Mil. Med. Sci. Lett. (Voj. Zdrav. Listy) 2020, 89(1), 41-51 ISSN 0372-7025 (Print)

> ISSN 2571-113X (Online) DOI: 10.31482/mmsl.2020.002

# **REVIEW ARTICLE**

# MICROBIOTA-GUT-BRAIN SIGNALING: A MINIREVIEW

### Klara Kubelkova ™ and Ales Macela

Department of Molecular Pathology and Biology, Faculty of Military Health Sciences, University of Defence, Hradec Kralove, Czech Republic

Received 10<sup>th</sup> December 2019. Accepted 27<sup>th</sup> January 2020. Published 6<sup>th</sup> March 2020.

### **Summary**

The gut microbiota of vertebrates, including humans, constitutes an integral genomic part that, together with the genome of the host, may be included under the umbrella concept of hologenome, which itself can be seen as one of the possible tools for evolution. Present-day lifestyles, technologically processed nutrients, and various diseases impact significantly upon composition of the intestinal microbiota. Knowledge recently brought to light has shown the gut microbiota to be a component of the microbiota—gut—brain axis having feedback effects on physiological and psychological processes of the host organism and its health. This minireview summarizes current knowledge and opinions on the importance of the microbiota—gut—brain axis and discusses possibilities for beneficially modulating one of the organism's most vital axes.

Key words: Microbiota; microbiome; gut-brain axis.

# INTRODUCTION

The basic properties of living matter are to generate diversity and to occupy any space, including even space within living matter. These properties have led to the origin of the eukaryotic cell, the symbiotic nature of whose origin is generally accepted today. Since the time of that origin, there have occurred continual coexistence and coevolution of prokaryotic and eukaryotic (micro)organisms. Over time, however, their symbiotic relationships have acquired different forms (see Box 1). Differentiation of these forms has been a direct consequence of (micro)organisms' development and their adaptation to different environments. One environment that has provided suitable living conditions has been the gut of multicellular organisms. The process of gut colonization is phylogenetically very old and began just with the gut development in *Protostomia* organisms, such as *Chaetognatha*, *Annelida*, *Mollusca* or *Arthropoda*, and continued through the development of *Deuterostomia*, such as *Echinodermata*, *Chordata*, mammals, and humans.

Box 1: Relationships between two organisms		
Symbiotism	close relationship in which at least one (micro)organism benefits	
Mutualism	symbiotic relationship in which both (micro)organisms benefit	
Commensalism	symbiotic relationship in which one benefits while the other is not affected	
Parasitism	symbiotic relationship in which one benefits while the other species is harmed	
Syntrophy	symbiotic phenomenon defined as "obligately mutualistic metabolism"	

- University of Defence, Faculty of Military Health Sciences, Department of Molecular Pathology and Biology, Trebesska 1575, 500 01 Hradec Kralove, Czech Republic
- klara.kubelkova@unob.cz, ales.macela@unob.cz
- +420 973 255 193
- # +420 973 253 100

The human gut is home to an important and dynamic microbial ecosystem that contributes critically to human health status. The number of bacteria within the gut microbiota has been estimated at somewhere between 10<sup>13</sup> and 10<sup>14</sup> in a so-called "reference man" of 70 kg body mass (1). The origin of gut microbiota, and thereby formation of the metaorganism, is generally believed to occur at the time of birth. A vaginally delivered baby acquires a spectrum of bacteria resembling its mother's vaginal microbiota dominated by the genera Lactobacillus, Prevotella, and Sneathia. Within the microbiota of babies delivered by Cesarean section, the dominant genera are Staphylococcus, Corynebacterium, and Propionibacterium, the latter spectrum being similar to that present on the skin (2). Some studies, however, have demonstrated an association of the gut microbiota's origin with microbes that were detected in womb tissues, such as the placenta (3,4). Moreover, microbial analysis of the meconium has demonstrated that the gut of a healthy human fetus is not sterile and that therefore gut colonization may have begun prior to birth (5,6). With formation of the metaorganism after birth the development becomes more dynamic, and composition of the gut microbiota is rapidly transforming along with such life events as changes in diet, under the influence of stress or illness, and especially during antibiotic treatment (7). Such interventions cause chaotic shifts in the microbiota. Gut microbiota not only play a principal role in maturation of the mammalian immune system, they also effect the digestion and absorption of macromolecules, and they produce biologically active molecules, including neurotransmitters. Moreover, they protect the gut epithelium by preventing pathogens from binding to mucosal cell binding sites.

Numerous association studies have demonstrated close interrelationship between human health status and the corresponding profile of gut microbiota composition. On the one hand, there are modulations of the host's biological processes (see Box 2) and, on the other, there are significant changes in the host's gut microbiome associated with specific health problems (see Box 3).

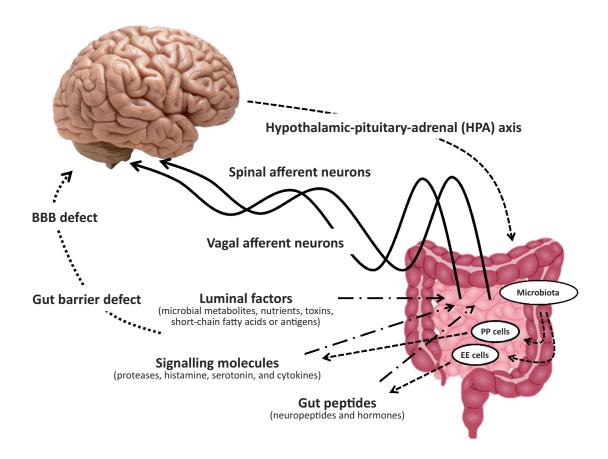
Box 2: Biological processes regulated by microbiota (references)				
Gut physiology	(8,9)			
Nutrient production and absorption	(10)			
Host development and physiology	(11)			
Energy balancing	(12)			
Metabolic functions	(13,14)			
Immune system functions	(15–17)			
Inflammatory processes	(18)			
Neurons-brain-behavior system	(19–22)			

The majority of those studies cited here have demonstrated improvement in the clinical status of patients after targeted intervention influencing the gut microbiota. Similar studies relatively recently have led to definition of the so-called microbiome—gut—brain axis.

Neurological disorders	Obsessive-compulsive disorders (OCD)	(35,36)	
Alzheimer's disease	(23,24)	Anxiety disorders	(37,38)
Parkinson's disease	(25,26)	Stress	(39–41)
Multiple sclerosis	(27,28)	Cognitive impairments	(42-44)
Psychiatric disorders	Obesity	(45,46)	
Schizophrenia	(29,30)	Gut inflammatory diseases	(47–49)
Autism spectrum disorder (ASD)	(31,32)	Cancers	(50-52)
Attention deficit hyperactivity disorder (ADHD)	(33,34)		

### MICROBIOTA-GUT-BRAIN AXIS

Bidirectional interactions with top-down and bottom-up regulations between the brain and gut microbiota have received increasing attention in recent years. The impulse for studies on association of the brain and gut microbiota came from the increasing emotional and psychosocial pressure on people who suffered with such gastrointestinal symptoms as heartburn, indigestion, acid reflux, bloating, pain, constipation, and diarrhea (53). Moreover, dysbiosis and/or alterations of the gut microbiota were shown to be implicated in the pathogeneses and pathophysiology of some immunological, neurological, and psychiatric disorders (see Box 3). Communication among cellular components of the microbiota-gut-brain axis can be conducted through two independent pathways. The first can be seen in the defects of host epithelial barriers, the second occurs through neuronal connections of the brain and gut (Fig. 1). The lumen of the intestine contains a myriad of molecules, some of which are significantly biologically active. Among them are nutrition components, microbial metabolites, signaling molecules originated from the cells of gut associated lymphoid tissues, and neuropeptides or hormones produced by enteroendocrine cells. Diverse molecular components of this complex mixture have the character of signaling molecules. For example, peptidoglycans or lipopolysaccharides derived from gut microbiota membrane can cross the intestinal epithelial barrier in response to certain stress conditions, can translocate into the brain and activate specific pattern recognition receptors of the innate immune system, and thereby can affect brain behavior or produce a backward signal via activation of the hypothalamic-pituitary-adrenal axis (56,57).



**Figure 1.** Schematic representation of gut-brain signaling axis. The intraluminal factors can penetrate through damaged intestinal mucosa into the bloodstream and/or lymphatics. In cases of blood-brain-barrier (BBB) defects, these can directly influence the brain cells. Luminal factors have similar effects that might be sensed by vagal and spinal afferent neurons constituting gut-brain connections (54,55). Conversely, the brain regulates gut cell functions through signals transmitted by the hypothalamic-pituitary-adrenal (HPA) axis (56). Abbreviations: EE cells - enteroendocrine cells, PP cells - Peyer's patch cells, BBB defect - blood-brain-barrier defect

## Short-chain fatty acids

The ability of microbes to ferment indigestible carbohydrate fibers means they can generate molecules having a variety of physiological and pathophysiological functions. Among these are acetic, butyric, and/or propionic acids, which are the most widely studied short-chain fatty acids (SCFAs). Dominant producers of SCFAs among human gut microbiota are members of the bacterial families *Bacteroidaceae*, *Prevotellaceae*, and *Rikenellaceae* from the phylum *Bacteroidetes*, members of the families *Lachnospiraceae*, *Ruminococcaceae*, *Veillonellaceae*, and *Erysipelotrichaceae* from the phylum *Firmicutes*, as well as some *Actinobacteria* and *Verrucomicrobia* are (58). SCFAs, most namely butyrate, can enhance the proportion of cholinergic enteric neurons via epigenetic mechanisms (59), can utilize a gut barrier defect, and, after leaking from the gut, can cross the blood–brain barrier and thus activate the vagus nerve and hypothalamus (60). Moreover, butyrate has been studied extensively as a histone deacetylase inhibitor and as a ligand for a subset of G protein-coupled receptors (61).

### **Neurotransmitters**

Bacteria are among the neurotransmitter producers and/or inducers in the gut. They produce these neuroactive molecules either directly, according to their physiological state, or indirectly by interaction with enteroendocrine cells, which are internal producers of neuropeptides, hormones, and signaling molecules.

### Gamma-aminobutyric acid

Commensal bacteria of the *Bacteriodaceae*, *Bifidobacteriaceae* or *Lactobacillaceae* family are known to produce *gamma-aminobutyric* acid (GABA), which is the dominant inhibitory neurotransmitter of the central nervous system. GABA's receptors are widely distributed throughout the host cells, thus giving GABA a wide range of possibilities for affecting the behavior of cellular systems. Through its alteration of GABAergic neurotransmission, GABA can influence numerous central nervous system disorders, including behavioral disorders, pain, and sleep (62). There are data showing that GABA is engaged in modulation of such physiological processes as intestinal motility, gastric emptying, nociception, and acid secretion by destabilization of enteric nerves signaling (63).

# Serotonin (5-hydroxytryptamine)

Serotonin (5-HT), a biologically active substance and monoamine neurotransmitter, is distributed within the mammalian body but mainly in the gastrointestinal tract. 5-HT plays a critical role during central nervous system development, neuronal differentiation, myelination, and synapse formation (64). The link between specific species of the enteric microbiome, 5-HT, and gastrointestinal symptoms has already been demonstrated using a multi-omics study in children with autism spectrum disorder (65). The presence and frequency of several enteric mucosa-associated Clostridial species are closely correlated with levels of either tryptophan or serotonin in mucosal supernatants. Although several strains of bacteria have been reported to produce 5-HT, no such data exists for gut microbiota. Their association with 5-HT production in the gut seems to be mediated rather indirectly via their effect upon enteroendocrine cells by secretion of such other biologically active effectors as, for example, SCFAs (66).

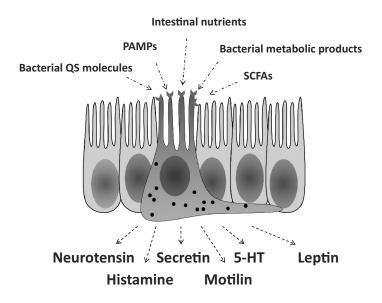
# Dopamine, epinephrine, and norepinephrine

Neurotransmitters of the catecholamine category can play an important role in regulating the gut-brain axis. The endogenous catecholamines include dopamine, epinephrine, and norepinephrine. This type of neurotransmitters provides the acute stress response, also known as fight-or-flight response, to severe harmful events (67,68). Their functional association with the microbiota-gut-brain axis seems to be a functional loop. Some enteric bacteria, such as members of the genera *Klebsiella*, *Pseudomonas*, *Enterobacter*, and *Staphylococcus*, respond to catecholamine molecules by intensified proliferation and/or increased motility, biofilm formation, and virulence (69-71). Some, as for example *Escherichia coli*, *Proteus vulgaris*, *Serratia marcescens*, and *Bacillus subtilis*, produce molecules with neuroactive potential (72). The majority of data in this area, however, has originated from various *in vitro* systems and it is questionable whether these results can be regarded as valid for in vivo systems. Moreover, these molecules can function as effectors for interkingdom signaling (i.e., for bidirectional communication between the host and its microbiota) between prokaryotic and eukaryotic cells. For prokaryotic cells, such molecules

as epinephrine and norepinephrine represent signals for quorum sensing and function as global regulators of virulence. Bacteria of the families *Enterobacteriaceae* and *Pasteurellaceae* sense the host stress hormones epinephrine and norepinephrine in combination with iron via the two-component QseBC sensor system (73,74). Overall, however, it should be emphasized that the effect of catecholamines on gut bacterial populations may alter the proportions of bacterial families responsible for metabolism, metabolite utilization, and gut cell–microbe signaling. Ultimately, they may affect microbiota–gut–brain axis signaling.

#### **Hormones**

The production of biologically active molecules by gut microbiota might also be a critical event in regulating microbiota—gut—brain, host metabolic pathways, and functional systems. A dominant role might be played by neuroendocrine hormones produced by enteroendocrine cells in response to interaction with members of the microbiota or their products (Fig. 2). In a context of so-called microbial endocrinology, the vast array of enteroendocrine cell receptors recognizing pathogen-associated molecular patterns (PAMPs) or acyl homoserine lactones, which are bacterial quorum-sensing molecules, as well as signals originating from molecules of gut lumen content, produce a number of hormones that influence interrelated physiological processes of the host (75,76).



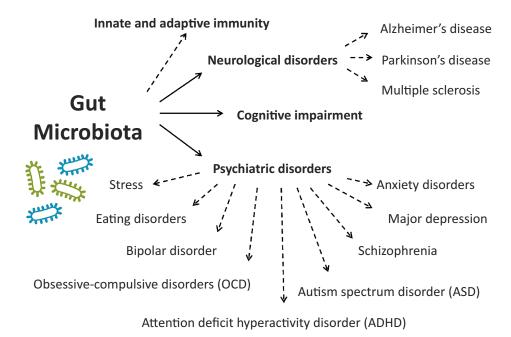
**Figure 2.** Schematic representation of the possible role of gut microbiota in regulating physiological processes of the host. Bacteria, bacterial components, as well as bacterial communication system molecules activate the enteroendocrine cell subtypes to produce basic regulatory hormones of different physiological processes.

For example, cholecystokinin, its sulfated octapeptide isoform, or derived peptides have been demonstrated to have anxiogenic (77), panicogenic (78), and hallucinogenic (79) effects. Ghrelin produced by A (X-like) cells regulates glucose hemostasis by inhibiting insulin secretion and regulating gluconeogenesis and glycogenolysis in the liver (80) and plays crucial roles in general energy homeostasis, cardioprotection, muscle atrophy, and bone metabolism (81). Other hormones from enteroendocrine cells production have functions in gastrointestinal motility (somatostatin, gastrin) or body fluid homeostasis (secretin) and/or they play roles in mucosal immunity (somatostatin, cholecystokinin, neurotensin, histamine, and leptin) (82).

Hormones produced by different types of enteroendocrine cell subtypes create bridges between functional systems of the body. Due to direct or indirect interaction with enteroendocrine cells, the gut microbiota and their dynamic consortia contribute to and modulate the responses of these body functional systems to internal signals originating from nutrition as well as to external signals originating from the environment. These signals might be psychological, physical, or arising from interactions with other (micro)organisms.

### **CONCLUSIONS AND PERSPECTIVES**

A harmonious gut ecosystem clearly plays important roles during ontogeny and from birth to senescence. It is important for development, maintaining organism integrity, and ensuring proper functioning of metabolic pathways and of organ cell systems. We must emphasize the word "harmonious" here, because only a balanced consortium of microbiota can ensure proper functioning of the host's interconnected functional systems. The various genera of different phyla produce diverse neuroactive molecules. An example can be seen in the importance for balanced representation of the phyla *Bacteroidetes* and *Firmicutes*. Their ratio is often changed in connection with certain diseases or after host exposure to stress. Within the gut, on the one hand, acetate and propionate are mainly produced by bacteria of the *Bacteroidetes* phylum. Butyrate, on the other hand, is generated by bacteria of the phylum *Firmicutes* (83). Data is accumulating to demonstrate that the gut microbiota influences the perception of pain (84); that it can influence the pathogenesis of Alzheimer's disease (85-87), Parkinson's disease (88), and some psychiatric disorders (89), such as attention deficit hyperactivity disorder (90) and autism spectrum disorder (91); and that it can be associated with problems of cognitive impairment (92). The relationship between various health problems and activation of the microbiota—gut—brain axis is schematically presented in Fig. 3.



**Figure 3.** Mutually intertwined relationships among microbiota and various developmental and health problems associated with activation of the microbiota—gut—brain axis.

Nevertheless, there still exist the questions of what is the primary signal leading to gut dysbiosis and what is the sequence of events leading up to manifestation of a disease. The interrelationships among the microbiota and physiological regulatory and functional systems resembles a magical pentagram. The pentagram is a very old symbol of elements (in traditional Chinese medicine dating back before the third century BC and representing fire, earth, metal, water, and wood), which, to put it simply, controlled or regulated the health profile of human beings and in a larger sense their very existence. Within the concept of our classical western medicine, these elements can be regulatory systems (microbiota, enteroendocrine regulation, neurohormonal regulation, natural immune regulation, and finally, at the top of the pentagram, the overall genomic regulation controlling the developmental and integrity status of the organism). Inclusion of microbiota among the systems regulating and controlling the physiological status of the host further justifies creation of the holobiont concept introduced into the scientific literature by Linn Margulis, which was at that time elaborated into a system for defining itself and the concept of hologenome as one of the tools of evolution (93-97).

The analyses performed to date demonstrate the importance of maintaining a dynamic equilibrium of bacterial species in the intestinal microbiome. From this point of view, it seems very worthwhile to seek such nutritional supplements as will help to reverse dysbiosis caused by disease or disbalance of the gut–brain axis to restore original microbial composition. Supplementing just one of the bacterial species without knowing the immediate composition of the microbiome can in certain situations be counterproductive. Moreover, issues regarding the use of probiotics, such as horizontal gene transfer, possible presence of bacteriophage genes in probiotic bacteria, and metabolic changes influencing the gut–brain axis, are not yet fully resolved (98,99). Despite all the short-comings in our knowledge of the gut–brain axis, it is necessary to gradually accept the concept that certain immunological, neurological, and psychiatric problems related to current lifestyles will be treated by targeting the microbiota–gut–brain axis using natural nutritional supplements to restore the host's original gut microbiota composition.

### CONSENT FOR PUBLICATION

Not applicable.

## **FUNDING**

This work was conducted within the framework of Ministry of Defence of the Czech Republic - long-term organization development plan Medical Aspects of Weapons of Mass Destruction of the Faculty of Military Health Sciences, University of Defence.

### CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest regarding the publication of this article.

### **AUTHOR CONTRIBUTION**

Both authors contributed equally to the work.

# ADHERENCE TO ETHICAL STANDARDS

This article does not contain any studies involving animals performed by any of the authors. This article does not contain any studies involving human participants performed by any of the authors.

### REFERENCES

- Sender R, Fuchs S, Milo R. Revised Estimates for the Number of Human and Bacteria Cells in the Body. PLoS Biol [Internet]. 2016 Aug 19 [cited 2019 Sep 16];14(8). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4991899/
- 2. Dominguez-Bello MG, Costello EK, Contreras M, Magris M, Hidalgo G, Fierer N, et al. Delivery mode shapes the acquisition and structure of the initial microbiota across multiple body habitats in newborns. Proc Natl Acad Sci U S A. 2010 Jun 29;107(26):11971–5.
- 3. Aagaard K, Ma J, Antony KM, Ganu R, Petrosino J, Versalovic J. The Placenta Harbors a Unique Microbiome. Sci Transl Med. 2014 May 21;6(237):237ra65.
- 4. Rodríguez JM, Murphy K, Stanton C, Ross RP, Kober OI, Juge N, et al. The composition of the gut microbiota throughout life, with an emphasis on early life. Microb Ecol Health Dis [Internet]. 2015 Feb 2 [cited 2019 Sep 16];26. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4315782/
- 5. Milani C, Duranti S, Bottacini F, Casey E, Turroni F, Mahoney J, et al. The First Microbial Colonizers of the Human Gut: Composition, Activities, and Health Implications of the Infant Gut Microbiota. Microbial Mol Biol Rev MMBR. 2017;81(4).
- 6. Wilczyńska P, Skarżyńska E, Lisowska-Myjak B. Meconium microbiome as a new source of information about long-term health and disease: questions and answers. J Matern-Fetal Neonatal Med Off J Eur Assoc Perinat Med Fed Asia Ocean Perinat Soc Int Soc Perinat Obstet. 2019 Feb;32(4):681–6.

- 7. Koenig JE, Spor A, Scalfone N, Fricker AD, Stombaugh J, Knight R, et al. Succession of microbial consortia in the developing infant gut microbiome. Proc Natl Acad Sci U S A. 2011 Mar 15;108 Suppl 1:4578–85.
- 8. Collins SM. A role for the gut microbiota in IBS. Nat Rev Gastroenterol Hepatol. 2014 Aug;11(8):497-505.
- 9. Gu Y, Zhou G, Qin X, Huang S, Wang B, Cao H. The Potential Role of Gut Mycobiome in Irritable Bowel Syndrome. Front Microbiol. 2019;10:1894.
- 10. O'Connor EM. The role of gut microbiota in nutritional status. Curr Opin Clin Nutr Metab Care. 2013 Sep:16(5):509–16.
- 11. Sommer F, Bäckhed F. The gut microbiota--masters of host development and physiology. Nat Rev Microbiol. 2013 Apr;11(4):227–38.
- 12. 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 Dec 21;444(7122):1027–31.
- 13. Tremaroli V, Bäckhed F. Functional interactions between the gut microbiota and host metabolism. Nature. 2012 Sep 13;489(7415):242–9.
- 14. Karlsson F, Tremaroli V, Nielsen J, Bäckhed F. Assessing the Human Gut Microbiota in Metabolic Diseases. Diabetes. 2013 Oct;62(10):3341–9.
- 15. Spencer SP, Fragiadakis GK, Sonnenburg JL. Pursuing Human-Relevant Gut Microbiota-Immune Interactions. Immunity. 2019 Aug 20;51(2):225–39.
- 16. Wang G, Huang S, Wang Y, Cai S, Yu H, Liu H, et al. Bridging intestinal immunity and gut microbiota by metabolites. Cell Mol Life Sci CMLS. 2019 Jun 27;
- 17. McCoy KD, Burkhard R, Geuking MB. The microbiome and immune memory formation. Immunol Cell Biol. 2019 Aug;97(7):625–35.
- 18. Derovs A, Laivacuma S, Krumina A. Targeting Microbiota: What Do We Know about It at Present? Med Kaunas Lith. 2019 Aug 10;55(8).
- 19. Münger E, Montiel-Castro AJ, Langhans W, Pacheco-López G. Reciprocal Interactions Between Gut Microbiota and Host Social Behavior. Front Integr Neurosci. 2018;12:21.
- 20. Giau VV, Wu SY, Jamerlan A, An SSA, Kim SY, Hulme J. Gut Microbiota and Their Neuroinflammatory Implications in Alzheimer's Disease. Nutrients. 2018 Nov 14;10(11).
- 21. Roubalová R, Procházková P, Papežová H, Smitka K, Bilej M, Tlaskalová-Hogenová H. Anorexia nervosa: Gut microbiota-immune-brain interactions. Clin Nutr Edinb Scotl. 2019 Mar 23;
- 22. Bermúdez-Humarán LG, Salinas E, Ortiz GG, Ramirez-Jirano LJ, Morales JA, Bitzer-Quintero OK. From Probiotics to Psychobiotics: Live Beneficial Bacteria Which Act on the Brain-Gut Axis. Nutrients. 2019 Apr 20;11(4).
- 23. Li Z, Zhu H, Zhang L, Qin C. The intestinal microbiome and Alzheimer's disease: A review. Anim Models Exp Med. 2018 Sep;1(3):180–8.
- 24. Bostanciklioğlu M. The role of gut microbiota in pathogenesis of Alzheimer's disease. J Appl Microbiol. 2019 Oct;127(4):954–67.
- 25. Gorecki AM, Preskey L, Bakeberg MC, Kenna JE, Gildenhuys C, MacDougall G, et al. Altered Gut Microbiome in Parkinson's Disease and the Influence of Lipopolysaccharide in a Human α-Synuclein Over-Expressing Mouse Model. Front Neurosci. 2019;13:839.
- 26. Boertien JM, Pereira PAB, Aho VTE, Scheperjans F. Increasing Comparability and Utility of Gut Microbiome Studies in Parkinson's Disease: A Systematic Review. J Park Dis. 2019 Sep 4;
- 27. Mestre L, Carrillo-Salinas FJ, Mecha M, Feliú A, Espejo C, Álvarez-Cermeño JC, et al. Manipulation of Gut Microbiota Influences Immune Responses, Axon Preservation, and Motor Disability in a Model of Progressive Multiple Sclerosis. Front Immunol. 2019;10:1374.
- 28. Schepici G, Silvestro S, Bramanti P, Mazzon E. The Gut Microbiota in Multiple Sclerosis: An Overview of Clinical Trials. Cell Transplant. 2019 Sep 12;963689719873890.
- 29. Kanayama M, Hayashida M, Hashioka S, Miyaoka T, Inagaki M. Decreased Clostridium Abundance after Electroconvulsive Therapy in the Gut Microbiota of a Patient with Schizophrenia. Case Rep Psychiatry. 2019;2019:4576842.
- 30. Xu R, Wu B, Liang J, He F, Gu W, Li K, et al. Altered gut microbiota and mucosal immunity in patients with schizophrenia. Brain Behav Immun. 2019 Jun 27;
- 31. Carpita B, Marazziti D, Palego L, Giannaccini G, Betti L, Dell'Osso L. Microbiota, Immune System and Autism Spectrum Disorders. An Integrative Model towards Novel Treatment Options. Curr Med Chem. 2019 Mar 28;
- 32. Xu M, Xu X, Li J, Li F. Association Between Gut Microbiota and Autism Spectrum Disorder: A Systematic Review and Meta-Analysis. Front Psychiatry. 2019;10:473.

- 33. Cenit MC, Nuevo IC, Codoñer-Franch P, Dinan TG, Sanz Y. Gut microbiota and attention deficit hyperactivity disorder: new perspectives for a challenging condition. Eur Child Adolesc Psychiatry. 2017 Sep;26(9):1081–92.
- 34. Dam SA, Mostert JC, Szopinska-Tokov JW, Bloemendaal M, Amato M, Arias-Vasquez A. The Role of the Gut-Brain Axis in Attention-Deficit/Hyperactivity Disorder. Gastroenterol Clin North Am. 2019;48(3):407–31.
- 35. Rees JC. Obsessive-compulsive disorder and gut microbiota dysregulation. Med Hypotheses. 2014 Feb;82(2):163–6.
- 36. Turna J, Grosman Kaplan K, Anglin R, Van Ameringen M. "WHAT'S BUGGING THE GUT IN OCD?" A REVIEW OF THE GUT MICROBIOME IN OBSESSIVE-COMPULSIVE DISORDER. Depress Anxiety. 2016 Mar;33(3):171–8.
- 37. Guo Y, Xie J-P, Deng K, Li X, Yuan Y, Xuan Q, et al. Prophylactic Effects of Bifidobacterium adolescentis on Anxiety and Depression-Like Phenotypes After Chronic Stress: A Role of the Gut Microbiota-Inflammation Axis. Front Behav Neurosci. 2019;13:126.
- 38. Zhao W, Hu Y, Li C, Li N, Zhu S, Tan X, et al. Transplantation of fecal microbiota from patients with alcoholism induces anxiety/depression behaviors and decreases brain mGluR1/PKC ε levels in mouse. BioFactors Oxf Engl. 2019 Sep 13;
- 39. Mach N, Fuster-Botella D. Endurance exercise and gut microbiota: A review. J Sport Health Sci. 2017 Jun;6(2):179–97.
- 40. Wiley NC, Dinan TG, Ross RP, Stanton C, Clarke G, Cryan JF. The microbiota-gut-brain axis as a key regulator of neural function and the stress response: Implications for human and animal health. J Anim Sci. 2017 Jul;95(7):3225–46.
- 41. Househam AM, Peterson CT, Mills PJ, Chopra D. The Effects of Stress and Meditation on the Immune System, Human Microbiota, and Epigenetics. Adv Mind Body Med. 2017 Fall;31(4):10–25.
- 42. Ticinesi A, Tana C, Nouvenne A, Prati B, Lauretani F, Meschi T. Gut microbiota, cognitive frailty and dementia in older individuals: a systematic review. Clin Interv Aging. 2018;13:1497–511.
- 43. Komanduri M, Gondalia S, Scholey A, Stough C. The microbiome and cognitive aging: a review of mechanisms. Psychopharmacology (Berl). 2019 May;236(5):1559–71.
- 44. Novotný M, Klimova B, Valis M. Microbiome and Cognitive Impairment: Can Any Diets Influence Learning Processes in a Positive Way? Front Aging Neurosci. 2019;11:170.
- 45. Mitev K, Taleski V. Association between the Gut Microbiota and Obesity. Open Access Maced J Med Sci. 2019 Jun 30;7(12):2050–6.
- 46. Muscogiuri G, Cantone E, Cassarano S, Tuccinardi D, Barrea L, Savastano S, et al. Gut microbiota: a new path to treat obesity. Int J Obes Suppl. 2019 Apr;9(1):10–9.
- 47. Khan I, Ullah N, Zha L, Bai Y, Khan A, Zhao T, et al. Alteration of Gut Microbiota in Inflammatory Bowel Disease (IBD): Cause or Consequence? IBD Treatment Targeting the Gut Microbiome. Pathog Basel Switz. 2019 Aug 13;8(3).
- 48. Lobionda S, Sittipo P, Kwon HY, Lee YK. The Role of Gut Microbiota in Intestinal Inflammation with Respect to Diet and Extrinsic Stressors. Microorganisms. 2019 Aug 19;7(8).
- 49. Sacchetti L, Nardelli C. Gut microbiome investigation in celiac disease: from methods to its pathogenetic role. Clin Chem Lab Med. 2019 Sep 9;
- 50. Massari F, Mollica V, Di Nunno V, Gatto L, Santoni M, Scarpelli M, et al. The Human Microbiota and Prostate Cancer: Friend or Foe? Cancers. 2019 Mar 31;11(4).
- 51. Joukar F, Mavaddati S, Mansour-Ghanaei F, Samadani AA. Gut Microbiota as a Positive Potential Therapeutic Factor in Carcinogenesis: an Overview of Microbiota-Targeted Therapy. J Gastrointest Cancer. 2019 Apr 26;
- 52. Kong F, Cai Y. Study Insights into Gastrointestinal Cancer through the Gut Microbiota. BioMed Res Int. 2019;2019:8721503.
- 53. Mussell M, Kroenke K, Spitzer RL, Williams JBW, Herzog W, Löwe B. Gastrointestinal symptoms in primary care: prevalence and association with depression and anxiety. J Psychosom Res. 2008 Jun;64(6):605–12.
- 54. Bonaz B, Bazin T, Pellissier S. The Vagus Nerve at the Interface of the Microbiota-Gut-Brain Axis. Front Neurosci [Internet]. 2018 Feb 7 [cited 2019 Sep 19];12. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5808284/
- 55. Holzer P, Farzi A. Neuropeptides and the Microbiota-Gut-Brain Axis. Adv Exp Med Biol. 2014;817:195–219.
- 56. Farzi A, Fröhlich EE, Holzer P. Gut Microbiota and the Neuroendocrine System. Neurotherapeutics. 2018 Jan;15(1):5–22.

- 57. Arentsen T, Qian Y, Gkotzis S, Femenia T, Wang T, Udekwu K, et al. The bacterial peptidoglycan-sensing molecule Pglyrp2 modulates brain development and behavior. Mol Psychiatry. 2017;22(2):257–66.
- 58. Louis P, Flint HJ. Formation of propionate and butyrate by the human colonic microbiota. Environ Microbiol. 2017;19(1):29–41.
- 59. Soret R, Chevalier J, De Coppet P, Poupeau G, Derkinderen P, Segain JP, et al. Short-chain fatty acids regulate the enteric neurons and control gastrointestinal motility in rats. Gastroenterology. 2010 May;138(5):1772–82.
- 60. Van de Wouw M, Schellekens H, Dinan TG, Cryan JF. Microbiota-Gut-Brain Axis: Modulator of Host Metabolism and Appetite. J Nutr. 2017;147(5):727–45.
- 61. Bourassa MW, Alim I, Bultman SJ, Ratan RR. Butyrate, neuroepigenetics and the gut microbiome: Can a high fiber diet improve brain health? Neurosci Lett. 2016 20;625:56–63.
- 62. Wong CGT, Bottiglieri T, Snead OC. GABA, gamma-hydroxybutyric acid, and neurological disease. Ann Neurol. 2003;54 Suppl 6:S3–12.
- 63. Hyland NP, Cryan JF. A Gut Feeling about GABA: Focus on GABA(B) Receptors. Front Pharmacol. 2010;1:124.
- 64. Homberg JR, Kolk SM, Schubert D. Editorial perspective of the Research Topic "Deciphering serotonin's role in neurodevelopment." Front Cell Neurosci. 2013;7:212.
- 65. Luna RA, Oezguen N, Balderas M, Venkatachalam A, Runge JK, Versalovic J, et al. Distinct Microbiome-Neuroimmune Signatures Correlate With Functional Abdominal Pain in Children With Autism Spectrum Disorder. Cell Mol Gastroenterol Hepatol. 2017 Mar;3(2):218–30.
- 66. Yano JM, Yu K, Donaldson GP, Shastri GG, Ann P, Ma L, et al. Indigenous bacteria from the gut microbiota regulate host serotonin biosynthesis. Cell. 2015 Apr 9;161(2):264–76.
- 67. Russell G, Lightman S. The human stress response. Nat Rev Endocrinol. 2019 Sep;15(9):525-34.
- 68. Hussain LS, Maani CV. Physiology, Noradrenergic Synapse. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019 [cited 2019 Nov 7]. Available from: http://www.ncbi.nlm.nih.gov/books/NBK540977/
- 69. O'Donnell PM, Aviles H, Lyte M, Sonnenfeld G. Enhancement of in vitro growth of pathogenic bacteria by norepinephrine: importance of inoculum density and role of transferrin. Appl Environ Microbiol. 2006 Jul;72(7):5097–9.
- 70. Bansal T, Englert D, Lee J, Hegde M, Wood TK, Jayaraman A. Differential effects of epinephrine, norepinephrine, and indole on Escherichia coli O157:H7 chemotaxis, colonization, and gene expression. Infect Immun. 2007 Sep;75(9):4597–607.
- 71. Hiller CC, Lucca V, Carvalho D, Borsoi A, Borges KA, Furian TQ, et al. Influence of catecholamines on biofilm formation by Salmonella Enteritidis. Microb Pathog. 2019 May;130:54–8.
- 72. Strandwitz P. Neurotransmitter modulation by the gut microbiota. Brain Res. 2018 15;1693(Pt B):128-33.
- 73. Curtis MM, Russell R, Moreira CG, Adebesin AM, Wang C, Williams NS, et al. QseC inhibitors as an antivirulence approach for Gram-negative pathogens. mBio. 2014 Nov 11;5(6):e02165.
- 74. Weigel WA, Demuth DR. QseBC, a two-component bacterial adrenergic receptor and global regulator of virulence in Enterobacteriaceae and Pasteurellaceae. Mol Oral Microbiol. 2016;31(5):379–97.
- 75. Villageliú DN, Rasmussen S, Lyte M. A microbial endocrinology-based simulated small intestinal medium for the evaluation of neurochemical production by gut microbiota. FEMS Microbiol Ecol. 2018 01;94(7).
- 76. Viswanathan VK. Sensing bacteria, without bitterness? Gut Microbes. 2013 Apr;4(2):91–3.
- 77. Skibicka KP, Dickson SL. Enteroendocrine hormones central effects on behavior. Curr Opin Pharmacol. 2013 Dec:13(6):977–82.
- 78. Zwanzger P, Domschke K, Bradwejn J. Neuronal network of panic disorder: the role of the neuropeptide cholecystokinin. Depress Anxiety. 2012 Sep;29(9):762–74.
- 79. Lenka A, Arumugham SS, Christopher R, Pal PK. Genetic substrates of psychosis in patients with Parkinson's disease: A critical review. J Neurol Sci. 2016 May 15;364:33–41.
- 80. Chacko SK, Haymond MW, Sun Y, Marini JC, Sauer PJJ, Ma X, et al. Effect of ghrelin on glucose regulation in mice. Am J Physiol Endocrinol Metab. 2012 May 15;302(9):E1055–62.
- 81. Pradhan G, Samson SL, Sun Y. Ghrelin: much more than a hunger hormone. Curr Opin Clin Nutr Metab Care. 2013 Nov;16(6):619–24.
- 82. Yu Y, Yang W, Li Y, Cong Y. Enteroendocrine Cells: Sensing Gut Microbiota and Regulating Inflammatory Bowel Diseases. Inflamm Bowel Dis. 2019 Sep 27;

- 83. Macfarlane S, Macfarlane GT. Regulation of short-chain fatty acid production. Proc Nutr Soc. 2003 Feb;62(1):67–72.
- 84. Defaye M, Gervason S, Altier C, Berthon J-Y, Ardid D, Filaire E, et al. Microbiota: a novel regulator of pain. J Neural Transm Vienna Austria 1996. 2019 Sep 24;
- 85. D'Argenio V, Sarnataro D. Microbiome Influence in the Pathogenesis of Prion and Alzheimer's Diseases. Int J Mol Sci. 2019 Sep 23;20(19).
- 86. Luca M, Di Mauro M, Di Mauro M, Luca A. Gut Microbiota in Alzheimer's Disease, Depression, and Type 2 Diabetes Mellitus: The Role of Oxidative Stress. Oxid Med Cell Longev. 2019;2019:4730539.
- 87. Bostanciklioğlu M. The role of gut microbiota in pathogenesis of Alzheimer's disease. J Appl Microbiol. 2019 Oct;127(4):954–67.
- 88. Miraglia F, Colla E. Microbiome, Parkinson's Disease and Molecular Mimicry. Cells. 2019 07;8(3).
- 89. Van Ameringen M, Turna J, Patterson B, Pipe A, Mao RQ, Anglin R, et al. The gut microbiome in psychiatry: A primer for clinicians. Depress Anxiety. 2019 Nov;36(11):1004–25.
- 90. Dam SA, Mostert JC, Szopinska-Tokov JW, Bloemendaal M, Amato M, Arias-Vasquez A. The Role of the Gut-Brain Axis in Attention-Deficit/Hyperactivity Disorder. Gastroenterol Clin North Am. 2019;48(3):407–31.
- 91. Van Sadelhoff JHJ, Perez Pardo P, Wu J, Garssen J, van Bergenhenegouwen J, Hogenkamp A, et al. The Gut-Immune-Brain Axis in Autism Spectrum Disorders; A Focus on Amino Acids. Front Endocrinol. 2019;10:247.
- 92. Novotný M, Klimova B, Valis M. Microbiome and Cognitive Impairment: Can Any Diets Influence Learning Processes in a Positive Way? Front Aging Neurosci. 2019;11:170.
- 93. Guerrero R, Margulis L, Berlanga M. Symbiogenesis: the holobiont as a unit of evolution. Int Microbiol Off J Span Soc Microbiol. 2013 Sep;16(3):133–43.
- 94. Kundu P, Blacher E, Elinav E, Pettersson S. Our Gut Microbiome: The Evolving Inner Self. Cell. 2017 Dec 14;171(7):1481–93.
- 95. Morris JJ. What is the hologenome concept of evolution? F1000Research. 2018;7.
- 96. Rosenberg E, Zilber-Rosenberg I. The Hologenome Concept of Evolution: Medical Implications. Rambam Maimonides Med J. 2019 Jan 28;10(1).
- 97. Rosenberg E, Zilber-Rosenberg I. The hologenome concept of evolution: do mothers matter most? BJOG Int J Obstet Gynaecol. 2019 Jul 19;
- 98. Lerner A, Matthias T, Aminov R. Potential Effects of Horizontal Gene Exchange in the Human Gut. Front Immunol. 2017;8:1630.
- 99. Lerner A, Shoenfeld Y, Matthias T. Probiotics: If It Does Not Help It Does Not Do Any Harm. Really? Microorganisms. 2019 Apr 11;7(4).