

REVIEW ARTICLE

Harnessing the gut microbiome for therapeutic interventions

Zoha Waheed Abbasi^{1†}, Sania Ikram^{1†}, Muneeb Ullah², Aftab Ahmad¹, Irfan Ali¹, and Muhammad Naeem^{1*}¹Department of Biological Sciences, National University of Medical Sciences, Islamabad, Punjab, Pakistan²College of Pharmacy, Pusan National University, Geomjeong-gu, Busan, Republic of Korea

Abstract

Background: Gut microbiome comprises a diverse microbial community, including bacteria, viruses, and fungi, which play a crucial role in human health. These microbes contribute to host well-being by producing beneficial compounds such as short-chain fatty acids and other metabolites that help maintain microbial homeostasis. Recent advancements in high-throughput sequencing techniques have identified key microbes crucial for human health and revealed that an imbalance in these communities—known as dysbiosis—can lead to various diseases, including inflammatory bowel disease (IBD), Crohn's disease, colorectal cancer, type 2 diabetes, and liver diseases. **Aim:** This review aims to provide a comprehensive overview of emerging microbiome-based therapeutic strategies, including fecal microbiota transplantation (FMT), prebiotics, probiotics, next-generation probiotics, synthetic microbiome transplantation, and microbiome editing therapies, as potential interventions to restore gut microbial balance and improve health outcomes.

Relevance for patients: Microbiome-based therapies have emerged as promising tools for restoring gut homeostasis and managing microbiome-associated diseases. Approaches such as FMT have shown clinical benefits in conditions such as IBD, *Clostridium difficile* infection, and cancer immunotherapy. Understanding these therapies may guide future personalized treatments aimed at improving patient outcomes through modulation of the gut microbiome.

Keywords: Synthetic microbiome transplantation; Microbiome editing therapies; Inflammatory bowel disease; Next-generation probiotics

1. Introduction

Humans have historically exploited microbes for a variety of purposes, from the fermentation of food to the heterologous synthesis of pharmaceutically useful substances such as insulin and antibiotics.¹⁻³ This long-lasting fascination eventually extended to the invisible microbial world within the human body, where the idea that microorganisms could shape human health sparked a new scientific frontier.⁴ Reflecting how human curiosity often drives scientific discovery, this advancement led to a deeper understanding of the gastrointestinal (GI) tract, which was once viewed merely as the digestive system

[†]These authors contributed equally to this work.

***Corresponding author:**Muhammad Naeem
(m.naeem@numspak.edu.pk)

Citation: Abbasi ZW, Ikram S, Ullah M, Ahmad A, Ali I, Naeem M. Harnessing the gut microbiome for therapeutic interventions. *J Clin Transl Res.* 2026;12(1):4-21. doi: 10.36922/JCTR025390067

Received: September 27, 2025**Revised:** December 26, 2025**Accepted:** January 19, 2026**Published online:** February 6, 2026**Copyright:** © 2026 Author(s).

This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial 4.0 International (CC BY-NC 4.0), which permits all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Publisher's Note: AccScience Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

but is now recognized as a significant contributor to human health and disease.⁵ This shift in perspective stems from the recognition of the gut microbiome as a highly evolved and heterogeneous community of bacteria, fungi, viruses, and archaea that plays a major role in regulating physiological and metabolic processes by influencing both health maintenance and disease progression.⁶

Among the gut microbes, bacteria are the most prevalent, with the majority comprising obligate and facultative anaerobes. This dominant bacterial population is largely represented by four major phyla: Firmicutes (formerly Bacillota), Bacteroidetes (Bacteroidota), Actinobacteria (Actinomycetota), and Proteobacteria (Pseudomonadota), which together comprise approximately 90% of the total bacterial population in the gut.^{7,8} These microbes perform diverse functions, ranging from digestion and nutrient metabolism to immune modulation and even the gut–brain axis communication. The metabolic capabilities of these microbes are particularly noteworthy, as they enable the breakdown of non-digestible carbohydrates to short-chain fatty acids (SCFAs), such as acetate, propionate, and butyrate.^{9,10} SCFAs not only act as a source of energy but also play functions in gut integrity, immune system, cardiovascular system, metabolic homeostasis, and neurophysiological function. Beyond metabolic versatility, the gut microbiome also serves as a vital source of micronutrients essential for host physiology. It includes the synthesis of essential vitamins such as folate, riboflavin, cobalamin, niacin, pantothenate, and pyridoxine.^{11–13} These micronutrients are important for essential processes, including DNA synthesis, energy metabolism, and neurotransmission, highlighting the vital role of the microbiome in sustaining health.¹⁴

Given the pivotal role of gut microbiota in maintaining homeostasis, any imbalance in its composition results in dysbiosis. Recent studies confirmed that dysbiosis is associated with the pathogenesis of numerous illnesses, including metabolic syndromes (obesity and diabetes), autoimmune diseases, GI disorders, and neuropsychiatric conditions.^{15–17} This knowledge has brought a turnover in medicine, positioning the gut microbiome as a potential therapeutic target for the management and treatment of a variety of diseases. Scientists and clinicians have progressively discovered ways to harness this microbial community. Interferences range from simple strategies of dietary modifications and prebiotic or probiotic supplementation to complex approaches such as fecal microbiota transplantation (FMT) and microbiome-based drug development.^{18,19} Whole genome analysis of bacterial species has recognized meanings attributed to strains, and integrating those strains in microbiome-based therapies

has shown a noteworthy potential in enlightening health conditions.^{20,21} Building on these discoveries, a major focus has shifted toward modified microbiome-based involvement. The probability of adapting treatments based on an individual's exceptional microbiome conformation heralds an era of precision medicine where interferences are custom-made to amplify efficiency and diminish side effects.^{22,23}

The interaction between the host and the resident microorganisms has been increasingly elucidated with the advancement of molecular techniques, such as metagenomics, transcriptomics, and metabolomics, providing deeper insights into microbial communities and their molecular mechanisms.^{24–27} Disruption in these microbial communities is characterized by alterations in microbial composition, including an increase in pro-inflammatory species and a decrease in anti-inflammatory species.^{28–31} Restoration of a dysbiotic gut can be achieved through several approaches, including lifestyle modifications such as diet, exercise, and hygiene practices.³² Beyond lifestyle modification, microbiome-based therapies have emerged as a promising candidate to restore microbial balance. These therapies involve the administration of prebiotics, probiotics, and post-biotics, as well as FMT.^{33–35} Emerging therapeutic tools, such as the generation of probiotics and engineered microbial consortia, are gaining attention for their ability to more precisely target dysbiosis and modulate host health.^{36–38} These innovative approaches represent a significant leap forward in tailoring microbiome intervention for specific health conditions. A general overview is illustrated in [Figure 1](#). This review comprehensively overviews the microbiome-based therapies, signifying a transformative method in addressing some of the most interesting health problems. It aims to discuss the recent developments in the field of microbiome-driven therapeutics, highlight the challenges that must be overcome, and propose future directions. By addressing these gaps and fostering innovative approaches, microbiome-based therapies have the potential to become the keystone of precision medicine, offering personalized and sustainable solutions for a broad spectrum of diseases.

2. Microbiome-based therapeutic strategies

Microbiome-based strategies aim to restore microbial balance, enhance immunity, improve metabolism, and fight pathogens, moving toward personalized medicines. This leverages the gut–brain axis and immune system connections. Methods such as probiotics, prebiotics, and synbiotics administration, as well as FMT, gene editing,

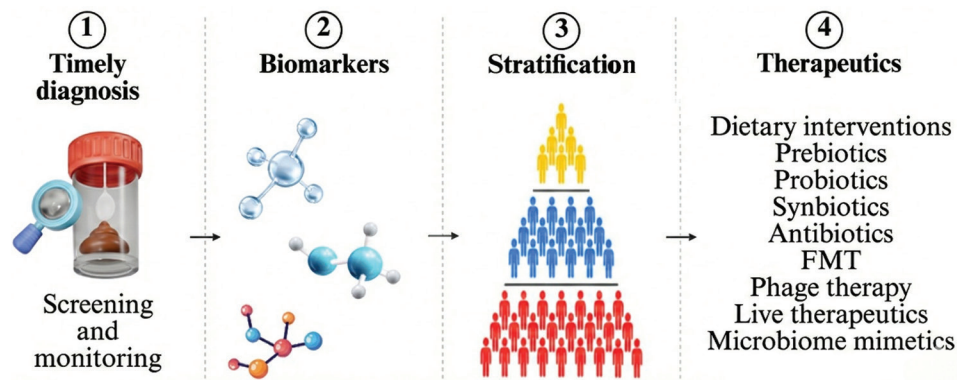


Figure 1. Summary of the various medical applications of the microbiome. Microbiota roles include serving as biomarkers for patient screening, monitoring, and stratification, as well as being used in therapeutic approaches. Created with BioRender.com. Ikram S. (2025).

engineered microbes, and personalized diets, aim to target specific diseases or enhance well-being.

2.1. Fecal microbiota transplantation

In recent studies, FMT has emerged as the groundbreaking therapy revolutionizing gut health by restoring microbial balance and offering hope where conventional treatment falls short. Originally rooted in traditional Chinese medicine, FMT was rediscovered by modern medicine in the 20th century.^{39,40} This therapy involves transferring the entire fecal material from the donor to the patient through various routes, aiming to restore gut microbial diversity and treat various conditions.⁴¹⁻⁴³ It can be administered either through the upper GI tract, such as the duodenal tube, through oral capsule, or lower GI tract using colonoscopy or enema.^{43,44} For FMT to be effective, the transplanted microbes must colonize and persist in the GI tract to achieve long-term therapeutic benefits. Donor selection and diet play a crucial role in determining microbial colonization, as a diverse and resilient microbiota enhances engraftment success.⁴⁵⁻⁴⁷

Studies on inflammatory bowel disease (IBD) patients have shown that FMT induces a significant shift in gut microbiota composition, increasing the abundance of *Bacteroides*, *Faecalibacterium*, and butyrate-producing bacteria, aligning the recipient microbiome more closely with that of the donor.⁴⁸ Butyrate, an SCFA produced by gut bacteria, plays a key role in gut health by exerting anti-inflammatory effects, strengthening gut-barrier integrity, and modulating immune response.⁴⁹⁻⁵¹ In patients with *Clostridium difficile* infection, a significant increase in alpha diversity is observed post-FMT. Notably, 92.1% of patients successfully resolved the infection, restoring normal bowel patterns. The microbial composition shifted toward the healthier state with a notable increase in key taxa, including *Bacteroides*, *Faecalibacterium*,

Blautia, and *Enterobacter*, contributing to gut microbiome recovery.^{52,53}

Beyond infections, gut dysbiosis can also promote tumorigenesis through multiple mechanisms, including chronic inflammation, DNA damage, and immune modulation.^{54,55} Pathogenic bacteria such as *Escherichia coli* promote tumor progression by producing genotoxins (e.g., colibactin) and activating inflammatory pathways, including nuclear factor-kappa B (NF-κB), signal transducer and activator of transcription 3 (STAT-3), along with pro-inflammatory cytokines such as interleukin (IL)-17 and tumor necrosis factor-alpha (TNF-α).^{56,57} These conditions contribute to the creation of a tumor-promoting micro-environment through immune modulation, as represented in Figure 2.

Fecal microbiota transplantation has shown promise in cancer immunotherapy, particularly programmed cell death protein 1 (PD-1) inhibitors.^{58,59} By modulating the gut microbiota, FMT enhances cytotoxic T-cells activation and their infiltration into the tumor microenvironment, thereby promoting anti-tumor immune response.⁶⁰⁻⁶² Phase 2 clinical trials have demonstrated that combining FMT with anti-PD-1 monoclonal antibody tislelizumab and vascular endothelial growth factor receptor (VEGFR) inhibitor fruquintinib improved survival in refractory microsatellite stable, metastatic colorectal cancer patients, with a median progression-free survival of 9.6 months and overall survival of 13.7 months.^{63,64} Responders exhibited distinct gut microbiota signatures, including an abundance of Proteobacteria and Lachnospiraceae and lower levels of *Bifidobacterium* and Actinobacteriota, alongside unique T-cell receptor characteristics, highlighting FMT's potential to enhance immunotherapy efficacy.⁶⁵

Preclinical studies have shown the effectiveness of FMT in treating cancer. One of the studies has demonstrated

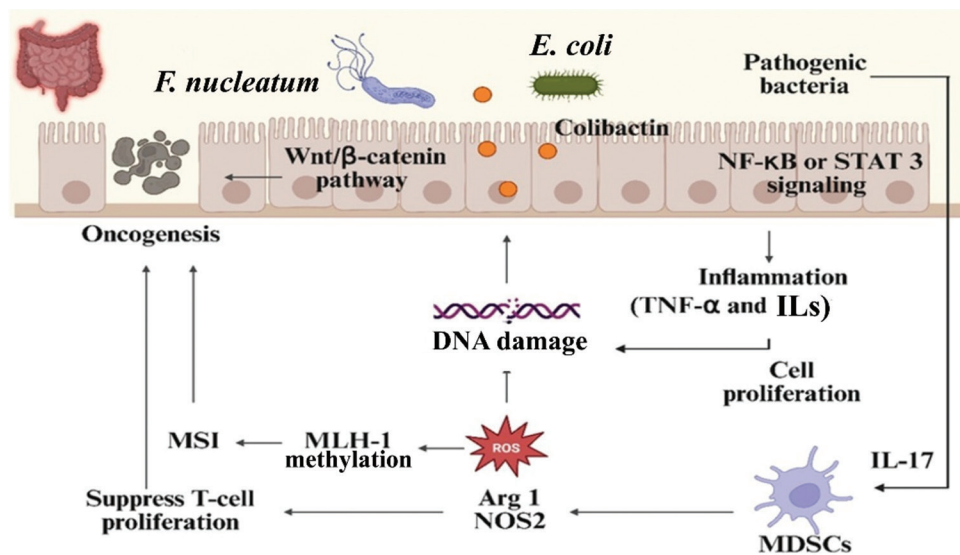


Figure 2. Mechanisms by which the gut microbiome drives cancer development and progression include activation of inflammatory pathways such as NF-κB and STAT-3, along with the induction of pro-inflammatory cytokines such as IL-17 and TNF-α. Created with BioRender. Ikram S. (2025). Abbreviations: Arg1: Arginase 1; *E. coli*: *Escherichia coli*; *F. nucleatum*: *Fusobacterium nucleatum*; IL: Interleukin; MDSC: Myeloid-derived suppressor cells; MLH-1: MutL homolog 1; MSI: Microsatellite instability; NOS2: Nitric oxide synthase 2; ROS: Reactive oxygen species; STAT3: Signal transducer and activator of transcription 3; TNF-α: Tumor necrosis factor-alpha.

that FMT reduced tumor size by nearly 40% and improved gut morphology in mice with colorectal cancer.⁶⁶ It restored microbial diversity along with downregulation of pro-inflammatory cytokines (e.g., IL-6 and TNF-α) and oncogenic markers (e.g., β-catenin and Ki-67), indicating suppressed tumor regression.⁶⁷ The therapeutic potential of FMT across various diseases is highlighted in Table 1.

One of the key challenges in this therapy is the selection of appropriate donors and the standardization of the FMT protocol. Significance and efficacy of FMT largely depend on the donor’s microbiota composition, as transplants from different donors have resulted in varying clinical outcomes.⁷⁹ To improve FMT efficacy and consistency, standardized donor screening criteria and microbiome profiling should be established. In addition, long-term stability of FMT remains a concern, as it is unclear whether the transplanted microbes persist in the gut over an extended period or if periodic reinfusion is required to maintain therapeutic benefits.⁸⁰ While FMT is generally considered safe, potential risks include the transmission of opportunistic pathogens and unexpected immune responses of patients, underscoring the need for rigorous screening and regulatory oversight.

2.2. Probiotics

The World Health Organization defines probiotics as “live microorganisms which when administered in adequate amounts confer the health benefit to the host.”^{81(p22)} These microbes have been studied for their

Table 1. Therapeutic potential of fecal microbiota transplantation across various diseases

| Disease | Key outcomes | References |
|---|---|------------|
| Ulcerative colitis | Clinical remission in 40–60% of patients, reduced pro-inflammatory cytokines | 68,69 |
| Immune checkpoint inhibitor-induced colitis | Clinical remission in 83–92% of patients, improved patient-reported outcomes | 70,71 |
| Graft-versus-host disease | Complete clinical response in 66–71% of patients, reduced immunosuppressant use | 72,73 |
| Colorectal cancer | Improved PFS and OS, increased beneficial bacteria, and enhanced anti-PD-1 efficacy | 63,74 |
| Metabolic syndrome | Improved insulin sensitivity and glucose metabolism | 75,76 |
| COVID-19 | Alleviated diarrheal and depression symptoms | 77,78 |

Abbreviations: OS: Overall survival; PD-1: Programmed cell death protein 1; PFS: Progression-free survival.

role in restoring gut microbiomes and have emerged as a keystone of microbiome-based therapies.^{82,83} Probiotics help restore microbial balance by promoting beneficial microbes and maintaining gut homeostasis through the production of antimicrobial peptides, regulating inflammatory response by stimulating anti-inflammatory cytokines, and strengthening intestinal integrity to prevent

harmful substances from entering circulation.^{55,84,85} These beneficial strains maintain intestinal homeostasis through competitive exclusion by promoting the growth of the endogenous desirable microbial population. Through competition, the probiotic strain uses the available nutrients and carbon source to reduce basic chlorine and oxygen in the microenvironment, helping them to occupy ecological niches and inhibit the growth of harmful bacteria (Figure 3). Certain probiotic strains, including *Lactobacillus* and *Bifidobacterium*, contribute to the biosynthesis of certain B vitamins, which are crucial for energy metabolism, immune regulation, and neurological function.^{86,87} This vitamin production further enhances host health by preventing deficiencies and supporting metabolic processes. In addition, probiotics produce bioactive compounds such as SCFAs, bacteriocins, and neurotransmitters, supporting gut health and overall well-being.⁸⁸

As a key component of the gut microbiome, probiotic strains are widely used to manage various health conditions, including GI disorders, metabolic diseases, neurodegenerative conditions, and immune dysfunction. Their influence on the gut–brain axis suggests potential therapeutic roles in cognitive health, including Alzheimer’s disease and Parkinson’s disease, by modulating gut inflammation and oxidative stress.⁸⁹ Probiotics influence both gut motility and mental health through modulation of microbiome-derived metabolites and serotonin pathways. The study on multistrand probiotics and sensibiome (designed to target the sensitive and dynamic portion of the gut microbiome that responds rapidly

to environmental changes) identified key microbiome-derived metabolites, including SCFAs (e.g., butyrate, isobutyrate, propionate, and iso-valeric acid) for gut health, equal for anti-inflammatory benefits, and oleamide for potential neuroprotective effect.⁹⁰ The therapeutic potential of probiotics extends beyond GI disorders to metabolic and autoimmune disease. Probiotic strain *Klebsiella sp.* ARO112 treats IBD by displacing pathobiont adherent and invasive *E. coli* AIEC strain.^{91,92} *Bifidobacterium* and *Lactobacillus*, termed as psychobiotic strains, have been shown to relieve symptoms of depression and anxiety through the production of neurotransmitters serotonin and dopamine, highlighting microbiome-based therapy as a promising approach for mental health disorders⁹³ (Table 2). The efficacy of probiotics is both disease-specific and site-specific, as different probiotic strains exhibit variable colonization, survival, and functional activities across the GI tract region, leading to different therapeutic outcomes in conditions such as irritable bowel syndrome, IBD, and antibiotic-associated diarrhea.⁹⁴ A pilot study using three probiotic strains (*Lactobacillus helveticus* MIMLh5, *Lacticaseibacillus paracasei* DG, and *Bifidobacterium bifidum* MIMBb23sg) revealed distinct colonization and site-specific effects of each strain on immune regulation, gut barrier integrity, and serotonergic signaling.⁹⁵ Further ongoing research continually uncovers new therapeutic potential.

2.3. Next-generation probiotics

Traditional probiotics, including *Lactobacillus* and *Bifidobacterium*, have been used to treat various diseases.

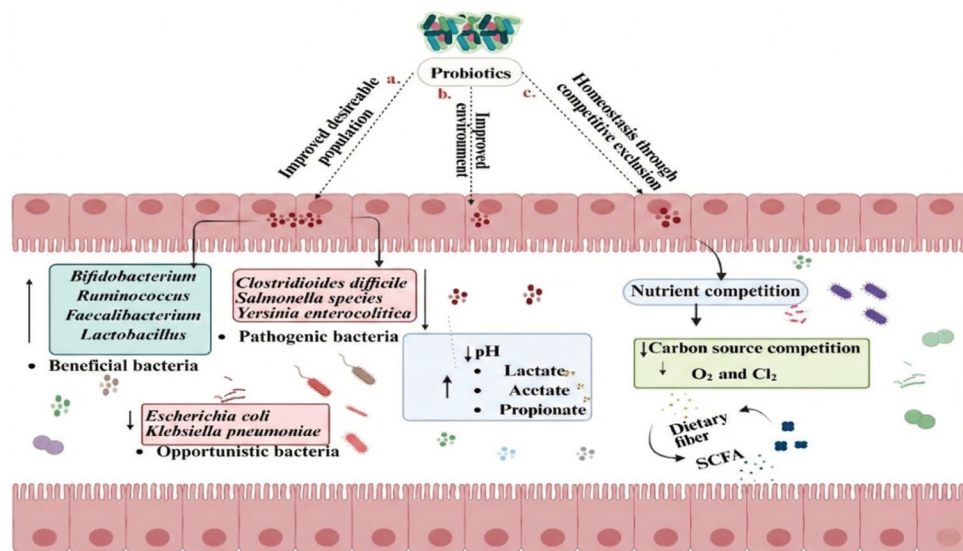


Figure 3. Probiotics maintain intestinal homeostasis by enhancing the growth of beneficial microbes, suppressing pathogenic and opportunistic bacteria, and promoting microbial balance through mechanisms such as nutrient competition and SCFA production. Created with BioRender. Ikram S. (2025). Abbreviation: SCFA: Short-chain fatty acid.

Table 2. Therapeutic applications of certain probiotic strains influencing gut motility and mental health

| Probiotic strain | Therapeutic application/ diseases | References |
|--|--|------------|
| Klebsiella sp. ARO112 | Inflammatory bowel disease (IBD) and necrotizing enterocolitis | 91 |
| Lactobacillus rhamnosus | Gastrointestinal disorder and immune modulation | 96 |
| Akkermansia muciniphila | Metabolic disorder and obesity | 97 |
| Bifidobacterium animalis | Mental health, gut barrier function, and atopic dermatitis | 98,99 |
| Bifidobacterium longum | Gut–brain axis (reveals depression) | 100 |
| Pediococcus pentosaceus | Colorectal cancer therapy | 101 |
| Lactobacillus reuteri | Infantile colic | 102 |
| Lactobacillus rhamnosus, Lactobacillus plantarum, Escherichia coli Nissle 1917 | IBD | 103,104 |
| Bifidobacterium spp., and Lactobacillus spp. | Irritable bowel syndrome, Parkinson’s disease, Alzheimer’s disease, type 2 diabetes, and functional constipation (pediatric) | 105,106 |
| Saccharomyces boulardii, Lactobacillus reuteri, and L. rhamnosus GG | Acute gastroenteritis (pediatric) | 107 |
| Lactiplantibacillus plantarum HY7712, Bifidobacterium animalis ssp. lactis HY8002, and Lacticaseibacillus casei HY2782 | Inflammatory colitis, and atopic dermatitis | 108 |

However, their effectiveness is limited by poor stability in harsh environments, lack of targeted action, and limited functionality (Table 3).¹⁰⁹ Advancements in genetic engineering and synthetic biology have led to the development of next-generation probiotics (NGP), designed to enhance viability, stability, and therapeutic potential, overcoming the limitations of traditional probiotics.^{110,111} NGP employs advanced tools such as clustered regularly interspaced short palindromic repeats (CRISPR)–CRISPR-associated proteins (Cas) system and synthetic gene circuits to create customizable therapies personalized for individual microbiome profiles. To overcome the challenge of harsh environments, such as nutrient limitation, encapsulation technologies and bioadhesion platforms enhance the adhesion and persistence of probiotic strains in the gut.¹¹² Advancement of high-throughput sequencing techniques, functional annotation, and metabolic modeling has further facilitated

Table 3. Comparison of traditional probiotics and next-generation probiotics

| Features | Traditional probiotics | Next-generation probiotics | References |
|-----------------------|--|--|------------|
| Stability | Limited stability in a harsh environment | Enhanced stability and viability | 112 |
| Targeted Action | Broad non-specific effect | Targeted delivery and sensitivity | 114 |
| Therapeutic potential | Primarily for gastrointestinal health | Wide range of applications, including mental health and cancer | 110,115 |
| Personalization | Limited personalization | Tailored to the specific disease state and individual | 114 |
| Genetic engineering | Not genetically modified | Engineered using synthetic biology tools | 116 |

the identification of new NGPs in the gut microbiome with potential health benefits.^{111,113}

Many probiotic bacterial strains have been identified from the intestinal microbiome using novel next-generation sequencing techniques, and these NGPs have become potential sources of innovative therapeutics for various diseases.¹¹⁷ Notably, NGPs such as *Faecalibacterium prausnitzii*, *Akkermansia muciniphila*, and *Bacteroides fragilis* have an impact on cancer incidence.¹¹⁸ It has been shown that these NGPs enhance GI immunity, maintain intestinal barrier integrity, improve immunotherapy efficacy, and reduce complications associated with chemotherapy and radiotherapy. To reduce inflammation in the gut and to alleviate symptoms of IBD, *Lactobacillus* bacteria have now been engineered to produce anti-inflammatory compounds such as IL-10 and transforming growth factor- β .¹¹⁹ Furthermore, to overcome the challenges of a harsh environment, researchers have used CRISPR/Cas9 to delete genes in *Lactobacillus* species, making them resistant to stomach acid, thereby increasing their survival rate through the digestive tract.¹²⁰ In a study including *Akkermansia muciniphila*, CRISPR/Cas9 was used to enhance its ability to produce mucin-degrading enzymes.¹⁰⁹ These enzymes improve the bacterium’s ability to strengthen the gut barrier and reduce inflammation, making it more effective in treating metabolic disorders such as diabetes and obesity.

2.4. Prebiotics

Prebiotics have emerged as a promising component in microbiome-based therapies in treating various conditions. Prebiotics are non-digestible dietary fibers that serve as a substrate for beneficial gut bacteria, encouraging

their growth and action, thereby improving gut health. The integration of prebiotics into therapeutic strategies is gaining attention due to their potential to enhance the efficacy of treatments by targeting gut microbiota dysbiosis. This approach is being explored in various contexts, from enhancing drug delivery systems to supporting the function of NGPs.

Prebiotics-based nanoparticles have advanced to target drug delivery to the colon, showing potential in treating colonic diseases such as ulcerative colitis and colorectal cancer. These systems utilize prebiotic shells that degrade in response to gut microbiota to release therapeutic agents directly at the site of inflammation.¹²¹ The use of prebiotics in these systems not only aids in drug delivery but also maintains intestinal homeostasis in maintaining the gut microbiota.^{104,122} Prebiotics have shown promise in managing IBD by altering the gut microbiota composition, reducing inflammation, and supporting immune function. They induce the growth of beneficial bacteria, which, in turn, produce anti-inflammatory metabolites.¹²³ Clinical trials have demonstrated variable but generally positive outcomes, suggesting that prebiotics can be a valuable adjuvant in IBD treatment.^{123,124}

Moreover, prebiotics are crucial in enhancing the viability and function of probiotics, specifically, NGPs, which are more sensitive to GI conditions.⁹⁹ They help improve the antioxidant capacity and probiotics resistance, thereby enhancing their therapeutic potential.^{125,126} The combination of prebiotics with probiotics, also called symbiotics, has been explored for various disorders, including metabolic syndromes and central nervous system disorders, by promoting the survival and growth of beneficial bacteria (Figure 4).¹²⁷ The novel approach to symbiotics emphasizes microbial metabolism as a key mechanism for therapeutic benefits, focusing on targeted metabolite-microbe interactions to enhance health outcomes.¹²⁸ While prebiotics offer a significant potential in microbiome-based therapies, challenges remain in understanding their precise mechanism and interaction with the host microbiome. The variability in individual response to prebiotic intervention highlights the need for personalized approaches in their application.

2.5. Synthetic microbiome transplantation

Synthetic microbiome transplantation (SMT) represents an innovative approach to microbiome therapy, aiming to overcome the limitations of traditional FMT.^{129,130} This treatment involves the use of defined microbial communities, known as SynComs, to restore the microbiome in a controlled and safe manner. SynComs are composed of selected, well-characterized microbial

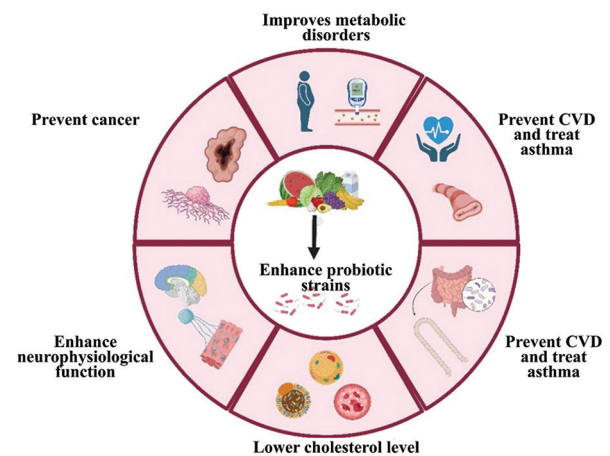


Figure 4. Prebiotics in combination with probiotics maintain overall body functions, from preventing cardiovascular disease (CVD), asthma, and cancer to enhancing neurological functions and lowering cholesterol levels. Created with BioRender. Ikram S. (2025).

strains, which can be derived from the mucosa and feces of human samples.¹³¹ In the current era, the growing culturing capacity, along with reasonable sequencing and progressive computational modeling, has started a “golden age” for connecting the beneficial potential of SynComs to mitigate GI disorders such as infections and chronic IBD.^{132,133} The development of SMT is driven by the need for more consistent, safe, and effective treatment for various diseases linked to microbiome dysbiosis. Some major advantages of SMT over FMT are its safety and consistency, which offer a controlled and known composition of microbial species, reducing the potential risk of infection and ensuring reproducibility in treatments.¹³⁴

SynComs can be used in targeted therapeutics, such as restoring the microbial imbalance in conditions such as IBD and bacterial vaginosis, offering a more precise and personalized therapeutic approach. One of the studies has explored synthetic microbial consortia to combat bacterial vaginosis induced by *Gardnerella vaginalis* in germ-free mice to explore its effects on pro-inflammatory biomarkers in vaginal tissue.¹³⁵ It was found that key inflammatory regulator NF-κB and pro-inflammatory cytokines (IL-1 and IL-8) were suppressed by this treatment, along with increased abundance of *Lactobacillus* and reduction of *Escherichia*, *Shigella*, and *Vagococcus*. In addition, upregulation of anti-inflammatory cytokine (IL-10) suggests that SMT also helps modulate the immune system effectively. To combat the infection of multidrug-resistant *Klebsiella pneumoniae*, a SynCom of 15 microbial species isolated from the gut was tested across different settings. The successful engineering of this SynCom suppressed the resistant pathogen across various environments,

showcasing its versatility and robustness.^{136,137} The engineered therapeutic microbes also act as therapeutic agents in reprogramming the microbial network to detect disease biomarkers and produce therapeutic molecules in response to the host's physiological state.^{138,139} In conclusion, SynComs emerged as versatile and effective tools in addressing microbial imbalance, offering targeted therapeutic solutions across the range of conditions, showcasing their ability to restore microbial communities.

3. Microbiome-editing therapies

Recent progress in microbiome-editing therapies has opened new avenues for targeting microbial genes in the human gut with specificity. The new tools, primarily CRISPR and base editing, provide promising ways of editing the microbial populations they target with high accuracy and efficiency, and have immense potential to cure many diseases.¹⁴⁰ These *in situ* approaches edit the microbiome in its natural environment. Microbiome transplants can make dramatic changes, but are not specific; *in situ*-engineered microbes target specific bacteria with little effect on the rest of the microbial community. Base editing is a tool that can make single-base, precise modifications without inducing double-strand breaks or requiring homologous recombination.^{141,142} A hybrid base-editing approach has been proposed that uses a catalytically impaired CRISPR-associated protein together with a nucleobase deaminase enzyme. A guide RNA directs the complex to the target DNA sequence, where the deaminase makes chemical modifications and introduces a point mutation. This approach enables precise genetic modifications with less likelihood of unwanted genomic alterations. These novel approaches offer a new means of manipulating the microbiome and have immense potential for addressing the challenges of antibiotic resistance and complex microbial communities.

Many research teams have proposed new gene-editing technologies for gut bacteria, including CRISPR-Cas9 and CRISPR interference. Moreover, scientists have designed viruses that infect bacteria with CRISPR-Cas systems to specifically target antibiotic-resistant bacteria, offering a new tool to address antibiotic resistance.¹⁴³ Clinical trials have recently tested whether microbiome modification can cure infections. Locus Biosciences has run a Phase 2 trial of CRISPR-enhanced viruses in urinary tract infection (UTI) patients caused by *E. coli*. Reported results indicated reductions in bacterial levels together with improvement in UTI symptoms, supporting the potential of CRISPR-enabled approaches for targeted antimicrobial strategies. Furthermore, scientists at the University of California have used CRISPR tools to edit the gut microbiota and alleviate childhood asthma by altering the composition

of the microbiome.^{21,144,145} These studies are promising for disease prevention by fixing microbial imbalances through microbiome modification.

Despite these encouraging steps forward, several challenges remain with microbiome-edited therapies. It is of the highest importance that genome-editing technologies are precise and safe to prevent unwanted side effects that would upset the sensitive balance of the microbiome. Moreover, the understanding of the intricate interactions of microbial communities and their influence on human health is critical to implement these therapies successfully. Future research should address these issues with better editing technologies and delivery strategies. The Innovative Genomics Institute is developing new CRISPR-based technologies to improve microbiome editing, making it safer and more precise, thereby allowing these therapies to reach their potential.¹⁴⁶ The Berkeley Initiative for Optimized Microbiome Editing is developing better CRISPR technologies to edit microbiomes in their natural environment,¹⁴⁶ aiming to identify safe and effective solutions to difficult problems by understanding and controlling the microbial ecosystems.

4. Multi-omics approaches in microbiome research

The human microbiome is a dynamic complex community of fungi, viruses, bacteria, small eukaryotes, and archaea that differ between individuals and locations.¹⁴⁷ The gut microbes help in vitamin synthesis, metabolism, immune system regulation, and resistance to infection.^{148,149} Dysbiosis, or microbial imbalance, has been associated with metabolism, inflammation, and nervous system issues.¹⁵⁰

Multi-omics has given insightful data on host-microbiome interaction, especially through diet. Deehan *et al.*¹⁵¹ proved that higher fermentable fiber intake elevates propionate-producing bacteria, satiates the subject, and decreases obesity risk. Wang *et al.*¹⁵² recognized lithocholic acid, a secondary bile acid derived from gut microbiota, as powerfully activating the body's heat production, supporting fat metabolism through farnesoid X receptor and Takeda G-protein-coupled receptor 5. However, Zeb *et al.*⁷⁸ and Caradonna *et al.*¹⁵³ reported that trimethylamine, a gut microbiota-derived metabolite generated from a protein-rich diet, contributes to atherosclerosis and cardiovascular disease. Likewise, Nageswaran¹⁵⁴ recognized imidazole propionate, a microbial metabolite, as a factor that impairs insulin signaling and exacerbates type 2 diabetes. Luo *et al.*¹⁵⁵ associated the production of toxic metabolites 2-butanone and 4-methyl-2-pentanone by microorganisms with non-alcoholic fatty liver disease,

whereas Tan *et al.*¹⁵⁶ delineated *K. pneumoniae*, an ethanol-producing bacterium, as perpetuating liver damage and inflammation.

New functional omics technologies have accelerated microbiome research. Ferrocino *et al.*¹⁵⁷ demonstrated how metagenomics and meta-transcriptomics profiling may reveal dysbiosis and gene expression changes in inflammatory and metabolic diseases. Meta-proteomics has the potential to yield absolute functional information but is limited by sampling depth. Han *et al.*¹⁵⁸ highlighted the function of metabolomics in identifying metabolites derived from the microbiome. They suggested that proton nuclear magnetic resonance spectroscopy can be used to identify common compounds, including short-chain fatty acids (SCFAs). Singer *et al.*¹⁵⁹ reported, however, that although many metabolite features are detected in microbial samples, more than 90% cannot be confidently annotated or assigned to known metabolites, thereby limiting our understanding of microbial functions.

These findings have driven the development of microbiome-directed therapies. Probiotics, prebiotics, and symbiotics have been highlighted by Kadam *et al.*¹⁶⁰ as a central part in restoring the balance of microbes. FMT has shown great success in the treatment of *C. difficile* infection and is additionally being researched into metabolic and inflammatory diseases.^{15,161} Recent developments in precision microbiome medicine, such as engineered probiotics and targeted post-biotic treatments, offer potential for the prevention and treatment of diseases.

Scientists are striving to develop tailored treatments through enhanced functional omics approaches and improved interventions from the microbiome. These treatments aim to harness the power of the microbiome in promoting human health and combating disease.

5. Limitations and risks of microbiome-based therapies

Like most new technologies and therapies, microbiota transplants and treatments create challenges for regulators and raise ethical concerns for researchers and practitioners. Nonetheless, scientific research attempts to balance the safety of patients against promoting innovation and medical advancements.

5.1. Variability impact of an individual's microbiome

Our gut microbiome is influenced by factors such as what we eat, where we live, how we live, and even how tidy we are. Ethnicity is one factor, but geography, culture, routine, lifestyle, and exposure to environmental toxins or pathogens all shape the microbiome in different ways.¹⁶² This variability made it complicated to develop universal

microbiome-targeted treatments. More recent research suggests that a one-size-fits-all approach to diet therapies for metabolic diseases is likely to fail, as gut microbes play a major role in controlling how individuals metabolize key nutrients.¹⁶³ With all such variations, it is difficult to identify reliable microbial biomarkers to predict treatment outcomes. Individuals with the same illness respond differently to the same treatment due to the uniqueness of their microbiome.

5.2. Knowledge gaps in microbiome research

Even though microbiome information is important for treatment, it is still challenging to analyze and understand due to several reasons, including composition, which causes negative bias, sparsity, and collinearity.^{164,165} The complexity of microbial communities has made it difficult to explore certain interactions between microbes and their hosts. At present, the effects of probiotics and symbiotics are not fully understood. The human microbiome has a complex mixture of microbes, and we still lack comprehensive data on the specific roles each species plays in human health. Our understanding remains limited regarding how effectively these microbes perform their functions and how they communicate with the host and with each other. Closing this knowledge gap through focused research is essential to unravel the complicated relationships within the microbiome.

5.3. Ethical and regulatory issues in microbiome research

Study of the human microbiome must justify a favorable risk–benefit ratio, indicating potential benefits outweigh disadvantages. However, balancing these benefits and risks is not always straightforward. Therapies involving living organisms, such as FMT, probiotics, and prebiotics, are subject to regulatory oversight regarding their safety and effectiveness.¹⁶⁶ Choosing the appropriate regulatory category (e.g., drug, biological product, or dietary supplement) can be difficult, as it governs the requirements and approval processes. Developers need to position their products within regulatory frameworks based on their function and biological nature.

To quantify safety and efficacy, thorough preclinical and clinical testing is essential, including assessments of adverse effects on the microbiome and host physiology. The manufacture, distribution, and storage of live biotherapeutic products must comply with Good Manufacturing Practice guidelines.¹⁶⁷ Ethical considerations, particularly for FMT, are critical to ensure patient protection and informed consent. Rigorous donor screening and careful recipient selection help minimize the risk of transmitting infections or diseases.¹⁶⁸ Informed consent remains a fundamental

element, involving the participant's voluntary agreement to clinical trial participation with full knowledge of the study's aims, risks, potential benefits, and safety measures. Ultimately, a comprehensive evaluation of safety and risk-benefit ratio is necessary to prevent adverse effects and ensure therapies are safe and effective.

6. Conclusion

The fast-growing area of microbiome-based therapies holds tremendous potential to revolutionize the treatment of various health conditions. From FMT to SMT, and the application of probiotics, prebiotics, and engineered microbial consortia, these approaches aim to restore microbial balance and treat diseases once considered difficult to treat. The research covered in this review emphasizes the various potent means through which manipulation of the gut microbiome can enhance health, influence disease prognosis, and even modulate immune responses, including in cancer therapy.

Treatments such as FMT and Syncoms, along with personalized and precision medicine, are leading the way for microbiome-based therapy. The ability to engineer microbial communities targeted specifically to correct dysbiosis provides new opportunities for treating multifactorial diseases, ranging from metabolic diseases to GI and neuropsychiatric disorders. Synthetic microbial consortia are particularly promising due to their controlled composition, which allows for more predictable and safer restoration of microbial communities compared to conventional FMT. However, challenges remain in fully understanding the complex interactions between the microbiome and the host.

In the future, microbiome-based treatments are poised to unlock some gripping prospects. Advances in genetic engineering, synthetic biology, and computational modeling will enhance the design and performance of NGPs and SMT. In addition, integrating microbiome data into personalized medicine strategies could result in more targeted and effective treatments, optimizing therapeutic benefits while reducing side effects. In summary, microbiome-based therapies are a revolutionary breakthrough in medical science, offering a promising new direction for the management of various diseases. Continued research, development, and deeper understanding of microbial dynamics will be critical to realize the potential of these therapies, enabling their widespread implementation in healthcare, personalized medicine, and disease prevention in the future.

Acknowledgments

The author would like to acknowledge the National University of Medical Sciences, Islamabad, Pakistan, for providing a guidance and supportive research environment.

Funding

None.

Conflict of interest

The authors declare that they have no competing interests.

Author contributions

Conceptualization: Zoha Waheed Abbasi, Sania Ikram, Muhammad Naeem

Visualization: Sania Ikram, Muneed Ullah

Writing-original draft: Zoha Waheed Abbasi, Sania Ikram
Writing-review & editing: Aftab Ahmad, Irfan Ali, Muneed Ullah

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data

Not applicable.

References

1. Kapoor D, Sharma P, Sharma MMM, Kumari A, Kumar R. Microbes in pharmaceutical industry. In: *Microbial Diversity, Interventions and Scope*. Germany: Springer; 2020. p. 259-299. doi: 10.1007/978-981-15-4099-8_16
2. Dutta B, Lahiri D, Nag M, Ghosh S, Dey A, Ray RR. Fungi in pharmaceuticals and production of antibiotics. In: *Applied Mycology: Entrepreneurship with Fungi*. Germany: Springer; 2022. p. 233-257. doi: 10.1007/978-3-030-90649-8_11
3. Amara AAF, Gupta A. An Overview About Pharmaceutical Grade Fungal Protein and Peptides. Prospects of Fungal Biotechnologies for Livestock. In: *Fungal Biotechnologies for Animal Cell Lines*. Vol. 2. Germany: Springer; 2025. p. 321-353. doi: 10.1007/978-3-032-06478-3_12
4. Bhatt B, Patel K, Lee CN, Moochhala S. *The Microbial Blueprint: The Impact of Your Gut on Your Wellbeing*. Singapore: Partridge Publishing; 2024. Available from: <https://www.partridgepublishing.com/eng/bookstore/bookdetails/851799-the-microbial-blueprint-the-impact-of-your-gut-on-your-well-being> [Last accessed on 2025 Jul 12].
5. Welcome MO. History of development of gastrointestinal physiology: From antiquity to modern period and the birth of modern digestive physiology. In: *Gastrointestinal Physiology: Development, Principles and Mechanisms of Regulation*. Germany: Springer; 2018. p. 1-51.

- doi: 10.1007/978-3-319-91056-7_1
6. Walter J, Ley R. The human gut microbiome: Ecology and recent evolutionary changes. *Ann Rev Microbiol.* 2011;65(1):411-429.
doi: 10.1146/annurev-micro-090110-102830
 7. Neiroukh D, Hajdarasic A, Ayhan C, Sultan S, Soliman O. Gut microbial taxonomy and its role as a biomarker in aortic diseases: A systematic review and future perspectives. *J Clin Med.* 2024;13(22):6938.
doi: 10.3390/jcm13226938
 8. Mamo Z, Abera S, Tafesse M. Taxonomic and functional profiling of microbial community in municipal solid waste dumpsite. *World J Microbiol Biotechnol.* 2024;40(12):384.
doi: 10.1007/s11274-024-04189-3
 9. He Z, Dong H. The roles of short-chain fatty acids derived from colonic bacteria fermentation of non-digestible carbohydrates and exogenous forms in ameliorating intestinal mucosal immunity of young ruminants. *Front Immunol.* 2023;14:1291846.
doi: 10.3389/fimmu.2023.1291846
 10. Ramos Meyers G, Samouda H, Bohn T. Short chain fatty acid metabolism in relation to gut microbiota and genetic variability. *Nutrients.* 2022;14(24):5361.
doi: 10.3390/nu14245361
 11. Ahamad R, Parveen S. *Gut Microbiota and Nutrient Enrichment: Mechanism and Production of Vitamins. Probiotics.* United States: CRC Press; 2024. p. 56-75.
doi: 10.1201/9781003452249
 12. Pandit NK, Sharma P, Sharma P, Rout PR, Mohanty A, Meena SS. Valorizing agro-food waste for microbial B vitamin biosynthesis: Impacts on gut microbiota dynamics and microbial communication. *Rev Environ Sci Bio Technol.* 2026;25(1):1.
doi: 10.1007/s11157-025-09753-3
 13. Uebanso T, Shimohata T, Mawatari K, Takahashi A. Functional roles of B-vitamins in the gut and gut microbiome. *Mol Nutr Food Res.* 2020;64(18):2000426.
doi: 10.1002/mnfr.202000426
 14. Kaplan BJ, Rucklidge JJ, Romijn A, McLeod K. The emerging field of nutritional mental health: Inflammation, the microbiome, oxidative stress, and mitochondrial function. *Clin Psychol Sci.* 2015;3(6):964-980.
doi: 10.1177/2167702614555413
 15. Sahle Z, Engidaye G, Shenkute Gebreyes D, Adenew B, Abebe TA. Fecal microbiota transplantation and next-generation therapies: A review on targeting dysbiosis in metabolic disorders and beyond. *SAGE Open Med.* 2024;12:1-12.
doi: 10.1177/20503121241257486
 16. Illiano P, Brambilla R, Parolini C. The mutual interplay of gut microbiota, diet and human disease. *FEBS J.* 2020;287(5):833-855.
doi: 10.1111/febs.15217
 17. Rondanelli M, Borromeo S, Cavioni A, et al. Therapeutic strategies to modulate gut microbial health: Approaches for chronic metabolic disorder management. *Metabolites.* 2025;15(2):127.
doi: 10.3390/metabo15020127
 18. Shukla V, Singh S, Verma S, Verma S, Rizvi AA, Abbas M. Targeting the microbiome to improve human health with the approach of personalized medicine: Latest aspects and current updates. *Clin Nutr ESPEN.* 2024;63:813-820.
doi: 10.1016/j.clnesp.2024.08.005
 19. Feng W, Liu J, Ao H, Yue S, Peng C. Targeting gut microbiota for precision medicine: Focusing on the efficacy and toxicity of drugs. *Theranostics.* 2020;10(24):11278.
doi: 10.7150/thno.47289
 20. Chauhan NS, Kumar S. *Microbiome Therapeutics: Personalized Therapy Beyond Conventional Approaches.* Elsevier; 2023. Available from: <https://www.researchwithrutgers.com/en/publications/microbiome-therapeutics-personalized-therapy-beyond-conventional> [Last accessed on 2025 Jul 12].
 21. Yaqub MO, Jain A, Joseph CE, Edison LK. Microbiome-driven therapeutics: From gut health to precision medicine. *Gastrointest Disord.* 2025;7(1):7.
doi: 10.3390/gdisord7010007
 22. Ebadpour N, Abavisani M, Sahebkar A. Microbiome-driven precision medicine: Advancing drug development with pharmacomicrobiomics. *J Drug Target.* 2025;33:1495-1510.
doi: 10.1080/1061186X.2025.2509283
 23. Shah JS, Scheible CE, Farris AL, Bishop KA. *Precision Medicine and its Application to Chemical and Biological Diagnostics;* 2023. Available from: <https://www.ida.org/-/media/feature-publications/p/pr/precision-medicine-and-its-application-to-chemical-and-biological-diagnostics/p-33457.ashx> [Last accessed on 2025 Jul 14].
 24. Satya S, Sharma S, Choudhary G, Kaushik G. Advances in environmental microbiology: A multi-omic perspective. In: *Microbial Omics in Environment and Health.* Germany: Springer; 2024. p. 175-204.
doi: 10.1007/978-981-97-1769-9_7
 25. Chen XL, Sun MC, Chong SL, Si JP, Wu LS. Transcriptomic and metabolomic approaches deepen our knowledge of plant-endophyte interactions. *Front Plant Sci.* 2022;12:700200.
doi: 10.3389/fpls.2021.700200
 26. Sarsan S, Pandiyan A, Rodhe AV, Jagavati S. Synergistic interactions among microbial communities. In: *Microbes in Microbial Communities: Ecological and Applied Perspectives.*

- Germany: Springer Nature; 2021. p. 1-37.
doi: 10.1007/978-981-16-5617-0_1
27. Liu XA, Li X, Shen P, Cong B, Wang L. Fundamental role of brain-organ interaction in behavior-driven holistic homeostasis. *Fundam Res.* 2024;5:2626-2638.
doi: 10.1016/j.fmre.2024.09.005
 28. Chirivi M, Contreras GA. Endotoxin-induced alterations of adipose tissue function: A pathway to bovine metabolic stress. *J Anim Sci Biotechnol.* 2024;15(1):53.
doi: 10.1186/s40104-024-01013-8
 29. Jin L, Xiao J, Luo Y, *et al.* Exploring gut microbiota in systemic lupus erythematosus: Insights and biomarker discovery potential. *Clin Rev Allergy Immunol.* 2025;68(1):42.
doi: 10.1007/s12016-025-09051-4
 30. Grueso Navarro E, Lucendo AJ. Metabolic dysfunction-associated steatotic liver disease in inflammatory bowel disease: Prevalence, risk factors, pathophysiological pathways and clinical consequences. *Expert Rev Clin Immunol.* 2025;21:875-891.
doi: 10.1080/1744666X.2025.2514605
 31. Aziz T, Khan AA, Tzora A, Voidarou C, Skoufos I. Dietary implications of the bidirectional relationship between the gut microflora and inflammatory diseases with special emphasis on irritable bowel disease: Current and future perspective. *Nutrients.* 2023;15(13):2956.
doi: 10.3390/nu15132956
 32. Dixit K, Chaudhari D, Dhotre D, Shouche Y, Saroj S. Restoration of dysbiotic human gut microbiome for homeostasis. *Life Sci.* 2021;278:119622.
doi: 10.1016/j.lfs.2021.119622
 33. Bajaj JS, Ng SC, Schnabl B. Promises of microbiome-based therapies. *J Hepatol.* 2022;76(6):1379-1391.
doi: 10.1016/j.jhep.2021.12.003
 34. Ciernikova S, Sevcikova A, Drgona L, Mego M. Modulating the gut microbiota by probiotics, prebiotics, postbiotics, and fecal microbiota transplantation: An emerging trend in cancer patient care. *Biochim Biophys Acta Rev Cancer.* 2023;1878(6):188990.
doi: 10.1016/j.bbcan.2023.188990
 35. Nawaz K, Ullah M, Yoo JW, Aiman U, Ghazanfar M, Naeem M. Role of nutrition in the management of inflammatory bowel disease. *Recent Prog Nutr.* 2025;5(1):002.
doi: 10.21926/rpn.2501002
 36. Gupta N, Kachhawaha K, Behera DK, Verma VK. Next-generation probiotics as potential therapeutic supplement for gastrointestinal infections. *Pharmacol Res Rep.* 2023;1:100002.
doi: 10.1016/j.prerep.2024.100002
 37. Makki K, Vidal H, Grangette C. *Targeting the Gut Microbiota in Metabolic Disorders: Potential Impact of Lactic Acid Bacteria and Next-Generation Probiotics.* Lactic Acid Bacteria. CRC Press; 2019. p. 474-498. Available from: <https://www.taylorfrancis.com/chapters/edit/10.1201/9780429057465-27/targeting-gut-microbiota-metabolic-disorders-juvenile-growth-kassem-makki-martin-schwarzer-bernardo-cuffaro-hubert-vidal-emmanuelle-maguin-corinne-grangette> [Last accessed on 2025 Jul 14].
 38. Jan T, Negi R, Sharma B, *et al.* Next generation probiotics for human health: An emerging perspective. *Heliyon.* 2024;10:e35980.
doi: 10.1016/j.heliyon.2024.e35980
 39. Singh A, Midha V, Chauhan NS, Sood A. Current perspectives on fecal microbiota transplantation in inflammatory bowel disease. *Indian J Gastroenterol.* 2024;43(1):129-144.
doi: 10.1007/s12664-023-01516-8
 40. Srivastava N, Ibrahim SA, Nasr MHA. *Microbiome Engineering: The New Dimension of Biotechnology.* CRC Press; 2024. Available from: <https://www.taylorfrancis.com/books/edit/10.1201/9781003394662/microbiome-engineering-nimmy-srivastava-salam-ibrahim-mohamed-hussein-arbab-nasr> [Last accessed on 2025 Jul 14].
 41. D'Haens GR, Jobin C. Fecal microbial transplantation for diseases beyond recurrent clostridium difficile infection. *Gastroenterology.* 2019;157(3):624-636.
doi: 10.1053/j.gastro.2019.04.053
 42. Matheson JAT, Holsinger RD. The role of fecal microbiota transplantation in the treatment of neurodegenerative diseases: A review. *Int J Mol Sci.* 2023;24(2):1001.
doi: 10.3390/ijms24021001
 43. Ullah M, Awan UA, Ali H, *et al.* Carbon dots: New rising stars in the carbon family for diagnosis and biomedical applications. *J Nanotheranostics.* 2024;6(1):1.
doi: 10.3390/jnt6010001
 44. Lemmens G, Brouwers J, Snoeys J, Augustijns P, Vanuytsel T. Insight into the colonic disposition of celecoxib in humans. *Eur J Pharm Sci.* 2020;145:105242.
doi: 10.1016/j.ejps.2020.105242
 45. Fadda HM. The route to palatable fecal microbiota transplantation. *AAPS PharmSciTech.* 2020;21(3):114.
doi: 10.1208/s12249-020-1637-z
 46. Allegretti JR, Mullish BH, Kelly C, Fischer M. The evolution of the use of faecal microbiota transplantation and emerging therapeutic indications. *Lancet.* 2019;394(10196):420-431.
doi: 10.1016/S0140-6736(19)31266-8
 47. Chumpitazi BP, Kearns G, Shulman RJ. The physiological effects and safety of peppermint oil and its efficacy in

- irritable bowel syndrome and other functional disorders. *Aliment Pharmacol Therapeut.* 2018;47(6):738-752.
doi: 10.1111/apt.14519
48. Zhong Y, Cao J, Ma Y, Zhang Y, Liu J, Wang H. Fecal microbiota transplantation donor and dietary fiber intervention collectively contribute to gut health in a mouse model. *Front Immunol.* 2022;13:842669.
doi: 10.3389/fimmu.2022.842669
 49. Wilson BC, Vatanen T, Cutfield WS, O'Sullivan JM. The super-donor phenomenon in fecal microbiota transplantation. *Front Cell Infect Microbiol.* 2019;9:430737.
doi: 10.3389/fcimb.2019.00002
 50. Brown JRM, Flemer B, Joyce SA, *et al.* Changes in microbiota composition, bile and fatty acid metabolism, in successful faecal microbiota transplantation for *Clostridioides difficile* infection. *BMC Gastroenterol.* 2018;18:1-15.
doi: 10.1186/s12876-018-0860-5
 51. Kulsoom J, Kamran HB, Ullah F, Nawaz K, Ullah M, Naeem M. Nano-Based Drug Delivery Systems in Plants. In: *Revolutionizing Agriculture: A Comprehensive Exploration of Agri-Nanotechnology.* Germany: Springer; 2024. p. 307-323.
doi: 10.1007/978-3-031-76000-6_14
 52. Fassarella M, Blaak EE, Penders J, Nauta A, Smidt H, Zoetendal EG. Gut microbiome stability and resilience: Elucidating the response to perturbations in order to modulate gut health. *Gut.* 2021;70(3):595-605.
doi: 10.1136/gutjnl-2020-321747
 53. Safarchi A, Al-Qadami G, Tran CD, Conlon M. Understanding dysbiosis and resilience in the human gut microbiome: Biomarkers, interventions, and challenges. *Front Microbiol.* 2025;16:1559521.
doi: 10.3389/fmicb.2025.1559521
 54. Rivas-Domínguez A, Pastor N, Martínez-López L, Colón-Pérez J, Bermúdez B, Orta ML. The role of DNA damage response in dysbiosis-induced colorectal cancer. *Cells.* 2021;10(8):1934.
doi: 10.3390/cells10081934
 55. Ullah M, Lee J, Hasan N, *et al.* Clindamycin-loaded polyhydroxyalkanoate nanoparticles for the treatment of methicillin-resistant *Staphylococcus aureus*-infected wounds. *Pharmaceutics.* 2024;16(10):1315.
doi: 10.3390/pharmaceutics16101315
 56. Wei X, Wang F, Tan P, *et al.* The interactions between traditional Chinese medicine and gut microbiota in cancers: Current status and future perspectives. *Pharmacol Res.* 2024;203:107148.
doi: 10.1016/j.phrs.2024.107148
 57. Al-Matouq J, Al-Ghafli H, Alibrahim NN, Alsaffar N, Radwan Z, Ali MD. Unveiling the interplay between the human microbiome and gastric cancer: A review of the complex relationships and therapeutic avenues. *Cancers.* 2025;17(2):226.
doi: 10.3390/cancers17020226
 58. Routy B, Lenehan JG, Miller WH Jr., *et al.* Fecal microbiota transplantation plus anti-PD-1 immunotherapy in advanced melanoma: A phase I trial. *Nat Med.* 2023;29(8):2121-2132.
doi: 10.1038/s41591-023-02453-x
 59. Meng Y, Sun J, Zhang G. A viable remedy for overcoming resistance to anti-PD-1 immunotherapy: Fecal microbiota transplantation. *Crit Rev Oncol Hematol.* 2024;200:104403.
doi: 10.1016/j.critrevonc.2024.104403
 60. Yu H, Li XX, Han X, *et al.* Fecal microbiota transplantation inhibits colorectal cancer progression: Reversing intestinal microbial dysbiosis to enhance anti-cancer immune responses. *Front Microbiol.* 2023;14:1126808.
doi: 10.3389/fmicb.2023.1126808
 61. Aftab M, Ikram S, Ullah M, Khan SU, Wahab A, Naeem M. Advancement of 3D bioprinting towards 4D bioprinting for sustained drug delivery and tissue engineering from biopolymers. *J Manuf Mater Process.* 2025;9(8):285.
doi: 10.3390/jmmp9080285
 62. Safdar M, Ullah M, Hamayun S, *et al.* Microbiome miracles and their pioneering advances and future frontiers in cardiovascular disease. *Curr Probl Cardiol.* 2024;49(9):102686.
doi: 10.1016/j.cpcardiol.2024.102686
 63. Zhao W, Lei J, Ke S, *et al.* Fecal microbiota transplantation plus tislelizumab and fruquintinib in refractory microsatellite stable metastatic colorectal cancer: An open-label, single-arm, phase II trial (RENMIN-215). *EClinicalMedicine.* 2023;66:102315.
doi: 10.1016/j.eclinm.2023.102315
 64. Ullah M, Bibi A, Wahab A, *et al.* Shaping the future of cardiovascular disease by 3d printing applications in stent technology and its clinical outcomes. *Curr Probl Cardiol.* 2024;49(1 Pt A):102039.
doi: 10.1016/j.cpcardiol.2023.102039
 65. Gattazzo F. *The Role of Gut Microbiota in the Modulation of Cancer therapy Responses from Immune Mechanisms to Clinical Implications;* 2025. Available from: <https://hdl.handle.net/10807/309857> [Last accessed on 2025 Jul 14].
 66. Yadav D, Sainatham C, Filippov E, Kanagala SG, Ishaq SM, Jayakrishnan T. Gut microbiome-colorectal cancer relationship. *Microorganisms.* 2024;12(3):484.
doi: 10.3390/microorganisms12030484
 67. Naharro-Rodríguez J, Bacci S, Fernandez-Guarino M.

- Molecular biomarkers in cutaneous photodynamic therapy: A comprehensive review. *Diagnosics (Basel)*. 2024;14(23):2724.
doi: 10.3390/diagnosics14232724
68. Zhang WH, Jin ZY, Yang ZH, *et al.* Fecal microbiota transplantation ameliorates active ulcerative colitis by downregulating pro-inflammatory cytokines in mucosa and serum. *Front Microbiol*. 2022;13:818111.
doi: 10.3389/fmicb.2022.818111
69. Ishikawa D, Nomura K, Zhang X, *et al.* P1225 The interplay of donor-derived gut microbiota correlates with the efficacy of combination therapy of fecal microbiota transplantation with antibiotics for ulcerative colitis. *J Crohn's Colitis*. 2024;18(Suppl 1):i2173.
doi: 10.1093/ecco-jcc/jjad212.1225
70. Halsey TM, Thomas AS, Hayase T, *et al.* Microbiome alteration via fecal microbiota transplantation is effective for refractory immune checkpoint inhibitor-induced colitis. *Sci Transl Med*. 2023;15(700):eabq4006.
doi: 10.1126/scitranslmed.abq4006
71. Wang Y, Varatharajulu K, Shatila M, *et al.* Effect of fecal transplantation on patients' reported outcome after immune checkpoint inhibitor colitis. *Am Soc Clin Oncol*. 2023;41:2645-2645.
doi: 10.1200/JCO.2023.41.16_suppl.2645
72. Khuat LT, Dave M, Murphy WJ. The emerging roles of the gut microbiome in allogeneic hematopoietic stem cell transplantation. *Gut Microbes*. 2021;13(1):1966262.
doi: 10.1080/19490976.2021.1966262
73. Aftab M, Ali H, Ullah M, *et al.* Biomedical applications of carbon dots: Advances in antimicrobial therapy and targeted delivery systems. *Biomedical Materials and Devices*. New York: Springer; 2025. p. 1-22.
doi: 10.1007/s44174-024-00122-7
74. Han X, Zhang BW, Zeng W, *et al.* Suppressed oncogenic molecules involved in the treatment of colorectal cancer by fecal microbiota transplantation. *Front Microbiol*. 2024;15:1451303.
doi: 10.3389/fmicb.2024.1451303
75. van der Vossen EW, Davids M, Voermans B, *et al.* Disentangle beneficial effects of strain engraftment after fecal microbiota transplantation in subjects with MetSyn. *Gut Microbes*. 2024;16(1):2388295.
doi: 10.1080/19490976.2024.2388295
76. Hemachandra S, Rathnayake SN, Jayamaha AA, *et al.* Fecal microbiota transplantation as an alternative method in the treatment of obesity. *Cureus*. 2025;17(1):e76858.
doi: 10.7759/cureus.74762
77. Jiang X, Gao X, Ding J, *et al.* Fecal microbiota transplantation alleviates mild-moderate COVID-19 associated diarrhoea and depression symptoms: A prospective study of a randomized, double-blind clinical trial. *J Med Virol*. 2024;96(8):e29812.
doi: 10.1002/jmv.29812
78. Zeb F, Mehreen A, Naqeeb H, *et al.* Nutrition and dietary intervention in cancer: Gaps, challenges, and future perspectives. In: *Nutrition and Dietary Interventions in Cancer*. Germany: Springer; 2024. p. 281-307.
doi: 10.1007/978-3-031-55622-7_11
79. Song Q, Gao Y, Liu K, Tang Y, Man Y, Wu H. Gut microbial and metabolomics profiles reveal the potential mechanism of fecal microbiota transplantation in modulating the progression of colitis-associated colorectal cancer in mice. *J Transl Med*. 2024;22(1):1028.
doi: 10.1186/s12967-024-05786-4
80. Niu X, Jin L, Liu S, Li H. The impact of fecal microbiota transplantation on the intestinal microecology of patients with colorectal cancer. *Med Health Res*. 2024;2(2):31-33.
doi: 10.18686/mhr.v2i2.4129
81. Food and Agriculture Organization of the United Nations. *Health and Nutritional Properties of Probiotics in Food Including Powder Milk with Live Lactic Acid Bacteria*; 2001. Available from: <https://openknowledge.fao.org/server/api/core/bitstreams/8b1233c6-f928-4ff0-85e1-78b2e27c6e4e/content> [Last accessed on 2025 Jul 14].
82. Mohamed MYA. Probiotics benefits, potential limitations and risks. *Egypt Acad J Biol Sci Physiol Mol Biol*. 2024;16(1):253-276.
doi: 10.21608/eajbsc.2024.344590
83. Ikram S, Abbasi ZW, Khan AI, Kulsoom J, Khan MA, Khan SU. Aerobes in the gut microbiota-roles, interactions, and implications for host health. *Int J Basic Med Sci Pharmacy*. 2025;11(2):40-44.
84. Mousa WK, Mousa S, Ghemrawi R, *et al.* Probiotics modulate host immune response and interact with the gut microbiota: Shaping their composition and mediating antibiotic resistance. *Int J Mol Sci*. 2023;24(18):13783.
doi: 10.3390/ijms241813783
85. Safdar M, Aftab M, Ullah M, Naeem M, Wahab A. Genetic engineering of fungi. In: *Fungal Biotechnology*. Florida: CRC Press; 2025. p. 36-44.
doi: 10.1201/9781003594840-4
86. Hossain KS, Amarasena S, Mayengbam S. B vitamins and their roles in gut health. *Microorganisms*. 2022;10(6):1168.
doi: 10.3390/microorganisms10061168
87. Ullah M, Wahab A, Khan D, *et al.* Modified gold and polymeric gold nanostructures: Toxicology and biomedical

- applications. *Colloid Interface Sci Commun.* 2021;42:100412.
doi: 10.1016/j.colcom.2021.100412
88. Hyland N, Stanton C. *The Gut-Brain Axis: Dietary, Probiotic, and Prebiotic Interventions on the Microbiota.* Elsevier; 2023. Available from: <https://www.sciencedirect.com/book/edited-volume/9780128023044/the-gut-brain-axis> [Last accessed on 2025 Jul 14].
89. Denman CR, Park SM, Jo J. Gut-brain axis: Gut dysbiosis and psychiatric disorders in Alzheimer's and Parkinson's disease. *Front Neurosci.* 2023;17:1268419.
doi: 10.3389/fnins.2023.1268419
90. Jeong JJ, Jin YJ, Ganesan R, *et al.* Multistrain probiotics alleviate diarrhea by modulating microbiome-derived metabolites and serotonin pathway. *Probiotics Antimicrob Proteins.* 2025;17(5):2894-2908.
doi: 10.1007/s12602-024-10232-4
91. Cabral V, Oliveira R, Correia M, Pedro M, Ubeda C, Xavier K. *Novel Gut Probiotic Engages Microbiota for Recovery and Pathobiont Clearance While Preventing Inflammation* [Preprint]; 2023.
doi: 10.1101/2023.11.14.566997
92. Ahmed Z, Ullah M, Zeshan D, Khan SU, Ali F, Wahab A. Exploring the tumor microenvironment in solid cancer: From biology to therapy. *Methods Cell Biol.* 2025;198:359-385.
doi: 10.1016/bs.mcb.2025.02.020
93. Altaib H, Badr Y, Suzuki T. Bifidobacteria and psychobiotic therapy: Current evidence and future prospects. *Rev Agric Sci.* 2021;9:74-91.
doi: 10.7831/ras.9.0_74
94. Han S, Lu Y, Xie J, *et al.* Probiotic gastrointestinal transit and colonization after oral administration: A long journey. *Front Cell Infect Microbiol.* 2021;11:609722.
doi: 10.3389/fcimb.2021.609722
95. Taverniti V, Cesari V, Gargari G, *et al.* Probiotics modulate mouse gut microbiota and influence intestinal immune and serotonergic gene expression in a site-specific fashion. *Front Microbiol.* 2021;12:706135.
doi: 10.3389/fmicb.2021.706135
96. Mahesh Krishna B, Francis Luther King M, Robert Singh G, Gopichand A. 3D printing in drug delivery and healthcare. In: *Advanced Materials and Manufacturing Techniques for Biomedical Applications.* United States: John Wiley and Sons; 2023. p. 241-274.
doi: 10.1002/9781394166985.ch10
97. DiMattia Z, Damani JJ, Van Syoc E, Rogers CJ. Effect of probiotic supplementation on intestinal permeability in overweight and obesity: A systematic review of randomized controlled trials and animal studies. *Adv Nutr.* 2024;15(1):100162.
doi: 10.1016/j.advnut.2023.100162
98. Zhu X, Tian X, Wang M, Li Y, Yang S, Kong J. Protective effect of *Bifidobacterium animalis* CGMCC25262 on HaCaT keratinocytes. *Int Microbiol.* 2024;27(5):1417-1428.
doi: 10.1007/s10123-024-00419-1
99. Ullah M, Wahab A, Khan SU, *et al.* Stent as a novel technology for coronary artery disease and their clinical manifestation. *Curr Probl Cardiol.* 2023;48(1):101415.
doi: 10.1016/j.cpcardiol.2022.101415
100. Parhizgar N, Azadyekta M, Zabihi R. Effect of probiotic supplementation on depression and anxiety. *Complement Med J.* 2021;11(2):166-179.
doi: 10.32598/cmja.11.2.1073.1
101. Chung Y, Ryu Y, An BC, *et al.* A synthetic probiotic engineered for colorectal cancer therapy modulates gut microbiota. *Microbiome.* 2021;9(1):122.
doi: 10.1186/s40168-021-01067-3
102. Piątek J, Bernatek M, Krauss H, *et al.* Effects of a nine-strain bacterial synbiotic compared to simethicone in colicky babies - an open-label randomized study. *Benef Microbes.* 2021;12(3):249-258.
doi: 10.3920/bm2020.0178
103. Kwong Z. The application of probiotics in gastrointestinal diseases. *Theor Nat Sci.* 2024;74:25-34.
doi: 10.54254/2753-8818/2024.la18762
104. Aftab M, Ikram S, Ullah M, *et al.* Recent trends and future directions in 3D printing of biocompatible polymers. *J Manuf Mater Process.* 2025;9(4):129.
doi: 10.3390/jmmp9040129
105. Sepehr A, Miri ST, Aghamohammad S, *et al.* Health benefits, antimicrobial activities, and potential applications of probiotics: A review. *Medicine (Baltimore).* 2024;103(52):e32412.
doi: 10.1097/md.00000000000032412
106. Korotko U, Biskupski M, Cygnarowicz A, *et al.* The role of probiotics in antibiotic-associated diarrhea, acute diarrhea and functional constipation in children. *J Educ Health Sport.* 2024;76:56616-56616.
doi: 10.12775/jehs.2024.76.56616
107. Wampers A, Huysentruyt K, Vandenplas Y. An update on the use of 'biotics' in pediatric infectious gastroenteritis. *Expert Opin Pharmacother.* 2024;25(11):1483-1496.
doi: 10.1080/14656566.2024.2374494
108. Lee SJ, Jeong W, Atala A. 3D Bioprinting for engineered tissue constructs and patient-specific models: Current

- progress and prospects in clinical applications. *Adv Mater.* 2024;36(49):2408032.
doi: 10.1002/adma.202408032
109. Tiwari A, Ika Krisnawati D, Susilowati E, Mutalik C, Kuo TR. Next-generation probiotics and chronic diseases: A review of current research and future directions. *J Agric Food Chem.* 2024;72(50):27679-27700.
doi: 10.1021/acs.jafc.4c08702
110. Patra D. Synthetic biology-enabled engineering of probiotics for precision and targeted therapeutic delivery applications. *Exon.* 2024;1(2):54-66.
doi: 10.69936/en11y0024
111. Ullah M, Safdar M, Yoo JW, et al. Introduction to gastrointestinal inflammation and Gut Microbiota. In: *Gastrointestinal Inflammations and Gut Microbiota.* United States: CRC Press; 2025. p. 1-13.
doi: 10.1201/9781003493143
112. Verdugo-Meza A, Gill SK, Godovannyi A, et al. Bio-Engineering a Common Probiotic to Exploit Colonic Inflammation Promotes Reliable Efficacy in Translational Models of Colitis. [bioRxiv Preprint]; 2024.
doi: 10.1101/2024.10.08.617317
113. Aziz T, Naveed M, Sarwar A, et al. Functional annotation of *Lactiplantibacillus plantarum* 13-3 as a potential starter probiotic involved in the food safety of fermented products. *Molecules.* 2022;27(17):5399.
doi: 10.3390/molecules27175399
114. Abouelela ME, Helmy YA. Next-generation probiotics as novel therapeutics for improving human health: Current trends and future perspectives. *Microorganisms.* 2024;12(3):430.
doi: 10.3390/microorganisms12030430
115. Hasan N, Jiafu C, Mustopa AZ, et al. Recent advancements of nitric oxide-releasing hydrogels for wound dressing applications. *J Pharm Investig.* 2023;53(6):781-801.
doi: 10.1007/s40005-023-00651-7
116. Meng J, Liu S, Wu X. Engineered probiotics as live biotherapeutics for diagnosis and treatment of human diseases. *Crit Rev Microbiol.* 2024;50(3):300-314.
doi: 10.1080/1040841X.2023.2280197
117. Kaźmierczak-Siedlecka K, Skonieczna-Żydecka K, Hupp T, Duchnowska R, Marek-Trzonkowska N, Połom K. Next-generation probiotics-do they open new therapeutic strategies for cancer patients? *Gut Microbes.* 2022;14(1):2035659.
doi: 10.1080/19490976.2022.2035659
118. Al-Fakhrany OM, Elekhawy E. Next-generation probiotics: The upcoming biotherapeutics. *Mol Biol Rep.* 2024;51(1):505.
doi: 10.1007/s11033-024-09398-5
119. Steidler L, Neiryck S, Huyghebaert N, et al. Biological containment of genetically modified *Lactococcus lactis* for intestinal delivery of human interleukin 10. *Nat Biotechnol.* 2003;21(7):785-789.
doi: 10.1038/nbt840
120. Oh JH, Van Pijkeren JP. CRISPR-Cas9-assisted recombineering in *Lactobacillus reuteri*. *Nucleic Acids Res.* 2014;42(17):e131-e131.
doi: 10.1093/nar/gku623
121. Li H, Cheng Y, Cui L, et al. Combining gut microbiota modulation and enzymatic-triggered colonic delivery by prebiotic nanoparticles improves mouse colitis therapy. *Biomater Res.* 2024;28:0062.
doi: 10.34133/bmr.0062
122. Ren Y, Nie L, Luo C, Zhu S, Zhang X. Advancement in therapeutic intervention of prebiotic-based nanoparticles for colonic diseases. *Int J Nanomed.* 2022;17:6639.
doi: 10.2147/IJN.S390102
123. Guo J, Li L, Cai Y, Kang Y. The development of probiotics and prebiotics therapy to ulcerative colitis: A therapy that has gained considerable momentum. *Cell Commun Signal.* 2024;22(1):268.
doi: 10.1186/s12964-024-01611-z
124. Fei Y, Chen Z, Han S, et al. Role of prebiotics in enhancing the function of next-generation probiotics in gut microbiota. *Crit Rev Food Sci Nutr.* 2023;63(8):1037-1054.
doi: 10.1080/10408398.2021.1958744
125. Sadiq MB, Azhar F-u-A, Ahmad I. Probiotic and prebiotic interactions and their role in maintaining host immunity. In: *Microbiome-Gut-Brain Axis: Implications on Health.* Germany: Springer; 2022. p. 425-443.
doi: 10.1007/978-981-16-1626-6_22
126. Alifah N, Palungan J, Ardayanti K, et al. Development of clindamycin-releasing polyvinyl alcohol hydrogel with self-healing property for the effective treatment of biofilm-infected wounds. *Gels.* 2024;10(7):482.
doi: 10.3390/gels10070482
127. Cusumano G, Flores GA, Venanzoni R, Angelini P. The impact of antibiotic therapy on intestinal microbiota: Dysbiosis, antibiotic resistance, and restoration strategies. *Antibiotics.* 2025;14(4):371.
doi: 10.3390/antibiotics14040371
128. Speckmann B, Ehring E, Hu J, Rodriguez Mateos A. Exploring substrate-microbe interactions: A metabiotic approach toward developing targeted synbiotic compositions. *Gut Microbes.* 2024;16(1):2305716.
doi: 10.1080/19490976.2024.2305716

129. Wang X, Xing Y, Ji Y, *et al.* The combination of phages and faecal microbiota transplantation can effectively treat mouse colitis caused by *Salmonella enterica* Serovar Typhimurium. *Front Microbiol.* 2022;13:944495.
doi: 10.3389/fmicb.2022.944495
130. Safdar M, Amin Z, Ullah M, Wahab A, Hasan N, Naeem M. Cancer stem cell analysis and targeting. *Methods Cell Biol.* 2025;198:251-271.
doi: 10.1016/bs.mcb.2025.02.017
131. Jennings SA, Clavel T. Synthetic communities of gut microbes for basic research and translational approaches in animal health and nutrition. *Annu Rev Anim Biosci.* 2024;12(1):283-300.
doi: 10.1146/annurev-animal-021022-025552
132. Li L, Nielsen J, Chen Y. Personalized gut microbial community modeling by leveraging genome-scale metabolic models and metagenomics. *Curr Opin Biotechnol.* 2025;91:103248.
doi: 10.1016/j.copbio.2024.103248
133. Waleed A, Hamayun S, Shaikat A, *et al.* Nanotechnology and biomedical devices used as a novel tool in biosensing and bioimaging of disease. *J Women Med Dent Coll.* 2023;1(4):13-21.
doi: 10.56600/jwmdc.v1i4
134. Biazzo M, Deidda G. Fecal microbiota transplantation as new therapeutic avenue for human diseases. *J Clin Med.* 2022;11(14):4119.
doi: 10.3390/jcm11144119
135. Li Y, Zhu W, Jiang Y, Lessing DJ, Chu W. Synthetic bacterial consortia transplantation for the treatment of *Gardnerella vaginalis*-induced bacterial vaginosis in mice. *Microbiome.* 2023;11(1):54.
doi: 10.1186/s40168-023-01454-6
136. Oliveira RA, Pandey B, Lee K, *et al.* Statistical Design of a Synthetic Microbiome that Clears a Multi-Drug Resistant Gut Pathogen. [bioRxiv Preprint]; 2024.
doi: 10.1101/2024.02.28.582635
137. Ullah M, Wahab A, Saeed S, *et al.* Coronavirus and its terrifying inning around the globe: The pharmaceutical cares at the main frontline. *Chemosphere.* 2021;275:129968.
doi: 10.1016/j.chemosphere.2021.129968
138. Zahedifard Z, Mahmoodi S, Ghasemian A. Genetically engineered bacteria as a promising therapeutic strategy against cancer: A comprehensive review. *Biotechnol Appl Biochem.* 2025;72:1458-1476.
doi: 10.1002/bab.2676
139. Ullah M, Awan UA, Muhaymin A, *et al.* Cancer nanomedicine: Smart arsenal in the war against cancer. *Inorg Chem Commun.* 2025;174:114030.
doi: 10.1016/j.inoche.2024.114030
140. Amen RA, Hassan YM, Essmat RA, *et al.* Harnessing the microbiome: CRISPR-based gene editing and antimicrobial peptides in combating antibiotic resistance and cancer. *Probiotics Antimicrob Proteins.* 2025;174:1938-1968.
doi: 10.1007/s12602-025-10169-7
141. Remington LA, Goodwin D. *Clinical Anatomy and Physiology of the Visual System E-book: Clinical Anatomy and Physiology of the Visual System E-book.* Amsterdam: Elsevier Health Sciences; 2021. Available from: <https://www.elsevier.com/permissions> [Last accessed on 2025 Jul 14].
142. Nawaz K, Ullah M, Yoo JW, Wahab A, Hasan N, Naeem M. *Tissue Engineering for Wound Healing: Recent Advancements and Opportunities. Nanotechnology in Wound Healing.* CRC Press; 2025. p. 149-167. Available from: <https://www.taylorfrancis.com/chapters/edit/10.1201/9781003605966-7/tissue-engineering-wound-healing-khalid-nawaz-muneeb-ullah-jin-wook-yoo-abdul-wahab-nurhasni-hasan-muhammad-naeem> [Last accessed on 2025 Jul 14].
143. Selim HMRM, Goma FAM, Alshahrani MY, Aboshanab KM. Role of CRISPR-Cas system as a new approach in fighting the antimicrobial resistance of bacterial and viral pathogens. *Infect Dis Immun.* 2025;5(02):127-137.
doi: 10.1097/id9.000000000000127
144. Liu L, Zhao W, Zhang H, Shang Y, Huang W, Cheng Q. Relationship between pediatric asthma and respiratory microbiota, intestinal microbiota: A narrative review. *Front Microbiol.* 2025;16:1550783.
doi: 10.3389/fmicb.2025.1550783
145. Pantazi AC, Balasa AL, Mihai CM, *et al.* Development of gut microbiota in the first 1000 days after birth and potential interventions. *Nutrients.* 2023;15(16):3647.
doi: 10.3390/nu15163647
146. Olatunji AO, Olaboye JA, Maha CC, Kolawole TO, Abdul S. Next-generation strategies to combat antimicrobial resistance: Integrating genomics, CRISPR, and novel therapeutics for effective treatment. *Eng Sci Technol J.* 2024;5(7):2284-2303.
doi: 10.51594/estj.v5i7.1344
147. Sharon I, Quijada NM, Pasolli E, *et al.* The core human microbiome: Does it exist and how can we find it? A critical review of the concept. *Nutrients.* 2022;14(14):2872.
doi: 10.3390/nu14142872
148. Debnath N, Kumar R, Kumar A, Mehta PK, Yadav AK. Gut-microbiota derived bioactive metabolites and their functions in host physiology. *Biotechnol Genet Eng Rev.* 2021;37(2):105-153.
doi: 10.1080/02648725.2021.1930054
149. Debnath N, Yadav AK. Regulation of probiotic as a

- therapeutic agent to manage gastrointestinal cancer. *Probiotic Research in Therapeutics: Modulation of Gut Flora: Management of Inflammation and Infection Related Gut Etiology*. Vol. 2. Singapore: Springer Nature; 2021. p. 167.
doi: 10.1007/978-981-33-6236-9_7
150. Mitrea L, Nemeş SA, Szabo K, Teleky BE, Vodnar DC. Guts imbalance imbalances the brain: A review of gut microbiota association with neurological and psychiatric disorders. *Front Med*. 2022;9:813204.
doi: 10.3389/fmed.2022.813204
151. Deehan EC, Zhang Z, Riva A, *et al*. Elucidating the role of the gut microbiota in the physiological effects of dietary fiber. *Microbiome*. 2022;10(1):77.
doi: 10.1186/s40168-022-01256-0
152. Wang B, Han D, Hu X, Chen J, Liu Y, Wu J. Exploring the role of a novel postbiotic bile acid: Interplay with gut microbiota, modulation of the farnesoid X receptor, and prospects for clinical translation. *Microbiol Res*. 2024;287:127865.
doi: 10.1016/j.micres.2024.127865
153. Caradonna E, Abate F, Schiano E, *et al*. Trimethylamine-N-Oxide (TMAO) as a rising-star metabolite: Implications for human health. *Metabolites*. 2025;15(4):220.
doi: 10.3390/metabo15040220
154. Nageswaran V. The Impact of Gut Microbial Imidazole Propionate on Endothelial Regeneration and the Development of Atherosclerosis [Dissertation]; 2023.
doi: 10.17169/refubium-42738
155. Luo J, Luo M, Kaminga AC, *et al*. Integrative metabolomics highlights gut microbiota metabolites as novel NAFLD-related candidate biomarkers in children. *Microbiol Spectr*. 2024;12(4):e0523022.
doi: 10.1128/spectrum.05230-22
156. Tan J, Taitz J, Nanan R, Grau G, Macia L. Dysbiotic gut microbiota-derived metabolites and their role in non-communicable diseases. *Int J Mol Sci*. 2023;24(20):15256.
doi: 10.3390/ijms242015256
157. Ferrocino I, Rantsiou K, McClure R, *et al*. The need for an integrated multi-OMICs approach in microbiome science in the food system. *Compr Rev Food Sci Food Saf*. 2023;22(2):1082-1103.
doi: 10.1111/1541-4337.13103
158. Han S, Van Treuren W, Fischer CR, *et al*. A metabolomics pipeline for the mechanistic interrogation of the gut microbiome. *Nature*. 2021;595(7867):415-420.
doi: 10.1038/s41586-021-03707-9
159. Singer F, Kuhring M, Renard BY, Muth T. Moving toward metaproteogenomics: A computational perspective on analyzing microbial samples via proteogenomics. In: *Proteogenomics: Methods and Protocols*. Germany: Springer; 2024. p. 297-318.
doi: 10.1007/978-1-0716-4152-1_17
160. Kadam A, Kadam D, Tungare K, Shah H. Probiotics and prebiotics in healthy ageing. In: *Nutrition, Food and Diet in Ageing and Longevity*. Germany: Springer; 2021. p. 85-108.
doi: 10.1007/978-3-030-83017-5_5
161. Hasan N, Luthfiyah W, Palungan J, *et al*. Nitric oxide-releasing self-healing hydrogel for antibacterial and antibiofilm efficacy against polymicrobial infection. *Future Microbiol*. 2024;19(18):1559-1571.
doi: 10.1080/17460913.2024.2415237
162. Patel PG, Patel AC, Chakraborty P, Gosai HB. Impact of dietary habits, ethnicity, and geographical provenance in shaping human gut microbiome diversity. In: *Probiotics, Prebiotics, Synbiotics, and Postbiotics: Human Microbiome and Human Health*. Germany: Springer; 2023. p. 3-27.
doi: 10.1007/978-981-99-1463-0_1
163. Van Zanten AR. Personalized nutrition therapy in critical illness and convalescence: Moving beyond one-size-fits-all to phenotyping and endotyping. *Curr Opin Crit Care*. 2023;29(4):281-285.
doi: 10.1097/MCC.0000000000001025
164. Marcos-Zambrano LJ, Karadzovic-Hadziabdic K, Loncar Turukalo T, *et al*. Applications of machine learning in human microbiome studies: A review on feature selection, biomarker identification, disease prediction and treatment. *Front Microbiol*. 2021;12:634511.
doi: 10.3389/fmicb.2021.634511
165. Xia Y, Sun J. Applied Microbiome Statistics: Correlation, Association, Interaction and Composition. United States: CRC Press; 2024.
doi: 10.1201/9781003121572
166. Airola C, Severino A, Porcari S, *et al*. Future modulation of gut microbiota: From eubiotics to FMT, engineered bacteria, and phage therapy. *Antibiotics*. 2023;12(5):868.
doi: 10.3390/antibiotics12050868
167. Seet WT, Mat Afandi MA, Shamsuddin SA, Lokanathan Y, Ng MH, Maarof M. Current good manufacturing practice (cGMP) Facility and production of stem cell. In: *Stem Cell Production: Processes, Practices and Regulations*. Germany: Springer; 2022. p. 37-68.
doi: 10.1007/978-981-16-7589-8_3
168. Ng RW, Dharmaratne P, Wong S, Hawkey P, Chan P, Ip M. Revisiting the donor screening protocol of faecal microbiota transplantation (FMT): A systematic review. *Gut*. 2024;73(6):1029-1031.
doi: 10.1136/gutjnl-2023-331180