



# **“Recognizing the Oral Systemic Link in Our Children”**

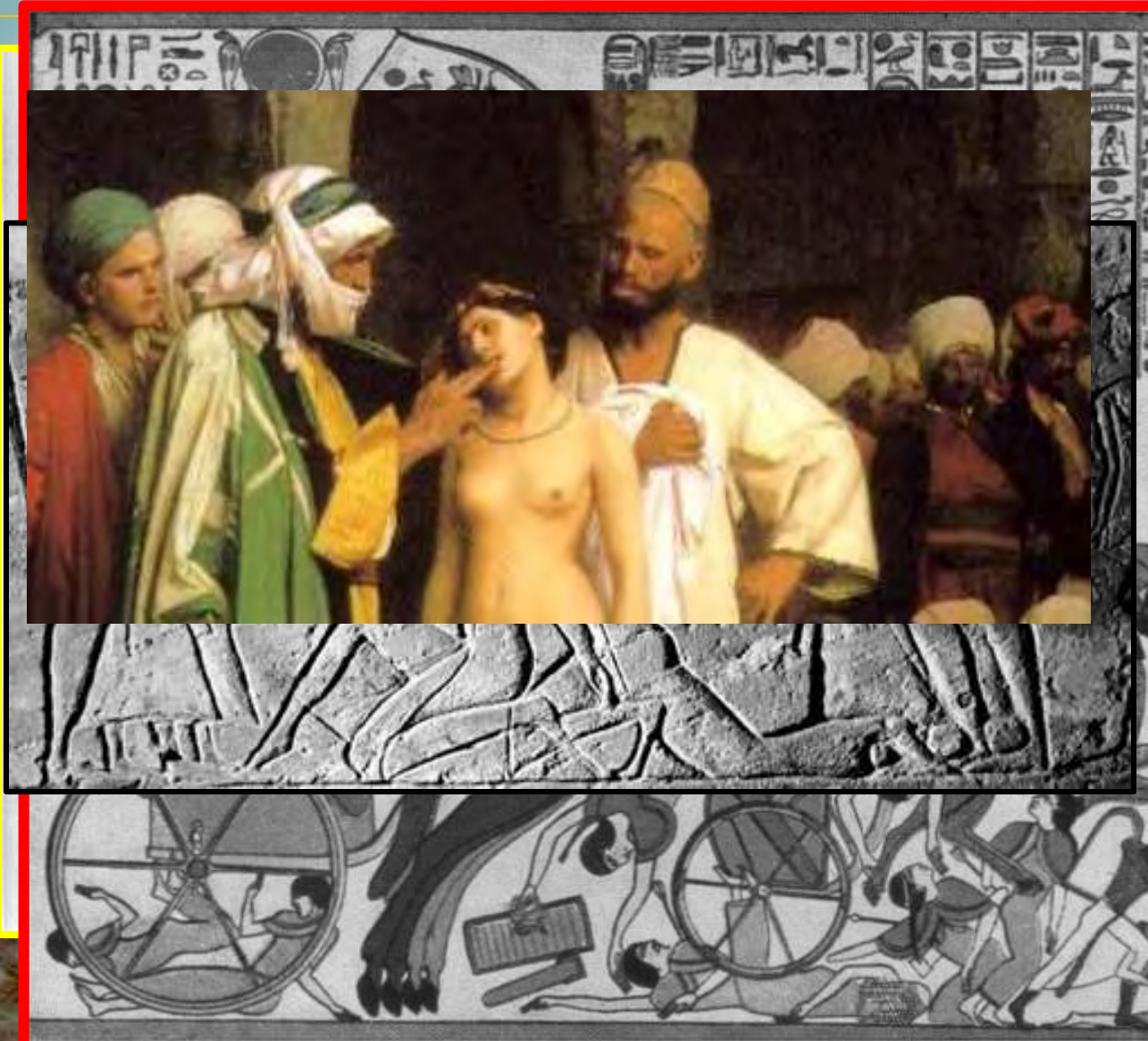
**“a tide in the affairs of  
men which, when taken at the  
Flood, leads on to fortune”  
-Shakespeare  
Julius Caesar, Act 4, scene 3**



**Mark Cannon DDS MS  
Professor Feinberg School of Medicine  
Northwestern University, Ann and Robert Lurie Children’s Hospital  
(Children's Memorial Hospital)**

# NOT a new concept!!!!

- Slave inspection
- Romans checked teeth
- Egyptians





# Plaque

## Distribution of *Porphyromonas gingivalis* fimA genotypes in cardiovascular specimens from Japanese patients

K. Nakano<sup>1</sup>, H. Inaba<sup>2</sup>, R. Nomura<sup>1</sup>, H. Nemoto<sup>1</sup>, H. Takeuchi<sup>2</sup>, H. Yoshioka<sup>2</sup>, K. Toda<sup>4</sup>, K. Taniguchi<sup>4</sup>, A. Amano<sup>2</sup>, T. Ooshima<sup>1</sup>

Departments of <sup>1</sup>Pediatric Dentistry and <sup>2</sup>Oral Frontier Biology, Osaka University Graduate School of

Evid Based Dent. 2008;9(1):8.

Possible link between periodontal disease and coronary heart disease.

Matthews D.

# Link between PD

Arterioscler Thromb Vasc Biol. 2005 Jul;25(7):1446-51, Epub 2005 Apr 21.

## Porphyromonas gingivalis and aortic atherosclerosis in normocholesterolemic and hypercholesterolemic mice

Brodala N, Merricks EP

Primary and aortic atherosclerosis in normocholesterolemic and

(J, Madianos P, Sotres D

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NUJAM, J, KIM, S. P

both chronic inflam

*Porphyromonas gi*

on atherosclerotic

injury. Methods: Apo



# Pg accelerates And atherosclerosis

<>Background: Pe  
demonstrated peri  
this study we asse  
mouse models with

without balloon angioplasty surgery. Mice were infected with *P. gingivalis* FDC. Bacterial samples were collected and colonization/infection assessed by PCR. Serum IgG antibody, plasma IL-6, and TNF- $\alpha$  levels were measured. DNA responses to *P. gingivalis* infection were analyzed by PCR. Results: *P. gingivalis* was detected by PCR in nearly all mice throughout the experiment. Mice infected with *P. gingivalis* showed significantly elevated IgG antibody compared to controls. *P. gingivalis* increased maxillary and aortic atherosclerosis in mice on normal diet on comparison to uninfected controls. A significant increase in maxillary and aortic atherosclerosis was observed in the intimal and adventitial layers of the aorta ( $P < 0.05$ ). This is the first study examining the effect of *P. gingivalis* infection on atherosclerosis in ApoE<sup>null</sup> mice. We found accelerated periodontal disease (ABR) and plaque in non-injured mice but not in mice with angioplasty injury. Supported by University of Florida Opportunity Research Fund, R01DE015720-01, and U24 DE016509 from the NIH, NIDCR.

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We know that plants eat sugars that they willingly take up and flow through them, passed on to other organisms.

In the process of making ATP, electrons are sent out of living things, safely carry them.

"That's the way an organism on Earth uses energy to be a person they need oxygen, so that's why we have mitochondria."

The discovery can do away with the form – electron foreign, you know.

ons: "You can't get electrons out of a system without breaking it apart."

### MEDICINE

**Electric Current to the Brain Boosts Memory**  
Stimulating a particular region in the brain via non-invasive delivery of electrical current improves memory and may help treat disorders from stroke, Alzheimer's disease and brain injury, according to Northwestern Medicine.

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We know that plants eat sugars that they produce and willingly take up water and minerals from the soil. The flow through the plant is passed on to other parts of the plant.

In the process of photosynthesis, light energy is used to make ATP. Electrons are released from water-splitting reactions and safely carry the energy.

"That's the way all organisms on Earth get their energy to begin with. They take oxygen, so they can't live without it."

The discovery of photosynthesis can do away with the need for a foreign, you know, like fossil fuels.

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We know that plants eat sugars that they produce and willingly take up water and minerals from the soil. They pass them on to other organisms.

In the process of photosynthesis, light energy is used to make ATP. Electrons are passed out to living things, safely carry them.

"That's the way all organisms on Earth get their energy to begin with. A person they breathe oxygen, so they can live."

The discovery of electricity can do away with the need for foreign, you know.

ons: "You can't have electrons without protons."

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We know that electrons flow through the system, and they are passed on to the next component.

In the process of making ATP, electrons are safely carried to the next component.

"That's the way that an organism on Earth uses energy to be able to live. They take in oxygen, so that they can do away with it in a form – electron transport, foreign, you know."

ons: "You can that electrons are..."

**MEDICINE**

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We know that electrons flow through the system, and they are passed on to the next component.

In the process of making ATP, electrons are safely carried to the next unit for almost making ATP. electrons out of living things, safely carry to the next unit.

"That's the way an organism on earth uses energy to be a person they use oxygen, so the electrons are safely carried to the next unit.

The discovery can do away with the form – electrons are foreign, you know.

ons: "You can that electrons are safely carried to the next unit.

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We know that plants eat sugars that they willingly take up from the soil. They flow through their vascular system and are passed on to other parts of the plant.

In the process of photosynthesis, light energy is used to split water molecules, releasing electrons out into the atmosphere. These electrons, safely carried by chlorophyll, are used to reduce carbon dioxide into glucose.

"That's the way most organisms on Earth get their energy to begin with. In a person they absorb oxygen, so that's why we breathe."

The discovery of photosynthesis can do away with the need for a foreign form – electricity. If you have a foreign form, you have a problem.

**MEDICINE**

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We know that plants eat sugars that they willingly take up from the soil. They flow through their veins and are passed on to other parts of the plant.

In the process of photosynthesis, light energy is used to make ATP. Electrons are sent out to living things, safely carry them.

"That's the way organisms on Earth get their energy to be able to live. A person they breathe oxygen, so that's why we need plants."

The discovery can do away with the form – electron foreign, you know.

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### MEDICINE

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We know that plants eat sugars that they produce and willingly take up water and minerals from the soil. The flow through the plant is passed on to other parts of the plant.

In the process of photosynthesis, light energy is used to make ATP. Electrons are transferred out of living things, safely carry them to the electron transport chain.

"That's the way most organisms on Earth get their energy to be able to live. In person they get oxygen, so that's why we breathe."

The discovery can do away with the need for a foreign form – electrons from a foreign source, you see.

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We know that plants eat sugars that they produce and willingly take up water and minerals from the soil. These substances flow through their vascular system and are passed on to other parts of the plant.

In the process of photosynthesis, light energy is used to split water molecules, releasing electrons. These electrons are then used to reduce carbon dioxide, producing glucose and oxygen. The electrons are eventually passed on to oxygen, which is released as a byproduct.

"That's the way nature works. An organism needs energy to be able to live. In a person, they need oxygen, so they breathe it in."

The discovery of the electron can do away with the old form – electricity. It's foreign, you know.

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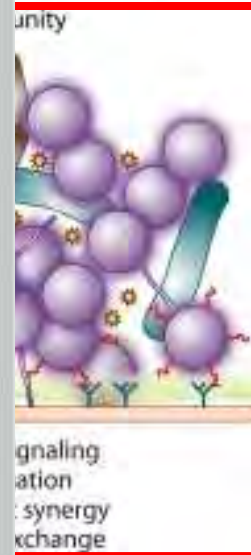
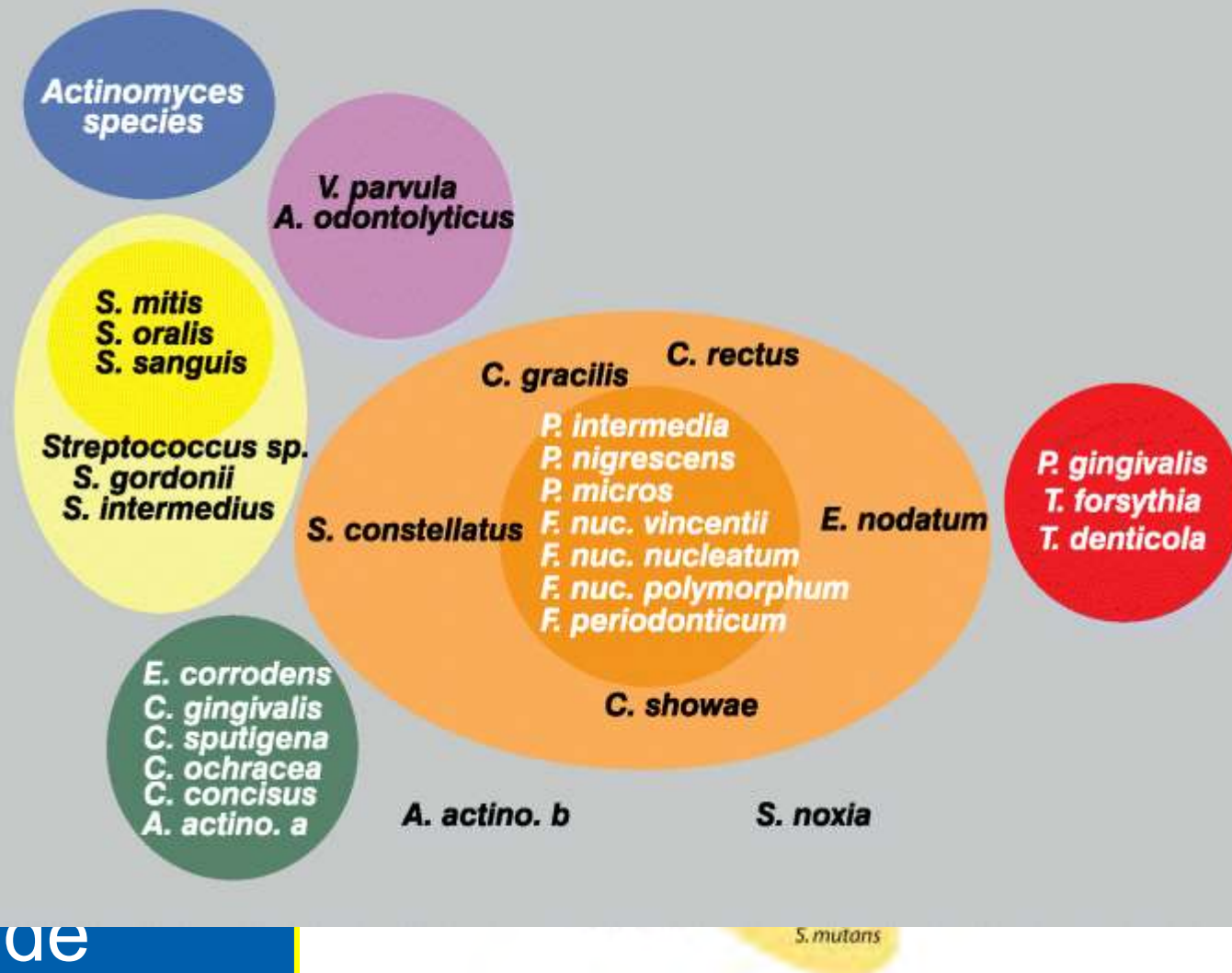
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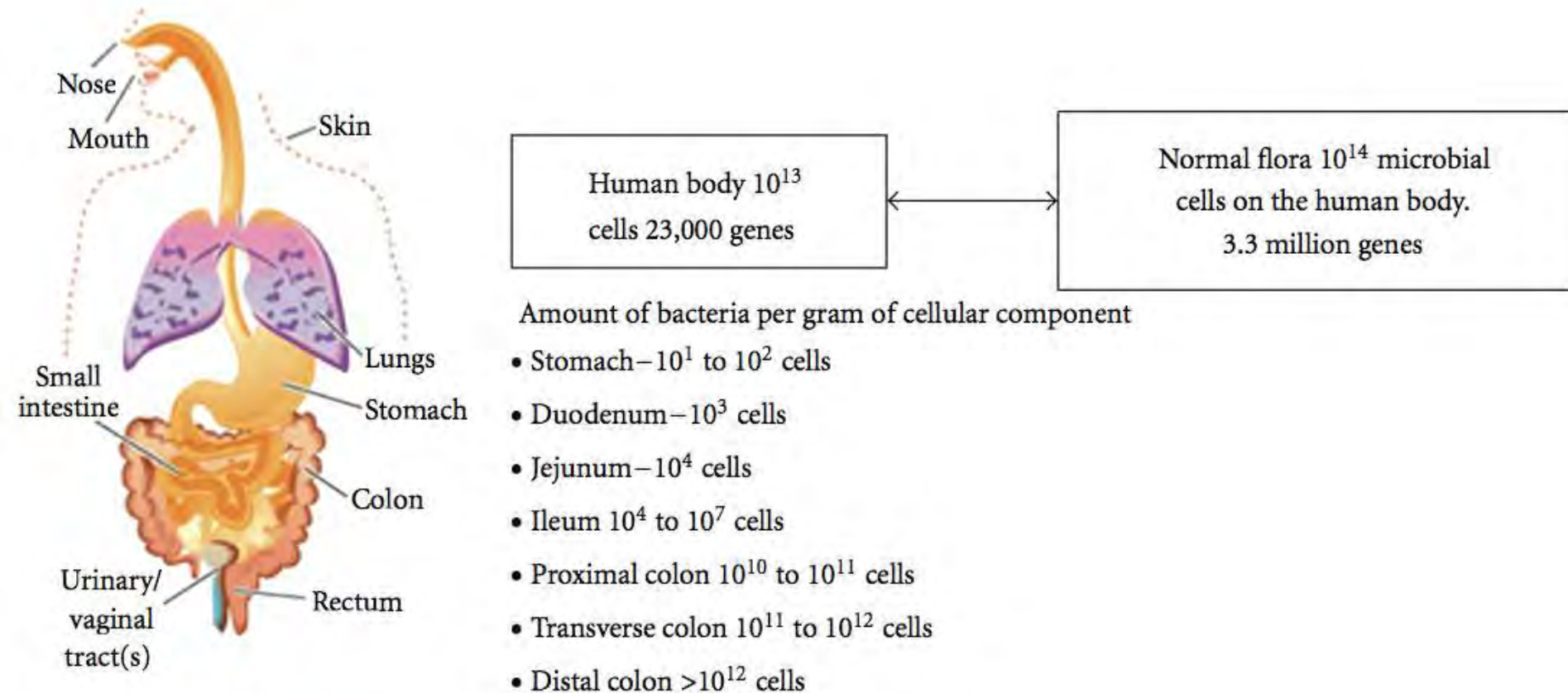
# Streptococci- Plaque Kingdoms

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# It's contagious too....



*The Transmission of Anaerobic Periodontopathic Organisms*

*Y Lee et al, J Dent Res 85(2):182-186 2006*

*The Transmission of Periodontopathic Organisms Between Children and Caregivers*

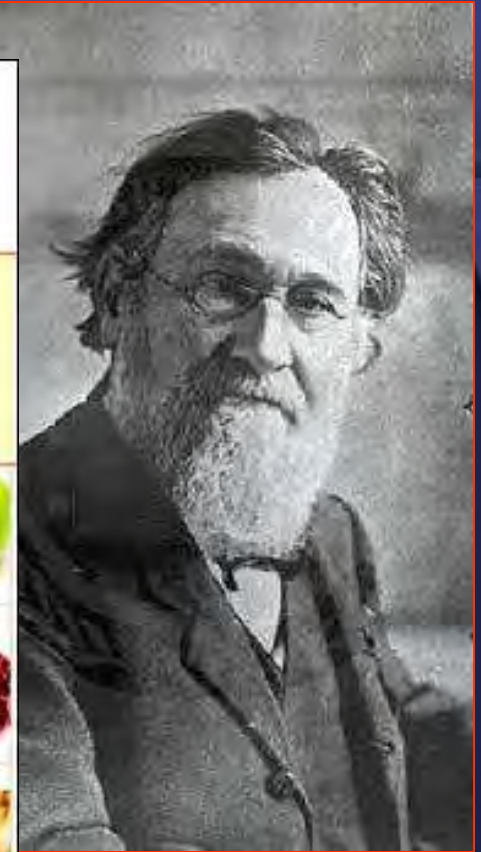
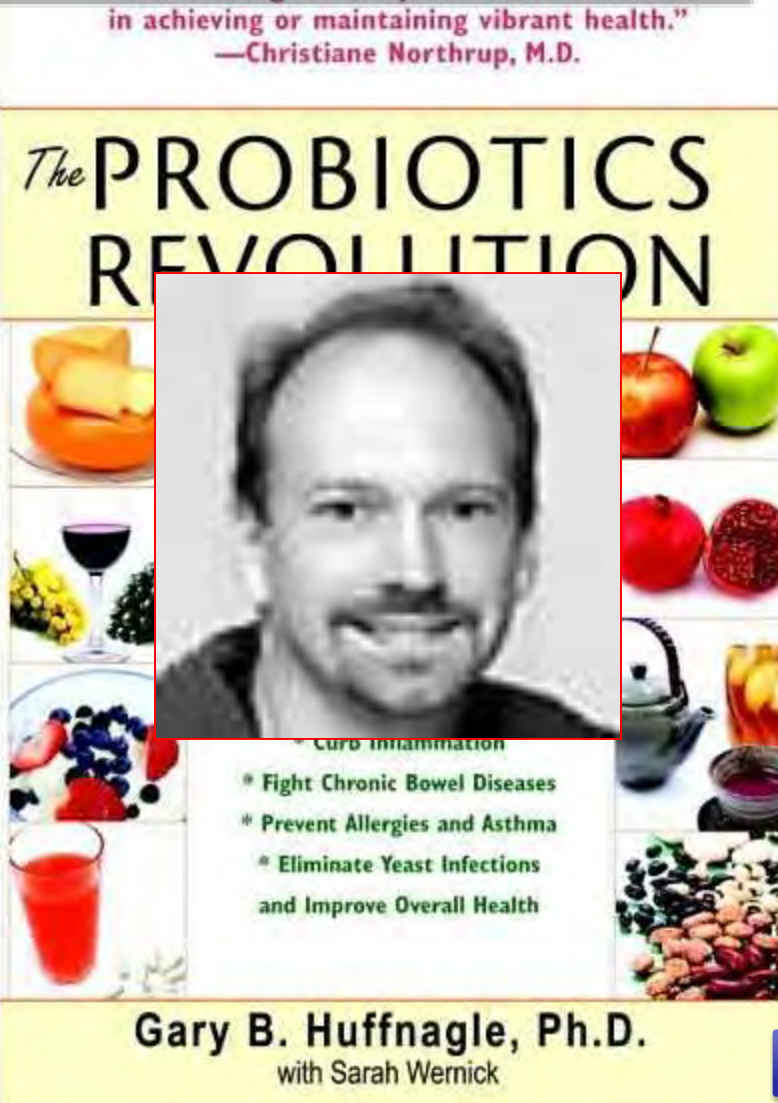
*Y Lee et al Pre-publication Data*



Gary B. Huffnagle, Ph.D., is Professor of Internal Medicine, Microbiology, and Immunology, University of Michigan Medical Center. His research on probiotics has appeared in leading scientific journals and has been featured in *Newsweek*, *Forbes*, and on *BBC News*.

## Ilyich Metchnikov (Elie Metchnikov)

- Born May 28, 1848  
Ivanivka, K.  
Kharkiv Prov.  
Died July 10, 1916  
Paris, France  
Fields Microbiology  
Institutions University of  
Alma mater  
University of  
phagocytosis  
Nobel Prize

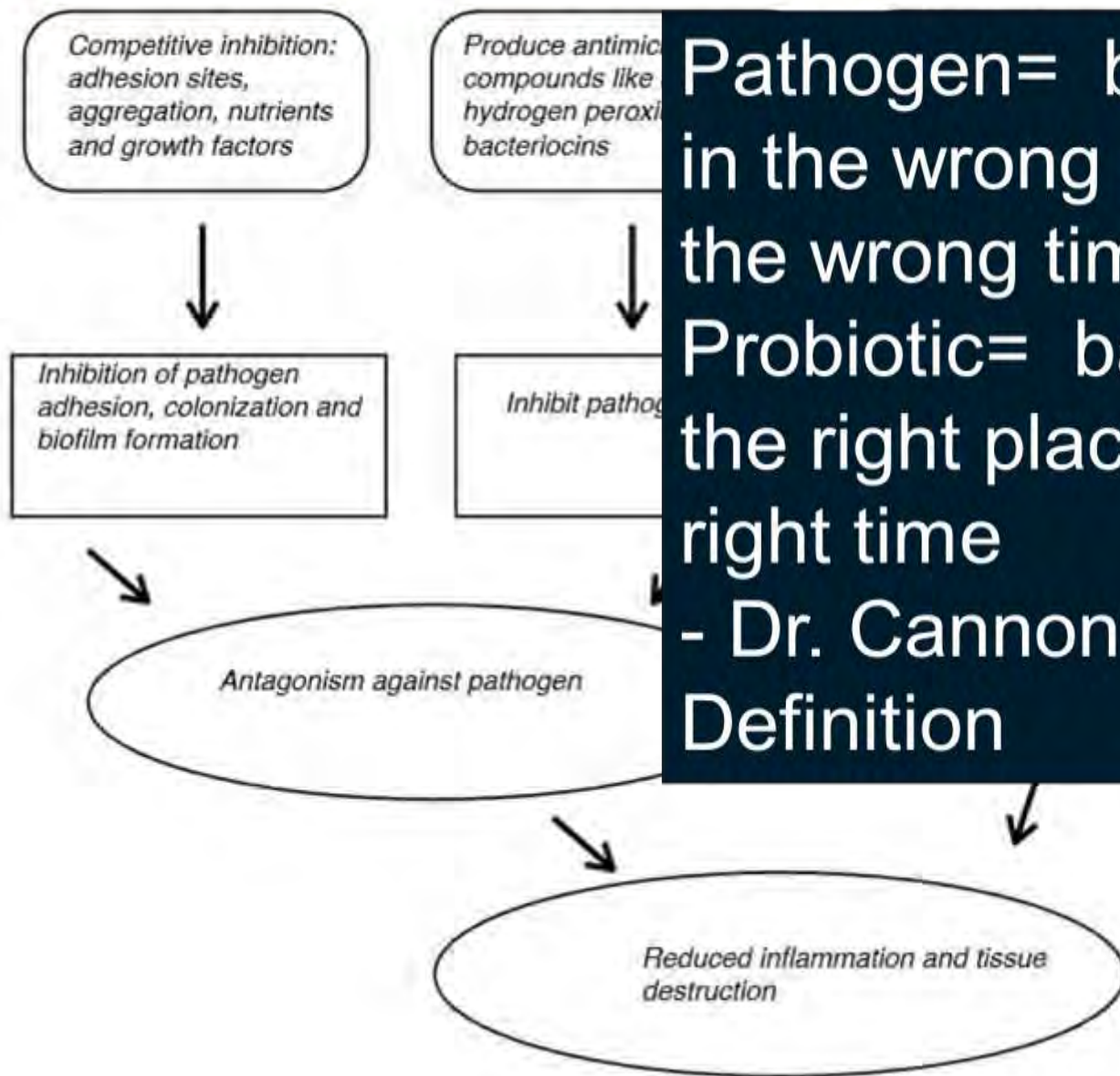


Probiotics  
"pioneer"  
Lactobacillus  
bulgaricus

**"A general belief is that microbes are harmful. This belief is erroneous. There are many useful microbes....."**



## Probiotic's mechanisms of action



Pathogen= bacteria in the wrong place at the wrong time  
Probiotic= bacteria in the right place at the right time  
- Dr. Cannon's Definition



Pr

“A post-antibiotic era — in which common infections and minor injuries can kill — far from being an apocalyptic fantasy, is instead a very real possibility for the 21st century.” (1)

-Dr. Keiji Fukuda, Assistant Director-General for Health Security, World Health Organization

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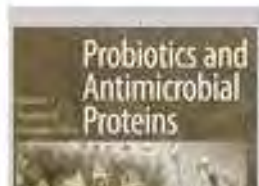
Preservation of Antibiotics for Medical Treatment  
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## Characterization

Tejinder Pal Singh, Gurpreet  
Kapila



## Probiotics

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and their ability to deconjugate bile salts. The safety of the nine  
rted by the absence of transferable antibiotic resistance  
activity and hemolysis. The results obtained so far suggest that  
bile salts and duodenum juice, so they could survive when passing  
estinal tract and fulfill their potential probiotic action in the host  
e *L. reuteri* strains isolated from human infant feces possess  
interesting probiotic properties that make them potentially good candidates for probiotics.



# How do probiotics

Chronic disease prevalence in the last 50 years<sup>3</sup>



Effect of



During

Adapted infants



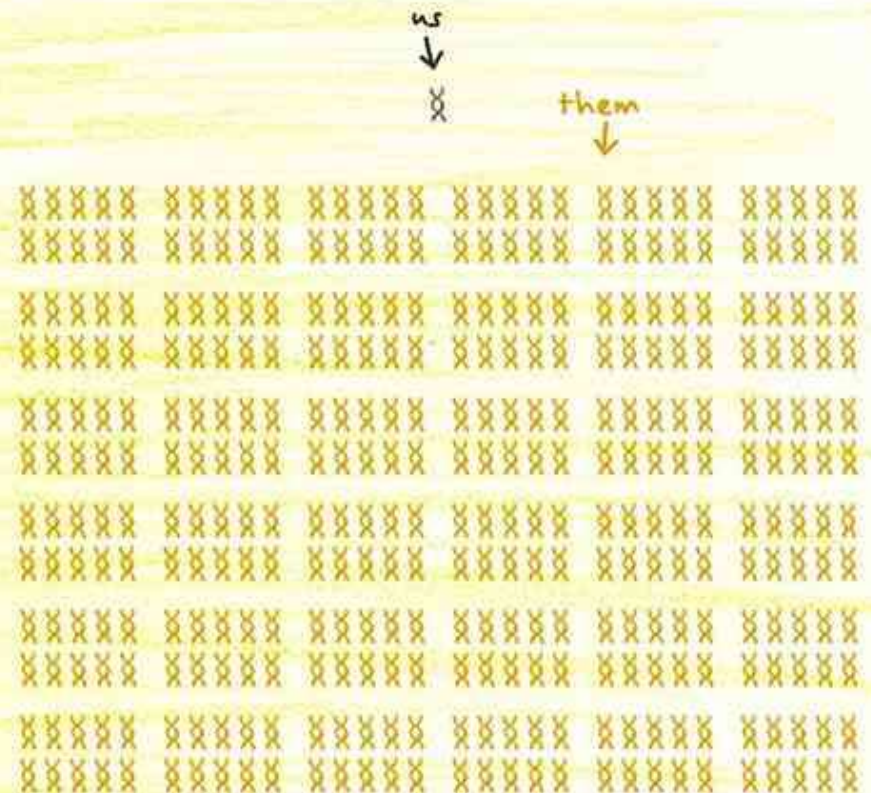
For: Szajewska H, Berry M, Mrukiewicz G, Gaudin M. Gastrointestinal Diseases in Children: Hard and Not Evidence of Efficacy. *J Pediatr Gastroenterol Nutr* 2015; 75.



# MATERNAL IMPRINTING

• **CONCLUSIONS.** Bacterial translocation is a unique physiologic event which is increased during pregnancy

For every HUMAN gene in your body, there are 360 microbial genes.





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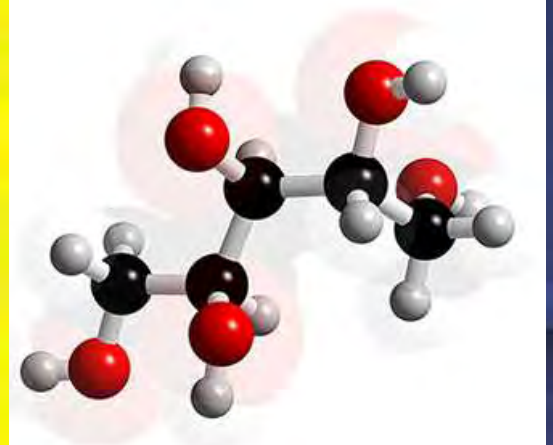
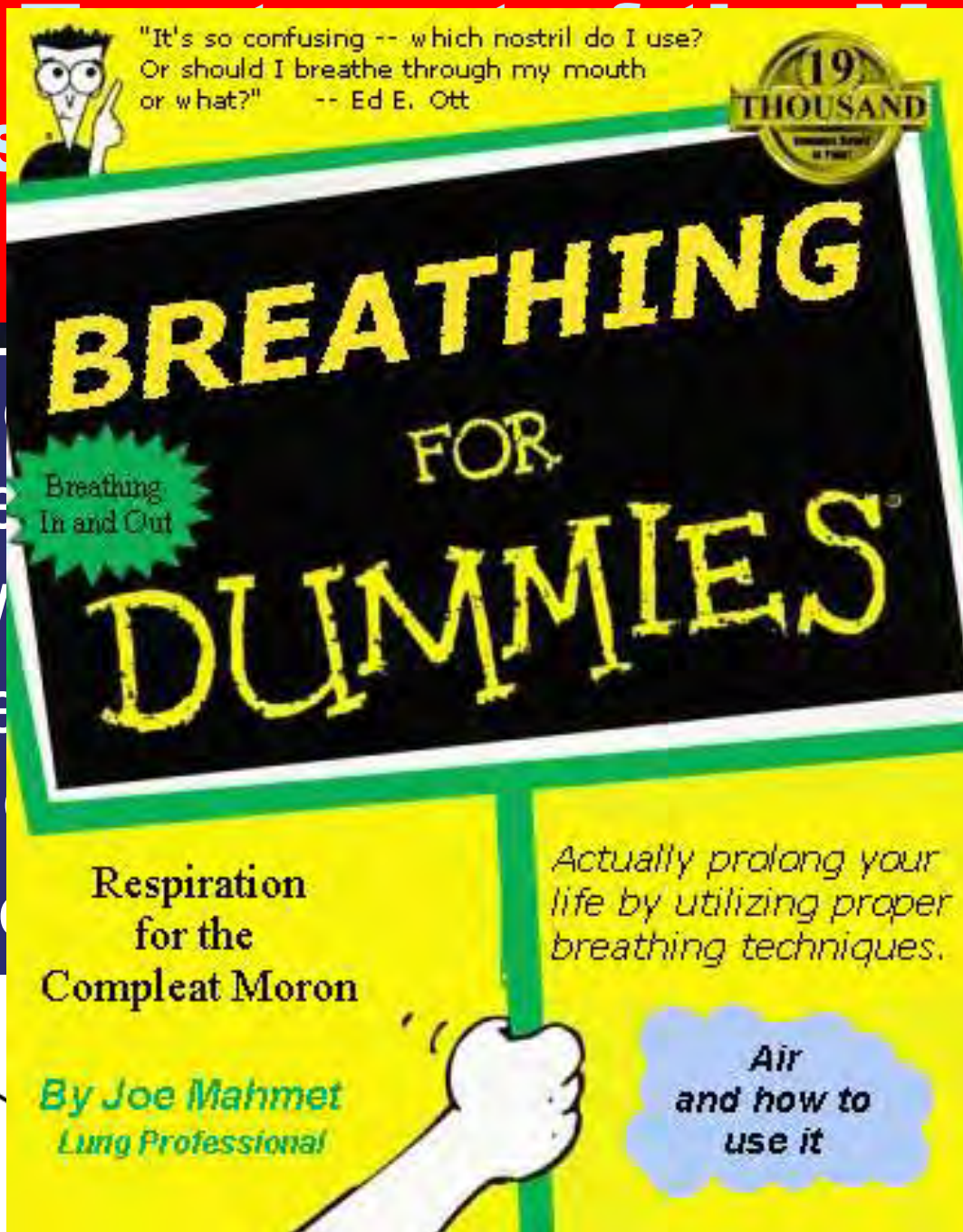
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# ***L. reuteri* effect on infections in infants attending child care**

- *Results of a study by Weizman, Z. et al. (2005), Pediatrics: Effect of a probiotic infant formula on infections in child care centers: comparison of two probiotic agents.*
  - Study group: 201 healthy, full-term infants aged four to ten months were studied at 14 child care centers for 21 months, covering two winter and two summer seasons.





# *L. reuteri* effect on infections in infants attending child care



■ Control  
■ *L. reuteri*




# *L. reuteri* inhibits intestinal pathogenic microorganisms



US Patent 7112323 - Intracellular proteinacious antimicrobial agents from lactic acid bacteria derived from fermented food samples

US Patent Issued on September 26, 2006

Estimated Patent Expiration Date:  May 7, 2023

KRAFT FOOD

El-Ziney (2000), Ejehorn (2000)



# NU study: Dirt's good for kids

Playing in, and even eating, dirt helps develop immune system, report says



Thom McDade sorts plasma samples at Northwestern University in Evanston. McDade participated in research that shows that kids who are exposed to dirt and germs have healthier hearts. (Andrew A. Nelles, Chicago Tribune / March 7, 2010)

**In *Lactic Acid Bacteria in Health and Disease*, Ed 1, p. 76. Elsevier Applied Science.**

# *L. reuteri* inhibits oral pathogenic bacteria

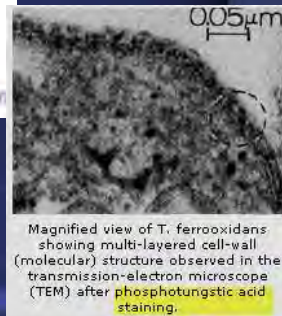
- *A. actinomycet*
- *Fusobacterium*
- *Porphyromona*
- *Prevotella inter*
- *Streptococcus*

"inimicus  
inimici mei  
amicus meus  
est"



inhibits growth of *P. gingivalis*

CC<sup>®</sup>  
The Global Bioresource Center



Hedberg (2006), Nikawa (2004), Caglar (2006, 2007)

**"Computers in the future may weigh no more than 1.5 tons."**  
– Popular Mechanics, forecasting the relentless march of science, 1949.



# Probiotic

## BioGaia Probiotic lozenges



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Probiotic lozenges  
positive effects on  
You let the lozenges  
BioGaia Probiotic  
nice fresh mint flav

## BioGaia Probiotic straw



Another

system is the probiotic  
contained in an oil droplet.  
Probiotic Straws are  
separately or attached

## International Journal of Paediatric Dentistry

Volume 18 Issue 1 Page 35-39, January 2008

**To cite this article:** ESBER ÇAĞLAR, ÖZGÜR ÖNDER KUSCU, SÜLE KAVALOĞLU CİLDİR, SENEM SELUI KUVVETLİ, NUKET SANDALLI (2008) A probiotic lozenge administered medical device and its effect on salivary mutans streptococci and lactobacilli  
International Journal of Paediatric Dentistry 18 (1) , 35–39 doi:10.1111/j.1365-263X.2007.00866.x



# 10 days lozenge

## A probiotic lozenge administered medical device and its effect on salivary mutans streptococci and lactobacilli

ESBER ÇAĞLAR, ÖZGÜR ÖNDER KUSCU, SÜLE KAVALOĞLU CİLDİR, SENEM SELUI KUVVETLİ & NUKET SANDALLI  
Department of Paediatric Dentistry, Dental School, Yeditepe University, Istanbul, Turkey

✉ **Correspondence to:** Dr Esber Çağlar, Department of Pediatric Dentistry, School of Dentistry, Yeditepe University, Bağdat cad 238, Göztepe 34728 Istanbul, Turkey. Tel. +90 216 3636044/323; Fax: +90 216 3636211; E-mail: [caqlares@yahoo.com](mailto:caqlares@yahoo.com)

International Journal of Paediatric Dentistry 2008; 18: 35–39

### Abstract

**Background.** Previous studies have suggested that lactobacilli-derived probiotics in dairy products may affect oral ecology, but the effects of different delivery methods have received little attention.

**Aim.** The aim of the present study was to investigate the effect of the probiotic *Lactobacillus reuteri*, delivered by a new medical device, on the levels of salivary mutans streptococci and lactobacilli in young women with high *Streptococcus mutans* counts.

**Design.** This is a randomized, double-blind, placebo-controlled study involving 20 healthy young women (aged 20 years): 10 as subjects and 10 as controls. The study subjects (Group A) sucked the medical device containing the probiotic lozenge with *L. reuteri* ATCC 55730/*L. reuteri* ATCC PTA 5289 ( $1.1 \times 10^8$  CFU) once daily for 10 days, while the control subjects (Group B) received placebo medical devices without bacteria. Salivary mutans streptococci and lactobacilli were enumerated with chair-side kits at baseline and 1 day after the final ingestion.

**Results.** Salivary *S. mutans* levels in the probiotic test group were significantly reduced, with statistical significance of reduction ( $P < 0.05$ ).

**Conclusions.** A short-term daily ingestion of lactobacilli-derived probiotics delivered via medical device containing probiotic lozenge reduced the levels of salivary mutans.

# DNA-PCR and CRT Results in Children After Probiotic use

## Methods



- 60 patients 6 to 12 years of age- caries prone with 4 or more restorations and /or lesions
- CRT collected before and after probiotic use
- 8 week (60 day) experimental time period- considered optimal to see effect



# **DNA-PCR and CRT Results in Children After Probiotic use**

**THE PRIMARY OBJECTIVE  
OF THIS CLINICAL STUDY  
IS TO DETERMINE THE  
EFFECT, IF ANY, OF “OVER  
THE COUNTER” PROBIOTIC  
SUPPLEMENTS ON THE  
DNA-PCR And CRT  
ANALYSIS**



# DNA-PCR and CRT Results in Children After Probiotic use

## Methods

-Frozen samples in CRT tubes  
Kept at minus 80 degrees Celsius  
Glycerol stabs of colonies for further analysis.





# Current Research

## - Statistically

## Results

ANOVA Table

### Analysis of Variance

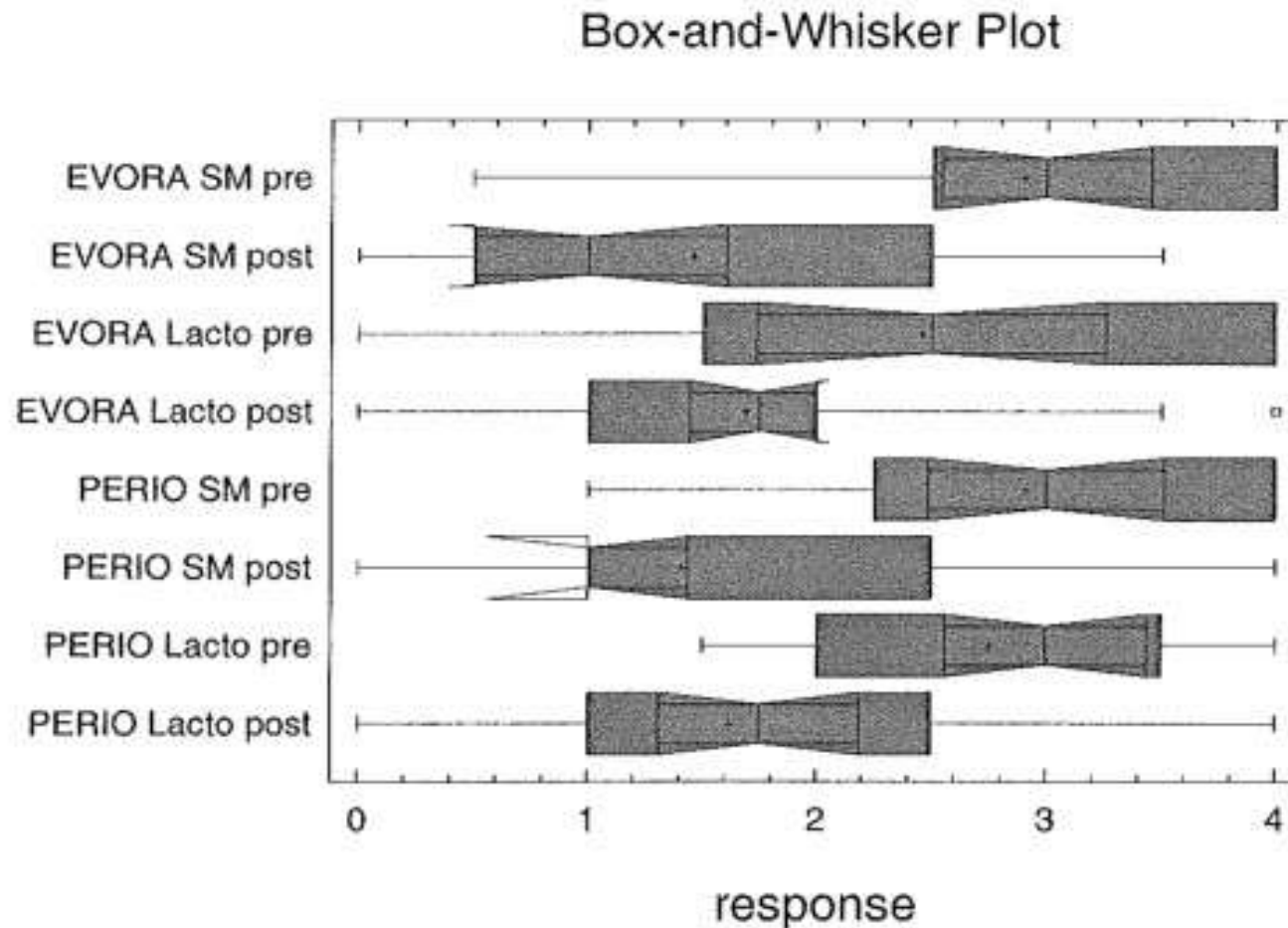
| Source         | Sum of Squares | Df  | Mean Square | F-Ratio | P-Value |
|----------------|----------------|-----|-------------|---------|---------|
| Between groups | 84.3711        | 7   | 12.053      | 10.36   | 0.0000  |
| Within groups  | 242.087        | 208 | 1.16388     |         |         |
| Total (Corr.)  | 326.458        | 215 |             |         |         |

### The StatAdvisor

The ANOVA table decomposes the variance of the data into two components: a between-group component and a within-group component. The F-ratio, which in this case equals 10.3559, is a ratio of the between-group estimate to the within-group estimate. Since the P-value of the F-test is less than 0.05, there is a statistically significant difference between the means of the 8 variables at the 95.0% confidence level. To determine which means are significantly different from which others, select Multiple Range Tests from the list of Tabular Options.

# DNA-PCR and CRT Results in Children After Probiotic use

## Statistics

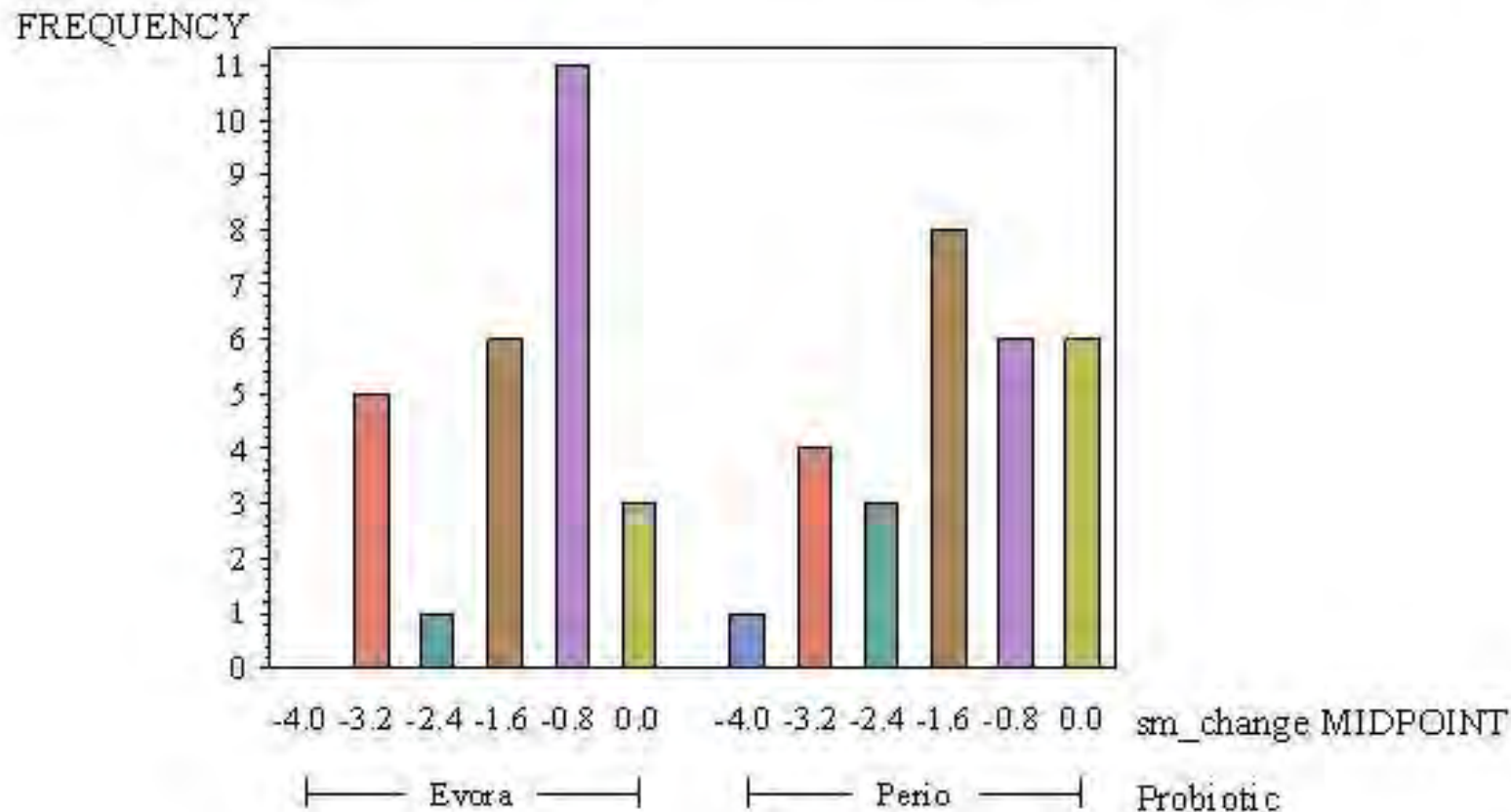




# DNA-PCR and CRT Results in Children After Probiotic use

## Statistics

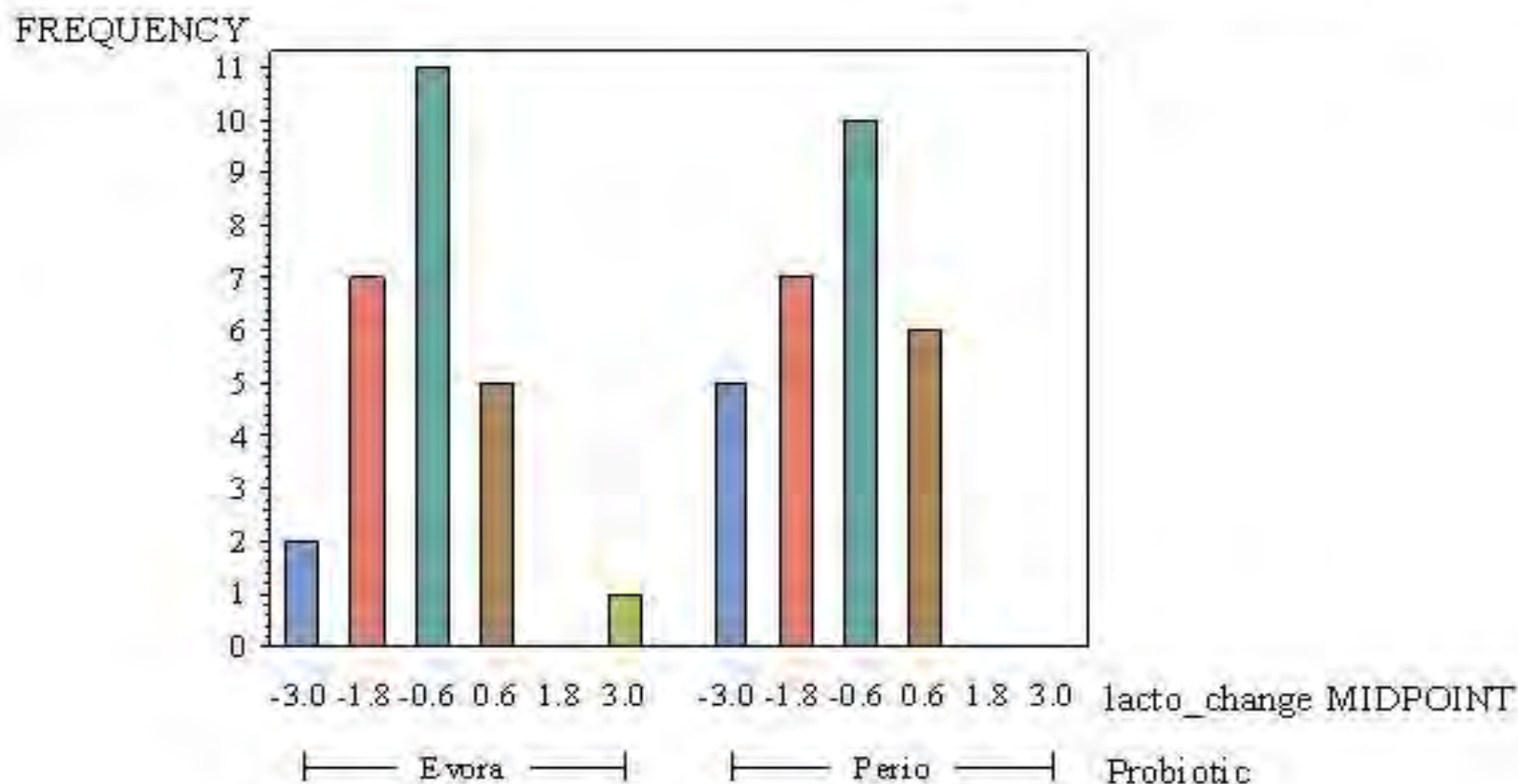
### Changes in SM before/after probiotic treatment



# DNA-PCR and CRT Results in Children After Probiotic use

## Statistics

### Changes in Lacto before/after probiotic treatment





# DNA-PCR and Results in Children After Probiotic use

Difference between the two probiotics?

| Wilcoxon Two-Sample Test                   |          |
|--|----------|
| Statistic                                  | 762.5000 |
|  |          |
| Normal Approximation                       |          |
| Z  | 0.8244   |
| One-Sided Pr > Z                           | 0.2048   |
| Two-Sided Pr >  Z                          | 0.4097   |
|  |          |
| t Approximation                            |          |
| One-Sided Pr > Z                           | 0.2067   |
| Two-Sided Pr >  Z                          | 0.4134   |
| Z includes a continuity correction of 0.5. |          |

| Sample Test                                |          |
|--|----------|
|  | 726.0000 |
|  |          |
| Normal Approximation                       |          |
| Z  | 0.1846   |
| One-Sided Pr > Z                           | 0.4268   |
| Two-Sided Pr >  Z                          | 0.8536   |
|  |          |
| t Approximation                            |          |
| One-Sided Pr > Z                           | 0.4271   |
| Two-Sided Pr >  Z                          | 0.8543   |
| Z includes a continuity correction of 0.5. |          |

| Kruskal-Wallis Test |        |
|---------------------|--------|
| Chi-Square          | 0.6942 |
| DF                  | 1      |
| Pr > Chi-Square     | 0.4047 |

| Wallis Test     |        |
|-----------------|--------|
|                 | 0.0374 |
|                 | 1      |
| Pr > Chi-Square | 0.8467 |

NOT enough evidence to indicate that EvoraPlus and PerioBalance changes the 'SM' or "Lacto" measurements differently

# DNA-PCR and CRT Results in Children After Probiotic use

## Reasons?

1. Selective agar complicated DNA extraction contaminating some samples.
2. *Streptococcus rattus* (included in EvoraPlus) was mis-identified as SM but is a mutans streptococci.
3. Other technical difficulties

The glucosyltransferase-I gene has previously been identified as a highly specific marker for *Streptococcus mutans* (Lett Appl Microbiol. 2006 Feb; 42(2):127-31). The primers and probe have 100% homology with all reference sequences for *Streptococcus mutans* in the NCBI database.



# Conclusions:

## Both EvoraKids

Effectiveness of CRT at Measuring the Salivary Level of Bacteria in Caries Prone Children

### Effectiveness of CRT at Measuring the Salivary Level of Bacteria in Caries Prone Children with Probiotic Therapy

Cannon M\* / Trent B\*\* / Vorachek A\*\*\* / Kramer S\*\*\*\* / Esterly R\*\*\*\*\*

**Aim:** This IRB approved clinical trial was to determine the effect of “over the counter” probiotic supplements on the Caries Risk Test- CRT- (Fosstar) results of the oral microflora in high caries risk children. **Study design:** Sixty subjects 6 to 12 years old with a caries risk assessment (CAMBRA) of moderate to high (caries prone) were evaluated by an analysis of the difference in the salivary levels of pathogenic bacteria (*mutans streptococci* and *Lactobacilli*). The subjects were randomly selected by randomizing software and assigned to two different Groups. Group A used PerioBalance (*Lactobacilli reuteri*-CFU of 200 million) lozenges for 28 days. Group B used the EvoraKids (*Streptococcus uberis* KJ2, *Streptococcus oralis* KJ3, *Streptococcus rattus* JH145,  $\geq 100$  million) probiotics chewable tablets for 30 days. Salivary samples were collected then incubated for 48 hours for colony counting and ranking. Follow up testing with the CRT was performed after 60 days at a follow up visit. **Results:** There was a statistically significant difference in the CRT results between the pre and post use of the probiotics. PerioBalance; SM results  $t = -6.78$ ,  $p < .0001$  Lactobacilli results  $t = -5.762$ ,  $p < .0001$ , EvoraKids SM results  $t = -7.33$ ,  $p < .0001$ , Lactobacilli results  $t = -2.953$ ,  $p = .0068$ . **Conclusions:** The CRT values obtained with caries prone children may be significantly affected by probiotic use. Based on this study's results the following conclusions can be made: Both EvoraKids and PerioBalance affected the CRT results by significantly decreasing the number of *S. mutans* and *lactobacilli* present in the salivary samples.

# Further Research



**Retrospective  
Review of  
Probiotic  
Therapy.**

**ML Cannon DDS  
MS**

**A Vorachek DDS**

**K White DMD**

**C Le DMD**

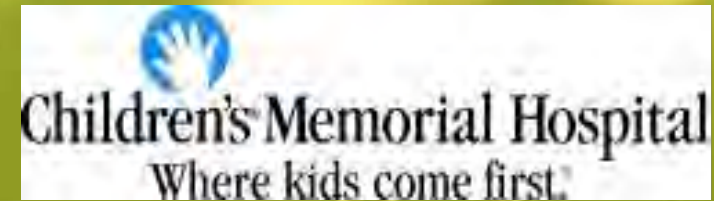
**An IRB Approved  
Study**

Does EvoraKids  
and PerioBalance  
affected the caries  
proneness of the  
subjects?

Is the reduction in  
*dental caries* was  
statistically  
significant?



# Further Research



**Retrospective  
Review of  
Probiotic  
Therapy.**

**ML Cannon DDS  
MS**

**A Vorachek DDS**

**K White DMD**

**C Le DMD**

**An IRB Approved  
Study**

## **Results:**

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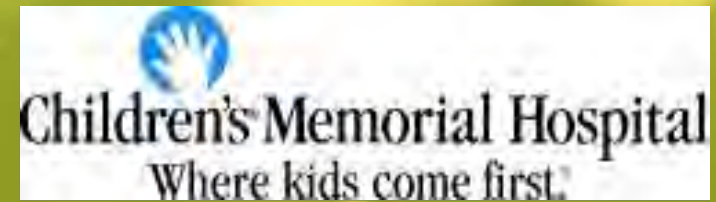
Of the **53 subjects** available for follow up, only 4 had remained caries active with a grand total of 17 caries lesions being detected and subsequently restored in this group. Of the original total of 60 patients with 292 initial carious lesions, after probiotic therapy and dental restoration, 36 total restorations were placed in the subject group over the following three years.

Approximately half of these restorations were required in teeth that had initially presented with smaller lesions and had been placed in a “watch” category. Two of the patients that developed further carious lesions had been randomly assigned to the probiotic PerioBalance, what the other two caries active patients were assigned EvoraKids probiotic.

Of the original group of caries active patients, 23 did not present with any further carious involvement. Another 26 could be categorized as Caries static, as the restorations required were substantially less than before probiotic therapy had been begun.

**respect to published national norms.**

# Further Research



## Retrospective Review of

**Table 3. Caries History Compared to Nationally Reported Values.**

| Caries Experience   | Pre Probiotic | National Average | Post Probiotic |
|---------------------|---------------|------------------|----------------|
| Per patient-3 years | 5.51          | 1.84             | 0.75           |
|                     |               |                  |                |

|              | Caries Active | Caries Resistant | Caries Static |
|--------------|---------------|------------------|---------------|
| PerioBalance | 2             | 12               | 15            |
| EvoraKids    | 2             | 11               | 11            |
| Caries Count | 17            | 0                | 36            |
|              |               |                  |               |

**Table 1. Caries active, Caries resistant and Caries static patients.**

**Conclusion:**  
Within the limitations of this retrospective IRB approved study, the tested probiotic supplements had a statistically significant effect on the caries experience of the enrolled subjects.



# Current Research



Eur J Oral Sci. 2007 Aug;115(4):308-14.

## Lactobacillus-mediated interference of mutans streptococci in caries-free vs. caries-active subjects.

Simark-Matsson C, Emilson CG, Håkansson L.

Arch Oral Biol. 2009 Jun;54(6):602-7. Epub 2009 May 15.

## Final pH affects the interference

### 1420 SELECTION OF MUTANS

Location: Exhibit Hall D (Walter

**E. PALMER**, T. FINLAYSON, T. MAIER, and C. MACHIDA, Ore

**Objectives:** Dental caries are children. Mutans streptococci genetically define and assess

**Methods:** Using arbitrarily-primed PCR, we analyzed the bacterial flora of children undergoing caries preventive treatment (2-4 weeks), and identified genotypic groups, and charac

**Results:** Inter-patient variability in bacterial flora was observed. The percentage of mutans streptococci increased from 14% to 78% (SE=0.017) after 3 days of group treatment, and was highly acidogenic. The percentage of mutans streptococci surviving tr

**Conclusions:** Caries preventive treatment has implications are that caries preventive treatment is a well-accepted practice for cari



that

# Oral Health Probiotics- what to use?

- Periobalance
- Evora Pro
- Evora Plus
- Biogaia
- ProlacSan
- BLIS K12
- Prodegin
- Gluten metabolizers





# Probiotics- Antagonism and Inhibition

## Ongoing Research

Working in the  
“probiotic”?

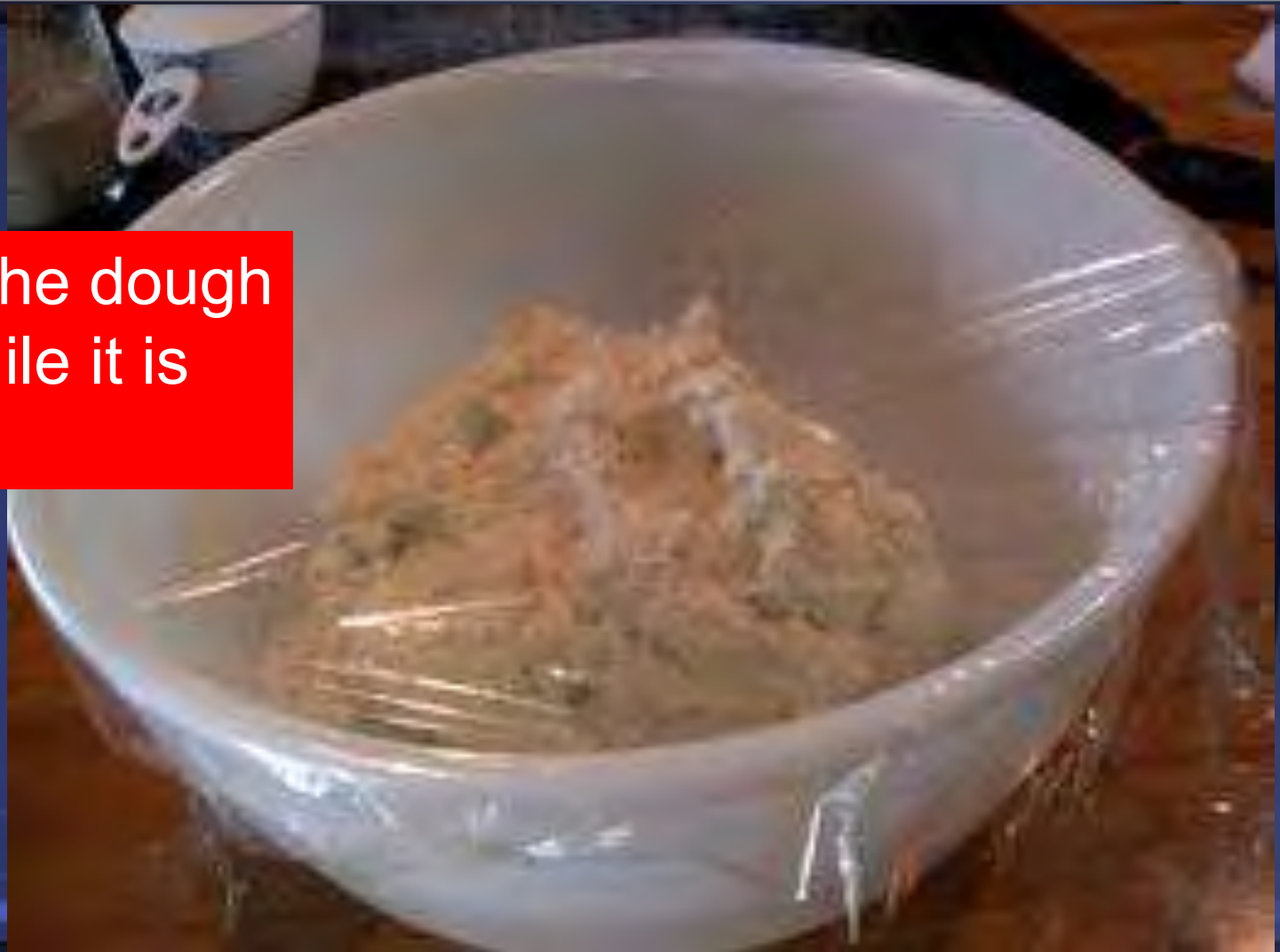
What causes gluten  
Sensitivity??

Is it an ORAL  
disease?????



# Probiotics- Antagonism and Inhibition

What is the dough doing while it is “resting”





# Systematic Review: Worldwide Variation in the Frequency of Coeliac Disease and Changes Over Time

J. Y. Kang, A. H. Y. Kang, A. Green, K. A. Gwee, K.Y. Ho | Disclosures

Aliment Pharmacol Ther. 2013;38(3):226-245.



# Gluten sensitivity epidemic

*Clin Nutr.* 2013 Dec;32(6):1043-9. doi: 10.1016/j.clnu.2013.02.003. Epub 2013 Feb 14.

## Evaluation of the safety of ancient strains of wheat in coeliac disease reveals heterogeneous small intestinal T cell responses suggestive of coeliac toxicity.

Šuligoj T<sup>1</sup>, Gregorini A, Colomba M, Ellis HJ, Ciclitira PJ.

### ⊕ Author information

#### Abstract

**BACKGROUND & AIMS:** Coeliac disease is a chronic small intestinal immune-mediated enteropathy triggered by dietary gluten in genetically predisposed individuals. Since it is unknown if all wheat varieties are equally toxic to coeliac patients seven *Triticum* accessions showing different origin (ancient/modern) and ploidy (di-, tetra- hexaploid) were studied.

**MATERIALS AND METHODS:** Selected strains of wheat were ancient *Triticum monococcum* precoe (AA genome) and *Triticum speltoides* (BB genome), accessions of *Triticum turgidum* durum (AABB genome) including two ancient (Graziella Ra and Kamut) and two modern (Senatore Cappelli and Svevo) durum strains of wheat and *Triticum aestivum* compactum (AABBDD genome). Small intestinal gluten-specific T-cell lines generated from 13 coeliac patients were tested with wheat accessions by proliferation assays.

**RESULTS:** All strains of wheat independent of ploidy or ancient/modern origin triggered heterogeneous responses covering wide ranges of stimulation indices.

**CONCLUSION:** Ancient strains of wheat, although previously suggested to be low or devoid of coeliac toxicity, should be tested for immunogenicity using gluten-specific T-cell lines from multiple coeliac patients rather than gluten-specific clones to assess their potential toxicity. Our findings provide further evidence for the need for a strict gluten-free diet in coeliac patients, including avoidance of ancient strains of wheat.

Ancient grains NO better!!

## 2. Hybridized grains

## 3. Microflora changes



# Gluten sensitivity epidemic

## 1746 Isolation of Gluten-degrading Enzyme(s) from Oral Bacteria

Friday, March 22, 2013: 10:45 a.m. - 12:15 p.m.

Location: Room 614 (Washington State Convention Center)

Presentation Type: Oral Session

**G. WEI**, N. TIAN, F.G. OPPENHEIM, and E.J. HELMERHORST, Dept. of Periodontology & Oral Biol, Boston University, Boston, MA

## 2266 Human Oral Bacterial Enzymes: Novel Therapeutic Perspectives for Celiac Disease

Friday, March 22, 2013: 3:30 p.m. - 4:45 p.m.

Location: Room 614 (Washington State Convention Center)

Presentation Type: Poster Discussion Session

**N. TIAN**<sup>1</sup>, G. WEI<sup>1</sup>, D. SCHUPPAN<sup>2</sup>, F.G. OPPENHEIM<sup>1</sup>, and E.J. HELMERHORST<sup>1</sup>, <sup>1</sup>Dept. of Periodontology & Oral Biol, Boston University, Boston, MA, <sup>2</sup>Beth Israel Deaconess Medical Center, Boston, MA

# Gluten sensitivity epidemic

## 1745 Comprehensive Screening of Saliva and Dental Plaque for Gluten-Degrading Microorganisms

Friday, March 22, 2013: 10:45 a.m. - 12:15 p.m.

Location: Room 614 (Washington State Convention Center)

Presentation Type: Oral Session

M. FERNANDEZ-FEO<sup>1</sup>, G. WEI<sup>1</sup>, F.E. DEWHIRST<sup>2</sup>, D. SCHUPPAN<sup>3</sup>, F.G. OPPENHEIM<sup>1</sup>, and [E.J. HELMERHORST](#)<sup>1</sup>, <sup>1</sup>Dept. of Periodontology & Oral Biol, Boston University, Boston, MA, <sup>2</sup>Forsyth Institute, Cambridge, MA, <sup>3</sup>Harvard University, Boston, MA

## 3. Microflora changes

What causes oral  
microflora changes?



# Gluten sensitivity epidemic

- Objectives: The search for therapies for celiac disease includes investigations into luminal enzymes capable of **cleaving gluten** into fragments that are unable to elicit inflammatory immune responses. We recently provided evidence that the oral cavity, representing the port of entry to the gastro-intestinal tract, harbors gluten-degrading microorganisms. The goal of this study was to conduct a comprehensive screening of human dental plaque and saliva samples to isolate and identify novel resident **gluten/gliadin-degrading bacteria**.

# Gluten sensitivity epidemic

- **Results:** The culturing strategy yielded 87 aerobic and 63 anaerobic strains. Twenty one aerobic strains representing seven oral species showed activity in at least two of the four assays with two species being active in all four assays.

**Conclusions:** New gluten-degrading microorganisms were identified that naturally colonize the upper gastro-intestinal tract. A cocktail of the most active oral bacteria, or their isolated enzymes, may offer promising new treatment modalities for celiac disease.



# Gluten sensitivity epidemic

- Inhibition of Rothia Species by OTC Products and Bacterial Antagonists

Barstad D, Garcia K, Cannon M, Kabat B, Yogev R, Jantra L, Muhammad A, Vorachek A

Ann & Robert H. Lurie Children's Hospital of Chicago

The purpose of this study was to determine if there is any inhibition of beneficial oral biofilm species such as *Rothia aeria*, *R. mucilaginosa* and *R. dentocariosa*, Streptococcus mutans (pathogen- negative control) and also Lactobacillus reuteri strains (isolated from PERIO Probiotic) by over the counter (OTC) oral anti-microbials utilizing in vitro laboratory technique. The secondary objective was to determine the antagonism, if any, of the Rothia genus by Streptococcus species (mutans and salivarius) and known pathogens. Rothia aeria and mucilaginosa are believed to be important in the processing of gluten.

# Probiotics- Antagonism and Inhibition

## Rothia inhibition and antagonism



*Rothia Aeria* is inhibited by:  
1. Chlorhexidine  
2. Listerine Smartrinse™

**TABLE 1a. Susceptibility Experiment: The Effect of Over the counter Oral Hygiene Products on Oral Bacteria**

| Reagent                                 | <i>Rothia Aeria</i><br>on blood agar | <i>R. dentocariosa</i> |             | <i>R. mucilaginosa</i> |             | PERIO probiotic ( <i>Lactobacillus</i> ) |           | <i>S. Mutans</i><br>on blood agar |
|---|--------------------------------------|------------------------|-------------|------------------------|-------------|--|-----------|-----------------------------------|
|   |                                      | on blood agar          | on Brucella | on blood agar          | on Brucella | on blood agar                            | on Rogosa |                                   |
| Spry Xylitol Mouthwash™                 | 0, 0                                 | 0, 0                   | 0, 0        | 0, 0                   | 0, 0        | 0, 0                                     | 0, 0      | 0, 0                              |
| Crest Prohealth™                        | 9, 9                                 | 12, 12                 | 11, 11      | 14, 16                 | 14, 10      | 15, 13                                   | 16, 13    | 12, 12                            |
| ACT fluoride rinse™                     | 10, 10                               | 11, 12                 | 14          | 12, 14                 | 16, 14      | 17, 15                                   | 16, 15    | 13                                |
| Listerine Smartrinse™                   | 9, 9                                 | 10, 11                 | 9, 9        | 14, 14                 | 9, 8        | 14, 12                                   | 13, 12    | 11, 11                            |
| Chlorhexidine (11.6% alcohol)           | 13, 12                               | 18, 18                 | 13, 12      | 14, 14                 | 11, 11      | 16, 15                                   | 15, 15    | 15, 14                            |
| Listerine™ (27% Alcohol)                | 0, 0                                 | 0, 0                   | 0, 0        | 0, 0                   | 0, 0        | 9, 9                                     | 0, 0      | 0, 0                              |
| Phosphate Buffered Saline (PBS)         | 0                                    | 0, 0                   | 0           | 0, 0                   | 0           | 0  | 0         | 0                                 |
| 27% Alcohol                             | 0, 0                                 | 0, 0                   | 10          | 0, 0                   | 0           | 10                                       | 0         | 0                                 |
| Embrace Varnish™ (has xylitol)          | 8, 9                                 | 0, 0                   | 0, 0        | 12, 12                 | 0, 0        | 0, 0                                     | 0, 0      | 0, 0                              |
| Spry™ Xylitol toothpaste gel            | 0, 0                                 | 0, 0                   | 0, 0        | 10, 12                 | 0, 0        | 0, 0                                     | 0, 0      | 0, 0                              |
| 50% Spry™ Xylitol toothpaste gel in PBS |                                      | 0, 0                   |             | 0, 0                   |             |  |           |                                   |
| Levofloxacin (5 micrograms)             | 30                                   | 30                     | 30          | 36                     | 20          | 0  | 0         | 20                                |

Note: All dimensions shown in millimeters

# Probiotics- Antagonism and Inhibition

## Rothia inhibition and antagonism



*Rothia Aeria* is inhibited by:

1. Chlorhexidine

2. Embrace™ Varnish



**TABLE 1b. Susceptibility Experiment: The Effect of OTC Oral Hygiene Products on Other Bacteria of the Human Flora**

|                                  | <i>S. aureus</i> | <i>S. salivarius</i> | <i>E. coli</i> | <i>P. aeruginosa</i> | VRE |
|----------------------------------|------------------|----------------------|----------------|----------------------|-----|
| Spry™ Mouthwash                  | 0                | 0                    | 0              | 0                    | 0   |
| Embrace™ varnish                 | 0                | 0                    | 0              | 0                    | 0   |
| Spry™ Xylitol gel diluted in PBS | 0                | 0                    | 0              | 0*                   | 0   |
| PBS control                      | 0                | 0                    | 0              | 0                    | 0   |

Note: All dimensions shown in millimeters

\*but for a short period  
showed inhibition



# Probiotics- Antagonism and Inhibition

## Rothia inhibition and antagonism

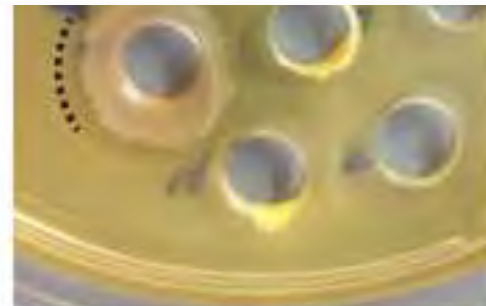
**TABLE 3. Diffusion Experiment: Bacterial Species Inhibition of Each Other**

|                        | <i>R. dentocariosa</i> | <i>R. mucilaginosa</i> | <i>S. salivarius</i> | <i>E. coli</i> | <i>P. aeruginosa</i> |
|------------------------|------------------------|------------------------|----------------------|----------------|----------------------|
| <i>R. mucilaginosa</i> | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| VRE                    | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>E. coli</i>         | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>P. aeruginosa</i>   | <b>inhibits</b>        | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>S. salivarius</i>   | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>R. dentocariosa</i> | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>S. aureus</i>       | 0, 0                   | <b>inhibits</b>        | 0, 0                 | 0, 0           | 0, 0                 |

Note: All dimensions shown in millimeters

*dentocariosa*  
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hol.

*dentocariosa* inhibits  
*S. aureus*.



# Probiotics- Antagonism and Inhibition

## Inhibition of Rothia Species by OTC Products and Bacterial Antagonists

Garcia K, Barstad D, Cannon M, Kabat B, Yogev R, Jantra L, Muhammad A, Vorachek A

Ann & Robert H. Lurie  
Children's Hospital of Chicago

### Introduction:

The purpose of this study was to determine if there is any inhibition of beneficial oral biofilm species such as *Rothia* spp., *R. mucilaginosa* and *R. dentocariosa*, *Streptococcus mutans* (pathogen-negative control) and also *Lactobacillus reuteri* strains (isolated from PERIO Probiotic) by over the counter (OTC) oral anti-microbials utilizing in vitro laboratory technique. The secondary objective was to determine the antagonism, if any, of the *Rothia* genus by *Streptococcus* species (*mutans* and *salivarius*) and known pathogens. *Rothia* spp. and *mucilaginosa* are believed to be important in the processing of gluten. Inhibition of these beneficial bacteria by OTC products, either directly or indirectly, would increase gluten sensitivity in patients. Beneficial bacteria may be indirectly inhibited by certain antagonistic bacteria that are relatively less sensitive to OTC products.

### Methods:

#### Susceptibility Experiment

Three colonies of *R. aëria*, *R. dentocariosa*, *R. mucilaginosa*, *S. mutans*, or *Lactobacillus* were obtained from isolation plates and grown in Mueller-Hinton media to a McFarland Standard of 0.5. Either Brucella agar plates, Rogosa agar, or Mueller-Hinton agar plates with 5% sheep blood were wholly spread with one cotton swab inoculation of chosen bacteria. Five cotton discs were evenly distributed on the plate and 10 microliters of full strength reagent was pipetted directly onto each corresponding disc. The plates were evaluated after 30 hours of growth at 36 degrees. Calipers were used to measure zones of inhibition.

#### Diffusion Experiment

Trypticase Soy Agar (TSA) was autoclaved and cooled to 50 degrees and aliquots of 25mL were cooled and inoculated with 2mL of 0.5 McFarland Standard suspensions of *R. dentocariosa*, *R. mucilaginosa*, *Streptococcus salivarius*, *Escherichia coli* or *Pseudomonas aeruginosa* prior to pouring agar plates. Impregnated plates were then inoculated in punched zones using a disposable 10 microliter loop with 0.5 McFarland Standard of bacteria species: *Streptococcus salivarius*, *Staphylococcus aureus*, Vancomycin-resistant *Enterococcus*, *Pseudomonas aeruginosa*, *Escherichia coli*, and *R. dentocariosa* or *R. mucilaginosa*. The plates were evaluated after 24 hours of growth at 36 degrees. Calipers were used to measure zones of inhibition.

### Results:

Bacterial growths of all tested bacteria were inhibited by Crest ProHealth™, ACT™, Listerine SmartRinse™, and Chlorhexidine. *R. aëria* and *R. mucilaginosa* were also inhibited by Embrace™ variant, and Spry™ Xylitol Toothpaste Gel inhibited *R. mucilaginosa*. Growth of *R. dentocariosa* was inhibited by *P. aeruginosa* and growth of *R. mucilaginosa* was inhibited by *S. aureus*.

TABLE 1a. Susceptibility Experiment: The Effect of Over the counter Oral Hygiene Products on Oral Bacteria

| Reagent                                 | <i>Rothia Aëria</i><br>on blood agar | <i>R. mucilaginosa</i> |             | <i>R. dentocariosa</i> |             | PERIO-probiotic ( <i>Lactobacillus</i> ) |           | <i>S. Mutans</i><br>on blood agar |
|---|--------------------------------------|------------------------|-------------|------------------------|-------------|--|-----------|-----------------------------------|
|   |                                      | on blood agar          | on Brucella | on blood agar          | on Brucella | on blood agar                            | on Rogosa |                                   |
| Soy Xylitol Mouthwash™                  | 0, 0                                 | 0, 0                   | 0, 0        | 0, 0                   | 0, 0        | 0, 0                                     | 0, 0      | 0, 0                              |
| Crest ProHealth™                        | 9, 9                                 | 12, 12                 | 11, 11      | 14, 16                 | 14, 10      | 15, 13                                   | 16, 15    | 12, 12                            |
| ACT fluoride rinse™                     | 10, 10                               | 11, 12                 | 14          | 12, 14                 | 16, 14      | 17, 15                                   | 18, 15    | 13                                |
| Listerine SmartRinse™                   | 9, 9                                 | 10, 11                 | 9, 8        | 14, 14                 | 9, 8        | 14, 12                                   | 15, 12    | 11, 11                            |
| Chlorhexidine (11.6% alcohol)           | 13, 12                               | 18, 18                 | 13, 12      | 14, 14                 | 11, 11      | 16, 15                                   | 15, 15    | 15, 14                            |
| Listerine™ (27% Alcohol)                | 0, 0                                 | 0, 0                   | 0, 0        | 0, 0                   | 0, 0        | 9, 8                                     | 0, 0      | 0, 0                              |
| Phosphate Buffered Saline (PBS)         | 0                                    | 0, 0                   | 0           | 0, 0                   | 0           | 0  | 0         | 0                                 |
| 27% Alcohol                             | 0, 0                                 | 0, 0                   | 10          | 0, 0                   | 0           | 10                                       | 0         | 0                                 |
| Embrace Variant™ (Soy Xylitol)          | 0, 0                                 | 0, 0                   | 0, 0        | 12, 12                 | 0, 0        | 0, 0                                     | 0, 0      | 0, 0                              |
| Spry™ Xylitol toothpaste gel            | 0, 0                                 | 0, 0                   | 0, 0        | 10, 12                 | 0, 0        | 0, 0                                     | 0, 0      | 0, 0                              |
| 50% Spry™ Xylitol toothpaste gel in PBS |                                      | 0, 0                   |             | 0, 0                   |             |  |           |                                   |
| Uninoculated (negative control)         | 30                                   | 30                     | 30          | 30                     | 30          | 30                                       | 30        | 30                                |

Note: All bacteria shown as inhibited.

TABLE 1b. Susceptibility Experiment: The Effect of OTC Oral Hygiene Products on Other Bacteria of the Human Flora

|                                  | <i>S. aureus</i> | <i>S. salivarius</i> | <i>E. coli</i> | <i>P. aeruginosa</i> | VRE |
|----------------------------------|------------------|----------------------|----------------|----------------------|-----|
| Spry™ Mouthwash                  | 0                | 0                    | 0              | 0                    | 0   |
| Embrace™ variant                 | 0                | 0                    | 0              | 0                    | 0   |
| Spry™ xylitol gel diluted in PBS | 0                | 0                    | 0              | 3*                   | 0   |
| PBS control                      | 0                | 0                    | 0              | 0                    | 0   |

Note: All bacteria shown as inhibited.

\*3 colonies out of 100 showed growth inhibition.

TABLE 4. Diffusion Experiment: Bacterial Species Inhibition of Each Other

|                        | <i>R. dentocariosa</i> | <i>R. mucilaginosa</i> | <i>S. salivarius</i> | <i>E. coli</i> | <i>P. aeruginosa</i> |
|------------------------|------------------------|------------------------|----------------------|----------------|----------------------|
| <i>R. mucilaginosa</i> | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| VRE                    | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>E. coli</i>         | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>P. aeruginosa</i>   | UNINHIBITED            | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>S. aureus</i>       | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>R. dentocariosa</i> | 0, 0                   | 0, 0                   | 0, 0                 | 0, 0           | 0, 0                 |
| <i>S. aureus</i>       | 0, 0                   | UNINHIBITED            | 0, 0                 | 0, 0           | 0, 0                 |

Note: All bacteria shown as inhibited.

### Discussion:

In vitro results should not be interpreted as being always applicable to the clinical situation. Indeed, the complexity of the human oral microbiome would make it difficult to predict a response to any oral intervention with any certainty. The results of the present study are of a pilot nature, a negative finding would mean that there is little need for further investigation. However limited the significance of in vitro studies for actionable consequences: they are, however, always necessary before progressing into more extensive, time consuming and financially demanding studies. The mere fact that OTC products,

that may be used ad libitum by patients, contribute to a reduction in beneficial bacteria should be a concern to all health practitioners. Of greater interest should be the extent of the inhibition, as the zones of inhibition were quite significant in diameter. The average diameter of inhibition with an OTC product was 13mm.

Another very important aspect of this study was the interaction between pathogenic and beneficial bacteria. The interaction, or rather, the inhibition of different bacterial species actually determines the health of the host and as such, is paramount in importance. The results were significant in that growth of *Rothia* species was inhibited by other bacteria, suggesting that if the oral flora equilibrium is changed by using OTC oral hygiene products, a domino effect can affect the entire oral microbiome, which is the gateway to the digestive tract.

### Conclusion:

*Rothia* species, *S. mutans* and *Lactobacillus* species, are decreased in quantity by the over use of oral anti-microbials. OTC products may alter the oral microbiome creating a situation less conducive for the survival of essential beneficial bacteria. The use of OTC products may decrease the enzymatic degradation of gluten containing foods by *Rothia* bacteria resulting in gluten sensitivity, Intestinal Bowel Syndrome, and exacerbating ulcerative colitis increasing Celiac disease clinical prevalence. The Forsyth Institute noted at the poster session of the AADR 2012 meeting that *Rothia* spp. and *R. mucilaginosa* were identified as gluten-degrading strains in the oral cavity. While the human digestive enzyme system lacks the capacity to cleave immunogenic gluten, such activities are naturally present in the oral microbial enzyme repertoire (Mei, G. Zankewich, M. Dewhirst, F. Schuppert, D. Oppenheim, F. Hehnrich, E. Rothia Bacteria as Gluten-Degrading Natural Colonizers of the Oral Cavity, 2012).



*Rothia Aëria* is inhibited by:  
1. Chlorhexidine  
2. Listerine SmartRinse™



*Rothia mucilaginosa* is inhibited by:  
3. ACT fluoride rinse™  
4. Crest ProHealth™



*Rothia dentocariosa* is inhibited by:  
5. Lactofloxacin  
6. 27% alcohol



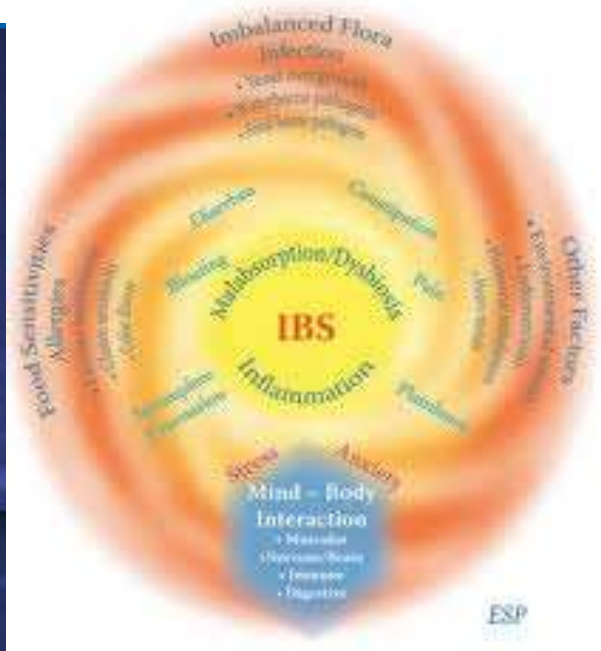
*R. dentocariosa* inhibited by *P. aeruginosa*  
*R. mucilaginosa*



# Gluten sensitivity epidemic

## Conclusion:

Rothia species, *S. mutans* and Lactobacillus species, are decreased in quantity by the over use of oral anti-microbials. OTC products may alter the oral microbiome creating a situation less conducive for the survival of essential beneficial bacteria. The use of OTC products may decrease the enzymatic degradation of gluten containing foods by Rothia bacteria resulting in gluten sensitivity, Irritable Bowels Syndrome, and exacerbating ulcerative colitis increasing Celiac disease clinical prevalence.





# Probiotics- Antagonism and Inhibition



## Fluoride Inhibits Good and Bad Bacteria- Benefit/Risk Ratio

Oral Microbiol Immunol. 2005 Dec;20(6):323-32.

**Mechanisms of inhibition by fluoride of urease activities of cell suspensions and biofilms of *Staphylococcus epidermidis*, *Streptococcus salivarius*, *Actinomyces naeslundii* and of dental plaque.**

Barboza-Silva E, Castro AC, Marquis RE.

Department of Microbiology & Immunology, University of Rochester Medical Center, Rochester, NY 14642-8672, USA.

### Abstract

**BACKGROUND/AIMS:** Fluoride is known to be a potent inhibitor of bacterial ureases and can also act in the form of hydrofluoric acid as a transmembrane proton conductor to acidify the cytoplasm of intact cells with possible indirect, acid inhibition of urease. Our research objectives were to assess the inhibitory potencies of fluoride for three urease-positive bacteria commonly found in the mouth and to determine the relative importance of direct and indirect inhibition of ureases for overall inhibition of intact cells or biofilms.

**METHODS:** The experimental design involved intact bacteria in suspensions, mono-organism biofilms, cell extracts, and dental plaque. Standard enzymatic assays for ammonia production from urea were used.

**RESULTS:** We found that ureolysis by cells in suspensions or mono-organism biofilms of *Staphylococcus epidermidis*, *Streptococcus salivarius* or *Actinomyces naeslundii* was inhibited by fluoride at plaque levels of 0.1-0.5 mm in a pH-dependent manner. The results of experiments with the organic weak acids indomethacin and capric acid, which do not directly inhibit urease enzyme, indicated that weak-acid effects leading to cytoplasmic acidification are also involved in fluoride inhibition. However, direct fluoride inhibition of urease appeared to be the major mechanism for reduction in ureolytic activity in acid environments. Results of experiments with freshly harvested supragingival dental plaque indicated responses to fluoride similar to those of *S. salivarius* with pH-dependent fluoride inhibition and both direct and indirect inhibition of urease.

**CONCLUSION:** Fluoride can act to diminish alkali production from urea by oral bacteria through direct and indirect mechanisms.

# Probiotics- Antagonism and Inhibition



## Fluoride Mouth Rinse

NOT PC

230 ppm

### Form

Fluoride mouth rinse is a concentrated solution intended for daily or weekly use. The most common fluoride compound used in mouth rinse is sodium fluoride. Over-the-counter solutions of 0.05% sodium fluoride (230 ppm fluoride) for daily rinsing are available for use by persons older than 6 years of age. Solutions of 0.20% sodium fluoride (920 ppm fluoride) are used in supervised, school-based weekly rinsing programs. Other concentrations also are available.

### Use

Rinses are used daily or weekly for a prescribed amount of time. The fluoride from mouth rinse is retained in dental plaque and saliva to help prevent tooth decay.

### Availability

Mouth rinses intended for home use can be purchased over-the-counter. Higher strength mouth rinses for those at high risk of tooth decay must be prescribed by a dentist or physician.

### Recommendations

Children younger than 6 years of age should not use fluoride mouth rinse without consultation with a dentist or other health care provider because dental fluorosis could occur if such mouth rinses are repeatedly swallowed. Because fluoride mouth rinse has resulted in only limited reductions in tooth decay among schoolchildren, especially as their exposure to other sources of fluoride has increased, its use should be targeted to individuals or groups at high risk for decay.



# Probiotics- dietary effects - implications

- Autoimmune response

Clin Diagn Lab Immunol. 2005 Nov;12(11):1285-91.

## Xylitol inhibits inflammatory cytokine expression induced by lipopolysaccharide from Porphyromonas gingivalis.

Han SJ<sup>1</sup>, Jeong SY, Nam YJ, Yang KH, Lim HS, Chung J.

### Author information

Xylitol inhibits inflammatory cytokines

### Abstract

Porphyromonas gingivalis is one of the suspected periodontopathic bacteria. The lipopolysaccharide (LPS) of P. gingivalis is a key factor in the

J Periodontol. 2014 Mar 4. [Epub ahead of print]

## Xylitol, an Anti-carries Agent, Exhibits Potent Inhibition of Inflammatory Responses in Human THP-1-derived Macrophages Infected With Porphyromonas Gingivalis.

Park E<sup>1</sup>, Na HS, Kim SM, Wallet S, Cha S, Chung J.

### Author information

Xylitol an anti-inflammatory agent

### Abstract

**Background:** Xylitol is a well-known anti-carries agent and has been used for the prevention and treatment of dental caries. In this study, we evaluated the anti-inflammatory effects of xylitol for possible usage in the prevention and treatment of periodontal infections. **Methods:** Cytokine expression was stimulated in THP-1 (human monocyte cell line)-derived macrophages by live Porphyromonas gingivalis (P. gingivalis), and ELISA and a MILLIPLEX MAP kit were used to determine the effects of xylitol on live P. gingivalis-induced production of cytokine. The effects of xylitol on phagocytosis and the production of nitric oxide were determined using phagocytosis assay, viable cell count, and Griess reagent. The effects of xylitol on P. gingivalis adhesion were determined by immunostaining and co-stimulatory molecule expression was examined by flow cytometry. **Results:** Live P. gingivalis infection increased the production of representative proinflammatory cytokine, TNF $\alpha$  (Tumor necrosis factor) and IL-1 $\beta$  (Interleukin-1) in a MOI- and time-dependent manner. Live P. gingivalis also enhanced the release of cytokines and chemokines such as IL-12-p40 (Interleukin 12), Eotaxin, IP-10 (Interferon gamma-induced protein 10), MCP-1 (Monocyte chemotactic protein-1), and MIP-1 $\alpha$  (Macrophage inflammatory protein-1). The pretreatment of xylitol significantly inhibited the P. gingivalis-induced cytokines production and nitric oxide production. In addition, xylitol inhibited the attachment of live P. gingivalis on THP-1-derived macrophages. Furthermore, xylitol exerted anti-phagocytic activity against both Escherichia coli and P. gingivalis.

**Conclusions:** These findings suggest that xylitol acts as an anti-inflammatory agent in THP-1-derived macrophages infected with live P. gingivalis, which is important for periodontitis.

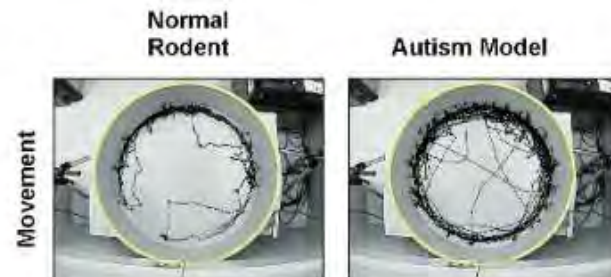
Xylitol



# Probiotics- Neurologic Implications

- Autism
- “Autism Spectrum Disorder”
- Evidence mounts,

Short-chain fatty acid products of the gut have implications in autism disorders



spectrum

Do not have ASD.

metabolic, variations in markers of ( ) who phic were

Transl Psychiatry. 2013 Jan 22;3:e220. doi: 10.1038/tp.2012.11

**Unique acyl-carnitine profile in autism spectrum disorder.**

Frye RE<sup>1</sup>, Melnyk S, Macfabe DF.

⊕ Author information

**Abstract**

Autism spectrum disorder (ASD) has a specific genetic mutation to explain. Acquired MD has been demonstrated. ASD-associated gut bacteria, is infused neuropathologic and neurophysiologic short-chain and long-chain acyl-carnitine abnormal fatty-acid metabolism are present. underwent screening for metabolic disorders. reviewed. Acyl-carnitine panels were determined to be abnormal if three or more individual acyl-carnitine species were abnormal in the panel and these abnormalities were verified by repeated testing. Overall, 17% of individuals with ASD demonstrated consistently abnormal acyl-carnitine panels.

# Glyphosate- microbiome implications

## • Dr. Seneff- MIT scientist reports:

## Glyphosate and Autism\*

*Entropy* 2013, 15(4), 1416-1463; doi:10.3390/e15041416

Review

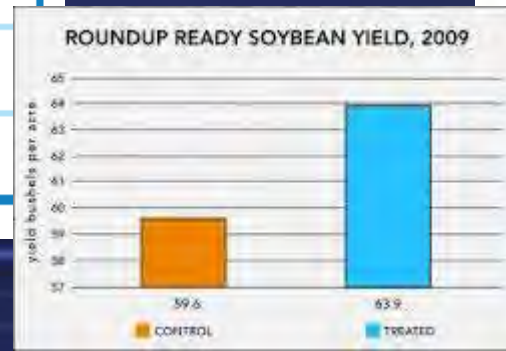
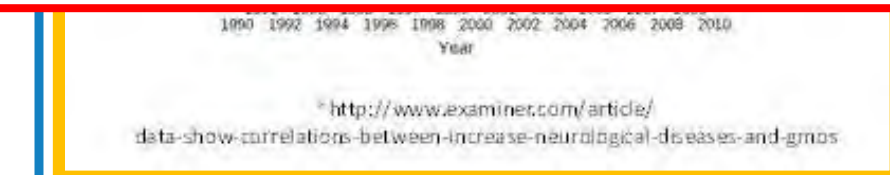
### Glyphosate's Suppression of Cytochrome P450 Enzymes and Amino Acid Biosynthesis by the Gut Microbiome: Pathways to Modern Diseases<sup>†</sup>

Anthony Samsel<sup>1</sup>✉ and Stephanie Seneff<sup>2,\*</sup>✉

[+ Authors' affiliations](#)

Received: 15 January 2013; in revised form: 10 April 2013 / Accepted: 10 April 2013 / Published: 18 April 2013

|                     |  |                     |
|---------------------|--|---------------------|
|                     | diseases such as inflammatory bowel disease, chronic diarrhea, colitis and Crohn's disease |                     |
| Allergies           | Cardiovascular disease   | Depression          |
| Cancer              | Infertility  | Alzheimer's disease |
| Parkinson's disease | Multiple sclerosis   | ALS, and more       |





# Probiotics- Neurologic Implications

## • Obesity and the

EPMA J. 2014 Jan 13;5(1):2. doi: 10.1186/1878-5085-5-2.

### The efficacy of probiotics for monosodium glutamate-induced obesity: dietology concerns and opportunities for prevention.

Savcheniuk OA, Virchenko OV, Falalveyeva TM, Beregova TV, Babenko LP, Lazarenko LM, Demchenko OM, Bubnov RV<sup>1</sup>, Spivak MY.

#### ⊕ Author information

#### Abstract

**INTRODUCTION:** Obesity becomes endemic today. Monosodium glutamate was proved as obesogenic food additive. Probiotics are discussed to impact on obesity development.

**AIMS AND OBJECTIVES:** The aim was to study the effects of probiotics on the development of monosodium glutamate (MSG)-induced obesity in rats.

**MATERIAL AND METHODS:** We included 45 Wistar male rats and divided into three groups (n = 15). Newborn rats of group 1 (control) received subcutaneously 8 µl/g saline. Group 2 received 3 to 4 mg/g MSG subcutaneously on the second, fourth, sixth, eighth and tenth day of life. Within 4 months after birth, rats were on a standard diet. Group 3 received an aqueous solution of probiotics mixture (2:1:1 Lactobacillus casei IMVB-7280, Bifidobacterium animalis VKL, B. animalis VKB) at the dose of  $5 \times 10^9$  CFU/kg (50 mg/kg) intragastrically. Administration of probiotics was started at the age of 4 weeks just after weaning and continued for 3 months during 2-week courses. Group 2 received intragastrically 2.5 ml/kg water. Organometric and biochemical parameters in all groups of rats were analyzed over 4 months. The concentration of adiponectin was determined in serum, and leptin - in adipose tissue.

**RESULTS:** Administration of MSG led to the development of obesity in rats; body weight had increased by 7.9% vs controls ( $p < 0.05$ ); body length had increased by 5.4% ( $p < 0.05$ ). Body mass index and Lee index and visceral fat mass had increased ( $p < 0.001$ ). Under the neonatal injection of MSG, the concentration of total cholesterol, triglycerides, VLDL cholesterol and LDL cholesterol significantly increased ( $p < 0.001$ ), in comparison with controls. Adipose-derived hormones changed in MSG obesity rats: adiponectin decreased by 58.8% ( $p < 0.01$ ), and leptin concentration in adipose tissue had increased by 74.7% ( $p < 0.01$ ). The probiotic therapy of rats from group 3 prevented obesity development. Parameters of rats treated with probiotic mixture did not differ from that in the control.

**CONCLUSIONS:** The introduction of MSG to newborn rats caused the obesity in adulthood. Periodic administration of probiotic mixture to rat injected with MSG neonatally resulted in recovery of lipid metabolism and prevention of the obesity development.

microbiota is hypothesized to influence weight gain.

**Probiotics prevented  
Weight gain!**



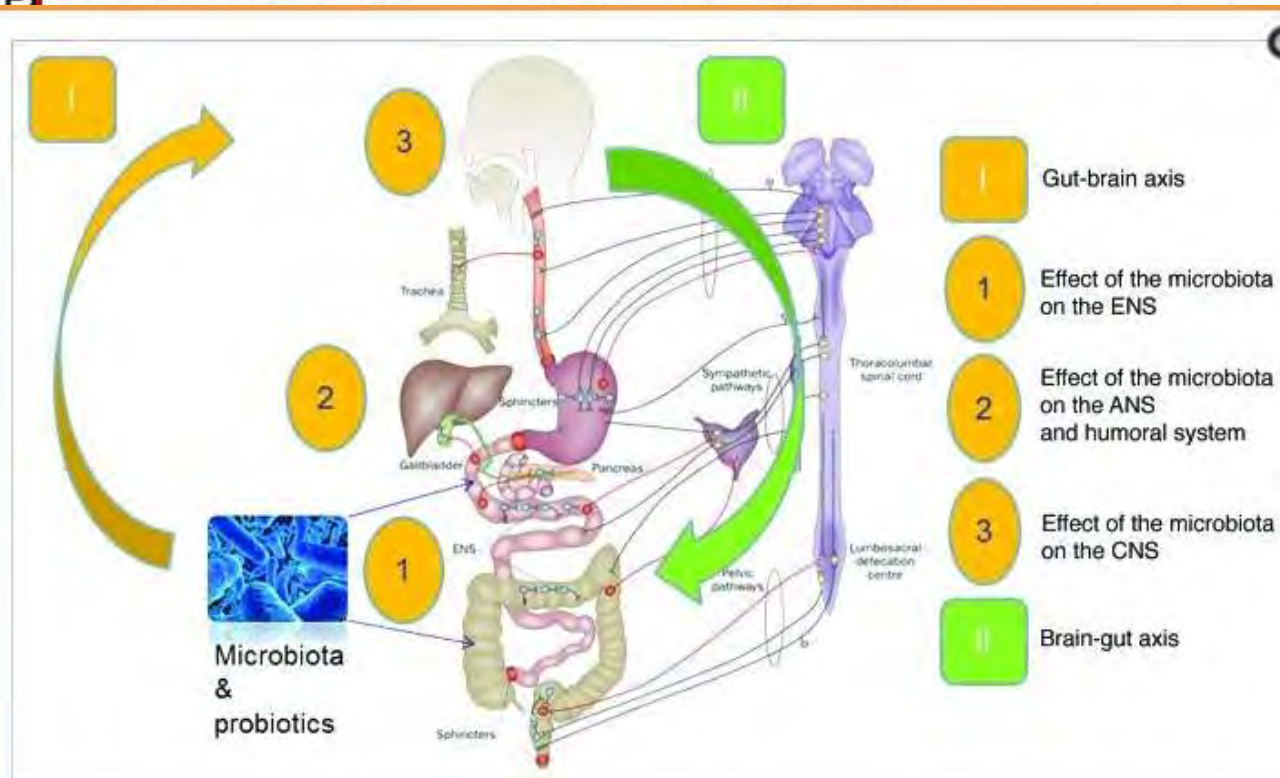
# Probiotics- Neurologic Implications

- Bacteria- obesity, depression.



Behav Brain Funct. 2012 Dec 17;9:46. doi: 10.1186/1744-9094-9-46

Ex Gut Microbes. 2013 Jan-Feb;4(1):17-27. doi: 10.4161/gmic.22973. Epub 2012 Nov 30.



od"

is system (ENS), linking  
t the gut microbiota have an  
Prebiotics (ISAPP) discussed  
and discussed current  
tion and behavior. Data,  
it also with the central nervous  
velopment in early life and  
microbial communities on  
sorders like irritable bowel

ng.

ice of a normal gut microbiota  
life.

**Figure 1.** Interaction of the gut microbiome, probiotics and prebiotics on the brain gut axis. Modified from reference <sup>85</sup>.

# Probiotics- Neurologic Implications

- Prevention and Probiotics- kefir and BLIS?



013.02.043. Epub 2013.

otic modulates brain activity.

Legrain-Raspaud S, Trotin B, Naliboff B, Mayer EA.

## Abstract

**BACKGROUND & AIMS:** Changes in gut microbiota have been reported to alter signaling mechanisms, emotional behavior, and visceral nociceptive reflexes in rodents. However, alteration of the intestinal microbiota with antibiotics or probiotics has not been shown to produce these changes in humans. We investigated whether consumption of a fermented milk product with probiotic (FMPP) for 4 weeks by healthy women altered brain intrinsic connectivity or responses to emotional attention tasks.

**METHODS:** Healthy women with no gastrointestinal or psychiatric symptoms were randomly assigned to groups given FMPP ( $n = 12$ ), a nonfermented milk product ( $n = 11$ , controls), or no intervention ( $n = 13$ ) twice daily for 4 weeks. The FMPP contained *Bifidobacterium animalis* subsp *Lactis*, *Streptococcus thermophilus*, *Lactobacillus bulgaricus*, and *Lactococcus lactis* subsp *Lactis*. Participants underwent functional magnetic resonance imaging before and after the intervention to measure brain response to a emotional faces attention task and resting brain activity. Multivariate and region of interest analyses were performed.

**RESULTS:** FMPP intake was associated with reduced task-related response of a distributed functional network (49% cross-block covariance;  $P = .004$ ) containing affective, viscerosensory, and somatosensory cortices. Alterations in intrinsic activity of resting brain indicated that ingestion of FMPP was associated with changes in midbrain connectivity, which could explain the observed differences in activity during the task.

**CONCLUSIONS:** Four-week intake of an FMPP by healthy women affected activity of brain regions that control central processing of emotion and sensation.

MRI and emotional brain tasking

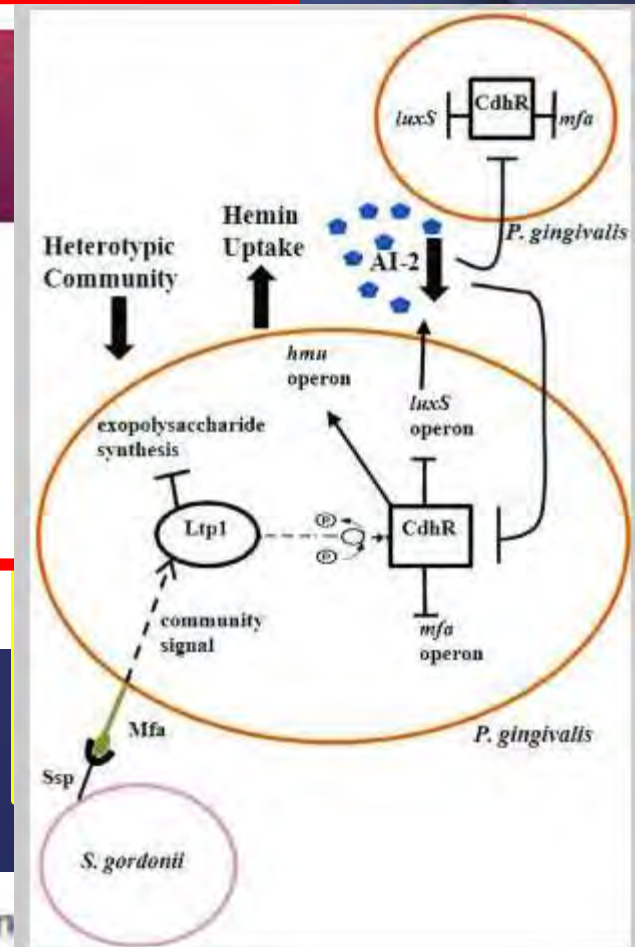
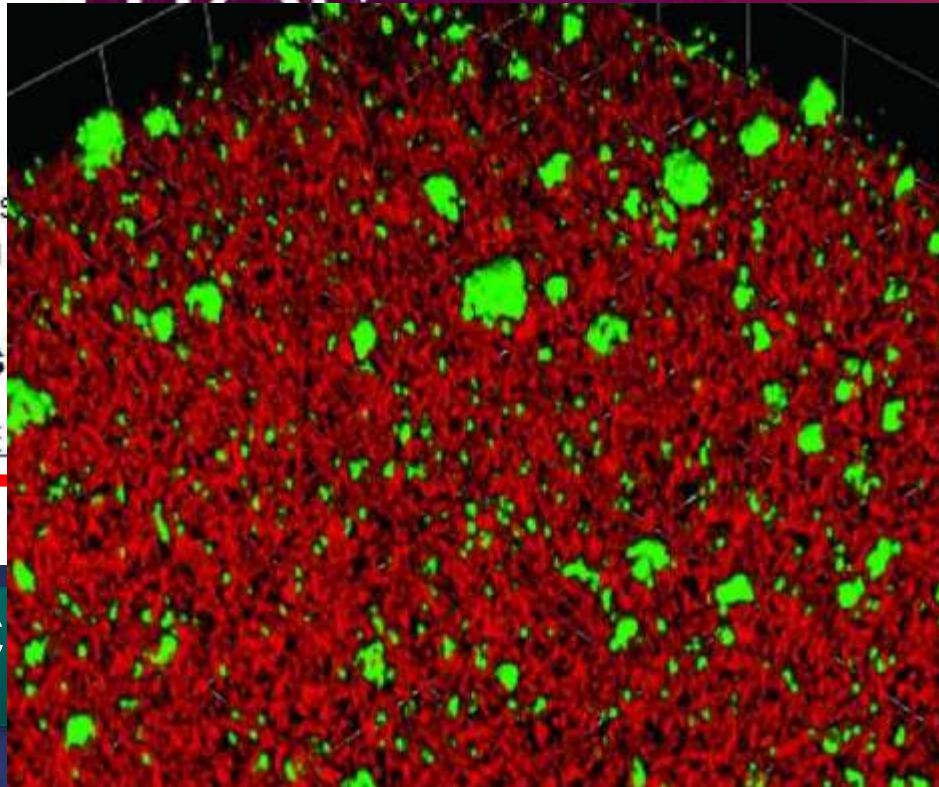


# Probiotics- Neurologic Implications

Int J Oral S  
Published

Tyros

Sarah E



High levels of STEP proteins keep synapses in the brain from strengthening is a process that is required for people to turn short-term memories into long-term memories. When STEP is elevated in the brain, it depletes receptors from synaptic sites, and inactivates other proteins that are necessary for proper cognitive function. This disruption can result in Alzheimer's disease or a number of neuropsychiatric and neurodegenerative disorders, all marked by cognitive deficits.

• TC

# Probiotics- Neurologic Implications

There is growing evidence for a paradigm shift in our view on the pathogenesis of autoimmune diseases. In addition to genetic susceptibility, making the individual react abnormally to self antigens, the loss of the protective function of epithelial barriers that interact with the environment, not least the gastrointestinal mucosa, seems to be involved in the development of autoimmunity [1]. Recent observations in humans and in a variety of animal models indicate that an increased intestinal permeability (IP), often referred to as a “leaky gut”, is playing a pathogenic role not only in development of gastrointestinal disorders like inflammatory bowel disease (IBD) and celiac disease, but also in systemic autoimmune diseases, like type 1 diabetes (T1D) [1], [2], [3], [4].

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## Intestinal Barrier Dysfunction Develops at the Onset of Experimental Autoimmune Encephalomyelitis, and Can Be Induced by Adoptive Transfer of Auto-Reactive T Cells

Mehrnaz Nouri, Anders Bredberg, Björn Weström, Shahram Lavasani 



Published: September 03, 2014 • DOI: 10.1371/journal.pone.0106335





# DIABETES- insulin is not a cure!!

## Gut Microbiota Is a Key Modulator of Insulin Resistance in TLR 2 Knockout Mice

Andréa M. Caricilli, Paty K. Picardi, Lélia L. de Abreu, Mirian Ueno, Patrícia O. Prada, Eduardo R. Ropelle, Sandro Massao Hirabara, Ângela Castoldi, Pedro Vieira, Niels O. S. Camara, Rui Curi, José B. Carnevali, Mário J. A. Saad

Published: December 06, 2011 • DOI: 10.1371/journal.pbio.1001212



*Proc Natl Acad Sci U S A*. 2011 Jul 12;108(28):11548-53. doi: 10.1073/pnas.1108924108. Epub 2011 Jun 27.

## Naturally transmitted segmented filamentous bacteria segregate with diabetes protection in nonobese diabetic

- Vertebrates typically harbor a rich gastrointestinal microbiota, which has coevolved with the host over millennia and is essential for several host physiological functions, in particular maturation of the immune system. Recent studies have highlighted the importance of a single bacterial species, segmented filamentous bacteria (SFB), in inducing a robust T-helper cell type 17 (Th17) population in the small-intestinal lamina propria (SI-LP) of the mouse gut. Consequently, SFB can promote IL-17-dependent immune and autoimmune responses, gut-associated as well as systemic,

PLoS Pathog. Dec 2013; 9(12): e1003794.

Published online Dec 26, 2013. doi: [10.1371/journal.ppat.1003794](https://doi.org/10.1371/journal.ppat.1003794)

PMCID: PMC3873456

## Host Susceptibility Factors to Bacterial Infections in Type 2 Diabetes

Yunn-Hwen Gan\*

pancreatitis.

(Beta cells make insulin)  
Kidney  
(When blood glucose is present in certain amounts, kidneys make more so glucose is lost in the urine.)

# Oral and gut bacteria are repeatedly reported in the research literature to be involved in:

- Auto
- Dia
- RA

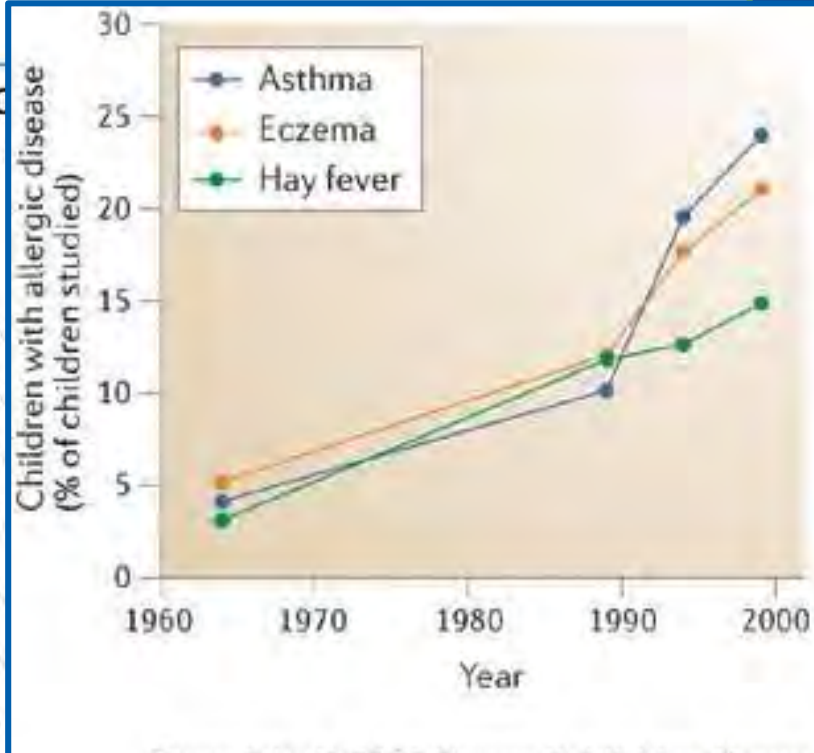
Com  
sens

Andrew  
Sarkis K  
Dionysio

- Rea
- All
- Agi
- Glu
- Cel

## More U.S. Children Have Food Allergies Prevalence of food allergies has been

% U.S. Children with



Bostock J. Case of a periodical affection of the eyes and chest. Med Chir Trans. 1819;10:161.



# New Sealant Technology



- Bis Phenol A- IS BACK IN THE NEWS!!!

## Compendium

September 2013, Volume 34, Issue 8

Published by AEGIS Communications

## Bioactive and Therapeutic Preventive Approach to Dental Pit and Fissure Sealants

Mark L. Cannon, DDS, MS; and John C. Comisi, DDS, MAGD

# BPA free

**GC Fuji TRIAGE**  
Glass Ionomer Sealant  
Surface Protection Material



AVAILABLE IN: WHITE AND PINK



# New Sealant Technology

- Bis Phenol A- IS BACK IN THE M



## BPA's possible role in miscarriages

. Int Dent J. 2012 Apr;62(2):65-9. doi: 10.1111/j.1875-595X.2011.00089.x.

## Dental composite fillings and bisphenol A among

. J Dent Hyg. 2010 Summer;84(3):145-50. Epub 2010 Jul 5.

## Bisphenol A blood and saliva levels prior to and after dental sealant placement in adults.

[Zimmerman-Downs JM](#), [Shuman D](#), [Stull SC](#), [Ratzlaff RE](#).

College of Health Sciences, Old Dominion University, Norfolk, VA, USA.



# New Sealant Technology

National Health and Nutrition  
Examination Survey



National Center for Health Statistics



## ■ Bis Phenol A- IS BACK IN THE NEWS!!!

Environ Health Perspect. 2012 Sep;120(9):1297-300. doi: 10.1289/ehp.1104114. Epub 2012 May 29.

### **Bisphenol A and peripheral arterial disease: results from the NHANES.**

Acta Diabetol. 2013 Aug;50(4):625-31. doi: 10.1007/s00592-013-0472-z. Epub 2013 May 1.

### **Relationship between urinary bisphenol A levels and prediabetes among subjects free of diabetes.**

J Clin Endocrinol Metab. 2011 Dec;96(12):3822-6. doi: 10.1210/jc.2011-1682. Epub 2011 Sep 28.

### **Relationship between urinary bisphenol A levels and diabetes mellitus.**

[Shankar A.](#) [Teppala S.](#)

Department of Community Medicine, West Virginia University School of Medicine, P.O. Box 9190, Morgantown, West Virginia 26506-9190, USA. [ashankar@hsc.wvu.edu](mailto:ashankar@hsc.wvu.edu)

# THE SECRETS!!! SHHHHHH!!!

Urinary bisphenol A and obesity: NHANES 2003–2006<sup>☆</sup>

Jenny L. Carwile<sup>a</sup>, Karin B. Michels<sup>a,b,c,\*</sup>

<sup>a</sup>Department of Epidemiology, Harvard School of Public Health, 677 Huntington Ave, Boston, MA 02115, USA

<sup>b</sup>Obstetrics and Gynecology Epidemiology Center, Department of Obstetrics, Gynecology and Reproductive Biology, Brigham and Women's Hospital, Harvard Medical School, 221 Longwood Avenue, Boston, MA 02116, USA

<sup>c</sup>Division of Cancer Epidemiology, Comprehensive Cancer Center Freiburg, Freiburg University, Freiburg, Germany

Environ Health Perspect. 2011 January; 119(1): 63–70.

PMCID: PMC3018502

Published online 2010 September 8. doi: [10.1289/ehp.1002347](https://doi.org/10.1289/ehp.1002347)

Research

## Does BPA change biofilm?

**Estrogenic Activity of Bisphenol A and 2,2-bis(*p*-Hydroxyphenyl)-1,1,1-trichloroethane (HPTE) Demonstrated in Mouse Uterine Gene Profiles**

[Sylvia C. Hewitt](#) and [Kenneth S. Korach](#)

## *In vitro* Estradiol Hemisuccinate Activity as anti Vaginal Microbiota Biofilm Strategy

*M. Marques, A. Farinati, M. Arcos, L. Sibert, A. Orsini*  
USAL, Buenos Aires, ARGENTINA



# THE SECRETS!!! SHHHHHH!!!

Diabetes Care. 2012 Mar;35(3):520-5. doi: 10.2337/dc11-1043. Epub 2012 Jan 25.

## **Helicobacter pylori infection is associated with an increased rate of diabetes.**

Jeon CY, Haan MN, Cheng C, Clayton ER, Maveda ER, Miller JW, Aiello AE.

Center for Infectious Diseases Epidemiologic Research, Mailman School of Public Health, Columbia University, New York, New York, USA.

### **Abstract**

**OBJECTIVE:** Chronic infections could be contributing to the socioeconomic gradient in chronic diseases. Although chronic infections have been associated with increased levels of inflammatory cytokines and cardiovascular disease, there is little evidence on how infections affect risk of diabetes.

**RESEARCH DESIGN AND METHODS:** We examined the association between serological evidence of chronic viral and bacterial infections and incident diabetes in a prospective cohort of Latino elderly. We analyzed data on 7,12 individuals aged ≥60 years and diabetes free in 1998-1999, whose blood was tested for antibodies to herpes simplex virus 1, varicella virus, cytomegalovirus, *Helicobacter pylori*, and *Toxoplasma gondii* and who were followed until June 2008. We used Cox proportional hazards regression to estimate the relative incidence rate of diabetes by serostatus, with adjustment for age, sex, education, cardiovascular disease, smoking and cholesterol levels.

**RESULTS:** Individuals seropositive for herpes simplex virus 1, varicella virus, cytomegalovirus, and *T. gondii* did not show an increased rate of diabetes, whereas those who were seropositive for *H. pylori* at enrollment were 2.7 times more likely at any given time to develop diabetes than seronegative individuals (hazard ratio 2.69 [95% CI 1.10-6.60]). Controlling for insulin resistance, C-reactive protein and interleukin-6 did not attenuate the effect of *H. pylori* infection.

**CONCLUSIONS:** We demonstrated for the first time that *H. pylori* infection leads to an increased rate of incident diabetes in a prospective cohort study. Our findings implicate a potential role for antibiotic and gastrointestinal treatment in preventing diabetes.

# THE SECRETS!!! SHHHHHH!!!

- Manufacture Dependent For Levels of Bis Phenol A
- -three methods to make Bis GMA
  - Reaction of two moles of glycidyl methacrylate with one mole of bisphenol a.
  - Condensation of sodium salt of bisphenol a with glycidyl methacrylate and anhydrous hydrochloric salt
  - Reaction of glacial methacrylate acid with the diglycidyl ether of bisphenol and a tertiary amine
- - no Bis GMA in p



# Zoonotic Disease: When Humans and Animals Intersect

**“CROWD” DISEASE-symptom of the times.....**

The 1918 flu pandemic (January 1918 – December 1920) was an unusually deadly influenza pandemic, the first of the two pandemics involving H1N1 influenza virus. It infected 500 million people worldwide, including remote Pacific islands and the Arctic, and killed 50 to 100 million of them—percent of the world's population. It is considered one of the deadliest natural disasters in human history.

Most influenza pandemics contrast the 1918 pandemic, using virus that caused a storm (over the body, with deaths among

Historical and implicated in

To maintain France, and

(such as the grave illness of King Alfonso XIII), creating a false impression of Spain as especially thus the pandemic's nickname Spanish flu.



## Influenza (Flu)



### Types

Avian (A/H5N1 subtype)  
Canine • Equine  
Swine (A/H1N1 subtype)

### Vaccines

2009 pandemic (Pandemrix)  
Fluzone • Influvac  
Live attenuated • Optaflu

### Treatment

Amantadine • Arbidol  
Laninamivir • Oseltamivir  
Peramivir • Rimantadine  
Vitamin D • Zanamivir

### Pandemics

2009 swine  
1968–1969 Hong Kong  
1957 Asian flu  
**1918**

### Outbreaks

2008 West Bengal  
2007 Bernard Matthews H5N1  
2007 Australian equine  
2006 H5N1 India  
1976 swine flu

**People and animals are not meant to be stacked on top of each other!**



# Zoonotic Disease: When Humans and Animals Intersect

## Interesting facts about zoonotic diseases

- About 75% of recently emerging infectious diseases affecting humans are diseases of animal origin, and approximately 60% of all human pathogens are zoonotic.
- Tick-borne diseases, including Lyme disease and Rocky Mountain spotted fever, are serious public health problems, infecting tens of thousands in the United States each year. CDC is working closely with local communities, developing innovative control approaches and researching improved diagnostics.
- Almost all persons infected by rabid animals will die if not treated appropriately. Dogs are responsible for most human rabies deaths worldwide, but the public health threat of canine rabies has been virtually eliminated in the United States.
- There have been 1.5 million West Nile virus infections since 1999. 2.5 billion people are at risk for dengue in more than 100 endemic countries with 50 million cases of dengue fever each year.

For more information on zoonotic diseases, visit [www.cdc.gov/ncezid](http://www.cdc.gov/ncezid) or call 1-800-CDC-INFO.

Zoonotic diseases are contagious diseases spread between animals and humans. These diseases are caused by bacteria, viruses, parasites, and fungi that are carried by animals and insects. Examples are anthrax, dengue, Ebola hemorrhagic fever, Escherichia coli infection, Lyme disease, malaria, Plague, Rocky Mountain spotted fever, salmonellosis, and West Nile virus infection.

People and animals are not meant to be stacked on top of each other!

# Crowd Disease- a sign of the times!

Crowd diseases could not sustain themselves in small bands of hunter-gatherers and slash-and-burn farmers . . . [but] could have arisen only with the build-up of large, dense human populations. That build-up began with the rise of agriculture starting about 10,000 years ago and then accelerated with the rise of cities starting several thousand years ago.

- **THE MAJOR KILLERS OF HUMANITY** throughout our recent history—smallpox, flu, tuberculosis, malaria, plague, measles, and cholera—are infectious diseases that evolved from diseases of animals, even though most of the microbes responsible for our own epidemic illnesses are paradoxically now almost confined to humans.

## *Human disease*

## *Animal with most closely related pathogen*

Measles

cattle (rinderpest)

Tuberculosis

cattle

Smallpox

cattle (cow pox) or other livestock with related pox viruses

Flu

pigs, ducks

Pertussis

pigs, dogs

Falciparum malaria

birds (chickens and ducks?)



# Puppy Periodontal Disease

- Week-end training in Dental care.....
- When did this start?
- What pathogens are responsible?





# Puppy Periodontal Disease

## • Human pathogens- zoonotic infection of pets?

*Clin Exp Pharmacol Physiol.* 2011 Nov;38(11):734-8. doi: 10.1111/j.1440-1681.2011.05583.x.

### **Pet ownership and cardiovascular risk reduction: supporting evidence, conflicting data and underlying mechanisms.**

Arhant-Sudhir K<sup>1</sup>, Arhant-Sudhir R, Sudhir K.

#### **⊕ Author information**

"positive health benefits"

#### **Abstract**

1. It is widely believed that pet ownership is beneficial to humans and that some of this benefit is through favourable effects on cardiovascular risk. In the present review, we critically examine the evidence in support of this hypothesis and present the available data with respect to major cardiovascular risk factors. 2. There is evidence that dog owners are less sedentary and have lower blood pressure, plasma cholesterol and triglycerides, attenuated responses to laboratory-induced mental stress and improved survival following myocardial infarction compared with non-pet owners. However, conflicting data exist with regard to the association between pet ownership and each of these risk factors. 3. Numerous non-cardiovascular effects of pet ownership have been reported, largely in the psychosocial domain, but the relationship is complex and can vary with demographic and social factors. 4. A unifying hypothesis is presented, linking improved mood and emotional state to decreased central and regional autonomic activity, improved endothelial function and, thus, lower blood pressure and reduced cardiac arrhythmias. 5. Overall, ownership of domestic pets, particularly dogs, is associated with positive health benefits.

was found between the periodontal destruction index (TMPS-P) and the measured blood parameters. We conclude that chronic periodontal disease does not cause anemia or a reduction in serum albumin. However, active periods of periodontal inflammation may be associated with laboratory values suggestive of a systemic inflammatory response.

#### **CONC**

though the distribution of periodontopathic species in both is generally different.

performed. There were 35 strains isolated from 22 dogs, and broad-range polymerase chain reaction and sequencing methods revealed that approximately 70% of them were *Porphyromonas gulae*. In contrast, the frequency of *Porphyromonas gingivalis* was extremely low. These findings indicate the presence of specific periodontitis-related pathogens in pet dogs, especially *Porphyromonas gulae*.

# Puppy Periodontal Disease

zoonotic

J Appl Microbiol. 2014 May;116(5):1308-1314. doi: 10.1111/jam.12477. Epub 2014 Mar 14.

## Pathogen exclusion properties of canine probiotics are influenced by the growth media and physical treatments simulating industrial processes.

Grześkowiak L<sup>1</sup>, Collado MC, Beasley S, Salminen S.

### Author information

Probiotics for dogs- from human sources or shared???

### Abstract

**AIMS:** Manufacturing process used in preparation of probiotic products may alter beneficial properties of probiotics. The effect of different growth media and inactivation methods on the protective properties of canine-originated probiotic bacteria against adhesion of canine enteropathogens was investigated.

**METHODS AND RESULTS:** Three established dog probiotics, *Lactobacillus fermentum*VET9A, *Lactobacillus plantarum*VET14A and *Lactobacillus rhamnosus*VET16A, and their mixture were assessed using the dog mucus pathogen exclusion model. The pathogens used were *Enterococcus canis*, *Salmonella enterica* serovar Typhimurium and *Clostridium perfringens*. The effect of growth media, one reflecting laboratory and the other manufacture conditions, and viability (viable and heat inactivated, 80°C per 30 min) on the pathogen exclusion properties of probiotics were characterized. Greater pathogen exclusion percentages were noted for probiotics growing in conditions reflecting manufacture when compared to laboratory ( $P < 0.05$ ). Inactivation of probiotics by heat (80°C per 30 min) increased pathogen exclusion compared with their viable forms ( $P < 0.05$ ).

**CONCLUSIONS:** Manufacturing process conditions such as growth media, incubation temperature and pretreatment methods may significantly affect the protective properties of the tested strains.

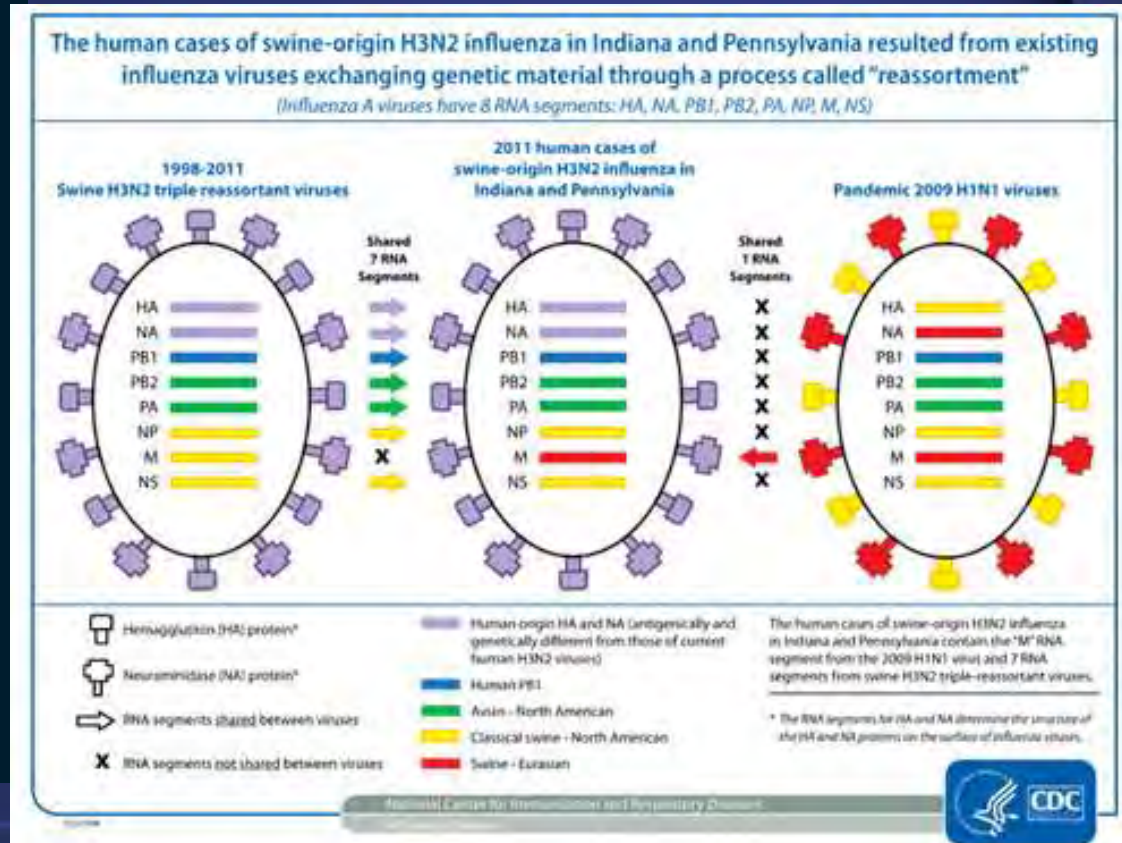
**SIGNIFICANCE AND IMPACT OF THE STUDY:** Growing conditions and pretreatment methods should be carefully considered when designing new probiotics to reduce the risk of common infections in dogs. The studied probiotics are promising potential feed additives for dogs.

between ownership of furry pets during the first 2 years of life and reduced likelihood of becoming sensitized to aero-allergens.

**CONCLUSIONS:** Pet ownership in early life did not appear to either increase or reduce the risk of asthma or allergic rhinitis symptoms in children aged 6-10. Advice from health care practitioners to avoid or to specifically acquire pets for primary prevention of asthma or allergic rhinitis in children should not be given.

# ? If share pathogens, do we share probiotics?

- Sharing immunity
- Sharing destiny
- Sharing DNA
- Sharing diseases?
- Sharing health





# Investigation into Gluten Metabolizing Bacterial Species and their Inhibition

- Muhammad A., Jantra L., Cannon M., Kabat B., Yogev R.
- Ann and Robert Lurie Children's Hospital of Chicago
- Northwestern University Feinberg School of Medicine

- It has been previously reported that the gluten metabolizing bacteria in the oral biofilm are involved in the digestion and processing of gluten containing food products and *Rothia* *aeria* and *R. mucilaginosa* were identified as gluten-degrading strains in the oral cavity. While the human digestive enzyme system lacks the capacity to cleave immunogenic gluten, such activities are naturally present in the oral microbial enzyme repertoire (Wei, G, Zamkhcharfi, M, Dewhirst, F, Schuppan, D, Oppenheim, F, Helmerhorst, E. *Rothia* Bacteria as Gluten-Degrading Natural Colonizers of the Oral Cavity. 2012).

# Investigation into Gluten Metabolizing Bacterial Species and their Inhibition

- OTC products may alter the oral microbiome creating a situation less conducive for the survival of essential beneficial bacteria. The use of OTC products may decrease the enzymatic degradation of gluten containing foods by Rothia bacteria resulting in gluten sensitivity, Irritable Bowel Syndrome, and exacerbating ulcerative colitis increasing Celiac disease clinical prevalence. *In a previous research study, some of these oral medicaments were determined to greatly inhibit the gluten metabolizers in vitro* . Therefore, the importance of the gluten metabolizing bacteria should not be minimized and deserves further investigation. The literature does not report how commonly the gluten metabolizing bacteria are present in the environment and in the oral environment of other mammals.

# Investigation into Gluten Metabolizing Bacterial Species and their Inhibition



isolate

gluten  
bacterial

sources  
ine the  
antagonistic  
a responsible for  
inhibition.



# Investigation into Gluten Metabolizing Bacterial Species and their Inhibition

- Standardized Inhibition study performed on 16 gluten metabolizing strains.
- Bacteriocin inhibition measured with forty standard bacteriocins

- Results: Oral medicaments, such as, Crest, Listerine, Act Fluoride rinse, Chlorhexidine and Smartrinse inhibited all 16 of the gluten bacterial strains (average 10 mms.). One strain MLC 124 was more resistant to oral medicaments. Xylitol products only inhibited 9 strains, but not MLC 124. Forty standard bacteriocins were applied to agars with Rothia species and the newly isolated bacteria. No zones of inhibition were detected with the strain MLC 124.

# Investigation into Gluten Metabolizing Bacterial Species and their Inhibition

- Statistical Analysis-
- Very statistically significant differences between the fifteen strains

Statistical Analysis:

Factor A: 15 Groups

A1, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B3, B5, B6, B7

Analysis of Variance Results

| Source | DF | SS        | MS        | F         | P       |
|--------|----|-----------|-----------|-----------|---------|
| Total  | 44 | 5060.9778 | 115.02222 |           |         |
| A      | 14 | 3348.9778 | 239.2127  | 4.1918113 | 0.00048 |
| Error  | 30 | 1712      | 57.066667 |           |         |

The 15 Groups demonstrated significant differences as to Sensitivity to Oral Medicaments ( DF) 14, P=0.0005). The following groups presented with significant differences (Bonferroni pair testing); A1 vs B2, B1 vs B2, A1 vs B3, B1 vs B3, B3 vs B5, B3 vs B6, B2 vs B5, and B2 vs B6.

# Investigation into Gluten Metabolizing Bacterial Species and their Inhibition

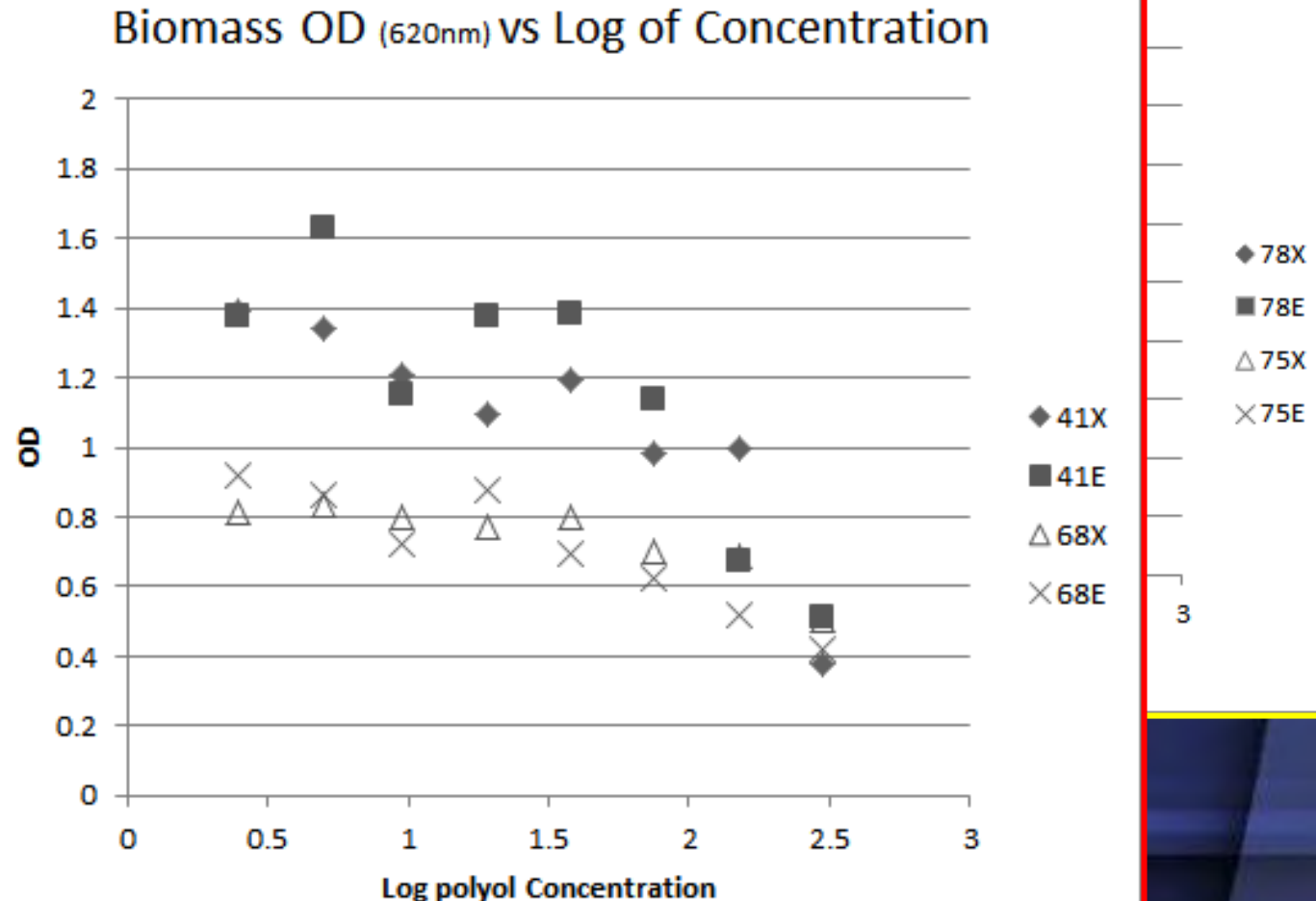
## How will xylitol and erythritol help?

**Abstract:** This study examined the effects of xylitol on mouse intestinal microbiota and urinary isoflavonoids. Xylitol is classified as a sugar alcohol and used as a food additive. The intestinal microbiota seems to play an important role in isoflavone metabolism. Xylitol feeding appears to affect the gut microbiota. We hypothesized that dietary xylitol changes intestinal microbiota and, therefore, the metabolism of isoflavonoids in mice. Male mice were randomly divided into two groups: those fed a 0.05% daidzein with 5% xylitol diet (XD group) and those fed a 0.05% daidzein-containing control diet (CD group) for 28 days. Plasma total cholesterol concentrations were significantly lower in the XD group than in the CD group ( $p < 0.05$ ). Urinary amounts of equol were significantly higher in the XD group than in the CD group ( $p < 0.05$ ). The fecal lipid contents (% dry weight) were significantly greater in the XD group than in the CD group ( $p < 0.01$ ). The cecal microbiota differed between the two dietary groups. The occupation ratios of *Bacteroides* were significantly greater in the CD than in the XD group ( $p < 0.05$ ). This study suggests that xylitol has the potential to affect the metabolism of daidzein by altering the metabolic activity of the intestinal microbiota and/or gut environment. Given that equol affects bone health, dietary xylitol plus isoflavonoids may exert a favorable effect on bone health.



# Xylitol Erythritol Inhibition Studies

Biomass OD (620nm) VS Log of Concentration



- Concentration Gradients of Xylitol and Erythritol in different combination research
- Special Infectious Disease Lab of Ann and R. Lurie Children's Hospital

# The portal to the GI Tract



We know the problem-  
How do we prevent?



- “You pediatric dentists are the guardians to the portal of the gastro-intestinal tract”
- - Pediatric Gastroenterologist

Romantic View- like Knights!

