Probiotics and Prebiotics

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 definitions2,3

<table>
<thead>
<tr>
<th>Lactic acid bacteria²</th>
<th>Gram-positive bacteria which are fermentative, nonpathogenic and non-toxicogenic, and produce lactic acid from carbohydrates, which makes them valuable for food fermentation²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fermentation²</td>
<td>Microorganisms produce lactic acid, ethanol and other metabolite end products to convert food into other products²</td>
</tr>
<tr>
<td>Species</td>
<td>A group of related bacteria which is highly similar by phenotype, but differs in characteristics³</td>
</tr>
<tr>
<td>Bacteriocins</td>
<td>A protein that is produced by some bacteria. It constrains or kills closely related species³</td>
</tr>
<tr>
<td>Mucin</td>
<td>Glycoproteins which contains a high molecular weight and are found in the secretion of mucous membranes⁵</td>
</tr>
</tbody>
</table>

What are probiotics?

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.⁴ 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.⁴ Favourable strains, such as L. acidophilus, L. bulgaricus, L. casei, L. plantarum,
Probiotics and prebiotics

Probiotics and prebiotics have been shown to have a beneficial effect on health status. Yeast, such as Saccharomyces boulardii, is also included in probiotics. Prebiotics are the most frequently encountered contained the Bifidobacterium and Lactobacillus spp. These organisms are the predominant and subdominant organisms of the gastrointestinal microbiota, and are also added to different types of food. The yeast species, S. boulardii, has also been shown to have a beneficial effect on health status. 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.

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

Probiotics’ mechanism of action

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

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.

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

- The gastrointestinal epithelial barrier function is enhanced
- Pathogen adhesion is inhibited, owing to concomitant probiotic adhesion to the intestinal mucosa
- Pathogenic microorganisms are excluded through competition with the probiotics
- Anti-microbial substances are produced
- The immune system is modulated

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.

The non-immune mechanisms and the mucosal immune mechanisms show a positive reaction when stimulated by probiotics, affecting the intestinal ecosystem. This is achieved through antagonism and competition with potential pathogens. Probiotics are mostly recognised for the decrease in the incidence of diarrhoea, as well as the severity of the disorder. 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. Unfortunately, this has not yet been achieved in human models. Probiotics have numerous benefits, which can be classified as either beneficial or non-immunological.

Probiotics have the following immunological benefits:

- 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

Non-immunological benefits include:

- Food digestion is improved, and increased competition with pathogens for the nutrients is achieved
Review: Probiotics and prebiotics

**Table 2: An overview of human intestinal microbiota**

<table>
<thead>
<tr>
<th>Location</th>
<th>Microbiota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral cavity (saliva)</td>
<td>Bacteroides, Bifidobacterium, Corynebacterium, Fusobacterium, Lactobacillus, Neisseria, Staphylococcus, Streptococcus, Veillonella and yeast</td>
</tr>
<tr>
<td>Stomach (pH of 1-2) and duodenum (pH of 6-7)</td>
<td>Only a small amount of microorganisms, because of the low pH</td>
</tr>
<tr>
<td>Jejunum and ileum (pH of 6-7)</td>
<td>There is a progressive increase in the number and diversity of the bacteria ileum: Bacteroides, Bifidobacterium, Clostridium, Enterobacteriaceae, Lactobacillus, Streptococcus and yeast</td>
</tr>
<tr>
<td>Colon (pH of 5-7)</td>
<td>The large intestine contains a high population of anaerobes The colon contains the majority of gastrointestinal microbes Colon: Bacteroides, Bifidobacterium, Clostridium, Coprococcus, Enterobacteriaceae, Eubacterium, Lactobacillus, Peptostreptococcus, Ruminococcus and Streptococcus</td>
</tr>
<tr>
<td>Faeces</td>
<td>Faeces: Bacteroides, Bifidobacterium, Clostridium, Coprococcus, Enterobacteriaceae, Eubacterium, Lactobacillus, Peptostreptococcus, Ruminococcus, Streptococcus, Veillonella and yeast</td>
</tr>
</tbody>
</table>

- The local pH is adjusted to create an unfavourable local environment for pathogens
- Pathogens are inhibited by the production of bacteriocins
- Superoxide radicals are removed
- The epithelial mucin production is stimulated
- The intestinal barrier function is enhanced
- There is competition for adhesion with the pathogens
- The pathogen-derived toxins are modified

Excellent results have been reported in various human studies and animal models with regard to the clinical potential of probiotics against many diseases. Probiotics have been reported to:
- Suppress diarrhoea
- Alleviate postoperative complications and lactose intolerance
- Exhibit anti-colorectal cancer and antimicrobial activity
- Reduce irritable bowel symptoms
- Prevent inflammatory bowel disease.

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

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.

**The use of probiotics and prebiotics**

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

**Prebiotics**

The term “prebiotic” was first introduced in 1995. Prebiotics must not be confused with probiotics. 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.

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

**Synbiotics**

A synbiotic is a nutritional supplement containing both probiotics and prebiotics. 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.”

This mixture of probiotics and prebiotics works together to
Table 3: The clinical applications of probiotics

<table>
<thead>
<tr>
<th>Probiotic or prebiotic</th>
<th>Recommended dose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute diarrhoea in adults</strong></td>
<td></td>
</tr>
<tr>
<td>Enterococcus faecium</td>
<td>$10^8$ cfu, three times daily</td>
</tr>
<tr>
<td>Lactobacillus paracasei or Lactobacillus rhamnosus</td>
<td>$10^6$ cfu twice daily</td>
</tr>
<tr>
<td>Saccharomyces boulardii, a strain of Saccharomyces cerevisiae</td>
<td>10^9 cfu per capsule of 250 mg, 2–6 capsules per day</td>
</tr>
<tr>
<td><strong>Acute infectious diarrhoea</strong></td>
<td></td>
</tr>
<tr>
<td>Lactobacillus rhamnosus</td>
<td>$10^{10}$ to $10^{11}$ cfu, twice daily</td>
</tr>
<tr>
<td>Saccharomyces boulardii, a strain of Saccharomyces cerevisiae</td>
<td>200 mg, three times daily</td>
</tr>
<tr>
<td><strong>Antibiotic-associated diarrhoea</strong></td>
<td></td>
</tr>
<tr>
<td>Saccharomyces boulardii, a strain of Saccharomyces cerevisiae</td>
<td>250 mg, twice daily</td>
</tr>
<tr>
<td>Lactobacillus rhamnosus</td>
<td>$10^{10}$ cfu, once or twice daily</td>
</tr>
<tr>
<td>Lactobacillus rhamnosus</td>
<td>$2 \times 10^{10}$ cfu, twice daily</td>
</tr>
<tr>
<td>Enterococcus faecium</td>
<td>$10^8$ cfu, twice daily</td>
</tr>
<tr>
<td>Lactobacillus casei in fermented milk</td>
<td>$10^8$ cfu, twice daily</td>
</tr>
<tr>
<td>Bacillus clausii (Enterogermina strains)</td>
<td>$2 \times 10^9$ spores, three times daily</td>
</tr>
<tr>
<td>Lactobacillus acidophilus + Lactobacillus casei</td>
<td>$5 \times 10^9$ cfu, once or twice daily</td>
</tr>
<tr>
<td><strong>Clostridium difficile diarrhoea in adults</strong></td>
<td></td>
</tr>
<tr>
<td>Lactobacillus casei in fermented milk</td>
<td>$10^{10}$ cfu, once daily</td>
</tr>
<tr>
<td>Lactobacillus acidophilus + Bifidobacterium bifidum (Cultech strains)</td>
<td>$2 \times 10^{10}$ cfu for each strain, once daily</td>
</tr>
<tr>
<td>Oligofructose</td>
<td>4 g, three times per day</td>
</tr>
<tr>
<td>Lactobacillus rhamnosus + Lactobacillus acidophilus</td>
<td>$10^8$ cfu each, once daily</td>
</tr>
<tr>
<td><strong>Helicobacter pylori eradication</strong></td>
<td></td>
</tr>
<tr>
<td>Lactobacillus casei in fermented milk</td>
<td>$10^{9}$ to $10^{10}$ cfu daily, for 14 days</td>
</tr>
<tr>
<td>Lactobacillus rhamnosus GG</td>
<td>$6 \times 10^8$ cfu, twice daily</td>
</tr>
<tr>
<td>Bacillus clausii (Enterogermina strains)</td>
<td>$2 \times 10^9$ spores, three times daily</td>
</tr>
<tr>
<td>Saccharomyces boulardii, a strain of Saccharomyces cerevisiae</td>
<td>500 mg to 1 g, or $2-4 \times 10^9$ cfu per day</td>
</tr>
<tr>
<td>Kefir</td>
<td>250 ml twice daily</td>
</tr>
<tr>
<td>Lactobacillus reuteri</td>
<td>$10^8$ cfu/day</td>
</tr>
<tr>
<td><strong>Nosocomial diarrhoea</strong></td>
<td></td>
</tr>
<tr>
<td>Lactobacillus rhamnosus</td>
<td>$10^{10}$ to $10^{11}$ cfu, twice daily</td>
</tr>
<tr>
<td>Bifidobacterium lactis + Streptococcus thermophilus</td>
<td>$10^8$ plus $10^9$ cfu/g of formula</td>
</tr>
<tr>
<td><strong>The prevention of respiratory tract infections in athletes</strong></td>
<td></td>
</tr>
<tr>
<td>Lactobacillus casei (Shirota strain in fermented milk)</td>
<td>$10^9$ cfu, once daily</td>
</tr>
<tr>
<td><strong>Remission in ulcerative colitis</strong></td>
<td></td>
</tr>
<tr>
<td>Escherichia coli</td>
<td>$5 \times 10^{10}$ viable bacteria, twice daily</td>
</tr>
<tr>
<td><strong>Symptoms of irritable bowel syndrome</strong></td>
<td></td>
</tr>
<tr>
<td>Bifidobacterium infantis</td>
<td>$10^8$ cfu, once daily</td>
</tr>
<tr>
<td>Bifidobacterium animalis in fermented milk</td>
<td>$10^8$ cfu, twice daily</td>
</tr>
<tr>
<td>Lactobacillus acidophilus</td>
<td>$10^8$ cfu, per day</td>
</tr>
<tr>
<td><strong>Treatment of constipation</strong></td>
<td></td>
</tr>
<tr>
<td>Lactulose</td>
<td>20-40 g/day</td>
</tr>
<tr>
<td>Oligofructose</td>
<td>&gt; 20 g/day</td>
</tr>
<tr>
<td><strong>Treatment of hepatic encephalopathy</strong></td>
<td></td>
</tr>
<tr>
<td>Lactulose</td>
<td>45-90 g/day</td>
</tr>
<tr>
<td><strong>Treatment of mildly active ulcerative colitis or pouchitis</strong></td>
<td></td>
</tr>
<tr>
<td>Mixture of eight strains (one Streptococcus thermophilus, four Lactobacillus and three Bifidobacterium)</td>
<td>$2 \times 9 \times 10^{11}$ cfu, twice daily</td>
</tr>
</tbody>
</table>

cfu: colony-forming units
ensure that bacterial microflora in the gastrointestinal tract remain healthy.\textsuperscript{4} Synbiotic products include fermented milk products, such as yoghurt and kefir.\textsuperscript{4} This is functional food since it restores the normal bacterial microflora and supplies the necessary food for the normal microflora to proliferate.\textsuperscript{4} Bifidobacteria and fructooligosaccharides, \textit{Lactobacillus GG}, inulin, and bifidobacteria and lactobacilli with fructooligosaccharides or inulin, are the best combinations of available synbiotics.\textsuperscript{4} 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.

### Table 4: Examples of commercially available probiotic, prebiotic and synbiotic products in South Africa\textsuperscript{8}

<table>
<thead>
<tr>
<th>Products\textsuperscript{a}</th>
<th>Organism</th>
<th>Detected using DGGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BioPro Reuteri\textsuperscript{a} straws\textsuperscript{8}</td>
<td>\textit{Lactobacillus reuteri}</td>
<td>\textit{Lactobacillus reuteri}</td>
</tr>
<tr>
<td>BioPro Reuteri\textsuperscript{a} tablets\textsuperscript{8}</td>
<td>\textit{Lactobacillus reuteri}</td>
<td>\textit{Lactobacillus reuteri}</td>
</tr>
<tr>
<td>Combiforte\textsuperscript{a} capsules\textsuperscript{8}</td>
<td>\textit{Lactobacillus acidophilus}</td>
<td>\textit{Lactobacillus acidophilus}</td>
</tr>
<tr>
<td></td>
<td>\textit{Bifidobacterium bifidus}</td>
<td>\textit{Bifidobacterium bifidus}</td>
</tr>
<tr>
<td></td>
<td>\textit{Bifidobacterium longum}</td>
<td>\textit{Bifidobacterium longum}</td>
</tr>
<tr>
<td>Infantiforte\textsuperscript{a} capsules\textsuperscript{8}</td>
<td>\textit{Bifidobacterium infantis}</td>
<td>\textit{Bifidobacterium infantis}</td>
</tr>
</tbody>
</table>

**Prebiotics**

Asparagus, bananas, chicory, garlic, leeks, oats, onions, soybeans and wheat\textsuperscript{1}

**Synbiotics**

Yoghurt and kefir\textsuperscript{4}

\textsuperscript{a}: Other probiotic products include ProbiFlora\textsuperscript{1}, Reuterina\textsuperscript{1}, Viral Guard\textsuperscript{1} and Duphalac\textsuperscript{1}

DGGE: denaturing gradient gel electrophoresis

### References