Original article

The relationship between the gut microbiota shifts and the inflammatory biomarkers in obese and normal weight adults

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ABSTRACT

Background: Healthy obesity means obese individuals remain free of metabolic health complications. Several researches link microbiota changes to obesity, focus on metabolic role of IL-6 and its ability to alter fat metabolism and correlate circulating calprotectin concentration to morbid obesity. This study evaluated the relative abundance of gut microbiota (Prevotella and γ-Proteobacteria), estimated the serum levels of inflammatory mediators (IL-6 and calprotectin) and studied the correlation between them in healthy obese and normal weight adults.

Methods: 33 healthy obese (HO) and 14 normal weight (NW) controls were included. Serum levels of IL-6 and calprotectin were estimated by ELISA. Abundances of Prevotella and γ-Proteobacteria were determined in stool using real time PCR.

Results: IL-6 and calprotectin levels were significantly lower in HO than in NW (p=0.001, p=0.001 respectively) with significant negative correlation between IL-6 and body mass index (BMI) in HO (r=-0.438, p=0.011) and negative but statistically insignificant correlation with BMI in NW groups (r=-0.024, p=0.935). There was negative but statistically insignificant correlation between calprotectin and BMI in HO (r=-0.075, p=0.677) and NW (r=-0.381, p=0.179). Prevotella and γ-Proteobacteria abundances were higher in HO than in NW and insignificant (p=0.31, p=0.55 respectively) with significant positive correlation between Prevotella and γ-Proteobacteria abundance in HO (r=0.436, p=0.011), positive and insignificant correlations between abundance of Prevotella and levels of IL-6 in HO and NW (r=0.086 vs r=0.272 respectively).

Conclusion: IL-6 and calprotectin have role in regulation of energy homeostasis. Elevated abundances of Prevotella and γ-Proteobacteria may be the primary shifts in gut microbiota of HO.

Introduction

The ‘microbiota’ collectively describes all microorganisms on and in the human body (skin, gut, and other tissues). The majority of up to 100 trillion microbes reside in the colon [1]. Gut microbiota exert numerous functions such as nutrient metabolism, maintenance of gut barrier function, development of the gastrointestinal immune system, and protection against pathogens [1,2]. Imbalance in the gut microbiota could result in various disease, such as obesity, diabetes mellitus and inflammatory diseases. Modulation of the gut microbiota represents a novel target for disease therapies through dietary interventions, probiotics, exercise and/or fecal microbiota transplantation [3,4]. Exercise was recognized to stabilize the progression of obesity and modify the gut microbiota composition by increasing the microbial
diversity, improving the Firmicutes/Bacteroidetes ratio that could potentially contribute to decrease body weight, obesity-associated pathologies and gastrointestinal disorders. Overall, promoting exercise could help to restore the balance toward an improvement of dysbiosis in obesity [5].

Obesity is a growing health problem and global challenge for health care [6,7]. Healthy obesity or metabolically healthy obese is a subtype of obesity which means obese individuals remain free of metabolic health complications such as type 2 diabetes mellitus and cardiovascular disease. It is more important to reach to new strategy to prevent healthy obese transition to metabolic unhealthy obese [8,9]. IL-6 has traditionally been known for its immunomodulatory effects, but some studies postulated that IL-6 administration could alter fat metabolism and lipolysis [10].

In obese humans, circulating IL-6 levels are sometimes slightly elevated and IL-6 resistance has been suggested as one possible underlying cause for the metabolic disturbances associated with obesity. In fact, lacking the IL-6 signal is associated with expansion of adipose tissue mass in mice and humans. Individuals with abdominal obesity treated with tocilizumab (IL-6 receptor antibody) failed to reduce visceral and epicardial adipose tissue mass in response to exercise training. However, how exactly endogenous IL-6 regulates adipose tissue mass in humans is largely unknown [11].

Calprotectin is a cytoplasmic protein complex, derived from neutrophils, monocytes/macrophages and dendritic cells and released from contracting skeletal muscle. Circulating levels of calprotectin are elevated in various inflammatory diseases, including inflammatory bowel disease, atherosclerosis and type 2 diabetes mellitus. It has been proven that calprotectin may be more useful for both detecting and monitoring inflammation in adults, related to metabolic complications of obesity, as compared with conventional inflammatory markers, such as white blood cell count or C-reactive protein [12].

This study was designed to evaluate the relative abundance of gut microbiota (Prevotella and Proteobacteria), estimate the serum levels of inflammatory mediators (IL-6 and calprotectin) and study the correlation between them in healthy obese and normal weight adults in order to suggest gut microbiota and/ or inflammatory profile manipulation as management lines of obesity.

**Methods**

**Ethics approval**

This study was approved by the Human Ethics Committee of Faculty of Medicine in Assiut University IRB no: 17100872. Informed consent was obtained before collecting samples from all patients and control subjects.

**Study design:** case control study.

**Subjects:** A total of 47 adults attending the outpatient obesity clinic at Assiut University Hospital from January to March 2020 including 33 were diagnosed as healthy obese (after clinical examination and routine laboratory investigation in obesity clinic at Assiut University Hospital) and 14 were normal weight participants as control group. The exclusion criteria included individuals with any chronic disease, febrile conditions or had febrile condition within the previous 2 months, chronic diarrhea, Crohn’s disease or ulcerative colitis. Also subjects had received non-steroidal anti-inflammatory, corticosteroids, laxatives or antibiotic at least two months before sample collection or vaccinated in the last 30 days were excluded.

**Anthropometric measurements**

Height, weight, and waist circumference were measured and body mass index (BMI) was calculated (kg/m²). The participants were classified into normal weight and healthy obese groups according to the criteria of the WHO for adults. Body mass index of normal weight was from 18.5 to 24.99 kg/m², and for the obese was ≥ 30 kg/m² [7,13].

**Diet quality scores**

According to manual of KomPAN questionnaire based on the usual food frequency consumption of 24 food items two diet quality scores were calculated; the pro-Healthy Diet Index (pHDI) and the non-Healthy Diet Index (nHDI) [14,15].

**Life style**

According to KomPAN questionnaire, the physical activity of participants was described at work or school time and during the leisure time [15].

**Samples**

Blood and fresh stool samples were collected from all the subjects included in the study. Stool samples were collected using sterile containers and stored at −80°C. Serum was separated from blood samples by centrifugation (at 2000 x g for 15 minutes at room temperature) and stored at −80°C.

**Measurement of calprotectin and IL-6 concentrations**
Serum concentrations of calprotectin and IL-6 were measured by ELISA technique using Human Calprotectin ELISA Kit (Bioassay Technology Laboratory Shanghai China Cat. No. E4010 Hu, Lot. No.1811011) and Human IL6 ELISA Kit (Bioassay Technology Laboratory Shanghai. China Cat. No. E0090 Hu, Lot. No.201902007) respectively according to the manufacturer’s protocol.

**Determination of the abundances of Prevotella and γ-Proteobacteria in stool samples using real time PCR:**

**Genomic DNA extraction from stool samples:**
DNA extraction was performed using DNA stool Mini Kit (Cat.No.:FASTI 001, 50 Preps, Lot.No.:BJ318119408) according to the manufacturer’s instructions. The concentration of extracted DNA was determined using a spectrophotometer (GeneQuart 1300, Germany) and the DNA was standardized to a final concentration of 4 ng/µl [7].

**Real time PCR technique for determination of Prevotella and γ-Proteobacteria abundance in stool samples**
Abundance of *Prevotella* and γ-Proteobacteria in stool samples was determined by real time PCR using 16S rRNA gene specific primers (Table 1) [7].

The optimal annealing temperatures of the PCR primer pairs and the correct product sizes were determined with end-point gradient PCR (7500 Fast Thermal Cycler; AMRC.EGYPT). The reaction was done at a final volume of 10µl (3 µl 5xHot FIREPOI EvaGreen qPCR Mix plus (ROX) reagent mix, 1 µl of each forward and reverse primer, 2 µl of genomic DNA template (8 ng) and 3 µl of distilled water).

The amplification program was performed as follow:
- Polymerase activation cycle at 95.0 °C for 2.0 min, 40 cycles.
- Denaturation was at 95.0 °C for 5 sec.
- Annealing was at the indicated Ta (Table 1) for 10 sec.
- Extension at 72.0 °C for 20 sec.

The product specificity was assessed by melting-curve analysis after denaturation at 95.0 °C for 10 sec and slowly heating the mixture from 65.0 °C to 95.0 °C with plate readings every 0.5 °C for 5 sec. Negative control was used for every run in which 2.0 µl of distilled H2O were used instead of DNA template.

**Table 1.** List of primers used for quantification of extracted DNA by real time PCR.

<table>
<thead>
<tr>
<th>Targeted prokaryotic taxa</th>
<th>Primer set</th>
<th>Primer sequence (5’→3’)</th>
<th>Amplicon size (bp)</th>
<th>Ta (°C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bacteria</td>
<td>Uni926F</td>
<td>F:AAACTCAAAKGAATTGACGG</td>
<td>180</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Uni1062R</td>
<td>R:CTCACRRCACGAGCTGAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Prevotella</em></td>
<td>Prov_F1</td>
<td>F:GCCGCGGTATAACGGAAGG</td>
<td>271</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Prov_R1</td>
<td>R:C'TAAATCGTTGYGATACCCGAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>γ-Proteobacteria</td>
<td>1080γF</td>
<td>F:TCGTCAGCTCGTGTYGTGA</td>
<td>170</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>1202γ R</td>
<td>R:CGTAAGGGCCATGATG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Statistical analysis**

The Statistical Package for Social Sciences version 16.0 (SPSS, Chicago, IL, USA) was used to analyze the data. Data were presented as mean± standard error of mean (SEM), Shapiro–Wilk test was used to test the normal distribution of all the variables. For non-normal distributions, values are log transformed before statistical tests. The statistical significance of differences between groups was evaluated by independent T tests and Mann–Whitney U test. The correlations between parameters were evaluated with Spearman’s correlation test. *p* value <0.05 was regarded as statistically significant.

To evaluate differences in the composition of microbiota in feces samples obtained from study groups, we compared the relative abundances in both groups. The registered Ct values of interested bacteria normalized to the Ct of total bacteria as internal control with the formula:

\[
\Delta Ct = Ct_{\text{gene of interest}} - Ct_{\text{internal control}}
\]

Then the data is presented as fold change in the expression of gene of interest between groups [16,17].
Results

For all the 47 participants in the study; demographic data, anthropometric measurements, physical activity and diet quality scores are presented in table (2).

The serum levels of IL-6 pg/ml (Mean ± SEM) in healthy obese group were significantly lower than that in normal weight control group (15.3±3.9 vs. 57.8±14.7) respectively, \( p = 0.0001 \) with t-test and \( p = 0.001 \) with Mann-Whitney test) (Figure 1A). In addition, the serum levels of calprotectin ng/ml (Mean ± SEM) were significantly lower in healthy obese group in comparison to normal weight group (270.21±87.5 vs. 631.03±122) respectively, \( p = 0.0001 \) with t-test and \( p = 0.001 \) with Mann-Whitney test) (Figure 1B). The relative abundances of \textit{Prevotella} in healthy obese group were higher than that in normal weight control group (12±0.038 vs. 9±0.04) respectively, but were not statistically significant (\( p =0.35 \) with t-test and \( p =0.313 \) with Mann-Whitney test) (Figure 1C).

The correlations between serum levels of the IL-6, BMI and calprotectin are listed in table (3) and figure (2).

The correlations of the relative abundance of \textit{Prevotella} and \textit{γ-Proteobacteria} in healthy obese and normal weight groups with different variables in the study are listed in table (4) and figure (3).

### Table 2. Demographic data, anthropometric measurements, physical activity and diet quality scores of the study participants.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Healthy obese</th>
<th>Normal weight</th>
<th>( p ) value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years, Mean ± SEM( ^\dagger ))</td>
<td>36.6±1.4</td>
<td>31±2.03</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong> Female/Male (F/M)</td>
<td>33 F (100%)</td>
<td>14 F (100%)</td>
<td></td>
</tr>
<tr>
<td>Waist circumferences (cm, Mean ± SEM( ^\dagger ))</td>
<td>117.3±2.88</td>
<td>84±1.4</td>
<td>0.0001*</td>
</tr>
<tr>
<td>BMI (kg/m(^2), Mean ± SEM( ^\dagger ))</td>
<td>37.5±5.3</td>
<td>23.5±1.5</td>
<td>0.0001*</td>
</tr>
<tr>
<td><strong>Physical activity</strong> (2 weeks before)</td>
<td></td>
<td></td>
<td>0.282</td>
</tr>
<tr>
<td>Low activities</td>
<td>17 (51.51%)</td>
<td>1 (7%)</td>
<td></td>
</tr>
<tr>
<td>Moderate activities</td>
<td>8 (24.24%)</td>
<td>2 (14.28%)</td>
<td></td>
</tr>
<tr>
<td>High activities</td>
<td>8 (24.24%)</td>
<td>11 (78.5%)</td>
<td></td>
</tr>
<tr>
<td><strong>Diet quality scores</strong> (2 weeks before)</td>
<td></td>
<td></td>
<td>0.0001*</td>
</tr>
<tr>
<td>pHDI</td>
<td>3.8</td>
<td>10.3</td>
<td></td>
</tr>
<tr>
<td>nHDI</td>
<td>11.3</td>
<td>6.8</td>
<td></td>
</tr>
</tbody>
</table>

\( ^\dagger \) SEM: Standard Error of Mean  
\( ^\dagger \) pHDI pro-Healthy Diet Index  
\( ^\dagger \) nHDI non-Healthy Diet Index

**Table 3. Correlations between serum levels of IL-6, BMI and calprotectin.**

<table>
<thead>
<tr>
<th>The serum levels of IL-6</th>
<th>The serum levels of calprotectin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative significant correlation with BMI in healthy obese group ( (r = 0.438, p = 0.011) ).</td>
<td>Negative but statistically insignificant correlation with BMI in healthy obese group ( (r = 0.075, p =0.677) ).</td>
</tr>
<tr>
<td>Negative but statistically insignificant correlation with BMI in normal weight group ( (r = 0.024, p = 0.935) ).</td>
<td>Negative but statistically insignificant correlation with BMI in normal weight group ( (r = -0.381, p = 0.179) ).</td>
</tr>
</tbody>
</table>

Positive significant correlation between serum levels of IL-6 and serum levels of calprotectin in healthy obese group and normal weight group \( (r = 0.491, p = 0.004 \) vs. \( r =0.560, p = 0.037 \) respectively).
Table 4. The correlations of the relative abundance of *Prevotella* and γ-Proteobacteria in healthy obese and normal weight groups with different variables in the study.

<table>
<thead>
<tr>
<th>Variable</th>
<th>The mean relative abundance <em>Prevotella</em></th>
<th>The mean relative abundance of γ-Proteobacteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BMI</strong></td>
<td>Negative and significant correlation in healthy obese group ( r = -0.362, p = 0.039 ). Positive and insignificant correlation in normal weight group ( r = 0.081, p = 0.782 ).</td>
<td>Positive but insignificant correlation in healthy obese group ( r = 0.206, p = 0.251 ). Negative but insignificant correlation in normal weight group ( r = -0.183, p = 0.53 ).</td>
</tr>
<tr>
<td><strong>Serum levels of calprotectin</strong></td>
<td>Positive but insignificant correlation in healthy obese group ( r = 0.136, p = 0.451 ). Negative but insignificant correlation in normal weight group ( r = -0.114, p = 0.697 ).</td>
<td>Negative but insignificant correlation in healthy obese group ( r = -0.202, p = 0.260 ). Positive but insignificant correlation in normal weight group ( r = 0.289, p = 0.316 ).</td>
</tr>
<tr>
<td><strong>Serum levels IL-6</strong></td>
<td>Positive but insignificant correlation in healthy obese group ( r = 0.303, p = 0.086 ). Positive but insignificant correlation in normal weight group ( r = 0.316, p = 0.272 ).</td>
<td>Negative but insignificant correlation in healthy obese group ( r = -0.170, p = 0.345 ). Positive but insignificant correlation in normal weight group ( r = 0.408, p = 0.147 ).</td>
</tr>
</tbody>
</table>

Positive significant correlation between the relative abundances of *Prevotella* and γ-Proteobacteria in healthy obese group \( r = 0.436, p = 0.011 \). Positive but statistically insignificant correlation between the relative abundances of *Prevotella* and γ-Proteobacteria in normal weight group \( r = 0.37, p = 0.193 \).

Figure 1. Serum levels of IL-6 (A) and calprotectin (B) in normal weight and healthy obese groups. The mean relative abundance of *Prevotella* (C) and γ-Proteobacteria (D) in normal weight and obese groups.
Figure 2. Correlation between BMI (kg/m²) and log serum levels of IL-6 (pg/ml) in healthy obese and normal weight groups (A). Correlation between BMI (kg/m²) and log serum levels of calprotectin (ng/ml) in healthy obese and normal weight groups (B) Correlation between log serum levels of calprotectin (ng/ml) and log serum levels of IL-6 (pg/ml) in healthy obese and normal weight groups (C).
Figure 3. Correlation between the relative abundance of *Prevotella* and log serum levels of IL-6 (A) and log serum levels of calprotectin (B) in healthy obese group and normal weight groups. Correlation between the relative abundance of γ-Proteobacteria and log serum levels of IL-6 (C) and log serum levels of calprotectin (D) in healthy obese group and normal weight groups.
Discussion

Our results showed the serum levels of IL-6 were significantly higher in normal weight group compared with healthy obese group. These results were in agreement with Pedersen et al. [18] and Mortensen et al. [19] who related this elevation to the increased physical activity of normal weight group compared to obese group due to muscle-derived IL-6 released into the circulation in large amounts. The systemic effects of IL-6 include enhancement of lipolysis and oxidation of fatty acids, without any changes in plasma levels of catecholamines, glucagon or insulin.

Another explanation was declared by the study of Punder and Prumboom [20]; the diet quality scores of normal weight group showed elevation in (PHDI) that contains more fibers, whole grains and proteins than healthy obese group that led to changes in the cytokine pattern towards a more pro-inflammatory cytokine profile.

The results of our study demonstrated that there were negative significant correlation between serum levels of IL-6 and BMI in healthy obese group. Our findings were supported by the study of Wallenius et al. [21] who concluded that IL-6 suppress body fat at the level of the CNS, presumably the hypothalamus, mainly by increasing energy expenditure rather than by suppression of feeding. Therefore, the low endogenous IL-6 production contributes to development of obesity.

Our results showed significant elevation in serum levels of calprotectin in normal weight group in comparison to healthy obese group due to more physical activity and diet quality that depends on low carbohydrate, high fiber and protein and whole grains in normal weight group. The study of Ohlsson et al. [22] supports this assumption as it showed that the serum calprotectin levels were increased after weight reduction using dietary intervention using lower carbohydrate and fat diet with higher fiber, whole-grain and protein diet. Mortensen et al. [18] and Maharaj et al. [23] were reported that exercises activate of neutrophils or macrophages embedded in muscle tissue lead to the calprotectin release following exercise.

The results of current study showed a strong positive significant correlation between serum levels of IL-6 and calprotectin in both groups. This is explained by previous studies of Mortensen et al. [19], Dhas et al. [24] and Maharaj et al. [23] who highlighted the role of IL-6 in the induction of calprotectin, and Grand et al. [25] who denoted that calprotectin is an endogenous ligand to TLR4 that causes up-regulation of pro-inflammatory cytokines such as TNF-α IL-6.

In agreement with previous studies by Chakraborti, [26] and Rizzatti et al. [27], our results showed increased relative abundance of Prevotella and γ-Proteobacteria in healthy obese group relative to normal weight group but were not statistically significant.

This elevation could be explained according to Amabebe et al. [28] as there is no bacteria has the capacity to hydrolyze all nutrients and produce all metabolites observed in the gut lumen, and there is metabolic synergy among the bacterial community so that the entire community collaborate to produce the physiological relationship with the host cells. Dysregulation of the physiological and biochemical interaction between the host and gut microbiota is characteristic of the obese state. A fact that was explained by the study of Shin et al. [29] that demonstrated the presence of differences in diet habit and physical activity between healthy obese and normal weight groups so γ-Proteobacteria increased with calorie-dense, high-fat and low-fiber diet.

Also Durban et al. [30], Haro et al. [31] and Hjorth et al. [32] concluded that Prevotella was increased with intake of high carbohydrate and fiber diet. Quiroga et al. [33] concluded that exercise reduces the γ-Proteobacteria, Prevotella, Bacteroides and increases the Lactobacillus.

In our study, we found positive correlations between the relative abundances of Prevotella and γ-Proteobacteria in both groups of the study. These positive correlations can be explained by the study of Shin et al. [29] who reported that the facultative anaerobes make the habitat suitable for colonization by strict anaerobes (e.g. Prevotella) via consuming oxygen, altering the pH, and producing carbon dioxide and nutrients.

The positive correlation between Prevotella and serum levels of IL-6 in both healthy obese and normal weight groups could elucidated by the studies of Larsen, [34] and Cani and Jordan, [35] that demonstrated Prevotella spp stimulate release of IL-8 and IL-6 by epithelial cells, favoring Th17 responses and neutrophil recruitment.

The positive correlations between the γ Proteobacteria and inflammatory mediators in normal weight group and the negative correlation in
healthy obese group may be explained by the difference in intestinal permeability between the two groups caused by differences in diet habit. Hiippala et al. [36] declared that leaky gut allows the intestinal content to be in contact with the host periphery potentially inducing inflammatory responses while Lin et al. [37] explained that Hexa-acylated LPS of γ Proteobacteria induces pro-inflammatory mediators.

Conclusions
This study conclude that IL-6 and calprotectin have role in the regulation of energy homeostasis and the elevation in relative abundances of Pevotella and γ-Proteobacteria may be attributed to differences in diet habits and physical activity between the two groups and primary shifts in gut microbiota of healthy obese. These finding represent a target for the development therapeutic strategies to manage obesity. We need to have multipurpose diet intervention that can successes in weight reduction, improved glucose metabolism and lead to reduced degree of inflammation regarding diet-microbiota-inflammation associations and decrease the use of pharmaceutical drugs with harmful effect on the health. However, this study has to be performed on a larger scale to allow more accurate statistical analysis.

Conflict of interest
The authors have no conflicts of interest to declare that are relevant to the content of this article.

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Authors’ contributions
Shereen M. Mohammed conceived and designed the study and wrote the original draft of the manuscript. Marwa Fayez Hosny administered the project, collected and analyzed the data. Manal Elsayed Ezz Eldeen provided clinical evaluation of study groups and helped in collecting participants’ data. While Mohamed Saad Badary and Wegdan A. Mohamed participated in revising the article critically and approved its intellectual content. All authors have reviewed and approved the final version of the manuscript.

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Data availability
The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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