Probiotic bacteria: their properties and mode of action (Part 2 of 4)

Ela Johannsen MSc Microbiol., Lodz, Poland; PhD Microbiol. Rhodes University, Grahamstown

Correspondence: bioflora@lantic.net/elaj@lantic.net

Introduction

Probiotic preparations are usually defined as live microbial dietary adjuvants which by improving nutritional and microbial balance in the intestinal tract beneficially affect the host's physiology^{1,2}. This definition has recently been extended³ to include the modulation of the mucosal and systemic immunity as one of the more important beneficial effects of probiotic preparations. (SA Fam Pract 2003;45(3):36-38)

These definitions and the research on which they are based, indicate that the benefits of probiotics extend beyond the maintenance of the correct microbial balance in the intestines and the positive effects on the digestive tract itself, and include other benefits to the general health of the host.

The microbial flora inhabiting the human intestinal tract is acquired gradually, starting just after birth. The digestive tract of an adult person is inhabited by over 400 species of various commensal microorganisms, i.e. bacteria, yeasts, viruses4,5 and their approximate combined number is estimated^{1,5} to be in the region of 10¹⁴. The composition of the intestinal flora and the numbers of the individual types of microorganisms are not static, but undergo continuous changes influenced by the age, diet, life style, environment and/or pathological conditions^{1,6,7,8}. The relationship between these microorganisms and the human body can be saprophytic, parasitic or symbiotic. Among the symbiotic microorganisms are those that have beneficial properties necessary to maintain a healthy digestive tract and which are believed to be responsible for the overall control of the balance in this part of the human body.

Two major groups of such probiotic microorganisms, naturally occurring in the intestines of a healthy person and generally acknowledged as being able to exert beneficial health effects are bacteria belonging to the genera Lactobacillus and Bifidobacterium.

Lactobacillus (microaerophilic) resides predominantly in the small intestine and *Bifidobacterium* (strictly anaerobic) resides in the large intestine.

Factors affecting probiotic microorganisms

The relationship between the various microorganisms (the beneficial, the saprophytic and the pathogenic) and their interactions are complex and the balance maintained between the various types is delicate and frequently critical. Numerous factors can affect the composition of the intestinal microflora. Changes in life style are probably responsible for the observation that the present day ecology of the human gastrointestinal tract is vastly different from that of the humans living in earlier times9. Among the factors which can deplete the beneficial bacteria are: frequent use of antibiotics, stress, incorrect diet, age, impaired peristalsis, compromised immune system and diarrhoea^{6,8}. If the decrease in the numbers of the beneficial bacteria is large enough, the balance in the intestines is disturbed and pathogenic microflora may become dominant.

In order to be able to use probiotic preparations effectively, one needs to know their required properties, understand why these properties are

needed, and also understand the mechanism through which these preparations exert their anticipated effects. A number of important criteria according to which the strains for the production of commercially available preparations should be selected, is outlined below.

Properties required of bacterial strains used in probiotic preparations

i. Safety

Safety of the selected strains should constitute an overriding consideration. According to the Joint FAO/WHO Expert Consultation on Evaluation of Health and Nutritional Properties of Probiotics in Food¹⁰, the strains:

- Should not possess pathogenic or virulence characteristics;
- Should not be capable of transferring antibiotic/drug resistance to pathogens and
- Should not become passively (through the process of lysis) a source of antibiotic resistance.

It should be mentioned that two *Enterococcus* species, used in the preparation of probiotic preparations, have been reported in the literature to be associated with the resistance to vancomycin, namely: *E. faecium* and *E. faecalis*^{11,12,13,14}, whereas *Lactobacillus reuteri* has been reported to be

associated with the resistance to erythromycin^{15,16}, chloramphenicol¹⁷ and vancomycin¹⁸.

ii. The ability to exert microbial interference

Production of anti-microbial substances

One of the most important mechanisms though which probiotic bacteria exert their effects on pathogens invading the human body, is the production of a range of compounds with strong antimicrobial properties.

During fermentation, lactic acid bacteria produce a range of short-chain fatty acids such as lactic, acetic, butyric and propionic acids which reduce the pH of the intestinal milieu and also have broad-spectrum inhibitory effects against Gram-positive and Gramnegative bacteria and some viruses^{3,7}. Lactic and acetic acids are known to inhibit the growth of pathogens such as *Staphylococcus aureus*¹⁹, *Salmonella typhimurium*²⁰, *Helicobacter pylori*²¹ as

well as of Listeria, Campylobacter, Shigella^{22,23}, Clostridium difficile^{24,25} and Yersinia²⁶. Rotavirus infections, frequently responsible for the infant diarrhoea were found to be effectively inhibited by probiotic strains²⁷.

Hydrogen peroxide (H₂O₂), produced by the lactic acid bacteria is known to have an inhibiting effect on a number of microorganisms^{28,29} and is most frequently used in the control of the overgrowth of *Candida albicans*^{5,25}.

A detailed discussion of numerous bacteriocins (antibiotic-like substances and bactericidal proteins) is included in the review by Naidu et al.³.

Competitive exclusion of pathogen binding and competition for nutrients

In addition to the ability to produce a range of anti-microbial substances, probiotics' ability to compete for space and for nutrients constitutes the second group of mechanisms through which they may antagonize pathogenic microflora within the human body^{3,6}.

It should be emphasised that the competitive exclusion and competition for nutrients occur simultaneously with the production of anti-microbial compounds.

iii. Colonization of the human intestinal tract

Resistance to acid and bile

For the successful colonization of the gastrointestinal tract, it is essential for probiotic bacteria to be resistant to the gastric juices in order to survive the passage through the harsh milieu of the stomach and also to be resistant to the strongly antibacterial properties of the bile^{3,10}.

Ability to adhere to various types of mucosal cells

It is not clear whether the ability of probiotic bacteria to adhere to the intestinal mucosal cells and thus avoid/prevent their rapid removal by contraction of the gut, is essential for optimum

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effects⁵. It should be mentioned that transient microbes such as dairy strains present in yoghurt can induce short-term beneficial effects, such as lowering the pH and the production of organic acids, without being able to reside in the gut5.

Probiotic strains intended for use in the urogenital therapy should have the ability to adhere to the vaginal and uroepithelial cells30 and thus be able to interfere with the adhesion of vaginal or uro-pathogens30,31 and re-colonize the vagina.

Similarly, probiotic strains that are used in the treatment of oral pathogens, should be able to adhere effectively to the mucosal cells in the mouth³².

iv. Ability to modulate the human immune system

Increasing attention has recently been given to the effects of probiotics and probiotic products on the mucosal immune system and the mucosaassociated lymphoid tissue^{33,34,35,36,37,38}. As the intestinal mucosa is the major habitat of these bacteria, they are in intimate contact with the gut-associated lymphoid tissue (GALT). GALT constitutes the largest lymphoid tissue in the human body37 and therefore the naturally occurring probiotic bacteria play a fundamental role in the functioning of the mucosal immune system^{34,35,36,37}. In a recent publication³⁸, an outline of the mechanisms through which probiotic bacteria modulate the human immune system is presented.

v. Production of β-galactosidase The inability to digest lactose (lactose intolerance) is a problem affecting up to 75% of the world's adult population³⁹. In order to avoid the unpleasant symptoms of the intestinal distress, the affected individuals, with too low levels of the enzyme \(\beta\)-galactosidase necessary for the degradation of lactose, typically restrict the intake of dairy products. This in turn may lead to the development of nutritional deficiencies, predominantly of calcium⁵. As the lactic acid bacteria are efficient producers of B-galactosidase, it is frequently a matter of a sufficient number of them being present in the digestive tract to produce sufficient amounts of the enzyme. The administration of probiotic bacteria and also of the dairy strains of lactic acid

bacteria should prevent or at least reduce the symptoms of lactose intolerance^{5,6,40,41}.

vi. The ability to reduce the level of serum cholesterol and lipids

As a substantial body of evidence is accumulating relating to the beneficial effects of probiotic bacteria on the reduction of serum and lipids, the strains used commercially should be able to offer these benefits. Although the mode of action through which lactic acid bacteria can reduce cholesterol and lipid levels is not fully understood, several mechanisms have been postulated, namely: direct assimilation of cholesterol, deconjugation of bile salts, reduced transport of cholesterol to plaque deposits and the inhibition of lowdensity lipoproteins formation^{1,42,43,44}. The decrease in the level of β -hydroxyβ-methylglutaryl-Coenzyme A reductase in the liver observed with the consumption of probiotics, is considered to be an indication of the decrease of cholesterol synthesis and constitutes another possible mode of action⁴⁵.

With the growing antibiotic resistance within the human pathogenic microflora and with the increasing emphasis on preventative approaches, the potential for the prophylactic and therapeutic use of probiotic seems to be enormous.

References:

- Fuller R. Probiotics in man and animals. A review, J Appl Bacteriol 1989;66:365-378.
- Guarner F, Schaafsma GJ. Probiotics. Int J Food Microbiol 1998, 39: 237- 238.
- Naidu AS, Bidlack WR, Clemens RA. Probiotic spectra of lactic acid bacteria (LAB). Critical Reviews in Food Science and Nutrition 1999;38:13-126
- Moore WEC, Holdeman LV. Human fecal flora: The normal flora of 20 Japanese Hawaiians. Appl Microbiol 1974;
- Koop-Hoolihan L. Prophylactic and therapeutic uses of probiotics: a review. J Am Diet Assoc 2001:101(No 2):229-
- Fuller R. Probiotics in medicine. Gut 1991; 32: 439-442. Gorbach SL. Lactic acid bacteria and human health. Ann
- Med 1990;22:37-41
- Kirjavainen PV, Gibson GR. Healthy gut microflora and allergy: factors influencing development of the microbiota. The Finnish Medical Society Duodecim, Ann Med 1999: 31:288-292.
- Bezkorovainy A. Ecology of Bifidobacteria, in: Biochemistry and Physiology of *Bifidobacteria*. 1989. A Bezkorovainy and Miller-Catchpole, CRC Press Inc. Florida, USA, Chpt 2, 58-63.
- Joint FAO/WHO Expert Consultation on Evaluation of Health and Nutritional Properties of Probiotics in Food including Powder Milk with Live Lactic Acid Bacteria (Cordoba, Argentina, 1-4 October 2001), p 14-15.
- Shlaes DM et al., Inducible, transferable resistance to vancomycin in Enterococcus faecium D399. Antimicrob Chemother 1989;23:503-508.
- Eaton TJ, Gasson MJ. Molecular screening of Enteroccocus virulence determinant potential for genetic exchange between food and medical isolates. Appl Environ Microbiol
- 13. Lund B, Edlund C. Probiotic Enterococcus faecium strain

- is a possible recipient vanA gene cluster. Clin Infect Dis 2001; 9:1384-1385.

 Noble WC, Virani Z, Cree RG. Co-transfer of vancomycin
- and other resistance genes from Enterococcus faecalis NCTC 12201 to Staphylococcus aureus, FEMS Microbiol Lett 1992; 72:195-198.
- Axelsson L et al. Identification and cloning of a plasmidencoded crythromycin resistance determinant from Lactobacillus reuteri, Plasmid 1988: 20:171-174.
- Tannock GW et al. Molecular characterization of a plasmidborne (pGT633) erythromycin resistance determinant (emGT) from *Lactobacillus reuteri*. *Plasmid* 1994;31:60-
- Lin CF et al. Molecular characterization of a plasmid-borne (pTC82) chloramphenicol resistance determinant (cat-TC) from Lactobacillus reuteri G4. Plasmid 1996:36:116-124
- Casas IA, Dobrogosz WJ. Validation of the probiotic concept: Lactobacillus reuteri confers broad-spectrum protection against disease in humans and animals Microbial Ecology in Health and Disease 2000;12:247-288.
- Kao CT, Frazier WC. Effect of lactic acid bacteria on growth of Staphylococcus aureus. Appl Microbiol 1996:14:251-255
- Goepfert JM, Hicks R. Effect of volatile fatty acids on Salmonella typhimurium. J Bacteriol 1969;97:956-958
- Midolo PD et al., In vitro inhibition of Helicobacter pylori NCTC 11637 by organic acids and lactic acid bacteria. J Appl Bacteriol 1995;79(4):475-479.
- Hawkins SM. Bifidobacteria in Dairy Products. Cultured Dairy Products J 1993; 16-20.
- Hughes DB, Hoover DG. Bifidobacteria: Their potential for use in American dairy products. Food Technol
- Gorbach Sl, Chang T, Goldin B. Successful treatment of relapsing Clostridium difficile colitis with Lactobacillus GG. Lancet 26 Dec 1987:1519.
- Elmer GW, Surawicz CM, McFarland LV. Biotherapeutic agents. A neglected modali-ty for the treatment and prevention of selected intestinal and vaginal infections. A review. JAMA 1996;275(No 11); 870-876.
- Kuznetsov VF et al. Intestinal dysbacteriosis in versiniosis patients and the possibility of its correction with biopreparations. Ter Arh 1994; 66: 17-18.
- Majamaa H et al., Lactic acid bacteria in the treatment of acute rotavirus gastro-enteritis. J Ped Gastr Nutr 1995; 20:333-338
- Klebanoff SJ, Clem WH, Lueble RG. The peroxidasethiocyanate-hydrogen peroxide antibacterial system. Biochi Biophys Acta 1066;117(1):63-72.
- Dahiya RS, Speck ML. Hydrogen peroxide formation by lactobacilli and its effect on Staphylococcus aureus. J Dairy Sci 1968;51(10):1068-1072.
- Chan RC. Bruce AW. Reid G. Adherence of cervical. vaginal and distal urethral normal microbial flora to human uroepi-thelial cells and the inhibition of adherence of Gramnegative uropathogens by competi-tive exclusion. J Urol 1984:131:596-601
- Reid G, Tieszer C, Lam D. Influence of lactobacilli on the adhesion of Staphylococcus aureus and Candida albicans to fibres and epithelial cells. J Ind Microbiol 1995;15:248-
- Wilcox MD et al. Coaggregation of oral lactobacilli with streptococci from the oral cavity. Oral Microbiol Imm 1993;8:319-321.
- Brandtzaeg P. Development and basic mechanisms of human gut immunity. Nutrition Reviews 1998;56(1):S5-
- Erickson KL, Hubbard NE. Probiotic immunomodulation in health and disease. Symposium: Probiotic bacteria: implications for human health, J Nutr 2000; Suppl: 403S-
- Matsuzaki T, Chin J. Modulating immune responses with probiotic bacteria. *Immunol Cell Biol* 2000;78:67-73. Fang H et al. Modulation of humoral immune response
- through probiotic intake. FEMS Immunol Med Microbiol 2000:29:47-52.
- Isolauri E et al. Probiotics: effects on immunity. Am J
- Clin Nutr 2001;73(suppl):444S-450S.
 Johannsen E, Viljoen M. Probiotics and the immune system. SAJNM 2001:Issue 5:66
- Miller GD, Jarvis JK, Mc Bean LD. Lactose intolerance. In: Wolinsky I, ed. Handbook of Dairy Foods and Nutrition, 2nd ed. Washington DC; CRC Press. 2000;311.
- Shermak MA et al. Effect of yogurt on symptoms and kinetics of hydrogen production in lactose-malabsorbing children. Am J Clin Nutr 1995;62:1003-1006.
- Jiang T, Mustapham A, Savaiano DA. Improvement of lactose digestion in humans by ingestion of unfermented milk containing Bifidobacterium longum. J Dairy Sci 1996;79:750-757.
- Gilliland SE at al. Assimilation of cholesterol by Lactobacillus acidophilus. Appl Environ Microbiol
- Gilliland SE, Speck ML. Deconjugation of bile acids by intestinal lactobacilli. Appl Environ Microbiol 1977;33:15-18. Laroia S, Martin JH. Bifidobacteria as possible dietary
- adjuncts in cultured dairy products. Cult Dairy Prod J 1990;25:18-22.
- Teitelbaum JE, Walker WA. Nutritional impact of pre- and probiotics as protective gastrointestinal organisms. Ann Rev Nutr 2002;22:107-138.