Probiotics and Prebiotics

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The use of probiotics has been increasing over the years, and is mainly being used for antibiotic-associated diarrhoea. Very often, the beneficial action of probiotics may either be seriously misunderstood or not acknowledged at all. This article provides an overview of probiotics, prebiotics and synbiotics, including their mechanisms of action, clinical applications and available products on the South African market.

Introduction

The history of probiotics began in the early 1900s.¹ It is hypothesised that people who used fermented milk products containing lactic acid bacteria [Streptococcus thermophilus and Lactobacillus delbrueckii (subspecies bulgaricus)] had a decreased intestinal pH, and that the fermented milk suppressed harmful bacteria overgrowth.¹

It is fair to assume that hygiene was difficult to establish in the early 1900s. Soldiers were severely affected by enterobacteria during World War I in 1917.² The family, *Enterobacteriaceae* (Gram-negative rods), were found to be associated with plant material, as well soil and water.² This might have been owing to the difficult circumstances of that time and the lack of hygiene.² The soldiers were severely affected by shigellosis. German professor, Alfred Nissle, noticed that during this severe outbreak, one of the soldiers was not affected.² Through careful research, he isolated a nonpathogenic strain of *Escherichia coli* from the faeces of this soldier. All indications suggested that this nonpathogenic strain had prevented the soldier from acquiring shigellosis.² This was interpreted to be a probiotic. The strain isolated by Nissle in 1917 is an example of a non-lactic acid bacteria probiotic.²

The growth of favourable organisms can be stimulated by microbial factors. The term "probiotics" was introduced in 1965.^{1,2} Commonly used terminology is described in Table 1.^{2,3}

Table 1: General probiotic definitions^{2,3}

Lactic acid bacteria ²	Gram-positive bacteria which are fermentative, nonpathogenic and nontoxigenic, and produce lactic acid from carbohydrates, which makes them valuable for food fermentation
	These species include Lactobacillus, Lactococcus and Streptococcus thermophilus ²
Fermentation ²	$\label{lem:microorganisms} Microorganisms produce lactic acid, ethanol and other metabolic end products to convert food into other products^2$
Species	Agroup of related bacteria which is highly similar by phenotype, but differs in characteristics ³
Bacteriocins	A protein that is produced by some bacteria. It constrains or kills closely related species ³
Mucin	Glycoproteins which contains a high molecular weight and are found in the secretion of mucous membranes ³

What areprobiotics?

Probiotics are microorganisms,⁴ and contribute to the health of a host. The host may benefit from probiotics when live microorganisms are administered in an adequate amount to restore microflora symbiosis in the gastrointestinal tract.⁴ This has been acknowledged by the Food and Agriculture Organization of the United Nations and the World Health Organization.⁴

A high percentage of probiotics derive from *Lactobacillus*, *Bifidobacterium*, *S. thermophilus* and homeostatic soil organisms. These Gram-positive bacteria and strains are also found in hair, skin, the mouth, respiratory tract, intestinal tract and other parts of the human body. Favourable strains, such as *L. acidophilus*, *L. bulgaricus*, *L. casei*, *L. plantarum*, *L. rhamnosus*, *L. salivarius*, *L. sporogenes*, and *B. bifidus*, *B. bifidum*, *B. infantis* and *B. longum*, are used in probiotic formula. Yeast, such as *Saccharomyces boulardii*, is also included in probiotics.



Probiotics that are most frequently encountered contain the *Bifidobacterium* and *Lactobacillus* spp.⁵ These organisms are the predominant and subdominant organisms of the gastrointestinal microbiota, and are also added to different types of food.⁵ The yeast species, *S. boulardii*, has also been shown to have a beneficial effect on health status.⁵ Food industry personnel are very interested in these organisms because of the beneficial effects that they have on health, and the history of the safe use of fermented milk products.⁵

Probiotics should adhere to specific standards, including their tolerance of gastric acid and bile in the gastrointestinal tract, ability to adhere to the gastrointestinal mucosa, and their competitive exclusion of pathogens. Probiotics should be able to adhere to cells, and should exclude or reduce pathogenic adherence. Probiotics must also be able to persist, multiply and produce acid. Probiotics need to be safe, noninvasive, noncarcinogenic and nonpathogenic, as well as being able to form normal balanced flora.

The survival of probiotics through the gastrointestinal tract can be influenced by the acidity of the stomach, the concentration and length of exposure to the acid and bile salt, and the level of bile salt hydrolase activity.4 Therefore, it is important that probiotics are able to survive gastric and bile acid when administered so that they can reach the gastrointestinal tract.4 They must also be able to colonise the host epithelium, and demonstrate a beneficiary effect.4 It has been shown that non-spore-forming lactobacilli-type probiotics are inactive in the low gastric pH and the bile.4 Probiotics can be found in food and dietary supplements, such as tablets, capsules and powder.4 It has been stated that the bacteria may have already been present or added during the preparation of probiotic food. ⁴These probiotics should be stored in acceptable conditions to ensure that they have long-term activity and feasibility for use in the general population.4

Probiotics' mechanism of action

Initially, it was difficult to understand probiotics' mechanism of action.¹ Probiotic bacteria can stimulate the host defence mechanisms by enhancing the immune system which acts on the humeral and cellular response.¹ Probiotics can also ease digestion by stabilising the microflora, as well as preventing hypersensitivity reactions to food antigens.¹

In stimulating the synthesis of immunoglobulins and cytokines, the effects of general probiotics are also associated with modulation of the immune response. Lactobacillus spp. shows macrophage activation, as well as an increase of phagocytosis, as confirmed by various clinical studies. Organisms such as bacteria, fungi and viruses are responsible for activation of the inflammatory cascade. Probiotics reduce the inflammatory reaction and simultaneously enhance the immune response. The duration of acute infections, like diarrhoea in children, traveller's diarrhoea and diarrhoea caused by *Clostridium difficile* infection, is effectively

reduced by numerous probiotic strains, including *L. reuteri, L rhamnosus and L casei*.¹

It is clear that multiple factors are prominent with regard to the beneficial effects of probiotics, although the mechanisms are not yet fully understood.⁵ Mechanism of action is achieved as:⁵

- Thegastrointestinal epithelial barrier function isenhanced
- Pathogen adhesion is inhibited, owing to concomitant probiotic adhesion to the intestinal mucosa
- Pathogenic microorganisms are excluded through competition with the probiotics
- · Anti-microorganism substances are produced
- The immune system is modulated.5

Immune modulation is achieved through the interaction of the probiotics and the host cells. The target is predominantly gastrointestinal epithelial- and gastrointestinal-associated immune cells in this process. An overview of naturally occurring human intestinal microbiota is provided in Table 2.247

The non-immune mechanisms and the mucosal immune mechanisms show a positive reaction when stimulated by probiotics, affecting the intestinal ecosystem.² This is achieved through antagonism and competition with potential pathogens.² Probiotics are mostly recognised for the decrease in the incidence of diarrhoea, as well as the severity of the disorder.² Excellent results have been obtained in certain animal models in decreasing colon cancer, probably due to the suppressing activity of certain bacterial enzymes which may have raised the levels of the procarcinogens.² Unfortunately, this has not yet been achieved in human models.² Probiotics have numerous benefits, which can be classified as either beneficial or non-immunological.²

Probiotics have the following immunological benefits:²

- Increased antigen presentation of B lymphocytes and increased secretory immunoglobulin A production is activated by the local macrophages, and affect the system both locally and systemically
- · The cytokine profiles are modulated
- Hyporesponsiveness to food antigens is established.²

Non-immunological benefits include:2

- Food digestion is improved, and increased competition with pathogens for the nutrients is achieved
- The local pH is adjusted to create an unfavourable local environment forpathogens
- · Pathogens are inhibited by the production of bacterocins
- Superoxide radicals are removed
- The epithelial mucin production is stimulated
- The intestinal barrier function is enhanced
- Thereiscompetitionforadhesionwiththepathogens
- The pathogen-derived toxins are modified.2

Table 2: An overview of human intestinal microbiota^{2,4,7}

Bacteroides, Bifidobacterium, Corynebacterium, Fusobacterium, Lactobacillus, Neisseria, Staphylococcus, Streptococcus, Veillonella and yeast ^{4,7}
Only a small amount of microorganisms, because of the low pH ⁷
$< 10^{3} bacterial cells per gram of stomach contents ^{2,7}\\$
Mainly bacilli, enterococci, <i>Helicobacter</i> , lactobacilli and streptococci ^{2,7}
Acidic, pancreatic secretions and bile secretions cause an unfavourable environment for microbes ^{2,7}
Stomach: Bacteroides, Bifidobacterium, Enterobacteriaceae, Lactobacillus, Streprococcus and yeast ⁴
Duodenum: Bacteroides, Bifidobacterium, Enterobacteriaceae, Lactobacillus, Streptococcus, Veillonella and yeast ⁴
There is a progressive increase in the number and diversity of the bacteria ^{2,7}
<i>Ileum: Bacteroides, Bifidobacterium, Clostridium,</i> Enterobacteriaceae, <i>Lactobacillus, Streptococcus</i> and yeast ⁴
$The large intestine contains a high population of an aerobes \it ^2$
$The colon contains the majority of gas troint estimal \\ microbes {\it '}$
Colon: Bacteroides, Bifidobacterium, Clostridium, Coprococcus, Enterobacteriaceae, Eubacterium, Lactobacillus, Peptostreptococcus, Ruminococcus and Streptococcus ⁴
Faeces: Bacteroides, Bifidobacterium, Clostridium, Coprococcus, Enterobacteriaceae, Eubacterium, Lactobacillus, Peptostreptococcus, Ruminococcus, Streptococcus, Veillonella and yeast ⁴

Excellent results have been reported in various human studies and animal models with regard to the clinical potential of probiotics against many diseases.⁵ Probiotics have been reported to:⁵

- Suppress diarrhoea
- Alleviate postoperative complications and lactose intolerance
- · Exhibit anti-colorectal cancer and antimicrobial activity
- Reduce irritable bowel symptoms
- Prevent inflammatory bowel disease.⁵

To summarise, it can be stated that probiotics are confirmed to be safe, and should adhere to certain conditions.¹ For example, probiotics should:¹

- Not lose their properties during storage
- · Be present normally in the human intestines
- Be able to survive in the gastrointestinal tract and colonise the intestinal cells
- · Have beneficial effects on human health

- Have antagonism against pathogenic microorganisms
- Not demonstrate side-effects.¹

The potential health benefits of probiotics tend to be strain specific and generalisations of probiotic benefits does not attribute to different strains within one species.⁵

The use of probiotics and prebiotics

As stated previously, probiotics are live micro-organisms¹¹. The two most known groups of intestinal flora are Lactobacilli and Bifidobacteria¹¹. Lactobacilli are mainly found in the small intestine whilst the Bifidobacteria are found in the colon¹¹.

When looking at the probiotic product, Quatroflora. The predominant types of probiotic bacteria in Quatroflora are Lactobacillus, Bifidobacterium and S. thermophilus¹². The probiotics can manage to survive the passage through the stomach into the gastro-intestinal system due to Quatroflora's unique manufacturing process¹². Due to this process the probiotic bacteria are being protected from gastric acid, bile salts and pancreatic enzymes due to a polysaccharide matrix which is insoluble to a low pH¹². This matrix dissolves in the upper part of the small intestine where the probiotic bacteria will rehydrate and released in their biological active state¹².

These micro-organisms can be very beneficial in the gastro-intestinal system¹¹. They can prevent diarrhoea and constipation, stimulate the immune system, assist in digestion and produce vitamins such as vitamin B12 and vitamin K¹¹. Examples of commercially available probiotic products in South Africa are seen in Table 4.

Evidence has been demonstrated in some studies have that probiotics various clinical applications (Table 3).²

Prebiotics

The term "prebiotic" was first introduced in 1995. Probiotics must not be confused with prebiotics. Prebiotics are defined as a non-digestible food ingredient. They enhance the growth and activity of selected intestinal strains, and can therefore affect a favourable change in the balance of the intestinal microflora. Prebiotics are mainly dietary fibre, particularly soluble fibre, and are also known as "colonic food", consisting of specific carbohydrates.

The mechanism of action of prebiotics constitutes their effects on the intestinal bacteria through their ability to enhance the amount of beneficial anaerobic bacteria, and to decrease the pathogenic microorganism population.^{1,2}

Prebiotics are present in numerous edible plants, such as asparagus, bananas, chicory, garlic, leeks, oats, onions, soy beans and wheat.¹ Raw vegetable material is also a key component of a high percentage of commercial prebiotics.¹ Production is achieved via an enzymatic method, through the transglycosylation of monosaccharides or disaccharides, or the hydrolysis of complex polysaccharides.¹

Table 3. The clinical applications of probiotics²

Table 3: The clinical applications of probiotics ²				
Probiotic or prebiotic	Recommended dose			
Acute diarrhoea in adults				
Enterococcus faecium	108 cfu, three times daily			
Lactobacillus paracasei or Lactobacillus rhamnosus	10° cfu twice daily			
Saccharomyces boulardii, a strain of Saccharomyces cerevisiae	10° cfu per capsule of 250 mg, 2–6 capsules per day			
Acute infectious diarrhoea				
Lactobacillus rhamnosus	1010 to 1011 cfu, twice daily			
Saccharomyces boulardii, a strain of Saccharomyces cerevisiae	200 mg, three times daily			
Antibiotic-associated diarrhoea				
Saccharomyces boulardii, a strain of Saccharomyces cerevisiae	250 mg, twice daily			
Lactobacillus rhamnosus	1010 cfu, once or twice daily			
Lactobacillus rhamnosus	2×10^{10} cfu, twice daily			
Enterococcus faecium	108 cfu, twice daily			
Lactobacillus casei in fermented milk	1010 cfu, twice daily			
Bacillus clausii (Enterogermina strains)	$2\times 10^{\rm o}\text{spores},$ three times daily			
Lactobacillus acidophilus + Lactobacillus casei	5×10^{10} cfu, once or twice daily			
Clostridium difficile diarrhoea in adults				
Lactobacillus casei in fermented milk	1010 cfu, twice daily			
Lactobacillus acidophilus + Bifidobacteriumbifidum (Cultech strains)	2×10^{10} cfu for each strain, once daily			
Oligofructose	4 g, three times per day			
Lactobacillus rhamnosus + Lactobacillus acidophilus	10° cfu each, once daily			
Helicobacter pylori eradication				
Lactobacillus casei in fermented milk	1010 to 1012 cfu daily, for 14 days			
Lactobacillus rhamnosus GG	6×10^{9} cfu, twice daily			
Bacillus clausii (Enterogermina strains)	2×10^9 spores, three times daily			
Saccharomycesboulardii,astrainofSaccharomycescerevisiae	500 mg to 1 g, or $2-4 \times 10^9$ cfu per day			
Kefir	250 ml twice daily			
Lactobacillus reuteri	108 cfu/day			
Nosocomial diarrhoea				
Lactobacillus rhamnosus	1010 to 1011 cfu, twice daily			
Bifidobacterium lactis + Streptococcus thermophilus	10 ⁸ plus 10 ⁷ cfu/g of formula			
The prevention of respiratory tract infections in athletes				
Lactobacillus casei (Shirota strain in fermented milk)	10¹º cfu, once daily			
Remission in ulcerative colitis				
Escherichia coli	5×10^{10} viable bacteria, twice daily			
Symptoms of irritable bowel syndrome				
Bifidobacterium infantis	10° cfu, once daily			
Bifidobacterium animalis in fermented milk	1010 cfu, twice daily			
Lactobacillus acidophilus	10¹º cfu, per day			
Treatment of constipation				
Lactulose	20-40 g/day			
Oligofructose	> 20 g/day			
Treatment of hepatic encephalopathy				
Lactulose	45-90 g/day			
Treatment of mildly active ulcerative colitis or pouchitis				
Mixtureofeightstrains(one Streptococcusthermophilus, four Lactobacillus and three Bifidobacterium)	$2 \times 9 \times 10^{11}$ cfu, twice daily			
cfu: colony-forming units				

cfu: colony-forming units

Table 4: Examples of commercially available probiotic, prebiotic and synbiotic products in South Africa⁸

Probiotics ⁸				
Products*	Organism	Detected using DGGE		
BioPro Reuteri® straws8	Lactobacillus reuteri	Lactobacillus reuteri		
BioPro Reuteri® tablets8	Lactobacillus reuteri	Lactobacillus reuteri		
Combiforte capsules8	Lactobacillus acidophilus	Lactobacillus acidophilus Bifidobacterium infantis		
	Bifidobacterium bifidus			
	Bifidobacterium longum			
Infantiforte capsules8	Bifidobacterium infantis	Bifidobacterium infantis		
QuatroFlora® capsules11,12	Bifidobacterium, BB-12°, Lactobacillus acidophilus, LA-5°, Lactobacillus bulgaricus, LBY-27, Streptococcus thermophilus, STY-31	Bifidobacterium Lactobacillus acidophilus Lactobacillus bulgaricus Streptococcus thermophilus		
Prebiotics				

Asparagus, bananas, chicory, garlic, leeks, oats, onions, soybeans and wheat¹

Synbiotics

Yoghurt and kefir⁴

Synbiotics

A synbiotic is a nutritional supplement containing both probiotics and prebiotics.⁷ Synbiotics can be defined as "a mixture of probiotics and prebiotics that beneficially affects the host by improving the survival and implantation of live microbial dietary supplements in the gastrointestinal tract, by selectively stimulating the growth and/or activating the metabolism of one or a limited number of health-promoting bacteria, and thus improving host welfare".¹

This mixture of probiotics and prebiotics works together to ensure that bacterial microflora in the gastrointestinal tract remain healthy. Synbiotic products include fermented milk products, such as yoghurt and kefir. This is functional food since it restores the normal bacterial microflora and supplies the necessary food for the normal microflora to proliferate. Bifidobacteria and fructooligosaccharides, *Lactobacillus* GG, inulin, and bifidobacteria and lactobacilli with fructooligosaccharides or inulin, are the best combinations of available synbiotics. An overview of commercially available probiotic, prebiotic and synbiotic products is provided in Table 4.

Conclusion

Probiotics are live nonpathogenic microorganisms which have a beneficial effect on the health of the host. They are present in the gastrointestinal tract without causing any side-effects. Probiotics can be used for several conditions, e.g. antibiotic-induced diarrhoea, irritable bowel syndrome and inflammatory bowel disease. Prebiotics are known to be a non-digestible food ingredient. They exert a favourable change in the balance of intestinal microflora by enhancing

the growth and activity of some intestinal strains. Synbiotics, a combination of probiotics and prebiotics, are a nutritional supplement.

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^{*}: Other probiotic products include ProbiFlora $^{\circ}$, Reuterina $^{\circ}$, Viral Guard $^{\circ}$ and Duphalac $^{\circ}$ DGGE: denaturing gradient gelelectrophores is