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Review on: Targeting the Gut Microbiome in Disease

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Abstract: ***The gut microbiome is a complex and dynamic community of microorganisms essential for maintaining host health. Advances in sequencing technologies have revealed significant changes in microbial composition across disease states. Dysbiosis has been linked to obesity, diabetes, inflammatory bowel disease, neurological disorders, cardiovascular conditions, and cancer. These imbalances contribute to disease progression through immune disruption, metabolic dysfunction, compromised gut barrier integrity, and systemic inflammation. Current research emphasizes the microbiome's role in disease mechanisms and its potential as both a biomarker and therapeutic target, opening pathways for precision medicine and innovative treatments.***

Key insights include:

1) ***Immune modulation and regulation of host responses***
2) ***Microbial metabolic pathways influencing physiology***
3) ***Maintenance of gut barrier function***
4) ***Therapeutic strategies: probiotics, prebiotics, symbiotic, antibiotics, and fecal microbiota transplantation***
5) ***Challenges: efficacy, safety, and long-term outcomes***
6) ***Integration of human studies and models highlights diagnostic and therapeutic potential.***

Keyword: Microbiome Factors, Study Techniques, Research History, Metabolic Disorders, Cancer Microbiome, Neurological Diseases, Therapeutic Applications.

I. INTRODUCTION

The human body hosts a vast and diverse microbial ecosystem, collectively known as the human microbiome. This community includes bacteria, archaea, viruses, and fungi, with microbial cells estimated to number around *39 trillion*, surpassing human cells by approximately *30%.* Among these, the *gut microbiota* is particularly significant, harboring a gene pool that is *100 to 150 times larger* than the human genome, which contains roughly *20,000 genes.* The *mammalian gastrointestinal tract* serves as the primary site for commensal bacteria, with microbial genes exceeding host genomic content by at least *1.3-fold* [1].In recent years, research into the gut microbiome has surged, driven by its profound implications for human health. *Gut dysbiosis* a disruption in the balance of microbial communities has been increasingly associated with a wide spectrum of diseases. These include *obesity, type 2 diabetes mellitus, non-alcoholic fatty liver disease, cardiovascular disorders,* and even *cancer.* The mechanisms underlying these associations involve microbial metabolites, immune modulation, and inflammatory signaling pathways that influence host physiology. [2]

II. FACTORS EFFECTING GUT MICROBIOME: [3]

Table 1: Factors Effecting Gut Microbiome

FACTORS	EFFECTS ON GUT MICROBIOME
DIET	Fiber-rich foods promote beneficial bacteria High-fat or high-sugar diets can reduce microbial diversity and increase inflammation. Food additives and processing may negatively impact microbial balance.

MEDICATION	Antibiotics can drastically reduce microbial populations, sometimes permanently. Proton pump inhibitors (PPIs) and NSAIDs may alter gut pH and microbial composition
AGE AND DEVELOPMENT	Microbiota evolve from birth through adulthood and into old age. Mode of birth (vaginal vs. C-section) and breastfeeding influence early microbial colonization.
LIFE STYLE	Stress and sleep deprivation can disrupt gut-brain signaling and microbial balance. Physical activity is associated with increased microbial diversity and anti-inflammatory profiles.
GENETICS	Host genetics influence immune responses and gut barrier function, indirectly shaping microbial communities.

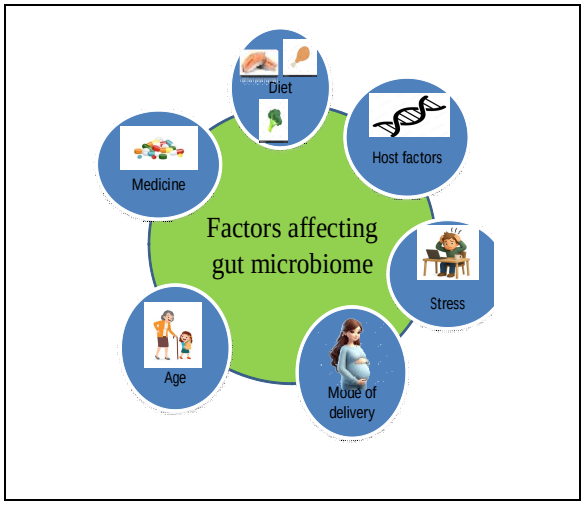


Figure 1: Factors Effecting Gut Microbiome

III. TECHNIQUES TO STUDY GUT MICROBIOMES: [4,5,6]

Microbiome research uses multiple strategies to explore microbial diversity and function. **16S rRNA sequencing** classifies bacteria and archaea at the genus level, while **metagenomics** sequences total DNA for species identification and functional insights. **Metatranscriptomics** examines RNA transcripts to reveal active microbes and environmental responses. **Metabolomics** measures microbial metabolites such as fatty acids and bile acids, highlighting host interactions. **Culturomics** employs high-throughput culture and MALDI-TOF to isolate uncultivable microbes. **Gnotobiotic models** test causal effects of microbes in controlled hosts. Finally, **bioinformatics and computational modeling** interpret large datasets, enabling taxonomic classification, functional annotation, and ecological predictions.

IV. IMPORTANCES OF GUT MICROBIOMES:[7,8]

Table 2: Importance Of Gut Microbiomes

HEALTHY STATE	DISEASE STATE
Nutrient Metabolism: Gut microbes aid in the digestion of complex carbohydrates and fiber, producing beneficial metabolites like short-chain fatty acids (SCFAs) that support gut health and energy metabolism.	Dysbiosis and Disease Risk: Disruptions in microbial balance (dysbiosis) have been linked to numerous diseases including gastrointestinal disorders (inflammatory bowel disease, colorectal cancer), metabolic syndromes (obesity, type 2 diabetes), neurological conditions (autism, Parkinson's), and autoimmune diseases (rheumatoid arthritis).

Immune System Development and Regulation: The microbiome educates and modulates the immune system, helping to distinguish between harmful pathogens and harmless substances, thereby preventing excessive inflammation.	Inflammation and Immune Dysregulation: Altered microbiomes can promote chronic inflammation, a common factor in many chronic diseases.
Barrier Function: It maintains the integrity of the intestinal lining, protecting against pathogen invasion and systemic inflammation	Metabolic Dysfunction: Changes in microbial composition can affect host metabolism, contributing to insulin resistance and fat accumulation

V. HISTORY AND BACKGROUND OF MICROBIOMES:

The origins of microbiome research trace back to the 1670s, when Antonie van Leeuwenhoek used handcrafted microscopes to observe "animalcules" in his own fecal samples—the first recorded visualization of gut microbes.[9] The field remained largely dormant until the late 19th century, when Élie Metchnikoff proposed that lactic acid bacteria could counter harmful gut fermentation and prolong life. His work laid the foundation for probiotic theory, linking gut microbes to aging and health.[10] In the 20th century, Robert Hungate's anaerobic culturing techniques (1944) enabled isolation of cellulose-degrading bacteria from the bovine rumen, advancing controlled study of gut microbes, though most species remained unculturable.[11] The molecular revolution of the 1970s introduced 16S rRNA sequencing, which identified microbial taxa without cultivation and revealed immense diversity. In 2001, Joshua Lederberg coined "microbiome," defining it as the ecological community of microorganisms inhabiting the human body, emphasizing their genomic potential and co-evolution with hosts.[12]A turning point came with the Human Microbiome Project (2007–2015), launched by the NIH to characterize microbial communities across body sites and link them to health and disease.[13]Multi-omics approaches integrating genomics, transcriptomics, proteomics, and metabolomics illuminated host–microbe interactions, connecting dysbiosis to obesity, diabetes, inflammatory bowel disease, and neuropsychiatric disorders.[14]Recent paleomicrobiology has revealed microbial DNA from Neanderthals and early humans, showing shifts with diet, lifestyle, and environment. Comparative studies across primates and indigenous populations highlight how industrialization reduced microbial diversity and resilience.[15]

VI. CURRENT PERSPECTIVES ON GUT MICROBIOMES:

The gut microbiome, composed of trillions of microorganisms mainly bacteria, is vital for digestion, nutrient absorption, immune regulation, and pathogen defense. These microbes produce short-chain fatty acids (SCFAs), which reduce inflammation and strengthen gut barriers. Dysbiosis, or microbial imbalance, is linked to obesity, type 2 diabetes, inflammatory bowel disease, and mental health conditions like depression and anxiety, underscoring the gut-brain axis. Advances in DNA sequencing and multi-omics reveal microbial functions, enabling personalized therapies such as probiotics, prebiotics, and fecal microbiota transplantation (FMT). Lifestyle factors—diet, antibiotics, and environment—shape microbial diversity, often reduced in industrialized societies, driving efforts to restore balance through diet, lifestyle, and targeted interventions. [16,17]

VII. GUT MICROBIOME IN METABOLIC DISORDER:

A. Obesity

Obesity is a global health challenge affecting over one billion people in 2024. Defined by WHO as BMI ≥30, it shortens life expectancy by about seven years. Driven by genetics, sedentary habits, processed diets, and medications, obesity contributes to diabetes, hypertension, dyslipidemia, and urological disorders.[18]

1) *Microbiome Composition Changes In Obesity:* Obesity is linked to notable changes in gut microbiome composition, most consistently reflected in reduced microbial diversity. This decline is associated with impaired metabolic flexibility and heightened risk of metabolic disorders. Studies often report decreased Bacteroidetes and increased Firmicutes, though this ratio varies with genetics, diet, and environment.[19] Obese individuals also show enrichment of pro-inflammatory microbes, including Enterobacteriaceae, alongside depletion of beneficial commensals such as Akkermansia muciniphila and Faecalibacterium prausnitzii. These shifts weaken gut barrier integrity, increase intestinal permeability, and allow lipopolysaccharides (LPS) to enter circulation, driving "metabolic endotoxemia," chronic inflammation, and insulin resistance.[20] Functionally, the obese microbiome demonstrates greater energy harvest capacity, with enhanced carbohydrate and lipid metabolism. Altered short-chain fatty acid (SCFA) production further influences appetite, glucose regulation, and fat storage. Together, these findings highlight the reciprocal relationship between gut microbes and host metabolism, suggesting microbiome-targeted therapies as promising strategies for obesity management.[21]

2) Mechanisms Linking Gut Microbiota To Energy Metabolism: [22,23]

Table 3: Mechanisms

MECHANISM	DESCRIPTION
Fermentation of Dietary Fibers into Short-Chain Fatty Acids (SCFAs)	Gut microbes produce SCFAs from fiber, regulating energy, lipid metabolism, glucose balance, and appetite control.
Modulation of Gut Hormones	SCFAs trigger gut hormones regulating insulin, satiety, energy; microbial imbalance disrupts signaling, driving obesity and diabetes.
Impact on Bile Acid Metabolism	Gut microbes convert bile acids, regulating metabolism, thermogenesis, and insulin sensitivity.
Influence on Intestinal Barrier and Inflammation	Dysbiosis weakens gut barrier, causing inflammation; healthy microbes sustain metabolism.
Gut-Brain Axis and Energy Balance	Gut microbes signal through gut-brain axis, modulating appetite, mood, energy, and hypothalamic hunger-satiety regulation.

3) Microbiota Targeted In Therapeutic Strategies: [24,25]

Table 4:Target In Therapeutic Strategies

Heading	Concise Description
Probiotics	Live microbes (e.g., *Lactobacillus*, *Bifidobacterium*) that restore balance, strengthen barriers, and regulate immunity.
Prebiotics	Fibers like inulin, FOS, GOS that promote beneficial bacteria and enhance SCFA production.
Synbiotics	Combination of probiotics and prebiotics, improving microbial viability and managing gut/metabolic disorders.
Fecal Microbiota Transplantation [FMT]	Healthy donor stool restores microbial diversity; effective in infections, studied for IBD and obesity.
Postbiotics	Microbial metabolites (SCFAs, bacteriocins) with anti-inflammatory, antioxidant, and immune-modulating effects.
Engineered Consortia	Modified microbes or synthetic communities delivering therapeutic molecules and mimicking healthy microbiota.
Dietary Modulation	Fiber, polyphenols, fermented foods enhance microbial diversity, resilience, and metabolic regulation.

B. Diabetes Mellitus

Gut microbiomes play a pivotal role in the pathogenesis and progression of type 2 diabetes mellitus (T2DM), influencing metabolic, immunological, and inflammatory pathways. Dysbiosis—an imbalance in gut microbial composition—has emerged as a key contributor to insulin resistance and chronic low-grade inflammation, hallmark features of T2DM. T2DM results from genetic predisposition and environmental factors, characterized by insulin resistance in muscle, adipose, and liver, alongside impaired β- cell insulin secretion. Chronic hyperglycemia worsens glucotoxicity and lipotoxicity, further damaging β-cells. Globally, over 537 million individuals are affected, with rising incidence in younger populations due to lifestyle changes.[26]

1) *Altered Microbial Diversity In Diabetic Patients:* Reduced microbial richness and compositional shifts are hallmarks of T2DM, favoring pro-inflammatory taxa. Healthy microbiota is dominated by Firmicutes and Bacteroidetes, but in T2DM, butyrate-producing species like *Faecalibacterium prausnitzii* decline, while *Ruminococcus*, *Prevotella*, and Proteobacteria increase. This imbalance enhances gut permeability, allowing lipopolysaccharides (LPS) into circulation, driving endotoxemia and insulin resistance. Dysbiosis disrupts SCFA metabolism, bile acid signaling via FXR/TGR5, and elevates branched- chain amino acids (BCAAs), all linked to impaired glucose regulation. Clinical indices of microbial diversity correlate with glycemic control, and interventions such as diet, probiotics, and fecal microbiota transplantation (FMT) are being explored.[27,28,29]
2) *Gut Microbiota And Insulin Resistance:* Insulin -resistant individuals show reduced diversity, with enrichment of Enterobacteriaceae and *Ruminococcus*, and depletion of *Akkermansia muciniphila* and *Faecalibacterium prausnitzii*. Mechanistically, reduced SCFA production impairs GLP-1 secretion, endotoxemia activates TLR4-mediated inflammation, altered bile acid metabolism disrupts insulin signaling, and elevated BCAAs worsen glucose uptake. Therapeutically, dietary modulation, pre/probiotics, FMT, and engineered microbes are promising strategies to restore balance and improve insulin sensitivity. [30,31]

VIII. GUT MICROBIOMR IN CANCER:

Cancer denotes a wide variety of conditions marked by the emergence of abnormal cells that multiply without regulation and can foray and damage healthy body apkins." Cancer results from differences in DNA. The maturity of DNA differences that lead to cancer be in regions of DNA appertained to as genes. These differences are appertained to as inheritable differences.[32] Cancer prevalence is adding encyclopedically, and the microbiome plays a pivotal part in health and complaint. Certain original microbiomes can inhibit cancer development by interacting with excrescence cells or modulating the vulnerable system. Trillions of microbes inhabit the mortal body, yet the IARC identifies only 11 — specific bacteria, contagions, and spongers as directly carcinogenic, inclusively causing roughly 2.2 million cancer cases each time.[33]

A. *Microbiome- Targeted Strategies For Cancer Forestallment And Remedy*

Microbiome-focused cancer strategies include probiotics, prebiotics, diet changes, and fecal microbiota transplantation to modify microbial exertion.[34]

B. *Restoring Microbiomes After Therapy:*

Cancer treatments including chemotherapy and radiation can disrupt the microbiome. Pelvic radiotherapy, though largely effective, frequently causes patient, treatment- resistant diarrhea, potentially linked to the case's gut microbial composition at the time of radiation.[35]

C. *Impact Of Gut Microbiome On Anticancer Remedy*

Preclinical studies show gut microbiota composition influences antitumour impunity and remedy issues. Abundant Bifidobacterium breve enhances anti PD-1 carcinoma control via dendritic –cell activation. Askers parade further Faelibacterium, whereas non-responders display advanced situations of multiple bacteriodes species overall.[36]

D. *Gut Microbiome Remedy*

1) *In Colorectal Cancer***:** Probiotics support immunity, reduce inflammation and infections, blood cholesterol, suppress dangerous bacteria, and may help colorectal cancer. Bifidobacterium a gut anaerobe, decreases while E.coli increases in CRC.Oral Bifidobacterium can modulate impunity and enhance chemotherapy by reducing glucuronidase. B. breve improves colitis, suppresses MC38 excrescences, and boosts treatment responses. B. infantis and B. breve spark TLR- intermediated vulnerable cells. Smoking reduces butyrate- producing Bifidobacterium.[37]
2) *In Gastric Cancer:* H**.** Pylori infection can spark vulnerable responses and inflammation, influences colorful signaling pathways, and lead to achlorhydria, epithelial atrophy and dysplasia. Accordingly, successful elimination of H. Pylori forestalls gastric cancer.[38]
3) *In Esophageal Cancer:* Studies in rat models show that altering the esophageal microbiome changes composition but doesn't easily affect adenocarcinoma development. E. coli presence and TLR upregulation suggest microbial involvement in early molecular changes. Overall, substantiation remains limited, though microbiome shifts may impact progression from GERD and Barrett's esophagus to adenocarcinoma.[39]

4) *In Breast Cancer:* Cadaveric product influences early breast cancer[40].Various in vitro and in vivo studies have explored the impact of probiotics on BC; for illustration, Enterococcus faecalis and Staphylococcus hominis have demonstrated significant inhibition of cell proliferation, induction of apoptosis, and cell cycle arrest.[41]

IX. GUT MICROBIOME IN NEUROLOGICAL DISEASE:

Human behavior, brain function, and gastrointestinal physiology are all significantly impacted by the microbiota-gut-brain axis. Along this axis of communication, the immunological response is a crucial link between the microbiome and neuroinflammation in both health and illness. A new era of precision neuropsychiatric therapeutic therapies for neurological, neurodevelopmental, and psychiatric illnesses may be ushered in by utilizing a better understanding of how these interactions govern immunity[42].The gut microbiome comprises a vast ecology of commensal bacteria, archaea, fungi, and viruses in and on the body[43].According to research, the human body has pathways called the microbiota-gut-brain axis that link nerves between the gut and the brain[44].

A. *From The Brain-Gut Axis To The Microbiota Brain -Gut Axis*

Along with fungus, viruses, and protozoa, Bacteria comprise most of the complex and dynamic ecosystem found in the digestive system of humans. This microbiota, which weighs around 1.5 kg and contains about 100 trillion microbes, is vital to human health. The mother's microbiota immediately colonizes the human intestine, which is almost sterile, following birth. The technique of delivery has a big impact on the initial microbial makeup. The gut microbiome is further shaped by subsequent factors like as environmental exposure, food, and nursing. Although it can be impacted by outside variables including stress, diseases, drugs, and food, the microbiome stays largely constant in adulthood [45].

B. *Gut Microbiomes In Different Types Of Neurological Disorders*

1) *Alzheimer's Disease:* The most prevalent type of neurodegenerative illness that causes dementia is Alzheimer's disease (AD), which is primarily characterized by episodic sing as the language, executive impairment, and memory loss , impairment, and decreased capacity for daily life[46].The frequency of AD is increaorld's population ages, placing a substantial strain on families and society as a whole[47].Through a variety of pathways, such as immune system modulation, metabolite synthesis, and direct interactions with the central nervous system through the gut-brain axis, gut microbiota may have an impact on the pathophysiology of AD [48].
2) *Parkinson s Disease:* In 2019, the prevalence of Parkinson's disease (PD) more than doubled over the preceding 25 years, affecting over 8.5 million individuals globally [49]. It will be easier to understand the pathophysiology of PD from fresh angles and develop innovative treatment approaches if the fundamental functions and mechanisms of the PD-associated gut microbiota are understood [50].
3) *Depression and Anxiety:* Anxiety and depression are prevalent mental illnesses that significantly hinder a person's capacity to work, learn, and function in daily life. According to the WHO World Report for 2023, 5% of individuals worldwide suffer from depression and 4% of people suffer from anxiety. Furthermore, anxiety disorders co-occur with depression in 29.8% of patients [51]. Recent Studies have shown that gastrointestinal bacteria can regulate many systems to induce depression-like symptoms in their hosts [52]

C. *Dietary Composition And The Gut Microbiota*

1). Fiber: An essential part of a balanced diet is dietary fiber. The relationship between fiber consumption and the beginning of depression was not established by these observational investigations. Furthermore, fiber-enriched diets considerably reduced cognitive effects .Furthermore, premenopausal women who consume more dietary fiber report feeling less depressed, whereas postmenopausal women do not [53]. Short-chain sugars that are simple to disassemble and accessible for fermentation by gut bacteria are also considered fermentable carbohydrates. However, the gut bacteria cannot ferment non-fermentable carbohydrates. [54]

X. THERAPEUTIC APPLICATIONS

A. *Foundational modalities*

Probiotics-Live microbes such as *Lactobacillus*, *Bifidobacterium*, or *E. coli* Nissle 1917 compete with pathogens, strengthen barrier function, modulate immunity, and produce short-chain fatty acids. Clinical use includes preventing antibiotic-associated diarrhea, supporting IBS, and aiding liver or skin conditions, with outcomes varying by strain and dose.

Prebiotics and synbiotics-Prebiotics like inulin, FOS, and GOS selectively nourish beneficial taxa, while synbiotics combine them with probiotics to enhance colonization and metabolic function, improving gut barrier integrity and immune regulation. Postbiotics-Non-viable microbial metabolites (e.g., SCFAs) deliver immunomodulatory benefits safely, offering scalable, standardized therapeutic potential.

B. Microbiome Transplantation and Targeted Elimination

Fecal microbiota transplantation (FMT): Effective for recurrent *C. difficile*, with trials exploring ulcerative colitis, IBS, and metabolic disorders, though donor and regulatory challenges remain.
Bacteriophage/CRISPR targeting: Enables precise elimination of harmful strains while preserving commensals, advancing ecology-aware therapies that reshape microbial communities for safer, targeted interventions.

C. Disease Areas with Translational Momentum

Gastrointestinal disorders: IBS, IBD, dyspepsia, and recurrent *C. difficile* benefit from probiotics, FMT, and engineered strains targeting inflammation and barrier repair.
Metabolic/hepatic conditions: Obesity, insulin resistance, NAFLD, and hepatic encephalopathy are addressed by modulating SCFAs, bile acids, and ammonia.
Dermatologic, gynecologic, oral, neurobehavioral health: Gut–skin, gut–vagina, gut–oral, and gut–brain axes link microbial composition to immunity and barrier states.
*Oncology/immunotherapy***:** Microbiome signatures influence checkpoint inhibitor efficacy; precision diets, consortia, and engineered microbes aim to optimize antitumor immunity.

XI. CONCLUSION

The gut microbiome plays a pivotal role in both health and disease. In a **healthy state**, diverse microbial communities maintain intestinal barrier integrity, regulate immunity, synthesize vitamins, and produce metabolites such as short-chain fatty acids that support metabolic balance and neurological function. This symbiosis fosters resilience against pathogens and contributes to overall well-being. Conversely, in a **disease state**, microbial imbalance or dysbiosis can disrupt these protective mechanisms, leading to inflammation, impaired metabolism, and increased susceptibility to conditions such as irritable bowel syndrome, inflammatory bowel disease, obesity, diabetes, and even neuropsychiatric disorders. Therapeutic strategies—including probiotics, prebiotics, fecal microbiota transplantation, and engineered microbial consortia—seek to restore microbial equilibrium and functional outputs. The future of microbiome research lies in precision medicine, tailoring interventions to individual microbial signatures. Thus, the gut microbiome represents both a guardian of health and a therapeutic frontier in managing human disease.

XII. ACKNOWLEDGEMENT

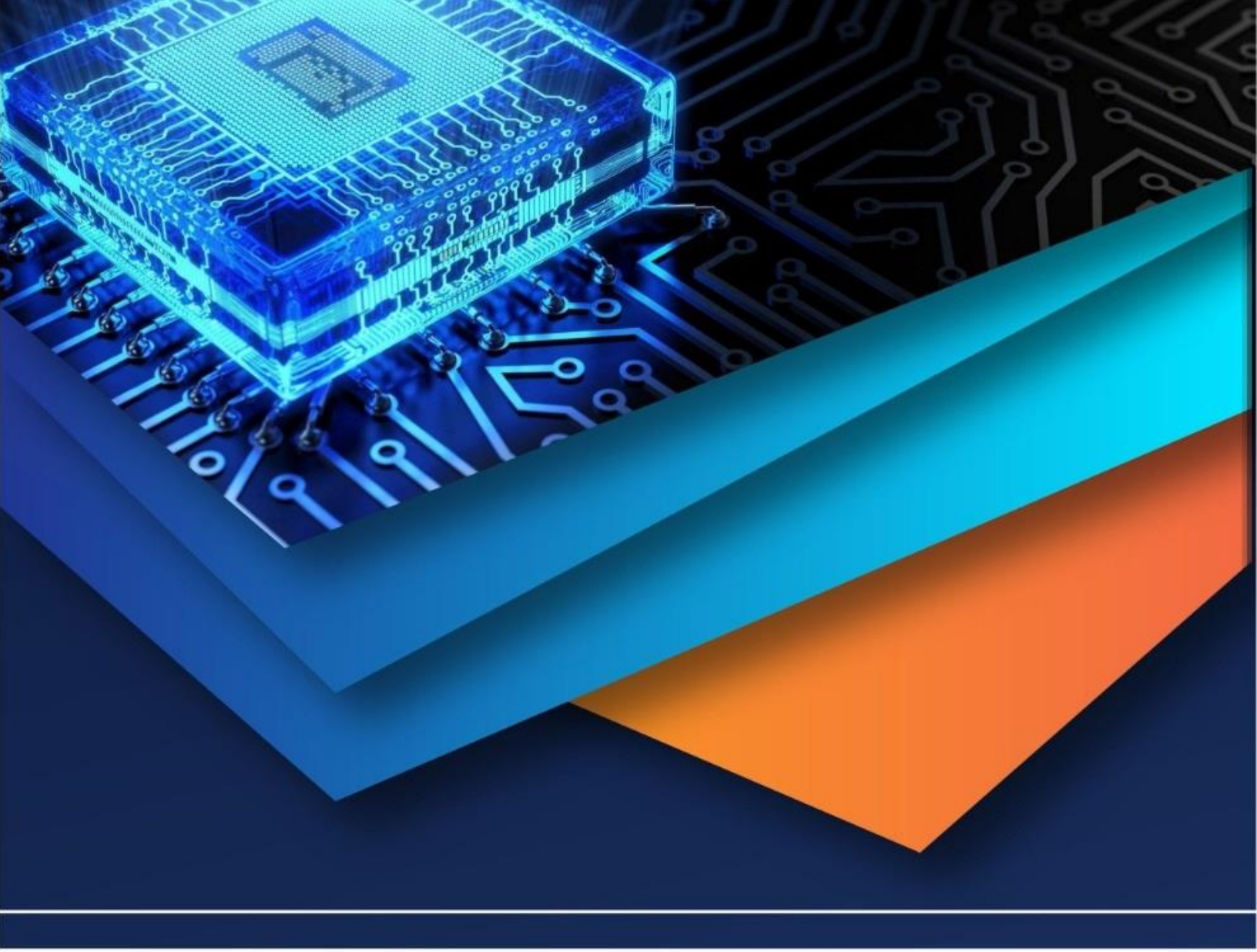
The advancement of knowledge on gut microbiomes in relation to diverse diseases has been made possible through the collective contributions of researchers, clinicians, and participants across disciplines. Investigations into the microbial signatures of conditions such as obesity, diabetes, inflammatory bowel disease, cancer, and neurodegenerative disorders have highlighted the profound role of intestinal ecosystems in shaping human health. This acknowledgement extends gratitude to the scientific community whose rigorous methodologies, ranging from metagenomic sequencing to clinical trials, have illuminated the mechanisms by which microbial imbalances contribute to pathophysiology. Recognition is also due to the patients and volunteers whose participation has enabled translational insights, bridging laboratory findings with clinical relevance. Furthermore, the collaborative efforts of bioinformaticians, nutritionists, and immunologists have enriched the field, ensuring that microbiome research remains a cornerstone in precision medicine. Their dedication continues to inspire future inquiry into therapeutic interventions targeting microbial communities.

REFERENCES

[1] Paul JK, Azmal M, Haque AS, Meem M, Talukder OF, Ghosh A. Unlocking the secrets of the human gut microbiota: Comprehensive review on its role in different diseases. World Journal of Gastroenterology. 2025 Feb 7;31(5):99913.
[2] Cho I, Blaser MJ. The human microbiome: at the interface of health and disease. Nature Reviews Genetics. 2012 Apr;13(4):260-70.
[3] Zhang P. Influence of foods and nutrition on the gut microbiome and implications for intestinal health. International journal of molecular sciences. 2022 Aug 24;23(17):9588.

[4] Sreevatshan KS, Nair VG, Srinandan CS, Malli Mohan GB. Tools to study gut microbiome. InGut Microbiome in Neurological Health and Disorders 2022 Aug 4 (pp. 253-270). Singapore: Springer Nature Singapore.
[5] Noecker C, Turnbaugh PJ. Emerging tools and best practices for studying gut microbial community metabolism. Nature Metabolism. 2024 Jul;6(7):1225-36.
[6] Sarangi AN, Goel A, Aggarwal R. Methods for studying gut microbiota: a primer for physicians. Journal of clinical and experimental hepatology. 2019 Jan 1;9(1):62-73.
[7] Marchesi JR, Adams DH, Fava F, Hermes GD, Hirschfield GM, Hold G, Quraishi MN,Kinross J, Smidt H, Tuohy KM, Thomas LV. The gut microbiota and host health: a new clinical frontier. Gut. 2016 Feb 1;65(2):330-9.
[8] Buffie CG, Pamer EG. Microbiota-mediated colonization resistance against intestinal pathogens. Nature Reviews Immunology. 2013 Nov;13(11):790-801.
[9] Dev S, Agrawal A. Milestones in Medical Research from the Past to Cutting-edge. Journal of Bone and Joint Diseases. 2024 Sep 1;39(3):142-8.
[10] Kołodziej J, Krzemińska P. The wheel of microbiome rises, and it falls: the role and results of microbiome transplantation and the recent reports. Quality in Sport. 2024 Jul 29; 15:53020-.
[11] Pribyl AL, Hugenholtz P, Cooper MA. A decade of advances in human gut microbiome-derived biotherapeutics. Nature Microbiology. 2025 Feb;10(2):301-12.
[12] Olmo R, Wetzels SU, Armanhi JS, Arruda P, Berg G, Cernava T, Cotter PD, Araujo SC, de Souza RS, Ferrocino I, Frisvad JC. Microbiome research as an effective driver of success stories in agrifood systems–a selection of case studies. Frontiers in Microbiology. 2022 Jul 4; 13:834622.
[13] Hayes W, Sahu S. The human microbiome: history and future: Microbiome. Journal of Pharmacy & Pharmaceutical Sciences. 2020 Oct 27; 23:406-11.
[14] Amato KR, Jeyakumar T, Poinar H, Gros P. Shifting climates, foods, and diseases: the human microbiome through evolution. Bioessays. 2019 Oct;41(10):1900034.
[15] Barreto HC, Gordo I. Intrahost evolution of the gut microbiota. Nature Reviews Microbiology. 2023 Sep;21(9):590-603.
[16] Cryan JF, O'Riordan KJ, Cowan CS, Sandhu KV, Bastiaanssen TF, Boehme M, Codagnone MG, Cussotto S, Fulling C, Golubeva AV, Guzzetta KE. The microbiota-gut-brain axis. Physiological reviews. 2019 Aug 28.
[17] Valdes, A. M., et al. (2018). Role of the gut microbiota in nutrition and health. BMJ, 361, k2179.
[18] Barathikannan K, Cshelliah R, Rubab M, Daliri EB, Elahi F, Kim DH. Gut microbiome modulation based on probiotic application for anti-obesity: a review on efficacy and validation. Microorganisms. 2019; 7 (10): E456 [Internet].
[19] Borrego-Ruiz A, Borrego JJ. The Gut Microbiome in Human Obesity: A Comprehensive Review. Biomedicines. 2025 Sep 5;13(9):2173.
[20] Rosenfield RL, Dumesic DA. On the Intimate Relationship of Adiposity to Polycystic Ovary Syndrome. The Journal of Clinical Endocrinology & Metabolism. 2025 Sep 24:dgaf527.
[21] Tadese DA, Mwangi J, Luo L, Zhang H, Huang X, Michira BB, Zhou S, Kamau PM, Lu Q, Lai R. The microbiome's influence on obesity: mechanisms and therapeutic potential. Science China Life Sciences. 2025 Mar;68(3):657-72.
[22] Corbin KD, Igudesman D, Smith SR, Zengler K, Krajmalnik-Brown R. Targeting the Gut Microbiota's Role in Host Energy Absorption With Precision Nutrition Interventions for the Prevention and Treatment of Obesity. Nutrition Reviews. 2025 Apr 15:nuaf046.
[23] Tatık GP, Baran Ö, Dağ A. Gut-brain axis: The role of gut microbiota in energy balance and body weight regulation. Clinical Science of Nutrition. 2025 Apr 25;7(1):55-62.
[24] Yaqub MO, Jain A, Joseph CE, Edison LK. Microbiome-driven therapeutics: from gut health to precision medicine. Gastrointestinal Disorders. 2025 Jan 15;7(1):7.
[25] Baig MA. Microbiome-Targeted Therapies: Developments and Recent Updates. J. ISSN. 2024; 2766:2276.
[26] Ahmad E, Lim S, Lamptey R, Webb DR, Davies MJ. Type 2 diabetes. The Lancet. 2022 Nov 19;400(10365):1803-20.
[27] Barlow GM, Mathur R. Type 2 diabetes and the microbiome. Journal of the Endocrine Society. 2023 Feb 1;7(2): bvac184.
[28] Chong S, Lin M, Chong D, Jensen S, Lau NS. A systematic review on gut microbiota in type 2 diabetes mellitus. Frontiers in endocrinology. 2025 Jan 17; 15:1486793.
[29] Byndloss M, Devkota S, Duca F, Niess JH, Nieuwdorp M, Orho-Melander M, Sanz Y, Tremaroli V, Zhao L. The gut microbiota and diabetes: research, translation, and clinical applications—2023 Diabetes, Diabetes Care, and Diabetologia Expert Forum. Diabetes. 2024 Sep 1;73(9):1391-410.
[30] Zyoud SE, Shakhshir M, Abushanab AS, Koni A, Shahwan M, Jairoun AA, Aiesh BM, Al-Jabi SW. Global research landscape and advancements on the links between the gut microbiome and insulin resistance: hot issues, trends, future directions, and bibliometric analysis. Gut Pathogens. 2025 Dec;17(1):1-4.
[31] Semo D, Reinecke H, Godfrey R. Gut microbiome regulates inflammation and insulin resistance: a novel therapeutic target to improve insulin sensitivity. Signal Transduction and Targeted Therapy. 2024 Feb 21;9(1):35.
[32] Virani S, Colacino JA, Kim JH, Rozek LS. Cancer epigenetics: a brief review. ILAR journal. 2012 Dec 1;53(3-4):359-69.
[33] de Martel C, Georges D, Bray F, Ferlay J, Clifford GM. Global burden of cancer attributable to infections in 2018: a worldwide incidence analysis. The Lancet global health. 2020 Feb1; 8(2): e180-90.
[34] Lim LW. Linking microbiome to cancer: A mini-review on contemporary advances. The Microbe. 2025; 6:100279.
[35] Xavier JB, Young VB, Kafka J, Ginny F, Testerman T, Pearson AT, Macklin P, Mitchell A, Shmulevich I, Xie L, Caporaso JG. The cancer microbiome: distinguishing direct and indirect effects requires a systemic view. Trends Cancer 6: 192–204 [Internet]. 2020
[36] Ağagündüz D, Cocozza E, Cemali Ö, Bayazıt AD, Nanì MF, Cerqua I, Morgillo F, Saygılı SK, Berni Canani R, Amero P, Capasso R. Understanding the role of the gut microbiome in gastrointestinal cancer: a review. Front Pharmacol 14: 1130562 [Internet]. 2023
[37] Pandey H, Tang DW, Wong SH, Lal D. Gut microbiota in colorectal cancer: biological role and therapeutic opportunities. Cancers. 2023 Jan 30;15(3):866.
[38] Meng C, Bai C, Brown TD, Hood LE, Tian Q. Human gut microbiota and gastrointestinal cancer. Genomics, proteomics & bioinformatics. 2018 Feb;16(1):33-49
[39] Baba Y, Iwatsuki M, Yoshida N, Watanabe M, Baba H. Review of the gut microbiome andesophageal cancer: Pathogenesis and potential clinical implications. Annals of gastroenterological surgery. 2017 Jun;1(2):99-104.
[40] Kovács T, Mikó E, Vida A, Sebő É, Toth J, Csonka T, Boratkó A, Ujlaki G, Lente G, Kovács P, Tóth D. Cadaverine, a metabolite of the microbiome, reduces breast cancer aggressiveness through trace amino acid receptors. Scientific reports. 2019 Feb 4;9(1):130
[41] Eslami-S Z, Majidzadeh-A K, Halvaei S, Babapirali F, Esmaeili R. Microbiome and breast cancer: new role for an ancient population. Frontiers in oncology. 2020 Feb 12;10:120.

[42] O'Riordan, K.J., Moloney, G.M., Keane, L., Clarke, G. and Cryan, J.F., 2025. The gut microbiota-immune-brain axis: Therapeutic implications. Cell Reports Medicine, 6(3).
[43] Charitos IA, Inchingolo AM, Ferrante L, Inchingolo F, Inchingolo AD, Castellaneta F, Cotoia A, Palermo A, Scacco S, Dipalma G. The gut microbiota's role in neurological, psychiatric, and neurodevelopmental disorders. Nutrients. 2024 Dec 22;16(24):4404.
[44] Liu L, Huh JR, Shah K. Microbiota and the gut-brain-axis: Implications for new therapeutic design in the CNS. EBioMedicine. 2022 Mar 1;77.
[45] Lin K, Lin W, Guo Z, Chen C, Chen L, Cai X. Plasma exosomal miRNA expression and gut microbiota dysbiosis are associated with cognitive impairment in Alzheimer's disease. Frontiers in Neuroscience. 2025 Feb 19;19:1545690.
[46] Liang Y, Liu C, Cheng M, Geng L, Li J, Du W, Song M, Chen N, Yeleen TA, Song L, Wang X. The link between gut microbiome and Alzheimer's disease: From the perspective of new revised criteria for diagnosis and staging of Alzheimer's disease. Alzheimer's & Dementia. 2024 Aug;20(8):5771-88.
[47] Lin K, Lin W, Guo Z, Chen C, Chen L, Cai X. Plasma exosomal miRNA expression and gut microbiota dysbiosis are associated with cognitive impairment in Alzheimer's disease. Frontiers in Neuroscience. 2025 Feb 19;19:1545690.
[48] Shabani M, Ghoshehy A, Mottaghi AM, Chegini Z, Kerami A, Shariati A, Taati Moghadam M. The relationship between gut microbiome and human diseases: mechanisms, predisposing factors and potential intervention. Frontiers in Cellular and Infection Microbiology. 2025 May 6;15:1516010.
[49] Bhidayasiri, Roongroj, et al. "The rise of Parkinson's disease is a global challenge, but efforts to tackle this must begin at a national level: a protocol for national digital screening and "eat, move, sleep" lifestyle interventions to prevent or slow the rise of non-communicable diseases in Thailand." Frontiers in neurology 15 (2024): 1386608.
[50] Zhu M, Liu X, Ye Y, Yan X, Cheng Y, Zhao L, Chen F, Ling Z. Gut microbiota: a novel therapeutic target for Parkinson's disease. Frontiers in immunology. 2022 Jun 24;13:937555.
[51] Cao Y, Cheng Y, Pan W, Diao J, Sun L, Meng M. Gut microbiota variations in depression and anxiety: a systematic review. BMC psychiatry. 2025 May 1;25(1):443.
[52] Zhang S, Lu B, Wang G. The role of gut microbiota in the pathogenesis and treatment of postpartum depression. Annals of General Psychiatry. 2023 Sep 27;22(1):36.
[53] 19.Song J, Zhou B, Kan J, Liu G, Zhang S, Si L, Zhang X, Yang X, Ma J, Cheng J, Liu X. Gut microbiota: Linking nutrition and perinatal depression. Frontiers in cellular and infection microbiology. 2022 Aug 26;12:932309.
[54] Mancin L, Burke LM, Rollo I. Fibre: the forgotten carbohydrate in sports nutrition recommendations. Sports Medicine (Auckland, Nz). 2025 Jan 8;55(5):1067.



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