

Probiotics and the multitude of health benefits

Authors:

Mukesh Kumar DJ¹,
Rahul Kumar V²,
Poovai PD²,
Kalaichelvan PT¹.

Institution:

1. Centre for Advanced
Studies in Botany,
University of Madras,
Chennai, Tamil Nadu, India.

2. Department of
Biotechnology, Aarupadai
Veedu Institute of
Technology, Paiyanoor,
Chennai, Tamil Nadu, India.

Corresponding author:

Mukesh Kumar DJ.

Email:

itsmemukesh@gmail.com.

Phone No:

+919884553310.

Web Address:

[http://jresearchbiology.com/
Documents/RA0193.pdf](http://jresearchbiology.com/Documents/RA0193.pdf).

ABSTRACT:

Present day lifestyle accompanied by numerous occupational health hazards; make us susceptible to a near infinite list of health issues. Probiotics have been in use for a long time. These confer the host with health benefits. The human intestine hosts a number of organisms. These organisms influence overall health in many ways, which can be both degrading or improving. *Lactobacilli* are the natural inhabitants of the gut and hence the most favorable probiotic organisms. Recent studies have emphasized on the use of probiotics as a complementary therapy against hypercholesterolemia. Hypercholesterolemia ranks high as a major health concern. More rampant among the aged peers, this metabolic derangement is the chief cause of coronary heart diseases. Prolonged elevated levels of serum cholesterol can lead to atherosclerosis. Treatments in the current time frame include statins and other chemotherapeutic agents, which help delaying, but fail to ward off the inevitable. Probiotic treatments, with negligible or rather no adverse side effects are gaining ground. Several lactic acid bacteria have been subjected to scientific scrutiny and their utility in treating this menace has been proven. Besides hypercholesterolemia, probiotics aid in alleviating lactose intolerance, hypertension and allergies, promote general intestinal health and alleviate gastrointestinal disorders and have also been found effective in certain cases of cancer. This review is dedicated to throw light on the various health benefits associated with the use of probiotics.

Keywords:

Atherosclerosis, Coronary heart diseases, Hypercholesterolemia, *Lactobacilli*, Probiotics, Lactose intolerance, Hypertension

Article Citation:

Mukesh Kumar DJ, Rahul Kumar V, Poovai PD, Kalaichelvan PT.
Probiotics and the multitude of health benefits.
Journal of research in Biology (2012) 2: 102-113

Dates:

Received: 27 Jan 2012 / **Accepted:** 14 Feb 2012 / **Published:** 20 Feb 2012

© Ficus Publishers.

This Open Access article is governed by the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which gives permission for unrestricted use, non-commercial, distribution, and reproduction in all medium, provided the original work is properly cited.

INTRODUCTION

The currently adopted definition of the FAO/WHO defines probiotics as “Live microorganisms which when administered in adequate amounts confer a health benefit on the host”. An age old quote by Hippocrates “Let food be thy medicine and medicine be thy food”, correlates to the present use of probiotics.

Probiotics are “living microorganisms which upon ingestion in certain numbers exert health benefits on the host beyond inherent basic nutrition” (Guarner and Schaafsma, 1998). Although there are many proposed definitions, the most widely accepted one is: “a live microbial food supplement that beneficially affects the host animal by improving its intestinal microbial balance” (Fuller, 1989). The use of probiotics is not new. The Samburu and Masai warriors consumed milk fermented by a wild *Lactobacillus* strain, with significant decrease in serum cholesterol levels (Sharper *et al.*, 1963, Mann and Spoerry, 1974). Bacteriocins produced from the probiotic *Lactobacillus brevis* helps to kill the pathogens in gut (Karthick Raja *et al.*, 2011). Recent studies have highlighted an array of health benefits associated with the use of fermented dairy products. Probiotics help alleviating lactose intolerance, reduce serum cholesterol levels, strengthen mucosal immunity and are potentially the safest therapeutic agents for cancer and AIDS afflicted individuals. Use of probiotics in treating gastrointestinal and urinary tract infections has shown a positive result (Gill and Guarner, 2004; RatnaSudha *et al.*, 2009).

Multitude of benefits and virtually no adverse effects make probiotics an alluring alternative to chemotherapy. The use of Amax, a product from probiotic *Saccharomyces cerevisiae* helps in the reduction of ammonia and urea excretion (Mohamad Lashkarbolouki *et al.*, 2011).

Use of probiotics as a complementary therapy to treat hypercholesterolemia has received a great deal of attention recently. Hypercholesterolemia and obesity are

major health concerns in both developed and developing countries (RatnaSudha *et al.*, 2009). A limited amount of cholesterol is vital to body functioning. High density lipids translocate excess cholesterol to the liver. The American Academy of Pediatrics identifies hypercholesterolemia as the chief reason of many health problems, such as coronary heart disease, atherosclerosis, diabetes, arthritis and a few types of cancers. Hypercholesterolemia correlates to increased serum cholesterol levels. Low density lipids are found to be in high levels in hypercholesterolemia patients, than the high density lipids. Accumulation of low density lipids on arterial walls decreases their capacity by narrowing them, which in turn, leads to several cardiac problems, and ultimately cardiac failure. A lot of efforts have been made on developing chemotherapeutic agents to treat hypercholesterolemia in humans (McNamara and Sabb, 1989). Drugs mostly inhibit HMG-CoA reductase, the key enzyme in cholesterol biosynthesis. A decrease in the intracellular cholesterol concentration in hepatocytes lead to further increase in its clearance from the bloodstream (Lutgens *et al.*, 2004; RatnaSudha *et al.*, 2009). Pharmaceuticals have failed to sustain, due to the adverse effects of their prolonged use. Increasing health consciousness in the society has led to the development of probiotics as preventive substitutes (Perdigon *et al.*, 1991).

Besides hypercholesterolemia, probiotics find use as anti-cancer agents (Suvarna and Bobby, 2005). They alleviate lactose intolerance (Jiang *et al.*, 1996), provide relief from constipation (Walker and Duffy, 1998), protect from pathogens (Casas and Dobrogosz, 2000), and positively stimulate the immune system (Aattouri *et al.*, 2002). In a study by Goldin and Gorbach, 1992, the importance of *Lactobacilli* in preventing the intestinal seeding and growth of pathogenic bacteria, was realized. *L. acidophilus* is the dominating species amongst all inhabiting the gut (Sandine, 1979). Several lactobacilli exhibit the unique



capability of respiring oxygen, though devoid of respiratory mechanisms. *L. plantarum* has been used to reduce soy allergy (Frias et al., 2008). The therapeutic effect of probiotics can be due to the production of anti-microbial compounds (Dodd and Gasson, 1994), increase in gut pH (Langhendries, 1995). Probiotics also compete with pathogenic organisms for the binding sites (Kailasapathy and Chin, 2000) and stimulate the immune effectors (Rolfe, 2000) and thereby provide protection against the invasive microbes in the gut.

Selection of Probiotic Organisms:

Properly assessed criteria for screening of microbes for probiotic potential are important to establish probiotics as alternatives to chemotherapy. With increasing evidences in support of various organisms, it is difficult to propose a definite list of attributes.

- A probiotic strain should be preferably of human origin.
- Probiotic strains must be tolerant to bile, acids and stable against common digestive enzymes.
- A probiotic strain must colonize in the gut. Adherence to the gut is thus of prime importance.
- It should confer significant health benefit to the consumer, without any side effects.
- The probiotic organisms should remain viable throughout the shelf life in case of functional foods.

Common Probiotic Organisms

Lactobacilli:

- *L. acidophilus*
- *L. casei*
- *L. delbruckeii subsp. bulgaricus*
- *L. reuteri*
- *L. brevis*
- *L. cellobiosus*
- *L. curvatus*
- *L. fermentum*
- *L. plantarum*

Gram positive cocci:

- *Lactococcus lactis subsp. cremoris*
- *Streptococcus salivarius subsp. thermophilus*
- *Enterococcus faecium*
- *Staphylococcus diacetylactis*
- *Staphylococcus intermedius*

Bifidobacteria:

- *B. bifidum*
- *B. adolescentis*
- *B. animalis*
- *B. infantis*
- *B. longum*
- *B. thermophilum*

(Adapted from “Probiotics, prebiotics and synbiotics: approaches for modulating the microbial ecology of the gut”, M David Collins and Glenn R Gibson, Am J Clin. Nutr, 1999, 69 (suppl), 1052S-1057S). On the grounds of fermentation behavior, the dominant probiotic genus *Lactobacillus* has been classified into three groups (Holzer et al., 2003):

Obligate homofermentive

- *L. acidophilus*
- *L. delbruckeii*
- *L. helveticus*
- *L. farciminis*
- *L. lactis*
- *L. bovis*

Facultative heterofermentive

- *L. alimentarius*
- *L. casei*
- *L. curvatus*
- *L. sakei*
- *L. paralimenterius*
- *L. plantarum*
- *L. pentosus*

Obligate heterofermentive

- *L. brevis*

- *L. buchneri*
- *L. fermentum*
- *L. reuteri*
- *L. fructivorans*
- *L. sanfranciscensis*

Significance of Lactobacilli as Probiotics against Hypercholesterolemia

Gilliland, Nelson and Maxwell (1985) reported the direct action of some *Lactobacillus acidophilus* strains on cholesterol, based on the feeding trials performed on pigs. Anderson and Gilliland (1999), performed two controlled clinical studies, reporting an average reduction of serum cholesterol by 2.9% on regular consumption of yoghurt containing *L. acidophilus* and hence, a 6-10% decrease in cardiac complications due to hypercholesterolemia. In yet another study by Anderson and Gilliland (1999), the probiotic potential of *L. acidophilus* was related to direct cholesterol breakdown and bile salt deconjugation. The assimilation ability of six *Lactobacilli* strains in broth systems was studied by Meei-Yn Lin and Tseng-Wei Chen in 2000, reporting *L. acidophilus* ATCC 4356 to possess the highest efficiency at 57% and 71%, containing oxgall and cholic acid in the broth respectively. Kalavathy et al. (2009), studied 12 strains of *Lactobacillus* for their bile salt deconjugation activity, reporting the *L. reuteri* strains to be most efficient. *L. acidophilus* was reported to have the highest deconjugation efficiency and bile salt hydrolase activity, in a study by Liong and Shah (2005), which involved testing eleven strains of *Lactobacilli* for bile salt deconjugation, bile salt hydrolase activity and precipitation of cholesterol. *Lactobacillus plantarum* intake results in significant rooting off, of factors responsible for cardiovascular diseases, and can be used as a preventive measure against atherosclerosis in smokers (Bukowska et al., 2002). In a preclinical study by Pulusani and Rao in 1983, laboratory rats fed with fermented milk were found to have lowered serum

cholesterol levels. Another experiment by Grunewald (1982), where rats fed with fermented milk showed lowering of serum cholesterol levels, indicated the possible use of probiotics against hypercholesterolemia. Lin et al., (2000), examined six strains of *L. acidophilus* for their cholesterol assimilation abilities and proposed as the underlying mechanism, direct assimilation and adherence of cholesterol to *L. acidophilus* cell surface. Ziarno et al., (2007) worked on cholesterol assimilation by commercial starter cultures, reporting *L. acidophilus* monocultures to assimilate cholesterol by 49-55%. Active research in this field has shed light on the vast potential of common human gut inhabiting *Lactobacilli* as probiotics and their associated health benefits. Multitude of health benefits and safety of consumption give probiotics an edge over the market leading drugs. The probiotic potential of *L. plantarum* PHO4 was established by Nguyen et al., (2007), in a study involving hypercholesterolemic mice. The mice were fed with 107 CFU per day over two weeks. These mice had 7 to 10% lesser serum cholesterol and triglycerides than the control mice deprived of the probiotic feed. Many other bacteria other than the *Lactobacilli* have been studied for their potential as novel probiotics such as, *Bacillus coagulans*, which was patented as a composition in combination with bifidogenic oligosaccharides and other hypocholesterolemic agents (US patent 7232571), (Ratnasudha et al., 2009). *Bifidobacterium longum*, *Bifidobacterium bifidum*, *Bifidobacterium infantis* strains were studied by Kim et al., (2004), for hypocholesterolemic potential. All the strains produced bile salt hydrolases that efficiently hydrolyzed major human bile salts. The assimilation efficiency depends on the strain (HodaMahrous, 2011).

Cholesterol Assimilation Mechanism:

Advancements in the field have brought to light, the array of health benefits that probiotics promise. Safety and negligible side effects are the factors that draw much attention. Several mechanisms have been



proposed to explain the hypocholesterolemic activity of probiotics. Some probiotic microbes utilize cholesterol for their metabolic needs, whereby cholesterol is catabolized. The cholesterol reduction is chiefly due to the inhibition of 3-hydroxy 3-methyl glutamyl coenzyme A reductase. Also, imbibition of cholesterol into the cell membrane and physical adherence to the cellular surface has been suggested (Hosono and Tono-Oka, 1995, Noh *et al.*, 1997). This enzyme is vital to cholesterol biosynthesis and deconjugation of bile salts. Deconjugated bile salts are poorly absorbed in the intestine (De Rodas *et al.*, 1996). This implies the increased use of cholesterol to synthesize bile salts and excessive excretion. Some probiotics produce lipases which probably is the reason for the reduction of serum triglyceride levels.

Significance of Probiotics in Gastrointestinal and Urogenital disorders

Diarrhea and hepatic encephalopathy:

A study by Rajkumar *et al.*, 2002, showed that many *Lactobacilli*, like *Lactobacillus acidophilus*, *Lactobacillus bulgaricus* and some strains of *Lactobacillus rhamnosus* are effective against antibiotic-diarrhea. Another randomized controlled study by Allen SJ *et al.*, 2003, reported many *Lactobacillus*, *Enterococcus* and *Streptococcus* species to be effective in infective diarrhea, in people of all age groups. Goltz *et al.*, 1974, reported the utility of *Lactobacillus acidophilus* and *Lactobacillus bulgaricus* in treating ampicillin-induced diarrhea. *Lactobacilli* inhibit the proliferation of infectious microbes by producing compounds like lactic acid and hydrogen peroxide. Many probiotic species have been identified to be effective in children suffering from rotaviral diarrhea (Saavedra *et al.*, 2000). *Lactobacillus acidophilus* works effectively against diarrhea in cases subjected to pelvic irradiation (Marrteau *et al.*, 1990). *Lactobacilli* strains release variety of enzymes in the intestine, which has a synergistic effect on digestion, and improves intestinal

absorption (Parvez *et al.*, 2006). This capability of probiotics to counter infections can be due to several reasons. Their action can be immune-modulatory but they also compete with the pathogens for binding onto epitheliocytes (De Santis *et al.*, 2000). Another reason is the production of bacterial toxins, like nisin which ward off pathogenic bacteria. Overproduction of intestinal mucins, caused by probiotics, can hamper the adherence of enteropathogens to the intestine (Mack *et al.*, 1999). However, this hypothesis needs further elucidation. Hepatic encephalopathy results in multiple complications, such as convulsions, swings in consciousness levels, coma, which arises due to liver failure. Toxic nitrogenous wastes accumulate in the blood, which otherwise are removed by the liver. Pathogenesis of the ailment is not clearly understood. Excessive nitrogen loads, hyponatraemia, hypokalaemia, prolonged use of sedatives and alcohol intoxication potentially lead to this state of liver dysfunction. Various strains of *Lactobacilli*, viz. *L. acidophilus*, *L. plantarum*, *L. casei*, *L. delbruckeii*, *L. bulgaricus* help improving the condition. Underlying mechanisms are largely unknown.

Lactose intolerance:

Lactose is the disaccharide found commonly in milk. Lactose intolerant individuals hence cannot digest milk. Lactose intolerance in humans results due to the lack of the enzyme β -galactosidase, or lactase. Lactase catalyzes the catabolism of lactose into glucose and galactose. Lactose intolerant subjects express abdominal discomfort, flatulence and cramps (Suvarna and Boby, 2005). Also, these patients suffer from calcium deficiency, as excluding milk from the diet deprives them of the calcium. Lactic acid bacteria produce lactic acid, thereby increasing the gut pH and improving calcium absorption. Besides, most of the lactose in fermented milk is converted into lactic acid by the starter cultures and therefore, lactose intolerance is alleviated.

Urogenital infections are frequent in mid-aged peers, significantly in women. Recurrence is rather a

major problem in these cases. Commonly occurring vaginal tract infections were *Trichomonas*, *Candida albicans*, *Gardenerella vaginalis* and *Mycoplasma hominis* (Spiegel, 1991). Chemotherapeutic solutions to these infections are numerous. But often these infections have latent adverse effects. These include infertility, miscarriage, underweight infant births and of course they attract other sexually transmitted diseases. *Lactobacilli* in high populations reduce the vaginal tract pH and hence confer protection against these infections (Hawes et al., 1996). *Lactobacilli* also check the recurrence of infections by *Candida* (Mallen et al., 1992). Even heat killed *Lactobacilli* have been found effective in cases of *Candida* infection. Most of the studies suffered from low sample sizes and pre-completion termination of the study. But enough evidences have been obtained in support of probiotics as prophylactic therapies. Proper research in this area is essential.

Immunomodulatory Activity of Probiotics

The probiotics exert a broad spectrum of health effects. Direct effects include alleviation of various gastrointestinal disorders, altering the colonization of other gut microbes and increasing bioavailability of nutrients (Parvez et al., 2006). But probiotics influence the overall health of the host in other ways too, by modulating the immune system in a variety of ways. Marreau et al., (1990) proposed that the inflammation associated with rheumatoid arthritis can be treated using probiotics. Various researchers have reported the immunological modulations on intake of probiotics that improve the innate gut mucosal defenses that are lost in cases of juvenile arthritis. Rheumatoid arthritis is an autoimmune disorder, where improper immune reactions lead to irreparable bone and cartilage damage. A random, double-blind, placebo controlled clinical trial by Mandel et al., 2010, involved forty five adults randomly receiving LAB as probiotics or placebo along with the usual medication. The subjects receiving probiotic supplement reported significant relief from pain. The

study reported no adverse effects of probiotic intake. The gut micro flora affects the systemic and mucosal immunity and the development and progression of rheumatoid arthritis (Hatakka et al., 2003). Research indicates inflammatory cytokines to be down-regulated by probiotics, significantly by the lactic acid bacteria. Allergy or hypersensitivity is a manifestation of immune malfunction. It is quite unfortunate that allergic sensitization is increasing considerably over time, noticeably in the western countries. Change in the gut microbial constitution can lead to the development of allergies (Suvarna and Boby, 2005). The initial bacteria that inhabit the gut largely affect the immune responses (Parvez et al., 2006). Probiotics are effective against food allergies. They modulate allergic responses by stimulating the gut mucosal barrier (MacFarlane and Cummings, 2002). Degradation of antigens is probably the reason behind the effectiveness of probiotics in allergies. Probiotics have also been shown to be effective in HIV positive subjects. In 2008, a randomized double blind controlled trial on 77 HIV infected children by Miura et al., reported substantial increase in the CD4 cell count of subjects receiving *Bifidobacterium bifidum* and *Streptococcus thermophilus*. *Lactobacillus plantarum* 299v also exerts a positive effect in patients of immune dysfunction. A consortium of probiotic organisms might further strengthen immunity. Various animal model studies have suggested both specific and non-specific pro-immune effects of probiotics (Parvez et al., 2006). This pro-immune effect are probably due to the activation of macrophages, stimulation of anti-inflammatory cytokines, increasing the NK cell activity and stimulating antibodies (Ouwehand et al., 2002; Parvez et al., 2006). However precise knowledge of how probiotics influence the immune system is yet to be gained, as research in this direction is still in its adolescence. Nevertheless, administration of probiotics to immunocompromised patients presents appealing results.



Probiotics and Cancer

Cancer is the unrestricted growth of cells. Cancerous growth can be triggered by many factors, such as switching on of aberrant genes, mutagens etc., The best precautionary measure to avoid cancer is to avoid exposure to mutagens. Cancer claims a large number of lives every year. In vitro and animal studies have suggested protective potential of probiotic against colon cancer (Rowland, 2004). Intake of *Bifidobacterium longum* suppressed colon cancer induced by 2-amino, 3-methylimidazo (4, 5-f-quinoline), a food carcinogen (Rivenson and Reddy, 1993). *Lactobacillus acidophilus* considerably suppresses colon cancer induced by 1, 2-dimethyl hydrazine in rats (McIntosh et al., 1999). The anti-tumor activity of *Lactobacilli* and products fermented by them was reported by Sahani and Friend, in 1984. Dietary administration of *L. acidophilus* to rats significantly diminished colon cancer in a quantitative manner (De Santiset al., 2000). *L. delbruckeii* fermented milk counters carcinogenic activity of 4-nitroquinoline 1-oxide (Hosono, 1986). Probiotics help guard against cancer in several ways. They might hinder the growth of other gut microbes which convert pro-carcinogens to carcinogens, detoxify ingested carcinogens, induce apoptosis, produce anti-tumorigenic compounds, make the gut hostile for cancer inducing microbes or stimulate the body's defense against cancer.

Hypertension

A large proportion of the western population suffers from hypertension. Role of probiotics in hypertensive individuals is not yet concrete. Clinical studies proposed the production of peptides from the milk protein digestion by bacteria, to have blood pressure suppression ability in hypertensive subjects (Takano, 1998, Mary Ellen Sanders, 2000). Studies on hypertensive rats (Nakamura et al., 1995 and 1996) and a clinical human trial (Hata et al., 1996) reported the two active tripeptides: valine-proline-proline and isoleucine-proline-proline, which inhibit the enzyme acting on

Some probiotics in the indian market

Trade Name	Producing Company	Formulation
Eubioz	Lupin	<i>L. acidophilus</i> <i>L. rhamnosus</i> <i>B. bifidum</i> <i>B. longum</i> <i>Streptococcus thermophilus</i> <i>Saccharomyces boulardii</i>
Bifilac	Tablets, India	<i>L. sporogens</i> <i>Streptococcus faecalis</i> <i>Clostridium butyricum</i> <i>Bacillus mesentericus</i>
Becelac	Dr. Reddy's Lab	<i>L. acidophilus</i>
Equipro	CadilaPharma	<i>L. acidophilus</i> <i>Streptococcus faecalis</i> <i>Clostridium butyricum</i> <i>Bacillus mesentericus</i>
Lactobacil	Infar	<i>L. acidophilus</i>
Actigut	Alembic	<i>L. acidophilus</i> <i>L. rhamnosus</i> <i>B. longum</i> <i>B. bifidum</i> <i>Saccharomyces boulardii</i> <i>Streptococcus thermophilus</i>
Prepro	Fourrts	<i>L. acidophilus</i> <i>Streptococcus faecalis</i> <i>Clostridium butyricum</i> <i>Bacillus mesentericus</i>
Lactisyn	Franco-Indian	<i>L. acidophilus</i> <i>L. lactis</i> <i>Streptococcus thermophilus</i> <i>Streptococcus lactis</i>
Goodlac	Biomilcom	<i>L. acidophilus</i> <i>L. rhamnosus</i> <i>B. longum</i> <i>Saccharomyces boulardii</i>
Econove	Glenmark	<i>L. reuteri</i> RC-14 <i>L. rhamnosus</i> GR-1

(Adapted from the review "Emergence of Probiotics in Therapeutic Applications", Barun K. Bhattacharyya, International Journal of pharmaceutical Sciences and Nanotechnology, 2(1), 2009, 383-389)

angiotensin and hence reduce blood pressure. Studies on hypertensive rats by Nakamura *et al.*, in 1995 and 1996, were the first reports in this field. Sawada *et al.*, reported the wall fragments of *L. casei* strain to possess hypotensive activity. Further research is needed to establish probiotics as an antihypertensive therapy. But preliminary research indicates positive results.

Future Perspectives

Rigorous scientific research backs probiotics to be of remarkable therapeutic efficacy. Probiotics, because of the large number of health benefits and consumer safety, will see a tremendous demand and development. Various scientific studies provide unrivalled evidence in support of probiotics as complementary therapeutic agents. Probiotics provide a natural way of controlling serious health issues. Identification of a myriad of probiotic organisms only adds to the development of these functional foods. Advanced molecular biology techniques and genetic engineering will come handy to the development of well-defined and more efficient probiotics. Involvement of several pharmaceutical giants across has provided a major thrust to the development of “magic pills”. Probiotics will provide a safer way to treat the once before incurable, deleterious ailments like cancer. Advanced delivery techniques, such as microencapsulation, add to the efficacy of probiotic action. Increased drug resistance and evolution of multi drug resistant species, emphasizes on the need of probiotics. Multi-facet developments will increase the market presence of probiotics in the future. It will not be an exaggeration to say that probiotics in the future will be the reigning therapeutic agents

REFERENCES:

Aattouri N, bouras M, Tome D, Marcos A, Lemonnier D. 2002. “Oral ingestion of lactic acid bacteria by rats increases lymphocytic proliferation and interferon γ production”, *Br J Nutr.*, 87:367-373.

Allen SJ, Okoko B, Marinez E, Gregorio G and Dans LF. 2003. “probiotics for treating infectious diarrhea”, *Cochrane Database of Systematic Reviews 2*, CD003048.

Anderson JW and Gilliland SE. 1999. Effect of Fermented Milk (Yogurt) Containing *Lactobacillus acidophilus* L1 on Serum Cholesterol in Hypercholesterolemic Humans. *Journal of the American College of Nutrition* 18(1):43-50.

Barun K. 2009. Bhattacharyya, “Emergence of Probiotics in Therapeutic Applications”, *International Journal of Pharmaceutical Sciences and Nanotechnology* 2(1):383-389.

Bukowska D, Zguczynski L, Mierzejewska-Krzyzowska B. 2002. Axonal collateral branching of neurones in the inferior olive projecting to the cerebellar paramedian lobule in the rabbit. *Cells Tissues Organs.* 172:37-47.

Casas IA and Dobrogosz WJ. 2000. “Validation of the probiotic concept: *Lactobacillus reuteri*. *Lactobacillus reuteri* confers broad spectrum protection against diseases in humans and animals”, *MicrobEcol Health Dis.*, 12:247-285.

David Collins M, Glen R Gibson. 1999. “Probiotics, prebiotics and synbiotics: approaches for modulating the microbial ecology of the gut”, *Am J ClinNutr*, 69(suppl): 1052S-1057S.

De Rodas BZ, Gilliland SE and Maxwell CV. 1996. Hypercholesterolemic action of *Lactobacillus acidophilus* ATCC 43121 and calcium in swine with hypercholesterolemia induced by diet. *J. Dairy Sci.*, 79:2121-2128.

De Santis A, Famularo G and De Simone C. 2000. “Probiotics for the hemodynamic alterations of patients with liver cirrhosis”, *Am J Gastroentrol.*, 95:323-324.



- Dodd HM, Gasson MJ.** Bacteriocins of lactic acid bacteria. In Gasson M.J., de Vos, W.M. Ed. Genetics and biotechnology of lactic acid bacteria, Glasgow, United Kingdom: Blackie Academic and Professional 211-251.
- FAO/WHO. 2001.** "Health and Nutritional Properties of Probiotics in Food including powder Milk with Live Lactic Acid Bacteria", Report of a joint FAO/WHO expert consultation on evaluation of health and, nutritional properties of probiotics in food including powder milk with live lactic acid bacteria, http://www.who.int/foodsafety/publications/fs_management/probiotics/en/index.html.
- FAO/WHO. 2002.** Drafting Guidelines for the evaluation of probiotics in foods. Report of a joint FAO/WHO Working Group, London Ontario, Canada, April 30 and May 1, 2002. Retrieved April 30 and May 1 2000, from http://www.who.int/foodsafety/fs_management/en/probiotic_guidelines.pdf
- Frias J. 2008.** Young Soo Song, Cristina Martinez-Villaluenga, Elvira Gonzalez De Mejia and Concepcion VidalValverde, J Agric Food Chem., 56(1):99-105.
- Friend BA and Sahani KM. 1984.** "Antitumor properties of *Lactobacilli* and dairy products fermented by lactobacilli", J Food Prot., 47:717-723.
- Fuller R. 1989.** "A Review: probiotics in man and animals", J Appl Bacteriol., 66:365-378.
- Gill HS and Guarner F. 2004.** Probiotics and human health: a clinical perspective. Postgrad Med J., 80:516-526.
- Gilliland SE and Walker DK. 1990.** Factors to consider when selecting a culture of *Lactobacillus acidophilus* as a dietary adjunct to produce hypocholesterolemic effect in humans. J. Dairy Sci., 73:905-911.
- Gilliland SE, Nelson CR and Maxwell C. 1985.** Assimilation of cholesterol by *Lactobacillus acidophilus*. Appl Environ Microbiol., 49:377-381.
- Gilliland SE. 1990.** Health and Nutritional Benefits from lactic acid bacteria. FEMS Microbiol Rev., 87:175-188.
- Goldin BR and Gorbach SL. 1992.** "Probiotics for humans", in Probiotics, Scientific Basis (Ed: Fuller R.), Chapman and Hall, London. 355-376.
- Goldin BR, Gualteriand L, Moore RP. 1996.** The effect of *Lactobacillus* GG on the initiation and promotion of dimethylhydrazine-induced intestinal tumors in the rat. Nutr Cancer., 25:197-204
- Goltz V, Romankiewicz JA, Moss J and Murr HV. 1974.** "Prophylaxis against ampicillin associated diarrhea with *Lactobacillus* preparation", Am J Hosp Pharm., 36:754.
- Gorbach SL. 2000.** Probiotics and gastrointestinal health. Am J Gastroentrol., 95:S2-S4.
- Guarner F, Schaafsma GJ. 1998.** Probiotics. International Journal of Food Microbiology 39:237-238.
- Hata Y, Yamamoto M, Ohni M, Nakajima K, Nakamura Y and Takano T. 1996.** A placebo controlled study of the effect of sour milk on blood pressure in hypertensive subjects. Am J Clin Nutr., 64:767-771.
- Hatakka K, Maitio J, Korpela M. 2003.** "Effects of probiotic therapy on the activity and activation of mild rheumatoid arthritis: a pilot study", Scand J Rheumatoid 32:211-215.
- Hawes SE, Hillier SL, Benedetti J, Stevens CE, Koutsky LA, Wolner-Hanssen P. and Holmes KK. 1996.** "Hydrogen peroxide producing lactobacilli and acquisition of vaginal infections", J Infect Dis., 174:1058-1063.
- HodaMahrous. 2011.** "Probiotics bacteria from

- Egyptian infants cause cholesterol removal in media and survive in yoghurt”, Food and Nutrition Sciences 2:150-155.
- Holzer M, Mayrhuber E, Danner H and Braun H. 2003.** “The role of *Lactobacillus buchneri* in forage preservation”, Trends Biotechnol., 21(6):282-286.
- Hosono A. 1986.** “Anti-mutagenic properties of lactic-acid-cultured milk on chemical and fecal mutagens”, J Dairy Sci., 69:2237-2242.
- Hosono A, Tono-Oka T. 1995.** “Binding of cholesterol with lactic acid bacterial cells”, Milchwissenschaft 50:556-560.
- Jiang T, Mustapha A, Savaiano DA. 1996.** Improvement of lactose digestion in humans by ingestion of unfermented milk containing *Bifidobacterium longum*. J. Dairy Sci., 79(5):750-757.
- Kailasapathy K, Chin J. 2000.** Survival and therapeutic potential of probiotic organisms with reference to *Lactobacillus acidophilus* and *Bifidobacterium spp.* Immunol. Cell Biol., 78:80-88.
- Karthick Raja Namasivayam S, Sivasubramanian S and Prakash P. 2011.** Evaluation of changes in proximate composition of Bacteriocin supplemented Prawn. Journal of research in Biology 1: 6-14
- Kim GB, Miyamoto CM, Meighen EA, Lee BH. 2004.** Cloning and characterization of the bile salt hydrolase genes (bsh) from *Bifidobacterium bifidum* strains. Appl. Environ. Microbiol., 70:5603–5612.
- Langhendries JP, Detry J, Van Hees J, Lamboray JM, Darimont J, Mozine MJ, Secretin MC and Senterre J. 1995.** Effect of a fermented infant formula containing viable *Bifidobacteria* on the faecal flora composition and pH of healthy full-term infants. J. Pediatric Gastroenterol. Nutr., 21:177-181.
- Lin SY and Chen CT. 2000.** “Reduction of cholesterol by *Lactobacillus acidophilus* in culture broth” J Food Drug Anal., 8:97-102.
- Lutgens E. 2004.** Daemen, “HMG-CoA reductase inhibitors: lipidlowering and beyond”, Drugs Discovery Today: Therapeutic Strategies 1:189-194
- Mack DR, Michail S, Wei S, McDougall L and MA. 1999.** Hollingsworth, “Probiotics inhibit enteropathogenic *E. coli* adherence in vitro by inducing intestinal mucin gene expression, Am J Physiol., 276:G941-G950.
- Mallen A, Jarstrand C and Pahlson C. 1992.** “Treatment of bacterial vaginosis with lactobacilli”, Sex trans Dis., 19:146-148
- Mandel DR, Eichas K and Holmes J. 2010.** “*Bacillus coagulans*: A viable adjunct therapy for relieving symptoms of rheumatoid arthritis according to a randomized, controlled trial”, BMC Complement Altern Med., 10:1-1.
- Mann GV, Spoerry A. 1974.** “Studies of a surfactant and cholesteremia in the Maasai”, Am J Clin. Nutr., 27:464-469.
- Marrteau P, Flourie B, Vhastang C, desjeux JF and Rambaud JC. 1990.** Effect of the microbial lactase (EC 3.2.1.23) activity in yoghurt on the intestinal absorption of lactose: an *in vivo* study in lactase-deficient humans. Br J Nutr., 64:71-79.
- Mary Ellen Sanders. 2000.** Symposium: Probiotic Bacteria: Implications for Human Health, “Considerations for use of probiotic bacteria to modulate human health”, J Nutr., 130:384S-390S.
- McIntosh GH, Royle PJ and Playne MJ. 1999.** “A probiotic strain of *L. acidophilus* reduces DMH-induced large intestinal tumors in male Sprague-Dawley rats”, Nutr Cancer 35:153-159.



- McNamara DJ, Lowell AM and Sabb JE. 1989. "Effect of yogurt intake on plasma lipid and lipoprotein levels in normolipidemic males", *Atherosclerosis* 79:167-171.
- Meei-Yn Lin and Tseng-Wei Chen. 2000. "Reduction of Cholesterol by *Lactobacillus acidophilus* in Culture Broth", *Journal of Food and Drug Analysis* 8(2):97-102.
- Nakamura Y, Masuda O and Takano T. 1996. Decrease of tissue angiotensin-1-converting enzyme activity upon feeding sour milk in spontaneously hypertensive rats. *Biosci. Biotechnol. Biochem.*, 60:488-489.
- Nakamura Y, Yamamoto N, Sakai K and Takano T. 1995. Antihypertensive effect of sour milk and peptides isolated from it that are inhibitors to angiotensin-1-converting enzyme. *J. Dairy Sci.*, 78:1253-1257.
- Nguyen TDT, Kang JH and Lee MS. 2007. "Characterization of *Lactobacillus plantarum* PH04, a potential probiotic bacterium with cholesterol lowering effects, *International Journal of Food Microbiology* 113 (3):358-361.
- Noh DO, Kim SH, Gilliland SE. 1997. "Incorporation of cholesterol into the cellular membrane of *Lactobacillus acidophilus* ATCC 43121, *J Dairy Sci.*, 80:3107-3113.
- Ouwehand AC, Salminen S and Isolauri E. 2002. "Probiotics an overview: an overview of beneficial effects", *Antoine van Leeuwenhoek* 82:279-289.
- Parvez S, Malik KA, Ah Kang S and Kim HY. 2006. "Probiotics and their fermented food products are beneficial for health", *J Appl Microbiol.*, 100:1171-1185.
- Perdigon G, De Jorrat MEB, de Petrino SF and Valverde de Budegeur M. 1991. "Effect of oral administration of *Lactobacillus casei* on various biological functions of the host", *Food Agric Immunol.*, 3:93-102.
- Pulusani SR and Rao DR. 1983. "Whole body liver, and plasma cholesterol levels in rats fed *Thermophilus, Bulgaricus* and *Acidophilus* milks, *J food Sci.*, 48:2880-281.
- Ratna Sudha M, Prashant Chauhan, Kalpana Dixit, Sekhar Babu, Kaiser Jamil. 2009. Probiotics as complementary therapy for hypercholesterolemia. *Biology and Medicine* 1(4):1-13.
- Reddy BS and Rivenson A. 1993. "inhibitory effect of *Bifidobacterium longum* on colon, mammary and liver carcinogenesis induced by 2-amino,3-methylimidazo [4,5-f]quinolone, a food mutagen", *Cancer Res.*, 1:3914-3918.
- Rolfe RD. 2000. "The role of probiotic cultures in the control of gastrointestinal health", *J Nutr*, 130(2S):396S-402S.
- Rowland I. 2004. "Probiotics and colorectal cancer risk", *Br J utr.*, 91:805-807.
- Saavedra J. 2000. Probiotics and infectious diarrhea. *Am J Gastroenterol.*, 95:S16-S18.
- Sanders ME and Klaenhammer TR. 2001. Invited Review: The scientific basis of *Lactobacillus acidophilus* NCFM functionality as a probiotic. *J Dairy sci.*, 84:319-331.
- Sandine WE. 1979. "Role of lactobacillus in the intestinal tract", *J Food Protect.*, 42:259-262.
- Sawada H, Furushiro M, Hirai K, Motoike M, Watanabe T and Yokokura. 1990. "Purification and characterization of an antihypertensive compound from *Lactobacillus casei*, *Agric Biol Chem.*, 54:3211-3219.
- Schultz M and Sartor RB. 2000. Probiotics and inflammatory bowel diseases. *Am J Gastroenterol.*, 95:19S-21S.

Sharper AG, Jones KW, Kyobe J. 1963. “Serum lipids in the three nomadic tribes of Northern Kenya, *Am J Clin Nutr*., 13:135-146.

Spiegel CA. 1991. “Bacterial vaginosis”, *ClinMicrobiol Rev.*, 4:485-502.

Stanton C, Gardiner G, Meehan H, Collins K, Fitzgerald G, Lynch PB, Ross RP. 2001. “Market potential for probiotics”, 2001, *Am J Clin Nutr*, 73 (suppl):476S-483S.

Suvarna VC, Bobby VU. 2005. “Probiotics in human health: A current assessment”, *CURRENT SCIENCE*, 88:11.

Takano T. 1998. “Milk derived peptides and hypertension reduction”, *Int Dairy J.*, 8:375-381.

Walker AW, Duffy LC. 1998. Diet and bacterial colonization: Role of probiotics and prebiotics: Review. *J. Nutr. Biochem.*, 9:668-675.

Ziarno M, Sekul E, LafrayaAguado A. 2007. “Cholesterol assimilation by commercial yoghurt starter cultures” *Acta Sci Pol Technol Aliment* 6(1):83-94.

Submit your articles online at Ficuspublishers.com

Advantages

- **Easy online submission**
- **Complete Peer review**
- **Affordable Charges**
- **Quick processing**
- **Extensive indexing**
- **Open Access and Quick spreading**
- **You retains your copyright**

submit@ficuspublishers.com

FicusPublishers

www.ficuspublishers.com/submit1.aspx