



Invited review

Apigenin as neuroprotective agent: Of mice and men



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ABSTRACT

Neurodegenerative disorders (NDDs) such as Alzheimer's and Parkinson's diseases are the most common age-related pathologies that affect millions of people all over the world. To date, effective therapy for NDDs is not available and current approaches to disease management include neuroprotection strategy with a hope of maintaining and enhancing the function of surviving neurons. Of course, such an approach by its own will not offer a cure but is likely to delay the disease progression by ameliorating the increase of neurotoxic agents such reactive oxygen species (ROS) as well as the associated inflammatory cascades. In this regard, natural products including flavonoids that offer neuroprotection through multiple mechanisms have gained a lot of interest in recent years. In this communication, evidences from the various experimental models and clinical trials on the therapeutic potential of one promising flavonoid, apigenin, is presented. Its chemistry, mechanism of action and potential benefits in the various examples of NDDs are discussed in the light of drug discovery aspects.

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1. Introduction

Alzheimer's disease (AD) and other neurodegenerative disorders (NDDs) are characterized by a progressive deficit of neuronal function and structure, which eventually brings to neuronal death in the nervous system [1,2]. In NDDs, the pathological cellular and molecular events include oxidative stress, protein oligomerization and aggregation, axonal transport deficiency, calcium deregulation, impairment in the mitochondrial function and structure, neuroinflammation, abnormal neuron-glia interactions, aberrant RNA processing and DNA damage [2,3]. Possible risk factors for the NDDs include age, gender, endocrine conditions, poor education, inflammation and inflammatory related pathologies such as cardiovascular diseases and diabetes [2,4].

The failures of a great number of surgical and pharmacological treatments for NDDs bring to light the need for novel therapeutic approaches to regulate several targets and molecular pathways [5]. For this reason, designing new effective therapeutic strategy to improve the quality of life of people with NDDs has become one of the major focuses of the pharmaceutical industry. Hence, a huge number of effective compounds which typically targeted specific molecular pathways related to suppression of oxidative stress have been developed [6]. In this regard, an interesting compound that gained attention at experimental stage has been apigenin (API), chemically known as 4',5,7-trihydroxyflavone (C₁₅H₁₀O₅) [7,8]. The compound is mainly found in different parts of *Hypericum perforatum* although several plants and other natural sources have been known to synthesise it. Of the several dietary plant foods that contain API include celery and turnip-rooted celery, garden parsley, thyme, *Matricaria chamomilla*, onions, *Melissa officinalis*, and citrus species [9]. A recent study on a double transgenic animal model of AD (APP/PS1) had shown that API could mitigate AD-associated memory deficiency, decrease the A β plaque burden and suppress oxidative damages [10,11]. In light of recent studies, API seems to have potent neuroprotective properties in animal models [12–14]. However, there is lack of clinical studies regarding to beneficial effects of apigenin on AD.

The aim of the present paper is to critically review the current scientific reports regarding API, its antioxidative activity and potential role as neuroprotective agent, to provide a snapshot of the chemistry, pharmacokinetic and metabolism of API, and to clarify the effects that API could have on patients' care with NDDs.

2. Chemistry, structure and biosynthesis

Apigenin is 4',5,7-trihydroxyflavone (Fig. 1) belongs to the flavonoids subgroup, flavones, on the basis of 2-phenylchromen-4-one (2-phenyl-1-benzopyran-4-one) skeleton. In its pure form, it occurs as a yellow needles, with slight solubility in hot alcohol, and freely soluble in dilute KOH and DMSO. It is unstable at room temperature and should be stored at –20° C or lower temperature. Apigenin occasionally occur in plants as aglycone: more often is found as glycoside form. Some authors even support the idea that free API is a product of postharvest degradation process [15,16]. In nature, the common flavonoid feature is formation of O-glycosides but other characteristic of flavones is the formation of C-glycosides attributed by a “carbon-carbon bond between the anomeric carbon of the sugar molecule and the C-6 or C-8 carbon of the flavone nucleus” [16,17]. Some of the known apigenin-glycosides, with their food/medicinal plant sources are shown in Table 1. In alfalfa, several groups have identified different acylated glycosides form of API [18,19]. In plants, API may exist in a wide range of different forms of glycosides whose presence and ratio are influenced by genetic background, environmental growth condition, development stage etc. [20,21]. In addition to glycosylation, in some plants,

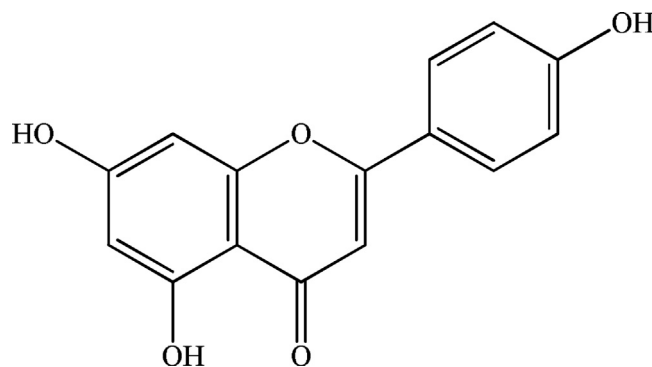


Fig. 1. Chemical structure of apigenin.

API form dimer molecules to form bioflavonoids and other diverse structural groups. The best studied API dimer of pharmacological importance is amentoflavone (3', 8''-biapigenin) which is found in well-known medicinal herbs including St John's wort (*Hypericum perforatum* L.) [22,23], ginkgo (*Ginkgo biloba* L.) [24] and spike mosses (*Selaginella* sp.) [25].

Apigenin is biosynthesized in the cytoplasmic surface of the endoplasmic reticulum and the reaction is catalyzed by a series of enzymes [26]. The important step in the biosynthesis of flavonoids is the generation of naringenin chalcon (an intermediate chalcone) through condensation and then intramolecular cyclization of three malonyl-CoAs and Coumaroyl-CoAs by chalcone synthase (CHS). Further action by the stereospecific catalysis of chalcone isomerase (CHI) results in the synthesis of naringenin. Finally, naringenin serves as the substrate for the flavone synthase (FSI) which catalyze the formation of [27,28]. As mentioned earlier, API is just occasionally found in its free form, therefore its formation is usually followed by further action by certain glycosyl transferases, hydroxyl transferases and methyl transferases which catalyze methylation and hydroxylation of API to form diverse derivatives. It has been reported that one effective way of apigenin glucosides synthesis *in vitro* is via the glycosylation reaction using auridine diphosphate-glucosyltransferase YjiC, from *Bacillus licheniformis* DSM 13 [29]. Several methods are also available for the synthesis of apigenin including microwaves irradiation of β -ketoester as the starting material [30,31] or commercially available phloroglucinol [32,33]. Wide range of different synthetic API derivatives is also synthesized as potential pharmacologically active compounds [34,35].

3. Sources of apigenin

Apigenin, in free or conjugated form, is considered widespread through the plant kingdom and consequently found in edible and medicinal plants. The flavonoid content of 506 food items is listed in the United States Department of Agriculture (USDA) Database [36] and include API as a common component. The amount shown were in average value in mg/100 g of edible portion. The highest amount of API listed in the fresh parsley was 215.46 mg/100 g FW. According to the database, other food sources of API are also celery (the highest is Chinese celery 24.02 mg/100 g), kumquat (21.87 mg/100 g) and rutabaga (3.85 mg/g edible part). Apigenin is also present in plants used as spices such as oregano, mint, rosemary, sage and thyme. Mian and Mohamed (2001) evaluated API content after extraction and hydrolysis of the flavonoid glycosides in 62 species of edible plants and succeed to detect API in 11 of them. The highest amount had guava (579.0 \pm 0.02 mg/kg dw) followed by wolfberry leaf (547.0 \pm 0.07 mg/kg dw), belimbi fruit (458.0 \pm 0.04 mg/kg dw) and celery (338.5 \pm 0.04 mg/kg dw) [37]. Other tropical fruits where API was detected include (from the highest to lowest amount)

Table 1
Apigenin-glycosides, with their food/medicinal plant sources.

Common name	Glycoside	Source	Reference
Apiin	apigenin-7-apioglucoside	parsley (<i>Petroselinum crispum</i>) celery (<i>Apium graveolens</i>)	[106,107]
Apigetrin	apigenin 7-glucoside	chamomile (<i>Matricaria chamomilla</i>) Baikal skullcap (<i>Scutellaria baicalensis</i>)	[108]
Cosmosin	Apigenin 7-O-glucoside	<i>Tilia cordata</i>	[109]
Vitexin	apigenin 8-C-glucoside	hawthorn (<i>Crataegus sp.</i>)	[110]
Isovitexin	apigenin 6-C-glucoside	hawthorn (<i>Crataegus sp.</i>)	[110]
Rhoifolin	apigenin 7-O-neohesperidoside	kumquat (<i>Citrus japonica</i>)	[111]
Schaftoside	apigenin 6-C-glucoside 8-C-arabinoside	sugarcane (<i>Saccharum officinarum</i>)	[112]
Isochaftoside	apigenin 6-C-glucoside 8-C-arabinoside	sugarcane (<i>Saccharum officinarum</i>)	[112]

bell pepper > garlic > Chinese cabbage > French peas > snake gourd daunturi > Kadok [38]. Apigenin is reported (common as flavonoid C-glycosides) also in different algae [39–41] which are available in the market as dietary supplements.

4. Role of oxidative stress in neurodegeneration

Under normal physiological conditions, oxidative stress originates from the excessive accumulation of free radicals which are generated as byproducts of aerobic cellular metabolism and also by exogenous oxidant agents [42]. Superoxide anion is one good example of ROS which must be rapidly converted into hydrogen peroxide by super-oxide dismutase (SOD) to avoid oxidative damage [43]. In the state of absence and/or lower activity of SOD, a serious of more reactive ROS including hydroxyl radical could be formed leading to lipid peroxidation and structural alterations of membranes, macromolecules and functional impairment of cellular components [42,44]. Hence, the levels of oxidative product including total hydroperoxide or lipid peroxidation byproduct such as malondialdehyde (MDA), and antioxidant systems including glutathione (GSH), catalase and SOD have been identified as reliable markers of oxidative stress [42].

By the free radical theory of Harman, aging and age-associated diseases, e.g. AD, are the consequence of ROS-induced damage to cellular macromolecules [45]. Since excessive ROS generation is considered to be a triggering factor in many neurodegenerative pathologies [46], the role of the oxidative stress in neurodegeneration has gained momentum in the last two decades [47]. This fact could be explained because, mammalian brain is metabolically more active than any other organ. Despite a relatively small size (about 2% of the body weight) it accounts for 20% of the oxygen (used mainly to oxidize glucose to carbon dioxide and water) and body's total energy requirement [48]. This fuel over-consumption comes from enhanced neuronal vulnerability to oxidative stress. Neurodegeneration is an age-related process. In fact, when aging occurs, the chronic pro-oxidant environment is a challenge for neurons which lack the potential of mitotic renewal [46]. Progressive accumulation of macromolecules damaged by ROS such as lipid peroxidation, reactive carbonyl in proteins and oxidatively damaged nucleic acids severely compromise cell viability [46].

Previous studies have indicated that ROS contributes to the disruption of blood–brain barrier (BBB) by disturbing tight junction proteins [46,49,50]. Furthermore, oxidative stress serves as an important mechanism underlying detrimental effects of A β toxicity in which excessive generation of ROS leads to an elevation of A β burden through alteration of A β peptide kinetics [51,52]. Moreover, excessive production of lipid peroxidation products such as malondialdehyde and 4-hydroxynonenal have been associated with AD and PD [53]. As oxidative stress plays crucial role in neurodegeneration, there has been an increasing interest in the therapeutic possibilities of antioxidant agents against NDDs.

5. Apigenin as antioxidant in NDDs

Several studies *in vitro* and *in vivo* demonstrated that API possesses powerful anti-inflammatory, anti-carcinogenic and antioxidant effects [54–57]. Regarding its antioxidant activity, it was reported that API downregulates adhesion molecules [58] and suppresses oxidative stress through direct free radical scavenging action and upregulation of intracellular antioxidant defences (e.g. by enhancing glutathione level) [59].

In the last few years, several studies have shown the promising effect of API in experimental models of AD. For example, Zhao and colleagues using an experimental model of APP/PS1 double transgenic AD mouse treated with API (40 mg/kg for 3 months), found that this flavone was able to improve memory retention and learning impairment evaluated through Morris water maze (MWM) testing at the age of 7 months. The authors also found that fibrillar amyloid deposition was reduced in API-treated APP/PS1 mice by Thioflavin S staining test. Moreover, reduction of insoluble A β _{1–40}/A β _{1–42} and β -site amyloid precursor protein-cleaving enzyme 1 (BACE1) level, inhibition of β -Amyloidogenesis process and oxidative stress, as well as elevation of Brain-derived neurotrophic factor (BDNF) level which improved the phosphorylation of ERK1/2 and the expression of cAMP response element-binding protein (CREB) in the cerebral cortex of API-treated APP/PS1 mice [60]. In another study, Liu and colleagues found that in A β 25–35-induced mouse model of amnesia, treatment with API (20 mg/kg) for 8 days enhanced the learning and memory functions, microvascular function and cholinergic system, reduction of oxidative damage as well as restoration of BDNF, TrkB, as well as phospho-CREB levels [58].

The anti-inflammatory activity of API has been studied by Smolinski and colleagues using mice co-treated with LPS. The authors found that treatment with API (50 mg/kg) reduced the serum levels of Interleukin 6 and TNF- α [61]. Moreover, using an API-treated spinal cord injury rat model, Zhang and colleagues found that the recovery of neuronal function was improved, the levels of malondialdehyde, superoxide dismutase activity, glutathione peroxidase activity, inflammatory markers as well as Bax, Bcl-2 and caspase-3 were significantly decreased after API (10–20 mg/kg) treatment [62]. So far the potential protector effect of API on human cognitive processes has not been elucidated.

6. Apigenin neurological effects

6.1. Preclinical studies

6.1.1. Effect in depression

The antidepressant-like effects of API has been reported by different authors. For example, Nakazawa and colleagues found that treatment with API decreased forced swim test-caused reduce of dopamine turnover in the amygdala and increase of dopamine turnover in the hypothalamus. The authors also found that

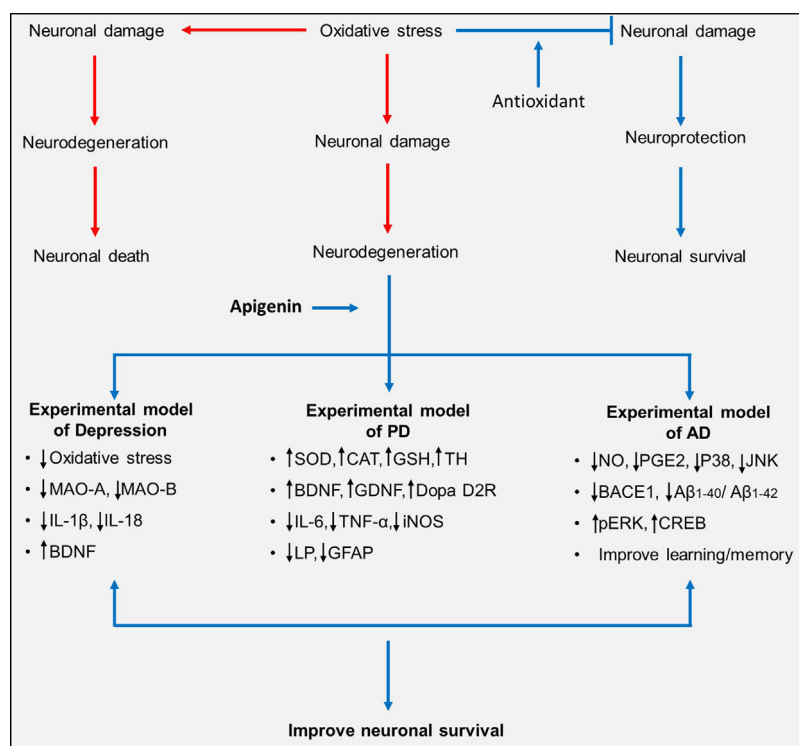


Fig. 2. Role of oxidative stress in neuronal death. Increase of oxidative stress is associated with neuronal death (1); in different experimental models of neurodegeneration-related diseases, Apigenin was able to improve neuronal survival through a molecular mechanisms involving increase of antioxidant and neurotrophic factor and decrease of oxidants and pro-inflammatory molecules (2); antioxidant can promote neuronal survival by controlling the increase of oxidative stress (3). Monoamine oxidase (MAO), Interleukin (IL), Brain-derived neurotrophic factor (BDNF), super-oxide dismutase (SOD), catalase (CAT), glutathione (GSH), Tyrosine hydroxylase (TH), Glial cell-derived neurotrophic factor (GDNF), dopamine D2 receptors (Dopa D2R), Glial fibrillary acidic protein (GFAP), Lipid peroxidation (LP), Tumor Necrosis Factor-alpha (TNF- α), inducible nitric oxide synthase (iNOS), Nitric oxide (NO), Prostaglandin E2 (PGE2), c-Jun N-terminal kinases (JNK), β -site A β PP-cleaving enzyme 1 (BACE1), extracellular-signal-regulated kinases (ERK), cAMP response element-binding protein (CREB), Parkinson's disease (PD), Alzheimer's disease (AD).

haloperidol (0.2 mg/kg i.p.), an atypical antipsychotic drug which increase D(2) receptor occupancy [63], blocked the API (25 mg/kg)-induced decrease in immobility in the forced swimming test [64,65]. Monoamine oxidase (MAO) in the brain has an essential role in removing some neurotransmitters such as norepinephrine, serotonin as well as dopamine. There are two classes of this enzyme, MAO-A and MAO-B. Selective inhibition of MAO-A is utilized for treatment of depression via increasing the levels serotonin and noradrenaline. On the other hand, selective inhibitors of MAO-B are utilized for the symptomatic treatment of PD [66]. In this context, Han and colleagues (2007) used API isolated from *Cayratia japonica* to evaluate its effect on MAO inhibition. The author found that API can inhibit both MAO-A and MAO-B, and the half maximal concentrations (IC₅₀) of MAO-A: 1.7 μ M and MAO-B: 12.8 μ M [67]. Chaurasiya and colleagues also have reported that API isolated from propolis selectively inhibit MAO-A vs. MAO-B [68].

Similarly, Yi and colleagues reported that API restored the abnormality in central monoaminergic neurotransmitter, the hypothalamic-pituitary-adrenal axis, and adenylyl cyclase activity systems in the chronic mild stress (CMS) depressed rats. The authors also found that chronic treatment with API decrease CMS-induced increase in serum corticosterone [69].

It has been reported that the imbalance between pro-inflammatory (Interleukin-1 β , TNF- α and interleukin-6) as well as anti-inflammatory cytokines (TGF- β and interleukin-10) in the brain of CMS-induced depression model [70] and elevated antioxidant enzyme activities (AEAs) and lipid peroxidation (LP) in major depressed patients [71]. In this context, recently Li and colleagues reported that by a mechanism involving PPAR γ activity, API was able to inhibit oxidative stress, microglia and NLRP3 activation, and reduce the production of interleukin-1 β and interleukin-18

in depression model of chronic unpredictable mild stress (CUMS) rat [72]. Moreover, Weng and colleagues showed that API restore the decrease of BDNF in mice treated with repeated corticosterone injection [73].

6.1.2. Parkinson's disease (PD)

The increase of oxidative stress has been associated with age-related neurodegenerative diseases including PD [74]. MPTP (1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine) can progressively cause PD in experimental animals [75–77]. The pathophysiological hallmarks of PD include aggregation of α -synuclein in the Lewy body or neurites which led to the downregulation of dopamine expression and neuron death [78]. Tyrosine hydroxylase (TH) is an enzyme involved in the dopamine biosynthesis [79]. Other enzyme, MAO is also associated with PD because its overexpression contribute to PD progression while its inhibition may offer some neuroprotective effect [80].

Using the MPTP-induced induced parkinsonian mouse model, Patil and colleagues found that the neuroprotective role of API is mediated in part by its potent antioxidant activity (increased SOD, CAT, GSH and decreased LP), prevention of TH and BDNF decrease and Glial fibrillary acidic protein (GFAP) and TNF- α increase [81]. In a transgenic *Drosophila* model of PD exposed to API, Siddique and Jyoti reported an extend in lifespan, glutathione, and dopamine as well as a decrease too many as well as decreasing of glutathione-S-transferase activity, lipid peroxidation, monoamine oxidase, caspase-3, as well as caspase-9 activity [82]. Moreover, Anusha and colleagues studied the effect of API in rotenone-induced PD model, and found that API was able to prevent the increase of NF- κ B and decrease of BDNF and GDNF. API also

decrease the levels of TNF- α , IL-6, iNOS-1, α -synuclein and increase TH and dopamine D2 receptors expression [83].

6.1.3. Alzheimer's disease (AD)

The activation of astrocytes and cellules microglial as result of chronic neuroinflammation can lead to functional neuronal decrease in the hippocampus and temporoparietal cortex in AD. The mechanism responsible of this neuronal loss involve beta amyloid precursor protein (β APP) and upregulation or reduced degradation of beta amyloid ($A\beta$) in the brain (Blasko et al. [113]). It is known that reduction of insoluble $A\beta$ concentrations may be a marker of AD treatment [84,85]. Several reports have studied the potential therapeutical role of API in PD. For example, Ha and colleagues found that API treatment in microglia cell exposed to LPS through a mechanisms involving decreased the levels of nitric oxide, prostaglandin E2, p38 and JNK phosphorylation decreased neuronal cell death via suppression of microglia cell [86]. This potent antioxidant and anti-inflammatory effects of API may be responsible of finding reported by Liang and colleague in GFAP-IL6 mouse model of chronic neuroinflammation. The finding included improvement of the spatial reference working memory and decreased microglia activation in the cerebellum and in the hippocampus [87].

Another problem of AD is loss of memory. Popovic and colleagues using retention performance and forgetting of a step-through passive avoidance task in animal experimental model found that pretreatment with API caused significant improvement in long-term memory but no significant effect on 24h retention of fear memory [88]. Moreover, Liu and colleagues using $A\beta$ 25-35-induced amnesic mice found that API treatment was able to improve learning and memory capabilities, maintenance of neurovascular functions, decrease neurovascular oxidative damage dysregulation of BDNF, its receptor, tropomyosin receptor kinase B (TrkB), and phospho-CREB levels [58]. Zhao and colleagues also have studied the potential role of API on cognitive function in AD. The authors found that API caused improvement of memory retention and learning deficits in APP/PS1 mice evaluated through Morris water maze (MWM) [60].

It was reported that ERK/CREB/BDNF, an important signaling pathway whose dysregulation has been associated with AD [89,90], could be restored by API treatment [91,92]. API also has been reported by improve the cholinergic system through suppression of AChE activity and increasing of ACh level [58]. Take together all these evidence show that the potential protection of API against the progression of PD include multiple mechanisms.

6.1.4. Human model of AD

Apigenin treatment caused marked protection to neurites and cell viability against inflammation by modulating downstream regulation of mediators of inflammation such as cytokine and nitric oxide (NO) that released during inflammation [93,94]. API treatment significantly decreased the neurite length and this diverse anti-inflammatory effect could interfere with onset and or progression of AD.

In human iPSC-derived model of AD, API exhibited marked downregulation of caspase-3/7 activity, and thus preventing cells from apoptosis which was consistent with reported animal studies [95]. However, it had no anticytotoxic effect towards neurons and thus it was suggested that API might have caspase-specific mechanism for anti-apoptotic action which in turn could be helpful against synaptic loss and cognitive decline and a molecule with great clinical potential in the treatment of AD.

Additionally, pretreatment with API caused marked downregulation of Ca^{2+} signals in the AD neurons and more specific protective mechanism against AD. As it has been shown previously in various animal and human studies that neuronal networks are hyperac-

tive during different stages of AD, especially in initial phases of the disorder [96,97]. The hyperactivity of neuron could also be due to NO over expression [98] and as API showed scavenging effect on NO so it could be very versatile molecule for the treatment of AD by ameliorating the disease through multiple disease modifying mechanisms.

6.1.5. Effect in early brain injury (EBI)

A large number of causalities have been reported from subarachnoid hemorrhage (SAH) around the world [99]. It has been reported that the initial 72 h is curial in the prognosis of EBI due to SAH [44]. The EBI has indeed a very complex mechanism, however, oxidative stress is considered as an important biomarker for EBI due to SAH [100]. When EBI due to SAH was induced in experimental models of epilepsy, administration of API caused significant inhibition of EBI by modulating TLR4-mediated inflammatory pathway [101]. Similarly, the SAH was induced in endovascular puncture model to validate the possible effect of API. After 24 h of SAH, treatment with the API caused significant inhibition of various markers of oxidative stress and apoptosis in brain cortex [42]. For anti-apoptotic action, over-expression of caspase-3 and Bax which is mostly activated in oxidative stress [102].

7. General summary and conclusions

Nature has been the source of medicine for mankind from ancient time to date. Medicinal foods and herbal medicines with various composition of secondary and primary metabolites still can play vital role in managing complex diseases. Some of these compounds can act through specific mechanism including biological targets such as enzymes, and receptors. However, API effects through multiple mechanisms and/or by multifunctional compounds appear to be the best compromise to overcome complex diseases such as NDDs (Fig. 2). With respect to neuroprotection, a recent article from our laboratories has shown the potential benefit of the various classes of natural products in ameliorating the pathology of NDDs [102–104]. We have also shown that numerous flavonoids such as chrysin [103], fisetin [104] and rutin [105] among others can offer health benefits and neuroprotective effects through multiple mechanisms. In this report, extensive literature search on the flavonoid, API, revealed that it has neuroprotective role in experimental animal models of AD and PD as well in preclinical and clinical trial studies in humans. Beyond the well-known antioxidant activity of flavonoids, the observed neuroprotection effect appears to be linked to ameliorating the inflammatory components of AD and PD. Specific markers of oxidative and neuro-pathological markers such as the amyloids-beta accumulation as well as pathology also appear to be targeted by this promising bioactive compound. Considering the readily available natural sources of apigenin that can be exploited in industrial scale, future clinical trials that specifically target the various NDDs should be encouraged.

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