

Chapter 8

The Gut-Immune-Brain Axis – Inflammation and Autoimmunity

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The **Gut-Immune-Brain Axis** represents a complex, bidirectional communication network linking the gastrointestinal tract, the immune system, and the central nervous system. Central to this axis is the gut microbiota, which plays a crucial role in immune system development and regulation. When the microbial balance is disrupted—due to infection, stress, diet, or antibiotic use—it can compromise the intestinal barrier, leading to increased permeability or “leaky gut.” This allows microbial products like lipopolysaccharides (LPS) to enter circulation, triggering systemic inflammation. In turn, inflammatory cytokines can cross the blood-brain barrier or influence neural pathways, contributing to neuroinflammation and changes in mood, cognition, and behavior. Moreover, chronic immune activation may play a role in the development of **autoimmune conditions** affecting the nervous system, such as multiple sclerosis. This gut-immune-brain interplay has significant implications for understanding the pathophysiology of neuropsychiatric disorders, highlighting the therapeutic potential of targeting the gut microbiome to modulate immune responses and improve brain health.

8.1 The Gut as an Immune Organ

- The **gut houses over 70% of the body’s immune cells**, particularly in gut-associated lymphoid tissue (GALT)[1].
- Microbial colonization during early life is critical for proper development of the immune system.
- Commensal microbes train the immune system to tolerate beneficial organisms while reacting to pathogens.

8.2 Dysbiosis and Immune Dysregulation Dysbiosis, or microbial imbalance, can lead to: **Leaky gut:** Loss of intestinal barrier integrity allows microbial antigens like LPS to enter systemic circulation[2]

- **Systemic inflammation:** LPS and other microbial metabolites trigger toll-like receptor (TLR)-mediated immune activation, elevating cytokines such as IL-6, TNF- α , and IL-1 β [3]

- **Microglial activation:** These inflammatory mediators cross the blood-brain barrier (BBB), leading to CNS inflammation and neurodegeneration[4]

8.3 Autoimmunity and Gut Microbes

Autoimmune diseases result from the immune system mistakenly attacking the body's own tissues. A growing body of research links these conditions to gut microbiota imbalances, or dysbiosis.

Multiple Sclerosis (MS)

- In Multiple Sclerosis (MS), patients often exhibit decreased levels of beneficial bacteria such as *Clostridia* and *Bacteroides*, alongside increased levels of *Akkermansia*. Studies have shown that transferring gut microbiota from MS patients into animal models can worsen autoimmune activity.[5][6]

Systemic Lupus Erythematosus (SLE)

In **Systemic Lupus Erythematosus (SLE)**, dysbiosis is associated with increased intestinal permeability and a decline in short-chain fatty acid (SCFA)-producing bacteria. These changes disrupt the balance between pro-inflammatory Th17 cells and anti-inflammatory regulatory T cells (Tregs), both essential in maintaining immune tolerance.

Rheumatoid Arthritis (RA)

In **Rheumatoid Arthritis (RA)**, elevated levels of *Prevotellacopri* have been linked to early disease onset. Gut microbial alterations in RA may promote joint inflammation through increased systemic cytokine production and the migration of activated immune cells.

8.4 Neuroinflammation and Mental Health

Persistent immune activation contributes to psychiatric disorders:

- Elevated levels of inflammatory cytokines including interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF-α) are found in **depression, schizophrenia, and bipolar disorder**[9]

- Tryptophan metabolism is diverted from serotonin to the **kynurenine pathway**, This shift leads to the formation of neurotoxic byproducts, such as quinolinic acid, which may contribute to the neurological and behavioral symptoms observed in these mental health disorders.[10]

8.5 Gut Microbiota and Stress-Induced Immune Activation

Chronic psychological stress affects both the microbiota and immune system:

- Stress increases intestinal permeability via corticotropin-releasing hormone (CRH).
- Activates mast cells and pro-inflammatory cytokines.
- Reduces beneficial *Lactobacilli*, further weakening barrier function[11]

8.6 Immunomodulatory Therapies

Probiotics and Prebiotics

- Certain strains (*Lactobacillus rhamnosus*, *Bifidobacterium breve*) enhance Treg populations and reduce systemic inflammation[12].

Fecal Microbiota Transplantation (FMT)

- Shown to restore immune balance and ameliorate inflammation in experimental autoimmune encephalomyelitis (EAE), a model of MS[13]

Dietary Immunonutrition

- Omega-3 fatty acids, polyphenols, and SCFA-producing fibers reduce inflammation.
- Anti-inflammatory diets modulate gut microbiota and lower systemic immune responses.

8.7 Summary of Immune Pathways

Pathway	Impact
TLR4-LPS Axis	Drives systemic inflammation and neurodegeneration

Th17/Treg Imbalance	Promotes autoimmunity
Cytokine surge	Affects mood and cognition
Kynurenine pathway	Depletes serotonin, increases neurotoxins

References (Vancouver Style)

1. Belkaid Y, Hand TW. Role of the microbiota in immunity and inflammation. *Cell*. 2014;157(1):121–41.
2. Turner JR. Intestinal mucosal barrier function in health and disease. *Nat Rev Immunol*. 2009;9(11):799–809.
3. Cani PD, Amar J, Iglesias MA, Poggi M, Knauf C, Bastelica D, et al. Metabolic endotoxemia initiates obesity and insulin resistance. *Diabetes*. 2007;56(7):1761–72.
4. Perry VH, Holmes C. Microglial priming in neurodegenerative disease. *Nat Rev Neurol*. 2014;10(4):217–24.
5. Miyake S, Kim S, Suda W, Oshima K, Nakamura M, Matsuoka T, et al. Dysbiosis in the gut microbiota of patients with multiple sclerosis, with a striking depletion of *Clostridia* XIVa cluster. *PLoS One*. 2015;10(9):e0137429.
6. Berer K, Mues M, Koutrolos M, Al Rasbi Z, Boziki M, Johnner C, et al. Commensal microbiota and myelin autoantigen cooperate to trigger autoimmune demyelination. *Nature*. 2011;479(7374):538–41.
7. Hevia A, Milani C, Lopez P, Cuervo A, Arboleya S, Duranti S, et al. Intestinal dysbiosis associated with systemic lupus erythematosus. *MBio*. 2014;5(5):e01548–14.
8. Scher JU, Sczesnak A, Longman RS, Segata N, Ubeda C, Bielski C, et al. Expansion of intestinal *Prevotellacopri* correlates with enhanced susceptibility to arthritis. *eLife*. 2013;2:e01202.
9. Miller AH, Raison CL. The role of inflammation in depression: from evolutionary imperative to modern treatment target. *Nat Rev Immunol*. 2016;16(1):22–34.
10. Schwarcz R, Bruno JP, Muchowski PJ, Wu HQ. Kynurenines in the mammalian brain: when physiology meets pathology. *Nat Rev Neurosci*. 2012;13(7):465–77.
11. Galley JD, Nelson MC, Yu Z, Dowd SE, Walter J, Kumar PS, et al. Exposure to a social stressor disrupts the community structure of the colonic mucosa-associated microbiota. *BMC Microbiol*. 2014;14:189.

12. Kwon HK, Lee CG, So JS, Chae CS, Hwang JS, Sahoo A, et al. Generation of regulatory dendritic cells and CD4⁺Foxp3⁺ T cells by probiotics administration suppresses immune disorders. *Proc Natl Acad Sci U S A.* 2010;107(5):2159–64.

13. Berer K, Gerdes LA, Cekanaviciute E, Jia X, Xiao L, Xia Z, et al. Gut microbiota from multiple sclerosis patients enables spontaneous autoimmune encephalomyelitis in mice. *Proc Natl Acad Sci U S A.* 2017;114(40):10719–24.