

Emerging approaches for the treatment of Alzheimer disease: Targeting NF- κ B pathway

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Abstract

Alzheimer's disease (AD) is the most predominant neurodegenerative disorder and form of dementia around the globe. Despite its prevalence, only a few drugs approved for AD and all concerned with the symptoms rather than the underlying cause of the disorder. Classic neuropathological disease hallmarks (β -amyloid & NFT) and sporadic AD risk genes APOE that activate NF- κ B, yet may incite pathology. NF- κ B inhibition is a current strategy to counter neuroinflammation and neurodegeneration in the brain of individuals with AD, and numbers of NF- κ B modulators are being examined in clinical trials. Modification of the NF- κ B system focuses mainly on preventing oxidative stress with the pathway to cell death and managing the levels of neurotransmitters. This review summarizes several shreds of evidence indicating the upregulation of NF- κ B in AD and illustrates its function in current efforts for a therapeutic approach. The goal of innovative research strategies is to modulate NF- κ B, providing an alternate treatment that may help individuals with AD and generate hope for potential clinical advancements in AD.

Keywords:

Alzheimer's disease, β -amyloid, neurofibrillary tangles, oxidative stress, neurodegeneration, neuroinflammation, neurotransmitters, NF- κ B, p50/p65, canonical pathway

Abbreviations:

AD- Alzheimer disease; NFTs- Neurofibrillary tangles; APP- Amyloid- β protein precursor; ERK- Extracellular Signal-Regulated Kinase; JNK- c-Jun N-terminal kinase; PI3K- Phosphatidylinositol 3-kinase; Akt- Protein Kinase B; MAPK- mitogen-activated protein kinase; NF- κ B- Nuclear factor kappa B; JAK/STAT- Janus kinase/signal transducers and activators of transcription; NBM- Nucleus basalis of Meynert; ATP- Adenosine triphosphate; ETC- Electron transfer chain; ROS- Reactive oxygen species; RNS- Reactive nitrogen species; HNE- 4-hydroxyl-2-nonenal; LTP- Long-term potentiation; NMDA- N-methyl-D-aspartate; AMPA- γ -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid; MHC- major histocompatibility complex; TLR- Toll-like receptor; TNF- α - Tumor necrosis factor- α IFN- γ - Interferon- γ APCs- Antigen-presenting cells; mTOR- Mechanistic target rapamycin; BBB - blood-brain barrier; IR- Insulin receptor; IRS- Insulin receptor substrates; IGF-1- Insulin-like growth factor-1; RHD- Rel Homology Domain; RHR- Rel Homology Region; DRG- Dorsal root ganglion; NLS- Nuclear localization sequence; NES- Nuclear export sequence; NADPH- Nicotinamide adenine dinucleotide phosphate; ALS- Amyotrophic lateral sclerosis; HD- Huntington's disease; PD- Parkinson's disease; MS- Multiple sclerosis; VCAM- Vascular cell adhesion molecule; ICAM- Intercellular adhesion molecule; ELAM- Endothelial-leukocyte adhesion molecule; MMPs- matrix metalloproteinases; PSA- Prostate-specific antigen; VEGF- Vascular endothelial growth factor; STAT- Signal transducer and activator of transcription; nAChRs- nicotinic acetylcholine receptors; mAChRs- metabotropic muscarinic acetylcholine receptors; VTA- Ventral tegmental area; THp- Tyrosine hydroxylase-positive; LC- Locus Coeruleus; ssDNA- Single stranded DNA; BACE1- β -secretase β -site APP-cleaving enzyme 1; Aph1-

anterior pharynx defective-1; NGF- Nerve growth factor; GDNF- Glial cell line-derived neurotrophic factor; AGE- Advanced glycation endproducts; RAGE- Receptor for advanced glycation endproducts; GLAP- Glyceraldehyde related pyridinium; GSK- Glycogen synthase kinase

Introduction

Alzheimer's disease (AD) is recognized as a peculiar neurological disease associated with the degeneration of neurons, mainly characterized by dementia. This neurodegenerative disease typically begins with the loss of memory (amnesia), language impairment (aphasia), loss of muscle control and balance (ataxia), poor judgments, visual complaints, and impairment in other cognitive skills affecting everyday activities accompanied by agitation and hallucinations. Sporadically, there is an increase in muscle tone along with incontinence and mutism (Bird, 2018). AD is an age-related neurological condition that mainly affects to elderly worldwide. In 2017, the official death records have reported 121,404 deaths, making AD the 6th - largest cause of death in the United States (US) and 5th-largest cause of death within Americans over age 65. Deaths from cardiovascular disease and prostate cancer declined between 2000 and 2017, while deaths from AD are jumped by 145 %. During 2018, individuals with AD or other dementias implement an additional 18.5 billion hours of treatment from over 16 million family members and other unpaid relatives. This treatment is estimated at nearly \$234 billion, but its expense leads to the increased risk of emotional distress to family members and negative outcomes of physical and mental health. Average medicare premiums per beneficiary for Alzheimer's and some other dementias services over 65 years are often more than three times higher than compensation to beneficiaries without such diseases.

Net 2019 expenses on hospitals, lengthy-term care, and nursing home programs for people 65 years with dementia is forecast to be \$290 billion (Alzheimer's Association, 2019). The underlying cause of AD pathogenesis is still poorly understood due to this reason there is no specific therapies are available that can completely stop or counteract its development. (Pimplikar et al., 2014). Early intervention of AD may be an essential key to avoid, delay, and cure the disease, but neurological changes occur before the symptoms appear as memory impairment, the decline in thinking capability (Gaugler *et al.* , 2016). During AD, neuronal damage and destruction eventually affect various parts of the brain like the hippocampus, entorhinal cortex, cingulate gyrus, amygdala, thalamus, motor cortex, sensory cortex, etc which are believed to be the major regions for memory as well as swallowing, and walking. Available evidence had reported that the vulnerable brain regions of an individual having AD contain insoluble amyloid β ($A\beta$) peptide deposited extracellularly in a grey matter as neuritic or senile plaques. Similarly, hyperphosphorylated tau (p-tau) protein accumulated intracellularly as NFT causes the destruction of cholinergic neurons through oxidative stress, excitotoxicity, and neuroinflammation (Reitz and Mayeux, 2014a). Individuals suffering from the end stage of AD are bed-bound and need complete clock-time treatment. Numerous novel clinical strategies to address AD explicitly arise and make this condition render. It is well known that the upregulation of the p65 subunit of NF- κ B mediates neuroinflammation and apoptosis of neuronal cells via the canonical pathway which is responsible for the progression of AD (Srinivasan and Lahiri, 2015a).

Etiopathological factors

The etiology of AD is diverse because various putative factors endure the progression of AD which includes genetic factors, aging, environmental pollutants, toxic metals, and various other disease states like hypertension, head trauma, diabetes mellitus, cardiovascular disease (Reitz and Mayeux, 2014). Some other factors such as body weight; plasma lipid levels (Michikawa, 2003) also may constitute a prevalent risk factor for cognitive health in previous studies. These factors are responsible for the AD via different mechanisms. Some of the symptoms which develop in AD are getting lost in familiar places, difficulty in concentrating and thinking, problem in multitasking, decline in the ability to make reasonable decisions, and judgments (Shetty and Bates, 2015), struggling in once-routine activities like cooking, etc. Additionally, there are some changes in personality and behavior like apathy, depression, distrust in others, aggressiveness, mood swings, social withdrawal, irritability, wandering, changes in sleeping habits, and delusions (Lyketsos et al., 2011). (Figure 1)

Pathophysiology of Alzheimer's disease

Evidence reported that the excessive pairing of A β 40 and A β 42 peptides in the hippocampus produces neuronal toxicity and affect synaptic plasticity (Amakiri et al., 2019). Furthermore, AD is also exacerbated by mutations in genes like APP, Presenilin-1 (PS1), and Presenilin-2 (PS2), APOE 4 which enhance A β 1-42 formation and accumulation (Wolfe, 2018). Similarly, some environmental toxins and physical factors such as environmental toxins such as pesticides, chemicals, and insecticides, alcohol consumption, obesity, smoking, viral infection with viruses (HHV-6a and HHV-7), and diet are associated with increased risk of AD (Reitz and Mayeux, 2014). Several lines of concrete evidence indicate the participation of aluminum along with other metals in AD etiopathogenesis (Exley et al., 2017). Numerous molecular mechanisms like ERK, PI3K, JNK, MAPK, Akt, Wnt signaling pathway, NF- κ B, JAK/STAT, and increased expression of activated glial cells is typically seen in postmortem AD reports (Srinivasan and Lahiri, 2015). Increased production of IL-1 β , IL-6 along with TNF- α in serum and cerebrospinal fluid of AD patients has been recorded, which is due to the upregulation of the canonical NF- κ B expression (Wang et al., 2015).

On the other hand, five fundamental factors can be derived from a comprehensive framework that captures all recognized risk factors: cholinergic dysfunction, mitochondrial dysfunction (MtD), oxidative stress (OS), glial cell activation, and insulin desensitization. Each factor has a distinct and direct interacting impact on AD, etiopathogenetic, genetics, and serves as the secondary pathogenic mechanism for other known risk factors. Acetylcholine (Ach), a key neurotransmitter in the brain, has function across the cortex, basal ganglia, and forebrain. Cholinergic neuron number is high in the thalamus, neocortex, limbic system, and striatum, suggesting the cholinergic activity is an essential for memory, thought, learning, and other more essential cognitive functions. The primary cause of dysfunction and extinction of cholinergic neurons in the forebrain is suspected to be neurofibrillary degeneration in the basal forebrain, grant a generalized pre-synaptic cholinergic impairment (Hampel et al., 2020). NBM is the source of cortical cholinergic innervations in the basal forebrain and undergoes severe neurodegeneration in the AD. NFTs in the NBM is likely to cause the loss of the cortical cholinergic innervations. Cholinergic deficiency then adds to the cognitive decline, which eventually results in neuronal death (Hampel et al., 2020).

In addition, the impairment of mitochondrial energy metabolism, abnormal mitochondrial morphology, decreased mitochondrial membrane potential ($\Delta\psi_m$) and reduced levels of ATP are strongly linked to AD (Calkins et al., 2011). In fact, enzymatic processes associated with AD pathogenesis are affected by the mitochondrial Electron transport chain (ETC). In the transgenic mouse model of AD, a reduction in complex I function is reported (Derungs et al., 2017). It has been shown that A β 42 decreases complex III activity in SY5Y cells without affecting complex I and II activities (Kwon et al., 2015). A decrease in plaque-associated complex IV staining has recently been observed in a mouse model of AD (Xie et al., 2013). In line with this finding, brain mitochondria isolated from Thy-1 A β PPSL mice display decreased complex levels of IV, possibly $\Delta\psi_m$, and ATP along with increased intracellular A β accumulation (Pohland et al., 2018). Furthermore, reactive oxygen species (ROS) are examples of senescent or weakened mitochondria.

Accumulation of A β and hyperphosphorylated tau induces oxidative stress, although ROS has often been proven to promote tau hyperphosphorylation (Maryam, Naini, and Soussi-yanicostas, 2015). Oxidative stress caused by free radicals leads to lipid peroxidation resulted in the production of major end products HNE, malondialdehyde, and acrolein trigger neurotoxicity (Pamplona, 2008). HNE interacts through proteins that form sustainable covalent adducts to residues of lysine, histidine, and cysteine, thus generating carbonyl action on proteins, resulting in oxidative damage, namely protein oxidation. All these protein carbonyls are most common in the frontal, occipital, hippocampus, temporal, and lower parietal lobes (Gonos et al., 2018). RNS-like peroxynitrite makes protein tyrosine (3-nitrotyrosine and di tyrosine) nitrate. Extended measurements of such proteins may be observed in the hippocampal and cortical regions. Higher protein amounts of 3-nitrotyrosine and protein carbonyl change, antioxidant enzymes, such as glutathione peroxidase, glutathione reductase, and catalase (Peroxidation and Involving, 2002). ROS overproduction damages proteins, lipids, and nucleic acids, contributing to the development of progressive AD-related neurodegeneration.

Excitatory action of glutamate is primarily found in prefrontal and hippocampal division implicated in

neuronal functions such as memory and learning, and also has lower micromolar amounts under ideal circumstances, yet its concentration raises from μM to mM during synaptic transmission due to its ability to have synaptic plasticity, i.e. LTP (Danysz and Parsons, 2012). Glutamate receptors are metabotropic and ionotropic types structurally and functionally. The ionotropic receptors further classified into NMDA, AMPA, and kainite. NMDA receptors i.e. NMDARs, are essentially necessary for activation of LTP. The synthesis of glutamate is severely impaired by ROS-caused pathological modifications and

the lipid peroxidation end product HNE in the amino acid transporter 2 (EAAT2), that is localized in the cell membrane of perisynaptic astrocytes and plays a crucial role in removing unnecessary glutamate from the extracellular fluid, thus reducing activation of NMDAR. LTP inhibition induces a fast and sustained glutamate release in the synaptic cleft, and this excess glutamate can allow the NMDARs to overactive (Zhou and Sheng, 2013). In AD, NMDARs are overactivated which then results in more influxes of Ca^{2+} ions, and there has been an overloading of Ca^{2+} , which eventually triggers excitotoxicity.

Neuroinflammation is a specific or unspecific immunological reaction induced by microglial activation. Therefore, adequate modulation of the activated microglial cells is essential for neuroinflammation inhibition. Microglial cells are the CNS endogenous macrophages and are thus responsible to track and respond to damage and attack well into the developing brain, serving as the natural defense system of the brain (Dani et al., 2018). Activated microglia expresses various kinds of cell surface proteins, comprising scavenger receptors, Fc receptors, chemokine and cytokine receptors, and MHC molecules, and has a broad range of TLR group, pattern recognition receptors that recognize microbial intruders (Doens and Fernández, 2014). Upon activation, TLRs triggers a signal sequence including the primary myeloid differentiation reaction 88 and also the induction of transcription factors such as $\text{NF-}\kappa\text{B}$ and the protein Activator-1. Microglia can induce a pro-inflammatory cascade after activation, which results in the production of molecules like cytokines, which are complementary considerations (Nardo, 2015). Microglia expresses cytokines [tumor necrosis factor- α ($\text{TNF-}\alpha$), interleukin (IL)- 1β , IL-1, IL-6, IL-10, IL-12, IL-16, IL-23]; chemokines [CC(CCL2/MCP-1, CCL3/MIP- 1β , CL4/MIP-1, CCL5/RANTES); CXC (CXCL8/IL8, CXCL9/MIG, CXCL10/IP-10, CXCL12/SDF- 1α); CX3C (CX3CL1/fractalkine)]; metalloproteinase matrix (MMP-2, MMP-3, MMP-9); and eicosanoid (leukotriene C4, prostaglandin D2, complement factors C1, C3, and C4 and cathepsins B and L) that also cause astrocyte chemotaxis across NFT. Astrocytes allow $\text{IFN-}\gamma$ activation, which stimulates the release of class I or II MHC molecules; microglia express antigens in CD8^{+} cells, whereas astrocytes reveal them in CD4^{+} cells. Microglia has a greater performance as APCs when triggered with $\text{IFN-}\gamma$ previously. Astrocytes are however known as pseudo-professional APCs (Cabezas, Batista, and Rol, 2014).

Insulin is known to play several roles at the molecular levels within CNS, including controlling neuronal viability and cognition (Tumminia et al., 2018). Changes in levels of peripheral insulin may cause changes in insulin signaling for CNS and may correspond to cognitive dysfunction and pathogenesis. CNS insulin regulation deficiency is due to decreased neural levels of insulin, e.g. reduced peripheral development or impaired insulin ability to penetrate the BBB, or decreased CNS IR reaction (e.g. IR desensitization caused by enhanced insulin levels). IRs are distributed differently in different regions of the brain, such as the hippocampus, amygdala, and cerebral cortex (Griffith et al., 2018). Under physiologic circumstances whenever insulin adheres to the IR, a cascade governs key downstream serine/threonine kinases including AKT/PKB, mTOR, and ERK which gradually phosphorylate serine/threonine residues of IRS then inhibit insulin signals in a negative feedback mechanism. Declining insulin gene expression and protein levels, IGF-1 receptors, and several other downstream agents contribute to a decreased synthesis of acetylcholine including cognitive function in LOAD brains (Folch et al., 2018). IR stimulation results in the amplification of signaling pathways by phosphorylated IRS proteins including PI3K and ERK (Saltiel, 2001). PI3K -Akt cascade activation enhances neural development and viability (Rodgers and Theibert, 2002), and Akt inactivates GSK- 3β , which in turn prevents phosphorylation of tau (Zhao et al., 2004). Various studies indicate insulin-regulated tau phosphorylation and a higher rate of development of NFTs (Schubert et al., 2003). Insulin and IGF-1 control tau phosphorylation by inhibiting GSK- 3β via the signaling channel of PI3K-protein kinase B (PI3K-PKB) (Ma et al., 2009). In the hippocampus, insulin resistance can induce a neuroplasticity defect

which includes spatial learning and memory deficits. When discussed, various pathways are implicated in AD's pathophysiology, from which the pathway that is our main concern is NF- κ B as its upregulation is highly responsible for AD's trigger. (Figure 2)

NF- κ B Pathway

NF κ B is a transcription factor which was identified in 1986 as a nuclear factor that binds the enhancer part the kappa immunoglobulin light-chain of activated B cells (Flood et al., 2011; Wuertz et al., 2012). NF- κ B is not a single gene, but a family of closely related transcription factors in eukaryotes that includes five genes which are NF- κ B 1, NF- κ B 2, Rel A, C-Rel & Rel B. NF- κ B proteins are further divided into two types; out of which one contains Rel A, C-Rel, Rel B which are synthesized in their mature form and contain a transactivation domain which interacts with the transcriptional apparatus and the other type contains NF- κ B 1- p105/p50 and NF- κ B 2- p100/p52 and these are synthesized in a precursor form (Dolcet et al., 2005). Each gene provides a sequence of ankyrin copies that sequester NF- κ B throughout the cytosol via concealing its NLS or even by obscuring its DNA-binding domain (R. H. Shih, Wang, and Yang, 2015). Furthermore, seven proteins are raised by these five genes that share an RHD in their sequence. The RHD mediates their dimerization, interaction with their specific inhibitors, and DNA binding (Karin and Ben-neriah, 2000). NF- κ B was postulated as a crucial transcription factor for the development of B cells and some other cells for their functioning and development which includes T-cells thymocytes, macrophages dendritic cells, and fibroblasts. NF- κ B is related to increased transcription of almost 500 different genes, including all those codings for adhesion molecules, chemokines (IL-8), and cytokines (IL-1, IL-2, TNF-a, and IL-12). These would be the key components of the innate immune response to penetrating microorganisms and are also essential to transfer inflammatory and phagocytic cells to tissues (Tripathi and Aggarwal, 2006). NF- κ B is regulated via commuting into the nucleus from the cytoplasm in response to cell stimulation (Birbach et al., 2002). Usually, the activation of NF- κ B occurs in the spinal cord and dorsal root ganglion (DRG) and they both are entangled in the processing and transmission of nociceptive information (Lee et al., 2004).

Furthermore, the activation of NF- κ B may result from different signaling pathways that are triggered by a variety of cytokines, tyrosine kinase, growth factors, etc such as Ras/MAPK and PI3K/AKT pathway (Manea et al., 2007). NF- κ B regulates many processes such as cellular processes and immunological response (Ahmed et al., 2016), proliferation, migration & apoptosis. Depending upon the level of Rel A & C-Rel, NF- κ B may exert a binary function, either as an inhibitor or an activator of apoptotic cell death (Chen et al., 2003). It also stimulates the expression of enzymes including the inducible form of cyclo-oxygenase (COX-2) that generates prostanoid and the inducible nitric oxide synthase (iNOS) that produces nitrous oxide (NO) (Yamamoto and Gaynor, 2005). NF- κ B pathway is found to be activated in response to a number of stimuli which includes UV light, H₂O₂, cigarette smoke, viral and bacterial products, free radicals, carcinogens, neurotrophin, depolarization, developmental changes, cytokines (IL-1, TNF), ceramide, glutamate, neurotoxic peptide, oxidative stress, phorbol ester, intracellular stresses such as endoplasmic reticulum protein overload (Bowie and O'Neill, 2000), environmental pollutants, etc (Sethi and Tergaonkar, 2009) and the activation of NF- κ B pathway by various means is responsible for various diseases and disorders such as diabetic neuropathy and renal dysfunction, gastric cancer, intervertebral disc disease (Wuertz et al., 2012), hepatocellular carcinoma, ulcerative colitis and crohn's disease (Sun and Zhang, 2007), lung injury (You et al., 2012), rheumatoid arthritis, osteosarcoma, multiple myeloma, ovarian cancer, leukemia and lymphoma, myocardial injury, asthma, irritable bowel disease, atherosclerosis (Serasanambati and Chilakapati, 2016), memory impairment along with neuroinflammation and neurodegeneration (Ali et al., 2015), incontinentia pigmenti (Yamamoto and Gaynor, 2005), etc. Efforts to promote NF- κ B modulators have resulted in several candidates, some of which are presently in clinical trials and several drugs are currently being approved owing to their ability to influence the NF- κ B pathway.

ΣΤΡΟΥΤΥΡΕ ΟΡ ΝΦ- κ B ΑΝΔ Ι κ B

The butterfly-like crystal structure of various forms of NF- κ B attached to DNA has identified the molecular bases of the transcription factors sequence and dimerization specificities (Chen, 1998). The RHR comprises two Ig-like folds linked using a flexible linker region. These folds interact with the DNA; loops are mainly

responsible for sequence-specific recognition throughout the N terminal fold, although the dimer interface is contained in the C-terminal fold (Yong-Qing Chen, 1998). Dimerization is driven by intense hydrophobic interactions across the substrate surface, generated by three-stranded β -sheet trapping in the opposing molecule against a similar sheet. Two separate structure determinations for NF- κ B have recently been reported: I κ B ternary complexes comprising of the p65 RHR, the p50 C-terminal Ig-like fold [including the NLS], and I κ B α ankyrin repeats (Huxford, Huang and Malek, 1998). I κ B α 's ankyrin repeats form a flattened a-helical stack, which discontinuously connects the RHRs' folds to the C terminal Ig-like folds. The NES on I κ B α is revealed in both systems and disruption of NF- κ B DNA binding tends to be mainly mediated by residues C-terminal to the I κ B α ankyrin repeats (Jacobs and Harrison, 1998). Although these mechanisms give new insight into I κ Bs control of NF- κ B, sadly the details do not unambiguously answer the way I κ B α covers the NF- κ B's NLS. This is partially due to variations amongst two p65 NLS structures and the paucity of adequate ordered structure in the p50 NLS. Therefore, both systems lack the essential I κ B α regulatory N-terminal domain (Karin and Ben-neriah, 2000). Though, one possible conclusion is that I κ B α 's N-terminal ankyrin repeats sterically obstruct karyopherin binding to NF- κ B's NLS. (Figure 3)

Μυλτιπατηολογισαλ ασπερτσ οφ ΝΦ-κΒ ιν Αλζηειμερ Δισεασε

Role of NF- κ B and oxidative stress in AD

Oxidative stress is described as a physiological state where the ROS generated inundated the antioxidant metabolites which are further responsible for high levels of free radicals (Forcados et al., 2017) that may be due to amplified ROS generation, vitiate antioxidant system, alone or amalgamation of both (H. Chen et al., 2011). ROS and other free radicals play significant roles in cell signaling pathways and are components of normal cellular metabolism (Alpay et al., 2015). The foremost etymology of ROS comprehends the mitochondrial electron transport system and various oxidase enzymes including NADPH oxidase, COX, xanthine oxidase, P450 enzymes, LOX, glucose oxidase, and uncoupled NO synthases among others (Kim et al., 2015). Most of the reactive species are emanated in the mitochondria, predominantly the electrons react with O₂ during the generation of ATP, eliciting the development of the O₂[•] which further reacts with the other molecules like Fe²⁺, proceeding the formation of other reactive species like OH[•], H₂O₂, and organic peroxides (Pisoschi and Pop, 2015). The respiratory chain of mitochondria contain NO, that evoke RNS (Valko et al., 2007) and promote lipid peroxidation by reacting with cellular macromolecules (lipids) produce highly toxic reactive intermediates: 4-hydroxynonenal and malondialdehyde (Liou and Storz, 2010). Literature reports stipulated that ROS can activate the NF- κ B transcription factor which has been evidenced by cell lines studies (A. C. H. Chen et al., 2011). ROS and RNS are known to upsurged in response to various factors (T-cell receptors, co-receptor CD28 etc) that also trigger NF- κ B in some cell types (Thaker and Rudd, 2015). Schreck et al. revealed that overexploitation of the O₂- consuming SOD enzyme potentiated NF- κ B activation regulated by TNF in MCF-7 cells (Schreck et al., 1992). On NF- κ B activation, the effects of ROS is additionally supported by the experiments which demonstrated that the antioxidants can impede the initiation of NF- κ B, like L-cysteine, N-acetylcysteine, thiols, polyphenols, green tea, and vitamin E, etc (Forcados et al., 2017). In response to agents that activate NF- κ B, H₂O₂ has also been shown to be generated. This eventually led to the manifesto of H₂O₂ as the key second messenger to NF- κ B activation (Byun et al., 2018). Interestingly, there is a conditional function of oxidative stress on NF- κ B in a way that NF- κ B which is activated by the oxidative stress itself also increases the level of inflammatory cytokines and enzymes intracellularly such as TNF α , IL-1 β , IL-6, iNOS, COX-2 (Chen, Zhang and Wu, 2017) which is further responsible for the neuroinflammation, neuronal death and other neurodegenerative diseases (Sivandzade et al., 2019).

Role of NF- κ B besides Neuroinflammation and Neurodegeneration in AD

Neuroinflammation, the inflammation of neurons is a condemnatory feature in the pathophysiology of neurodegenerative disorders such as AD, PD, ALS, MS, and frontotemporal dementia, etc (Muhammad et al., 2019). Various studies suggested that in case of trauma the external stress is responsible for neurons to generate inflammatory mediators (Fischer and Maier, 2015). Furthermore, activated microglia and astrocytes are the main initiators of inflammatory mediators that can provoke secondary neurotoxicity, which eventually

leads to neuroinflammation-mediated neurodegeneration (Liu et al., 2019). Regulation of inflammation is done by numerous molecules and factors which involves adhesion molecules [VCAM-1, ICAM-1, ELAM-1], cytokines (IL-1, IL-2, IL-6, IL-12, TNF- α , TNF- β), chemokines (such as monocyte chemoattractant protein 1, IL-8), proinflammatory enzymes [MMPs, COX-2, 5-LOX, 12-LOX, C-reactive protein, PSA], VEGF, STAT-3, and proinflammatory transcription factors NF- κ B (R. Shih, Wang and Yang, 2015). Among these mediators, NF- κ B is recommended to be the most extensively studied target for its critical role in neuroinflammation which is further also responsible for neurodegeneration (Nafees et al., 2015). Ample evidence indicates that in CNS, the stimulation of NF- κ B triggers various multicellular responses genes transactivation which is involved in the commencement and propagation of neurodegenerative diseases. NF- κ B regulates more than 500 genes, which are implicated in inflammation-related responses by which it plays an important role in various diseases (Gupta, Kim, and Prasad, 2010).

In inactive cells, NF- κ B dimers interact with I κ B α to give inactive complexes that are localized to the cytoplasm. When the cells are exposed to anoxia or any other extracellular inflammatory stimuli like acute alcohol exposure or any chemical stress, NF- κ B is transiently activated via rapid phosphorylation, ubiquitinylation, and eventually proteolytic degradation of I κ B α , by which the translocation of NF- κ B from the cytoplasm to the nucleus takes place where inflammatory cytokine gene transcription and the expression of proinflammatory cytokines are regulated which further instigates neuroinflammatory responses (Li et al., 2019). These functional deflections are depending upon the involvement of specific components of the NF- κ B dimer formation. Especially, c-Rel containing NF- κ B dimers can instigate the MnSOD and Bcl-xL expression and employ as anti-apoptotic effects (Pizzi et al., 2009) while the pro-apoptotic effect induced by NF- κ B p50/RelA dimer. The misproportion of NF- κ B dimer formation between c-Rel and RelA might result in the pathological process in certain neurons. Notably, RelA is illustrated as a most imparting subunit in neurodegenerative changes (Tilstra et al., 2012).

Various endogenous and exogenous stimuli are accountable for the upregulation of NF- κ B, with which expression of a large number of proinflammatory cytokines and enzymes, including TNF- α , iNOS, IL-1 β , and COX-2 can be regulated positively which is further responsible for neuroinflammation and this inflammation of neurons in excess further leads to neurodegeneration (Umesalma and Sudhandiran, 2010). Endotoxins like lipopolysaccharides (LPS) are also responsible for activating NF- κ B signaling which have been shown to actuate inflammatory target protein COX-2 and PGE2 development likely to lead cerebral vascular inflammation (Muhammad et al., 2019). Studies suggest that NF- κ B is activated after cerebral ischemia in cerebral vascular endothelial cells, glial cells and neurons, which triggers a phenomenal increase in the expression of inflammatory cytokines that lead to an inflammatory cascade reaction and exasperating brain damage (Yang and Chen, 2014). Several in vivo and in vitro studies manifested that PPAR γ decreases proinflammatory cytokines release by suppressing the nuclear transcription factor NF- κ B (Sauer, 2015). Therefore, the critical linkage of the activation of NF- κ B with the regulation of neuroinflammation-associated pathogenesis of disease has been found which includes AD, PD, ALS, MS, etc. (Figure 4)

Role of NF- κ B and Neurotransmitter abnormalities in AD

Neurotransmitters (NTs) are widely acknowledged for making contact with CNS diseases as close as possible. Eccentric neurotransmitter changes have been shown to be almost amalgamated with several neurological diseases including AD (Reddy, 2017), HD (Huntington and States, 2018), PD (Moghaddam et al., 2017), ALS (Volonté et al., 2019), MS (Micu et al., 2017), etc. Neurotransmitters and their metabolites are enormously present in mammalian CNS and peripheral biofluids, including amino acid neurotransmitters such as Tyrosine, Acetylcholine (Ach), Glutamate and γ -aminobutyric acid (GABA), and monoamine neurotransmitters such as Dopamine (DA), and Norepinephrine (NE), serotonin (5-HT), and also their acidic 5-hydroxy indole acetic acid (5-HIAA) metabolite (Xu et al., 2018). In this, we predominantly focus on the changes on neurotransmitters indicatively in AD and neurotransmitters that we discuss here include Serotonin, Dopamine, Norepinephrine, Acetylcholine, GABA, Glutamate, etc. In addition, the NF- κ B pathway plays a vital role in the above-mentioned changes in neurotransmitters that are considered to be an important marker for the detection of Alzheimer's disease.

AD's major hallmark is cholinergic hypofunction or decline in acetylcholine level. By stimulating either ionotropic nicotinic acetylcholine receptors (nAChRs) or metabotropic muscarinic acetylcholine receptors (mAChRs), the neurotransmitter acetylcholine strives its physiological functions. It has been declared that in AD brains there are (1) decreased rates of choline acetyltransferase supersede by decreased Ach synthesis; (2) expressive loss of cholinergic neurons; (3) decreased neuronal and axonal cholinergic abnormalities; (Geula et al., 2008) (4) decreased numbers of postsynaptic neurons susceptible to acetylcholine; and (5) decreased levels of nAChRs (Chen, Xiong and Yan, 2013). Recent study has suggested that cholinergic hypofunction is closely associated with A β and tau pathology and that mAChRs has also been involved in AD pathophysiology (Jiang et al., 2014). There is a dispute that whether the lack of cholinergic feedback is responsible for NF- κ B activation or NF- κ B upregulation is responsible for acetylcholine failure in the brain, especially in the hippocampus. Notably, in both scenarios when NF- κ B is hyperactivated, there is a loss of cholinergic input as these are interrelated, taking into account NF- κ B's function in AD (Lim et al., 2011).

In CNS, GABA and glutamic acid (Glu) are identified as major inhibitory and excitatory neurotransmitters respectively and is uniformly distributed in large amounts in the CNS. One of the causes of some neurological diseases such as AD is the paucity of transition from Glutamate to GABA leading to high excitation and poor inhibition (Lancôt et al., 2004). GABA interneurons play a crucial role in controlling hippocampal activation rates via inhibition, and furthermore, the learning and memory forming processes include consolidation of stimulating and inhibitory neuronal network activity (Shetty and Bates, 2015). Consequently, loss or impaired activity of GABA-ergic interneurons may lead to impairment in learning and memory (Limon, Reyes-ruiz, and Miledi, 2012). Changes in the role of GABA-ergic interneurons results in increased neural activity in the aged hippocampus CA3 region which leads to memory loss, as the hyperactive pyramidal neurons of CA3 are ineffectual to encode new information in a manner typically done in the young hippocampus (Shetty and Bates, 2015).

Additionally, glutamic acid or glutamate has been documented to increase in various neurological diseases, peculiarly in the case of AD as it is unable to transit into GABA. Therefore, an exciting-inhibitory imbalance in the hippocampus likely contributes to both aging and AD memory loss. Due to the hyperactivation of NF- κ B, there is a dysregulation of GABAergic and glutamatergic neurons which can be easily seen in the case of AD (Xu and Li, 2015). Recent studies in transgenic mice have observed a critical function of NF- κ B in inhibitory GABAergic interneurons where the expression of glutamate decarboxylase, a rate-limiting enzyme necessary for the synthesis of the inhibitory neurotransmitter, GABA, has been down-regulated in these mice due to which level of GABA is decreased and it is also observed that glutamate levels are increased with the NF- κ B upregulation as glutamate is unable to transit into GABA and remain as such (Mahony et al., 2006). A model in which the learning motor is the exciting neurons, and the brake is given by GABAergic neurons may also clear these conclusions. Blocking the brake will result in overactivation of the motor (excitatory neurons); leading to the assumption that the upregulation of the NF- κ B pathway is associated with decreased levels of GABA and increased Glutamate levels.

5-HT, a biogenic amine derived from tryptophan, is widely distributed in the whole brain. Besides the 5-HT transporter, which is commonly spread in the brain and mimics 5-HT innervation, certain specific 5-HT receptors, such as 5-HT1A, 5-HT1B, 5-HT2, and 5-HT4, are potentially implicated in memory processes, based on their anatomical position mainly found in the hippocampus, the raphe nucleus, the septum, substantia niagra, the dorsal subiculum, along with cortical regions (Buhot et al., 2000). 5-HT eventually endures oxidative deamination to form 5-HIAA, was found to decrease significantly in AD brains (Yun et al., 2015). It is reported that the serotonin agonist is responsible for the inhibition of the NF- κ B pathway which proposed that the high serotonin level is responsible for the downregulation of the NF- κ B pathway, and likewise conversely (Herr, Bode, and Duerschmied, 2017), it has been said that there should be a decreased serotonin level in the hyperactivation state of the NF- κ B pathway as in AD.

DA, a catecholamine, the metabolites of tyrosine (Tyr), is one of the main neurotransmitters involved in dementia, necessitate in sleep-wake cycles, learning, memory, and emotion. (i) A β plaque-induced dopaminergic dysfunction has been identified in the AD affected brain (Martorana and Koch, 2014) (ii) Specific deteriora-

tion of dopaminergic neurons in the ventral tegmental area (VTA) culpable for the release of dopamine to the hippocampus has been reported; (Nobili et al., 2017) and (iii) Restoration of synaptic plasticity and memory has been observed after treatment with DA. In conjunction with these findings, a variety of dopaminergic (DAergic) system alterations has already been identified in patients of AD including decreased DA levels and their receptors. A study showed a remarkable depletion of THp dopaminergic neurons in Tg2576 mice VTA, along with a reduction in hippocampus basal outflow of DA, presumably leading to deficiencies in cognitive and non-cognitive mesolimbic symptoms (Nobili et al., 2017). Dopaminergic neurons exhibit intermediate features, having an ambiguous relationship to A β pathology anyway. In the case of dopamine, after treatment with MPTP in a study, a noteworthy increase in NF- κ B p65 immunoreactivity was observed predominantly in substantia nigra glial cells. Following MPTP therapy, a significant increase in immunopositive apoptotic neurons with ssDNA was also observed in the substantia nigra (Aoki et al., 2009). These results show that dopaminergic neuronal failure may be induced by apoptosis due to upsurged cytokines and apoptosis-related proteins via the upregulation of NF- κ B in substantia nigra's reactive astrocytes after treatment with MPTP in mice. This study ultimately leads to the outcome that the level of dopamine is decreased in the case of AD specifically due to hyperactivation of NF- κ B. In case of dopamine, it is stated that the dopamine agonist is liable for inhibiting NF- κ B pathway which indicates that, elevated dopamine level is accountable for the downregulation of NF- κ B pathway (Sun et al., 2015).

The strong correlation between Norepinephrine depletion and AD severity in patients has prompted multiple studies of LC dysfunction's contribution to AD development by using animal models (Chalermphanupap et al., 2013). Norepinephrine has several strong influences on microglial activity, and typically suppresses pro-inflammatory cytokines development and encourages the production of anti-inflammatory molecules (Mei et al., 2015a). Such results suggest that the loss of NE itself impairs synaptic plasticity and cognitive performance and exacerbates neuropathology similar to AD. It is also found that the increase in Norepinephrine transporter (NET) level, which is further correlated with the increased NE level is responsible for the downregulation of the NF- κ B pathway (Chavan, Pavlov and Tracey, 2017) and also the other way round it can be stated that there should be a low NE level in the upregulation state of the NF- κ B pathway as seen in AD (Mei et al., 2015b).

It was found that most of the researches had only inspected that the neurotransmitters are either increasing or decreasing in AD respectively, rather than disclosing neurotransmitter differences and similarities from a global perspective. The assessment of neurotransmitters and their metabolite levels in animal brain tissues is therefore a prerequisite tool for investigating the similarities and differences in the pathophysiology of this disease and also a good approach for researching the differences in the essence of these interrelated neuropsychiatric disorders.

Role of NF- κ B and A β accumulation in AD

AD-affected brains have extracellular deposits; senile plaques consisting primarily of a group of hydrophobic peptides, known as amyloid β -peptides (A β). Such peptides are at the heart of the theory of the amyloid cascade which suggests A β , a primary etiological cause of neurodegeneration arising at the late stages of pathology (Arber et al., 2019). Therefore, one of the major therapeutic tracks appears as a strategy aimed at circumventing A β overload. A β is a premium product of the synthesis of APP arising from the concurrent cleavage of APP by two distinguishable enzyme activities: γ -secretase and β -secretase 1 or β -site APP-cleaving enzyme 1 (BACE1), consisting mainly of a complex of high molecular weight protein comprising anterior pharynx defective-1 (Aph1), presenilin enhancer-2 (Pen2), presenilin 1 or 2 (PS1, PS2), and nicastrin (NCT) (Wolfe, 2018). A β clearance pathways involve ubiquitin-proteasome process, proteases, autophagy-lysosome, microglial phagocytosis, and transportation from the brain to the blood through the blood-brain barrier (BBB), arachnoid villi, and blood-CSF barrier, that can be called blood circulatory clearance. Lymphatic clearance has recently been shown to play a crucial function in the movement of A β through the cervical lymph nodes. Another strong reason for lymphatic clearance within the brain is the identification of meningeal lymphatic channels. In fact, peripheral clearance also leads to clearance of A β (Xin et al., 2018). Many sources of evidence indicate inflammation and oxidative stress may lead to the

pathology of AD. To some degree, this can affect A β development, since the expression of BACE1 tends to be modulated by stress (Cervellati et al., 2019). Oxidative stress and inflammation are distinguished by cytokines and ROS releases, which are believed to activate the NF- κ B (Morgan and Liu, 2011).

Numerous in vitro experiments have shown that A β peptides in primary cultured neurons that may induce NF- κ B. This finding is partially indicative of the fact that NF- κ B was found in adjacent cells or in plaques of amyloids (Chen et al., 2012). Such studies report stimulation of the canonical pathway in a feedback regulation through which A β activates NF- κ B, which then manages the development of A β peptides (Chen et al., 2012). Ironically, inhibition of NF- κ B activation decreases A β secretion in vitro, and it was proposed that this can happen by interacting with APP production (Paris et al., 2011). Several earlier studies demonstrate a concentration-dependent A β regulation of APP as well as the components of the γ -secretase complex by NF- κ B. This study shows that, under physiological circumstances, by suppressing the protein APP level and transcriptional activities of β - and γ -secretase, NF- κ B reduces A β production. In comparison, supraphysiological A β concentrations directed at imitating the pathological condition, NF- κ B stimulates A β development by increasing the activity of APP and processing enzymes. A data set from this analysis reflects a differential regulation of APP, β - and γ -secretases by NF- κ B which relies on the physiological or supraphysiological situations of development of A β (Chami et al., 2012).

Available findings suggest that NF- κ B may usually regulate homeostasis of A β under physiological constraints or lead to a degenerative process through which A β supports its own development in the pathological sense and is also shown in several in vivo studies. They also demonstrated that an increase in BACE1 transactivation mediated by A β 42 was dependent on NF- κ B. NF- κ B increases APP levels in transgenic mice; BACE1 promotes activity, expression, and enzymatic activity (Paris et al., 2010), the activity of γ -secretase; and production of A β . In fact, NF- κ B inhibition decreased plaque burden in mice. NF- κ B has been shown to suppress BACE1 promoter in neuronal and resting glial cells while activating BACE1 promoter in neuronal and activated glial cells that are exposed to A β (Bourne et al., 2007). This can also be elucidated by the existence of the NF- κ B dimers implicated as p52/c-Rel exists in resting environments, although p50/p65, p52/p65, and p52/c-Rel are accountable for NF- κ B-mediated BACE1 transactivation in triggered neurons and glia (Bourne et al., 2007). It is notable in this sense that Valerio et al. showed that A β 40 can trigger NF- κ B by supporting the nuclear translocation of subunits p50 and p65 (Valerio et al., 2006). Ironically, it has been shown that hiring components of NF- κ B and building up the separate heterodimeric network may be linked to A β levels. Therefore, Arevalo et al. found that a low concentration of A β 40 activates an NGF-like phenotype while a 40-fold higher concentration hampers NGF-induced NF- κ B activation (Maria-Angeles Arevalo, Pedro M. Roldan, 2009). Accordingly, it has been stated that mostly low concentrations of A β could activate a protective phenotype that is dependent on NF- κ B. This set of results supports our statement that physiological and supraphysiological concentrations of A β could contribute separately to their own production by modulating their precursor chemicals and secretases through a mechanism dependent on NF- κ B. In addition to conventional approaches designed at diminishing production of A β by precisely harmonizing either β - or γ -secretases from pharmacological samples or even by the counterbalance of A β -associated results through a vaccinal strategy (Strooper, Vassar and Golde, 2010), alternative therapeutic routes aimed at NF- κ B could also be potentially envisaged.

Signaling Cascades

Extracellular mediators control NF- κ B by triggering numerous signaling cascades within cells contributing to survival or death of neurons and ultimate activity of the nervous system, in which MAPK, AGE/RAGE/GSK-3, PI3K/AKT plays a key role in NF- κ B activation and serve as potential targets (Shi et al., 2016).

PI3K/AKT

AKT serves as a key PI3K signal mediator that plays a major role in cell proliferation, development, metabolism, and longevity. Sustained expression of NF- κ B in neuronal cells has been shown to cause neuroprotection by modulation of the PI3-kinase-PKB/AKT pathway (Granic et al., 2009). AKT stimulation

enhances the transactivating process and induces increased nuclear concentrations of p65-NF- κ B that is essential for neuroprotection. Attachment of p65 to the putative NF- κ B regulatory sequence adapts cells to persist in the existence of oxidative stress, because PC12 pheochromocytoma cells possessing active AKT have lower concentrations of ROS in reaction to H₂O₂ (Rojo et al., 2004). The PI3K inhibitors (Buparlisib, XL147, GDC-0032) effectively blocks the translocation of the NF- κ B p65/p52 complex by the GDNF and the blockade of AKT prevents the binding action of NF- κ B (Dhandapani et al., 2005). PI3K/AKT signaling activation implies the function of neuroprotection through the in vitro analysis by modifying the binding process and the nuclear translocation of NF- κ B.

MAPK

The family MAPK contains three subtypes: p38, JNK, and ERK. Reports suggested inappropriate activation of the MAPK signaling pathways in AD. Studies have also shown that the ERK pathway can activate NF- κ B (Reber et al., 2009). The pharmacological repression of ERK and p38 MAPK and the dominant-negative modification of both enzymes prevented A β -induced NF- κ B transactivation and therefore neurotoxicity by A β (Jang and T, 2005). P38 inhibitor therapy, SB239063, inhibits downstream phosphorylation of I κ B α and p65 translocation into the ventral midbrain nucleus. In comparison, treatment with SP600125, a JNK inhibitor, improves nucleus-dependent p38 MAPK phosphorylation of the p65 NF- κ B subunit (Wagley et al., 2013). In comparison to JNK, ERK and p38 MAPK will play the opposite function of NF- κ B. Neuroprotection may be offered by clinical approaches that reduce mitochondrial activation of proapoptotic MAPK modules.

AGE/RAGE/GSK3

A β and tau may be exposed to non-enzymatic glycation and form AGE. Such AGEs bind with the so-called RAGE, a multi-ligand receptor belonging to the superfamily of the immunoglobulin, act as a cell surface acceptor for A β that transmits the signal. AGEs cause tau hyperphosphorylation, memory loss, synaptic protein degradation, and long-term cognitive disability in rats (Granic et al., 2009). In an Alzheimer-type pathology model, evidence showed that RAGE is a cofactor for neuronal perturbation triggered by A β (Arancio et al., 2004). Two AGEs, like those of pentosidine and GLAP, both reported to rise in AD brains, were known to upregulate BACE1 by interacting with RAGE and thereby activating NF- κ B, establishing a pathological link among diabetes and AD (Guglielmotto et al., 2012). It was observed that RAGE expression increased significantly in the cerebral cortex of APP/PS1 mice, there was also a massive increase in the phosphorylation of I κ B α and the nuclear translocation of NF- κ B/p65 in the same model. The process involves modifications in behavior of inflammation, glucose and ROS, as ligands such as AGEs, A β , S100b, and amphoterin engaged with RAGE i.e. HMGB 1, activate the multiple signaling pathways. Then the activation of RAGE can trigger MAPK signaling cascades that converge to phosphorylate I κ B in I κ B kinase complex, thus freeing and stimulating NF- κ B, thus initiating the transcription of the dependent gene, namely IL-1 β and TNF- α , that in effect causes the translocation of NF- κ B to the nucleus (Ma et al., 2015). GSK-3 is a proline-directed serine/threonine-protein kinase typically suspected for having a significant role in glycogen metabolism, comprising two GSK-3 isoforms GSK-3 α protein and GSK-3 β protein, with that of the β isoform found at higher concentrations in neuronal tissues. Arousal of GSK-3 β and not GSK-3 α facilitated the expression of the BACE1 gene and BACE1-mediated APP production in vitro by controlling the function of the BACE1 gene promoter, which was based on the NF- κ B p65-binding components in the BACE1 promoter (Ly et al., 2013). Interruption of expression of NF- κ B p65 in RelA-KO cells has excluded the effect of GSK-3 β on the human BACE1 gene promoter transcriptional activation. Collaboratively, primary plaque-associated inflammation activators are the major component of plaques and AGEs.

ΝΦ-κΒ ως α θεραπευτικη ταρχετ εν ΑΔ

As already discussed, NF- κ B is regulated in neural and glial cells that mediate neuroinflammation and neurodegeneration by A β aggregates and other endogenous CNS molecules along with exogenous factors such as oxidative stress, etc that can be due to environmental toxins, physical and chemical stress, etc which is mainly due to the imbalance between the level of Rel A & C-Rel genes. Neurodegeneration reduction and enhancement of neuroprotection after neuroinflammation suppression have been shown in animal models of

AD (Huang et al., 2011). The following is a review of recent progress in the treatment of AD by means of natural products, their synthetic derivatives, and other disease-modifying agents with an emphasis on NF- κ B as a mechanistic target. (Table 1)

Conclusion and Future perspectives

The worldwide strain of treating the condition has identified brain and nervous system diseases as major health threats. Despite significant advancements in elucidating the underlying molecular mechanisms, there are few therapies that can alter or delay the progression of chronic neurological illnesses. The specific inflammatory role in the development of multiple progressive neurodegenerative diseases with varying clinical symptoms is evidenced by considerable evidence. The upregulation of NF- κ B, which results in a self-sustaining and self-propagating vicious cycle of uncontrolled, sustained inflammation that drives the neurodegenerative mechanism, is a prevalent outcome of increased inflammatory signaling. So, disrupting this vicious cycle by addressing the NF- κ B signaling pathway is an appealing disease-modifying therapeutic approach for neurodegenerative pathologies. Caution should however be practiced in designing and assessing possible NF- κ B inhibitors for CNS diseases as constitutively active NF- κ B in neurons is essential to neuronal development and survival. In fact, the wide range of inductive NF- κ B responses from neuroprotection to neurodegeneration depending on the severity of the initiating event(s) and the form of triggered NF- κ B dimers adds to the difficulty of the therapeutic protocol. The positive effects of anti-NF- κ B therapeutic approaches are likely to be effective in strongly activated NF- κ B pathological disorders that impair homeostatic activity such as intermittent or rapidly advancing AD.

For therapeutic regulation of neuroinflammation and neurodegeneration, a better understanding of the molecular processes that decide the conversion point(s) of NF- κ B activities from being defensive to mediating harmful effects is necessary.

Expert opinion

Multiple studies confirm the vital role of chronic inflammation with various clinical characteristics as a unifying theme in Alzheimer's disease. Sustained or unregulated NF- κ B activation is crucial to inflammation survival making the NF- κ B pathway a significant therapeutic aim. Even as part of their therapeutic effects, some USFDA-approved medicines like dexamethasone and donepezil block NF- κ B signaling. Considerable attempts by clinical and scientific drug discovery teams are directed at improving targeted NF- κ B inhibitors. It has been shown that approaches that disrupt molecules upstream of the NF- κ B pathway or the related signaling interfaces or others who bind I κ B inhibitory proteins produce a significant potential for systemic and off-target toxicity. The double and opposite activities of active NF- κ B in neuronal survival and apoptosis are an extra level of complexity to remember when addressing NF- κ B in the CNS. Recent articulation of NF- κ B pathways indicates that, though amplification of C-Rel containing dimers mediates neuroprotective effects through the upregulation of neurotrophic and anti-apoptotic genes, enhanced expression of p65/p50 dimers precipitates primarily neurodegeneration by enhancing the transactivation of pro-apoptotic and neurotoxic mediators in the CNS. Under physiological conditions, there is a homeostatic equilibrium among the dimer-containing proportions of activated C-Rel and RelA/p50 dimers, which sustain neuroprotection while avoiding neurotoxicity. Superimposition of secondary stress factors such as aging, elevated oxidative stress or damage in susceptible populations, enhanced activated RelA/p50 dimers and shifted the focus towards inflammation and neurodegeneration.

Strategies that hit RelA/p50 dimers specifically are likely to get back homeostasis. Specific targeting of this NF- κ B subunit can produce therapeutic drugs with an improved safety profile, as augmented p65 is highly expressed only in pathologically active cells. Chemical variants of natural compounds inhibiting NF- κ B have been tested in previous years for therapeutic benefits in neurodegenerative diseases. Pharmacologically, the active chemical moiety of several natural compounds, like those of diterpenes, has shown to form adducts with specific residues of p65, undermining their ability to bind DNA and transactivate. The widening arrays of NF- κ B interactors have significantly increased the ability to recognize newer targets for precise inhibition. The goal is to reach large interfaces of protein-protein and protein—DNA associations. Moreover, devel-

opments in high-throughput screening tools, structural biology, computational biology, and rational drug design approaches improve the discovery and production of select therapeutically useful NF- κ B inhibitors. Characterizing synthetic variants of natural compounds as well as rationally designed products will facilitate the production of RelA's small-molecule inhibitors with greater benefit to the risk ratio for human therapy.

Conflict of Interest

The authors declare that they have no conflict of interests regarding the publication of this article.

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LEGENDS

Figure 1: Etiological factors and their mechanistic role in the pathogenesis of Alzheimer’s disease.

Figure 2: Role of mitochondrial failure, oxidative stress, and neuroinflammation associated to multipathological insult in Alzheimer’s disease.

LPO- Lipid peroxidation; MDA- Malondialdehyde; TSPAN 12- Tetraspanin-12; IRAK 1- Interleukin 1 Receptor Associated Kinase; CREB- cAMP response element-binding.

Figure 3: Physiological role of canonical and non-canonical pathway in regulating basic cellular functions.

TLRs- Toll-like receptors; TOLLIP- Toll interacting protein; MYD88- Myeloid differentiation primary response 88; IRAK- Interleukin Receptor Associated Kinase; TCR- T-cell receptor; ZAP-70- Zeta-chain-associated protein kinase 70; PKC- Protein kinase C; TRAF- Tumor necrosis factor receptor (TNFR)-associated factor; TRADD- TNFR1-associated death domain; FADD- Fas-Associated protein with Death Domain; IKK- I κ B kinase; IL-1R- Interleukin-1 receptor; BAFFR- B-cell activating factor receptor; LT β -

Leukotriene β - RANK- Receptor activator of nuclear factor- κ B; BCR- B-cell receptor; GFR- Growth factor receptor; RIPK- Receptor-interacting serine/threonine-protein kinase; MAP3K14- Mitogen- Activated Protein Kinase Kinase Kinase 14; TAB- TGF-Beta Activated Kinase 1 (MAP3K7) Binding Protein; PKR- Protein kinase R; PI3K- Phosphatidylinositol 3-Kinase; BTK- Bruton's tyrosine kinase; BCL10- B-cell CLL/lymphoma 10; MALT1- Mucosa-associated lymphoid tissue lymphoma translocation protein 1; CARMA 1- CARD-containing MAGUK protein 1; CARD11- Caspase recruitment domain-containing protein 11; cIAP1- Cellular inhibitor of apoptosis protein-1.

Figure 4: Ligand based upregulation of canonical pathway and neurodegeneration in Alzheimer's disease.

TLRs- Toll-like receptors; TOLLIP- Toll interacting protein; MYD88- Myeloid differentiation primary response 88; IRAK- Interleukin Receptor Associated Kinase; TCR- T-cell receptor; ZAP-70- Zeta-chain-associated protein kinase 70; PKC- Protein kinase C; TRAF- Tumor necrosis factor receptor (TNFR)-associated Factor; TRADD- TNFR1-associated death domain; FADD- Fas-Associated protein with Death Domain; IKK- I κ B kinase; IL-1R- Interleukin-1 receptor

Table 1: Various herbal drugs targeting NF- κ B as protective strategy.

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