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The relevance of natural compounds in the Alzheimer's Disease

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(assinatura)

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Sumário

A incidência da doença de Alzheimer (DA), uma doença neurodegenerativa, é promovida pelo aumento da idade. Esta doença afeta a memória e outras funções cognitivas com intensidade suficiente para produzir uma perda funcional. É a causa mais comum de demência em idosos. O aumento contínuo da incidência da DA exige o desenvolvimento urgente de uma terapêutica. Embora os estudos sobre essa doença estejam a avançar rapidamente, até o momento, poucos medicamentos para retardar a progressão da doença estão disponíveis no mercado. Nas últimas décadas, vários compostos com diversas atividades farmacológicas extraídas de frutas, vegetais e ervas demonstraram ter uma potencial eficácia contra a DA por meio de múltiplas alterações patológicas da doença. A diversidade de compostos bioativos presentes nesses produtos naturais desempenha um papel crucial na prevenção e no tratamento da DA.

Palavras-chave:

Doença de Alzheimer, Doenças neurodegenerativas, Compostos naturais

Abstract

The incidence of Alzheimer's disease (AD), a neurodegenerative disease, is promoted by the increase of the age. This disease affects the memory and other cognitive functions with sufficient intensity to produce a functional loss, and it is the most common cause of dementia in the elderly. The continuous increase in the incidence of AD demands the urgent development of new therapies. Although, studies on this disease are advancing quickly, until the moment just few drugs to delay the progression of the disease are available for the patients. In recent decades, a number of compounds with diverse pharmacological activities extracted from fruits, vegetables and herbs demonstrated to have potential efficacies against AD via targeting multiple pathological changes of this disease. The diverse array of bioactive compounds presented in these natural products plays a crucial role in prevention and treatment of AD.

Key words

Alzheimer's disease, Neurodegenerative diseases, Natural compounds

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Abbreviations

A β - Amyloid beta peptide

APP - Amyloid precursor protein

BBB – Blood-brain barrier

COX - Cyclo-oxygenase

DA – Doença de Alzheimer's

DHA - Docosahexanoic acid

DNA - Deoxyribonucleic acid

EGCG - Epigallocatechin gallate

NFTs - Neurofibrillary tangles

NSAIDs - Non-steroidal anti-inflammatory drugs

PS - Presenilin protein

RNS - Reactive nitrogen species

ROS - Reactive oxygen species

I. Introduction

The increase of the age promotes the incidence of neurodegenerative diseases. These diseases destabilize significantly the memory and other cognitive functions with sufficient intensity to produce a functional loss, such as carrying out everyday activities or recognizing people and places (Brookmeyer, Johnson *et al.* 2007).

Alzheimer's disease (AD) is known as the most important neurodegenerative disease and the most common cause of dementia among the elderly, counting with around 70% of dementia cases worldwide (Alzheimer, Stelzmann *et al.* 1995, LaFerla and Oddo 2005, Castellani, Rolston *et al.* 2010, Kumar, Singh *et al.* 2015).

Based on empirical observations, natural compounds were the first medicines available, and were used for a long time (Lahlou 2007, Ganesan 2008). The study of novel drug candidates has revealed that natural products have a giant potential to become drug leads with neuroprotective activity. Given that the creation of big quantities of compounds isolated from natural products is extremely protracted and expensive, there is a great interest for the mixtures of compounds obtained from extracts of plant material or from microbial broths (Harvey 2008).

A diversity of natural compounds has been reported to be effective for the prevention and cure of AD. The potential of natural products for the inhibition of amyloid peptides aggregation *in vitro* and for the delay of progression of the disease in animal models is supported by various experimental studies. Several fruits, plants, animals, marine organisms or microorganisms have important bioactive compounds essential for the prevention and cure of various diseases without undesirable side effects, including AD.

In this review, a detailed description of natural compounds with beneficial effects in AD and their mechanisms of action is reported and sorted by order by alphabet order. The use of natural compounds is a promising approach for AD therapy.

II. Relevant approaches to treat Alzheimer's Disease

Nowadays none medications appears to be able to cure AD or to stop the progression of disease (Clark and Karlawish 2003, Scarpini, Scheltens *et al.* 2003, Cummings 2004, Barage and Sonawane 2015).

So, there is a tremendous medical need for the development of novel therapeutic strategies that target the underlying pathogenic mechanisms in AD. It is obvious from the literature that amyloid beta peptide (A β) plays the main role in the pathogenesis of AD. Therefore, according to the amyloid cascade hypothesis novel therapeutic strategies that inhibit A β production/aggregation or to increase A β clearance from the brain or prevent the formation of the presumed neurotoxic oligomeric A β species are predicted to stop or retard the progression of neurodegeneration and dementia in AD (Blennow, de Leon *et al.* 2006, Klafki, Staufenbiel *et al.* 2006). Others strategies to treat AD are being developed such as tau based therapeutics, the use of anti-inflammatory drugs and the use of antioxidants.

Secretase modulators: The most direct approach in anti-amyloid therapy is the decrease of A β_{1-42} production. A β derives from the proteolytic cleavage of amyloid precursor protein (APP), by the sequential action of two proteases: β - and γ -secretases (amyloidogenic pathway). A third protease, α -secretase, which competes with β -secretase for the APP substrate, can preclude the A β production by cleaving the peptide in two (non-amyloidogenic pathway). Thus, this scenario suggests three strategies to reduce A β that have been intensely studied for more than a decade: the inhibition of β and γ -secretases or the stimulation of α -secretase (Verdile, Fuller *et al.* 2004, Citron 2010).

Despite the development in production of γ -secretase inhibitors, there are many issues related with their potential effects on Notch signaling, effects on known or unidentified γ -secretase substrates, and the effects of the accumulation of potentially neurotoxic APP C-terminal fragments as a result of inhibiting γ -secretase (Hadland, Manley *et al.* 2001). For these reasons, it is believed that β -secretase is a better therapeutic target because do not produce A β and do not have clear pathological phenotypes (Luo, Bolon *et al.* 2001). Therefore, β -secretase is a major therapeutic target for the development of inhibitor

drugs to reduce brain A β concentrations (Ballard, Gauthier *et al.* 2011, Barage and Sonawane 2015). Regarding α -secretase, this protease cleaves APP in the transmembrane region, within the A β domain of the APP releasing soluble APP which has neuroprotective effects and improves the memory (Barage and Sonawane 2015). Thus, drugs that stimulate the activity of α -secretase can change APP processing towards the non-amyloidogenic pathway impeding the A β formation which is considered a therapeutic approach for AD (Blennow, de Leon *et al.* 2006, Fahrenholz 2007).

Inhibition of A β aggregation or fibrillation: The proteolytic cleavage of APP, by the sequential action of β - and γ -secretases releases A β peptide monomers that initially have α -helix conformation followed by extensive conformational transitions from α -helix to β -sheet. A β monomers, in particular A β_{1-42} , rapidly form self-aggregates to produce oligomers aggregates that are thought to initiate the pathogenic cascade. Then, oligomers aggregate in protofibrils, fibrils and finally develop the A β plaques (Kirkitadze, Condrón *et al.* 2001, Xu, Shen *et al.* 2005, Walsh and Selkoe 2007, Ahmed, Davis *et al.* 2010). Initially, it was assumed that only A β that had aggregated into the fibrils that constitute the A β plaques would exert toxic effects. However, in recent years studies have suggested that the formation of oligomers rather than insoluble amyloid plaques may play an essential role in the AD neurodegenerative cascade (Arendt 2009). It is believed that A β oligomers can be more toxic than mature fibrils by inducing synaptic dysfunction (Walsh and Selkoe 2007, Shankar, Li *et al.* 2008, Ballard, Gauthier *et al.* 2011). Promising approaches for the development of small-molecule drugs that interact with the A β , blocking the interactions A β -A β represents another attractive approach. These molecules prevent the formation of toxic A β oligomers. That way, this molecules that could prevent or treat AD (Klafki, Staufenbiel *et al.* 2006).

A β degradation and clearance: The imbalance between production and clearance of the A β peptide is responsible for pathological events in AD (Kurz and Perneczky 2011). The augmented level of A β peptides within the brain is caused by the excess of production or by deficient clearance of A β peptide (Bates, Verdile *et al.* 2009). Several causes can reduce the clearance of A β peptide such as increased aggregation, imperfect

degradation, troubled transport across the blood-brain barrier (BBB) or inefficient peripheral removal of the peptide (Mawuenyega, Sigurdson *et al.* 2010, Sagare, Bell *et al.* 2012). That way over the past several years these mechanisms have been targeted for several studies (Tanzi, Moir *et al.* 2004, Kurz and Pernecky 2011).

Immunotherapy: In the last years, A β immunotherapy has become one of the most promising areas in research of AD, through either active A β peptide vaccination or passive infusion of anti-A β monoclonal antibodies (Solomon, Koppel *et al.* 1997, Schenk, Barbour *et al.* 1999, Bard, Cannon *et al.* 2000). The immunotherapy seems to be one promising approach for preventing and treating AD. It is believed that the use of antibodies against A β peptide clears A β deposits (Alves, Correia *et al.* 2012).

In the first study, the importance of immunotherapy through the active immunization in AD transgenic mice was studied and the results demonstrated an attenuated deposition of A β and neutralization of A β oligomers, blocking the toxic effects of A β on cells (Solomon, Koppel *et al.* 1997, Schenk, Barbour *et al.* 1999, Hartman, Izumi *et al.* 2005, Klyubin, Walsh *et al.* 2005). The authors proposed that A β immunization stimulates a highly specific immune response to clear A β , reducing the pathology in the animal model (Schenk, Barbour *et al.* 1999). Sustaining this hypothesis, antibodies can block and even reverse A β aggregation and toxicity *in vitro* (Solomon, Koppel *et al.* 1997, Frenkel, Katz *et al.* 2000, Du, Wei *et al.* 2003). Additionally, A β immunization shown the decrease a variety of aspects of the amyloid associated pathology including neuritic dystrophy, synaptic degeneration and tau accumulation (Lombardo, Stern *et al.* 2003, Oddo, Billings *et al.* 2004, Brendza, Bacskai *et al.* 2005, Buttini, Masliah *et al.* 2005). Comparable results were obtained using passive immunisation with antibodies against A β (Bard, Cannon *et al.* 2000).

There is some skepticism about how this approach works, because only a small quantity of antibody crosses the BBB. Four models of antibody-mediated amyloid clearance were proposed. The first model - microglia mediated - suggests that a small amount of amyloid-specific antibodies reaches amyloid deposits in the brain, triggering a phagocytic response by microglia. In the second model - direct resolution - amyloid-specific antibodies interact with amyloid deposits in the brain. The third model -

peripheral sink - suggests that amyloid-specific antibodies act as a peripheral sink for soluble A β species, leading ultimately to the resolution of brain deposits by pulling soluble A β into the periphery, where it is quickly cleared. In the fourth and last model - blockade of toxic oligomers - amyloid-specific antibodies rapidly bind to A β oligomers, inhibiting their toxic effects without immediate effect on amyloid load (Citron 2010).

Inhibition of tau aggregation or tau hyperphosphorylation: Tau, a microtubule-associated protein responsible for the assembly and stability of microtubules in the neuronal cell and for axoplasmic transport, is the major constituent of neurofibrillary tangles (NFTs). These characteristic structures observed in AD neurons are constituted by tau hyperphosphorylated (Lee, Goedert *et al.* 2001, Gotz, Schild *et al.* 2004, Goedert, Klug *et al.* 2006, Small and Duff 2008, Herrup 2010, Alves, Correia *et al.* 2012). Tau is a soluble protein, but insoluble aggregates are produced during the formation of NFTs, which disrupt the structure and function of the neuron. Initially, tau monomers bind and form oligomers, which then aggregate into a β -sheet before form the NFTs (Hardy and Selkoe 2002, Meraz-Ríos, León *et al.* 2010, Ballard, Gauthier *et al.* 2011). Studies with human AD patients proved that the severity of dementia is strongly connected with NFTs density (*Wilcock and Esiri 1982, Arriagada, Growdon et al.* 1992, Nagy, Jobst *et al.* 1996).

Thus, substances that can inhibit tau aggregation or the blockade of tau hyperphosphorylation can to be a potential treatment strategy, protecting the neurons from neurofibrillary degeneration (Chirita, Necula *et al.* 2004, Pickhardt, Gazova *et al.* 2005, Lee and Trojanowski 2006, Schneider and Mandelkow 2008).

Anti-inflammatory drugs: Induction of inflammatory responses is known to play an essential role in the progression of AD, and it is proposed as a mechanism by which A β could modulate its toxic effects. The insoluble A β peptides deposits and NFTs provide evident stimuli for inflammation (Wenk 2003). Several studies showed that A β stimulates macrophages and microglia and induces the release of cytokines. Thus, anti-inflammatory drugs may be beneficial in slowing the rate of neurodegeneration in AD (Clippingdale, Wade *et al.* 2001). The anti-inflammatory drugs can be an attractive target therapeutic option because the targeting inflammatory cascade in AD could

decrease damaging effects and stimulate clearance of abnormal protein (Schott and Revesz 2013).

A large amount of epidemiological studies proposes that the risk of the AD in patients is reduced when treated with non-steroidal anti-inflammatory drugs (NSAIDs) (Aisen 2002). Evidence from multiple studies showed that risk reduction occurs in AD of approximately 50% when the use of NSAIDs is made a long-term (Wyss-Coray 2006). High concentrations of numerous NSAIDs show the decrease of $A\beta_{1-42}$ in AD transgenic mice without affecting Notch cleavage, while simultaneously the production of smaller $A\beta$ isoforms that are expected to be less prone to aggregation than $A\beta_{1-42}$ increase (Weggen, Eriksen *et al.* 2001). This reduction in $A\beta$ levels may be caused by either inhibition of cyclo-oxygenase (COX) or by a direct effect on γ -secretase (Weggen, Eriksen *et al.* 2001, Eriksen, Sagi *et al.* 2003). One *in vitro* study has revealed that NSAIDs do not modify the total levels of $A\beta$ produced but rather shift cleavage from $A\beta_{1-42}$ to a shorter 38 amino acid form ($A\beta_{1-38}$), suggesting that the activity of γ -secretase cleavage is altered in response to NSAIDs. Despite the role of $A\beta_{1-38}$ in AD pathogenesis to be unknown yet, it is well accepted that the longer $A\beta$ is more amyloidogenic, such as the case of $A\beta_{1-42}$. Thus, this therapeutic approach warrants further investigation (Weggen, Eriksen *et al.* 2001).

Antioxidants: The intensification of oxidative stress related with AD can play a significant role in the neurodegeneration of neurons. Thus, antioxidants have been proposed as potential therapeutics (Clippingdale, Wade *et al.* 2001).

III. Natural compounds and their effects on Alzheimer's Disease

A natural product is defined as being a chemical compound or substance that is produced by natural sources found in nature including plants, animals, marine organisms or microorganisms, that typically has a pharmacological or biological properties useful in pharmaceutical drug discovery.

Natural product and natural extracts were the first medicines applied in the empirical treatment of different type of diseases. The discovering of new therapeutic molecules demonstrates that natural products have a huge potential in the treatment of an enormous variety of pathologies.

The most studied compounds were presented below and listed in table 1.

Apigenin: Apigenin (4',5,7-tetrahydroxyflavone) is a flavonoid and a pharmacologically active agent that can be isolated from several plants, herbs, fruits and vegetables. Apigenin is particularly abundant in the ligulate flowers of the chamomile plant (around 68% of total flavonoids is apigenin) and found in smaller concentrations in other sources such as cabbage, celery, parsley and bell pepper (McKay and Blumberg 2006, Shukla and Gupta 2010). Several studies have demonstrated that apigenin exhibits a diversity of biological effects, including anti-inflammatory and antioxidant (Panes, Gerritsen *et al.* 1996, Gupta, Afaq *et al.* 2001, Jin, Qian *et al.* 2009, Balez, Steiner *et al.* 2016). Apigenin has been the subject of interests in recent years as a beneficial and health promoting agent due to the several biological effects and its low intrinsic toxicity (Choi, Islam *et al.* 2014). One study with apigenin showed that this compound can affect APP processing through the inhibition of β -secretase thereby preventing A β deposition and decrease the insoluble A β levels (Zhao, Wang *et al.* 2013). It is a potent chelating agent that reduces the metal ions participating in radical reactions and therefore reduces the creation of free radicals. Furthermore, apigenin could serve as an antioxidant to eliminate free radicals such as oxygen, nitric oxide, and superoxide anion (Sugihara, Arakawa *et al.* 1999). Evidences have showed that apigenin protects rat cortical neurons against A β -induced neurotoxicity (Butterfield, Reed *et al.* 2007).

Asiatic acid: Asiatic acid is a pentacyclic triterpene isolated from a variety of plants, including *Centella asiatica*. A study with asiatic acid showed that this compound significantly affects APP processing through the inhibition of β -secretase and the increase of α -secretase (non-amyloidogenic pathway). The direct inhibition of β -secretase is known to increase non-amyloidogenic processing. In addition, the study suggests that the asiatic acid is able to activate $A\beta$ clearance mechanisms (Patil, Maki *et al.* 2010). A significant decrease in $A\beta$ was detectable in PSAPP mice (Dhanasekaran, Holcomb *et al.* 2009). A recent study affirmed that the extract of asiatic acid attenuated $A\beta$ -associated behavioral abnormalities in the Tg2576 mouse, a murine model of AD. *In vitro*, this natural compound protected SH-SY5Y cells and MC65 human neuroblastoma cells from toxicity induced by exogenously added and endogenously generated $A\beta$, respectively (Soumyanath, Zhong *et al.* 2012). Asiatic acid improves learning and memory *in vivo*, with several studies suggesting that antioxidant mechanisms explain cognitive benefits (Gupta, Veerendra Kumar *et al.* 2003, Gnanaprasagam, Ebenezar *et al.* 2004). Asiatic acid reduces brain oxidative stress including in AD animal models (male Wistar rats), scavenges free radicals, reduces lipid peroxidation and protects against deoxyribonucleic acid (DNA) damage (Gupta, Veerendra Kumar *et al.* 2003, Veerendra Kumar and Gupta 2003, Shinomol and Muralidhara 2008, Dhanasekaran, Holcomb *et al.* 2009).

Baicalein: Baicalein is a flavonoid extracted from the roots of chinese herbal medicine *Scutellaria baicalensis* (Heo, Kim *et al.* 2004, Lu, Ardah *et al.* 2011, Zhang, Obregon *et al.* 2013). Some studies show the importance of this compound in AD. Studies have suggested that baicalein can reduce the cytotoxicity of $A\beta$, probably by a decrease of oxidative stress, through inhibition of reactive oxygen species production (Heo, Kim *et al.* 2004, Choi, Choi *et al.* 2010, Moslehi, Meshkini *et al.* 2012, Bend, Xia *et al.* 2015). Baicalein inhibited $A\beta$ -induced membrane damage and neurotoxicity in a dose dependent pattern (Heo, Kim *et al.* 2004). The effect of baicalein on $A\beta$ aggregation and toxicity was also studied. The results proved that baicalein could inhibit $A\beta$ fibrillation and oligomerisation, disaggregate pre-formed $A\beta$ amyloid fibrils and prevent $A\beta$ fibril-induced toxicity (Lu, Ardah *et al.* 2011). Existing $A\beta$ fibrils are disaggregated by baicalein, suggesting that the depolymerization of $A\beta$ fibrils happened (Song, Wang *et*

al. 2012). A study also suggests that baicalein promotes a non-amyloidogenic pathway of APP processing, by the increase of α -secretase and the reduction of β -secretase activity. Thereby, it reduces the A β production. Also, it was observed that baicalein is able to prevent phosphorylation of tau in APP/PS1 mice and improve cognitive performance (Zhang, Obregon *et al.* 2013, Wei, Tang *et al.* 2014, Gu, Xu *et al.* 2016).

Berberine: Berberine is a natural isoquinoline alkaloid isolated from *Rhizoma coptidis*, an important herb widely used in Chinese herbal medicine (Asai, Iwata *et al.* 2007, Ji and Shen 2011). Some studies have been conducted to verify its importance in AD. Evidences suggest that berberine reduces extracellular A β levels by the alteration in APP processing (Asai, Iwata *et al.* 2007, Durairajan, Liu *et al.* 2012). More specifically, berberine reduce the A β production by inhibition of β -secretase expression in a rabbit model of AD (male New Zealand white rabbits) (Zhu, Wu *et al.* 2011, Zhu, Wu *et al.* 2011, Panahi, Mahmoudian *et al.* 2013, Huang, Jiang *et al.* 2017). The treatment of TgCRND8 mice, a well-established transgenic mouse model of AD, with berberine also inhibited significantly the hyperphosphorylation of APP and tau (Yu, Tian *et al.* 2011, Durairajan, Liu *et al.* 2012). Also, berberine has been also demonstrates to be advantageous to AD through their anti-inflammation properties, antioxidative effects scavenging reactive oxygen species (ROS) and reactive nitrogen species (RNS) and suppressing lipid peroxidation involved in A β formation and accumulation (Rackova, Majekova *et al.* 2004, Yokozawa, Ishida *et al.* 2004, Asai, Iwata *et al.* 2007, Xu and Zhou 2010, Yu, Tian *et al.* 2011, Jia, Liu *et al.* 2012, Abd El-Wahab, Ghareeb *et al.* 2013, Xu, Zhang *et al.* 2013, Das, Mazumder *et al.* 2015). A recent work finds that berberine could promote A β clearance and inhibit A β production in the triple-transgenic mouse model of AD (3 \times Tg-AD). A reduction of extracellular and intracellular A β , APP levels and A β plaque deposition in the hippocampus of AD mice was observed (Huang, Jiang *et al.* 2017).

Caffeine: Caffeine is a methylxanthine and probably the most widely consumed psychoactive substance in the world. The principal source of caffeine is the coffee bean, from which coffee is brewed (Arendash, Schleif *et al.* 2006). Caffeine is present in numerous dietary sources consumed around the world, including coffee, tea, cocoa beverages, candy bars, and soft drinks (Nehlig 1999). Epidemiological studies have

shown that caffeine consumption has an inverse relation with the incidence of AD (Maia and de Mendonca 2002). The long-term ingestion of caffeine is directly related with improved cognitive performance and memory. This benefic effect may be due to reduced expression of presenilin (PS)1, β -secretase and γ -secretase, indicating that decreased A β production can be a mechanism of caffeine cognitive protection (Arendash, Schleif *et al.* 2006, Arendash, Mori *et al.* 2009). An epidemiological study suggested that caffeine consumption resulted in lower cortical and hippocampal A β level, including A β ₁₋₄₀ and A β ₁₋₄₂ (Arendash, Schleif *et al.* 2006, Arendash, Mori *et al.* 2009, Cao, Cirrito *et al.* 2009, Chu, Chang *et al.* 2012, Soliman, Geiger *et al.* 2017). The caffeine administration significantly reduced the A β ₁₋₄₂ levels in cortex and hippocampus, 51 and 59%, respectively, when compared to controls. Similarly, A β ₁₋₄₀ levels reduced 25% in cortex and 37% in hippocampus after the caffeine treatment (Arendash, Mori *et al.* 2009). The reduction of A β levels can be due to the ability of caffeine to inhibit the formation of β -sheets (Sharma, Kalita *et al.* 2016). Caffeine has been suggested as anti-inflammatory and antioxidant compound (Brothers, Marchalant *et al.* 2010, Prasanthi, Dasari *et al.* 2010, Prasanthi, Dasari *et al.* 2010, Ruiz-Medina, Pinto-Xavier *et al.* 2013, Ullah, Ali *et al.* 2015). In addition to the processes mentioned above, caffeine can protect against AD pathology through its antioxidant properties. The reduction in A β levels after the administration caffeine can be associated with reduction in oxidative stress (Prasanthi, Dasari *et al.* 2010). The improved memory caused by caffeine can be also associated with reduced hippocampal tau phosphorylation and proteolytic fragments (Prasanthi, Dasari *et al.* 2010, Prasanthi, Dasari *et al.* 2010, Currais, Kato *et al.* 2011, Laurent, Eddarkaoui *et al.* 2014). Besides, a study demonstrated that caffeine can enhance brain A β clearance, and this effect could explain, in part, the protective effect of caffeine against AD (Qosa, Abuznait *et al.* 2012).

Colostrinin: Colostrinin is a mixture of proline-rich polypeptides derived from colostrums. This is a form of milk produced by mammary glands in the final step of the pregnancy (Popik, Bobula *et al.* 1999). *In vitro* evidences have revealed that colostrinin inhibits A β aggregation and the formation of short A β fibrils. Also, it simplifies the disassembly of existing aggregates by disrupting β -sheet bonding (Popik, Bobula *et al.* 1999, Schuster, Rajendran *et al.* 2005). Additionally, a study demonstrates that

colostrinin can solubilize A β fibrils reducing de fibril formation (Bourhim, Kruzel *et al.* 2007). Colostrinin facilitated spatial learning and helped to maintain cognitive and daily functions in patients with mild to moderate AD (Popik, Bobula *et al.* 1999, Schuster, Rajendran *et al.* 2005). In addition, a study showed that colostrinin alters gene expression of molecular networks concerned in APP synthesis, tau phosphorylation and increased levels of enzymes that proteolitically eliminate A β (Szaniszlo, German *et al.* 2009). Moreover, studies have revealed that colostrinin is an oxidative stress modulator and decreased the expression of inflammatory chemokines and cytokines (Boldogh and Kruzel 2008, Szaniszlo, German *et al.* 2009). Studies on cultured cells demonstrated that colostrinin modulates intracellular levels of ROS, via regulation of glutathione metabolism, activity of antioxidant enzymes and mitochondria function (Boldogh and Kruzel 2008).

Crocin: Crocin is the main carotenoid present in the saffron flower (*Crocus sativus*) stigma and it has many medicinal properties. An experiment showed that crocin inhibited the fibril formation due to their ability to bind to the A β hydrophobic regions (Papandreou, Kanakis *et al.* 2006). Crocin decreased the number of fibrils formed and significantly reduced the average fibril length of A β ₁₋₄₀ (Ghahghaei, Bathaie *et al.* 2012). An additional study affirmed that the anti-amyloidogenic effect of crocin may be exerted not only by the inhibition of A β fibril formation but also by the disruption of A β aggregates (Ghahghaei, Bathaie *et al.* 2013). Besides, other studies affirmed that the beneficial effects of crocin on memory processing might be attributed to its favorable antioxidant and anti-inflammatory effects (Nam, Park *et al.* 2010, Naghizadeh, Mansouri *et al.* 2013, Finley and Gao 2017).

Curcumin: Curcumin, or diferuloylmethane, is a well-known active ingredient used in the traditional herbal remedy and Indian cuisine. It is isolated from the root of *Curcuma longa* L. (Ak and Gulcin 2008). Curcumin may represent a promising approach for preventing or treating AD because it has a number of beneficial properties with neuroprotective efficacy, including anti-inflammatory, antioxidant, and anti-fibrilogenic activities. *In vivo* and *in vitro* studies demonstrated the ability of curcumin to inhibit the generation of A β , formation of A β oligomers, A β fibrils, formation of amyloid plaques, and A β aggregation, but also destabilizing preformed A β fibrils (Ono, Hasegawa *et al.*

2004, Yang, Lim *et al.* 2005, Zhang, Si *et al.* 2010, Zhang, Zhang *et al.* 2011, Caesar, Jonson *et al.* 2012, Huang, Chang *et al.* 2012, Zhang, Sun *et al.* 2013, Wang, Su *et al.* 2014, Wang, Xu *et al.* 2015, Thapa, Jett *et al.* 2016). Besides that, curcumin reduced A β deposition improving cognitive performance in a transgenic animal model of AD (5XFAD) (McClure, Ong *et al.* 2017). Curcumin treatment was found to decrease A β production by attenuating the maturation of APP in the secretory pathway (Lim, Chu *et al.* 2001, Zhang, Browne *et al.* 2010). In addition, it was reported that curcumin suppressed the up-regulation of APP, β and γ -secretase levels and also decreased PS1 (Lin, Chen *et al.* 2008, Shimmyo, Kihara *et al.* 2008, Zhang, Browne *et al.* 2010, Zhang, Si *et al.* 2010, Xiong, Hongmei *et al.* 2011, Zhang, Zhang *et al.* 2011, Zhang, Sun *et al.* 2013, Wang, Su *et al.* 2014). A recent research showed that curcumin administration dramatically reduced A β production by downregulating β -secretase, preventing synaptic degradation, and improving spatial learning and memory impairment of 5 \times FAD mice (Zheng, Dai *et al.* 2017). On the other hand, curcumin decrease tau hyperphosphorylation (Park, Kim *et al.* 2008, Lin, Yu *et al.* 2013). Several other beneficial effects have been attributed to curcumin, including anti-inflammatory and antioxidant properties (Lim, Chu *et al.* 2001, Aggarwal, Kumar *et al.* 2003, Shimmyo, Kihara *et al.* 2008, Ray and Lahiri 2009, Huang, Chang *et al.* 2012, Shi, Zheng *et al.* 2015, Yang, Liang *et al.* 2015, Huang, Zheng *et al.* 2016, Uğuz, Öz *et al.* 2016).

Docosahexaenoic acid: Docosahexanoic acid (DHA) is an essential n-3 polyunsaturated fatty acid found predominantly in marine fish and algae. This polyunsaturated fatty acid is also found in the central nervous system, synaptic system and other cellular membranes. Several epidemiological and *in vivo* studies have been shown that DHA has protective effects against AD and cognitive alterations. A study suggested that DHA have an antioxidant activity because it suppressed the increase in lipid peroxide and ROS levels in the cerebral cortex and hippocampus of the AD model rats (Hashimoto, Hossain *et al.* 2002, Cole and Frautschy 2006, De Wilde, Van Der Beek *et al.* 2010, Hashimoto, Hossain *et al.* 2015). Some experiments have demonstrated that DHA administration reduces amyloidogenic processing by decreasing β - and γ -secretase activity and increases the stability of α -secretase resulting in

increased non-amyloidogenic APP processing reduced amounts of A β ₁₋₄₂ (Lim, Calon *et al.* 2005, Sahlin, Pettersson *et al.* 2007, Grimm, Kuchenbecker *et al.* 2011). In addition, DHA reduced the levels of A β oligomeric and at micellar concentrations stabilize soluble protofibrils hindering their conversion to insoluble fibrils through reducing of A β fibrillation (Johansson, Garlind *et al.* 2007, Hashimoto, Shahdat *et al.* 2008, Hashimoto, Shahdat *et al.* 2009, Hossain, Hashimoto *et al.* 2009). Results clearly indicated that DHA inhibited A β ₁₋₄₂ fibril formation with a concomitant reduction in the levels of soluble A β ₁₋₄₂ oligomers. The polymerization into fibrils of preformed oligomers treated with DHA was inhibited, indicating that DHA not only obstructs their formation but also inhibits their transformation into fibrils (Hossain, Hashimoto *et al.* 2009). Image analysis of brain sections revealed that overall plaque burden was significantly reduced in 40.3%, with the largest reductions (40-50%) in the hippocampus and parietal cortex (Lim, Calon *et al.* 2005). Besides that, DHA reduces the secreted A β levels and increases A β degradation (De Wilde, Van Der Beek *et al.* 2010, Hashimoto, Hossain *et al.* 2015) by affecting insulin-degrading enzyme, the major A β -degrading enzyme secreted into the extracellular space of neuronal and microglial cells (Grimm, Mett *et al.* 2016).

Epigallocatechin gallate: Epigallocatechin gallate (EGCG) is a major polyphenolic compound present in green tea (*Camellia sinensis*). Several studies have proved that EGCG exerts neuroprotective actions. Studies showed that EGCG promotes cleavage of α APP, increasing in six times the α APP release. These cleavage events are associated with elevated α -secretase activity and decreases β - and γ -secretase activities, which lead to the reduction of A β levels and plaques in brain (Jeon, Bae *et al.* 2003, Rezai-Zadeh, Shytle *et al.* 2005, Rezai-Zadeh, Shytle *et al.* 2005, Shimmyo, Kihara *et al.* 2008, Lee, Lee *et al.* 2009, Lee, Yuk *et al.* 2009, Zhang, Li *et al.* 2017). Moreover, EGCG inhibited the A β fibrillation *in vitro* by directly binding to the natively unfolded polypeptides and preventing their conversion into toxic species (Ehrnhoefer, Bieschke *et al.* 2008). In addition, EGCG inhibited A β oligomerization in transgenic *Caenorhabditis elegans* and fibril formation, disassembles preformed A β fibrils, converting large and mature A β fibrils into smaller and modulates tau hyperphosphorylation in transgenic mice (Rezai-Zadeh, Arendash *et al.* 2008, Hauber,

Hohenberg *et al.* 2009, Abbas and Wink 2010, Harvey, Musgrave *et al.* 2011). EGCG has the ability to inhibit the aggregation of tau into toxic oligomers and to increase the clearance of phosphorylated tau species (Wobst, Sharma *et al.* 2015, Chesser, Ganeshan *et al.* 2016). Lastly, EGCG has also been reported to exhibit potent antioxidant (Jeong, Kim *et al.* 2004, Kim, Lee *et al.* 2009, Biasibetti, Tramontina *et al.* 2013, Zhang, Li *et al.* 2017) and anti-inflammatory properties (Lee, Yuk *et al.* 2009, Lee, Choi *et al.* 2013, Cheng-Chung Wei, Huang *et al.* 2016).

Ferulic acid: Ferulic acid is a ubiquitous phenolic compound found in several fruits and vegetables. Ferulic acid is a naturally occurring antioxidant useful in therapeutic methodology against AD (Kanski, Aksenova *et al.* 2002, Kanski, Aksenova *et al.* 2002, Picone, Nuzzo *et al.* 2013, Maruf, Lip *et al.* 2015, Tsai, Wu *et al.* 2015, Shen, Zhang *et al.* 2016). Ferulic acid has the ability to inhibit A β production through the decreasing of β -secretase activity reducing amyloidogenic APP proteolysis (Ono, Hirohata *et al.* 2005, Mori, Koyama *et al.* 2013). The inhibition of the β -sheets that are required for the A β_{1-42} monomer-to-oligomer transition was also observed, inhibiting the A β_{1-42} aggregation (Cui, Zhang *et al.* 2013, Zhang, Cui *et al.* 2013). Amyloid deposition was also reduced with ferulic acid in a transgenic amyloid precursor protein (APP)^{swe}/presenilin 1 (PS1)^{dE9} (APP/PS1) mouse model of AD (Yan, Jung *et al.* 2013). Besides, this compound destabilized and disrupted preformed A β fibrils (Ono, Hirohata *et al.* 2005).

Fisetin: Fisetin is a flavonoid found in plants such as the Japanese fruit wax tree (*Rhus succedanea*), and in very small amounts in strawberries, tomatoes, onions and other foods. This compound has been reported as inhibitor of A β aggregation, thereby inhibiting A β fibril formation (Akaishi, Morimoto *et al.* 2008, Akaishi, Morimoto *et al.* 2008). Treatment of cortical cells or primary neurons with fisetin resulted in significant decreases in the levels of phosphorylated tau (Kim, Choi *et al.* 2016). Furthermore, fisetin has been suggested as an antioxidant and anti-inflammatory which makes this flavonoid an important compound for the AD prevention (Zheng, Ock *et al.* 2008, Maher 2009, Ahmad, Ali *et al.* 2017).

Galantamine: Galantamine is produced by *Galanthus woronowii* Losinsk., some species of *Narcissus* and *Leucojum aestivum*. A study showed that galantamine may be

implicated in modifying AD pathophysiological mechanisms by reduces A β deposition, neuroinflammation, inhibiting A β aggregation, and facilitating A β clearance (Matharu, Gibson *et al.* 2009, Takata, Kitamura *et al.* 2010, Wu, Zhao *et al.* 2015). Antioxidant activity of galantamine was also proven (Melo, Sousa *et al.* 2009, Tsvetkova, Obreshkova *et al.* 2013). Results strongly support that galantamine improves cognitive and behavioral symptoms in AD due to its capacity to delay A β plaque formation in an AD mouse model (5XFAD) (Bhattacharya, Haertel *et al.* 2014). Additionally, galantamine binding to A β peptide dimer leads to a significant conformational change that disrupts interactions between individual β -strands and promotes a nontoxic conformation of A β to prevent the formation of neurotoxic oligomers (Rao, Mohamed *et al.* 2013). On the other hand, galantamine reduces A β production by inhibiting β -secretase, stimulating the non-amyloidogenic pathway (Li, Wu *et al.* 2010).

Gallic acid: Gallic acid is a type of phenolic acid found in a variety of foods and herbs. Gallic acid is the major component of grape seed extract. The use of gallic acid can improve spatial learning and memory impairment for several reasons. The first reason is that gallic acid has antioxidant and anti-inflammatory properties (Kim, Seong *et al.* 2011, Mansouri, Farbood *et al.* 2013, Mansouri, Naghizadeh *et al.* 2013, Hajipour, Sarkaki *et al.* 2016). Further, gallic acid inhibits fibril formation through the promotion of the non-amyloidogenic pathway by the increase of α -secretase activity and inhibits A β oligomerization (Valizadeh, Eidi *et al.* 2012, Liu, Pukala *et al.* 2013, Jayamani and Shanmugam 2014, Hajipour, Sarkaki *et al.* 2016).

Huperzine A: Huperzine A, an alkaloid extract from *Huperazia serrata* is an antioxidant due to their ability to inhibit ROS formation and reduce lipid peroxidation (Xiao, Wang *et al.* 2000, Xiao, Zhang *et al.* 2002, Xiao, Zhang *et al.* 2002). A study demonstrated that huperzine A increases α APPs release, suggesting an increase in APP metabolism toward the non-amyloidogenic pathway. This result suggests that huperzine A has a modulatory effect on α -secretase activity (Peng, Jiang *et al.* 2006, Peng, Lee *et al.* 2007). As a consequence, the A β level decrease significantly, suggesting an inhibitory effect of Huperzine A in A β production (Peng, Jiang *et al.* 2006).

Kaempferol: Kaempferol is a natural polyphenolic flavonoid found in a variety of fruits, vegetables, wine and tea. Studies have shown that kaempferol acts as antioxidant and anti-inflammatory (Marfak, Trouillas *et al.* 2003, Garcia-Mediavilla, Crespo *et al.* 2007). One study showed that kaempferol inhibits the formation of A β fibrils as well as their extension and destabilizes preformed A β fibrils (Ono, Yoshiike *et al.* 2003). Probably, the inhibition of A β fibrils formation is caused by their capacity to inhibit A β aggregation (Akaishi, Morimoto *et al.* 2008). Another study reported that kaempferol is a β -secretase inhibitor (Shimmyo, Kihara *et al.* 2008). For these reasons, this polyphenol could be a key molecule for the development of preventives and therapeutics for AD.

Luteolin: Luteolin is a natural polyphenol flavonoid that exists in many types of plants including fruits, vegetables, and medicinal herbs. Accumulating evidence has shown that luteolin exhibit potent anti-inflammatory properties and antioxidant mechanisms that protect against oxidative stress (Pavlica and Gebhardt 2010, Zhu, Bi *et al.* 2011, Zhao, Yao-Yue *et al.* 2012, Zhang, Xing *et al.* 2017). An experimental study discovered that luteolin is a potent inhibitor of β -secretase. Until the date, it is one of the most potent natural product inhibitors of β -secretase (Choi, Hur *et al.* 2008, Zheng, Yuan *et al.* 2015). Another study revealed that luteolin is able to regulate tau hyperphosphorylation (Zhou, Chen *et al.* 2012).

Melatonin: Melatonin is an alkaloid found in animals, plants, fungi and bacteria. A number of experiments have shown that melatonin is a potent antioxidant due to their ability in neutralize oxygen-derived free radicals, reduce ROS production and scavenge species of other types such as carbon-centered free radicals (Daniels, van Rensburg *et al.* 1998, Pappolla, Chyan *et al.* 2000, Clapp-Lilly, Smith *et al.* 2001, Matsubara, Bryant-Thomas *et al.* 2003, Feng, Qin *et al.* 2006, Gunasingh, Philip *et al.* 2008). In addition, a study reported the beneficial effects of melatonin on inflammation (Jesudason, Baben *et al.* 2007). Farther, melatonin has been described as an anti-aggregation agent. A study demonstrated that melatonin inhibits the progressive formation of β -sheets and amyloid fibrils, decreasing the A β_{1-42} and A β_{1-40} levels in the rat brains (Pappolla, Bozner *et al.* 1998, Poeggeler, Miravalle *et al.* 2001, Rudnitskaya, Muraleva *et al.* 2015). Another investigation affirmed that melatonin inhibits β - and γ -

secretase activity and PS1/PS2 but also activates the α -secretase expression thereby favoring the non-amyloidogenic pathway (Panmanee, Nopparat *et al.* 2015).

Myricetin: Myricetin is a naturally occurring flavonoid found in many grapes, berries, fruits, vegetables, and herbs as well as other plants. This compound is classified as a strong antioxidant. Evidences revealed that myricetin is an antioxidant that prevented the formation of A β aggregates, as well as their extension, with a persistent level of monomes (Shimmyo, Kihara *et al.* 2008, Fiori, Naldi *et al.* 2012). These effects were based on two mechanisms: the activation and up-regulation of α -secretase and the inhibition of β -secretase (Shimmyo, Kihara *et al.* 2008). A high inhibitory effect of myricetin on fibrillogenesis of A β was also observed. A study demonstrated an anti-amyloidogenic effect through the reversible binding of myricetin to fibrillar A β , but not to the monomeric species, causing A β conformational changes (Hirohata, Hasegawa *et al.* 2007). Additionally, this compound destabilized preformed A β fibrils (Ono, Yoshiike *et al.* 2003).

Nicotine: Nicotine is an alkaloid isolated from the leaves of tobacco plant (*Nicotiana tabacum*) that affects multiple stages of amyloidogenesis *in vitro*. A study reported that nicotine may effectively reduce A β aggregation in brain, inhibiting the formation and extension of A β fibrils, and it was able to destabilize preformed A β fibrils, causing a significantly reduction of A β levels and plaque levels by more than 80% (Nordberg, Hellstrom-Lindahl *et al.* 2002, Ono, Hasegawa *et al.* 2002, Srivareerat, Tran *et al.* 2011). This reduction can be due to the decrease of APP (Lahiri, Utsuki *et al.* 2002, Utsuki, Shoaib *et al.* 2002). Nicotine retards amyloidogenesis by preventing an α -helix to β -sheet conformational transformation, decreasing β -secretase and PSEN1 expression (Salomon, Marcinowski *et al.* 1996, Nie, Li *et al.* 2011, Srivareerat, Tran *et al.* 2011, Alkadhi, Alzoubi *et al.* 2012). In addition to the reasons mentioned above, a different study suggests that the beneficial/protective effects of nicotine in AD may be, at least partly, due to antioxidant mechanisms (Linert, Bridge *et al.* 1999).

Puerarin: Puerarin, an isoflavanone glycoside extracted from the dried roots of *Pueraria lobata*, has been reported to be useful in the treatment of various diseases. Studies found that puerarin had potent effects in improving spatial learning and memory

by inhibiting the phosphorylation of tau in APP/PS1 double transgenic mice (Xu 2003, Zhou, Xie *et al.* 2014, Zhao, Yang *et al.* 2015, Mei, Tan *et al.* 2016). The anti-AD effects of puerarin suggested to be related to its abilities to decrease the oxidative stress and the neuroinflammation associated with AD (Jiang, Liu *et al.* 2003, Mahdy, Mohamed *et al.* 2014, Zhou, Xie *et al.* 2014, Zhao, Yang *et al.* 2015).

Quercetin: Quercetin is a flavonol founded in fruits, vegetables, herbs, tea, and wine. Studies showed that quercetin decreased oxidative stress by the strong decrease of ROS generation and the index of lipid peroxidation (Heo and Lee 2004, Jimenez-Aliaga, Bermejo-Bescos *et al.* 2011, Ademosun, Oboh *et al.* 2016). Moreover, quercetin disaggregated A β fibrils, transforming the fibrils into amorphous aggregates (Wang, Wang *et al.* 2011). Quercetin, by specifically activating macroautophagy and proteasomal degradation pathways, proved to be able to prevent A β ₁₋₄₂ aggregation, inhibiting the formation of A β fibrils and reducing brain A β levels in amyloid model mice (5xFAD) (Jimenez-Aliaga, Bermejo-Bescos *et al.* 2011, Regitz, Dussling *et al.* 2014, Zhang, Hu *et al.* 2016). Additionally, this compound is a natural β -secretase inhibitor (approximately 20–30%) and can attenuate tau hyperphosphorylation (Shimmyo, Kihara *et al.* 2008, Chen, Deng *et al.* 2016).

Resveratrol: Resveratrol is a natural non-flavonoid polyphenol founded in high concentrations in grapes (*Vitis vinifera* L. (Vitaceae)). Studies showed that resveratrol markedly slow down the formation of A β fibrils and their extension by disrupting A β ₁₋₄₂ hydrogen bonding and promote intracellular degradation of A β aggregates and preformed A β ₁₋₄₂ fibrils *in vitro* through promotion of intracellular proteosomal activity (Marambaud, Zhao *et al.* 2005, Feng, Wang *et al.* 2009). Also *in vitro* studies showed that resveratrol interfere in A β ₁₋₄₂ aggregation, retarding or even inhibiting the aggregation of A β , and change the A β ₁₋₄₂ oligomers conformation (Feng, Wang *et al.* 2009, Loureiro, Andrade *et al.* 2017). Resveratrol selectively remodels three of conformers (soluble oligomers, fibrillar intermediates, and amyloid fibrils) into an alternative aggregated species that are non-toxic, high molecular weight, and unstructured (Ladiwala, Lin *et al.* 2010). Besides that, resveratrol reduced the insoluble A β ₁₋₄₂ level in hippocampus and plaque formation in medial cortex (-48%), striatum (-89%) and hypothalamus (-90%) (Karuppagounder, Pinto *et al.* 2009, Zhao, Li *et al.*

2015). A study suggests that resveratrol reduces the A β levels by promoting a non-amyloidogenic processing of APP (Marambaud, Zhao *et al.* 2005). In addition, resveratrol exerts anti-inflammatory and antioxidant effects (Fremont 2000, Kumar, Naidu *et al.* 2007, de Almeida, Leite *et al.* 2008, Gong, Li *et al.* 2010, Lu, Ma *et al.* 2010, Ma, Sun *et al.* 2013, Rege, Geetha *et al.* 2015, Moussa, Hebron *et al.* 2017). Specifically, it scavenges ROS and up-regulates cellular antioxidants including glutathione (Jang and Surh 2003, Granzotto and Zatta 2011). Lastly, resveratrol can inhibit tau hyperphosphorylation (He, Li *et al.* 2017).

Retinoic acid: In similarity with retinal, retinoic acid is also a naturally occurring terpenoid, a metabolite of vitamin A reported to have anti-aggregation activity and A β fibrils clearance activity (Ono, Yoshiike *et al.* 2004). Retinoic acid can suppress the production of A β through direct inhibition of β - and γ -secretase activity and the promotion of α -secretase activity (Koryakina, Aeberhard *et al.* 2009, Tippmann, Hundt *et al.* 2009, Kapoor, Wang *et al.* 2013).

Salvianolic acid B: Salvianolic acid B is a phenylpropanol isolated from the root of *Salvia miltiorrhiza*, a Chinese herbal medicine. Salvianolic acid B is a promising agent in treatment of neurodegenerative diseases. Studies demonstrated that salvianolic acid B is a potent natural antioxidant, which could scavenge superoxide anion, ROS and hydroxyl radicals and inhibit lipid peroxidation (Huang and Zhang 1992). This compound can significantly suppress the accumulation of A β , inhibit A β aggregation, thereby preventing the formation of A β and disaggregate A β fibrils (Tang and Zhang 2001, Durairajan, Yuan *et al.* 2008, Cheng, Gong *et al.* 2013). A study suggests that salvianolic acid B is a promising therapeutic agent for AD by inhibiting A β generation by suppressing β -secretase (Tang, Huang *et al.* 2016).

Vitamin C: The richest natural sources of vitamin C are fruits and vegetables, and of those, the Kakadu plum and the camu camu fruit contain the highest concentration. Data showed that individuals with lower plasma vitamin C values are at high risk for developing AD (Helmer, Peuchant *et al.* 2003). Several studies conducted in mice reported that vitamin C prevented brain oxidative damage through their potent antioxidant activity for neutralizing free radicals (Tabet, Mantle *et al.* 2002, Choi,

Conrad *et al.* 2003, Martin 2003, Ho and Chang 2004, Sil, Ghosh *et al.* 2016). A study reported that vitamin C attenuated A β oligomers formation and behavioral decline in an AD mouse model. The attenuation of A β oligomerization was accompanied with a marked decrease in the ratio of soluble A β ₁₋₄₂ to A β ₁₋₄₀ (Murakami, Murata *et al.* 2011). In addition, the high supplementation of vitamin C resulted in the reduction of A β plaque burden in the cortex and hippocampus in mice with AD (Kook, Lee *et al.* 2014).

Vitamin E: The vitamin E is present in several fruits and vegetables including wheat germ and almond oils. It was observed that the risk for developing AD increases in individual with lower plasma vitamin E values (Helmer, Peuchant *et al.* 2003). Studies showed that vitamin E acts as a major chain-breaking lipid soluble antioxidant responsible for blocking lipidic peroxidation. It also appears to have the function of scavenging free A β -associated radicals (Subramaniam, Koppal *et al.* 1998, Butterfield, Koppal *et al.* 1999, Yatin, Yatin *et al.* 1999). Conducted trials in mice proved that pretreatment with vitamin E prevented brain oxidative damage (Choi, Conrad *et al.* 2003, Giraldo, Lloret *et al.* 2014). Besides that, vitamin E possesses anti-inflammatory activity (Rosales-Corral, Tan *et al.* 2003). Other study using a transgenic model of AD (Tg2576) revealed that when vitamin E was administered at a young age showed a significant reduction in A β levels and amyloid deposition, reducing neuronal injuries (Sung, Yao *et al.* 2004, Kong, Yao *et al.* 2007).

Table 1 - Natural products with neurological activities, their typical origin and their mode of action.

Compound	Typical origin	Mechanism of action
Apigenin	<i>Matricaria chamomilla</i>	Antioxidant; Anti-inflammatory; Inhibition of β -secretase; Inhibition of A β deposition
Asiatic acid	<i>Centella asiatica</i>	Antioxidant; Inhibition of β -secretase; Activation of α -secretase; A β clearance
Baicalein	<i>Scutellaria baicalensis</i>	Antioxidant; Activation of α -secretase; Inhibition of β -secretase; Inhibition of A β fibrillation, A β oligomerization and A β aggregation; Clearance of A β fibrils; Inhibition of tau hyperphosphorylation
Berberine	<i>Rhizoma coptidis</i>	Antioxidant; Anti-inflammatory; Inhibition of β -secretase; A β clearance; Inhibition of tau hyperphosphorylation
Caffeine	Coffee bean	Antioxidant; Anti-inflammatory; Inhibition of β and γ -secretase; A β clearance; Inhibitor of β -sheet formation; Inhibitor of tau hyperphosphorylation
Colostrinin	Colostrum	Antioxidant; Anti-inflammatory; Inhibition of A β aggregation; Clearance of A β aggregates
Crocin	<i>Crocus sativus</i>	Antioxidant; Anti-inflammatory; Inhibition of A β fibrils formation; Clearance of A β aggregates
Curcumin	<i>Curcuma longa</i>	Antioxidant; Anti-inflammatory; Inhibition of β -and γ -secretase; Inhibition of A β fibrillation; Inhibition of A β aggregation; Inhibition of A β fibril formation; Inhibition of A β plaques formation; Clearance of A β fibrils; Inhibition of tau hyperphosphorylation

Compound	Typical origin	Mechanism of action
Docosahexaenoic acid	Marine fish and algae	Antioxidant; Inhibition of β - and γ -secretase; Activation of α -secretase; Inhibition of A β fibril formation, A β fibrillation and A β oligomerization; A β degradation
Epigallocatechin gallate	<i>Camellia sinensis</i>	Antioxidant; Anti-inflammatory; Inhibition of β - and γ -secretase; Activation of α -secretase; Inhibition of A β fibrillation and A β oligomerization; Clearance of A β fibrils; Inhibition of tau hyperphosphorylation; Inhibition of tau aggregation; Clearance of tau fibrils
Ferulic acid	<i>Ferula communis</i>	Antioxidant; Inhibition of β -secretase; Inhibition of A β fibrillation and A β aggregation; Clearance of A β fibrils
Fisetin	<i>Rhus succedanea</i>	Antioxidant; Anti-inflammatory; Inhibition of A β aggregation; Inhibition of A β fibril formation
Galantamine	<i>Galanthus woronowii</i> Losinsk.	Antioxidant; Anti-inflammatory; Inhibition of β -secretase; Inhibition of A β deposition; Inhibition of A β aggregation; Inhibition of A β plaque formation; A β clearance
Gallic acid	<i>Camellia sinensis</i>	Antioxidant; Anti-inflammatory; Activation of α -secretase; Inhibition of A β oligomerization
Huperzine A	<i>Huperazia serrata</i>	Antioxidant; Activation of α -secretase
Kaempferol	<i>Camellia sinensis</i>	Antioxidant; Anti-inflammatory; Inhibition of β -secretase; Inhibition of A β aggregation; Clearance of A β fibrils
Luteolin	<i>Perilla frutescens</i>	Antioxidant; Anti-inflammatory; Inhibition of β -secretase; Inhibition of tau hyperphosphorylation

Compound	Typical origin	Mechanism of action
Melatonin	Pineal glands	Antioxidant; Anti-inflammatory; Inhibition of β - and γ -secretase; Activation of α -secretase; Inhibition of A β aggregation and A β fibrillation
Myricetin	<i>Myristica fragrans</i>	Antioxidant; Inhibition of β -secretase; Activation of α -secretase; Inhibition of A β fibrillation; Clearance of A β fibrils
Nicotine	<i>Nicotiana tabacum</i>	Antioxidant; Inhibition of β -secretase; Inhibition of A β aggregation and β -sheet formation; Clearance of A β fibrils
Puerarin	<i>Pueraria lobata</i>	Antioxidant; Anti-inflammatory; Inhibition of tau hyperphosphorylation
Quercetin	Apple	Antioxidant; Inhibition of β -secretase; Inhibition of A β aggregation; Clearance of A β fibrils; Inhibition of tau hyperphosphorylation
Resveratrol	<i>Vitis vinifera</i>	Antioxidant; Anti-inflammatory; Activation of α -secretase; Inhibition of A β aggregation; Inhibition of A β conformation; Clearance of A β ; Inhibition of tau hyperphosphorylation
Retinoic acid	Carotenoids	Inhibition of β - and γ -secretase; Activation of α -secretase; Inhibition of A β aggregation; Clearance of A β fibrils
Salvianolic acid B	<i>Salvia miltiorrhiza</i>	Antioxidant; Inhibition of β -secretase; Inhibition of A β accumulation; Inhibition of A β aggregation; Clearance of A β fibrils
Vitamin C	Kakadu plum	Antioxidant; Inhibition of A β oligomers formation
Vitamin E	Wheat germ oil	Antioxidant; Anti-inflammatory

IV. Conclusions

AD is known as the most important neurodegenerative disease and the most common cause of dementia among the elderly. This disease is multifactorial and incapacitating that deprives patients of basic cognitive functions, culminating in a state of dementia and complete loss of independence. At the moment, no pharmacologically effective treatment to stop or cure the progression of AD has been developed. With the increase of average life expectancy, the discovery and development of new drugs to treat AD is highly demanding.

The potential of natural products for the prevention and cure of AD is supported by the literature. The majority of natural compounds studied to date with a direct relevance to AD are mainly from plants, with comparatively few molecules derived from marine and microbial sources. As multiple causative factors exist for the pathology of AD, various mechanisms may be associated with the preventative effects and treatment. Most of these natural products are rich in polyphenols and have been preferably studied due to their multiple functions (such antioxidant and anti-inflammatory properties). Therefore, in this document was proved that natural products are promising for the future treatment of AD.

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