

"GUT MICROBIOTA MODULATION IN Polycystic Ovarian Syndrome(PCOS)"

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) comprises a set of symptoms that pose significant threat factors for colorful conditions, including type 2 diabetes, cardiovascular complaint, and cancer. Effective and safe styles to treat all the pathological symptoms of PCOS aren't available. The gut microbiota has been shown to play an essential part in PCOS prevalence and progression. numerous salutary shops, prebiotics, and probiotics have been reported to meliorate PCOS. Gut microbiota shows its goods in PCOS via a number of mechanistic pathways including conservation of homeostasis, regulation of lipid and blood glucose situations. The effect of gut microbiota on PCOS has been extensively reported in beast models but there are only a many reports of mortal studies. adding the diversity of gut microbiota, and over- regulating PCOS upgrading gut microbiota are some of the ways through which prebiotics, probiotics, and polyphenols work. We present a comprehensive review on polyphenols from natural origin, probiotics, and facal microbiota remedy that may be used to treat PCOS by modifying the gut microbiota.

Keywords: microbiota, prebiotic, polyphenol etc.

INTRODUCTION

Polycystic ovarian pattern(PCOS) is a complex metabolic complaint. It combines colorful symptoms similar as anovulation, hirsutism, amenorrhea, gravidity, rotundity, and polycystic ovaries. Encyclopedically, it's known to affect 6 to 20 of women(1). PCOS is associated with colorful other conditions, including rotundity, diabetes, cardiovascular counteraccusations and cancers. This has led to an increased profitable burden and has attracted interest in this field(2). The remedial options available for PCOS include a change in life, diet, exercise, and pharmacotherapy. still, the standard pharmacological approaches have not given satisfactory results, and PCOS frequence is still on the rise(3). In recent times, the strong association of gut microbiota with physiology of womanish reproductive functions has been reported(4). Research suggests that there's a link between gut microbiota and the host metabolism, through colorful metabolites buried by them like short-chain adipose acid(5), timethylamine N- oxide(TMAO), and inosine-5monophosphate(IMP), etc. These metabiotics, in turn, show their goods on supplying energy for colonic epithelial cells, conformation of white adipose towel and metabolism of lipids in the host(6). also, the gut microbiota is also known to regulate the host vulnerable system and control the stashing of corrosiveness acids related to the digestion and metabolism of the host(7). Dysbiosis of the gut is extensively reported to be responsible for certain intestinal conditions, including; Crohn's complaint, ulcerative colitis, and seditious bowel complaint, that are reported to be more frequent in PCOS cases(8).

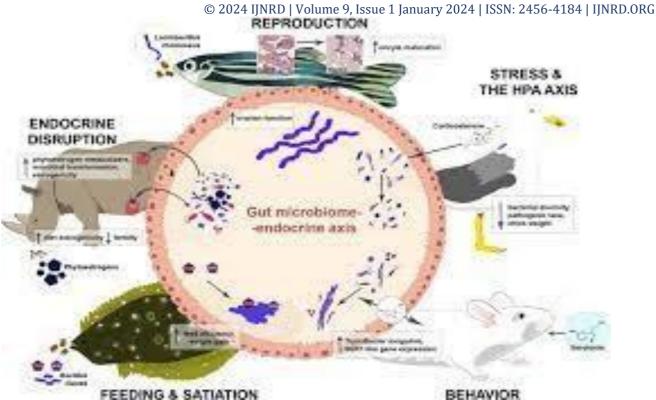
The association between PCOS and gut microbiota is majorly attributed to the release of endotoxins and gut inflammation. Enteroendocrine cells(lower than 1 of all gastrointestinal GI) epithelial cells) release gut hormones that play important part in the hormonal networks throughout interdigestive and postprandial ages. Over 30 similar gut hormones have now been linked. This suggests that eating geste and GI motility are collaboratively regulated by

gut hormone product(9,10). It's also reported that gram-negative bacteria cause inflammation in the gut due to the product of lipopolysaccharide(11). Microbiome diversity is a significant facor reflective of the health of the host. fat- PCOS individualities have lower nascence(diversity of the microbiome applicable to a single sample) and beta diversity diversity of the microbiota applicable to different samples) of microbiota as compared to spare individualities(12). thus, modulation of the gut microbiota could be effective in the treatment of PCOS. Indeed the beginning medium of the conditions similar as diabetes, hyperlipidemia and rotundity are considered to be associated with the composition and diversity of gut microbiota. thus, the part of gut microbiota in other conditions having metabolic significance and applicability with PCOS also assumes veritably high significance(13).

Literature hunt was carried out by screening the calligraphies from the following databases; Web of wisdom, PubMed, Scopus, Embase and Science Direct. The following combinations of keywords were used to search the literature Gut Microbiota ,PCOS, Bacteria, Fungi ,Contagion, Ovarian

,Ovaries, fat ,Insulin Resistance. The calligraphies which stressed the part of gut microbiota in PCOS as well as PCOS related metabolic abnormalities were named and classified into the following subsections for this review.

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The gut microbiota has colorful goods on the intestinal terrain that impact distant organs and pathways, and the gut microbiota is considered to be a full-fledged endocrine organ. The microbiota plays a major part in the reproductive endocrine system throughout a woman's continuance by interacting with estrogens, androgens, insulin, and other hormones. Imbalances in the gut microbiota composition can lead to several conditions and conditions, similar as gestation complications, adverse gestation issues, polycystic ovary pattern(PCOS), endometriosis, and cancer; however, exploration on these mechanisms is limited. exploration sweats should be concentrated on exploring the implicit causes and underpinning mechanisms of microbiota hormone- intermediated complaint and identifying new remedial and preventative strategies.

The gut microbiome contains a large quantum of information. It's well known that the number of bacteria in the body is of the same order as the number of mortal cells(14)and that the quantum of inheritable information present in these microbes is at least150-fold lesser than that in the mortal genome.(15)adding substantiation attained in recent times has suggested that these microorganisms serve nearly as an redundant organ by laboriously share in shaping and maintaining our physiology. multitudinous host and

environmental factors, including diet, host genes, and hormones, are associated with variations in the gut microbiome. coitus hormones, similar as progesterone, estradiol, and testosterone, also share in communication between microorganisms and their hosts and play a number of important physiological places in reproduction, isolation, cell proliferation, apoptosis, inflammation, metabolism, homeostasis, and brain function.(16) Commensal bacteria can produce and cache hormones, and the crosstalk between microbes and hormones can affect host metabolism, impunity, and geste . The mortal microbiome affects every stage and position of womanish reduplication, including follicle and oocyte development in the ovary, fertilization and embryo migration, implantation, and the whole gestation, indeed during labor. differences in the microbiome, particularly the gut microbiome, have specific impacts on the reproductive endocrine system, and correcting microbiomes may lead to bettered reproductive abnormal issues.(17)Specific direct correlations between gut microbiota and serum hormone situations, which may have fresh goods on the health of the body, have been reported in several studies. coitus hormone situations have a implicit relation boat with the gut microbiota, and this new conception has been named the " microgenderome "(18)also, there may be a possible relationship between specific intestinal bacteria and womanish conditions, similar as PCOS, endometriosis and bacterial vaginosis(BV). In this paper, we totally review the commerce between the gut microbiota and the womanish endocrine system.

1. INTERACTION OF ESTROGEN AND THE GUT MICROBIOME

The gut microbiota isn't only influenced by estrogens but also active in affecting estrogen levels. Estrogens are a principal regulator of the gut microbiome, and the gene force of the gut microbiota that's able of metabolizing estrogens is known as the " estrobolome " (19)The expression of estrogen receptor β (ER β) and serum attention of steroidal hormones, especially estradiol, are known to change throughout the life cycle of the organism; thus, regulation of estrogen is essential for women's health. Intestinal bacteria play an important part in estrogen metabolism,

substantiated by the observation that the use of antibiotics leads to lower estrogen situations.(20) Microbially secreted β - glucuronidase can metabolize estrogens from their conjugate forms to their deconjugated forms.(19)Dysbiosis and a reduction in gut microbiota diversity reduce β - glucuronidase exertion and affect in dropped deconjugation of estrogen and phytestrogen into their circulating and active forms. The drop in circulating estrogens alters estrogen receptor activation and may lead to hypestrogenic pathologies rotundity, metabolic pattern, cardiovascular complaint and cognitive decline.(19) Increased cornucopia of βglucuronidase- producing bacteria can lead to elevated situations of circulating estrogens and drive conditions, similar as endometriosis and cancer. In addition, estrogen situations can also affect the countries of conditions and processes, including PCOS, endometrial hyperplasia, and eventually fertility.(21) It was reported that representative orders similar as Lactobacillales and specific phyla similar as Proteobacteria, Bacteroidetes, and Firmicutes also differ as a function of murine ER β status, suggesting that steroid nuclear receptor status and salutary complexity may play important places in microbiota conservation.(22) nascence diversity has a negative correlation with estradiol attention, but the medium remains unclear. It's possible that gut microbes share in the regulation of coitus hormones and, again, that coitus hormones modify microbial diversity.(23)

lately, it was reported that the gut microbiome mediates the preventative effect of 17β - estradiol against metabolic endotoxaemia and low grade habitual inflammation. 17β - estradiol- treated manly and ovariectomized womanish mice have dropped Proteobacteria and lipopolysaccharide LPS) biosynthesis, and these situations are analogous to those of normal womanish mice. Estrogen or estrogen-like composites can drop the LPS produced by the gut microbiome and gut permeability, performing in reduced metabolic endotoxaemia.(24) In addition, estrogen can modify gut epithelial hedge integrity in mice, substantiated by the observation that ladies are more resistant to gut injury than their manly counterparts.(25) Estrogen is also associated with a variety of coitus hormone-driven cancers, similar as endometrial, cervical, ovarian, prostate and bone cancer. The gut microbiota composition is altered in numerous of these cancers, and it may play an

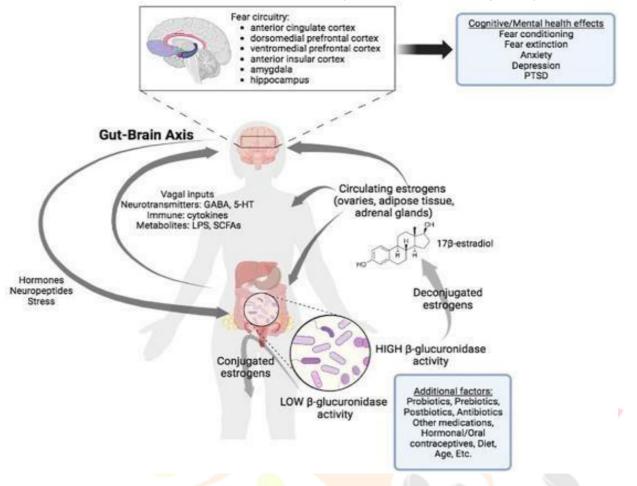
important part inpromoting these cancers.(26) For illustration, it was hypothecated that high- fat- diet(HFD)- associated steroids can impact the gastrointestinal microbiome by introducing a carcinogen that might act on bone towel or an estrogen that might contribute to excrescence growth.(27) dropped rates of estroword metabolites to maternal composites and dropped fecal microbiota diversity are associated with an increased threat of bone cancer in postmenopausal women.(28) In postmenopausal women, gut microbiota divesity is appreciatively associated with the rate of estrogen metabolites in urine. It has been reported that total fat mass and abdominal fat, critical factors in the unborn development of insulin resistance and type

2 diabetes, are increased in postmenopausal women compared with premenopausal women.

The gut microbiota may play an important part in regulating estrogen situations and metabolism during menopause.likewise, the gut microbiota can metabolize estrogen- suchlike composites in foods similar as soy iso- flavones and promotethe growth of some specific bacteria, (29) and supplementation with soy isoflavones increases the attention of Bifidobacterium and suppresses unclassified Clostridiaceae in postmenopausal women. In this regard, Bifidobacterium plays a salutary part in promoting immersion and impunity and precluding infection in the intestine, while Clostridiaceae is known to be involved in seditious conditions and is associated with rotundity.

These results indicate that this host microbe estrogen commerce contributes to a wide range of pathways that affect women's health and complaint Estrogens and gut microbiota might synergize to influence colorful aspects of women's health, including fertility, rotundity, diabetes, and cancer. thus, a better understanding of the interactions between estrogens and gut microbiota will lead to new perceptivity and new approaches toward reducing the threat of endocrine conditions in women





ROLE OF GUT MICROBIOTA IN PCOS

2.

Steroidal hormonal levels are reported to have a relationship with the gut microbiome changes, and women suffering from PCOS parade advanced quantities of androgens linked with a change in metabolic exertion. Several studies have been carried out to relate gut microbiota, and PCOS with an overall conclusion that any drop in the nascence and beta diversity of the microbiome in the gut is identified with the circumstance of PCOS. There is a link between lower nascence diversity of gut microbiota and rotundity, which is one of the most prominentco morbidies of PCOS in women. Since the last decade, important exploration has been carried out to understand gut bacteriome's association and its relationship with PCOS. Though consideration of the conception of the actuality of a mycobiome or virome would reflect on the part of microbiome as a whole, similar reports are relatively limited(30)

2.1 Bacteria Involved in PCOS

2.1.1. Firmicutes

This phylum of bacteria represents the maximum diversity within the mortal gut.Firmicutes substantially comprise Lactobacillus, Clostridium, and Ruminococcus. Of all the phyla of Firmicutes, the effect of Lactobacillus on mortal health has been considerably studied, and its direct relationship with PCOS has been established. The rate of Firmicutes and Bacteroidetes has been identified to gut microbiota in fat people. A study by Liu etal. set up a drop in Ruminococcaceae and Clostridium in the PCOS group who were fat. Another study set up a drop in Clostridiales while another study by Insenser etal. verified a advanced cornucopia of Lachnospiraceae oribacterium(31).

The rubric Lactobacillus consists of numerous species, some of which are related to rotundity and PCOS. These bacteria have been associated with a lack of dextrin synthases. A close relationship has been reported between weight gain and the cornucopia of L. Acidophilus species in an individual. In a study involving Sprague dawley rats, L. plantarum was set up to increase the conflation of isobutyric acid and isovaleric acid, which are known to play a part in lipid metabolism and are critical for PCOS(32). Contrastingly, another study set up that treatment of postmenopausal women with L. plantarum reduced the glucose

situations and lowered C- reactive proteins in white adipose towel. The administration of L. johnsonii to rats increased their granulosa layers and the conformation of corpora lutea easing PCOS. In a study carried out on Iranian administration of Lactobacillus strains(L. oral women. acidophilus,L. plantarum, L. fermentum, and L. gasseri) for 12 weeks was set up to reduce the Interleukin- 6(IL- 6) and high- perceptivity C reactive protein(hs- CRP) situations, perfecting inflammation associated with PCOS(33). In another study on PCOSconvinced rats, L. reuteri was reported to ameliorate reproductive function and restore the gut microbiota(34). reuteri is reported to ameliorate insulin resistance(IR) and browning of white adipose towel. In another study, reduction in blood glucose situations, an enhancement in insulin perceptivity, and attention was seen in the postpartum period in women when they were treated withL. rhamnosus(35). The part of L.

acidophilus andL. casei in reducing tube glucose, perfecting insulin situations and increased insulin perceptivity were stressed also in another report. Mice that were treated with a high- fat diet(HFD) showed a drop in body weight and downregulation of Tumor Necrosis Factor α (TNF- α) and Interleukin-1 β after treatment with L. sakei womanish C57BL/ 6 mice, when fed with Lactobacillus JBD301, increased the fecal excretion and the gut fluid, inhibiting the weight gain, which is generally seen in PCOS women. Another study refocused out the part ofL. gasseri BNR17 in dwindling visceral fat mass and midriff circumference(36). Frequently Lactobacillus is used in combination with certain prebiotics to make symbiotics for the treatment of PCOS are stressed in Table 1

Synbiotic Treatment	Model	Outcome
L. bifidum, L. acidophilus, L. casei and inulin	Clinical study	No change in hirsutism
Lactobacillus, Bifidobacterium, and Selenium	Clinical study	Improved testosterone and hirsutism
L. bifidum, L. acidophilus, L. casei and inulin	Clinical study	Improved insulin sensitivity
L. acidophilus, L. reuteri, L. fermentum, B. bifidum and selenium	Clinical study	Increased insulin sensitivity
L. plantarum and inulin	Wistar rats	Decrease hyperglycemia, IR, hyperlipidemia, and ameliorate oxidative stress
L. acidophilus, L. casei, L. rhamnosus and inulin	Clinical study	Reduced low-density lipoprotein (LDL) and increased high-density lipoprotein (HDL)

2.1.2. Proteo<mark>ba</mark>cteria

Proteobacteria is one of the major phyla of bacteria that are gram- negative. They represent utmost of the pathogenic bacteria that include Salmonella, Vibrio, Heliobacteria, and Yersinia. Alink has been established between Proteobacteria and the imbalance caused in the lower reproductive

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tract of women and inflammation(37). Escherichia fergusonii from this phylum is reported to be responsible for acute cystitis(an underpinning threat factor for PCOS). Interestingly, some clinical data shows a relationship between acute cystitis and PCOS. The rubric Salmonella belonging to this bacterial phylum though generally known to be associated with typhoid, has also been reported to be associated with PCOS. Certain species of Salmonella are known to beget egg impurity and reproductive tract infections in cravens(38).

Salmonella typhimurium is known to reduce ovarian cancer in metastatic and dissemination mouse models and clearances farther study on its goods on PCOS. Helicobacter bacteria belonging to this phylum have also been intertwined in PCOS.H. pylori is known to beget inflammation in the gastric tract. still, its part PCOS was reported where the seropositivity of H. pylori was set up advanced in the PCOS group along with a advanced attention of C reactive protein than that in the control group. Another pathogen set up abundantly in PCOS cases is Comamonas kerstersii, which has been linked to peritonitis and urinary tract infections. A recent study by Chu etal., indicated that the PCOS group had a advanced cornucopia of the rubric Shigella(39).

These are allowed to beget complaint by concealing acridity factors, producing severe inflammation, and interceding colon enterotoxic goods. They fit acridity effectors intoepithelial cells to grease irruption of the cells and downgrade inflammation(40).

2.2 Fungi Involved in PCOS

Characterizing the mortal gut mycobiome has been backed by coming- generation sequencing ways. further than 66 rubrics and 184 species of fungi have been discovered in the mortal gut, with Candida, Saccharomyces, and Cladosporium being the most popular(41). seditious conditions similar as Crohn's complaint and ulcerative colitis are linked to mycobiome dysbiosis. still, no link was reported between the part of mycobiome and PCOS by Illiev etal.(42). Mihms and associates, showed that the rubrics Thermomyces and Saccharomyces have links with host metabolism. Analysis of gut mycobiome

by using arbitrary timber machine literacy models and performing variable significance analysis to identify critical fungal taxa, revealed that a positive correlation was between Thermomyces and weight gain, Cladospoirum and serum triglyceride concentration, and Saccharomyces, as well as Aspergillus, with fasting ghrelin situations. also, the product of secondary corrosiveness acids was preliminarily attributed to colorful microbionts that were considered essential for producing metabolic hormones similar as leptin, resistin, ghrelin, and Glucagon like peptide- 1(GLP- 1). still, it's apparent now that fungi similar as Fusarium, Aspergillus, and Penicillium also produce secondary corrosiveness acids(42). A study refocused out that Candida, Nakaseomyces, and Penicillium are the most abundant rubrics in fat cases. The relative cornucopia of strains of the phylum Zygomycota and the class Eurotiomycetes, family Mucoraceae, was negatively affiliated to serum total cholesterol, LDL- cholesterol, and dieting triglycerides. The relative cornucopia of strains from the Dipodascaceae family, on the other appreciatively linked to serum total cholesterol and dieting hand, was triglycerides. Eupenicillium was negatively associated with homeostatic model assessment(HOMA) value. Of all fungal species, Candida has successfully been linked from the intestine of healthy people(43)

2.3 Viruses Involved in PCOS

Intestinal bacteriophages have been linked as the gut virome's primary element, counting for over 90 of its makeup(44). A prospective virome disquisition in a group of 19 children was conducted ahead and after the onset of island autoimmunity. There were no significant differences in the gut virome before or after the conformation of island autoimmunity or after the onset of diabetes(45). The virome may or may not have a part in the pathogenesis of PCOS or any other metabolic complaint and its part remains academic . still, manipulation of virome has been set up to profit for managing intestinal inflammation. Risk like receptor-3,7(TLR3) and(TLR7) honored resident contagions promote intestinal homeostasis by concealinganti-inflammatory cytokines similar as interferon- beta(IFN- β) produced substantially by plasmacytoid dendritic cells(46). The cornucopia of pathogenic and opportunistic contagions in the guts of PCOS cases is still

unreported. In the absence of defensive impunity, a significant number of viral species are likely to attend and perhaps transiently removed just to resurface latterly. Prospective longitudinal studies aimed at characterizing the dynamics of the gut virome at a steady state in healthy and PCOS are demanded to understand better the driving forces that shape the gut microbiome, to cover and immaculately prognosticate pathogenesis associated with these contagions

CONCLUSION

Research has demonstrated that PCOS is associated with dysbiosis of the gut microbiota, a decrease in diversity, and changes in the abundances of certain bacterial species linked to metabolic problems. It is significant to highlight that these studies' findings have not always been constant. particular research have revealed a decrease in the abundance of particular bacteria (such as Blautia and Faecalibacterium prausnitzii), while other studies have revealed an increase in these bacteria's abundance. Furthermore, additional research is required because it is unclear precisely how the gut microbiota varies in relation to various PCOS phenotypes.Dysbiosis of the gut microbiota has been linked to PCOS development by a number of theories. Nonetheless, the information gleaned from cross-sectional research is insufficient to demonstrate the relationship's causality. The gut microbiota is critical in impacting mortal energy metabolism and is explosively linked to PCOS. Some gut bacteria of rubric Lactobacillus, Firmicutes, and Bacteroidetes are linked appreciatively to PCOS development, whereas some species of Bifidobacterium, utmost Lactobacillus, and some Bacteroidetes display PCOS upgrading goods. lately, important focus has been laid on understanding the part of gut microbiota in pathogenesis of PCOS. differences in gut microbiota are known to have both positive and negative goods on PCOS development. Metabolites from gut microbiota can promote weight loss through colorful mechanisms.

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REFERENCE

1. Witchel, S.F.; Oberfield, S.E.; Pena, A.S. Polycystic Ovary Syndrome: Pathophysiology, Presentation, and Treatment with Emphasis on Adolescent Girls. J. Endocr. Soc. 2019, 3, 1545–1573. [CrossRef][PubMed]

2. Wolf, W.M.; Wattick, R.A.; Kinkade, O.N.; Olfert, M.D. Geographical Prevalence of Polycystic Ovary Syndrome as Determined by Region and Race/Ethnicity. Int. J. Env. Res. Public Health 2018, 15. [CrossRef] [PubMed]

3. Abdalla, M.A.; Deshmukh, H.; Atkin, S.; Sathyapalan, T. A review of therapeutic options for managing the metabolic aspects of polycystic ovary syndrome. Adv. Endocrinol Metab 2020, 11, 2042018820938305. [CrossRef] [PubMed]

4. Thursby, E.; Juge, N. Introduction to the human gut microbiota. Biochem. J. 2017, 474, 1823–1836. [CrossRef] [PubMed]

5. Parada Venegas, D.; De la Fuente, M.K.; Landskron, G.; Gonzalez, M.J.; Quera, R.; Dijkstra, G.; Harmsen, H.J.M.; Faber, K.N.; Hermoso, M.A. Short Chain Fatty Acids (SCFAs)-Mediated Gut Epithelial and Immune

Regulation and Its Relevance for Inflammatory Bowel Diseases. Front. Immunol. 2019, 10, 277. [CrossRef] [PubMed]

6. Yang, S.; Li, X.; Yang, F.; Zhao, R.; Pan, X.; Liang, J.; Tian, L.; Li, X.; Liu, L.; Xing, Y.; et al. Gut Microbiota-Dependent Marker TMAO in Promoting Cardiovascular Disease: Inflammation Mechanism, Clinical Prognostic, and Potential as a Therapeutic Target. Front Pharm. 2019, 10,1360. [CrossRef]

7. Rowland, I.; Gibson, G.; Heinken, A.; Scott, K.; Swann, J.; Thiele, I.; Tuohy, K. Gut microbiota functions: Metabolism of nutrients and other food components. Eur. J. Nutr. 2018, 57, 1–24. [CrossRef]

8. Carding, S.; Verbeke, K.; Vipond, D.T.; Corfe, B.M.; Owen, L.J. Dysbiosis of the gut microbiota in disease. Microb Ecol. Health Dis. 2015, 26, 26191. [CrossRef]

9. Corrie, L.; Gulati, M.; Vishwas, S.; Kapoor, B.; Singh, S.K.; Awasthi, A.;
Khursheed, R. Combination therapy of curcumin and fecal microbiota transplant:
Potential treatment of polycystic ovarian syndrome. Med. Hypotheses 2021, 154, 110644. [CrossRef]

10. Fukui, H.; Xu, X.; Miwa, H. Role of Gut Microbiota-Gut Hormone Axis in

the Pathophysiology of Functional Gastrointestinal Disorders. J. Neurogastroenterol Motil 2018, 24, 367–386. [CrossRef]

11. Zhang, G.; Meredith, T.C.; Kahne, D.; Kahne, D. On the essentiality of lipopolysaccharide to Gram-negative bacteria. Curr. Opin. Microbiol. 2013, 16, 779–785. [PubMed]

12. Kho, Z.Y.; Lal, S.K. The Human Gut Microbiome—A Potential Controller of Wellness and Disease. Front. Microbiol 2018, 9, 1835.[CrossRef] [PubMed]

13. He, F.F.; Li, Y.A.-O. Role of gut microbiota in the development of insulin resistance and the mechanism underlying polycystic ovary syndrome: A review. J. Ovarian Res. 2020, 13, 73–76. [CrossRef] [PubMed]

14. Sender R, Fuchs S, Milo R. Revised estimates for the number of human and bacteria cells in the body[J]. PLoS Biol. 2016; 14(8): e1002533. doi:10.1371/journal. pbio.1002533

15. Qin J, Li R, Raes J, Arumugam M, Burgdorf KS, Manichanh C, Nielsen T, Pons N, Levenez F, Yamada T, et al. A human gut microbial gene catalogue established by metagenomic sequencing[J]. Nature. 2010; 464(7285):59–65. doi:10.1038/nature08821

(16). Edwards DP. Regulation of signal transduction pathways by estrogen and progesterone[J]. Annu Rev Physiol. 2005; 67(1): 335–376. doi:10.1146/annurev. physiol.67.040403.120151

(17). Franasiak JM, Scott RT. Introduction: microbiome in human reproduction[J].
Fertil Steril. 2015; 104(6): 1341–1343.
doi:10.1016/j.fertnstert.2015.10.021

(18). M B F, J F N, Blumberg RS. Immunology. Welcome to the microgenderome[J] Science. 2013;339:1044–1045

(19) . Plottel C, Blaser MJ. Microbiome and malignancy[J]. Cell Host Microbe. 2011; 10(4): 324–335. doi:10.1016/j. chom.2011.10.003

(20). Adlercreutz H, Pulkkinen MO, E.k. H, Korpela JT. Studies on the role of intestinal bacteria in metabolism of synthetic and natural steroid hormones[J]. J Steroid Biochem. 1984; 20(1): 217–229. doi:10.1016/0022-4731(84)90208-5

(21) 8. J M B, Al-Nakkash L, Herbst-Kralovetz MM. Estrogengut microbiome axis: physiological and clinical implications[J]. Maturitas. 2017; 103:45–53.

(22). Menon R, Watson SE, Thomas LN, Allred CD, Dabney A, Azcarate- Peril

MA, Sturino JM. Diet complexity and estrogen receptor beta statusaffect the composition of the murine intestinal microbiota[J]. Appl EnvironMicrobiol. 2013; 79(18):5763–5773.

(23). Insenser M, Murri M, Campo RD, Martínez-García MA, Fernández-Durán E, Escobar-Morreale HF. Gut microbiota and the polycystic ovary syndrome: influence of sex, sex hormones, and obesity[J]. J Clin Endocrinol Metab. 2018; 103(7):2552–2562.

(24). Kaliannan K, Robertson RC, Murphy K, Stanton C, Kang C, Wang B, Hao L, Bhan AK, Kang JX. Estrogen-mediated gut microbiome alterations influence sexual dimorphism in metabolic syndrome in mice[J]. Microbiome. 2018; 6(1):205.

(25). Homma H, Hoy E, Xu DZ, Lu Q, Feinman R, Deitch EA. The female intestine is more resistant than the male intestine to gut injury and inflammation when subjected to conditions associated with shock states[J]. Am J Physiol Gastrointest Liver Physiol. 2005; 288(3):G466–G472.

(26). R F S, Jobin C. The microbiome and cancer[J]. Nat Rev Cancer. 2013;13:800–812.

(27). M J H, Goddard P, Williams RE. Gut bacteria and aetiology of cancer of the breast[J]. Lancet. 1971;2:472–473.

(28). Flores R, Shi J, Fuhrman B, Xu X, Veenstra TD, Gail MH, Gajer P, Ravel J, Goedert JJ. Fecal microbial determinants of fecal and systemic estrogens and estrogen metabolites: a cross-sectional study[J]. J Transl Med. 2012; 10:253.

(29). K L C, Estrogen M-EZ. Microbiota crosstalk: should we pay attention?[J]. Trends Endocrinol Metab. 2016;27:752–755

(30) Minot, S.; Sinha, R.; Chen, J.; Li, H.; Keilbaugh, S.A.; Wu, G.D.; Lewis, J.D.; Bushman, F.D. The human gut virome: Inter-individual variation and dynamic response to diet. Genome Res. 2011, 21, 1616–1625.

(31). Insenser, M.; Murri, M.; Del Campo, R.; Martinez-Garcia, M.A.; Fernandez-Duran, E.; Escobar-Morreale, H.F. Gut Microbiota and the

Polycystic Ovary Syndrome: Influence of Sex, Sex Hormones, and Obesity.

J. Clin. Endocrinol Metab 2018, 103, 2552–2562

(32). He, Y.; Wang, Q.; Li, X.; Wang, G.; Zhao, J.; Zhang, H.; Chen, W. Lactic acid bacteria alleviate polycystic ovarian syndrome by regulating sex hormone related gut microbiota. Food Funct. 2020, 11, 5192–5204.

(33). Mazidi, M.; Rezaie, P.; Ferns, G.A.; Vatanparast, H. Impact of Probiotic Administration on Serum C-Reactive Protein Concentrations: Systematic Review and Meta-Analysis of Randomized Control Trials. Nutrients 2017, 9.

(34). He, B.; Hoang, T.K.; Tian, X.; Taylor, C.M.; Blanchard, E.; Luo, M.;
Bhattacharjee, M.B.; Freeborn, J.; Park, S.; Couturier, J.; et al.
Lactobacillus reuteri Reduces the Severity of Experimental Autoimmune
Encephalomyelitis in Mice by Modulating Gut Microbiota. Front.
Immunol. 2019, 10, 385

(35). Laitinen, K.; Poussa, T.; Isolauri, E.; Nutrition, A.M.I.; Intestinal Microbiota, G. Probiotics and dietary counselling contribute to glucose regulation during and after pregnancy: A randomised controlled trial. Br. J. Nutr. 2009, 101, 1679–1687

(36). Kim, J.; Yun, J.M.; Kim, M.K.; Kwon, O.; Cho, B. Lactobacillus gasseri BNR17 Supplementation Reduces the Visceral Fat Accumulation and Waist Circumference in Obese Adults: A Randomized, Double-Blind, Placebo Controlled Trial. J. Med. Food 2018, 21, 454–461

(37). Amabebe, E.; Anumba, D.O.C. Female Gut and Genital Tract Microbiota-Induced Crosstalk and Differential Effects of Short-Chain Fatty Acids on Immune Sequelae. Front. Immunol. 2020, 11, 2184

(38). Gantois, I.; Ducatelle, R.; Pasmans, F.; Haesebrouck, F.; Gast, R.; Humphrey, T.J.; Van Immerseel, F. Mechanisms of egg contamination by Salmonella Enteritidis. FEMS Microbiol Rev. 2009, 33, 718–738.

(39). Jiang, X.; Liu, W.; Zheng, B. Complete genome sequencing of Comamonas kerstersii 8943, a causative agent for peritonitis. Sci.Data 2018, 5, 180222.

(40). Mattock, E.; Blocker, A.J. How Do the Virulence Factors of Shigella Work Together to Cause Disease? Front. Cell Infect Microbiol 2017, 7, 64.

(41). Hamad, I.; Sokhna, C.; Raoult, D.; Bittar, F. Molecular detection of eukaryotes in a single human stool sample from Senegal. PLoS ONE 2012, 7, e40888

(42) Iliev, I.D.; Funari, V.A.; Taylor, K.D.; Nguyen, Q.; Reyes, C.N.; Strom, S.P.; Brown, J.; Becker, C.A.; Fleshner, P.R.; Dubinsky, M.; et al. Interactions between commensal fungi and the C-type lectin receptor Dectin-1 influence colitis. Science 2012, 336,1314–1317

(43) Ott, S.J.; Kuhbacher, T.; Musfeldt, M.; Rosenstiel, P.; Hellmig, S.; Rehman, A.; Drews, O.; Weichert, W.; Timmis, K.N.; Schreiber, S. Fungi and inflammatory bowel diseases: Alterations of composition and diversity. Scand J. Gastroenterol 2008, 43, 831–841

(44) Scarpellini, E.; Ianiro, G.; Attili, F.; Bassanelli, C.; De Santis, A.; Gasbarrini, IJNRD2401095 International Journal of Novel Research and Development (www.ijnrd.org) a844 © 2024 IJNRD | Volume 9, Issue 1 January 2024 | ISSN: 2456-4184 | IJNRD.ORG

A. The human gut microbiota and virome: Potential therapeutic implications. Dig Liver Dis 2015, 47, 1007–1012

(45) Kramná, L.; Kolarova, K.; Oikarinen, S.; Pursiheimo, J.P.; Ilonen, J.; Simell, O.; Knip, M.; Veijola, R.; Hyöty, H.; Cinek, O. Gut virome sequencing in children with early islet autoimmunity. Diabetes Care 2015,38.

(46) Yang, J.Y.; Kim, M.S.; Kim, E.; Cheon, J.H.; Lee, Y.S.; Kim, Y.; Lee, S.H.; Seo, S.U.; Shin, S.H.; Choi, S.S.; et al. Enteric Viruses Ameliorate Gut Inflammation via Toll-like Receptor 3 and Toll-like Receptor 7- Mediated Interferon-beta Production. Immunity 2016, 44, 889–900.

