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Neuroprotective phytochemicals targeting dopaminergic neurons in Parkinson's disease

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Abstract

Parkinson's Disease (PD) is a progressive neurodegenerative disorder primarily caused by the irreversible loss of dopaminergic neurons. Current therapies offer only symptomatic relief, failing to halt the disease's progression. This limitation has prompted the search for new neuroprotective agents, with phytochemicals emerging as a promising area of research. This review explores the potential of various plant-derived compounds, including *Curcumin*, Resveratrol, *Withania somnifera*, and *Bacopa monnieri*. These agents demonstrate their protective effects by targeting the core pathological mechanisms of PD, such as mitigating oxidative stress, reducing neuroinflammation, and inhibiting alpha-synuclein aggregation. We conclude that these compounds offer a multifaceted therapeutic approach. However, further research, including clinical trials and bioavailability studies, is essential to confirm their efficacy and safety for human use.

Keywords: Oxidative Stress, neuroinflammation, alpha-synuclein, curcumin, resveratrol, *Sulforaphane*, *Mucuna pruriens*

Introduction

Parkinson's Disease (PD) is the second most prevalent neurodegenerative disorder worldwide, affecting over 10 million people and placing a significant, escalating burden on global healthcare systems and economies [11, 12]. The clinical presentation of PD is primarily defined by the progressive degeneration of dopaminergic neurons in the substantia nigra pars compacta, a critical brain region for motor control [13, 14]. This neuronal loss leads to a profound deficiency of the neurotransmitter dopamine, which in turn manifests as the hallmark motor symptoms of the disease, including bradykinesia (slowness of movement), rigidity, resting tremor, and postural instability [15, 16]. Beyond these physical signs, PD is also accompanied by a wide range of debilitating non-motor symptoms such as cognitive decline, depression, anxiety, and sleep disorders, which often precede motor symptoms and significantly impact a patient's quality of life [17, 18].

Current therapeutic strategies for PD are largely centered on symptomatic management, with the goal of replenishing dopamine levels in the brain [19, 20]. The most common treatment, levodopa, provides effective relief for motor symptoms in the early stages [21, 22]. However, this symptomatic approach fails to address the underlying neurodegenerative process, meaning the disease continues to progress unabated [23]. Furthermore, prolonged use of levodopa often leads to a phenomenon known as motor fluctuations, where patients experience unpredictable on-off periods of symptom control, as well as a distressing side effect called levodopa-induced dyskinesia (LID), characterized by involuntary, erratic movements [24, 25]. Other pharmacological options, such as dopamine agonists and MAO-B inhibitors, also present their own set of limitations and adverse effects [26, 27]. This pressing need for disease-modifying therapies that can halt or slow neuronal death has intensified the search for new therapeutic agents with neuroprotective properties [28, 29].

In this context, natural products, specifically phytochemicals, have emerged as a promising avenue of research [30, 31]. These plant-derived compounds are gaining considerable scientific attention due to their diverse biological activities and their potential to modulate multiple pathological pathways simultaneously, a concept known as a "multi-target approach" [32, 33, 63]. Many phytochemicals are known to possess potent antioxidant, anti-inflammatory, and anti-apoptotic properties, which directly target the key mechanisms of PD progression [34, 35].

This comprehensive review synthesizes and critically analyzes the latest preclinical research from 2016 to 2025 to provide a unique and up-to-date perspective on the neuroprotective roles of several key phytochemicals.

This article aims to highlight their mechanisms of action and summarize their efficacy in experimental models, this review positions these phytochemicals as key candidates in developing sutsinable, long term therepies for Parkinson's disease.

Pathophysiology of Parkinson's Disease

The complex pathophysiology of PD involves a combination of distinct yet interconnected cellular and molecular events that ultimately lead to the selective death of dopaminergic neurons in the substantia nigra ^[29, 30]. A central hallmark of the disease is the pathological misfolding and aggregation of the presynaptic protein alpha-synuclein, which forms insoluble intracellular inclusions known as Lewy bodies ^[31, 32]. The accumulation and propagation of these alpha-synuclein aggregates are toxic to neurons, impairing vital cellular processes such as the ubiquitin-proteasome system and lysosomal function ^[33, 34]. This protein pathology initiates a cascade of events that contributes significantly to neurodegeneration ^[35, 36].

This destructive process is further exacerbated by severe oxidative stress, which is a critical contributor to neuronal damage in PD [37, 38]. Dopaminergic neurons are particularly susceptible to oxidative damage due to their high metabolic activity and the endogenous production of reactive oxygen species (ROS) during dopamine metabolism [39, 40]. The oxidation of dopamine can generate highly reactive quinones and other toxic byproducts, which, coupled with a compromised cellular antioxidant defense system, leads to an overwhelming buildup of free radicals [41, 42]. This oxidative environment directly damages critical cellular components including DNA, lipids, and proteins, accelerating the demise of vulnerable neurons [43, 44].

In addition, chronic neuroinflammation plays a crucial and amplifying role in PD progression [45, 46]. Microglia, the brain's resident immune cells, become chronically activated in response to aggregated alpha-synuclein and other neuronal debris [47, 48]. In this activated state, these microglia release a host of pro-inflammatory cytokines, chemokines, and reactive oxygen species, creating a hostile microenvironment that is detrimental to the survival of surrounding neurons [49, 50]. The persistent inflammatory response compromises the bloodbrain barrier and impairs the function of other glial cells, amplifying the overall neurodegenerative cascade [51, 52]. The intricate interplay among alpha-synuclein pathology, oxidative stress, and neuroinflammation forms the primary basis of PD progression and provides multiple therapeutic targets for potential neuroprotective agents [53, 54].

Phytochemicals in Parkinson's Disease

The growing understanding of PD's complex pathophysiology has highlighted the need for therapeutic agents that can simultaneously target multiple mechanisms, such as oxidative stress, neuroinflammation, and alpha-synuclein aggregation [55, 56]. In this context, phytochemicals, with their diverse pharmacological properties, have emerged as promising candidates for neuroprotective strategies [57, 58]. Preclinical studies have provided compelling evidence of their potential to mitigate dopaminergic neuronal loss and alleviate PD-related symptoms [59, 60].

• Curcumin

Curcumin, the primary active polyphenol found in turmeric (*Curcuma longa*), has garnered significant attention for its potent antioxidant and anti-inflammatory properties [1, 19]. It

has been shown to protect dopaminergic neurons by scavenging free radicals and modulating antioxidant enzyme systems [30, 40]. Studies have demonstrated that curcumin can attenuate oxidative stress in PD models, thereby preventing neuronal damage [30, 40]. Furthermore, it has been found to modulate inflammatory pathways, reducing the production of pro-inflammatory cytokines and protecting neurons from inflammation-induced toxicity [1, 19]. Research also indicates that curcumin can inhibit the aggregation of alpha-synuclein, a key pathological event in PD, thereby preventing the formation of toxic Lewy bodies [50, 61]. In both in vitro and in vivo models, curcumin and its analogs have been shown to improve motor function and enhance dopaminergic neuron survival [50, 61].

• Resveratrol

Resveratrol is a natural polyphenol present in grapes and red wine, known for its strong antioxidant and neuroprotective effects ^[5, 39]. It exerts its protective actions by activating the Nrf2 signaling pathway, which is a master regulator of the cellular antioxidant response ^[5, 39]. By upregulating antioxidant genes, resveratrol helps to neutralize harmful free radicals and reduce oxidative damage to dopaminergic neurons ^[39, 62]. In addition to its antioxidant role, resveratrol has been shown to possess anti-inflammatory properties, suppressing the activation of microglia and the release of inflammatory mediators ^[5, 39]. Preclinical studies have confirmed that resveratrol can reduce neuronal degeneration and improve motor outcomes in various animal models of PD ^[5, 39]

• Bacopa monnieri

Bacopa monnieri, a perennial herb used in traditional Ayurvedic medicine, contains active bacosides that are known for their cognitive-enhancing and neuroprotective effects [2, 24]. In PD models, *Bacopa monnieri* extract has been found to mitigate motor deficits and protect dopaminergic neurons from degeneration [42, 53]. Its neuroprotective action is largely attributed to its potent antioxidant activity, which helps to counteract the oxidative stress inherent in PD pathology [2, 24]. Research has also suggested that it may play a role in modulating neurotransmitter systems and protecting against neuronal apoptosis [2, 24]. Studies have confirmed that *Bacopa monnieri* can restore motor function and enhance neuronal survival in experimental PD models [42, 53].

• Withania somnifera

Commonly known as Ashwagandha, *Withania somnifera* is an adaptogenic herb widely used in traditional medicine ^[3, 25]. Its neuroprotective potential in PD is linked to its ability to improve dopaminergic function and reduce alpha-synuclein aggregation ^[3, 25]. Studies have shown that its active compounds can protect against neuroinflammation and mitigate neuronal loss in PD models ^[32, 43]. By reducing oxidative stress and inhibiting the formation of toxic protein aggregates, *Withania somnifera* helps to create a more favorable environment for neuronal survival ^[32, 43]. It has also been shown to improve motor deficits in preclinical models, suggesting its potential as a therapeutic agent for PD ^[32, 43].

• Ginkgo biloba

Ginkgo biloba extract, derived from the leaves of the Ginkgo tree, is one of the most widely used herbal supplements for cognitive function and has significant neuroprotective properties [6, 26]. Its primary neuroprotective mechanisms

involve its powerful antioxidant and anti-inflammatory activities [6, 26]. The extract has been shown to scavenge free radicals and inhibit lipid peroxidation, thereby reducing oxidative damage to dopaminergic neurons [36, 45]. Furthermore, *Ginkgo biloba* extract can improve mitochondrial function and restore antioxidant enzyme levels, which are often compromised in PD [36, 45]. Preclinical studies have demonstrated that it can prevent oxidative stress-induced dopaminergic neuron death and improve motor behavior in PD models [45, 55].

• Quercetin

Quercetin is a prominent flavonoid found in many fruits and vegetables, recognized for its potent antioxidant and anti-inflammatory properties [4, 22]. Research has consistently shown that Quercetin can protect dopaminergic neurons by scavenging reactive oxygen species and inhibiting lipid peroxidation [37, 46]. Its anti-inflammatory effects are mediated by the suppression of pro-inflammatory cytokines and the modulation of microglial activation, which reduces the inflammatory damage to neurons [22, 46]. Preclinical studies have demonstrated that Quercetin can reduce neuronal loss and improve motor functions in various PD models [22, 46]. Furthermore, its ability to modulate oxidative stress makes it a promising candidate for therapeutic intervention [56].

Epigallocatechin gallate (EGCG)

EGCG is the most abundant catechin in green tea (*Camellia sinensis*), possessing powerful antioxidant and anti-inflammatory properties ^[21, 33]. This compound protects dopaminergic neurons by mitigating oxidative stress and inhibiting neuroinflammation in PD models ^[41, 62]. EGCG has also been shown to directly interfere with the aggregation of alpha-synuclein, thereby reducing the formation of toxic oligomers and Lewy bodies ^[51, 62]. By targeting these key pathological pathways, EGCG helps to preserve neuronal integrity and function ^[41, 62]. Its neuroprotective effects have been confirmed across multiple preclinical studies, highlighting its potential as a natural therapeutic agent ^[21, 33].

• Sulforaphane

Sulforaphane, an isothiocyanate found abundantly in cruciferous vegetables like broccoli, is a powerful activator of the Nrf2 pathway [8, 29]. The Nrf2 pathway is crucial for upregulating the expression of a wide array of antioxidant and detoxifying enzymes, which help to protect neurons from oxidative damage [49, 60]. By activating this pathway, Sulforaphane enhances the cell's intrinsic defense mechanisms against the oxidative stress prevalent in PD [49, 60]. Studies have shown that Sulforaphane can effectively alleviate dopaminergic neurodegeneration and reduce motor deficits in PD models via its anti-oxidative and anti-inflammatory actions [49, 60].

• Mucuna pruriens

Mucuna pruriens, a tropical legume, is a unique and important subject in PD research as it is a natural source of levodopa (L-DOPA), the primary drug used to treat PD ^[23, 35]. In addition to its dopamine-replenishing properties, the plant's extract contains other neuroprotective phytochemicals that enhance its therapeutic efficacy ^[44, 54]. Preclinical studies show that *Mucuna pruriens* extract can restore motor and cognitive functions, increase dopamine levels, and improve neuronal viability in PD animal models ^[44, 54]. Its complex composition may provide synergistic effects, offering better outcomes than synthetic L-DOPA alone ^[23, 35].

Nicotine

Nicotine, an alkaloid found in tobacco plants, has been a subject of research for its unexpected neuroprotective effects in PD ^[9, 59]. Epidemiological studies have suggested a lower incidence of PD among smokers, leading to investigations into nicotine's direct effects on neurons ^[9, 59]. Preclinical research indicates that nicotine can protect dopaminergic neurons and reduce neuronal loss in PD models ^[9, 59]. Its mechanism is believed to involve the modulation of dopaminergic pathways and its anti-inflammatory actions, which may contribute to a neuroprotective environment ^[59].

| Phtochemicals | Natural source | Key active compounds | Neuroprotective mechanisms |
|--------------------|-------------------------------|-------------------------------|---|
| Curcumin | Turmeric (curcuma longa) | curcuminiods | Potent antioxidant action, reduces oxidative stress [1,30]. Anti-inflammatory effects via modulating cytokines [19]. Inhibits alpha-synuclein aggregation [50]. |
| Resveratrol | Grapes, red wine | Resveratol | Activates the Nrf2 pathway to upregulate antioxidant enzymes [5,39]. Acts as a direct free radical scavenger [39]. Reduces neuroinflammation [5] |
| Bacopa monnieri | Brahmi herb | bacosides | Strong antioxidant activity, mitigates oxidative damage ^[2, 24] . Protects against neuronal apoptosis and improves cognitive function ^[42] . Enhances dopaminergic function ^[53] . |
| Withania somnifera | Ashwagandha | Withanolides, withaferin A | Reduces neuroinflammation and promotes neuron survival [32, 52]. Attenuates oxidative stress [43]. Reduces alpha-synuclein aggregation [43]. |
| Ginkgo biloba | Ginkgo tree leaves | Flavonoids, terpenoids | Powerful antioxidant, reduces oxidative stress-induced neuronal death ^[6,45] . Improves mitochondrial function ^[36] . Has anti-inflammatory effects ^[26] . |
| Quercetin | Fruits, vegetables | Quercetin | Acts as a potent antioxidant, scavenging free radicals [4, 37]. Modulates neuroinflammation by suppressing microglial activation and pro-inflammatory mediators [22, 46]. |
| EGCG | Green tea (camellia sinensis) | Epigallocatechin gallate | Inhibits alpha-synuclein aggregation and toxicity [51]. Reduces oxidative stress and neuroinflammation [21, 41] |
| sulforaphane | Cruciferous vegetables | sulforaphane | Powerful activator of the Nrf2 pathway ^[8,49] . Upregulates antioxidant and detoxifying enzymes ^[60] . Possesses anti-inflammatory properties ^[60] . |
| Mucuna pruriens | Tropical legume | L-dopa, various alkaloids | Natural source of L-DOPA, restoring dopamine levels [23, 35]. The extract also exhibits antioxidant and neuroprotective effects [44, 54]. |
| Nicotine | Tobacco plant | Nicotine | Modulates dopaminergic signaling pathways ^[9] . Exhibits anti-inflammatory effects and reduces neuronal loss ^[59] . |

Fig 1: This table provides a detailed overview of the key phytochemicals discussed, highlighting their natural sources, specific active compounds, and the multifaceted neuroprotective mechanisms they employ to combat the pathology of Parkinson's disease

Mechanism of Action (MOA) of Phytochemicals

Phytochemicals demonstrate their neuroprotective effects by targeting the key pathological pathways of Parkinson's disease [55, 56]. Rather than acting through a single pathway, these compounds often provide a multi-target approach, which is highly effective against the complex, multi-factorial

nature of PD $^{[57, 58]}$. Their mechanisms can be broadly categorized into several key actions.

Antioxidant Effects

A primary mechanism of action for most of these phytochemicals is their ability to combat oxidative stress [39, 40]. They function as direct free radical scavengers, neutralizing reactive oxygen species (ROS) and preventing them from causing cellular damage [41, 42]. Many of these compounds, such as sulforaphane, quercetin, and resveratrol, also exert their antioxidant effects by activating the Nuclear Factor erythroid 2-Related Factor 2 (Nrf2) pathway [5, 49, 60]. Nrf2 activation leads to the transcription of a wide array of antioxidant and cytoprotective enzymes, thereby enhancing the cell's intrinsic defense system [29, 49]. This indirect mechanism provides sustained protection against chronic oxidative stress [60].

Anti-inflammatory Effects

Neuroinflammation, driven by activated microglia, is a critical component of PD pathology $^{[45,\ 46]}$. Phytochemicals like curcumin, EGCG, and quercetin have been shown to possess potent anti-inflammatory properties $^{[1,\ 21,\ 22]}$. They can inhibit the activation of microglia and suppress the expression of key pro-inflammatory mediators, such as tumor necrosis factor-alpha (TNF- α) and interleukin-1 beta (IL-1 β) $^{[47,\ 48]}$. This modulation of the inflammatory response helps to break the vicious cycle of inflammation-induced neuronal damage, creating a more favorable microenvironment for neuronal survival $^{[49,\ 50]}$.

Inhibition of Alpha-Synuclein Aggregation

The aggregation of misfolded alpha-synuclein is a central pathological event in PD [31, 32]. Several phytochemicals, including curcumin, EGCG, and *Withania somnifera*, have demonstrated the ability to interfere with this process [3, 50, 51]. These compounds can prevent the misfolding of monomeric alpha-synuclein and inhibit its aggregation into toxic oligomers and fibrils [51]. By directly targeting protein pathology, they help to reduce the formation of Lewy bodies and mitigate the neurotoxic effects of these aggregates [50, 51].

Anti-apoptotic and Pro-Survival Effects

Finally, these phytochemicals provide anti-apoptotic protection, which prevents programmed cell death of dopaminergic neurons [2, 24]. Compounds like *Bacopa monnieri* and *Withania somnifera* have been shown to modulate signaling pathways involved in apoptosis, thereby promoting neuronal viability and survival [25]. This effect is often a result of their combined antioxidant and anti-inflammatory actions, which collectively protect the cell from the various stressors that trigger cell death [42, 43].

Conclusion and Future Directions

Current therapeutic strategies for Parkinson's disease, while effective at managing symptoms, are unable to halt the relentless progression of neuronal degeneration. The complex and multifactorial nature of PD pathology, involving oxidative stress, neuroinflammation, and alpha-synuclein aggregation, highlights the need for a new generation of disease-modifying agents. The preclinical evidence reviewed in this article provides a compelling case for phytochemicals as promising candidates for this purpose.

This review demonstrates that various plant-derived compounds, including curcumin, resveratrol, and EGCG,

possess potent neuroprotective properties by targeting multiple key pathological pathways simultaneously. These phytochemicals effectively mitigate oxidative stress by activating the Nrf2 pathway, combat neuroinflammation by suppressing microglial activation, and even directly inhibit the misfolding of alpha-synuclein. The robust findings from numerous cellular and animal models suggest that these compounds can promote dopaminergic neuron survival and improve motor function.

Despite this encouraging preclinical success, several challenges must be addressed for these compounds to transition from laboratory to clinic. A major hurdle is their poor bioavailability, as many phytochemicals are not easily absorbed by the body or are quickly metabolized before they can reach the brain in sufficient concentrations. Future research must focus on developing novel formulations and drug delivery systems, such as nanoparticles or liposomes, to enhance their bioavailability and targeted delivery to the central nervous system.

Moreover, while the individual effects of these compounds are promising, future studies should explore the synergistic potential of combining multiple phytochemicals. A combination therapy might offer a more comprehensive and powerful neuroprotective effect than a single agent alone. Ultimately, well-designed, placebo-controlled human clinical trials are essential to validate the safety, efficacy, and optimal dosage of these promising natural agents in Parkinson's patients. Phytochemicals represent a vital and exciting frontier in the quest for effective, long-term treatments for this debilitating neurodegenerative disorder.

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