PROBIOTICS AND DEFINITIONS: A SHORT OVERVIEW

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SUMMARY

Probiotics receive increasing attention in the medical field. This is partly due to the recognition that microbial resistance to antibiotics presents a serious world-wide problem. In addition, fast growing insight into host-microbe interactions opened new routes in the development of rational alternatives in therapy and prevention of diseases as result of the complex procaryotic-eucaryotic evolutionary symphony. Consequently, long existing aspects of probiotics came into focus, and already provide exiting prospects. However, there is no consensus about an appropriate definition of the term probiotic. The International Study Group on New Antimicrobial Strategies (ISGNAS) proposed the distinction into medical, pharmaceutical, and alimentary probiotics. It is mandatory to accept clear-cut definitions and link these to accordingly differentiating regulations to foster probiotics in therapy and prevention, where suitable, and to optimise antibiotic measurements, where necessary.

The majority of recent publications refer to more or less the same sources concerning the definition of the term probiotic. It is attributed to *Lilly* and Stillwell to have coined the term first in 1965 (Conway, 1996a, 1996b, 1996c; Fuller, 1989, 1992; Havenaar and Huis in't Veld, 1992; Ouwehand et al., 1999). Lilly and Stillwell defined probiotic as "a substance produced by one microorganism stimulating the growth of another microorganism" and understood a probiotic as opposite to an antibiotic (Lilly and Stillwell, 1965). A totally different view was introduced by Parker (1974): "Organisms and substances which contribute to intestinal microbial balance". Fuller followed this line and defined in 1989 a probiotic as "a live microbial feed supplement which beneficially affects the host animal by improving its intestinal microbial balance" (Fuller, 1989). Havenaar and Huis in't Veld broadened this scope 1992 and associated a probiotic with the description: "A viable mono- or mixed culture of microorganisms which, applied to animal or man, beneficially affects the host by improving the properties of the indigenous microflora" (Havenaar and Huis in't Veld, 1992). In 1996 Conway claimed: "Today it is generally agreed that a probiotic is a preparation of live microorganisms which, applied to man or animal, beneficially affects the host by improving the properties of the indigenous microbiota". The same year Sanders issued her view: "Probiotics, simply defined, are microbes consumed for a health effect. The term probiotic is used in food applications. The term biotherapeutic is used in clinical applications" (Sanders, 1996).

Today, numerous definitions of the term probiotic are existing (*Conway*,

1996a, 1996b, 1996c; Fuller, 1989, 1992; Hanson and Yolken, 1999; Havenaar and Huis in't Veld, 1992; Ouwehand et al., 1999; Tannock, 1999). Unfortunately, in contrast to Conway's claim that it is generally agreed that a probiotic is a preparation of live microorganisms which improve the indigenous microbiota, there is no consensus among the experts. In fact, the definition of the term probiotic is still controversial as experienced earlier (see Fuller et al., 1995).

Most of the proposed definitions for probiotics centre around the ingestion of viable microorganisms with the purpose to modulate the host's intestinal microflora, with the exception of *Lilly's* and Stillwell's connotation and concentration onto growth factors (Lilly and Stillwell, 1965). It is generally neglected that there are other compartments in man and animals colonised by symbiotic microbes such as the oral cavity, the skin or the vagina, for instance. Furthermore, despite noticing of immunological effects of probiotic microbes, an eventually most important mode of action, immunomodulation, is not explicitly part of any definitory concept. Additionally, non-viable microorganisms or microbial components are not considered. In fact, there are publications on effects of microbial preparations onto compartments other than the intestine (e.g., see *Heidt* et al., 1999), as well as there are studies on the effects viable and non-viable microorganisms and microbial components (e.g. see: Ottendorfer and Zimmermann, 1997; Ouwehand et al., 1999; Panijel and Burkhard, 1993; Rusch et al., 2001). Finally, the term probiotic was not first introduced by Lilly Stillwell in 1965.

In the electronic era scientific knowledge is confined to databases reaching back not too far. Since most scientists today rely upon databases, tracking of

older work or of publications in languages other than English is difficult or even impossible. Back to the roots. During one of the more recent Old Herborn University Seminars, Christoph *Persin* drew the attention of the author to an article written by Werner Kollath in an old German journal. Kollath was a renowned nutritionist (Koerber et al., 1999). He wrote in 1953: "High value food should supplement low value food. In order to make such food supplements palatable to people one may denote all organic and inorganic complexes as *probiotics* in contrast to harmful antibiotics. All these factors, probiotics, are common in vegetable food as vitamins, aromatic substances, enzymes or possibly other substances connected with vital processes in accordance with Santo and Rusch. This connotation links probiotics with food ingredients, however, includes yet another aspect indicated in the last words of the quotation. This aspect was cultivated further in a group of physicians engaged in natural medicine with whom Kollath was associated. Out of this group evolved a more focussed view of probiotics, as expressed by *Vergin* in 1954: "It is more important to perceive that antibiotics affect our autochthonous microorganisms living together with us in a biocoenosis or even in a symbiosis and thus deplete us of essential probiotics. Werner Kollath proposed the term probiotics. Consequently, probiotics are the opposite of antibiotics." The quoted "other substances connected with vital processes" as expressed by Kollath lead to the author's father, Hans Peter Rusch, who was convinced physiological bacteria and their constituents delivered via vegetables are an important health factor. The lead is further continued to physicians joined in an Association for Microbial Therapy in the early fifties of the last century. This group was dedicated to explore therapy

with physiological microbes and presided by Hans Kolb, Helmut Mommsen, and Hans Peter Rusch. Quotations reveal a clear therapeutic approach in connection with probiotics. "Antibiotic therapy causes flora damage. In such cases we administer cultures of symbionts. In this way, deleterious effects of antibiotics are prevented by *probiotic* therapy" (Kolb, 1955). "Symbioflor provides us with a biological antiseptic. This kind of disinfection has the advantage of affecting pathogenic but not physiological microorganisms, and in addition enhances cellular functions. Thus, Mommsen designates bacteriotherapy in contrast to antibiotic therapy as probiotic" (Rusch sr., 1956).

Out of past and present it becomes obvious that it is mandatory to distinguish different categories of probiotics. This is due to the mode of action of probiotics, the aims of administration of probiotics and their mode of administration as well as claims in relation to food and drug legal regulations. Consequently, the International Study Group New Antimicrobial Strategies (ISGNAS, see Araneo et al., 1996 and Rusch et al., 1996) developed a concept for the detailed definition of probiotics in three categories: 1. Medical probiotics (drugs), 2. Pharmaceutical probiotics (food supplements), and 3. Alimentary probiotics (food) (ISGNAS 1998). A medical probiotic is a microbial preparation which contains live and/or dead microorganisms including their components and products determined to be employed as a drug for therapeutic purposes. A pharmaceutical probiotic is a microbial preparation designed for manufacture of food supplements. An alimentary probiotic is a microbial preparation designed for use in food fermentation or food production. The mode of action includes immunomodulation, host microflora modulation, and the modulation of metabolic processes.

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