



## Impact of Probiotics on Human Health

Jyotsana Singh<sup>1\*</sup>, Mantasha Parveen<sup>2</sup>, Neha<sup>3</sup>, Vanshika Chauhan<sup>4</sup>, Anshika Parveen<sup>5</sup>, Radhika<sup>6</sup>, Nishu<sup>7</sup>, Sejal<sup>8</sup>, Arya<sup>9</sup>,  
Rukshar Yusuf<sup>10</sup>, Laiba Shameem<sup>11</sup>, Moh. Sufiyan<sup>12</sup>

Department of Microbiology, Krishna College of Science and Information Technology, Bijnor NAAC Accredited Affiliated to M.J.P. Rohilkhand University Bareilly (U.P).

### \*Corresponding Author

Jyotsana Singh

Department of Microbiology, Krishna College of Science and Information Technology, Bijnor NAAC Accredited Affiliated to M.J.P. Rohilkhand University Bareilly (U.P).



### Article History

Received: 27.12.2024

Accepted: 15.01.2025

Published: 23.02.2025

**Abstract:** - The purpose of this review is to investigate the health benefits of probiotics, which are live bacteria that favorably affect people when consumed in enough amounts. Probiotics such as yeast, bifidobacteria, and lactic acid bacteria are commonly utilized. As mentioned in this review, these beneficial bacteria may compete with pathogens that alter the gut microbiota and have anti-obesity, anti-diabetic, anti-cancer, and immunomodulatory properties. A number of medications, including antibiotics, can now be replaced with probiotics. A period of major changes is hinted at by the growth of fields devoted to the study of the microbiome and the role that probiotics play in enhancing it. An increasing number of potential probiotic species are being discovered that can target newly identified host targets and microbial niches based on data. In order to protect human health, probiotics, symbiotics, postbiotics, microbial consortia, live biotherapeutic products, and genetically modified organisms are among the new types of microbiome-modulating interventions under development. Polyphenols, fibers, and fermented foods are also receiving more attention. The effectiveness of probiotics is also influenced by the delivery system because the agents used in the delivery aid the bacteria in surviving in the hostile environment of the human gut.

**Keywords:** Probiotics, Gut microbes, Anti-diabetics, Antibiotics, Lactic acid bacteria.

## 1. Introduction:

In 1908, Nobel Prize winner Eli Metchnikoff proposed that the long lifespan of Bulgarian peasants was due to their use of fermented milk products, which is likely when the idea of probiotics first emerged [1]. The phrase "probiotic" was initially used in 1965 by Lilly and Stillwell to refer to compounds released by one organism that promote the growth of another [2]. According to Marteau *et al.* (2002), these are "microbial preparations or components of microbial cells that have a beneficial effect on health and well-being." [3]. There are countless microorganisms on the skin, in the mouth, and in the gastrointestinal system that coexist closely with humans. The GI tract, which has a surface area of over 400 m<sup>2</sup>, has the highest concentration of commensal microbes. The gut flora is vital to human homeostasis, is acquired quickly after birth, and is largely constant throughout life. Interactions between the intestinal microbiota and the host during development lead to the development of a unique intestinal immune system. In order to distinguish between infections and benign species, the host mucosal immune system must stimulate protective immunity without inducing an excessive inflammatory response that could compromise the integrity of the GI mucosa (4). Clinical studies on probiotics will yield information on their impact on human health, and recent and continuing research in

microbiome science is opening up new research avenues for probiotics. Researchers will also be able to make discoveries about consumer-oriented probiotic products, their health-promoting mechanisms, their nutritional uses, and how to acquire novel probiotics thanks to these new lines of investigation.

Cunningham *et al.* (2021) [5] assert that the growth of related fields of therapies targeting the microbiome and microbiota will usher in a new era of profound improvements in human health. In recent years, probiotic use has also started to be influenced by precision medicine and personalized nutrition (nutrigenetics and nutrigenomics), with an increasing interest in modifying the microbial fingerprints of health and illness. In nutrigenomics, we study how and what we eat, specifically how the bioactive nutrients we give our bodies through food can affect our gene behavior, i.e., increase, decrease, or block gene activity. Nutrigenetics deals with the identification of individual genetic variations that can contribute to the body's unfavorable responses when we consume certain types of food.

The definition of a microbiota is a community of microorganisms, such as bacteria, fungi, viruses, and yeasts, that are present in a specific environment and reside on or within human tissues (skin, lungs, oral mucosa, urogenital tract, gastrointestinal tract), according to <https://internationalprobiotics.org> (6). The

### Cite this article:

Singh, J., Parveen, M., et al. (2025). Impact of Probiotics on Human Health. *ISAR Journal of Medical and Pharmaceutical Sciences*, 3(2), 40-45.

microbiome, often known as a "living ecosystem," is defined as the microbiota (and its genes) that exist in a certain habitat. A key player in the two-way information flow between the gut and the brain, known as the microbiota-gut brain axis, is the gut microbiota (7).

As of now, the most widely recognized scientific definition of probiotics is "live microorganisms which, when administered in adequate amounts, confer a health benefit on the host," which was developed in 2002 by the World Health Organization and the Food and Agriculture Organization of the United Nations (8). When the Argentinean government requested a joint FAO/WHO Expert Consultation during a global trade dispute involving powdered milk that contained lactic acid bacteria, this definition was the result (9).

## 2. Mechanism of action:

In order to work, probiotics don't always colonize the digestive system. Some probiotics, such as *Bifidobacterium longum*, for instance, integrate into the human gut microbiota, whereas others, such as *Lactobacillus casei*, temporarily and indirectly influence or alter the preexisting microbial community (10). Data from the literature indicates that some of the primary mechanisms of action of probiotics include the development of the epithelial barrier, enhanced adhesion to the intestinal mucosa, the production of antibacterial substances, the competitive exclusion of pathogens, the simultaneous suppression of bacterial adhesion, and immune system modulation (Fig 1) (11,12,13,14,15). Because they compete with pathogens for resources and receptor-binding sites, probiotics make it harder for them to survive in the gut 16. Additionally, probiotics have antimicrobial properties through the production of compounds such as hydrogen peroxide, organic acids, short-chain fatty acids (SCFA) (17), and bacteriocins 18 thus decreasing pathogenic bacteria in the gut. Additionally, by promoting the synthesis of mucin proteins, probiotics enhance the function of the intestinal barrier (19) regulating the expression of tight junction proteins, including occluding and claudin 1, and controlling the immune response in the gut (20,21).

Additionally, via influencing dendritic cells (DC), macrophages B, and T lymphocytes, probiotics control both the innate and adaptive immune responses. Along with interacting with intestinal epithelial cells and drawing in macrophages and mononuclear cells, probiotics also boost the production of anti-inflammatory cytokines (22).

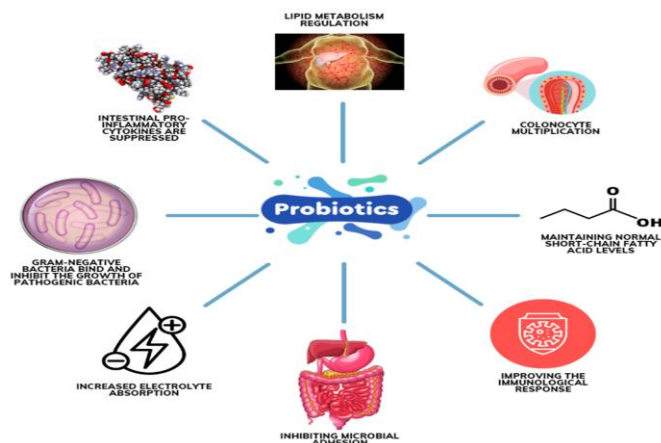


Fig 1: Action of Mechanism of Probiotics

Additionally, via means of the gut-brain axis, probiotics can generate neurotransmitters in the gut. Certain strains of probiotics have the ability to alter dopamine, gamma-aminobutyric acid (GABA), and serotonin levels, which can impact mood, behavior, gut motility, and stress-related pathways (23, 24, 25).

## 3. Probiotics and Human Health:

Probiotics are said to have positive impacts on intestinal health, immunological response, serum cholesterol, and cancer prevention, and there is growing evidence to support these claims. These health characteristics vary with strain and are influenced by the methods listed above. Other health advantages need further research to be demonstrated, while some are well-known. There is strong evidence that probiotics can improve lactose metabolism, reduce antibiotic-associated diarrhoea, and treat acute diarrhoeal illnesses. In some therapeutic disorders, however, there is not enough evidence to support their use. As per Grom *et al.* (2020), probiotics have been linked to the prevention and reduction of numerous illnesses, including inflammatory bowel disease, lactose intolerance, cancer, allergic diseases, diarrhoea, and irritable bowel syndrome (26).

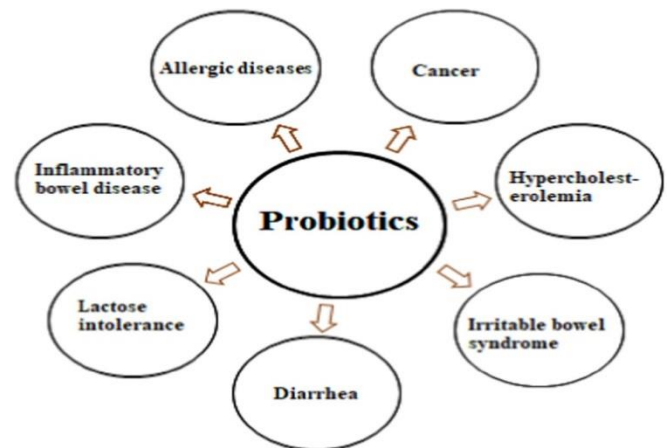


Fig 2: Health attributes of probiotics

### 3.1 Antiallergic effect of probiotics:

Type I hypersensitivity, the term for allergy, is an immune system hypersensitivity illness that is described as a "disease following a response by the immune system to an antigen." In North America and Europe, allergies impact about half of the population, and their prevalence is rising. Antigens or common environmental chemicals are the cause of these allergic responses (27). According to Lopez-Santamarina *et al.* (2021), the most frequent allergic reactions are hay fever, rhinitis, atopic eczema, dermatitis, urticaria, angioedema, asthma, and hypersensitivity to foods, medications, and insects (28). According to Harata *et al.* (2016) (29), gut microbiota is a promising therapeutic target for the treatment of allergic illnesses because it influences the development of sensitization and allergy by modifying the inflammatory and immunological response (30).

### 3.2 Probiotics and Gastrointestinal Diseases:

The literature provides strong evidence of probiotics' positive benefits on diarrhea, particularly in treating children's acute diarrhea and preventing traveler's diarrhea (31, 32, 33). The two probiotic strains that are most commonly utilized and linked to

positive outcomes in diarrhoeal illnesses are *Saccharomyces boulardii* and *Lactobacillus rhamnosus* GG. But according to a Cochrane review of 82 research including both adults and children, probiotics still have a limited, if not unproven, capacity to shorten the duration of acute diarrhea (34).

There is also evidence that *S. boulardii* and *L. rhamnosus* GG lower the risk of antibiotic-associated diarrhoea (AAD). *Clostridium difficile* diarrhoea and/or AAD can be avoided with both probiotic strains (35,36,37,38).

Higher doses work best in these conditions, according to the researchers' findings. Probiotics are not very helpful in treating the symptoms of irritable bowel syndrome (IBS), which include constipation. *Bifidobacteria* and *Lactobacilli* were utilized in the majority of reported investigations. Nonetheless, probiotic use significantly decreased gastrointestinal transit, enhanced stool consistency, and increased stool frequency in a meta-analysis of 15 randomized controlled trials (RCTs) (40).

### 3.3 Probiotics on the urogenital infection:

The reproductive system and the urinary expansion are combined to form the urogenital system. Due to their exposure to the external environment, both systems are susceptible to diseases. While urogenital tract microbiota imbalances cause certain infections, others are acquired externally. Urinary infections are typically caused by bacteria found in the colon and its lower part, the rectum. After being inserted, they multiply in the urethra and proceed to the bladder. Eighty to eighty-five percent of all isolates are *E. coli*, and five to ten percent are *Staphylococcus saprophyticus*, the most prevalent bacteria that cause UTIs. According to Perrotta *et al.* (2008), UTIs can be caused by a variety of bacteria, including *Klebsiella*, *Proteus*, *Pseudomonas*, *Enterococcus*, and *Enterobacter* spp (41). UTIs are a result of anatomical problems in women that lead to rapid bacterial access to the bladder as a result of sexual activity, poor cleanliness, and the use of reproductive tablets. Urogenital infections have a substantial impact on bladder infection consequences, such as cystitis, urethritis, and pyelonephritis among others. According to Hanson *et al.* (2016), recent studies have examined the importance of a *Lactobacilli*-dominated, healthy microbiome in preserving women's quality of life and limiting the spread of sexually transmitted diseases and premature labor (42).

The existence, development, colonization, and persistence of non-endogenous microorganisms in the vaginal canal are all regulated by *Lactobacillus* species, an important microbial component. Recently, the development of biofilms covering urogenital cells has been associated with *lactobacilli*. Clinical research has demonstrated that *Lactobacilli* play a role in the management of bacterial vaginosis. *Lactobacilli* helped to maintain urogenital health by strengthening the immune system and adhering to the vaginal tract cells, urine, and vaginal epithelium to compete with other microbes for resources. Additionally, they produced an acidic environment by producing organic acid and several antibacterial compounds (such as hydrogen peroxide and bacteriocins), which eliminated the vaginal pathogens (43).

### 3.4 Probiotics on liver disease:

The intestinal lumen's gut microbiota compromises hepatocyte function. According to Javadi *et al.* (2017), changes in the gut microbiota in the gastrointestinal (GI) tract may have detrimental

and severe impacts on liver dysfunction, including cirrhosis, alcoholic liver disease, non-alcoholic fatty liver disease, and hepatic encephalopathy (44). According to Javadi *et al.* (2017), a novel treatment for liver disease involves the use of probiotics to regulate, regenerate, and alter the gut microbiota (44). Probiotics also lowered the pH of feces and reduced ammonia adsorption. Through the strengthening of the intestinal barrier, probiotics help treat chronic liver disorders. There was a correlation between a lower incidence of liver illness and having a healthy, balanced gut (45). The term "gut liver axis" is used by Loguercio *et al.* to imply that the microbiota may have an impact on the liver and contribute to the development of chronic liver disease. This could occur through ethanol's modulation of chronic damage or by causing consequences like encephalopathy (which is caused by the formation of ethanol, acetaldehyde, phenols, endotoxins, benzodiazepines, and ammonia) (46).

### 3.5 Probiotics on Oral Health:

Probiotics have several benefits for the oral cavity, one of which is the reduction of inflammation. In order to protect teeth and gums from harmful oral microbes, probiotics can prevent these infections. Probiotics are a natural medication that should not cause any side effects. According to Lesan *et al.* (2017), *B. lactis* and *L. acidophilus* were recognized for their antifungal properties (47). According to recent studies, probiotic use may improve oral health by reducing the risk of halitosis, dental caries, periodontal infections, and oral diseases (48). By preventing the production of biofilms, the probiotic *L. fermentum* KU200060 shows anti-cavity potentiality (49).

## 4. Sources of Probiotics:

Probiotics are live yeasts and bacteria that may be beneficial to one's health. They are present in the human digestive tract and in certain foods and supplements. It is advantageous to have probiotic bacteria around. Though most people primarily think of the stomach and intestines when they think of them, they are present throughout the body. Probiotics can be found in fermented foods like kimchi and yogurt. A range of live microbial cultures grow and undergo metabolic activity to produce fermented meals. Numerous of these meals are abundant in live, potentially helpful microorganisms. Sourdough bread and the majority of commercial pickles are examples of fermented foods that are treated after fermentation and do not include live cultures in the form that is consumed. *Streptococcus thermophilus* and *Lactobacillus bulgaricus* are two examples of the probiotic microbes found in many commercial yogurts, another kind of fermented food.



Yogurt and many other fermented foods are made with live microorganisms that usually survive well in the product for the duration of its shelf life. However, they typically do not make it

past the stomach and may not be able to withstand being broken down by bile salts and hydrolytic enzymes in the small intestine. As a result, they may not make it to the distal gut (50,51). On the other hand, healthy probiotic bacteria found in foods like yogurt do make it through intestinal transit. Miso (a fermented soybean-based paste), pickles, kimchi (a Korean fermented cabbage dish), kombucha (a fermented tea), sauerkraut (fermented cabbage), various types of cheese, and raw unfiltered apple cider vinegar made from fermented apple sugars are examples of fermented foods that contain live cultures but do not usually contain proven probiotic microorganisms (51).

## 5. Side Effects and Risks of Probiotics:

Fermented foods containing live microbes have been used for generations without endangering human health. As nutritional supplements, probiotics are governed as foods rather than medications (52). Most people are safe to take probiotic supplements daily, which contain a range of microorganisms in powder, tablet, or liquid form. Even though probiotics offer many advantages, some people have reported moderate adverse effects, many of which will go away when the body's microbiome settles (53). Bloating, gas, diarrhea, constipation, nausea (54,55), thirst, headaches and migraines, and skin responses are typical side effects of probiotic use (53). In most cases, mild gastrointestinal symptoms like gas and bloating go away in a few weeks (55). As their systems become used to the new balance of gut flora, some people who start taking yeast probiotics report feeling thirstier, especially during the first week. Most people experience symptoms that go away on their own (53). Histamine, tyramine, tryptamine, and phenylethylamine are among the biogenic amines found in high concentrations in some probiotic foods, particularly fermented foods like kimchi and sauerkraut. These substances can cause headaches and migraines in certain individuals. Additionally, certain yogurts included biogenic amines, albeit to a considerably lesser extent (53). Rarely, rashes or itchy skin might be brought on by probiotics. The reason for this could be an adverse reaction to one of the supplement's ingredients. Usually, it will go away quickly once the person stops using the additive (53). Because probiotics are live organisms, they carry the danger of causing infections that require antibiotic treatment in addition to negative effects, particularly in individuals with underlying medical disorders. Many of the probiotic strains are genetically altered in the lab to reap their health benefits. In order to prevent them from building up in the environment, having antibiotic selection markers, or passing on any damaging genetic information to other bacteria, the safety of each strain must be ensured and closely monitored (52).

## 6. Conclusion:

There is currently substantial data supporting the significance of the microbiome and microbiota in both acute and chronic human health, with the caveat that the impact of our microbes extends beyond the gut to include the brain, metabolism, and immune system. The microbiome's variety and composition are influenced by aging and genetics, but other controllable factors—like nutrition, exercise, exposure to exogenous bacteria, and antibiotic use—may be more crucial for reaching microbiota eubiosis. This presents an opportunity for individuals to embrace customized lifestyles, but it also presents a number of obstacles, such as obtaining sufficient data to determine which microbiota

interventions are suitable for which demographics, comprehending the mechanisms underlying these processes, and creating novel, efficacious probiotic products. According to a review of the research, probiotics or fermented foods or supplements that contain probiotics in their matrix present a tantalizing chance to discover ways to coexist peacefully with our microbiome, which could have significant health benefits. The components that offer an efficient method for preventing or treating a variety of illnesses are probiotics. However, information about the best matrix and the ideal dosage for each strain should be gathered for future studies. Future research should also ascertain whether probiotic strains—whether they are ancient or modern—colonize our intestines or if they are merely fleeting microbes with positive effects.

## **Acknowledgments:**

The authors express their gratitude to Krishna College of Science and Information Technology, Bijnor, which is affiliated with M.J.P. Rohilkhand University in Bareilly, U.P., India, for providing the facilities necessary to complete this work.

**Conflict of Interests:** The authors state they have no relevant conflicts of interest.

## **References:**

1. Metchnikoff E. (1908). The prolongation of life. Optimistic studies New York: Putman's Sons. p. 161-83.
2. Lilly, D. M., & Stillwell, R. H. (1965). Growth promoting factors produced by probiotics. *Science*, 147, 747-748.
3. Marteau, P., Cuillerier, E., Meance, S., Gerhardt, M. F., Myara, A., Bouvier, M., ... & Grimaud, J. C. (2002). Bifidobacterium animalis strain DN-173 010 shortens the colonic transit time in healthy women: a double-blind, randomized, controlled study. *Alimentary pharmacology & therapeutics*, 16(3), 587-593.
4. Macfarlane, G. T., & Macfarlane, S. (1997). Human colonic microbiota: ecology, physiology and metabolic potential of intestinal bacteria. *Scandinavian Journal of Gastroenterology*, 32(sup222), 3-9.
5. Cunningham, M., Azcarate-Peril, M. A., Barnard, A., Benoit, V., Grimaldi, R., Guyonnet, D., ... & Gibson, G. R. (2021). Shaping the future of probiotics and prebiotics. *Trends in microbiology*, 29(8), 667-685. [CrossRef]
6. Facts Sheet—The Microbiome and Probiotics Interaction, International Probiotics Association. Available online: [https://internationalprobiotics.org/wp-content/uploads/2021\\_IPA\\_Fact-Probiotic-Microbiome-Interaction\\_final-long-1.pdf](https://internationalprobiotics.org/wp-content/uploads/2021_IPA_Fact-Probiotic-Microbiome-Interaction_final-long-1.pdf) (accessed on 26 November 2023).
7. Li, Y., Peng, Y., Shen, Y., Zhang, Y., Liu, L., & Yang, X. (2023). Dietary polyphenols: Regulate the advanced glycation end products-RAGE axis and the microbiota-gut-brain axis to prevent neurodegenerative diseases. *Critical Reviews in Food Science and Nutrition*, 63(29), 9816-9842. [CrossRef]
8. WHO, F. (2002). Guidelines for the Evaluation of Probiotics in Food. *Food and Agriculture Organization of the United Nations and World Health Organization Working Group: Geneva, Switzerland.*

9. FAO/WHO Expert Consultation. Health and Nutritional Properties of Probiotics in Food Including Powder Milk with Live Lactic Acid Bacteria; FAO/WHO: Cordoba, Argentina, 2001.
10. Ohland, C. L., & MacNaughton, W. K. (2010). Probiotic bacteria and intestinal epithelial barrier function. *American journal of physiology-gastrointestinal and liver physiology*, 298(6), G807-G819.
11. Kang, M. J., Jeong, H., Kim, S., Shin, J., Song, Y., Lee, B. H., ... & Park, Y. S. (2023). Structural analysis and prebiotic activity of exopolysaccharide produced by probiotic strain *Bifidobacterium bifidum* EPS DA-LAIM. *Food Science and Biotechnology*, 32(4), 517-529. [CrossRef] [PubMed]
12. Singh, D., & Agarwal, V. (2021). Screening of antimicrobial, anti-quorum sensing activity and cytotoxicity of origanum oil against Gram-positive and Gram-negative bacteria. *Biomedicine*, 41(3), 599-603. [CrossRef]
13. Singh, D., & Agarwal, V. (2022). Herbal antibacterial remedy against upper respiratory infection causing bacteria and in vivo safety analysis. *Vegetos*, 35(1), 264-268. [CrossRef]
14. Singh, D., Sharma, D., & Agarwal, V. (2021). Screening of anti-microbial, anti-biofilm activity, and cytotoxicity analysis of a designed polyherbal formulation against shigellosis. *Journal of Ayurveda and Integrative Medicine*, 12(4), 601-606. [CrossRef] [PubMed]
15. Singh, D., Singh, V., Mishra, S. B., Sharma, D., & Agarwal, V. (2022). Evaluation of anti-biofilm, anti-quorum, anti-dysenteric potential of designed polyherbal formulation: in vitro and in vivo study. *Journal of Applied Biomedicine*, 20(1). [CrossRef] [PubMed]
16. Plaza-Diaz, J., Ruiz-Ojeda, F. J., Gil-Campos, M., & Gil, A. (2019). Mechanisms of action of probiotics. *Advances in nutrition*, 10, S49-S66. doi: 10.1093/advances/nmy063
17. Ahire, J. J., Jakkamsetty, C., Kashikar, M. S., Lakshmi, S. G., & Madempudi, R. S. (2021). In vitro evaluation of probiotic properties of *Lactobacillus plantarum* UBLP40 isolated from traditional indigenous fermented food. *Probiotics and antimicrobial proteins*, 13(5), 1413-1424. doi: 10.1007/s12602-021-09775-7
18. Fantinato, V., Camargo, H. R., & Sousa, A. L. O. P. D. (2019). Probiotics study with *Streptococcus salivarius* and its ability to produce bacteriocins and adherence to KB cells. *Revista de Odontologia da UNESP*, 48, e20190029. doi: 10.1590/1807-2577.02919
19. Chang, Y. H., Jeong, C. H., Cheng, W. N., Choi, Y., Shin, D. M., Lee, S., & Han, S. G. (2021). Quality characteristics of yogurts fermented with short-chain fatty acid-producing probiotics and their effects on mucin production and probiotic adhesion onto human colon epithelial cells. *Journal of Dairy Science*, 104(7), 7415-7425. doi: 10.3168/jds.2020-19820
20. Bu, Y., Liu, Y., Liu, Y., Wang, S., Liu, Q., Hao, H., & Yi, H. (2022). Screening and probiotic potential evaluation of bacteriocin-producing *Lactiplantibacillus plantarum* in vitro. *Foods*, 11(11), 1575. doi: 10.3390/foods11111575
21. Ma, X. Y., Son, Y. H., Yoo, J. W., Joo, M. K., & Kim, D. H. (2022). Tight junction protein expression-inducing probiotics alleviate TNBS-induced cognitive impairment with colitis in mice. *Nutrients*, 14(14), 2975. doi: 10.3390/nu14142975
22. Petruzzello, C., Saviano, A., & Ojetti, V. (2023). Probiotics, the immune response and acute appendicitis: a review. *Vaccines*, 11(7), 1170. doi: 10.3390/vaccines11071170
23. Srivastav, S., Neupane, S., Bhurtel, S., Katila, N., Maharjan, S., Choi, H., ... & Choi, D. Y. (2019). Probiotics mixture increases butyrate, and subsequently rescues the nigral dopaminergic neurons from MPTP and rotenone-induced neurotoxicity. *The Journal of Nutritional Biochemistry*, 69, 73-86. doi: 10.1016/j.jnutbio.2019.03.021
24. Sajedi, D., Shabani, R., & Elmieh, A. (2021). Changes in leptin, serotonin, and cortisol after eight weeks of aerobic exercise with probiotic intake in a cuprizone-induced demyelination mouse model of multiple sclerosis. *Cytokine*, 144, 155590. doi: 10.1016/j.cyto.2021.155590
25. Gangaraju, D., Raghu, A. V., & Siddalingaiya Gurudutt, P. (2022). Green synthesis of  $\gamma$ -aminobutyric acid using permeabilized probiotic *Enterococcus faecium* for biocatalytic application. *Nano Select*, 3(10), 1436-1447. doi: 10.1002/nano.202200059
26. Grom, L. C., Coutinho, N. M., Guimarães, J. T., Balthazar, C. F., Silva, R., Rocha, R. S., ... & Cruz, A. G. (2020). Probiotic dairy foods and postprandial glycemia: A mini-review. *Trends in Food Science & Technology*, 101, 165-171. doi: 10.1016/j.tifs.2020.05.012
27. Prakash, S., Tomaro-Duchesneau, C., Saha, S., Rodes, L., Kahouli, I., & Malhotra, M. (2014). Probiotics for the prevention and treatment of allergies, with an emphasis on mode of delivery and mechanism of action. *Current pharmaceutical design*, 20(6), 1025-1037. doi: 10.2174/138161282006140220145154,
28. Lopez-Santamarina, A., Gonzalez, E. G., Lamas, A., Mondragon, A. D. C., Regal, P., & Miranda, J. M. (2021). Probiotics as a possible strategy for the prevention and treatment of allergies. A narrative review. *Foods*, 10(4), 701. doi: 10.3390/foods10040701
29. Harata, G., He, F., Takahashi, K., Hosono, A., Miyazawa, K., Yoda, K., ... & Kaminogawa, S. (2016). Human *Lactobacillus* strains from the intestine can suppress IgE-mediated degranulation of rat basophilic leukaemia (RBL-2H3) cells. *Microorganisms*, 4(4), 40. doi: 10.3390/microorganisms4040040,
30. Fiocchi, A., Pawankar, R., Cuello-Garcia, C., Ahn, K., Al-Hammadi, S., Agarwal, A., ... & Schünemann, H. J. (2015). World allergy organization-McMaster University guidelines for allergic disease prevention (GLAD-P): probiotics. *World Allergy Organization Journal*, 8, 1-13. doi: 10.1186/s40413-015-0055-2
31. Bae, J. M. (2018). Prophylactic efficacy of probiotics on travelers' diarrhea: an adaptive meta-analysis of randomized controlled trials. *Epidemiology and health*, 40, e2018043.

32. McFarland, L. V., & Goh, S. (2019). Are probiotics and prebiotics effective in the prevention of travellers' diarrhea: a systematic review and meta-analysis. *Travel Medicine and Infectious Disease*, 27, 11-19.
33. Huang, R., Xing, H. Y., Liu, H. J., Chen, Z. F., & Tang, B. B. (2021). Efficacy of probiotics in the treatment of acute diarrhea in children: a systematic review and meta-analysis of clinical trials. *Translational pediatrics*, 10(12), 3248.
34. Collinson, S., Deans, A., Padua-Zamora, A., Gregorio, G. V., Li, C., Dans, L. F., & Allen, S. J. (2020). Probiotics for treating acute infectious diarrhoea. *Cochrane Database of Systematic Reviews*, (12).
35. Guo, Q., Goldenberg, J. Z., Humphrey, C., El Dib, R., & Johnston, B. C. (2019). Probiotics for the prevention of pediatric antibiotic-associated diarrhea. *Cochrane Database of Systematic Reviews*, (4).
36. Goodman, C., Keating, G., Georgousopoulou, E., Hespe, C., & Levett, K. (2021). Probiotics for the prevention of antibiotic-associated diarrhoea: a systematic review and meta-analysis. *BMJ open*, 11(8), e043054.
37. Storr, M., & Stengel, A. (2021). Systematic review: clinical evidence of probiotics in the prevention of antibiotic-associated diarrhoea: Systematischer Review. *MMW-Fortschritte der Medizin*, 163, 19-26.
38. Goldenberg, J. Z., Yap, C., Lytvyn, L., Lo, C. K. F., Beardsley, J., Mertz, D., & Johnston, B. C. (2017). Probiotics for the prevention of Clostridium difficile-associated diarrhea in adults and children. *Cochrane Database of Systematic Reviews*, (12).
39. Ma, Y., Yang, J. Y., Peng, X., Xiao, K. Y., Xu, Q., & Wang, C. (2020). Which probiotic has the best effect on preventing Clostridium difficile-associated diarrhea? A systematic review and network meta-analysis. *Journal of Digestive Diseases*, 21(2), 69-80.
40. Zhang, C., Jiang, J., Tian, F., Zhao, J., Zhang, H., Zhai, Q., & Chen, W. (2020). Meta-analysis of randomized controlled trials of the effects of probiotics on functional constipation in adults. *Clinical Nutrition*, 39(10), 2960-2969.
41. Perrotta, C., Aznar, M., Mejia, R., Albert, X., & Ng, C. W. (2008). Oestrogens for preventing recurrent urinary tract infection in postmenopausal women. *Cochrane database of systematic reviews*, (2).
42. Hanson, L., VandeVusse, L., Jerme, M., Abad, C. L., & Safdar, N. (2016). Probiotics for treatment and prevention of urogenital infections in women: a systematic review. *Journal of midwifery & women's health*, 61(3), 339-355.
43. Shamshu, R., Vaman, J., & Nirmala, C. (2017). Role of probiotics in lower reproductive tract infection in women of age group 18 to 45 years. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 6(2), 671.
44. Javadi, L., Ghavami, M., Khoshbaten, M., Safaiyan, A., Barzegari, A., & Gargari, B. P. (2017). The effect of probiotic and/or prebiotic on liver function tests in patients with nonalcoholic fatty liver disease: a double blind randomized clinical trial. *Iran Red Crescent Med J*, 19(04), e46017.
45. Cesaro, C., Tiso, A., Del Prete, A., Cariello, R., Tuccillo, C., Cotticelli, G., ... & Loguercio, C. (2011). Gut microbiota and probiotics in chronic liver diseases. *Digestive and Liver Disease*, 43(6), 431-438.
46. Loguercio, C., De Simone, T., Federico, A., Terracciano, F., Tuccillo, C., Di Chicco, M., ... & Blanco, C. D. V. (2002). Gut-liver axis: a new point of attack to treat chronic liver damage?. *Official journal of the American College of Gastroenterology/ ACG*, 97(8), 2144-2146. doi: 10.1111/j.1572-0241.2002.05942.x.
47. Lesan, S., Hajifattahi, F., Rahbar, M., & Mohammadi, S. (2017). The effect of probiotic yoghurt on the frequency of salivary Candida. *Journal of Research in Dental and Maxillofacial Sciences*, 2(2), 1-7.
48. Masdea, L., Kulik, E. M., Hauser-Gerspach, I., Ramseier, A. M., Filippi, A., & Waltimo, T. (2012). Antimicrobial activity of Streptococcus salivarius K12 on bacteria involved in oral malodour. *Archives of oral biology*, 57(8), 1041-1047.
49. Lim, S. M., Lee, N. K., Kim, K. T., & Paik, H. D. (2020). Probiotic Lactobacillus fermentum KU200060 isolated from watery kimchi and its application in probiotic yogurt for oral health. *Microbial Pathogenesis*, 147, 104430.
50. Kailasapathy, K., & Chin, J. (2000). Survival and therapeutic potential of probiotic organisms with reference to Lactobacillus acidophilus and Bifidobacterium spp. *Immunology and cell biology*, 78(1), 80-88.
51. Hogan, D. E., Ivanina, E. A., & Robbins, D. H. (2018). Probiotics: A review for clinical use. *Gastroenterol. Endosc. News*, 1, 1-7.
52. Sen, M. (2019). Role of probiotics in health and disease—A review. *International Journal of Advancement in Life Sciences Research*, 1-11.
53. SingleCare-Probiotics Side Effects: Who Should Not Take? Available online: <https://www.singlecare.com/blog/probiotics-sideeffects/> (accessed on 1 January 2024).
54. Lerner, A., Shoenfeld, Y., & Matthias, T. (2019). Probiotics: if it does not help it does not do any harm. Really?. *Microorganisms*, 7(4), 104. [CrossRef] [PubMed]
55. Dore, M. P., Bibbò, S., Fresi, G., Bassotti, G., & Pes, G. M. (2019). Side effects associated with probiotic use in adult patients with inflammatory bowel disease: A systematic review and meta-analysis of randomized controlled trials. *Nutrients*, 11(12), 2913. [CrossRef] [PubMed]