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Exploration of Traumatic brain-inflammatory alterations in Alzheimer's disease patient

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ABSTRACT

Since the expansive affiliation concentrates on in Alzheimer's illness have highlighted inflammation as a driver of the sickness as opposed to a result of the progressing neurodegeneration, various studies have been performed to recognize particular safe profiles connected with solid, maturing, or sick cerebrum. In any case, these studies have been performed basically in vitro or creature models, which reiterate just a few parts of the pathophysiology of human Alzheimer's illness. In this survey, we examine the accessibility of human after post-mortem tissue through cerebrum banks, the confinements connected with its utilization, the specialized instruments accessible, and the neuroimmune angles to investigate to accept in the human mind the test perceptions emerging from animal models.

INTRODUCTION

The idea of exploration on human specimens has been spearheaded by neuropathologists who had an enthusiasm for examination and who began to document cerebrum examples alluded for determination, for example, the one grew by John Corsellis in 1950. Improvement of novel innovations to distinguish natural atoms and expanded coordinated effort with researchers highlights the requirement for the utilization of human specimens, particularly in the neurosciences. To be sure, one of the significant limits as far as anyone is concerned of human neurological maladies lives halfway in the limits intrinsic to creature models, which impersonate a few parts of the human neurological issue without recreating its intricacy emerging from both hereditary and natural components. Case in point, more than 50 distinctive creature models have been produced to investigate Alzheimer's Diseases (AD) and more than 20 models are accessible for the investigation of schizophrenia without clear agreement about the similitudes with human ailment. The underuse of after death human mind tissue likewise blocks the more profound comprehension of the pathophysiological procedures continuous in the unhealthy cerebrum.

Subsequently, in the mid-20th century, the thought of cerebrum keeping money to chronicle, gather, and utilization human mind tests got to be crucial with the intend to encourage access to the tissue, to rearrange the managerial weight for the scientist, and to enhance their quality for front line scrutinize on neurological ailments. In this audit, we talk about the advantages and disadvantages identified with the utilization of human tissue, the parameters powerless to impact the neuroinflammatory changes, and how to dissect them in AD.

Requirements and limitations to the use of post-mortem brain tissue

Ethics

Systems of brain tissue banks have been made to permit solicitation of tissue through a novel entrance, for example, the consortium Brain Net Europe in 2001 under the European Commission or the UK Network of Brain Tissue Banks in 2009 by the Medical Research Council. In the UK, the utilization of human tissue is controlled by the Human Tissue Authority (HTA) and mind banks are authorized to work as examination tissue banks by the HTA under moral approbation gave by a morals board of trustees. This suggests that the utilization of human tissue for a particular venture is liable to endorsement by the brain bank board of trustees. This is a necessary step that could frustrate the specialist and accordingly may show up as a restriction. However, under the regard of the cerebrum bank, the study is morally secured by the bank, sparing authoritative weight to the specialist and subsequently upgrading the time spent on the undertaking.

Quality of the tissue

Nature of the tissue amid its obtaining and long term conservation is the central goal of the bank. Diverse parameters may effect on the respectability of the tissue and accordingly on any natural atoms. In this manner, it is imperative to consider these components in the investigation of provocative occasions. These incorporate age (the safe profile is known not with maturing), sexual orientation, genetic heterogeneity, agonal status (characterized as the profound rare breath in the last minutes before death), preterminal medication, reason for death, attending malady, postmortem examination interval, and time in the fixative. What's more, the potential part of systemic provocative illnesses and contaminations may impact the cerebral incendiary status. Clinical studies have reported a quickened decay of the discernment in the AD patients influenced by systemic contaminations, and exploratory studies exhibited that systemic disease can switch the cerebrum irritation to a more forceful phenotype, bringing about expanded neurodegeneration.

It is regular practice in a large portion of the planned mind banks to settle one half of the globe and stop the other side of the equator when gathering tissue. The readiness of the altered tissue is a normal technique utilized for conclusion as a part of any pathology division and therefore an institutionalized convention among the brain banks. Settled tissue is utilized for histological recoloring and protein location by immunohistochemistry, and the primary trouble is to accomplish ideal specificity of the recoloring. For sure, enhancement of the recoloring may oblige testing antibodies from distinctive organizations, utilizing a few pretreatments (that is, antigen recovery), and significantly guaranteeing that the identified recoloring is particular.

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Information required for the analysis of the immune response in Alzheimer's disease

To guarantee that the identification of the provocative profile is ideal in the human examples, the study ought to be sufficiently intended to overcome or minimize the effect of the elements talked about above. This can be accomplished by the accompanying:

Age and sexual orientation: to match chose cases.

Hereditary heterogeneity: to focus the specimen size important to reach measurable force.

Agonal status: to get pH and RIN values. The RIN algorithm has been intended to give unambiguous appraisal of RNA uprightness in view of a numbering framework from 1 to 10, with 1 being the most debased profile and 10 being the most in place. The decision of the RIN quality will rely on upon the system to be utilized, as microarray investigation will require a higher RIN esteem than RT-PCR.

Preterminal prescription or corresponding infection or both: to become acquainted with the after death report and to control the quantitative examination for these puzzling components.

Reason for death: to allude until the very end endorsement.

After death interim: to choose cases with the most brief interim and ordinarily close to 72 hours.

Time in the fixative: to guarantee that segments are given from squares taken at the post-master examination after an institutionalized time in the fixative.

Generally, the exploratory gathering ought to be coordinated as intently as would be prudent with the controls and the case determination taking into account the inquiry explored. The quantitative discoveries ought to be controlled for the impacts of any post mortem variables or both. Access to point by point clinical records is turning into an essential point for the investigation of any quantitative appraisal, data which may not be accessible or which may be inadequate as a result of the age of the case.

Different elements to record for the examination are the known hereditary danger variables. The polymorphism of the apolipoprotein E (APOE) quality is the real hazard component for sporadic AD, a reality as of late repeated in various broad affiliation studies (GWASs). In the connection of irritation in AD, this is an imperative point to consider in the constitution of the accomplice to study as APOE genotype has been connected with microglial enactment both in the level of microglial initiation in AD brains and in the microglial articulation of incendiary atoms.

How to analyses the neuroinflammatory response

As distinctive sorts of tissue are accessible from mind banks, and the most widely recognized are altered paraffin-installed and solidified tissue. Altered paraffin-implanted tissue will be valuable to perform immuno histochemical location of markers of hobby. Mind segments could be utilized at a scope of thickness (4 to 30 μm), contingent upon the exploratory needs.

The utilization of thick segments (20 to 30 μm) consolidated with free-coasting immunohistochemistry is exceedingly empowered (infrequently accessible if altered tissue is not paraffin-implanted), as it encourages the pervasion of the antibodies and gives a more powerful evacuation of foundation recoloring. Glass-mounted slim segments (4 to 10 μm) can likewise give great results gave that proper convention enhancement is performed. Neuroinflammation can be broke down in settled tissue in distinctive however integral methodologies: the subjective or quantitative appraisal or both. Subjective evaluation depends on portrayal as per set criteria and accordingly can be deciphered as a subjective appraisal.

Subjective evaluation to be acquired on tissue is (i) the vicinity or unlucky deficiency of the marker of interest, (ii) the kind of cell or highlight perceived by the marker, and (iii) the cell morphology (for instance, amoeboid, ramified, or dystrophic). On the other hand, it is currently perceived that morphology is not adequate to mirror the large number of capacities or actuation states communicated by microglia. Thusly, the quantitative methodology is key to acquire a target estimation of the diverse markers concentrated on. Measurement depends on testing and factual examination taking into account numerical information gathered. A semi-quantitative investigation can be performed on the premise of a rating framework, for example, a size of seriousness/force of the marker of premium, characterized by example of immuno staining (for instance, 0, 1+, 2+, and 3+) and typically surveyed indiscriminately by no less than two analysts.

Quantitative appraisal can be acquired as (i) the quantity of positive cells per field or per region/volume unit, (ii) the protein burden characterized as the rate of the immuno stained range of locale inspected, and subsequently (iii) the protein load per cell. For instance, Iba1 (ionized calcium-binding adapter molecule 1) is as of now recognized as being communicated freely of microglial practical state, and its appearance is expanded amid neuroinflammation. Identification of Iba1 is broadly utilized as a part of creature studies, and Iba1 is the reference marker for microglial appraisal in the human mind. The numerical information gathered are essential for measurable force, and gathering can be accomplished in diverse routes: (i) by having adequate cases in every gathering, (ii) by surveying a few mind zones if there are insufficient cases, (iii) by sufficiently gathering individual information inside of every case, or (iv) by doing a mix of these.

The RNA or protein disengagement systems ought to match the necessities of the strategies to be connected, and test size, RNA species, and virtue are the primary variables to consider. Inferable from the natural estimation of the human specimens, it is exceptionally empowered when breaking down RNA expression to utilize segregation packs permitting the purging of all types of RNA, including microRNA, which will permit the various investigations. As specified already, nature of solidified tissue is one test of after death mind; therefore, notwithstanding the parameters depicted above, sufficient trial controls are crucial for the information examination.

Inflammatory profile

Regardless of a wide enthusiasm for the provocative reaction in AD and the broad research in this ailment, mainstream researchers has neglected to reveal clear and uniform insight into the commitment of nearby aggravation to the infection. The neuropathology of AD demonstrates a powerful inalienable resistant reaction portrayed by the vicinity of enacted microglia, with expanded or de novo expression of assorted macrophage antigens and at any rate at times creation of provocative cytokines. It has been proposed that non-steroidal mitigating medications shield from the onset or movement of AD, proposing that aggravation is a causal segment of the infection as opposed to a result of the neurodegeneration. Late GWASs have highlighted a few qualities included in natural invulnerability, showing likewise a causal part for irritation in the infection. Furthermore, a strong group of proof demonstrates that systemic irritation may collaborate with the inherent safe reaction in the mind to go about as a "driver" of infection movement and fuel side effects. The effect of systemic irritation on the movement of AD implies that any neuropathology examine on the provocative reaction in the AD cerebrum must consider systemic co-morbidities that may impact the microglia phenotype (see 'Data needed for the investigation of the safe reaction in Alzheimer's sickness' segment).

The meaning of the mind provocative profile of AD shows clashing thoughts in the writing, presumably emerging from the heterogeneity of the posthumous examples and the troublesome utilization of the discovery strategies. Promotion has been connected with a genius provocative phenotype, described by articulation of interleukin-1 beta (IL-1 β) and supplement proteins. The up regulation of qualities connected to a calming phenotype, arginase 1, or the changing development element beta (TGF- β) has additionally been accounted for in relationship with AD. The agreement

characterizes that, in the human AD mind, the incendiary reaction can't be named entirely M1-like or M2-like and that the adjustments in expression level are intensified by the different discovery routines.

Despite the fact that the exact incendiary phenotype of microglia in AD appears to be slippery, the connection of AD with aggravation appears to be clear, as highlighted by a late study utilizing microarray innovation on the quality mark of maturing and AD. These thoughts bolster the model of an initiation of the inalienable provocative reaction in microglia as a prelude to the improvement of AD. Besides, concentrates on early AD tests demonstrate an in number connection of qualities connected with the microglial reaction and the movement into AD. The idea of the interconnection of AD and the intrinsic insusceptible reaction is bolstered by confirmation from a GWAS ensnaring qualities included in natural invulnerability. These promising studies are opening new boulevards into the comprehension of the effect of the characteristic insusceptible reaction in AD while supporting the requirement for future investigation.

Portraying the provocative reaction in human after death AD tests by utilizing solid and reliable systems will give important data in the field. It could be concurred that investigating the declaration of provocative middle people at the protein level, instead of the examination of the mRNA expression, is profoundly attractive. To finish this errand, the business offers various multiplex frameworks to dissect a few particles at the same time, quickening research and minimizing expenses. It is exceedingly urged to break down a wide scope of incendiary go betweens as opposed to utilizing a predetermined number of particles as an intermediary. New specialized advancement went for expanding the board of atoms to be investigated, and the discovery levels, will give a profitable way to deal with have the capacity to follow examinations like those as of late used to characterize the microglial quality mark in mice.

Phagocytosis

The phagocytic capacity of microglia is a component imparted to fringe macrophages, serving to dispense with bacterial, necrotic, or apoptotic cells amid improvement or infection. In AD, the amyloid plaque weight increments with age in both mouse models and human patients, showing the somewhat incapable phagocytic capability of microglia. Amyloid-beta ($A\beta$) stores have been indicated to have a powerful chemo attractant movement on microglia, in spite of the fact that their evacuation by phagocytosis has not been obviously confirm in vivo. Then again, it has been demonstrated that the evacuation of $A\beta$ can be enhanced by further test of microglia with high measurements of lipopolysaccharide or the incitement of IL-1 β . In human AD, dynamic immunotherapy coordinated against $A\beta$ has been fruitful in $A\beta$ evacuation, somewhat by diverting the microglia toward $A\beta$ and by expanding their phagocytic action.

In this study, the creators utilized mice lacking as a part of CCR2, a particle communicated by monocytes characterizing their movement, to discount the commitment of flowing monocytes, further confirming a conspicuous part of the perivascular macrophage populace to $A\beta$ freedom [50]. Interestingly, as microglia don't express CCR2 in solid and infected conditions, the investigation of this particle in correlation with different markers communicated by microglia (that is, CX3CR1) can help to possibly separate the penetrated monocytes/macrophages from the occupant microglia. This correlation has not been performed yet in the human mind and would give important experiences to the comprehension of the offset of microglia/macrophages.

Late studies join hereditary variations of TREM2, a protein directing the actuation and phagocytic elements of myeloid cells, with the danger of creating AD. TREM2 has an adjusting part in the middle of phagocytic and star provocative microglial exercises and is communicated in microglia around plaques in an exploratory model of AD. Correspondingly, dysregulation of the supplement framework in people has been connected with AD. On the other hand, no reasonable accord characterizes the general level of microglial phagocytosis in the human AD cerebrum. The utilization of refined test ways to deal with straightforwardly ponder microglial phagocytosis, together with the examination of immunological

markers, for example, CD68 (related with phagocytic action), will reveal insight into the comprehension of the phagocytic movement of microglia and other macrophage populaces in the AD mind.

Proliferation

Microglial initiation in neurodegeneration is joined by an increment in their numbers. The commitment of circling forebears to the microglial populace is minor, or even non-attendant, as indicated in a mouse model of AD, indicating in situ microglial expansion as the instrument managing microglial turnover. In mice, microglial are kept up and work to a great extent freely of flowing ancestors in wellbeing and sickness. Consequently, the investigation of microglial expansion in AD is important for seeing how the inherent provocative reaction adds to ailment onset or movement or both.

Expansion was thought to be in charge of the expanded number of microglial cells saw in AD tests, albeit direct confirmation of multiplying microglial cells (that is, Ki67 expression in Iba1+ cells) was accounted for just as of late. The extension of the microglial populace has been reliably archived in transgenic mouse models of AD, chiefly aggregating around plaques. Nonetheless, direct proof of microglial multiplication (fuse of 5-bromo-2-deoxyuridine in Iba1+ cells) was just as of late reported, recommending an immediate impact of the plaque microenvironment over the regulation of microglial expansion. These studies pinpoint the significance of the control of microglial expansion amid AD. Building up reproducible and reliable systems to screen microglial expansion in after death AD brains will furnish established researchers with important apparatuses to better analyze comes about crosswise over companions of patients, adding to our better comprehension of the pathophysiology of AD.

The investigation of microglial multiplication is best accomplished by twofold/triple immuno histochemical examination by utilizing either fluorescence or splendid field microscopy. The utilization of fluorescence-based procedures needs to be supplemented by the utilization of a fluorescence-extinguishing stride (for instance, Sudan Black). This stride is especially vital on account of AD human tissue, as the event of autofluorescent antiquities (for instance, lipofuscin granules) is extremely visit and can exacerbate the understanding of results. Twofold splendid field immunohistochemistry can be accomplished by consolidating DAB and soluble phosphatase responses, marking two individual antibodies with a cocoa or blue accelerate, individually. Both fluorescent and splendid field microscopy routines need to actualize a film or cytoplasmic microglial marker (Iba1, CD68, and CD11b) and an atomic multiplication marker (Ki67, phospho-histone H3, and PCNA), together with atomic counterstaining to unravel the subcellular limitation of the expansion markers. The examination of two fold or triple-recoloring strategies needs to be coupled to shading deconvolution routines.

Cell infiltration

Cell penetration in the cerebrum amid AD is a vital inquiry identified with the potential parts for enrolled monocytes/macrophages and T cells inside of the mind parenchyma. Invasion of fringe leukocytes in the human AD mind is extremely constrained when contrasted and exemplary immune system infections like various sclerosis. In any case, the uncommon happenstance of stroke and AD prompts an increment in invading macrophages in the cerebrum, which contained A β fibrils proposing a compelling plaque leeway reaction. Albeit restricted confirmation is accessible in the writing with respect to the presence and part of invaded leukocytes in human AD, these studies recommend that systemic co-morbidities could focus the level of invasion of flowing leukocytes. It ought to be noticed that the discoveries on investigation of posthumous tissue quite a long while taking after any occasion which may effect on neuroinflammation (affront, injury, illness, treatment) may not so much mirror those instantly after the occasion, and rather speak to the later impacts.

As clarified before (in the "Expansion" area), tests in mouse models of AD propose that the invasion of coursing monocytes is rare and does not add to the pool of parenchymal microglia [52]. Making an interpretation of these discoveries to the human circumstance is a testing undertaking as a result of the absence of particular markers to recognize microglia from fringe leukocytes, despite the fact

that the investigation of the levels of atoms like CD45, Ly6C, or CD11c could help to part the commitment from both populaces.

The investigation of the versatile safe reaction in AD has given important data in the most recent couple of years. Lymphocyte number—both the CD4+ (T assistant) and the CD8+ (T cytotoxic/silencer) populaces increments in patients with AD. Despite the fact that the quantity of T cells is higher in AD brains, they don't express markers of multiplication, showing an unlucky deficiency of antigen-activated clonal development. Be that as it may, there is confirmation demonstrating the arrangement of a systemic T-cell reaction, as recommended by the vicinity of the RO isoform of CD45 in fringe T cells in patients with AD, connected to T-cell memory, and by the increment in the CD4+ and CD25+ administrative subsets in patients with AD. Then again, the part of the T cells penetrated in the brains of patients with AD is indistinct. Real histocompatibility complex class II is discovered upregulated in microglia encompassing A β plaques in the AD mind, demonstrating conceivable antigen presentation. Nonetheless, the co-stimulatory elements CD80 and CD86 are needed for the affectation of essential versatile insusceptible reactions and their portrayal in microglia in AD stays subtle. Invasion of T lymphocytes has been connected with the improvement of symptoms in various AD patients vaccinated against A β . Then again, examination of T cells in an associate of inoculated AD cases contrasted and unimmunised AD cases did not demonstrate a distinction. Along these lines, a definite investigation of the T cell-subordinate reactions in the cerebrum parenchyma is obliged to completely comprehend the part of these cells in AD pathology. The utilization of new specimens, permitting stream cytometry investigation and cell society, would give the ideal instrument to conquer the confinements of utilizing after post-mortem tissue for this purpose.

Conclusions

Various late distributions have highlighted particular provocative profiles connected with solid or unhealthy mind. Then again, our present learning of the neuroinflammatory reaction in AD is constructing predominantly with respect to in vitro and creature studies. Subsequently, it is fundamental to affirm or negate the exploratory discoveries in the human mind with a specific end goal to expand our insight into the pathogenic systems of AD. This methodology would prompt the distinguishing proof of potential remedial focuses without undermining the advantage of creature models. The late improvement of cerebrum manages an account with the point of giving great quality tissue for examination, in relationship with the instruments now accessible to recognize qualities and proteins, ought to soon build our comprehension of the part of safety in neurodegenerative ailments.

Reference

1. Lucy Elisabeth James and Ayodeji A Asuni. Parkinson's Disease and the "Sunshine" Vitamin. *J Alzheimers Dis Parkinsonism* 2013;3: 120.
2. Khanh vinh quoc Lng and Lan Thi Hoang Nguyen. Environmental Factors in Alzheimer's and Parkinson's Diseases. *J Alzheimers Dis Parkinsonism* 2013;3: 119.
3. Yasumasa Ohyagi and Katsue Miyoshi. Aluminum and Alzheimer's Disease: An Update. *J Alzheimers Dis Parkinsonism* 2013;3: 118.
4. Jennifer Madeo and Chris Elsayad. The Role of Oxidative Stress in Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* 2013;3: 116.
5. Ayden Jacob and Sharon Cohen. A Biomedical Imaging Analysis of the Prevalent Neuropsychiatric Disorders. *J Alzheimers Dis Parkinsonism* 2013; 3: 117.
6. Ayden Jacob et al. Abnormal Brain Circuitry and Neurophysiology Demonstrated by Molecular Imaging Modalities in Schizophrenia. *J Alzheimers Dis Parkinsonism* 2013; 3: 114.
7. Fernando Pires Hartwig. (2013) Neural Cancer Stem Cells: Focusing on Chromosome Ends. *J Alzheimers Dis Parkinsonism* 2013;3: 115.

8. Holly M Brothers et al. Time-Dependent Compensatory Responses to Chronic Neuroinflammation in Hippocampus and Brainstem: The Potential Role of Glutamate Neurotransmission. *J Alzheimers Dis Parkinsonism* 2013;3: 110.
9. ShihWei Lai et. al. No Association between Chronic Osteomyelitis and Parkinson's Disease in Older People in Taiwan. *J Alzheimers Dis Parkinsonism* 2013; 3: 112.
10. Corinna M Bauer et al. Differentiating between Normal Aging, Mild Cognitive Impairment, and Alzheimer's disease with FDG-PET: Effects of Normalization Region and Partial Volume Correction Method. *J Alzheimers Dis Parkinsonism* 2013;3: 113.
11. Allan Vann. Alzheimer's Behaviors or Coincidences?. *J Alzheimers Dis Parkinsonism* 2013;3: 111.
12. Eric J Downer. Toll-Like Receptor Signaling in Alzheimer's Disease Progression. *J Alzheimers Dis Parkinsonism* 2013;S10-006.
13. Gardener S et al. Dietary Patterns Associated with Alzheimer's Disease and Related Chronic Disease Risk: A Review. *J Alzheimers Dis Parkinsonism* 2013;S10-005.
14. Aaron Carman et al. Chaperone-dependent Neurodegeneration: A Molecular Perspective on Therapeutic Intervention. *J Alzheimers Dis Parkinsonism*. 2013;S10-007.
15. Paul J Tuite. Magnetic Resonance Imaging (MRI) in Parkinson's Disease. *J Alzheimers Dis Parkinsonism*. 2013;S1-001.
16. David Alvargonzález. Alzheimer's Disease and the Conflict between Ethics, Morality and Politics. *J Alzheimers Dis Parkinsonism*. 2013;S10-004.
17. Boris DeCourt. Recent Perspectives on APP, Secretases, Endosomal Pathways and How they Influence Alzheimer's Related Pathological Changes in Down Syndrome. *J Alzheimers Dis Parkinsonism*. 2013; S7-002.
18. Ronan OCaoimh. Screening for Alzheimer's Disease in Down Syndrome. *J Alzheimers Dis Parkinsonism*. 2013;S7-001.
19. Mitchell Clionsky and Emily Clionsky. The Memory Orientation Screening Test (MOST) Accurately Separates Normal from MCI and Demented Elders in a Prevalence-Stratified Sample. *J Alzheimers Dis Parkinsonism*. 2013; 3: 109.
20. Danielle Meola et al. Loss of Neuronal Phenotype and neurodegeneration: Effects of T Lymphocytes and Brain Interleukin-2. *J Alzheimers Dis Parkinsonism*. 2013; S10-003.
21. Federico Bilotta, Maria Paola Lauretta, Anurag Tewari and Giovanni Rosa, (2013) Insulin Signaling in the Central Nervous System and Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* 2013, 3:e129 doi: 10.4172/2161-0460.1000e129
22. Eef Hogervorst and Angela Clifford. What is the Relationship between Higher Levels of Education Delaying Age at Onset of Dementia?. *J Alzheimers Dis Parkinsonism*. 2013; 3: e128.
23. Soraya L Valles. Astrocytes and the Important Role in the Future Research of Brain. *J Alzheimers Dis Parkinsonism*. 2012, 2: e127.
24. Perry EA et al. Failure of A β Removal to Improve Alzheimer's Dementia Opens the Door to New Thinking. *J Alzheimers Dis Parkinsonism*. 2012, 2: e126.
25. Luigi Iuliano. Antioxidants and Cognitive Function: Misleading Concepts and New Strategies. *J Alzheimers Dis Parkinsonism*. 2012, 2: e125.
26. Garth F Hall. Is it Premature to assume that Prion-like Propagation of Protein Misfolding is the Universal Model of Lesion Spread in Neurodegeneration?. *J Alzheimers Dis Parkinsonism*. 2012, 2: e124.
27. alerie L Reeves and M Paul Murphy. Assessment of Inflammation as an Alzheimer's Disease Predictor. *J Alzheimers Dis Parkinsonism* 2012, 2: e123.
28. Yasumasa Ohyagi. Apomorphine: A Novel Efficacy for Alzheimer's Disease and Its Mechanisms. *J Alzheimers Dis Parkinsonism*. 2012, 2: e122.

29. Jack C de la Torre. A Tipping Point for Alzheimer's Disease Research. *J Alzheimers Dis Parkinsonism* 2012, 2: e120.
30. Ramesh s. GSK-3 β , Adult Neurogenesis and Neurodegeneration. *J Alzheimers Dis Parkinsonism* 2012, 2: e121.
31. Salima Douicheneet al. Neuroprotective Effect of Curcumin with a Fixator of Absorption against both Aluminium Neurotoxicity and Alzheimer's Disease (Experimental Studies in Mice). *J Alzheimers Dis Parkinsonism* 2012, 2: 107.
32. Koji Hori et. al. Memantine Abolishes Anticholinergic Activity in Patient with Alzheimer's Disease at Moderate Stage. *J Alzheimers Dis Parkinsonism* 2012, 2:108.
33. Matt P. Malcolmet al. Methods for an International Randomized Clinical Trial to Investigate the Effect of Gsk249320 on Motor Cortex Neurophysiology using Transcranial Magnetic Stimulation in Survivors of Stroke. *J Clin Trials* 2014, 4: 199.
34. Leila Chaouchet. al. Implication of rs1026611 in the MCP-1 Gene and V64I of CCR2 in Stroke among SCA Tunisian Patients. *Clon Transgen* 2014, 3: 126
35. Emma J Schneider et al. Increasing the Intensity of Rehabilitation to Improve Activity after Stroke: Systematic Review Protocol. *J Clin Trials* 2014, 4: 195
36. Adam Lee and Rohan Rajaratnam. Tailoring the Novel Anticoagulants to the Stroke Patient – One Size Does Not Fit All Novel Anticoagulants in Stroke. *J Neurol Neurophysiol*, 5:248 .
37. Dorte Phillip et. al. Spontaneous Low Frequency Oscillations in Acute Ischemic Stroke – A Near Infrared Spectroscopy (NIRS) Study. *J Neurol Neurophysiol*, 5:241.
38. Manish Parakh et al. A Prospective Study Evaluating the Clinical Profile of Pediatric Stroke in Western Rajasthan. *J Neurol Disord* 2014, 2: 187.
39. Rebeca Boltes Cecatto. Functional Recovery after Motor Cortical Stroke Related to Cerebellum Activity. *J Neurol Neurophysiol*, 5:245.
40. Pavel Ressler et. al. Computer-Assisted Cognitive Rehabilitation in Stroke and Alzheimer's disease. *J Neurol Neurophysiol*, 5:260.
41. Mohamed AlKhaled. TIA-Treatment: Stroke Units versus General Wards Mono-Center Study. *J Neurol Neurophysiol*, 5:258.
42. Sudhir C Kulkarni. Determination of Possible Mechanism of Cerebroprotective Action of flavonoid of *Dalbergia latifolia* against Cerebral Ischemia Reperfusion Induced- Cerebral Infarction in Rats. *Journal of Pharmacy and Pharmaceutical Sciences*
43. Berthold Kepplinger et. al Stroke Patients after repetitive Transcranial Magnetic Stimulation (rTMS)–Alterations of Tryptophan Metabolites in the Serum. *Int J Neurorehabilitation Eng* 2014, 1:128.
44. Kristen M Triandafilou. Effect of Static versus Cyclical Stretch on Hand Motor Control in Subacute Stroke. *Int J Neurorehabilitation Eng* 2014, 1:124
45. Carolina Perez et al. A Combined Therapeutic Approach in Stroke Rehabilitation: A Review on Non-Invasive Brain Stimulation plus Pharmacotherapy. *Int J Neurorehabilitation Eng* 2014, 1:123.
46. Ana Francisca et al. Effects of Flooring and Hemi Body on Ground Reaction Forces and Coefficient of Friction in Stroke Gait. *Int J Neurorehabilitation Eng* 2014, 1:122.
47. PalmaJimenez M et al. Physiotherapy on Gait Re-education in Adult Patients after Suffering a Cerebrovascular Accident with the Purpose to Obtain a Functional Gait. *J Nov Physiother* 2014, 4: 227.
48. Jhansi Konduru and Vanita P. A Review on Antiplatelet Drugs and Anticoagulants. *Adv Pharmacoepidemiol Drug Saf* 2014; 3:R003

49. Raheel Mushtaq et al. Comparison of Cognitive Symptoms in Subtypes of Alzheimer's disease (AD)-A Study from South East Asia (Kashmir, India). *J Alzheimers Dis Parkinsonism* 2014, 4:167.
50. Bryan Lieber et. al. Meta-analysis of Telemonitoring to Improve HbA1c Levels: Promises for Stroke Survivors. *Int J Neurorehabilitation Eng* 2014, 1:119.
51. Ruumldiger J. Seitz et al. Monitoring of Visuomotor Coordination in Healthy Subjects and Patients with Stroke and Parkinson's Disease: An Application Study Using the PABLOR-Device. *Int J Neurorehabilitation Eng* 2014, 1:113
52. Thrasher TA and Fisher S. Changes in Muscle Coordination Following Robot-assisted Gait Training in Hemiparetic Stroke. *J Nov Physiother* 2014, 4: 217
53. Charbel El Bcheraoui, Mohammed Basulaiman, Mohammad A AlMazroa, Farah Daoud, Marwa Tuffaha, et. al. (2014) Reported Stroke Symptoms and their Associated Risk Factors in the Kingdom of Saudi Arabia, 2013. *J Hypertens* 2013, 3: 177 doi: 10.4172/2167-1095.1000177
54. HuiJuan Zuo et al. Relationship between Four Blood Pressure Indexes and Ischemic Stroke in Patients with Uncontrolled Hypertension. *J Hypertens* 2013, 3: 173
55. Prakash R Paliwal and Vijay K Sharma. Capsular Warning Syndrome-Better Observation or a New Disease?. *Brain Disord Ther* 2014, 3:e113.
56. Chandan Kumar and Chaitali Madhusudan Kulkarni et al. "Comparison between Electrical Stimulation over Motor Point and TENS over Acupuncture Point in Reducing Spasticity and Improving Function after Stroke: Randomized Clinical Trial". *Int J Phys Med Rehabil.* 2014; 2: 237.
57. Francesca Maria Russo et al. Perinatal Arterial Ischemic Stroke: An Unusual Causal Mechanism. *J Clin Case Rep .* 2014; 4:401 .
58. Amanda Chee Yun Chan and Vijay K Sharma et al. Noninvasive Ventilation in Acute Ischemic Stroke. *Brain Disord Ther .* 2014; 3:e114 .
59. Padma Srivastava MV and Ashu Bhasin et al. Restorative Therapy in Stroke. *J Transplant Technol Res .* 2014; 4: 136 .
60. Mark C. Houston et al. The Role of Mercury in Cardiovascular Disease. *J Cardiovasc Dis Diagn .* 2014; 2: 170 .
61. Karen PY Liu et al. Rehabilitation Programme to Promote Task Relearning and Generalisation after Stroke: A Review of Literature. *J Neurol Neurophysiol .* 2014; 5:219 .
62. Judith NavarroOtano et al. Unawareness of Involuntary Nature of Hemichorea-hemiballism due to Acute Cortical Stroke. *J Neurol Neurophysiol .* 2014; 5:217 .
63. Heeba G et al. Nanomedical Approach to Monitor the Central Role of NO/ONOOImbalance in Ischemic Stroke Brain Damage – The Effects of Statins and Heme Oxygenase-. 1. *J Nanomed Nanotechnol* 2014; 5:215 .
64. Auwal Abdullahi and Sale Shehu et al. Standardizing the Protocols of Constraint Induced Movement Therapy in Patients within . 4 Months Post-stroke: A Pilot Randomized Controlled trial. *Int J Phys Med Rehabil* 2014; 2: 215 .
65. Shigeru Sonoda et al. Factors Influencing the Zarit Burden Interview in a Japanese Community: Activities of Daily Living and Depressive State. *Int J Phys Med Rehabil .* 2014; 2: 216 .
66. Janaine Cunha Polese et al. Cardiorespiratory Stress is not Achieved During Routine Physiotherapy in Chronic Stroke. *Int J Phys Med Rehabil .* 2014; 2: 211 .
67. Maryam Fayazi et al. The Relationship between Spasticity and Lower Extremity Strength with Functional Mobility Following Chronic Stroke. *Int J Phys Med Rehabil .* 2014; 2: 218 .
68. Chandan Kumar and Monika et al. Effectiveness of Mental Practice Combined with Physical Practice in the Treatment of Post Stroke Patients. *J Nov Physiother .* 2014; 4: 216 .

69. Adem Parlak et al. Investigation of Pentraxin . 3 Levels in Hypertensive Patients with Stroke; Retinopathy and Nephropathy. *J Hypertens* 2013; 3: 158 .
70. Gopal Nambi S et al. Changes in Muscle Strength and Health Related Quality of Life in Chronic Stroke Subjects after Constraint Induced Movement Therapy . .
71. Saly H Elkholy et al. Low Rate Repetitive Transcranial Magnetic Stimulation . .
72. Murat Kocaoglu et al. Stem Cell Therapy in the Treatment of Neurological Diseases. *Brain Disord Ther* . 2014; 3:132 .
73. Taizen Nakase et al. Edaravone, a Free Radical Scavenger, can Effect on the Inflammatory Biomarkers in Acute Ischemic Stroke Patients. *J Neurol Disord* . 2014; 2: 167 .
74. Muhammad Uwais Ashraf et al. Citicholine: Current Role in Ishemic Stroke and Future Perspectives. *J Neurol Disord* . 2014; 2: 165 .
75. Natella Rakhmanina et al. Hemorrhagic Stroke in an Adolescent Female with HIV-Associated Thrombotic Thrombocytopenic Purpura. *J AIDS Clin Res* . 2014; 5: 311 .
76. Paul A Lapchak and Paul D Boitano et al. Effect of the Pleiotropic Drug CNB-. 001 on Tissue Plasminogen Activator .
77. Khan M and Das A et al. Obstructive Sleep Apnea and its Association with Stroke: A Brief ReviewKhan M* and Das A. *J Sleep Disord Ther* . 2014; 3: 169 .
78. Fumihiko Yasuno et al. Possible Protective Effect of Regulatory T cells on White Matter Microstructural Abnormalities in Stroke Patients. *J Clin Cell Immunol* . 2014; 5: 221 .
79. span stylecolor rgb et al. Urgent Change in Management Measures Required to Save Turkish Fisheries from Collapse. *J Coast Dev* . .
80. Yun Qin et al. Asymmetrical Performance and Abnormal Synergies of the Post-Stroke Patient Wearing SCRIPT Passive Orthosis in Calibration, Exercise and Energy Evaluation. *Adv Robot Autom* . 2014; 3:122 .
81. Swathi Kiran et al. Detecting Small and Large Fluctuations in Language and Cognitive Performance: A Longitudinal Rehabilitation Case Study. *Int J Phys Med Rehabil* . 2014; 2: 203 .
82. Selena Lauziere et al. Understanding Spatial and Temporal Gait Asymmetries in Individuals Post Stroke . *Int J Phys Med Rehabil* . 2014; 2: 201 .
83. Kristine K Miller et al. Tele-rehabilitation to Promote Exercise in Veterans Post-Stroke: An Observational Pilot Study. *Int J Phys Med Rehabil* . 2014; 2: 200 .
84. Ece Unlu et al. The Role of Electrophysiologic Evaluation in Dysphagia Diagnosis in Acute Stroke Patients . *Int J Phys Med Rehabil* . 2014; 2: 199 .
85. Thierry Deltombe et al. Split Anterior Tibialis Tendon Transfer . .
86. Kotaro Takeda et al. Near-Infrared Spectroscopy and Motor Lateralization after Stroke: A Case Series Study. *Int J Phys Med Rehabil* . 2014; 2: 192 .
87. Leonard LL Yeo et al. Minor Stroke may not be a Mild Stroke. *Brain Disord Ther* . 2014; 3:e111 .
88. Judit Mally et al. Non-Invasive Brain Stimulation and its Supposed Site of Action in the Rehabilitation of Parkinson's Disease and Stroke. *Int J Neurorehabilitation Eng* . 2014; 1:e103 .
89. Stecco Alessandro et al. Functional MRI with Motor Imagery Task Show CNS Effects and Brain Plasticity after Botulinum Toxin Therapy in Spastic Hemiplegic Stroke Patients. *Int J Neurorehabilitation Eng* . 2014; 1:104 .
90. Riitta LuukkainenMarkkula and Ina M Tarkka et al. Recovery from Neglect after Right Hemisphere Stroke. *Int J Neurorehabilitation Eng* . 2014; 1:103 .
91. Suzanne S Kuys et al. Portable Multisensor Activity Monitor. .
92. Ali Hamzah and Sugiyanto et al. Strengthening of Health Locus of Control could Increase the Independence of Post Stroke Patients in Implementing the Daily Activities at Home. *J Nurs Care* . 2014; 3:152 .

93. Seth Noland MD et al. Stroke Following Radiofrequency Ablation of the Great Saphenous Vein. *J Vasc Med Surg* . 2014; 2:136 .
94. Jerzy Krupinski et al. Towards Effective Neurorehabilitation for Stroke Patients. *Int J Phys Med Rehabil* . 2013; 2:183 .
95. David G Smithard et al. Swallowing Rehabilitation after Stroke. *Int J Phys Med Rehabil* . 2013; 2:191 .
96. Christian Dettmers et al. "Video Therapy": Promoting Hand Function after Stroke by Action Observation Training – a Pilot Randomized Controlled Trial. *Int J Phys Med Rehabil* . 2013; 2:189 .
97. Reid JM et al. Five-Simple-Variables Risk Score Predicts Good and Devastating Outcome after Stroke. *Int J Phys Med Rehabil* . 2013; 2:186 .
98. Catherine StPierre et al. Inhibition Deficit after Stroke, Evolution and Associated Variables: a Longitudinal Observation Study. *Int J Phys Med Rehabil* . 2013; 2:185 .
99. Andrew J. Butler et al. Expanding Tele-rehabilitation of Stroke Through In-home Robot-assisted Therapy. *Int J Phys Med Rehabil* . 2013; 2:184 .
100. Carlo Domenico Ausenda et al. A New Idea for Stroke Rehabilitation: Bilateral Transfer Analysis from Healthy Hand to the Paretic One with a Randomized and Controlled Trial. *Int J Phys Med Rehabil* . 2014; S3: 008 .
101. Berezin AE and Lisovaya OA et al. Predictive Value of Circulating Vascular Endothelial Growth Factor-1 in Arterial Hypertension Patients. *Intern Med* 2013; S11: 006 .
102. Berezin AE and Lisovaya OA et al. Predictive Value of Circulating Vascular Endothelial Growth Factor-1 Level Measured Repeatedly During Long-Term Follow-Up in Patients with Arterial Hypertension after Acute Ischemic Stroke. *Angiol* 2014; 2:119 .
103. Jafna L Cox et al. Practical Management of Stroke Prevention in Patients with Atrial Fibrillation and Renal Impairment Receiving Newer Oral Anticoagulants: Focus on Rivaroxaban. *J Gen Pract* . .
104. Nils Schallner et al. Circadian Rhythm in Stroke: The Influence of Our Internal Cellular Clock on Cerebrovascular Events. *J Clin Exp Pathol* . 2014; 4: 163 .
105. Suman Bhattarai et al. EEG and SPECT Changes in Acute Ischemic Stroke. *J Neurol Neurophysiol* . 2014; 5:190 .
106. Tara Purvis et al. Interdisciplinary Team Interactions in Stroke Units: Can Team Dynamics Influence Patient Outcomes from a Clinician's Perspective. *Int J Phys Med Rehabil* . 2014; S3: 007 .
107. Jerome Laurin and Caroline PinBarre et al. Physiological Adaptations Following Endurance Exercises after Stroke: Focus on the Plausible Role of High-Intensity Interval Training. *Int J Phys Med Rehabil* . 2014; S3: 006 .
108. Qiang Wang et al. Stroke Rehabilitation in China Today. *Int J Phys Med Rehabil* . 2014; S3: 005 .
109. Dion Fung et al. Stroke Recovery after Unilateral Posterior Spinal Artery Stroke: A Case Report. *Int J Phys Med Rehabil* . 2014; S3: 004 .
110. Donald D. Kautz and Elizabeth R. Van Horn et al. Sex and Intimacy after Stroke: Recommendations from the . 2013 AHA Consensus Document. *Int J Phys Med Rehabil* 2014; S3: 003 .
111. Catherine R Lowrey et al. A Novel Robotic Task for Assessing Impairments in Bimanual Coordination Post-Stroke. *Int J Phys Med Rehabil* . 2014; S3: 002 .
112. Bente Elisabeth Bassoslashe Gjelsvik et al. Trunk Control and Lesion Locations According to Alberta Stroke Program Early CT Score in Acute Stroke: A Cross-Sectional Study. *Int J Phys Med Rehabil* . 2014; S3: 001 .

113. Birgitta Johansson and Lars Ronnback et al. Evaluation of the Mental Fatigue Scale and its relation to Cognitive and Emotional Functioning after Traumatic Brain Injury or Stroke. *Int J Phys Med Rehabil* . 2013; 2:182 .
114. et al. Effect of Early Exercise Engagement on Cardiovascular and Cerebrovascular Health in Stroke and TIA Patients: Clinical Trial Protocol. *J Clin Trials* . 2014; 4:154 .
115. Haruo Sugi et al. Visualization and Recording of Structural Changes in Hydrated, Living Muscle Myofilaments using the Gas Environmental Chamber. *J Nanomed Nanotechol* . 2014; S5-005 .
116. Leonard LL Yeo and Vijay K Sharma et al. Intracranial Collaterals: The Next Frontier in Acute Ischemic Stroke?. *Brain Disord Ther* . 2014; 3:e109 .
117. et al. Intra- and Inter-Rater Reliability of the Mini-Balance Evaluation Systems Test in Individuals with Stroke. *Int J Phys Med Rehabil* . 2013; 2:177 .
118. Akira Michimata et al. Development of Clinicians' Communication Skills Influences the Satisfaction, Motivation, and Quality of Life of Patients with Stroke. *Int J Phys Med Rehabil* . 2013; 1:174 .
119. Anna Brandal and Per Wester et al. Stroke Unit at Home: A Prospective Observational Implementation Study for Early Supported Discharge from the Hospital. *Int J Phys Med Rehabil* . 2013; 1:170 .
120. Nicole van Klink et al. Effects of Functional Electrical Stimulation with and without a Wrist-Hand Orthosis on Hand Opening in Individuals with Chronic Hemiparetic Stroke: A Pilot Study . *Int J Phys Med Rehabil* . 2013; 1:169 .
121. et al. Dynamometry for the Assessment of Grip, Pinch, and Trunk Strength in Subjects with Chronic Stroke: Reliability and Various Sources of Outcome Values . *Int J Phys Med Rehabil* . 2013; 1:168 .
122. Carolyn L Kinney et al. Standardization of Interdisciplinary Clinical Practice and Assessment in Stroke Rehabilitation . *Int J Phys Med Rehabil* . 2013; 1:166 .
123. M. Barbara SilverThorn et al. Effect of Tilt Sensor versus Heel Loading on Neuroprosthesis Stimulation Reliability and Timing for Individuals Post-Stroke during Level and Non- Level Treadmill Walking . *Int J Phys Med Rehabil* . 2013; 1:163 .
124. Carli L Roulston et al. Challenges and Pitfalls Associated with Stem Cell Transplants for Stroke. *J Neurol Neurophysiol* . 2013; 4:e114 .
125. Septimiu Bucurescu et al. Pre-analytical Laboratory Error in a Stroke Patient due to Blood Collection from another Stroke Patient: A Case Report. *J Neurol Neurophysiol* . 2013; 4:178 .
126. Khalid Mahmud et al. HRT with Cardiovascular and Breast Cancer Risk Reduction. *J Gen Pract* . 2013; 1: 131 .
127. Bedriye Karaman et al. CT Angiography and Presentation NIH stroke Scale in Predicting TIA in Patients Presenting with Acute Stroke Symptoms. *J Neurol Disord* . 2014; 2: 140 .
128. Theodore Faber et al. Cardiovascular MRI in Detection and Measurement of Aortic Atheroma in Stroke/TIA patients. *J Neurol Disord* . 2013; 1: 139 .
129. et al. Dental Management of Oral Self-Injury in a Stroke Patient: Case Report and Literature Review. *J Palliat Care Med* . 2013; 3: 163 .
130. Vaibhav Saran et al. Differentiation of Handedness of Writer Based on their Strokes and Characteristic Features. *J Forensic Res* . 2013; 4:204 .
131. Akosile Christopher Olusanjo et al. Burden, Health And Quality Of Life Of Nigerian Stroke Caregivers. *Health Care: Current Reviews* . 2013; 1: 105 .
132. Carota A and Calabrese P et al. Poststroke Emotionalism. *J Neurol Disord* . 2013; 1: e106 .
133. Stephanie Paolini et al. Rapid Short MRI Sequence Useful in Eliminating Stroke Mimics Among Acute Stroke Patients Considered for Intravenous Thrombolysis. *J Neurol Disord* . 2013; 1: 137 .

134. Muhammad Akbar Malik et al. Maintenance Treatment of Childhood Primary Angiitis of Central Nervous System with Aspirin and Azathioprine. *Pediat Therapeut* . 2013; 3: 174 .
135. Aneeka M Hancock et al. Sensory Stimulation-Based Complete Protection from Ischemic Stroke Remains Stable at . 4 Months Post-Occlusion of MCA. *J Neurol Disord* 2013; 1: 135 .
136. Domenico Intiso et al. Does Spasticity Reduction by Botulinum Toxin Type A Improve Upper Limb Functionality in Adult Post-Stroke Patients? A Systematic Review of Relevant Studies. *J Neurol Neurophysiol* . 2013; 4:167 .
137. Raffaella Chieffo MD et al. Non Invasive Neuromodulation in Motor Recovery after Stroke: State of the Art, Open Questions and Future Perspectives. *J Neurol Neurophysiol* . 2013; 4:168 .
138. Annick Maujean and Penelope Davis et al. The Relationship between Self-Efficacy and Well-Being in Stroke Survivors. *Int J Phys Med Rehabil* . 2013; 1:159 .
139. Shinichiro Maeshima et al. Family Support in Stroke Rehabilitation. *Int J Phys Med Rehabil* . 2013; 1:e104 .
140. Nancy M. Salbach et al. The Relationship between Clinical Measures and Daily Physical Activity and Participation in Ambulatory, Community-Dwelling People with Stroke. *J Nov Physiother* . 2013; 3:182 .
141. Razvodovsky YE et al. Beverage Specific Effect of Alcohol on Stroke Mortality in Russia. *J Alcoholism Drug Depend* . 2013; 1:135 .
142. R Venkata Krishnan et al. Restoring Motor functions in Spinal cord injury, Hemiplegic Cerebral Palsy, and Stroke by Botulinum toxin-induced Synaptic Competitive-Learning Therapy. *J Neurol Disord* . 2013; 1: 134 .
143. JO Oladiji et al. Risk factors of post-stroke depression among stroke survivors in Lagos, Nigeria. *Afr J Psychiatry*
144. Takahide Murasawa et al. Continuous Cardiac Stroke Volume Monitoring Leads to Early Detection of Cardiac Tamponade in the Percutaneous intracardiac Intervention. *J Hypertens* . 2013; 2:122 .
145. Yukihiro Hara et al. Rehabilitation with Functional Electrical Stimulation in Stroke Patients. *Int J Phys Med Rehabil* . 2013; 1:147 .
146. Myles Connor et al. Stroke management in South Africa ? who is responsible?. *Afr J Psychiatry* . .
147. et al. Acute Ischaemic Stroke Treated with Intravenous Thrombolysis in a Patient with a Known Large Brainstem Cavernous Malformation - Case Report and Literature Review. *J Clin Trials* . 2013; 3: 131 .
148. Anners Lerdal et al. Curvilinear Relationship Between Age and Post-Stroke Fatigue among Patients in the Acute Phase following First-Ever Stroke. *Int J Phys Med Rehabil* . 2013; 1:141 .
149. Andrej Kapjor et al. Micro-Cogeneration Including the Conversion Of Chemical Energy of Biomass to Electric Energy and the Low Potential Heat . *Global Journal of Technology and Optimization* . .
150. Tomas Alarcon Guzman Gabriela Acuna Ch and Tomas Alarcon Aviles et al. Stroke in Chagas Disease Patients in Ecudaor. *J Neuroinfect Dis* . .
151. Stephanie LeBlanc et al. Non-immersive Virtual Reality for Fine Motor Rehabilitation of Functional Activities in Individuals with Chronic Stroke: A Review. *Aging Sci* . 2013; 1: 105 .
152. Irene Ciancarelli et al. Oxidative Stress in Post-Acute Ischemic Stroke Patients: Relevance of Early Intensive Neurorehabilitation. *J Neurol Neurophysiol* . 2013; 4:154 .
153. Lydia Boateng et al. Adherence to Secondary Stroke Prevention in Children with Sickle Cell Anemia: Family and Child Perspectives. *J Blood Disord Transfus* . 2013; 4: 148 .
154. Ziyang Zhang et al. Hyperglycemia as a Risk Factor of Ischemic Stroke. *J Drug Metab Toxicol* . 2013; 4:153 .

155. Zeinab Hussain Ali et al. Effect of Nursing Care Strategy on the Functional and Physical Abilities of Patients Following Stroke. *J Neurol Neurophysiol* . 2013; S8:006 .
156. span stylecolor rgb et al. The Ability to Manage Stairs for Chronic Stroke Survivors Improves with Increases in Physical Activity Levels. *J Nov Physiother* . 2013; 3:159 .
157. Ann Reinthal et al. Reaching, Swinging, and Punching: Kinematic Change after Video Gaming Intervention in an Individual with Chronic Stroke. *J Nov Physiother* . 2013; 3:146 .
158. Janet Prvu Bettger et al. Hospital Readmission among Stroke Patients who Received Post-Hospital Care: A Systematic Review. *Int J Phys Med Rehabil* . 2013; 1:137 .
159. Andrea Santamato et al. Paraplegia due to Anterior Spinal Artery Stroke: Rehabilitative Program on Lower Extremity Weakness and Locomotor Function. *Int J Phys Med Rehabil* . 2013; 1:118 .
160. DuckWon Oh et al. Community Ambulation: Clinical Criteria for Therapists's Reasoning and Decision-making in Stroke Rehabilitation. *Int J Phys Med Rehabil*, . 1:126 .
161. Hegde SS et al. Recurrent Stroke as the First Manifestation in a Patient Infected with HIVA Case Report. *J AIDS Clin Res* . 2013; 4: 202 .
162. Maria Luisa Sacchetti et al. Sleep Disordered Breathing after Stroke: Clinical Profile of Patients with Obstructive- as Opposed to Central-Sleep Apnea. *J Sleep Disorders Ther* . 2013; 2:113 .
163. Kazutaka Shinozuka et al. Stem Cells for Neurovascular Repair in Stroke. *J Stem Cell Res Ther* . 2013; S4-004 .
164. Gianna Casini et al. Are Periventricular Lesions Specific for Multiple Sclerosis?. *J Neurol Neurophysiol* . 2013; 4:150 .
165. Cole Vonder Haar et al. The Use of Nicotinamide as a Treatment for Experimental Traumatic Brain Injury and Stroke: A Review and Evaluation. *Clin Pharmacol Biopharm* . 2013; S1: 005 .
166. Michiya Igase et. al. Prevalence and Associated Clinical Factors of GERD (Gastro-Esophageal Reflux Disease) in Ischemic Stroke Patients. *J Neurol Neurophysiol* 2012, S8:004
167. Ichiro Deguchi et al. Intravenous Tissue Plasminogen Activator Therapy for Ischemic Stroke Patients who Caused Car Accidents. *J Neurol Neurophysiol* . 2013; 4:145 .
168. Naoyuki Takeuchi et al. Overview of Non-Invasive Brain Stimulation for Motor Recovery After Stroke. *Int J Phys Med Rehabil* . 2013; 1:114 .
169. Chantal Caron et al. Types of Help Provided by Caregivers Following a Stroke: Optimizing Participation in Daily Activities and Social Roles According to Cognitive Deficits. *J Gerontol Geriatric Res* . 2013; 2: 118 .
170. Sushil Razdan et al. Triggering Risk Factors for Stroke: A Case Crossover Study from a Tertiary Care Hospital in Northwest India. *J Neurol Disord* . 2013; 1: 101 .
171. Phillip Ferdinand and Anthony Oke et al. Intractable Hiccups Post Stroke: Case Report and Review of the Literature. *J Neurol Neurophysiol* . 2012; 3:140 .
172. Naoki Tanaka et al. Improvements of Muscle Strength and Gait Ability among Chronic Post-Stroke Patients by Gait Training with a Footpad-Type Locomotion Interface. *J Nov Physiother* . 2012; S1-002 .
173. Koki Ikuno et al. Sensory Electrical Stimulation for Recovery of Hand and Arm Function in Stroke Patients: A Review of the Literature. *J Nov Physiother* . 2012; S1-007 .
174. Zaki Noah Hasan et al. Predictors of Outcome for Spontaneous Intracerebral Hemorrhage in Iraqi Stroke Patients. *Intern Med* . 2012; 2: 111 .
175. Jose Felipe Varona et al. Diagnostic Work-Up and Etiology in Ischemic Stroke in Young Adults: Before and Now. *J Neurol Neurophysiol* . 2012; 3:133 .
176. Lynch J and ShariatMadar Z. Physiological Effects of the Plasma Kallikrein-Kinin System: Roles of the Blood Coagulation Factor XII (Hageman Factor). *J Clin Toxicol* 2012, 2: e105.

177. Samir R Belagaje et al. A Person with Factitious Disorder Presenting with Acute Stroke-Like Symptoms and Receiving Thrombolytic Therapy Twice. *J Clin Case Rep* . 2012; 2:138 .
178. Girard A et al. Implementation of the Best Practice in Occupational Therapy “Assess Patients within . 24 to 48 Hours of Admission” for a Stroke. *J Community Med Health Edu* 2012; 2:130 .
179. Jessica Berard et al. Visuomotor Control Post Stroke Can be Affected by a History of Visuospatial Neglect. *J Neurol Neurophysiol* . 2012; S8-001 .
180. Klomp A et al. Design of a Concise and Comprehensive Protocol for Post Stroke Neuromechanical Assessment. *J Bioengineer & Biomedical Sci* . .
181. Hima Bindu A et al. Genetic and Degenerative Neurological Disorders – an Emphasis on Alzheimer’s, the Mystery. *J Genet Syndr Gene Ther* . 2011; 2: 109 .
182. Vijaya Krishna Varanasi et al. Emerging Technologies in Stroke Rehabilitation. *J Bioengineer & Biomedical Sci* . 2011; S1-e001 .
183. David L. Perez et al. Confusion, Hyperactive Delirium, and Secondary Mania in Right Hemispheric Strokes: A Focused Review of Neuroanatomical Correlates. *J Neurol Neurophysiol* . 2011; S1-003 .
184. Hoang M. Lai et al. Risk Factors in the Development of Stroke in an Outpatient Cardiology Practice. *J Clinic Experiment Cardiol* . 2011; 2:156 .
185. Jesse Raiten et al. Anticoagulation Therapy Following Embolic or Hemorrhagic Stroke in the Patient with a Mechanical Heart Valve. *J Anesthe Clinic Res* . 2011; 2:160 .
186. WeiLi Shen et al. Effects of Hyperosmotic Sodium Chloride Perfusion on Ischemia/Reperfusion Injury in Isolated Hearts of Normal and Stroke-Prone Spontaneously Hypertensive Rats. *J Clinic Experiment Cardiol* . 2011; 2:146 .
187. Jamie R et al. Left Ventricular Preload Determines Systolic Pressure Variation during Mechanical Ventilation in Acute Lung Injury. *J Clinic Experiment Cardiol* 2011, 2:143.
188. Erasmia Broussalis et al. Gender Differences in Patients with Intravenous Thrombolytic and Conservative Treatment for Acute Ischemic Stroke. *J Neurol Neurophysiol* . 2011; 2: 117 .
189. Sarah Abdulmalek et al. Possible Neuroprotective Role of Pomegranate Juice in Aluminum Chloride Induced Alzheimer’s Like Disease in Mice. *J Alzheimers Dis Parkinsonism* . 2011; 5:188. .
190. Stefano Pallanti et al. Transcranial Magnetic Stimulation in Alzheimer’s Disease: A Review of Investigational and Therapeutic Findings. *J Alzheimers Dis Parkinsonism* . 2015; 5:187. .
191. Tiffany Field et al. Smell and Taste Dysfunction as Early Markers for Neurodegenerative and Neuropsychiatric Diseases. *J Alzheimers Dis Parkinsonism* . 2015; 5:186. .
192. Claudia Meyer et al. Translating Falls Prevention Knowledge for Community-Dwelling People Living With Dementia: Design Protocol for a Mixed-Method Intervention. *J Alzheimers Dis Parkinsonism* . 2015; 5:185. .
193. Dennis A Davey et al. Alzheimer’s Disease, Cerebrovascular Disease and Dementia: A Potentially Preventable and Modifiable Syndrome. *J Alzheimers Dis Parkinsonism* . 2015;5:184. .
194. Diane Stephenson et al. Alzheimer’s and Parkinson’s Diseases Face Common Challenges in Therapeutic Development: Role of the Precompetitive Consortium, Coalition Against Major Diseases. *J Alzheimers Dis Parkinsonism* . 2015; 5:183. .
195. Manly Sani et al. Successful Regeneration of CNS Nerve Cells a Possible Bye Bye O Debilitating Effects Of Neurodegenerative Diseases. *J Alzheimers Dis Parkinsonism* . 5:182. .
196. Yuri N Utkin et al. What Animal Models of Parkinsonism Tell us About the Distinct Nicotinic Acetylcholine Receptors Involved in Pathogenesis?. *J Alzheimers Dis Parkinsonism* . 2015;5:181. .

197. Gila Bronner et al. Addressing Sexuality in Dementia: A Challenge for Healthcare Providers. *J Alzheimers Dis Parkinsonism* . 2015;5:180. .
198. Lilian Calderoacuten Garciduentideas et al. The Intestinal Barrier in Air Pollution-Associated Neural Involvement in Mexico City Residents: Mind the Gut, the Evolution of a Changing Paradigm Relevant to Parkinson Disease Risk. *J Alzheimers Dis Parkinsonism* . 2015;5:179. .
199. Thiyagarajan Devasena et al. Nanotoxicity-Induced Alzheimer Disease and Parkinsonism: Not Further than Diagnosis. *J Alzheimers Dis Parkinsonism* . 2015;5:178.
200. Zhao Y et al. Microbial Sources of Amyloid and Relevance to Amyloidogenesis and Alzheimer's Disease (AD). *J Alzheimers Dis Parkinsonism* 2015; 5:177.
201. Povova Jana et al. Epidemiology and Genetics of Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* 5:176.
202. Mark D Miller and Richard K Morycz. Preparing for the Rise in Alzheimers Disease Cases: A Proposal for Training Support Personnel. *J Gerontol Geriatr Res* 2015;4: 195.
203. Knarik Arkun et al. Effect of Lewy Bodies on Mitochondrial DNA Copy Numbers and Deletion Burden in Parkinson's Disease Substantia nigra Neurons. *J Alzheimers Dis Parkinsonism* 2015;4:175.
204. Astrid Haram et al. Clinical Correlates of RBD in Early Parkinson Disease. *J Alzheimers Dis Parkinsonism* 2015;4:174.
205. Victoria I Bunik. Benefits of Thiamin (Vitamin B1) Administration in Neurodegenerative Diseases may be Due to Both the Coenzyme and Non-coenzyme Roles of Thiamin. *J Alzheimers Dis Parkinsonism* 2015;4:173.
206. ALa Park. Is There Anything Special About Intergenerational Approaches to Older People with Dementia? A Review. *J Alzheimers Dis Parkinsonism* 2015;4:172.
207. Hyun Kim et al. Differences in C-reactive Protein Level in Patients with Alzheimers Disease and Mild Cognitive Impairment. *J Psychiatry* . 2014;.
208. David R. Borchelt et al. Proteostasis and Secondary Proteinopathy in Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* . 2014;4:145. .
209. Vanessa K Hinson et al. Forced Exercise for Freezing of Gait in Post STN DBS Parkinson's Disease Patients. *J Alzheimers Dis Parkinsonism* . 2014;4:171..
210. Borroni B et al. Diagnosing Progressive Supranuclear Palsy: Role of Biological and Neuroimaging Markers. *J Alzheimers Dis Parkinsonism* . 2014;4:168.
211. Keiko Ikemoto et al. Lectin-Positive Spherical Deposits (SPD) Detected in the Molecular Layer of Hippocampal Dentate Gyrus of Dementia, Down's Syndrome ,and Schizophrenia. *J Alzheimers Dis Parkinsonism* 2014;4:169.
212. Xu Xin et al. The Hopkins Verbal Learning Test and Detection of MCI and Mild Dementia: A Literature Review. *J Alzheimers Dis Parkinsonism* 2014;4:166.
213. Paul Whitesman. Preliminary Set Theory-Type Analysis of Proteins Associated With Parkinson's Disease. *J Alzheimers Dis Parkinsonism* 2014;4:170.
214. Raheel Mushtaq et al. Comparison of Cognitive Symptoms in Subtypes of Alzheimer's disease (AD)-A Study from South East Asia (Kashmir, India). *J Alzheimers Dis Parkinsonism* 2014;4:167.
215. Roberta Ciuffini et al. Visual Evoked Potentials in Alzheimer's Disease: Electrophysiological Study of the Visual Pathways and Neuropsychological Correlates. *J Alzheimers Dis Parkinsonism* 2014;4:158.
216. Trent W Nichols. Hyperphosphorylation of Tau Protein in Down's Dementia and Alzheimer's Disease: Methylation and Implications in Prevention and Therapy. *J Alzheimers Dis Parkinsonism* 2014;4:159.

217. Carrie A Ciro et al. Improving Daily Life Skills in People with Dementia: Testing the STOMP Intervention Model. *J Alzheimers Dis Parkinsonism* 4:165.
218. Travis H Turner et al. Epidermal Growth Factor (EGF) is Associated with Memory and Executive Functioning in Progressed Parkinson's Disease. *J Alzheimers Dis Parkinsonism* 2014;4:164.
219. Yellamma K et al. Silk Protein, Sericin as a Cognitive Enhancer in Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* . 2014;4:163..
220. Tiwari SC et al. Alzheimer's Disease Pathology and Oxidative Stress: Possible Therapeutic Options. *J Alzheimers Dis Parkinsonism* . 2014;4:162..
221. Barbara Cynthia Fisher et al. The Benefits of Cognitive Stimulation or Training/Rehabilitation upon Brain Function as an Efficacious Treatment for Diagnosed Dementia or Mild Cognitive Decline. *J Alzheimers Dis Parkinsonism* . 2014;4:161..
222. Faris Yaghoor et al. The Role of TREM. 2 in Alzheimer's Disease and Other Neurological Disorders. *J Alzheimers Dis Parkinsonism* 2014;4:160..
223. Tsuyoshi Miyaoka et al. Effect of Donepezil on Sleep and Activity in Alzheimer's Disease: Actigraphic and Polysomnographic Assessment. *J Alzheimers Dis Parkinsonism* . 2014;4:157..
224. Martha F Hanby et al. Emotional and Cognitive Processing Deficits in People with Parkinson's Disease and Apathy. *J Alzheimers Dis Parkinsonism* . 2014;4:156..
225. Carlos Henrique Ferreira Camargo et al. Orthostatic Hypotension and its Relationship to the Clinical Course of Patients with Parkinson's Disease. *J Alzheimers Dis Parkinsonism* . 2014;4:155..
226. Jacques Hugon et al. Involvement of PKR in Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* . 2014;4:154..
227. Garth F Hall et al. Report from the Tau Front: Cantoblanco . 2013. *J Alzheimers Dis Parkinsonism* 2014;4:e133..
228. Moretti DV et al. Impairment of the Posterior Part of the Mirror Neurons System in Alzheimer's Disease: Evidence from EEG Biomarkers. *J Alzheimers Dis Parkinsonism* . 2014;4:153..
229. Andrew Tsai et al. Differences in Cerebrospinal Fluid Biomarkers between Clinically Diagnosed Idiopathic Normal Pressure Hydrocephalus and Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* . 2014; 4:150..
230. Hanaa L Sadek et al. The Inflammatory Cytokines in the Pathogenesis of Parkinson's Disease. *J Alzheimers Dis Parkinsonism* . 2014;4:148. .
231. Maria Elisa de Oliveira Lanna et al. Diabetes Effects in Alzheimer Disease: The Interactive Role of Insulin and A β Peptide. *J Alzheimers Dis Parkinsonism* . 4:151..
232. David Truswell et al. Black, Asian and Minority Ethnic Communities and Dementia – Where Are We Now?. *J Alzheimers Dis Parkinsonism* . 2014;4:152..
233. Hansotto Reiber et al. Neurochemical Dementia Diagnostics – Interlaboratory Variation of Analysis, Reference Ranges and Interpretations. *J Alzheimers Dis Parkinsonism* . 2014;4:147..
234. Florindo Stella et al. Neuropsychiatric Symptoms in Alzheimer's disease Patients: Improving the Diagnosis. *J Alzheimers Dis Parkinsonism* . 2014;4:146..
235. Pierre A. Denis et al. The Continuum of Metabolic Stress According to the Gas Model of Alzheimer's disease. *J Alzheimers Dis Parkinsonism* . 2014;4:149..
236. Mitchell Clionsky et al. Dementia Screening: Saying No to the USPSTF and Yes to Brief Cognitive Evaluation. *J Alzheimers Dis Parkinsonism* . 2014;4:e132..
237. Shokouhi S et al. Imaging Brain Metabolism and Pathology in Alzheimer's Disease with Positron Emission Tomography. *J Alzheimers Dis Parkinsonism* . 2014;4:143..
238. Deacon RMJ et al. A Novel Approach to Discovering Treatments for Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* . 2014;4:142..

239. Jinichi Ito et al. Oxidative Stress and FGF-1 Release from Astrocytes. *J Alzheimers Dis Parkinsonism* 2014;4:133..
240. Ashraf Virmani et al. Neuronal Carnitine Palmitoyl Transferase. 1c in the Central Nervous System: Current Visions and Perspectives. *J Alzheimers Dis Parkinsonism* 2014;4:132..
241. Keith A Wesnes et al. Compromised Object Pattern Separation Performance in Parkinson's Disease Suggests Dentate Gyrus Neurogenesis may be compromised in the Condition. *J Alzheimers Dis Parkinsonism* . 2014;4:131..
242. Fabiano Henrique Rodrigues Soares et al. Measures of Heart Rate Variability in Patients with Idiopathic Parkinson's disease. *J Alzheimers Dis Parkinsonism* . 3:130..
243. Benjamin Schmitt et al. Quantitative Assessment of Metabolic Changes in the Developing Brain of C. 57BL/6 Mice by In Vivo Proton Magnetic Resonance Spectroscopy. *J Alzheimers Dis Parkinsonism* 2013;3:129..
244. Sarah Lee et al. CSF and Brain Indices of Insulin Resistance, Oxidative Stress and Neuro-Inflammation in Early versus Late Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* . 2013;3:128..
245. Danielle Meola et al. Selective Neuronal and Brain Regional Expression of IL-2 in IL2P 8-GFP Transgenic Mice: Relation to Sensorimotor Gating. *J Alzheimers Dis Parkinsonism* 2013;3:127..
246. Ryan T Pitman et al. FTO Knockdown Decreases Phosphorylation of Tau in Neuronal Cells; A Potential Model Implicating the Association of FTO with Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* . 2013;3:125..
247. Rodrigo D Perea et al. A Comparative White Matter Study with Parkinson's disease, Parkinson's Disease with Dementia and Alzheimer's Disease. *J Alzheimers Dis Parkinsonism* . 2013;3:123..
248. Fabian Fernandez et al. Poor Sleep as a Precursor to Cognitive Decline in Down Syndrome: A Hypothesis. *J Alzheimers Dis Parkinsonism* . 2013;3:124. .
249. Amanda Pennington et al. Direct Actions of Granulocyte-Colony Stimulating Factor on Human Neuronal and Monocytic Cell Lines. *J Alzheimers Dis Parkinsonism* . 2013;3: 121.
250. Fabian Fernandez et al. Poor Sleep as a Precursor to Cognitive Decline in Down Syndrome: A Hypothesis. *J Alzheimers Dis Parkinsonism* . 2013;3:124. .
251. Amanda Pennington et al. Direct Actions of Granulocyte-Colony Stimulating Factor on Human Neuronal and Monocytic Cell Lines. *J Alzheimers Dis Parkinsonism* . 2013;3: 121.