Therapeutic Effects of Ketogenic Diet Components on Parkinson's Disease

Shahnai Basharat^{1*}, Ayesha Bhatti², Mahoor Zia¹, Tooba Tariq¹

¹University Institute of Diet & Nutritional Sciences, The University of Lahore, Lahore, Pakistan. ²Sargodha Medical College, The University of Sargodha, Pakistan *shahnaibhatti@gmail.com

Abstract:

Parkinson's disease is a neurodegenerative disease and no proper treatment or cure has been developed for it till now. Worldwide the incidence of disease has been increased with age. Latest researches have focused on the dietary aspects of Parkinson's and have revealed that a ketogenic diet may be beneficial in prevention and for therapy. The main aim of this review article was to explore the dietary elements present in ketogenic diet and their respective roles in the body with link to Parkinson's disease. Ketogenic diet has been used in many neurological diseases due to its neuroprotective effects. Ketogenic diet is a normal caloric diet that composed of with high fat (mostly composed with polyunsaturated fatty acids), medium protein and low in carbohydrates. The composition of this diet makes body to utilize fat and ketones for energy by altering glucose.

The major constituents present in a ketogenic diet which have neuroprotective effects against Parkinson's are; B complex vitamins, Omega-3 Fatty Acids, Omega-6 Fatty acids and Vitamin D. The beneficial effects have been evaluated regarding the role of constituents present in a ketogenic diet on Parkinson's disease. The need for further researches, especially clinical trials for the different constituents of ketogenic diet and their neuroprotective properties are still required.

KeyWords:

Parkinson's Disease, Ketogenic Diet, Omega-3 Fatty Acids, B-Complex Vitamins

Introduction:

Parkinson's disease is a progressive disabling neuro-degenerative disease characterized by slow and decreased movement, muscular rigidity, resting tremor, postural instability and decreased dopamine transmission to the basal ganglia¹. It causes memory loss with time and involuntary movements². Increased caffeine intake, young age and smoking have shown to decrease the incidence of Parkinson's disease whereas the use of pesticides and an increase in the amount of dairy products has shown to increase the incidence of Parkinson's³.

It is more common in men then in women probably because of the neuroprotective effect of estrogen⁴. Parkinson's disease is found among 0.3% of the entire population in industrialized countries. It affects 1% of the population of America and Canada over the age of 70. The incidence of disease increases with age and is rarely diagnosed before the age of 40 years⁵. About 1% of the population above 60 years of age suffers from Parkinson's⁶. The World Health Organization categorizes prevalence of Parkinson's among different regions as 0.02% in Africa, 0.22% in America, 0.30% in Europe, 0.03% in South-East-Asia, 0.06% in Eastern Mediterranean and 0.15% in Western Pacific⁷. A study conducted in South-Central India revealed that 28% of the people suffering from Parkinson's lived in urban areas, 10% came from semi-urban areas, 50% belonged to rural areas and 12% came from tribal areas⁸. According to a research conducted by Agha Khan University Pakistan, there are estimated to be 6.5 million people suffering from Parkinson's Disease worldwide out of which approximately 450,000 people are Pakistanis. The study also revealed that about a hundred new cases of Parkinson's are diagnosed every day in Pakistan⁹. Another

study conducted in Khyber Pakhtunkhwa (KPK) revealed that prevalence of Parkinson's Disease in people of KPK according to their age is 10% of age 31-40, 10% for 41-50, 23% for 51-60 and 56% for 61-80 thereby showing that incidence of Parkinson's is directly proportional to the age i.e. elder people have an increased risk of developing Parkinson's than younger people. The same study also revealed that 63.33% patients suffering from Parkinson's belonged to rural areas whereas 36.67% patients belonged to urban areas¹⁰.

There are several elements linked to the progression and occurrence of Parkinson's disease¹¹. Helicobactor pylori can be an element for the progression of Parkinson's disease¹². Homocysteine tends to play a vital role in the progression of this disease ¹³. Homocysteine is a sulphur-containing non-protein amino acid that is a naturally-occurring by-product of the Sadenosyl methionine cycle¹⁴. Two pathways are employed by the body to maintain Homocysteine levels within a narrow concentration range leaving sufficient Homocysteine to contribute to cellular biochemical pathways yet preventing it from building up to concentrations that can be deleterious to health. An increase in Homocysteine levels causes an increase in the neurotoxic effect on dopaminergic neurons, which in turn lead to an increase in cell death¹⁵.

Phytoestrogens also help in prevention and progression of Parkinson's. Just like other inflammatory diseases, neuro-inflammation also produces reactive oxygen species, along with nitric oxide (NO)¹⁶. The more the production of these inflammatory factors, the more likely the disease is to progress¹⁷. Phytoestrogens like soybeans, provide estrogen which has proven to be neuroprotective in many researchers conducted against Alzheimer's disease, Parkinson's disease and Multiple Sclerosis, etc. estrogen reduces brain damage and improves the survival of neurons by inhibiting the production of pro-inflammatory molecules^{18,19}.

The preventive measures being studied to evaluate the role of Ketogenic Diet. Ketogenic Diet is rich in fat, adequate in proteins and low in carbohydrates. The ketone bodies produced during the metabolism of fat act as inhibitory neurotransmitters, thus causing an anticonvulsant effect on the body²⁰. A number of studies have shown the neuroprotective effects of ketogenic diet in neurological disorders. One such study conducted on rats suffering from Parkinson's showed that ketogenic diet protected the dopaminergic neurons, thereby preventing Parkinson's and/or slowing down its progression²¹.

Composition of ketogenic diet and its beneficial effects:

A number of factors account for Parkinson's and diet plays a major role in it along with race, ethnicity, socioeconomic status, age and gender. Ketogenic diet has being gaining popularity with respect to Parkinson's as the diet comprises of elements that can prevent or have a therapeutic effect on Parkinson's disease²⁰. Ketogenic diet is also known as Low-carb diet which is commonly used in improvement of cognitive functions in patients of Parkinson's disease²². It is low in carbohydrate, moderate in proteins and high in fat content. In this diet, ketones are released in the body and can be used to provide maximum fuel for energy. The diet mainly contains raw nuts, seeds, meat and poultry, low-carb vegetables, cottage cheese, plain yogurt, coconut oil and avocados. The major constituents present in this diet are Omega-3 fatty acids, Vitamin A, Vitamin D and Vitamin B complex. It improves the motor function and inhibits the progression of disease. The high-fat content and low-carb intake of ketogenic diet has anticonvulsant effect and reduces seizures²³. Increased ketones improve the efficiency of brain, as well as, protect from neuronal death by inducing antiinflammatory and anti-oxidants in diet²⁴. The MCT-based ketogenic diet decreases the MPTPinduced neuotoxicity²⁵. The various dietary elements found in Ketogenic Diet and their impact on Parkinson's are discussed below; **Vitamin B Complex**

Vitamin B-1:

Vitamin B-1, also known as Thiamin and found in whole-grain, fortified, or enriched grain products and is commonly known for its energy yielding role in the body i.e. it is a part of coenzyme Thiamin Pyrophosphate (TPP) which is used in the conversion of pyruvate to acetyl Coenzyme A²⁶. A deficiency in Thiamin had caused an increase in the degeneration of dopaminergic neurons as low levels of thiamin disturb the carbohydrate metabolism which in turn dysfunctions and causes selective neuronal damage. The deficiency also resulted in metabolic acidosis in the body along with inadequate energy supply to the cerebellar granule cells²⁷.

An experimental pilot study was conducted to evaluate the efficacy of blood serum thiamin level in relation to development of Parkinson disease. These patients who have low serum thiamin levels then enrolled in the experiments. The participants were given to the 100-200 mg per day for 5 weeks. The study results showed a positive correlation between the low serum thiamin level and the development of Parkinson's disease as well as those who received a proper thiamin dose showed the improvement in symptoms of Parkinson's disease²⁸.

In another study, total of 50 participants were given to 100 mg of thiamin twice a week. The results of the study showed a positive improvement in the symptoms of Parkinson's disease. The study also concluded the neuroprotective prolong effect of thiamin on Parkinson's disease²⁹.

Vitamin B-6

Vitamin B-6 was also associated with brain health as it assists in the conversion of amino acid Tryptophan to Niacin and Serotonin (a neurotransmitter). It is found in meat, fish, poultry, potatoes and other starchy vegetables along with non-citrus fruits, legumes and soy products ²⁶. Vitamin B-6 had shown to have neuroprotective abilities as it acts as an antioxidant. Apart from the antioxidant role, Vitamin B-6 was also used in the synthesis of dopamine, a neurotransmitter which decreases the causes of Parkinson's. A study conducted in Japan revealed that a low intake of dietary Vitamin B-6 but not of Vitamin B-9, Vitamin B-12 and Vitamin B-2 increased the risk for developing Parkinson's ³⁰.

Vitamin B-9

Vitamin B-9 is commonly known as Folate or Folic Acid and is popular among pregnant women for its preventive roles against neural tube defects. It is present in leafy green vegetables, grains, legumes, liver and fortified cereals²⁶. The increase in homocysteine levels is a risk for developing Parkinson's, folate also plays a vital role in keeping homocysteine levels balanced. Vitamin B-9 regenerates methionine, an amino acid, from homocysteine in the Methionine – Homocysteine Cycle¹⁶. Thereby keeping homocysteine levels low or balanced in the body. Folate also plays a role in the synthesis of different neurotransmitters like serotonin, norepinephrine and dopamine. A deficiency in Vitamin B-9 results in an increase in Homocysteine levels in the body resulting in depression along with slow-progressing neuropathy²⁷.

Vitamin B-12

Vitamin B-12 is a water soluble vitamin which is widely known for its roles in new cell synthesis and maintenance of nerve cells. Its deficiency causes Pernicious Anemia in the body which is characterized by abnormally large and immature red blood cells formation. It is present in animal food sources i.e. meat, fish, poultry, seafood, milk, cheese, etc ²⁶. A deficiency in Vitamin B-12 has shown to result in an increase in homocysteine levels. An increase in homocysteine levels can cause the occurrence of Parkinson's in individuals. This happens because an increase in homocysteine leads to an increase in the levels of a dopaminergic neurotoxin 1-methyl 4-phenyl 1,2,3,6tetrahydropyridine (MPTP), which in turn, kill dopaminergic neurons¹⁵. Therefore, Vitamin B-12 prevents Parkinson's indirectly by not letting the levels of Homocysteine increase in the body.

Omega-3-Fatty Acids

Omega-3-fatty acids are polyunsaturated fatty acids and are found in fish oils, walnuts, chia seeds and flaxseeds etc. The most common Omega-3 fatty acids are Alpha-Linolenic Acid (ALA), Docosahexaenoic Acid and Eicosapentaenoic acid (EHA). Recently a number of studies have been conducted which revealed the therapeutic effects of Omega-3 fatty acids in neurological disorders^{16,26,27}.

Alpha-Linolenic Acid

Alpha-Linolenic Acid is found in flaxseed, walnut, wheat germ and canola oils along with nuts and seeds ²⁶. It is essential for the human body as it cannot be synthesized. Within the body, ALA is converted to DHA in the liver or in the brain. After being converted into DHA and even before that, ALA has shown to have neuroprotective effects as it reduces oxidative stress and neuro-inflammation in the body³¹.

Docosahexaenoic Acid

DHA is commonly present in fish and fish oils ²⁶. People suffering from Parkinson's disease are given Levodopa, a drug, which converts into Dopamine in the body. Saturated fatty acids hinder this process whereas research has shown that polyunsaturated fatty acids like DHA, aid in the process and further act as a preventive agent against neuro-inflammation. It also binds with reactive oxygen species and decreases the oxidative stress on the body, especially in the brain³².

Eicosapentaenoic Acid

EPA are also found commonly in fish and fish oils ²⁶. The concentration of EPA in the brain is relatively low as it is catabolized fairly rapidly by β - oxidation. People who consume a diet rich in Omega-3 fatty acids, especially EPA, have a very low chance of developing depression or

dementia. Furthermore, a study on children revealed that those whose diet was deficient in Omega-3 fatty acids were more likely to suffer from less cognitive defects³³.

Vitamin D

Vitamin D is a fat soluble vitamin which is essential for bone health. It is synthesized in the body due to sunlight. Among food sources, it is present in liver, fatty fish and their oils, egg yolks, margarine, butter, beef and fortified milk and juices ²⁶. Studies have showed that people who had a higher level of serum Vitamin D were at a reduced risk of developing Parkinson's Disease than those who did not 34 . Another study conducted in Japan revealed that people with Parkinson's Disease patients had a lower serum Vitamin D level than normal people³⁵. Vitamin D also plays a neuroprotective effect in the body due to its anti-inflammatory properties³⁶. Apart from that, it is also used to regulate the expression of glial cell line-derived neurotrophic factor (GDNF), whose administration has been shown to alleviate the symptoms of Parkinson's Disease³⁷. Another role that Vitamin D plays is maintaining the homeostasis of calcium in the blood. An increase in calcium levels can lead to the death of dopaminergic neurons, in turn putting the person at an increased risk of developing Parkinson's³⁸.

Vitamin **E**

Vitamin E is famously known for its role as an antioxidant in the human body. It is also a fat soluble vitamin and is found in wheat germ, whole grains, liver, egg yolks, nuts, seeds, fatty meats and green leafy vegetables like spinach 26. It has eight derivatives out of which α -Tocopherol is the most important when it comes to the human body. A study revealed that apart from antioxidant properties of Vitamin E, it also exhibited other non-oxidative cytoprotective effects which may be beneficial in preventing Parkinson's ³⁹. However, further work needs to be done in order to fully understand the preventive and therapeutic effects of Vitamin E against Parkinson's as there is no real promising

 $study \, or \, clinical \, trial \, which \, supports \, this \, notion.$

Calcium

Calcium is a mineral which is found in dairy products and is essential for bone health ²⁶. However, that's not just where Calcium's role in the body stops. It is present in the axon and guards the gateway through which a nerve impulse travels from an axon of one neuron to the dendrite of another neuron ⁴⁰. Glutamate is an excitatory neurotransmitter and when it crosses the synapse it activates α -amino-3-hydroxy-5methylisoxazole-4-propionate acid (AMPA) and N-methyl-d-aspartate (NMDA) receptor channels which in turn increase the concentration of cytoplasmic Ca2+ and in doing so, it indirectly activates the voltage dependent Ca2+ channels. This causes damage to the neurons and ultimately leads to neuronal cell death, therefore high levels of calcium are not advised for people suffering from Parkinson's⁴¹.

Potassium

Potassium is another mineral which is involved in the nerve impulse transmission. It is found in meats, milks, fruits, vegetables, grains and legumes ²⁶. Potassium channels in neurons are highly sensitive to ATP molecules and protect against neurotoxicity caused by insecticides like rotenone, therefore showing that Potassium may have even more beneficial effects against neurotoxicity and cell death and more researches should be conducted to understand its benefits to the fullest⁴².

Ketogenic Diet	Subjects	Duration	Neuroprotective Effect	References
High in fat (essential fatty acids) 35%, low in protein, Moderate in carbohydrates	11	8 weeks	Reduction in Parkinson's disease symptoms	Branco AF et al., ²³
High fat, low in protein, moderate in Carbs	16	28-days exposure	43% reduction in Parkinson's disease symptoms	Vanitallie TB et al., ²⁵
Diet highly enriched in Omega-3 and Omega-6 fatty acids	23	50 days	Anti-oxidant and anti-inflammatory effects help to reduce dopaminergic damage	Mori MA et al., ³¹
Highly enriched with Vitamin D3, Low in carbohydrates 31%	114	12 months	Produced neuroprotective effect	Suzuki M et al., ³⁵
Highly enriched with Vitamin D3, potassium and vitamin E	93	4 weeks	Improvement in cognitive functions and reduce oxidative stress	Bazinet RP et al., ³³

Diet enriched with Alpha-Linolenic Acid	32	4 weeks	Anti-oxidant property help to	Zhang H et al., ⁴³
Diet enriched with unsaturated fatty acids	51	3 weeks	Reduction in Parkinson's disease symptoms	De Lau et al., ⁴⁴

Table 1: Summary of the effects of Ketogenic Diet Components on Parkinson's disease

Conclusions:

Ketogenic Diet has its beneficial and therapeutic effects on Parkinson's disease but at the same time however, some components of this diet may in fact promote Parkinson's. Therefore, nutrients which may promote Parkinson's should be avoided while planning a Ketogenic Diet to ensure its complete beneficial effects to sustain brain health.

References:

- 1- Okun MS. Deep-brain stimulation entering the era of human neural-network modulation. New England Journal of Medicine. 2014 Oct 9;371(15):1369-73.
- 2- Oertel WH. Recent advances in treating Parkinson's disease. F1000Research. 2017;6.
- **3-** Tan L. Epidemiology of Parkinson's disease. Neurology Asia. 2013 Sep 1;18(3):231-8.
- 4- Moisan F, Kab S, Mohamed F, Canonico M, Le Guern M, Quintin C, Carcaillon L, Nicolau J, Duport N, Singh-Manoux A, Boussac-Zarebska M. Parkinson disease male-tofemale ratios increase with age: French nationwide study and meta-analysis. J Neurol Neurosurg Psychiatry. 2016 Sep 1;87(9):952-7.
- 5- Marcia Nahikian Nelms KPS. Nutrition Therapy and Pathophysiology. Cengage Learning. 2016; 3rd ed:116-7.
- 6- De Lau LM, Breteler MM. Epidemiology of Parkinson's disease. The Lancet Neurology. 2006 Jun 1;5(6):525-35.
- 7- World Health Organization. Neurological

disorders: public health challenges. World Health Organization; 2006. Spl 133-35.

- 8- Jha PK, Chaudhary N. Epidemiology of Parkinson's disease in South central India-A longitudinal cohort study. 2017;4(7):8-17.
- **9-** Imtiaz N, Mehreen S, Saeed K, Akhtar N, Ur H, Rehman SA, Rehman AU, Ali J, Ayub M. Study of prevalence of Parkinson's disease in elderly population in Rawalpindi, Pakistan. 2016;4(6):845-7.
- **10-**Hussain G, Shahzad A, Anwar H, Mahmood Baig S, Shabbir A, De Aaguilar JL. Neurological disorder burden in Faisalabad, Punjab-Pakistan: data from the major tertiary carecenters of the city. Pakistan Journal of Neurological Sciences (PJNS). 2017;12(3):3-10.
- **11-** DiBaise JK, Crowell MD, Driver-Dunckley E, Mehta SH, Hoffman-Snyder C, Lin T, Adler CH. Weight Loss in Parkinson's Disease: No Evidence for Role of Small Intestinal Bacterial Overgrowth. Journal of Parkinson's disease. 2018 Jan. 5(7):1-11.
- **12-** McGee DJ, Lu XH, Disbrow EA. Stomaching the Possibility of a Pathogenic Role for Helicobacter pylori in Parkinson's Disease. Journal of Parkinson's disease. 2018 Jan;8(3): 367-374.
- 13-Saadat P, Ahmadi Ahangar A, Samaei SE, Firozjaie A, Abbaspour F, Khafri S, Khoddami A. Serum Homocysteine Level in Parkinson's Disease and Its Association with Duration, Cardinal Manifestation, and Severity of Disease. Parkinson's Disease. 2018;5(2):4-9.

- 14-Simeone TA, Matthews SA, Samson KK, Simeone KA. Regulation of brain PPARgamma2 contributes to ketogenic diet anti-seizure efficacy. Experimental neurology. 2017 Jan 1;287:54-64.
- **15-** Doherty GH. Homocysteine and Parkinsons Disease: A Complex Relationship. Journal of Neurological Disorders. 2013 Mar 25:1-9.
- **16-**Landgrave-Gómez J, Mercado-Gómez O, Guevara-Guzmán R. Epigenetic mechanisms in neurological and neurodegenerative diseases. Frontiers in cellular neuroscience. 2015 Feb 27;9:58.
- 17-Gelders G, Baekelandt V, Van der Perren A. Linking Neuroinflammation and Neurodegeneration in Parkinson's disease. Journal of immunology research. 2018;2018.
- 18-Jantaratnotai N, Utaisincharoen P, Sanvarinda P, Thampithak A, Sanvarinda Y. Phytoestrogens mediated anti-inflammatory effect through suppression of IRF-1 and pSTAT1 expressions in lipopolysaccharideactivated microglia. International immunopharmacology. 2013 Oct 1;17(2):483-8.
- 19-Stojkovska I, Wagner BM, Morrison BE. Parkinson's disease and enhanced inflammatory response. Experimental Biology and Medicine. 2015 Nov;240(11):1387-95.
- **20-**L.K athleen Maha SE-S. Krause's Food & Nutrition Therapy. 12th ed: Saunders Elsevier. 2014;12:1088-90.
- **21-**Hipkiss AR. Aging risk factors and Parkinson's disease: contrasting roles of common dietary constituents. Neurobiology of aging. 2014 Jun 1;35(6):1469-72.
- 22-Shaafi S, Najmi S, Aliasgharpour H, Mahmoudi J, Sadigh-Etemad S, Farhoudi M, Baniasadi N. The efficacy of the ketogenic diet on motor functions in Parkinson's disease: A rat model. Iranian journal of neurology. 2016 Apr 3;15(2):63.

- 23-Branco AF, Ferreira A, Simões RF, Magalhães-Novais S, Zehowski C, Cope E, Silva AM, Pereira D, Sardão VA, Cunha-Oliveira T. Ketogenic diets: from cancer to mitochondrial diseases and beyond. European journal of clinical investigation. 2016 Mar;46(3):285-98.
- 24-Poff AM, Ward N, Seyfried TN, Arnold P, D'Agostino DP. Non-toxic metabolic management of metastatic cancer in VM mice: novel combination of ketogenic diet, ketone supplementation, and hyperbaric oxygen therapy. PLoS One. 2015 Jun 10;10(6):e0127407.
- **25-**VanItallie TB, Nonas C, Di Rocco A, Boyar K, Hyams K, Heymsfield SB. Treatment of Parkinson disease with diet-induced hyperketonemia: a feasibility study. Neurology. 2005 Feb 22;64(4):728-30.
- **26-**Whitney EN, Rolfes SR. Understanding nutrition. Cengage Learning 2018, pp 89-91.
- 27-Håglin L, Johansson I, Forsgren L, Bäckman L. Intake of vitamin B before onset of Parkinson's disease and atypical parkinsonism and olfactory function at the time of diagnosis. European journal of clinical nutrition. 2017 Jan;71(1):97-102.
- **28-**Vinh quoc Luong K, Nguyen LT. The beneficial role of thiamine in Parkinson's disease: preliminary report. Journal of Neurology Research. 2012;2(5):211-4.
- **29-** Costantini A, Pala MI, Grossi E, Mondonico S, Cardelli LE, Jenner C, Proietti S, Colangeli M, Fancellu R. Long-term treatment with high-dose thiamine in Parkinson disease: an open-label pilot study. The Journal of Alternative and Complementary Medicine. 2015 Dec 1;21(12):740-7.
- **30-**Shen L. Associations between B vitamins and Parkinson's disease. Nutrients. 2015 Aug 27;7(9):7197-208.
- **31-** Mori MA, Delattre AM, Carabelli B, Pudell C, Bortolanza M, Staziaki PV, Visentainer JV,

Montanher PF, Del Bel EA, Ferraz AC. Neuroprotective effect of omega-3 polyunsaturated fatty acids in the 6-OHDA model of Parkinson's disease is mediated by a reduction of inducible nitric oxide synthase. Nutritional neuroscience. 2018 May 28;21(5):341-51.

- **32-**Kerdiles O, Layé S, Calon F. Omega-3 polyunsaturated fatty acids and brain health: Preclinical evidence for the prevention of neurodegenerative diseases. Trends in food science & technology. 2017 Nov 1;69:203-13.
- **33-**Bazinet RP, Layé S. Polyunsaturated fatty acids and their metabolites in brain function and disease. Nature Reviews Neuroscience. 2014 Dec;15(12):771.
- 34-Looned K, Banerjee A, Landge JA, Pandit DP. Intergenerational Decline in Vitamin D Status: A Cross-Sectional Study Among Medical Students and Their Teachers. International Journal of Nutrition, Pharmacology, Neurological Diseases. 2017 Jan 1;7(1):12.
- **35-**Suzuki M, Yoshioka M, Hashimoto M, Murakami M, Noya M, Takahashi D, Urashima M. Randomized, double-blind, placebo-controlled trial of vitamin D supplementation in Parkinson disease–. The American of Clinical Nutrition. 2013 Mar 13;97(5):1004-13.
- **36-**DeLuca GC, Kimball SM, Kolasinski J, Ramagopalan SV, Ebers GC. the role of vitamin D in nervous system health and disease. Neuropathology and applied neurobiology. 2013 Aug;39(5):458-84.
- **37-**Staudt MD, Di Sebastiano AR, Xu H, Jog M, Schmid S, Foster P, Hebb MO. Advances in neurotrophic factor and cell-based therapies for Parkinson's disease: a mini-review. Gerontology. 2016;62(3):371-80.
- **38-**Dursun E, Gezen-Ak D, Yilmazer S. Beta amyloid suppresses the expression of the vitamin d receptor gene and induces the

expression of the vitamin d catabolic enzyme gene in hippocampal neurons. Dementia and geriatric cognitive disorders. 2013;36(1-2):76-86.

- 39- Nakaso K, Tajima N, Horikoshi Y, Nakasone M, Hanaki T, Kamizaki K, Matsura T. The estrogen receptor β-PI3K/Akt pathway mediates the cytoprotective effects of tocotrienol in a cellular Parkinson's disease model. Biochimica et Biophysica Acta (BBA)-Molecular Basis of Disease. 2014 Sep 1;1842(9):1303-12.
- **40-**Nair TG, Jerald AB. Correlative analysis of data and functions of neuronal synapse. Journal of Behavioral and Brain Science. 2013 May 20;3(02):276.
- **41-**Arbel-Ornath M, Hudry E, Boivin JR, Hashimoto T, Takeda S, Kuchibhotla KV, Hou S, Lattarulo CR, Belcher AM, Shakerdge N, Trujillo PB. Soluble oligomeric amyloid-β induces calcium dyshomeostasis that precedes synapse loss in the living mouse brain. Molecular neurodegeneration. 2017 Dec;12(1):27.
- 42-Peng K, Hu J, Xiao J, Dan G, Yang L, Ye F, Zou Z, Cao J, Sai Y. Mitochondrial ATP-sensitive potassium channel regulates mitochondrial d y n a m i c s t o p a r t i c i p a t e i n neurodegeneration of Parkinson's disease. Biochimica et Biophysica Acta (BBA)-Molecular Basis of Disease. 2018 Apr 1;1864(4):1086-103
- **43-**Zhang H, Jia H, Liu J, Ao N, Yan B, Shen W, Wang X, Li X, Luo C, Liu J. Combined Rα-lipoic acid and acetyl-L-carnitine exerts efficient preventative effects in a cellular model of Parkinson's disease. Journal of cellular and molecular medicine. 2010 Jan;14(1-2):215-25.
- **44-**De Lau LM, Bornebroek M, Witteman JC, Hofman A, Koudstaal PJ, Breteler MM. Dietary fatty acids and the risk of parkinson disease the Rotterdam Study. Neurology. 2005 Jun 28;64(12):2040-5.