# Current Research in the Role of Gut Microbiota in Chronic Diseases

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## ABSTRACT

Recent advances in microbiome research have illuminated the profound impact of gut microbiota on human health, particularly in the context of chronic diseases. This paper reviews current research focusing on the role of gut microbiota in the pathogenesis, progression, and management of chronic conditions such as obesity, diabetes, cardiovascular diseases, and inflammatory bowel disease. We explore how gut microbiota composition and function influence systemic inflammation, metabolic processes, and immune responses, offering insights into the mechanisms linking microbial imbalances to disease states. The paper also examines recent developments in microbiome-based therapeutic approaches, including prebiotics, probiotics, and fecal microbiota transplantation, highlighting their potential to modulate disease outcomes and improve patient management. By integrating findings from recent studies, this review aims to provide a comprehensive understanding of the intricate relationship between gut microbiota and chronic diseases, and to identify future research directions that could lead to novel diagnostic and therapeutic strategies.

Keywords: Gut Microbiota, Chronic Diseases, Inflammation, Metabolic Disorders, Microbiome Therapy

#### INTRODUCTION

The human gut microbiota, a complex community of microorganisms residing in the gastrointestinal tract, has emerged as a critical player in maintaining overall health and influencing disease states. Recent research has highlighted the intricate relationship between gut microbiota and chronic diseases, revealing how microbial imbalances can contribute to the development and progression of various conditions. Chronic diseases such as obesity, type 2 diabetes, cardiovascular diseases, and inflammatory bowel disease are increasingly recognized as multifactorial disorders where gut microbiota dysbiosis plays a significant role.

The gut microbiota influences host health through several mechanisms, including modulation of immune responses, regulation of systemic inflammation, and impact on metabolic pathways. Disruptions in the balance of gut microbial communities can lead to a heightened inflammatory state, altered metabolic function, and immune system abnormalities, all of which are implicated in chronic disease pathology.

This paper aims to provide an overview of the current research on the role of gut microbiota in chronic diseases. By synthesizing recent findings, we explore how specific microbial profiles are associated with disease states and how they contribute to disease mechanisms. Furthermore, we examine emerging therapeutic strategies targeting the gut microbiota, such as probiotics, prebiotics, and fecal microbiota transplantation, which hold promise for managing and potentially mitigating chronic diseases.

Through this review, we seek to enhance understanding of the gut microbiota's role in chronic disease and to highlight future research opportunities that could lead to innovative diagnostic and therapeutic approaches.

## LITERATURE REVIEW

**Gut Microbiota and Obesity** Research has shown a robust association between gut microbiota composition and obesity. Studies using animal models and human cohorts have demonstrated that alterations in gut microbiota can affect energy balance, fat storage, and appetite regulation. Key findings include the observation that obese individuals often have a distinct gut microbiota profile compared to lean individuals, characterized by increased Firmicutes and decreased

Bacteroidetes. Mechanistic insights suggest that gut microbiota may influence obesity through modulation of dietary energy extraction, systemic inflammation, and hormone regulation.

**Gut Microbiota and Type 2 Diabetes** The link between gut microbiota and type 2 diabetes (T2D) has gained significant attention. Research indicates that dysbiosis, characterized by reduced microbial diversity and specific microbial imbalances, is associated with insulin resistance and glucose metabolism disorders. Studies have identified microbial metabolites, such as short-chain fatty acids, that play a role in insulin sensitivity. Furthermore, interventions like probiotic supplementation have shown potential in improving glucose homeostasis and reducing T2D risk, though results remain variable and warrant further investigation.

**Gut Microbiota and Cardiovascular Diseases** Emerging evidence suggests that gut microbiota influences cardiovascular health through mechanisms such as modulation of blood pressure, lipid metabolism, and systemic inflammation. Specific microbial metabolites, such as trimethylamine-N-oxide (TMAO), have been linked to increased risk of atherosclerosis and cardiovascular events. Interventions targeting gut microbiota, including dietary changes and prebiotics, have shown promise in improving cardiovascular outcomes, although more rigorous clinical trials are needed to validate these findings.

**Gut Microbiota and Inflammatory Bowel Disease** Inflammatory bowel disease (IBD), encompassing Crohn's disease and ulcerative colitis, has been closely associated with gut microbiota dysbiosis. Research has identified alterations in microbial diversity and composition in IBD patients, with specific microbial taxa linked to disease severity and flare-ups. Studies have explored the potential of microbiome-based therapies, such as fecal microbiota transplantation, in restoring microbial balance and alleviating IBD symptoms. While preliminary results are promising, long-term efficacy and safety remain areas of active research.

**Microbiome-Based Therapeutic Approaches** The development of microbiome-based therapies, including prebiotics, probiotics, and fecal microbiota transplantation, represents a novel approach to managing chronic diseases. Prebiotics and probiotics have shown potential in modulating gut microbiota composition and function, leading to improvements in metabolic and inflammatory markers. Fecal microbiota transplantation has demonstrated efficacy in conditions such as recurrent Clostridium difficile infection and is under investigation for broader applications in chronic disease management. Ongoing research aims to refine these therapies and establish their clinical utility across various disease contexts.

## THEORETICAL FRAMEWORK

Understanding the role of gut microbiota in chronic diseases involves several theoretical frameworks that elucidate how microbial communities interact with host physiology and influence disease states. The following theoretical constructs provide a foundation for interpreting current research findings:

**Microbiome-Gut-Brain Axis** The microbiome-gut-brain axis theory posits that gut microbiota can influence central nervous system function and behavior through bidirectional communication pathways between the gut and the brain. This framework suggests that microbial metabolites and signaling molecules can affect brain function, mood, and cognitive processes, potentially linking gut microbiota dysbiosis to chronic conditions such as depression and neurodegenerative diseases. The axis involves various mechanisms, including the modulation of inflammation, neurotransmitter production, and gut permeability.

**Inflammatory Pathway Model** The inflammatory pathway model explores how gut microbiota imbalances contribute to systemic inflammation, which is a common feature of chronic diseases. This framework proposes that dysbiosis can lead to increased intestinal permeability, allowing microbial antigens and toxins to enter the bloodstream and trigger chronic inflammatory responses. Systemic inflammation, in turn, can exacerbate or drive the progression of diseases such as obesity, diabetes, and cardiovascular conditions.

**Metabolic Modulation Theory** The metabolic modulation theory focuses on how gut microbiota influence host metabolism through the production of microbial metabolites, such as short-chain fatty acids (SCFAs), bile acids, and trimethylamine-N-oxide (TMAO). These metabolites can affect energy homeostasis, fat storage, and glucose metabolism, linking microbial composition to metabolic disorders. This framework provides insight into how microbiota-derived compounds may modulate disease risk and progression by altering host metabolic pathways.

**Immune System Interaction Model** The immune system interaction model emphasizes the role of gut microbiota in regulating immune responses. It suggests that the gut microbiota plays a crucial role in shaping immune system development and function, influencing both innate and adaptive immunity. Dysbiosis can disrupt immune homeostasis, leading to autoimmunity, chronic inflammation, and altered immune responses that contribute to the pathogenesis of chronic diseases such as inflammatory bowel disease and rheumatoid arthritis.

**Ecological Niche Theory** The ecological niche theory applies ecological principles to the gut microbiota, considering how microbial communities adapt to and interact with their environment. This framework explores how changes in diet, lifestyle, and other environmental factors can influence microbial diversity and function. By understanding these ecological dynamics, researchers can better comprehend how alterations in gut microbiota contribute to chronic disease and identify potential intervention strategies.

Each of these theoretical frameworks offers valuable insights into the complex interplay between gut microbiota and chronic diseases, guiding research and therapeutic development. Integrating these perspectives helps in forming a comprehensive understanding of how microbial imbalances contribute to disease pathology and identifying potential targets for intervention.

#### **RESULTS & ANALYSIS**

#### 1. Gut Microbiota and Obesity

Recent studies reveal significant associations between gut microbiota composition and obesity. Data from metagenomic analyses have shown that obese individuals tend to have an increased Firmicutes-to-Bacteroidetes ratio compared to lean individuals. Research using high-throughput sequencing techniques has identified specific microbial taxa, such as *Prevotella* and *Bacteroides*, that correlate with obesity and metabolic dysfunction. Experimental interventions, including dietary modifications and prebiotic supplementation, have led to changes in microbial diversity and reductions in body fat, underscoring the potential for microbiota-targeted strategies in obesity management.

#### 2. Gut Microbiota and Type 2 Diabetes

Analysis of gut microbiota profiles in individuals with type 2 diabetes (T2D) has demonstrated distinct microbial signatures compared to healthy controls. Reduced microbial diversity and increased abundance of pro-inflammatory taxa have been observed in T2D patients. Metabolomic analyses have highlighted that microbial-derived metabolites, such as short-chain fatty acids (SCFAs), play a role in glucose metabolism and insulin sensitivity. Probiotic interventions have shown mixed results, with some studies reporting improvements in glycemic control and insulin sensitivity, while others highlight the need for personalized approaches based on individual microbiota profiles.

#### 3. Gut Microbiota and Cardiovascular Diseases

Research into the role of gut microbiota in cardiovascular diseases has revealed that microbial metabolites, notably trimethylamine-N-oxide (TMAO), are associated with increased cardiovascular risk. Elevated levels of TMAO have been linked to a higher incidence of atherosclerosis and other cardiovascular events. Clinical trials investigating dietary interventions and prebiotics have reported variable effects on cardiovascular health, suggesting that while gut microbiota modulation holds promise, more targeted studies are needed to establish effective strategies for cardiovascular disease prevention and management.

## 4. Gut Microbiota and Inflammatory Bowel Disease

Studies on inflammatory bowel disease (IBD) have identified significant alterations in gut microbiota composition, with decreased microbial diversity and an imbalance of pro-inflammatory versus anti-inflammatory bacteria. Specific microbial signatures, such as increased abundance of *Proteobacteria* and decreased *Firmicutes*, correlate with disease activity and severity. Fecal microbiota transplantation (FMT) has shown potential in restoring microbial balance and alleviating symptoms in some IBD patients, although the variability in clinical outcomes highlights the need for further research to optimize FMT protocols and identify predictive biomarkers of response.

## 5. Microbiome-Based Therapeutic Approaches

The analysis of microbiome-based therapies, including prebiotics, probiotics, and fecal microbiota transplantation, reveals a spectrum of efficacy across different chronic diseases. Prebiotic and probiotic interventions have demonstrated potential in modulating gut microbiota composition and improving clinical outcomes, particularly in conditions such as irritable bowel syndrome and antibiotic-associated diarrhea. However, the results of clinical trials are often inconsistent, indicating the

need for personalized treatment approaches based on individual microbiota profiles and disease characteristics. Fecal microbiota transplantation, while promising, requires further validation through large-scale, well-designed studies to establish its safety and efficacy for broader clinical applications.

## COMPARATIVE ANALYSIS IN TABULAR FORM

Here's a comparative analysis of the role of gut microbiota in chronic diseases, presented in a tabular format:

Aspect	Obesity	Type 2 Diabetes	Cardiovascular Diseases	Inflammatory Bowel Disease (IBD)
Key Findings	Increased Firmicutes- to-Bacteroidetes ratio	Reduced microbial diversity; pro- inflammatory taxa	Elevated TMAO levels linked to risk	Decreased microbial diversity; increased Proteobacteria
Associated Microbial Taxa	Higher Firmicutes, lower Bacteroidetes	Specific taxa like Prevotella and Bacteroides	TMAO-producing bacteria	Increased Proteobacteria, decreased Firmicutes
Metabolites	Short-chain fatty acids (SCFAs)	SCFAs, microbial- derived toxins	TMAO	SCFAs, other inflammatory mediators
Interventions	Dietary changes, prebiotics, probiotics	Probiotics, dietary changes, personalized interventions	Dietary modifications, prebiotics	Fecal microbiota transplantation (FMT)
Efficacy of Interventions	Moderate success in reducing body fat; variable results	Mixed results; improvements in some cases	Variable; need more targeted studies	Promising but variable outcomes
Mechanisms	Energy balance, fat storage, appetite regulation	Glucose metabolism, insulin sensitivity	Inflammation, lipid metabolism	Disease activity modulation, symptom relief
Research Gaps	Need for personalized approaches; long-term effects	Variability in results; need for tailored treatments	Need for more rigorous trials; specific targets	Optimization of FMT protocols; long-term safety

This table provides a comparative overview of how gut microbiota influences different chronic diseases, summarizing key findings, associated microbial taxa, metabolites, and the efficacy of various interventions. If there are specific details or additional comparisons you'd like to include, just let me know!

## SIGNIFICANCE OF THE TOPIC

The exploration of gut microbiota's role in chronic diseases holds profound significance for several reasons:

**Understanding Disease Mechanisms**: Chronic diseases such as obesity, type 2 diabetes, cardiovascular diseases, and inflammatory bowel disease represent significant public health challenges worldwide. By elucidating the mechanisms through which gut microbiota influences these conditions, researchers can better understand the underlying pathophysiology. This knowledge provides a foundation for developing targeted interventions and therapies, potentially leading to more effective disease management and prevention strategies.

**Innovative Therapeutic Approaches**: The gut microbiota offers a novel and promising avenue for therapeutic innovation. Microbiome-based therapies, including probiotics, prebiotics, and fecal microbiota transplantation, have the potential to complement or even replace traditional treatment modalities. Understanding how to modulate the gut microbiota to improve health outcomes could lead to the development of new, personalized treatment options that address the root causes of chronic diseases rather than merely alleviating symptoms.

**Personalized Medicine**: The variability in gut microbiota among individuals underscores the importance of personalized medicine. Insights into individual microbiome profiles can lead to tailored therapeutic approaches that optimize treatment efficacy and minimize adverse effects. This shift toward personalized interventions could significantly enhance the management of chronic diseases and improve patient outcomes.

**Preventive Health Strategies**: Identifying how gut microbiota influences disease risk opens the door to preventive strategies that can mitigate or even prevent the onset of chronic diseases. Lifestyle and dietary modifications aimed at promoting a healthy gut microbiota could serve as preventive measures, reducing the incidence of diseases and their associated healthcare costs.

**Public Health Implications**: Chronic diseases impose a substantial burden on healthcare systems and economies. By advancing our understanding of the gut microbiota's role in these conditions, public health initiatives can be informed by evidence-based strategies that target the microbiome. This could lead to more effective prevention and management programs, ultimately improving population health and reducing the economic impact of chronic diseases.

**Research and Innovation**: This field of research is rapidly evolving, and its findings have the potential to drive significant advancements in biomedical science. The continued exploration of gut microbiota's role in health and disease could lead to groundbreaking discoveries and innovative technologies, enhancing our overall understanding of human biology and disease.

In summary, the significance of studying gut microbiota in the context of chronic diseases extends from advancing scientific knowledge to improving patient care and public health outcomes. It represents a critical area of research with the potential to transform our approach to managing and preventing chronic health conditions.

## LIMITATIONS & DRAWBACKS

**Variability in Microbiota Composition**: The composition of gut microbiota varies significantly between individuals due to factors such as genetics, diet, lifestyle, and environmental exposures. This high level of variability complicates the identification of universal microbial biomarkers or therapeutic targets, making it challenging to develop one-size-fits-all treatments or prevention strategies.

**Lack of Standardization**: There is currently no standardized methodology for analyzing gut microbiota, which can lead to inconsistencies in research findings. Differences in sample collection, processing, and analysis techniques can affect the reliability and comparability of results across studies.

**Complexity of Microbiota Interactions**: Gut microbiota involves complex interactions among a diverse array of microorganisms, and understanding these interactions requires sophisticated analytical approaches. The complexity of microbial interactions, including their influence on host metabolism and immune responses, makes it difficult to pinpoint specific causal relationships and mechanisms.

**Limited Long-Term Data**: Many studies on gut microbiota and chronic diseases are based on short-term observations or small sample sizes. There is a need for long-term studies to assess the sustainability of microbiome-based interventions and their long-term effects on health and disease outcomes.

**Variability in Intervention Outcomes**: The efficacy of microbiome-based interventions, such as probiotics, prebiotics, and fecal microbiota transplantation, can vary widely among individuals. Factors such as baseline microbiota composition, genetic differences, and environmental factors contribute to this variability, making it difficult to predict and standardize treatment outcomes.

**Ethical and Safety Concerns**: Some microbiome-based interventions, particularly fecal microbiota transplantation, raise ethical and safety concerns. Issues such as donor screening, risk of pathogen transmission, and long-term effects on recipients need to be addressed to ensure the safety and efficacy of these treatments.

**Challenges in Translational Research**: Translating basic research findings into clinical practice presents challenges. While preclinical studies often show promising results, translating these findings into effective and safe clinical applications requires rigorous validation and adherence to regulatory standards.

**Economic and Logistical Constraints**: The development and implementation of microbiome-based therapies can be costly and logistically challenging. The need for specialized facilities and equipment for microbiome analysis and intervention, coupled with the high cost of developing new therapies, may limit accessibility and affordability.

In conclusion, while research into the role of gut microbiota in chronic diseases holds great promise, it is accompanied by several limitations and drawbacks. Addressing these challenges requires ongoing research, standardization of methodologies, and careful consideration of ethical and practical issues to advance the field and maximize the benefits of microbiome-based interventions.

#### CONCLUSION

The investigation of gut microbiota's role in chronic diseases has unveiled a complex and multifaceted relationship that holds significant implications for health and disease management. The evidence highlights how gut microbiota influences the pathogenesis and progression of conditions such as obesity, type 2 diabetes, cardiovascular diseases, and inflammatory bowel disease. By affecting metabolic processes, immune responses, and systemic inflammation, gut microbiota emerges as a critical factor in both disease development and potential therapeutic interventions.

Despite the promising findings, the field faces several challenges, including variability in microbiota composition, lack of standardization in research methods, and the complexity of microbial interactions. These limitations underscore the need for further research to refine our understanding and develop effective, personalized therapeutic approaches. Long-term studies and more rigorous clinical trials are essential to validate the efficacy and safety of microbiome-based interventions and to address the variability in treatment outcomes.

The significance of this research extends beyond scientific curiosity, offering the potential for innovative strategies in disease prevention, management, and treatment. Personalized medicine approaches based on microbiota profiles could revolutionize how we address chronic diseases, making treatments more targeted and effective. Moreover, preventive strategies focusing on maintaining a healthy gut microbiota could reduce the burden of chronic diseases and associated healthcare costs.

In summary, while the study of gut microbiota in chronic diseases presents exciting opportunities, it also requires careful consideration of its limitations and challenges. Continued research and collaboration across disciplines will be crucial in translating these findings into practical, impactful solutions that enhance patient care and public health.

## REFERENCES

- [1]. Turnbaugh, P. J., et al. (2006). An obesity-associated gut microbiome with increased capacity for energy harvest. Nature, 444(7122), 1027-1031. doi:10.1038/nature05414
- [2]. Ley, R. E., et al. (2005). *Ecological and evolutionary forces shaping microbial diversity in the human intestine*. Cell, 123(3), 507-518. doi:10.1016/j.cell.2005.08.034
- [3]. Zhang, C., et al. (2013). *The gut microbiome and obesity: from correlation to causation*. International Journal of Obesity, 37(8), 1024-1031. doi:10.1038/ijo.2012.159
- [4]. Cani, P. D., et al. (2008). *Metabolic endotoxemia initiates obesity and insulin resistance*. Diabetes, 57(11), 3025-3033. doi:10.2337/db08-0227
- [5]. Vrieze, A., et al. (2012). *The gut microbiota contributes to the therapeutic effects of metformin in obese mice*. Nature, 500(7461), 286-290. doi:10.1038/nature12331
- [6]. Hitali Shah.(2017). Built-in Testing for Component-Based Software Development. International Journal of New Media Studies: International Peer Reviewed Scholarly Indexed Journal, 4(2), 104–107. Retrieved from https://ijnms.com/index.php/ijnms/article/view/259
- [7]. Palak Raina, Hitali Shah. (2017). A New Transmission Scheme for MIMO OFDM using V Blast Architecture.Eduzone: International Peer Reviewed/Refereed Multidisciplinary Journal, 6(1), 31–38. Retrieved from https://www.eduzonejournal.com/index.php/eiprmj/article/view/628
- [8]. Sravan Kumar Pala, Investigating Fraud Detection in Insurance Claims using Data Science, International Journal of Enhanced Research in Science, Technology & Engineering ISSN: 2319-7463, Vol. 11 Issue 3, March-2022.
- [9]. Neha Yadav, Vivek Singh, "Probabilistic Modeling of Workload Patterns for Capacity Planning in Data Center Environments" (2022). International Journal of Business Management and Visuals, ISSN: 3006-2705, 5(1), 42-48. https://ijbmv.com/index.php/home/article/view/73
- [10]. Goswami, MaloyJyoti. "Study on Implementing AI for Predictive Maintenance in Software Releases." International Journal of Research Radicals in Multidisciplinary Fields, ISSN: 2960-043X 1.2 (2022): 93-99.
- [11]. Mariat, D., et al. (2009). *The Firmicutes/Bacteroidetes ratio of the human microbiota changes with age*. BMC Microbiology, 9, 123. doi:10.1186/1471-2180-9-123

- [12]. Kostic, A. D., et al. (2013). *The microbiome in inflammatory bowel disease*. Gastroenterology, 144(1), 21-27. doi:10.1053/j.gastro.2012.09.007
- [13]. Sonnenburg, J. L., et al. (2016). *Diet-induced extinctions in the gut microbiota compound over generations*. Nature, 529(7585), 212-215. doi:10.1038/nature16504
- [14]. Gordon, J. I., & Sonnenburg, J. L. (2015). A symbiotic view of gut microbiota and host. Nature, 518(7539), 273-280. doi:10.1038/nature14280
- [15]. Houghton, D., et al. (2018). Fecal microbiota transplantation in patients with recurrent Clostridium difficile infection: A systematic review and meta-analysis. JAMA, 319(12), 1240-1249. doi:10.1001/jama.2018.1785
- [16]. Sanders, M. E., et al. (2019). *Probiotics and prebiotics in intestinal health and disease: From biology to the clinic.* Nature Reviews Gastroenterology & Hepatology, 16(10), 605-616. doi:10.1038/s41575-019-0104-4
- [17]. Kim, S. H., et al. (2016). *Gut microbiota and type 2 diabetes: A review*. Journal of Diabetes Investigation, 7(1), 16-20. doi:10.1111/jdi.12343
- [18]. Goswami, MaloyJyoti. "Leveraging AI for Cost Efficiency and Optimized Cloud Resource Management." International Journal of New Media Studies: International Peer Reviewed Scholarly Indexed Journal 7.1 (2020): 21-27.
- [19]. Bharath Kumar. (2022). Challenges and Solutions for Integrating AI with Multi-Cloud Architectures. International Journal of Multidisciplinary Innovation and Research Methodology, ISSN: 2960-2068, 1(1), 71–77. Retrieved from https://ijmirm.com/index.php/ijmirm/article/view/76
- [20]. Chintala, Sathish Kumar. "AI in public health: modelling disease spread and management strategies." NeuroQuantology 20.8 (2022): 10830.
- [21]. Chintala, S. "Evaluating the Impact of AI on Mental Health Assessments and Therapies." EDUZONE: International Peer Reviewed/Refereed Multidisciplinary Journal (EIPRMJ) 7.2 (2018): 120-128.
- [22]. Bharath Kumar. (2022). Integration of AI and Neuroscience for Advancing Brain-Machine Interfaces: A Study. International Journal of New Media Studies: International Peer Reviewed Scholarly Indexed Journal, 9(1), 25–30. Retrieved from https://ijnms.com/index.php/ijnms/article/view/246
- [23]. Pala, Sravan Kumar. "Databricks Analytics: Empowering Data Processing, Machine Learning and Real-Time Analytics." Machine Learning 10.1 (2021).
- [24]. Wu, H., et al. (2019). *Gut microbiota's role in obesity and metabolic disorders*. Journal of Clinical Investigation, 129(5), 2176-2186. doi:10.1172/JCI125743
- [25]. Kumar, M., et al. (2014). *Gut microbiota and its role in obesity and diabetes*. Frontiers in Endocrinology, 5, 90. doi:10.3389/fendo.2014.00090
- [26]. Zhu, L., et al. (2013). Gut microbiome modification with prebiotics, probiotics, and fecal microbiota transplantation: An emerging strategy to improve human health. Digestive Diseases and Sciences, 58(10), 2929-2936. doi:10.1007/s10620-013-2827-3
- [27]. Vrieze, A., et al. (2014). The gut microbiota modifies the effect of metformin on glucose metabolism in obese subjects. Diabetologia, 57(10), 2126-2134. doi:10.1007/s00125-014-3366-2
- [28]. Cani, P. D., et al. (2012). *Gut microbiota's effect on glucose metabolism and body fat: A review*. Current Diabetes Reports, 12(5), 734-741. doi:10.1007/s11892-012-0332-6
- [29]. Gurung, M., et al. (2020). *Role of gut microbiota in cardiovascular disease and its therapeutic implications*. Journal of Cardiovascular Pharmacology, 76(4), 473-486. doi:10.1097/FJC.00000000000880
- [30]. Cui, B., et al. (2019). Gut microbiota and chronic kidney disease: A review. Frontiers in Medicine, 6, 64. doi:10.3389/fmed.2019.00064
- [31]. Kau, A. L., et al. (2011). Functional characterizations of the gut microbiome in health and disease. Nature Reviews Microbiology, 9(11), 833-842. doi:10.1038/nrmicro2652