

Association of Oxidative Stress with Neurological Disorders

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Abstract: Background: Oxidative stress is one of the main contributing factors involved in cerebral biochemical impairment. The higher susceptibility of the central nervous system to reactive oxygen species mediated damage could be attributed to several factors. For example, neurons use a greater quantity of oxygen, many parts of the brain have higher concentration of iron, and neuronal mitochondria produce huge content of hydrogen peroxide. In addition, neuronal membranes have polyunsaturated fatty acids, which are predominantly vulnerable to oxidative stress (OS). OS is the imbalance between reactive oxygen species generation and cellular antioxidant potential. This may lead to various pathological conditions and diseases, especially neurodegenerative diseases such as, Parkinson's, Alzheimer's, and Huntington's diseases.

Objectives: In this study, we explored the involvement of OS in neurodegenerative diseases.

Methods: We used different search terms like "oxidative stress and neurological disorders" "free radicals and neurodegenerative disorders" "oxidative stress, free radicals, and neurological disorders" and "association of oxidative stress with the name of disorders taken from the list of neurological disorders. We tried to summarize the source, biological effects, and physiologic functions of ROS.

Results: Finally, it was noted that more than 190 neurological disorders are associated with oxidative stress.

Conclusion: More elaborated studies in the future will certainly help in understanding the exact mechanism involved in neurological diseases and provide insight into revelation of therapeutic targets.

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1. INTRODUCTION

Free radicals are highly reactive molecules having one unpaired electron in the outermost shell. The radicals which involve the oxygen and nitrogen species are known as reactive oxygen species (ROS) and reactive nitrogen species (RNS), respectively [1]. The imbalance between the RONS and antioxidants in the biological system leads to oxidative stress [2]. Precisely, RONS toxicity contributes to mitochondrial dysfunction, glia cell activation, protein misfolding and cellular apoptosis [3]. This review begins with the essential characteristics of ROS, including its generation, regulation, and physiological functions. We also discussed various OS biomarkers *i.e.* lipid peroxidation, protein oxidation, DNA oxidation and glycoxidation.

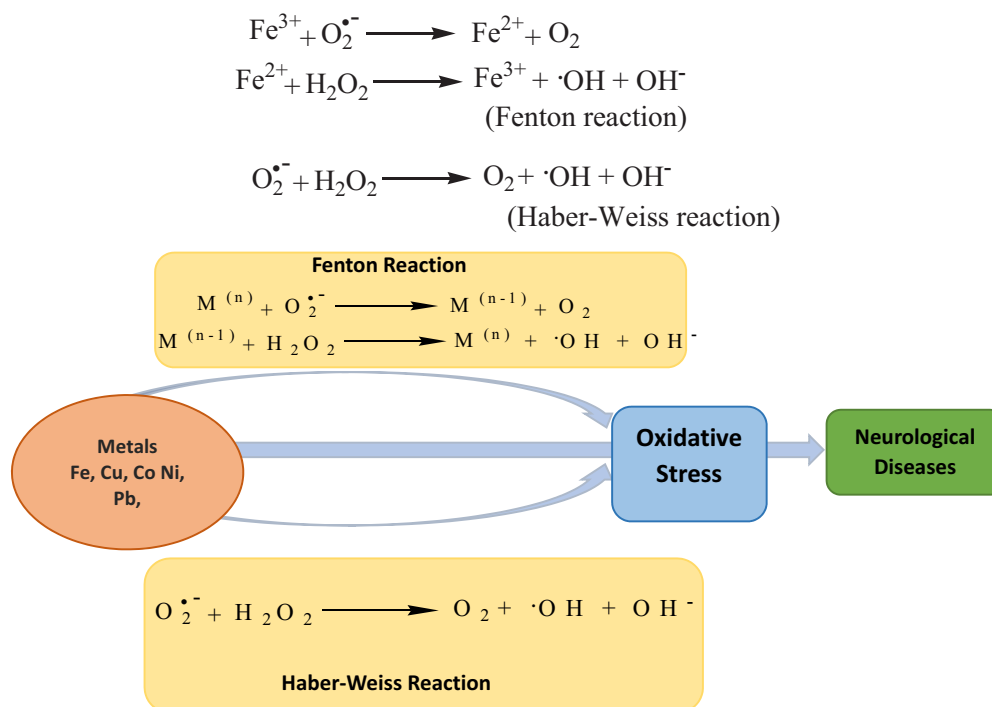
1.1. Reactive Oxygen/Nitrogen Species (RONS)

Reactive oxygen/nitrogen species (RONS) are a group of highly reactive by-products produced in the cells of aerobic

organisms. They are generally formed in the peroxisomal fatty acid, mitochondrial electron transport, phagocytic cells and cytochrome P-450 [4, 5]. The important radicals in RONS series are superoxide ($O_2^{\cdot-}$), hydroxyl (OH^{\cdot}), nitrogen dioxide (NO_2^{\cdot}), nitric oxide (NO^{\cdot}), lipid peroxy (LOO^{\cdot}) and peroxy (ROO^{\cdot}), while lipid peroxide (LOOH), ozone (O_3), hydrogen peroxide (H_2O_2), hypochlorous acid (HOCl), singlet oxygen (1O_2), nitrosonium cation (NO^+), peroxy nitrite ($ONOO^{\cdot}$), nitroxyl anion (NO^-), nitrous acid (HNO_2) and dinitrogen trioxide (N_2O_3).

Literature has proposed two pathways for the RONS generation *i.e.* enzymatic and non-enzymatic reactions. Enzymatic sources include xanthine oxidase, 5,10-methylenetetrahydrofolate reductase oxidase, peroxidases, flavin oxidases from peroxisomes phagocytosis, mitochondrial respiratory chain, cytochrome P450 from endoplasmic reticulum (ER), nicotinamide adenine dinucleotide phosphate (NADPH) oxidase (Nox), prostaglandin synthesis, xanthine oxidase (XO), Nox systems and mitochondrial respiratory chain [6, 7]. Non-enzymatically ROS are generated by the reactions of oxygen with organic compounds through oxidative phosphorylation (*i.e.* aerobic respiration) in mitochondria of the cell [8].

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Scheme 1. Fenton & Haber-Weiss reaction and role of Metal ions and oxidative stress in neurological Diseases.

Moreover, there are two major sources of RONS generation *i.e.* exogenous and endogenous sources. Exogenous sources include cigarette smoke, UV radiations, industrial solvents, water and air pollution, heavy or transition metals (As, Hg, Cd, Fe & Pb *etc.*), alcohol, drugs (tacrolimus, bleomycin, gentamycin & cyclosporine), and cooking (fat, used oil, smoked meat) [9-12]. These exogenous compounds can be metabolized or decomposed into free radicals in the cells. The major endogenous sources are inflammation, immune cell activation, cancer, excessive exercise, mental stress, infection, aging and ischemia [13, 14].

ROS are normally produced in different organelles among which mitochondria is the most important and key structure [13, 14]. Oxidative phosphorylation is the major reaction pathway of mitochondrial RONS formation in the inner mitochondrial membrane. Mitochondrial electron transport chain involves the reduction of oxygen to water through four-electron reduction reaction. Though oxygen reduces to superoxide ($\text{O}_2^{\bullet-}$) by one-electron reduction in mitochondrial electron transport. Mitochondrial manganese superoxide dismutase detoxifies the superoxide anion to form H_2O_2 . However, the H_2O_2 can be converted to hydroxyl radical (OH^\cdot) in the presence of reduced transition metals. Furthermore, peroxisomal β -oxidation of fatty acids is another source of RONS generation. Peroxisomes are specifically responsible for the degradation of fatty acids and other molecules. H_2O_2 is formed in this reaction as a by-product [15,16]. Phagocytic cells are also one of the imperative sources of oxidants that protect the central nervous system (CNS) from harmful microorganisms.

Fenton and Haber-Weiss reactions also lead to RONS generation, as displayed in Scheme 1. In Fenton reaction, Fe^{2+} reacts with H_2O_2 , to form the damaging and very reactive hydroxyl radicals. In the Haber-Weiss reaction, superox-

ide anion reacts with ferric iron, which forms Fe^{2+} and affects the redox cycling [17]. The RONS formation may result in the progressive deterioration of the physiological system.

Oxidative stress is a destructive process that brings changes in cell membranes and other biomolecules *i.e.* lipids, proteins, deoxyribonucleic acid (DNA) and lipoproteins [18, 19]. In addition, the production of ROS in CNS is due to the increase in intracellular free Ca^{2+} , autophagy, the release of excitatory amino acids, apoptosis and accumulation of protein aggregates which leads to critical neurological disorders *i.e.* Parkinson's disease (PD), amyotrophic lateral sclerosis, Alzheimer's disease (AD), Machado-Joseph disease, ageing and Huntington's disease (HD), *etc.* [20]. RONS also affects the heme-containing cytochrome c oxidase I molecule of complex IV of the respiratory chain, and also causes damages to the components of complex I, II, and III [21]. In mitochondria, the overproduction of ROS can cause the oxidative stress in DNA, cell membranes and proteins, which sequentially lead to the mitochondrial damage [22]. Mitochondrial oxidative stress further releases the cytochrome c in cytosol, which ultimately leads to chronic diseases, like cancer, atherosclerosis, rheumatoid arthritis, diabetics, degenerative diseases and apoptosis.

Similarly, a trans-membrane enzyme complex, Nox, is also an important source of $\text{O}_2^{\bullet-}$ generation, which catalyzes the transfer of an electron from NADPH to oxygen [23, 24]. Nox is usually present in phagocytes (eosinophils, neutrophils, macrophages, monocytes are known as Phox or NOX2) and in the endothelium of cardiovascular tissue [25]. Previously literature reported seven types of Nox isoforms in mammalian cells *i.e.* Nox1-Nox5 and dual oxidases (Duox1 & Duox2) [24]. Nox isoforms have standardized regulation, function, and cellular localization [26]. In endothelial cells,

Nox4 and Nox2 are present abundantly than Nox1 [27, 28], whereas; in vascular smooth muscle cells Nox1 and Nox4 isoforms are greatly expressed as compared to Nox2 [29]. Nox2 is rich in phagocytes and generates an excess of RONS [24]. Researchers further demonstrated that Nox4 isoforms are commonly present in vascular structures [30, 31]. Besides, Nox4 is basically more active in the cardiovascular systems [32, 33] and generates H_2O_2 rather than O_2^{-1} [34,35].

Xanthine dehydrogenase (XDH) and xanthine oxidases (XO) are commutable types of xanthine oxido-reductase [36]. XO significantly catabolizes the purine to uric acid during the conversion of hypoxanthine into xanthine [37]. XO also produces H_2O_2 and O_2^{-1} by donating electrons to oxygen, which results in the tissue and cell injury [38]. ROS-mediated diseases due to XO are associated with the excess of intracellular calcium, which results in the irreversible conversion of XDH into XO by catalyzing the oxidation of hypoxanthine into xanthine [39].

The endoplasmic reticulum (ER) is the largest intracellular membrane-bounded organelle, specifically associated with the folding of protein and biosynthesis of lipid. Moreover, in ER, two mechanisms are proposed for the generation of ROS [40]. In the first mechanism, endoplasmic reticulum oxidoreduction-1 (ERO-1) and protein disulfide-isomerase (PDI) catalyzes the formations of disulfide bonds and protein folding under optimal conditions to stabilize the membrane in the ER. The transferring of electrons from protein thiol to oxygen in the presence of ERO-1 and PDI generate RONS as a byproduct. In the second mechanism, glutathione (GSH) depletion results in the production of ROS by misfolding the protein. In this case, oxidized thiols interact with PDI ERO-1 *via* glutathione (GSH) [40]. These steps begin the process of disulfide bond formation and breakage in the ER lumen, leading to the creation of more ROS as a byproduct [41]. Consequently, proteins with multiple disulfide bonds are considered more susceptible to ROS formation [40]. As GSH can reduce the imperfectly produced disulfide bonds in oxidizing conditions, but further reduced level of GSH level may result in the higher ROS generation [42].

Peroxisomes are mostly found in eukaryotic cells and are considered very important in multiple metabolic pathways, such as amino acid catabolism, phospholipid biosynthesis, fatty acid oxidation and oxidative pentose phosphate pathway [43]. In the peroxisomes, consumption of oxygen results in H_2O_2 production, but not O_2^{-1} , under optimal conditions. Peroxisomes mainly produce the bulk of H_2O_2 by different oxidases, including D-aspartate oxidase, urate oxidase and acyl-CoA oxidases, which help in the transfer of hydrogen from their respective substrates to the O_2 . Besides, other enzyme catalases are also present in peroxisomes, which can degrade the H_2O_2 and sustain the balance between the formation and exclusion of ROS [44]. When peroxisomes are destructed and the catalases level reduces, a higher amount of H_2O_2 discharge into the cytosol causes oxidative stress in the cellular system [44].

1.2. Generation of ROS in Brain

Behavioral and cognitive impairment caused by oxidative stress *via* a series of chain reactions in the central nervous system is an interesting area of discussion and can be studied

at multiple levels. Basically, different kinds of neuronal cells are susceptible to oxidative stress at various levels. Among all the neuronal cells amygdala, hippocampus and cerebellar granule cells are most vulnerable to oxidative stress and therefore, first of all, they undergo functional damage [45]. Different preclinical studies reported that three brain regions *i.e.* prefrontal cortex (PFC), hippocampus and amygdala are responsible for cognitive impairments and behavioral disorders [46-49]. Hippocampus undergoes important biochemical changes, which give information about the connections and function of neuronal cells. Moreover, the dentate gyrus-cornu ammonis (CA)3 system in the hippocampus has structural plasticity with remodeling/regenerative power [50, 51]. Further researchers revealed that granule cells of the dentate gyrus (DG) and pyramidal cells of CA3 are oxidative stress-vulnerable sites, but oxidative damage is higher in pyramidal cells of CA1 [52-54].

The elevation of oxidative stress in the cornu ammonis areas (DG, CA1 and CA3) is vital and has shown important functional consequences like DG implicated in memory and learning function and ventral hippocampus is specified for depression and anxiety. In addition, due to chronic oxidative stress, PFC and amygdala show alterations in the dendritic system. Particularly, medial PFC is an important site for dendritic shrinking and amygdalar neurons is responsible for dendritic growth due to the stress [55, 56], which can modify the prefrontal dendritic structural design and connectivity in neuronal networks in the PFC [57]. Interestingly, a higher level of oxidative damage and collapse of antioxidant defense system in the hippocampus and amygdala confirmed that oxidative stress in the brain encompasses biochemical, molecular and structural integrity in amygdala and hippocampus. Therefore, oxidative stress in DG-CA function can damage the remodeling capacity, cell proliferation, neurogenesis and structural plasticity, which can collectively disturb the regular synaptic neurotransmission. Moreover, free radicals oxidize the glutamatergic N-methyl-D-aspartate receptors, as a result, it reduces the synaptic transmission and LTP [58, 59]. Subsequently, these events highlighted the role of oxidative stress in behavioral and cognitive decline.

1.3. Metals and Oxidative Stress in Neurological Disorders

Metals are important for different metabolic processes in organisms [60]. The movement of metal ions across the blood brain barrier in the brain is tightly regulated, and it does not allow the flux of metals from the circulation to the brain [61]. Furthermore, the redox-active metals, because of disruption of metal homeostasis cause the generation of toxic free radicals, consequently, leading to the pathophysiology of neurological disorders. Metals like zinc, copper and iron have a strong interaction with major components of protein linked with degenerative disorders [62]. Redox-active metal ions are strongly involved in the generation of RONS through Fenton chemistry/Haber-Weiss reaction, which leads to oxidative stress in the cellular system [63, 64]. In the Haber-Weiss reaction, metal ions catalyze the formation of dangerous and highly reactive HO^{\bullet} radicals from less reactive $O_2^{\bullet-}$ and H_2O_2 radicals in biological systems [65]. The mechanism of Haber-Weiss reaction can be better understood with the help of Fenton chemistry, in which Fe^{3+} react

with $O_2^{\cdot-}$ forms Fe^{2+} and O_2 ; Fe^{2+} then reacts with H_2O_2 to produce HO^{\cdot} , OH^- and restore Fe^{3+} (Fenton reaction) as given in scheme 1. Other metals, such as Cu^{2+} and Cr^{3+} also generate HO^{\cdot} radicals *via* Fenton reaction/Fenton-like reaction [66-68]. Additionally, vanadium produces $O_2^{\cdot-}$ radical in the oxidation of oxygen by transferring the vanadium (IV) to vanadium (V), whereas in mitochondria, manganese participates in the electron transport chain (ETC) and as a result makes RONS [69, 70]. The reactions involving vanadium, chromium and copper are presented in Scheme 1.

Different researchers exposed that higher levels of Cu and Fe in the brain may lead to aging, which may cause neurodegenerative disorders [71] like multiple sclerosis, AD, PD, neuroferritinopathies and amyotrophic lateral sclerosis. Similarly, iron plays a role in neuronal fate in the case of AD and PD; the higher concentration of iron pool causes oxidative stress, which affects the signaling cascades and transcriptional activity, leading to neuronal death [72].

The higher metal ions concentration in the brain with increasing age can enhance the redox competition and low-affinity metal-binding site, which normally forms a redox-silent cellular pool. In this way, proteins like $A\beta$ can connect endogenous biometals to promote the liberation of improper redox activity and production of RONS [73].

1.4. Oxidative Stress Biomarkers for Neurological Disorders

In the neuronal microenvironment, oxidative overloading results in the oxidation of proteins [74] DNA [75] and lipids [76], producing alcohols, peroxides, aldehydes, cholesterol oxide and ketones as by-products, which can frequently distress the specific neural system [77]. These major biomarkers of oxidative stress causing neurological disorders are discussed below.

1.4.1. Lipid Peroxidation

Lipid peroxidation is the widely used bioactive marker of oxidative stress. Mechanistically, free radicals attack on the double bond of unsaturated fatty acids and create very reactive lipid peroxy radicals, which initiate the chain reaction and eventually results in the lipid peroxidation. The chain reaction further generates products, such as F2-isoprostanes and 4-hydroxy-2, 3-nonenal (HNE) [78, 79]. Furthermore, HNE can transform proteins and ultimately leads to inhibition of $Na^+ - K^+ - ATPases$, dysregulation of intracellular calcium signaling, inhibition of neuronal glutamate, glucose transporters and activation of kinases. This can finally induce an apoptotic cascade system [80, 81], ultimately leading to the neurodegenerative disorders in the cellular system [82].

1.4.2. Protein Oxidation

Oxidation of protein by ROS forms the hydroxyl groups or protein based carbonyl groups [83]. Carbonyls in proteins can be generated by oxidation of amino acid side-chain hydroxyls groups into derivatives of aldehyde or ketone [84]. Besides, carbonyl groups can directly be formed by oxidizing arginine, lysine, threonine and proline residues, or breaking the peptide bonds *via* α -amidation pathway or oxidizing glutamyl residues [85]. The carbonylation of protein is a superior guesstimate for the measurement of oxidative dam-

age associated with different oxidative stress induced diseases [86-88].

1.4.3. DNA Oxidation

DNA/RNA bases are susceptible to oxidative damage, including nitration, hydroxylation, and carbonylation [89-91]. The oxidation of nucleic acid is highlighted by higher levels of 8-hydroxyguanosine and 8-hydroxy-2-deoxyguanosine [92, 93]. Researchers revealed that oxidative stress damages the DNA strand and generates higher free carbonyls in the nuclei of neuronal cells, causing neurodegenerative diseases [94].

1.4.4. Glycooxidation

Advanced glycation end products (AGEs) are also considered strong neurotoxins and proinflammatory molecules. The non-enzymatic reaction of sugars with protein deposits generates AGEs. A cascade of reactions results subsequently in the creation of AGEs, which are made of irreversibly cross-linked heterogeneous aggregates of protein [95]. The oxidation of glycated proteins ("glycooxidation") causes the accumulation of extracellular AGEs in neurological disorders [96].

1.5. Involvement of Oxidative Stress in Neurological Disorders

Brain is particularly vulnerable to oxidative stress. This could be attributed to various physiological, anatomic, and functional parameters. The average adult human brain weighs in at 1.3 to 1.4 kilograms. It comprises only 2% of the total body weight and yet it consumes 20% of the body's oxygen (O_2) due to its high rate of metabolism. The normal human brain consumes 3.5 ml of oxygen per 100 grams of brain tissue per minute or approximately 49 ml of oxygen per minute. Notably, for energy, the brain depends on the aerobic metabolism of glucose [97]. Similarly, blood flow in the human brain is 800 mL/min, or app. 15% of the total basal cardiac output. The O_2 is consumed to generate adenosine triphosphate (ATP), which occurs mainly via oxidative phosphorylation. ATP is needed for several biochemical processes like action potentials, maintenance of energetic pumps, neurotransmission, and enzymatic reactions. Within the brain, the oxygen utility is region-specific. The gray matter consumes more than twice as much oxygen as white matter. While neurons are reported to consume 75%-80% of energy produced in the brain. The energy is largely utilized in restoration of neuronal membrane potentials following depolarization. Other neuronal functions include but are not limited to vesicle recycling, neurotransmitter synthesis and axoplasmic transport [98-100].

Morphologically, 100 billion neurons are directly or indirectly involved in an incredibly wide range of motor and internal regulatory functions. Neurons differ in size, number and complexity of dendrites, synaptic connections, length of axons, axonal myelination, and other morphological characteristics. Neurons have also been chemically classified on the basis of neurotransmitters such as glutamate, GABA, acetylcholine, dopamine, adenosine, or peptide transmitters and neuromodulators.

Neurons and neuronal functions are extremely sensitive; any disruption of oxygen supply to the brain can cause det-

rimental damage within minutes. Watts *et al.*, discussed in detail the disruption in oxygen metabolism and its involvement in various neurodegenerative disorders, such as Alzheimer's, Parkinson's and Huntington's diseases.

The main feature of neurodegenerative diseases is neuronal death, which is involved in a cascade of hostile events. Infact central nervous system (CNS) is based on the heterogeneity and reciprocal interactions of its neurons, glia, pericytes and extracellular matrix. Neurons play a pivotal role in the neural transmission and neuroplasticity, glial cells (which is 33-66% of the human brain cells) are key components of the synaptic machinery, microglial cells protect against external stressor and maturation of synaptic network, astrocytes are the fundamental regulators of neuronal homeostasis and neuro-glial network function. They also play an active role in neurotransmitter reuptake and ion balance. Neuroinflammation, mitochondrial dysfunction, oxidative stress and excitotoxicity are also involved in Neuronal degeneration. The heterogeneous neuronal response to damaging mechanisms is still datable and extensive work is needed to explore it [101].

This is also another report which highlighted that various neurodegenerative diseases such as Alzheimer's disease (AD), Parkinson's disease (PD) and amyotrophic lateral sclerosis (ALS) involve region-specific neurodegeneration. However, exact mechanisms which determine why particular brain regions are selectively vulnerable to neurodegeneration, whilst others remain relatively unaffected remain elusive. However, endogenous factors, such as modest antioxidant defenses, limited regenerative capacity, glymphatic waste disposal, dependence on excitotoxic and auto-oxidizable neurotransmitters, polyunsaturated fatty acids prone to peroxidation, calcium load and redox active metal burden render the brain highly vulnerable to oxidative damage [102].

In neurodegenerative conditions, neurons can trigger the appearance of selective neuronal vulnerability (SNV), which is underappreciated or less explored. For example, neurons in the entorhinal cortex, hippocampus CA1 region, frontal cortex, and amygdala are extremely sensitive to the neurodegeneration associated with Alzheimer's disease (AD). In Parkinson's disease (PD), dopaminergic neurons of the substantia nigra are more susceptible to cell death. Or amyotrophic lateral sclerosis (ALS) involves degeneration of spinal motor, cortical and brain stem neurons. The appearance of SNV is not limited to cross-regional differences. For example, in the hippocampal CA1, neurons are much more vulnerable than CA3 neurons in global cerebral ischemia [103-107].

The vulnerability of neurons to OS varies from one brain region to another. Morphologically the hippocampal CA1 and CA3 regions are similar, but they respond to OS very differently. Precisely, the CA1 suffers massive cell death as compared with CA3 region. The cell death is independent of the type of pro-oxidant. For example, the same results were obtained for different agents like Superoxide-producing agents like duroquinone or paraquat or Ferrous sulphate (FeSO₄), a hydroxyl radical generator [108-109]. In other studies, the paraquat or xanthine/xanthine oxidase, caused extensive death of neurons in the cerebellar granule cell lay-

er, but not in the cerebral cortex [110]. Furthermore, in mid-brain, the substantia nigra pars compacta (A9) and the nearby ventral tegmental area (A10) also show differential vulnerability to OS. Precisely, A9 neurons are more vulnerable to OS as compared with A10 [111]. Semra *et al.*, also reported that neurons in the celiac and superior mesenteric ganglia (CG/SMG) are more sensitive to menadione-induced OS than superior cervical ganglion (SCG) [112].

Wang and Michaelis discussed in details, the mechanism involved in selective vulnerability of neurons to OS [110]. One of the salient features is higher OS in vulnerable neurons. For example, Wang *et al.*, measured superoxide ion concentration in the hippocampus. Interestingly, the vulnerable CA1 neurons showed significantly higher levels of superoxide anion than the resistant CA3. In another study, by H₂DCFDA (2',7'-dichlorodihydrofluorescein-diacetate) method, it was observed that the mitochondria from the CA1 release more ROS than CA3 region [113]. Various transcriptomic studies also showed that neurons from brain regions vulnerable to OS express higher levels of genes related to OS response [114].

ROS and RNS also play a physiological role by enhancing synaptic plasticity, LTP and memory formation. CA1 neurons, but not CA3 neurons, require superoxide for LTP. By using free radical scavengers, the LTP is impaired in CA1 but not in CA3. Mitochondria are not only the powerhouses for ATP but also the major site of free radical generation. Or the mitochondrial toxicants (such as MPTP and rotenone) may lead to ATP decline, dysfunctional mitochondria, and SNV. This may also lead to selective vulnerability of dopaminergic neurons as in PD [115]. In neurodegenerative conditions, the astrocytes and microglia release various cytokines to repair the damaged cells. However, the continuous activation of astrocytes and microglia can also lead to the increased production of ROS/RNS [116]. Some other factors underlying the selective vulnerability of neurons to OS includes deficient DNA damage repair and calcium dysregulation and glutamate hyperactivity [113-116].

Considerable literature is available which describes the role of OS in Neurodegenerative diseases. It is worthy to note that neuronal cells are extremely sensitive to OS because of

- (1) their large dependence on oxidative phosphorylation for energy as compared with other cells,
- (2) high oxygen concentration (as discussed above),
- (3) higher concentration of metal ions (which accumulates in the brain with age),
- (4) higher polyunsaturated fatty acids, which are more susceptible to OS and
- (5) relatively poor concentrations of antioxidants and related enzymes.

1.5.1. Alzheimer's Disease

Alzheimer's disease is characterized by the deposition of protein aggregates, extracellular amyloid plaques (A β), intracellular tau (τ), or neurofibrillary tangles. Various studies have reported a direct relationship between A β -induced oxidative imbalance and higher levels of byproducts of lipid

peroxidation (e.g., 4-hydroxynonal, malondialdehyde), protein oxidation (e.g., carbonyl), and DNA/RNA oxidation (e.g., 8-hydroxyguanosine, 8-hydroxydeoxyguanosine) [117-119]. The authors also reported decreased levels of various antioxidants, such as uric acid, vitamin C and E and antioxidant enzymes like superoxide dismutase, and catalase in AD patients. Transition metals are also reported to be abnormally distributed in AD, which may catalyze the OS. Increased levels of RNS in astrocytes and neuron is also reported in AD. Precisely, the expression of neuronal (nNOS or NOS-1), cytokine-inducible (iNOS or NOS-2), and endothelial (eNOS or NOS-3) isozymes is reported in gradual modification in astrocytes. There is also a direct association between iNOS and eNOS with A β aggregates, which further induce the nitric oxide synthases (NOS) to produce nitric oxide (NO). The higher NO levels are one of the prime causes of the generation of ONOO⁻, which in turn damages the lipids, protein, and DNA/RNA [117-119].

1.5.2. Parkinson's Disease (PD)

Researches highlighted that the loss of dopaminergic neurons in the substantia nigra pars compacta (SNpc) leads to motor symptoms and drives symptomatic therapies in PD. There is mounting evidence that substantia nigra of PD patients are found to have elevated levels of oxidized lipids, proteins and DNA, along with reduced levels of glutathione [120-124]. Precisely, increased levels of 4-hydroxyl-2-nonenal (HNE), carbonyl modifications of soluble protein and 8-hydroxy-deoxyguanosine and 8-hydroxy-guanosine are reported in the literature. The link between OS and dopaminergic neuronal degeneration is further supported by the studies, where authors used various toxins to induce OS, for example, 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP), rotenone, 1,1'-dimethyl-4,4'-bipyridinium dichloride (paraquat), and 6-hydroxydopamine (6-OHDA) [125-129]. NO can also hinder the function of proteins by forming S-nitrosothiols, and mediates lipid peroxidation, thus causing a deteriorating effect in PD brains. The presence of high levels of trace elements (iron, manganese, zinc, selenium, copper, aluminum, etc.) is also reported to be involved in neurodegeneration [130, 131]. The production of free radicals in PD is exacerbated by GSH depletion, and high levels of iron or Ca²⁺. The PD patients show low level of GSH as compared with glutathione disulfide (GSSG) (GSH:GSSG ratio). The ROS production may consequently lead to the loss of dopaminergic neurons [132, 133]. Furthermore, degeneration of the dopamine (DA) neurons of the SNpc suggests that DA itself may be a source of oxidative stress. Similarly, the alterations in catecholamine metabolism and modifications in mitochondrial electron transporter chain (METC) cannot be denied in causing PD. Elevated levels of malondialdehyde, thiobarbituric acid reactive substance and 4-hydroxy-2,3-nonenal are also reported in PD cases.

1.5.3. Huntington's Disease

Oxidative stress has been reported as one of the key players in disease progression for Huntington's disease (HD). Some of the common biomarkers include oxidative modifications to DNA, proteins, and lipids [134, 135]. Infact, 8-hydroxydeoxyguanosine (8-OHdg), an oxidation product of DNA, is a very sensitive biomarker of Huntington's disease. Increased plasma lipid peroxidation byproduct is also report-

ed in HD. Similarly, Iron and Copper have been shown to accumulate in post-mortem brain tissues of HD patients. A recent MRI study showed enhanced accumulation of iron in basal ganglia and cortex of human HD patients. Impairment in the electron transport chain and mitochondrial dysfunction can not be neglected as the major mechanism of OS mediated pathogenesis of HD. Reduced GSH levels, abnormal tryptophan metabolism with enhanced oxidative stress are also reported in the literature [136]. Increased cytoplasmic lipofuscin (a product of unsaturated fatty acid peroxidation) is also reported in HD patients. The oxidation of mitochondrial enzymes also results in decreased catalytic activity of HD patients [137].

1.5.4. Amyotrophic Lateral Sclerosis (ALS)

There is substantial evidence implicating the involvement of OS in ALS patients. The evidence of oxidative damage in ALSO is also apparent from an increase in protein carbonyls [138-141], 8-hydroxy-2-deoxyguanosine (8-OHdG), malondialdehyde-modified proteins, 4-hydroxynonal (4-HNE) protein conjugates, and nitrotyrosine products in the spinal cord tissue. Moreover, in erythrocytes from sALS patients, a decrease in CAT, GR, and glucose-6-phosphate dehydrogenase activities and a decrease in GSH are also reported [142-147]. Mechanistically, mutation of SOD 1 has been involved in 20% of the Amyotrophic lateral sclerosis (ALS) cases. The major function of SOD1 is the scavenging of excessive superoxide radical (O₂⁻). The mutant SOD1 may also reduce the expression of glutamate transporter (GLT) 1 and ultimately leads to glutamate toxicity in motor neurons [138-140].

1.5.5. Friedreich Ataxia

Friedreich ataxia is also characterized by a loss of frataxin (an iron transporter protein). This may cause an increase in iron concentration, which promotes the conversion of H₂O₂ to [•]OH through the Fenton reaction. To prove it further, antioxidant treatment with vitamin E and coenzyme Q10 supplementation has been shown to improve energy generation for some Friedreich ataxia patients [148]. Elevated levels of urine 8-hydroxy-2'-deoxyguanosine [149] and serum malondialdehyde [150] (indicative of DNA damage and lipid peroxidation, respectively) have been reported in patients.

We can conclude that there is extensive data in the literature, which confirms that oxidative stress is one of the key aspects associated with neurodegenerative diseases and neuronal dysfunction. Oxidative stress can easily impair the brain parts because of its high oxygen utilizing property, reducing the ability of definite neurotransmitters, lipid-rich organization, restrained antioxidant defense mechanisms, and presence of several redox-active metals, which leads to neuropsychiatric and neurodegenerative diseases [151-153].

One of the fundamental sources of DNA damage is ROS, produced from normal metabolic processes. The exogenous sources like UV radiation, x-rays, gamma rays, plant or food toxins, and viruses etc. can not be neglected. Brain metabolizes ~ 20% of consumed oxygen, making neurons particularly susceptible to oxidative stress. The cellular process can induce oxidation, alkylation, hydrolysis of bases, bulky adduct formation, or errors in DNA replications. Single-strand

break repair (SSBR) has evolved in vertebrates and plays a pivotal role in the detection and repair of nicks and single-stranded gaps caused by cellular toxins (for example ROS). It is critical for the survival and genetic stability of mammalian cells. Deficiency in SSBR leads to cellular sensitivity to radiation, oxidative stress and base damaging agents [154, 155].

Single strand break (SSB) occurs when one strand of the DNA loses a single nucleotide. Lack of repair represents a severe threat to genetic stability. SSBs are considered the most common damage to DNA (1000 breaks/cell/day) in the cell [156]. It is worthy to note that neurons have low levels of antioxidant enzymes and these cells depend on the single-strand break repair pathway (SSBR). It can be summarized that SSBR proceeds in four stages: break detection, processing of DNA termini, DNA gap filling and ligation. DNA can undergo strand breaks, base damage, helical distortions and strand cross-links *etc.* The damage can be repaired by removing small nucleotides *via* base excision repair (BER) or longer stretches *via* the nucleotide excision repair (NER) pathway. While, for strand break repair, single strand break repair (SSBR) or double strand break repair (DSBR) pathways are discussed in the literature. Any defect in these pathways may lead to human neurological diseases. The deficiency in repair of nuclear and mitochondrial DNA damage has also been linked to several neurodegenerative disorders. There is considerable data that linked the defective DNA repair neurodegenerative syndromes, such as Alzheimer's disease and Parkinson's disease. For example, DNA DSB deficiency has been associated with Ataxia-telangiectasia, Ataxia-telangiectasia-like disorder, Nijmegen breakage syndrome, ATR Seckel syndrome, LIG4 syndrome, Human immunodeficiency with microcephaly and Fanconi anemia. Ataxia telangiectasia was probably the 1st recognized syndromes linked with DNA damage and neurodegeneration. Some of the prominent damages of A-T are immune dysfunction, sterility, extreme radiosensitivity and cancer predisposition [157-158]. It also causes cerebellar dysfunction, which is apparent from muscle hypotonia, truncal swaying while sitting or standing and abnormalities of eye movement [159]. Two other syndromes *i.e.* Ataxia-telangiectasia-like disorder and Nijmegen breakage syndrome, result from mutation of Mre11 and NBS1, respectively [160-162].

Similarly, DNA SSB deficiency also leads to oculomotor apraxia 1 (AOA1) and spinocerebellar ataxia with axonal neuropathy (SCAN1). In the stated syndromes, aprataxin (APTX) and tyrosyl-DNA phosphodiesterase-1 (TDP1) genes are mutated, respectively. It is worthy to note that although rare, AOA1 is the most common recessive ataxia in Japan and second of all autosomal recessive ataxias in Portugal. Mutations in various components of the NER pathway can lead to various human syndromes, for example, xeroderma pigmentosum (XP), Cockayne syndrome (CS), and trichothiodystrophy (TTD) [163-166]. In the same vein, DNA X-link repair is reported in Fanconi Anemia. Furthermore, Helicase deficiency, Werner Syndrome, Rothmund Thomson syndrome, Bloom Syndrome Ataxia with oculomotor apraxia 2 can also be linked with DNA damage repair [163-166]. However, the interrelationship between DNA repair deficiency and neuropathology is intricate and the full details remain to be elucidated.

Our study reported the association of oxidative stress in 194 neurological disorders in which Alzheimer's disease, Parkinson's disease, epilepsy, dystonia, ALS (Lou Gehrig's disease), Huntington's disease, Machado-Joseph disease and multiple sclerosis afflict millions of humans worldwide and account for tremendous morbidity and mortality. The brief description of these neurological disorders, their characteristics and biomarkers/biochemical parameters are given in Table 1.

In the present review, we have compiled the detailed information about the association of oxidative stress with neurological disorders. The selected nervous system diseases are recognized and approved by the International Statistical Classification of Diseases and Related Health Problems (ICD), World Health Organization (WHO), the Diagnostic and Statistical Manual of Mental Disorders (DSM). Superoxide dismutase (SOD), cytochrome oxidase activity, cytoplasmic cytochrome *c*, ATP levels, caspase-3 activity, catalase (CAT), total antioxidant status (TAOS), lipid peroxidation mitochondrial DNA (mtDNA), alanine aminotransferase (ALT), aspartate aminotransferase (AST), glutathione peroxidase (GPX) activities gamma glutamyltransferase (Gamma-GT), reactive oxygen species (ROS) levels, malondialdehyde (MDA), protein carbonyls, oxidized nucleic acids, viable retinal ganglion cells (RGC), total radical-trapping antioxidant potential (TRAP), chemiluminescence, carbonyl content, reduced glutathione content, thiobarbituric acid-reactive substances (TBA-RS), sulfhydryl content, nitrotyrosine (NT), TUNEL assay, poly(ADP-ribose) (PAR), Reduced/Oxidized Glutathione, Glyoxalase 1 and glutathione reductase 1, peroxidative damage, thioredoxin (Trx), Akt/p53/p21-mediated pathway, ATM signaling pathway, oxidative stress-induced endothelial cell dysfunction, creatine phosphokinase (CPK), acetylcholinesterase (AChE) activity, lactate dehydrogenase, mitochondrial function and redox state, mitochondrial membrane potential, transmission electron microscope, oxidative stress, peroxidative damage, hemoglobin-induced cytotoxicity, glutamate excitotoxicity, fluorescent oxidation products (FLOPs) are some of the biomarkers of oxidative stress, which are studied to associate oxidative stress with neurological disorders, as shown in Table 1.

Whether oxidative stress is the cause or merely a consequence of associated neuronal cell loss is still debatable. Various markers for lipid, protein and DNA damages are reported to be involved in AD, PD, and ALS.

The cell has its own defense mechanism against oxidative burst. But in these conditions, the activities of various antioxidant defense molecules, for example, Superoxide Dismutase (SOD), Catalase, Glutathione Peroxidase (GSHPx) and Glutathione Reductase (GSHRd), are reduced. Reduced concentrations of uric acid (a potential scavenger of ONOO⁻), and reduced activity of methionine sulfoxide reductase, which reverses oxidation at protein methionine residues, are also noted in various neurodegenerative diseases. PD is specifically characterized by low glutathione (GSH) content. An increase in Iron concentration is also noted in substantia nigra (in PD cases). Infact, this turns out to be one of the basic aspects of the development of metal chelation therapy. Mutation in SOD enzymes is also reported in cases

Table 1. Association of neurological disorders with oxidative stress.

S. No.	Neurological Disorder	Biochemical Parameters or Immunocytochemistry or Electron Microscopy or Other Technique	Refs.
1.	Alcoholism	Plasma testosterone, luteinizing hormone and follicle stimulating hormone, Vitamin C, Vitamin E, β - Carotene, Glutathione and Superoxide Dismutase, Glutathione Reductase, Malondialdehyde	[167]
2.	Alzheimer's disease	Cytochrome oxidase activity, ROS, ATP levels, cytoplasmic cytochrome <i>c</i> , caspase-3 activity, mitochondrial DNA (mtDNA)	[168]
3.	Aneurysm	Xanthine oxidase, mitochondrial oxidases and cyclooxygenase inhibition, NADPH oxidases	[169]
4.	Amaurosis fugax	Viable retinal ganglion cells (RGC), TUNEL assay, nitrotyrosine (NT) and poly (ADP-ribose) (PAR)	[170]
5.	Amnesia	Malondialdehyde (MDA), glutathione (GSH) acetylcholinesterase (AChE) activity	[171]
6.	Amyotrophic lateral sclerosis (ALS)	Disulfide-linked SOD1 multimers, SOD1 proteins	[172]
7.	Arachnoiditis	Tenoxicam, L3 laminectomy	[173]
8.	Arnold-Chiari malformation/chiari malformation	Transmission electron microscope, oxidative stress, peroxidative damage, hemoglobin-induced cytotoxicity, calcium overload, glutamate excitotoxicity, and caspase activation.	[174]
9.	Asperger syndrome	Total antioxidant status (TAOS), non-enzymatic (glutathione and homocysteine) and enzymatic (catalase, superoxide dismutase, and glutathione peroxidase) antioxidants, and lipid peroxidation	[175]
10.	Ataxia/ Friedrichs ataxi	Lipid peroxidation, CoQ10 analog idebenone, C11-BODIPY (581/591) probe	[176]
11.	Ataxia-telangiectasia	Akt/p53/p21-mediated pathway, ATM signaling pathway, oxidative stress-induced endothelial cell dysfunction	[177]
12.	Attention deficit hyperactivity disorder	NOS, XO, GST, PON-1 and ADA activities	[178]
13.	Autism	Lipidperoxidation (malonyldialdehyde), transferrin (iron-binding protein) and ceruloplasmin (copper-binding protein)	[179]
14.	Bipolar disorder	Oxidative damage to proteins and mitochondrial complex I activity.	[180]
15.	Brachial plexus injury	Nitric oxide (NO), nitric oxide synthase (eNOS) and inducible nitric oxide synthase (iNOS) levels, neuronal nitric oxide synthase (nNOS)	[181]
16.	Brain injury	NOX subunit, gp91(phox) (gp91(phox)-/-), 4-hydroxy-2-nonenal, malondialdehyde, and 8-hydroxy-2'-deoxyguanosine, NADPH oxidase, copper/zinc-superoxide dismutase (SOD1)	[182]
17.	Brain tumor	(<i>CAT</i> , <i>GPX1</i> , <i>NOS3</i> , <i>PON1</i> , <i>SOD1</i> , <i>SOD2</i> , and <i>SOD3</i>)	[183]
18.	Canavan disease	Total radical-trapping antioxidant potential (TRAP), total antioxidant reactivity (TAR), chemiluminescence, thiobarbituric acid-reactive substances (TBA-RS), reduced glutathione content, sulfhydryl content and carbonyl content	[184]
19.	Capgras delusion	Retrospective study	[185]
20.	Carpal tunnel syndrome	Nitric oxide synthase (eNOS), nuclear factor (NF)- κ B, and transforming growth factor (TGF)- β	[186]
21.	Causalgia/Complex regional pain syndrome	Lipid peroxidation products (MDA), peroxidase and superoxide dismutase (SOD) activity, uric acid (UA) concentration and total antioxidant status (TAS)	[187]
22.	Central pain syndrome/ Chronic fatigue syndrome/ Chronic pain/ Fibromyalgia	ROS, mitochondrial dysfunction	[188]
23.	Central pontine myelinolysis	Levofloxacin therapy	[189]
24.	Centronuclear myopathy	RYR1-related myopathies, <i>N</i> -acetylcysteine, oxidative stress markers	[190]
25.	Cerebral aneurysm	Review	[191]
26.	Cerebral arteriosclerosis	Oxidative stress and mitochondrial markers	[192]
27.	Cerebral atrophy	Homocysteine and markers of oxidative stress (malondialdehyde)	[193]

(Table 1) contd....

S. No.	Neurological Disorder	Biochemical Parameters or Immunocytochemistry or Electron Microscopy or Other Technique	Refs.
28.	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL)	Caspase-3 activation, phosphatidylserine exposure and mitochondrial membrane depolarization	[194]
29.	Cerebral palsy	Red cell folate (RCF), magnesium, superoxide dismutase (SOD), glutathione reductase, and peroxidase, serum methylmalonic acid and vitamin C, Plasma hemoglobin, C-reactive protein, α -tocopherol, cholesterol, zinc, protein carbonyls, and total antioxidant capacity	[195]
30.	Cerebral vasculitis (giant cell arteritis), Cranial arthritis/giant cell arthritis/temporal arthritis/cerebral vasculitis	NADPH oxidase	[196]
31.	Charcot-Marie-Tooth disease	Oxidized glutathione	[197]
32.	Chronic inflammatory demyelinating polyneuropathy (CIDP)	NOX2 activity, flow cytometry, enzymatic activity	[198]
33.	Compression neuropathy	(S-) enantiomer and pregabalin, neurofilament phosphorilated (NFP) protein, (R+)-thioctic acid	[199]
34.	Corticobasal degeneration	Immunocytochemistry, heme oxygenase-1 (HO-1), immunoelectron microscopy, HO-1 immunolabelling	[200]
35.	Cranial arteritis (temporal arteritis)	Malondialdehyde (MDA), liquid chromatography (HPLC)	[201]
36.	Creutzfeldt-Jakob disease	Malondialdehyde (MDA), liquid chromatography (HPLC)	[202]
37.	Cushing's syndrome	Plasma 15-F _{2t} -Isoprostane (15-F _{2t} -IsoP), PA by thromboxaneB ₂ levels (TXB ₂), and total antioxidant capacity (TAC) and serum vitamin E.	[203]
38.	Cytomegalovirus Infection	Endothelial nitric oxide synthase pathway, asymmetric dimethylarginine (ADMA, the endogenous inhibitor of nitric oxide synthase)	[204]
39.	Dawson disease (Subacute sclerosing panencephalitis (SSPE))	Immunoreactive, 8-hydroxy-2'-deoxyguanosine and 8-hydroxyguanosine, markers of oxidative damage to DNA and ribonucleic acid, products of lipid peroxidation, glutamate	[205]
40.	Dementia	Review	[206]
41.	Dermatomyositis	Mitochondrial/oxidative phosphorylation, type I IFN-regulated transcripts	[207]
42.	Diabetic neuropathy	Nicotinamide adenine dinucleotide phosphate(NADPH)oxidase mitochondrial reactive oxygen species (mtROS), Caspase activity, intracellular ROS, mtROS production, mitochondrial membrane potential (Δ Ym) and NADPH oxidase activity	[208]
43.	Diffuse sclerosis	Lipid peroxidation, oxidized proteins and total antioxidant capacity (TAC)	[209]
44.	Down syndrome	Ribonucleic acid and protein expression, (SOD1) and protein levels of copper/zinc superoxide dismutase, glutathione peroxidase (GPx)	[210]
45.	Duchenne muscular dystrophy	Nicotinamide adenine dinucleotide phosphatase (Nox2)-induced oxidative stress, target of rapamycin (mTOR) <i>via</i> PI3K/Akt phosphorylation, Inhibition of Nox2 or Src kinase, NADPH oxidase	[211]
46.	Dysautonomia	Angiotensin-II (AngII) into Ang-(1-7), brain NADPH oxidase and SOD activities	[212]
47.	Dyskinesia	Glutathione peroxidase-like activity, thiobarbituric acid-reactive species (TBARS) levels	[213]
48.	Dystonia	Oxidative stress, H ₂ O ₂ treatment, overexpression of TorsinA	[214]
49.	Encephalitis	Oxidative stress markers, tau protein and cytokines, 8-hydroxy-2'-deoxyguanosine (8-OHdG) and hexanoyl-lysine adduct levels	[215]
50.	Encephalotrigeminal angiomas (SWS)	(iTRAQ-8plex)-based liquid chromatography, Proteins, Ingenuity pathway analysis (IPA)	[216]
51.	Epilepsy	Hydroxyl and nitroxyl radicals, melatonin	[217]
52.	Fabry's disease	Plasma Hcy, methionine cycle, molecular analysis, identification of thiobarbituric acid reactive substances, total glutathione and antioxidant enzymes activity, vitamins quantification, glutathione levels and catalase activity	[218]
53.	Fainting (syncope)	qRT-PCR, Ingenuity pathway analysis and gene ontology annotation study	[219]
54.	Familial spastic paralysis/ hereditary Spastic Paraplegia	m-AAA protease and assign proteolytic activity, paraplegin, AFG3L2, Gel filtration analysis, Respiratory chain activity, Luminometric assay of ATP, Mitochondrial protein synthesis analysis	[220]

(Table 1) contd....

S. No.	Neurological Disorder	Biochemical Parameters or Immunocytochemistry or Electron Microscopy or Other Technique	Refs.
55.	Febrile seizures	Total oxidant level and Total anti-oxidant level	[221]
56.	Fisher syndrome	Antioxidant activity (AOA) and malondialdehyde (MDA) levels	[222]
57.	Fetal alcohol syndrome	Intracellular redox state, antioxidant capacity, lipid peroxidation and protein oxidation, endogenous antioxidant glutathione	[223]
58.	Fragile X syndrome	Levels of reactive oxygen species, nicotinamide adenine dinucleotide phosphate (NADPH)-oxidase activation, lipid peroxidation and protein oxidation	[224]
59.	Fragile X-associated tremor/ataxia syndrome (FXTAS)	Electron transport and synthesis of ATP, mitochondrial proteins, oxidative/nitrative stress damage, Citrate synthase activity, Ca ²⁺ concentrations, Western blots	[225]
60.	Gaucher's disease	Primary glycosphingolipid abnormalities, lipid peroxidation (malonyldialdehyde levels), an indicator of lipid peroxidation, and the total antioxidant status, glucosylceramide, ceramide, glucosylceramide/ceramide ratio, glucosylsphingosine	[226]
61.	Gerstmann's syndrome	Kinases, phosphorylate, p38 (p-38-P) and SAPK/ JNK (SAPK/JNK-P), mitochondrial abnormalities, multicentric PrP ^{res} , Western blots	[227]
62.	Giant cell inclusion disease	Mitochondrial DNA oxidative damage index (mtDNA(ΔCT)) and intima media thickness (IMT)	[228]
63.	Globoid Cell Leukodystrophy/ Krabbe disease	Antioxidant N-acetyl cysteine (NAC), immunohistochemical markers	[229]
64.	Gray matter heterotopia	Immunohistochemical characteristics, cytosine arabinoside (Ara-C)	[230]
65.	Guillain-Barré syndrome	Glutathione peroxidase, levels of myeloperoxidase, levels of lactoferrin, antibody-based enzyme immunoassay	[231]
66.	Generalized anxiety disorder	Sulphydryl group levels, oxidative stress	[232]
67.	Hallervorden-Spatz disease	Histochemistry for iron and immunohistochemistry for Cu/Zn superoxide dismutase (SOD1), Mn superoxide dismutase (SOD2) and ferritin. SOD1-like immunoreactivity (IR), SOD2-IR and ferritin-IR	[233]
68.	Head injury	Review	[234]
69.	Headache	Superoxide dismutase (SOD), catalase (CAT), and glutathione peroxidase (GPx), malondialdehyde (MDA) levels	[235]
70.	Holoprosencephaly	Shh expression and activation of protein kinase A (PKA), antagonist of Shh signaling, antioxidants, such as vitamins C or E	[236]
71.	Huntington's disease	Review	[237]
72.	Hydrocephalus	ROS levels, dichlorofluorescein (DCF) fluorescence, and lipid peroxidation, using malondialdehyde (MDA)	[238]
73.	Hypercortisolism	Hypercortisolism and oxidative stress, hypothalamic--pituitary--adrenal axis activity, cortisol (including salivary measures of cortisol awakening response and serum morning levels)	[239]
74.	Hypoxia	Myocyte cell line H9c2, PKCε protein and mRNA, CpG methylation of the SP1-binding sites, HIF-1α, HIF-1α inhibitors (3-(5'-hydroxymethyl-2'-furyl)-1-benzylindazole and 2-methoxy estradiol), ROS scavengers N-acetyl-cysteine or tempol	[240]
75.	Inclusion body myositis	Review	[241]
76.	Incontinentia pigmenti	Cerebrospinal fluid levels of cytokines and oxidative stress markers (8-hydroxy-2-deoxyguanosine and the hexanoyl-lysine adduct), Magnetic resonance imaging	[242]
77.	Infantile Refsum disease	Activities of catalase (CAT), glutathione peroxidase (GPx), glucose 6-phosphate dehydrogenase (G6PD), and glutathione S-transferase (GST) along with reduced glutathione (GSH) content	[243]
78.	Infantile spasms/west syndrome	NMDA model Prenatal, betamethasone /postnatal NMDA, Prenatal stress /postnatal, NMDA Down / GBL	[244]
79.	Inflammatory myopathy	Mitochondrial alterations and oxidative stress	[245]
80.	Intracranial hypertension	RyR2 phosphorylation status and TnI degradation, Western blot analysis, phosphorylation status of RyR2 or TnI degradation levels	[246]
81.	Karak syndrome	Pantothenate kinase gene (<i>PANK2</i>)	[247]
82.	Kearns-Sayre syndrome	Normal blood cell counts, iron saturation, non-fasting and fasting glucose, glycated haemoglobin (HbA1c), lactate and pyruvate, CSF protein and lactate levels	[248]

(Table 1) contd....

S. No.	Neurological Disorder	Biochemical Parameters or Immunocytochemistry or Electron Microscopy or Other Technique	Refs.
83.	Lafora disease	Mitochondrial alterations, oxidative stress and a deficiency in antioxidant enzymes, proteomic analysis, peroxiredoxin-6	[249]
84.	Learning disabilities	Vitamin E supplemented, levels of SOD and Sir2, fluid percussion injury (FPI)	[250]
85.	Leigh's disease	Review	[251]
86.	Lennox-Gastaut syndrome	DNA oxidative marker (8-hydroxy-2'-deoxyguanosine, 8-OHdG) and markers for lipid peroxidation, including hexanoyl lysine adduct (HEL), in the urine and cerebrospinal fluid (CSF), West syndrome (WS), oxidative products of DNA (8-OHdG) and lipid (4-hydroxynonenal, 4-HNE)	[252]
87.	Lesch-Nyhan syndrome	(Aconitase activity, oxidized glutathione, and lipid peroxides), (superoxide dismutase, protein thiol content, carbonyl protein content, total glutathione, glutathione peroxidase, catalase, and thiobarbituric reducing substances). Immunolocalization of heme-oxygenase 1	[253]
88.	Leukodystrophy	Immunohistochemical markers, mitochondrial manganese-superoxide dismutase, hemox-ygenase-1, lipid peroxidation (4-hydroxynonenal and malondialdehyde), nitrotyrosylated proteins	[254]
89.	Lewy body dementia	Superoxide dismutase (SOD), catalase (CAT), glutathione (GLU) and total antioxidant capacity	[255]
90.	Lumbar disc disease	Nitric oxide (NO), superoxide dismutase (SOD), malondialdehyde (MDA), and advanced oxidation protein products (AOPPs)	[256]
91.	Machado-Joseph disease (Spinocerebellar ataxia type 3)	DNA damage by the comet assay	[257]
92.	Menieres disease	Protein oxidation, such as protein carbonyls (PC) and 4-hydroxynonenal (HNE) in lymphocytes, ultraweak luminescence (UCL), heat shock proteins Hsp70 and thioredoxin (Trx) expression and lymphocyte ratio reduced glutathione GSH vs. oxidized glutathione (GSSG)	[258]
93.	Meningitis	Review	[259]
94.	Menkes disease	Review	[260]
95.	Microcephaly	NBN gene in the central nervous system (CNS), nestin-Cre targeting gene system	[261]
96.	Micropsia	Review	[262]
97.	Migraine	Malondialdehyde (MDA), 4-hydroxy-2-nonenal (HNE), carbonylated proteins, nitric oxide stress, inflammation, lipid- and glucose-metabolism	[263]
98.	Miller Fisher syndrome	Activity of pro- and antioxidant systems, electron paramagnetic resonance (EPR) method, nitric oxide (NO), complexes of NO with nonhemic iron (HbNO), lipo- and superoxide radicals, signals of free Mn ²⁺ and Fe ²⁺ , blood antioxidant enzymes, ceruloplasmin and katalasa, superoxide dismutase's and glutation reductases	[264]
99.	Mini-stroke (transient ischemic attack)	lipid profile, oxidative stress and antioxidants	[265]
100.	Mitochondrial myopathy	Review	[266]
101.	Motor Neurone Disease - see amyotrophic lateral sclerosis	Review	[267]
102.	Motor skills disorder	Bacterial endotoxin (lipopolysaccharide, LPS) perinatal anoxia (PA), oxidative and inflammatory parameters, TNF- α , IL-1, IL-4, SOD, CAT and DCF, ELISA method	[268]
103.	Mucopolysaccharidoses	Enzyme replacement therapy, malondialdehyde, carbonyl groups in plasma, erythrocyte catalase activity, total antioxidant status, superoxide dismutase enzyme	[269]
104.	Multi-infarct dementia	Morris water maze tests and eight-arm radial maze task, lactic acid and malondialdehyde (MDA), lactate dehydrogenase (LDH), Na ⁺ K ⁺ ATPase, Ca ²⁺ Mg ²⁺ ATPase and superoxide dismutase (SOD), Nicotiflorin protective effect	[270]
105.	Multiple sclerosis	Review	[271]
106.	Multiple system atrophy	Mitochondrial inhibition by 3-nitropropionic acid, striatonigral degeneration and olivopontocerebellar atrophy, astrogliosis and microglial activation	[272]
107.	Muscular dystrophy	Review	[273]
108.	Myalgic encephalomyelitis/ Chronic fatigue syndrome (CFS)	Fibromyalgia and Chronic Fatigue Syndrome (FF) Rating Scale	[274]
109.	Myasthenia gravis	Serum levels of bilirubin and uric acid (UA)	[275]

(Table 1) contd....

S. No.	Neurological Disorder	Biochemical Parameters or Immunocytochemistry or Electron Microscopy or Other Technique	Refs.
110.	Myoclonus	Plasmid-based method of RNA interference (RNAi), Cystatin B knockdown, transfected β -galactosidase-positive neurons, Cystatin B RNAi.	[276]
111.	Myopathy	Expression array analysis, zebrafish and cultured myotubes, oxidant activity, antioxidant N-acetylcysteine	[277]
112.	Neuro-Behçet's disease	Oxidative and antioxidative parameters, total antioxidant capacity (TAC), paraoxonase (PON), arylesterase (ARE), glutathione (GSH) antioxidants and malondialdehyde (MDA) oxidant levels	[278]
113.	Neurofibromatosis	Overexpression of the NF1 gene, mitochondrial respiration, reactive oxygen species (ROS) production, adenylyl cyclase/cyclic AMP (cAMP)/protein kinase A pathway	[279]
114.	Neuroleptic malignant syndrome	CPK activity, muscle rigidity and leukocytosis, ROS production, catalase serum activity	[280]
115.	Neurological manifestations of AIDS	Review	[281]
116.	Neurological sequelae of lupus	Review	[282]
117.	Neuronal ceroid lipofuscinosis	Review	[283]
118.	Neuronal migration disorders	Review	[284]
119.	Neuropathy	Review	[285]
120.	Neurosis	Reactive oxygen metabolites (ROM), anti-oxidant potential	[286]
121.	Niemann-Pick disease	Coenzyme Q10 (CoQ10) and trolox equivalent antioxidant capacity (TEAC), oxidative stress	[287]
122.	Occult Spinal Dysraphism Sequence	Review	[288]
123.	Olivopontocerebellar atrophy	Olivopontocerebellar atrophy (OPCA), lipid peroxidation, immune-histochemically	[289]
124.	Optic neuritis	Reactive oxygen species (ROS), mitochondrial oxidative stress, SOD2 gene	[290]
125.	Orthostatic Hypotension	Urine 17-KS-S (17-ketosteroid sulfate, abbreviated to S), 17-OHCS (17-hydroxycorticosteroids, abb. to OH) and S/OH ratio as endocrinological stress markers	[291]
126.	Otosclerosis	Aldehyde 4-hydroxynonenal (HNE), regular HNE-protein adducts, Ang II, immunoblotting	[292]
127.	Overuse syndrome	Morphological and histological changes, biomarkers of oxidative stress, inflammation, and apoptosis.	[293]
128.	Parkinson's disease	Review	[294]
129.	Paraneoplastic diseases	Serum pro-inflammatory cytokines and oxidative stress/antioxidant parameters and, PBMC (Peripheral blood mononuclear cells), TNF-alpha, ROS, GSH and vitamin E	[295]
130.	Paroxysmal attacks	Mutational analysis, Bioinformatic analysis, Northern analysis, Mammalian cell culture and transfection	[296]
131.	Pelizaeus-Merzbacher disease	Innate immune system activation in autopsy, missense mutations in mildly- and severely-affected P1p1-mutant	[297]
132.	Periodic Paralysis	Mitochondrial DNA sequencing and restriction PCR, oxidative phosphorylation functional assays, reactive oxygen species metabolism, and patch-clamp technique	[298]
133.	Peripheral neuropathy	Review	[299]
134.	Pervasive developmental disorders	Oxidative stress status	[300]
135.	Phytanic acid storage disease	Fatty acid induces lipid and protein oxidative damage, thiobarbituric acid-reactive substances, carbonyl formation, glutathione, 2',7'-dichlorofluorescein oxidation (DCFH)	[301]
136.	Pick's disease	2',7'-dichlorofluorescein oxidation (DCFH), corticobasal degeneration, immunocytochemistry, antisera to heme oxygenase-1 (HO-1)	[302]
137.	Pinched nerve	Antisera to heme oxygenase-1 (HO-1), inflammatory cytokine interleukin (IL)-1 β , real-time reverse-transcriptase polymerase chain reaction (RT-PCR), biochemistry, and immunofluorescence microscopy	[303]
138.	Pituitary tumors	Ingenuity pathway analysis, protein-mapping data, comparative proteomic data, adenoma nitroproteomic data, and control nitroproteomic data. Fisher's exact test, mitochondrial dysfunction, oxidative stress, cell-cycle dysregulation, and the MAPK-signaling	[304]
139.	Polyneuropathy	Plasma 8-iso-prostaglandin F(2alpha) (8-iso-PGF(2alpha)), superoxide anion (O(2)(-)) generation, lag phase to peroxidation by peroxynitrite (ONOO(-)), vitamin E-to-lipid ratio, and vitamin C	[305]

(Table 1) contd....

S. No.	Neurological Disorder	Biochemical Parameters or Immunocytochemistry or Electron Microscopy or Other Technique	Refs.
140.	Polio	DNA constructs and transfections, Immunofluorescence, RNA <i>in situ</i> hybridization, Immunoblot analysis of cell lysates	[306]
141.	Polymyositis	Autoimmune inflammatory myopathies, muscle fiber apoptosis, DNA fragmentation or expression of apoptosis-related proteins, inducible and neuronal nitric oxide synthase (NOS)	[307]
142.	Post-Polio syndrome	Review	[308]
143.	Postherpetic Neuralgia (PHN)	Vimang formulations,	[309]
144.	Prader-Willi syndrome	Redox biomarkers profile, total hydroperoxides (TH), non protein-bound iron (NPBI), thiols (SH), advanced oxidation protein products (AOPP) and isoprostanes (IPs), GH therapy, OS biomarkers	[310]
145.	Prion diseases	Review	[311]
146.	Progressive Supranuclear Palsy	Cu/Zn-superoxide dismutase (SOD), glutathione peroxidase (GPx), and 4-hydroxynonenal (HNE)-conjugated GPx, immunosorbent assay	[312]
147.	Pseudotumor cerebri	Elevated pressure, hypoxia, and oxidative stress, bioreduction assays, endocytotic activity	[313]
148.	Quadriplegia	Superoxide dismutase (SOD), glutathione reductase (GR) and catalase (CAT), glutathione peroxidase (GPX) activity	[314]
149.	Rabies	Degeneration of neurites (axons), mock-infected DRG neurons, lipid peroxidation associated with oxidative stress	[315]
150.	Radiculopathy	Antioxidant enzymes superoxide dismutase (SOD), catalase and glutathione peroxidase (GPx), nitric oxide metabolites and lipid hydroperoxides	[316]
151.	Reflex neurovascular dystrophy	8-isoprostane-prostaglandin F ₂ α , cytokines (TNF- α , IL-4, IL-6, IL-7, IL-8, IL-10, IL-17A). Plasma concentrations, radioimmunoassay (RIA), and kinetics of cytokines, antibody-based proximity ligation (PLA)	[317]
152.	REM sleep behavior disorder	Review	[318]
153.	Repetitive stress injury	Isometric torque, range of movement (ROM), delayed-onset muscle soreness (DOMS), creatine kinase (CK), reduced glutathione (GSH), oxidized glutathione (GSSG), thiobarbituric acid-reactive substances (TBARS), protein carbonyls, catalase, uric acid, bilirubin, and total antioxidant capacity (TAC)	[319]
154.	Restless legs syndrome	Total oxidant status (TOS), total antioxidant status (TAS), oxidative stress index (OSI), arylesterase (ARE), paraoxonase (PON), stimulated paraoxonase (stim-PON), lipid hydroperoxides (LOOHs), acetyl cholinesterase (AChE) and butyryl cholinesterase (BuChE)	[320]
155.	Rett syndrome	Plasma NPBI and F ₂ -IsoPs, and intraerythrocyte NPBI	[321]
156.	Reye's syndrome	Serum transaminases (AST, ALT) and plasma ammonia levels, oxidative stress markers, GSH, MDA	[322]
157.	Sandhoff disease	Lucigenin chemiluminescence, cytosolic NADPH oxidase subunits p67phox and p47phox, inflammatory markers (tumor necrosis factor α , monocyte chemoattractant protein-1, interleukin 6, and galectin-3), cardiomyocyte-restricted overexpression of ATGL, guanylate cyclase activity, oxidative stress, superoxide dismutase mimetic Mn(III)tetrakis (4-benzoic acid) porphyrin	[323]
158.	Schilder's disease	Mitochondrial energy production, galactose, cyclophilin D protein	[324]
159.	Sensory processing disorder	Sequencing of mutants and transcript analysis, Reporter constructs and transgenic methods, Cell identification, Behavioral assays, Life span measurements, Immunofluorescence staining, Analysis of protein carbonylation by ELISA	[325]
160.	Shingles	Antioxidative substances	[326]
161.	Shy-Drager syndrome	Mitochondrial inhibition by 3-nitropropionic acid, MSA-like pathology, striatonigral degeneration and olivopontocerebellar atrophy, oligodendroglial alpha-SYN overexpression	[327]
162.	Sjögren's syndrome	OS markers, as oxidative DNA damage and propanoyl-lysine	[328]
163.	Sleep apnea	Review	[329]
164.	Sleeping sickness	RNA interference (RNAi), T. brucei trypanothione synthetase (TbTryS) and superoxide dismutase B (TbSODB)	[330]
165.	Spasticity	Enzyme-linked immunosorbent assay, coronary spastic angina (CSA), inactive stage of CSA (iCSA), stable effort angina (SEA)	[331]

(Table 1) contd....

S. No.	Neurological Disorder	Biochemical Parameters or Immunocytochemistry or Electron Microscopy or Other Technique	Ref #
166.	Spina bifida	Selenium, vitamin B12, serum folates, plasma thiol compounds and amino acids. Homocysteine transsulfuration, total cysteine/total homocysteine ratio (tCys/tHcy),	[332]
167.	Spinal cord injury	Review	[333]
168.	Spinal cord tumors	Free radicals – tissue necrosis, inflammation, infection, apoptosis	[334]
169.	Spinal muscular atrophy	Fibroblast cell lines, Reactive oxygen species content, antioxidant effect of curcumin, real-time PCR array	[335]
170.	Spinal and bulbar muscular atrophy	Urinary 8-OHdG	[336]
171.	Spinocerebellar ataxia	Review	[337]
172.	Split-brain	Creatine kinase, free radicals, oxidative phosphorylation parameters, spin-trapping electron paramagnetic resonance spectroscopy (EPR)	[338]
173.	Stroke	Review	[339]
174.	Sturge-Weber syndrome	Isobaric tags for relative and absolute quantification (iTRAQ-8plex)-based liquid chromatography interfaced with tandem mass spectrometry (LC-MS/MS), Ingenuity pathway analysis (IPA)	[340]
175.	Subacute sclerosing panencephalitis	<i>In situ</i> nick end-labeling and immunohistochemistry, 8-hydroxy-2'-deoxyguanosine and 8-hydroxyguanosine, 4-hydroxy-2-nonenal-modified proteins, lipid peroxidation	[341]
176.	Subcortical arteriosclerotic encephalopathy	Superoxide, hydrogen peroxide, glutathione (GSH) and thiobarbiturate-reactive substances (TBARS)	[342]
177.	Tarsal tunnel syndrome	Metallothionein, lipid peroxidation (malondialdehyde, MDA), and poly(ADP-ribose) polymerase-1 (PARP-1)	[343]
178.	Tardive dyskinesia	Review	[344]
179.	Tay-Sachs disease	Special Issue	[345]
180.	Temporal arteritis	Immunohistochemical Analysis, Tyrosine Nitration, lipid peroxidation, density of Factor VIII ⁺ vessels	[346]
181.	Tetanus	Sphingolipid Determination by 14C-labeling and Thin Layer Chromatography, Sphingomyelinase Activity Analysis, Immunocytochemistry, Western-blot Analysis	[347]
182.	Tic Douloureux	Lipid peroxidation (malondialdehyde (MDA)), pro-nociceptive action of ROS, hydrogen peroxide	[348]
183.	Tourette syndrome	Ferritin, hemoglobin, zinc, non-ceruloplasmin copper, immunological markers, immunoglobulins	[349]
184.	Transient ischemic attack	Lipid profile(serum cholesterol, triglycerides, serum HDL and serum LDL cholesterol), markers of lipid peroxidation (MDA), oxidative stress and antioxidants (Erythrocyte SOD and serum Vitamin E)	[350]
185.	Transmissible spongiform encephalopathies	Review	[351]
186.	Traumatic brain injury	Review	[352]
187.	Tremor	Nutritional antioxidants	[353]
188.	Trypanosomiasis	NRF2/HO-1, HO-1 activity, macrophage parasitism, antioxidants, including NRF2 activators	[354]
189.	Tuberous sclerosis	Tsc2 gene, Immunohistochemical analysis	[355]
190.	Von Hippel-Lindau disease (VHL)	P1465 hydroxylation, phosphorylation, and nondegradative ubiquitylation. EglN-9-type prolyl hydroxylases, PHD1 and PHD2, coimmunoprecipitated, Ser5 phosphorylation of Rbp1	[356]
191.	West syndrome	Oxidative stress	[357]
192.	Wilson's disease	Glutathione (GSH), total antioxidant capacity (TAC) and malondialdehyde (MDA), cytokines, and glutamate	[358]
193.	X-Linked Spinal and Bulbar Muscular Atrophy	Antioxidant cocktail, axonal degeneration	[359]
194.	Zellweger syndrome	PEX13 brain mutants, reactive oxygen species and mitochondrial superoxide dismutase-2 (MnSOD)	[360]

of ALS, which seems to be associated with a toxic gain of function in SOD1 rather than a loss in its activity. This evidence indicates that reduced antioxidant potential might contribute to the increased oxidative stress that is associated with these disorders. Similarly, in another study, the authors indicated that mitochondrial dysfunction and especially the OS occurs early in all major neurodegenerative diseases. The authors briefly discussed the role of mitochondria in AD, PD, ALS and HD [153].

CONCLUSION

In this review, we tried to cover the genetic, pharmacological, biochemical, and preclinical therapeutic studies, case reports, and clinical trials to explore the molecular aspects of neurological or neurodegenerative disorders, which might be associated with oxidative stress. The data obtained after deep insight into the literature show that out of more than 350 neurological disorders, only 194 are associated with the oxidative stress. Various facts proposed that ROS can be produced by different mechanisms and they play multifaceted parts in promoting the chronic diseases. Predominantly, ROS react with numerous cellular macromolecules like nucleic acids, proteins, carbohydrates and lipids, which completely modify their functions. When it is over the threshold, a late-onset infection arises. Owing to the higher oxygen use of neurons, in the brain, more ROS can accumulate in contrast to other organs, thus leading to neurodegenerative disease. Despite the fact that oxidative stress is detected in the extensively studied neurodegenerative disorders, but the specific pathogenesis and pathways are still unclear. More elaborated studies in the future will certainly help in understanding the exact mechanism involved in neurological diseases and provide insight into revelation of therapeutic targets.

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The authors declare no conflict of interest, financial or otherwise.

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