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**Diet with lactosucrose supplementation ameliorates trinitrobenzene****sulfonic acid-induced colitis in rats**

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**Author Contributions**

Z. Ruan was in charge of the whole project and involved in the designing of the study and revised the paper. Y. Zhou conducted the animal trial and wrote the part of paper. H. Li, L. Wang, S. Liu assisted with tissue collection, chemical analyses; X. Zhou, and C. Zhang, assisted with RT-PCR; X. Huang assisted with H&E staining and immunohistochemistry. Z. Deng, G. Wu, and Y. Yin assisted with discussion.

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23 **Abstract:**

24 Chronic intestinal inflammation contributes to an increased risk of colon cancer.  
25 Lactosucrose (LS), a kind of functional trisaccharide, can modulate immunity and promote  
26 microbe growth. The aim of this study was to investigate the effects of LS on  
27 2,4,6-trinitrobenzenesulfonic acid (TNBS) induced colitic in rats. Rats had been randomly  
28 into four treatments: Normal group, TNBS group, LS group, and salicylazosulfapyridine  
29 (SASP) group for five weeks. LS supplementation ameliorated TNBS-induced colitis. LS  
30 supplementation increased IL-10 production and suppressed the secretion of IL-12 in the  
31 colon, as compared to TNBS group. LS decreased the production of TLR-2 protein and  
32 nuclear NF- $\kappa$ B p65 protein, as well as mRNA levels, as compared with colitic rats. These  
33 results indicated that chronic feeding of LS inhibited TNBS-induced chronic inflammation.  
34 LS has potential nutraceutical intervention to combat colitis.

35

36 **Key words:** lactosucrose; inflammation; colitis; Toll-like receptor 2; nuclear factor kappa B  
37 (NF- $\kappa$ B)

38

## 39 1. Introduction

40 Inflammatory bowel diseases (IBD), including Crohn's disease (CD) and ulcerative  
41 colitis (UC), are chronically recurrent disorders of the intestine <sup>1</sup>. IBD was involved in the  
42 dysregulation of the intestinal immune response. Immune and non-immune cells within the  
43 intestinal mucosa recognize conserved microbial structures through so-called pattern  
44 recognition receptors (PRRs), including toll-like receptors (TLRs) <sup>2</sup>. And TLR-mediated  
45 cellular responses can lead to chronic inflammation, which in turn contributes to the  
46 development of IBD <sup>3</sup>. Polymorphisms in TLR-1,-2, -4 and -9 loci have been associated with  
47 IBD in human <sup>4-6</sup>.

48 Nuclear factor-kappa B (NF- $\kappa$ B) may serve as the main mediator of TLRs signaling in  
49 IBD <sup>7</sup>. It is a key regulator of the inducible expression of numerous genes involved in  
50 immune and inflammatory responses in the gut <sup>8,9</sup>. Increased NF- $\kappa$ B activation has been  
51 detected in the intestinal lamina propria of patients with CD or murine TNBS colitis models  
52 <sup>10,11</sup>. Colonic mucosal biopsies as well as lamina propria mononuclear cells from IBD  
53 patients display increased presence of NF- $\kappa$ B p65 in the nucleus in comparison to mucosa  
54 samples from healthy individuals <sup>12</sup>. Neurath et al. were able to prevent and even to abrogate  
55 established TNBS-induced colitis in mice by administrating antisense oligonucleotides  
56 directed against NF- $\kappa$ B p65 <sup>13</sup>. Growing evidences in the association of NF- $\kappa$ B activation and  
57 IBD suggest that modulation of NF- $\kappa$ B signaling pathway is the main target for the  
58 anti-inflammatory treatment of IBD.

59 Activation of NF- $\kappa$ B then upregulates the expression of numerous proinflammatory  
60 cytokines, such as interleukin-6 (IL-6) and IL-12, involved in intestinal inflammation. IL-6 is  
61 a pleiotropic cytokine. An elevation in serum IL-6 levels during remission in CD patients was  
62 found to be clinically relevant parameter for predicting inflammatory activity <sup>14</sup> as well as for  
63 corresponding with a high frequency of disease relapse <sup>15</sup>. TNBS-induced colitis can be  
64 abrogated with antibodies specific for IL-12 <sup>16</sup>, in which excessive production of IL-12 seems  
65 to be the crucial underlying genetic abnormality in susceptible mice <sup>17</sup>. However, IL-10 is an  
66 anti-inflammatory cytokines that inhibit both antigen presentation and subsequent release of  
67 proinflammatory cytokines, thereby attenuating mucosal inflammation. IL-10 can inhibit the  
68 effector functions of activated macrophages and monocytes in vitro and downregulate IL-12

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69 <sup>18</sup>, and inactivation of IL-10 in mice results in an increased production of IL-12 <sup>19</sup>.  
70 IL-10<sup>-/-</sup>-mice spontaneously develop colitis in a bacteria-containing environment but are  
71 healthy in germ-free conditions <sup>20</sup>.

72 Although the etiology of IBD is not well understood, the promoting effects of functional  
73 oligosaccharides on intestinal health have been attracted more and more attention.  
74 Fructo-oligosaccharide attenuates the production of pro-inflammatory cytokines <sup>21</sup>. Fruit  
75 intake is negatively associated with the risk for IBD and can reduce the risk factors of colon  
76 cancer <sup>22</sup>. So far, a number of experimental findings have suggested that intestinal metabolites  
77 (short-chain fatty acids) and beneficial bacterium in gut lumen contribute to the remission of  
78 IBD. For example, butyric acid attenuates intestinal inflammation in murine colitis <sup>23</sup>. In  
79 addition, it is different for luminal and mucosa-associated microflora between IBD patients  
80 and healthy controls <sup>24</sup>.

81 Several animal models have been developed to investigate the pathology of IBD. One of  
82 these models is 2,4,6-trinitrobenzene sulfonic acid (TNBS) induced colitis in which rodents  
83 receiving TNBS develop acute and chronic transmural colitis resembling colitis <sup>25</sup>. The  
84 TNBS/ethanol induced colitis model has been very useful in studying many important aspects  
85 of gut inflammation, including cytokine secretion patterns, cell adhesion, and immunotherapy  
86 <sup>26</sup>.

87 Lactosucrose (4<sup>G</sup>-β-D-galactosylsucrose, LS) is an indigestible trisaccharide, which is  
88 composed of galactose, glucose, and fructose. It was approved as commercial prebiotics by  
89 Japan Health Department before 20 years and is prevalent until now. Several studies have  
90 shown that LS confers anti-inflammatory and anti-allergic effects <sup>27-30</sup>. Hino *et al.* reported  
91 that LS could stimulate overproduction of growth factor-β1 (TGF-β1) in peyers patches <sup>28</sup>. LS  
92 was found to inhibit immunoglobulin E production and increase the secretive yield of IL-10  
93 in ovalbumin/alum-immunized mice <sup>29</sup>. In addition, LS has been shown to promote the  
94 growth of *Bifidobacteria* in patients with chronic inflammatory bowel disease or in healthy  
95 human <sup>30, 31</sup>. Although a number of studies have investigated the effects of LS on  
96 inflammation, the anti-inflammatory effect and mechanisms of LS have not been studied  
97 thoroughly.

98 In our previous study, we found LS increased short chain fatty acid (SCFA) production,

99 and promoted *Bifidobacterium* and *Lactobacillus*, decreased the number of *Escherichia* in  
100 TNBS-induced colonic inflammation<sup>32</sup>. The main objective of present work is to investigate  
101 the effects of LS on TNBS-induced colitic rats and its effect on TLR-2, TLR-4 and nuclear  
102 NF- $\kappa$ B p65 expression in colitis.

103

## 104 **2. Materials and Methods**

### 105 2.1 Chemicals

106 TNBS (0.5% w/v) was purchased from Sigma-Aldrich Chemical Co. (MO, USA).  
107 Rabbit polyclonal NF- $\kappa$ B p65, TLR-2, and Lamin B1 antibodies were purchased from Santa  
108 Cruz Biotechnology (CA, USA). NE-PER nuclear and cytoplasmic extraction reagents and  
109 enhanced chemiluminescence were purchased from Thermo Scientific (MA, USA).  
110 Peroxidase conjugated anti-rabbit immunoglobulin G, IL-12, IL-10, and IL-6 ELISA kits  
111 were purchased from Boster Biological Technology (Wuhan, China). Alanine transaminase  
112 (ALT) and aspartate transaminase (AST) were obtained Nanjing Jiancheng Bioengineering  
113 Institute (Nanjing, China). Blood clinical chemistry reagents for measure of alkaline  
114 phosphatase (ALP), total protein (TP), albumin (ALB), urea nitrogen (BUN), low-density  
115 lipoprotein (LDL) and cholesterol (CHO) were form Leadman Biochemistry (Beijing, China).  
116 Trizol was purchased from Invitrogen (NY, USA). Reverse Transcription System Kit from  
117 (Beijing, China).

### 118 2.2 Preparation of Lactosucrose

119 LS was catalytically synthesized from sucrose and lactose solution by  
120  $\beta$ -fructofuranosidase.  $\beta$ -fructofuranosidase was derived from *Arthrobacter* sp.10138 in our  
121 laboratory. In this enzyme-catalyzed reaction (pH 7.0 and 30 °C), the solution contained 550  
122 mmol/L sucrose, 550 mmol/L lactose, and  $\beta$ -fructofuranosidase (250 U/ml). After a 24h  
123 period, the whole solution was vacuum freeze-drying, and LS was obtained. And the  
124 concentration of saccharides were analyzed by high performance liquid chromatography  
125 (HPLC) 1200 from Agilent (USA) with evaporative light scattering detector (ELSD) model  
126 300S (Softa, America) according to Ruan *et al*<sup>33</sup>. The chromatographic column is a Kromasil  
127 100-5NH<sub>2</sub> column (250 mm  $\times$  4.6mm). The mobile phase consisted of acetonitrile/water  
128 (75:25 V/V) flowed in the rate of 1.0 mL/min, and the temperature of column oven was 25 °C.

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129 The drift tube and evaporator temperature was set at 70 °C and 30 °C, respectively.

### 130 2.3 Animals care

131 Female Sprague-Dawley rats weighing  $200 \pm 20$  g were obtained from SIPPR-BK  
132 Experimental Animal (Shanghai, China). All animals were housed in a specific pathogen-free  
133 condition, temperature-controlled atmosphere ( $25 \pm 1$  °C at 50% relative humidity) under a  
134 12 h light/12 h dark cycle. The rats had free access to standard diet (GB14924.1-2001, Table  
135 1) and sterile drinking water at all times. This study was carried out in Jiangxi Province  
136 Center for Disease Control and Prevention (Nanchang, China), and performed in accordance  
137 with the Chinese guidelines for the Laboratory Animals Care.

#### 138 2.3.1 Introduction of colitis and experimental design

139 An ulcerative colitis model was induced by previously described methods<sup>34</sup>. Rats were  
140 deprived of food but not water for 24 h before induction of colitis. Fasted animals were  
141 lightly anesthetized with 1% pentobarbital sodium, and a plastic catheter was inserted rectally  
142 into the colon. Then TNBS was located 8 cm proximal to the anus. One milliliter of TNBS  
143 dissolved in 50% (v/v) ethanol was introduced into the lumen of the colon at a dose of  
144 100 mg/kg body weight through the plastic catheter. Following administration of TNBS, the  
145 animals were kept in a head-down position for 60 s to allow the samples to move through the  
146 gastrointestinal tract.

147 The rats with intestinal inflammation induced by TNBS were assigned randomly into  
148 one of the three treatments: the TNBS group (receiving physiological saline), the LS group  
149 (intragastric administration, 250 mg/kg body weight every day), and the SASP group  
150 (intragastric administration receiving salicylazosulfapyridine (SASP), 250 mg/kg body  
151 weight every day) as positive control. SASP is commonly used in clinical therapeutics for  
152 IBD patients. Normal rats that had not been exposed to TNBS were given physiological  
153 saline (Normal group). There were 6 rats in each group. All rats in each group were treated  
154 for 35 days, and then sacrificed with ether anesthesia to obtain tissue samples.

#### 155 2.3.2 Evaluation of colitis severity

156 The parameters recorded in the experiments were the disease activity index (DAI)<sup>35</sup>,  
157 body weight, food intake and small intestinal length index. DAI ranging from 0-3 using the  
158 following parameters: weight loss, occult blood positivity, and stool consistency of the animal

159 (Table 2).

#### 160 2.4 Histological grading of colitis

161 Histological examination was performed as previously described <sup>36</sup>. The colon tissues  
162 were fixed in 10% (v/v) buffered formalin phosphate, embedded in paraffin, and cut into 5  
163  $\mu\text{m}$  section. Then the sections were stained with hematoxylin and eosin, and then assessed  
164 under light microscopy. The degree of inflammation was graded semi-quantitatively from 0 to  
165 4 (0, no signs of inflammation; 1, very low level of inflammation; 2, low level of leukocyte  
166 infiltration; 3, high level of leukocyte infiltration, high vascular density, and thickening of the  
167 colon wall; and 4, transmural infiltration, loss of goblet cells, high vascular density, and  
168 thickening of the colon wall). Grading was performed in a blinded fashion.

#### 169 2.5 Assay of blood clinical chemistry

170 When rats were sacrificed, fresh blood samples were obtained and collected in tubes  
171 containing heparin. The blood samples were centrifuged at 3500 r/min and the supernatant  
172 fluid (plasma) was obtained. All samples were stored at  $-20\text{ }^{\circ}\text{C}$  until analysis.

173 Hematological parameters ALP, BUN, LDL, TP, CHO, and ALB were determined using  
174 a biochemistry analyzer (Beckman, USA). ALT and AST were determined by  
175 spectrophotometry using commercial kits.

#### 176 2.6 Assay of secretory production of IL-12, IL-6 and IL-10 in the colon

177 The production of IL-12, IL-6 and IL-10 in the colon was measured using  
178 enzyme-linked immunosorbent assay (ELISA). The sections of the proximal colon (100 mg)  
179 were taken from inflamed areas and homogenized in physiological saline (10 ml). The  
180 solution was centrifuged at 3500 r/min for 15 min. The supernatant was obtained for the  
181 analysis of cytokines. These cytokines were measured with ELISA kits (Boster Biological  
182 Technology, Wuhan, China) according to the manufacturer's protocol. The ELISA microplate  
183 was read using an ELISA reader (Dynatech Laboratories, USA) with an absorbance  
184 maximum at 450 nm.

#### 185 2.7 Immunohistochemistry

186 Immunohistochemistry was performed as previously described <sup>37</sup>. Samples from the  
187 colon were fixed in 4% paraformaldehyde in phosphate buffer solution and dehydrated with  
188 ethanol. Then those samples were embedded in paraffin. Sections (5  $\mu\text{m}$  thick) were prepared



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189 and exposed to immunoperoxidase. Endogenous peroxidase was cleared by treatment with  
190 3% H<sub>2</sub>O<sub>2</sub> phosphate buffered saline (PBS) for 20 min at room temperature. After washing  
191 with 0.05 mol/L PBS (pH 7.4), slides were blocked with 5% bovine serum albumin (BSA) in  
192 PBS for 20 min at room temperature to prevent non-specific protein binding. Then, the slides  
193 were sequentially exposed to the primary antibody TLR-2 (Santa Cruz Biotechnology, CA,  
194 USA, 1:200) and NF- $\kappa$ B p65 (Santa Cruz Biotechnology, CA, USA, 1:80) in PBS and  
195 incubated overnight at 4°C. After rinsing, the slides were incubated with a secondary  
196 antibody conjugated to biotinylated goat peroxidase and 0.1% (v/v) diaminobenzidine  
197 substrate. Slides processed without primary antibody served as the negative control. There are  
198 four slides every sample (rat) and there are four observations for a slide. The optical densities  
199 of TLR-2 and NF- $\kappa$ B p65 proteins in the colonic epithelial cells were determined by  
200 densitometric scanning using the Motic Med System 6.0 Software.

#### 201 2.8 Western blot analysis of NF- $\kappa$ B p65 in nucleus

202 The activation of NF- $\kappa$ B in colon was assessed by western blot. Nuclear protein in colon  
203 tissue was extracted by commercial kit (Thermo Scientific, MA, USA) according to the  
204 manufacturer. The protein content was estimated by coomassie brilliant blue method. Proteins  
205 (100  $\mu$ g) were separated with 12% sodium dodecylsulfate-polyacrylamide gel electrophoresis  
206 and then transferred to a polyvinylidene difluoride (PVDF) membrane (2 h, 200 mA). The  
207 membranes were blocked in 5% BSA for 1 h at room temperature. The different proteins  
208 were visualized using NF- $\kappa$ B p65 (1:1000) and Lamin B1 (1:500) primary anti-bodies and  
209 developed using enhanced chemiluminescence (Thermo Scientific, MA, USA). The image of  
210 the blot was acquired with Molecular Imager Gel Doc XR (Bio Rad). The optical density of  
211 bands was calculated and analyzed by means of Image J (NIH, Bethesda, MD, USA).

#### 212 2.9 Quantitative analysis of gene expression with fluorescent quantitative polymerase chain 213 reaction

214 Real-time fluorescent quantitative polymerase chain reaction (PCR) analysis was used to  
215 measure the gene expression of TLR-2, TLR-4, and NF- $\kappa$ B. Colonic tissues from the normal,  
216 TNBS, LS, and SASP groups were immediately frozen in liquid nitrogen for RNA extraction.  
217 Total RNA was isolated from tissues using the Trizol reagent (Invitrogen, American) method  
218 as described by the manufacturer. cDNA synthesis was carried out using the Reverse

219 Transcription System Kit (Takara, Dalian, China), according to the manufacturer's  
220 instructions. Fluorescent quantitative PCR was carried out using SYBR Premix Ex Taq  
221 (Takara, Japan) on an ABI 7900HT PCR instrument (Applied Biosystems, USA). The  
222 experimental conditions were: denaturation for 30s at 95 °C, annealing for 5s at 95 °C, and  
223 extension for 30 s at 60 °C, for 40 cycles. Rat primers were designed using Primer 3 and  
224 synthesized by Sangon Biotech Co., Ltd (Table 3) (Shanghai, China). The relative mRNA  
225 levels of the genes were calculated using the  $2^{-\Delta\Delta C_t}$  formula<sup>38</sup> and the rat GAPDH as the  
226 housekeeping gene.

### 227 3.0 Statistical analysis

228 All values in the figures and text are expressed as mean  $\pm$  standard deviation (SD).  
229 Differences between the means of individual groups were determined by one-way analysis of  
230 variance with the Duncan multiple range test. *P* value <0.05 were considered statistically  
231 significant. The statistical software package SPSS 11.5 (SPSS Institute, Illinois, USA) was  
232 used for these analyses.

233

## 234 3. Results

### 235 3.1 Production and analysis of LS

236 In present work, LS production was carried out using reaction mixture of  
237  $\beta$ -fructofuranosidase, sucrose and lactose (1:1) in incubator at 30 °C for 24 h. In this reaction,  
238 the fructosyl moiety of sucrose is transferred to lactose by fructofuranosidase, thus forming  
239 LS. The concentration of oligosaccharides formation during course of the periods was  
240 analyzed by HPLC (Fig.1). The maximum amount of LS formation was observed 55.04%  
241 (w/w) in which the concentration of lactose was remarked 22.81% (w/w), sucrose 19.04%  
242 (w/w), glucose 1.86% (w/w), and fructose 1.25% (w/w) respectively.

### 243 3.2 LS improves colitis clinical symptoms and colon damage in rats

244 Rats exposed to TNBS developed symptoms of colitis as assessed by DAI. LS treatment  
245 for 14 days the DAI was significantly reduced compared to TNBS control rats. After SASP  
246 supplementation for 7 days, the DAI in SASP group was significantly decreased, as compared  
247 with TNBS control group. Compared to normal group, DAI in LS group or SASP group were  
248 no significantly difference after 14 days. There were no significant changes among all

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249 treatment groups after 28days (Fig 2 A).

250        Histological analysis of colon (Fig. 2 B, C, D, and E) showed that there was different for  
251 intestinal microstructure between 4 groups. In the TNBS group, colonic architecture such as  
252 crypt and surface epithelial were changed as well as massive transmural infiltration of  
253 inflammatory cells. In contrast, infiltration of inflammatory cells was mild in submucosal  
254 area in animals fed with the LS or SASP diets. Histologic scores of inflammatory group were  
255 significantly increased after TNBS enema compared to normal animals (Fig. 2 F). Dietary LS  
256 or SASP supplementation significantly mitigated intestinal injury compared to TNBS group,  
257 and no significant difference was found between LS and SASP group. Hence, LS treatment  
258 rat had a recovery effect for inflammation.

### 259 3.3 Effects of LS supplementation on blood chemistry in colitis rats

260        TNBS significantly increased the activities of AST ( $P < 0.05$ ) and ALT ( $P < 0.05$ ) as well  
261 as concentrations of TP ( $P < 0.05$ ) and CHO ( $P < 0.05$ ) in serum, but decreased ALP ( $P <$   
262  $0.05$ ) activity, as compared with normal rats (Table 4). Compared to normal group, the  
263 content of TP ( $P < 0.05$ ), ALB ( $P < 0.05$ ), and CHO ( $P < 0.05$ ) in LS or SASP group were  
264 increased. The activity of AST ( $P < 0.05$ ) and LDL ( $P < 0.05$ ) content in SASP group were  
265 increased, as compared with normal rats.

266        ALP is a membrane-bound enzyme that can dephosphorylate multiplex phosphate  
267 substrates<sup>39</sup>. ALP removes the phosphate group of lipopolysaccharide (LPS) to generate  
268 monophage lipid A which is much less toxic than LPS<sup>40</sup>. AST activity was significantly  
269 decreased ( $P < 0.05$ ) and ALP activity was increased ( $P < 0.05$ ) in LS group compared to  
270 TNBS group. No significantly difference of AST activity and ALP activity were found in LS  
271 group compared to normal group. In SASP group, the activity of ALP was increased  
272 compared to TNBS group colitic rats ( $P < 0.05$ ), and there was no significant difference  
273 between SASP group and normal group (Table 4). The effect of LS and SASP showed similar  
274 effect on blood chemistry.

### 275 3.4 Effect of LS supplementation on IL-12, IL-6 and IL-10 secretion

276        IL-12 and IL-6 are known as a proinflammatory cytokine. IL-10 is a well known  
277 anti-inflammatory cytokine<sup>41</sup>. In this study, TNBS-induced colitis was characterized by  
278 significantly increased the levels of IL-12 ( $P < 0.01$ ) and IL-6 ( $P < 0.05$ ), and a significantly

279 decreased in the level of IL-10 ( $P < 0.05$ ) compared to normal rats. Following administration  
280 of LS, the level of IL-12 was decreased ( $P < 0.01$ ) (Fig. 3A), and the level of IL-10 ( $P < 0.05$ )  
281 was increased, compared to TNBS group rats (Fig. 3C). The level of IL-6 also tended to  
282 decrease in LS-treated rats ( $P > 0.05$ ), compared to the TNBS group (Fig. 3B). SASP  
283 supplementation decreased the level of IL-12 ( $P < 0.01$ ), and increased IL-10 level ( $P < 0.05$ ),  
284 as compared with TNBS group. When compared with normal rats, the content of IL-12, IL-10,  
285 and IL-6 in LS or SASP group had no significant difference. The effect of LS on cytokines  
286 modulation was similar with SASP. These results suggest that anti-inflammation of LS may  
287 be involved in the down-regulation of IL-12 level and up-regulation of IL-10 level.

### 288 3.5 Modulatory effect of LS on the TLR-2, TLR-4 and NF- $\kappa$ B mRNA levels

289 Gut bacteria influence TLRs expression<sup>42</sup>. LS supplementation could modulate cecum  
290 and colonic bacteria in our previously study. Then, the mRNA levels for TLR-2, TLR-4 and  
291 NF- $\kappa$ B p65 were determined. Compared to normal rats, significant increases in mRNA  
292 abundances of these proteins in inflammatory TNBS group was observed after administration  
293 of TNBS (Fig. 4). The expression of TLR-2 and NF- $\kappa$ B p65 mRNA in the LS group was  
294 significantly down-regulated compared to the inflammatory TNBS group ( $P < 0.05$ ), and had  
295 no significant difference compared to normal group. TLR-4 mRNA was reduced by LS  
296 supplementation compared to colitis rat ( $P > 0.05$ ). SASP supplementation decreased the  
297 expression of TLR-2 ( $P < 0.01$ ) and TLR-4 ( $P < 0.05$ ) mRNA, as compared with colitis rats,  
298 and had no significant difference compared to normal rats (Fig. 4). The mRNA levels for  
299 TLR-2, TLR-4 and NF- $\kappa$ B p65 in LS group had no significant difference compared to SASP  
300 rats.

### 301 3.6 Inhibitory effect of LS supplementation on TLR-2 and NF- $\kappa$ B p65 protein levels in 302 TNBS-induced colitis

303 Next, the levels of TLR-2 and NF- $\kappa$ B p65 protein were determined by  
304 immunohistochemistry (Fig 5). The immunohistochemistry of TLR-2 in colon was showed in  
305 Fig. 5A-5D, and the NF- $\kappa$ B p65 was showed in Fig. 5F-5I. Arrows indicated the positive cells.  
306 The results showed that TNBS treatment caused a significantly increased in TLR-2  
307 ( $71.7 \pm 20.0$  to  $583.2 \pm 61.0$ ) (Fig. 5E) and NF- $\kappa$ B p65 ( $97.6 \pm 19.1$  to  $667.9 \pm 109.9$ ) (Fig. 5J).  
308 TLR-2 and NF- $\kappa$ B p65 protein abundance in the LS group or SASP group was significantly

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309 decreased compared to the TNBS group (inflammatory rats). Compared to normal group, the  
310 levels of TLR-2 and NF- $\kappa$ B p65 in LS or SASP group had no significant difference.

311 The expression of NF- $\kappa$ B p65 in nucleus was determined by western blot. NF- $\kappa$ B was an  
312 important downstream molecular of TLRs activation. When NF- $\kappa$ B was activated, it was  
313 transported into nucleus and stimulated various pro-cytokines production. In this study, the  
314 expression NF- $\kappa$ B p65 in the nucleus of intestinal cells in TNBS group rats was increased ( $P$   
315  $< 0.01$ ), as compared with normal group. Colitis rats supplemented with LS ( $P < 0.01$ ) or  
316 SASP ( $P < 0.01$ ) decreased the expression of nuclear NF- $\kappa$ B, as compared with colitis rats,  
317 and had no significant difference compared to normal rats (Fig. 6). The anti-inflammatory  
318 effect of LS or SASP may correlate with the inhibition of NF- $\kappa$ B activation, and the effects of  
319 LS on the inhibition of NF- $\kappa$ B activation is equivalent with SASP.

320

#### 321 4. Discussion

322 The incidence of IBD is on the rise not only in developed countries but also in  
323 developing countries, such as China<sup>43</sup>. Thus, it is imperative to increase the repertoire of  
324 methods available for inhibition of intestinal inflammation. Recent studies have shown that  
325 dietary compounds remission IBD by its anti-inflammatory effect and modification of  
326 microbiota composition<sup>44-46</sup>. Prebiotics, including inulin and fructooligosaccharide, may play  
327 an important role in controlling inflammatory disease<sup>47, 48</sup>. Oligosaccharides have not been  
328 extensively studied, but they may offer ideal treatment or co-treatment options due to their  
329 capacity to reduce intestinal inflammation. Here, we demonstrated that LS supplementation  
330 successfully ameliorates colitis. The mitigatory effect of LS on colitis was found to be similar  
331 to that of SASP. Thus, functional oligosaccharides, including LS and fructooligosaccharide,  
332 may serve as novel alternative options for the treatment or remission in IBD.

333 In recent years, many studies have demonstrated that development of intestinal  
334 inflammation is partly attributed to TLRs activation<sup>3, 49</sup>. Among this family of receptors,  
335 TLR-2 and TLR-4 in colitis had been reported in numerous articles and paid much attention  
336 to the development of IBD<sup>5, 50-53</sup>. TLR-2<sup>-/-</sup>, TLR-4<sup>-/-</sup> and TLR-2<sup>-/-</sup>/4<sup>-/-</sup> mice displayed  
337 reduced macroscopic signs of acute colitis and the amelioration of inflammation<sup>54</sup>. In  
338 TNBS-induced murine colitis, the level of TLR-2 and TLR-4 were increased<sup>55, 56</sup>. In

339 conclusion, TLR-2 and TLR-4 play an important role in colitis.

340 TLR-2 and TLR-4 are regulated by intestinal bacteria. TLR-2 recognizes lipoteichoic  
341 acid, peptidoglycan and related cell-wall glycopolymers in gram-positive bacteria and  
342 probiotics (including *Lactobacilli* and *Bifidobacteria*). TLR-4 recognizes LPS which is a  
343 bacteria cell wall component of gram-positive bacteria (including *Escherichia*). *Escherichia*  
344 stimulate TLR-4 activation <sup>57</sup>. Lee *et al.* <sup>58</sup> reported *Lactobacillus suntoryeus* HY7801  
345 inhibited TLR-4 linked NF- $\kappa$ B activation in TNBS-induced colitic mice. *Lactobacillus*  
346 protects intestinal epithelium from radiation injury in a TLR-2/cyclo-oxygenase-2-dependent  
347 manner <sup>59</sup>. Oral administration of *Bifidobacterium bifidum* activated TLR-2 in the intestinal  
348 epithelium necrotizing enterocolitis rat <sup>60</sup>. In our previous study, LS supplementation in  
349 TNBS-induced colonic inflammation increased the levels of *Bifidobacterium* and  
350 *Lactobacillus*, decreased the number of *Escherichia* <sup>32</sup>. Therefore, in this study, the  
351 expression of TLR-2 and TLR-4 were determined to explore the effect of LS on  
352 TNBS-induced rat colitis.

353 In the present study, LS supplementation to colitis rats significantly decreased the level  
354 of TLR-2 mRNA and protein compared to colitis rats ( $P < 0.05$ ). The expression of TLR-4  
355 mRNA was decreased compared to inflammatory rats ( $P > 0.05$ ). These results indicated that  
356 LS alleviated colitis associated with down-regulated TLR-2 expression rather than TLR-4.  
357 When TLR-2 was activated by its ligands, the production of pro-inflammatory cytokines  
358 (such as IL-12) was increased and production of anti-inflammatory cytokines (such as IL-10)  
359 was decreased, and suggesting inducing inflammation <sup>61, 62</sup>. It was reported that TLR-2  
360 polymorphisms and protein was up-regulated in IBD patients and animal models with colitis  
361 <sup>51, 52, 55</sup>. Inhibited or down-regulated TLR-2 expression may alleviate colonic inflammation.  
362 TLR-2 monoclonal antibody supplementation in dextran sulfate sodium-induced colitis mice  
363 decreased colonic inflammation <sup>63</sup>. Following granulocyte and monocyte adsorption apheresis  
364 treatment, TLR-2 cells in the colorectal mucosa was decreased <sup>64</sup>.

365 TLRs related signaling pathway might be influenced by microbe and short chain fatty  
366 acid. Intestinal microbe alone or combine with short chain fatty acid, such as butyric acid,  
367 impacted TLR-2 activation <sup>65-67</sup>. Caco-2 cells cultured with yeast increased the level of  
368 TLR-2 mRNA, while Caco-2 cells incubated with butyrate (10 mmol/L) and yeast decreased

-- 14 --

369 the level of TLR-2 mRNA<sup>65</sup>. Mirmonsef *et al.*<sup>66</sup> reported the TLR-2 ligand could enhance  
370 IL-8 and TNF- $\alpha$  production in blood mononuclear cells and neutrophils pretreated with low  
371 levels of SCFA (0.02-2 mmol/L), while the TLR-4 ligand did not have such an effect.  
372 Kovarik *et al.*<sup>67</sup> suggested that higher concentrations of n-butyrate (0.06-1 mmol/L) inhibited  
373 the release of IL-12/23p40 from blood mononuclear cells (obtained from IBD patients) after  
374 activation via TLR-2 agonists, but not TLR-4 engagement. According several reported papers  
375 with vitro experiments, SCFA play dual-directional regulation in TLR-2 signaling pathway. In  
376 our previously study, the numbers of *Lactobacilli* and *Bifidobacteria*, as well as the  
377 production of SCFA in LS-supplemented rats were increased, and the numbers of *Escherichia*  
378 were decreased, compared to the inflammatory group<sup>32</sup>. In this study, after LS administration,  
379 TLR-2 level was decreased, the decreased of TLR-2 expression was related to the increase of  
380 *Lactobacilli* and *Bifidobacteria*, and short chain fatty acid need further research.

381 LS possesses anti-inflammatory effect by up-regulating IL-10 level, down-regulating  
382 IL-12 and NF- $\kappa$ B levels in colon. IL-10 is an important anti-inflammatory cytokines for  
383 preventing intestinal inflammation. It is evidenced by the spontaneous colitis in IL-10-/- mice  
384<sup>68</sup>. Taniguchi *et al.*<sup>29</sup> reported LS increased the production of IL-10 in  
385 ovalbumin/alum-immunized mice. NF- $\kappa$ B can be activated by TLRs, such as TLR-2 and  
386 TLR-4, and and then stimulate the production of various pro-inflammation cytokines (IL-12  
387 and IL-6 et al.)<sup>69</sup>. Inhibiting of NF- $\kappa$ B was a possible way for combating against  
388 inflammation. *B. longum* HY8004 and curcumin, have been reported to attenuate colitis via  
389 inhibition of NF- $\kappa$ B activation<sup>57,70</sup>. In our studies, Dietary supplemented with LS or SASP in  
390 colitis rats inhibited IL-12 production and nuclear NF- $\kappa$ B p65 expression, and increased  
391 IL-10 production in the colon.

392

## 393 5. Conclusion

394 LS has an inhibitory effect on intestinal inflammation induced by TNBS. The LS exerts  
395 similar effects on ameliorating colitis that is shown by SASP widely used in the treatment of  
396 IBD. LS can increase the production of anti-inflammatory cytokine IL-10 and decrease the  
397 production of IL-12, meanwhile inhibit TLR-2 and NF- $\kappa$ B expression at mRNA and protein  
398 level, and inhibit NF- $\kappa$ B activation. LS may be used as a functional food for IBD patients.



399

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405



406 **References**

- 407 1, A. Kaser, S. Zeissig and R. S. Blumberg, *Annu. Rev. Immunol.*, 2010, **28**, 573-621.
- 408 2, S. Rakoff-Nahoum, J. Paglino, F. Eslami-Varzaneh, S. Edberg and R. Medzhitov, *Cell*,  
409 2004, **118**, 229-241.
- 410 3, M. T. Abreu, M. Fukata and M. Arditi, *J. Immunol.*, 2005, **174**, 4453-4460.
- 411 4, P. L. De Jager, D. Franchimont, A. Waliszewska, A. Bitton, A. Cohen, D. Langelier, J.  
412 Belaiche, S. Vermeire, L. Farwell, A. Goris, C. Libioulle, N. Jani, T. Dassopoulos, G. P.  
413 Bromfield, B. Dubois, J. H. Cho, S. R. Brant, R. H. Duerr, H. Yang, J. I. Rotter, M. S.  
414 Silverberg, A. H. Steinhardt, M. J. Daly, D. K. Podolsky, E. Louis, D. A. Hafler and J. D.  
415 Rioux, *Genes Immun.*, 2007, **8**, 387-397.
- 416 5, M. Pierik, S. Joossens, K. Van Steen, N. Van Schuerbeek, R. Vlietinck, P. Rutgeerts and S.  
417 Vermeire, *Inflamm. Bowel Dis.*, 2006, **12**, 1-8.
- 418 6, H. P. Torok, J. Glas, L. Tonenchi, G. Bruennler, M. Folwaczny and C. Folwaczny,  
419 *Gastroenterology*, 2004, **127**, 365-366.
- 420 7, I. Atreya, R. Atreya and M. F. Neurath, *J. Intern. Med.*, 2008, **263**, 591-596.
- 421 8, M. F. Neurath, C. Becker and K. Barbulescu, *Gut*, 1998, **43**: 856-60.
- 422 9, A. J. Schottelius and Jr A. S. Baldwin, *Int. J. Colorectal Dis.*, 1999, **14**: 18-28.
- 423 10, G. Rogler, K. Brand, D. Vogl, S. Page, R. Hofmeister, T. Andus, R. Knuechel, P. A.  
424 Baeuerle, J. Schölmerich and V. Gross, *Gastroenterol.*, 1998, **115**: 357-369.
- 425 11, I. A. Lee, Y. J. Park, H. K. Yeo, M. J. Han and D. H. Kim, *J. Agr. Food Chem.*, 2010, **58**,  
426 10929-10934.
- 427 12, S. Schreiber, S. Nikolaus and J. Hampe, *Gut*, 1998, **42**, 477-484.
- 428 13, M. F. Neurath, S. Pettersson, K. H. Meyer zum Buschenfelde and W. Strober, *Nat. Med.*,  
429 1996, **2**: 998-1004.
- 430 14, W. Reinisch, C. Gasche, W. Tillinger, J. Wyatt, C. Lichtenberger, M. Willheim, C. Dejaco,  
431 T. Waldhör, S. Bakos, H. Vogelsang, A. Gangl and H. Lochs, *Am J Gastroenterol.*, 1999, **94**,  
432 2156-64.
- 433 15, C. Van Kemseke, J. Belaiche and E. Louis, *Int. J. Colorectal Dis.*, 2000, **15**, 206-210.
- 434 16, M. F. Neurath, I. Fuss, B. L. Kelsall, E. Stuber and W. Strober, *J. Exp. Med.*, 1995, **182**,  
435 1281-1290.

- 436 17, G. Bouma, A. Kaushiva and W. Strober, *Gastroenterol.*, 2002, **123**, 554-565.
- 437 18, D. F. Fiorentino, M. W. Bond and T. R. Mosmann, *J. Exp. Med.*, 1989, **170**, 2081-2095.
- 438 19, R. Kuhn, J. Lohler, D. Rennick, K. Rajewsky and W. Muller, *Cell*, 1993, **75**, 263-274.
- 439 20, T. Karrasch, J. S. Kim, M. Muhlbauer, S. T. Magness and C. Jobin, *J. Immunol.*, 2007,
- 440 **178**, 6522-6532.
- 441 21, S. L. Yeh, T. C. Wu, S. T. Chan, M. J. Hong and H. L. Chen, *Eur. J. Nutr.*, 2013, **53**,
- 442 449-456.
- 443 22, J. K. Hou, B. Abraham and H. El-Serag, *Am. J. Gastroenterol.*, 2011, **106**, 563-573.
- 444 23, T. Mishiro, R. Kusunoki, A. Otani, M. M. U. Ansary, M. Tongu, N. Harashima, T.
- 445 Yamada, S. Sato, Y. Amano, K. Itoh, S. Ishihara and Y. Kinoshita, *Lab. Invest.*, 2013, **93**,
- 446 834-843.
- 447 24, H. Sokol, P. Seksik, L. Rigottier-Gois, C. Lay, P. Lepage, I. Podglajen, P. Marteau and J.
- 448 Doré, *Inflamm. Bowel Dis.*, 2006, **12**, 106-111.
- 449 25, J. L. Wallace, T. Le, L. Carter, C. B. Appleyard and P. L. Beck, *J. Pharmacol. Toxicol.*,
- 450 1995, **33**, 237-239.
- 451 26, S. Wirtz and M. F. Neurath, *Int. J. Colorectal Dis.*, 2000, **15**, 144-160.
- 452 27, K. Honda, T. Matsumoto, F. Kuroki, M. Iida, M. Oka and I. Sawatani, *Scand. J.*
- 453 *Gastroentero.*, 1999, **34**, 264-269.
- 454 28, K. Hino, M. Kurose, T. Sakurai, S. I. Inoue, K. Oku, H. Chaen and S. Fukuda, *J. Applied*
- 455 *Glycoscience*, 2007, **54**, 169-172.
- 456 29, Y. Taniguchi, A. Mizote, K. Kohno, K. Iwaki, K. Oku, H. Chaen and S. Fukuda, *Biosci.*
- 457 *Biotech. Bioch.*, 2007, **71**, 2766-2773.
- 458 30, F. Teramoto, K. Rokutan, Y. Kawakami, Y. Fujimura, J. Uchida, K. Oku, M. Oka and M.
- 459 Yoneyama, *J. Gastroenterol.*, 1996, **31**, 33-39.
- 460 31, T. Ohkusa, Y. Ozaki and S. Tokoi, *Gastroenterology*, 1993, **104**, A757-A757S
- 461 32, X. Zhou, Z. Ruan, X. Huang, Y. Zhou, S. Liu and Y. Yin, *Food Sci. Biotechnol.*, 2014, **23**,
- 462 1-7.
- 463 33, Z. Ruan, S. Liu, Z. Cui, D. Su, X. Wu, Z. Dai, C. Luo, C. Liao and Y. Yin, *J. Food Agric.*
- 464 *Environ.*, 2012, **10**: 176-181.
- 465 34, Z. Ruan, Y. Lv, X. Fu, Q. He, Z. Deng, W. Liu, X. Wu, G. Wu, X. Wu and Y. Yin, *Amino*

- 466 *Acids*, 2013, **45**, 877–887.
- 467 35, S. Melgar, A. Karlsson and E. Michaëlsson, *Am. J. Physiol.-Gastr. L.*, 2005, **288**,
- 468 G1328–G1338.
- 469 36, B. R. MacPherson and C. J. Pfeiffer, *Digestion*, 1978, **17**, 135-150.
- 470 37, Y. M. Kim, R. Romero, T. Chaiworapongsa, J. Espinoza, G. Mor and C. J. Kim,
- 471 *Histopathology*, 2006, **49**, 506-14.
- 472 38, K. J. Livak and T. D. Schmittgen, *Methods*, 2001, **25**, 402-408.
- 473 39, K. Poelstra, W. W. Bakker, P. A. Klok, J. A. Kamps, M. J. Hardonk and D. K. Meijer, *Am.*
- 474 *J. Pathol.*, 1997, **151**, 1163-1169.
- 475 40, H. Bentala, W. R. Verweij, A. Huizinga-Van der Vlag, A. M. van Loenen-Weemaes, D. K.
- 476 Meijer and K. Poelstra, *Shock*, 2002, **18**, 561-566.
- 477 41, M. G. Neuman, *Transl. Res.*, 2007, **149**, 173-186.
- 478 42, S. Rakoff-Nahoum, J. Paglino, F. Eslami-Varzaneh, S. Edberg and R. Medzhitov, *Cell*,
- 479 2004, **118**, 229-241.
- 480 43, APDW2004 Chinese IBD Working Group. *J. Gastroen. Hepatol.*, 2006, **21**, 1009-1015.
- 481 44, M. H. Pan, C. S. Lai, S. Dushenkov and C. T. Ho, *J. Agr. Food Chem.*, 2009, **57**,
- 482 4467-4477.
- 483 45, M. Lee, J. Kovacs-Nolan, T. Archbold, M. Z. Fan, L. R. Juneja, T. Okubo and Y. Mine, *J.*
- 484 *Funct. Foods*, 2009, **1**, 161-169.
- 485 46, T. Wakuda, K. Azuma, H. Saimoto, S. Ifuku, M. Morimoto, I. Arifuku, M. Asaka, T.
- 486 Tsuka, T. Imagawa, Y. Okamoto, S. Osaki and S. Minami, *J. Funct. Foods*, 2013, **5**, 516-523.
- 487 47, H. M. Celine, L. Leenen and A. Dieleman, *J. Nutr.*, 2007, **137**, 2572S-2575S.
- 488 48, A. R. Lomax and P. C. Calder, *Brit. J. Nutr.*, 2009, **101**, 633-658.
- 489 49, K. O. Arseneau, H. Tamagawa, T. T. Pizarro and F. Cominelli, *Current gastroenterology*
- 490 *reports*, 2007, **9**, 508-512.
- 491 50, E. Cario and D. K. Podolsky, *Infect. Immun.*, 2000, **68**, 7010-7017.
- 492 51, B. Szebeni, G. Veres, A. Dezsofi, K. Rusai, A. Vannay, M. Mraz, E. Majorova and A.
- 493 Arato, *Clin. Exp. Immunol.*, 2008, **151**, 34-41.
- 494 52, L. Frolova, P. Drastich, P. Rossmann, K. Klimesova and H. Tlaskalova-Hogenova, *J.*
- 495 *Histochem. Cytochem.*, 2008, **56**, 267-74.

- 496 53, F. Wang, T. Tahara, T. Arisawa, T. Shibata, M. Nakamura, H. Fujita, M. Iwata, Y. Kamiya,  
497 M. Nagasaka, K. Takahama, M. Watanabe, I. Hirata and H. Nakano, *J. Gastroen. Hepatol.*,  
498 2007, **22**, 925-929.
- 499 54, M. M. Heimesaat, A. Fischer, B. Siegmund, A. Kupz, J. Niebergall, D. Fuchs, H. K. Jahn,  
500 M. Freudenberg, C. Loddenkemper, A. Batra, H. A. Lehr, O. Liesenfeld, M. Blaut, U. B.  
501 Göbel, R. R. Schumann and S. Bereswill, *PLoS One*, 2007, **2**, e662.
- 502 55, A. Arranz, C. Abad, Y. Juarranz, M. Torroba, F. Rosignoli, J. Leceta, R. P. Rosignoli and  
503 C. Martinez, *Ann. NY Acad. Sci.*, 2006, **1070**, 129-134.
- 504 56, Y. Zhao, S. Zhang, L. Jiang, J. Jiang and H. Liu, *J. Gastroen. Hepatol.*, 2009, **24**,  
505 1775-1780.
- 506 57, R. I. Tapping, S. Akashi, K. Miyake, P. J. Godowski and P. S. Tobias, *J. Immunol.*, 2000,  
507 **165**, 5780-5787.
- 508 58, I. A. Lee, E. A. Bae, J. H. Lee, H. Lee, Y. T. Ahn, C. S. Huh and D. H. Kim, *Inflamm. Res.*,  
509 2010, **59**, 359-368.
- 510 59, J. H. Lee, B. Lee, H. S. Lee, E. A. Bae, H. Lee, Y. T. Ahn, K. S. Lim, C. S. Huh and D. H.  
511 Kim, *Int. J. Colorectal Dis.*, 2009, **24**, 231-237.
- 512 60, L. Khailova, S. K. M. Patrick, K. M. Arganbright, M. D. Halpern, T. Kinouchi and B.  
513 Dvorak, *Am. J. Physiol-Gastr. L.*, 2010, **299**: G1118-G1127.
- 514 61, T. U. Sybille, S. M. Kiertscher, M. T. Ochoa, D.A. Michael, V. Norgard, K. Miyake, P.  
515 Godowski, J. M. D. Roth and R. L. Modlin, *J. Immunol.*, 2000, **165**, 3804-3810.
- 516 62, H. L. Jin, L. Kumar, C. Mathias, D. Zurakowski, H. Oettgen, L. Gorelik and R. Geha, *J.*  
517 *Allergy Clin. Immunol.*, 2009, **123**, 875-882.
- 518 63, L. Dong, J. Li, Y. Liu, W. Yue and X. Luo, *J. Gastroen. Hepatol.*, 2012, **27**, 110-119.
- 519 64, V. Muratov, A. K. Ulfgren, M. Engström, K. Elvin, O. Winqvist, R. Löfberg and J.  
520 Lundahl, *J. gastroenterol.*, 2008, **43**, 277-282.
- 521 65, S. Saegusa, M. Totsuka, S. Kaminogawa and T. Hosoi, *FEMS Immunol. Med. Mic.*, 2004,  
522 **41**, 227-235.
- 523 66, P. Mirmonsef, M. R. Zariffard, D. Gilbert, H. Makinde, A. L. Landay and G. T. Spear, *Am.*  
524 *J. Reprod. Immunol.*, 2012, **67**, 391-400.
- 525 67, J. J. Kovarik, W. Tillinger, J. Hofer, M. A. Hölzl, H. Heinzl, M. D. Saemann and G. J.

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- 526 Zlabinger, *Eur. J. Clin. Invest.*, 2011, **41**, 291-298.
- 527 68, R. Kühn, J. Löhler, D. Rennick, K. Rajewsky and W. Müller, *Cell*, 1993, **75**, 263-274.
- 528 69, R. G. Baker, M. S. Hayden and S. Ghosh, *Cell Metab.*, 2011, **13**, 11-22.
- 529 70, M. S. Baliga, N. Joseph, M. V. Venkataranganna, A. Saxena, V. Ponemone and R. Fayad,
- 530 *Food Funct.*, 2012, **3**, 1109-1117.
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- 533

534

**Table 1.** The composition and nutrient of experiment diet

Ingredients	Content (%)	Chemical composition	Content
Wheat	14	Digestible energy (Mal/kg)	3.40
Corn	43	Crude protein (%)	21.0
Soybean meal	24	Crude Fat (%)	4.5
Full fat soybean extruded	8	Calcium (%)	1.0
Soybean oil	1.4	Total phosphate (%)	0.7
Whey powder	3		
Fish meal	3.2	Sodium (%)	0.3
Limestone	1.3	Met + Cys (%)	0.78
Dicalcium phosphate	1.1	Lys (%)	1.35
Vitamin-mineral premix <sup>#</sup>	1.0	Thr (%)	0.88

535 The vitamin-mineral premix provided (per kilogram feed): vitamin A, 14,000 IU; vitamin D<sub>3</sub>,  
 536 1500 IU; vitamin E, 5 mg; vitamin K, 5 mg; thiamine, 13 mg; riboflavin, 12 mg; pyridoxine,  
 537 12 mg; vitamin B<sub>12</sub>, 0.022 mg; niacin 60 mg; pantothenic acid, 24 mg; biotin, 0.2 mg; folic  
 538 acid, 6 mg; choline chloride, 350 mg; Fe (as iron sulfate), 120 mg; Cu (as copper oxide), 10  
 539 mg; Mn (as manganous oxide), 75 mg; Zn (as zinc oxide), 30 mg; I (as ethylenediamine  
 540 dihydroiodide), 0.5 mg; and Se (as sodium selenite), 0.2 mg.

541

542

**Table 2.** Disease activity index (DAI)

Score	Weight loss (% of initial wt)	Blood in feces	Stool consistency
0	<1	Negative	Normal pelletets
1	1-4.99	Occult blood+	Slightly loose feces
2	5-10	Occult blood ++	Loose feces
3	>10	Gross blood	Watery diarrhea

543

544

**Table 3.** Primers design for genes analysed by real-time quantitative PCR

-- 22 --

		Primers	Product (bp)	Genebank accession no.
TLR-2	forward primer	5'- AGAGGGAAATCGTGCGTGAC	137	NM_198769.
		-3'		
	reverse primer	5'-		
		CCATACCCAGGAAGGAAGGCT		
		-3'		
TLR-4	forward primer	5'-AGAATGAGGACTGGGTGA-3'	323	NM_019178
	reverse primer	5'-GCTAAGAAGGCGAGTACAAC		
		CT-3'		
NF-κB p65	forward primer	5'-GCACTGTGAGGACGGCATA-3'	96	AF 079314.1
	reverse primer	5'-CGTGAAGTATTCCCAGGTTTG		
		-3'		
GAPD H	forward primer	5'-GGCAAGTTCAACGGCACAG-3	142	NM_017008.
	reverse primer	5'-CGCCAGTAGACTCCACGACA		
		T-3'		

545

546

**Table 4.** Effect of lactosucrose on blood profile in TNBS-induced colitis rats

Group	Normal	TNBS	LS	SASP
AST (U/L)	31.8±3.1	42.2±6.4*	32.2±3.3 <sup>#</sup>	38.7±3.2*
ALT (U/L)	11.5±1.4	19.8±5.9*	15.0±2.8	16.3±3.5
ALP (U/L)	62.6±21.8	41.0±15.4*	67.6±17.7 <sup>#</sup>	73.7±15.0 <sup>#</sup>
TP (g/L)	58.9±6.6	65.4±3.3*	67.6±4.9*	65.3±1.9*
ALB (g/L)	28.6±2.7	30.8±1.9	31.4±2.8*	31.4±1.1*
BUN (mmol/L)	5.90±0.88	6.48±0.44	5.99±1.10	6.78±1.18
LDL (mmol/L)	0.36±0.09	0.43±0.07	0.46±0.09	0.48±0.06*

---

CHO (mmol/L)	0.97±0.17	1.25±0.17 <sup>*</sup>	1.27±0.45 <sup>*</sup>	1.02±0.35 <sup>*</sup>
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547 Values are expressed as mean ± S.D., n=6. \* Mean values were significantly different  
548 compared with normal rats (<sup>\*</sup>*P* < 0.05); # Mean value were significantly different compared  
549 with TNBS rats (<sup>#</sup>*P* < 0.05).  
550 AST, aspartate aminotransferase; ALT, alanine transaminase; ALP, alkaline phosphatase; TP,  
551 total protein; ALB, albumin; BUN, urea nitrogen; LDL, low-density lipoprotein; CHO,  
552 cholesterol.  
553



## 554 **Figures Legends**

### 555 **Fig. 1.** HPLC chromatogram of LS formation

556 HPLC chromatogram of LS: (1) fructose; (2) glucose; (3) sucrose; (4) lactose; (5) LS.

557

### 558 **Fig. 2.** Administration of LS attenuates the development of TNBS induced colitis in rat.

559 (A) The disease activity index (DAI) indicated the grade of intestinal inflammation.

560 Histologic findings of colon samples stained with hematoxylin and eosin. (B) Normal control

561 rat. Micrograph showed normal mucosa (NM), submucosa (SM), epithelium (Ep) and crypt

562 (Cr). (C) TNBS induced colitis rat. Micrograph showed surface epithelial (arrow-heads) and

563 crypt (hollow arrow-heads) loss, severe infiltration of inflammatory cells in NM (arrows)

564 and SM area (hollow arrows). (D) LS-treated and (E) SASP-treated rat with colitis induced

565 by TNBS, micrograph showed that integrated surface epithelium (arrow-heads) and normal

566 crypt (hollow arrow-heads), the infiltration of inflammatory cells was mild in NM (arrows)

567 and SM area (hollow arrows). (F) The values mean a grading scale for histological

568 assessment of inflammation in colitis. Values are expressed as mean  $\pm$  S.D., n=6. \* Mean

569 values were significantly different compared with normal rats (\*  $P < 0.05$ ; \*\*  $P < 0.01$ ); #

570 Mean value were significantly different compared with TNBS rats (#  $P < 0.05$ ; ##  $P < 0.01$ ),

571 n=6.

572

### 573 **Fig. 3.** Effects of LS on inflammatory cytokines IL-12 (A), IL-6 (B), and IL-10 (C) in colon

574 of colitis rats.

575 The contents of IL-12 (A), IL-6 (B), and IL-10 (C) were measured using ELISA. Values

576 are expressed as mean  $\pm$  S.D., n=6. \* Mean values were significantly different compared with

577 normal rats (\*  $P < 0.05$ ; \*\*  $P < 0.01$ ); # Mean value were significantly different compared with

578 TNBS rats (#  $P < 0.05$ ; ##  $P < 0.01$ ), n=6.

579

### 580 **Fig. 4.** Effects of LS on mRNA expression of TLR and NF- $\kappa$ B.

581 Total RNA was extracted from colon tissues for quantification by real-time fluorescent

582 quantitative PCR. The relative mRNA expression of the target genes was calculated using the

583  $2^{-\Delta\Delta Ct}$  formula and were normalized using GAPDH as the housekeeping gene. Values are  
584 expressed as mean  $\pm$  S.D., n=6.\* Mean values were significantly different compared with  
585 normal rats (\*  $P < 0.05$ ; \*\*  $P < 0.01$ ); # Mean value were significantly different compared with  
586 TNBS rats (#  $P < 0.05$ ; ##  $P < 0.01$ ), n=6.

587

588 **Fig. 5.** Representative images for the effect of LS on TLR-2 and NF- $\kappa$ B p65 protein in the  
589 colon.

590 TLR-2 and NF- $\kappa$ B p65 protein in colonic tissue were measured by immunohistochemistry  
591 methods. Immunohistochemistry of TLR-2 expression in colon: (A) Normal control rat, (B)  
592 TNBS induced colitis rat, (C) LS-treated rat with colitis induced by TNBS, (D) SASP-treated  
593 rat with colitis induced by TNBS. (E) Integrated optical density of TLR-2.  
594 Immunohistochemistry of NF- $\kappa$ B p65 expression in colon: (F) Normal control rat, (G) TNBS  
595 induced colitis rat, (H) LS-treated rat with colitis induced by TNBS, (I) SASP-treated rat with  
596 colitis induced by TNBS. (J) Integrated optical density of NF- $\kappa$ B p65. TLR-2 and NF- $\kappa$ B  
597 p65positive cells (arrows) were stained in brown. Values are expressed as mean  $\pm$  S.D., n=6.  
598 \* Mean values were significantly different compared with normal rats (\*  $P < 0.05$ ; \*\*  $P < 0.01$ );  
599 # Mean value were significantly different compared with TNBS rats (#  $P < 0.05$ ; ##  $P < 0.01$ ),  
600 n=6.

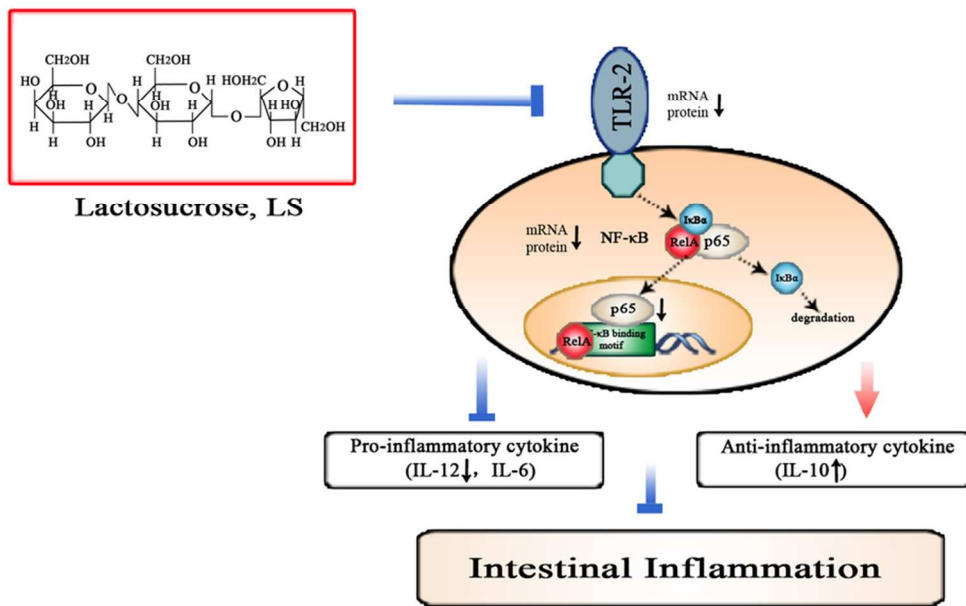
601

602 **Fig. 6.** Effect of LS on the expression of nuclear NF- $\kappa$ B p65 in colon of colitis rats.

603 (A) Western analysis of NF- $\kappa$ B p65 and Lamin B1 expression in nucleus of colon. (B)  
604 Relative density of NF- $\kappa$ B p65, the density of NF- $\kappa$ B p65 band was normalized to that of  
605 Lamin B1.

606 Values were expressed as the mean  $\pm$  S.D.; n = 3 per group. \* Mean values were significantly  
607 different compared to normal rats (\*\*  $P < 0.01$ ); # Mean value were significantly different  
608 compared with TNBS rats (##  $P < 0.01$ ).

609



40x25mm (600 x 600 DPI)

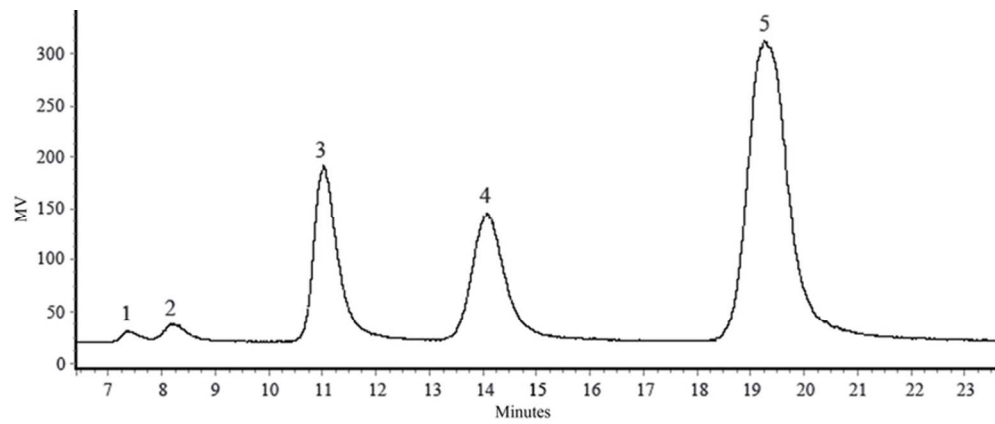


Fig. 1. HPLC chromatogram of LS formation  
HPLC chromatogram of LS: (1) fructose; (2) glucose; (3) sucrose; (4) lactose; (5) LS.

35x14mm (600 x 600 DPI)

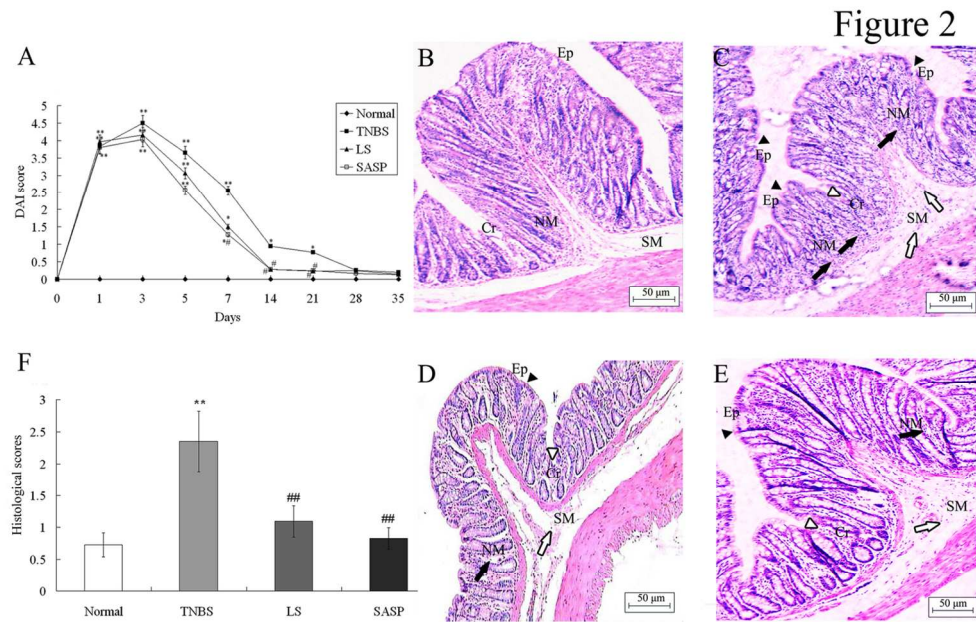


Fig. 2. Administration of LS attenuates the development of TNBS induced colitis in rat. (A) The disease activity index (DAI) indicated the grade of intestinal inflammation. Histologic findings of colon samples stained with hematoxylin and eosin. (B) Normal control rat. Micrograph showed normal mucosa (NM), submucosa (SM), epithelium (Ep) and crypt (Cr). (C) TNBS induced colitis rat. Micrograph showed surface epithelial (arrow-heads) and crypt (hollow arrow-heads) loss, severe infiltration of inflammatory cells in NM (arrows) and SM area (hollow arrows). (D) LS-treated and (E) SASP-treated rat with colitis induced by TNBS, micrograph showed that integrated surface epithelium (arrow-heads) and normal crypt (hollow arrow-heads), the infiltration of inflammatory cells was mild in NM (arrows) and SM area (hollow arrows). (F) The values mean a grading scale for histological assessment of inflammation in colitis. Values are expressed as mean  $\pm$  S.D.,  $n=6$ . \* Mean values were significantly different compared with normal rats (\*  $P < 0.05$ ; \*\*  $P < 0.01$ ); # Mean value were significantly different compared with TNBS rats (#  $P < 0.05$ ; ##  $P < 0.01$ ),  $n=6$ .

67x45mm (600 x 600 DPI)

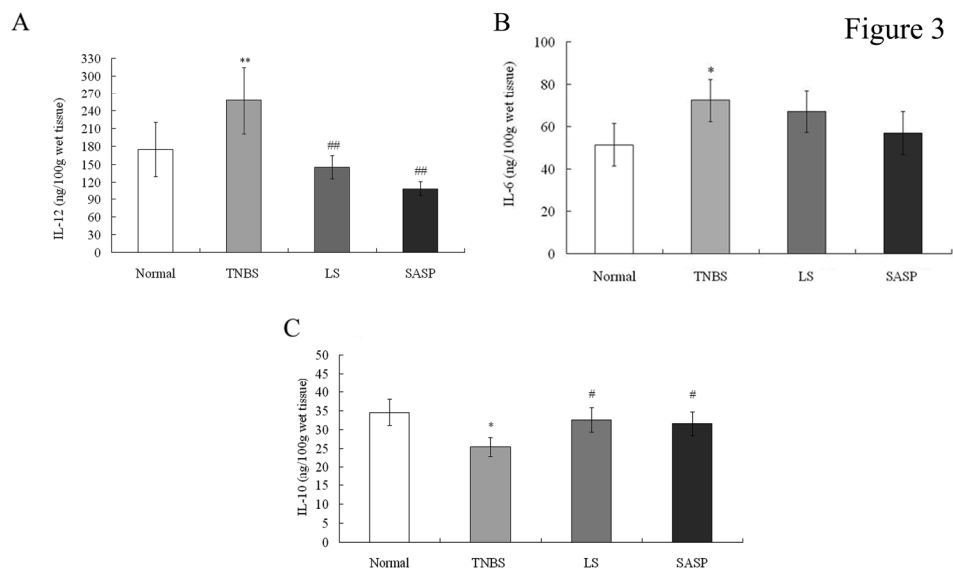


Fig. 3. Effects of LS on inflammatory cytokines IL-12 (A), IL-6 (B), and IL-10 (C) in colon of colitis rats. The contents of IL-12 (A), IL-6 (B), and IL-10 (C) were measured using ELISA. Values are expressed as mean  $\pm$  S.D., n=6. \* Mean values were significantly different compared with normal rats (\*P < 0.05; \*\*P < 0.01); # Mean value were significantly different compared with TNBS rats (#P < 0.05; ##P < 0.01), n=6.

99x57mm (600 x 600 DPI)

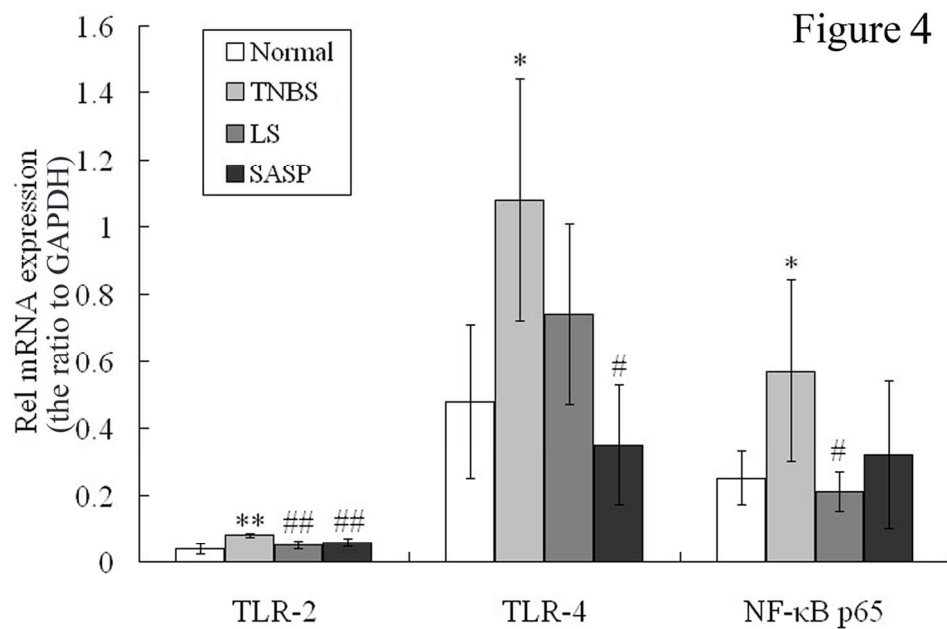


Fig. 4. Effects of LS on mRNA expression of TLR and NF-κB.

Total RNA was extracted from colon tissues for quantification by real-time fluorescent quantitative PCR. The relative mRNA expression of the target genes was calculated using the  $2^{-\Delta\Delta Ct}$  formula and were normalized using GAPDH as the housekeeping gene. Values are expressed as mean  $\pm$  S.D.,  $n=6$ . \* Mean values were significantly different compared with normal rats (\*  $P < 0.05$ ; \*\*  $P < 0.01$ ); # Mean value were significantly different compared with TNBS rats (#  $P < 0.05$ ; ##  $P < 0.01$ ),  $n=6$ .

99x65mm (600 x 600 DPI)

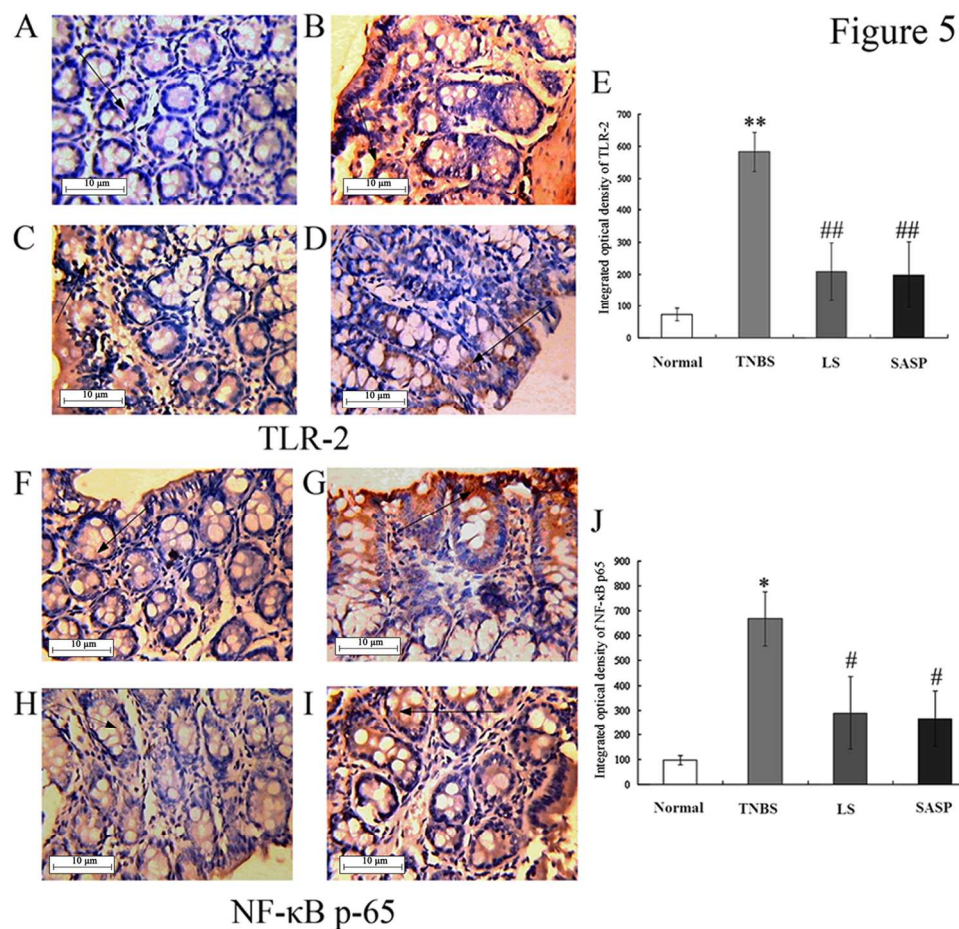


Fig. 5. Representative images for the effect of LS on TLR-2 and NF-κB p65 protein in the colon. TLR-2 and NF-κB p65 protein in colonic tissue were measured by immunohistochemistry methods. Immunohistochemistry of TLR-2 expression in colon: (A) Normal control rat, (B) TNBS induced colitis rat, (C) LS-treated rat with colitis induced by TNBS, (D) SASP-treated rat with colitis induced by TNBS. (E) Integrated optical density of TLR-2. Immunohistochemistry of NF-κB p65 expression in colon: (F) Normal control rat, (G) TNBS induced colitis rat, (H) LS-treated rat with colitis induced by TNBS, (I) SASP-treated rat with colitis induced by TNBS. (J) Integrated optical density of NF-κB p65. TLR-2 and NF-κB p65 positive cells (arrows) were stained in brown. Values are expressed as mean  $\pm$  S.D.,  $n=6$ . \* Mean values were significantly different compared with normal rats (\*  $P < 0.05$ ; \*\*  $P < 0.01$ ); # Mean value were significantly different compared with TNBS rats (#  $P < 0.05$ ; ##  $P < 0.01$ ),  $n=6$ .

64x62mm (600 x 600 DPI)



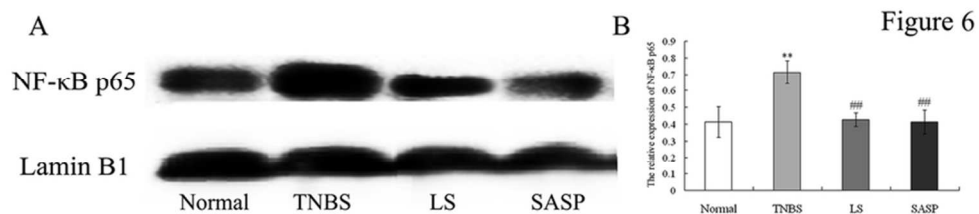
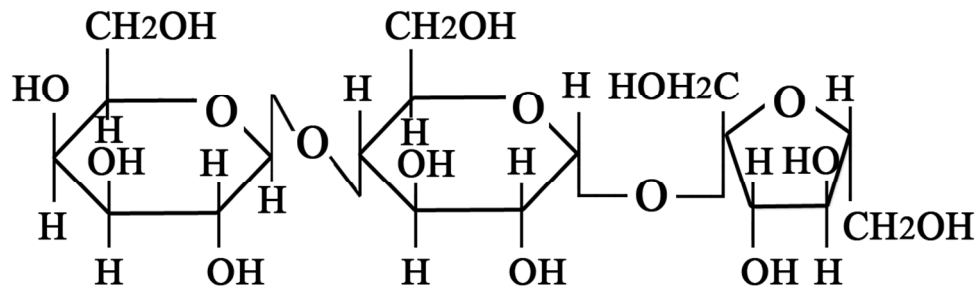


Fig. 6. Effect of LS on the expression of nuclear NF-κB p65 in colon of colitis rats. (A) Western analysis of NF-κB p65 and Lamin B1 expression in nucleus of colon. (B) Relative density of NF-κB p65, the density of NF-κB p65 band was normalized to that of Lamin B1. Values were expressed as the mean  $\pm$  S.D.; n = 3 per group. \* Mean values were significantly different compared to normal rats (\*\* P < 0.01); # Mean value were significantly different compared with TNBS rats (## P < 0.01).

38x9mm (600 x 600 DPI)



Structural formula of Lactosucrose  
108x47mm (299 x 299 DPI)