JNK2 pathway in colonocytes enhances gut barrier integrity in response to microbial acetate.

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SUMMARY

The weaning process accompanies changes in the nutritional profile, metabolism, and

gut immune tolerance of offspring. However, the molecular changes associated with this

transition and their implications for gut health are not well understood. Here, we show that

post-weaning milk-based diets modulate the gut microbiome of pups by enriching

Dubosiella newyorkensis. This, in turn, enhances gut barrier function by activating the

JNK2 pathway in the epithelium through acetate. However, an inflammation-inducing

lard-based high-fat diet, a brief pharmacological inhibition of JNK2, or a two-week delay

in the initiation of milk-based diets post-weaning leads to the activation of P38 in the

epithelial cells, which leads to inflammation. These observations reveal a microbiome-

dependent, short-chain fatty acid-driven dichotomy between JNK2 and P38 pathways in

the gut epithelium that modulate gut inflammation. These results provide a framework

connecting diets, microbiome, and molecular changes in the epithelium, which may aid

the design of microbiome-directed dietary interventions.

INTRODUCTION

The diet-microbiome-host axis in the gut has emerged as a key factor in chronic diseases, including inflammatory bowel diseases, metabolic and cardiovascular diseases, and cancer. While several diets, such as the Mediterranean diet, fermented food, and high-fiber diet, have been considered microbiome-friendly, others, including high-fat and Western diets, promote an unhealthy microbiome, leading to gut inflammation (Perler, Friedman et al. 2023). Microbiome-directed dietary interventions have been shown to be an effective tool to fight childhood malnutrition (Blanton, Charbonneau et al. 2016). However, to formalize the nature of different diet-microbiome-gut interactions and to develop novel strategies for intervention, it is essential to identify the molecular signatures and mechanisms that drive such interactions.

Weaning represents an important metabolic transition in mammals, where the pups stop milk intake and depend completely on solid food. Adolescence, which follows the weaning (3-7 weeks in mice), is also an important period of active growth and susceptibility to malnutrition. Milk exhibits higher fat content (Ballard and Morrow 2013), while post-weaning diets are primarily carbohydrate-based in most of the populations. This shift leads to the metabolic maturation of mammals to adapt to staple diets. In rodents, during weaning, the liver reduces gluconeogenesis and increases carbohydrate storage and utilization (Ferré, Decaux et al. 1986, Kalhan and Parimi 2000). Similarly, a shift from mTORC1 activation to AMPK activation in pancreatic islets during weaning is essential for islet maturation and glucose-induced insulin secretion (Stolovich-Rain, Enk et al. 2015, Jaafar, Tran et al. 2019). Mice lacking the vitamin D receptor tend to develop severe

growth defects upon weaning, characterized by their inability to utilize carbohydrates

(Das, Gopinath et al. 2022). However, subjecting these mice to milk-based diets upon

weaning led to the restoration of growth and energy metabolism in these mice, indicating

specific nutritional requirements after weaning (Das, Jawla et al. 2023). Furthermore, milk

has been shown to affect nutrient absorption in the intestine as well (Song, Kato et al.

2003).

Unlike most other animals, humans continue consumption of milk and milk products even

after weaning. Indeed, dairy products are major sources of healthy nutrition for humans.

However, very little is known about the effect of continued milk supplementation post-

weaning on gut function. While patients with inflammatory bowel disease tend to exclude

milk and milk products, conflicting conclusions have been made on the effect of milk and

dairy products on gut inflammation (Opstelten, Leenders et al. 2016, Narula, Wong et al.

2021, Kempinski, Arabasz et al. 2024). Gut-microbiome diversity and function change

with diets and the variation in the gut microbiome could be one of the driving forces that

determine the positive and negative effects of milk on gut health. During the postnatal

period, several milk components, including Immunoglobulin A, complex oligosaccharides,

higher fat content, etc., are essential for developing a healthy microbiome (Xu, Zhou et

al. 2024). The weaning period is one of the most important stages of microbiome

maturation in mammals, with the changes in microbiota during this period having long-

lasting effects on gut and metabolic health (Al Nabhani, Dulauroy et al. 2019, Barratt,

Nuzhat et al. 2022, Paredes, Justo-Mendez et al. 2023). During the weaning period, the

changes in the diet lead to rearrangement of the gut microbiome, which is associated with

a spike in inflammation followed by its resolution (Al Nabhani, Dulauroy et al. 2019). This

'weaning reaction' is essential for the development of immune tolerance towards the

altered microbiome. Interrupting this process leads to increased susceptibility to DSS-

induced gut inflammation (Al Nabhani, Dulauroy et al. 2019).

Host-microbiome interactions are controlled by a multitude of factors, including microbial

metabolites, including short-chain fatty acids, host-secreted proteins such as

antimicrobial peptides, metabolites, dietary components, etc. (Wilde, Slack et al. 2024).

The mechanisms by which these metabolites enhance gut barrier function or lower

pathological inflammation are not completely understood. JNK and P38 pathways are

among the core signaling pathways in mammalian physiology, regulating various

processes such as cell proliferation and inflammation. In the gut, both these pathways

are known to affect inflammation, gut barrier function, epithelial regeneration, and cancer

(Roy, Rashid et al. 2008, El Abbas, Radermecker et al. 2020, Canovas and Nebreda

2021). AP-1 transcription factors are one of the major classes of targets for the JNK

pathway, which are known to regulate gut regeneration and cancer. JNK pathway was

shown to enhance epithelial regeneration by enhancing WNT signaling (Sancho, Nateri

et al. 2009). Deletion of MBD3, an inhibitory protein associated with unphosphorylated c-

Jun, leads to enhanced progenitor proliferation (Aguilera, Nakagawa et al. 2011, Zhang,

Pronovost et al. 2024). Genetic depletion experiments have shown that JNK2, but not

JNK1, enhances gut barrier function and protection against dextran sodium sulfate

treatment (DSS) (Mandic, Bennek et al. 2017). However, another study has shown that

osmotic stress-induced activation of JNK2 deteriorates tight junction protein expression

and gut barrier function (Samak, Suzuki et al. 2010), indicating the context-dependent

effects of JNK2 activation in the gut epithelium. While P38 activation leads to upregulation

of pro-inflammatory cytokines, it also works downstream to the cytokine signaling

pathways to further enhance inflammation (Parhar, Ray et al. 2003). However, how these

two important pathways are regulated in different contexts of gut inflammation is

unknown.

To delineate the effects of post-weaning milk consumption, we analyzed pups fed on milk-

based diets either immediately after weaning or two weeks after weaning. We show that

mice weaned onto milk-based diets maintain gut epithelial integrity even after a challenge

with 1.5% DSS for 7 days, while a 2-week delay in the introduction of these diets caused

opposite effects. Molecular analysis reveals a complex liaison between the gut

microbiome and the epithelial cells, which protects the epithelial layer from DSS insult,

with the dichotomy between epithelial JNK2 and P38 pathways being the deciding factor

in pathological inflammation. We identified *D. newyorkensis* generated acetate mediates

activation of JNK2 to protect gut barrier function.

RESULTS

Post-weaning milk-based diets protect from DSS-induced gut inflammation.

To address the effect of an extended milk-like diet on gut health, we weaned the pups onto two different milk-based diets at the age of 3 weeks: a custom-designed, milk-fat-based diet (MFD) mimicking milk composition or a commercial milk-based formula Lactogen 2 (MBD) containing 54.8% milk solids. The macronutrient composition of these two milk-based diets varies, with MFD exhibiting higher fat content while Lactogen 2 has higher carbohydrate content. (Supplementary Table 1, Figure S1A). These diets were shown to rescue growth defects in mice lacking the vitamin D receptor (Das, Jawla et al. 2023). We also included a lard-based high-fat diet (HFD) to distinguish the effect of high-fat content from the effect of milk components in the diet (Supplementary Table 1, Figure S1A). HFD is well-established to induce gut inflammation (Duan, Zeng et al. 2018). Mice were subjected to these diets or regular chow diet (RCD) for 4 weeks, followed by treatment with 1.5% DSS for 7 days to induce inflammation (Figure 1A).

Disease severity score calculated from stool consistency and rectal bleeding shows that both MBD and MFD-fed mice exhibit delayed onset of these disease symptoms; the severity is significantly lower for these groups at the end of the experiment (Figure 1B). In contrast to both the RCD and HFD-fed mice, the reduction in body weight during the DSS challenge was also lower for MBD and MFD-fed mice (Figure 1C). Though DSS treatment led to a reduction in colon length in all groups, MBD and MFD-fed mice exhibited longer colons compared with both HFD and RCD after DSS treatment (Figure 1D& Figure S1B). Histopathology analysis showed that while all groups of mice exhibited

cell infiltration in the lamina propria upon treatment with DSS, the RCD-fed and HFD-fed

mice exhibited more extensive tissue damage and disintegration of the epithelial layer

(Figure 1E). On the other hand, both MBD and MFD-fed mice exhibited well-maintained

colonic epithelial architecture. Importantly, HFD-fed mice show cell infiltration even

without DSS treatment, suggesting diet-induced inflammation (Duan, Zeng et al. 2018).

Further, DSS-treated mice fed on milk-based diets exhibited lower levels of pro-

inflammatory cytokine mRNAs *Il1b*, *Tnfa*, and *Il6* compared with the HFD and RCD

counterparts, clearly indicating that the inflammatory response is lower in these groups

(Figure 1F-H). The anti-inflammatory cytokine mRNAs *Il10* and *Tgfb* showed similar levels

of upregulation in RCD and both milk-based diets upon treatment with DSS (Figure

S1C&D), indicating that reduced pro-inflammatory signals underlie the protective effect

of milk-based diets rather than increased anti-inflammatory activity. On the contrary, the

HFD group exhibited lower levels of *Il10* and *Tgfb* mRNAs upon DSS treatment (Figure

S1C&D).

MBD-fed mice exhibit reduced Immune activation after DSS treatment.

Diet-induced gut inflammation is a complex phenomenon involving the dietary

components, microbiome, gut barrier, and the immune compartment. To understand the

immune correlates in host immune and epithelial cells subjected to milk-based diets, we

performed a single-cell RNAseq analysis of mice fed on MBD or RCD after 7 days of DSS

treatment and compared them to untreated controls (Figure S2A). For each condition,

cells from three mice were pooled. We sorted epithelial (EpCAM$^+$), B cell (CD45$^+$

CD19$^+$), T cell (CD45$^+$ CD3$^+$), and non-lymphoid (CD45$^+$ CD3$^-$ CD19$^-$) cells from the

colon (Figure S2B) and mixed (6000 epithelial cells, 2000 B cells, 4000 T cells, and 8000

myeloid cells) before subjecting them to GEM generation and library preparation using

10X genomics 3′ GEX technology. The scRNA-Seq data was analyzed primarily using

the Seurat package (Figure S2C). Epithelial cells (*EpCAM*, *Krt8*, and *Krt18*), B cells

(*CD79a*, *Ms4a1*, and *Cd19*), T cells (*Cd3d*, *Cd3e*, and *Cd3g*), and myeloid cells (*Cd14*,

Itgam, *Fcgr3*, *Itgax*, *H2-Aa*, and *H2-Ab1*) were separated and analyzed (Figure S2C&D).

Analysis of B cells showed 17 clusters in three major groups (Figure 2A & Figure S2E).

Clusters 1, 2, 3, 12, 15, & 17 constitute IgD and IgM expressing naive B cells, while

clusters 4, 5, 9, and 14 constitute plasma cells. The third major group, constituting mostly

clusters 0, 6, 8, 13, and 16, shows the expression of IgA, indicating that these are antigen-

experienced, class-switched cells, though the IgA expression levels were not as high as

in the plasma cells (Figure 2A&B and Figure S2E). The most intriguing effect of diet was

observed in the DSS-treated groups. The RCD-DSS group showed very high levels of

antigen-experienced, class-switched IgA+ B cells with maximum contribution (37% of

total B cells) from cluster 0 (Figure 2A and Figure S2E), suggesting infiltration of antigen,

probably due to leaky gut, induced by DSS. IgA expression levels in this cluster are lower

than in plasma cells, and they exhibit higher levels of activation markers CD80 and CD44

(Figure 2C). On the other hand, in the MBD DSS group, naïve B cells belonging to cluster

1 (33% of total B cells) dominated, indicating lower levels of antigen exposure and

reduced activation of B cells. Interestingly, even the control mice on MBD showed a

higher fraction of cells in cluster 1. Taken together, the RCD-DSS group exhibits higher

levels of activated class-switched B cells, while the MBD-DSS group was enriched for

naive B cells (Figure S2E), suggesting reduced antigen exposure.

T cells from all four conditions formed 17 clusters, with 62% of cells distributed between

clusters 0-4 (Figure S2F). Clusters 2, 3, 9, 10, 12, 13, 14, and 16 encompass CD8 cells

expressing *Cd8a* and *Cd8b1* (Figure 2D). On the other hand, clusters 0 and 1 exhibit the

expression of *Cd8a* without the expression of *Cd8b*. This could be the CD8αα cells

observed in the gut (Figure 2D). Clusters 4, 5, 7, 8, 11, and 15 are CD4 cells. Among

these, Th1 cells (*Cd4*, *Tbx21*, *Ifng*; cluster 4), Th2 (*Gata3*, *Il13*, *Il4*; cluster 11), Treg cells

(*Fox3p*, *Il2r*; cluster 7), and Th17 cells (*Rorc*, *Il17*; cluster 15) could also be identified

(Figure 2E). Clusters 2, 10, and 16 represent recently activated (*Cd69*) CD8 (*Cd8a*,

Cd8b1) cells (Figure 2E). Most of the CD8αβ clusters exhibited expression of *Ifng*, *Gzma*,

and *Gzmb*; and cluster 0 of CD8αα cells exhibited high expression of granzymes.

However, unlike the B cells, analysis of the distribution of these cells in different conditions

showed that they are more or less similarly distributed. An exception was cluster 12,

which expresses cytotoxic markers and is highly enriched in the RCD-DSS group but low

in the MBD-DSS group. Moreover, cluster 13 is enriched in the DSS-treated groups

(Figure 2F). There was a moderate increase in the Th1 (cluster 4) and Treg (cluster 7)

populations in MBD-fed mice (Figure 2F). Interestingly, there was a higher percentage of

cells from chow-fed control mice in cluster 2, which are activated CD8+ T cells expressing

Cd69 and effector molecules.

DSS treatment led to major changes in the myeloid cell populations in both MBD and

RCD groups (Figure 2G&H). RCD-fed mice exhibited an expansion of CD27 expressing

cytotoxic NK cells (cluster 0; *Klrk1*/NKG2D, *Cd7*, *Cd27*, *Gzma*, *Gzmb*, *Prf1*, and death

receptor ligands Fasl and Trail) (Hayakawa, Huntington et al. 2006, Hayakawa and Smyth

2006) (Figure 2H&I). Apart from the cytotoxic markers, these cells exhibit increased

expression of ribosomal protein-coding genes, indicating increased biosynthetic activity

(Figure S2G). However, MBD-fed mice treated with DSS showed enrichment of gut-

protective macrophages expressing *Mrc1*/CD206 and *Csf1r* (Cluster 2) (Figure S2G) and

an increase in the number of monocytes (cluster 3) (Figure 2H) expressing inflammatory

cytokines *Il1a*, *Il1b*, *Saa3*, and the cell adhesion molecules *Vim* and *Fn1* (Figure 2J)

(Zheng, Wang et al. 2022, Peng, Fang et al. 2024). These results indicate that RCD-fed

mice when treated with DSS for 7 days, exhibit higher levels of cytotoxic NK cells, which

are part of normal inflammatory response in the gut. However, MBD-fed mice treated with

DSS maintain pro-inflammatory monocytes and a homeostatic macrophage population.

On the other hand, no significant differences in the cell populations were observed

between MBD and RCD under non-DSS conditions. Both groups were enriched in gut-

protective macrophages expressing *Mrc1*/CD206 and *Csf1r* (Cluster 2), *Ly6c2* expressing

monocytes (Cluster 5), and MHCII expressing cDC2 populations (Cluster 8) (Figure S2H-

J and Figure 2G&H).

Taken together, the results presented show that MBD-fed mice show a distinct

immunological profile characterized by lower levels of antigen-experienced B cells,

cytotoxic NK cells, and higher levels of homeostatic macrophages, which reflect reduced

immune activation.

Milk-based diets maintain gut barrier function even after DSS treatment.

One of the striking observations from the histopathological analysis of the colon was the

preservation of the epithelial layer in milk-based diet groups even after 7 days of DSS

treatment. Re-clustering of the epithelial cells (Figure S2C &D) resulted in 23 clusters

(Figure 3A). Marker analysis identified all major epithelial cell types among these clusters

(Figure 3B and Figure S3A-G). The control groups on both diets show similar levels of

different cell types (Figure 3B and Figure S3H). The RCD-fed mice treated with DSS show

dramatic expansion of cluster 0 (Figure S3B&H), which expresses high levels of

inflammatory genes, including *Il1b* & *Tnfa* (Figure 3C and Figure S3I). A similar signature

was exhibited by cells in clusters 3, 8, 9, 15, 19, 21, and 22 (Figure 3C and Figure S3I).

Previous studies have shown that induction of colitis in mice leads to high expression of

Il1b, *Tnfa*, and *Cd14* in colonocytes (Meijssen, Brandwein et al. 1998, Waterhouse and

Stadnyk 1999). Epithelial cells *in vitro* enhance the expression of *Il1b* when treated with

LPS (Waterhouse and Stadnyk 1999). We consider these cells as inflammatory epithelial

cells (Figure 3B). Interestingly, these cells are almost exclusively present in the RCD-

DSS group, with very low numbers in the MBD-DSS group (Figure 3B and Figures

S3H&J), reiterating the reduced inflammation in the latter.

On the other hand, the MBD-DSS group exhibited an increased number of colonocytes

and preservation of the ISC population (Figure 3B, Figure S3J). Notably, clusters 2, 10,

and 11, which belong to colonocytes, are upregulated in the MBD-DSS group compared

with the RCD-DSS group (Figure 3A and Figure S3H). A meta-analysis of transcriptomics

data from colitic and normal colonic tissue identified a set of 10 marker genes for mucosal

barrier repair (Zhao, Zhao et al. 2023). We found that clusters 2, 10, 11, 13, and 18

showed increased expression of this gene set, with maximum expression in cluster 10,

which is enriched in the MBD-DSS group (Figure 3D). Further analysis of the expression

of tight-junction protein-coding genes showed upregulation of *Tjp1*, *Ocln*, *Cldn7*, and *F11r*

in these clusters (Figure 3E). Moreover, these clusters exhibited higher expression of

transcription factors *Hnf4a* and *Cdx2*, both of which were also established to be

associated with gut barrier integrity. To confirm these observations, we performed qRT-

PCR analysis of the colon tissues from control and DSS-treated mice (Figure 3F-J). *Tjp1*,

Cldn7, and *Ocln* mRNAs were upregulated in the MBD and MFD groups treated with DSS

compared with RCD-DSS groups. Furthermore, the transcription factor mRNAs *Cdx2* and

Hnf4a also recapitulated the scRNAseq results. Interestingly, these mRNAs were

expressed at lower levels in HFD groups, further supporting their association with gut

barrier protection/repair.

Further, we asked if the increased expression of tight junction proteins is functionally

translated to better barrier function. Indeed, we observed lower levels of FITC-Dextran in

the blood 10 minutes after oral gavage in both MBD and MFD-fed mice (Figure 3K). These

results clearly show that milk-based diets enhanced the barrier function of the colonic

epithelium. Given the delayed onset of symptoms and lower activation of immune cells,

we argue that the enhanced barrier function could be underlying the protective effect of

milk-based diets.

Milk-based diets elicit protective effects against gut inflammation by activating the

JNK2 pathway in the epithelial cells.

Next, we investigated the mechanisms by which milk-based diets affect intestinal barrier

function. We performed the regulome analysis of the scRNAseq data using the SCENIC

package (Van de Sande, Flerin et al. 2020). We observed that the clusters that are

enriched in the MBD groups – 2, 10, and 11 – showed enrichment of a common set of

regulome (Figure 4A and Figure S4A). The transcription factors whose regulome are

enriched in these clusters include several AP-1 transcription factors (*Jund*, *Jun*, *Junb*,

Fosl, *Atf3*, and *Atf4*) and transcription factors well established to have positive effects on

gut barrier function (*Hnf4a*, *Nr1i2*/PXR, *Nr1h4*/FXR, *Egr1*) (Dou, Mukherjee et al. 2012,

Modica, Cariello et al. 2014, Vemuri, Radi et al. 2023). Transcript levels of each of these

transcription factors are also upregulated in these clusters (Figure 4B).

AP-1 transcription factors are key players in the regulation of inflammation and epithelial

regeneration. Constitutive activation of AP1 transcription factors is known to enhance

intestinal stem cell proliferation (Aguilera, Nakagawa et al. 2011). Moreover, a network of

different transcription factors identified here, with AP1 as the key factor, is known to

modulate gene expression of tight-junction proteins and antimicrobial peptides (Jung,

Mangelsdorf et al. 2006, Cattin, Le Beyec et al. 2009, Krueger, Madeja et al. 2009, Chen,

Wang et al. 2010, Zhang, Yin et al. 2010, Dou, Mukherjee et al. 2012, Modica, Cariello et

al. 2014, Yu, Yang et al. 2022, Wang, Yu et al. 2023) (Figure S4B). Accordingly, our data

showed upregulation of the transcripts encoding tight junction proteins in these samples

(Figure 3E-H). Moreover, transcripts of antimicrobial peptides *Reg3b* and *Lypd8*, which

are known to modulate the gut microbiome to the advantage of hosts, are highly

expressed in clusters 2, 10, and 11, along with other colonocyte lineage clusters 13, 17,

and 18 (Figure 4C). qPCR analysis of whole colon tissues also showed the transcript

levels of these mRNAs are enhanced in the milk-diet groups (Figure 4D&E). However,

they were not altered in the HFD group. On the other hand, we observed increased *Cox2*

and *Ptges2* mRNAs, which are mediators of inflammation, by enhancing prostaglandin

synthesis in the HFD group (Figure S4C&D).

MAPK pathways such as ERK, JNK, P38, and several GPCR pathways are known to

activate the AP-1 transcription factors. So, we asked if any of these pathways are

upregulated by milk-based diets. Interestingly, western blot analysis of the colonic

epithelial cells isolated from control mice on different diets (without DSS treatment)

showed that milk-based diets induce phosphorylation of JNK2 (Thr183/Tyr185) (Figure

4F, asterisk). This indicates that these cells are primed with JNK2 activation even before

DSS treatment. On the other hand, HFD, which is associated with increased inflammation

in the gut even without DSS treatment, exhibited hyper-phosphorylation P38

(Thr180/Tyr182) instead of the JNK2 (Figure 4G, asterisk). These results reveal that gut-

protective milk-based diets and inflammation-inducing HFD activate two distinct MAPK

pathways in the epithelial cells even in the absence of DSS treatment. We hypothesize

that the milk-based diets prime the epithelial cells in the basal state (non-DSS treatment

condition) by activating the JNK2 pathway.

Next, we asked if activation of JNK2 mediates the protective phenotype elicited by a milk-

based diet. To address this, we rectally administered an inhibitor of JNK (JNK inhibitor II;

SP600125) at 10µg/g body weight. This treatment led to the downregulation of JNK2 in

the colonic epithelium even after 24 hours of treatment (Figure S4E). So, we treated MFD-

fed mice with the JNK2 inhibitor 24 hours prior to DSS exposure. At 7 days post DSS

treatment, the inhibitor-treated, MFD-fed mice exhibited higher disease severity, loss of

body weight, and reduced colon length compared with the vehicle-treated group (Figure

4H-J, Figure S4F). Interestingly, the disease severity was higher even in RCD-fed mice

treated with JNK2 inhibitor as well, supporting the conclusion that even the basal JNK2

observed in RCD plays a beneficial role. Histopathology analysis confirmed that the JNK

inhibition led to increased pathology in the MFD group (Figure S4G). The mRNA levels

of pro-inflammatory cytokines TNFα and IL1β were upregulated in the JNK2 inhibition

groups, indicating higher levels of inflammation (Figure 4K). Furthermore, the barrier

protection-associated genes *Muc2*, *Tjp1*, *Ocln*, and *Hnf4a* also show decreased

expression, suggesting that the JNK2 pathway controls the expression of these mRNAs

(Figure 4L & Figure S4H). The mRNA levels of AMPs LYPD8 and REG3b in the colonic

tissue were also downregulated (Figure 4M) by JNK inhibition.

We also found that the inhibition of JNK2 was observed even after 7 days in the MFD-fed

mice without DSS treatment (Figure S4I). This inability to restore the JNK2 suggests that

once it was inhibited, the dietary intervention failed to reactivate it. Interestingly, inhibition

of JNK2 led to increased phosphorylation of P38, which corroborates with the increased

disease severity in the inhibitor-treated groups (Figure 4N). These results emphasize the

dichotomy of JNK2 and P38 pathways in colon inflammation.

A break in the milk-based diet regimen alleviates JNK2 phosphorylation and

protective effects.

Next, we asked if the milk-based diets can extend their protective effect against repeated

DSS challenges. To address this, we subjected these mice to a second round of DSS

treatment after recovering for two weeks from the first round (Figure 5A). Interestingly,

the disease severity scores, body weight changes, colon length, and pro-inflammatory

cytokine levels showed that mice weaned onto MFD exhibited reduced inflammation even

on repeated DSS challenges (Figure 5A-E; MFD(I&II)). However, initiating the MFD

feeding after the first round of DSS treatment of RCD-weaned mice failed to show a

protective effect (Figure S5A-C; RCD(I)-MFD(II)), suggesting that though milk-based

diets can provide long-term protection from DSS-induced inflammation, this protective

effect is lost once regular chow feeding is initiated. These results and the inability of MFD

to reactivate JNK2 after one round of inhibition (Figure S4I) suggest that the continuity of

MFD is necessary to maintain gut barrier function.

To further confirm this, we subjected mice to a milk-based diet two weeks after weaning

them onto RCD (RCD-MFD feeding) (Figure S5D). When we subjected these mice to

DSS treatment, RCD-MFD-fed mice exhibited loss of weight, colon length reduction, and

disease severity comparable with the chow-fed mice (Figure 5F-H). Histopathology

analysis of the colon also showed increased pathology in these mice (Figure 5I). Pro-

inflammatory cytokine mRNAs *Il1b*, *Ifng*, and *Tnfa* were also upregulated in the whole

colon tissue, indicating increased inflammatory response (Figure 5J). Further, we

specifically analyzed the epithelial compartment without DSS challenge to see the basal

expression of the tight junction proteins and anti-microbial peptides (*Reg3b* and *Lypd8*)

and found them to be downregulated in the RCD-MFD group compared with the MFD

group (Figure 5K&L). These results clearly show that when a break was introduced in

milk-based diets, the signature changes associated with a protective milieu were

abolished.

Further, we found that, unlike the MFD group, the RCD-MFD group did not show

upregulation of JNK2 phosphorylation (Figure 5M), but they showed upregulation of P38

phosphorylation (Figure 5N). These data clearly indicate that a break in the milk-based

diet feeding fails to activate JNK2 and alleviate its protective effect; instead, it activates

the pro-inflammatory P38 pathway. It also reinstates the dichotomy between the JNK2

and P38 activation in gut inflammation.

***Dubosiella Newyorkensis*, enriched in the milk-based diet groups, provides gut**

protection.

Milk components are known to affect the gut microbiome (Butler, Bastiaanssen et al.

2020, Shuai, Zuo et al. 2021). The changes in the expression levels of several

antimicrobial peptides in mice fed on milk-based diets also point toward the modulation

of gut microbiome by milk-based diets. To test whether any of the protective correlates of

the milk-based diets are due to the gut microbiome, we removed the microbial flora from

these mice by treatment with a cocktail of antibiotics (Vancomycin (0.5 mg/ml), Ampicillin

(1 mg/ml), Neomycin (0.5 mg/ml), and Metronidazole (0.625 mg/ml) in 2% sucrose)

(Figure 6A & Figure S6A). When milk-based diet-fed mice were treated with antibiotics,

the epithelial JNK2 phosphorylation was reduced significantly compared with MFD

without antibiotics (Figure 6B). Interestingly, the genes that were associated with

protection, such as the transcription factor *Hnf4a* and the AMPs *Reg3b* and *Lypd8,* were

downregulated to that of the RCD group in the MFD-ABX group (Figure 6C&D), indicating

clearly that the microbiome plays an important role in the expression of protective markers

in milk-based diet groups.

Similarly, the P38 activation was also reduced in HFD-fed mice when treated with

antibiotics (Figure S6B). mRNA levels of genes downstream to P38, such as *Cox2* and

Ptges2, and *Tnfa*, a pro-inflammatory cytokine, were also reduced in the HFD group

treated with antibiotics (Figure S6C). In addition, the lower levels of tight junction protein

and mucin expression observed in HFD-fed mice were restored by antibiotic treatment

(Figure S6D). This supports the previous observations that in HFD-fed mice, an altered

microbiome is the primary inducer of inflammation (Cani, Amar et al. 2007, Hildebrandt,

Hoffmann et al. 2009, Suriano, Vieira-Silva et al. 2023). These results indicate that, as in

the case of the hyperinflammation induced by HFD, the protective effect of MFD is also

dependent on the microbiome.

Next, we analyzed the composition of the gut microbiome by 16s rRNA sequencing using

the Oxford Nanopore platform. Interestingly, even though both MFD and MBD showed

protection against the DSS-induced pathology, they exhibited little similarity in terms of

microbial composition. MBD showed the highest alpha diversity among the groups, while

both MFD, HFD, and RCD-MFD groups exhibited lower alpha diversity, suggesting that

the overall diversity is affected mostly by the macronutrient content of the diets (Figure

6E and Figure S6E). Furthermore, the Chao index also indicated divergent bacterial

composition among the MFD and MBD (Figure 6F). Differentially enriched microbes in

different diet groups show that both MBD and MFD have increased protective species in

the microbiome, while HFD shows increased levels of known pathogenic bacteria

(Supplementary Table 3).

Despite the difference between MBD and MFD in the overall composition of the

microbiome, we observed that *Dubosiella newyorkensis* is one of the most abundant

species in both groups (Figure 6G&H and Figure S6F-H). *D. newyorkensis*, which is a

mouse homolog of the human symbiont *Clostridium innocuum*, has been recently shown

to elicit gut protective properties (Zhang, Tu et al. 2024). To address if *D. newyorkensis*

indeed mediates the protective effects of MBD and MFD, we subjected the mice to oral

treatment with *D. Newyorkensis* for 2 weeks, followed by DSS treatment (Figure S6I).

They exhibited protection from DSS-induced inflammation as evidenced by reduced

disease severity score, maintenance of body weight, and colon length (Figure 6I-K). The

histopathology analysis also shows that there is decreased tissue damage upon

treatment with DSS in the *D. newyorkensis* group (Figure S6J).

These data clearly show that *D. newyorkensis* protects mice from DSS-induced colitis.

We next checked the protective correlates we observed in the milk-based diet groups

(Figure 6L-N). The mRNA levels of pro-inflammatory cytokines TNFα and IL1β were

reduced in the *D. newyorkensis* group, while the transcripts for the barrier-protective

proteins CLDN7, OCLN, TJP1, MUC2, and HNF4α were upregulated as seen in milk-

based diet groups (Figure 6M & Figure S6K). Apart from the low inflammatory genes and

high gut barrier protection associated genes, the transcript levels of anti-microbial protein

transcripts *Reg3b* and *Lypd8* were upregulated in the *D. newyorkensis* treated group

(Figure 6N). These results clearly show that *D. newyorkensis* recapitulates salient

features of milk-based diets in protection against gut inflammation. Moreover, western

blot analyses of the epithelial cells show that phospho-JNK2 is indeed upregulated in the

D. newyorkensis treated group (Figure 6O & Figure S6L). On the other hand, we did not

observe any difference in the p-P38 levels, suggesting that *D. newyorkensis* is sufficient

to selectively upregulate the JNK2 pathway in the colonic epithelium (Figure 6O & Figure

S6L) and enable the protection from DSS-induced inflammation. Interestingly, the MFD

feeding after 2 weeks of RCD failed to enhance *D. newyorkensis* levels, and it was

reflected by heightened inflammation in this group (Figure 6G & H and Figure 5).

Acetate induces the JNK2 pathway in the colonic epithelium to enhance gut barrier

function.

Short-chain fatty acids are major contributors toward gut barrier integrity (Lewis,

Lutgendorff et al. 2010, Deleu, Arnauts et al. 2023). Milk is a rich source of short-chain

fatty acids, especially butyrate and acetate (Barman, Gio-Batta et al. 2024, Wu, Wang et

al. 2024). Moreover, *D. newyorkensis* also produces short-chain fatty acids (Zhang, Tu et

al. 2024). We performed GC-MS analysis of fecal samples of mice subjected to RCD,

MFD, HFD, and RCD-MFD to quantify different short-chain fatty acids. Compared with

RCD, we found that acetate, propionate, and butyrate are high in the fecal samples in

MFD-fed mice (Figure 7A). On the other hand, in HFD-fed mice, all three of these short-

chain fatty acids were low, clearly showing that these short-chain fatty acid levels are

indeed correlated with gut protection against DSS treatment. Interestingly, in the RCD-

MFD group, which does not show gut-protective phenotype, both acetate and propionate

were reduced, while butyrate levels were not significantly lower compared with MFD

(Figure 7A). Interestingly, fecal samples of mice treated with *D. newyorkensis* also

exhibited higher levels of acetate compared with control samples (Figure 7B). On the

other hand, propionate and butyrate did not show a statistically significant increase in

these mice (Figure S7A). This data suggests that acetate could be the driving force

behind the protective phenotype.

Acetate has been shown to protect against DSS-induced colitis previously; however, the

mechanism was not known (Laffin, Fedorak et al. 2019, Deleu, Arnauts et al. 2023). To

test if acetate treatment functions through JNK2 phosphorylation, we provided potassium

acetate to these mice in drinking water (200mM). Indeed, we found that acetate treatment

provided protection against DSS-induced pathologies based on body weight, colon

length, and disease severity score (Figure 7C-E & Figure S7B). The mRNA levels of pro-

inflammatory cytokines TNFα, IL1β, and IFNγ were also significantly downregulated in

the acetate-treated group, suggesting reduced inflammation (Figure 7F). Moreover, we

observed increased mRNA levels of tight junction protein OCLN, mucin gene MUC2, and

the transcription factor HNF4α, which were all associated with MFD feeding in these mice

(Figure 7G). Histopathology analysis also shows a well-preserved epithelium in the

acetate-treated group, indicating reduced inflammation and improved barrier function

(Figure 7H). Next, we asked if acetate enhances protection through the JNK2 pathway,

as observed for milk-based diets and *D. newyorkensis*. Indeed, acetate treatment was

sufficient to induce JNK2 phosphorylation in the epithelium, while it did not have any effect

on P38 phosphorylation (Figure 7I & Figure S7C). Similarly, the mRNA levels of AMPs

REG3b and LYPD8 were also upregulated in the acetate-treated group (Figure 7J).

Taken together, these results show that post-weaning milk-feeding supports the

expansion of the *D. newyorkensis* population to increase short-chain fatty acid production,

which in turn activates the epithelial JNK2 pathway to enhance gut barrier function. On

the other hand, P38 activation is associated with diets that induce chronic inflammation

in the gut.

DISCUSSION

While milk and dairy products are important nutritional ingredients, the effect of milk on gut health after weaning has been poorly understood. Milk and gut inflammation have a contentious relationship in adults. Milk and milk products remain one of the most commonly excluded dietary ingredients by patients with inflammatory bowel disease (Opstelten, Leenders et al. 2016, Narula, Wong et al. 2021, Kempinski, Arabasz et al. 2024). However, clinical studies have not yielded an unequivocal conclusion on the adverse or protective effects of dairy (Opstelten, Leenders et al. 2016, Ulven, Holven et al. 2019). Some of the discrepancies in the clinical studies could be induced by the microbiome.

This study reveals a complex relationship between diet, gut-microbiome, intestinal barrier, and inflammation shaped by post-weaning consumption of dairy. Continued feeding of the pups with milk-based diets after weaning enhances gut barrier function upon DSS treatment, as evidenced by the maintenance of the gut epithelium in the milk-based diet-fed mice compared with RCD or HFD-fed mice. The key molecule that drives gut protection is the short-chain fatty acid acetate, produced presumably by the microbiome, especially *D. newyorkensis*. Acetate, like other short-chain fatty acids, is known to enhance gut protection in similar models; however, the pathways by which it mediates protection were not well understood. Here, we show that acetate activates the JNK2 pathway to elicit its gut protective function.

Dietary modulation of the healthy microbiome is a promising strategy to address various conditions ranging from malnutrition to chronic disorders (Chen, Mostafa et al. 2021,

Mostafa, Hibberd et al. 2024). Because the diet-microbiome-inflammation relationship is

indeed complex, the development of such strategies requires a framework based on the

associated molecular mechanisms. This is indeed important as the same diet could

induce different outcomes based on the gut microbiome composition, as exemplified by

the RCD-MFD group in this study. Here, at least three features of gut protection by milk-

based diets are identified in the host: Upregulation of JNK2 phosphorylation in the

colonocytes, upregulation of gut barrier protection genes such as tight junction proteins,

and the expression of antimicrobial proteins Reg3b and Lypd8. JNK2 and its downstream

targets, AP-1 transcription factors, are known to promote epithelial cell proliferation,

epithelial repair, and regeneration, which corroborates our data (Roy, Rashid et al. 2008,

Sancho, Nateri et al. 2009, Aguilera, Nakagawa et al. 2011, Mandic, Bennek et al. 2017,

Wang, Wang et al. 2017). Tight junction proteins are essential in the maintenance of the

gut epithelial barrier and are known to be upregulated by activation of transcription factors

such as AP-1, HNF4α and CDX2, which are also upregulated by milk-based diets

(Coskun, Troelsen et al. 2011, Vemuri, Radi et al. 2023). The third characteristic of

epithelial protection was the antimicrobial peptides. Both REG3B and LYPD8 are the

predominant AMPs expressed in the colon; on the other hand, a wider array of AMPs is

expressed in the proximal intestine. Reg3b and Lypd8 are gut protective as their deletion

induces gut inflammation (Shindo, Katagiri et al. 2020, Hsu, Okumura et al. 2021). Both

Reg3b and Lypd8 affect only a sub-population of microbes (Okumura, Kurakawa et al.

2016, Wang, Fouts et al. 2016).

Interestingly, all these changes are affected by antibiotic treatment, suggesting that the

protective effects are due to microbial products rather than a direct effect of dietary

components on host cells. In support of this, all three features were restored when the

mice were treated with *D. newyorkensis*. *D. newyorkensis* has been shown to enhance

gut protection recently (Zhang, Tu et al. 2024). The proposed mechanisms include

immune modulation by maintaining Th17/Treg balance. Lysine produced by *D.*

newyorkensis was shown to achieve immune tolerance by activating the kinurenin

pathway in dendritic cells. Our data also showed that the protective myeloid populations

were preserved in the MBD-fed mice treated with DSS but emphasized the effect of this

bacterium on the epithelial cells. The data presented advances the function of *D.*

newyorkensis to enhance gut barrier function by activating the JNK2 pathway in the

epithelium through acetate. Though acetate and other short-chain fatty acids have been

shown to be gut-protective, their requirement for JNK2 activation was not known. Further,

the data indicates that continued dairy consumption post-weaning is a natural mechanism

to enhance the *D. newyorkensis* population in the gut, thus an example of microbiome-

directed food.

JNK and P38 pathways are two core signaling pathways that control cell physiology,

including cell proliferation, stress response, and inflammation(Roy, Rashid et al. 2008,

Canovas and Nebreda 2021). These pathways are well studied in the immune cells in the

context of gut inflammation, and the JNK pathway has been shown to affect gut barrier

function (Parhar, Ray et al. 2003, Roy, Rashid et al. 2008, Sancho, Nateri et al. 2009,

Aguilera, Nakagawa et al. 2011, Mandic, Bennek et al. 2017). However, natural methods

to modulate their functions to alleviate pathological gut inflammation were not known.

Here, we suggest that these two pathways balance gut barrier integrity and inflammation.

Milk-based diets, *D. newyorkensis*, and acetate activate JNK2 and reasonably maintain

gut epithelial integrity even after a challenge with DSS for 7 days. On the other hand,

feeding HFD, which induces low-grade inflammation even in the absence of any DSS

challenge, leads to the activation of P38 in the epithelial cells. The RCD-MFD group,

which showed signs of inflammation even in the absence of DSS, also exhibited higher

P38 and lower JNK2 phosphorylation. Moreover, inhibition of JNK activity upregulated

P38 phosphorylation and alleviated the protective effects of milk-based diets, indicating

that these pathways antagonize each other. Thus, we conclude that the relative levels of

these pathways in the colonocytes define susceptibility to pathological inflammation in

the gut. However, the mechanism by which acetate activates JNK2 phosphorylation

remains to be elucidated.

The host controls the microbiome by secreting various molecules, including IgA, AMPs,

and mucins (Wilde, Slack et al. 2024). The microbiome controls the host and the microbial

ecology by secreting various metabolites, antimicrobial peptides, etc (Liu 2023). In the

current experimental setup, we observed a possible modulation of the microbial

ecosystem by itself but mediated through host-secreted AMPs. The milk-based diets, *D.*

newyorkensis, and acetate treatment led to the upregulation of AMP genes *Reg3b* and

Lypd8, which target specific groups of microbes. However, antibiotic treatment abolished

the effect of diet on the AMP expression, clearly suggesting the microbial dependence of

their activation. Also, the lower expression of AMP coding genes in the RCD-MFD group,

where the microbial flora was different from the MFD group, suggests that the

establishment of *D. newyorkensis* in the ecosystem as a predominant species would

require induction of AMPs by the epithelial cells. The association of milk-based diets and

D. newyorkensis treatment with AMP expression suggests that the abundance of *D.*

newyorkensis could be determined by the feed-forward mechanism induced by this

bacterium, mediated by AMPs, a process missing in the RCD-MFD group. This

hypothesis needs to be tested in gene knock-out models of these AMPs.

In short, our data indicate that the modulation of the microbiome from the early post-

weaning days by dietary modulation can have long-lasting effects on gut inflammation.

More importantly, we also show the effect of diets on the microbiome and inflammation

depends on the pre-existing metabolic milieu and microbiome composition. These results

are more relevant considering the association between malnutrition and dysbiosis and

the effectiveness of early-life microbiome management in addressing growth defects

associated with malnutrition (Blanton, Charbonneau et al. 2016, Barratt, Nuzhat et al.

2022).

CONCLUSIONS

In conclusion, our data shows that continued milk supplementation after weaning has

positive effects on the gut epithelium. This enables the establishment of a microbial

ecosystem characterized by an increased abundance of *D. newyorkensis*, which

produces short-chain fatty acids. We also show that the JNK2 and P38 pathways

antagonize each other during the onset of inflammation. While activation of JNK2 is

essential for enhanced gut epithelial integrity by acetate, P38 activation is associated with

increased inflammation. Inhibition of the JNK pathway is sufficient for the activation of

P38 in the gut epithelium.

607 **MATERIALS AND METHODS**

608 **Materials.**

609 Chemicals, reagents, kits, strains and software used this study are given in tables 1-6.

Table 1: Chemicals and Reagents		
REAGENT or RESOURCE	**SOURCE**	**IDENTIFIER**
AMPICILIN SODIUM SALT	Sigma-Aldrich	A9518
AMPure® XP beads	Beckman Coulter	A63881
Brucella Agar base with Hemin	Himedia Laboratories	M1039
Cell strainer pore size 40um	Himedia Laboratories	TCP024
Cell strainer pore size 70um	Himedia Laboratories	TCP025
Chemiluminescent Substrate	Genaxy	XLS070,0250
Collagenase IV	ThermoFisher	17104-019
Dextran sulfate sodium salt	MP Biomedicals	160110
Dispase	Himedia Laboratories	TC303-100MG
DL-Dithiothreitol	Sigma-Aldrich	43819
EDTA, disodium salt	Bio Basic	EB0185-500
FBS	Gibco	10270-106
FITC-Dextran 4	Sigma-Aldrich	46944
HEPES	Sigma-Aldrich	7365-45-9
METRONIDAZOLE	Sigma-Aldrich	M3761
Modified Tryptone Glucose Meat extract (MTGE) broth	Himedia Laboratories	M1116
NEOMYCIN SULPHATE	Sigma-Aldrich	N6386
JNK inhibitor II	Sigma-Aldrich	SP600125
PBS	Gibco	70011069
Pierce BCA Protein Assay Kit	ThermoFisher	23225
PolyFreeze Tissue Freezing Medium	Sigma-Aldrich	SHH0026
Potassium acetate	MP Biomedicals	02194843-CF
Protease/Phosphatase Inhibitor	Cell signaling	5872
PVDF Transfer Membranes	ThermoFisher	88520
RIPA lysis buffer	Sigma-Aldrich	R0278
RPMI 1640 medium	Gibco	61870036
SUCROSE	Sigma-Aldrich	S0389
Tween 20	Sigma-Aldrich	8.22184.0521
VANCOMYCIN HYDROCHLORIDE	Sigma-Aldrich	V2002

Table 2: Antibodies			
Western Antibodies			
REAGENT or RESOURCE	**SOURCE**	**IDENTIFIER**	**DILUTION**
p38 Antibody	CST	8690	1/1000

phospho-p38 Antibody	CST	4511	1/1000
SAP/JNK Antibody	CST	9252	1/1000
phospho-SAP/JNK Antibody	CST	4668	1/1000
Beta-actin Antibody	CST	4967	1/1000
Peroxidase AffiniPure™ Goat Anti-Rabbit IgG (H+L)	Jackson ImmunoResearch	AB_2313567	1/10000

FACS Antibodies

REAGENT or RESOURCE	SOURCE	IDENTIFIER	CLONE	DILUTION
FITC anti-mouse CD326 (Ep-CAM) Antibody	BioLegend	118207	G8.8	1/200
APC anti-mouse CD45 Recombinant Antibody	BioLegend	157606	QA17A26	1/200
PE anti-mouse CD19 Antibody	BioLegend	152408	1D3/CD19	1/200
PE/Cyanine7 anti-mouse CD3 Antibody	BioLegend	100220	17A2	1/200
TruStain FcX™ PLUS (anti-mouse CD16/32) Antibody	BioLegend	156603	S17011E	1/1000

Table 3: Commercial kits		
REAGENT or RESOURCE	SOURCE	IDENTIFIER
NucleoSpin RNA, Mini kit for RNA purification	Macherey-Nagel	740955.5
Primescript cDNA synthesis kit	TAKARA	6110A
SYBR® Premix Ex Taq	TAKARA	RR420A
Pierce BCA Protein Assay Kit	ThermoFisher	23225
Single Cell 3' v3.1 Gel Beads kit	10x Genomics	2000164
16S barcoding kit 1-24	Oxford-Nanopore Technologies	SQK-16S024
Qubit™ dsDNA HS and BR Assay Kits	ThermoFisher	Q32854

Table 4: Experimental models: Organisms/strains		
REAGENT or RESOURCE	SOURCE	IDENTIFIER
Duboisiella newyorkensis	ATCC	TSD-64-0.5ML
Conventional C57BL/6 mice	The Jackson Lab	cat 000664

Table 5: Diets		
REAGENT or RESOURCE	SOURCE	IDENTIFIER
Lactogen 2	Nestle	
Milk Fat Diet	Research Diets	D19112203
High Fat Diet	Research Diets	D12492I
Regular Chow Diet	Altromin	1324

Table 6: Software and algorithms		
REAGENT or RESOURCE	SOURCE	IDENTIFIER
Graphpad Prism v10	GraphPad Prism Inc	https://www.graphpad.com
ImageJ (v. 2.0.0-rc-43/1.51k)	NIH	https://imagej.net

QuantStudio Real-Time PCR software v1.3	Thermo Fisher	https://www.thermofisher.com
FlowJo v10.9.0	BD Bioscience	https://www.flowjo.com
R v4.2.2	R	https://www.r-project.org
Image-Pro Plus 6.0	Media Cybernetics	https://image-pro-plus.software.informer.com
CellRanger Ver: 7.1.0	10x Genomics	https://www.10xgenomics.com
EPI2ME	Oxford Nanopore	https://nanoporetech.com

Animal maintenance.

C57BL/6 mice were obtained from Jackson Laboratories (cat.no. 000664) and bred at the

small animal facility at the National Institute of Immunology, New Delhi, India. All mice

were fed ad-libitum with a commercially available rodent chow (RCD; Altromin; cat.no.

1324), a paste of Lactogen-2 (Nestle), formulated milk fat diet (MFD; Research Diets;

cat.no. D19112203), high-fat diet/ Western diets (HFD; Research diets; cat.no. D12492I).

Mice were housed in the facility in individually ventilated cages (IVC). Animal strain

maintenance, post-mortem collection of tissues, drug treatments, and husbandry were

carried out according to the guidelines of and with the approval of the Animal Ethics

Committee at the National Institute of Immunology.

Dextran sodium sulphate-induced colitis.

24 days old mice were randomly divided into four groups: (1) RCD group, kept with a

regular chow diet; (2) MBD group, kept with MBD diet; (3) MFD group, kept with MFD

diet; and (4) HFD group, kept with HFD diet. After 28 days of feeding (8-weeks-old mice),

each group was divided into two: (a) water with 1.5% DSS; (b) Water without DSS. DSS

treatment was done for 7 days. Body weight and disease severity index of mice were

recorded daily during the course of treatment (Chawla, Mukherjee et al. 2021). The

disease severity score was determined based on stool characteristics and additional

symptoms: 0 points for well-formed pellets, 1 point for pasty or semi-formed stool, 2 points

for liquid stool, 3 points for stool with a bloody smear, and 4 points for bloody fluid or

mortality. Mice experiencing over 30% bodyweight loss were classified as moribund and

euthanized. Data from these moribund mice were excluded from the downstream

analysis. For the RCD-MFD group, 24-day-old mice were weaned onto RCD, and after

2 weeks, MFD feeding was started. For repeated DSS exposure, mice were allowed to

recover for 2 weeks after the first round of DSS followed by another round of 1.5% DSS.

Antibiotic treatment.

In experiments where microbiota was removed, a cocktail of antibiotics consisting of

Vancomycin (0.5 mg/ml), Ampicillin (1 mg/ml), Neomycin (0.5 mg/ml), and Metronidazole

(0.625 mg/ml) in 2% sucrose was orally given to mice from 5 weeks to 7 weeks of ages.

FITC-Dextran cell permeability assay

For assessing intestinal permeability, FITC dextran (0.5 mg/g) was given to the mice 6h

prior to analysis of FITC fluorescence in serum. Fluorescence is determined at 510 nm

with excitation at 490 nm using the SpectraMax M2 plate reader.

Oral administration of Acetate.

200 mM potassium acetate was given to the 24-day-old mice in their water for three

weeks, followed by DSS treatment.

JNK inhibition in colon.

After 24 hours of starvation to clear the colon, the mice were anesthetized with an

intraperitoneal (IP) injection of ketamine 100 mg/Kg + xylazine 10 mg/Kg (40 μL/mice). A

catheter was carefully inserted into the colon until the tip was 4 cm proximal to the anus.

100 μL of JNK inhibitor II (10 ug/g) (SP600125 Merck) in PBS with 10% FBS was

administered, and the mice were kept in a Trendelenburg position for 5 min. Mice were

allowed to eat *ad libitum*, and 24 hours post inhibitor application, the DSS treatment was

initiated.

Administration of *Duboisiella newyorkensis* as probiotic.

D. newyorkensis was obtained from the American Type Culture Collection (ATCC, No.

TSD-64-0.5ML) and cultured in modified Tryptone Glucose Meat extract (MTGE) broth at

37 °C under anaerobic conditions. The concentration of each bacterium was estimated

based on the optical density at 600 nm (OD600). 5-weeks old mice had their microbiomes

cleansed by treatment with antibiotic cocktails for two weeks. 100μl of *Duboisiella*

newyorkensis (1 OD) was then orally administered once in two days for four weeks,

followed by DSS treatment.

Histological analysis using Haematoxylin and Eosin staining.

The distal colon tissues were excised from mice after euthanasia. The tissues were

washed with ice-cold phosphate-buffered saline (PBS, pH 7.2), embedded in tissue

freezing media (Cat SHH00260), and frozen using liquid Nitrogen. Tissues were cut into

10-μm-thick sections using a cryotome. The sections were stained with hematoxylin and

eosin. Images were captured using Image-Pro6 software on an Olympus inverted

microscope under 20X objective.

Intestinal epithelial cell (IEC) isolation.

The mice were euthanized, and the colon was carefully dissected and cut open longitudinally. The tissue was washed three times with PBS, cut into small pieces, and incubated in a pre-digestion buffer (1X PBS with 10 mM EDTA, 0.5 mM DTT) at 37°C with shaking at 200 RPM for 15 minutes. The mixture was centrifuged to remove the pre-digestion buffer, and wash media (RPMI + 5% FBS) was added. The sample was vortexed, and the epithelial cells were collected from the supernatant. The supernatant was then filtered through a nylon cell strainer with a 70-µm pore size.

RNA Isolation and RT-PCR

RNA was isolated from approx. ~0.5 cm of distal colon or IEC using Macherey-Nagel Kit (Cat.no. 740955.50). DNA was removed by treating with DNase from the kit. Purified RNA was quantified using nanodrop (Multiscan SkyHigh) and cDNA was synthesized using Takara cDNA synthesis kit (cat 6110A). qRT-PCR was performed using SYBR® Premix Ex Taq PCR master mix (Takara Cat. # RR420A) in QuantStudioTM 6 Flex Real-Time PCR System instrument. Relative mRNA levels were determined using the 2 -ΔΔCt methods. Actin was used as a control.

Western Blot Analysis

Isolated IECs were lysed using RIPA lysis buffers followed by centrifugation. The protein concentration of the supernatant was checked using BCA. 40µg of total protein was resolved using SDS-PAGE followed by transfer to nitrocellulose membrane. The membrane was probed with primary antibodies against p38 (CST 8690), phospho-p38

(CST 4511), SAP/JNK (CST 9252), p-SAP/JNK (CST 4668) and beta-actin (CST 4967).

Corresponding secondary antibodies conjugated with HRP and the ECL reagent were

used to develop bands. Images were taken using the LAS500 chemidoc system.

Lamina propria immune cell isolation

The mice were euthanized, and the colon was carefully dissected and cut open

longitudinally. The tissue was washed three times with PBS, cut into small pieces, and

incubated in a pre-digestion buffer (1X PBS with 25 mM HEPES, 10 mM EDTA, 0.5 mM

DTT) at 37°C with shaking at 200 RPM for 15 minutes. The mixture was centrifuged to

remove the pre-digestion buffer, and wash media (RPMI + 5% FBS) was added. The

sample was vortexed, and the epithelial cells were collected from the supernatant. The

supernatant was then filtered through a nylon cell strainer with a 70-µm pore size,

followed by a second filtration with a 40-µm pore size. The remaining tissue was treated

with the digestion buffer (RPMI with 10% FBS, 25 mM HEPES, 0.5 mg/ml Collagenase

IV, 0.5 mg/ml Dispase) for 45 minutes at 37°C, with shaking at 200 RPM. The mixture

was centrifuged at 1500 RPM for 5 minutes at room temperature, and the supernatant

was discarded. Pre-warmed wash media was added, and the sample was vortexed. The

supernatant was then filtered through a nylon cell strainer with a 70-µm pore size,

followed by a 40-µm pore size, and the cells were counted.

Cell sorting for single-cell RNAseq.

The epithelial cells were pooled with immune cells, and counted the number of live cells

using Luna- II Automated Cell Counter. We pooled three mice from each of the groups

(RCD with water, Chow with 1.5% DSS, MBD with water, and MBD with 1.5% DSS) in

equal numbers. The cells were sorted into four group Epithelial (EPICAM+), B cells

(CD45+, CD19+), T cells (CD45+, CD3+), myeloid cells (CD45+, CD3-, CD19+) using

BD-FACS Aria sorter. In each group, we pooled 6000 epithelial cells, 2000 B cells, 4000

T cells, and 8000 myeloid cells to perform single-cell RNA-Seq using 10X genomic

platform.

10X Genomics scRNAseq library preparation

Single cells were partitioned into Gel Beads in Emulsion (GEMs) in the Chromium

controller using Single Cell 3' v3.1 Gel Beads kit (10X genomics cat no 2000164) as per

the manufacturer's protocol. GEM reverse transcription was performed using PCR

condition 53 °C for 45 min, 85 °C for 5 min followed by 4 °C. Post-GEM RT cleanup was

performed using Dynabeads MyOne SILANE, and cDNA amplification was performed

using PCR condition 98 °C for 3 min, 11 cycles of 98 °C for 15 sec, 63 °C for 20 sec, 72

°C for 1 min and 72 °C for 1 min. The cDNA was cleaned up using Ampure XP reagents,

followed by fragment analyzer quantification. 3′ gene expression library construction was

performed by fragmentation, end repair, and A-tailing double-sided size selection using

Ampure XP reagent. GEX adaptors were ligated, followed by Ampure XP cleanup. GEX

sample index PCR was followed by double-sided size selection using Ampure XP

reagent. GEX post-library construction quality was checked using the fragment analyzer,

and the library was sent for sequencing.

Single cell RNAseq analysis

Using Cellranger (Ver: 7.1.0), the fastq files were aligned to the mouse reference genome,

and feature counts were generated. Seurat (4.0) package was used to generate clusters

and analyze the data. Cells passing the following QC parameters were retained for

analysis (nCount_RNA>1000, nFeature_RNA > 500, singlets identified by Doublet

finder). A total of 38922 cells were included in the analysis. SCTransform with option

var.to.regress set to MitoPercent was used for data normalization. This was followed by

RunPCA, FindNeighbours, FindClusters, and RunUMAP. For plotting the functions in

Seurat, scCustomize, and custom codes were used. The cell types were identified

manually by marker gene expression, as described in the results section. Individual cell

types were subsetted and reclustered using the above-indicated commands. For

regulome analysis, SCENIC package was used. The codes for analysis will be made

available upon request.

Cecal DNA isolation and 16S rRNA gene sequencing on the MinION™ platform

We euthanized the mice and isolated the cecal matter from RCD, MBD, MFD, HFD and

RCD-MFD fed groups. We pooled ~ 200 mg of cecal matter from three mice as one

sample, in total each group has 6 samples. Total DNA was extracted by using (Bag, Saha

et al. 2016) method (a combinatorial method consisting of enzymatic, chemical and

mechanical lysis for proper lysis of microbial content).

The full-length 16S rRNA gene was amplified by using the barcoded primers provided by

16S barcoding kit 1-24 (SQK-16S024, Oxford-Nanopore Technologies). Amplification

was performed with the following PCR conditions: initial denaturation at 95 °C for 1 min,

25 cycles of 95 °C for 20 s, 55 °C for 30 s, and 65°C for 2 min, followed by a final extension

at 65 °C for 2 min. The amplified products were purified using AMPure® XP beads and

quantified using Qubit™ dsDNA HS and BR Assay Kits (Thermo Scientific, Catalog

number: Q32854). A total of 100 ng of DNA was incubated with 1 µl of Rapid Adapter at

room temperature for 5 min. The prepared DNA library (11 µl) was mixed with 34 µl of

Sequencing Buffer, 25.5 µl of Loading Beads, and 4.5 µl of water, loaded onto the (FLO-

MIN106; Oxford Nanopore Technologies), and sequenced on the MinION™. MINKNOW

software ver. 1.11.5 (Oxford Nanopore Technologies) was used for data acquisition.

Guppy basecaller (Oxford Nanopore Technologies) was used for base calling the

MinION™ sequencing data (FAST5 files) to generate pass reads (FASTQ format) with a

mean quality score > 7. The fastq files were aligned to the NCBI 16S rRNA dataset using

EPI2ME tools. Abundances were generated based on barcodes, and using microeco (R

Package), relative abundance, Alpha and beta diversity were calculated.

Quantification of fecal SCFA using GC-MS.

50 mg of caecal matter along with internal standard ribitol were mixed with 500ul of GC-

MS grade water followed by centrifugation. 10 μl of concentrated sulfuric acid (H_2SO_4)

was mixed in the 100ul of extract. 400 μl of diethyl ether (DE) is added to form liquid-

liquid extraction. 100 μl of DE extract is added into a GC vial. 1μl of BSTFA is added and

vortexed for 5 seconds followed by derivatization at 37 °C for 2 hours. 1ul of derivatized

samples were loaded to GC/MS (Agilent 7890A) coupled with 5975C MSD with Triple-

Axis Detector (TAD)). The injector, ion source, quadrupole, and the GC/MS interface

temperature were 260, 230, 150,and 280 °C, respectively. The flow rate of helium carrier

gas was kept at 1 ml/min. 1µl of the derivatized sample was injected with a 3 min of

solvent delay time and split ratio of 10:1. The initial column temperature was 40 °C and

held for 2 min, ramped to 150 °C at the rate of 15 °C/min and held for 1 min, and then

finally increased to 300 °C at the rate of 30°C/min and kept at this temperature for 5 min.

The ionization was carried out in the electron impact (EI) mode at 70 eV. The MS data

were acquired in full scan mode from m/z 30–400 with an acquisition frequency of 12.8

scans per second. The identification of compounds was confirmed by injection of pure

standards and comparison of the retention time and corresponding MS spectra.

Conflict of Interest

Authors declare no conflict of interest

Ethical Standards Statement

The authors of this manuscript certify that all experiments in the study were approved by

the Institutional Animal Ethics Committee.

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 FIGURE TITLES AND LEGENDS:

Figure 1: **Post-weaning milk-based diets protect from DSS-induced gut**

inflammation.

A: An Illustration of the DSS-induced mouse colitis experimental model. 3 weeks old mice

were weaned to the indicated diets. After 4 weeks, they were subjected to 1.5% DSS

treatment.

B: Disease severity score calculated from the rectal bleeding and stool consistency for

different experimental groups indicated.

C: Percentage of body weight after DSS treatment with day 0 as the baseline. Different

experimental groups are indicated.

D: Colon length measured in centimeters for different experimental groups. The images

of the colon are given in Figure S1B.

E: Representative images of H&E-stained colon tissue sections (DSS- or water-treated

mice fed RCD, MBD, MFD, and HFD. Scale bars are shown (100 px).

F-H: mRNA levels of Proinflammatory cytokines IL1β, IL6, and TNFα analyzed by RT-

qPCR, with Ct values normalized to *Actb* mRNA, in colon tissues of mice fed on RCD,

MBD, MFD, and HFD after 7 days of DSS- or water-treatment.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple

comparison test (B, C, D, F, G and H). $*p < 0.05$, $**p < 0.01$, $***p < 0.005$, $****p < 0.001$

Figure 2: MBD-fed mice exhibit reduced Immune activation after DSS treatment.

A: UMAP and donut plots showing the distribution of B cells from different experimental

groups across different clusters. The experimental groups are RCD-H2O (RCD on water),

RCD-DSS (RCD on 1.5% DSS), MBD-H2O (MBD on water), and MBD-DSS (MBD on

1.5% DSS). B cells were identified based on markers *Cd79a*, *Ms4a1*, and *Cd19*. The

percentage of cells belonging to some of the clusters is shown next to each donut plot.

B: Violin plot for average expression of *Igha, Ighd,* and *Ighm* across the B cell clusters to

show naive, plasma, and class-switched B cells. cell types are color coded on the X axis.

C: Violin plot for average gene expression for *Cd80* and *Cd44*, markers for activated B

cells.

D: UMAP plots colored by the expression of T cell marker genes (*Cd4, Cd8a, Cd8b1,*

Ifng, Gzma, and *Cd69)*. The intensity of the color indicates the expression levels as shown

in the color scale given with each plot.

E: Dot plot showing expression of various T cell markers, highlighting different subsets

such as Treg, Th1, Th2, and Th17 cells. The color indicates the expression level and the

size of the dots indicates the percentage of cells expressing the gene.

F: The percentage of cells from each experimental group falling into different clusters was

plotted as a stacked bar plot. Each bar is standardized to have the same height by using

the position_fill() argument in ggplot2. Dark blue represents RCD-H2O, green represents

RCD-DSS, violet represents MBD-H2O, and orange represents MBD-DSS.

G: UMAP representation of all myeloid cells (*Cd14*, *Itgam*, *Fcgr3*, *Itgax)* showing 22

clusters

H: Donut plots show the distribution of myeloid cells from different experimental groups

across different clusters. The percentage of cells belonging to some of the clusters is

shown next to each donut plot.

I: UMAP plots colored by the expression of cytotoxic NK cell marker genes (*Klrk1/NKG2D,*

Cd7, Cd27, Gzma, Gzmb, Prf1, Fasl, and *Tnfsf10*). The intensity of the color indicates

the expression levels as shown in the color scale given with each plot.

J: Dot plot showing expression of various macrophage and inflammatory monocyte

marker genes. The color indicates the expression level, and the size of the dots indicates

the percentage of cells expressing the gene.

1089

Figure 3: **Milk-based diets maintain gut barrier function even after DSS treatment.**
A: UMAP and donut plots showing the distribution of epithelial cells from different

experimental groups across different clusters. The experimental groups are RCD-H2O

(RCD on water), RCD-DSS (RCD on 1.5% DSS), MBD-H2O (MBD on water), and MBD-

DSS (MBD on 1.5% DSS). The percentage of cells belonging to indicated clusters is

shown next to each donut plot.

B: UMAP and donut plots showing the distribution of epithelial cells from different

experimental groups across different cell types.

C&D: Violin plot showing module scores for inflammatory and gut barrier repair

associated gene sets across all clusters (Supplementary Table 2).

E: Dot plot showing expression of gut barrier-associated genes across clusters. The color

indicates the expression level, and the size of the dots indicates the percentage of cells

expressing the gene.

F-H: Expression of gut barrier-associated genes *Ocln* (F), *Cld7* (G), and *Tjp1* (H) analyzed

by RT-qPCR, with Ct values normalized to *Actb*, in colon tissues of DSS- or water-treated

mice fed RCD, MBD, MFD, and HFD.

I&J: Expression levels of transcription factor genes, *Cdx2* (I) and *Hnf4a* (J), analyzed by

RT-qPCR. Ct values were normalized to *Actb*, in colon tissues of DSS- or water-treated

mice fed RCD, MBD, MFD, and HFD.

K: Gut permeability assay, measuring fluorescence in the serum of DSS- or water-treated

mice fed RCD, MBD, MFD, and HFD 10 minutes after oral gavage of FITC-dextran.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple

comparison test (E, F, G, H and I) and one-way ANOVA with Tukey's multiple comparison

test (J). *$p < 0.05$, **$p < 0.01$, ***$p < 0.005$, ****$p < 0.001$.

Figure 4: **Milk-based diets elicit protective effects against gut inflammation by**

activating the JNK2 pathway in the epithelial cells.

A: Heatmap showing the regulome expression calculated using the SCENIC package,

highlighting transcription factors whose targets are enriched in clusters 2, 10, and 11.

B: Dot plot showing expression levels of gut barrier-associated transcription factors

identified in SCENIC analysis and enriched in clusters 2, 10, and 11.

C: Dot plots of antimicrobial protein (AMPs) genes (*Reg3b, Reg3g, and Lypd8)* and

associated transcription factors (*Vdr, Cdx2, Nr1h4*) across epithelial cell clusters,

highlighting the enrichment of these genes in clusters 2, 10, and 11.

D&E: Expression levels of AMP genes (*Lypd8* and *Reg3b)* analyzed by RT-qPCR, with

Ct values normalized to *Actb*, in colon tissues of DSS- or water-treated mice fed RCD,

MBD, MFD, and HFD.

F&G: Western blot analysis of intestinal epithelial cells (IECs) isolated from colons of mice

subjected to RCD, MBD, MFD, and HFD (without DSS treatment), probed with antibodies

against p-JNK, JNK, p-p38, and p38. Representative blot (left panel) and densitometric

quantification (right panel) are shown. In the JNK blot, the upper band (indicated by an

asterisk) shows JNK2, while the lower band shows JNK1. In the P38 blot, the lower band

(indicated by the arrowhead) indicates the P38; the upper band is a non-specific band.

H-J: JNK inhibitor II or vehicle was administered to RCD and MFD-fed mice 24 hours

before treatment with DSS. Disease severity score (H), body weight percentage (I), and

total colon length (J) of DSS and water groups are plotted.

K-M: mRNA levels of proinflammatory cytokines (*Tnfa* and *Il1b)* (K)*,* gut barrier genes

(*Tjp1, Ocln,* and *Muc2)* (L)*, and* AMPs (*Lypd8* and *Reg3b)* (M), in the colon tissue of JNK

inhibitor II treated mice were analyzed by RT-qPCR, with Ct values normalized against

Actb. Dietary groups are indicated.

(**N**): p-p38 and p38 levels were analyzed in IECs from mice fed on RCD and MFD, isolated

7 days after p-JNK inhibition. Representative blot (left panel) and densitometric

quantification (right panel) are shown.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple

comparison test (D, E, H, I, J, K, L, and M) and one-way ANOVA with Tukey's multiple

comparison test (F, G, and N). *$p < 0.05$, **$p < 0.01$, ***$p < 0.005$, ****$p < 0.001$.

1145

Figure 5: **A break in the milk-based diet regimen alleviates JNK2 phosphorylation**

and protective effects.

A: Schematic illustration of repeated DSS exposure experimental workflow.

B: Disease severity score of RCD(I&II) and MFD(I&II) groups during the first DSS

challenge (DSS-I) and second DSS challenge (DSS-II).

C: Daily body weight (as the percentage with the day 0 as 100%) of mice in RCD(I&II)

and MFD(I&II) groups along with their control groups (without any DSS treatment). The

dashed vertical lines demarcate the DSS treatment periods (DSS-1 and DSS-II).

D: Colon lengths of mice in RCD(I&II) and MFD(I&II) groups, along with their control

groups (without DSS treatment), were measured at the end of the experiment and plotted.

E: Expression levels of proinflammatory cytokines (*Tnfa* and *Il1b*) were analyzed by RT-

qPCR, with Ct values normalized to *Actb*, in colon tissues of repeated DSS exposure and

control groups.

F-H: Disease severity scores, body weight change, and total colon length of mice treated with 1.5% DSS and subjected to RCD, MFD, and RCD-MFD diets.

I: Representative images of H&E stained colon tissues from DSS- or water-treated mice fed on RCD-MFD.

J: Expression levels of proinflammatory cytokines (*Ifng, Tnfa* and *Il1b*) analyzed by RT-qPCR, with Ct values normalized to *Actb*, in colon tissues of DSS- or water-treated mice fed on RCD, MFD, and RCD-MFD.

K&**L**: Expression levels of gut barrier genes (*Tjp1, Ocln, Cld7, and Muc2*) (K) and AMPs (*Reg3b,* and *Lypd8*) (L) analyzed by RT-qPCR, with Ct values normalized to *Actb*, in IECs of mice, fed RCD, MFD, HFD, and RCD-MFD.

M&**N**: Western blot analysis of IECs isolated from mice fed on RCD, MFD, HFD, and RCD-MFD, showing p-JNK, JNK, p-p38, and p38.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple comparison test (B, C, D, E, F, G, H and J) and one-way ANOVA with Tukey's multiple comparison test (K, L, M, and N). *$p < 0.05$, **$p < 0.01$, ***$p < 0.005$, ****$p < 0.001$.

Figure 6: *Dubosiella Newyorkensis*, enriched in the milk-based diet groups, provides gut protection.

A: Schematic illustration of the experimental workflow for antibiotic treatment.

B: Western blots of IECs isolated from mice with or without antibiotic (ABX) treatment, fed RCD, MFD, and HFD, showing levels of p-JNK and total JNK (left panel). Quantification of the blots is on the right panel.

C&D: Expression levels of gut homeostasis genes *Hnf4a* (C)*, Reg3b,* and *Lypd8* (D) analyzed by RT-qPCR, with Ct values normalized to *Actb*, in IECs of mice treated with ABX, fed RCD, MFD, and HFD.

E&F: Microbial-diversity indices [Shannon and inversed Simpson (E) and Chao index (F)] of fecal microbiome isolated from mice fed on RCD, MFD, HFD, and RCD-MFD.

G: Stacked bar plot showing the abundance of the top 10 species across different experimental groups. *D. newyorkensis* is highlighted.

H: Box plot showing higher levels of *D. newyorkensis* in the milk-based diet groups.

I-K: Body weight, disease severity score, and colon length of control and *D.newyorkensis* treated mice challenged with DSS.

L-N: Expression levels of proinflammatory cytokines (*Tnfa* and *Il1b*) (L)*,* gut barrier genes (*Cld7, Tjp1,* and *Muc2*) (M) and AMPs (*Reg3b* and *Lypd8*) (N) analyzed by RT-qPCR, with Ct values normalized to *Actb*, in colon tissues of mice treated with *D. newyorkensis.*

O: Western blot analyses of IECs isolated from mice treated with *D. newyorkensis*, showing p-JNK and total-JNK levels.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple comparison test (C, D, I, J, K, L, M and N) and one-way ANOVA with Tukey's multiple comparison test (B, E, H, and O). $*p < 0.05$, $**p < 0.01$, $***p < 0.005$, $****p < 0.001$.

Figure 7: Acetate induces the JNK2 pathway in the colonic epithelium to enhance gut barrier function.

A: Quantification of fecal acetate, propionate, and butyrate using GC-MS in different experimental groups.

B: Levels of acetate in the fecal matter of mice treated with *D. newyorkensis* and control mice.

C-E: Disease severity score, body weight, and colon length of acetate and DSS-treated mice.

F&**G**: RT-qPCR analysis of proinflammatory cytokines (*Tnfa, Il1b,* and *Ifng)* (F) and gut barrier genes *(Ocln, Muc2,* and *Hnf4a)* (G) in colon tissues of mice treated with *D. newyorkensis* with or without 1.5% DSS challenge.

H: Representative images of H&E-stained colon tissue sections of control and acetate-treated mice with or without DSS insult.

I: Western blot analyses of IECs isolated from control and acetate-treated mice showing p-JNK and total-JNK levels. Densitometric quantitation is given in the right panel.

J: RT-qPCR analysis of antimicrobial protein mRNAs (*Reg3b* and *Lypd8*) in colon tissues of control or acetate-treated mice with or without 1.5% DSS challenge.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple comparison test (B, C, D, E, and F), one-way ANOVA with Tukey's multiple comparison test (A, H, and I). *$p < 0.05$, **$p < 0.01$, ***$p < 0.005$, ****$p < 0.001$.

Figure S1: Post-weaning milk-based diets protect from DSS-induced gut inflammation.

A: Composition of macronutrients in different diets: RCD, MBD, MFD, and HFD.

B: Representative images of the colon from DSS- or water-treated mice fed RCD, MBD, MFD, and HFD.

C&D: Expression levels of anti-inflammatory cytokines IL10 and TGFβ analyzed by RT-qPCR, with Ct values normalized to *Actb* mRNA, in colon tissues of DSS- or water-treated mice fed on RCD, MBD, MFD, and HFD.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple comparison test (C, and D). *$p < 0.05$, **$p < 0.01$, ***$p < 0.005$, ****$p < 0.001$

Figure S2: MBD-fed mice exhibit reduced Immune activation after DSS treatment.

A: Schematic illustration of the scRNAseq experimental workflow. 4 weeks after weaning onto MBD or RCD, mice were either subjected to water or 1.5% DSS for 7 days. Colon was dissected, and single-cell suspensions were made. IECs, myeloid cells, T cells, and B cells were isolated, pooled, and subjected to scRNAseq experiment.

B: Gating strategy for sorting epithelial, T cell, B cell, and myeloid cells from colon.

C: UMAP representation of all detected cells, highlighting epithelial cells, B cells, T cells, and myeloid cells based on markers.

D: Dot plot of marker genes highlighting epithelial cells (*Epcam, Krt8,* and *Krt18*), B cells (*CD79a, Ms4a1,* and *CD19*), T cells (*CD3d, CD3e,* and *CD3g*), and myeloid cells (*CD14, Itgam, Fcgr3, Itgax, H2-Aa,* and *H2-Ab1*). The color indicates the expression level, and the size of the dots indicates the percentage of cells expressing the gene.

E: UMAP representations and donut plots showing the distribution of B cells from different

experimental groups across different cell types. The experimental groups are RCD-H2O

(RCD on water), RCD-DSS (RCD on 1.5% DSS), MBD-H2O (MBD on water), and MBD-

DSS (MBD on 1.5% DSS). The percentage of cells belonging to some of the cell types is

shown next to each donut plot.

F: UMAP representation and donut plot showing the distribution of T cells across different

clusters. The percentage of cells belonging to some of the cell types is shown next to the

donut plot.

G-I: Dot plots showing expression levels of macrophage, cDC2, and monocyte marker

genes. The color indicates the expression level, and the size of the dots indicates the

percentage of cells expressing the gene.

J: Bar plot showing -log10(adjusted p-value) of GO terms enriched in cluster 0 of myeloid

cells. The color indicates the number of genes differentially expressed in cluster 0 that

overlaps with the indicated GO term.

1257

Figure S3: - Milk-based diets maintain gut barrier function even after DSS

treatment.

A-G: Dot plots showing expression levels of marker genes for stem cells (A), colonocytes

(B), goblet cells (C), cycling TA (D), TA (E), tuft cells (F), and enteroendocrine cells (G)

across all epithelial clusters, colored by average gene expression. Dot size indicate the

percentage of cells expressing the gene.

H&J: The percentage of cells from each experimental group falling into different clusters

was plotted as a stacked bar plot. Each bar is standardized to have the same height using

the position_fill() argument in ggplot2. Salmon represents RCD-H2O, green represents

RCD-DSS, dark turquoise represents MBD-H2O, and violet represents MBD-DSS.

I: Dot plots showing expression levels of inflammatory genes across epithelial cell

clusters. Color intensity indicates the average expression level, and the size of the dot

indicates the percentage of cells expressing the gene.

Figure S4: - Milk-based diets elicit protective effects against gut inflammation by

activating the JNK2 pathway in the epithelial cells.

A: Heatmap showing the regulome expression calculated using the SCENIC package.

B: Network graph showing the interaction between transcription factors identified in the

SCENIC analysis and gut barrier and AMP genes analyzed by StringDB.

C&**D**: p-p38 target genes associated with inflammation (*Cox2, and Ptges2)* analyzed by

RT-qPCR, with Ct values normalized to *Actb*, in colon tissues of DSS- or water-treated

mice, fed RCD, MBD, MFD, and HFD.

E: Western blot analysis for p-JNK and JNK levels in IECs isolated from JNK inhibitor II

treated mice fed on RCD. Samples were collected at 6 hrs and 24 hrs post inhibitor

treatment.

F: Representative images of colon tissues, DSS- or water-treated, with or without JNK

inhibitor II. Diet groups are indicated.

G: Representative images of H&E-stained colon tissue sections of RCD and MFD-fed mice treated with DSS- or water and subjected to JNK inhibition or vehicle treatment.

H: Gut-barrier associated genes *Cld7 and Hnf4a* analyzed by RT-qPCR, with Ct values normalized to *Actb*, in colon tissues of DSS- or water-treated mice with or without JNK inhibition, fed on MFD.

I: p-JNK and JNK levels were analyzed in IECs from mice fed on RCD and MFD, isolated 7 days after p-JNK inhibition. Representative blot (left panel) and densitometric quantification (right panel) are shown.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple comparison test (C, D, and H) and one-way ANOVA with Tukey's multiple comparison test (I). $*p < 0.05$, $**p < 0.01$, $***p < 0.005$, $****p < 0.001$.

Figure S5: A break in the milk-based diet regimen alleviates JNK2 phosphorylation and protective effects.

A: Disease severity scores of RCD(I&II), MFD(I&II), and RCD(I)-MFD(II) groups of mice treated with 1.5% DSS, displaying scores from both rounds of the DSS insults (DSS-I & DSS-2).

B: Daily body weight percentage (Day 0 as baseline) of RCD(I&II), MFD(I&II), and RCD(I)-MFD(II) groups of mice (control and treated with 1.5% DSS) over 28 days. The duration of each DSS treatment is demarcated by dashed vertical lines.

C: Colon length of RCD(I&II), MFD(I&II), and RCD(I)-MFD(II) groups of mice treated with two rounds of DSS or water. Colon length was measured at the end of the experiment.

D: Schematic illustration of the experimental workflow for data shown in Figures 5F-N).

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple comparison test (A, B, and C). $^*p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.005$, $^{****}p < 0.001$.

Figure S6: *Dubosiella Newyorkensis, enriched in the milk-based diet groups, provides gut protection.*

A: LB agar plate showing fecal microbiota depletion in antibiotic-treated mice. 20 mg of fecal matter was resuspended in 1 ml PBS and diluted 1/4 fold and 1/8 fold and spotted on the plate. Each black circle represents sample from a mouse.

B: Western blot analyses of IECs isolated from mice with or without antibiotic (ABX) treatment, fed RCD, MFD, and HFD, showing p-p38 and total p38. Panel on the right-hand side shows densitometric quantification.

C&D: RT-qPCR analysis of expression of inflammatory genes (*Cox2, Ptges2,* and *Tnfa*) (C) and gut barrier genes (*Tjp1, Cld7, Ocln*, and *Muc2*) (D) in IECs of ABX-treated mice fed on RCD, MFD, and HFD.

E: Venn diagram illustrating the common and unique species in the microbiomes of RCD, MBD, MFD, and HFD-fed mice.

F-H: Volcano plots showing differentially enriched species across the conditions: MFD vs RCD, MBD vs RCD, and HFD and RCD. The size of the dots indicates the abundance of the species.

I: Schematic illustration of the experimental workflow for *D. newyorkensis* treatment.

J: Representative images of H&E stained colon tissue sections of control or *D.*

newyorkensis treated mice with or without DSS insult.

K: RT-qPCR analysis of *Ocln*, and *Hnf4a* in colon tissues of *D. newyorkensis* treated

mice.

L: Densitometric quantification of JNK and P38 blots shown in Figure 6O.

Data are mean ± SEM, with statistical analysis by two-way ANOVA with Tukey's multiple

comparison test (B, C, D, and K), one-way ANOVA with Tukey's multiple comparison test

(L), and DESeq2 Padj < 0.01 and absolute Log2 foldchange of > 1 (F, G, and H). $*p < 0.05$,

$**p < 0.01$, $***p < 0.005$, $****p < 0.001$.

Figure S7: Acetate induces the JNK2 pathway in the colonic epithelium to enhance

gut barrier function.

A: Levels of propionate and butyrate in the fecal matter of control and *D. newyorkensis*

treated mice.

B: Representative images of colons from control or acetate-treated mice with and without

1.5% DSS challenge.

C: Western blot analyses of IECs isolated from control and acetate-treated mice showing

p-P38 and total-P38 levels.

1343

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Figure 1; Chongtham, et al.,

Figure S1; Chongtham et al.,

A

RCD
Carbohydrates 73.3%
Fat 4.4%
Protein 22.2%

MBD
Carbohydrates 59.3%
Fat 19.5%
Protein 14.2%

MFD
Carbohydrates 29.5%
Protein 29.5%
Fat 40.9%

HFD
Carbohydrates 29.5%
Protein 29.5%
Fat 40.9%

B

RCD   MFD   MBD   HFD
Water DSS Water DSS Water DSS Water DSS

C

Fold Change

**** ** * ***
**

RCD
MBD
MFD
HFD

Water DSS Water DSS Water DSS Water DSS

Il10

D

Fold Change

** ** ***

RCD
MBD
MFD
HFD

Water DSS Water DSS Water DSS Water DSS

Tgfb

Figure S5, Chongtham et al.

A

0.2000

Fold Change

RCD   *D.newyorkensis*

Propionate

0.6857

Fold Change

RCD   *D.newyorkensis*

Butyrate

B

-Acetate | +Acetate

Water   DSS   Water   DSS

C

RCD   RCD+Acetate

p-P38

P38

ns

phospho/ total

Control   Acetate

Table S1

	Chow		MBD		MFD		HFD	
	Altromin International		Nestle (Lactogen 2)		Research Diets		Research Diets	
	gm%	kcal%	gm%	kcal%	gm%	kcal%	gm%	kcal%
Protein	23.7	30	14	12	26	20	26	20
Carbohydrate	38	50	59	50	26	20	26	20
Fat	7	20	20	38	35	60	35	60
Energy Density	333.9 kcal/100g		469 kcal/100g		523.73 kcal/100g		521.2 kcal/100g	

Table S1: Macronutrient composition of the diets used in this study. A detailed description of the composition in given in the Supplemental Dataset 1

Table S2

Sl. No	Module	Gene list
1	Inflammation associated genes	*Ifng, Ifngr1, Ifngr2, Il10,Il12a, Il12b, Il12rb1, Il12rb2, Il13, Il17a, Il17f, Il18, Il18r1, Il18rap, Il1a, Il1b, Il2, Il21, Il21r, Il22, Il23a, Il23r, Il2rg, Il4, Il4r, Il5, Il6, Jun, Nfkb1, Rela, Rora, Rorc, S100a8, S100a9, Stat1, Stat3, Stat4, Stat6, Tgfb1, Tgfb2, Tgfb3, Tnf*
2	Gut barrier repair gene set	*Aqp8, Sult1a1, Hsd17b2, Padi2, Slc26a2, Selenbp1, Fam162a, Acads, Tst*

Table S2: List of genes used to calculate module scores.