



Metagenomic analysis of rats with diarrhea treated with mixed probiotics: response to consecutive and alternate-hour supplementation

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Background: Diarrhea is the leading contributory factor of sickness and mortality among children under five and an economic burden for families. This study aimed to investigate the effects of mixed probiotics supplementation at different times (consecutive and alternate-hour) on intestinal microecology in Sprague-Dawley (SD) rats with acute diarrhea.

Methods: A total of 40 SD rats were randomly assigned to four groups, including the control group, model group, probiotic group A, and probiotic group B. An acute diarrhea model was induced by administration of 5% dextran sulfate sodium. Rats in probiotic group A and probiotic group B were fed with *Clostridium butyricum* (*C. butyricum*), *Bifidobacterium infantis* (*B. infantis*), and *Saccharomyces boulardii* (*S. boulardii*) for a total of 7 days. Probiotic group A was fed with all probiotics simultaneously. Probiotic group B was fed with *C. butyricum* and *B. infantis* simultaneously, and then after a 2-hour interval, with *S. boulardii*. Metagenomic next-generation sequencing was used to analyze the fecal samples from every rat. The metagenomic sequencing used in this experiment was used to evaluate the effect of probiotics on the composition as well as function of the gut microbiota in order to gain a deeper comprehension of probiotic-host interactions on health and disease.

Results: The structure of the gut microbiota in probiotic group A showed significant changes. Compared to the model group, the abundance of some beneficial bacteria had increased, including *Actinobacteria* (P=0.048), *Lactobacillus* (P=0.050), and *Lactobacillus johnsonii* (P=0.042), and many opportunistic pathogenic bacteria has decreased, such as *Ruminococcus* (P=0.001). Compared to the control group, the abundance of some beneficial bacteria had increased, including *Fusobacteria* (P=0.02) and *Phascolarium* (P=0.002), and there was a reduction in the abundance of many opportunistic pathogenic bacteria such as *Roseburia* (P=0.03), *Lachnoclosterium* (P=0.009), and *Oscillibacter_sp_1-3* (P=0.002). In addition, metagenomic analysis showed that as well as an up-regulation of glycoside hydrolase expression, amino acid and inorganic ion transport, and metabolism-related pathways, there was a down-regulation of cell motility.

Conclusions: Simultaneous administration of probiotics may have more positive implications in improving the gut microbiota of acute diarrhea rats.

Keywords: Probiotics; gut microbiome; metagenomic; Sprague-Dawley rats (SD rats); diarrhea

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Introduction

Pediatric diarrhea is a gastrointestinal disease caused by a variety of factors and is characterized by increased frequency and changes in the stools (1). Despite a steady decline in childhood diarrhea deaths over the past three decades, diarrhea continues to be the leading contributory factor of sickness and mortality among children under five (2). Therefore, it is necessary to intervene and treat infantile diarrhea as early as possible. Lai *et al.* found that there were more *Proteobacteria* counts and lower *Firmicutes*, *Actinobacteriota*, and *Bacteroidetes* populations in the stool of children with diarrhea (3). Regardless of the cause of acute diarrhea, the main methods of treatment are rehydration therapy, dietary therapy, and medication, of which medication includes probiotics (4). Clinical studies have found that a variety of probiotics have high safety and effectiveness for the treatment of pediatric diarrhea, and probiotics are strain- and dose-dependent (5-7). Despite the increasing clinical use of probiotics, the mechanism of action of probiotics on specific diseases, especially the effect on pre-existing flora, and the interactions between different probiotics are still not fully understood. Therefore, it

is worthwhile to further investigate how probiotics can improve diarrhea. Three probiotics [*Clostridium butyricum* (*C. butyricum*), *Bifidobacterium longum* (*B. longum*) subspecies *infantis*, *Saccharomyces boulardii* (*S. boulardii*)] have been shown to have the potential to reduce the duration of diarrhea and hospitalization in children (8,9). With the advancement of efficient bioinformatics tools and high level of throughput metagenomic technologies, the scientific understanding of probiotics' impact on gut microbiota has grown (10). Metagenomic studies help elucidate probiotics and human-microbe interactions (11). Therefore, macrogenomics can be used to evaluate the effect of probiotics on the composition as well as function of the gut microbiota in order to gain a deeper comprehension of probiotic-host interactions on health and disease (12).

He *et al.* reported that the combined application of *Lactobacillus reuteri*, *Bacillus coagulans*, *B. longum*, and *C. butyricum* has a synergistic effect of restoring intestinal microecological balance (13). Tompkins *et al.* found that non-enteric-coated bacterial probiotics should not be taken with or just before a fatty meal (14). However, few studies have reported on the different dosing times of probiotic complexes. Our preliminary research results reported functional data, including the general condition of rats (mental state, diet, water intake, activity response, fur color, weight change, fecal characteristics), and serum cytokine levels [C-reactive protein (CRP), procalcitonin (PCT), interleukin 6 (IL-6), tumor necrosis factor- α (TNF- α)], rat liver function [alanine aminotransferase (ALT), aspartate transaminase (AST), albumin], histopathological changes in rat colon mucosa (colon length, colon histological score). The results showed that *C. butyricum*, *B. infantis*, and *S. boulardii* significantly improved the clinical symptoms of diarrhea in rats and alleviated body weight loss, reduced serum inflammation in diarrhea and had a certain degree of hepatoprotection, attenuated the shortening of the length of the colon induced by dextran sulfate sodium (DSS), and promoted the restoration of the structural integrity of the colon. Although these results were somewhat as expected, the two modalities (consecutive and alternate-hour supplementation) were similar in terms of their clinical outcomes, and there was no significant difference in the clinical results (15). The goal of this study was to ascertain whether administering probiotics separately at different periods (simultaneous *vs.* 2-hour intervals) would have a possible beneficial effect on intestinal microecology and to investigate the effects of the two combinations on the composition and function of the intestinal microbial

Highlight box

Key findings

- Consecutive supplementation of probiotics had a positive impact on improving the intestinal homeostasis of acute diarrhea in rats compared with alternate-hour supplementation of probiotics.

What is known and what is new?

- Probiotics have a beneficial effect on improving diarrhea.
- The goal of this study was to ascertain whether administering probiotics separately at different periods (simultaneous *vs.* 2-hour intervals) would have a possible beneficial effect on intestinal microecology and to investigate the effects of the two combinations on the composition and function of the intestinal microbial community using second-generation sequencing of the metagenome.

What is the implication, and what should change now?

- The present study, based on metagenomics sequencing analysis, found that the difference between simultaneous administration of probiotics was more significant than spaced administration of probiotics in terms of both intestinal flora and metabolic pathways. This finding theoretically suggests that the simultaneous administration group should have had better clinical efficacy, but this was not the case; more in-depth basic and clinical studies are required. This study helps to elucidate the mechanism of action of probiotics in improving diarrhea to a certain extent.

community using second-generation sequencing of the metagenome. We present this article in accordance with the ARRIVE reporting checklist (available at <https://tp.amegroups.com/article/view/10.21037/tp-24-129/rc>).

Methods

Animals and sample collection

Female Sprague-Dawley (SD) rats, aged 5 weeks, and with body weight of 145.03 ± 0.54 g (mean \pm standard error of the mean) were acquired from SPF (Beijing) Biotechnology Co., Ltd., with a temperature of 25 ± 1 °C, air humidity of 15–20%, good ventilation, and 12 hours of light and 12 hours of dark circulation every day. A total of 40 rats were randomly divided into cages and fed with standard rat feed. The water was changed regularly every day, and the rats were free to move and eat throughout the experiment, housed in pathogen-free facilities for 5 days to adapt to the circumstances before the experiment (16). A computer-based random sequence generator was used to number the rats, and they were then randomly assigned to four experimental groups in a completely randomized design. The control rats were kept normally without any intervention, and 30 remaining rats in the model, probiotic A, and probiotic B groups were given 5% DSS drinking water to induce an acute diarrhea model. This experiment was conducted as a double-blind trial. For each animal, three different investigators were involved as follows: a first investigator administered the treatment based on the randomization table. This investigator was the only person aware of the treatment group allocation. A second investigator was responsible for the experimental procedure. Finally, a third investigator (also unaware of treatment) conducted data measurement. A protocol was prepared before the study without registration.

After modeling using the above method, the model group was given 0.9% saline by gavage, 2 mL each time, twice daily. Probiotic group A was given 1 mL of 1.35% combined *C. butyricum* and *Bifidobacterium* powders solution (270 mg/kg/day; drug batch number: S20020014; Shandong Kexing Bioproducts Co., Ltd., Jinan, China) and 0.45% *S. boulardii* sachets solution 1 mL (90 mg/kg/day; drug batch number: S20020014; Laboratoires Biocodex, Paris, France) by gavage at the same time, twice daily. Probiotics group B was first given 1 mL of 1.35% combined *C. butyricum* and *Bifidobacterium* powders solution by gavage, followed by 1 mL of 0.45% *S. boulardii* sachets solution by gavage

2 hours later, twice daily. The experiment was conducted for 7 consecutive days. The rest of the time, the rats in each group were allowed to eat and drink freely. We will refer to the control group as KB, the model group as MX, the probiotic group A as GY, and the probiotic group B as JG. During the 7-day experiment, the general condition of the rats (spirit, water intake, diet, activity response, and coat color), fecal traits, and body weight changes were recorded every day. A total of 40 rats were used in the experiment. These groups originally numbered 10 animals. The KB rats generally performed well, and none of the 30 rats in the MX, GY, and JG died throughout the entire modeling period. During the modeling process, the rats showing signs of mental fatigue, decreased activity, weight loss, and loose stools (without bloody stools), indicated successful modeling. Therefore, when the above symptoms appeared, no welfare measures were given to the animals. If the rats experienced hemafecia or died prematurely, they were excluded. These rats were successfully modeled. During the experimental process, adverse events were not observed and no animal reached any of the humane endpoints. Therefore, on the 7th day of the experiment, none of them were removed from the study; each group of rats was euthanized using cervical dislocation method, and cardiac puncture and centrifugation were used to collect fresh blood for serum samples for serum immunological index measurement. The feces of rats in each group were collected and then frozen and stored in a -80 °C refrigerator. Metagenomic next-generation sequencing was used to analyze the fecal samples (Figure 1). Animal experiments were conducted at Hubei Experimental Animal Research Center (within Hubei Disease Control and Prevention Center). All animal procedures were performed in accordance with the Guidelines for Care and Use of Laboratory Animals of Hubei Disease Control and Prevention Center and approved by the Animal Ethics Committee of Hubei Disease Control and Prevention Center (No. 202420035).

Measurement of immunological indicators

When the experiment had concluded, rats in each group were executed separately using the cervical dislocation method, fresh blood was collected by cardiac puncture, and serum samples were collected by centrifugation. Enzyme-linked immunosorbent assay (ELISA) kits for rats were used for the measurement of immunoglobulin G (IgG), rat immunoglobulin M (IgM), and rat immunoglobulin A (IgA). A Rayto RT-6100 Enzyme Analyzer (Rayto, Shenzhen,

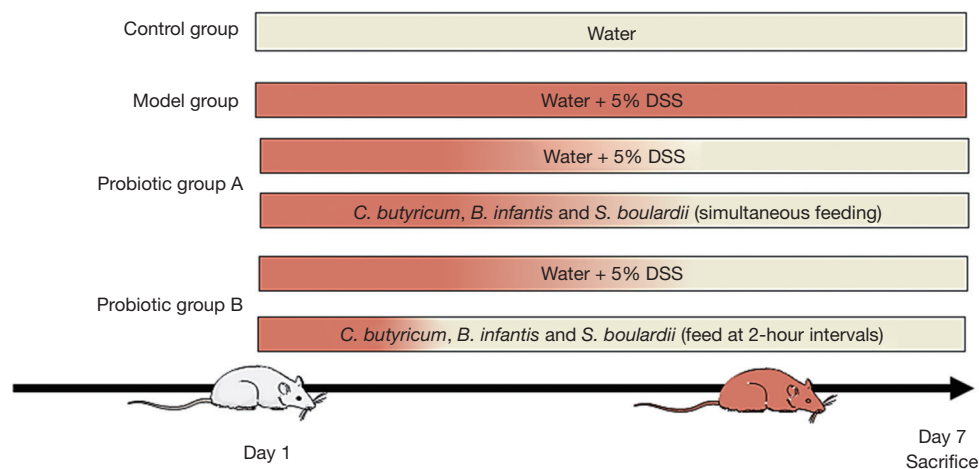


Figure 1 Rats were randomly assigned to four groups: control group, model group, probiotic group A and probiotic group B. 5% DSS-induced rats with diarrhea were orally administrated with *Clostridium butyricum* (*C. butyricum*), *Bifidobacterium infantis* (*B. infantis*), and *Saccharomyces boulardii* (*S. boulardii*) at the same time or at 2-hour interval. The rats were given normal drinking water throughout the experiment. DSS, dextran sodium sulfate.

China) was used to determine the levels of IgG, IgM, and IgA in serum according to the manufacturer's instructions.

DNA extraction

The DNeasy® PowerSoil® Pro Kit (QIAGEN, Germantown, MD, USA) was used for extracting DNA from fecal samples. DNA extraction was performed by centrifugation column method. The quality of DNA was checked using agarose gel electrophoresis. The concentration was detected by the Qubit 3.0 Analysis Kit (Thermo Fisher Scientific, Waltham, MA, USA), all the operations were carried out concerning the method of the instruction manual. Then, the samples were stored at -20°C until use.

Sequencing of metagenomics and quality assurance

Library construction was performed using NEXTFLEX Rapid DNA-Seq Kit (Revvity, Waltham, MA, USA), with the following specific process: (I) joint linking; (II) use magnetic beads to screen and remove self-connected fragments of the connector; (III) enrichment of library templates using polymerase chain reaction (PCR) amplification; (IV) the magnetic beads were used to recover PCR products and obtain the final library. The sequencing platform Illumina NovaSeq 6000 (Illumina, San Diego, CA, USA) was used for metagenomic sequencing.

Strict quality assurance of the data was carried out by

performing the following filtering methods: (I) eliminating junction containing reads; (II) elimination of low-quality reads, including those where more than 10% of the N was fired; removal of reads with more than 50% of the bases of the entire reads with quality value $Q \leq 10$. Following the aforementioned quality control steps, high-quality clean data was expressed in FASTQ format. Next, the reads of all the samples were merged and assembled by splicing using the splicing software MEGAHIT or IDBA-UD (17,18) founded on the de Bruijn graph's principles, and based on the overlap relationship between kmer. Using the de Bruijn graph, the contigs were formed, and the screened contigs above 800 bp were counted and used for subsequent analyses (Table S1).

Using the splicing software MEGAHIT based on the principle of successful de Bruijn graphs (19) (<https://github.com/voutcn/megahit>) (Version 1.1.2), the optimized sequence was spliced and assembled. Based on genome assembly, the prediction analysis of genes was carried out, and the predicted genes were subjected to gene set construction as well as functional annotation analysis. (I) Open reading frame (ORF) prediction of the spliced contigs sequences was performed using Prodigal (20) (<http://metagene.cb.k.u-tokyo.ac.jp/>) software and converted into sequences of amino acid; (II) using CD-HIT (<http://metagene.cb.k.u-tokyo.ac.jp/>) software, the ORF prediction findings of each sample and hybrid assembly were subjected to de-redundancy to provide the first gene catalogue of non-redundant (genes are the nucleic acid sequences

encoded by successive non-redundant genes), and clustered by default with 95% identity and 90% coverage, and the representative sequence was determined to be the longest; (III) the clean readings from each sample were compared individually (95% identity) with the non-redundant gene set using bowtie2 (<https://bowtie-bio.sourceforge.net/bowtie2/index.shtml>) software, and the abundance information of the genes in the associated samples were counted; (IV) the number of reads on the comparison and the gene length were used to compute the abundance information of each gene in each sample (21).

Taxonomy and functional annotation

The length of the gene catalogue was counted using Python (<https://www.python.org/>) and then analyzed for species abundance: (I) a comparison of genes with functional databases was performed using the DIAMOND (22) software to compare unigenes with bacterial (bacteria), fungal (fungi), archaeal (archaea), and viral (viruses) sequences sampled from the National Center for Biotechnology Information (NCBI)'s NR (Version: 2021.11) database (blastp, $evalue \leq 1e-5$) (23); (II) filtering of the comparison results: those with an $evalue \leq \text{minimal } evalue * 10$ were selected for additional evaluation out of all the comparison results for each sequence; (III) after the filtering process, since there may be more than one comparison for each sequence, the comparison results were selected for subsequent analyses; its sequence could yield several comparison results as well as information on multiple species classifications, ensuring its biological significance. The classification level prior to the emergence of the first branch was utilized as the species annotation information of the sequence, and the lowest common ancestor (LCA) algorithm (applied to the systematic classification of MEGAN software) was adopted.

Each functional database was compared with non-redundant genes using the DIAMOND software, and annotations with $evalue < 1e-5$ were taken to filter the proteins with the greatest sequence similarity, thus obtaining the functional annotation information. (I) Filtering of the comparison results: for the comparison results of each sequence, the comparison result with the highest score (one HSP >60 bits) was selected for the subsequent analysis (24); (II) based on the comparison outcomes, the relative abundance of various functional tiers was determined (each functional tier's relative abundance was calculated as the total of the relative abundance of the genes associated with that

functional tier) (25-27), in which the Kyoto Encyclopedia of Genes and Genomes (KEGG) database was divided into five tiers (28), the evolutionary genealogy of genes: Non-supervised Orthologous Groups (eggNOG) database was divided into three tiers (29), and the Carbohydrate-Active Enzyme (CAZy) database was divided into three tiers (30); (III) a table demonstrating the number of genes in each sample at each taxonomic level was created using the functional annotation results and gene abundance tables. For each function, the number of genes in a sample was equal to the number of genes for which the abundance among the genes annotated for that function was not zero.

Statistical analyses

The data were statistically analyzed using SPSS software, version 27.0.1 (IBM Corp., Armonk, NY, USA), and comparison between groups was performed with the *t*-test or Kruskal-Wallis test. Principal coordinate analysis (PCoA) was performed based on Bray-Curtis distance and the principal coordinate combination with the highest contribution rate was selected for graphical display. Differential species were detected between different groups using rank sum test and dimensionality reduction was implemented through linear discriminant analysis (LDA) to evaluate the impact of differential species, in order to screen for species with significant differences between groups as potential biomarkers. Correlation analysis was performed using Spearman's analysis, with $P < 0.05$ considered statistically significant, and graphs were generated using Origin 9.0 (OriginLab Corp., Northampton, MA, USA).

Results

Immunological changes after probiotics administration

Serum immunoglobulins (IgA, IgG, IgM) were slightly increased in JG compared to GY, but serum immunoglobulins (IgA, IgG, and IgM) were elevated in both GY and JG compared to KB and there was no significant difference between the two groups; additionally, there was a significant difference between the two groups and a significant increase in serum immunoglobulins (IgA, IgG, and IgM) compared to the model group (*Figure 2, Table 1*). In conclusion, the improvement of intestinal homeostasis by the combination of probiotics may be related to the ability to regulate serum immunoglobulins; however, there was no significant difference in the

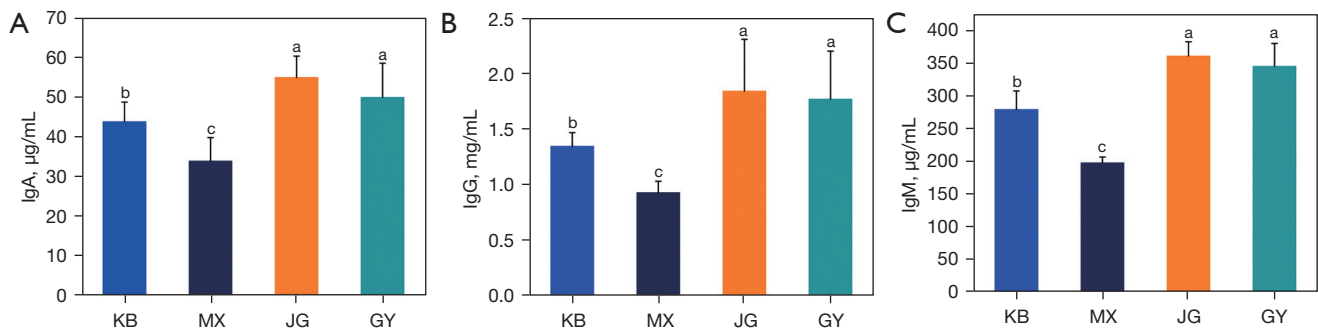


Figure 2 Comparison of the four groups of serum immunoglobulins after probiotics administration. (A) IgA values (described as µg/mL feces) from fecal samples of the four groups collected on day 7. Different groups with different colors. Probiotic group A (GY) and probiotic group B (JG) generated fecal samples with substantially greater levels of total IgA than did the model group (MX) and control group (KB). (B) IgG values (described as mg/mL feces) from fecal samples of the four groups collected on day 7. Different groups with different colors. Probiotic group A (GY) and probiotic group B (JG) generated fecal samples with substantially greater levels of total IgG than did the model group (MX) and control group (KB). (C) IgM values (described as µg/mL feces) from fecal samples of the four groups collected on day 7. Different groups with different colors. Probiotic group A (GY) and probiotic group B (JG) generated fecal samples with substantially greater levels of total IgM than did the model group (MX) and control group (KB). Data were presented as mean ± standard error of the mean (n=40); statistically significant variations were found when compared to KB and MX. Differences were marked with letters a, b, and c. The data marked with different letters indicate that the differences were statistically significant. The same letters represented no statistically significant differences. Control group: fed with water; model group: fed with 5% DSS to induce acute diarrhea; probiotic group A: acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B: acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. Ig, immunoglobulin; DSS, dextran sodium sulfate.

modulation of immunoglobulins between simultaneous and interval administration of probiotics.

Diversity modulation of gut microbiota by probiotics

Fecal samples were collected at the end of this experiment (day 7) to compare the changes in the alpha diversity of intestinal bacteria among the four groups, and the Shannon diversity index, Simpson index, and inverse Simpson (invsimpson) index were chosen to assess the bacterial diversity of the different groups (Figure 3, Table 2). The results showed that different associations of probiotics could not cause changes in Shannon index (H=4.03, P=0.26), Simpson index (H=4.68, P=0.20), and invsimpson index (H=4.68, P=0.20), and the groups did not differ significantly from one another.

At the conclusion of the experiment, the intestinal flora of the four groups of rats did not differ statistically significantly: phylum level (F=1.143, P=0.35), class level (F=1.474, P=0.20), order level (F=1.471, P=0.24), family level (F=1.265, P=0.23), genus level (F=1.717, P=0.07), species level (F=1.670, P=0.057), according to PCoA based on Bray-Curtis distance (Figure 4, Table 3). These results

indicate that neither the simultaneous administration of probiotics nor the administration of probiotics at 2-hour intervals had a significant effect on the intestinal bacterial structure of the rats.

Changes in gut microbiota

At the level of phylum, the abundance of *Fusobacteria* was decreased ($t=2.110$, P=0.049) in JG compared to GY. Compared to KB, the abundance of *Actinobacteria* ($t=2.483$, P=0.02), *Fusobacteria* ($t=2.714$, P=0.02) was increased in GY, whereas that of *Fibrobacteres* ($t=-2.656$, P=0.02), *Euryarchaeota* ($t=-4.132$, P<0.001), and *Cyanobacteria* ($t=-4.311$, P<0.001) decreased. In JG, *Fibrobacteres* ($t=-2.789$, P=0.01), *Euryarchaeota* ($t=-3.866$, P=0.001), and *Cyanobacteria* ($t=-3.435$, P=0.003) decreased in abundance, and *Actinobacteria* ($t=1.810$, P=0.09) increased in abundance. *Cyanobacteria* ($t=-3.014$, P=0.007) reduced in comparison to MX in GY (Figure 5, Table 4).

At the level of genus, the relative abundance of *Akkermansia* ($t=1.597$, P=0.13) was increased in GY compared to JG. The abundance of *Lactobacillus* ($t=3.053$, P=0.01) and *Akkermansia* ($t=2.125$, P=0.06) was increased

Table 1 Analysis of serum immunological indices in the four groups of rats

Group	IgA (µg/mL)	IgG (mg/mL)	IgM (µg/mL)
Probiotic group A (GY) (%)	49.882±8.594	1.766±0.430	344.940±34.892
Probiotic group B (JG) (%)	54.891±5.367	1.838±0.465	360.603±21.767
Control group (KB) (%)	43.740±4.941	1.342±0.122	278.928±28.244
Model group (MX) (%)	33.858±5.875	0.926±0.102	197.474±8.760
t value			
KB vs. GY	1.936	2.855	0.708
KB vs. JG	4.717	3.105	6.998
GY vs. JG	-1.483	-0.341	-1.143
MX vs. GY	4.789	5.715	12.334
MX vs. JG	8.115	5.760	21.868
KB vs. MX	4.071	8.306	8.711
P value			
KB vs. GY	0.07	0.02	<0.001
KB vs. JG	<0.001	0.01	<0.001
GY vs. JG	0.16	0.74	0.27
MX vs. GY	<0.001	<0.001	<0.001
MX vs. JG	<0.001	<0.001	<0.001
KB vs. MX	<0.001	<0.001	<0.001

Data are presented as mean ± standard error of the mean. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. Ig, immunoglobulin; DSS, dextran sodium sulfate.

in GY compared to the KB, whereas *Oscillibacter* ($t=-3.371$, $P=0.003$), *Roseburia* ($t=-2.447$, $P=0.03$), and *Lachnospirillum* ($t=-2.929$, $P=0.009$) decreased in abundance. JG had increased abundance of *Lactobacillus* ($t=3.404$, $P=0.007$), whereas the abundance of *Prevotella* ($t=-2.963$, $P=0.02$), *Oscillibacter* ($t=-2.471$, $P=0.02$), and *Roseburia* ($t=-3.177$, $P=0.008$) decreased. Compared with MX, *Ruminococcus*'s relative abundance in GY and JG ($t=-4.079$, $P=0.001$; $t=-2.982$, $P=0.01$) decreased; the decrease in GY was more obvious, and *Lactobacillus* ($t=2.186$, $P=0.050$) had increased in abundance in GY (Figure 6, Table 5).

At the level of species, the relative abundance of *Oscillibacter* sp_1-3 ($t=-2.513$, $P=0.02$) and *Bacteroidales bacterium_55_9* ($t=-3.179$, $P=0.009$) decreased in JG in contrast to KB. The decrease in these two species was more significant in GY [*Oscillibacter* sp_1-3 ($t=-3.575$, $P=0.002$) and the decrease in *Bacteroidales bacterium_55_9* ($t=-3.404$,

$P=0.007$)] in GY. *Phascolarctobacterium succinatutens* increased in abundance in JG ($t=3.055$, $P=0.007$), yet the increase was more pronounced in GY ($t=3.933$, $P=0.002$), and the difference between JG and GY was statistically significant. The abundance of *Lactobacillus johnsonii* was increased when comparing GY to KB ($t=3.067$, $P=0.01$). Compared with MX, the abundance of *Lactobacillus johnsonii* in GY increased ($t=2.283$, $P=0.042$) (Figure 7, Table 6).

LDA effect size analysis

In order to screen for biomarkers with significant differences between groups, the difference species between different groups were first detected through rank sum test, and LDA was used to reduce dimensionality and evaluate the impact of different species, resulting in the LDA score. The enriched microbiota of GY included

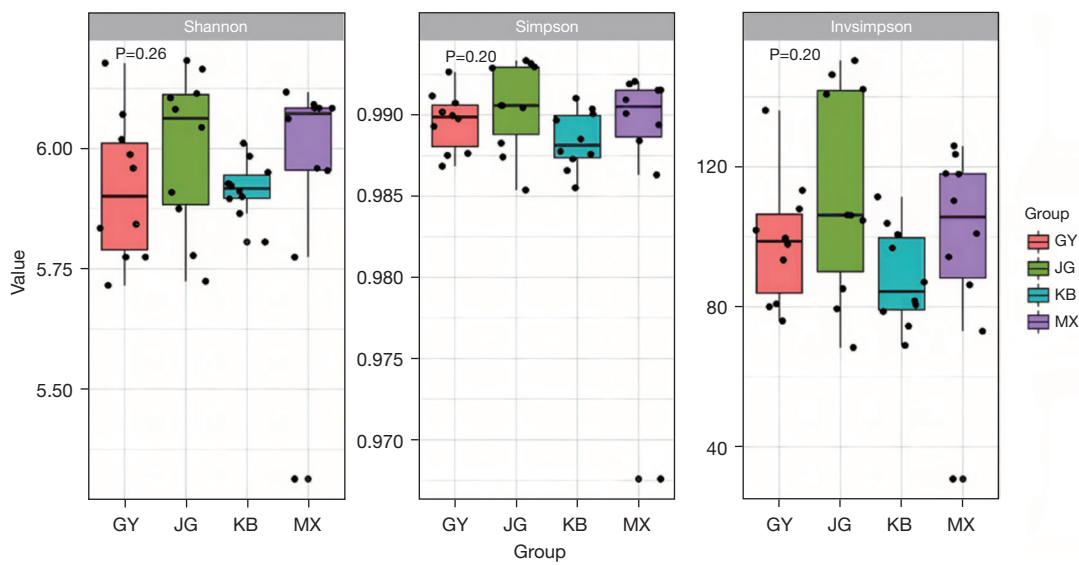


Figure 3 Gut microbial alpha diversity of the four groups on day 7 (Shannon index; Simpson index; invsimpson index). No statistically significant differences between groups. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. Invsimpson, inverse Simpson; DSS, dextran sodium sulfate.

Table 2 Changes in alpha diversity of intestinal flora in the four groups of rats

Group	Shannon index	Simpson index	Invsimpson index
Probiotic group A	5.901 (5.775, 6.032)	0.990 (0.988, 0.991)	98.782 (80.659, 109.309)
Probiotic group B	6.063 (5.851, 6.127)	0.991 (0.988, 0.993)	106.220 (83.770, 143.188)
Control group	5.917 (5.888, 5.959)	0.988 (0.987, 0.990)	84.399 (77.656, 101.461)
Model group	6.073 (5.909, 6.086)	0.990 (0.988, 0.992)	105.645 (83.000, 119.440)
H value	4.032	4.677	4.677
P value	0.26	0.20	0.20

Data are presented as median (interquartile range). Control group: fed with water; model group: fed with 5% DSS to induce acute diarrhea; probiotic group A: acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B: acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. Invsimpson, inverse Simpson.

*Prevotella*_sp_CAG604, *Phascolarctobacterium*_succinatutens, *Prevotella*_copri, *Prevotella*_sp_AM42_24, *Akkermansia*_muciniphila, *Clostridium*_sp_CAG678, *Coriobacteriia*_bacterium, *Prevotella*_sp_CAG1058, *Prevotella*_sp_CAG1185, *Blautia*_argi, *Prevotella*_sp_CAG1124, and *Anaeromassilibacillus*_sp_An172. The enriched microbiota of JG was *Roseburia*_sp_CAG309. The enriched microbiota of MX was *Blautia*_sp_CAG257, *Ruminococcus*_sp_Marseille_P6503, and *Blautia*_sp_

*Marseille*_P3201T. The enriched microbiota of KB was *Oscillibacter*_sp_1-3, *Acetatifactor*_muris, *Butyricicoccus*_sp_1XD8_22, *Roseburia*_sp_CAG303, *Oscillibacter*_sp_PC13, *Anaerotruncus*_sp_G32012, and *Oscillibacter*_sp_CAG155 (LDA threshold >3.0) (Figure 8).

Functional gene alteration

In the eggNOG metabolic pathways, three metabolic

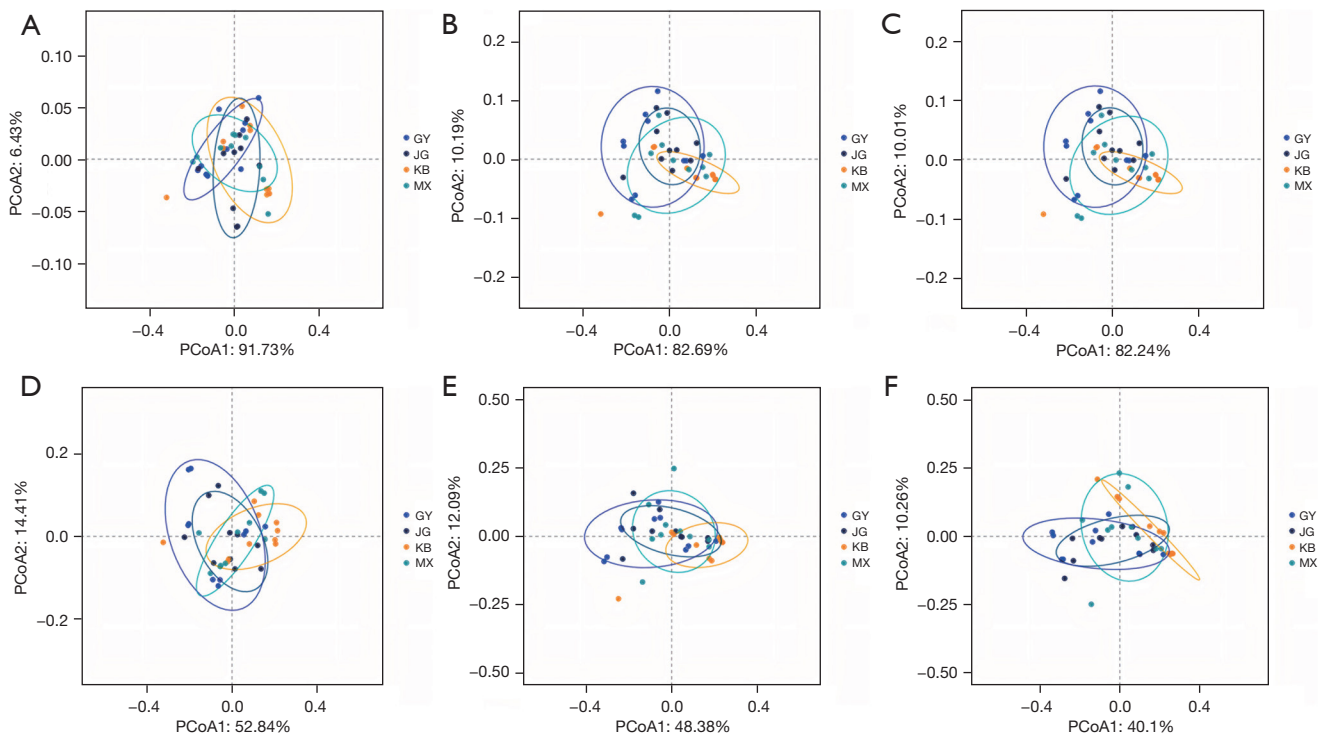


Figure 4 Comparison of the four groups of diversity modulation of gut microbiota after probiotics administration. PCoA of the four groups at the phylum level (A), class level (B), order level (C), family level (D), genus level (E) and species level (F). The Bray-Curtis distance of species abundance served as the basis for the PCoA. Samples from different groups are represented by dots of different colors. The species composition structure of the samples is increasingly similar the closer the samples are spaced apart in the graph. The difference between the four groups produced by the adonis analysis is shown by the F value and P value on the PCoA score graphs. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. PCoA, principal coordinate analysis; DSS, dextran sodium sulfate.

pathways with significant differences were found in GY compared with KB, in which P: Inorganic ion transport and metabolism pathway ($t=3.787$, $P=0.04$), E: Amino acid transport and metabolism pathway ($t=3.507$, $P=0.005$) were increased in abundance in GY group, whereas K: Transcription pathway ($t=-2.923$, $P=0.04$) was decreased in abundance in GY compared to KB. Two metabolic pathways with significant differences were found in JG compared to KB, namely E: Amino acid transport and metabolism pathway ($t=4.172$, $P=0.003$), P: Inorganic ion transport and metabolism pathway ($t=4.420$, $P=0.03$); both metabolic pathways were higher in JG. In KEGG metabolic pathways, compared to KB, in GY, there were four significantly different KEGG pathways, three of which: one

carbon pool by folate (PATH: ko00670) ($t=4.612$, $P=0.02$), porphyrin and chlorophyll metabolism (PATH: ko00860) ($t=5.785$, $P=0.047$), and selenocompound metabolism (PATH: ko00450) ($t=3.781$, $P=0.03$) were increased in abundance in GY, whereas cell motility ($t=-5.528$, $P=0.01$) was decreased in abundance in GY in contrast to KB. In the metabolic pathways of CAZy, one metabolic pathway, the GH8 (glycoside hydrolase family 8) metabolic pathway, was found to be significantly different in GY compared with KB ($t=4.155$, $P=0.02$) (Figures 9-11, Table 7).

Correlations between taxa and pathways

Utilizing Spearman correlation analysis, the association

Table 3 Adonis analysis of β -diversity

Taxonomy	R ²	F value	P value
Phylum level	0.087	1.143	0.35
Class level	0.109	1.474	0.20
Order level	0.109	1.471	0.24
Family level	0.095	1.265	0.23
Genus level	0.125	1.717	0.07
Species level	0.122	1.670	0.057

between gut microbiota and metabolic pathways was investigated, which may indicate potential associations between microorganisms and function. Some potentially beneficial bacteria such as *Phascolarctobacterium* spp. ($r=0.903$, $r=0.782$, $r=0.915$, $r=-0.964$) and *Phascolarctobacterium succinatutens* ($r=0.903$, $r=0.903$, $r=0.976$, $r=-0.952$) were positively correlated with the expression of glycoside hydrolases, amino acid, and inorganic ion transport metabolism, and negatively correlated with cell motility. Some potentially harmful bacteria such as *Spirochaetes* ($r=0.867$, $r=-0.842$, $r=-0.733$, $r=-0.903$), *Fibrobacteres* ($r=0.745$, $r=-0.818$, $r=-0.733$, $r=-0.842$), and *Cyanobacteria* ($r=0.842$, $r=-0.806$, $r=-0.855$, $r=-0.964$), the genus *Lachnospirillum* ($r=0.927$, $r=-0.879$, $r=-0.782$, $r=-0.867$), the genus *Aspergillus* (Flavonifractor) ($r=0.964$, $r=-0.879$, $r=-0.782$, $r=-0.879$), *Anaerotruncus* ($r=0.952$, $r=-0.879$, $r=-0.770$, $r=-0.879$), *Acetatifactor* ($r=0.939$, $r=-0.927$, $r=-0.733$, $r=-0.891$), *Acetalibacter* ($r=0.927$, $r=-0.855$, $r=-0.733$, $r=-0.879$), *Oscillibacter*_sp_1-3 ($r=0.939$, $r=-0.842$, $r=-0.745$, $r=-0.867$), *Butyricoccus*_sp_1XD8-22 ($r=0.964$, $r=-0.879$, $r=-0.782$, $r=-0.879$) were positively correlated with cell motility, whereas the expression of glycoside hydrolases, and amino acid and inorganic ion transport metabolism were negatively correlated (Figure 12). Taken together, these results suggest that the homeostasis of the intestinal flora may be related to the expression of glycoside hydrolases and the amino acid and inorganic ion transport metabolism pathways, suggesting that these factors may work as a whole to ameliorate acute diarrhea.

Discussion

The etiology of diarrhea in children is complex and related to age, diet, climate, living environment, socio-economic development, and genetics (10). Regardless of

its cause, diarrhea itself can lead to an imbalance in the intestinal flora. Although the results of many randomized controlled trials suggest that probiotics can be used for the treatment of diarrhea (31), the exact mechanism by which probiotics can treat diarrhea is still unclear. In the present study, we assessed the modulation of the intestinal microbiota of rats by different temporal associations with probiotics, using metagenomics next-generation sequencing technology. Probiotics have been demonstrated in earlier research to enhance host health by modifying the intestinal microbiome (32). Our results suggest that giving multi-strain probiotics at intervals does not better improve the gut microbiota, whereas giving multi-strain probiotics has a more significant alteration of the gut flora and is more conducive to restoring a healthy gut microbiota.

At the phylum level, the relative abundance of *Actinobacteriota* was increased in GY compared with KB and MX, which may be related to the alleviation of diarrhea by probiotics. *Actinobacteriota* is a gram-positive bacterium, with high guanine-cytosine (GC) content, and one of the largest bacterial phyla. Together, *Actinobacteria*, *Bacteroidetes*, *Firmicutes*, *Clostridium*, and *Proteobacteria* dominate the gut microbiota (33). It has been reported that compared to healthy children, children with diabetes have a higher prevalence of *Actinobacteriota*, and *Firmicutes* is significantly reduced (34). In our study, the relative abundance of *Fusobacterium* was higher in GY than in JG and the difference was statistically significant, indicating that simultaneous administration of probiotics is more helpful in restoring a healthy gut than spaced use of probiotics. The results of the study by Suchodolsk showed that in inflammatory bowel disease (IBD) in dogs and cats, *Fusobacterium* was reduced, especially *Clostridium* clusters XIVa, and IV (i.e., *Lachnospiraceae*, *Ruminococcaceae*, *Faecalibacterium* spp.), indicating that these bacterial species are significant producers of short-chain fatty acids and might be involved in maintaining gut health (35).

At the genus level, the relative abundance of *Ruminococcus* was reduced in GY compared to the model group and the difference was statistically significant. The relative abundance of *Ruminococcus* was also reduced relatively in JG. *Ruminococcus* was one of the first stomach bacteria to be discovered; the *Ruminococcus* genus includes both beneficial and harmful bacteria, for example, *Ruminococcus gnavus* is considered a harmful bacterium, and Nishino *et al.* demonstrated that the abundance of *Ruminococcus* in patients with Crohn's disease compared to patients with

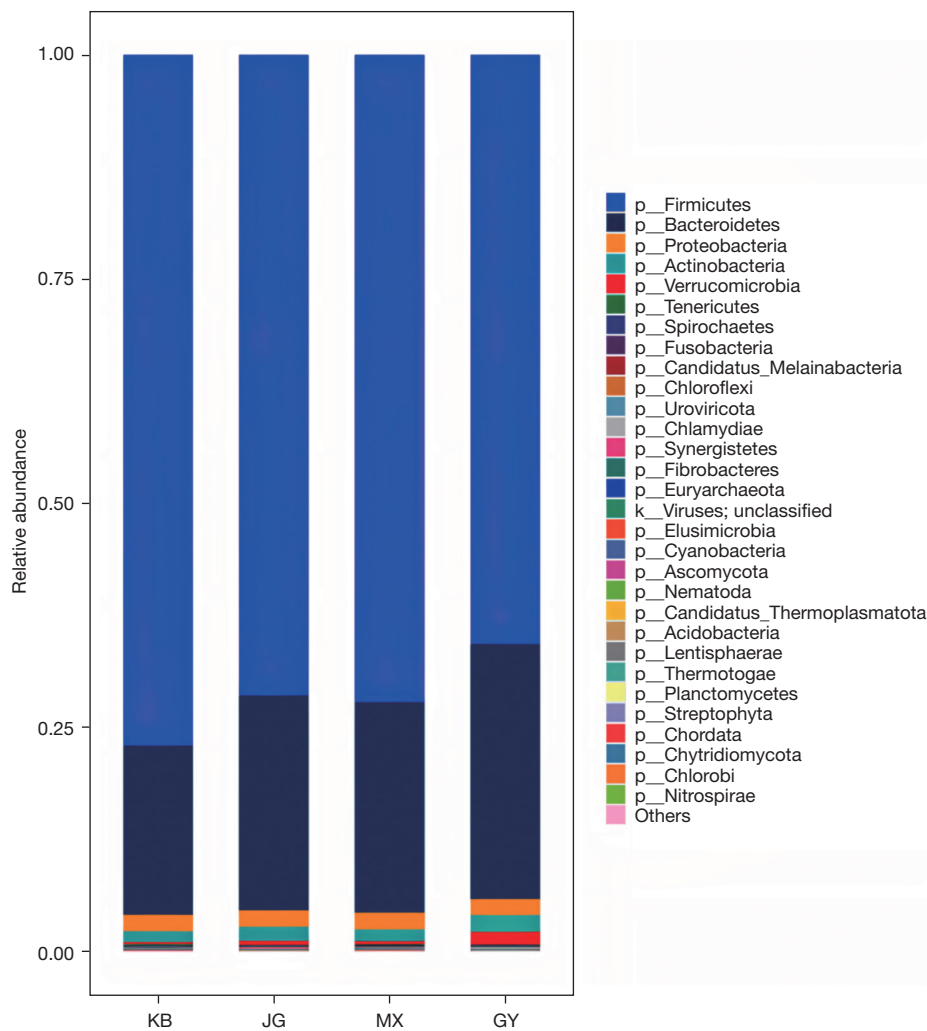


Figure 5 Differences in gut microbial composition between the four groups: KB, JG, MX, and GY. Fecal samples were collected on the 7th day. In the caption, each hue in the bar graph denotes a corresponding taxon group at the phylum level. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. DSS, dextran sodium sulfate.

non-IBD was significantly increased (36). Crost *et al.* showed that elevated relative abundance of *Ruminococcus gnavus* correlated with symptom severity in patients with Crohn's disease and found that *Ruminococcus* produce a pro-inflammatory polysaccharide, glucomannan, which can induce TNF- α secretion from dendritic cells in a toll-like receptor 4 (TLR4)-dependent manner (37), which, in combination with clinical manifestations and other results, led to the speculation that the GY may have had a higher reduction in harmful *Ruminococcus* bacteria.

The relative abundance of *Lactobacillus* was increased in both GY and JG compared to KB, with a greater increase in GY. It has been reported that, in intestinal microbiota research, *Lactobacillus* is the most prominent probiotic among the lactic acid bacteria (38). The probiotic *Lactobacillus* can adhere to the surface of host intestinal epithelial cells through the surface S-layer proteins, and competitively inhibit the invasion and colonization of intestinal pathogenic microorganisms (39), in addition to *Lactobacillus* inhibiting the pro-inflammatory cytokines (40).

Table 4 Analysis of fecal samples from the four groups of rats at the phylum level of intestinal flora

Group	<i>Fusobacteria</i>	<i>Actinobacteria</i>	<i>Fibrobacteres</i>	<i>Euryarchaeota</i>	<i>Cyanobacteria</i>
Probiotic group A (GY) (%)	0.10±0.03	1.85±0.72	0.03±0.01	0.02±0.01	0.02±0.01
Probiotic group B (JG) (%)	0.07±0.03	1.55±0.48	0.03±0.01	0.02±0.01	0.02±0.00
Control group (KB) (%)	0.07±0.01	1.16±0.50	0.04±0.01	0.03±0.01	0.03±0.00
Model group (MX) (%)	0.08±0.02	1.29±0.33	0.04±0.01	0.03±0.01	0.02±0.01
t value					
KB vs. GY	2.714	2.483	-2.656	-4.132	-4.311
KB vs. JG	0.121	1.810	-2.789	-3.866	-3.435
GY vs. JG	2.110	1.076	-0.329	-0.455	-1.443
MX vs. GY	1.934	2.192	-1.542	-1.510	-3.014
MX vs. JG	-0.498	1.398	-1.420	-1.130	-1.921
KB vs. MX	-0.828	-0.727	0.978	2.441	1.208
P value					
KB vs. GY	0.02	0.02	0.02	<0.001	<0.001
KB vs. JG	0.91	0.09	0.01	0.001	0.003
GY vs. JG	0.049	0.30	0.75	0.66	0.17
MX vs. GY	0.07	0.048	0.14	0.15	0.007
MX vs. JG	0.62	0.18	0.17	0.27	0.07
KB vs. MX	0.42	0.48	0.34	0.03	0.24

Data are presented as mean ± standard error of the mean. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. DSS, dextran sodium sulfate.

Lactobacilli are Gram-positive anaerobic or slightly aerobic rod-shaped bacteria. The relative abundance of *Lachnospirillum* was reduced in both GY and JG compared to the control group, but the reduction was more prominent in GY, which was consistent with the study of Chen *et al.* (41), who showed that patients with ulcerative colitis had high levels of potentially pathogenic bacteria such as *Lachnospirillum* detected in their feces and had less severe disease in remission. In contrast, Kang *et al.* showed that microbial diversity was reduced in fecal samples from patients with sarcopenia and probable sarcopenia, including *Lachnospirillum*. Interestingly, the relative abundance was increased in irritable bowel lesions and colorectal tumors, and the relative increased abundance in liver steatosis and metabolic diseases (42); however, the relative abundance was decreased in autoimmune diseases (43); possible

mechanisms need to be further investigated. The mean abundance of *Akkermansia* was increased in GY compared to KB. Chelakkot *et al.* demonstrated that *Akkermansia muciniphila* was more prevalent in the feces of individuals with ulcerative colitis and Crohn's disease, compared to healthy individuals. Possible mechanisms need to be further investigated, which may be related to the extracellular vesicles of *Akkermansia muciniphila* (AmEVs) reducing intestinal permeability by regulating the tight junctions in mice (44).

At the species level, the relative abundance of *Oscillibacter_sp_1-3* decreased in both GY and JG compared to the control group, with a more pronounced decrease in GY. Zhang *et al.* demonstrated that fasting blood glucose was reduced in the offspring of mice fed a diet rich in fat chow and given inulin, a probiotic, as compared to the

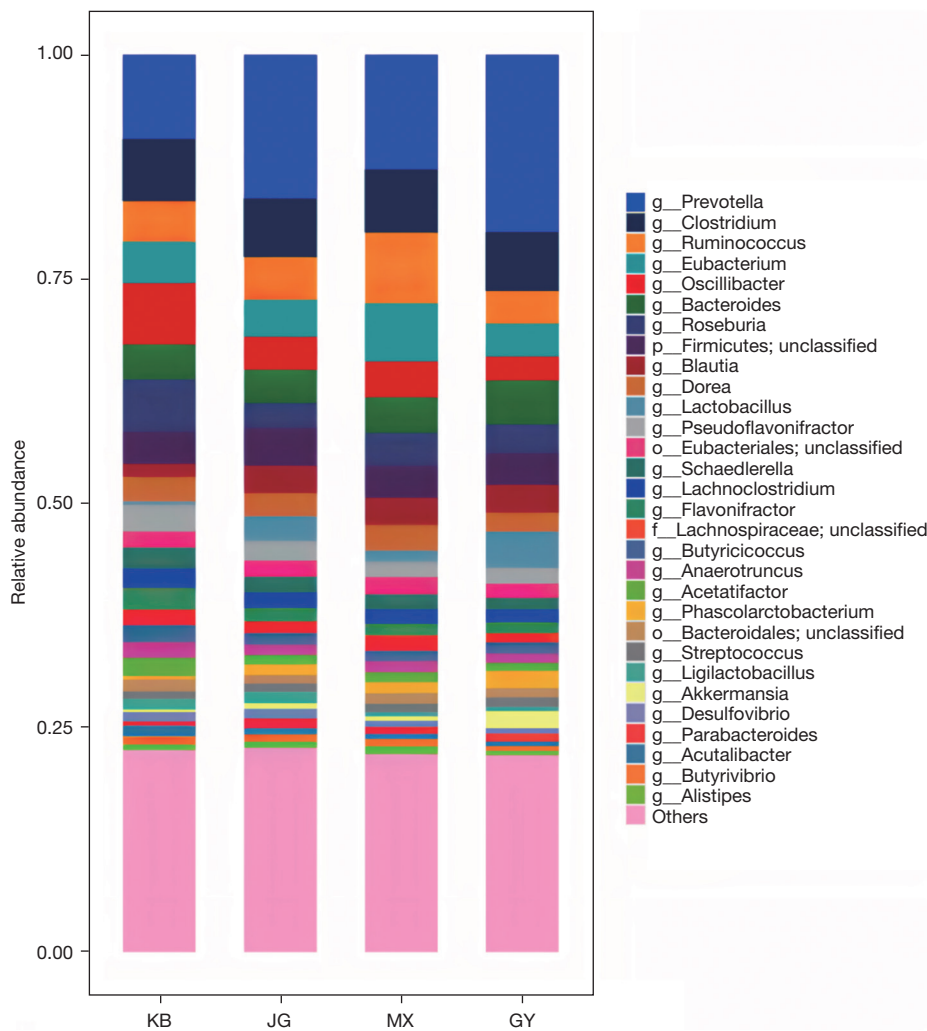


Figure 6 Differences in gut microbial composition between the four groups: KB, JG, MX, and GY. Fecal samples were collected on the 7th day. In the caption, each hue in the bar graph denotes a corresponding taxon group at the genus level. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour intervals. DSS, dextran sodium sulfate.

progeny of mice fed high-fat chow alone. The area under the blood glucose curve of the glucose tolerance test was reduced, and it also improved intestinal dysbiosis. It was observed that the abundance of *Oscillibacter*_sp_1-3 in the cecum contents of the offspring of mice fed a high-fat diet and given inulin was significantly lower than that of the group fed a high-fat diet fed (45), which is in agreement with our findings. Little is known about the physiological effects of *Oscillibacter*_sp_1-3, yet it was observed that

*Oscillibacter*_sp_1-3 was negatively correlated with proximal colonic barrier function score. This may be due to other gut microbial metabolites altering the abundance of *Oscillibacter*_sp_1-3 strains, or it is possible that *Oscillibacter*_sp_1-3 directly regulate the components that maintain the integrity of gut barrier function (46). The abundance of *Lactobacillus johnsonii* was increased in GY compared to KB and MX, and the difference was statistically significant. *Lactobacillus johnsonii* belongs to the *Lactobacillus* family.

Table 5 Analysis of fecal samples from the four groups of rats at the genus level of intestinal flora

Group	<i>Akkermansia</i>	<i>Prevotella</i>	<i>Lactobacillus</i>	<i>Oscillibacter</i>	<i>Roseburia</i>	<i>Lachnospirillum</i>	<i>Ruminococcus</i>
Probiotic group A (GY) (%)	1.95±2.43	0.01±0.00	3.91±3.59	2.85±2.61	3.25±1.81	1.41±0.52	3.66±1.43
Probiotic group B (JG) (%)	0.64±0.97	0.01±0.01	2.65±2.02	3.82±2.85	2.80±1.07	1.77±0.59	4.75±1.49
Control group (KB) (%)	0.31±0.36	0.11±0.11	0.41±0.49	6.96±2.83	5.88±2.87	2.20±0.67	4.50±2.38
Model group (MX) (%)	0.48±0.63	0.06±0.12	1.25±1.41	4.04±2.07	3.67±2.08	1.59±0.31	7.82±2.89
t value							
KB vs. GY	2.125	-3.001	3.053	-3.371	-2.447	-2.929	-0.952
KB vs. JG	1.002	-2.963	3.404	-2.471	-3.177	-1.509	0.288
GY vs. JG	1.597	-0.669	0.967	-0.794	0.677	-1.428	-1.672
MX vs. GY	1.856	-1.351	2.186	-1.125	-0.476	-0.945	-4.079
MX vs. JG	0.414	-1.318	1.806	-0.193	-1.171	0.830	-2.982
KB vs. MX	-0.775	1.011	-1.752	2.635	1.974	2.590	-2.806
P value							
KB vs. GY	0.06	0.02	0.01	0.003	0.03	0.009	0.35
KB vs. JG	0.33	0.02	0.007	0.02	0.008	0.15	0.78
GY vs. JG	0.13	0.51	0.35	0.44	0.51	0.17	0.11
MX vs. GY	0.08	0.21	0.050	0.28	0.64	0.36	0.001
MX vs. JG	0.68	0.22	0.09	0.85	0.26	0.42	0.01
KB vs. MX	0.45	0.33	0.10	0.02	0.06	0.02	0.01

Data are presented as mean ± standard error of the mean. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval.

Its common mechanism of action as a potential anti-inflammatory bacterium in different diseases includes the adjustment of immunological response, the interaction with the intestinal flora, and the improvement of barrier function (47). Jia *et al.* showed that *Lactobacillus johnsonii* colonization was reduced in colitis mice, and they found that *Lactobacillus johnsonii* could relieve colitis through the TLR1/2-STAT3 pathway to promote the activation of interleukin 10 (IL-10) in CD206⁺ macrophages (48). Thus, *Lactobacillus johnsonii* may serve as an immunomodulating anti-inflammatory therapeutic target for colitis. The abundance of *Phascolarctobacterium succinatutens* was reduced in JG compared to GY, and the difference was statistically significant. Huang *et al.* showed that spraying a complex probiotic fermentation solution in the living environment of piglets changed the structure and diversity of the intestinal

flora of the piglets and increased some of the abundance of beneficial bacteria, such as *Phascolarctobacterium succinatutens* (49).

We also observed relatively insignificant changes in functional genes compared to changes in intestinal microbiota, which is consistent with The Human Microbiome Project Consortium. The abundance of functional genes in gut microbes is more stable than the community structure (50). The application of probiotics also caused functional changes, with a decrease in cell motility in GY compared to KB. According to Xu *et al.* (51), cell motility was lower in fecal samples from diarrheic dogs in the probiotic-treated group compared to the control group, and these results suggest a relationship between cell motility and bacterial movement in liquid and its diffusion on the surface. Thus, increasing bacterial

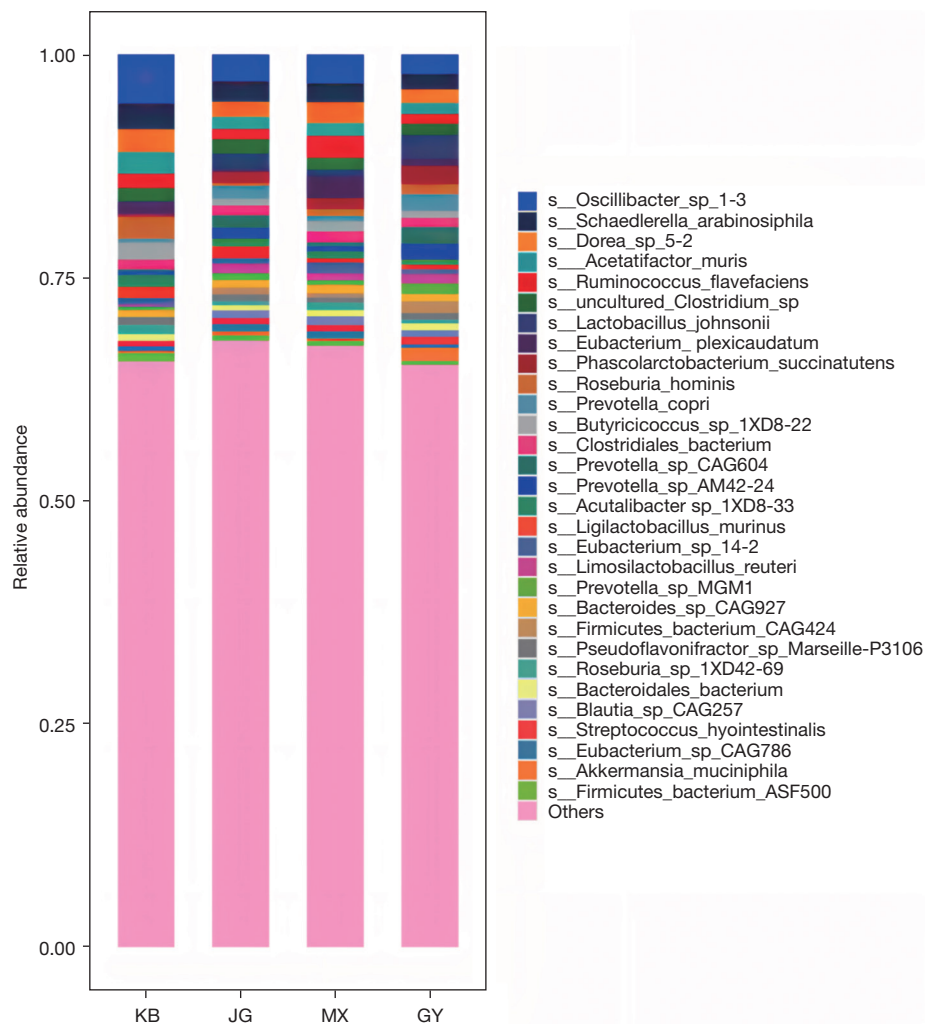


Figure 7 Differences in gut microbial composition between the four groups: KB, JG, MX, and GY. Fecal samples were collected on the 7th day. In the caption, each hue in the bar graph denotes a corresponding taxon group at the species level. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. DSS, dextran sodium sulfate.

cell motility may increase bacterial virulence (52). Furthermore, we found that there was a negative correlation between cell motility and a few enhanced beneficial microorganisms, such as *Acidaminocaccaceae* and *Phascolarctobacterium*. Glycoside hydrolase expression was up-regulated in GY as compared to KB and the relative abundance of *Prevotella* was increased in JG. In the study by Aakko *et al.* (53), it was observed that exo-beta-(1,4)-xylanase, xylan-1,4- β -xylosidase, α -1-arabinofuranosidase, and several other CAZy belonging to

the glycosyl hydrolases family were associated with high abundance of *Prevotella* in the intestinal microbiota, whereas in subjects with low abundance of *Prevotella* among the microbiota, the population did not have *Prevotella*-derived CAZy, which is consistent with our findings. This suggests the possibility of determining the metabolic capacity of the microbiota at a certain level by macrogenomics CAZy. In addition, the application of probiotics also enhanced some microbial metabolic pathways, including amino acid and inorganic ion transporter metabolism, which may contribute

Table 6 Analysis of fecal samples from the four groups of rats at the species level of intestinal flora

Group	<i>Oscillibacter</i> _sp_1–3	<i>Bacteroidales</i> <i>bacterium</i> _55_9	<i>Phascolarctobacterium</i> <i>succinatutens</i>	<i>Lactobacillus</i> <i>johnsonii</i>
Probiotic group A (GY) (%)	2.24±2.02	0.01±0.00	1.96±1.13	2.60±2.47
Probiotic group B (JG) (%)	3.05±2.30	0.01±0.00	1.15±0.54	1.54±1.20
Control group (KB) (%)	5.52±2.09	0.02±0.02	0.38±0.59	0.20±0.24
Model group (MX) (%)	3.22±1.60	0.01±0.01	1.19±0.76	0.70±0.93
<i>t</i> value				
KB vs. GY	−3.575	−3.404	3.933	3.067
KB vs. JG	−2.513	−3.179	3.055	3.478
GY vs. JG	−0.838	−0.389	2.049	1.226
MX vs. GY	−1.208	−1.585	1.787	2.283
MX vs. JG	−0.193	−1.322	−0.143	1.755
KB vs. MX	2.768	1.879	−2.679	−1.644
<i>P</i> value				
KB vs. GY	0.002	0.007	0.002	0.01
KB vs. JG	0.02	0.009	0.007	0.006
GY vs. JG	0.41	0.70	0.06	0.24
MX vs. GY	0.24	0.14	0.09	0.042
MX vs. JG	0.85	0.21	0.89	0.10
KB vs. MX	0.01	0.08	0.02	0.13

Data are presented as mean ± standard error of the mean. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. DSS, dextran sodium sulfate.

to the production of more amino acids and inorganic ions for the maintenance of host intestinal homeostasis. The up-regulation of these pathways was positively correlated with beneficial bacteria such as *Acidaminocaccaceae*, and negatively correlated with potentially harmful bacteria such as the *Spirochaetes*, *Fibrobacteres*, and *Cyanobacteria*. These results suggest that the beneficial mechanism of probiotics may be related to the transport metabolism of amino acids and inorganic ions, as well as the enrichment of related genes that convert ingested dietary fiber and amino acids into host available nutrients (54). This can generate new amino acids, peptides, and secondary metabolites to combat diarrhea (55).

Of course, there are also shortcomings in this study, the most obvious of which is the relatively small sample size

(10 rats per group), which may have led to the appearance of some false negatives or false positives. In this study, we used SD rats as test subjects to ensure homogeneity, but the same shortcoming exists, namely, the relatively low resolution of taxonomic mapping of the rat gut microbiota. Although a small number of species can be recognized in the rat gut microbiota, the lowest taxonomic unit of the rat gut microbiota with a high level of confidence is the genus (13). Few bacteria with reference genomes have been isolated from the rat gut and are available for public database access, and the rat gut microbiota is not well understood. Therefore, it is crucial to improve the availability of reference genomes of rat gut microorganisms to improve quasi-population classification in rat microbiome

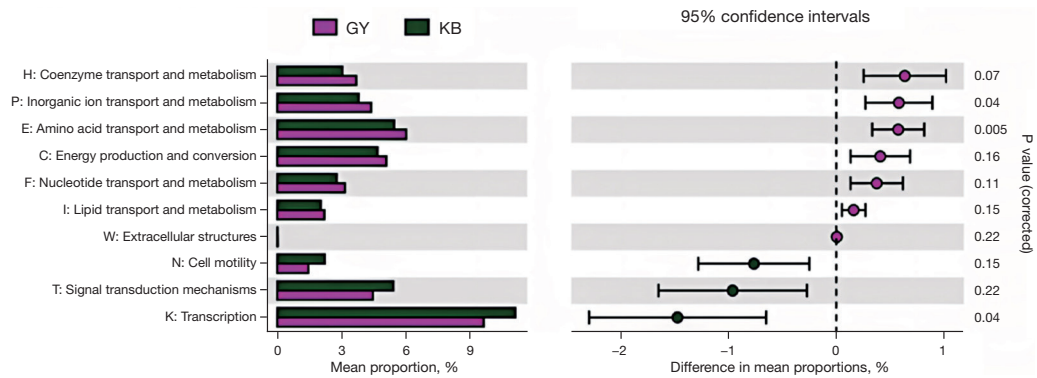


Figure 9 Modifications to the gut microbiota's functional profile in rats with diarrhea between probiotic group A (GY) and control group (KB) in eggNOG pathway. The red column represents GY; the green column represents KB. Control group (KB): fed with water; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time. eggNOG, evolutionary genealogy of genes: Non-supervised Orthologous Groups; DSS, dextran sodium sulfate.

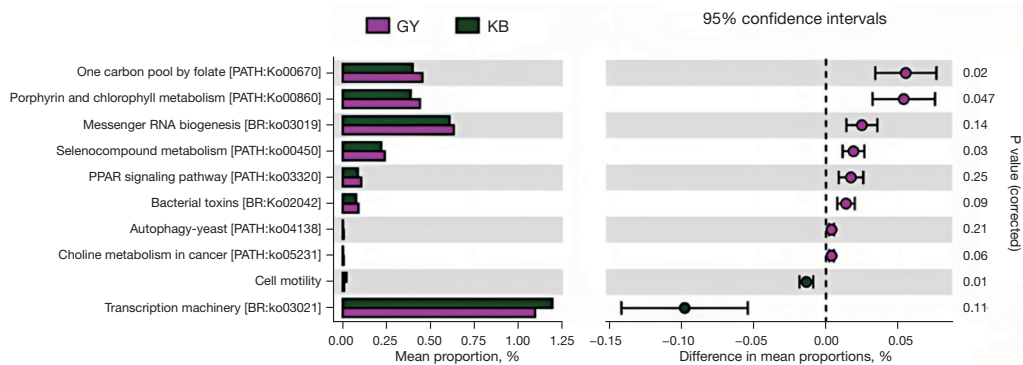


Figure 10 Modifications to the gut microbiota's functional profile in rats with diarrhea between probiotic group A (GY) and control group (KB) in KEGG pathway. The red column represented GY group; the green column represents KB. Control group (KB): fed with water; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time. KEGG, Kyoto Encyclopedia of Genes and Genomes; DSS, dextran sodium sulfate.

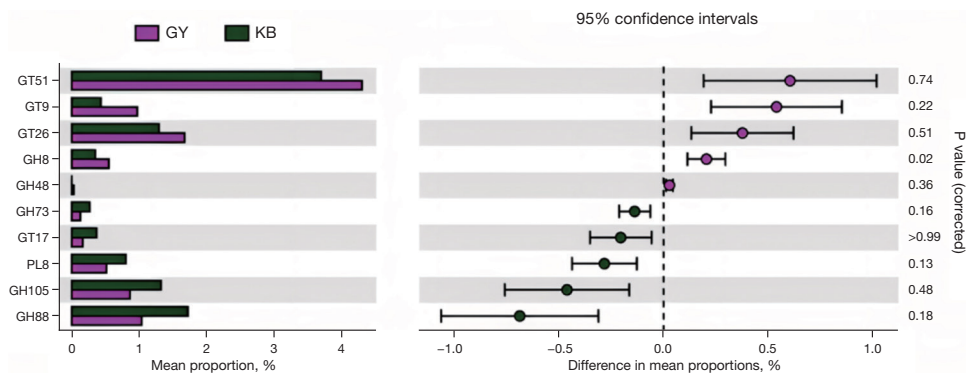


Figure 11 Modifications to the gut microbiota's functional profile in rats with diarrhea between probiotic group A (GY) and control group (KB) in CAZy pathway. The red column represented GY group; the green column represents KB. Control group (KB): fed with water; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time. CAZy, Carbohydrate-Active Enzyme.

Table 7 Analysis of metabolic pathways in fecal samples from the four groups of rats

Group	KEGG				CAZy		eggNOG	
	One carbon pool by folate (PATH: ko00670)	Porphyryn and chlorophyll metabolism (PATH: ko00860)	Selenocompound metabolism (PATH: ko00450)	Cell motility	Glycoside Hydrolase Family 8	P: Inorganic ion transport and metabolism	E: Amino acid transport and metabolism	K: Transcription
Probiotic group A (GY) (%)	3,480.958±339.169	3,368.791±242.132	1,836.698±161.113	70.910±42.239	66.071±19.247	44,725.499±3,380.265	32,495.243±3,715.999	71,371.947±5,781.980
Probiotic group B (JG) (%)	3,366.241±235.794	3,457.640±369.448	1,813.249±114.329	91.934±34.663	57.848±15.714	44,766.557±2,727.302	31,956.782±2,508.184	75,372.276±4,187.976
Control group (KB) (%)	2,892.185±218.959	2,801.323±193.877	1,599.867±115.234	158.832±27.312	38.394±8.563	39,973.806±2,078.370	27,968.824±1,687.457	79,803.788±7,057.325
Model group (MX) (%)	3,245.163±351.657	3,375.826±524.712	1,836.698±161.113	104.494±41.881	48.135±15.765	42,202.205±2,747.064	30,020.183±2,856.570	75,193.231±6,510.051
<i>t</i> value								
KB vs. GY	4.612	5.785	3.781	-5.528	4.155	3.787	3.507	-2.923
KB vs. JG	4.659	4.974	4.157	-4.794	3.438	4.420	4.172	-1.708
GY vs. JG	0.878	-0.636	0.375	-1.217	1.046	-0.030	0.380	-1.772
MX vs. GY	1.604	-0.038	2.266	-1.785	2.280	1.832	1.670	-1.388
MX vs. JG	0.967	0.403	2.267	-0.731	1.380	2.095	1.611	0.073
KB vs. MX	-2.895	-3.248	-1.472	3.437	-1.717	-2.046	-1.955	1.519
Adjusted P value								
KB vs. GY	0.02	0.047	0.03	0.01	0.02	0.04	0.005	0.04
KB vs. JG	0.24	>0.99	0.19	0.01	0.48	0.03	0.003	0.12
GY vs. JG	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99
MX vs. GY	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99
MX vs. JG	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99	>0.99
KB vs. MX	>0.99	>0.99	>0.99	0.62	>0.99	0.86	0.44	0.99

Data are presented as mean ± standard error of the mean. Control group (KB): fed with water; model group (MX): fed with 5% DSS to induce acute diarrhea; probiotic group A (GY): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at the same time; probiotics group B (JG): acute diarrhea model fed with *Clostridium butyricum*, *Bifidobacterium infantis*, and *Saccharomyces boulardii* at 2-hour interval. KEGG, Kyoto Encyclopedia of Genes and Genomes; CAZy, Carbohydrate-Active Enzymes database; eggNOG, evolutionary genealogy of genes: Non-supervised Orthologous Groups.

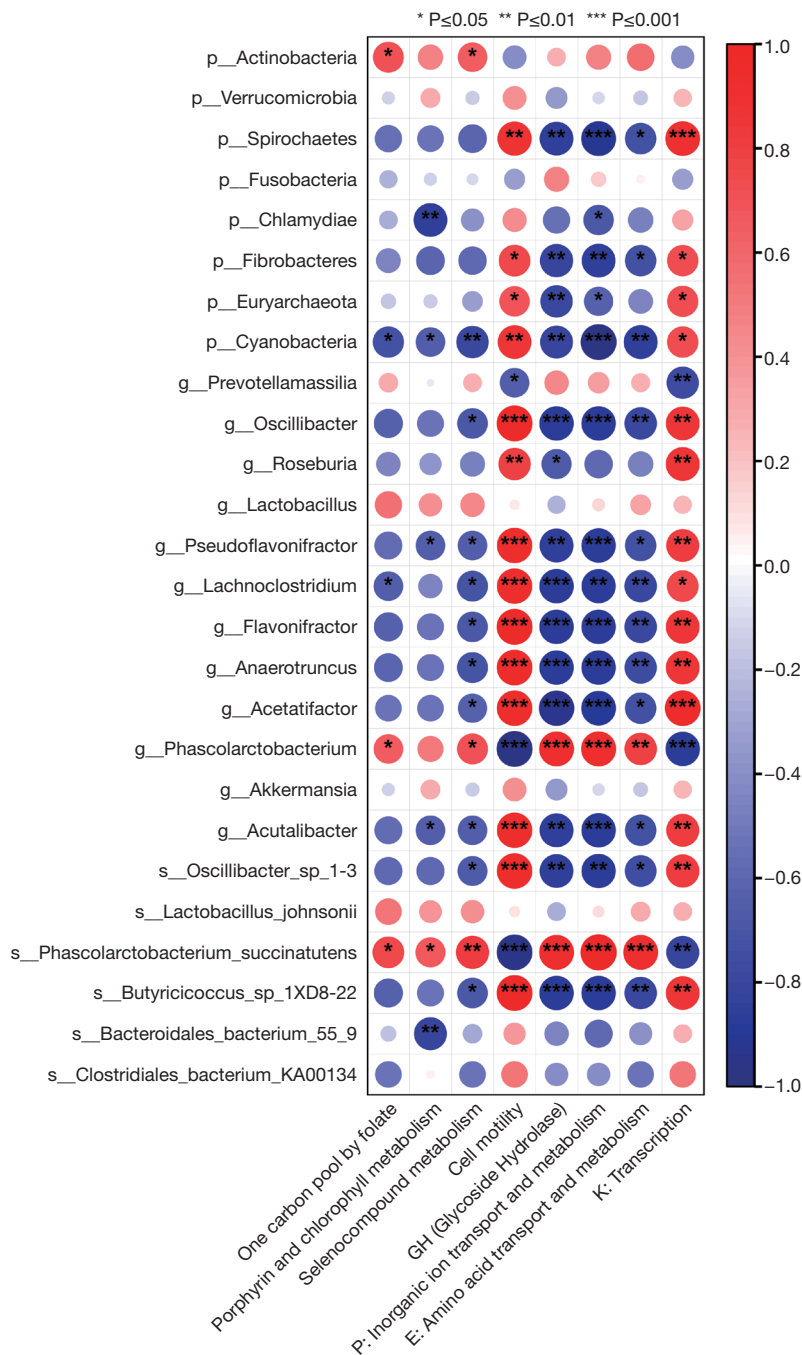


Figure 12 Spearman correlation heat map of intestinal microbiota and functional gene categories. The color scheme symbolizes the Spearman's rho, ranking between -1 and 1. A value larger than zero implies a positive association, and vice versa. The color and size of circles show the correlation strength as presented by the color scheme.

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Footnote

Reporting Checklist: The authors have completed the ARRIVE reporting checklist. Available at <https://tp.amegroups.com/article/view/10.21037/tp-24-129/rc>

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All animal procedures were performed in accordance with the Guidelines for Care and Use of Laboratory Animals of Hubei Disease Control and Prevention Center and approved by the Animal Ethics Committee of Hubei Disease Control and Prevention Center (No. 202420035).

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References

1. Walker CLF, Rudan I, Liu L, et al. Global burden

of childhood pneumonia and diarrhoea. *Lancet* 2013;381:1405-16.

2. Black RE, Perin J, Yeung D, et al. Estimated global and regional causes of deaths from diarrhoea in children younger than 5 years during 2000-21: a systematic review and Bayesian multinomial analysis. *Lancet Glob Health* 2024;12:e919-28.
3. Lai HH, Chiu CH, Kong MS, et al. Probiotic *Lactobacillus casei*: Effective for Managing Childhood Diarrhea by Altering Gut Microbiota and Attenuating Fecal Inflammatory Markers. *Nutrients* 2019;11:1150.
4. Canani RB, Cirillo P, Terrin G, et al. Probiotics for treatment of acute diarrhoea in children: randomised clinical trial of five different preparations. *BMJ* 2007;335:340.
5. Chen J, Wan CM, Gong ST, et al. Chinese clinical practice guidelines for acute infectious diarrhea in children. *World J Pediatr* 2018;14:429-36.
6. Li Z, Zhu G, Li C, et al. Which Probiotic Is the Most Effective for Treating Acute Diarrhea in Children? A Bayesian Network Meta-Analysis of Randomized Controlled Trials. *Nutrients* 2021;13:4319.
7. Cruchet S, Furnes R, Maruy A, et al. The use of probiotics in pediatric gastroenterology: a review of the literature and recommendations by Latin-American experts. *Paediatr Drugs* 2015;17:199-216.
8. Fatima S, Altwaijry H, Abulmeaty MMA, et al. Combined Supplementation of *Clostridium butyricum* and *Bifidobacterium infantis* Diminishes Chronic Unpredictable Mild Stress-Induced Intestinal Alterations via Activation of Nrf-2 Signaling Pathway in Rats. *Int J Mol Sci* 2023;24:8264.
9. Gopalan S, Ganapathy S, Mitra M, et al. Unique Properties of Yeast Probiotic *Saccharomyces boulardii* CNCM I-745: A Narrative Review. *Cureus* 2023;15:e46314.
10. Middelbos IS, Vester Boler BM, Qu A, et al. Phylogenetic characterization of fecal microbial communities of dogs fed diets with or without supplemental dietary fiber using 454 pyrosequencing. *PLoS One* 2010;5:e9768.
11. Cleary B, Brito IL, Huang K, et al. Detection of low-abundance bacterial strains in metagenomic datasets by eigengenome partitioning. *Nat Biotechnol* 2015;33:1053-60.
12. Roy S, Dhaneshwar S. Role of prebiotics, probiotics, and synbiotics in management of inflammatory bowel disease: Current perspectives. *World J Gastroenterol* 2023;29:2078-100.
13. He Q, Huang J, Zheng T, et al. Treatment with mixed

- probiotics induced, enhanced and diversified modulation of the gut microbiome of healthy rats. *FEMS Microbiol Ecol* 2021;97:fiab151.
14. Tompkins TA, Mainville I, Arcand Y. The impact of meals on a probiotic during transit through a model of the human upper gastrointestinal tract. *Benef Microbes* 2011;2:295-303.
 15. Cui X. Effect comparison and mechanism study of different combination of probiotics on acute diarrhea. Henan University; 2023:52.
 16. Li S, Wang Y, Wu D, et al. Establishment and discussion of the method of preparing acute enteritis model in rats. *Chinese Traditional Patent Medicine* 2018;40:444-6.
 17. Li D, Liu CM, Luo R, et al. MEGAHIT: an ultra-fast single-node solution for large and complex metagenomics assembly via succinct de Bruijn graph. *Bioinformatics* 2015;31:1674-6.
 18. Li D, Luo R, Liu CM, et al. MEGAHIT v1.0: A fast and scalable metagenome assembler driven by advanced methodologies and community practices. *Methods* 2016;102:3-11.
 19. Li D, Liu CM, Luo R, et al. MEGAHIT: An ultra-fast single-node solution for large and complex metagenomics assembly via succinct de Bruijn graph. *arXiv:1409.7208 [Preprint]*. 2017. Available online: <https://arxiv.org/abs/1702.01006>
 20. Li J, Jia H, Cai X, et al. An integrated catalog of reference genes in the human gut microbiome. *Nat Biotechnol* 2014;32:834-41.
 21. Villar E, Farrant GK, Follows M, et al. Ocean plankton. Environmental characteristics of Agulhas rings affect interocean plankton transport. *Science* 2015;348:1261447.
 22. Nowicki M, Bzhalava D, BaŁa P. Massively Parallel Implementation of Sequence Alignment with Basic Local Alignment Search Tool Using Parallel Computing in Java Library. *J Comput Biol* 2018;25:871-81.
 23. Chen F, Dai X, Zhou CC, et al. Integrated analysis of the faecal metagenome and serum metabolome reveals the role of gut microbiome-associated metabolites in the detection of colorectal cancer and adenoma. *Gut* 2022;71:1315-25.
 24. Mercer EM, Ramay HR, Moossavi S, et al. Divergent maturational patterns of the infant bacterial and fungal gut microbiome in the first year of life are associated with inter-kingdom community dynamics and infant nutrition. *Microbiome* 2024;12:22.
 25. Qin J, Li Y, Cai Z, et al. A metagenome-wide association study of gut microbiota in type 2 diabetes. *Nature* 2012;490:55-60.
 26. Karlsson FH, Tremaroli V, Nookaew I, et al. Gut metagenome in European women with normal, impaired and diabetic glucose control. *Nature* 2013;498:99-103.
 27. Karlsson FH, Fåk F, Nookaew I, et al. Symptomatic atherosclerosis is associated with an altered gut metagenome. *Nat Commun* 2012;3:1245.
 28. Kanehisa M, Furumichi M, Tanabe M, et al. KEGG: new perspectives on genomes, pathways, diseases and drugs. *Nucleic Acids Res* 2017;45:D353-61.
 29. Powell S, Forslund K, Szklarczyk D, et al. eggNOG v4.0: nested orthology inference across 3686 organisms. *Nucleic Acids Res* 2014;42:D231-9.
 30. Cantarel BL, Coutinho PM, Rancurel C, et al. The Carbohydrate-Active EnZymes database (CAZy): an expert resource for Glycogenomics. *Nucleic Acids Res* 2009;37:D233-8.
 31. Szajewska H, Berni Canani R, Domellöf M, et al. Probiotics for the Management of Pediatric Gastrointestinal Disorders: Position Paper of the ESPGHAN Special Interest Group on Gut Microbiota and Modifications. *J Pediatr Gastroenterol Nutr* 2023;76:232-47.
 32. Redondo-Useros N, Gheorghe A, Díaz-Prieto LE, et al. Associations of Probiotic Fermented Milk (PFM) and Yogurt Consumption with Bifidobacterium and Lactobacillus Components of the Gut Microbiota in Healthy Adults. *Nutrients* 2019;11:651.
 33. Binda C, Lopetuso LR, Rizzatti G, et al. Actinobacteria: A relevant minority for the maintenance of gut homeostasis. *Dig Liver Dis* 2018;50:421-8.
 34. Mokhtari P, Metos J, Anandh Babu PV. Impact of type 1 diabetes on the composition and functional potential of gut microbiome in children and adolescents: possible mechanisms, current knowledge, and challenges. *Gut Microbes* 2021;13:1-18.
 35. Suchodolski JS. Companion animals symposium: microbes and gastrointestinal health of dogs and cats. *J Anim Sci* 2011;89:1520-30.
 36. Nishino K, Nishida A, Inoue R, et al. Analysis of endoscopic brush samples identified mucosa-associated dysbiosis in inflammatory bowel disease. *J Gastroenterol* 2018;53:95-106.
 37. Crost EH, Coletto E, Bell A, et al. *Ruminococcus gnavus*: friend or foe for human health. *FEMS Microbiol Rev* 2023;47:fuad014.
 38. Azad MAK, Sarker M, Li T, et al. Probiotic Species in the Modulation of Gut Microbiota: An Overview. *Biomed Res Int* 2018;2018:9478630.

39. Zhang MM, Jiang N, Zhang AZ. Maintenance mechanism of intestinal barrier function integrity by intestinal microbes. *Microbiology China* 2020;47:933-40.
40. Zhao Z, Chen L, Zhao Y, et al. *Lactobacillus plantarum* NA136 ameliorates nonalcoholic fatty liver disease by modulating gut microbiota, improving intestinal barrier integrity, and attenuating inflammation. *Appl Microbiol Biotechnol* 2020;104:5273-82.
41. Chen W, Tan D, Yang Z, et al. Fermentation patterns of prebiotics fructooligosaccharides-SCFA esters inoculated with fecal microbiota from ulcerative colitis patients. *Food Chem Toxicol* 2023;180:114009.
42. Kang L, Li P, Wang D, et al. Alterations in intestinal microbiota diversity, composition, and function in patients with sarcopenia. *Sci Rep* 2021;11:4628.
43. Fan Y, Pedersen O. Gut microbiota in human metabolic health and disease. *Nat Rev Microbiol* 2021;19:55-71.
44. Chelakkot C, Choi Y, Kim DK, et al. Akkermansia muciniphila-derived extracellular vesicles influence gut permeability through the regulation of tight junctions. *Exp Mol Med* 2018;50:e450.
45. Zhang Q, Xiao X, Zheng J, et al. Improvement in glucose metabolism in adult male offspring of maternal mice fed diets supplemented with inulin via regulation of the hepatic long noncoding RNA profile. *FASEB J* 2021;35:e22003.
46. Lam YY, Ha CW, Campbell CR, et al. Increased gut permeability and microbiota change associate with mesenteric fat inflammation and metabolic dysfunction in diet-induced obese mice. *PLoS One* 2012;7:e34233.
47. Zhang Z, Zhao L, Wu J, et al. The Effects of *Lactobacillus johnsonii* on Diseases and Its Potential Applications. *Microorganisms* 2023;11:2580.
48. Jia DJ, Wang QW, Hu YY, et al. *Lactobacillus johnsonii* alleviates colitis by TLR1/2-STAT3 mediated CD206(+) macrophages(IL-10) activation. *Gut Microbes* 2022;14:2145843.
49. Huang W, Ma T, Liu Y, et al. Spraying compound probiotics improves growth performance and immunity and modulates gut microbiota and blood metabolites of suckling piglets. *Sci China Life Sci* 2023;66:1092-107.
50. Human Microbiome Project Consortium. Structure, function and diversity of the healthy human microbiome. *Nature* 2012;486:207-14.
51. Xu H, Zhao F, Hou Q, et al. Metagenomic analysis revealed beneficial effects of probiotics in improving the composition and function of the gut microbiota in dogs with diarrhoea. *Food Funct* 2019;10:2618-29.
52. Josenhans C, Suerbaum S. The role of motility as a virulence factor in bacteria. *Int J Med Microbiol* 2002;291:605-14.
53. Aakko J, Pietilä S, Toivonen R, et al. A carbohydrate-active enzyme (CAZy) profile links successful metabolic specialization of *Prevotella* to its abundance in gut microbiota. *Sci Rep* 2020;10:12411.
54. Abdul Hakim BN, Xuan NJ, Oslan SNH. A Comprehensive Review of Bioactive Compounds from Lactic Acid Bacteria: Potential Functions as Functional Food in Dietetics and the Food Industry. *Foods* 2023;12:2850.
55. Nealon NJ, Yuan L, Yang X, et al. Rice Bran and Probiotics Alter the Porcine Large Intestine and Serum Metabolomes for Protection against Human Rotavirus Diarrhea. *Front Microbiol* 2017;8:653.
56. Pan H, Guo R, Zhu J, et al. A gene catalogue of the Sprague-Dawley rat gut metagenome. *Gigascience* 2018;7:giy055.
57. Wu J, Gan T, Zhang Y, et al. The prophylactic effects of BIFICO on the antibiotic-induced gut dysbiosis and gut microbiota. *Gut Pathog* 2020;12:41.
58. Konstantis G, Efstathiou S, Pourzitaki C, et al. Efficacy and safety of probiotics in the treatment of irritable bowel syndrome: A systematic review and meta-analysis of randomised clinical trials using ROME IV criteria. *Clin Nutr* 2023;42:800-9.

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