

The liver-gut axis: Exploring interconnections in health and disease.

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Introduction

The liver-gut axis represents a complex and dynamic interplay between the gastrointestinal tract and the liver, facilitated by the portal vein, bile acids, and the gut microbiota [1]. This bidirectional communication system plays a pivotal role in maintaining metabolic homeostasis, immune regulation, and overall health. Disruptions in this axis contribute to a wide range of diseases, including liver disorders, metabolic syndromes, and gastrointestinal conditions [2].

The gut microbiota is central to the liver-gut axis, influencing liver function through microbial metabolites, endotoxins, and immune modulators [3]. Under normal conditions, a balanced microbiota promotes the synthesis of short-chain fatty acids, secondary bile acids, and vitamins, supporting liver health. The intestinal barrier acts as a physical and immunological shield, preventing the translocation of harmful microbial products into the portal circulation [4]. However, when gut permeability increases due to dysbiosis or other factors, endotoxins such as lipopolysaccharides (LPS) can enter the liver, triggering inflammation and fibrogenesis [5].

Non-alcoholic fatty liver disease (NAFLD) is a prime example of the liver-gut axis's role in disease. Dysbiosis and increased intestinal permeability have been linked to the development and progression of NAFLD through mechanisms involving endotoxemia, oxidative stress, and altered bile acid metabolism [6]. Similarly, alcohol-related liver disease (ALD) is exacerbated by microbial changes and gut barrier dysfunction, emphasizing the significance of the gut-liver connection [7].

Bile acids are another key component of the liver-gut axis. Beyond their role in fat digestion, they act as signaling molecules regulating lipid metabolism, glucose homeostasis, and inflammation. Alterations in bile acid composition, often seen in liver diseases, can disrupt the gut microbiota, creating a vicious cycle that perpetuates liver injury [8].

Therapeutic interventions targeting the liver-gut axis are gaining traction. Probiotics, prebiotics, and fecal microbiota transplantation aim to restore microbial balance and improve intestinal barrier integrity [9]. Drugs modulating bile acid pathways, such as obeticholic acid, show promise in treating liver conditions by addressing gut-liver dysregulation. Dietary modifications and lifestyle changes also play a crucial role in maintaining the health of the axis [10].

Conclusion

The liver-gut axis provides valuable insights into the pathophysiology of liver and gastrointestinal diseases. By targeting this interconnected system, researchers and clinicians can develop innovative strategies to prevent and manage complex diseases, paving the way for more effective and holistic treatments.

References

1. Qin T, Chen X, Meng J, et al. The role of curcumin in the liver-gut system diseases: from mechanisms to clinical therapeutic perspective. *Crit Rev Food Sci Nutr.* 2024;64(24):8822-51.
2. Smith ML, Wade JB, Wolstenholme J, et al. Gut microbiome-brain-cirrhosis axis. *Hepatology.* 2024;80(2):465-85.
3. Wang Z, Zeng M, Wang Z, et al. Dietary polyphenols to combat nonalcoholic fatty liver disease via the gut-brain-liver axis: a review of possible mechanisms. *J Agric Food Chem.* 2021;69(12):3585-600.
4. Pamanji R, Kumareshan TN, Sivan G, et al. Exploring the impact of antibiotics, microplastics, nanoparticles, and pesticides on zebrafish gut microbiomes: insights into composition, interactions, and health implications. *Chemosphere.* 2023:140867.
5. Li Q, Guo P, Wang S, et al. Gut microbiota disorders aggravate terbutylazine-induced mitochondrial quality control disturbance and PANoptosis in chicken hepatocyte through gut-liver axis. *Sci Total Environ.* 2024;913:169642.
6. Yang Y, Fan G, Lan J, et al. Polysaccharide-mediated modulation of gut microbiota in the treatment of liver diseases: Promising approach with significant challenges. *Int J Biol Macromol.* 2024 Sep 11:135566.
7. Tarantino G, Citro V, Balsano C. Liver-spleen axis in nonalcoholic fatty liver disease. *Expert Rev Gastroenterol Hepatol.* 2021;15(7):759-69.
8. Kim R, Sung JH. Recent Advances in Gut-and Gut-Organ-Axis-on-a-Chip Models. *Adv Healthc Mater.* 2024:2302777.

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Received: 23-Oct-2024, Manuscript No. JGDD-24-152873; Editor assigned: 24-Oct-2024, Pre QC No. JGDD-24-152873(PQ); Reviewed: 07-Nov-2024, QC No. JGDD-24-152873; Revised: 12-Nov-2024, Manuscript No. JGDD-24-152873(R); Published: 19-Nov-2024, DOI: 10.35841/jgdd-9.6.235

9. D'Mello C, Swain MG. The gut–liver–brain axis: dietary and therapeutic interventions. *The gut-liver-brain axis*. 2021;205-236.
10. Zundler S, Günther C, Kremer AE, et al. Gut immune cell trafficking: inter-organ communication and immune-mediated inflammation. *Nat Rev Gastroenterol Hepatol*. 2023;20(1):50-64.