



Probiotics to Control Oral Microbiome, Resulting in Gut Microbiome



Yukyung Choi^{1,2}, Soomin Lee², Yohan Yoon^{1,2} and Heeyoung Lee^{2*}

¹Department of Food and Nutrition, Korea

²Risk Analysis Research Center, Korea

*Corresponding author: Heeyoung Lee, Risk Analysis Research Center, Seoul04310, Korea

Submission: 📅 May 30, 2018; Published: 📅 June 15, 2018

Opinion

In the worldwide, approximately 20 to 50% of populations suffer from periodontal diseases [1]. According to NHIS (2017), 7.38 million people experienced medical treatment because of periodontitis in 2009 and 14.19 million people in 2016 in South Korea, which was increased by 92.3% in only 5 years [2]. The major oral pathogenic bacteria that occur periodontitis are *Porphyromonas gingivalis*, *Prevotella intermedia* and *Fusobacterium nucleatum* by disruption of alveolar bone and inflammation disperse [3,4]. Periodontitis is well-known for a risk of many other diseases such as cardiovascular disease, type 2 diabetes, non-alcoholic fatty liver, and rheumatic arthritis [1,5]. It is important that a treatment of periodontitis can protect various diseases, and thus, prevention of oral pathogens is necessary.

The treatment of periodontal diseases is based on removing bacterial plaque and preventing bacterial growth, and several drugs such as ascorbic acid, antibacterials, antibiotics and etc. have been used for the treatment. However, ascorbic acid has little therapeutic effect, and antibacterials and antibiotics have a limitation for a fundamental treatment of periodontal diseases. Tetracycline and metronidazole have been primarily used for periodontal disease, but the antibiotics can occur side effects such as the emergence of stomach disorder, recolonization of the pathogens, and antibiotic-resistant [6]. Therefore, the fundamental therapy to decrease oral pathogens in oral microbiome is important. For these reasons, a new therapy using probiotics which can prevent oral pathogens should be suggested.

According to FAO-WHO (2002), probiotics are live microorganisms that are effective on health when people consume adequate volume [7]. Probiotics markets in the world will grow, and some professionals predict the value for that markets exceed 60 trillion in 2020 [8]. Probiotics regulate immunity in host [9,10], and some researchers found that the probiotics decrease the inflammatory cytokines or induces another regulatory system, and thus, symptom of disease was relieved in the mouse model [11-13].

Lactobacillus is one of the major probiotics that decreased growth of *P. gingivalis* and *P. intermedia* by 82% and 65%, respectively [14], and *Lactobacillus reuteri* can decrease bleeding and inflammation of gums [15,16]. Also, sterilized gauze inoculated with probiotics has antibacterial effects on oral pathogens such as *Bacteroides*, *Actinomyces*, *Streptococcus intermedius*, and *Candida albicans* [17]. Through some researches, probiotics that have antibacterial effects can be used for the treatment of periodontitis, and furthermore, it can be useful for improvement of oral microbiome.

Previously, probiotics are generally used to improve gut health. However, it was hypothesized that oral microbiome changed by probiotics may affect gut microbiome [18,19]. The compositions of oral microbiome between the healthy group and periodontitis patients were different. In healthy group, *Neisseria lactamica* consisted 8.8% in oral microbiome, but the periodontitis patients had 24.5%. Regarding *Streptococcus sanguinis*, causing inflammation in gum, healthy group had 2.9% composition, but the patients had 13.5% composition [20]. When *P. gingivalis* was oral-gavaged in the mouse model, the gut microbiome composition of Firmicutes and Bacteroidetes was changed from 55.4% and 38.7% to 72.8% and 17%, respectively [21]. Oral microbiome change caused even allergy response such as atopic dermatitis because gut microbiome was influenced and immunity system was unbalanced [22,23].

In conclusion, future studies to evaluate the correlation between oral and gut microbiome, are necessary, and thus, studies to develop to control oral microbiome, resulting in improved gut microbiome need to be conducted.

References

1. Nazir MA (2017) Prevalence of periodontal disease, its association with systemic diseases and prevention. *Int J Health Sci (Qassim)* 11(2): 72-80.
2. NHIS (National Health Insurance Service) (2017) 2016 National Health Insurance Statistical Yearbook.

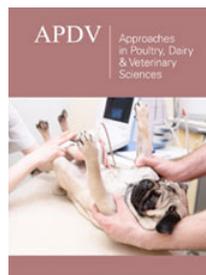
3. Chaves ES, Jeffcoat MK, Ryerson CC, Snyder B (2000) Persistent bacterial colonization of Porphyromonas gingivalis, Prevotella intermedia, and Actinobacillus actinomycetemcomitans in periodontitis and its association with alveolar bone loss after 6 months of therapy. *J Clin Periodontol* 27(12): 897-903.
4. Yang NY, Zhang Q, Li JL, Yang SH, Shi Q (2014) Progression of periodontal inflammation in adolescents is associated with increased number of Porphyromonas gingivalis, Prevotella intermedia, Tannerella forsythensis and Fusobacterium nucleatum. *Int J Paediatr Dent* 24(3): 226-233.
5. Han P, Sun D, Yang J (2016) Interaction between periodontitis and liver diseases. *Biomed Rep* 5(3): 267-276.
6. Addy M (1994) Local delivery of antimicrobial agents to the oral cavity. *Adv Drug Deliv Rev* 13(1-2): 123-134.
7. FAO-WHO (2002) Guidelines for the evaluation of probiotics in food. London, Ontario, Canada, pp. 1-11.
8. Grand view research (2016) Probiotics market size estimated to reach \$52.34 billion by 2020. San Francisco, California, USA.
9. Drago L, Toscano M, Pigatto PD (2013) Probiotics: Immunomodulatory properties in allergy and eczema. *G Ital Dermatol Venereol* 148(5): 505-514.
10. Niccoli AA, Artesi AL, Candio F, Ceccarelli S, Cozzali R, et al. (2014) Preliminary results on clinical effects of probiotic Lactobacillus salivarius LS01 in children affected by atopic dermatitis. *J Clin Gastroenterol* 48(Suppl 1): S34-36.
11. Yeung CY, Chan WT, Jiang CB, Cheng ML, Liu CY, et al. (2015) Amelioration of chemotherapy-induced intestinal mucositis by orally administered probiotics in a mouse model. *PLoS One* 10(9): e0138746.
12. Bellavia M, Rappa F, Lo Bello M, Brecchia G, Tomasello G, et al. (2014) Lactobacillus casei and bifidobacterium lactis supplementation reduces tissue damage of intestinal mucosa and liver after 2,4,6-trinitrobenzenesulfonic acid treatment in mice. *J Biol Regul Homeost Agents* 28(2): 251-261.
13. Geier MS, Butler RN, Giffard PM, Howarth GS (2007) Lactobacillus fermentum BR11, a potential new probiotic, alleviates symptoms of colitis induced by dextran sulfate sodium (DSS) in rats. *Int J Food Microbiol* 114(3): 267-274.
14. Koll-Klais P, Mandar R, Leibur E, Marcotte H, Hammarstrom L, et al. (2005) Oral lactobacilli in chronic periodontitis and periodontal health: species composition and antimicrobial activity. *Oral Microbiol Immunol* 20(6): 354-361.
15. Vivekananda MR, Vandana KL, Bhat KG (2010) Effect of the probiotic Lactobacilli reuteri (Prodentis) in the management of periodontal disease: a preliminary randomized clinical trial. *J Oral Microbiol* 2:10.
16. Vicario M, Sntos A, Violant D, Nart J, Giner L (2013) Clinical changes in periodontal subjects with the probiotic Lactobacillus reuteriprodentis: a preliminary randomized clinical trial. *Acta Odontol Scand* 71(3-4): 813-819.
17. Koll P, Mandar R, Marcotte H, Leibur E, Mikelsaar M, et al. (2008) Characterization of oral lactobacilli as potential probiotics for oral health. *Oral Microbiol Immunol* 23(2): 139-147.
18. Kodukula K, Faller DV, Harpp DN, Kanara I, Pemokas J, et al. (2017) Gut microbiota and salivary diagnostics: the mouth is salivating to tell us something. *Biores Open Access* 6(1): 123-132.
19. Gomez A, Espinoza JL, Harkins DM, Leong P, Saffery R, et al. (2017) Host genetic control of the oral microbiome in health and disease. *Cell Host Microbe* 22(3): 269-278.
20. Choi EG (2015) Analysis of oral microbes in healthy subjects and periodontitis patients. Thesis of master of science in Yonsei University.
21. Arimatsu K, Yamada H, Miyazawa H, Minagawa T, Nakajima M, et al. (2014) Oral pathobiont induces systemic inflammation and metabolic changes associated with alteration of gut microbiota. *Sci Rep* 4: 4828.
22. Gemmell E, Seymour GJ (2004) Immunoregulatory control of Th1/Th2 cytokine profiles in periodontal disease. *Periodontol* 35: 21-41.
23. Fujimura KE, Lynch SV (2015) Microbiota in allergy and asthma and the emerging relationship with the gut microbiome. *Cell Host Microbe* 17(5): 592-602.



Creative Commons Attribution 4.0 International License

For possible submissions Click Here

[Submit Article](#)



Approaches in Poultry, Dairy & Veterinary Sciences

Benefits of Publishing with us

- High-level peer review and editorial services
- Freely accessible online immediately upon publication
- Authors retain the copyright to their work
- Licensing it under a Creative Commons license
- Visibility through different online platforms