

Types of Gastrointestinal Hormones and its Role in Regulation of Digestion and Metabolic Process

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DESCRIPTION

The digestive system, also known as the "gut," is a sophisticated network of organs in charge of the body's other essential processes, including nutrition absorption and digesting. At the heart of this intricate system are gastrointestinal hormones, biochemical messengers that play a pivotal role in regulating digestion, hunger, satiety, and numerous physiological processes [1].

Function and importance

Gastrointestinal hormones are secreted by specialized cells located throughout the digestive tract, primarily in the stomach, small intestine, and pancreas. These hormones serve as communication signals between different parts of the gastrointestinal system and the rest of the body, ensuring that digestion is a coordinated and controlled process [2].

Key gastrointestinal hormones

Several important gastrointestinal hormones contribute to the regulation of digestion and metabolic processes:

Gastrin: Produced by the stomach lining, gastrin stimulates the secretion of gastric acid, which aids in breaking down food and killing potential pathogens. It also plays a role in regulating the emptying of the stomach [3].

Secretin: Released by the small intestine, secretin stimulates the pancreas to produce bicarbonate-rich pancreatic juice. This alkaline fluid helps neutralize the acidic chyme (partially digested food) as it enters the small intestine [4,5].

Chole-Cysto-Kinin (CCK): Produced in the small intestine, CCK is released in response to the presence of fats and proteins in the duodenum. It triggers the release of digestive enzymes from the pancreas and the contraction of the gallbladder to release bile for fat digestion [6].

Ghrelin: Known as the "hunger hormone," ghrelin is produced in the stomach and signals the brain when it's time to eat. Its levels rise before meals and decrease after eating [7].

Peptide YY (PYY): Released by the small intestine, PYY is involved in feelings of fullness and satiety. Its levels increase after eating and contribute to the cessation of hunger [8].

Glucagon-Like peptide-1 (GLP-1) and Glucose-dependent Insulin-tropic peptide (GIP): Both are incretion hormones produced by the small intestine in response to nutrient intake. They stimulate the pancreas to release insulin in response to rising blood sugar levels [9].

Digestive regulation

Gastrointestinal hormones not only regulate digestion but also exert influence beyond the gut. For instance, the hormone ghrelin, in addition to its role in hunger, can affect metabolism and energy expenditure. The incretion hormones GLP-1 and GIP not only stimulate insulin release but also contribute to glucose homeostasis. Moreover, gastrointestinal hormones are being explored for their potential therapeutic applications. GLP-1 receptor agonists, for example, are used in the treatment of type 2 diabetes due to their ability to enhance insulin secretion and improve blood sugar control. These hormones' broader impact on metabolic health suggests a potential avenue for addressing various metabolic disorders [10].

Dysregulation and health implications

Imbalances in gastrointestinal hormones can lead to various health issues. For instance, overproduction of gastrin can contribute to excessive gastric acid secretion and the development of conditions like peptic ulcers. Deregulated ghrelin levels are associated with appetite disorders and obesity.

Furthermore, gastrointestinal hormones have implications beyond digestion. Emerging research suggests their involvement in gut-brain communication, influencing mood, cognitive function, and even conditions like Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD).

CONCLUSION

Gastrointestinal hormones are essential players in the orchestration of digestion, nutrient absorption, and overall

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Received: 24-Oct-2023, Manuscript No. JHGD-23-26468; **Editor assigned:** 26-Oct-2023, PreQC No. JHGD-23-26468 (PQ); **Reviewed:** 09-Nov-2023, QC No. JHGD-23-26468; **Revised:** 17-Nov-2023, Manuscript No. JHGD-23-26468 (R); **Published:** 24-Nov-2023, DOI: 10.35248/2475-3181.23.9.273

Citation: Danilo A (2023) Types of Gastrointestinal Hormones and its Role in Regulation of Digestion and Metabolic Process. J Hepatol Gastroint Dis. 9:273.

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metabolic health. Their intricate signaling network ensures that the processes within the gastrointestinal system are finely tuned and coordinated. From triggering the release of digestive enzymes to influencing hunger and satiety, these hormones are vital for maintaining a healthy digestive system and contributing to broader physiological functions. As our understanding of these hormones continues to evolve, we gain insights into potential therapeutic strategies for a range of metabolic and digestive disorders, offering new avenues for improving health and well-being.

REFERENCES

1. Shan S, Cui F, Jia J. How to control highly endemic hepatitis B in Asia. *Liver Int.* 2018;38(1):122–125.
2. Yoshimitsu M, Sawada T, Kobayashi T, Yamagishi M. Dabigatran-induced exfoliative esophagitis. *Intern Med.* 2016;55(13):1815.
3. Toya Y, Nakamura S, Tomita K, Matsuda N, Abe K, Abiko Y, et al. Dabigatran-induced esophagitis: The prevalence and endoscopic characteristics. *J Gastroenterol Hepatol.* 2016;31(3):610–614.
4. Kitagawa Y, Ishihara R, Ishikawa H, Ito Y, Oyama T, Oyama T, et al. Esophageal cancer practice guidelines 2022 edited by the Japan Esophageal Society: Part 1. *Esophagus.* 2023;20(3):343–372.
5. Giugliano RP, Ruff CT, Braunwald E, Murphy SA, Wiviott SD, Halperin JL, et al. Edoxaban *versus* warfarin in patients with atrial fibrillation. *N Engl J Med.* 2013;369(22):2093–2104.
6. Zografos GN, Georgiadou D, Thomas D, Kaltsas G, Digalakis M. Drug-induced esophagitis. *Dis Esophagus.* 2009;22(8):633–637.
7. Razavi-Shearer D, Gamkrelidze I, Nguyen MH, Chen DS, van Damme P, Abbas Z, et al. Global prevalence, treatment, and prevention of hepatitis B virus infection in 2016: A modeling study. *Lancet Gastroenterol Hepatol.* 2018;3(6):383–403.
8. Qin Q, Smith MK, Wang L, Su Y, Wang L, Guo W, et al. Hepatitis C virus infection in China: An emerging public health issue. *J Viral Hepat.* 2015;22(3):238–244.
9. Reiffel JA. Atrial fibrillation and stroke: Epidemiology. *Am J Med.* 2014;127(4):e15–e26.
10. Nibu KI, Hayashi R, Asakage T, Ojiri H, Kimata Y, Kodaira T, et al. Japanese clinical practice guideline for head and neck cancer. *Auris Nasus Larynx.* 2017;44(4):375–380.