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Pleurotus eryngii on dextran sodium sulfate-induced colitis
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1 **Inhibitory effects of β -type glycosidic polysaccharide from *Pleurotus eryngii***
2 **on dextran sodium sulfate-induced colitis in mice**

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16 **Abstract:** The aim of the present study was to determine the inhibiting effects and the potential
17 underlying mechanisms of a novel *Pleurotus eryngii* β -type glycosidic polysaccharide (WPEP)
18 on colitis. To achieve this, sixty CD-1 (ICR) mice were divided into six groups including
19 heathy and colitic mice treated with or without WPEP at two different doses (n=10). Results
20 showed that WPEP displayed significant inhibitory effect on colitis as indicated by a lowered
21 disease activity index in treated colitic mice compared to the untreated colitic mice (2.78 ± 0.50
22 to 1.80 ± 0.17). Decrease in pro-inflammatory cytokines concentrations and pro-inflammatory
23 protein expressions and increase in colon length (9.31 ± 0.59 cm to 10.89 ± 1.20 cm) along
24 with histological improvements were also observed in the treated colitic mice compared to the
25 untreated colitic mice. the present study. Flow cytometry and western blotting analysis revealed
26 that these anti-colitis effects were associated with decreased accumulation of CD 45+ Immune
27 Cells, CD45+F480+ Macrophages and CD45+Gr1+ Neutrophils. Moreover, 16s rRNA
28 sequencing analysis of gut microbiota revealed that WPEP partially reversed gut microbiota
29 dysbiosis in the colitis mice including the decreased abundance of *Akkermansia muciniphila*
30 ($35.80 \pm 9.10\%$ to $18.24 \pm 6.23\%$) and *Clostridium cocleatum* ($2.34 \pm 1.78\%$ to $0.011 \pm 0.003\%$)
31 and increased abundance of *Bifidobacterium pseudolongum* ($3.48 \pm 2.72\%$ to $9.65 \pm 3.74\%$),
32 *Lactobacillus reuteri* ($0.007 \pm 0.002\%$ to $0.21 \pm 0.12\%$), *Lactobacillus salivarius* ($1.23 \pm 0.87\%$
33 to $2.22 \pm 1.53\%$) and *Ruminococcus bromii* ($0.009 \pm 0.001\%$ to $3.83 \pm 1.98\%$). In summary,
34 our results demonstrated that WPEP could be utilized as a functional food component in colitis
35 management as well as a potential prebiotic agent to improve inflammation-related disorders.
36 **Keywords:** β -type glycosidic polysaccharide; Gut microbiota; Inflammatory bowel disease;
37 *Pleurotus eryngii*

38 **1. Introduction**

39 Inflammatory bowel disease (IBD), a term for ulcerative colitis (UC) and Crohn's disease (CD),
40 is associated with chronic and long-term inflammation reaction ¹. Specifically, as the most
41 prevalent IBD, UC has been linked with increasing morbidity in the world, including the
42 western and the developing countries. It commonly occurs in the colon and results in diarrhoea,
43 bloody mucus in stool and colon shortening ². Presently, drug intervention is the major strategy
44 utilized for UC mitigation. However, this approach is not only expensive but also exerts
45 significant side effects, which severely impose restrictions on its application as a therapeutic
46 option. Hence, exploiting novel, preventive and inexpensive therapeutic strategies with low
47 side effects and high efficiency is needed in the present UC inhibition and management. With
48 deepening research related to UC inhibition, the application of functional components
49 including flavonoids, lutein, and other antioxidants obtained from specific natural foods
50 (berries, fruits and grains), have widely been studied with significant improvement effects on
51 colitis symptoms being revealed ³⁻⁴.

52 In recent years, edible mushrooms, with high active polysaccharide fractions, have been proved
53 to be an effective way of preventing and inhibiting UC development with efficient activities
54 and negligible side effects ⁵⁻⁶. Numerous studies have been carried out with results revealing
55 impressive protective effects of edible mushroom polysaccharides (EMPs) against IBD ⁷⁻⁹. As
56 a large class of natural biopolymers, EMPs have been reported mainly as novel glucans
57 possessing significant anti-inflammatory effects in the colon. Latest studies have documented
58 the feasibility of EMPs as a beneficial therapy for IBD management based on their key role
59 attributed to the crosstalk between immune functions and intestinal flora, which has been

60 considered the main functioning mechanisms of EMPs during IBD ameliorating process ¹⁰⁻¹¹.
61 Based on their non-digestible ability, EMPs could be considered as novel prebiotics due to their
62 increasing significant effect on the body's resistance against invading pathogens in addition to
63 their strong association the crosstalk in the colon. Therefore, the exploitation of intestinal flora
64 modulation effects induced by EMPs supplementation could be considered as a novel
65 therapeutic strategy in UC inhibition.

66 *Pleurotus eryngii*, which exhibits various unique biological activities due to its abundant non-
67 digestible polysaccharide fractions content (PEPs), has attracted numerous researchers'
68 attention in recent years ¹². Latest findings have demonstrated antitumor ¹³, anti-obesity ¹⁴,
69 hepatoprotective and hypolipidemic activities of PEPs ¹⁵. Moreover, its immuno-stimulating
70 activity has been studied and shown to be the primary function in body health ¹⁶. However, its
71 gut microbiome modulation effect, as well as the correlation with the above biological activities
72 has not been exhaustively revealed. In our previous studies, the intestinal flora regulation
73 effects and alteration impacts on intestinal immune proteins expression of a novel crude *P.*
74 *eryngii* polysaccharide (0.2, 0.4 and 0.8 g/kg body weight) with immune modulatory activity
75 on mice were investigated ¹⁷⁻¹⁸. Additionally, the anti-inflammation activity of its purified β -
76 type glycosidic polysaccharide fraction on lipopolysaccharide stimulated RAW264.7 cells
77 along with its toxicity on normal RAW264.7 cells were also evaluated. From these findings we
78 hypothesized that this β -type glycosidic polysaccharide could be considered as a potential
79 ingredient for UC treatment through its gut microbiome modulation ability. Hence, the major
80 goal of the present study was to investigate the inflammatory attenuation response efficacy of
81 WPEP and related mechanisms under the chronic colitis mice model. The findings would

82 demonstrate the significance of this novel water-soluble *P. eryngii* β -type glycosidic
83 polysaccharide as a food-based IBD treatment approach as well as providing a basis for the
84 promotion of edible mushrooms as functional foods with efficient biological effects.

85 **2. Materials and Methods**

86 **2.1. Materials and Chemicals**

87 Fresh *P. eryngii* (second batch of the autumn cultivation of 2017, Nanjing, China) was
88 purchased from the local market. The antibodies for western blot were purchased from Cell
89 Signaling Technology (Danvers, MA). All other chemicals were supplied by Fisher chemicals
90 (Hampton, NH).

91 **2.2. Animals and Dosage Information**

92 The water-soluble *P. eryngii* β -type glycosidic polysaccharide (WPEP, 167 kDa), occurring as
93 a heteropolysaccharide with β -type glycosidic linkages and mainly composed of xylose,
94 mannose, glucose and galactose with a molecular ratio of 21.35: 3.28: 73.22: 1.63 was prepared
95 based on our previous study (Supplemental Methods and Supplemental Table. 1). A dextran
96 sodium sulfate (DSS)-induced colitis mouse model was utilized and followed the protocol in
97 Figure. 1. Specifically, sixty 8-week-old male CD-1 (ICR) mice were purchased from the
98 Charles River laboratories (Wilmington, MA). The animals were maintained under the ambient
99 temperature of 25 ± 2 °C, relative humidity ($50 \pm 5\%$), and a 12/12 h of light-dark cycle, and
100 were fed on a diet and drink ad libitum with weights monitored during each cycle to detect the
101 potential stress of different treatments utilized in the present study on animals. After 1 week of
102 acclimation, all mice were randomly divided into six groups (ten mice per group) and fed on a
103 standard AIN-93G diet (Supplemental Table. 2). Mice of groups named DSS, DSP and DSHP

104 were treated with 1.5% w/v DSS in drinking water for four cycles (5 days of DSS treatment
105 per cycle followed with a 7 days recovery for each of the first 3 DSS cycles) to induce colitis,
106 and supplemented with WPEP under a dose of 0, 0.2 and 0.8 g/kg mice body weight through
107 intragastric administration during the whole process. In the meantime, the healthy mice in the
108 other three groups, named CT, CTP and CTHP, were treated with regular drinking and
109 supplemented with WPEP under a dose of 0, 0.2 and 0.8 g/kg mice body weight, respectively.
110 All the protocols were performed on the basis of National Institutes of Health Guide for the
111 care and use of laboratory animals and approved by the Ethical Committee of Experimental
112 Animal Center of University of Massachusetts, Amherst (#2014-0079). At the end of the
113 protocol, mice feces were collected individually and used for the stool DNA extraction.
114 Afterwards, the mice were sacrificed and subjected to gross necropsy. Colons were collected,
115 opened longitudinally and macroscopically inspected. Then all the colon tissues were cut into
116 halve longitudinally and frozen at -80 °C for further study. Liver, spleen and kidney were
117 collected, weighed and used to calculate the tissue indices.

118 **2.3. Disease Activity Index (DAI)**

119 Mice stools were collected in the beginning and ending of each cycle to observe the stool
120 consistency and stool blood presence which were considered as the two major colitis symptoms.
121 The DAI of mice in different groups was calculated utilizing three-point scale as follows: i)
122 stool consistency: 0, normal; 1, soft but still formed; 2, very soft; 3, diarrhoea. ii) blood in stool:
123 0, negative hemocult; 1, positive hemocult; 2, visible blood traces in stool; 3, rectal bleeding.

124 **2.4. Histopathological Analysis of Colon Tissues**

125 The histopathological analysis of mice harvested colon tissues in CT, DSS, DSP and DSHP

126 groups were conducted as follows. Briefly, colon tissues were fixed by formalin as Swiss-rolls,
127 and then processed for paraffin embedding, sectioning, and at last staining with hematoxylin
128 and eosin (H&E) to observe and evaluate the histological improvements, including colon
129 dysplasia, immune cells infiltration and mucosal ulceration under a microscope ($\times 150$, $\times 300$,
130 $\times 600$).

131 **2.5. Determination of Immune Cells in Colonic Mucosa**

132 Colonic mucosa protein fractions of mice colonic mucosa in CT, DSS, DSHP groups were split
133 with an EDTA (5 mmol/L) containing HBSS solution. Then a fluorescence-activated cell
134 sorting (BD Biosciences, San Jose, CA) was used to obtain the single cell suspension followed
135 with immunofluorescence histochemical staining of FITC labelled CD45 antibody,
136 PerCP/Cy5.5 labelled F4/80 antibody or isotype control antibody (Bio Legend, San Diego, CA).
137 Lastly, a BD LSRFortessa™ flow cytometer (BD Biosciences, San Jose, CA) combined with
138 a FlowJo 13.0 software were utilized to analyze the proportion of total immune cells,
139 neutrophils and macrophages in colonic mucosa.

140 **2.6. Determination of Pro-Inflammatory Cytokine in Colonic Mucosa**

141 Frozen colon tissues of mice in CT, DSS and DSHP groups were melted under an ice water
142 environment and then cleaned with PBS solution buffer (4 °C), followed by gentle dissection
143 from the colon muscularis propria to obtain the colonic mucosa. RIPA buffer (Boston
144 Bioproducts, Ashland, MA) containing protease inhibitors (proteinase, phosphatase inhibitor
145 I, phosphatase inhibitor II) was used to extract the mucosa protein fractions. After the protein
146 concentration was determined through Bicinchoninic Acid Assay (BCA), cytokines (IL-1 β , IL-
147 2, IL-6, TNF- α , INF- γ , IL-10) concentrations in colonic mucosa protein fractions were

148 analyzed utilizing a multiplex cytokine immunoassay-MSD 96-Well MULTI-SPOT kit (Meso
149 Scale Discovery, MD, USA) in accordance with the manufacturer's instructions.

150 **2.7. Western Blotting Analysis**

151 Colonic mucosa protein fractions of mice colonic mucosa in CT, DSS, DSHP groups were
152 harvested utilizing a RIPA buffer containing protease inhibitors (Boston Bioproducts, Ashland,
153 MA). Then, the protein contents in the collected mucosa protein lysate was determined by a
154 BCA Protein assay kit. Afterwards, lysate containing 30 µg mucosa protein per well were
155 loaded and separated on a 12% sodium dodecyl sulfate polyacrylamide gel (SDS-PAGE),
156 followed by electroblotting onto polyvinylidene difluoride (PVDF) membranes (Millipore,
157 Bedford, MA, USA). Then the membranes were blocked (2 h, room temperature) with 5%
158 (g/100mL) skim milk, incubated (4 °C) with different primary antibodies (Abcam, Cambridge,
159 MA, USA) overnight. After washing three times through TBST buffer, membranes were
160 incubated with HRP-conjugated secondary antibodies (2 h, room temperature). Lastly, the
161 protein bands were visualized and quantified with the enhanced chemiluminescence (ECL)
162 detection system (Bio-rad, California, USA).

163 **2.8. Fecal DNA Extraction and 16S rRNA High Throughput Analysis**

164 Frozen stools of mice in CT, DSS, DSP and DSHP groups were melted under an ice water
165 environment and utilized for the extraction of DNA contents through a QIAamp DNA stool kit
166 (Qiagen, Inc., Shanghai, China) according to the manufacturer's instructions. A UV-vis
167 spectrophotometer (NanoDrop 2000, Waltham, MA) was used for the measurement of
168 extracted DNA concentrations. All the DNA samples were stored at -20 °C for the future 16S
169 rRNA sequencing study. The 16S rRNA high throughput analyses of fecal DNA samples were

170 carried out as follows. Briefly, universal primers tailed with Illumina barcoded adapters were
171 used to amplify the bacterial V3-V4 region of the 16S ribosomal gene during the PCR process.
172 Afterwards, the products of PCR were purified using the Agencourt XP Ampure XP Beads
173 (Beckman Coulter, Danvers, MA). After the qualification of the amplicon through ScreenTape
174 Assay on Tape Station 2200 (Agilent Technologies, Santa Clara, CA), samples were pooled in
175 equal proportions and sequenced the paired end in an Illumina MiSeq at the IGA Technology
176 Services. Particularly, 30% PhiX genome was spiked to avoid the focusing and phasing issues
177 resulting from the sequencing of “low diversity” libraries.

178 **2.9. Bioinformatic analysis**

179 The high-quality sequences were assigned to samples according to barcodes. Mothur software
180 was used for the alpha-diversity analysis to identify the species diversity, including the indices
181 of Chao, Simpson, Shannon and Coverage. Overall, the validated sequences were clustered
182 into operational taxonomic units (OTUs) at 97% sequence identity using UPARSE embedded
183 in Quantitative Insights into Microbial Ecology software package (QIIME, version 1.8.0,
184 <http://bio.cug.edu.cn/qiime/>). Community structure comparisons, such as Jaccard tree
185 clustering, PCoA, Unifrac and heatmap analyses were performed using Mothur and R software
186 packages (<http://www.R-project.org>).

187 **2.10. Statistical analysis**

188 Statistical analysis was performed with one-way analysis of variance (ANOVA) (more than
189 two groups) or Student’s t-test (two groups) using SPSS 24.0 software (Statistical Package for
190 Social Sciences, SPSS Inc., Chicago). Means \pm standard deviation (SD) was used for the data
191 presentation of independently performed experiments. A p-value of <0.05 was considered

192 statistically significant.

193 **3. Results**

194 **3.1. Inhibition of WPEP on DSS-Induced Colitis Symptoms in Mice**

195 No accidental deaths were reported the 60 experimental mice, and no significant differences of
196 the food and water intake (data not shown), body weights (Table. 1), tissue indices (Table. 2)
197 in different treatments were observed. There was no observable toxicity impact of WPEP
198 gavage on mice's body health. Clinical DAI values of mice in DSS group (Table. 3) displayed
199 an extremely significant difference ($p < 0.01$) compared to DSHP group, suggesting a
200 beneficial improvement of WPEP supplementation on colitis. Colonic length was significantly
201 shortened in the DSS-induced mice colitis (9.31 ± 0.59 cm) compared to the healthy mice
202 (10.99 ± 0.90 cm) ($p < 0.01$) while WPEP treatment reversed this symptom significantly (10.81
203 ± 0.67 cm of DSP group and 10.89 ± 1.20 cm of DSHP group) (Figure. 2 A and Table. 2).
204 Based on the health situation of mice with different treatment, H&E-stained colorectal sections
205 were utilized to evaluate the goblet cells loss, crypts distortion, inflammatory cell infiltration
206 and epithelial injury of mucosa and submucosa in DSS, DSP, and DSHP groups (Figure. 2 B).
207 From this, we observed that the colonic architecture of mice in DSP and DSHP groups
208 exhibited less inflammation reaction including epithelial wall damage and crypt distortion
209 compared to the DSS group.

210 **3.2. Regulation Effects of WPEP on Immune Cells in Colonic Mucosa**

211 The total immune cells and their macrophages and neutrophils proportion in colonic mucosa in
212 different treatment mice groups were analyzed using flow cytometry and double staining
213 technique to reveal the inhibitory effects of WPEP gavage on immune cell enrichment in colon

214 induced by DSS stimulation. As shown in Table. 4, the total immune cells, macrophages and
215 neutrophils proportion in colonic mucosa of mice in DSS group were extremely increased
216 (1.38-, 2.12- and 2.33-fold, respectively) compared to the CT group ($p < 0.01$) while a high
217 dose WPEP intake significantly reduced this increase. Specifically, the proportions of total
218 immune cells and their macrophages and neutrophils were $3.12 \pm 1.58\%$, $6.35 \pm 3.43\%$ and
219 $8.48 \pm 2.85\%$, exerting 45.55%, 75.00% and 69.85% reduction, respectively compared to the
220 mice with DSS treatment.

221 **3.3. Reduction of WPEP on Pro-Inflammatory Cytokines Secretion in Colon Mucosa**

222 The production of pro-inflammatory cytokines in the mice colonic mucosal layer was
223 significantly increased due to the damage of the colon tissues and enrichment of immune cells
224 during the chronic inflammation period. The main goal of this section was to further evaluate
225 the inhibition effects of WPEP supplementation on DSS-induced colitis symptoms. From the
226 preliminary experimental results, no significant inhibition effects on pro-inflammatory
227 cytokines secretion were observed (data not shown) in low dose group (DSP) and high dose
228 group (DSHP) mice. Common pro-inflammatory cytokines, viz, IL-1 β , IL-2, IL-6, TNF- α ,
229 INF- γ , and IL-10 were determined. As shown in Table. 5, concentrations of the detected
230 colonic mucosa pro-inflammatory cytokines were all elevated in DSS treatment compared to
231 the CT group ($p < 0.05$) and a beneficial reverse impact was found with the WPEP intake. IL-
232 1 β concentration in DSS group increased 8.7-fold compared to the CT group (11.00 ± 2.03
233 pg/mg), and only 40.74 ± 9.18 pg/mg was determined in colitis mice supplemented with WPEP.
234 The concentration of IL-2 in DSS group was 0.43 ± 0.29 pg /mg, suggesting a significant
235 difference compared with CT group (0.03 ± 0.01 pg/mg) which was restored to 0.13 ± 0.06

236 pg/mg with WPEP gavage. Since the pro-inflammatory factor changed in different groups,
237 the concentrations of IL-6 in CT, DSS and DSP groups were 1.15 ± 0.60 pg/mg, 100.87 ± 33.87
238 pg/mg, and 6.10 ± 2.18 pg/mg, respectively. In addition, a WPEP supplementation WPEP diet
239 exhibited potent inhibitory effects on DSS-induced overproduction of TNF- α , INF- γ , and IL-
240 10 in colonic mucosa.

241 **3.4. Impacts of WPEP on the Expression of Colonic Mucosa Pro-Inflammatory Proteins**

242 Western blotting analysis was utilized to reveal the anti-inflammation mechanisms of WPEP
243 on DSS-induced mice colitis. This section looked at the expression levels of functional proteins
244 related to inflammation, oxidative stress, and intestinal tight junction function, which are
245 considered as the three primary pathogenesis signal pathways of IBD. As shown in Figure. 2
246 C and D, the p65 and p50 proteins involved in NF- κ B signal pathway, the phosphorylation
247 level of p38 protein in MAPK signal pathway and the expression level of key proteins of TLR-4
248 signal pathway were investigated. Expression levels of selected key inflammatory proteins in
249 colonic mucosa of DSS group, especially p65, COX-2, iNOS and TLR-4, exhibited significant
250 increase compared with CT group ($p < 0.01$). However, the expression levels of these
251 functional proteins in colitis mice with WPEP gavage significantly decreased by 97.12%,
252 74.80%, 94.04% and 85.48%, respectively compared with DSS group, which reflected a
253 potential functional signal pathway related mechanism of WPEP against IBD symptoms.

254 **3.5. Improvement of Gut Microbiota Diversity in Mice with DSS-Induced Colitis**

255 Next, we sought to determine whether WPEP could ameliorate IBD symptoms through its
256 modulation on the structure and composition of intestinal flora in DSS-treated mice by
257 analyzing 16S rRNA sequence. Firstly, the number of total and specific OTUs in feces of each

258 mice treatment group were analyzed under a 97% similarity screening criterion. As portrayed
259 in Figure. 3 A, the number of OTUs shared by all mice was shown using central number while
260 the outer circle ellipse number represents the unique OTUs' number of single mouse. From
261 this, which we found that the number of mutual OTUs in feces of all mice was 44 while the
262 number of unique OTUs in each mouse was not significantly different ($p > 0.05$). In addition,
263 the OTUs' differences of mice feces in different groups, the specific number of mutual or
264 unique OTUs were analyzed using Venn diagram (Figure. 3 B). As shown, the number of
265 mutual OTUs in mice feces between CT group and DSS group was 256 which changed to 285
266 between the CT group and DSP group, indicating that WPEP innervation could promote the
267 disorder of intestinal flora structure in IBD mice to a healthy situation. Moreover, an Alpha
268 diversity analysis of intestinal flora among different treatment groups was carried out,
269 including the sequencing depth indices (Observed species and Good's coverage), flora diversity
270 indices (Shannon's diversity and Simpson's diversity), and flora abundance indices (Chao and
271 ace). indices in All the intestinal flora diversity of mice in the five groups (CT, CTP, CTHP,
272 DSP, DSHP) displayed a significant increase compared to the mice in DSS group (Figure. 3 C-
273 H), further illustrating an intestinal flora disorder recovery effect of WPEP on IBD mice.

274 Besides, the differences of mice intestinal flora in CT, DSS, DSP and DSHP groups were
275 further revealed through principal component analysis (PCA) and PLS-DA analysis. As shown
276 in Figure. 4 A and B, an extremely significant difference was observed between CT group and
277 DSS group. Beneficial reverse effects were observed under the intervention of WPEP,
278 suggesting a positive role of WPEP supplementation as novel component against IBD through
279 gut microbiota modulation. Bacterial taxonomic profiling in different levels of fecal microbiota

280 from different treatments was done and shown in Supplemental Figure. 1. Heatmaps of
281 bacterial taxonomic profiling in different levels, including phylum, class, order, family, Genus
282 level (Supplemental Figure. 2), and species level (Figure. 4 C) of mice fecal microbiota from
283 different treatments was also done. From these, we identified the specific species of gut
284 microbiota induced by WPEP gavage during its activity on DSS-induced colitis and illustrated
285 its variation trends. Six species of mice intestinal flora in WPEP-treated group namely
286 *Akkermansia muciniphila*, *Clostridium cocleatum*, *Bifidobacterium pseudolongum*,
287 *Lactobacillus reuteri*, *Lactobacillus salivarius*, and *Ruminococcus bromii* changed
288 significantly compared with DSS group. In addition, the specific relative abundance of the
289 selected six gut microbiota species were further shown in Table. 6 from which two of the
290 species viz *Akkermansia muciniphila* and *Clostridium cocleatum* significantly increased with
291 DSS stimulation. The other four species displayed a significantly decreasing trend ($p < 0.05$).
292 However, the relative abundances of *Akkermansia muciniphila* and *Clostridium cocleatum* in
293 WPEP-treated colitis mice decreased from $35.80 \pm 9.10\%$ to $18.24 \pm 6.23\%$ and $2.34 \pm 1.78\%$
294 to $0.01 \pm 0.003\%$, respectively. Relative abundance of the other four species manifested a
295 reversed trend with WPEP supplementation, suggesting a deep correlation between the IBD
296 symptoms inhibition and gut microbiota structure disorder improvement in DSS-induced colitis
297 mice.

298 Lastly, the correlation of the six identified species with pro-inflammatory cytokine secretion
299 was analyzed using Pearson's correlation estimation (Figure. 4 D) based on the key role of gut
300 microbiota during the IBD pathogenesis process. The results indicated that the relative
301 abundance of *Akkermansia muciniphila*, *Clostridium cocleatum*, *Bifidobacterium*

302 *pseudolongum*, *Lactobacillus reuteri* and *Lactobacillus salivarius* was correlated to the
303 secretion level of the determined pro-inflammatory cytokines. From this we confirmed that
304 *Akkermansia muciniphila* and *Clostridium cocleatum* had a significant positive correlation with
305 the cytokines' secretion, while *Bifidobacterium pseudolongum*, *Lactobacillus reuteri* and
306 *Lactobacillus salivarius* had a negative correlation with the cytokines' secretion.

307 **4. Discussion**

308 Previous studies have proven that the proportion of neutrophils in colonic tissues was
309 negatively correlated with the integrity of the colonic epithelial tissue. This means that the
310 accumulation of neutrophils in colonic mucosa prompts the rupture of colonic epithelial cells
311 and the disappearance of the colon goblet cells, eventually destroying the intestinal mucosal
312 barrier¹⁹⁻²⁰. Thus, the anti-inflammation activity mechanisms of WPEP could be considered
313 primarily through its protection effects on colonic tissues consequently leading to a decrease
314 in colonic mucosa immune cells. Moreover, the present study revealed that WPEP could
315 modulate key functional proteins of specific signal pathways which were related to colonic
316 inflammation happening from microscopic level. Specifically, there existed a deep correlation
317 between the production of IL-6 and TNF- α , as well as the damage of colon tissues. As one of
318 the earliest and most important pro-inflammatory cytokines, the excessive production of TNF- α
319 would stimulate further IL-6 secretion and was suggested by the similar decreasing trends of
320 TNF- α and IL-6 concentration in DSP group²¹⁻²². similar inhibition effects of IL-2, IL-10 and
321 INF- γ concentrations of mice in DSP group compared to DSS group were also been proved to
322 be closely related with an increase in colitis symptoms²³. Elevation of the expression levels of
323 p65 and p50 have also been revealed to be related to the activation NF- κ B signal pathway along

324 with the intestinal inflammation development ²⁴. On the other hand, the phosphorylation
325 increase of p38 protein in MAPK pathway, which is also considered to be related to NF- κ B
326 signal pathway, has been investigated. The expression levels of other three key proteins namely
327 COX-2, iNOS and TLR-4, which have been proven to be highly relevant to the NF- κ B signal
328 pathway activation, were also determined ²⁵. Positive correlation has been proved between the
329 expression level of COX-2 and NF- κ B pathway activation while activation of iNOS could
330 result to NO secretion thus promoting the pro-inflammatory concentration through NF- κ B
331 pathway. TLR-4, known as the key protein of TLRs signal pathway, has also been shown to
332 display a significant key role in the NF- κ B pathway activation process ²⁶. In summary, the
333 increasing expression levels of these proteins in colitis mice were reversed upon WPEP gavage,
334 suggesting that WPEP could exert its anti-inflammation activities mainly through inhibition on
335 NF- κ B pathway activation.

336 On the other hand, gut microbiota alteration effect of WPEP on colitis mice was revealed and
337 the microflora structure in CT, DSS and DSP group showed significant differences in the levels
338 of phylum, class, order, family, genus and species. The observed gut microbiota regulation
339 effects of WPEP could be considered mainly due to its β -type glycosidic linkages reported in
340 our previous study. As a newly identified β -type glycosidic polysaccharide, WPEP exerted
341 non-digestible characteristics enabling it to reach the colon and interact with the gut microbiota
342 to perform its specific functional activities. Six species of gut microbiota were identified and
343 their correlation with colonic pro-inflammatory cytokines secretion proved. Specifically,
344 *Akkermansia muciniphila* and *Clostridium cocleatum*, considered as strains with intestinal
345 mucin biodegradable function, have been closely related to the occurrence of intestinal

346 inflammation²⁷⁻²⁹. Increase of these two intestinal flora species in DSS group was mainly due
347 to the colonic tissues damage induced by DSS stimulation leading to the release of abundant
348 gut mucin in the colon which would act as a substrate for their proliferation. However, intestinal
349 tissue damage was inhibited after WPEP treatment which in turn inhibited the increase of these
350 two species' abundance. The other four species with abundance reduction in the DSS group
351 have been illustrated to display positive effects against IBD and were shown to increase with
352 WPEP treatment. Of these, *Bifidobacterium pseudolongum*, *Lactobacillus reuteri* and
353 *Lactobacillus salivarius* have been shown to be probiotic for the treatment of colonic cancer
354 associated with enteritis²⁹⁻³¹. The last identified species was *Ruminococcus bromii*, which is
355 considered to be related to the butyric acid production. *Ruminococcus bromii* has shown
356 multiple biological activities, especially its improvement on intestinal inflammation. Previous
357 studies have demonstrated the relationship between the six identified species and colitis
358 symptoms, including the intestinal tissue repair, colonic epithelial barrier protection, and
359 intestinal inflammation improvement³²⁻³⁴, which were in congruent with the results of the
360 Pearson's correlation estimation analysis between the six and the pro-inflammatory cytokines
361 secretion resulting from WPEP supplementation of IBD mice.

362 In summary, the present study revealed the inhibition effects of WPEP on colitis were related
363 to its modulation of gut microbiota. However, considering the differences between
364 experimental animals and humans, future studies were warranted to validate the underlying
365 mechanisms of actions of WPEP. This is important to lay a solid scientific foundation for the
366 utilization of WPEP as novel functional food ingredients with anti-inflammatory activities
367 through gut microbiota regulation.

368 **5. Conclusion**

369 The present study demonstrated that WPEP supplementation significantly reversed the
370 development DSS-induced colitis in mice through multiple factors including the enrichment
371 inhibition of immune cells proportion and pro-inflammatory cytokines overproduction which
372 were revealed to correlate with the key functional protein expression related to NF- κ B signal
373 pathway in mice colonic mucosa. For the first time, we revealed colitis inhibition effects of
374 WPEP in colitis mice where the reversed impacts were found to correlate strongly with gut
375 microbiota dysbiosis. These results demonstrated the significant role and underlying
376 mechanisms of a newly identified water-soluble *P. eryngii* polysaccharide as a potential
377 prebiotic to alleviate colitis. This provides a strong scientific basis for the possible application
378 of this functional component as a novel approach for colitis symptoms improvement. However,
379 further studies with more sample size, as well as clinical model are needed in the future to
380 determine and reveal the specific impacts of intestinal flora species on gut inflammation.

381 **Abbreviations List**

382 WPEP: *Pleurotus eryngii* β -type glycosidic polysaccharide; UC: Ulcerative colitis; CD:
383 Crohn's disease; EMPs: Edible mushroom polysaccharides; PEPs: *Pleurotus eryngii*
384 polysaccharide fractions; DSS: Dextran sodium sulfate; DAI: Disease activity index; OUT:
385 Operational taxonomic unit; PCA: Principal component analysis; PLS-DA: Partial least
386 squares discrimination analysis.

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391 67017-30835 to Xiao).

392 **Conflict of Interest**

393 The authors declare no conflict of interest.

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499 Figure Legends

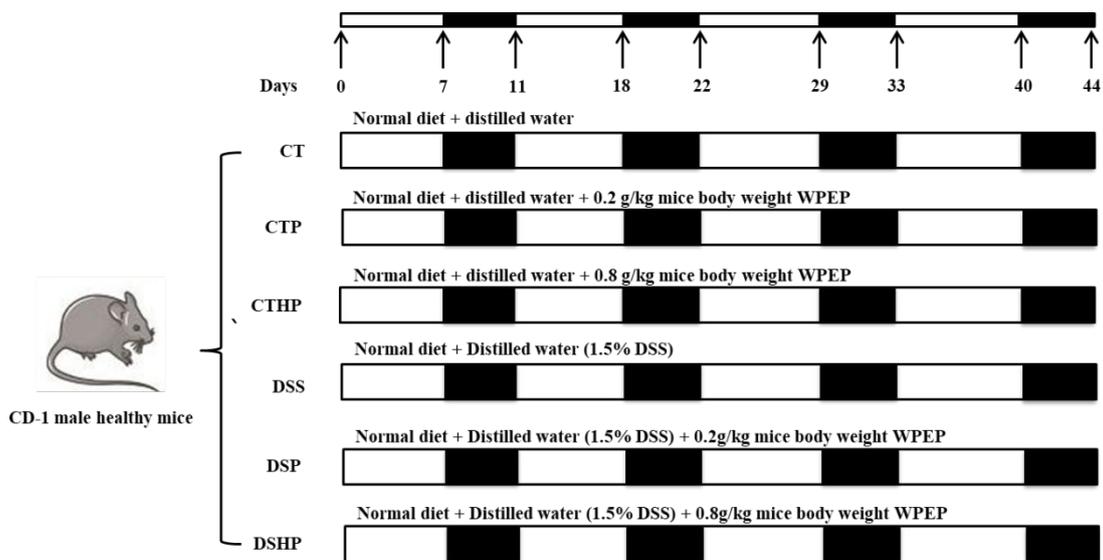
500 Figure. 1. Sketch map of the animal experiment.

501 Figure. 2. Amelioration effect of WPEP on DSS-induced colitis symptoms in mice. A, Colon
502 length of mice with different treatments; B, Colon stain image from mice with different
503 treatments; C, Pro-inflammatory proteins expression level in colonic mucosa of mice with
504 different treatments.

505 Figure. 3. The Core-Pan OTU, Venn and Alpha differences analysis of gut microbiota in mice
506 with different treatments. A, Core-Pan OTU; B, Venn; C, Observed species; D, Chao; E, Ace;
507 F, Shannon's diversity; G, Simpson diversity; H, Good's coverage.

508 Figure. 4. Improvement of gut microbiota diversity in mice with DSS-induced colitis. A and
509 B, Principle Components Analysis (PCA) and PLS-DA analysis of mice gut microbiota based
510 on OTU abundances; C, Heatmaps of the bacterial taxonomic profiles in species level of fecal
511 microbiota in mice with different treatments; D, Heatmap of the abundance of the identified
512 six kinds of specific bacteria species correlated with the pro-inflammatory cytokine secretion
513 in colonic mucosa. * means significant correlations under the Pearson's correlation estimation,
514 $p < 0.05$; ** means significant correlations under the Pearson's correlation estimation, $p < 0.01$.

Figure. 1



Note: Black shade represents 1.5% DSS water treatment, 10 mice/group.

Figure. 2

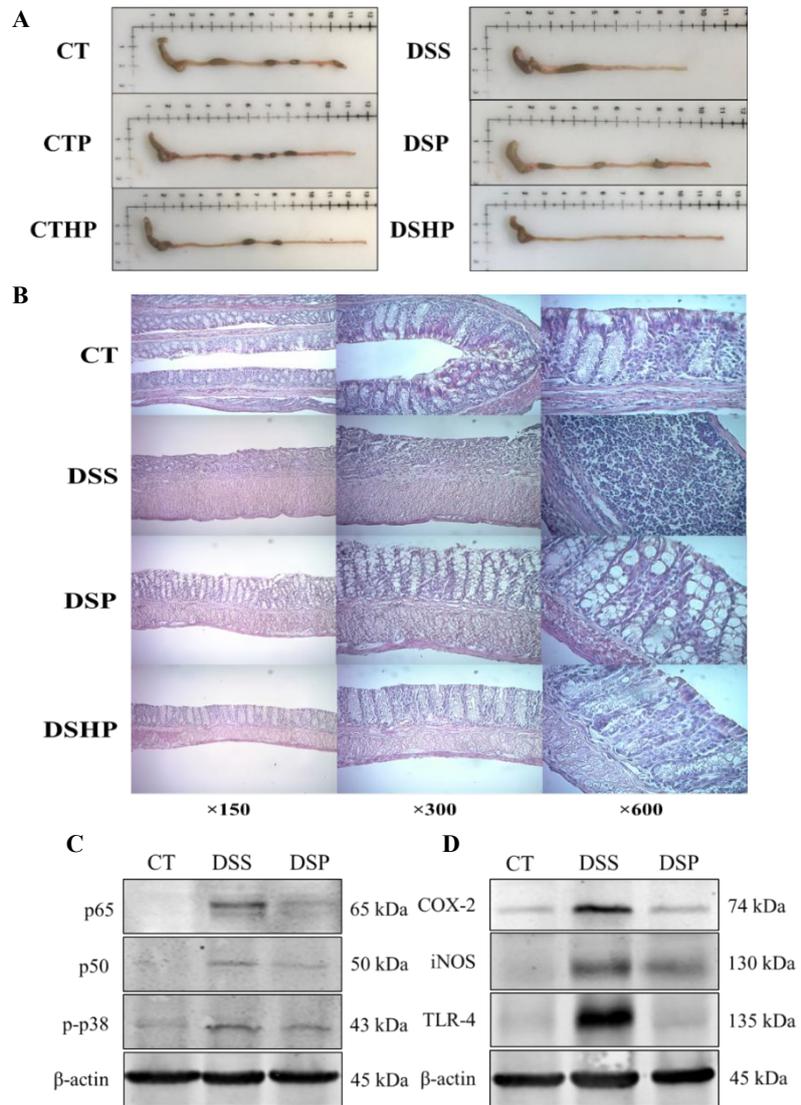


Figure. 3

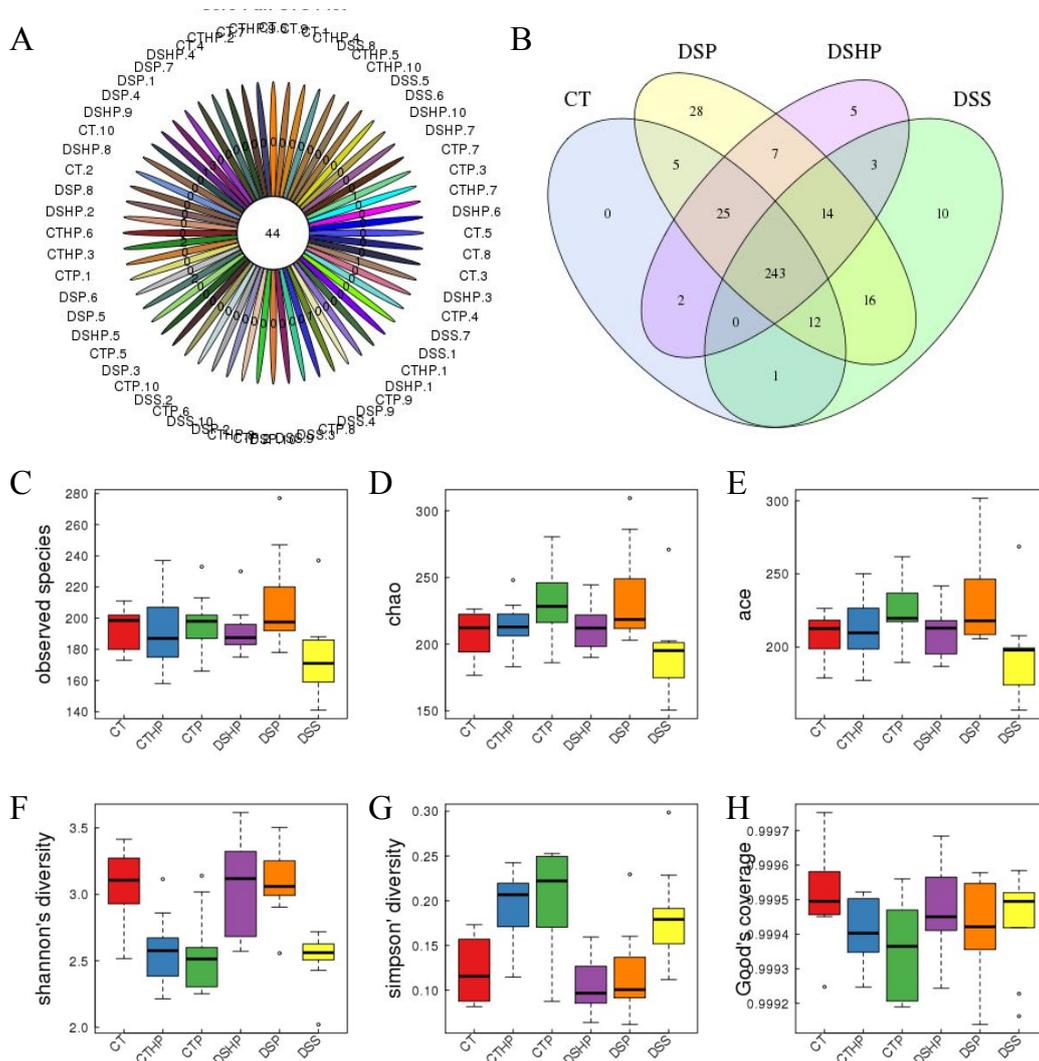


Figure. 4

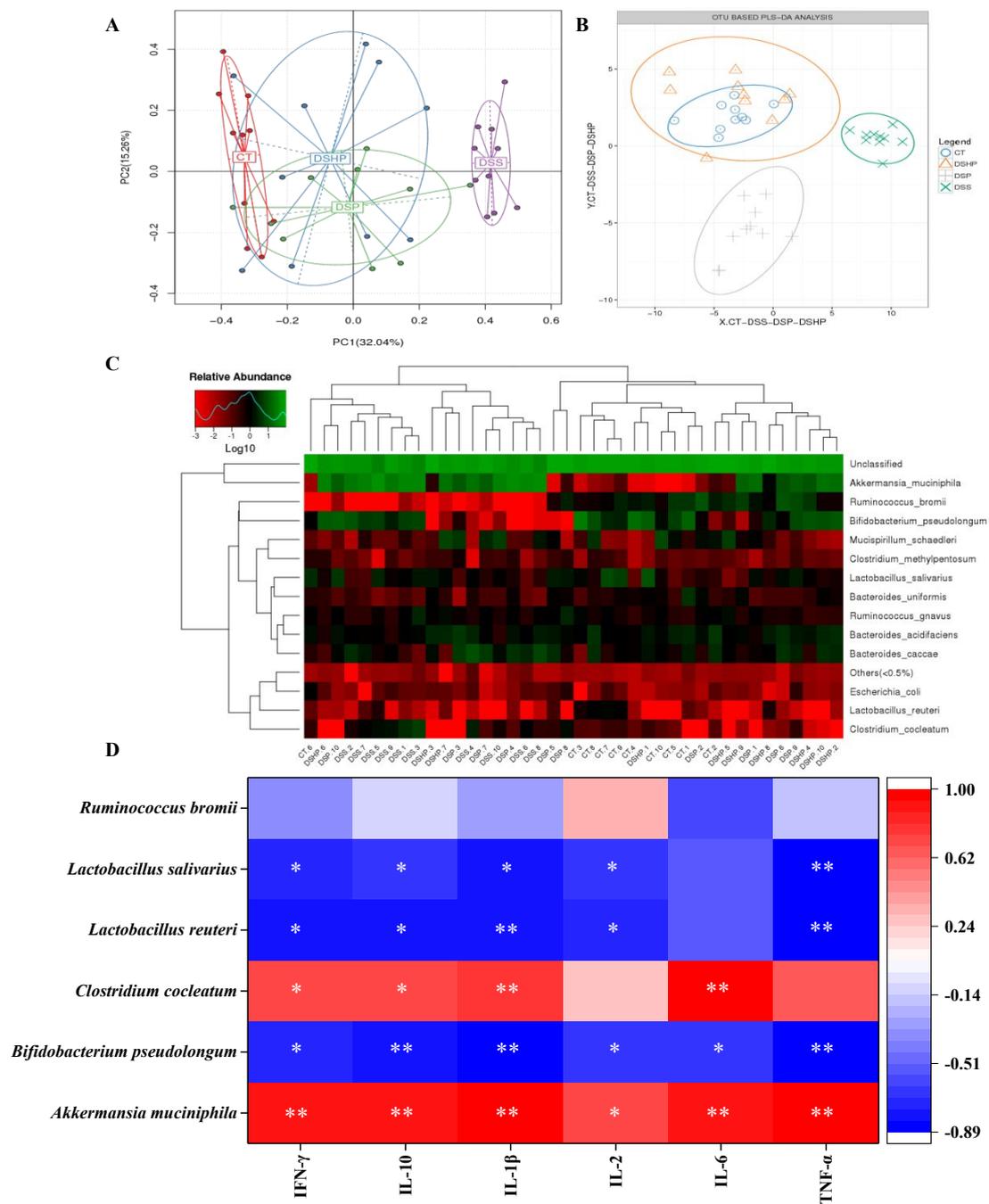


Table. 1 Effects of different treatments on mice body weight (n=10).

Treatments	Body Weight							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
CT	34.1 ± 2.28	34.9 ± 2.88	36.6 ± 2.67	37.7 ± 2.67	39.3 ± 3.23	40.0 ± 3.50	40.7 ± 4.11	40.8 ± 3.71
CTP	33.9 ± 2.18	34.6 ± 2.37	35.7 ± 2.95	37.6 ± 3.13	38.5 ± 3.72	38.7 ± 3.92	39.7 ± 4.08	39.8 ± 3.85
CTHP	34.1 ± 1.97	34.7 ± 2.00	35.6 ± 2.17	36.9 ± 2.92	38.5 ± 2.88	38.6 ± 2.27	39.2 ± 2.70	39.6 ± 3.10
DSS	34.0 ± 1.63	34.6 ± 1.78	36.1 ± 2.47	37.0 ± 2.45	38.8 ± 2.82	39.0 ± 3.35	39.1 ± 3.92	39.7 ± 3.91
DSP	34.2 ± 1.23	34.7 ± 1.83	35.3 ± 2.58	36.9 ± 2.84	37.9 ± 3.41	38.6 ± 3.37	38.7 ± 3.30	39.5 ± 2.80
DSHP	34.2 ± 1.23	34.3 ± 1.83	36.1 ± 2.47	37.9 ± 1.91	39.1 ± 2.13	40.0 ± 2.71	40.3 ± 2.26	41.0 ± 2.16

The present data were expressed the mean ± SD.

Table. 2 The tissue indexes and colon length of mice with different treatments (n=10).

Treatments	Tissue indexes			Colon length (cm)
	Liver	Spleen	Kidney	
CT	0.053 ± 0.003	0.003 ± 0.001	0.014 ± 0.002	10.99 ± 0.90
CTP	0.052 ± 0.005	0.002 ± 0.001	0.015 ± 0.002	11.93 ± 0.94
CTHP	0.052 ± 0.006	0.003 ± 0.002	0.015 ± 0.003	11.41 ± 0.69
DSS	0.056 ± 0.005	0.004 ± 0.002	0.017 ± 0.003	9.31 ± 0.59*
DSP	0.055 ± 0.004	0.003 ± 0.001	0.017 ± 0.002	10.81 ± 0.67
DSHP	0.053 ± 0.005	0.003 ± 0.001	0.016 ± 0.001	10.89 ± 1.20

The present data were expressed the mean ± SD.

* means significant difference between DSS group and CT group, $p < 0.05$

Table. 3 Effects of WPEP gavage on disease score indexes of colitis mice (n=10).

Treatments	Disease score indexes								
	Day 0	Day 7	Day 11	Day 18	Day 22	Day 29	Day 33	Day 40	Day 44
DSS	0	0	0.70 ± 0.27	0	1.60 ± 1.00	0.78 ± 0.24	2.67 ± 0.38	1.29 ± 0.52	2.78 ± 0.50
DSP	0	0	0.30 ± 0.05	0	0.50 ± 0.29	0.40 ± 0.17	1.60 ± 0.44	0.20 ± 0.04	1.60 ± 0.57
DSHP	0	0	0.30 ± 0.15	0	1.10 ± 1.16	0.30 ± 0.13	1.50 ± 0.44	0.40 ± 0.13	1.80 ± 0.17**

The present data were expressed the mean ± SD.

** means extremely significant difference between DSS group and DSHP group, $p < 0.01$.

Table. 4 Regulation of WPEP on immune cells proportion in colonic mucosa of mice with different treatments (n=10).

Treatments	Immune cells proportion (%)		
	CD 45+ Immune Cells	CD45+F480+ Macrophage	CD45+Gr1+ Neutrophil
CT	2.42 ± 1.16	8.14 ± 5.48	8.44 ± 5.78
DSS	5.73 ± 1.82**	25.40 ± 10.70**	28.13 ± 12.29**
DSP	2.90 ± 1.59	11.70 ± 4.76	12.28 ± 4.14
DSHP	3.12 ± 1.58	6.35 ± 3.43	8.48 ± 2.85

The present data were expressed the mean ± SD.

** means extremely significant difference between DSS group and DSHP group, $p < 0.01$.

Table. 5 Regulation of WPEP on pro-inflammatory cytokines secretion in colonic mucosa of mice with different treatments (n=10).

Treatments	Pro-inflammatory cytokines concentrations (pg/mg)					
	IL-1 β	IL-2	IL-6	TNF- α	INF- γ	IL-10
CT	11.00 \pm 2.03	0.03 \pm 0.01	1.15 \pm 0.60	2.46 \pm 0.70	0.08 \pm 0.06	0.09 \pm 0.05
DSS	95.76 \pm 25.67**	0.43 \pm 0.29*	100.87 \pm 33.87**	15.32 \pm 3.44**	1.75 \pm 0.82**	1.26 \pm 0.43**
DSP	40.74 \pm 9.18**	0.13 \pm 0.06*	6.10 \pm 2.18**	6.18 \pm 1.25**	0.45 \pm 0.27*	0.49 \pm 0.40*

The present data were expressed the mean \pm SD.

* means significant difference compared to CT group, $p < 0.05$; ** means extremely significant difference compared to CT group, $p < 0.01$.

Table. 6 Relative abundances of specific gut microbiota species displayed with significant differences in mice with different treatments (n=10).

Treatment	Relative abundances of specific gut microbiota species (%)					
	<i>Akkermansia muciniphila</i>	<i>Clostridium cocleatum</i>	<i>Bifidobacterium pseudolongum</i>	<i>Lactobacillus reuteri</i>	<i>Lactobacillus salivarius</i>	<i>Ruminococcus bromii</i>
CT	0.008 ± 0.004	0.100 ± 0.066	15.39 ± 8.89	0.63 ± 0.48	3.66 ± 2.40	1.95 ± 1.54
DSS	35.80 ± 9.10**	2.34 ± 1.78*	3.48 ± 2.72*	0.007 ± 0.002**	1.23 ± 0.87*	0.009 ± 0.001**
DSP	18.03 ± 12.70*	0.043 ± 0.015	3.35 ± 1.14*	0.075 ± 0.059**	1.83 ± 1.32	4.39 ± 2.44
DSHP	18.24 ± 6.23*	0.011 ± 0.003	9.65 ± 3.74	0.21 ± 0.12*	2.22 ± 1.53	3.83 ± 1.98

The present data were expressed the mean ± SD.

* means significant difference compared to CT group, p < 0.05; ** means extremely significant difference compared to CT group, p < 0.01.