

Role of Gut Microbiota in Bone Healing: Implications for Sports Injury Recovery

Tashvi Kapoor¹ and Ankit Mistry[#]

¹Jamnabai Narsee International School, Mumbai, India

[#]Advisor

ABSTRACT

The gut microbiota has emerged as a critical factor influencing bone health through complex integrations with the skeletal system. This review explores the multifaceted role of gut bacteria in bone remodeling, focusing on the gut-bone axis and its impact on osteoclast and osteoblast activity. The production of short-chain fatty acids (SCFAs) by gut bacteria and their regulatory effects on bone cell activity, inflammation, hormones, and tissue production are highlighted, emphasizing their potential in promoting bone health. Key bacterial taxa, both beneficial and pathogenic, have been indicated with emphasis on their differential effects on bone healing. The therapeutic potential of prebiotics and probiotics has also been explored and elucidated. Furthermore, the review also investigates the influence of sports injuries on the gut microbiota and the role of gut dysbiosis in hindrance of fracture healing. Through the findings of this study based on the synthesis of existing knowledge in the field, gut microbiota modulation emerges as a promising strategy to support bone recovery after sport injuries. Additionally, it addresses the interplay between exercise, diet, and gut-bone connection, elucidating the role of physical activity and dietary interventions in the optimization of both, bone health and athletic performance. This review identifies the current knowledge gaps, challenges in clinical translation, and discusses the future directions in targeting the gut-bone axis for personalized therapeutic interventions.

Introduction

The human gut microbiota, a diverse community of microorganisms residing in the gastrointestinal tract, has emerged as a critical influencer of various aspects of human health, including bone metabolism and healing. Recent research has highlighted the intricate relationship between gut bacteria and bone remodeling, the continuous process of bone resorption and formation (Medina-Gomez, 2018; J. Yan et al., 2018; Q. Yan et al., 2022). A key mechanism by which gut bacteria impact bone health is through the production of short-chain fatty acids (SCFAs), metabolites derived from the fermentation of dietary fiber (Medina-Gomez, 2018; Wallimann, Magrath, Thompson, Moriarty, Richards, Akdis, O'mahony, et al., 2021; J. Yan et al., 2018; Q. Yan et al., 2022). These SCFAs play a crucial role in regulating bone cell activity and promoting healing, particularly in the context of sports injuries and fractures. The diversity and composition of the gut microbiota are closely linked to bone health, with different bacterial taxa exhibiting varying effects (Q. Yan et al., 2022; Zhang et al., 2018).

Osteoclasts and osteoblasts, the key bone cells responsible for resorption and formation, respectively, are directly influenced by the gut microbiota. This influence is mediated by factors such as receptor activator of nuclear factor kappa-B ligand (RANKL), a protein that regulates the activity of these bone cells (Seely et al., 2021; Zhang et al., 2018). Disruptions in the balance between osteoclast and osteoblast activity can lead to various bone disorders and impaired healing. Probiotics, live beneficial bacteria that confer health benefits when consumed, have emerged as potential therapeutic agents for bone health (Ibáñez et al., 2019; Medina-Gomez, 2018; Seely et al., 2021; Zhang et al., 2018). Probiotics can modulate the gut microbiome composition and increase the production of SCFAs and other bioactive metabolites, which may aid in reducing inflammation and promoting bone tissue production, thereby enhancing fracture healing and recovery after sports injuries.

Furthermore, lifestyle factors such as exercise and diet significantly influence the gut microbiota composition, potentially impacting bone health and athletic performance (Miranda-Comas et al., 2022). Understanding these interactions can provide insights into developing targeted interventions for optimizing bone healing and recovery in athletes and individuals prone to sports-related injuries. While the relationship between gut bacteria and bone health has gained increasing attention, further research is needed to fully elucidate the underlying molecular and cellular mechanisms by which the gut microbiome influences bone metabolism, healing, and recovery after sports injuries. Unraveling these mechanisms holds promise for the development of novel therapeutic strategies and personalized approaches to managing bone-related injuries and promoting optimal bone health in athletes and active individuals.

Our review aims to comprehensively examine the current understanding of the gut-bone axis, with a specific focus on its role in bone healing and recovery following sports injuries. We have critically analyzed the molecular and cellular mechanisms underlying the interaction between gut microbiota and bone metabolism, evaluated the potential of probiotics and other microbiome-targeted interventions in enhancing bone healing, and explored the implications of these findings for sports medicine and injury recovery. Additionally, we have identified gaps in the existing knowledge and proposed directions for future research in this rapidly evolving field. Furthermore, our review synthesizes the latest findings and theories to provide a foundation for developing innovative strategies to optimize bone health and recovery in athletes and active individuals.

Gut Microbiota and Bone Remodeling

Overview Of the Gut Microbiota and Its Role in Bone Metabolism

The gut microbiota is the diverse group of microorganisms that reside in the gastrointestinal tract, and play a pivotal role in modulating several physiological processes and metabolic functions. Recent research has revealed an interesting connection between the gut microbiota and its impact on bone health. A bidirectional communication pathway, the gut-bone axis allows gut microbiota to influence bone metabolism. The microorganisms comprising the gut microbiota can thereby impact bone density, strength, and healing processes (Zaiss et al., 2019). Furthermore, the gut-bone axis also regulates diverse mechanisms including nutrient absorption, regulation of systemic inflammation, and modulation of the immune system (Zaiss et al., 2019).

Notably, bone remodeling processes facilitated by the gut microbiota support the immune system by enhancing osteoblast activity. Additionally, the microbiota produces short-chain fatty acids (SCFAs) that promote osteoblast activity reduce inflammation on the fracture site, thereby facilitating healing processes (Wallimann, Magrath, Thompson, Moriarty, Richards, Akdis, O'mahony, et al., 2021). The secretion and function of the parathyroid hormone (PTH) that affects calcium and bone density is induced and regulated by the microbiota. Dysbiosis contributes to impaired nutrient absorption that often have detrimental effect on bone health that manifests as osteoporosis (J. Wang et al., 2022).

Therefore, the delicate balance between the gut microbiota and the skeletal system is key to optimum functioning of the gut-bone axis that enhances the functioning of the immune system and promotes overall bone health.

The Impact of The Balance Between Osteoclasts and Osteoblasts on Bone Remodelling

Bone remodeling is a continuous process crucial for the maintenance of bone health. The remodeling process is a collaboration between osteoclasts and osteoblasts that ensures a lifetime of maintenance, repair, and renewal of tissues.

Osteoclasts originate from hematopoietic stem cells in the bone marrow and are responsible for the breakdown of bone tissue to minerals that are released into the blood stream. Signals from osteoblasts, the microenvironment, RANKL, and macrophage colony-stimulating factor (M-CSF) facilitate the activation of osteoclasts (Yahara et al., 2022), while hormones such as PTH, calcitriol, and certain cytokines regulate the optimum functioning of

osteoclasts (Miyamoto, 2013). Post-activation, osteoclasts adhere to the surface of the bone forming a sealed zone known as resorption lacuna. Next, these cells dissolve the mineralized bone matrix and degrade collagen by secreting H^+ ions and proteolytic enzymes, such as cathepsin K (Yahara et al., 2022) causing the release of calcium and phosphate from the bones into the blood stream.

Osteoblasts originate from the mesenchymal stem cells in the bone marrow and mature through the influence of bone morphogenetic proteins (BMPs) and Wnt proteins (Thomas & Jaganathan, 2022). These cells lay down new bone matrix and facilitate mineralization by synthesizing and secreting osteoid, an unmineralized matrix of the bone structure composed of collagen. The formation of the bone matrix is followed by mineralization during which calcium and phosphate are deposited into the osteoid, a process that ensures the rigidity and strength of bones. The optimum functioning of osteoblasts is regulated by factors such as growth hormone, estrogen, and mechanical loading facilitated by physical activity (L. Wang et al., 2022).

Bone homeostasis, the delicate balance between the activity of osteoclasts and osteoblasts, ensures an optimum synchrony between bone formation and bone resorption, thus allowing bone tissue to be generated without causing a net gain or loss. Hormonal regulation, physical activity-induced mechanical loading, and nutritional factors influence bone homeostasis. Dysregulation of hormones such as testosterone, estrogen, and thyroid impact the regulation of osteoclast and osteoblast activity (Umur et al., 2024) resulting in an imbalance that can manifest as osteoporosis, a debilitating condition characterized by significant loss of the bone tissue (Cheng et al., 2022). Additionally, maintaining an optimum level of mechanical load through exercises involving weight training plays an important role in stimulating and enhancing the function of osteoblasts. Furthermore, dietary intake of nutrients that facilitate the uptake, absorption, and assimilation of vitamin D and calcium is also indispensable for bone homeostasis and optimum bone mineralization (J. Wang et al., 2022). The health of the gut microbiota impacts hormone regulation and nutrient absorption, thus implying a pivotal role of the gut microbiota is the modulation of bone remodeling processes.

The Influence of Gut Bacteria on The Formation and Functioning of Osteoclasts and Osteoblasts

Osteoclastogenesis, the process of formation of osteoclasts, is influenced by the immune system, which in turn is influenced by the gut microbiota. Gut microbiota modulate the production of pro-inflammatory cytokines such as tumor necrosis factor-alpha (TNF- α), interleukin-1 (IL-1), and interleukin-6 (IL-6) (Schirmer et al., 2016), and thereby affect the regulation of osteoclast levels. These specific cytokines enhance the expression of RANKL, which in turn increases osteoclast activity and in absence of optimum regulation may result in massive bone loss (Schirmer et al., 2016). The metabolic byproducts such as propionate, acetate, and butyrate resulting from gut microbiota-induced fermentation of dietary fibers are SCFAs, which have a directed impact on bone health (Umur et al., 2024). Similarly, a spike in osteoclast activity may also be correlated with dysbiosis. Healthy gut microbiota maintains the intestinal barrier and prevents the translocation of microbial products such as lipopolysaccharides (LPS) into the bloodstream, which have the potential to trigger systemic inflammations (Fakharian et al., 2023).

Butyrate, an SCFA, enhances the expression of RUNX2 and osteria, genes that act as transcription factors responsible for osteoblast differentiation and osteoblastogenesis. Hormones and metabolites produced by the gut microbiota also affect the activity of osteoblasts, as demonstrated by gut microbiota-induced modulation of the levels of insulin-like growth factor-1 (IGF-1), a hormone that promotes bone formation (J. Yan et al., 2016). The gut microbiota-facilitated production of vitamins such as vitamin K2, which is crucial for the carboxylation of osteocalcin, a protein required for binding calcium to the bone matrix (Khalil et al., 2021) is another example of the involvement of the gut microbiota in healthy bone formation processes. The Wnt signaling pathway is also an influential regulator of osteoblast activity. A positive modulation of gut-derived hormones like GLP-1 and GLP-2 enhances this pathway (Chiang et al., 2012), thus indicating a role of the gut microbiota in the regulation of osteoblast activity.

Short-Chain Fatty Acids (SCFAs) and Bone Health

Production of SCFAs by Gut Bacteria

The production of SCFAs, a group of fatty acids with less than six carbon atoms, such as butyrate (C4), propionate (C3), or acetate (C2) is one of the most vital metabolic activities facilitated by the gut microbiota. Complex carbohydrates in the form of dietary fiber breakdown to form microbial substrate, which is fermented by bacteria belonging to the *Clostridium*, *Bifidobacterium*, *Lactobacillus*, and *Eubacterium* genera of the *Actinobacteria*, *Firmicutes*, and *Bacteroidetes* phyla in the human colon to form SCFAs (Rivière et al., 2016). While the *Lactobacillus* species contribute to both acetate and butyrate production, the *Bifidobacterium* species predominantly produce acetate (Rivière et al., 2016) and the *Clostridium* species facilitate butyrate production. The anaerobic fermentation process causes carbohydrates to breakdown into pyruvate, which ultimately produces SCFAs through various microbial pathways. Butyrate is produced via the butyryl-CoA CoA-transferase pathway, propionate is produced via the succinate pathway, and acetate is produced via the acetyl-CoA pathway (Louis & Flint, 2017). The overall abundance of each SCFA is, therefore, dependent upon the type of dietary fibers consumed.

Molecular Mechanisms by Which SCFAs are Involved in Regulation of Bone Cell Activity

G-protein-coupled receptors (GPCRs) such as GPR41, GPR43, and GPR109A are expressed specifically on osteoclasts and osteoblasts (J. Yan et al., 2018). SCFAs bind to these receptors activating them and triggering intracellular signaling pathways that modulate the activity and differentiation of bone cells. This is demonstrated by butyrate-induced upregulation of bone morphogenetic proteins (BMPs) and other osteogenic factors resulting in intensified osteoblast activity (Bordukalo-Nikšić et al., 2022). Furthermore, SCFAs also downregulate RANKL inhibiting osteoclastogenesis and producing of osteoprotegerin (OPG), a decoy receptor for RANKL (Kwon et al., 2021).

Recent studies highlight the impact of SCFAs on epigenetic regulation. Inhibition of histone deacetylases (HDACs) alters genetic expression and suppresses osteoclastogenic genes, while promoting the expression of osteoblastogenic genes (J. S. Wang et al., 2021). Additionally, butyrate increases acetylation of histones in the promoters of osteogenic genes, thus increasing the expression of these genes and boosting osteoblast activity. Thus, the epigenetic regulation of SCFAs is yet another layer of control that the gut microbiota has over the functioning of bone cells, suggestive of potential therapeutic applications based on gut microbiota modulation for bone diseases (Lucas et al., 2018).

Effects of SCFAs on Inflammation and Bone Tissue Production

SCFAs regulate inflammatory responses of immune cells like macrophages and T cells (Kim, 2023) and promote the production of anti-inflammatory cytokines while reducing the production of pro-inflammatory cytokines such as tumor necrosis factor-alpha (TNF- α), interleukin-6 (IL-6), and interleukin-1 β (IL-1 β) by inhibiting nuclear factor-kappa B (NF- κ B) signaling, a crucial pathway used for transcription of pro-inflammatory genes (Li et al., 2018). Uncontrolled systemic inflammation increases bone resorption resulting in debilitating conditions such as osteoporosis, rheumatoid arthritis, and periodontitis (Umur et al., 2024). Furthermore, proinflammatory cytokines inhibit osteoblast function, and therefore the reduction of pro-inflammatory cytokines creates a stable environment for osteoblasts (Li et al., 2018), thereby enhancing bone mineralization and increasing the production of the bone matrix. Furthermore, SCFAs facilitate a phenotypic change in macrophages resulting in the formation of anti-inflammatory (M2 type) macrophages, which promote osteoblast formation and enhance tissue regeneration and repair. Therefore, the impact of SCFAs on inflammatory responses of the immune system influence both bone resorption and formation.

Recent studies have also shown the therapeutic potential of SCFAs in accelerating fracture healing by regulating the inflammatory responses and enhancing bone tissue production (Wallimann, Magrath, Thompson, Moriarty, Richards, Akdis, O'Mahony, et al., 2021). Fracture healing is a compounded process that requires a coordinated approach involving bone resorption, bone formation, and the overall response to inflammation. In the beginning of the fracture healing process, it is imperative for inflammation to occur so that the immune cells can clear out the debris. However, prolonged inflammation negatively impacts the overall healing process. The anti-inflammatory properties of SCFAs regulate the inflammatory response and promote the differentiation of mesenchymal stem cells (MSCs) into mature osteoblasts by upregulating osteogenic markers such as Runx2 and ALP, resulting in the formation of new bone structures, thus facilitating the process of fracture repair (Thomas & Jaganathan, 2022). The vital impact of SCFAs on bone health through molecular mechanisms such as GPCR activation, epigenetic regulation, and modulation of inflammatory pathways emphasizes the complex interplay between gut microbiota, inflammation, and bone metabolism.

Key Bacterial Taxa and Their Effects on Bone Healing

Beneficial Bacterial Species and Their Mechanisms of Action

Certain microbial species such as *Lactobacillus*, *Bifidobacterium*, and *Faecalibacterium prausnitzii* contribute to bone health by enhancing mineral absorption, modulating immune responses, and producing beneficial SCFAs. *Lactobacilli* are a group of bacterial species known for their probiotic properties and capacity to influence the immune system. According to recent studies, *Lactobacillus Johnsonian* can influence bone health by producing butyrate. *Lactobacillus rhamnosus* GG and *Lactobacillus reuteri* facilitates the increase of bone mineral density by enhancing calcium absorption in the gut, while *Lactobacillus acidophilus* maintains the intestinal barrier and increases nutrient absorption. Additionally, *Lactobacillus plantarum* strains regulate the balance between osteoblasts and osteoclasts. (Q. Yan et al., 2022, J. Yan et al., 2018 Seely et al., 2021).

Bifidobacteria are responsible for the production of lactic acid as well as SCFAs. The bacteria create an acidic environment in the gut, which is beneficial as it favors the absorption of minerals essential for bone health. They also increase the absorption of calcium and magnesium, both of which are vital minerals required during bone formation. According to recent research, *Bifidobacterium adolescentis* can influence bone remodeling by secreting hormones that signal molecules responsible for regulation of bone metabolism, while *Bifidobacterium breve* is responsible for the production of acetate that boosts bone health (Q. Yan et al., 2022, J. Yan et al., 2018, Seely et al., 2021).

Faecalibacterium prausnitzii has been linked to the reduction of fracture risk by increasing bone density. This is one of the most abundant bacteria in the gut microbiota, and is known for its anti-inflammatory properties. *Faecalibacterium prausnitzii* is also one of the major producers of butyrate that supports absorption and nutrient uptake. Dysbiosis is correlated with a decrease in *Faecalibacterium prausnitzii* levels that can potentially result in systemic inflammation and poor bone health (Q. Yan et al., 2022, J. Yan et al., 2018, Seely et al., 2021).

Pathogenic Bacteria and Their Detrimental Effects on Bone Health

Despite the presence of many beneficial microbes in the gut microbiota, several pathogenic bacteria also reside in the gut, which have the potential to disrupt bone health.

Escherichia coli and *Clostridium difficile* are examples of bacteria that can have deleterious effects on bone health. These bacteria are known to contribute to systemic inflammation increasing levels of pro-inflammatory cytokines such as TNF- α , IL-1 β , and IL-6 (Zhang et al., 2018) that increase osteoclast activity and reduce osteoblast activity, thereby excessively increasing bone resorption. The presence of such pathogenic bacteria can reduce the

levels of beneficial bacteria in the gut microbiota, thereby causing a reduction in SCFA levels. Reduced SCFA levels can result in uncontrolled systemic inflammation and malabsorption of essential nutrients like calcium and vitamin D (J. Wang et al., 2022). Furthermore, *Clostridium difficile* produces TcdA and TcdB, toxins that cause gut inflammation along with several other systemic effects including impaired osteoblast functioning and induced apoptosis of osteoblasts (Pourliotopoulou et al., 2024). Additionally, certain bacterial infections, such as those caused by *Staphylococcus aureus* can affect bone tissues causing osteomyelitis, an inflammatory response caused by the release of cytokines and other inflammatory mediators (Umur et al., 2024) that increase bone resorption and can cause structural damage to the bone. Similarly, inflammatory responses resulting from infections caused by *Porphyromonas gingivalis*, *Treponema denticola*, and *Tannerella forsythia*, result in the release of pro-inflammatory cytokines and enzymes that activate osteoclasts and degrade the extracellular matrix (Schirmer et al., 2016).

These examples emphasize that sustained inflammation from any infection can lead to increased bone loss, thus increasing the probability of fracture. Furthermore, systemic infections can disrupt the balance of the gut microbiota, thereby influencing mechanisms that regulate SCFAs and inflammation and eventually causing bone loss.

Potential Therapeutic Applications of Probiotics and Prebiotics

Probiotics, beneficial microorganisms that can be supplied in prescribed doses to boost systemic health, are known for their ability to stimulate osteoblast activity, reduce inflammation, improve bone density, and facilitate the production of SCFAs such as butyrate and acetate. *Lactobacillus* and *Bifidobacterium* strains used as probiotics have shown a positive impact on bone health via regulation of inflammatory responses and increased absorption of calcium and magnesium (Medina-Gomez, 2018). Research also indicates that probiotic supplementation improves bone mineral density and decreases the risk of fractures (Wallimann, Magrath, Thompson, Moriarty, Richards, Akdis, O'Mahony, et al., 2021).

Prebiotics such as inulin and fructooligosaccharides (FOS), are non-digestible food components that can enhance the functions of the gut microbiota by promoting the growth of beneficial bacteria such as *Bifidobacterium*, *Lactobacillus*, and *Faecalibacterium prausnitzii* (Hughes et al., 2022) creating a favorable gut environment that supports bone metabolism and reduces inflammation.

Recent research indicates that interventions using synbiotics, a combination of pro- and prebiotics, can improve bone health more effectively than the use of either pro- or prebiotic.

The Role of the Gut-Bone Axis in Sports Injuries

Impact Of Sports Injuries on The Gut Microbiome

Sport injuries predominantly affect the musculoskeletal system and usually include injuries such as strains, tendinitis, sprains, fractures, bursitis, or dislocations. In addition to physical damage and pain, these injuries also increase stress and inflammation levels, resulting in a systemic imbalance, especially impacting the gut microbiome and causing dysbiosis (Miranda-Comas et al., 2022).

The inflammatory response that follows directly after an injury causes the release of inflammatory cytokines to counter the damaged tissue. However, these cytokines can alter the permeability of the gut lining, resulting in a condition commonly known as a "leaky gut" (Fakharian et al., 2023). Increased gut permeability causes an increase in the movement of fluid through the cell membranes and capillary walls, which allows the translocation of bacterial products like lipopolysaccharides (LPS) into the bloodstream. This further exacerbates pro-inflammatory immune responses that can potentially result in sepsis or even death (Li et al., 2018).

Furthermore, physical injuries often disrupt the hormonal balance. Cortisol, a hormone responsible for the regulation of stress response in the body, reaches very high levels that has a detrimental effect on beneficial gut

bacteria like *Lactobacillus* and *Bifidobacterium*. This impacts SCFA production, thereby having a deleterious effect on the integrity of the gut barrier and regulation of anti-inflammatory responses (Lucas et al., 2018). Compromised gut health has a negative impact on the healing process, prolonging it and increasing susceptibility to secondary injuries and infections. Athletes are very prone to recurrent injuries, which may cause chronic gut dysbiosis, resulting in chronic health inflammatory health conditions such as irritable bowel syndrome (IBS) and osteoporosis (Wallimann, Magrath, Thompson, Moriarty, Richards, Akdis, O'mahony, et al., 2021; Wallimann, Magrath, Thompson, Moriarty, Richards, Akdis, O'Mahony, et al., 2021).

Impact Of Gut Dysbiosis on Fracture Healing and Recovery

Fracture healing is a complicated physiological process involving a collaboration between diverse cell types and signaling pathways. Recent research suggests that the gut microbiome can influence the fracture healing process in several ways (Wallimann, Magrath, Thompson, Moriarty, Richards, Akdis, O'mahony, et al., 2021).

The absorption of calcium and vitamin D, nutrients essential for the processes of bone mineralization and regrowth, is regulated by the gut microbiota. Thus, dysbiosis impairs adequate absorption of these nutrients. Suboptimal levels of the nutrients in the body hampers the bone mineralization process and decreases the rate of healing (J. Wang et al., 2022).

Additionally, dysbiosis decreases the counts of SCFA-producing bacteria resulting in reduced butyrate levels, which further impairs bone regeneration. Furthermore, dysbiosis-induced increase in inflammatory responses and osteoclast activity inhibit the bone healing processes (Seely et al., 2021).

Modulation Of the Gut Microbiome for Enhanced Bone Healing After Sports Injuries

Recent studies show a growing interest on modulating the gut microbiome to enhance the bone healing process, particularly for athletes who are prone to fractures and other bone-related injuries. The microbiome can be modulated through the use of probiotics, prebiotics, and other dietary interventions that are aimed to support the growth of beneficial bacteria and boost the production of SCFAs (Markowiak-Kopeć & Śliżewska, 2020).

Probiotics comprising of *Lactobacillus rhamnosus* and *Bifidobacterium longum* have been found to improve bone density and reduce inflammation, by increasing the production of SCFAs, especially butyrate, which promotes osteoblast activity and reduces osteoclast-mediated bone resorption (Medina-Gomez, 2018; Q. Yan et al., 2022). Prebiotics such as inulin and FOS stimulate the growth of *Bifidobacteria*, which produce acetate and lactate, precursors for other SCFAs. Probiotics, thus facilitate the maintenance of a healthy gut environment by lowering pH and preventing the growth of harmful pathogens (Medina-Gomez, 2018; Zhang et al., 2018).

Dietary interventions that introduce foods with high concentrations of polyphenols such as berries, nuts, and teas and omega-3 fatty acids such as fish, fish oil, and flaxseeds are also known to support gut health and enhance the bone healing process (Costantini et al., 2017). Polyphenols facilitate the growth of beneficial bacteria in the gut, while fatty acids lend anti-inflammatory properties (Méndez & Medina, 2021). Thus, such dietary interventions have the potential to boost the healing process, thereby enabling athletes to overcome their injuries more rapidly.

Exercise, Diet, and the Gut-Bone Connection

Effects Of Exercise and Physical Activity on The Gut Microbiota

Exercise and physical activity play a pivotal role in shaping the gut microbiota and increasing microbial diversity that influences digestive health and other physiological functions, including bone health. This increase in diversity promotes the growth of beneficial bacteria such as *Lactobacillus* and *Bifidobacterium*, both of which support bone

metabolism by facilitating nutrient absorption and reducing inflammation. Such diversity also drives the production of SCFAs such as butyrate, acetate, and propionate, which regulate inflammatory responses and strengthen the gut barrier (Seely et al., 2021).

SCFAs are pivotal in enhancing calcium absorption and supporting osteoblast activity, resulting in the formation of stronger bones (J. Wang et al., 2022). Exercise also enhances the ability of SCFAs to reduce systemic inflammation, thereby contributing to improved healing and resilience in bone structure. Regular physical activity, therefore, not only influences gut composition but also establishes favorable conditions for bone growth and repair. Therefore, exercise-induced changes in the microbiome directly affects bone health (J. Yan et al., 2016).

Gut dysbiosis caused by harmful bacteria overpowering beneficial ones promotes inflammatory processes that activate osteoclasts and adversely affect bone health. Physical activity helps restore a healthy balance by decreasing the prevalence of bacteria such as *Clostridium* and *Bacteroides*, which are associated with bone degradation. Maintaining this balance reduces the risk of bone diseases such as osteoporosis, improving both, bone integrity and overall physical performance (Carter & Hinton, 2014). Incorporating exercise into the daily routine improves gut health, reduces inflammation, and enhances the ability to absorb crucial nutrients, ensuring holistic health that extends beyond muscular strength to encompass robust skeletal and microbiome health.

Potential Implications for Athletic Performance and Injury Prevention

A healthy gut microbiome plays a pivotal role in athletic performance and injury prevention. The involvement of the gut in modulating inflammation, energy metabolism, and immune function is critical for athletic performance. Enhanced microbial diversity, influenced by exercise and proper dietary interventions, helps athletes maintain optimal health and prevent injuries by promoting efficient nutrient absorption and reducing inflammation (Miranda-Comas et al., 2022).

SCFAs produced by gut bacteria have been shown to enhance recovery after physical exertion. Butyrate, an SCFA, boosts muscle recovery by enhancing mitochondrial function, thereby facilitating energy production in athletes. Furthermore, SCFAs reduce inflammation, accelerate wound healing, and promote bone repair, minimizing downtime due to injuries (Miranda-Comas et al., 2022; Q. Yan et al., 2022). Notably, reduced risk of chronic inflammation and well-regulated cortisol levels facilitated by well-balanced gut microbiome lowers the risk of muscle injuries, prevents muscle fatigue, reduces physical and mental stress, enhances recovery from microtears, and improves the rate of recovery from injuries, thereby allowing athletes to undergo strenuous physical activity and enhancing their athletic prowess (Carter & Hinton, 2014)(Medina-Gomez, 2018).

Future Directions and Challenges

The Investigations that are focused on the intersection of the gut microbiota with bone health present promising avenues for future research. Comprehensive studies that investigate the precise molecular mechanisms by which gut microbiota influence bone metabolism and healing processes can unravel the complex interactions between the microbiota and bone cell activities. The recent development of targeted dietary interventions that strengthen the potential of the gut-bone axis based on the gut microbiota composition, skeletal structure, and sports of choice has the potential to boost athletic performances, mitigate injury risks, and reduce recovery time. Through identifying specific microbial strains that are responsible for bone health and development along with the recent development of interventions the manipulation of the gut composition could completely revolutionize treatments towards bone-related disorders and improve recovery, especially for athletes and individuals with compromised bone density.

However, converting such studies into clinical practices pose a lot of challenges. Theoretically these studies have showcased very promising outcomes but there is a crucial need for further extensive and higher quality clinical trials to verify as well as optimize such interventions. Along with this the differences between microbiome interactions

in different athletic populations also increases a need for more precise trials and approaches to ensure the effectiveness as well as the weather there could be any harmful side effects or repercussions.

Although this review points out the potential of gut bacteria manipulation to be a relevant strategy in the personalization of sports medicine, it also points out the lack of solid evidence with tested and scalable strategies under which widespread application in clinical practice can be sanctioned.

Such longitudinal studies that show the time course changes in the microbiome functional status and the interplay with the bone mass, strength, and healing features of skeletal tissues will be vital to provide conclusive proof regarding the gut-bone axis changes and may offer strategies to intervene for better bone health. This review argues the need for cross disciplinary teamwork between microbiology, food and nutrition science, orthopedic and sports medicine to ensure the creation of more integrated strategies aimed at the exploration of the gut microbiota with a view to improving the bone health and recovery.

Strengths and Limitations

Our study demonstrates significant strengths in its integrative approach in exploring the therapeutic potential of the gut-bone axis, provides a novel perspective on the ability of the gut microbiota to influence bone metabolism and healing. The interdisciplinary approach of the review ensures a holistic understanding of the complex interactions between gut microbiota and bone health, particularly focused on developing practical applications in sports injury recovery.

Despite the strengths, our study is not without limitations. The molecular mechanisms governing the gut-bone axis are yet to be completely elucidated, in addition to the limited knowledge about the diversity in the composition of the gut microbiota of different individuals. The relevant findings that have been published so far have been based on short-term research, thereby making it difficult to extrapolate the results to determine long-term impact of the gut-bone axis on the health of the skeletal system. Diversity of research samples, restricted sample sizes, and inadequate representation of diverse populations also potentially limit the generalizability of the findings. All these limitations get incorporated into our review as well by virtue of it being based on previous studies.

Although the journey to translating the therapeutic potential of gut microbiota modulation into clinical applications is a long one, our review contributes a significant stepping stone in the elucidation of the gut-bone axis, providing a foundation for future research.

Conclusion

A more comprehensive understanding of the importance of the gut-bone axis for performance and recovery is possible due to the focus on the effect that gut microbiota has on bone structure and bone healing. This review strongly affirms the existence of the gut microbiome influence through diet and pre- and probiotics in athletes medicine aiming to make it even more modern and individual. A balanced gut-bone axis has therefore positive effects on bone strengthening as well as improvement in the rate of recovery from sports Injuries which shows a good interdependence of the gut and the athlete. This review hence adds in the much needed information with regards to efficacy of gut microbiota in Sports while also recommending rigorous research that will in future help in Clinical implementation of these concepts. The evolution of gut-centric therapeutic modalities may one day alter the paradigm of injury prevention, improve exercise efficiency and create a new dimension in the management of athletes that is tailored to their unique physiological characteristics.

Acknowledgments

I would like to thank my advisor for the valuable insight provided to me on this topic.

References

- Bordukalo-Nikšić, T., Kufner, V., & Vukičević, S. (2022). The Role Of BMPs in the Regulation of Osteoclasts Resorption and Bone Remodeling: From Experimental Models to Clinical Applications. *Frontiers in Immunology*, 13. <https://doi.org/10.3389/fimmu.2022.869422>
- Carter, M. I., & Hinton, P. S. (2014). Physical activity and bone health. *Missouri Medicine*, 111(1), 59–64.
- Cheng, C.-H., Chen, L.-R., & Chen, K.-H. (2022). Osteoporosis Due to Hormone Imbalance: An Overview of the Effects of Estrogen Deficiency and Glucocorticoid Overuse on Bone Turnover. *International Journal of Molecular Sciences*, 23(3), 1376. <https://doi.org/10.3390/ijms23031376>
- Chiang, Y. A., Ip, W., & Jin, T. (2012). The role of the Wnt signaling pathway in incretin hormone production and function. *Frontiers in Physiology*, 3. <https://doi.org/10.3389/fphys.2012.00273>
- Costantini, L., Molinari, R., Farinon, B., & Merendino, N. (2017). Impact of Omega-3 Fatty Acids on the Gut Microbiota. *International Journal of Molecular Sciences*, 18(12). <https://doi.org/10.3390/ijms18122645>
- Fakharian, F., Thirugnanam, S., Welsh, D. A., Kim, W.-K., Rappaport, J., Bittinger, K., & Rout, N. (2023). The Role of Gut Dysbiosis in the Loss of Intestinal Immune Cell Functions and Viral Pathogenesis. *Microorganisms*, 11(7), 1849. <https://doi.org/10.3390/microorganisms11071849>
- Hughes, R. L., Alvarado, D. A., Swanson, K. S., & Holscher, H. D. (2022). The Prebiotic Potential of Inulin-Type Fructans: A Systematic Review. *Advances in Nutrition (Bethesda, Md.)*, 13(2), 492–529. <https://doi.org/10.1093/advances/nmab119>
- Ibáñez, L., Rouleau, M., Wakkach, A., & Blin-Wakkach, C. (2019). Gut microbiome and bone. In *Joint Bone Spine* (Vol. 86, Issue 1). <https://doi.org/10.1016/j.jbspin.2018.02.008>
- Khalil, Z., Alam, B., Akbari, A. R., & Sharma, H. (2021). The Medical Benefits of Vitamin K2 on Calcium-Related Disorders. *Nutrients*, 13(2). <https://doi.org/10.3390/nu13020691>
- Kim, C. H. (2023). Complex regulatory effects of gut microbial short-chain fatty acids on immune tolerance and autoimmunity. *Cellular & Molecular Immunology*, 20(4), 341–350. <https://doi.org/10.1038/s41423-023-00987-1>
- Kwon, Y., Park, C., Lee, J., Park, D. H., Jeong, S., Yun, C.-H., Park, O.-J., & Han, S. H. (2021). Regulation of Bone Cell Differentiation and Activation by Microbe-Associated Molecular Patterns. *International Journal of Molecular Sciences*, 22(11), 5805. <https://doi.org/10.3390/ijms22115805>
- Li, M., van Esch, B. C. A. M., Wagenaar, G. T. M., Garssen, J., Folkerts, G., & Henricks, P. A. J. (2018). Pro- and anti-inflammatory effects of short chain fatty acids on immune and endothelial cells. *European Journal of Pharmacology*, 831, 52–59. <https://doi.org/10.1016/j.ejphar.2018.05.003>
- Louis, P., & Flint, H. J. (2017). Formation of propionate and butyrate by the human colonic microbiota. *Environmental Microbiology*, 19(1), 29–41. <https://doi.org/10.1111/1462-2920.13589>
- Lucas, S., Omata, Y., Hofmann, J., Böttcher, M., Iljazovic, A., Sarter, K., Albrecht, O., Schulz, O., Krishnacoumar, B., Krönke, G., Herrmann, M., Mougiakakos, D., Strowig, T., Schett, G., & Zaiss, M. M. (2018). Short-chain fatty acids regulate systemic bone mass and protect from pathological bone loss. *Nature Communications*, 9(1), 55. <https://doi.org/10.1038/s41467-017-02490-4>
- Markowiak-Kopeć, P., & Śliżewska, K. (2020). The Effect of Probiotics on the Production of Short-Chain Fatty Acids by Human Intestinal Microbiome. *Nutrients*, 12(4). <https://doi.org/10.3390/nu12041107>
- Medina-Gomez, C. (2018). Bone and the gut microbiome: a new dimension. *Journal of Laboratory and Precision Medicine*, 3. <https://doi.org/10.21037/jlpm.2018.11.03>
- Méndez, L., & Medina, I. (2021). Polyphenols and Fish Oils for Improving Metabolic Health: A Revision of the Recent Evidence for Their Combined Nutraceutical Effects. *Molecules (Basel, Switzerland)*, 26(9). <https://doi.org/10.3390/molecules26092438>
- Miranda-Comas, G., Petering, R. C., Zaman, N., & Chang, R. (2022). Implications of the Gut Microbiome in Sports. In *Sports Health* (Vol. 14, Issue 6). <https://doi.org/10.1177/19417381211060006>

- Miyamoto, T. (2013). Role of osteoclasts in regulating hematopoietic stem and progenitor cells. *World Journal of Orthopedics*, 4(4), 198. <https://doi.org/10.5312/wjo.v4.i4.198>
- Pourliotopoulou, E., Karampatakis, T., & Kachrimanidou, M. (2024). Exploring the Toxin-Mediated Mechanisms in Clostridioides difficile Infection. *Microorganisms*, 12(5), 1004. <https://doi.org/10.3390/microorganisms12051004>
- Rivière, A., Selak, M., Lantin, D., Leroy, F., & De Vuyst, L. (2016). Bifidobacteria and Butyrate-Producing Colon Bacteria: Importance and Strategies for Their Stimulation in the Human Gut. *Frontiers in Microbiology*, 7. <https://doi.org/10.3389/fmicb.2016.00979>
- Schirmer, M., Smeekens, S. P., Vlamakis, H., Jaeger, M., Oosting, M., Franzosa, E. A., ter Horst, R., Jansen, T., Jacobs, L., Bonder, M. J., Kurilshikov, A., Fu, J., Joosten, L. A. B., Zhernakova, A., Huttenhower, C., Wijmenga, C., Netea, M. G., & Xavier, R. J. (2016). Linking the Human Gut Microbiome to Inflammatory Cytokine Production Capacity. *Cell*, 167(4), 1125-1136.e8. <https://doi.org/10.1016/j.cell.2016.10.020>
- Seely, K. D., Kotelko, C. A., Douglas, H., Bealer, B., & Brooks, A. E. (2021). The human gut microbiota: A key mediator of osteoporosis and osteogenesis. In *International Journal of Molecular Sciences* (Vol. 22, Issue 17). <https://doi.org/10.3390/ijms22179452>
- Thomas, S., & Jaganathan, B. G. (2022). Signaling network regulating osteogenesis in mesenchymal stem cells. *Journal of Cell Communication and Signaling*, 16(1), 47–61. <https://doi.org/10.1007/s12079-021-00635-1>
- Umur, E., Bulut, S. B., Yiğit, P., Bayrak, E., Arkan, Y., Arslan, F., Baysoy, E., Kaleli-Can, G., & Ayan, B. (2024). Exploring the Role of Hormones and Cytokines in Osteoporosis Development. *Biomedicines*, 12(8), 1830. <https://doi.org/10.3390/biomedicines12081830>
- Wallimann, A., Magrath, W., Thompson, K., Moriarty, T. F., Richards, R. G., Akdis, C. A., O'mahony, L., & Hernandez, C. J. (2021). Gut microbial-derived short-chain fatty acids and bone: A potential role in fracture healing. *European Cells and Materials*, 41. <https://doi.org/10.22203/eCM.v041a29>
- Wang, J. S., Yoon, S.-H., & Wein, M. N. (2021). Role of histone deacetylases in bone development and skeletal disorders. *Bone*, 143, 115606. <https://doi.org/10.1016/j.bone.2020.115606>
- Wang, J., Wu, S., Zhang, Y., Yang, J., & Hu, Z. (2022). Gut microbiota and calcium balance. *Frontiers in Microbiology*, 13. <https://doi.org/10.3389/fmicb.2022.1033933>
- Wang, L., You, X., Zhang, L., Zhang, C., & Zou, W. (2022). Mechanical regulation of bone remodeling. *Bone Research*, 10(1), 16. <https://doi.org/10.1038/s41413-022-00190-4>
- Yahara, Y., Nguyen, T., Ishikawa, K., Kamei, K., & Alman, B. A. (2022). The origins and roles of osteoclasts in bone development, homeostasis and repair. *Development*, 149(8). <https://doi.org/10.1242/dev.199908>
- Yan, J., Herzog, J. W., Tsang, K., Brennan, C. A., Bower, M. A., Garrett, W. S., Sartor, B. R., Aliprantis, A. O., & Charles, J. F. (2016). Gut microbiota induce IGF-1 and promote bone formation and growth. *Proceedings of the National Academy of Sciences*, 113(47). <https://doi.org/10.1073/pnas.1607235113>
- Yan, J., Takakura, A., Zandi-Nejad, K., & Charles, J. F. (2018). Mechanisms of gut microbiota-mediated bone remodeling. In *Gut microbes* (Vol. 9, Issue 1). <https://doi.org/10.1080/19490976.2017.1371893>
- Yan, Q., Cai, L., & Guo, W. (2022). New Advances in Improving Bone Health Based on Specific Gut Microbiota. In *Frontiers in Cellular and Infection Microbiology* (Vol. 12). <https://doi.org/10.3389/fcimb.2022.821429>
- Zaiss, M. M., Jones, R. M., Schett, G., & Pacifici, R. (2019). The gut-bone axis: how bacterial metabolites bridge the distance. *Journal of Clinical Investigation*, 129(8), 3018–3028. <https://doi.org/10.1172/JCI128521>
- Zhang, J., Lu, Y., Wang, Y., Ren, X., & Han, J. (2018). The impact of the intestinal microbiome on bone health. In *Intractable and Rare Diseases Research* (Vol. 7, Issue 3). <https://doi.org/10.5582/irdr.2018.01055>