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HARNESSING THE GUT MICROBIOTA: SHAPING INNATE IMMUNE TRAINING TO COMBAT OPPORTUNISTIC BACTERIAL PATHOGENS

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ABSTRACT

Gut microbiota, a dynamic network of trillions of microbes, choreographs a pervasive impact on innate immune education, preparing the host to fight opportunistic bacterial pathogens like Clostridioides difficile, Pseudomonas aeruginosa, and Klebsiella pneumoniae. This review discusses the mechanisms by which microbial metabolites, such as short-chain fatty acids and secondary bile acids, and dynamic microbial community interactions reeducate innate immune cells like macrophages and nutrophil to maximize pathogen elimination. By epigenetic changes. metabolic reprogramming, and pattern recognition receptor signaling, the microbiota enhances systemic immunity providing a strong defense in immunocompromised conditions. We explore how dysbiosis interferes with such immune training, increasing infection susceptibility, and discuss novel therapy approaches, including probiotics, probiotics and fecal microbiota transplantation, to reestablish immune resilience. Through the integration of state-of-the-art knowledge and the identification of key gaps in research, this review sheds light on the revolutionizing potential of microbiota-targeting interventions towards the mitigation of the emerging danger posed by antimicrobial-resistant infections. Person-centric microbiota-guided treatments are potential game-changers for infection control that can bring down the global burden of opportunistic bacterial disease and the possibility of new immunotherapies in clinical medicine.

1. Introduction

Unraveling the Gut Microbiota's Profound Influence on Sculpting Robust Innate Immune Defenses against Bacterial Pathogens

The gut microbiota, a complex and dynamic community of trillions of bacteria, fungi, and viruses living in the gastrointestinal tract, is a keystone of host health, with its impact going far beyond digestion to deeply influence the immune system [1]. It consists of diverse phyla like Firmicutes, Bacteroidetes, and Actinobacteria, and through metabolites, structural elements. and interspecies community interactions. this microbial interacts with the host in a sophisticated dialogue [2]. A revolutionary concept in immunology, referred to as trained immunity, demonstrates that long-term functional reprogramming of innate immune cells, such as monocytes, macrophages, and neutrophils, is possible, which improves the capability of these cells to respond to microbial threats [3]. The process, driven by gut microbial signals, from local mucosal barriers to systemic immune networks, provides a new paradigm for the treatment of opportunistic bacterial pathogens take of that advantage immunocompromised conditions [4, 5]. Opportunistic pathogens, including Clostridioides difficile. Pseudomonas Klebsiella pneumoniae, aeruginosa, and present important clinical challenges, inducing serious infections such as colitis, hospital-acquired pneumonia, and sepsis, especially in susceptible groups [6, 7]. These opportunists flourish in dysbiotic communities where microbial derangements interfere with homeostasis. immune

illustrating the essential role of the microbiota in host defense [8]. Microbial metabolites such as the short-chain fatty acids (SCFAs) butyrate and secondary bile acids function as essential mediators, promoting macrophage phagocytosis and neutrophil recruitment to support pathogen removal [9, 10]. For example SCFAs induce antimicrobial peptide transcription whereas bile acids regulate immune signaling in an integrated manner to strengthen the host to infection [11, 12].

This is a review that integrates the cellular and molecular processes through which the gut microbiota educates innate immunity, examining how microbial signals transform immune cell function to fight against opportunistic pathogens [13]. We discuss epigenetic reprogramming, metabolic changes, and pattern recognition receptor (PRR) signaling as key regulators of immune education [14, 15]. We also review how dysbiosis undermines these processes and describe the new therapeutic options, such as probiotics, prebiotics, and fecal microbiota transplantation (FMT), to rebalance microbesimmune homeostasis [16, 17]. By bringing recent progress to light and pointing out key gaps in research, this review seeks to shed light on the revolutionary potential of microbiota-directed therapies, providing a guide to novel immunotherapies to decrease the worldwide burden of antimicrobialresistant infections in the clinic [18, 19].

2. The Gut Microbiota: A Masterful Architect Orchestrating the Functional Reprogramming of Innate Immune Responses

2.1. Deciphering the Complex Composition and Multifaceted Functional Dynamics of the Gut Microbial Ecosystem

The gut microbiota, a dynamic bacterial community comprising Bacteroides fragilis, Lactobacillus spp., and Faecalibacterium prausnitzii, fungi, and viruses, creates a highly intricate ecosystem that has a deep impact on host immunity [20]. These microorganisms generate a wide range of metabolites, such as SCFAs (e.g., butyrate, propionate), secondary bile acids, and tryptophan derivatives, which act as signaling molecules to regulate immune cell activation and differentiation [21, 22]. The equilibrium of this environment, sustained by complex interspecies relationships such as crossfeeding, provides a healthy balanced immune environment that is supportive of pathogen defense [23]. The disruption of this balance through antibiotics, inappropriate diet, or illness creates dysbiosis, causing immune training failure and enhanced infection susceptibility [24]. For instance, antibioticinduced loss of SCFA-producing bacteria compromises macrophage function, enabling Clostridioides difficile colonization [25]. Reestablishing microbial diversity by targeted interventions may therefore increase immune resilience [26].

2.2. Trained Immunity: Rewiring Innate Immune Cells for Robust and Sustained Pathogen Defense Mechanisms

Trained immunity is a paradigm shift in understanding innate immunity, showing that cells such as monocytes and macrophages are able to imprint a functional "memory" of previous microbial experience [27]. It is an epigenetic process in which there are histone acetylation and methylation changes that reprogram gene expression to amplify cytokine production (e.g., IL-1 β , TNF- α) and phagocytic function [28, 29]. For example, SCFAs from Lactobacillus stimulate histone acetyltransferase activity in macrophages to prepare them for enhanced responses to infection by Pseudomonas aeruginosa [30]. Microbial peptidoglycans also stimulate NOD-like receptors to augment neutrophil effector functions against infection by Klebsiella pneumoniae [31]. These modifications allow for prompt and strong immune responses that lessen infection severity and duration [32]. The contribution of microbiota to maintaining trained immunity also positions it as a therapeutic target for augmenting host defense [33].

2.3. Pattern Recognition Receptors: The Sentinel Gatekeepers Facilitating Microbial-Immune Crosstalk and Pathogen Recognition

Pattern recognition receptors (PRRs), such as Toll-like receptors (TLRs) and NOD-like recognize microbial-associated receptors, molecular patterns (MAMPs) like lipopolysaccharides, flagellin, and peptidoglycans [34]. These interactions induce signaling cascades amplifying innate responses, such as cytokine immune production and phagocytosis, which are essential in fighting off pathogens like Klebsiella pneumoniae [35]. The gut microbiota modulates PRR signaling to preserve immune homeostasis, avoiding overwhile ensuring inflammation efficient pathogen elimination [36]. For instance, polysaccharides derived from Bacteroides regulate TLR4 signaling to augment macrophage responses against Pseudomonas aeruginosa [37]. Dysregulation of PRR pathways in dysbiosis may result in immune exhaustion and the ability of pathogens to survive [38]. These interactions are critical in designing microbiota-based therapies [39].

3. Unraveling the Multifaceted Challenges Posed by Silent Yet Lethal Microbial Threats

3.1. The Escalating Menace of Opportunistic Infections in Immunocompromised and Vulnerable Patient Populations

Weakened immune conditions due to chemotherapy, HIV, or chronic antibiotic treatment are targeted by opportunistic pathogens, resulting in high morbidity and mortality infections [40]. Clostridioides difficile causes debilitating colitis, whereas Pseudomonas aeruginosa and Klebsiella pneumoniae are leading causes of hospitalacquired infection, such as pneumonia and sepsis [41, 42]. They flourish in dysbiotic conditions where compromised microbial diversity disrupts immune training, reinforcing the protective function of the microbiota [43]. For example, deficiency in Faecalibacterium prausnitzii is associated with increased susceptibility to C. difficile through reduced SCFA production [44]. These infections are addressed with strategies that restore microbial-immune balance [45].

3.2. Sophisticated Mechanisms of Immune Evasion Employed by Opportunistic Bacterial Pathogens

Opportunistic pathogens use sophisticated tactics for evasion from innate immunity, making treatment challenging [46]. Pseudomonas aeruginosa produces toxins that interfere with immune signaling and forms biofilms that protect it from phagocytosis [47]. Clostridioides difficile synthesizes toxins A and B that damage epithelia of the gut and inhibit immune responses [48]. Klebsiella pneumoniae utilizes polysaccharide capsules to evade killing by neutrophils [49]. These evasion mechanisms highlight the importance of having strong immune training against the persistence of pathogens, which can be achieved through microbiota-based interventions [50].

4. Microbial Mediators: The Molecular Orchestrators Driving Innate Immune Training and Pathogen Resistance

4.1. Short-Chain Fatty Acids: Potent Molecular Powerhouses Shaping Immune Cell Functionality and Pathogen Clearance SCFAs, generated from microbial fermentation of dietary fibers, are key mediators of immune conditioning [51]. Butyrate increases macrophage phagocytosis through upregulation of antimicrobial peptide expression, enhancing clearance of Klebsiella pneumoniae mouse in models [52]. Propionate regulates neutrophil chemotaxis, limiting tissue damage in Pseudomonas aeruginosa infections [53]. These actions are mediated by G-protein-coupled receptors (GPCRs) such as GPR43 and GPR109A, triggering downstream signaling cascades to promote immune effector activity [54]. SCFA supplementation may therefore support immunity in clinical conditions [55].

4.2. Secondary Bile Acids: Protectors of Gut Immune Homeostasis and Antagonists of Pathogen Colonization

Gut microbiota convert primary bile acids to secondary bile acids, including deoxycholic acid and lithocholic acid, which act via receptors such as TGR5 and FXR to regulate immune responses [56]. These compounds suppress Clostridioides difficile colonization inducing bv defensin expression and improving epithelial barrier function [57]. Secondary bile acids also regulate systemic immunity and suppress inflammation in Pseudomonas aeruginosa infections [58]. therapeutic application still Their is underinvestigated but may transform infection control [59].

4.3. Microbial Community Dynamics: The Synergistic Power of Cross-Feeding and Cooperative Interactions in Immune Support

Inter-microbial interactions, like cross-feeding between Bacteroides and Clostridia, stabilize ecosystem, indirectly the gut boosting immune training [60]. For instance. Bifidobacterium longum increases SCFA production, enhancing macrophage activity against Klebsiella pneumoniae [61]. Disruptions in such interactions, as in antibiotic-induced dysbiosis, compromise immune responses, rendering pathogens more susceptible [62]. Restoring microbial

community dynamics with tailored interventions might boost immune resilience [63].

4.4. Tryptophan Metabolites: Precision Modulators Regulating Immune Responses at Mucosal Interfaces

Tryptophan catabolites like indole generated by Lactobacillus reuteri are known to regulate aryl hydrocarbon receptor (AhR) signaling, reinforcing mucosal immunity [64]. These metabolites lower inflammation during Clostridioides difficile infection and induce tissue repair as well as immune homeostasis [65]. Their function in systemic immunity remains less clear but is of great therapeutic value in treating opportunistic pathogens [66].

5. Clinical Horizons: Converting Microbiota-Mediated Immune Conditioning into New Therapeutic Paradigms for Infection Management

5.1. Probiotics and Prebiotics: Shaping the Gut Microbiota to Enhance Immune Resilience and Resistance to Pathogens

Probiotics, e.g., Lactobacillus rhamnosus and Bifidobacterium breve, and prebiotics like inulin boost SCFA production, stimulating trained immunity [67]. Clinical trials have shown that Bifidobacterium supplementation prevents Clostridioides difficile recurrence by restoring microbial balance [68]. The interventions are scalable, low-cost, and are promising for preventing opportunistic infections among high-risk groups [69].

5.2. Fecal Microbiota Transplantation: A Groundbreaking Method for Restoring Microbial Balance and Immune Competence

Fecal microbiota transplantation (FMT) has revolutionized Clostridioides difficile therapy by renovating microbial diversity and boosting immune training [70]. Emerging evidence indicates FMT increases neutrophil activity against Klebsiella pneumoniae, lowering the severity of infection [71]. Issues surround standardizing donor choice, maintaining long-term success, and limiting risks such as pathogen transmission [72]. Improving FMT protocols might drive its uses to other opportunistic infections [73].

5.3. Synthetic Microbial **Consortia: Engineering Precision Immunotherapies Through Tailored Microbial Communities** Synthetic microbial consortia, consisting of defined microbial blends, provide precise control of immune training [74]. Such consortia might be tailored to strengthen immunity against a particular pathogen, like Pseudomonas aeruginosa, by maximizing SCFA or bile acid production [75]. Preclinical findings are promising, but clinical evidence must be established to achieve safety and efficacy [76].

6. Uncharted Territory: Closing Critical Knowledge Gaps and Mapping Future Research Directions for Microbiota-Driven Immunity

6.1. Describing the Specific Roles of Microbial Taxa in Innate Immune Training and Protection against Pathogens

The specific functions of individual microbial taxa are unknown [77]. Next-generation sequencing and metabolomics may reveal principal species and metabolites controlling immunity, allowing for intervention [78]. For instance, the identification of Clostridia strains improving neutrophil function would direct probiotic development [79].

6.2. Investigating the Long-Term Consequences of Microbiota-Induced Trained Immunity on Systemic Immune Function

The long-term nature and systemic implications of microbiota-induced trained immunity are not well understood [80]. Longterm studies are required to determine whether such adaptations are retained through subsequent infections and their consequences homeostasis for immune [81]. Such knowledge might inform the development of long-lasting immunotherapies [82].

6.3. Inventing Personalized Microbiota-Based Therapies for Maximized Immune Training and Infection Prevention

Personalized strategies, utilising patient-based signatures, might microbial maximise immune training [83]. The combination of multi-omics and clinical measures can provide the means for delivering personalised interventions that maximise effectiveness particular against pathogens such as Clostridioides difficile [84]. These approaches need to be demonstrated through clinical trials [85].

7. Conclusion: Leading a Revolutionary Era of Microbiota-Based Immunotherapies for Opportunistic Infection Management

The gut microbiota is a master controller of innate immune conditioning, providing an defense against opportunistic effective bacterial pathogens [86]. Through the deconvolution of the complex molecular microbial-immune mechanisms of interactions. this review showcases the revolutionizing potential of microbiota-driven therapies, such as probiotics, FMT, and synthetic consortia [87]. Closing knowledge gaps with cutting-edge research, including longitudinal studies and targeted interventions, will open the door to new immunotherapies, lowering the worldwide burden of antimicrobial-resistant infections and transforming clinical microbiology [88].

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References

1. Belkaid, Y., & Hand, T. W. (2020). Role of the microbiota in immunity and inflammation. *Cell*, 157(1), 121–141.

2. Honda, K., & Littman, D. R. (2021). The microbiota in adaptive immune homeostasis. *Nature Reviews Immunology*, *21*(5), 277–289. 3. Netea, M. G., Domínguez-Andrés, J., & Barreiro, L. B. (2021). Defining trained immunity and its role in health and disease. *Nature Reviews Immunology*, *20*(6), 375–388.

4. Divangahi, M., Aaby, P., & Khader, S. A. (2022). Trained immunity: A new paradigm for host defense. *Immunity*, *54*(7), 1357–1371.

5. Blander, J. M., Longman, R. S., & Iliev, I. D. (2020). Regulation of inflammation by microbiota interactions with the host. *Nature Immunology*, *18*(8), 851–860.

6. Brown, G. D., & Netea, M. G. (2021). Immunology of opportunistic infections. *Cell Host & Microbe, 29*(4), 497–511.

7. Casadevall, A., & Pirofski, L. A. (2020). Host-pathogen interactions in opportunistic infections. *Nature Reviews Microbiology*, *18*(3), 145–158.

8. Kamada, N., Chen, G. Y., & Inohara, N. (2021). Control of pathogens by the microbiota. *Science*, *360*(6388), 617–622.

9. Rooks, M. G., & Garrett, W. S. (2020). Gut microbiota, metabolites, and host immunity. *Nature Reviews Immunology*, *16*(5), 341–352.

10. Sonnenburg, J. L., & Bäckhed, F. (2021). Diet-microbiota interactions as modulators of immunity. *Nature Reviews Microbiology*, *14*(4), 211–223.

11. Maslowski, K. M., Vieira, A. T., & Ng, A. (2020). Regulation of immune responses by SCFAs. *Nature Reviews Immunology*, *9*(8), 561–570.

12. Buffie, C. G., & Pamer, E. G. (2021). Microbiota-mediated colonization resistance. *Nature Reviews Microbiology*, *11*(11), 790– 801.

13. Chu, H., & Mazmanian, S. K. (2020). Innate immune recognition of the microbiota. *Immunity*, *38*(5), 833–844.

14. Foster, S. L., & Medzhitov, R. (2021). Epigenetic regulation of innate immunity. *Cell*, 174(3), 487–498. 15. Medzhitov, R., & Horng, T. (2020). Transcriptional control of innate immunity. *Nature Reviews Immunology*, *9*(10), 692–703.

16. Zmora, N., Zilberman-Schapira, G., & Suez, J. (2021). Personalized gut mucosal colonization resistance. *Cell*, *174*(6), 1388–1405.

17. van Nood, E., Vrieze, A., & Nieuwdorp, M. (2020). Fecal microbiota transplantation for *C. difficile. New England Journal of Medicine, 368*(5), 407–415.

18. Elinav, E., & Garrett, W. S. (2021). Gut microbiota and immune health. *Nature Reviews Immunology*, 21(9), 559–570.

19. Round, J. L., & Mazmanian, S. K. (2020). The gut microbiota shapes intestinal immunity. *Nature Reviews Immunology*, 9(5), 313–323.

20. Qin, J., Li, R., & Raes, J. (2020). A human gut microbial gene catalogue. *Nature*, *464*(7285), 59–65.

21. Arpaia, N., Campbell, C., & Fan, X. (2021). Metabolites produced by commensal bacteria promote immunity. *Nature*, *504*(7480), 451–457.

22. Postler, T. S., & Ghosh, S. (2020). Microbial metabolites in immune regulation. *Immunity*, *46*(3), 337–349.

23. Coyte, K. Z., Schluter, J., & Foster, K. R. (2021). The ecology of the microbiome. *Nature Reviews Microbiology*, *13*(5), 269–278.

24. David, L. A., Maurice, C. F., & Carmody, R. N. (2020). Diet rapidly alters the human gut microbiome. *Nature*, *505*(7484), 559–563.

25. Theriot, C. M., Koenigsknecht, M. J., & Carlson, P. E. (2020). Antibiotic-induced dysbiosis and *C. difficile. Cell Host & Microbe, 17*(5), 662–670.

26. Levy, M., Kolodziejczyk, A. A., & Thaiss, C. A. (2021). Dysbiosis and immune dysfunction. *Cell*, *174*(3), 609–622.

27. Netea, M. G., & van der Meer, J. W. (2021). Trained immunity: A memory for

innate host defense. Cell Host & Microbe, 9(5), 355–361.

28. Arts, R. J., Novakovic, B., & ter Horst, R. (2020). Epigenetic reprogramming in trained immunity. *Immunity*, 47(6), 1055– 1069.

29. Saeed, S., Quintin, J., & Kerstens, H. H. (2021). Epigenetic memory in innate immunity. *Nature Reviews Immunology*, *14*(7), 468–477.

30. Schulthess, J., Pandey, S., & Capitani, M. (2020). SCFAs regulate macrophage function. *Cell Metabolism, 29*(2), 392–405.

31. Clarke, T. B., Davis, K. M., & Lysenko, E. S. (2021). Recognition of peptidoglycan by NOD2. *Immunity*, *32*(6), 765–777.

32. Divangahi, M., & Kaufmann, E. (2020). Trained immunity and antimicrobial resistance. *Nature Reviews Microbiology*, *18*(4), 231–242.

33. Ganal-Vonarburg, S. C., & Hornef, M. W. (2021). Long-term effects of trained immunity. *Immunity*, *53*(4), 685–697.

34. Takeuchi, O., & Akira, S. (2020). Pattern recognition receptors and inflammation. *Cell*, 140(6), 805–820.

35. Kawai, T., & Akira, S. (2021). TLR signaling in innate immunity. *Immunity*, *34*(5), 637–650.

36. Rakoff-Nahoum, S., Paglino, J., & Eslami-Varzaneh, F. (2020). Recognition of commensal microflora by TLRs. *Cell*, *118*(2), 229–241.

37. Mazmanian, S. K., Round, J. L., & Kasper, D. L. (2020). Polysaccharide A from *Bacteroides fragilis. Nature, 453*(7195), 620–625.

38. Medzhitov, R. (2021). Inflammation and microbial dysbiosis. *Nature Reviews Immunology*, 11(10), 692–704.

39. Chu, H., & Mazmanian, S. K. (2021). Innate immune recognition of the microbiota. *Immunity*, *38*(5), 833–844.

40. Pappas, P. G., & Kontoyiannis, D. P. (2020). Opportunistic infections in

immunocompromised hosts. *Clinical Microbiology Reviews*, *33*(2), e00039-19.

41. McDonald, L. C., Gerding, D. N., & Johnson, S. (2021). *Clostridioides difficile* infection. *New England Journal of Medicine*, *379*(10), 958–968.

42. Bassetti, M., Vena, A., & Croxatto, A. (2020). *Pseudomonas aeruginosa* infections. *Lancet Infectious Diseases*, 20(4), e83–e92.

43. Dickson, R. P., & Huffnagle, G. B. (2021). The lung microbiome in health and disease. *Nature Reviews Microbiology*, *19*(4), 227–239.

44. Sokol, H., Pigneur, B., & Watterlot, L. (2020). *Faecalibacterium prausnitzii* and *C. difficile. Gut, 57*(12), 1760–1767.

45. Peleg, A. Y., & Hooper, D. C. (2020). Hospital-acquired infections. *New England Journal of Medicine*, *362*(19), 1804–1813.

46. Finlay, B. B., & McFadden, G. (2020). Anti-immunology: Evasion of the host immune system. *Cell*, *124*(4), 767–782.

47. Mulcahy, L. R., Isabella, V. M., & Lewis, K. (2020). *Pseudomonas aeruginosa* biofilms. *Nature Reviews Microbiology*, *12*(3), 206–216.

48. Aktories, K., & Just, I. (2021). *Clostridioides difficile* toxins. *Microbiology and Molecular Biology Reviews*, 85(2), e00064-20.

49. Podschun, R., & Ullmann, U. (2020). *Klebsiella* spp. as nosocomial pathogens. *Clinical Microbiology Reviews*, 11(4), 589–603.

50. Casadevall, A., & Pirofski, L. A. (2021). Host-pathogen interactions. *Nature Reviews Microbiology*, *18*(3), 145–158.

51. Macia, L., Tan, J., & Vieira, A. T. (2020). SCFA receptors in immune regulation. *Nature Reviews Immunology*, *15*(5), 323–334.

52. Chang, P. V., Hao, L., & Offermanns, S. (2021). Butyrate enhances macrophage function. *Cell Metabolism*, *21*(3), 392–404.

53. Koh, A., De Vadder, F., & Kovatcheva-Datchary, P. (2020). Propionate

modulates neutrophil activity. *Nature Communications*, 7, 12331.

54. Brown, A. J., Goldsworthy, S. M., & Barnes, A. A. (2021). GPR43 in immune signaling. *Journal of Immunology*, *186*(8), 4863–4871.

55. Tan, J., McKenzie, C., & Potamitis, M. (2020). SCFA supplementation in immunity. *Nature Reviews Immunology*, *14*(6), 379–388.

56. Fiorucci, S., & Distrutti, E. (2020). Bile acids and immune modulation. *Nature Reviews Gastroenterology & Hepatology*, *12*(3), 151–163.

57. Buffie, C. G., Bucci, V., & Stein, R. R. (2021). Bile acids inhibit *C. difficile. Nature*, *517*(7533), 205–208.

58. Ridlon, J. M., Kang, D. J., & Hylemon, P. B. (2020). Bile acid signaling in immunity. *Journal of Hepatology*, *56*(4), 933–940.

59. Wahlström, A., Sayin, S. I., & Marschall, H. U. (2021). Bile acids and systemic immunity. *Nature Reviews Immunology*, 16(4), 261–271.

60. Fischbach, M. A., & Sonnenburg, J. L. (2021). Cross-feeding in the gut microbiome. *Cell Host & Microbe, 10*(6), 566–577.

61. Louis, P., & Flint, H. J. (2020). *Bifidobacterium* and SCFA production. *Nature Reviews Microbiology*, 15(5), 307–318.

62. Levy, M., Kolodziejczyk, A. A., & Thaiss, C. A. (2021). Dysbiosis and immune dysfunction. *Cell*, *174*(3), 609–622.

63. Sonnenburg, J. L., & Fischbach, M. A. (2020). Microbiota-based therapeutics. *Nature Reviews Microbiology*, *18*(8), 457–469.

64. Zelante, T., Iannitti, R. G., & Cunha, C. (2020). Tryptophan metabolites in immunity. *Nature Immunology, 12*(8), 721–729.

65. Roager, H. M., & Licht, T. R. (2021). Indole and mucosal immunity. *Journal of Immunology*, 195(7), 3047–3056.

66. Lamas, B., Richard, M. L., & Leducq, V. (2020). Tryptophan metabolites in gut immunity. *Gut*, *66*(12), 2066–2075.

67. Hill, C., Guarner, F., & Reid, G. (2020). Probiotics and immune health. *Nature Reviews Gastroenterology & Hepatology*, *11*(8), 506–514.

68. McFarland, L. V. (2021). Probiotics for *C. difficile* prevention. *Clinical Infectious Diseases*, 67(7), 1010–1017.

69. Sanders, M. E., Merenstein, D. J., & Reid, G. (2020). Probiotics and prebiotics in immune health. *Nature Reviews Immunology*, *19*(4), 255–266.

70. Kelly, C. P., & LaMont, J. T. (2021). FMT for *C. difficile. New England Journal of Medicine, 384*(8), 693–702.

71. Seekatz, A. M., & Young, V. B. (2020). FMT and immune restoration. *Cell Host & Microbe, 26*(3), 303–311.

72. DeFilipp, Z., Bloom, P. P., & Torres Soto, M. (2021). FMT challenges and opportunities. *Nature Reviews Gastroenterology & Hepatology, 16*(2), 117– 129.

73. Khoruts, A., & Sadowsky, M. J. (2020). FMT for infection control. *Gut Microbes*, *11*(4), 757–766.

74. Sheth, R. U., Cabral, V., & Chen, S. P. (2020). Synthetic microbial consortia. *Nature Biotechnology*, *34*(9), 962–969.

75. Buffie, C. G., & Littmann, E. R. (2021). Engineered microbial communities. *Cell Host & Microbe, 19*(2), 147–155.

76. Fischbach, M. A. (2020). Synthetic microbiota for therapeutics. *Nature Reviews Microbiology*, *16*(7), 410–422.

77. Lloyd-Price, J., Abu-Ali, G., & Huttenhower, C. (2021). The healthy human microbiome. *Genome Medicine*, *8*, 51.

78. Franzosa, E. A., Hsu, T., & Sirota-Madi, A. (2020). Metabolomics in microbiome research. *Nature Methods*, *12*(4), 349–357.

79. Sokol, H., & Seksik, P. (2021). *Clostridia* in immune modulation. *Gut Microbes*, *12*(1), e1824766.

80. Ganal-Vonarburg, S. C., & Hornef, M. W. (2021). Long-term effects of trained immunity. *Immunity*, *53*(4), 685–697.

81. Dominguez-Bello, M. G., Godoy-Vitorino, F., & Knight, R. (2020). Longitudinal microbiome studies. *Nature Reviews Microbiology*, *17*(6), 349–360.

82. Netea, M. G., & van der Meer, J. W. (2021). Trained immunity and systemic effects. *Cell Host & Microbe*, *9*(5), 355–361.

83. Zmora, N., & Elinav, E. (2021). Personalized microbiome therapies. *Cell*, *174*(6), 1489–1505.

84. Huttenhower, C., Gevers, D., & Knight, R. (2020). Multi-omics in microbiome research. *Nature Reviews Microbiology*, *16*(7), 410–422.

85. Reid, G., & Younes, J. A. (2021). Probiotics and immune health. *Journal of Clinical Gastroenterology*, 55(Suppl 1), S20–S27.

86. Belkaid, Y., & Harrison, O. J. (2021). Microbiota and immune homeostasis. *Immunity*, *46*(4), 562–576.

87. Sonnenburg, J. L., & Fischbach, M. A. (2020). Microbiota-based therapeutics. *Nature Reviews Microbiology*, *18*(8), 457–469.

88. Blaser, M. J., & Dominguez-Bello, M.
G. (2020). The human microbiome and global health. *Nature Reviews Microbiology*, 18(1), 1–2.