

Literature Review

Potential Beneficial Effects of Probiotics on Human Migraine Headache: A Literature Review

Yu-Jie Dai, MD^{1,2}, Hai-Yan Wang, MD³, Xi-Jian Wang, MD⁴, Alan David Kaye, MD^{1,5}, and Yong-Hai Sun, MD¹

From: ¹Anesthesia and Operation Center, Department of Anesthesiology, Chinese PLA General Hospital, Beijing, P. R. China; ²Department of Clinical Nutrition, Xijing Hospital, The Fourth Military Medical University, Xi'an, China; ³Department of Cardiology, Tangdu Hospital, The Fourth Military Medical University, Xi'an, China; ⁴Xi'an Institute of Mental Health, Xi'an, China; ⁵Departments of Anesthesiology and Pharmacology, Louisiana State University School of Medicine, New Orleans, Louisiana

Address Correspondence:
Yong-Hai Sun, MD
Department of Anesthesiology,
Chinese PLA General Hospital,
100853 Beijing, P. R. China
E-mail: 13552265533@163.com

Disclaimer: There was no external funding in the preparation of this manuscript. Conflict of interest: Each author certifies that he or she, or a member of his or her immediate family, has no commercial association (i.e., consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted manuscript.

Manuscript received: 06-20-2016
Revised manuscript received:
08-12-2016
Accepted for publication:
08-22-2016

Free full manuscript:
www.painphysicianjournal.com

Background: Recent studies have shown that migraine headache is often associated with concomitant gastrointestinal diseases. There is a higher prevalence of headaches in patients with gastrointestinal disorders. These associations between migraine and gastrointestinal disorders suggest a potential link to a bidirectional modulation of gut microbiota and brain function. The underlying working mechanistic links between migraine and gastrointestinal diseases may include increased intestinal epithelial permeability and inflammation.

Objective: This review presents an overview of the relationship between gut microbiota and brain function, especially with regard to migraine headache.

Study Design: Literature review.

Setting: Anesthesia and Operation Center, Department of Anesthesiology, Chinese PLA General Hospital.

Methods: The present investigation included a PubMed search using the following terms: migraine headache, gut microbiota, brain function, and probiotics.

Results: In this literature review, we mainly discussed the relationship between gut microbiota and brain function, especially with regard to migraine headache. The potential effects of probiotics supplement on migraine headache were also included.

Limitations: There is limited evidence from clinical studies of the positive effects of probiotics in patients with migraine headache. Large-scale randomized, placebo-controlled clinical trials are warranted to evaluate the clinical efficacy and safety of probiotics in patients with migraine headache.

Conclusions: Similar to migraine headache, disorders of the brain involving depression and anxiety have been demonstrated to be associated with increased gut permeability. An improvement in gut microbiota and reduction of inflammation can have positive effects on strengthening gut and brain function. Moreover, it can be inferred that probiotics may have a beneficial effect on the frequency and severity of migraine headache attacks. Large-scale randomized, placebo-controlled studies are warranted in the future to evaluate the clinical efficacy and safety of probiotics in patients with migraine headache.

Key words: Migraine headache, gut microbiota, brain function, probiotics

Pain Physician 2017; 20:E251-E255

Migraine headache, affecting approximately 15% of the global population, is a common chronic disorder (1). Patients with migraine headache usually

suffer from moderate to severe episodes of headache, lasting several hours to days. Migraine headache is frequently concomitant with gastrointestinal symptoms, including nausea, vomiting, diarrhea, constipation,

and dyspepsia. A recent review of associations between migraine headache and gastrointestinal disorders has demonstrated that people who frequently experience gastrointestinal disorders have a higher prevalence of headaches (2). Moreover, infantile colic has been known as an early-life expression of migraine headache, with a maternal history of migraine predisposing to an approximately 2.6 times higher likelihood of colic than controls (3). Further, children with migraine headache are more likely to have experienced colic compared to controls (4). Other studies have suggested that migraine headache is significantly associated with inflammatory bowel disease and celiac disease (5,6); however, the specific relationship between migraine headache and gastrointestinal microbiology, primarily pertaining to intestinal bacteria, remains unclear. Possible underlying etiologies are attributed to increased intestinal permeability and inflammatory reactions, causing or resulting from gastrointestinal diseases. The present review aims to discuss the relationship between gut microbiota and brain function, as well as the influence of probiotic supplements on the migraine headache patient and potential mechanisms underlying such influence.

Gut Microbiota and Brain Function

The human gut contains over a thousand known bacterial species, with *Bacteroidetes* and *Firmicutes* being the predominant strains (7). The colonization of gut microbiota begins when an infant is born, whereas the diversity and activity of gut bacteria depends on both genetic and environmental factors. The positive effects of normal gut microbiota on health include maintenance of the integrity of the gut epithelial barrier and gut mobility, regulation of polysaccharide degradation, and improved nutrient absorption. Recent studies have shown that gut microbiota can mediate or modulate brain development through the gut-brain axis (8). The major anatomical connections between the brain and gut system involve brain tissues, the spinal cord, vagal and spinal nerves, gut tissues, microbiota and their metabolites residing in the gut, and the endocrine and immune systems. The gut-brain axis is well known as a bidirectional neurohumoral communication system, occurring in 2 reciprocal directions, and primarily involves regulation of gastrointestinal physiology and microbiota activity by the brain and modulation of brain function by the gut microbiota. Disruption of this symbiotic relationship impairs integrity of the epithelial barrier and mucosal immune function.

Increasingly, recent evidence has demonstrated

that gut microbiota could indeed affect brain function (9,10). Evidence from a murine study suggested gut microbiota could convert complex carbohydrates into short-chain fatty acids, such as butyric acid, which regulate structure and function of the blood-brain barrier (11). Moreover, intestinal microbiota have been found to directly alter neurotransmitter levels, indicating the possibility of established communication between bacteria and neurons (12). Metabolites from gut microbiota promote production of 5-hydroxytryptamine by intestinal epithelial cells and levels of serotonin are lower in the blood of germ-free animals compared with normal controls. Germ-free mice gavaged with certain bacterial strains, such as *Lactobacillus paracasei*, have demonstrated significant improvements in serum serotonin levels and visceromotor responses (13). Therefore, mice with normal microbiota when treated with antibiotics may show reduced serum neurotransmitter levels, indicating a direct mechanism where by gut microbiota influence neurotransmitters in the host.

Furthermore, beneficial effects of gut microbiota on brain function have been shown in animal or human models of depression and anxiety. Depressed rats were gavaged with specific bacteria for 2 weeks with a consequent significant increase in plasma levels of tryptophan (14). Tryptophan is a known precursor of serotonin. Therefore, supplementation with some bacteria could possibly have antidepressant effects. Recently, a triple-blind, randomized, placebo-controlled clinical trial was carried out to test the effect of 4-week multispecies probiotics on cognitive reactivity to sad mood (15). Participants who received multispecies probiotics showed a significantly decreased cognitive reactivity to sad mood compared to the placebo control group that was largely attributed to dropping of rumination and aggressive thoughts. Likewise, probiotics have been reported to have an active influence on anxiety. In a rat model of anxiety, the use of *Lactobacillus helveticus* R0052 and *B.longum* R007 resulted in conclusive anti-anxiety effects compared with placebo (16).

Functional magnetic imaging was used to objectively ascertain changes in brain function that were induced by gut probiotics. After 4 weeks of food containing probiotics, activity in certain brain regions, including the primary interoceptive and somatosensory cortices, was decreased (17) and was associated with resting-state changes. The underlying mechanism might be related to an upregulation of the monoaminergic system through vagal afferent nerve activity induced by probiotics and their metabolites.

Gut Microbiota and Migraine Headache

Evidence has demonstrated that gut microbiota play a key role in the brain–gut axis, and disturbances of intestinal flora may be associated with neurological disorders, including migraine headache. Patients with migraine headache more frequently suffer from gastrointestinal diseases than healthy controls, and patients with gastrointestinal disease more often have migraines headache when compared to normal controls. This association between migraine headache and gastrointestinal disorders may be explained by increased intestinal permeability and inflammatory responses (18,19). Undigested food particles and bacterial metabolites can enter the bloodstream as a result of increased intestinal permeability, and these bacterial endotoxins, such as lipopolysaccharides, may act on the trigeminovascular system to consequently trigger migraine-like attacks (20). Inflammation is hypothesized to be associated with migraine headache pathophysiology, and elevated plasma levels of proinflammatory cytokines, such as tumor necrosis factor- α , have been investigated in patients with migraine headache. Thus, a significant relationship has been found between migraine headache and various inflammatory diseases, including gastrointestinal disorders, obesity, allergies, and asthma.

Evidence from a clinical trial among patients with migraine headache who also had irritable bowel syndrome reported on the estimated influence of a dietary intervention lasting 6 weeks, with significant improvement in migraine headache attack counts, duration, and maximum severity. Therefore, it is plausible that reduction of intestinal permeability is conducive to alleviation of migraine headache in certain patients in whom increased intestinal permeability plays a role in disease pathogenesis (21).

Effects of Probiotics Supplement on Migraine Headache

Probiotics are living microorganisms that are beneficial for the health of the host, and certain probiotics, mainly strains *Lactobacilli* and *Bifidobacteria*, can enhance the integrity of the intestinal epithelial barrier. These probiotics have proven therapeutic efficacy in gastrointestinal disorders, such as antibiotic-related diarrhea, prevention of necrotizing enterocolitis, and inflammatory bowel disease (22). One of the underlying mechanisms of probiotic supplements in the treatment and prevention of gut-related diseases is strengthening of the intestinal barrier function through several

mechanisms. Results from a randomized controlled trial conducted in healthy volunteers have suggested that probiotics could improve the gut epithelial barrier via modulation of the expression of tight junction proteins in the gut epithelial layer (23).

As probiotics have been able to repair increased intestinal permeability and maintain the gut barrier function, these microorganisms may relieve migraine headache through improved gut epithelial permeability in patients. In a clinical study, 40 patients with migraine headache received several nutrients including vitamins, minerals, micronutrients, herbs, and probiotics for 3 months (24). At the beginning of this trial, participants had a mean quality of life score of 38 via the Medical Outcomes Trust Migraine Specific Quality of Life Questionnaire. After 3 months of effective treatment, the mean quality of life score of these patients with migraine headache significantly increased to 76, and 60% experienced near-total alleviation of migraine headache attacks, with quality of life scores ranging between 80 and 100. In a new open-label pilot study in migraine headache volunteers, participants received 2 g of multispecies probiotic products daily for 12 weeks (25). The probiotic products contained the effective and beneficial bacterial strains: *Bifidobacterium bifidum* W23, *Bifidobacterium lactis* W52, *Lactobacillus acidophilus* W37, *Lactobacillus brevis* W63, *Lactobacillus casei* W56, *Lactobacillus salivarius* W24, *Lactococcus lactis* W19, and *Lactococcus lactis* W58. This was the first study to use probiotic products to treat patients with migraine headache. At baseline and after 12 weeks of probiotic treatment, participants completed 2 headache questionnaires, The Migraine Disability Assessment Scale (MIDAS) and the Henry Ford Hospital Headache Disability Inventory (HDI), to assess the intensity of the migraine attack. The study proved that 67% of participants showed a decrease in the number of migraine days, compared to 15% who showed an increase. Antihypertensive and antiepileptic drugs are known to prevent migraine and decrease migraine days with 21% to 62% efficacy. In this study, migraine days decreased to 23%. Moreover, the biggest advantage of probiotics is that they have almost no severe side effects. Relatively mild side effects of probiotic ingestion in this study were constipation, nausea, bloating, and diarrhea, all of which subsided within 3 weeks of starting the intervention. Thus far, no randomized controlled clinical trials have been published where migraine headache patients were treated with probiotic products (Table 1).

Table 1. *The involved mechanisms of migraine action intervened by probiotics in the published studies.*

Authors (reference)	Study Design	Intervention	Main results	The Involved Mechanisms
Tillisch K et al (17)	A single center, randomized, controlled, parallel-arm design	Healthy women were randomly assigned to 3 groups respectively given a fermented milk product with probiotic (FMPP), a nonfermented milk product, or no intervention for 4 weeks. The FMPP included <i>Bifidobacterium animalis</i> subsp <i>Lactis</i> , <i>Streptococcus thermophiles</i> , <i>Lactobacillus bulgaricus</i> , and <i>Lactococcus lactis</i> subsp <i>Lactis</i> .	FMPP intake was associated with reduction in activity in brain functional network containing the primary viscerosensory and somatosensory cortices, parahippocampal gyrus, and the periaqueductal gray. Connectivity alterations within the periaqueductal gray centered resting-state network which contained interoceptive, affective and prefrontal regions were noted with FMPP ingestion.	This study speculated that these changes may be related to altered vagal afferent signaling to the nucleus tractus solitaries and connected brain regions via the periaqueductal gray, or metabolic modulation induced by FMPP intake.
Sensenig J et al (24)	An open label design	Forty migraine patients were instructed to take 2 nutritional formulations for 90 days. One nutritional combination contained bioactive peptides, amino acids, 4 probiotics (<i>Lactobacillus acidophilus</i> , <i>L. bulgaricus</i> , <i>Enterococcus faecium</i> , and <i>Bifidobacterium bifidum</i>), and chlorophyll. The other formulation was a blend of 21 different ingredients which included vitamins, minerals, micronutrients, glandular, and herbs.	Eighty percent of the migraine participants experienced almost total relief from migraine attacks, which also significantly improved the quality of life during the 90 days of the study.	This study supports the theory of migraine in part stems from underlying intestinal dysbiosis and dysfunction of normal body absorption and assimilation of nutrition. However, it remains unknown if this sustained improvement was due to placebo effects, probiotics, or due to the other nutrients.
de Roos NM et al (25)	An open-label pilot study	Twenty nine migraine patients took the multispecies probiotic food supplements (bacterial strains: <i>Bifidobacterium bifidum</i> W23, <i>Bifidobacterium lactis</i> W52, <i>Lactobacillus acidophilus</i> W37, <i>Lactobacillus brevis</i> W63, <i>Lactobacillus casei</i> W56, <i>Lactobacillus salivarius</i> W24, <i>Lactococcus lactis</i> W19 and <i>Lactococcus lactis</i> W58) for 12 weeks.	Both the number of days and intensity of migraine decreased significantly compared to baseline data. Migraine associated disability also significantly improved through Migraine Disability Assessment Scale score. Relevant adverse reactions did not occur and compliance was high.	This study supported the leaky gut hypothesis. The theory means the increased intestinal permeability can allow leakage of undigested food particles and bacterial components like lipopolysaccharides into the bloodstream. These endotoxins can trigger a response provoking migraine. Consequently, probiotics may reduce migraine by diminishing gastrointestinal permeability supporting a positive role in migraine management.

CONCLUSIONS

Similar to migraine headache, disorders of the brain involving depression and anxiety have been demonstrated to be associated with increased gut permeability. An improvement in gut microbiota and reduction of inflammation can have positive effects on strengthening gut and brain function. Moreover, it can

be inferred that probiotics may have a beneficial effect on the frequency and severity of migraine headache attacks. Large-scale randomized placebo-controlled studies are warranted in the future to evaluate the clinical efficacy and safety of probiotics in patients with migraine headache.

REFERENCES

1. Stovner L, Hagen K, Jensen R, Katsarava Z, Lipton R, Scher A, Steiner T, Zwart JA. The global burden of headache: A documentation of headache prevalence and disability worldwide. *Cephalalgia* 2007; 27:193-210.
2. van Hemert S, Breedveld AC, Rovers JM, Vermeiden JP, Witteman BJ, Smits MG, de Roos NM. Migraine associated with gastrointestinal disorders: Review of the literature and clinical implications. *Front Neurol* 2014; 5:241.
3. Gelfand AA, Thomas KC, Goadsby PJ. Before the headache: Infant colic as an early life expression of migraine. *Neurology* 2012; 79:1392-1396.
4. Romanello S, Spiri D, Marcuzzi E, Zanin A, Boizeau P, Riviere S, Vizeneuve A, Moretti R, Carbajal R, Mercier JC, Wood C, Zuccotti GV, Cricchiutti G, Alberti C, Titomanlio L. Association between childhood migraine and history of infantile colic. *JAMA* 2013; 309:1607-1612.
5. Dimitrova AK, Ungaro RC, Lebowitz B, Lewis SK, Tennyson CA, Green MW, Babyatsky MW, Green PH. Prevalence of migraine in patients with celiac disease and inflammatory bowel disease. *Headache* 2013; 53:344-355.
6. Alehan F, Ozcay F, Erol I, Canan O, Cemil T. Increased risk for coeliac disease in paediatric patients with migraine. *Cephalalgia* 2008; 28:945-949.
7. Bermon S, Petriz B, Kajeniene A, Prestes J, Castell L, Franco OL. The microbiota: An exercise immunology perspective. *Exerc Immunol Rev* 2015; 21:70-79.
8. Diaz Hejitz R, Wang S, Anuar F, Qian Y, Bjorkholm B, Samuelsson A, Hibberd ML, Forssberg H, Pettersson S. Normal gut microbiota modulates brain development and behavior. *Proc Natl Acad Sci U S A* 2011; 108:3047-3052.
9. Foster JA, Lyte M, Meyer E, Cryan JF. Gut Microbiota and brain function: An evolving field in neuroscience. *Int J Neuropsychopharmacol* 2016; 19:1-7.
10. Fernandez-Real JM, Serino M, Blasco G, Puig J, Daunis-i-Estadella J, Ricart W, Burcelin R, Fernandez-Aranda F, Portero-Otin M. Gut microbiota interacts with brain microstructure and function. *J Clin Endocrinol Metab* 2015; 100:4505-4513.
11. Tremaroli V, Backhed F. Functional interactions between the gut microbiota and host metabolism. *Nature* 2012; 489:242-249.
12. Reigstad CS, Salmonson CE, Rainey JF, 3rd, Szurszewski JH, Linden DR, Sonnenburg JL, Farrugia G, Kashyap PC. Gut microbes promote colonic serotonin production through an effect of short-chain fatty acids on enterochromaffin cells. *FASEB J* 2015; 29:1395-1403.
13. Grover M, Kashyap PC. Germ-free mice as a model to study effect of gut microbiota on host physiology. *Neurogastroenterol Motil* 2014; 26:745-748.
14. Desbonnet L, Garrett L, Clarke G, Bienenstock J, Dinan TG. The probiotic *Bifidobacteria infantis*: An assessment of potential antidepressant properties in the rat. *J Psychiatr Res* 2008; 43:164-174.
15. Steenbergen L, Sellaro R, van Hemert S, Bosch JA, Colzato LS. A randomized controlled trial to test the effect of multi-species probiotics on cognitive reactivity to sad mood. *Brain Behav Immun* 2015; 48:258-264.
16. Messaoudi M, Lalonde R, Violle N, Javelot H, Desor D, Nejd A, Bisson JF, Rougeot C, Pichelin M, Cazaubiel M, Cazaubiel JM. Assessment of psychotropic-like properties of a probiotic formulation (*Lactobacillus helveticus* R0052 and *Bifidobacterium longum* R0175) in rats and human subjects. *Br J Nutr* 2011; 105:755-764.
17. Tillisch K, Labus J, Kilpatrick L, Jiang Z, Stains J, Ebrat B, Guyonnet D, Legrain-Raspaud S, Trotin B, Naliboff B, Mayer EA. Consumption of fermented milk product with probiotic modulates brain activity. *Gastroenterology* 2013; 144:1394-1401, 1401 e1391-e1394.
18. Salim SY, Soderholm JD. Importance of disrupted intestinal barrier in inflammatory bowel diseases. *Inflamm Bowel Dis* 2011; 17:362-381.
19. Finkel AG, Yerry JA, Mann JD. Dietary considerations in migraine management: Does a consistent diet improve migraine? *Curr Pain Headache Rep* 2013; 17:373.
20. Mennigen R, Bruewer M. Effect of probiotics on intestinal barrier function. *Ann N Y Acad Sci* 2009; 1165:183-189.
21. Aydinlar EI, Dikmen PY, Tiftikci A, Saruc M, Aksu M, Gunsoy HG, Tozun N. IgG-based elimination diet in migraine plus irritable bowel syndrome. *Headache* 2013; 53:514-525.
22. Hempel S, Newberry SJ, Maher AR, Wang Z, Miles JN, Shanman R, Johnsen B, Shekelle PG. Probiotics for the prevention and treatment of antibiotic-associated diarrhea: A systematic review and meta-analysis. *JAMA* 2012; 307:1959-1969.
23. Karczewski J, Troost FJ, Konings I, Dekker J, Kleerebezem M, Brummer RJ, Wells JM. Regulation of human epithelial tight junction proteins by *Lactobacillus plantarum* in vivo and protective effects on the epithelial barrier. *Am J Physiol Gastrointest Liver Physiol* 2010; 298:G851-G859.
24. Sensenig J, Johnson M, Staverosky T. Treatment of migraine with targeted nutrition focused on improved assimilation and elimination. *Altern Med Rev* 2001; 6:488-494.
25. de Roos NM, Giezenaar CG, Rovers JM, Witteman BJ, Smits MG, van Hemert S. The effects of the multispecies probiotic mixture Ecologic®Barrier on migraine: Results of an open-label pilot study. *Benef Microbes* 2015; 6:641-646.

