by transplanting faecal material from a healthy donor to a patient (18). The prospective uses of this substance are increasing, since continuing research is examining its effectiveness in illnesses such as inflammatory bowel disease (IBD), metabolic syndrome, and even neuropsychiatric disorders. The effectiveness of FMT highlights the therapeutic possibilities of manipulating the microbiome and has generated enthusiasm for creating more precise and specific microbiome-focused treatments.

Dietary treatments are crucial in determining the composition of the microbiome and impacting health results. The composition of the microbiome is greatly influenced by nutrition, and alterations in dietary habits can result in substantial changes in microbial populations. Diets that are rich in fibre have been linked to higher levels of microbial diversity and the generation of short-chain fatty acids (SCFAs), which provide anti-inflammatory benefits (19). On the other hand, diets that are rich in fat and sugar can encourage an imbalance in the gut bacteria and the presence of toxins in the bloodstream, which can contribute to the development of chronic diseases (20). Customised dietary programmes tailored to individual microbiome profiles are becoming a potential method for enhancing health through nutrition.

Although microbiome-based therapeutics show promise, there are still significant issues that need to be addressed. The presence of different microbial compositions among individuals, the intricate nature of microbial interactions, and the requirement for standardised techniques to evaluate changes in the microbiome are substantial challenges (21). Furthermore, it is imperative to address ethical and regulatory concerns as microbiome-based therapies progress towards clinical implementation.

Continuing research and technology progress are creating opportunities for therapies that are tailored to individuals and more successful. Advanced bioinformatics techniques, longitudinal investigations, and clinical trials are necessary for understanding the complex relationship between the microbiome and host throughout time. By incorporating microbiome research into clinical practice, we can create novel therapies and preventive measures that fully utilise the therapeutic capabilities of the microbiota.

2. The Structure and Roles of the Human Microbiome

The diversity and distribution of microbial communities

The human microbiome is a complex and ever-changing system made up of trillions of bacteria that live in different parts of the body, such as the digestive system, skin, mouth, respiratory system, and urogenital system (22). Each of these niches contains a separate microbial community that is characterised by distinctive microbial compositions and functions:

- 1. The gastrointestinal tract is the part of the body with the highest concentration of microorganisms, primarily consisting of bacteria from the Firmicutes and Bacteroidetes groups (23). Additional noteworthy phyla consist of Actinobacteria, Proteobacteria, and Verrucomicrobia. The gut microbiota is essential for the processes of digestion, nutrition absorption, and immunological function.
- 2 .The skin microbiome differs in various areas and is affected by elements like moisture, temperature, and sebaceous secretions. Typical skin microorganisms comprise Staphylococcus, Streptococcus, Corynebacterium, and Cutibacterium (formerly known as Propionibacterium) (24). The skin microbiota acts as a protective shield against harmful organisms and plays a role in maintaining skin health.
- **3.** The oral cavity refers to the area in the mouth that contains various microbial populations on the teeth, gums, tongue, and other surfaces within the mouth (25). The prevailing genera comprise Streptococcus, Actinomyces, Neisseria, and Veillonella. These microorganisms have important functions in maintaining oral health, including as preventing tooth decay and gum disease.
- **4.** The respiratory microbiome consists of microbial communities found in the nose passages, sinuses, and lungs. Notable genera consist of Staphylococcus, Streptococcus, and Corynebacterium. The respiratory microbiota plays a crucial role in defending against respiratory infections and preserving the health of the mucosal lining.
- **5.** Urogenital Tract: The vaginal microbiome is mostly controlled by Lactobacillus species, which secrete lactic acid to create an acidic environment that safeguards against infections (26). The urogenital microbiota has a vital function in maintaining reproductive health and preventing diseases.

2.1 Key Functions Executed by the Microbiome

The microbiome carries out numerous vital processes that are crucial for human well-being: 1. Assimilation of Nutrients and their Conversion into Energy:

The gut microbiota metabolises food fibres through fermentation, resulting in the production of short-chain fatty acids (SCFAs) such acetate, propionate, and butyrate (27). These SCFAs serve as an energy source for colonocytes and offer many health advantages throughout the body. The microbiota also produces vital vitamins such as vitamin K and B vitamins.

2. Interaction with host immune system:

The microbiome interacts with the host immune system to facilitate the development of immunological tolerance and provide protection against infections, hence modulating immune

system development (28). The gut microbiota promotes the generation of regulatory T cells and other immunological constituents, hence contributing to the maintenance of immune homeostasis.

3. Maintenance of Barrier Function:

The microbiome has a role in preserving the structural integrity of epithelial barriers in the gastrointestinal tract, skin, and other mucosal surfaces. The microbiome aids in the prevention of infections and inflammation by generating antimicrobial peptides and employing competitive exclusion against bacteria (29).

4. Brain Function and Behaviour:

The gut-brain axis emphasises the impact of gut microbiota on the functioning of the brain and behaviour. The gut microbiota synthesises neurotransmitters and neuromodulators, such as serotonin and GABA, that have an impact on mood and cognitive abilities (30). There is a connection between dysbiosis and neuropsychiatric disorders, such as depression and anxiety.

2.3 Methods for Studying the Microbiome

Various sophisticated methodologies are utilised to investigate the structure and operations of the microbiome:

1. High-Throughput Sequencing Technologies:

These methods, such as 16S rRNA gene sequencing, metagenomics, metatranscriptomics, metaproteomics, and metabolomics, enable thorough examination of microbial communities.

- a) 16S rRNA Gene Sequencing:
 - This technique focuses on the 16S ribosomal RNA gene, which is found in all bacteria and archaea, in order to determine the identity and categorise different microbiological species.
- b) **Metagenomics:** Metagenomic sequencing examines the combined genetic material of microbial communities, offering valuable information about their functional capabilities and genetic variation.
- c) **Metatranscriptomics:** This method investigates the current gene expression patterns of microbial communities, providing insights into their functional activities in real-time.
- d) **Metaproteomics and Metabolomics:** These methods examine the proteins and metabolites generated by microbial communities, providing valuable information about their functional roles and interactions with the host.
- **2. Cultivation-Based Methods:** Conventional microbiological techniques entail the separation and cultivation of particular microbial strains for the purpose of examining their attributes and functions (31). Despite the difficulty of culturing numerous microorganisms that cannot be grown in a laboratory setting, the development of new culturing techniques has enhanced our capacity to investigate a wide range of microbial species.
- **3. Bioinformatics Tools and Computational Approaches:** Advanced bioinformatics tools and computational pipelines are employed to analyse and understand extensive microbiome data. These technologies aid in the identification of microbial taxa, functional gene annotations, and the investigation of microbial relationships and networks.

4. Longitudinal and Cross-Sectional Study Designs: Longitudinal studies observe and analyse changes in the microbiome over time within individuals, allowing for a better understanding of how the microbiome evolves and the cause-and-effect interactions involved. Cross-sectional studies analyse microbiomes in various populations or situations to uncover correlations between microbial patterns and health consequences.

3. Microbiome and Pathophysiology

3.1 Concept of dysbiosis and disease

Dysbiosis is the term used to describe an imbalance in the makeup of microbial communities in the human body. This imbalance has been strongly linked to several illness conditions. Dysbiosis can present itself as a decrease in the variety of microorganisms, a depletion of beneficial bacteria, or an over development of harmful microbes (32). This imbalance disturbs the intricate symbiotic connection between the host and its microbiome, resulting in modified physiological processes and the initiation of disease (33). Dysbiosis has been linked to various ailments, such as gastrointestinal disorders, metabolic diseases, cardiovascular diseases, and neuropsychiatric disorders, highlighting its importance in the development of these diseases (34).

3.2 Mechanisms that connect the microbiome to disease conditions

The relationship between the microbiome and illness situations is supported by several processes, which demonstrate the complex interaction between microbial communities and the physiology of the host. A crucial process involves microbial metabolites, which are biologically active substances generated by bacteria that can significantly impact the health of the host. Short-chain fatty acids (SCFAs) are generated by the fermentation of dietary fibres in the gut (35). These SCFAs possess anti-inflammatory characteristics and play a role in preserving the integrity of the gut barrier. On the other hand, metabolites like trimethylamine-N-oxide (TMAO), which are created by gut bacteria from dietary choline, have been associated with a higher risk of cardiovascular disease (36). These examples demonstrate how microbial metabolites can either promote well-being or contribute to the development of diseases.

3.3 Modulation of the immune system

Dysbiosis can cause disease by modulating the immune system through the microbiome. The microbiome has a crucial impact on the formation and operation of the host immune system, aiding in the establishment of immunological tolerance and defense against harmful microorganisms. Dysbiosis can disturb the equilibrium, resulting in an improper immunological response that may present as persistent inflammation or autoimmune (37). In conditions such as inflammatory bowel disease (IBD), an imbalance in the gut microbiota, known as dysbiosis, is linked to an excessive immune response to the bacteria in the intestines. This response leads to ongoing inflammation and harm to the tissues. The immunological dysregulation emphasizes the crucial function of the microbiome in maintaining a balanced immune system and preventing the occurrence of diseases.

3.4 Barrier function disruption

Microbiome changes can contribute to pathophysiology by disrupting the barrier function. The preservation of the structural integrity of epithelial barriers, such as the lining of the intestines and the skin, is crucial for safeguarding against the infiltration of microorganisms and ensuring the balance and stability of the body's internal environment. Dysbiosis can weaken these protective barriers, resulting in heightened permeability and enabling the entry of detrimental chemicals and pathogens into the body (38). This breach has the potential to induce inflammation and contribute to the progression of conditions including leaky gut syndrome and atopic dermatitis (39). Therefore, the preservation of barrier function is a crucial element of the microbiome's contribution to overall health, as any disruption in this function, known as dysbiosis, poses a substantial risk for the development of diseases.

4. The Significance of the Microbiome in Gastrointestinal Disorders

The human microbiome has a significant impact on the development and advancement of many gastrointestinal illnesses, such as inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS) (40). These disorders are characterised by changes in the makeup of the gut microbiota, which have a role in their symptoms and clinical consequences (41). Moreover, there is a growing acknowledgment of the microbiome's significance in colorectal cancer, as it has an impact on both the formation of the disease and prospective treatment approaches.

4.1 Inflammatory Bowel Disease (IBD)

Inflammatory bowel disease, which includes Crohn's disease and ulcerative colitis, is defined by persistent inflammation of the gastrointestinal tract. Dysbiosis, which refers to an imbalance in the composition of the gut microbiota, is a characteristic feature of inflammatory bowel disease (IBD). Patients with inflammatory bowel disease (IBD) commonly show a decrease in the variety of microorganisms present in their gut and an excessive presence of bacteria that promote inflammation, such as Enterobacteriaceae (42). Additionally, there is a drop in helpful bacteria, including those belonging to the Firmicutes group. These changes in microorganisms contribute to an impaired immune response, which continues to cause inflammation and damage to the gut lining. The modified gut microbiota functions in a way that worsens inflammation, disturbs the protective layer of cells, and triggers incorrect immune reactions (43). Comprehending these relationships has resulted in therapeutic strategies that focus on the microbiome, such as probiotics, prebiotics, and faecal microbiota transplantation (FMT). These approaches aim to restore the equilibrium of microorganisms and decrease inflammation.

4.2 Irritable Bowel Syndrome (IBS)

Irritable bowel syndrome (IBS) is a prevalent functional gastrointestinal illness that is distinguished by abdominal pain, bloating, and changes in stool movements (44). While the specific cause of IBS is still uncertain, it is believed that dysbiosis plays a key role in its development. Individuals diagnosed with irritable bowel syndrome (IBS) frequently have noticeable modifications in their gut microbiota, such as a decrease in the variety of

microorganisms and shifts in particular bacterial communities. The alterations in microorganisms can impact the movement of the intestines, the sensitivity of internal organs, and the functioning of the immune system, so playing a role in the manifestation of symptoms associated with irritable bowel syndrome (IBS) (45). Furthermore, the presence of microbial metabolites, specifically short-chain fatty acids (SCFAs) and gas generation, can have an impact on the functioning of the gut and the severity of symptoms. Therapeutic approaches for IBS are now more centred on regulating the gut microbiota using dietary interventions, probiotics, and antibiotics in order to relieve symptoms and enhance quality of life.

4.3 Colorectal cancer

Colorectal cancer (CRC) is a significant contributor to global cancer-related deaths. Recent research suggests that the gut microbiota has a substantial impact on the development of colorectal cancer. The dysbiosis observed in patients with colorectal cancer (CRC) frequently includes an excessive proliferation of bacteria that promote carcinogenesis, such as Fusobacterium nucleatum and Bacteroides fragilis, together with a reduction in beneficial commensal bacteria (46). The changes in microorganisms can facilitate the growth of tumours by many methods, such as the creation of cancer-causing substances, the initiation of long-term inflammation, and the adjustment of the body's immunological response (47). For example, Fusobacterium nucleatum has the ability to attach to the cells that line the colon, trigger pathways that promote inflammation, and increase the growth and spread of tumours.

4.4 Mechanistic insights and clinical implications

Gaining insight into the involvement of the microbiome in colorectal cancer has important implications for therapeutic interventions (48). Manipulating the gut microbiota is a potentially effective approach for preventing and treating colorectal cancer (CRC). Methods such as dietary interventions, prebiotics, probiotics, and FMT strive to alter the composition of the gut microbiota in order to promote a more advantageous state, which could potentially lower the risk of cancer and enhance the effectiveness of treatment. Furthermore, there are ongoing efforts to create microbiome-based diagnostic tools that can pinpoint individuals at a greater risk and customise therapy approaches to suit their specific needs. Focusing on particular microbial pathways that contribute to the development of cancer provides a new strategy to enhance the effectiveness of conventional cancer treatments and minimise negative side effects.

5. The Role of the Microbiome in Metabolic Disorders

The human microbiome, specifically the gut microbiota, has a substantial impact on metabolic illnesses such as obesity, diabetes, and metabolic syndrome (49). These circumstances are distinguished by intricate interplay among genetic, environmental, and microbial variables. Recent research indicates that the gut microbiota has a significant impact on energy balance, glucose metabolism, and inflammatory processes. This makes it a crucial factor in the development of metabolic diseases.

5.1 Obesity

Obesity is a complex disorder marked by the excessive buildup of fat and is a significant risk factor for numerous chronic illnesses. The gut microbiota plays a crucial role in controlling energy

balance and the accumulation of fat. Research has demonstrated that obese persons generally display noticeable disparities in the composition of their gut microbiota in comparison to lean ones. Obesity is frequently linked to an elevated ratio of Firmicutes to Bacteroidetes, which is a microbial pattern that affects the body's ability to extract energy from the diet (50). The gut microbiota has the ability to metabolise indigestible polysaccharides, extracting extra calories and turning them into absorbable short-chain fatty acids (SCFAs) such as acetate, propionate, and butyrate. These short-chain fatty acids (SCFAs) function as both sources of energy and signalling molecules, exerting an impact on the regulation of hunger and the accumulation of fat.

Furthermore, the gut microbiota influences the metabolic pathways of the host by affecting the synthesis of bile acids and hormones that regulate energy balance. Obesity-related dysbiosis can result in a modified bile acid composition, which impacts lipid metabolism and facilitates fat storage. In addition, microbial metabolites have the ability to interact with host receptors, specifically G-protein coupled receptors, in order to control hunger and energy usage.

5.2 Diabetes

Type 2 diabetes (T2D) is distinguished by the body's reduced response to insulin and impaired ability to process glucose. The gut microbiota has been linked to the onset and advancement of type 2 diabetes (T2D) due to its impact on the regulation of glucose levels and inflammation (51). Diabetic persons frequently experience dysbiosis, which is characterised by a decrease in microbial diversity and a change in the makeup of gut microorganisms. Particular bacterial species, such as Akkermansia muciniphila and Bifidobacterium, have been linked to enhanced glucose tolerance and insulin sensitivity. These advantageous microorganisms can improve the operation of the intestinal barrier, decrease the presence of endotoxins in the bloodstream, and regulate the body's inflammatory reactions. These factors are all essential for sustaining metabolic health.

Microbial metabolites, specifically short-chain fatty acids (SCFAs), have a vital function in controlling glucose metabolism. Short-chain fatty acids (SCFAs) have the ability to impact the release of incretin hormones such as glucagon-like peptide-1 (GLP-1), leading to increased insulin production and improved regulation of blood glucose levels. Moreover, the gut microbiota can influence the activation of genes related to glucose metabolism via epigenetic pathways, hence emphasising its involvement in the pathogenesis of Type 2 Diabetes (T2D).

5.3 Metabolic Syndrome

Metabolic syndrome is a collection of diseases that elevate the likelihood of developing cardiovascular disease. These conditions include central obesity, hypertension, dyslipidemia, and insulin resistance. The gut microbiota plays a role in the development of metabolic syndrome by affecting systemic inflammation, lipid metabolism, and insulin signalling. The presence of dysbiosis in metabolic syndrome frequently entails a higher prevalence of bacteria that promote inflammation and a lower presence of bacteria that have anti-inflammatory properties (52). An imbalance in microorganisms can result in chronic low-grade inflammation, which is a significant cause of metabolic inefficiency.

5.4 Gut microbiota and energy homeostasis

The gut microbiota affects lipid metabolism by altering the absorption and production of lipids. For example, certain bacteria have the ability to generate enzymes that can degrade dietary fats, which might impact lipid profiles and contribute to dyslipidemia. Moreover, microbial byproducts such as short-chain fatty acids (SCFAs) and secondary bile acids have the ability to interact with the metabolic pathways of the host, hence affecting the storage of lipids and the expenditure of energy (53).

The gut microbiota has a crucial function in controlling energy balance by influencing dietary absorption, metabolic signalling, and the regulation of the host's energy expenditure. An important process is the conversion of dietary fibres into short-chain fatty acids (SCFAs) by fermentation. These SCFAs act as a source of energy for the host and have an impact on metabolic signalling pathways. Short-chain fatty acids (SCFAs) have the ability to stimulate receptors such as GPR41 and GPR43, which play a role in controlling hunger and the amount of energy the body uses (54). Furthermore, the gut flora influences the host's energy equilibrium by regulating the release of hormones associated with appetite and fullness. For instance, the presence of gut bacteria can impact the synthesis of ghrelin, a hormone that triggers hunger, as well as peptide YY (PYY), a hormone that enhances feelings of fullness. The gut microbiome can modulate food intake and energy storage by influencing hormonal signals.

The gut-brain axis is also vital in regulating energy balance. The gut microbiota synthesises neurotransmitters and neuromodulators that have the ability to impact brain function and behaviour, specifically in relation to eating behaviours (55). The bidirectional communication between the stomach and the brain encompasses neurological, hormonal, and immunological pathways, with the microbiota playing a crucial role as a mediator in this intricate network.

6. Microbiome and Cardiovascular Diseases

The gut microbiome's influence extends beyond the gastrointestinal tract, affecting many systemic disorders, such as cardiovascular diseases (CVD). Recent study has emphasised the significance of microbial metabolites in the progression of atherosclerosis and the associated risk of cardiovascular diseases (56). Trimethylamine-N-oxide (TMAO) has attracted significant attention among these metabolites because of its notable influence on cardiovascular health.

6.1 The significance of microbial metabolites in cardiovascular diseases

Trimethylamine-N-oxide (TMAO) is a compound that is formed in the liver when gut bacteria convert choline, phosphatidylcholine (found in red meat, eggs, and dairy products), and carnitine (found in red meat and certain energy drinks) into trimethylamine (TMA). TMA is assimilated into the circulatory system and conveyed to the liver, where it undergoes oxidation to form TMAO by hepatic enzymes. Higher concentrations of TMAO have been linked to a heightened likelihood of experiencing cardiovascular incidents, such as heart attack, stroke, and mortality.

TMAO's promotion of cardiovascular disease is mediated by multiple pathways:

1. Atherosclerosis Development:

TMAO has been demonstrated to increase the accumulation of cholesterol in the walls of arteries, therefore expediting the formation of atherosclerotic plaques (57). It impacts the process of cholesterol metabolism by decreasing reverse cholesterol transport and encouraging the buildup of cholesterol in macrophages, resulting in the creation of foam cells and the development of plaque.

2. Platelet Activation:

TMAO has the ability to intensify the responsiveness of platelets and the production of blood clots, hence elevating the likelihood of heart attacks and strokes. Platelets play a crucial role in the development of atherosclerosis and thrombotic events. The ability of TMAO to influence platelet function highlights its significant impact on cardiovascular risk.

3. Inflammation:

TMAO has been associated with heightened systemic inflammation, a well-established factor in the development of atherosclerosis and other cardiovascular conditions (58). Persistent inflammation has the potential to harm the inner lining of blood vessels, leading to the development and advancement of plaque.

6.2 Additional Microbial Metabolites and Cardiovascular Health

Aside from TMAO, there are several microbial metabolites that also contribute to cardiovascular health:

- 1. Short-Chain Fatty Acids (SCFAs) are a group of organic compounds with a very small number of carbon atoms in their chemical structure. SCFAs, including acetate, propionate, and butyrate, are generated by the fermentation of dietary fibres by gut bacteria. These compounds possess anti-inflammatory characteristics and can enhance metabolic health. Short-chain fatty acids (SCFAs) have an impact on the management of blood pressure and the functioning of blood vessels, which may provide protective benefits against cardiovascular illnesses.
- **2. Secondary Bile Acids:** The bacteria in the gut transform primary bile acids into secondary bile acids, which can impact the metabolism of lipids and levels of cholesterol. Dyslipidemia, a risk factor for cardiovascular illnesses, can be caused by imbalances in bile acid metabolism.

6.2 Implications for Therapeutic Interventions

The increasing comprehension of the correlation between the microbiome and cardiovascular illnesses carries substantial ramifications for therapeutic approaches. Strategies focused on regulating the gut microbiota and its metabolites have potential for decreasing the risk of cardiovascular disease.

1. Dietary Interventions:

The diet has a significant impact on the composition of the gut microbiota. Consuming diets that are high in fibre and low in red meat and processed foods can decrease the synthesis of TMAO and other detrimental metabolites (59). Introducing prebiotics, which stimulate the growth of good

bacteria, and probiotics, which introduce helpful bacteria, can enhance gut health and potentially reduce the risk of cardiovascular disease.

2. Pharmacological Approaches:

A potential treatment option is to target the metabolic pathways implicated in the formation of TMAO. Researchers are studying substances that can inhibit TMA lyases, which are enzymes that transform dietary precursors into TMA. These substances are being researched for their potential to lower TMAO levels and thereby lessen the risk of cardiovascular disease.

3. Microbiome Modulation:

Faecal microbiota transplantation (FMT) and other therapies that target the microbiome seek to reestablish a healthy equilibrium of microorganisms. Through modifying the makeup of the gut microbiota, these therapies have the potential to decrease the production of detrimental metabolites and enhance cardiovascular outcomes.

4. Personalised Medicine:

The comprehension of individual variations in microbiome composition and function can result in tailored therapeutic approaches. Customised dietary plans and specific probiotics tailored to an individual's unique microbiome profile can enhance therapies for cardiovascular health.

7. Gut-Brain Axis: Microbiome and Neurological Health

The gut-brain axis is a two-way communication network that connects the gastrointestinal tract and the central nervous system (60). The intricate interaction encompasses neurological, hormonal, and immunological pathways, with the gut microbiome playing a pivotal role in shaping brain function and behaviour. Recent studies have revealed the significant influence of the gut microbiota on cognitive function, behaviour, and different neuropsychiatric disorders. These findings offer fresh understanding of the mechanisms that contribute to mental health and disease.

7.1 Effects on Cognitive Function and Behaviour

The gut microbiome has a substantial impact on cognitive function and behaviour through many methods. Metabolic products produced by microorganisms, such as short-chain fatty acids (SCFAs), neurotransmitters, and neuroactive substances, have the ability to pass through the blood-brain barrier and impact brain function (61). For example, short-chain fatty acids (SCFAs) such as butyrate possess neuroprotective properties, which improve brain health by stimulating the growth of new neurons, decreasing inflammation, and regulating the activity of genes.

In addition, the microorganisms in the gut create neurotransmitters like serotonin, dopamine, and gamma-aminobutyric acid (GABA), which are important for controlling mood, cognition, and behaviour. The gut is responsible for producing almost 90% of the body's serotonin, which is a crucial neurotransmitter involved in regulating mood. The gut microbiota also impacts the hypothalamic-pituitary-adrenal (HPA) axis, which is a crucial controller of stress reactions. Dysbiosis can disturb these pathways, resulting in changes in cognitive function and behaviour.

7.2 Links to Neuropsychiatric Disorders

Increasing evidence establishes a connection between the gut microbiota and a range of neuropsychiatric illnesses, emphasising its potential contribution to mental health issues. Alterations in the composition and functionality of gut microbiota have been linked to illnesses such as depression, anxiety, and autism spectrum disorders (ASD).

7.3 Depressive Disorder

Depression is a psychiatric disorder marked by enduring emotions of melancholy, despair, and a diminished capacity for enjoyment or engagement in activities (62). It has been linked to changes in the gut microbiota, such as decreased microbial diversity and abnormalities in specific bacterial populations. Individuals with depression have been found to have lower quantities of helpful bacteria such as Lactobacillus and Bifidobacterium.

The gut microbiome exerts an impact on depression through multiple pathways:

- **1. Inflammation:** Dysbiosis can result in heightened permeability of the intestines, enabling the entry of pro-inflammatory substances into the bloodstream and subsequent access to the brain. This process contributes to neuroinflammation, which is associated with depression.
- **2. Depression:** The gut microbiota synthesizes neurotransmitters and their precursors, which have an impact on brain chemistry and mood. Depression has been linked to reduced levels of serotonin and its precursor, tryptophan.
- **3. Regulation of the HPA Axis:** Dysbiosis can disrupt the normal functioning of the HPA axis, resulting in imbalanced stress responses and heightened susceptibility to depression.

7.4 Anxiety

Anxiety disorders are defined by an excessive amount of anxiety, worry, and physiological signs such an elevated heart rate and perspiration. The gut microbiota has been linked to anxiety due to its impact on the generation of neurotransmitters, inflammation, and the HPA axis (63). Research has demonstrated that mice without any germs in their bodies display modified behaviours resembling worry. However, these behaviours may be restored to normal by introducing certain communities of microorganisms into their bodies.

Microbial metabolites, specifically short-chain fatty acids (SCFAs), have the ability to influence brain function and behaviour, resulting in a decrease in sensations of anxiety. Probiotics, often known as "psychobiotics," have demonstrated potential in reducing anxiety by rebalancing the bacteria population and improving communication between the stomach and the brain. For instance, studies have shown that the strains of Lactobacillus and Bifidobacterium can effectively decrease anxiety-related behaviours in animal models and enhance mood in clinical trials.

7.5 Autism Spectrum Disorders (ASD)

Autism spectrum diseases are neurodevelopmental abnormalities that exhibit impaired social interaction, communication difficulties, and repetitive behaviours. Recent findings indicate that changes in gut microbiota may play a role in the development of ASD. Children diagnosed with Autism Spectrum Disorder (ASD) frequently show dysbiosis, characterised by a decrease in the variety of microorganisms in their gut and an excessive development of certain bacteria.

Multiple processes connect the gut microbiome to Autism Spectrum Disorder (ASD):

- **1. Gut Permeability:** Individuals with Autism Spectrum Disorder (ASD) often experience an elevated level of intestinal permeability, usually referred to as "leaky gut." This syndrome permits the entry of detrimental metabolites and immunological modulators into the bloodstream, hence influencing brain function.
- **2. Neurotransmitter Imbalance:** Dysbiosis can disrupt the generation of neurotransmitters and their precursors, leading to the neurochemical imbalances seen in ASD.
- **3. Immune System Dysregulation:** The gut microbiota is essential for the proper development and functioning of the immune system. Dysbiosis can result in immunological dysregulation, which has been linked to the onset of Autism Spectrum Disorder (ASD).

Interventions aimed at manipulating the gut microbiota, such as changes in diet, the use of probiotics, and faecal microbiota transplantation (FMT), are being investigated as possible therapies for Autism Spectrum Disorder (ASD). Initial research has indicated enhancements in gastrointestinal symptoms and behavioural outcomes as a result of these therapies.

8. Therapeutic Interventions Targeting the Microbiome

The recognition of the gut microbiome's pivotal role in maintaining health and causing disease has resulted in the creation of many therapeutic approaches with the objective of manipulating the microbiome to reinstate equilibrium and enhance well-being (64). The interventions encompass probiotics, prebiotics, synbiotics, faecal microbiota transplantation (FMT), next-generation probiotics, and personalised microbiome-based medicines.

8.1 Probiotics, prebiotics, and synbiotics are the topics of discussion.

1. Probiotics:

Probiotics are living microorganisms that, when given in sufficient quantities, provide positive effects on the health of the host. They are frequently present in fermented foods like yoghurt, kefir, and sauerkraut, as well as in dietary supplements. Probiotics aid in rebalancing the microbial composition of the gut, improving the integrity of the gut barrier, regulating the immune system, and generating advantageous metabolites. Well-known probiotic strains, such as Lactobacillus and Bifidobacterium, have demonstrated the ability to enhance gastrointestinal well-being, enhance the immune system, and reduce symptoms associated with illnesses such as irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD).

2. Prebiotics:

Prebiotics are indigestible food components that specifically promote the growth and function of advantageous bacteria in the gastrointestinal tract. These foods, including garlic, onions, bananas, and whole grains, are commonly rich in dietary fibre. Prebiotics stimulate the synthesis of short-chain fatty acids (SCFAs), which possess anti-inflammatory characteristics and contribute to the well-being of the gastrointestinal tract. Inulin and fructooligosaccharides (FOS) are recognised

prebiotics that promote the proliferation of advantageous bacteria such as Bifidobacteria and Lactobacilli.

3. Synbiotics

Synbiotics are a blend of probiotics and prebiotics that are specifically formulated to enhance the viability and establishment of helpful microorganisms in the gastrointestinal tract through a synergistic effect. Synbiotics can improve the effectiveness of microbiome modification by supplying both the beneficial bacteria and the substrates they prefer (65). For instance, a synbiotic formulation of Lactobacillus strains and inulin has demonstrated efficacy in enhancing gastrointestinal function and alleviating symptoms in individuals with irritable bowel syndrome (IBS).

8.2 Faecal Microbiota Transplantation (FMT)

Faecal microbiota transplantation (FMT) is the process of transferring faecal matter from a donor who has a healthy gut microbiome to a recipient in order to restore their own healthy gut flora. Faecal microbiota transplantation (FMT) has demonstrated exceptional efficacy in the treatment of recurrent Clostridium difficile infections (CDI), achieving cure rates that surpass 90% (66). The method involves the reintroduction of a varied and well-balanced microbial community into the recipient's stomach, which then outcompetes harmful bacteria and restores normal functioning. In addition to being studied for its efficacy in treating Clostridioides difficile infection (CDI), Faecal Microbiota Transplantation (FMT) is also being researched for its potential in addressing various ailments linked to an imbalance in gut bacteria, including Inflammatory Bowel Disease (IBD), Irritable Bowel Syndrome (IBS), metabolic syndrome, and even neuropsychiatric disorders. Initial investigations have demonstrated encouraging outcomes, indicating that FMT has the potential to be a powerful treatment instrument for a diverse array of illnesses. Nevertheless, the establishment of its efficacy and safety requires the implementation of standardised methods and long-term safety studies.

8.3 Next-Generation Probiotics:

Next-generation probiotics are an enhanced version of probiotics that have been created using cutting-edge technologies and the latest scientific understanding. Next-generation probiotics differ from traditional probiotics in that they are chosen based on their distinct health-enhancing characteristics and their capacity to establish themselves and produce effects in the human gut. Unlike traditional probiotics, which are usually generated from familiar bacterial strains, next-generation probiotics are picked for their distinctive features and abilities.

These sophisticated probiotics are frequently modified genetically or discovered through metagenomic and metabolomic research to specifically target pathways related to disease. Akkermansia muciniphila, a bacterium known for its positive impact on metabolic health, is currently being researched as a cutting-edge probiotic for the treatment of metabolic disorders such

as obesity and diabetes. Advanced probiotics of the future have the capacity to provide more precise and efficient remedies for a range of medical ailments.

8.4 Personalised microbiome-based therapies

Personalised microbiome-based therapies refer to treatments that are customised to match the unique composition of an individual's gut microbiome. Due to the considerable diversity in microbiome profiles among individuals, personalised techniques strive to offer more accurate and efficient therapies.

Personalised therapeutics may include the utilisation of high-throughput sequencing technologies to analyse the composition of an individual's gut microbiome and discover any unique imbalances or inadequacies.

- **1. Personalised Probiotics and Prebiotics:** Creating individualised probiotic and prebiotic blends that are specifically designed to match an individual's distinct microbiome profile and health requirements.
- **2. Dietary Interventions:** Developing individualised nutrition strategies to optimise the gut microbiome and target specific health issues. Individuals who have a limited range of microorganisms in their body may experience advantages from consuming a diet that is high in fibre and contains a lot of prebiotic foods.
- **3. Precision Medicine Approaches:** The combination of microbiome data with other omics data (such as genetics and metabolomics) to create thorough and personalised treatment regimens.

Incorporating microbiome profiling into clinical practice can improve the accuracy of therapies, resulting in improved health outcomes and decreased illness risk.

9. Diet and the Microbiome

Dietary patterns have a significant impact on the composition and function of the gut microbiome. The food we consume not only supplies nutrients to our own cells, but also acts as the main energy source for the diverse range of microbes that live in our gut (67). Varying dietary constituents can stimulate the proliferation of advantageous bacteria or harmful microorganisms, therefore influencing the general well-being and equilibrium of the microbiome. Gaining a comprehensive understanding of these interactions provides useful insights into methods for enhancing a healthy microbiome through dietary choices and the possibility of tailoring nutrition regimens according to individual microbiome profiles.

9.1 Impact of Dietary Patterns on the Composition of the Microbiome

The Western diet is defined by its high consumption of animal fats, sweets, and processed foods. This type of diet is frequently linked to a decrease in the variety of microorganisms in the body and an increase in dangerous germs. This eating pattern stimulates the proliferation of bacteria

such as Bacteroides while reducing the presence of beneficial bacteria like Firmicutes. This imbalance, known as dysbiosis, increases the likelihood of developing metabolic and inflammatory illnesses.

A high-fiber diet, which includes foods like fruits, vegetables, legumes, and whole grains, is advantageous for maintaining a healthy gut. Gut bacteria convert these fibres into short-chain fatty acids (SCFAs) such as acetate, propionate, and butyrate. These SCFAs possess anti-inflammatory characteristics and aid in maintaining the integrity of the gut barrier. Diets rich in fibre promote the growth of advantageous bacteria, such as Bifidobacteria and Lactobacilli.

The Mediterranean Diet is characterised by a high intake of fruits, vegetables, whole grains, nuts, seeds, and olive oil, along with moderate consumption of fish and fowl. The Mediterranean diet is linked to greater microbial diversity and a greater presence of bacteria that promote good health. Additionally, it facilitates the synthesis of short-chain fatty acids (SCFAs), which aids in the reduction of inflammation and enhancement of metabolic well-being.

- **1. Vegetarian and Vegan Diets:** Plant-based diets are generally rich in dietary fibres and polyphenols, which contribute to the development of a varied and advantageous microbiome. These dietary regimens elevate the concentrations of short-chain fatty acids (SCFAs) and promote the proliferation of advantageous microorganisms, while diminishing harmful bacteria.
- **2.** High-protein, low-carbohydrate diets, such as the ketogenic diet, can cause notable alterations in the gut microbiota. Although these diets can be advantageous for weight loss and metabolic health, they can also diminish microbial diversity and result in an elevation of certain bacteria linked to unfavourable health consequences if not well balanced.

9.2 Approaches to Enhancing a Healthy Microbiome via Dietary Choices

To promote a healthy microbiome through nutrition, various ways can be employed to increase microbial diversity and the presence of beneficial bacteria:

- **1. Enhance Dietary Fibre Consumption:** Incorporating a diverse range of fiber-dense foods, such as fruits, vegetables, legumes, and whole grains, might stimulate the proliferation of advantageous microorganisms and the synthesis of short-chain fatty acids (SCFAs). Integrating these food items into regular meals promotes gastrointestinal health and overall physical and mental wellness.
- **2. Ingest Fermented Foods:** Consuming fermented foods such as yoghurt, kefir, sauerkraut, kimchi, and kombucha can introduce live beneficial bacteria (probiotics) into the gut microbiome, thereby improving its composition. Consistently eating these foods can enhance the variety of microorganisms and promote optimal gut health.
- **3. Minimise Processed Foods and Sugars:** Decreasing the consumption of processed foods, refined sugars, and unhealthy fats can aid in preventing dysbiosis and fostering a more robust microbiome. These foods have the potential to disturb the equilibrium of microorganisms and raise the likelihood of developing inflammatory and metabolic disorders.

- **4. Incorporate Polyphenol-Rich Foods:** Polyphenols, present in foods like berries, green tea, dark chocolate, and red wine, possess prebiotic characteristics and can stimulate the proliferation of advantageous bacteria. Integrating these foods into one's diet can augment microbial diversity and promote intestinal health.
- **5. Optimal Macronutrient mix:** Maintaining an optimal mix of carbs, proteins, and lipids is essential for promoting a healthy microbiota. An assortment of nutritious and well-rounded food promotes the development of a wide range of microorganisms and enhances general well-being.

9.3 Customising Nutrition According to Individual Microbiome Profiles

- **1. Microbiome Profiling:** High-throughput sequencing technology can be used to analyse the gut microbiome of individuals and determine the types and quantities of microbial species present. This process of profiling aids in the identification of precise imbalances or deficits.
- **2. Tailored Dietary advice:** By considering the individual's microbiome profile, personalised dietary advice may be provided to specifically target certain requirements. For instance, those who have insufficient amounts of beneficial bacteria such as Bifidobacteria may be recommended to enhance their consumption of foods that are high in fibre and prebiotics.
- **3. Monitoring and Adjustment:** Personalised nutrition regimens necessitate continuous monitoring and adjustment in response to alterations in the microbiota and individual health outcomes. Regular monitoring and re-evaluation of the microbiota can assist in refining dietary treatments for optimal outcomes.
- **4 .Integration with Other Health Data:** Personalised nutrition can be improved by combining microbiome data with additional health information, including genetic, metabolic, and clinical data. This comprehensive methodology enables the implementation of more accurate and efficient nutritional interventions.

10. Conclusion

The investigation of the human microbiome has revealed its pivotal function in preserving health and contributing to the development of diseases. Significant findings emphasize the enormous influence of microbial communities on several physiological systems, such as metabolism, immunological regulation, and neurological function. Dysbiosis, which refers to an imbalance of microorganisms, has been linked to several ailments including gastrointestinal problems, metabolic diseases, cardiovascular diseases, and neuropsychiatric conditions. Gaining knowledge about the ways in which the microbiome affects these diseases, such as by producing metabolites, modulating the immune system, and disrupting barrier function, has given us significant understanding of the intricate relationship between the microbiome and the health of the host. The gut-brain axis represents the complex system of communication between the gut bacteria and the central nervous system, which affects cognitive function, behaviour, and mental health.

Depression, anxiety, and autism spectrum disorders have been associated with changes in gut

microbiota, highlighting the importance of the microbiome in neurological well-being.

Therapeutic interventions aimed at the microbiome, such as probiotics, prebiotics, synbiotics, faecal microbiota transplantation (FMT), next-generation probiotics, and personalised microbiome-based therapies, show potential in restoring microbial balance and enhancing health outcomes. The food also has a crucial impact on the composition of the microbiome. By following specific dietary patterns and personalised nutrition plans, individuals can further enhance the health of their gut microbiota.

10.1 Implications for Medical Applications

The ramifications of these findings for medical practice are extensive and revolutionary. Gaining insight into the microbiome's impact on health and disease provides fresh opportunities for diagnosing, treating, and preventing such conditions. Microbiome-based diagnostics can aid in the identification of individuals who are susceptible to specific diseases, enabling prompt intervention and tailored treatment strategies.

Therapeutic approaches that focus on the microbiome have the capacity to fundamentally change the way we treat different ailments. Probiotics, prebiotics, and synbiotics can be employed to manipulate the gut microbiota, augmenting its advantageous functions and alleviating illness symptoms. Faecal microbiota transplantation (FMT) has demonstrated exceptional effectiveness in the treatment of recurrent Clostridium difficile infections and shows potential for addressing other illnesses associated with dysbiosis. Advanced scientific knowledge is used to build next-generation probiotics that provide precise and efficient treatments for certain health issues.

Customised microbiome-targeted therapeutics epitomise the forefront of precision medicine, adapting treatments to the distinctive microbial composition of each individual. This methodology guarantees more accuracy and efficacy in therapies, hence enhancing patient outcomes and minimising the likelihood of side consequences. By combining microbiome data with additional health information, such as genetic and metabolic data, the accuracy and effectiveness of personalised treatments are significantly improved.

Microbiome-based dietary interventions have considerable promise for preventing diseases and promoting health. Customised nutrition regimens that take into account an individual's unique microbiome compositions might enhance diet and health results, promoting overall wellness and decreasing the likelihood of disease.

11. References:

- 1. Wilson, M. (2018). The Human Microbiota in Health and Disease: An Ecological and Community-Based Approach. Garland Science.
- 2. Gautam, J. (2023). Fundamental Of Microbiology. Academic Guru Publishing House.
- 3. Di Bella, J. M., Bao, Y., Gloor, G. B., Burton, J. P., & Reid, G. (2013). High throughput sequencing methods and analysis for microbiome research. Journal of microbiological methods, 95(3), 401-414.

- 4. Ullah, H., & Ali, S. (2017). Classification of anti-bacterial agents and their functions. Antibacterial agents, 10, 1-16.
- 5. Tang, J. (2011). Microbial metabolomics. Current genomics, 12(6), 391-403.
- 6. Postler, T. S., & Ghosh, S. (2017). Understanding the holobiont: how microbial metabolites affect human health and shape the immune system. Cell metabolism, 26(1), 110-130.
- 7. Brüssow, H. (2020). Problems with the concept of gut microbiota dysbiosis. Microbial biotechnology, 13(2), 423-434.
- 8. Dalal, S. R., & Chang, E. B. (2014). The microbial basis of inflammatory bowel diseases. The Journal of clinical investigation, 124(10), 4190-4196.
- 9. Mitrea, L., Nemeş, S. A., Szabo, K., Teleky, B. E., & Vodnar, D. C. (2022). Guts imbalance imbalances the brain: a review of gut microbiota association with neurological and psychiatric disorders. Frontiers in Medicine, 9, 706.
- 10. Devaraj, S., Hemarajata, P., & Versalovic, J. (2013). The human gut microbiome and body metabolism: implications for obesity and diabetes. Clinical chemistry, 59(4), 617-628.
- 11. Fernández, J., Redondo-Blanco, S., Gutiérrez-del-Río, I., Miguélez, E. M., Villar, C. J., & Lombo, F. (2016). Colon microbiota fermentation of dietary prebiotics towards short-chain fatty acids and their roles as anti-inflammatory and antitumour agents: A review. Journal of Functional Foods, 25, 511-522.
- 12. Pereira, S. S., & Alvarez-Leite, J. I. (2014). Low-grade inflammation, obesity, and diabetes. Current obesity reports, 3, 422-431.
- 13. Gatarek, P., & Kaluzna-Czaplinska, J. (2021). Trimethylamine N-oxide (TMAO) in human health. EXCLI journal, 20, 301.
- 14. Góralczyk-Bińkowska, A., Szmajda-Krygier, D., & Kozłowska, E. (2022). The microbiota–gut–brain Axis in psychiatric disorders. International journal of molecular sciences, 23(19), 11245.
- 15. Vellingiri, B., Aishwarya, S. Y., Jancy, S. B., Abhishek, G. S., Vijayakumar, P., Narayanasamy, A., ... & Iyer, M. (2022). An anxious relationship between Autism Spectrum Disorder and Gut Microbiota: A tangled chemistry? Journal of Clinical Neuroscience, 99, 169-189.
- 16. Sharifi-Rad, J., Rodrigues, C. F., Stojanović-Radić, Z., Dimitrijević, M., Aleksić, A., Neffe-Skocińska, K., ... & Calina, D. (2020). Probiotics: versatile bioactive components in promoting human health. Medicina, 56(9), 433.
- 17. Ademe, M. (2020). Benefits of fecal microbiota transplantation: A comprehensive review. The Journal of Infection in Developing Countries, 14(10), 1074-1080.
- 18. Wang, J. W., Kuo, C. H., Kuo, F. C., Wang, Y. K., Hsu, W. H., Yu, F. J., ... & Wu, D. C. (2019). Fecal microbiota transplantation: Review and update. Journal of the Formosan Medical Association, 118, S23-S31.
- 19. Fernández, J., Redondo-Blanco, S., Gutiérrez-del-Río, I., Miguélez, E. M., Villar, C. J., & Lombo, F. (2016). Colon microbiota fermentation of dietary prebiotics towards short-chain

- fatty acids and their roles as anti-inflammatory and antitumour agents: A review. Journal of Functional Foods, 25, 511-522.
- Mansour, S. R., Moustafa, M. A. A., Saad, B. M., Hamed, R., & Moustafa, A. R. (2021).
 Impact of diet on human gut microbiome and disease risk. New Microbes and New Infections, 41, 100845.
- 21. Berg, G., Rybakova, D., Fischer, D., Cernava, T., Vergès, M. C. C., Charles, T., ... & Schloter, M. (2020). Microbiome definition re-visited: old concepts and new challenges. Microbiome, 8, 1-22.
- 22. Dekaboruah, E., Suryavanshi, M. V., Chettri, D., & Verma, A. K. (2020). Human microbiome: an academic update on human body site specific surveillance and its possible role. Archives of microbiology, 202, 2147-2167.
- 23. Dieterich, W., Schink, M., & Zopf, Y. (2018). Microbiota in the gastrointestinal tract. Medical Sciences, 6(4), 116.
- 24. Corvec, S. (2018). Clinical and biological features of Cutibacterium (formerly Propionibacterium) avidum, an underrecognized microorganism. Clinical microbiology reviews, 31(3), 10-1128.
- 25. Arnold, R. R., & Ribeiro, A. A. (2019). Introduction to the oral cavity. How Fermented Foods Feed a Healthy Gut Microbiota: A Nutrition Continuum, 141-153.
- 26. Amabebe, E., & Anumba, D. O. (2018). The vaginal microenvironment: the physiologic role of lactobacilli. Frontiers in medicine, 5, 181.
- 27. Den Besten, G., Van Eunen, K., Groen, A. K., Venema, K., Reijngoud, D. J., & Bakker, B. M. (2013). The role of short-chain fatty acids in the interplay between diet, gut microbiota, and host energy metabolism. Journal of lipid research, 54(9), 2325-2340.
- 28. Wiertsema, S. P., van Bergenhenegouwen, J., Garssen, J., & Knippels, L. M. (2021). The interplay between the gut microbiome and the immune system in the context of infectious diseases throughout life and the role of nutrition in optimizing treatment strategies. Nutrients, 13(3), 886.
- 29. Zong, X., Fu, J., Xu, B., Wang, Y., & Jin, M. (2020). Interplay between gut microbiota and antimicrobial peptides. Animal Nutrition, 6(4), 389-396.
- 30. Chen, Y., Xu, J., & Chen, Y. (2021). Regulation of neurotransmitters by the gut microbiota and effects on cognition in neurological disorders. Nutrients, 13(6), 2099.
- 31. Overmann, J. (2006). Principles of enrichment, isolation, cultivation and preservation of prokaryotes. Prokaryotes, 1, 80-136.
- 32. Appanna, V. D., & Appanna, V. D. (2018). Dysbiosis, probiotics, and prebiotics: in diseases and health. Human microbes-The power within: Health, healing and beyond, 81-122.
- 33. Zheng, D., Liwinski, T., & Elinav, E. (2020). Interaction between microbiota and immunity in health and disease. Cell research, 30(6), 492-506.

- 34. Mitrea, L., Nemeş, S. A., Szabo, K., Teleky, B. E., & Vodnar, D. C. (2022). Guts imbalance imbalances the brain: a review of gut microbiota association with neurological and psychiatric disorders. Frontiers in Medicine, 9, 706.
- 35. Koh, A., De Vadder, F., Kovatcheva-Datchary, P., & Bäckhed, F. (2016). From dietary fiber to host physiology: short-chain fatty acids as key bacterial metabolites. Cell, 165(6), 1332-1345.
- 36. Wang, Z., Tang, W. W., Buffa, J. A., Fu, X., Britt, E. B., Koeth, R. A., ... & Hazen, S. L. (2014). Prognostic value of choline and betaine depends on intestinal microbiota-generated metabolite trimethylamine-N-oxide. European heart journal, 35(14), 904-910.
- 37. Suárez, L. J., Garzón, H., Arboleda, S., & Rodríguez, A. (2020). Oral dysbiosis and autoimmunity: from local periodontal responses to an imbalanced systemic immunity. A review. Frontiers in immunology, 11, 591255.
- 38. Duan, H., Yu, L., Tian, F., Zhai, Q., Fan, L., & Chen, W. (2022). Antibiotic-induced gut dysbiosis and barrier disruption and the potential protective strategies. Critical reviews in food science and nutrition, 62(6), 1427-1452.
- 39. Akdis, C. A. (2021). Does the epithelial barrier hypothesis explain the increase in allergy, autoimmunity and other chronic conditions?. Nature Reviews Immunology, 21(11), 739-751.
- 40. Vich Vila, A., Imhann, F., Collij, V., Jankipersadsing, S. A., Gurry, T., Mujagic, Z., ... & Weersma, R. K. (2018). Gut microbiota composition and functional changes in inflammatory bowel disease and irritable bowel syndrome. Science translational medicine, 10(472), eaap8914.
- 41. Carding, S., Verbeke, K., Vipond, D. T., Corfe, B. M., & Owen, L. J. (2015). Dysbiosis of the gut microbiota in disease. Microbial ecology in health and disease, 26(1), 26191.
- 42. Khan, I., Ullah, N., Zha, L., Bai, Y., Khan, A., Zhao, T., ... & Zhang, C. (2019). Alteration of gut microbiota in inflammatory bowel disease (IBD): cause or consequence? IBD treatment targeting the gut microbiome. Pathogens, 8(3), 126.
- 43. Bengmark, S. (2013). Gut microbiota, immune development and function. Pharmacological research, 69(1), 87-113.
- 44. Ford, A. C., Sperber, A. D., Corsetti, M., & Camilleri, M. (2020). Functional gastrointestinal disorders 2 irritable bowel syndrome. Lancet, 396(10263), 1675-1688.
- 45. Carco, C., Young, W., Gearry, R. B., Talley, N. J., McNabb, W. C., & Roy, N. C. (2020). Increasing evidence that irritable bowel syndrome and functional gastrointestinal disorders have a microbial pathogenesis. Frontiers in cellular and infection microbiology, 10, 468.
- 46. Gagnière, J., Raisch, J., Veziant, J., Barnich, N., Bonnet, R., Buc, E., ... & Bonnet, M. (2016). Gut microbiota imbalance and colorectal cancer. World journal of gastroenterology, 22(2), 501.
- 47. Al-Hilu, S. A., & Al-Shujairi, W. H. (2020). Dual role of bacteria in carcinoma: stimulation and inhibition. International Journal of Microbiology, 2020.

- 48. Saus, E., Iraola-Guzmán, S., Willis, J. R., Brunet-Vega, A., & Gabaldón, T. (2019). Microbiome and colorectal cancer: Roles in carcinogenesis and clinical potential. Molecular aspects of medicine, 69, 93-106.
- 49. Devaraj, S., Hemarajata, P., & Versalovic, J. (2013). The human gut microbiome and body metabolism: implications for obesity and diabetes. Clinical chemistry, 59(4), 617-628.
- 50. Magne, F., Gotteland, M., Gauthier, L., Zazueta, A., Pesoa, S., Navarrete, P., & Balamurugan, R. (2020). The firmicutes/bacteroidetes ratio: a relevant marker of gut dysbiosis in obese patients?. Nutrients, 12(5), 1474.
- 51. Scheithauer, T. P., Rampanelli, E., Nieuwdorp, M., Vallance, B. A., Verchere, C. B., Van Raalte, D. H., & Herrema, H. (2020). Gut microbiota as a trigger for metabolic inflammation in obesity and type 2 diabetes. Frontiers in immunology, 11, 571731.
- 52. Torres, S., Fabersani, E., Marquez, A., & Gauffin-Cano, P. (2019). Adipose tissue inflammation and metabolic syndrome. The proactive role of probiotics. European journal of nutrition, 58, 27-43.
- 53. Masse, K. E., & Lu, V. B. (2023). Short-chain fatty acids, secondary bile acids and indoles: gut microbial metabolites with effects on enteroendocrine cell function and their potential as therapies for metabolic disease. Frontiers in Endocrinology, 14, 1169624.
- 54. Shimizu, H., Ohue-Kitano, R., & Kimura, I. (2019). Regulation of host energy metabolism by gut microbiota-derived short-chain fatty acids. Glycative Stress Research, 6(3), 181-191.
- 55. Cussotto, S., Sandhu, K. V., Dinan, T. G., & Cryan, J. F. (2018). The neuroendocrinology of the microbiota-gut-brain axis: a behavioural perspective. Frontiers in neuroendocrinology, 51, 80-101.
- 56. Sanchez-Rodriguez, E., Egea-Zorrilla, A., Plaza-Díaz, J., Aragón-Vela, J., Muñoz-Quezada, S., Tercedor-Sánchez, L., & Abadia-Molina, F. (2020). The gut microbiota and its implication in the development of atherosclerosis and related cardiovascular diseases. Nutrients, 12(3), 605.
- 57. Ma, J., & Li, H. (2018). The role of gut microbiota in atherosclerosis and hypertension. Frontiers in pharmacology, 9, 393604.
- 58. Shanmugham, M., Bellanger, S., & Leo, C. H. (2023). Gut-derived metabolite, trimethylamine-N-oxide (TMAO) in cardio-metabolic diseases: detection, mechanism, and potential therapeutics. Pharmaceuticals, 16(4), 504.
- 59. Coutinho-Wolino, K. S., de F. Cardozo, L. F., de Oliveira Leal, V., Mafra, D., & Stockler-Pinto, M. B. (2021). Can diet modulate trimethylamine N-oxide (TMAO) production? What do we know so far?. European journal of nutrition, 1-18.
- 60. Bistoletti, M., Bosi, A., Banfi, D., Giaroni, C., & Baj, A. (2020). The microbiota-gut-brain axis: Focus on the fundamental communication pathways. Progress in molecular biology and translational science, 176, 43-110.

- 61. Mirzaei, R., Bouzari, B., Hosseini-Fard, S. R., Mazaheri, M., Ahmadyousefi, Y., Abdi, M., ... & Karampoor, S. (2021). Role of microbiota-derived short-chain fatty acids in nervous system disorders. Biomedicine & Pharmacotherapy, 139, 111661.
- 62. Kumar, K. S., Srivastava, S., Paswan, S., & Dutta, A. S. (2012). Depression-symptoms, causes, medications and therapies. The Pharma Innovation, 1(3, Part A), 37.
- 63. Frankiensztajn, L. M., Elliott, E., & Koren, O. (2020). The microbiota and the hypothalamus-pituitary-adrenocortical (HPA) axis, implications for anxiety and stress disorders. Current opinion in neurobiology, 62, 76-82.
- 64. Fasano, A., & Flaherty, S. (2021). Gut feelings: The microbiome and our health. MIT Press.
- 65. Gomez Quintero, D. F., Kok, C. R., & Hutkins, R. (2022). The future of synbiotics: Rational formulation and design. Frontiers in Microbiology, 13, 919725.
- 66. Kelly, C. R., Yen, E. F., Grinspan, A. M., Kahn, S. A., Atreja, A., Lewis, J. D., ... & Laine, L. (2021). Fecal microbiota transplantation is highly effective in real-world practice: initial results from the FMT national registry. Gastroenterology, 160(1), 183-192.
- 67. Rowland, I., Gibson, G., Heinken, A., Scott, K., Swann, J., Thiele, I., & Tuohy, K. (2018). Gut microbiota functions: metabolism of nutrients and other food components. European journal of nutrition, 57, 1-24.