



## **Probiotic Usage in Food Allergy Atopic Dermatitis Children. A Literature Review**

***Dhani Wijaya\*, Yunita Kristiana Dewi , Suharjono***

*Master of Clinical Pharmacy Programme, Faculty of Pharmacy, University of Airlangga, Surabaya, Indonesia*

### ARTICLE HISTORY:

---

Manuscript submission: April 10<sup>th</sup> 2019

Manuscript acceptance for review: April 22<sup>th</sup> 2019

Approval for publication: June 19<sup>th</sup> 2019

---

### **Keywords :**

Probiotic, Food allergy, Atopic dermatitis, Immune system

### ABSTRACT

---

Food allergy is a health problem that commonly occurs among children. One of the clinical manifestations of food allergy is atopic dermatitis. Atopic dermatitis (AD) is related to the immune system. The immune system is affected by intestinal microbes. Probiotics are substances that can regulate the immune system for the digestive tract, particularly in the intestines. Probiotics has a therapeutic effect on several illnesses, specifically those related to the immune system. The aimed of this review was to discuss knowledge related to the usage of probiotics for the therapy of atopic dermatitis caused by food allergies in children. This literature review focused on the mechanism of probiotics in children with atopic dermatitis caused by food allergy. We use the journal article related to probiotics in atopic dermatitis that published on 2003 until 2018 for critical appraisal. From the review we concluded that probiotics can be considered for use as a therapy for the treatment of atopic dermatitis associated with food allergies.

---

## 1. Introduction

Allergies are health problems that are frequently occurring in this decade. Zeiger on 2003 wrote that 4-6 % of children in United States were found to have food allergies<sup>1</sup>. According to a study on 2011, there were 38,480 children in the United States of less than 18 years of age that were found to have allergies to certain foods<sup>2</sup>. Approximately 6% of young children in the United States had a food allergy<sup>3</sup>. Atopic dermatitis (AD) is one of the clinical manifestations of food allergies. On the people with food allergies, atopic dermatitis appears as body reactions by the existence of allergens. Food allergies are related to the immune system<sup>4</sup>. When there was an interference on the immune system, then body reacted in the form of atopic dermatitis<sup>5</sup>.

The presence of commensal bacterias in the intestinal immune system specify the body reaction on food allergens. The alteration of commensal bacterias composition in the intestinal immune system triggers series of useful pathological reactions, and the disadvantageous one as well. Probiotics are living microorganism colonize in the intestine. The presence of probiotics in the intestine can alter the commensal bacterias composition, so that affect the intestinal immune system. There were several researches reported the advantages of probiotics on some health problems, especially those associated with immune system. This matter associated with probiotics capability as immune regulators on intestinal immune system, making it as an alternative solution (or therapy?) for atopic dermatitis<sup>6</sup>.

---

## 2. Discussion

### Atopic dermatitis

The skin ailment atopic dermatitis (AD) is also called eczema<sup>7</sup>. AD is an ailment with various causes and is affected by genetics<sup>8</sup>. AD is a chronic skin ailment that can affect the health of a person, and for this reason, therapy and management of AD continues to be developed. AD is a condition of chronic skin inflammation that are marked by pruritus, lesions and dry scaly skin. Acute lesions in AD are marked by papula pruritus with erythema, excoriation, and serous exudate<sup>9</sup>. Chronic AD is marked by areas of lichenification and fibrotic nodules, often accompanied by acute lesions. AD is a health problem that commonly occurs among children. In developing countries, the prevalence of AD is 20 %<sup>10</sup>. The cause of one-third of AD sufferers of moderate to severe levels is food allergies<sup>11</sup>.

### Food allergy

Food allergy is a pathological reaction toward certain proteins that is mediated by a chain of immunological reactions. Food allergy is a health problem that involves specific immune responses when a sufferer is exposed to allergens in the form of certain food proteins. Many food ingredients have allergenic effects. Milk and dairy products, peanuts, eggs, soybeans, wheat, seafood, and shellfish are several foods that may cause allergies<sup>12</sup>.

The immune system is the defense system of the body,

which may pathologically respond to allergens through the phases of sensitization and elicitation. The sensitization phase involves T cells and T helper-2 (Th-2) cells, where the response that occurs is related to the production of interleukins IL-4, IL-5, and IL-13 from T-CD4 cells. In the sensitization phase, Th-2 will stimulate the production of immunoglobulin E (IgE) when the body is exposed to allergens. IgE then occupies the receptor on the mast cell surface. The elicitation phase occurs several moments after the body is exposed to allergens. In this phase, the IgE complex bound to the receptor on the mast cell surface will become active when the body is exposed to the same allergen, which leads the body to respond to the allergen<sup>13</sup>.

In AD, there are abnormalities in the cutaneous immune system and systemic immunity marked by the increase in IgE serum, increase in FcεRI in Langerhans cells and epidermal dendritic inflammation cells, and the increase in T cells related to the lymphocyte receptors on the skin<sup>14</sup>. T cells in AD do not only cause an increase in Th2 cytokines but also cause the production of heterogeneous cytokines that involve interferon (IFN)  $\gamma$  and interleukin (IL) 17<sup>15</sup>. This increase in cytokines is what will activate the body to respond in the form of inflammation.

### Intestinal immune system

The intestines, part of the digestive tract, is the largest immune system in the human body. Most of the production of antibodies that fight allergens in the human body occur in the intestines. This is affected by the composition of microbes that can stimulate the immune system.

In countering allergies caused by allergens, microbes in the digestive tract have a role in the induction, training, and function of the immune system, including regulation of T cells and Th17 cells<sup>16</sup>. Commensal microbes in the intestines have several benefits. The function of commensal microbes included the production of nutrients, detoxification, protection against pathogens, and regulation of the immune system. The contribution of intestinal microbes in countering allergies is by modulating innate lymphoid cells and acting directly on T regulator cells through toll-like receptors (TLRs)<sup>17, 18</sup>.

*Bacteroides* and *Clostridia* colonize in the intestine. *Bacteroides* microbes are gram negatives, colonize in the intestine<sup>19</sup>. The *Bacteroides* affects the intestinal epithelial, the cells which possess some benefits by inducing cytokines production that will interact with lymphocytes. *Bacteroides thetaiotaomicron* is one of the *Bacteroides* genus, which able to induce the production of RegIII $\gamma$ , an antimicrobial peptide, through the specialized IECs (intestinal epithelial cells) known as paneth cell<sup>20</sup>. *Bacteroides fragilis*, another member in the genus, affects the increasing production of T helper (Th1) cell. Other than that, *B. fragilis* also affects the mucosal T cell homeostatic and regulation<sup>21</sup>.

*Clostridia* are Gram-positive microbe consist of several clusters based on genomic similarity<sup>22</sup>. *Clostridia* XIVa and IV are are not human toxicogenic. *Clostridia* XIVa consists of genera *Clostridium*, *Coprococcus*, *Eubacterium*, *Roseburia* and also *Ruminococcus*. Meanwhile cluster IV

group includes species belonging to the *Clostridium*, *Faecalibacterium* and *Ruminococcus* genera<sup>23</sup>. The lowering level of *Clostridia* XIVa and IV in the intestine is associated with atopy in the childhood<sup>24</sup>. *Clostridia* induces T cell regulator (T reg) activity, then stimulates IL 10 to suppress the disadvantageous effects of Th 17 cells<sup>25</sup>.

Intestinal microbes in the digestive tract are the largest antigen components in the human body. The composition of microbes in the intestines affect the epithelial membrane and the immune system in the intestines, and thus microbes can affect the health of humans. Intestinal microbes in the digestive tract affect the pathogenesis of AD in relation to the immune system<sup>26</sup>.

### Probiotics as immune system regulators

Probiotics are living microbes that form colonies in the intestines<sup>27</sup>. According to the WHO, probiotics are defined as living microorganisms that can improve the health of humans when given in the proper amounts<sup>28</sup>. Another definition states that probiotics are living organisms with or without low pathogenic effects that may be beneficial to human health<sup>29</sup>.

Probiotics affect the immune system because they may regulate the function of systemic and mucosal immune cells, and also affect intestinal epithelial cells<sup>30</sup>. Probiotics can increase the response of nonspecific cellular immunity, marked by the activation of natural killer (NK) cells and macrophages<sup>31</sup>. Probiotics affect the differentiation of T lymphocytes, which are specific antigens, and the release of various cytokines<sup>32</sup>. Probiotics can also change the composition of intestinal microbes and affect the production of cytokines. Probiotics can also modulate receptors that resemble toll receptors and proteoglycan proteins from enterocytes, triggering the activation of dendritic cells and Th1 response. Stimulation of Th1 cytokines can suppress the effect from Th2, which modulates allergic reactions. In addition, probiotics stimulate the increase in mucosal IgA<sup>33</sup>.

*Lactobacillus* and *Bifidobacterium* strains are general used probiotics and widely acknowledged health-promoting and immunomodulatory properties<sup>34</sup>. *Lactobacillus* provides immune system regulation effect by increasing the level of IL 10, IL 12, and cytokine<sup>35</sup>. *Lactobacillus rhamnosus*, member of *Lactobacillus* strain, possess the ability of inhibiting the activity of tumor necrosis factor (TNF), IL-6, keratinocyte chemoattractant, and interferon (IFN)- $\gamma$ , making this microbe play a role in regulation of innate immunity and the Th1 immune response<sup>36</sup>.

A double-blind, placebo-controlled study had been done to evaluate the probiotic effect of *Lactobacillus* strain on the immune system. The study reported that *L. acidophilus* regulated genes mediating immune response, hormonal regulation of tissue growth and development, and ion homeostasis. Meanwhile *L. casei* affects Th1–Th2 balance with upregulation of IL-17D and IL-21, which enhance the development of natural killer cells<sup>37</sup>.

*Bifidobacterium* is a probiotic that able to maintain the intestine and effect on human health by the mechanism of

immunomodulation of both mucosal and systemic immunity under healthy or pathogenic conditions. *Bifidobacterium* can stimulate immune cells to produce different cytokines that direct the polarization of naïve CD4<sup>+</sup> T cells towards different effector or regulatory T cell subsets<sup>38</sup>.

### Effects of probiotics on atopic dermatitis

Probiotics have a positive effect for allergy therapy. The presence of probiotics in intestinal microbial components correlates with the ability of the body in countering allergies, including atopy. Several studies have been conducted to research the effects of probiotic treatment on the occurrences of atopic dermatitis caused by food allergies.

In a double-blind, placebo-controlled, crossover study, testing was carried out for the effects of treatment of lyophilized *Lactobacillus rhamnosus* 19070-2 and *Lactobacillus reuteri* DSM 122460 on children for a period of 6 weeks. Testing results indicated that 56% of the children experienced recovery from their eczema conditions. This was apparent for AD sufferers who had allergies with a *p* value = 0.02<sup>39</sup>.

From a meta-analysis of 25 randomized controlled trials that involved children from 1 to 18 years of age, there was an indication of reduced values of Scoring Atopic Dermatitis (SCORAD) with treatment of probiotics (-5.74, 95% confidence interval -7.27 to -4.20). The research found that probiotics can be used as an alternative treatment for atopic dermatitis<sup>40</sup>. Other study was conducted to test the effects of probiotics on children who suffered from AD. Study results found that the average SCORAD score for the group who received probiotics was 26.0 (21.9-30.8) while for the placebo group it was 35.1 (28.9-42.8) with a *p* value = 0.02. For children who were sensitive toward food, the average SCORAD value was 0.73 (95% CI 0.54-1.00, P=0.047). From these results, it was found that probiotics can provide an effect of recovery for children from AD conditions<sup>41</sup>.

### 3. CONCLUSION

In relation to the immune system, probiotics can regulate the immune system to provide a response to the presence of allergens. Probiotics may be considered to be used as therapy for the treatment of atopic dermatitis related to food allergies. However, further studies need to be conducted to clarify the potential effects of probiotics on atopic dermatitis caused by food allergies.

### 4. References

1. Zeiger RS. Food Allergen Avoidance in the Prevention of Food Allergy in Infants and Children. *Pediatrics*. 2003. 111(6): 1662-1671.
2. Gupta RS., Springston EE., Warrier MR., Smith B., Kumar R., Pongracic J., Holl JL. The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States. *Pediatrics*. 2011. 128(1): 9-17.

3. Salehi T., Pourpak Z., Karkon S., Shoormasti RS., Sabzevari SK., Movahedi M., Gharagozlou M., Moin M. The Study of Egg Allergy in Children With Atopic Dermatitis. *World Allergy Organ J.* 2009. 2(7): 123-127.
4. Dokmeci E., Herrick CA. The Immune System and Atopic Dermatitis. *Semin Cutan Med Surg.* 2008. 27(2): 138-143.
5. Zaniboni MC., Samorano LP., Orfali RL., Aoki V. Skin Barrier in Atopic Dermatitis: Beyond Filaggrin. *Anais Brasileiros de Dermatologia.* 2016. 91(4): 472-478.
6. Meneghin F., Fabiano V., Mameli C., Zuccotti GV. Probiotics and Atopic Dermatitis in Children. *Pharmaceuticals.* 2012. 5(7): 727-744.
7. Wasserbauer N., Ballow M. Atopic Dermatitis. *The American Journal of Medicine.* 2009. 122(2): 121 - 125.
8. Schultz LF. Atopic dermatitis: A Genetic-Epidemiologic Study in a Population-Based Twin Sample. *Journal of the American Academy of Dermatology.* 1986. 15(3): 487-494.
9. Sayaseng KY., Vernon P. Pathophysiology and Management of Mild to Moderate Pediatric Atopic Dermatitis. *Journal of Pediatric Health Care.* 2018. 32(2): S2-S12.
10. Lyons JJ., Milner JD., Stone KD. Atopic Dermatitis in Children: Clinical Features, Pathophysiology and Treatment Immunology and allergy clinics of North America. *Immunol Allergy Clin North Am.* 2015. 35(1):161-183.
11. Bergmann M M., Caubet JC., Boguniewicz M., Eigenmann PA. Evaluation of Food Allergy in Patients with Atopic Dermatitis. *The Journal of Allergy and Clinical Immunology: In Practice.* 2013. 1(1): 22-28.
12. Dhar S., Srinivas SM. Food Allergy in Atopic Dermatitis. *Indian Journal of Dermatology.* 2016. 61(6): 645-648.
13. Chin S., Vickery BP. Pathogenesis of Food Allergy in the Pediatric Patient Current allergy and asthma reports. *Current Allergy and Asthma Reports.* 2012. 12(6): 621-629.
14. Boguniewicz M., Leung DYM. Atopic Dermatitis: A Disease of Altered Skin Barrier and Immune Dysregulation. *Immunological reviews,* 2011. 242(1): 233-246.
15. Roesner LM., Werfel T., Heratizadeh A. The Adaptive Immune System in Atopic Dermatitis and Implications on Therapy. *Expert Review of Clinical Immunology.* 2016. 12(7): 787-796.
16. Belkaid Y., Hand TW. Role of the Microbiota in Immunity and inflammation. *Cell.* , 2014. 157(1): 121-141.
17. Yu W., Freeland DMH., Nadeau KC. Food Allergy: Immune Mechanisms, Diagnosis and Immunotherapy. *Nature reviews Immunology.* 2016. 16(12): 751-765.
18. Yan F., Polk DB. Probiotics and Immune Health. *Current Opinion in Gastroenterology.* 2011. 27(6): 496-501
19. Flint HJ., Bayer EA., Rincon MT., Lamed R., White BA. Polysaccharide Utilization by Gut Bacteria: Potential for New Insights From Genomic Analysis . *Nature reviews Microbiology.* 2008. 6(2): 121-123.
20. Round JL., Mazmanian SK. The Gut Microbiome Shapes Intestinal Immune Responses During Health and Disease. *Nature reviews Immunology.* 2009. 9(5): 313-323.
21. Round JL., Mazmanian SK. Inducible Foxp3+ Regulatory T-cell Development by a Commensal Bacterium of the Intestinal Microbiota. *Proc Natl Acad Sci U S A.* 2010. 107(27): 12204-12209.
22. Collins MD., Lawson PA., Willems A., Cordoba JJ., Fernandez-Garayzabal J., Garcia P., Cai J., Hippe H., Farrow JA. The Phylogeny of the Genus Clostridium: Proposal of Five New Genera and Eleven New Species Combinations . *Int J Syst Bacteriol.* 1994. 44(4): 812-826.
23. Ivanov II., Honda K. Intestinal Commensal Microbes as Immune Modulators Cell Host & Microbe. *Cell Host Microbe.* 2012. 12(4): 496-508.
24. Candela M., Rampelli S., Turroni SSM., Brigidi P. Unbalance of Intestinal Microbiota in Atopic Children. *BMC Microbiology.* 2012. 12(95).
25. Rubtsov YP., Rasmussen JP., Chi EY., Fontenot J., Castelli L., Ye X., Treuting P., Siewe L., Roers A., Henderson W. R. Regulatory T Cell-Derived Interleukin-10 Limits Inflammation at Environmental Interfaces. *Immunity.* 2008. 28(4): 546-558.
26. Craig J. Atopic Dermatitis and the Intestinal Microbiota in Humans and Dogs. *Veterinary Medicine and Science.* 2016. 2(2): 95-105.
27. Hemarajata P., Versalovic J. Effects of Probiotics on Gut Microbiota: Mechanisms of Intestinal Immunomodulation and Neuromodulation. *Therapeutic Advances in Gastroenterology.* 2013. 6(1): 39-51.
28. Fijan S. Microorganisms with Claimed Probiotic Properties: An Overview of Recent Literature. *Int J Environ Res Public Health.* 2014. 11(5): 4745-4767.
29. Markowiak P., Śliżewska K. Effects of Probiotics, Prebiotics, and Synbiotics on Human Health. *Nutrients.* 2017. 9(9): 1021.
30. O'Flaherty S., Saulnier DM., Versalovic J., Pot B. How Can Probiotics and Prebiotics Impact Mucosal Immunity?. *Gut Microbes.* 2010. 15: 293-300.
31. Ashraf R., Shah NP. Immune System Stimulation by Probiotic Microorganisms. *Critical Reviews in Food Science and Nutrition.* 2014. 5(7): 938-956.
32. Powell NM., Walker MM., Talley NJ. The Mucosal Immune System: Master Regulator of Bidirectional Gut-Brain Communications. *Nature Reviews Gastroenterology & Hepatology.* 2017. 14: 143-159.
33. Vlasova AN., Kandasamy S., Saif LJ., Chattha K., Rajashekara G. Comparison of Probiotic Lactobacilli and Bifidobacteria Effects, Immune Responses and Rotavirus Vaccines and Infection in Different Host

- Species. *Veterinary immunology and immunopathology*. 2016. 172: 72-84.
34. Kailasapathy K., Chin J. Survival and Therapeutic Potential of Probiotic Organisms with Reference to *Lactobacillus Acidophilus* and *Bifidobacterium* spp. *Immunol Cell Biol*. 2000. 78(1): 80-88.
  35. Hemert SV., Meijerink M., Molenaar D., Bron Peter A., Vos Paul D., Kleerebezem M., Wells JM., Marco ML. Identification of *Lactobacillus Plantarum* Genes Modulating the Cytokine Response of Human Peripheral Blood Mononuclear Cells. *BMC Microbiol*. 2010. 10(293).
  36. Yan F., Cao H., Cover TL., Washington MK., Shi Y., Liu L., Chaturvedi R., Peek RMJr., Wilson KT., Polk DB. Colon-Specific Delivery of a Probiotic-Derived Soluble Protein Ameliorates Intestinal Inflammation in Mice Through an EGFR-Dependent Mechanism. *J Clin Invest*. 2011. 121(6): 2242–2253.
  37. Van Baarlen P., Troost F., Van der Meer C., Hooiveld G., Boekschoten M., Brummer R., Kleerebezem M. Human Mucosal in Vivo Transcriptome Responses to Three *Lactobacilli* Indicate How Probiotics May Modulate Human Cellular Pathways. *Proc Natl Acad Sci U S A*. 2011. 108: 4562–4569.
  38. Tang RB., Chang JK., Chen HL. Can Probiotics be Used to Treat Allergic Diseases?. *Journal of the Chinese Medical Association*. 2015. 78(3): 154-157.
  39. Rosenfeldt V., Benfeldt E., Nielsen S., Michaelsen K., Jeppesen D., Valerius N., Paerregaard A. Effect of Probiotic *Lactobacillus* Strains in Children with Atopic Dermatitis. *J Allergy Clin. Immunol*. 2003. 111(2): 389–395.
  40. Kim S., Ah Y., Yu Y., Choi K., Shin W., Lee J. Effects of Probiotics for the Treatment of Atopic Dermatitis: A Meta-Analysis of Randomized Controlled Trials. *Ann Allergy Asthma Immunol*. 2014. 113(2): 217–226.
  41. Sisteck D., Kelly R., Wickens K., Stanley T., Fitzharris P., Crane J. Is the Effect of Probiotics on Atopic Dermatitis Confined to Food Sensitized Children?. *Clin. Exp. Allergy*. 2006. 36(5): 629–633.