Journal of Medical Research and Health Sciences

Received 25 Feb 2022 | Revised 25 March 2023 | Accepted 20 Apr 2023 | Published Online 15 May 2023

DOI: https://doi.org/10.52845/JMRHS/2023-6-5-2

JMRHS 6 (5), 2539-2543 (2023)

¹Department of Pathological Analysis,

College

College

Clinic, Dalian Medical University

¹⁵Hubei University of Technology,

¹⁶BCNet International Working Group,

¹⁷Nursing & policy, At Fight-Cancer at Home, Medicinal Toxicology & Drug Discovery, At : Sri Radha Krishna Raas Mandir, Kedar Gouri Road, Bhubaneswar

¹⁸Department of Molecular Biology and Genetics, Faculty of Science and Art, Bingol

University, Bingol, 1200, Türkiye.

Medical

University of Kerbala, Karbala, Iraq

51001, Babylon, Iraq.

Faisalabad Pakistan.

Faisalabad Pakistan

of

Jammu and Kashmir-Pakistan

China, Dalian, Liaoning 116044

School of Science, P.R. China

IARC/WHO, Dakar –Senegal

Government

Government

¹⁴International

⁵Facultv

ISSN (O) 2589-9031 | (P) 2589-9023

Open Access Journal

Mini Review



IMRHS JOURNAL

Genetics of Lactose Intolerance: Minireview

Zena Abdul-Ameer Mahdi¹, Noor S. K. Al-Khafaji², Hussein O.M. Al-Dahmoshi^{3*}, Muhammad Akram⁴, Abid Rashid⁵, Syed Muhammad Waqas⁶, Tehreem Riaz⁷, Umme Laila⁸, Rida Zainab⁹, Rida Zainab¹⁰, Momina Iftikhar¹¹, Muhammad Talha Khalil¹², Hina Anwar¹³, Muhammad Muddasar Saeed¹⁴, Bin Zhao¹⁵, El Hadji Seydou Mbaye¹⁶, Deepak Bhattacharya¹⁷, Fethi Ahmet Ozdemir¹⁸

Corresponding Author: Hussein O.M. Al-Dahmoshi

Abstract:

college of Applied Medical Sciences, The capacity for lactose digestion, which is the predominant source of carbohydrates and nutrition present in milk, is inherited ^{2,3}Department of Biology, college of in the majority of people. Lactase is encoded by a gene, LCT and science, University of Babylon, Hilla there are two possible polymorphisms of this gene were sequenced. The first is C/T, where the second polymorphism is 4,7-13,18 Department of Eastern Medicine, G/A .Around 75 percent population of the world lose their lactose University digesting ability ,It occurs when the activity of lactase in the intestine is reduced or absent, at some time in their lives, whereas Sciences, University some can digest lactose until they reach maturity. Increased risk of developing various pathologies for lactose-intolerant subjects ⁶Department of Eastern Medicine, (some types of cancer, osteoporosis) indicate how important to University of Poonch Rawalakot Azad diagnose and properly treat this pathology. The deficit capacity to digest lactose, its diagnosis and the sign and symptoms and Education therapy are all going to be discussed in this paper. **College Chinese and Western Medicine**

Keywords: Genetics; Lactose Intolerance; LCT Gene; MCM6;

Copyright: © 2021 The Authors. Published by Medical Editor and Educational Research Publishers Ltd. This is an open article the CC **BY-NC-ND** access under license (https://creativecommo ns.org/lic enses/by-nc-nd/4.0/).



Description

-751002,Odisa, India

Lactose indigestion is an abnormal capacity to manipulate lactose. Lactose is a sugar present in



dairy products. Lactase is an enzyme that is

required for the digestion of lactose. Lactase is

formed by the cells of the small intestine. Intolerance arises due to human digestive system's abnormal capacity to manipulate its break down (1). Lactose is usually torn away by an enzyme called lactase, which is formed by cells in the small intestine. Thus, low and or nil availability of lactase cause 'intolerance' (2). Congenitally present lactase insufficiencies, also known as inborn alactasia, which is a condition in which children will not be able to digest the lactose present in the breast milk (3). This type of lactose indigestion causes extreme diarrhea. If infected newborns are not provided with lactose-free milk & diet, the newborn suffer extreme dehydration and loss of weight can occur. Intolerance of lactose in adults is triggered through lowered development of lactase after childhood (nonpersistence of lactose digesting enzyme know as lactase). When people with lactose intolerance eat lactose-containing dairy products they experience stomachache, hyperbolized, intestinal gas. queasiness, and looseness of the bowels from 30 minutes to two hours later (4). Many lactase-free people maintain certain lactase actions and may include differing the quantity of lactose in their diets despite symptoms. Many affected people have trouble trying to digest milk but can eat other dairy foods, such as yogurt, without any consequence. Curd and related milk products are produced through fermentation that breaks down a large part of the lactose in milk thereby reducing the lactose content in diet (5).

Frequency

Lactose resistance in children born with congenitally present lactase insufficiency is very uncommon condition. Its probability of occurrence is not known. Lactose indigestion is found in Finland, approximately 1 in 60,000 newborns of Finland is affected (6). Roughly, about 65 percent of the total population does have decreased capacity to eat lactose since childhood. Indigestion to lactose in adultsis now the most common among population of East Asian region, with 70-100% of those affected in this groups. Lactose indigestion is also very popular in population of western African, Greek, Arab and Italian origin (7). The incidence of lactose indigestion is minimum in communities with longer history of reliance on malted milkproducts as a significant part of food source. For instance,

only about 5 percent of population of northern European origin have lactase insufficiency (8).

Causes

Intolerance to lactose in children (inborn lactase deficiency) is associated with variation in the LCT gene. The LCT gene is responsible for synthesis of lactase enzyme. A variation that causes inborn lactase insufficiency is thought to interact with the role of lactase, resulting in significant impaired ability of infants for the digestion of lactose present in the breast milk or formula milk (9). Indigestion of lactose in adult years is triggered by progressively reducing action (affectation) of LCT gene post adolescence, that usually happens in almost all humans (10). LCT gene affectation is regulated by a sequence of DNA known as a 'regulatory element' present within a neighboring gene known as MCM6 (full form). Some people have retained alterations in this factor which contribute to the persistent formation of lactose digesting enzyme in the small intestine and capability to absorb the lactose over their lifetime. Individuals that don't have these modifications have decreased capacity to absorb lactose with the growing age which results in symptoms of lactose indigestion (11).

Function of LCT gene

The LCT gene is responsible for the creation of an enzyme called lactase. The enzyme which manipulate lactose, a carbohydrate present dairy items like milk yogurt and others (12). Two possible polymorphisms of this gene were sequenced. The first is C/T-13910, located at 14 kb. It is based on the presence of one cytosine (C) or one thymine (T) in position 13910. The variant C/C is related to the non-persistence of lactase; instead, the variants C/T or T/T are expression of lactase persistence. The second polymorphism is G/A-22108, located at 22 kb. It is based on the presence of one guanine (G) or one adenine (A) in position 22108. The variant G/G is related to the non-persistence of lactase, while the variants G/A or A/A are expression of lactase persistence. Lactose digesting enzyme is generated by cells that wrap the small intestine walls. Such cells known as 'epithelial cells of intestine including microvilli which are finger like projections, that consume nutrients from the diet as it moves by the bowel. Based on their size, classes of these microtriches are collectively referred to as the brush border. Lactose digesting enzyme acts at the end of the brush to decompose lactose into simpler carbohydrate like glucose and fructose for engrossment (13).

Function of MCM6

MCM6 gene gives direction for the formation of part of the MCM group, community of proteins which act as primase. Primase attaches the two spiral strands of these molecules to particular regions of DNA and temporarily unwinds them. When the cell starts to split into two cells, the primase unwinds the DNA so that it could be DNA copied. The that comprises the chromosomes is recreated (reproduced) so each new cell has a full set of chromosomes. Primase is also employed in the manufacture of RNA, a synthetic cousin of DNA (14).

Inheritance Pattern

Category of lactose intolerance that exists in children is acquired in an autosomal recessive manners.(15). Families of an adult with an autoimmune disease each bear one copy of the mutated gene, but usually present without showing any sign and symptoms. Capacity to absorb lactose in maturity pivots on the difference in governing portion inside the MCM6 gene that people have received from the parents. Variations that encourage continued development of lactase are called autosomal dominant, which means that this copy of the modified transcriptional regulator in each cell is adequate to sustain the development of lactose digesting enzyme. Those that have not acquired these differences from either parent have a certain degree of lactose intolerance (16).

Symptoms

An individual with lactose intolerance may notice complications after using milk or milk product that usually contains lactose. Problems can occur from minor irritation to adverse symptoms, obviously, it depends as to how much lactase an individual generates as well as how much milk they receive. They shall involve: intestinal gas, swelling, stomach pain, the tiredness and diarrhea (spanish tummy)

An individual may have had an uncontrollable desire to use the toilet for 1 to 2 hours after taking lactose. Dehydration can occur in severe cases. An individual with indications of lactose intolerance is recommended to maintain a dietary log, mention foods eaten, complications, however when they occur until consulting the doctor. This might support with diagnoses. The physician can assist the client to follow a 2-week lactose-free menu to see whether condition improves. Unless they do, the individual is expected to also have lactose intolerance (17).

Diagnostic Methods for Intolerance

Hydrogen Breath Test: The person naps nightly and gets a lactose replacement the next morning. The amounts of hydrogen in the exhaled air are measured. A higher concentration of nitrogen implies intolerance to lactose (18).

Lactose Tolerance Test: A lactose solution is ingested by the patient and a sample of blood is obtained to calculate blood sugar levels. When blood sugar levels stay the same, this indicates that sugar has not reached the bloodstream. It is because lactose was not effectively split converted into sugars and galactose. In a milk tolerance check, a person consumes milk instead of a lactose solution (19).

Stool Sample: Lactose tolerance measures and hydrogen breathing measures are not appropriate for kids, thus a stool test must be performed. Increased amounts of acetate and some other fatty acids in stools could be a precursor of lactose intolerance (20).

Underlying Illness or Condition: Biopsy of small intestine may be done if indications may be due to an underlying cause, like celiac disease. A small intestinal lining tissue sample is collected for examination in surgery (21).

Treatment

For patients with lactose intolerance related to the basic shape, the treatment of the condition can recover the body's order to absorb lactose, but it may take months. Among other reasons, you may be able to prevent the pain of lactose indigestion by adopting limited lactose containing food. To decrease the volume of that particular sugar, lactose, in your diet:

1.Restrict milk and other milk products

2.Provide small portions of milk items in daily meals.

3.Drink and eat lactose-reduced ice powdered creamer.

4.To dissolve the lactose, add a liquid or powder enzyme to the milk. Preventing lactose may entail some testing and mistake, but food manufacturers may help because an amount of product lactose must be marked as "Milk."The health department proposes to evaluate tolerance levels by adopting a lactose-free diet for 2 weeks and then reinstating lactose-free foods. Individuals with sensitivity, they add, can eat 12 grams of lactose at one time without any clinical impact.

Conclusion:

Lactose indigestion is a disease which run in families due to the mutation happen in the LCT gene. Lactose intolerance can't be diagnosed by using a gold standard test. Confounding circumstances may influence the lactose breath test despite it being the best method. Although genetic testing is a new method for diagnosing the persistence of lactase, it is not able to check all the nucleotide variants linked to lactose indigestion. Lactose intolerance symptoms may have been exaggerated, as lactase non-persistence individuals may bear up to 12 grams of the lactose, negating the requirements of fermented or matured milk also limitation on lactose hydrolyzed milk, and stop the resultant effect on the density of the bone mass.

References:

- 1. 1.Gaskin DJ, Ilich JZ. Lactose maldigestion revisited: Diagnosis, prevalence in ethnic minorities, and dietary recommendations to overcome it. American Journal of Lifestyle Medicine. 2009;3(3):212-8.
- 2. 2.Keller BA. The Origins Of Lactase Persistence And Ongoing Convergent Evolution. 2011.
- 3. Oak SJ, Jha R. The effects of probiotics in lactose intolerance: A systematic review. Critical reviews in food science and nutrition. 2019;59(11):1675-83.
- 4. 4.Szilagyi A, Ishayek N. Lactose intolerance, dairy avoidance, and treatment options. Nutrients. 2018;10(12):1994.
- 5. 5.Heaney RP. Dairy intake, dietary adequacy, and lactose intolerance. Advances in nutrition. 2013;4(2):151-6.

- 6. Younis M, Rastogi R, Chugh A, Rastogi S, Aly H. Congenital diarrheal diseases. Clinics in Perinatology. 2020;47(2):301-21.
- 7. 7.Ugidos-Rodríguez S, Matallana-González MC, Sánchez-Mata MC. Lactose malabsorption and intolerance: a review. Food & function. 2018;9(8):4056-68.
- 8. 8.Gupta S, Abu-Ghannam N. Probiotic fermentation of plant based products: opportunities. possibilities and Critical food science and nutrition. reviews in 2012;52(2):183-99.
- 9. Sequeira E, Kaur G, Chintamaneni M, Buttar HS. Lactose intolerance: genetics of lactase polymorphisms, diagnosis and novel therapy. Biomedical Reviews. 2014;25:35-44.
- 10. 10.Krupa-Kozak U. Pathologic bone alterations in celiac disease: etiology, epidemiology, and treatment. Nutrition. 2014;30(1):16-24.
- 11. 11. Tsoi LC, Stuart PE, Tian C, Gudjonsson JE, Das S. Henry Ford Health System Scholarly Common s. communications.8:15382.
- 12. 12. Silanikove N, Leitner G, Merin U. The interrelationships between lactose intolerance and the modern dairy industry: global perspectives in evolutional and historical backgrounds. Nutrients. 2015;7(9):7312-31.
- 13. 13.Gelberg HB. Alimentary system and the peritoneum, omentum, mesentery, and peritoneal cavity. Pathologic basis of veterinary disease. 2017:324.
- 14. 14.Li N, Zhai Y, Zhang Y, Li W, Yang M, Lei J, et al. Structure of the eukaryotic MCM complex at 3.8 Å. Nature. 2015;524(7564):186-91.
- 15. 15. Spahić L, Šehović E, Šećerović A, Đozić Z, Smajlović-Skenderagić L, editors. Lactose intolerance prediction using artificial neural networks. International Conference on Medical and Biological Engineering; 2019: Springer.
- 16. 16.ROCA FA, GONZALEZ RA. Sward factors influence on pasture dry matter intake of grazing dairy cows: A Review. 2013.
- 17. 17. Peek S, Divers TJ. Rebhun's Diseases of Dairy Cattle-E-Book: Elsevier Health Sciences; 2018.
- 18. 18. Greenfield B. Boundless: Victory Belt Publishing; 2020.

Genetics of Lactose Intolerance: Minireview

- 19. 19. Newcomer AD, McGill DB. Lactose tolerance tests in adults with normal lactase activity. Gastroenterology. 1966;50(3):340-6.
- 20. 20.Braden B. Methods and functions: Breath tests. Best Practice & Research Clinical Gastroenterology. 2009;23(3):337-52.
- 21.21.Rubio-Tapia A, Barton SH, Rosenblatt JE, Murray JA. Prevalence of small intestine bacterial overgrowth diagnosed by quantitative

culture of intestinal aspirate in celiac disease. Journal of clinical gastroenterology. 2009;43(2):157.

Cite this: AL-Mazini, M. A. I. (2023). Genetics of Lactose Intolerance: Minireview. Journal of Medical Research and Health Sciences, 6(5), 2539–2543. https://doi.org/ 10.52 845/JMRHS/2023-6-5-2