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## Role of Kefir Milk on The Pathogenesis of *Entamoeba histolytica*

Sabaa Taher Mohammed\*

Department of Biology, College of Science, AL-Mustansiriya University, Baghdad, Iraq

### Abstract:

Kefir is fermented milk made from kefir grains consist mainly of lactic acid bacteria and yeast, it has several health-promoting properties, such as antimicrobial, antitumoral, and immunomodulating effects. However, there are few scientific reports about the effects of kefir on parasites. This work, studied the biological activity of kefir fermented against *Entamoeba histolytica* parasite in mice at concentration (100% and 50%) compared with the metronidazole (flagyl) drug at concentration (30 mg/ml). The results showed that infected mice treated with kefir (100% and 50%) complete the eradication of parasite after (6<sup>th</sup> and 8<sup>th</sup> day) respectively post inoculation while in metronidazole treated group the complete the eradication occur after (8<sup>th</sup> day) compared with control group which maintain shedding parasite until the end of experiment. The percentage of reduction parasite of treated groups were : kefir 100% was (81.1%) , kefir 50% was (76.4%) and for metronidazole was (75.1%). Histopathological it was study found that the parasite and metronidazole cause mucosal damage and inflammation while kefir reparation of the parasite damage in addition ,notice an increase in INF- $\gamma$  levels was noticed in serum mice treated with both concentration of kefir and metronidazole reaching (428.8 , 419.8 and 442) pg \ ml respectively compared with a range of positive and negative control, reaching (386.2, 233.2) pg \ ml. It also caused an increase of the concentration of secretory IgA in the intestinal tissue as it was in kefir groups and metronidazole (5.31 ,4.76 and 4.14) ng \ ml respectively , compared with the positive and negative control groups, reaching (2.91 and 0.72) ng \ ml respectively. These results indicated that kefir could help in reducing the effect of *Entamoeba histolytica* or treating the parasite in patients especially in immune suppressed patients .

**Keywords:** Kefir, *Entamoeba histolytica* , probiotics, INF- $\gamma$ , sIgA.

### دور لبن الكيفر (الفطر الهندي) على أمراض طفيلي الأميبا الحالة للنسيج

سبأ طاهر محمد\*

قسم علوم الحياة، كلية العلوم، الجامعة المستنصرية، بغداد، العراق

### الخلاصة

يعد الكيفر حليب متخمّر يصنع من حبيبات الكيفر، يتكون بصورة رئيسية من بكتيريا حامض اللاكتيك وخمائر، ويمتلك العديد من الخصائص المعززة للصحة مثل مضاد للمكروبات ومضاد للسرطان ويؤثر على الجهاز المناعي. هنالك عدد قليل من البحوث العلمية حول آثار الكيفر على الطفيليات. تضمنت الدراسة الحالية اختبار الفعالية البايولوجية لحبيبات الكيفر ضد طفيلي الأميبا الحالة للنسيج *histolytica* في الفئران وبتريكين (50% and 100%) وبالمقارنة مع عقار الميترونيدازول (الفلاجيل) وبتريكين (30 mg/ml). أظهرت النتائج أن الفئران المصابة والمعالجة بالكيفر قد توقفت عن طرح الطفيلي نهائياً في اليوم (6<sup>th</sup> و 8<sup>th</sup>) على التوالي بعد التجريع، بينما أختفى الطفيلي في براز الفئران المعالجة بالميترونيدازول تماماً بعد اليوم (8<sup>th</sup>) مقارنة مع مجموعة السيطرة والتي أستمرت بطرح الطفيلي حتى نهاية

\*Email:shebajanabi@yahoo.com

التجربة. وكانت النسبة المئوية لتناقص الطفيلي للمجاميع المعالجة كالأتي : كيفر 100% (81.1%)، كيفر 50% (76.4%)، المترونيدازول (30 mg/ml) (75.1%). كما أظهرت دراسة الأمراض النسيجية أن طفيلي الأميبا الحالة والميترونيدازول قد تسببوا بحدوث التهاب وتخرر لخلايا الامعاء بينما ساهم الكيفر في إعادة إصلاح نسيج الامعاء المتضرر من الطفيلي. كما لوحظ حدوث زيادة في مستوى  $INF-\gamma$  في مصل الفئران المعالجة بالكيفر (كلاالتركيزين) والمترونيدازول اذ بلغت نسبته (428.8, 442, 419.8) pg/ml على التوالي مقارنة مع مجموعتي السيطرة الموجبة والسالبة اذ بلغت (386.2 233.2) pg/ml على التوالي. بالإضافة الى ذلك كانت هناك بزيادة تركيز IgA الافرازي في نسيج الأمعاء اذ كان تركيزه في مجموعتي الكيفر والمترونيدازول (4.14, 4.76, 5.31) ng/ml على التوالي، مقارنة مع مجموعتي السيطرة الموجبة والسالبة اذ بلغت (2.91 و 0.72) ng/ml على التوالي. تشير هذه النتائج إلى أن الكيفر يمكن أن يساعد في الحد من تأثير طفيلي أميبا الحالة للنسج أوفي علاج الطفيلي وخاصة في المرضى الذين يعانون من التثبيط المناعي .

## Introduction

Amoebiasis is a human disease caused by many protozoal parasite like *Entamoeba histolytica* with or without clinical symptoms [1,2]. Infection is occurred by ingestion of cyst from fecal contaminated water, food or by food handlers [3]. Amoebiasis is presently one of the three most common causes of death from parasitic disease, the World Health Organization founded that *E. histolytica* causes nearly 50 million cases and 100,000 deaths annually [4,5].

The cyst is resistant many environmental conditions like chlorine used in water and gastric acid [6]. Symptoms may include bloody diarrhea, mild diarrhea, tissue death, abdominal pain and peritonitis [7]. Many drugs are used for the treatment of amoebiasis, most of them use is metronidazole [8], but many reported side effects like nausea, metallic taste and gastrointestinal disorders [9].

Probiotics are defined as live food supplement microorganisms that confer health benefits when administered in enough amount [10]. Kefir is a fermented milk produced by the effect of bacteria and yeast contained in kefir grain [11]. Kefir grain are combination of lactic acid bacteria and yeast in matrix of sugar, lipids and proteins [12]. It is at first very small but increase in size during fermentation [13]. These grains consist of complex group of lactic acid bacteria like (*Lactobacillus casei*, *L. hilgardi*, *L. kefir*, *L. plantarum*, *L. delbrueckii spp* and *Streptococcus lactis*), yeast (*Sacharomyces cerevisiae*, *Torulospora pretoriensis*, *Candida lambica* and *Candida valida*) [14]. Kefir consider as a natural probiotic [15]. Regular kefir exhaustion can be help to relieve all intestinal disorders, reduce flatulence and create a healthier digestive system [16]. Which provides beneficial bacteria and yeast, vitamins, minerals and protein, it has been used to help patients suffering from AIDS, chronic fatigue, herpes and cancer, antibacterial [17]. Plant extracts, bee-derived products and probiotics are safety and inexpensive which use to treat intestinal parasite [18].

There are few scientific reports on the effectiveness of probiotics or fermented products as treatment for *E. histolytica*. This study investigate the ability of kefir-fermented milk in treated and protect mice from *E. histolytica* infection and high light on some of the changes that occur infection and treatment.

## Material and Methods

### Samples Collection:

Stool samples were collected from patients with diarrhea from privet laboratory randomly. Small amount of sample was examined on direct microscopic examination of feces to ensure that contain the parasite.

### Culturing the parasite:

Small amount of positive stool sample was cultured on the LES-media (NIH modification of Boeck and Drbohlav's media) [19]. Culture tube incubated vertically at  $37^{\circ}C$  for 48h. For experimental inoculation, actively growing trophozoites were sediment after chilling the culture tubes for 5min in an ice-water bath, and were finally suspended in PBS to final concentration of  $1 \times 10^6$  trophozoite/ml.

### Kefir preparation:

Commercial kefir grains from America (Los Angeles) were used to obtain the fermented milk [20]. The granules were washed with water and incubated in milk in a proportion of 10% w/v for 24h

at 20 °C. The product obtained was filtered to separate the fermented milk from the granules, which were washed again and seeded in fresh milk. Fresh kefir was prepared every 24h and was administered to mice absolute (100%) and diluted (50 %) in distilled water. The final concentration of bacteria and yeast was approximately  $10^{12}$ ,  $10^5$  for absolute and  $10^6$ ,  $10^2$  c.f.u ml<sup>-1</sup> respectively.

#### **Animals:**

Thirty six male albino mice aged 6-8 week, weighing 20-25gm were obtained from National Control Center for Drugs and Researches, the mice were housed under standard conditions and were fed with a conventional diet and water *ad libitum*, stool of them was examined before beginning of the experiment to make sure that the mice are free from any intestinal parasites.

#### **Experimental design:**

Experimental animals were immunosuppressed by hydrocortisone acetate (25 mg/ml) in a daily intramuscular dose of (0.1ml/mouse) for 5 days. 24 mice were inoculated with (0.1ml) contain ( $1 \times 10^6$  trophozoite), after (48hr) all mice feces were examined to confirm the infection occur, then the infected mice divided to (4 groups) each group contain (6) mice, the remaining non infected mice kept as a negative control group. Then each group was inoculated as follow:

-**CP(positive control):** was only infected, given orally (0.1 ml) of normal saline.

-**KA(kefir absolute):** was given (3ml) of kefir (100%).

-**KD(kefir diluted):** was given (3ml) of kefir (50%).

-**GM (group metronidazole) :** was given (0.1ml) of metronidazole (30 mg/ml).

-**CN( negative control):** was given only (0.1ml) of normal saline.

#### **Enumeration of the parasite:**

Parasites in feces were enumerated according Magda *et al.* [21]. Counting of shed parasite in (10) microscopic fields, calculation of the mean parasite count and the percent reduction in each group was determined.

#### **Sufficient treatment calculation:**

Sufficient treatments for kefir and metronidazole were measured according to the method of Xiao *et al* [22].

#### **Quantification of mouse INF- $\gamma$ in mice serum:**

At the end of the Kefir and metronidazole treatment period, blood of the mice was with drawn from all groups and were subjected for separation of sera. INF- $\gamma$  Concentrations were determined by commercially available ELIS Kit of mouse INF- $\gamma$  (cat No.K0331138) Komabiotech.

#### **Quantification of secretory IgA (sIgA) :**

At the 7<sup>th</sup> day post-infection and treatment, four mice from each group were sacrificed and removed (1gm) from large intestine, the concentration of sIgA were determined by commercially available ELIS Kit of Mouse Secretory Immunoglobulin A (sIgA) ELISA Kit (Cat No. MBS269144) Mybiosource.com.

#### **Histopathological study:**

At the end of experimental period, hematoxylin and eosin stained large intestine sections from mice of all groups were examined microscopically for histopathological changes.

#### **Statistical analysis:**

Data were computerized and statistically analyzed using the arithmetic mean and standard deviation, T-test and chi -square test.

#### **Results and discussion:**

The present study showed the effective impact of Kefir in gradually reducing the number of parasites *Entameba histolytica* in infected mice with. As shown in Table-1, the feces of mice became clear from the parasite completely for KA group at the 6<sup>th</sup> day and at the 8<sup>th</sup> for KD group post inoculation.

The metronidazole treated group(GM) also causes gradually reducing in number of parasite shedding and became zero at the 8<sup>th</sup> day after treated, this reducing in numbers of parasites was statistically significantly ( $p < 0.001$ ), while the control positive group(CP) continued shedding of parasites to the end of the test. Also, the percentage of reduction in parasites shedding for treated groups were : (KA) group was (81.1%) in comparison to the (KD) group and (GM) group which was (76.4% and 75.1%) respectively. There are significant differences ( $p < 0.05$ ) between treated groups as which is showed in Table-2.

Probiotic can kill or inhibit both prokaryotic and eukaryotic pathogenesis in the intestine by induce many mechanism through active molecular secretion (e.g. hydrogen peroxide, free fatty acids ,bacterocin like lactacin , reuterin, anisin), and enhanced Immune response, Lactic acid can change the local intestinal pH which directly inhibits the growth of the acid sensitive organism [23]. Any microorganism must be first adhere to the epithelial cell of the intestine to invade host cell and replicating occur, probiotic bacteria may compete for adhesion site and occupy common receptors on the intestinal epithelial cell [24]. Recently from invitro culture systems and animals models established that probiotic bacteria can be used for therapeutic and control both intestinal parasite and few non gut infections spread among human and veterinary animals [25]. Also shown that the probiotic yeast named *Saccharomyces boulardii* when combined with antibiotics show protective effect of parasite *E histolytica* and reduce the of disease symptoms [26].

Oliviera – sequeira *et al.*[27] reported that the inoculation of available *Bifidobacterium animalis* can induce resistance against *Strongyloides venezuelensis* infection in mice.

**Table 1-** The number of *E.histolytica* parasites in Kefir absolute , kefir dilute ,metronidazole and control group.

Day after treatment	Group			
	CP	*KA	*KD	*CM
1	2.5± 0.57	3± 0.81	2.75± 0.95	2.5± 0.57
2	6± 0.81	4.25± 0.95	3.25± 0.5	5± 0.81
3	8± 0.81	5±0.81	5±0.81	6±0.81
4	8± 1.82	3.25± 0.95	4.75± 0.95	4± 0.81
5	9.5± 1.29	1.5±0.70	3± 0.81	2.5± 0.57
6	10.75± 0.95	0	2± 0.81	2± 08.1
7	11.75± 0.95		1±0	1± 0
8	11.5±1.29		0	0
9	12.5±1.29			
10	12± 0.81			
11	0			
* (P<0.001)				

**Table 2-** The percent reduction in *E.histolytica* parasites shedding among treated groups.

Mouse groups	Percent reduction in parasite shedding %
*Kefir A	81
*Kefir D	76.4
*GM	75.1
Stastical analysis	P<0.05

### Serum level of mouse INF- $\gamma$ :

As shown in Table-3 the concentration of INF- $\gamma$  in all serum treated groups (KA, KD, CM) were increasing significantly ( $p<0.05$ ) and became (442,428.8 and 419.8) pg/ml respectively in comparison to CP groups which was only (386.2) pg/ml, while the CN was (233.2) pg/ml.

Probiotic can modulate release many cytokines like ( INF- $\gamma$ ,TNF- $\alpha$ ,IL-12 and IL-10) which play a main role in maintaining the equilibrium between necessary and excessive defines mechanism [28]. Exogenous IFN- $\gamma$  can activates neutrophils and macrophages for killing *E. histolytica in vitro* [29]

Seydel *et al.* [30] suggested that IFN- $\gamma$  and nitric oxide (NO) are important in host defense against the protozoan parasite *E. histolytica* , also it able to activate host neutrophils and macrophages to kill amoebic trophozoites *in vitro* and may play similar function in the murine model of amebic liver abscess. Oral administration of kefir can induce both Th1 response by Th2 cytokines like (IL-2,IL-4, IL-12, IFN- $\gamma$ ) on the intestinal mucosal in mice [31].

**Table 3-** INF- $\gamma$  level in sera of different treated groups

Mouse groups	INF- $\gamma$ level (pg/ml)±SD
*CN	233.2±1.64
*CP	386.2±3.03
*Kefir A	442±3.6
*kefirD	428.8±7.7
GM	419.8±2.86
Stastical analysis	P<0.05

### Concentration of sIgA in intestinal tissue:

The concentration of sIgA was determined by using ELISA-kit. Table-4 shows that at 7<sup>th</sup> day post infection and treated significantly increasing ( $P < 0.005$ ) occur in sIgA concentration which was recorded in intestine (KA and KD) which became (5.31 and 4.76 ng/ml) respectively, compared with GM group which was (4.142 ng/ml), while the CP and CN groups were (2.91 and 0.72 ng/ml) respectively, suggesting that the sIgA level was induced by kefir.

Thoreux and Schmuker [32] found that fed kefir to young mice and old rats led to faster mucosal immune response also increase IgA-secretion, sIgA in the gut considered as non-specific defense mechanisms and intimate cooperation with innate immunity [31].

Many studies establish the ability of fermented milks to support humoral immunity by increasing secretion intestinal IgA [33, 34], sIgA is considered the first line of specific defense against natural infections in the vast area occupied by mucosal surfaces [35].

The sIgA purified from a pool of anti-protease-positive samples showed a strong inhibitory effect on the *E. histolytica* proteolytic activity *in vitro* [36].

Carrero *et al.* [37] found that the secretory (IgA) anti-*E. histolytica* antibodies in the saliva of patients with intestinal amoebiasis inhibit amebic adherence to a monolayer of MDCK (Madin-Darby canine kidney) cells. These results reflect the ability of secretory IgA antibodies to prevent *E. histolytica* adherence to epithelial cells. Mucosal IgA antilectin antibody response is associated with immune protection against *E. histolytica* colonization [38].

The sIgA response developed against some antigens of *E. histolytica* trophozoites during the intestinal infection in humans and experimental rodents confers temporal protection against the re-infection, probably by inhibiting the adherence of the parasite to the colonic wall [39].

Cysteine proteinase activity is predominately responsible for the degradation of human IgA by *E. histolytica* [40]. *S. boulardii* can be treating giardiasis when combined with metronidazole therapy and can stimulate IgA secretion [41].

**Table 4-** Secretion IgA concentration (ng/ml) in intestinal tissue of different treated groups and control group

Mouse groups	sIgA concentration (ng/ml)±SD
*CN	0.72±0.11
*CP	2.91±0.50
<b>Kefir A</b>	5.31±0.83
*kefirD	4.76±0.57
*GM	4.14±0.35
<b>Statistical analysis</b>	P<0.05

### Histopathological study:

Histopathological changes of the intestine after *E. histolytica* and after therapeutic with kefir and metronidazole was studied as follows:

-CN (control negative): showed normal structure as shown in Figure-1.

-CP (infected): showed hydropic degeneration and vacuolated epithelial cells due to necrosis and mild inflammation Figure-2.

-KA and KD: looks like normal structure as shown in Figure-3, only little increase occurred in goblet cells no pathological changes were noticed.

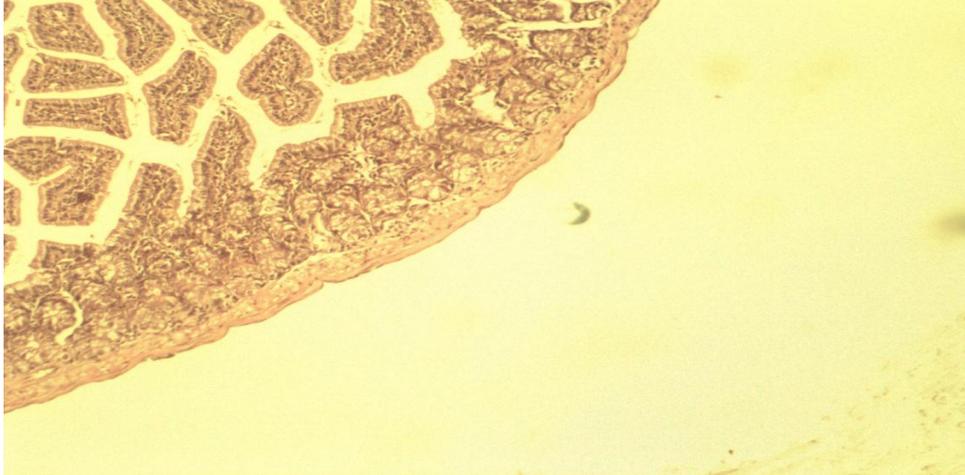
-CM: showed inflammation, hydropic degeneration, mild increase in goblet cells, short length of villi Figure-4.

Mild irritation of the epithelium produced by soluble amebic products, irritation stimulates goblet cells to release mucus, at the same time that it increases its production, thus explaining the glandular hyperplasia, also amebic toxins may produce edema of the underlying epithelium [42].

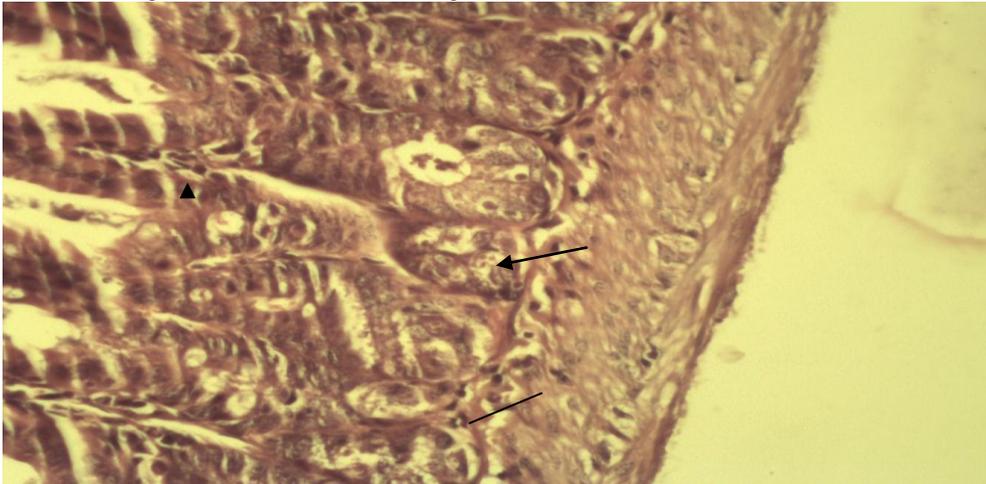
Teruya *et al.*, [43] study the protective effect of Kefir against the gastrointestinal damage associated with radiation therapy. The histological and immunohistochemical examinations revealed that the diluted Kefir solutions protected the crypts from radiation, and promoted crypt regeneration.

Kefir is established of milk, therefore it can buffer the pH of the stomach when ingested, this provides time for many of the bacteria to pass through to the upper small intestine [44], although yoghurt which is well known in different countries than kefir considered an important probiotic product [45], it enhances proliferation and colonization rate of beneficial bacteria in the intestine which

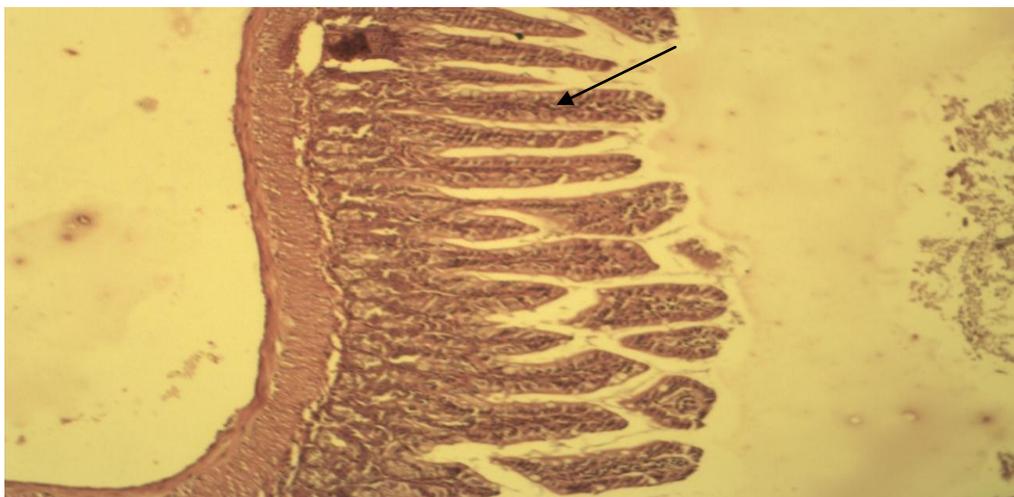
conversely prevents growth of certain pathogens [46] and contain large number and different bacteria and yeast during fermentation. The yeast and bacteria produce variety of component that gives kefir singular taste, texture and proving to be bioactive. At least one exopolysaccharide, proteinase and large number of bioactive peptides has been found in kefir, thus kefir consumption not only affects digestion, but also effect on metabolism and immune function in human.



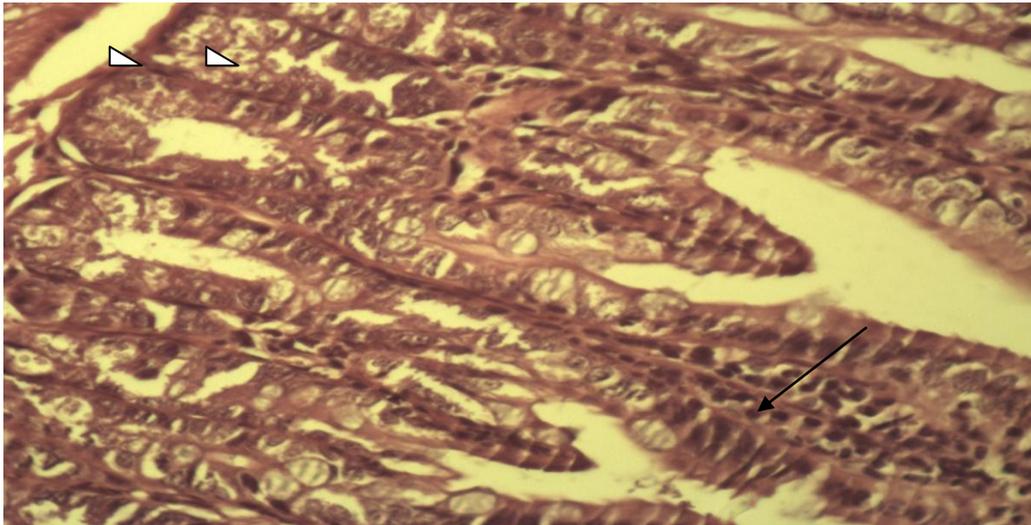
**Figure 1-** Section of large intestine from mice of negative control showed normal structure (H&E; 200X).



**Figure 2-** Histopathological section of large intestine from mice of positive control showed necrosis ( → ) and mild inflammation ( — ). (H&E), 400X



**Figure 3-** Section of large intestine in mice treated with Kefir, showing near normal appearance of colonic mucosa mild increase in goblet cells. (H&E), 200x



**Figure 4-** Section of large intestine (colon) in mice treated with metronidazole ,showing infiltration of lymphocytes ( → ), necrosis ( ↖ ) and short length of villi . (H&E) , 400x.

### References

1. World Health Organization. **1997**. Amebiasis wkly Epidemiol REY 72, pp:97-100.
2. Boon, N.A. **2006**. *Davidson's principles and practice of medicine*. Elsevier Heal. SCI., p:358.
3. Chandy C., Robert J.A., Beherman R.E., Kleigman R.M., Jenson H.B. and Saunders W.B. **2004**. *Amoebiasis in Nelson textbook of pediatrics*, Seventeenth Edition, company, 257, pp:1123-1125.
4. AnonyMous. **1997**. Amoebiasis wkly. *Epdermoil.Rec.*72, pp:97-99.
5. Walsh, J.A. **1986**. Problems in recognition and diagnosis of amoebiasis: estimation of the global magnitude of morbidity and mortality. *Rev. Inf. Dis.* 8(2), pp: 228-238.
6. Chandy, C., Robert, J.A., Robert, A., Beherman, R.E., Kleigman, R.M., Jenson, H.B. **2004**. Amoebiasis in Nelson. *Text Book of Pediatrics*, Seventeenth Edition, Company, 257, pp:1123-1125.
7. Farrar, J., Peter, J., Hotez, T., Gagandeep, K., David, L., and Nicholas, J. **2013**. *Manson's Tropical Diseases Elsevier Health Sciences*. pp:664-671. ISBN.
8. Bansal, D., Sehgal, R., Chawla, Y., Malla, N. and Mahajan R C. **2006**. Multidrug resistance in amoebiasis patient. *Indian J Med Res*, 124, pp:189-194.,
9. Wain, A.M. **1998**. Metronidazole vaginal gel 0.75% (Metrogel- vaginal): a brief review. *Infect. Dis. Obstet. Gynecol*, 6, pp: 3–7.
10. Guamer, F. and Schaafsma, G.J. **1998**. Probiotic. *Int.J.Food.Microbiol.*, 39, pp:237-238.
11. La Rivière, J.W.M., Kooiman, P. and Schmidt, K. **1967**. Kefiran, a novel polysaccharide produced in the kefir grain by *Lactobacillus brevis*. *Archive für Mikrobiologie* , 59, pp: 269-278.
12. De Oliveira Leite, A.M., Miguel, M.A, Peixoto, R.S., Rosado, A.S., Silva J.T, Paschoalin V.M.I. **2013**. Microbiological, technological and therapeutic properties of kefir: a natural probiotic beverage. *Braz J Microbiol* , 44 (2), pp: 341–349.
13. Steinkraus, K.H. **1996**. *Acid-fermented milk and milk. Cereal foods Handbook of Indigenous Fermented different culturing condition on Kefir grain increase*. Foods Second Edition. New York: Marcel Dekker, pp: 305-308.
14. Pidoux, M. **1988**. Microflora of sugary Kefir. *World. J. Microbiol Biotechnol.*, 5, pp: 223-238.
15. Salminen, S., Bouley, C. and Boutron Ruault, M. C. **1998**. Functional food science and gastrointestinal physiology and function. *Br. J. Nutr*, 80, pp: 147-171.
16. Semih, O. and Cagindi, O. **2003**. Kefir: A probiotic Dairy-composition, Nutritional and therapeutic apset. Pakistan. *Journal of Nutrition*, 2(2), pp: 54-59.
17. Zacconi, C., Parisi, M. G., Sarra, P. G., Dallavalle, P. and Bottazzi, V. **1995**. Competitive exclusion of Salmonella kedougou in kefir fed chicks. *Microbiol. Alim. Nutr*, 12, pp:387-390.
18. Travers, M.A., Florent, I., Khol, L. and Grellier, P. **2011**. Probiotics for the control of parasites: an over view. *J.Parasitol.Res* , 2011, 610769 10.1155/2011/610769. [PubMed].

19. Von Brand, T., C., Rees, R., Jacobs, L. and Reardon, L. V. 1943. Studies on reducing substances and gas formation in cultures of *Entamoeba histolytica* and a single species of symbiotic bacterium. *Am. J. Hyg* , 37, pp:310-319.
20. Garrote, G.L., Abraham, A.G., De Antoni, G.L. 2001. Chemical and microbiological characterisation of kefir grains. *J. Dairy Res*, 68, pp: 639–652.
21. Magda M. S, Jamila, S. A. and Areej, G.A. 2015. Control of Cryptosporidiosis by Probiotic Bacteria. International Conference on Agricultural, Ecological and Medical Sciences. April 7-5.
22. Xiao, L., Saeed, K., Herd, R. P. 1996. Efficacy of albendazole and fenbendazole against *Giardia* infection in cattle. *Veterinary Parasitology*, 61, pp: 165–170.
23. Wohlgemuth, S., Loh, G., Blaut, M. 2010. Recent developments and perspectives in the investigation of probiotic effects. *Int J Med Microbiol* , 300(1), pp:3-10.
24. Dalloul, R.A, Lillehoj, H.S, Tamim, N.M., Shellem ,T.A, Doerr ,J.A. 2005. Induction of local protective immunity to *Eimeria Acervulina* by a *Lactobacillus*-based probiotic. *Comp Immunol Microbiol Infect Dis*, 28, pp: 351-361.
25. Mukhopadhyay, B. and Ganguly, N.K. 2014. The Unexplored Role of Probiotics on the Parasitic Pathogens. *Food and Nutrition Sciences*, 5, pp:2177-2184.
26. Mansour-Ghanaei, F., Dehbashi, N., Yazdanparast, K., Shafaghi, A. 2003. Efficacy of *Saccharomyces boulardii* with antibiotics in acute amoebiasis. *World J Gastroenterol*, 9: 1832–1833.
27. Olivera-Sequeira, Teresa C. G., David, É. B., Ribeiro, C., Guimaraes, S., Masseno, A. P. B., Katagiri, S., Sequeira, J. L. 2014. Effect of *Bifidobacterium animalis* on mice infected with *Strongyloides venezuelensis*. *Rev Inst Med Trop Sao Paulo*. Mar-Apr, 56(2), pp:105-109.
28. Arvola, T., Laiho , K ., Torkkeli S, et al.1999. Prophylactic *Lactobacillus GG* reduces antibiotic-associated diarrhea in children with respiratory infections: A randomized study. *Pediatrics*, 104, p:e64.
29. Denis, M. and Chadee, K. 1989. Cytokine activation of murine macrophages for *in vitro* killing of *Entamoeba histolytica* trophozoites. *Infect. Immun*, 57, pp:1750–1756.
30. Seydel, K.B., Smith, S.J. and Stanley, S.L. Jr. 2000. Innate immunity to amebic liver abscess is dependent on gamma interferon and nitric oxide in a murine model of disease. *Infect. Immun* , 68, pp:400–402.
31. Vinderola, C.G., Duarte, J., Thangavel, D., Perdigon G., Farnworth E. and Matar, C. 2005. Immunomodulating capacity of kefir. Importance of dose and cell viability. *Journal of Dairy Research*, 72(2), pp:195-202.
32. Thoreux, K. and Schmucker, D.L. 2001. Kefir milk enhances intestinal immunity in young but not old rats. *Journal of Nutrition*, 131, pp: 807-812.
33. Matar, C., Valdez, J.C, Medina, M., Rachid, M., Perdigon, G. 2001. Immunomodulating effects of milks fermented by *Lactobacillus helveticus* and its non-proteolytic variant. *J Dairy Res* , 68(4), pp:601-609.
34. Cano, P.G, Agüero, G., Perdigón, G. 2002 .Immunological effects of yogurt addition to a re-nutrition diet in a malnutrition experimental model. *J Dairy Res*, 69(2), pp: 303-316.
35. Woof, J.M and Kerr, M.A. 2006. The function of immunoglobulin A in immunity. *J Pathol*, 208(2), pp:270-282.
36. Guerrero-Manríquez, G.G, Sánchez-Ibarra, F and Ávila, E.E. 1998. Inhibition of *Entamoeba histolytica* proteolytic activity by human salivary IgA antibodies. *APMIS*, 106, pp: 1088–1094.
37. Carrero, J. C, Díaz, M.Y , Viveros, M. , Espinoza, B., Acosta, E., and Ortiz-Ortiz L. 1994. Human secretory immunoglobulin A anti-*Entamoeba histolytica* antibodies inhibit adherence of amebae to MDCK cells. *Infect Immun*. Feb, 62(2), pp: 764–767
38. Haque, R., Ibnekarim, M., Ali, R. Bradley, S., Barry, M., Farr, G. R, and William ,A. 2001. Amebiasis and Mucosal IgA Antibody against the *Entamoeba histolytica* Adherence Lectin in Bangladeshi Children. *J Infect Dis*, 183(12), pp:1787-1793.
39. Carreo, J. C., Cervantes-rebolledo C., ,H., Aguilar-diaz, M. Y. Diaz-gallardo, J. P. Lacette and Morles-montor, J. 2007. The role of the secretory immune response in the infection by *Entamoeba histolytica*. *Parasite Immunology*, 29, pp:331–338.
40. Brian, L. Kelsall and Jonathan I. Ravdin. 1993. Degradation of Human IgA by *Entamoeba histolytica*. *The Journal of Infectious Diseases* , 168: 5 (Nov), pp:1319-1322.

41. Bulent, A.B., Asim, U., Mehmet, C., Hakan, E., Ismail, Y.A. and Alaaddin ,P .**2006** *Sccharomyces boulardi* and infection due to *Giardia lamblia* .*Scandinavian Journal of Infection Diseases*.,38, pp:479-481.
42. Martha Espinosa-Cantellano and Adolfo Martínez-Palomo. **2000**. Pathogenesis of Intestinal Amebiasis: From Molecules to Disease. *Clin Microbiol Rev*, 13(2), pp: 318–331.
43. Teruya, K., Myojin-Maekawa, Y., Shimamoto, F., Watanabe, H., Nakamichi, N., Tokumaru, K., Tokumaru, S., Shirahata, S. **2013**. Protective effects of the fermented milk Kefir on X-ray irradiation-induced intestinal damage in B6C3F1 mice., *Biol Pharm Bull* ,36(3), pp:352-359.
44. Farnworth, E., Mainville, I. and Arcand, Y. **2003**. Buffering capacity of milk products in an *in vitro* upper gastrointestinal tract model. *Canadian Federation of Biological Societies*, 46 Annual Meeting, Ottawa, June 12-14.
45. Farnworth, E.R. **1999**. Kefir: From folklore to regulatory approval. *J. Nutra. Funct. Med. Foods*, 1, pp: 57–68.
46. Ota A. **1999**. Protection against an infectious disease by enterohaemorrhagic E.coli 0-157. *Medical Hypotheses*, 53(1), pp:87–88.