

# Probiotics as the Treatment for the Visceral Pain in Gastrointestinal Disorders

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## Introduction

### Visceral pain

Visceral pain is the most common form of pain that human beings suffer throughout a lifetime. This kind of pain has important clinical characteristics:

- Is a pain originating in the internal organs but not evoked from all viscera.
- Diffuse and poorly localized.
- Not always linked to injury of the tissue.
- Referred to somatic structures.
- Intense motor and autonomic responses.

**Irritable Bowel Disease (IBS)** is mainly characterized by presence of visceral hypersensitivity and affects 3-25%<sup>1</sup> of the population. Among the wide variety of treatment options of the visceral pain, **probiotics** appear to be one of the best options.

### Probiotics

"Live microorganisms which when administered in adequate amounts confer a health benefit on the host". For being effective, they need the following conditions:

- Non pathogenic and non toxic.
- Able to maintain good viability.
- Able to survive the passage through the digestive system.
- Able to attach to the intestinal epithelia and colonize temporarily.
- Capable of exerting a proven beneficial effect on the host.
- Remain stable and viable during processing, storage and use.

The species most widely used → **Lactobacillus** and **Bifidobacterium**.

## Aims

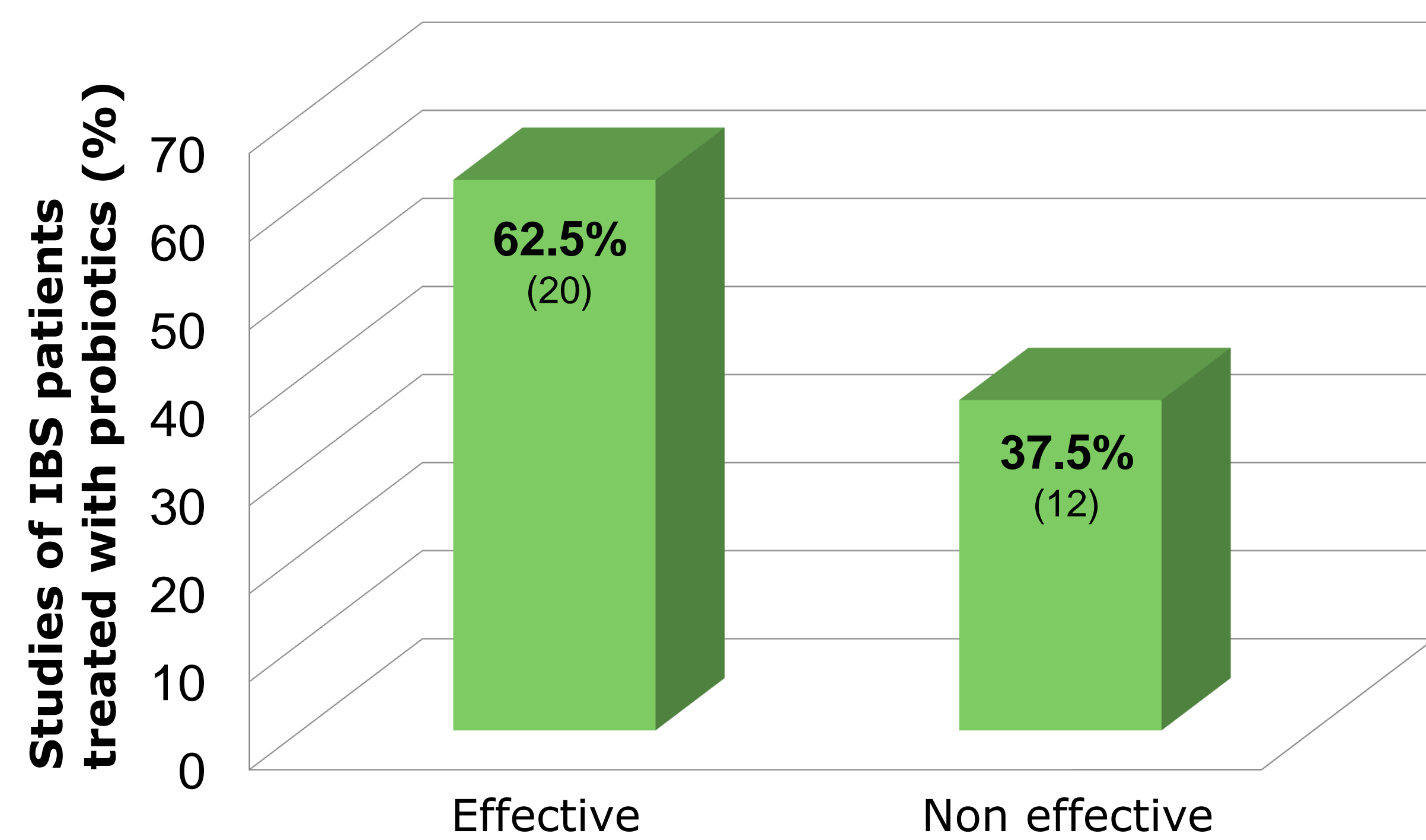
- ❖ To evaluate whether the treatment with the probiotic species *Lactobacillus* and *Bifidobacterium* is effective reducing the intestinal hyperalgesia in IBS patients.
- ❖ Compare the efficacy of using probiotics composed with a single strain or with multispecies.
- ❖ To elucidate the probiotics' main mechanisms that promote the intestinal antinociception.

## Materials and methods

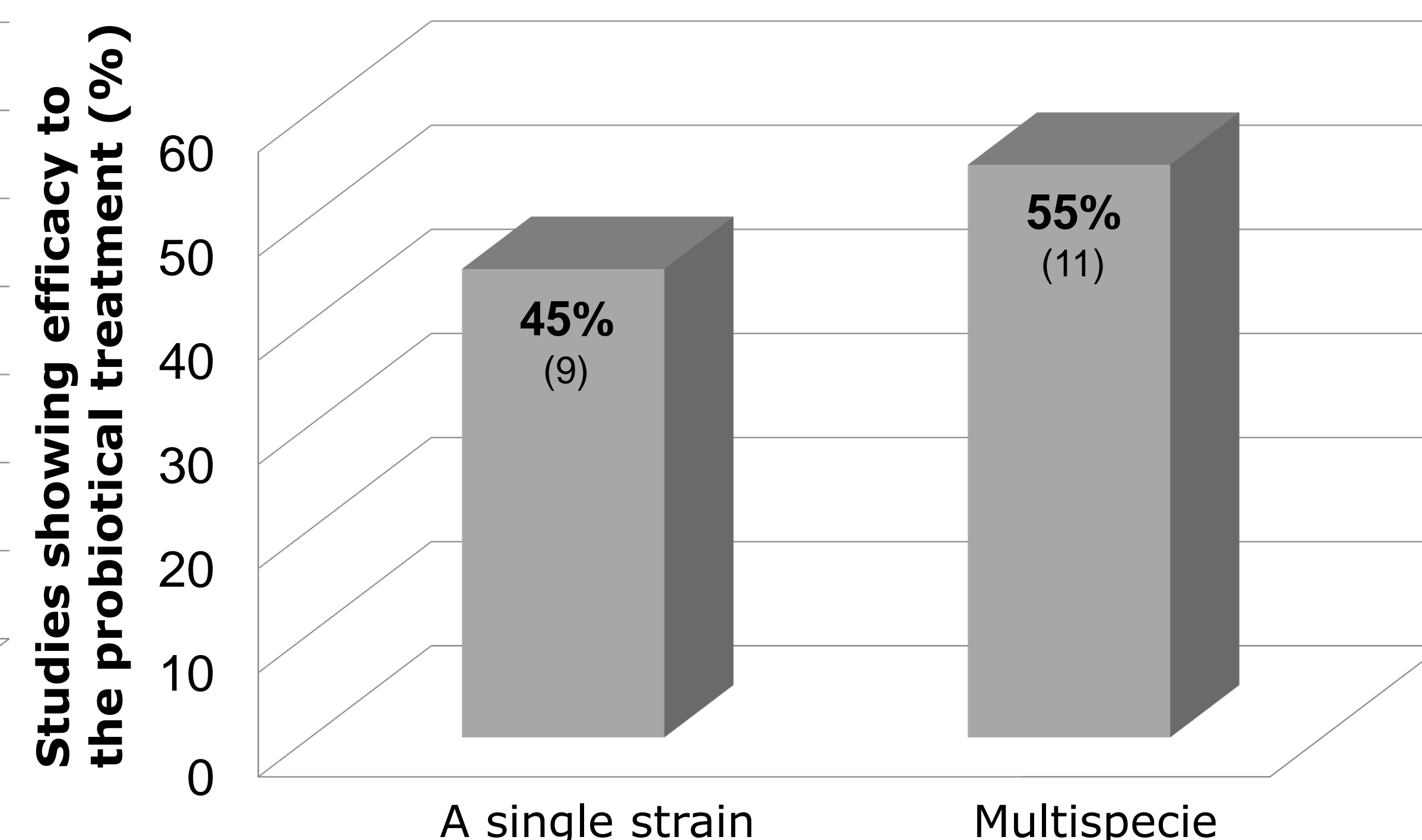
This project has been made by the search and extended reading of recent papers obtained from **PubMed**, **Sciencedirect** and **Scopus** databases, also consulting some doctoral thesis and books. The information was selected according to their relevance and date. The **main key words** used were: "visceral hypersensitivity", "probiotic", "probiotic AND visceral pain", "probiotic AND IBS".

## Results

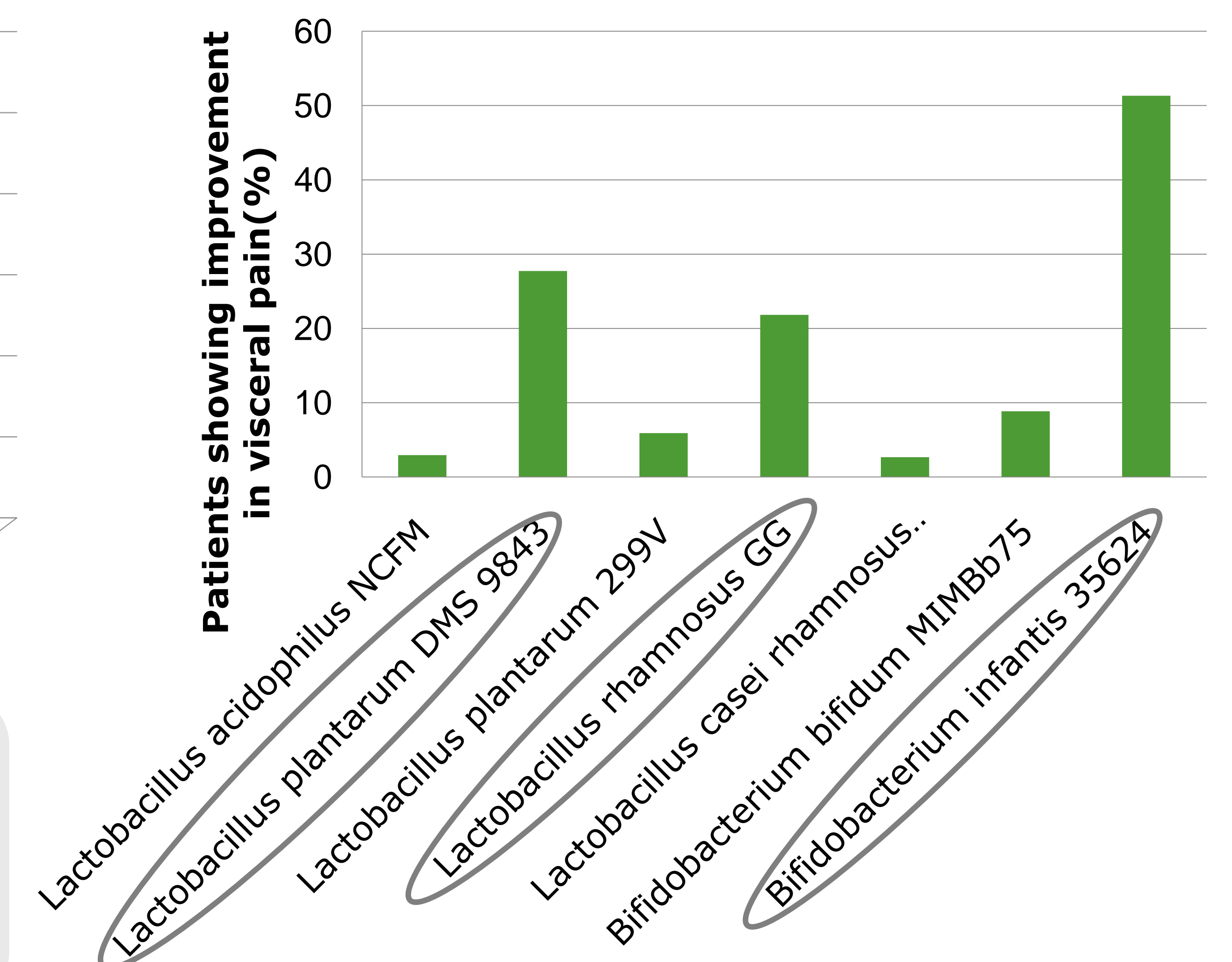
### Efficacy of probiotics reducing the intestinal hyperalgesia in IBS patients



**Figure 1. Percentage of studies that showed efficacy or non efficacy to the probiotic treatment.** There are more studies that showed good response and a reduction of the visceral pain (62,5%) than studies that didn't show effectiveness (37,5%) to the treatment with probiotics.



**Figure 2. Efficacy comparison between the use of a single probiotic strain vs multispecies.** From all studies where patients showed an improvement in the visceral pain, 45% used a single probiotic strain and 55% multispecies. There aren't efficacy differences between them.

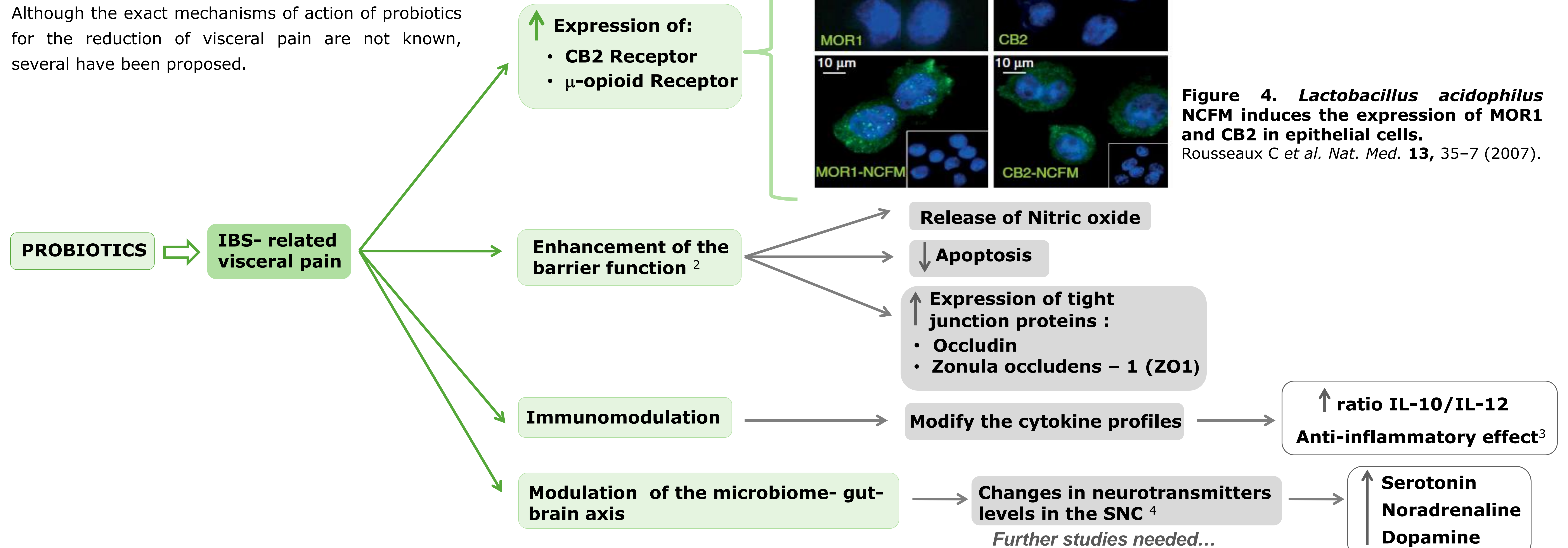


**Figure 3. Most effective probiotic strain reducing the visceral pain.**

### Mechanism of action of probiotics

Current evidence indicates that different probiotic strains mediate their effects by a variety of **different mechanisms** that are dependent on the dosage employed, the **specific strain**, as well as the frequency of delivery.

Although the exact mechanisms of action of probiotics for the reduction of visceral pain are not known, several have been proposed.



**Figure 4. *Lactobacillus acidophilus* NCFM induces the expression of MOR1 and CB2 in epithelial cells.** Rousseaux C et al. *Nat. Med.* **13**, 35-7 (2007).

## Conclusions

- ❖ Evidence suggests that probiotics offer a promise for the treatment of IBS patients. They have shown **efficacy** reducing the visceral pain and there are several mechanisms involved in this effect that are specie-specific.
- ❖ Future studies are needed about best strains, use of single or mixtures probiotics, dosis and to understand better the mechanisms involved in antinociception.

## References

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2. Menningen R et al. *Am J Physiol Gastrointest Liver Physiol.* **296**, G1140-G1149(2009).
3. O'Mahony L et al. *Gastroenterology.* **128**, 541-51 (2005).
4. Kannampalli P et al. *Neurogastroenterol Motil.* **26**, 1694-704 (2014).