

1 **Gut microbiota features of the geographically diverse Indian population**

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29 **Abstract**

30 Population-level microbial profiling allows for identifying the overarching features of the
31 microbiome. Knowledge of population specific base-line gut microbiome features is important
32 due to the widely reported impact of geography, lifestyle and dietary patterns on the
33 microbiome composition, structure and function. Here, the gut microbiota of more than 1000
34 subjects across the length and breadth of India is presented. The publicly available 16S rRNA
35 gene profiling data of faecal microbiota from the Landscape Of Gut Microbiome - Pan-India
36 Exploration (LogMPIE) study representing 14 major cities, covering populations from
37 northern, southern, eastern and western part of India analyzed. Majority of the dominant OTUs
38 belonged to the Firmicutes, Bacteroidetes and Proteobacteria phyla. The rarer fraction was
39 comprised of OTUs mainly from the phyla Verrucomicrobia and Spirochaetes. The median core
40 size was estimated to consist of 12 OTUs (>80% prevalence) dominated by representing genera
41 *Prevotella*, *Faecalibacterium*, *Bacteroides*, *Roseburia*, *Megasphaera*, *Eubacterium* and
42 *Gemmiger*. Geographic location explained majority of the variation in the gut microbiota
43 community structure. The observations of the present study support the previous reports of
44 *Prevotella* dominance in the Indian population. The *Prevotella/Bacteroides* ratio was high for
45 the overall population irrespective of geographic location and did not correlate with BMI or age
46 of the participants. Despite a rapid transition towards a western lifestyle, high prevalence of
47 *Treponema* in the Indian gut microbiota suggests that the urban population still harbors
48 signatures of the traditional gut microbiome. The results presented here improve the knowledge
49 of baseline microbiota in the Indian population across the length and breadth of the country.
50 This study provides a base for future studies which need to incorporate numerous other
51 confounding factors and their impact on the observed characteristics of the Indian gut
52 microbiome.

53 **Keywords:** Population-level, gut microbiota, core microbiota, Prevotella, Indian gut
54 microbiome

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56 **Introduction**

57 Numerous population-level studies have been conducted to investigate base-line as well as
58 population specific characteristics of the human gut microbiome. These included human
59 populations from the USA, Netherlands, Belgium, Denmark, Spain, Africa, Venezuela, China,
60 Mongolia, Fiji, Israel and Papua New Guinea (Qin *et al.*, 2010, Jalanka-Tuovinen *et al.*, 2011,
61 Huttenhower *et al.*, 2012, Qin *et al.*, 2012, Yatsunenکو *et al.*, 2012, Lahti *et al.*, 2014, Li *et al.*,
62 2014, Zhang *et al.*, 2014, Martínez *et al.*, 2015, O'Keefe *et al.*, 2015, Yano *et al.*, 2015, Falony
63 *et al.*, 2016, Rothschild *et al.*, 2018). These studies have uncovered a vast diversity of the gut
64 microbial communities as well as identified several factors influencing the microbiome,
65 including age, ethnicity, dietary patterns, geographical location, consistency of faecal samples
66 (Bristol stool chart), lifestyle, etc. It is commonly observed that *Bacteroides* is associated with
67 high protein diet while *Prevotella* is associated with high fibre diet (David *et al.*, 2014,
68 Gorvitovskaia *et al.*, 2016). Several bacteria have been identified as part of the core microbiota
69 in diverse populations as well as common core functions have been reported (Turnbaugh *et al.*,
70 2009, Jalanka-Tuovinen *et al.*, 2011, Huse *et al.*, 2012, Li *et al.*, 2014, Falony *et al.*, 2016).
71 These studies have directed mechanistic studies and clinical trials for identifying health and
72 disease related diagnostic biomarkers and development of strategies for modulation of the
73 microbiome for health benefits (De Filippo *et al.*, 2010, Cotillard *et al.*, 2013, David *et al.*,
74 2014, Schubert *et al.*, 2014, Zeller *et al.*, 2014, O'Keefe *et al.*, 2015, Baxter *et al.*, 2016, Desai
75 *et al.*, 2016).

76 However, similar information on population-level characteristics of the gut microbiota in a
77 Indian subjects with representative sampling across its geography are limited (Ghosh *et al.*,
78 2013, Shetty *et al.*, 2013, Dehingia *et al.*, 2015, Bhute *et al.*, 2016). Previously, the importance
79 of understanding the complexity and diversity of the gut microbiome in the Indian population
80 was reviewed (Shetty *et al.*, 2013). Several features that make the subjects in the Indian sub-

81 continent different such as dietary habits, socio-economic situations, societal traditions of
82 dietary habits, vast genetic diversity as well as prevalence of diseases not associated with altered
83 gut microbiome was documented (Shetty *et al.*, 2013). The YY- paradox is an important
84 differentiating factor of human populations in the Indian sub-continent, where Indians with
85 same body mass index as a Western individual have three times the fat content (Yajnik &
86 Yudkin, 2004). This makes the application of BMI to classify obese and non-obese status
87 debatable for the Indian population (Yajnik & Yudkin, 2004, Shetty *et al.*, 2013). A first step
88 towards better understanding the role of gut microbiome on health is to catalogue the population
89 specific microbial diversity, composition and structure using a large representative sample. This
90 “stamp-collection” process has been a driving factor for several of the currently known disease
91 and health associations and development of potential microbiome biotherapeutic candidates
92 (Qin *et al.*, 2012, Everard *et al.*, 2013, Lahti *et al.*, 2014, Dao *et al.*, 2015, Falony *et al.*, 2016,
93 Plovier *et al.*, 2017, Shetty *et al.*, 2017). These features can be further linked to several
94 populations specific features as well as individual-specific microbiota features using extensive
95 phenotyping and measurement of environmental covariates (Falony *et al.*, 2016).

96 Here, results from the largest standardized collection of the gut microbiota profiles of
97 heterogeneous Indians subjects across geography is presented. The primary focus of the study
98 was to identifying compositional variation, similarities and dissimilarities in gut microbial
99 community structure and identifying the core microbiota across geographic landscape.
100 Furthermore, the underlying variation across the gut microbial community structure was found
101 to be associated with the *Prevotella/Bacteroides* ratio.

102 **Results and Discussion**

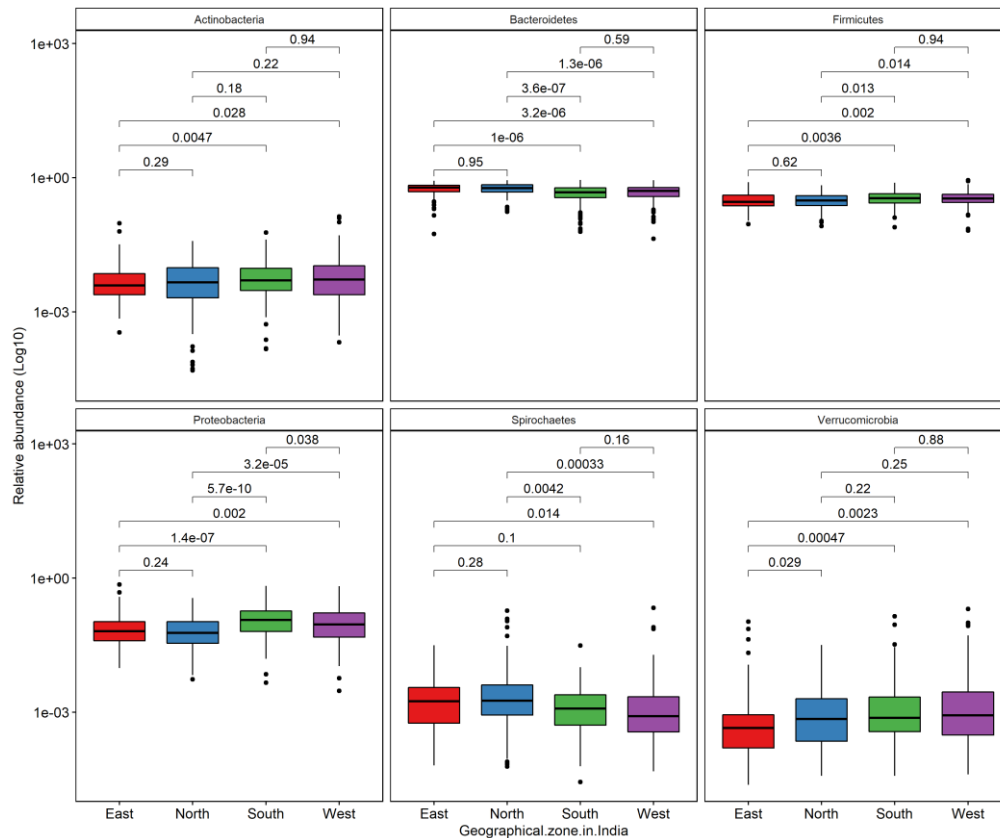
103 ***Brief description of the study population***

104 The detailed the subject data is described in the original article reporting the LogMPIE study
105 (Dubey *et al.*, 2018). Briefly, the study reported microbial profile of 1004 Indian individuals

106 residing in 14 cities different cities. These broadly covered the populations representative of
107 north, west, east and south geographic areas of the country. Data on lifestyle, body mass index
108 (BMI), age and gender were reported. The mean and standard deviation for age was 37.2 ± 11.9 ,
109 for BMI was 27.9 ± 4.9 represented by 420 females and 584 males. Out of the 1004 subjects,
110 556 were categorised as non-obese and 448 as obese based on the BMI. The subjects were
111 further categorised following a sedentary and non-sedentary lifestyle. The metadata was limited
112 to these factors and other important metadata such as dietary intake (vegetarian/non-vegetarian,
113 ratio of carbohydrates to protein in diet, consumption of yogurt with live bacterial cultures,
114 etc.), stool consistency, history of medications was not reported. Therefore, the preliminary
115 analysis here does not address the effects and/or contribution of these factors to the variation in
116 gut microbiota.

117 ***Microbial composition and community level variation across geography***

118 The microbiota composition showed differences at phylum level in individuals from the
119 different geographic zones (Figure 1). Prominent differences in relative abundance were
120 observed in the phyla Bacteroidetes, Firmicutes and Proteobacteria. Individuals from east and
121 north harboured higher abundances of Bacteroidetes compared to west and south. Individuals
122 from north and south harboured relative higher abundance of Spirochaetes (Figure 1).

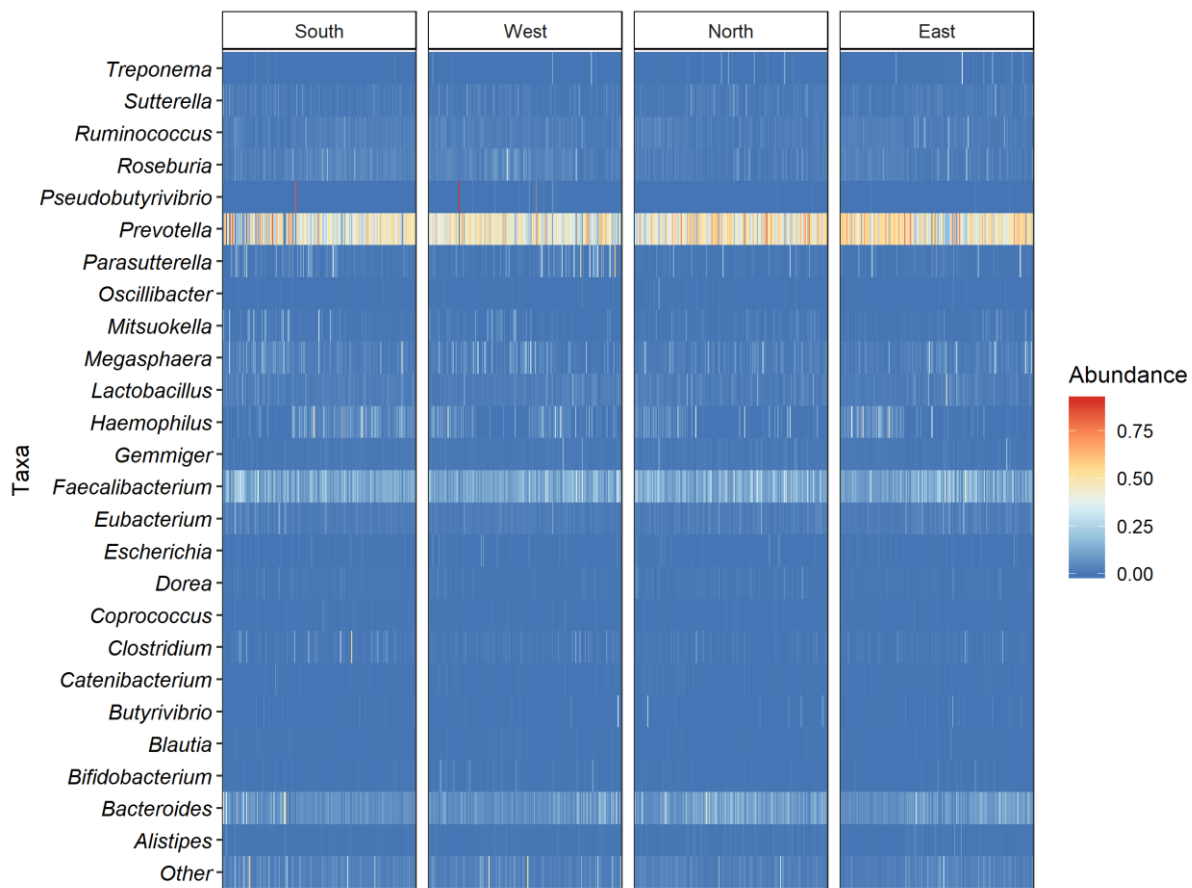


123

124 **Figure 1:** Comparison of relative abundances of major phyla in the gut microbiota of Indians. The p-values were
125 calculated using Wilcoxon test.

126 At genus level, *Prevotella* was abundant across the geographic landscape, followed by
127 *Faecalibacterium* (Figure 2). Genus *Bacteroides*, *Megasphaera*, *Parasutterella*, *Haemophilus*
128 showed variable abundances, where few individuals had more than 0.4 (proportional)
129 abundance. Comparison of microbiota of Indians with other populations has reported the
130 enrichment of *Prevotella* and *Megasphaera* (Bhute *et al.*, 2016). The observation in a large
131 population here provides further support for their association with Indian gut microbiota.
132 *Megasphaera* is a butyrate and propionate producer both of which are known for anti-
133 inflammatory properties (Hosseini *et al.*, 2011, Lin *et al.*, 2012, Louis & Flint, 2017). The
134 observation of variable abundances of *Parasutterella* and *Haemophilus* is intriguing as these
135 are hardly reported to be highly prevalent and/or abundant in gut microbiota of healthy western
136 adults (Human Microbiome Project, 2012, Falony *et al.*, 2016). However, abundance of

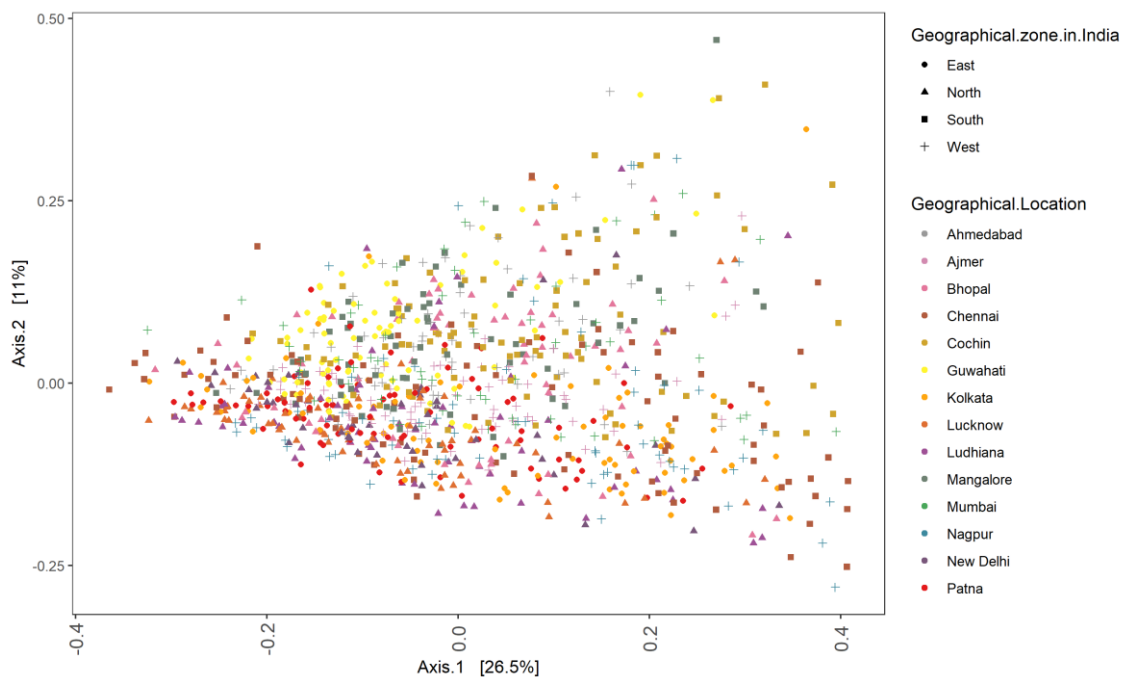
137 *Parasutterella* was associated with urban Mongolian microbiota (Zhang *et al.*, 2014). The
138 physiological and metabolic characterization is currently focused on the anaerobic lifestyle of
139 bacteria from Bacteroidetes phyla, Lachnospiraceae and Ruminococcaceae families (Barcenilla
140 *et al.*, 2000, Sonnenburg *et al.*, 2010, Flint *et al.*, 2012, Flint *et al.*, 2012, Reichardt *et al.*, 2014).
141 All of which have been reported to be dominant in the Western population. However,
142 microbiota analysis of non-western populations advocates the need to focus on obligate
143 anaerobic bacteria from phyla Proteobacteria and Spirochaetes to understand their role in health
144 of non-western adults (Martínez *et al.*, 2015, Bhute *et al.*, 2016, Das *et al.*, 2018).



145
146 **Figure 2:** Inter-individual variation in relative abundance of top 25 gut microbial genera in subject from different
147 geographical zones in India.

148 Based on unconstrained principal coordinate analysis (PCoA) analysis of OTU-level, no major
149 separation was observed between the populations from different broadly classified geographic

150 locations *i.e.* north, west, east or southern part of the country (Figure 3). The microbial
151 community structure was not significantly associated with obesity status of the individuals
152 within the population (PERMANOVA, $P = 0.585$). Geographical location (city of residence)
153 explained the most variation (PERMANOVA, $R^2=0.10$, $\text{Pr}(>F) = 0.001$), followed by
154 geographical zone (PERMANOVA, $R^2 = 0.02$, $\text{Pr}(>F) = 0.001$), gender (PERMANOVA,
155 $R^2=0.002$, $\text{Pr}(>F) = 0.009$) and lifestyle pattern (PERMANOVA, $R^2 = 0.005$, $\text{Pr}(>F) = 0.001$).



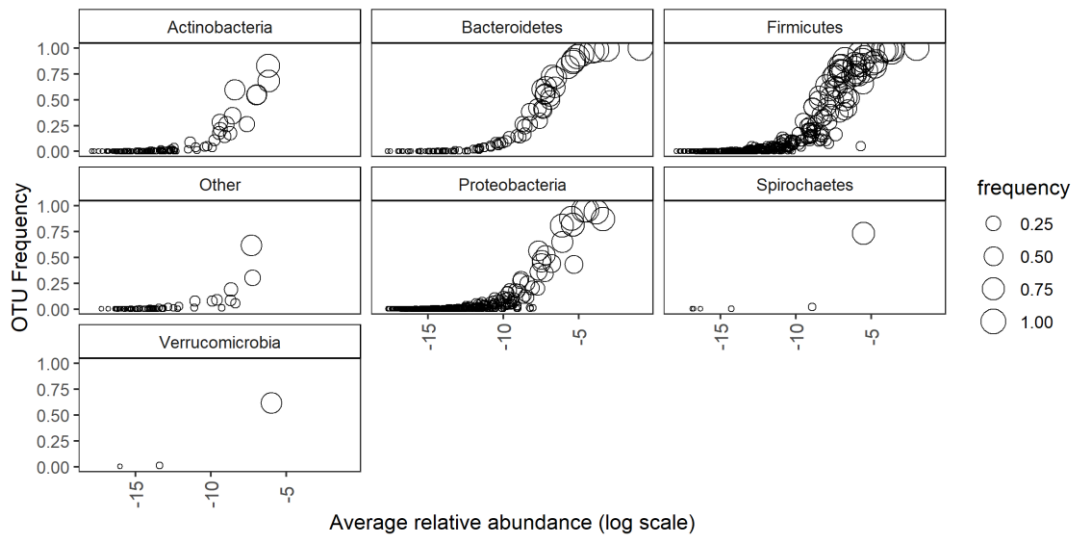
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157 **Figure 3:** Principal coordinates analysis (PCoA) based on Bray-Curtis dissimilarity based on OTU relative
158 abundances.

159 Within each of the geographic zones *i.e.* north, south, east and west, there are differences in the
160 microbiota structure between the cities (Supplementary Figure 1). The above observations
161 demonstrate that environmental factors are a major driver of the gut microbiota, especially the
162 location of residence in the cohort investigated in this study. Further highlighting the effect of
163 geographic locations and related confounding factors as an important challenge in identifying
164 health and disease associated biomarkers for the Indian population. A major metadata lacking
165 in the LogMP study is the dietary intake. Each of the cities sampled in the Log MP study is

166 separated at least 200km, while most are separated by a distance of more than 500 km. Each of
167 these cities has distinct lifestyle as well as culinary traditions. A comprehensive characterisation
168 of the gut microbiota and its association with disease will require incorporating information on
169 diet and lifestyle related cofounding factors in future studies.

170 ***Prevalent dominant and rare bacteria in the Indian gut microbiota***

171 Both the dominant and rare fractions of the microbiome play an important role in stability and
172 resilience of the microbial community (Shade *et al.*, 2014, Lynch & Neufeld, 2015, Shetty *et*
173 *al.*, 2017, Delgado-Baquerizo *et al.*, 2018, Jia *et al.*, 2018). Identifying bacteria that comprise
174 the dominant and rare fractions is important to better understand their potential role and
175 consequent impact on the functioning of the microbiome. Based on the abundance-occupancy
176 analysis, OTUs from phyla Firmicutes, Bacteroidetes and Proteobacteria were identified as
177 covering the abundant fractions in the Indian gut microbiota (Figure 4). The most abundant
178 OTU was from the Firmicutes phyla was *Faecalibacterium prausnitzii* (OTU000444; 0.14,
179 100%), from Bacteroidetes was *Prevotella copri* (OTU000745; 0.4, 99%), from phylum
180 Actinobacteria was *Bifidobacterium bifidum* (OTU000175; 0.002, 68%), from Proteobacteria
181 was *Haemophilus parainfluenzae* (OTU000484; 0.03, 87%), from Spirochaetes was
182 *Treponema succinifaciens* (OTU000961; 0.004, 73%) and from Verrucomicrobia was
183 *Akkermansia muciniphila* (OTU000067; 0.002, 61%). Three OTUs from Proteobacteria were
184 present in more than 90% of the samples (OTU000703:Parasutterella, OTU000468:Gemmiger
185 and OTU000935:Sutterella with 0.02, 0.01 and 0.009 mean proportional abundance). A detailed
186 list is given in supplementary table 1.



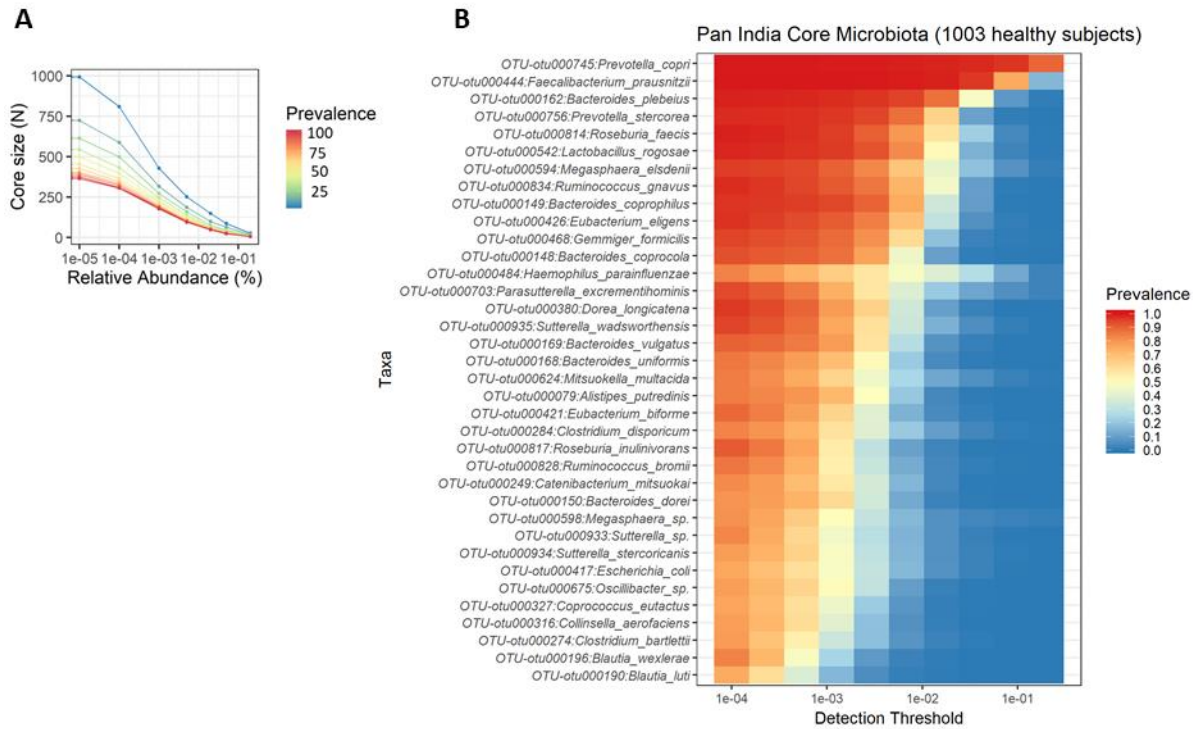
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188 **Figure 4:** Occupancy-Abundance relationship for OTUs from major phyla in the Indian gut microbiota (n=1003).

189 The x-axis is log transformed for clarity.

190 In the present study, re-analysis of the data was done to gain detailed insight into the core
191 microbiota following the bootstrap approach as reported previously (Jalanka-Tuovinen *et al.*,
192 2011, Salonen *et al.*, 2012, Shetty *et al.*, 2017). The change in core size with respect to various
193 abundance and prevalence thresholds is shown in Figure 5A. The median core size and the core
194 OTUs were estimated to consist of 12 OTUs (minimum relative abundance threshold of 0.0001
195 and presence in at least 80%). These included otu000745 (*Prevotella copri*), OTU000444
196 (*Faecalibacterium prausnitzii*), OTU000162 (*Bacteroides plebeius*), OTU000756 (*Prevotella*
197 *stercorea*), OTU000542 (*Lactobacillus rogosae*), OTU000814 (*Roseburia faecis*), OTU000149
198 (*Bacteroides coprophilus*), OTU000834 (*Ruminococcus gnavus*), OTU000594 (*Megasphaera*
199 *elsdenii*), OTU000426 (*Eubacterium eligens*), OTU000468 (*Gemmiger formicilis*),
200 OTU000148 (*Bacteroides coprocola*). Investigation of varying abundance and prevalence
201 thresholds for inclusion of core microbiota aided in identifying both abundant and rare members
202 of the core microbiota in the Indian population (Figure 5B). The *Prevotella copri* was identified
203 as the most prevalent and dominant core bacteria across a range of abundance and prevalence
204 thresholds (Figure 5 A and B). This is in accordance with recent report on the gut microbiota

205 of tribal as well as urban Indian populations (Dehingia *et al.*, 2015, Bhute *et al.*, 2016, Das *et*
206 *al.*, 2018, Tandon *et al.*, 2018). At the genus level, the core microbiota contributed to a large
207 fraction of the total microbiota across geographies and gender (Supplementary figure 2).



208

209 **Figure 5:** Core microbiota in Indian population. A) The difference in number of core OTUs and their prevalence
210 at different abundance thresholds. B) Heatmap depicting the core OTUs, their prevalence at different detection
211 thresholds (relative abundance).

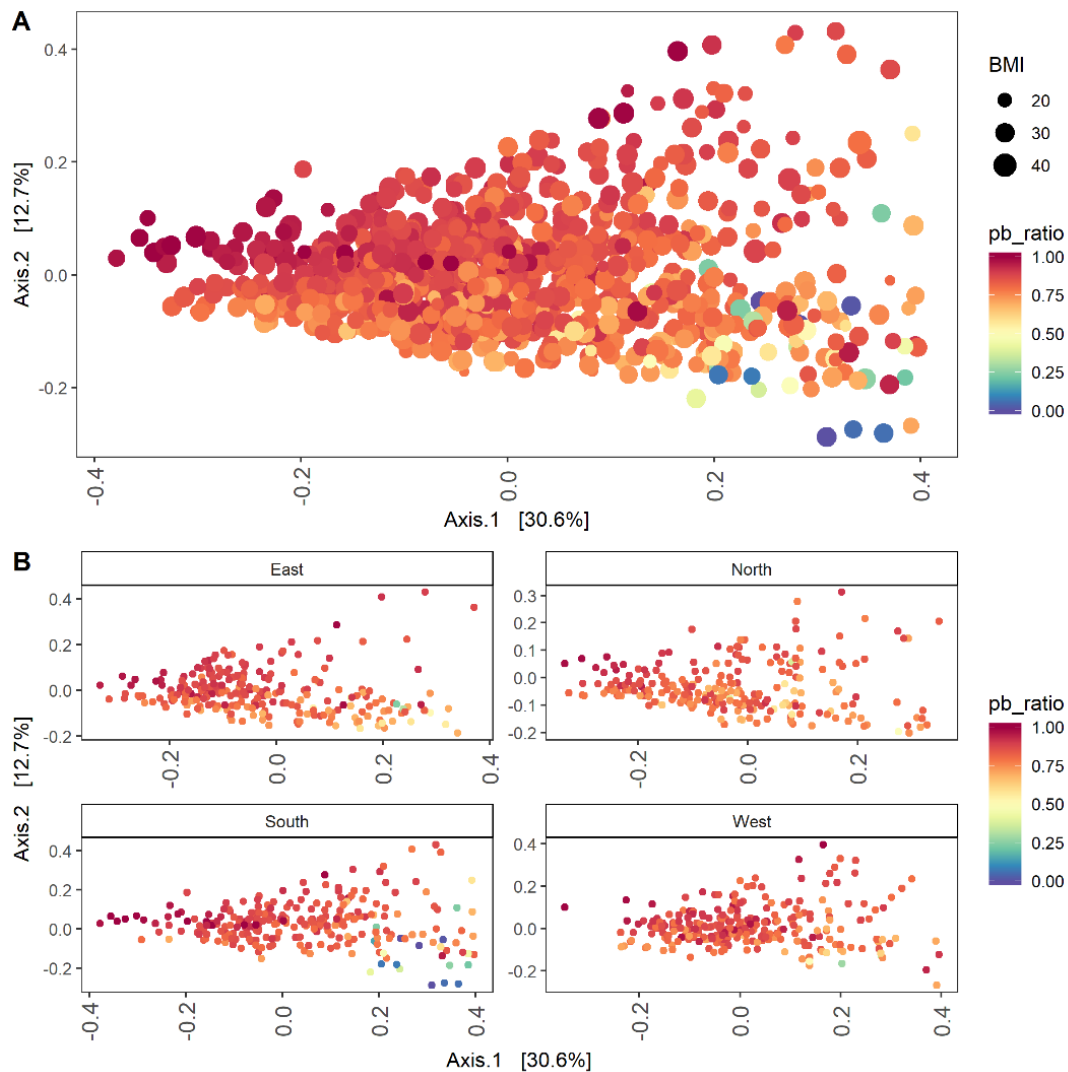
212 The dominance and prevalence of *Faecalibacterium* is associated with both western and non-
213 western populations (Falony *et al.*, 2016, Shetty *et al.*, 2017). Prevalence and abundance of
214 *Prevotella* is associated with gut microbiota of non-western populations (Falony *et al.*, 2016).
215 In our study, we identify both of these genera as a part of the Indian core microbiota. These
216 bacteria have a range of metabolic traits related to degradation of complex polysaccharides
217 (David *et al.*, 2014, Heinken *et al.*, 2014). However, there is a lack of direct evidence of
218 complex fibre degradation ability for *Prevotella copri*, the most abundant and prevalent species
219 detected in the gut microbiome. This species is known to have β -Galactosidase, α -

220 Arabinofuranosidase and β -Glucosidase activity (Hayashi *et al.*, 2007). On the contrary
221 numerous evidence exists for polysaccharide degradation ability in species from the genus
222 *Bacteroides* (Sonnenburg *et al.*, 2010). Further investigation of physiology and polysaccharide
223 degrading ability of *Prevotella* and its species/strains across human populations will be crucial
224 to better understand its role in the gut microbiome.

225 ***Prevotella dominance is hallmark of Indian gut microbiota irrespective of geographic***
226 ***location, age, gender and BMI***

227 The dominance of *Prevotella* or *Bacteroides* is an important property of the human gut
228 microbiome as these bacteria are known to be biomarkers of diet and lifestyle (Gorvitovskaia
229 *et al.*, 2016). Hence, the *Prevotella* versus *Bacteroides* (P/B) ratio in the microbiota of Indian
230 subjects was investigated in all the subjects (n=1003). The obese individuals were also included
231 in this analysis because there no strong effect of obesity status was observed on the microbiota
232 community composition (see above). A continuum was detected irrespective of the BMI values
233 where only a few subjects had exhibited high P/B ratio (Figure 6A). The subjects across
234 geographies had a microbiota characterised by high P/B ratio (Figure 6B). Additionally, no
235 significant correlation was observed between BMI and age with P/B ratio in the study cohort
236 (Supplementary figure 3). The differences of P/B ratio between genders (male/female) was also
237 not significant (Supplementary figure 4). P/B ratio showed significant correlation with the
238 PCoA axis 1 which explained 30.6% of the variation in the microbial community in the study
239 cohort (Supplementary figure 5).

240



241

242 **Figure 6:** Principal coordinates analysis based on Bray-Curtis dissimilarity based on genus level relative
243 abundances. **A]** PCoA depicting the gradient of *Prevotella/Bacteroides* ratio and distribution of body mass index
244 (BMI) in 1003 Indian subjects. **B]** Same PCoA as in panel A, but coloured and faceted for depicting the
245 distribution of *Prevotella/Bacteroides* ratio in the Indian gut microbiota in different geographical zones (East, n =
246 250; North, n = 243; South, n = 250; West, n = 260).

247 **Summary**

248 The gut microbiome of Indian subjects differs in composition at phylum level across the four
249 geographical zones. Overall variation in the gut microbial community structure in Indians is
250 mostly driven by city of residence. Despite the large differences in the geographic location,
251 there exists a core of 12 OTUs that are shared among 80% of the subjects. These core OTUs

252 are classified as members of genera that are known for their ability to degrade complex
253 polysaccharides (*Prevotella*, *Bacteroides*), produce butyrate and propionate (*Faecalibacterium*,
254 *Megasphaera*) as well as ability to degrade mucin (*Ruminococcus gnavus*). Compared to the
255 Westernized urban populations, the Indian population still harbours features of non-
256 industrialized gut microbiota such as *Treponema*, which was present in 73% of the subjects at
257 a low mean relative abundance of 0.004. Previously, *Treponema* was found to be characteristic
258 of a traditional microbiome (Obregon-Tito *et al.*, 2015). Therefore, efforts need to be made for
259 cultivating and preserving human gut origin *Treponema* isolates from diverse populations that
260 are undergoing rapid transition towards a Western lifestyle. The majority of variation in the
261 microbial community structure was correlated with the ratio of *Prevotella* versus *Bacteroides*.
262 However, due to lack of information on dietary habits, no concrete associations could be made
263 to explain the high P/B ratio observed in the Indian population. Since both *Bacteroides* and
264 *Prevotella* are capable of degrading complex polysaccharides, there is need to identify the trade-
265 off between *Prevotella* or *Bacteroides* domination in the Westernized and urban Indian gut
266 microbiota.

267 **Methods**

268 ***Data from LogMPIE***

269 The data analysed in this study was obtained from figshare (Dubey *et al.*, 2018). Detailed
270 information on sample collection and processing for DNA extraction, 16S rRNA gene
271 amplification and sequencing are provided in the original publication (Dubey *et al.*, 2018).
272 Here, some key points are described. The samples were collected by participants using sterile
273 OMNIgene®•GUT stool collection kit. DNA extraction was done using the QiaAmp DNA
274 Stool Mini Kit (Qiagen, Hilden, Germany). Two primer pairs one of V3 and one for V4
275 hypervariable region of the 16S rRNA gene was used for amplification (Milani *et al.*, 2013,
276 Dubey *et al.*, 2018). The sequencing was done Ion S5 System (Thermo Fisher Scientific,

277 Carlsbad, CA, USA). OTU tables were obtained by processing raw reads following the QIIME
278 workflow on the Ion Reporter Server. OTU picking was done using the
279 *pick_closed_reference_otus.py* command in QIIME (Caporaso *et al.*, 2010).

280 ***Microbial community data handling, analysis and visualisation***

281 The relative abundance microbial profiling data and metadata were obtained from (Dubey *et*
282 *al.*, 2018)(<https://doi.org/10.6084/m9.figshare.c.4147079.v1>). The taxonomy was corrected to
283 make it compatible with *read_phyloseq* function of microbiome R package (Lahti & Shetty,
284 2018). The resulting phyloseq object was analysed in R (v3.5.1) using the phyloseq (v1.24.1)
285 and microbiome R package (v1.2.1) (McMurdie & Holmes, 2013, Lahti & Shetty, 2018). One
286 subject, Subject-8032 was removed since initial ordinations revealed it to be highly divergent
287 and thus the analysis was limited to 1003 subjects. Data visualisation was done using a
288 combination of ggplot2 (v3.1) and ggpubr (v0.1.8) packages.

289 ***Statistical analysis***

290 The dissimilarity in gut microbiota composition between the subjects were investigated using
291 the Bray-Curtis dissimilarity index calculated at OTU level and genus level relative abundance
292 data using the phyloseq R package. The unconstrained principal coordinates analysis PCoA
293 ordinations were visualised using the *plot_ordination* function. The contribution of each of the
294 metadata categories, geographical location (city of residence), geographical zone, gender, and
295 lifestyle pattern was investigated using PERMANOVA (999 permutations) (*adonis* function,
296 *vegan* (v2.5-3) R package). Pair-wise comparisons were done using Wilcoxon test. Correlations
297 between Prevotella versus Bacteroides ratios with age, BMI and PCoA axis 1 were based on
298 Pearson's correlations and done using the *stat_cor* function and visualised using *ggscatter*
299 function in ggpubr.

300 ***Core microbiota analysis***

301 The core microbiota analysis was done using the blanket approach (Salonen *et al.*, 2012). In
302 this approach, the random sub-samples are drawn and the frequency of an OTU to be present
303 in user defined samples (here, 810 samples) at a minimum relative abundance threshold (here,
304 0.0001) was calculated. Using 1000 bootstrap (boot, v1.3-20, R package) the median core size
305 was estimated (Canty & Ripley, 2012). The effect of prevalence and abundance thresholds as
306 well as the abundance and prevalence distribution of core OTUs were visualized using the
307 microbiome R package (Lahti & Shetty, 2018).

308 ***Prevotella/Bacteroides ratio analysis***

309 The *Prevotella/Bacteroides* ratio were analysed using the approach described previously
310 (Gorvitovskaia *et al.*, 2016). The OTU data was aggregated at genus level and used for further
311 analysis.

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323 **Conflict of interest**

324 The author declares no conflict of interest.

325 **Data and code availability**

326 The raw sequencing files are made available by the authors at European nucleotide archive
327 (ENA) under the primary accession code, PRJEB25642, and secondary accession code,
328 ERP07577 (Dubey *et al.*, 2018). The codes used for the analysis done in this manuscript will
329 be made available at the following GitHub repository ([https://github.com/microsud/Indian-gut-](https://github.com/microsud/Indian-gut-microbiota)
330 [microbiota](https://github.com/microsud/Indian-gut-microbiota)).

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332 **References**

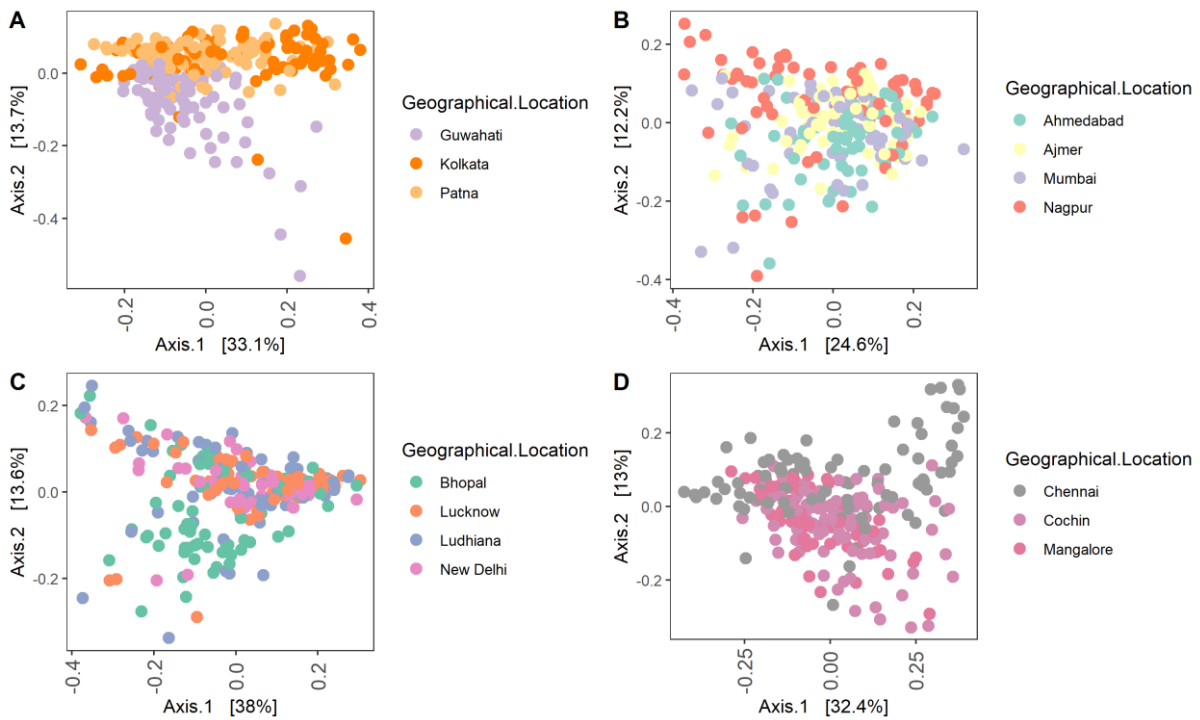
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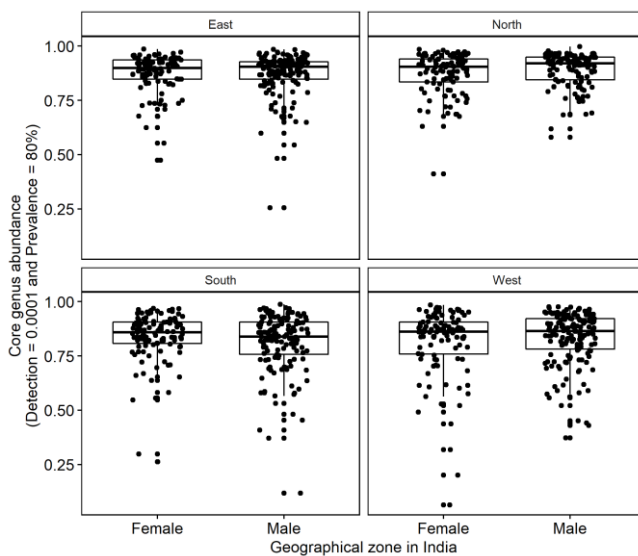
492 **Supplementary data**



493

494 **Supplementary figure 1:** Principal coordinates analysis (PCoA) based on Bray-Curtis dissimilarity based on
495 genus-level relative abundances. **A]** East; **B]** West; **C]** North **D]** South.

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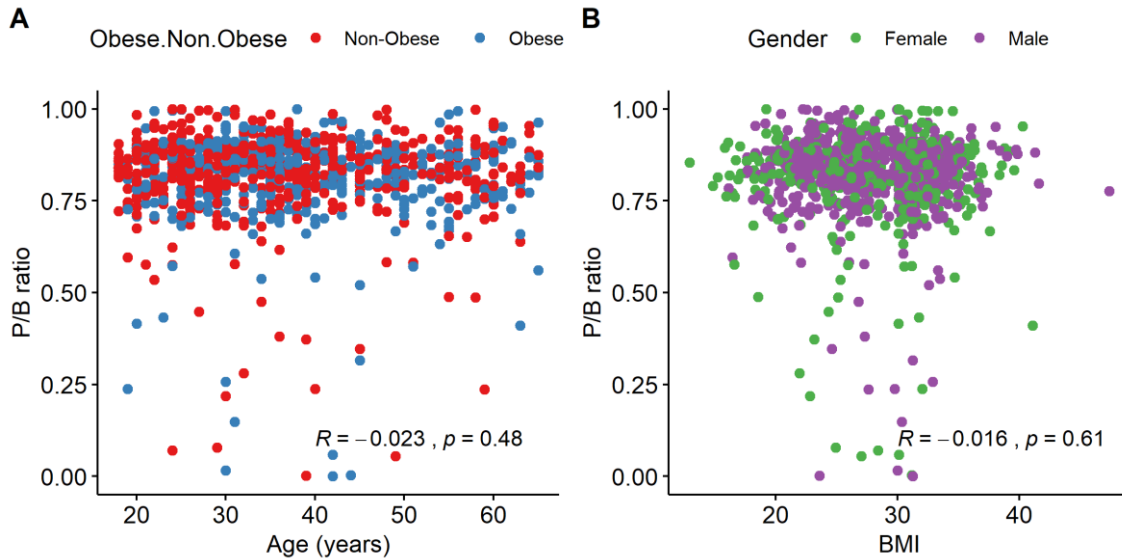


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498 **Supplementary figure 2:** Contribution of 13 core genera towards the total abundance in the Indian female (n =
499 419) and male (n = 584) gut microbiota. The core microbiota was determined based on a minimum relative

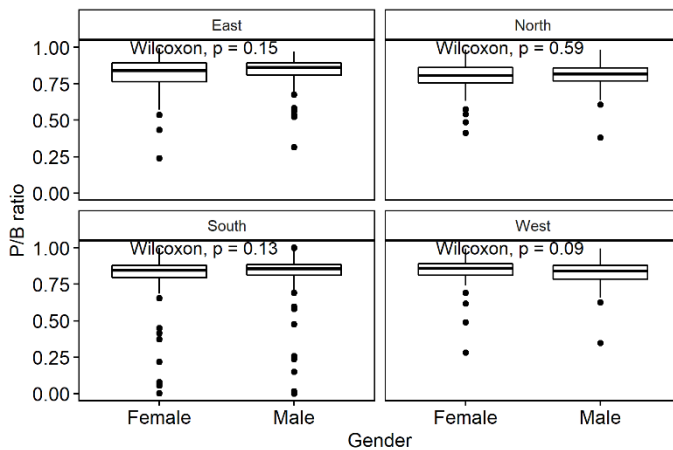
500 abundance of 0.0001 in present in minimum of 80% subjects (1000 bootstraps). The core genera were *Prevotella*,
501 *Faecalibacterium*, *Bacteroides*, *Eubacterium*, *Roseburia*, *Ruminococcus*, *Lactobacillus*, *Megasphaera*, *Sutterella*,
502 *Gemmiger*, *Blautia*, *Clostridium*, *Dorea*

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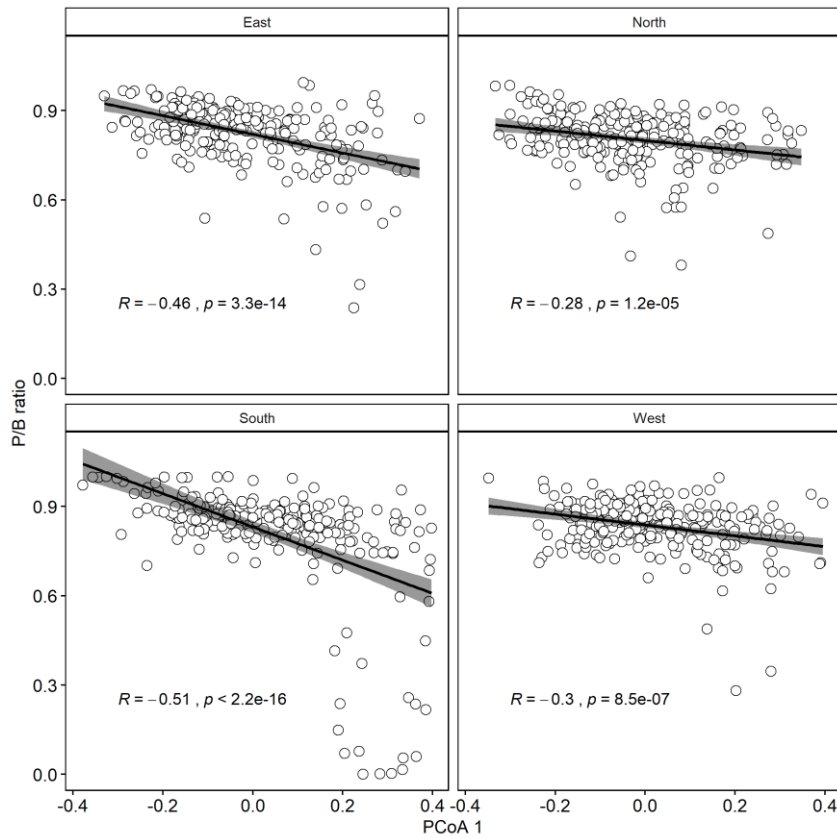
505 **Supplementary figure 3:** Pearson's correlation analysis. **A]** Relationship between *Prevotella/Bacteroides* ratio
506 and Age. **B]** Relationship between *Prevotella/Bacteroides* ratio and body mass index (BMI).



507

508 **Supplementary figure 4:** Comparison of P/B ratio between genders from different geographical locations. The p-
509 values were calculated using Wilcoxon test.

510



511

512 **Supplementary figure 5:** Pearson's correlation between PCoA axis 1 and P/B ratio.

513