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The Complexity of the Gut Micro Biota Should Not Be Underestimated

Murzad Mustafa*

Department of Hepatogastroenterology, University of Perugia, Italy

Editorial

One of the most popular areas in gastroenterology (and many other disciplines) in recent years is the gut micro biota, which may offer novel insights. Research into patient health, diagnostic biomarkers, and even medicines and illness management. There has already been a lot of anticipation, attention, and firms are now offering as a result of investment in this sector services available directly to consumers that analyse any using the findings to provide insight into each person's micro biome tips for a healthy lifestyle and diet that offer insights to research intestinal diseases or infections, or to assess one's comparing one's micro biota to that of "healthy" people Direct-to-consumer micro biome analytics have yet to be developed, nevertheless. The correlational nature of the research linking the gut micro biota to human health means that it is still difficult to prove a cause-and-effect connection. To properly identify the components of the micro biome and their relationship with health, longitudinal research are required. The definition of a "healthy" micro biome and what constitutes a dysbiotic state are also still up for debate. Is a dysbiotic state characterised by a bloom of pathobionts (i.e., an increase in abundance), a loss of mutualisms (i.e., a decrease in abundance), a general loss of community diversity, or a combination of all three? The type of sample acquired, how it is processed and preserved, and whether it is a pinch biopsy sample of the mucosal layer are just a few of the many variables that might influence the results of a micro biome analysis. In conclusion, the intricacy of the gut micro biota should not be understated, and our knowledge of how to measure, interpret, and even modify it is still relatively new [1-3].

Even though studying the micro biome has enormous potential for bettering diagnostics and treatments as well as understanding disease aetiology, It is not yet prepared for widespread clinical use, much less for public marketing. The Scotch Whisky Association's appeal against the Alcohol Minimum Pricing Act, which Scottish lawmakers had approved in 2012, was denied by the UK Supreme Court on October 15, 2017. This historic decision puts an end to years of appeals and legal battles against the Act and opens the door for Scotland to become the first nation in the world to enact a minimum alcohol price. The Act, which will go into effect on aims to increase the cost of the strongest, cheapest alcohol, such as own-brand vodka and whisky as well as super-strength ciders and beers. According to data from the charity Alcohol Focus Scotland, these beverages can be purchased for as little as £0–18 per unit (10 mL) of alcohol. The introduction of a minimum price per unit-proposed at £050 per unit-is meant to limit the amount of alcohol consumed by people who drink dangerously or excessively (who tend to gravitate toward drinking the cheapest alcohol available), while having little of an impact on people who consume alcohol moderately.

***Address for Correspondence:** Murzad Mustafa, Department of Hepatogastroenterology, University of Perugia, Italy, E-mail: murzadmust@edu.in*

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The Act is anticipated to do this while also assisting in the reduction of health disparities, which heavily depend on alcohol usage. In fact, one study calculated that the cost of alcohol-related harm in Scotland in 2009-10 was £7457 million, with the most disadvantaged 20% of the population accounting for more than 40% of these expenses. According to Alcohol Focus Scotland, the implementation of minimum pricing might stop 60 alcohol-related fatalities, 1600 hospital stays, and 3500 offences in just the first year. This information provides much-needed encouragement for other similar programmes, such as the Public Health (Minimum Price for Alcohol) Bill that was recently put out in Wales. The Public Health (Alcohol) Bill in Ireland may gain new momentum as a result of the Supreme Court's decision to reject the alcohol industry's lobbying activities, which have contributed in part to the bill's 2-year delay. One expects that it will also put pressure on the UK Government to reconsider implementing a similar programme in England. In 2013, such plans were abandoned due to legal uncertainty caused by challenges against minimum pricing in Scotland. It is appropriate to welcome the Supreme Court's decision, which marks a significant step in addressing the massive burden of alcohol-related disease in the UK [4,5].

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Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

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