

Chapter 1:

Introduction to the Gut-Brain Axis

Dr. Prerna Kukreti

Professor Dept. of Psychiatry, Lady Hardinge Medical College

The human microbiome encompasses the wide variety of microorganisms—such as bacteria, viruses, fungi, and protozoa—that live in different parts of the human body, with the gastrointestinal tract being a primary site. Microbial cells are believed to outnumber human cells by approximately 1.3 to 1, and the combined genetic material of these microbes, called the microbiome, holds over 100 times more genes than the human genome. [1]

These microorganisms are far more than passive residents within the human body—they play dynamic and essential roles in maintaining overall health and physiological balance. In the gastrointestinal tract, they assist in the digestion and absorption of nutrients that the human body alone cannot efficiently process, such as dietary fibers and certain complex carbohydrates. By producing essential vitamins like B12, K, and folate, and by synthesizing short-chain fatty acids (SCFAs), these microbes support metabolic and gut health. Additionally, they have a profound impact on the **immune system**, helping to train immune cells to distinguish between harmless substances and potential threats, thereby reducing the risk of allergies, autoimmune diseases, and chronic inflammation. Beyond physical health, the gut microbiota also communicates with the brain through neural, immune, and endocrine pathways—collectively known as the **gut-brain axis**. Through this connection, they influence mood, stress response, cognitive function, and even the risk of developing mental health disorders such as anxiety and depression[2,3]In particular, the gut microbiome has gained recognition as a crucial factor in both health and disease, impacting bodily functions at both local and systemic levels through its metabolic functions and interactions with the host.

1.1 The Development of the Microbiome

Microbiome colonization starts at birth and is significantly shaped by various factors, including the method of delivery

(vaginal versus cesarean), whether the infant is breastfed, exposure to antibiotics, and interactions with the surrounding environment.[4,5] Infants born through vaginal delivery typically acquire microbes similar to their mother's vaginal flora, such as *Lactobacillus*, while those delivered via cesarean section are mainly colonized by skin-related bacteria like *Staphylococcus* and *Corynebacterium*. [6]

By around three years of age, the gut microbiota develops into a composition similar to that of adults. Nevertheless, it continues to be adaptable and can be influenced by factors such as diet, stress, medications, infections, and other environmental influences throughout a person's life. [7]

1.2 Composition and Diversity of the Gut Microbiota

The adult human gut contains trillions of microorganisms, mainly belonging to the Firmicutes and Bacteroidetes phyla, with smaller amounts from Actinobacteria, Proteobacteria, and Verrucomicrobia[8]**Microbial diversity**—referring to both the variety of microbial species (richness) and their relative proportions (evenness)—is a fundamental hallmark of a balanced and resilient gut microbiome. A diverse microbial ecosystem is better equipped to perform a wide range of physiological functions, including digestion, nutrient metabolism, immune regulation, and protection against pathogens. High microbial diversity promotes **functional redundancy**, meaning that if one microbial species is lost or disrupted, others can compensate, helping maintain overall stability and health.

Conversely, **low microbial diversity**, often referred to as **dysbiosis**, has been consistently linked to a range of chronic health conditions. For example, individuals with **obesity** often show reduced microbial richness and a shift toward bacteria that promote energy harvest and fat storage. In **inflammatory bowel disease (IBD)**, there is a marked loss of anti-inflammatory bacterial species, contributing to chronic gut inflammation. Likewise, in **mental health disorders** such as **depression and anxiety**, reduced microbial diversity is thought to impair the

gut-brain axis, leading to altered neurotransmitter production, heightened inflammation, and increased vulnerability to stress.

Maintaining or restoring microbial diversity—through diet, probiotics, prebiotics, and lifestyle changes—is increasingly recognized as a potential strategy for preventing and managing both physical and mental health disorders.

Microbial diversity, which reflects both the number of different species and their relative abundance, is widely regarded as a key indicator of a healthy microbiome. A decrease in this diversity has been associated with conditions such as obesity, inflammatory bowel disease (IBD), depression, and anxiety.

[9,10] Specific microbial species like *Faecalibacterium prausnitzii*, *Akkermansiamuciniphila*, and *Bifidobacterium longum* are recognized for their anti-inflammatory effects and their role in supporting the integrity of the gut barrier. (11)

1.3 Functions of the Gut Microbiome

The gut microbiota plays several essential physiological roles:

- **Digestion and Metabolism:** Microbes ferment non-digestible carbohydrates into short-chain fatty acids (SCFAs) like butyrate, acetate, and propionate, which serve as energy sources and modulators of inflammation[12].
- **Vitamin Production:** They synthesize essential vitamins such as vitamin K and B-complex vitamins (B12, folate, biotin)[13].
- **Immune Regulation:** The microbiome shapes the development of the host's immune system, training it to distinguish friend from foe. Dysregulation can lead to autoimmunity and chronic inflammation[14].
- **Barrier Function:** Microbial metabolites reinforce the gut epithelial barrier, preventing “leaky gut” and systemic endotoxemia[15].
- **Neuromodulation:** Through microbial-derived neuroactive compounds (e.g., GABA, serotonin, dopamine), the microbiome directly influences brain function and behavior [16]

1.4 Dysbiosis and Disease

Dysbiosis refers to an imbalance in the composition or function of the gut microbiota. It may involve reduced diversity, overgrowth of pathogenic species, or loss of beneficial microbes. Dysbiosis has been implicated in numerous conditions, including:

- Irritable bowel syndrome (IBS)
- Inflammatory bowel disease (IBD)
- Obesity and metabolic syndrome
- Autism spectrum disorder (ASD)
- Depression and anxiety[17–21]
- Notably, gut dysbiosis can trigger systemic inflammation by allowing bacterial lipopolysaccharides (LPS) to enter the bloodstream and by disrupting the production of short-chain fatty acids (SCFAs). These changes can influence the central nervous system (CNS) through the gut-brain axis.[22]

1.5 Restoration and Modulation of the Microbiome:

Efforts to restore a healthy microbiome include

- **Dietary Interventions:** High-fiber, plant-based diets foster diversity and SCFA production[23].
- **Probiotics and Prebiotics:** Specific strains (e.g., *Lactobacillus rhamnosus*, *Bifidobacterium infantis*) have shown benefit in reducing anxiety and depressive symptoms[24].
- **Fecal Microbiota Transplantation (FMT):** Effective in treating *Clostridioides difficile* infections and under investigation for psychiatric disorders[25].

The promise of microbiome therapeutics – or “psychobiotics” – is rapidly gaining traction as a future frontier in treating mental and neurological disorders.

References (Vancouver Style)

Sender R, Fuchs S, Milo R. Revised estimates for the number of human and bacteria cells in the body. *Cell*. 2016;164(3):337–40.

Clemente JC, Ursell LK, Parfrey L W, Knight R. The impact of the gut micro biota on human health: an integrative view. *Cell*. 2012;148(6):1258–70.

Rooks MG, Garrett WS. Gut micro biota, metabolites and host immunity. *Nat Rev Immunol*. 2016;16(6):341–52.

Dominguez-Bello MG, Costello EK, Contreras M, Magris M, Hidalgo G, Fierer N, Knight R. Delivery mode shapes the acquisition and structure of the initial micro biota across multiple body habitats in newborns. *Proc Natl Acad Sci USA*. 2010;107(26):11971–5.

Arrieta MC, Stiemsma LT, Amenyogbe N, Brown EM, Finlay B. The intestinal microbiome in early life: health and disease. *Front Immunol*. 2014;5:427.

Bäckhed F, Roswall J, Peng Y, Feng Q, Jia H, et al. Dynamics and stabilization of the human gut microbiome during the first year of life. *Cell Host Microbe*. 2015;17(5):690–703.

Yatsunenkov T, Rey FE, Manary MJ, Trehan I, Dominguez-Bello MG, et al. Human gut microbiome viewed across age and geography. *Nature*. 2012;486(7402):222–7.

Qin J, Li R, Raes J, Arumugam M, Burgdorf KS, et al. A human gut microbial gene catalogue established by metagenomic sequencing. *Nature*. 2010;464(7285):59–65.

Lozupone CA, Stombaugh JI, Gordon JI, Jansson JK, Knight R. Diversity, stability and resilience of the human gut microbiota. *Nature*. 2012;489(7415):220–30.

Jiang H, Ling Z, Zhang Y, Mao H, Ma Z, Yin Y, et al. Altered fecal microbiota composition in patients with major depressive disorder. *Brain Behav Immun*. 2015;48:186–94.

Derrien M, Collado MC, Ben-Amor K, Salminen S, de Vos WM. The mucin-degrader *Akkermansiamuciniphilais* an abundant resident of the human intestinal tract. *Appl Environ Microbiol*. 2008;74(5):1646–8.

Macfarlane GT, Macfarlane S. Bacteria, colonic fermentation, and gastrointestinal health. *J AOAC Int*. 2012;95(1):50–60.

LeBlanc JG, Milani C, de Giori GS, Sesma F, van Sinderen D, Ventura M. Bacteria as vitamin suppliers to their host: a gut microbiota perspective. *Curr Opin Biotechnol*. 2013;24(2):160–8.

Belkaid Y, Hand TW. Role of the microbiota in immunity and inflammation. *Cell*. 2014;157(1):121–41.

Cani PD, Amar J, Iglesias MA, Poggi M, Knauf C, et al. Metabolic endotoxemia initiates obesity and insulin resistance. *Diabetes*. 2007;56(7):1761–72.

Cryan JF, O’Riordan KJ, Cowan CS, et al. The microbiota-gut-brain axis. *Physiol Rev*. 2019;99(4):1877–2013.

Mangiola F, Ianiro G, Franceschi F, Fagioli S, Gasbarrini G, Gasbarrini A. Gut microbiota in autism and mood disorders. *World J Gastroenterol*. 2016;22(1):361–8.

Maes M, Kubera M, Leunis JC. The gut-brain barrier in major depression: intestinal mucosal dysfunction with an increased translocation of LPS from gram-negative enterobacteria (leaky gut) plays a role in the inflammatory pathophysiology of depression. *Neuro Endocrinol Lett*. 2008;29(1):117–24.

Turnbaugh PJ, Ley RE, Mahowald MA, Magrini V, Mardis ER, Gordon JI. An obesity-associated gut microbiome with increased capacity for energy harvest. *Nature*. 2006;444(7122):1027–31.

Nishino R, Mikami K, Takahashi H, et al. Commensal microbiota modulate murine behaviors. *Behav Brain Res*. 2013;252:140–6.

Kelly JR, Borre Y, C OB, et al. Transferring the blues: depression-associated gut microbiota induces neurobehavioural changes in the rat. *J Psychiatr Res*. 2016;82:109–18.

Dinan TG, Cryan JF. Gut-brain axis in 2016: Brain-gut-microbiota axis—mood, metabolism and behaviour. *Nat Rev Gastroenterol Hepatol*. 2017;14(2):69–70.

Graf D, Di Cagno R, Fåk F, Flint HJ, Nyman M, Saarela

Wallace CJ, Milev R. The effects of probiotics on depressive symptoms in humans: a systematic review. *Ann Gen Psychiatry*. 2017;16:14.

Bajaj JS. Fecal microbiota transplant for hepatic encephalopathy: not just a flush. *Hepatology*. 2016;64(3):652–4.