

# Cinnamon, a promising prospect towards Alzheimer's disease

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**Abstract**

In the last decades, an exponential increase of efforts concerning the treatment of Alzheimer's disease (AD) has been practiced. Phytochemicals preparations have a millenary background to combat various pathological conditions. Various cinnamon species and their biologically active ingredients have renewed the interest towards the treatment of patients with mild-to-moderate AD through the inhibition of tau protein aggregation and prevention of the formation and accumulation of amyloid- $\beta$  peptides into the neurotoxic oligomeric inclusions, both of which are considered to be the AD trademarks. In this review, we presented comprehensive data on the interactions of a number of cinnamon polyphenols (PPs) with oxidative stress and pro-inflammatory signaling pathways in the brain. In addition, we discussed the potential association between AD and diabetes, vis-à-vis the effluence of cinnamon PPs. Further, an upcoming prospect of AD epigenetic pathophysiological conditions and cinnamon has been sighted. Data was retrieved from the scientific databases such as PubMed database of the National Library of Medicine, Scopus and Google Scholar without any time limitation. The extract of cinnamon efficiently inhibits tau accumulations and A $\beta$  aggregation and toxicity *in vivo* and *in vitro* models. Indeed, cinnamon possesses neuroprotective effects interfering multiple oxidative stress and pro-inflammatory pathways. Besides, cinnamon modulates endothelial functions and attenuates the vascular cell adhesion molecules. Cinnamon PPs may induce AD epigenetic modifications. Cinnamon and in particular, cinnamaldehyde seem to be effective and safe approaches for treating and prevention of AD onset and/ or progression. However, further molecular and translational research studies as well as prolonged clinical trials are required to establish the therapeutic safety and efficacy in different cinnamon *spp.*

**Keywords:** cinnamon, Alzheimers disease, neurocognitive performance, cellular pathway

### Abbreviations

AD, Alzheimer's disease; PPs, polyphenols; EGCG, epigallocatechingallate; NFTs, neurofibrillary tangles; ACh, acetylcholine; A $\beta$ , amyloid-beta; APP, amyloid precursor protein; PS-1, presenilin-1; PS-2, presenilin-2; AChE, acetylcholine esterase; NaB, sodium benzoate; BBB, blood brain barrier; LPS, Lipopolysaccharide; PNC, (2R, 3S)-pinobanksin-3-cinnamate; MDA, malondealdehyde; SOD, superoxide dismutase; PD, Parkinson disease; NFs, neurotrophic factors; GABRA5, Gamma-Aminobutyric Acid Type A Receptor Alpha5 Subunit; CREB, cAMP response element binding protein; FRAP, ferric reducing antioxidant power; SH, plasma thiol; CAT, catalase; LPO, lipid peroxidation, MAPK, mitogen-activated protein kinase; ARE; antioxidant responsive element, NF- $\kappa$ B, nuclear factor-kappaB; ERK, extracellular signal-regulated kinase; MEK, feedback-regulate cellular; NIK, NF- $\kappa$ B inducing kinase; JNK, c-Jun N-terminal kinase; SIRT, sirtuin; IFN, interferons; IL, interleukins; COX, cyclooxygenase; iNOS, Inducible nitric oxide synthase; NO, nitric oxide; LPS, lipopolysaccharide; TLR4, ligand-induced toll-like receptor 4; TDI, tolerable daily intake; LD<sub>50</sub>, 50% lethal dose; PKA, protein kinase A; PHFs, paired helical filaments; cAMP, cyclic AMP; BDNF, brain derived neurotrophic factor; RAGE, receptors for advanced glycation end-products; LRP-1, lipoprotein receptor-related protein 1; P-gp, P-glycoprotein; VCAM-1, vascular cell adhesion molecule-1; VEGFR, vascular endothelial growth factor receptor; sICAM-1, soluble intercellular adhesion molecule-1; Nrf2; nuclear factor (Erythroid-Derived 2)-Like 2; HDAC, histone methyltransferases; USFDA, United States Food and Drug Administration; GRAS, generally recognized as safe; DPPH, 2,2-diphenyl-1-picrylhydrazyl

## 1. Introduction

According to the World Alzheimer Report 2016, there were 46.8 million people worldwide encountering dementia in 2015 and this number will ascend to 131.5 million in 2050 (Dementia statistics, 2016). Observational data strongly support the association between genetic and human lifestyle to develop such conditions. Many clinical trials have shown that early intervention and treatment are the only way to slow or maybe reverse the progression of the disease, since the current therapies mostly possess symptomatic properties with surplus side effects and insufficient effectiveness. Concurrently, dietary components were found to impress the incidence, severity and management of many health issues such as; chronic diseases, diabetes and cognitive impairments (Ibrahim et al., 2017). Alzheimer's disease (AD) is characterized as a subgroup of a progressive age-related neurodegenerative disorders and as the most prevalent type of dementia. In a simple definition, AD is triggered by the distinct protein inclusions that presumably can confer synaptic/neuronal dysfunctions (Haass and Selkoe, 2007). In the brain of patients with AD, in addition to atrophy, nerve and synapse loss, deposition of the extracellular amyloid/senile plaques and formation of an excessive level of hyperphosphorylated intracellular neurofibrillary tangles (NFTs) containing microtubule-associated tau protein, are perceived. Rather than amyloid plaques, NFTs and by some classification hippocampal acetylcholine (ACh) decline, several other structural and functional modifications such as inflammatory responses and oxidative stresses seize critical impressions on pathological alterations in the AD (Fernández-Bachiller et al., 2009; Wyss-Coray, 2006).

Basically, amyloid plaques have been structured of amyloid-beta ( $A\beta$ ) containing 39 to 42 amino-acid peptides that results from the sequential cleavage of the  $\beta$ -amyloid precursor protein (APP) by three proteases including  $\alpha$ -,  $\beta$ - and  $\gamma$ -secretase.  $A\beta$  is capable of self-aggregation, and at high concentration forms very toxic monomeric and oligomeric structures. The  $A\beta_{42}/A\beta_{40}$  ratio manipulates the formation of amyloid plaques, particularly by increasing the production of the toxic plaque-promoting  $A\beta_{42}$  peptide and this ratio can be amplified by mutations/changes in three different genes such as APP on chromosome 21, presenilin-1 (PS1) on chromosome 14 and PS2 on chromosome 1, which are mainly involved in AD (Haass and Selkoe, 2007). To defeat AD, up to date,  $A\beta$  inhibitors are either targeting  $A\beta$  generation or oligomerization and are supposed as the focal potential treatments. Therefore, therapeutic strategies should mainly focus to restrain either  $\beta$ - or  $\gamma$ -secretase that lessen  $A\beta$  production or aggregation, or by factors that increase its removal as by some means. AD was described as a result of an imbalance between  $A\beta$  production and  $A\beta$  clearance (LaFerla et al., 2007; Robert, 2004). In between, the enzyme acetylcholine esterase (AChE) plays a key role and facilitates the synthesis, deposition and aggregation of toxic  $A\beta$ . Accordingly, AChE interacts with  $A\beta$  and interrupts cholinergic transmission at the cholinergic synapses by rapid hydrolysis of ACh, leading to the cognitive impairment in AD. Thus, inhibition of AChE presumes as a strategy for AD management, because of an enhancement in cholinergic function in the brain regions and a decrease in the deposition of  $A\beta$  (Hasani-Ranjbar et al., 2010; Mukherjee et al., 2007).

Besides  $A\beta$  and AChE, tau or axonal protein (also found in somatodendritic compartments and oligodendrocytes) plays crucial in AD development. Under normal conditions, the stabilization, regulation, function and assembly of microtubules in neural cells (central and peripheral nervous system) is correlated with tau. Broadly, these microtubules facilitate the transportation of the proteins and neurotransmitters that have been synthesized within the

cell towards the synapses; those are mainly correlated with cognitive functions. The balance between assembly and disassembly of these microtubules is synchronized by tau, in this way the stability and the integrity of neurons is regularly maintained. Thus, the abnormal activity of tau is linked with AD progression and also to the activity of enzymes such as Cdk5 and GSK3. Both A $\beta$  and tau induce toxicity in AD via the procedures that are fully regulated by different kinases and phosphatases (Chauhan, 2006).

Once tau is hyperphosphorylated, detaches from microtubules, accumulates in the somatodendritic compartment of neurons, in which modifies normal neuronal functions, morphology and viability. Subsequently, tau proteins are aggregated and eventually form NFTs and neuropil threads (Ittner and Götz, 2011). Regularly, these tangles are formed in the late stages of AD in association with amyloid formation (Peterson et al., 2009). The amount of NFTs has also been linked to the severity of dementia in AD (Arriagada et al., 1992). It has been proposed that hyperphosphorylated tau may contribute in neuronal dysfunction even before its deposition (Shankar et al., 2008). Another way, tau is known to regulate neuronal excitability and hyperphosphorylated tau suppresses pre-synaptic protein expression and cause the dysfunctional regulation of neuronal signaling and synaptic function that contribute AD (Morris et al., 2011; Cárdenas et al., 2012). Plethora studies pointed out that phosphorylated tau is essential for A $\beta$ -induced neurotoxicity and cognitive decline (Amadoro et al., 2011; Roberson et al., 2007). In 2011, Ittner and Götz proposed the augmentation in the concentration of tau within the dendrites, increased the chance of neurons to be more susceptible to the damages caused by A $\beta$  in the postsynaptic dendrites. Therefore, combinatorial approaches, which target both tau and A $\beta$  proteins, emerge prudent.

As yet, plant-derived bioactive phytochemicals have been speculated to perform various neuroprotective and neuroregenerative actions. Table 1 indicates a comprehensive list of

the plant species capable to ameliorate AD and brain conditions, those trap tau or A $\beta$  proteins from aggregation and also AChE inhibitors. More to the point, the evidence supports the nutritional interventions for AD. To explain, the level of oxidative stress is implicated to the diet regimen, and also oxidative stress is known as a potential cause of AD. Further, dietary restriction may extend the resistance of neuronal dysfunction (Mattson, 2000). With respect to AD, in this review we have intended to highlight the neuroprotectivity posture of cinnamon and its bioactive derivatives to modulate the upstream contributing mediators of AD. Also, the bioavailability and clinical application of cinnamon and its ingredients along with the promising prospect of the possible interactions between cinnamon, AD and related epigenetic mechanisms, is discussed.

## 2. Cinnamon

The genus *Cinnamomum* belongs to the Lauraceae family with nearly 250 species several are known as spices. Cinnamon is a well plant worldwide and applies as a generic term that mainly covers 2 plant species; (*Cinnamomum verum* J.S. Presl/ *C. zeylanicum* Nees/ Ceylon cinnamon/ true cinnamon/ Mexican cinnamon) and (*C. cassium* Blume/ *C. aromaticum* Nees/ Chinese cinnamon/ cassia) (Chen *et al.*, 2014b). Similarly, some other species appealed commercial interests, for example; *C. burmannii* (Indonesian cassia), *C. tamala* (Indian cassia), *C. bejolghota*, *C. osmophloeum* and *C. loureiroi* Ness (Vietnamese cinnamon). Common cinnamon is a spice (in form of sticks or powder) obtained from the brown inner bark of a number of evergreen trees and shrubs from this genus. Cinnamon is widely distributed in Sri Lanka, and currently, the coastal region of this country, approximately affords most of the cinnamon used around the world. Cinnamon bioactive compounds possess potent therapeutic efficiency in diabetes (Blevins *et al.*, 2007; Cao *et al.*, 2007; Lee *et al.*, 2013), cancer (Koppikar *et al.*, 2010; Unlu *et al.*, 2010), oxidative



stress (Rao and Gan, 2014), cardiovascular disease (Hwa et al., 2012), wound healing (Kamath et al., 2003), inflammatory syndromes, cholesterol levels and immunomodulatory diseases (Jayaprakasha and Rao, 2011; Qadir et al., 2017). Additionally, cinnamon preparations were being used traditionally for centuries because of their neurostimulant, carminative, antibacterial and antifungal properties (Chanotiya and Yadav, 2010; Gende et al., 2008; Rao and Gan, 2014) (Fig. 1). Only during the past decade, scientists devoted to explore the neuroprotective/ neurodegenerative aspects of cinnamon, notwithstanding it was shown that multidisciplinary mechanisms are involved in this regard (Anderson et al., 2013; Frydman-Marom et al., 2011; Peterson et al., 2009).

Cinnamon is reputed from both nutritional and pharmacological points of the view. The beneficial health promoting properties of cinnamon is mainly attributed to its polyphenolic composition and the volatile essential oils coming from the different parts of the plant (bark, leaves, flowers, or buds). The cinnamon bark essential oils such as cinnamate, cinnamic acid, cinnamic aldehyde and cinnamylaldehyde and eugenol are the major components of the leaves, camphor is the main compound in roots. Coumarins, phenolic acids, terpenes, tannins, mucus and carbohydrates were identified to be biologically active (Ooi et al., 2006; Singletary, 2008). Catechin and epigallocatechingallate (EGCG) were found to be the major phenolic compounds in cinnamon (mostly responsible for its antioxidant potential), whereas cinnamylaldehyde is the main compound of volatile oils (Table 2). In order to the nutritional values, ground cinnamon approximately encompasses 11% water, 81% carbohydrates (including 53% dietary fiber), 4% protein and 1% saturated fatty acids. In addition, cinnamon contains valuable amounts of protein, fibre, vitamins and minerals (Ca, P, Na, K and Fe) (US National Nutrient Database., 2016).

There is no major concern about the safety and toxicity of cinnamon *spp.* According to United State Food and Drug Administration (USFDA), cinnamon has GRAS (generally

recognized as safe) status as a food additive (Barceloux, 2008). Medicinal amounts of cinnamon were reported safe, but it may become questionable when is used in excessive doses or over a long term (Dugoua et al., 2007). No adverse reports have been cited in all the human studies involving cinnamon or the aqueous extracts of cinnamon (Anderson, 2008). Acute oral toxicity assay showed Ceylon cinnamon extract was safe at doses below 0.5 g/kg/bw, once was fed to Wistar rats (Ahmad et al., 2015). Administration of *C. zeylanicum* (100, 200 and 400 mg/kg/bw; comparable to a human adult dose of 600-2400 mg/kg/bw) did not induce significant behavioral changes in terms of excitement, nervousness, dullness, alertness, ataxia or death in rats (Anand et al., 2010). Cinnamon bark oil may cause skin sensitization, which limits its utilization in cosmetic and topical products (Hartmann and Hunzelmann, 2004). While cinnamon bark is famed more in causing drug interactions with hypoglycemic medicines, potential interactions with blood thinners such as warfarin and aspirin is labeled as significant and may raise bleeding and bruising in patients taking warfarin and cinnamon bark, thus it should be monitored closely (RxList, 2017a,b).

Mass spectrometric analysis has indicated that *C. verum* is much more pure than *C. cassia*, thus the daily consumption of *C. cassia* high quantities might be risky. *C. verum* contains coumarins only as trace elements. Although, cinnamaldehyde is the major component of both species, *C. cassia* contains some hepatotoxic 1-benzopyran-2-one or coumarin (Jana et al., 2013; Ooi et al., 2006). Today, coumarin is considered as a non-genotoxic compound with carcinogenic effect, as it might show hepatotoxic effect in sensitive groups (Abraham et al., 2010) High coumarin content of *C. cassia* may raise some safety concerns over prolonged consumption, but short-term trials have not reported any undesired effects (Wang et al., 2013). In 2008, the European Regulation (EC) No 1334/2008 lined maximum limits for coumarin should not exceed; 50 mg/kg/bw in bakery, 20 mg/kg/bw in breakfast

cereals and 5 mg/kg/bw in desserts, with a reference to cinnamon in the labeling (Regulation, 2008). The Panel on Food Additives, Flavorings, Processing Aids and Materials in Contact with Food (AFC) concluded that exposure to coumarin at doses 3 times higher than the Tolerable Daily Intake (TDI) for one to two weeks is not of safety concern (EFSA, 2008). In a clinical study (24 human individuals), it was surveyed that upon cinnamon intake (coumarin dose of 12 mg), coumarin was detected in plasma and urine, but did not reach the TDI of 0.1 mg/kg/bw daily for risk assessment of coumarin exposure from cinnamon-containing sources (Abraham et al., 2011)

In the body, cinnamaldehyde is converted into cinnamic acid by oxidation, as in the liver, this compound is  $\beta$ -oxidized to benzoate in the form of sodium salt or benzoyl-CoA (Khasnavis and Pahan, 2012). USFDA and the council of Europe have approved cinnamaldehyde is a safe natural ingredient (daily intake of 1.25 mg/kg/bw), but its high and non-nutritional consumption may cause genotoxicity and hepatotoxicity as proven by *in vivo* and *in vitro* assays (Zhu et al., 2017). It was demonstrated that the 50% median lethal dose ( $LD_{50}$ ) of cinnamaldehyde (from *C. zeylanicum*) was  $1850 \pm 37$  mg/kg/bw in Wistar rats (Babu et al., 2007). This would be comparable with  $11.4 \pm 0.2$  g/kg/bw in adult human (Ranasinghe et al., 2012). Cinnamaldehyde has been characterized as a strong dermal sensitizer and a mucous membrane irritant (Barceloux, 2008). Yet, there is no established dosage to indicate how much cinnamon might be toxic to human, however high concentration could be toxic.

### 3. Cinnamon and neurocognitive function

There are certain compounds that have been reported in many studies those have the potential to inhibit the formation of A $\beta$  plaques. It has been stated that cinnamon extract can interact with A $\beta$  peptide at the initial stage of self-aggregation via polyphenol entity in

order to inhibit its aggregation, and hence inhibit the A $\beta$  toxicity (Frydman-Marom et al., 2011). Cinnamon inhibited the formation, accumulation and toxic effects of A $\beta$  plaques in PC12 neuronal cells. PC12 cell viability was reported about 100% along with a dose dependent inhibition of the cytotoxic effect of A $\beta_{42}$  fibrils, once the ratio of cinnamon extract and A $\beta_{40}$  concentration was 2: 1 (40: 20  $\mu$ g/ml) (Frydman-Marom et al., 2011). Similar results were achieved whilst aqueous cinnamon extract (0.75 mg/ml) potentially inhibited the oligomer and amyloid fibril formation in AD fly models. In a same study, cinnamon extract reduced the plaque formation after oral administration (100  $\mu$ g/ml for 120 days) in AD transgenic mouse models, hence significant improvement in animal's cognitive behavior was observed. It was postulated that cinnamon compounds may either cross the blood brain barrier (BBB) or probably pass through other peripheral routes (Frydman-Marom et al., 2011). Both extracellular plaques and intracellular NFTs accelerate AD. Moreover, cinnamon has shown to improve those factors which are associated with AD and memory loss through blocking tau formation and ultimately inhibited the effects shown by the accumulation of amyloid precursor protein (Frydman-Marom et al., 2011).

An aqueous extract of *C. zeylanicum* (0.11 mg/ml) efficiently inhibited human tau accumulation, induced dissociation of tau tangles (*C. zeylanicum* concentration was 0.22 mg/ml) and unraveling of paired helical filaments (PHFs) by prevention of the assembly of free tubulin into microtubules or filament formation in AD brain. Indeed, the normal function of tau and the accumulation of free tubulin microtubules were not disrupted by the extract. A-type doubly linked procyanidin oligomers and cinnamaldehyde were considerably responsible for such inhibitory activity (Peterson et al., 2009).

George and teammates proposed that some small molecules are able to form a reversible interaction with the cysteinyl residues of tau, accordingly may prevent tau tangles from

aberrant alterations. In addition, they found that the oxidized form of epicatechin and cinnamaldehyde (each of 110  $\mu\text{M}$ ) isolated from cinnamon extract, could inhibit tau aggregation through the same mechanism. Further, these compounds inhibited tau oxidation and subsequent formation of high molecular weight species that are believed to trigger tangle formation, thus prevented neuronal loss due to the oxidative stress. In the bargain, pre-incubation of the tau 187 with cinnamaldehyde prior to initiation of aggregation was led to a greater retardation comparing to the time that cinnamaldehyde was introduced to the tau at the time of aggregation (George et al., 2013).

*In vitro* condition, HEK293 cells transfected with glycogen synthase kinase 3 (an enzyme responsible for phosphorylation of the tau protein) and tau protein were co-administrated with cinnamon extract for 48 h. The obtained results indicated cinnamon abrogated tau phosphorylation by attenuating the enzyme activity, perhaps via protein kinase A dependent phosphorylation (Donley et al., 2016).

An extract of *C. zeylanicum* (50 mg/kg/bw) was found more applicable for prevention therapy, since improved cognitive symptoms when was administrated at early stages of life in 2 months old non-transgenic rat model of AD. Cinnamon increased phosphorylated glycogen synthase kinase-3 $\beta$  (critical for choline metabolism), inhibited AChE activity and increased neuron number in hippocampus area of these animals (Madhavadas and Subramanian, 2016). The AChE inhibitory activity of the methanol extract of *C. tamala* and its leaf oil was explored, among this, cinnamon oil showed the higher AChE inhibition ( $\text{IC}_{50}$ :  $45.88 \pm 1.94 \mu\text{g/ml}$ ) than the *C. tamala* crude extract ( $\text{IC}_{50}$ :  $77.78 \pm 0.03 \mu\text{g/ml}$ ) (Dalai et al., 2014). Besides, coumarins were also found to possess AChE inhibitory properties (Anand et al., 2012).

PPs such as EGCG (frequently presented in cinnamon) and curcumin are also able to arrest amyloid fibrils and have the neuroprotective potential in curing AD and other

neurodegenerative disorders like Parkinson disease (PD) (Lesné et al., 2006; Shoval et al., 2008; Khan et al., 2016; Panickar et al., 2009). Cinnamyl alcohol (100 mg/ml) has also been reported to show inhibitory effects against AChE activity (Park, 2014). Furthermore, Cinnamaldehyde prevented inflammation and suppressed the formation of NFs, thus enhanced cinnamaldehyde levels might manipulate the cognitive function in the scopolamine-induced amnesia in mouse models (Park et al., 2016). Trans-cinnamaldehyde has been investigated in animal models of ischemia induced brain injury, and it has been verified that this compound has a neuroprotective effect in the Lipopolysaccharide (LPS)-induced inflammation of BV-2 microglials. The cell viability was found to be 100%, where the concentration of compound was 12.5, 25 and 50  $\mu$ M. Trans-cinnamaldehyde considerably reduced the infarction area (10–30 mg/kg/bw) and also decreases the level of iNOS protein expression in rat injured brain tissues (Chen et al., 2016).

In a similar study, the neuroprotective effects of (2R, 3S)-pinobanksin-3-cinnamate (PNC), in the rat model with occlusion damaged bilateral common carotid artery were investigated. They found that administration of PNC (5 and 10 mg/kg/bw) for a period of five weeks considerably enhanced the cognitive behavior of the rats suffering from dementia. Furthermore, they also proposed that PNC can lower the malondialdehyde (MDA) levels, improves the superoxide dismutase (SOD) activity and also lowers the release of cytochrome c. It has been concluded that PNC exhibited its neuroprotective activity via neutralizing the oxidative stress as a flavonoid and hence it can be used to treat the vascular dementia (Liu et al., 2015).

The protective actions of flavonoids enriched foods such as green tea, blueberry and cocoa are due to their interaction with several molecular and cellular targets. For example, flavonoids interact with cellular targets at the receptor level and this interaction leads to an enhancement in expression of proteins involved in neuroprotection. Moreover, the action

of these flavonoids on the vascular system may cause an improvement in the cognitive performance via increasing blood flow to the brain region and initiate neurogenesis in the brain hippocampus and hence it would slow down the progression of AD (Williams and Spencer, 2012). PNC probably alleviates the mitochondrial redox balance via scavenging reactive oxygen species (ROS) either directly or by lowering the ROS formation through shielding the electron transport chain (Lin et al., 2003). Proanthocyanidins are the recent subject of research (Wang et al., 2013) and are efficient scavengers of reactive oxygen species, therefore might be favorable for treatment of AD (Peng et al., 2008).

Cinnamic acid (45 and 90 mg/kg/bw for 21 days) was shown to improve depression, neuroinflammation and brain injury in rats (Yao et al., 2015). Considering a wide range of distribution in natural reserves, significant intake of dietary food products, as well as high and effective absorption rate from the intestine and the brain cells, cinnamic acid invokes as a promising candidate for treatment of neurological disorders (Zamora-Ros et al., 2016). In a new approach, phenylpropanoid compounds (medioresinol and cryptamygin A (4  $\mu\text{g/ml}$  of each)) isolated from cinnamon bark showed anti-amyloidogenic effects and targeted  $\beta$ -secretase and sAPP $\beta$  (the proteolytic fragment of APP catalyzed by  $\beta$ -secretase) and reduced A $\beta$ 40 production by inhibition of  $\beta$ -secretase in Chinese hamster ovarian (CHO) cells. These cells stably express amyloid precursor proteins (Kang et al., 2016). In sum, cinnamon *spp.* and its biologically active compounds target every 3 AD hallmarks; inhibition of AChE activity, abeta formation/ aggregation and tau phosphorylation.

#### 4. Brain localization of cinnamon

When cinnamon are ingested to the body, it undergoes extensive metabolism both in the small and large intestine and in the liver as well, which results in the production of various derivatives, and these metabolites are different from those of parent compounds which can

be found in foods (Manach et al., 2005, Williamson and Manach, 2005). The ability of cinnamon to affect the nervous system will mostly depends on their metabolites ability to cross the BBB through the process of diffusion across the membrane and eventually enter the brain (Schaffer and Halliwell, 2012). It has been recommended that the capacity of cinnamon flavonoids and its metabolites to enter the brain upon crossing the BBB mostly depends on the extent of their lipophilicity (Lin et al., 2007). For example, those flavonoids which are less polar, such as methylated derivatives can enter the brain with much high concentration than those metabolites that are more polar such as glucuronides. But despite this fact, there are certain animal studies which show the entry of glucuronides entry into the brain through BBB (El Mohsen et al., 2002; Youdim et al., 2004).

It was stated that people with poor learning ability have a low level of GABRA5 and a high level of CREB, two important proteins located in the hippocampus region of the brain regarding learning and memory function. In order to explore cinnamon's effect on these proteins, the researchers arranged learning test in mice with diminished learning capacity. Following a month of cinnamon administration on a daily basis, they found a significant progression in their learning ability twice faster than before co-treatment with cinnamon (Modi et al., 2016). Similarly, it has been confirmed that cinnamon has the potential to stop the development of PD in a mouse model, which was associated to its metabolite NaB. NaB protects the neurons, normalizes the brain cells and hence enhances the communication power inside the brain (Rao and Gan, 2014). The application of cinnamon in such condition could stop the progression of neurodegenerative disorders in a safe manner and also it would be a significant improvement in curing such disorders (Modi et al., 2016).

There are other types of flavonoids which are functionally related to cinnamon such as epicatechin and catechin, and their glucuronidated metabolites that have been identified in



the brain after acute and chronic administration along with grape seed poly phenolic extracts (El Mohsen et al., 2002). In a study, it has been confirmed that only those polyphenols which are monomeric in fraction derived from grape like those of catechin and epicatechin can be only accumulated in the brain approximately up to 400 nM as compared to the other oligomeric fraction of the extract (Wang et al., 2012). They also demonstrated that a diet regimen enriched by proanthocyanidin, catechin and epicatechin in monomeric, oligomeric and polymeric forms could promote learning and memory in AD, but only the monomeric metabolites can selectively reach and accumulate in the brain in AD mouse model (Wang et al., 2012). It is important to know that metabolites belonging to various types of flavonoids accumulate in the brain by crossing the BBB and hence play their vital role in memory formation and learning skills, while these functions of the brain are adversely affected by ageing and degenerative diseases such as Alzheimer (Fazlullah Khan and Bishayee, 2016).

## **5. Cinnamon and cellular pathways in AD**

### **5.1. Cinnamon and oxidative impairments**

Cinnamon PPs exhibit neuroprotective effects in AD models through various intracellular mechanisms. The free radical theory of aging along with the fact that aging is the prime stressor of AD merits the implication of oxidative stress in the clinical progression of AD (Behl, 1997; Saeidnia and Abdollahi, 2013). In AD, oxidative impairments usually originate from mitochondrial dysfunction (formation of ROS and oxidative stress), from A $\beta$ 42 toxicity (production of ROS in the presence of metal ions; Fe<sup>2+</sup> and Cu<sup>2+</sup>) and from glial recruitment and activation (production of pro-inflammatory cytokines and excessive levels of superoxide and nitric oxide), thereby inspires calcium overload, excitotoxicity

and eventually leads to the apoptosis in neurons (Emerit et al., 2004). There are various studies that prove A $\beta$  can generate oxidative stress and spreads its toxicity via redox activity, ionic homeostasis and hyperphosphorylation of tau (Ittner and Jurgens, 2011). In other hand, oxidative stress may raise the production of amyloid- $\beta$  oligomers by activating an enzyme that limits A $\beta$  production, so facilitates amyloid plaque formation (Devi et al., 2012). It was supposed that both oxidative stress and soluble A $\beta$  oligomers induce pathways and kinases that are involved in tau phosphorylation like extracellular signal-regulated kinase (ERK), p38 and c-Jun N-terminal kinase (JNK) (Moriss et al., 2011). Remarkably, PPs can counter A $\beta$  aggregation and mediate cell signaling associated with A $\beta$ -induced cellular responses by offsetting oxidative stress through their antioxidant abilities.

Cinnamon crude extract or its polyphenolic derivatives illustrated significant free radical scavenging activities via the alteration of oxidative stress enzymes or through the oxidative pathways to maintain redox homeostasis. Cinnamon increases ferric reducing antioxidant power (FRAP) and plasma thiol (SH), lowers MDA levels, and elevates antioxidant enzyme activities of SOD and catalase (CAT) (Moselhy and Ali, 2009; Roussel et al., 2009). In clinical studies, it was found that the consumption of cinnamon for a long period of time could significantly improve the blood markers of oxidative stress, for example total antioxidant capacity of serum is elevated, while the transaminase and lipid peroxidation (LPO) are reduced (Fani et al., 2008; Ranjbar et al., 2007; Rashidi et al., 2014). Recently, the levels of neurotoxicity, LPO and the catalytic activity of SOD and CAT were evaluated in fly (*Drosophila melanogaster*) model of neurodegeneration. The levels of lipid hydroperoxides were reduced in cinnamyl acetate and cinnamic acid treated groups, while higher levels were observed in cinnamaldehyde and ethyl cinnamate groups. They found out that cinnamon bioactive compounds may be neuroprotective in AD and PD *in vivo*

models and may extend the lifespan through the modulation of critical antioxidant pathways (Crews et al., 2016). *C. zeylanicum* (200 and 400 mg/kg/bw) can provide protection against AD and dementia in the scopolamine-induced memory impairment experimental rat models attributed to a certain reduction in MDA and GSH oxidative stress parameter (Jain et al., 2015).

PPs have been reported to induce the mitogen-activated protein kinase (MAPK) pathway, which stimulates the antioxidant responsive element (ARE)-activated reporter genes and phase II detoxification enzymes (glutathione S-transferase, NAD(P)H-quinone oxidoreductase), that leads to the cell protection and enhances cell survival (Maqbool et al., 2016; Rahimi et al., 2010; Rahman et al., 2006). For instance, Kim and collaborators showed cinnamaldehyde (2 or 6 mg/kg/bw) effectively inhibited age-related protein transcription nuclear factor-kappaB (NF- $\kappa$ B) activation in rats via three signal transduction pathways; NIK/ IKK, ERK, and p38 MAPK. They also concluded that the anti/ pro-inflammatory action of cinnamaldehyde might be obligated to its antioxidant potential and the restoration of redox balance (Kim et al., 2007).

The potential role of PPs in the pathogenesis of AD via the regulation of sirtuin (SIRT) proteins was newly specified. SIRT proteins are involved in cell survival and often act as neuroprotective (Jayasena et al., 2013). In a study, procyanidin type-A polymers (10 and 20  $\mu$ g/ml) isolated from an aqueous extract of cinnamon lessened H<sub>2</sub>O<sub>2</sub>-induced down regulation of the atrophic factor, S100 $\beta$  secretion, through enhanced the expression of SIRT1 in C6 rat glioma cells. This might be contributed to the suppression of the expressions of TNF- $\alpha$ , NF- $\kappa$ B p65, and Bcl-2 family members (Qin et al., 2014a). It has been verified that S100B is associated with the principle mechanisms of neurodegeneration in AD (Petzold et al., 2003). Similarly, different mixture of cinnamon enriched with type A PPs (10 and 20  $\mu$ g/ml), exhibited significant neuroprotective effects in C6 rat glioma

cells by upregulation of SIRT1, activation of MAPK pathways and suppression of pro-inflammatory cytokines (Qin et al., 2014b).

### 5.2. *Cinnamon and pro-inflammatory function*

Researchers illustrated that AD comprises strong interactions with chronic neuroinflammation (Heneka et al., 2015). Pro-inflammatory mediators (chemokines (IL-8, MIP-1a, MCP1, RANTES, eotaxin), interferons (IFN), interleukins (IL-1, IL-2, IL-6), lymphokines and tumor necrosis factors (TNF)), eicosanoids (prostaglandins and leukotrienes) and even ROS compounds have been found to be prominent in higher intensities in the brain of AD patients. Likewise, some of these factors have been monitored along all the stages of disease (Latta et al., 2015).

PPs are well characterized by their pro/ anti-inflammatory functions (Chen et al., 2016; Korkina et al., 2011). PPs modulate the pivotal cellular signaling pathways, predominantly those engage protein NF- $\kappa$ B and MAPK. It was also proposed that brain-permeable inhibitors of NF- $\kappa$ B signaling have the potential to hinder AD (Hoffmann and Baltimore, 2006; Karunaweera et al., 2015; Rahman et al., 2006). In a regularly basis, NF- $\kappa$ B and its subunits (p65 and/or p50) are maintained in passive forms by I $\kappa$ B family in the cytosol. Upon the stimulation, I $\kappa$ B $\alpha$  is phosphorylated, inactivated and degraded via a polyubiquitination procedure, where NF- $\kappa$ B is translocated to the nuclear and subsequently a cascade of pro-inflammatory factors is incited (Paris et al., 2007). The level of NF- $\kappa$ B increases along aging and increased NF- $\kappa$ B expression results in the up-regulation of  $\beta$ -secretase cleavage and A $\beta$  production (Goyarzu et al., 2003).

PPs affect the NF- $\kappa$ B pathway in a coordinated manner, either through the inhibition of transcription of pro-inflammatory cytokines or by preventing the interaction of NF- $\kappa$ B subunits to the objective DNA. As a result, the transcription of pro-inflammatory

cytokines, the expression of NF- $\kappa$ B downstream pro-inflammatory factors and several enzymes [iNOS and cyclooxygenase (COX-2)] are repressed (Karunaweera et al., 2015; Ruiz and Haller, 2006). Microarray analysis showed young twigs of *C. cassia* inhibited the activation of a number of pro-inflammatory cytokines to suppress the inflammation induced by LPS in the BV2 microglial cells (Hwang *et al.*, 2009). In a study conducted in 2013, the crude extract of *C. cassia* and its constituents contributed to conquer the uncontrolled activation of microglial cells. Both cinnamon extract (50  $\mu$ g/ml) and cinnamaldehyde (100  $\mu$ M) reduced the production and expression of nitric oxide (NO), IL-1 $\beta$ , IL-6 and TNF $\alpha$  by inhibiting NF- $\kappa$ B lipopolysaccharide (LPS) induced BV2 microglia cells. Cinnamaldehyde was found as the most potent anti-inflammatory compound, followed by 2-methoxycinnamaldehyde,  $\alpha$ -methyl cinnamaldehyde, eugenol and cinnamyl alcohol (Ho et al., 2013).

Earlier, it has been observed that the inhibitory effect of cinnamaldehyde upon TNF $\alpha$ -induced NF- $\kappa$ B activation might be attributed to the pretreatment times in endothelial cells. In a short term, the NF- $\kappa$ B inhibition by cinnamaldehyde was the result of the obstruction of I $\kappa$ B $\alpha$  degradation, whereas, over a long term pretreatments, the inhibitory occurred via the induction of Nrf2-related pathway mainly involved in the regulation of the intracellular thiol redox state (Liao et al., 2008). Trans-cinammaldehyde has also been found to inhibit neuroinflammation via the interruption of NF- $\kappa$ B, besides p53 pathway, by down-regulation of iNOS, COX-2 and TNF $\alpha$  gene expressions in LPS-induced BV2 microglial cells, therefore ameliorated the brain injury (Pyo et al., 2013; Chen et al., 2016). Zhang and his group achieved the same results and proposed this compound mediated MEK1/2-ERK1/2 signaling pathway in LPS-stimulated microglia in mice (Zhang et al., 2016b).

In addition, cinammaldehyde down-regulated the ligand-induced toll-like receptor 4 (TLR4) oligomerization, NF- $\kappa$ B activation and other target genes such as COX-2 and

IFN $\beta$  in macrophages (RAW264.7) (Youn et al., 2008). TLR4 has been reported as a mediator of AD and plays a critical role in the normal A $\beta$  clearance (Gambuzza et al., 2014; Marta et al., 2009; Tahara et al., 2006). Another investigation exhibited NaB exerts similar anti-inflammatory effect in murine model of microglia with LPS-induced inflammation. NaB blocked the production of IL-1 $\beta$  and TNF- $\alpha$ , iNOs, and several immunochemicals (CD68, CD11c and CD11b). Inhibition of DNA-binding of NF- $\kappa$ B was the most likely anti-inflammatory mechanism of NaB (Brahmachari et al., 2009). It was suggested that NaB may pass through the BBB, so it could change the neuroimmunology of encephalomyelitis and ameliorated the disease process in multiple sclerosis disease (Pahan, 2011). Figure 2 depicts the effect of cinnamon on pathways that modulate AD prevention or progression.

Jana et al., 2013 proposed cinnamon may pose its neuroprotective action in a direction beyond NF- $\kappa$ B pathway. The authors offered that oral administration of cinnamon powder increased the level of NaB in serum and brain and upregulated the expression of NFs (BDNF and NT-3) within the brain cells and CSN in mice through the activation of protein kinase A (PKA) and cyclic AMP (cAMP) response element binding (CREB) protein. Further, oral feeding of NaB (250  $\mu$ M) alone, activated the same mechanism and pathway in the CNS of these animals. They concluded that cinnamon and NaB may benefit neurodegenerative disorders via increased production of NFs. NFs belong to a family of small proteins that govern neurogenesis and neuronal function, survival, differentiation or growth. Former studies revealed NFs protect neuronal cells from deprivation processes. Moreover, some NFs are reported to be remarkably suppressed in the brain of AD patients (Peng et al., 2005). Jeon and colleagues demonstrated that a mixture of various neuroprotective compounds, including cinnamic acid, at low concentrations, exhibited synergistically stimulation of brain derived neurotrophic factor (BDNF) in neurological

disease such as AD. This mixture also induced mRNA and protein expression through the phosphorylation of ERK and cAMP- CREB protein and inhibition of iNOS upregulation in cultured rat primary cortical neurons (Jeon et al., 2010). Likewise, cinnamic acid enhanced the BDNF release in cultured rat primary cortical neurons. It is known that eugenol has favorable effects for AD treatment, as it can alleviate A $\beta$  induced neurotoxicity and increase the expression of BDNF gene in the hippocampus (Irie, 2006). Bioactive components of cinnamon *spp.* with neuroprotective activity through different paths are incorporated in Table 3.

## 6. Effects of cinnamon in other pathophysiological conditions

### 6.1. Cinnamon, AD and endothelial functions

It was put forward that vascular defects, neural and vascular inflammation and brain endothelial dysfunction are frequently diagnosed in AD brain. A $\beta$  peptides are scavenged from the brain through variant mechanisms such as passage to the CSF with subsequent re-absorption into the venous circulation, and direct conduction across the BBB (Zlokovic, 2004). A $\beta$  peptides are transported by receptors for advanced glycation end-products (RAGE) to the perivascular space. Silverberg et al showed that RAGE expression was elevated with age, whereas lipoprotein receptor-related protein 1 (LRP-1) and P-glycoprotein (P-gp) were declined suggesting a potential path for increased A $\beta$  deposition and decreased clearance, respectively (Silverberg et al., 2010). It has also been verified that the BBB endothelium has a potential role in the production of A $\beta$  through proteolytic processing of A $\beta$  precursor protein (Di Marco et al., 2015). However, the extent to which this phenomenon could contribute to the parenchymal accumulation of the peptide and to the neurodegenerative process remains to be established *in vivo*. Normal vascular functionality guarantees a balanced blood flow in the brain. It has been reported that

cerebral blood flow velocity is decreased in AD patients (Ruitenbergh et al., 2005). In addition, brain endothelial cells regulate the neuronal environment and any disruption in their function could result in the formation of a toxic neuronal condition in AD brain. Consequently, A $\beta$  deposition happens and in turn A $\beta$  stimulates the release of inflammatory mediators (Grammas, 2011). Toxic A $\beta$  may also affect endothelial cells and cause endothelial-dependent vasoconstriction (Paris et al., 2003). Recently, it was publicized that phytochemical compositions of *C. verum* (3 g of sticks for 5 days) improved the blood circulation and endothelium function, increased cyclic guanosine monophosphate (cGMP) and the mediator of nitric oxide (NO) levels, likewise elevated vascular smooth-muscle relaxation in in patients with type 2 diabetes mellitus (DM) (Azimi et al., 2016).

Yanga and colleagues claimed that cinnamaldehyde acts as a vasorelaxant on isolated rat aortas in an endothelium-dependent manner (Yanaga et al., 2006), although in another study cinnamaldehyde distended vascular smooth muscle in an endothelium independent way. They concluded that the vasodilatory effect of cinnamaldehyde may be associated to both Ca<sup>2+</sup> influx and Ca<sup>2+</sup> release (Xue et al., 2011). Cinnamaldehyde prevented the progress of hypertension in both types of diabetes by regulation of vascular contractility, besides affecting on the production and activity of insulin in deficiency situations (El-Bassossy et al., 2011). In addition, cinnamaldehyde attenuated vascular cell adhesion molecule-1 (VCAM-1) and sICAM-1 levels by inhibiting TNF $\alpha$ -induced expression of endothelial factors, also suppressed their transcriptional levels by decreasing (sVCAM-1) and soluble intercellular adhesion molecule-1 (sICAM-1) messenger RNA levels (Liao et al., 2008). Wang and colleagues showed cinnamaldehyde devoted a protective effect towards endothelial dysfunction under hyperglycemic conditions and this phenomenon



was mediated by Nrf2 activation and the up-regulation of downstream target proteins (Wang et al., 2015; Wang et al., 2005).

### *6.2. Cinnamon, AD and diabetes*

The probability that patients with type 2 diabetes (DM) ultimately experience AD is estimated to be soaring, that's why a number of references consider AD as a kind of diabetes. The term "type 3 diabetes/ brain diabetes" has been raised to describe AD (Kroner, 2009). Cognitive impairment is known to be one of the dreary consequences of DM. This idea comes from the fact that the imbalanced glucose metabolism damages brain cells, since the glucose level influences their vigorous functions (Strachan et al., 1997). In addition, insulin and insulin signaling mechanisms are imperative for neuronal survival, since the expression of the insulin receptors has been reported to be lowered in AD patients (Dalai et al., 2014; de la Monte and Wands, 2008). A meta-analysis study published in 2010, reported that the obesity and diabetes significantly and independently increased the risk for developing AD (Profenno et al., 2010). In a comparative study of AD patients with non-AD group, 81% of AD patients showed either type 2 diabetes or impaired blood glucose levels (Janson et al., 2004). Aforementioned, cinnamon persuades cellular antioxidant defense mechanisms. Moreover, it is well established oxidative stress plays a major role in both MD and AD. Oxidative stress has also been proven to affect common hallmarks of AD and DM including proteins and nucleic acids destruction as well as cellular glycoxidation and lipid peroxidation (Tabatabaei-Malazy et al., 2015). Cinnamon PPs; catechin, epicatechin and procyanidin B2 showed significant inhibitory effects towards the formation of three typical advanced glycation endproducts (AGEs), which were ascribed to their antioxidant and carbonyl scavenging capacities (Peng et al., 2008; Peng et al., 2010).

Above all, cinnamon and its components possess insulin-like or insulin-potentiating properties. Also, cinnamon is reported to ameliorate insulin function and insulin sensitivity, and modulate glucose uptake and glucose uptake-related genes expression (Couturier et al., 2011; Qin et al., 2010). Insulin resistance is known to be involved in AD pathogenesis and memory impairment. Cinnamon increases the peripheral insulin resistance, but the exact mechanism in the brain cells is not yet recognized. In rat models fed with a diet rich in high fat/ high fructose (HF/HFr) and an aqueous extract of *C. burmannii* (20 g/kg/bw), the behavioral changes and AD related mRNA expression of the brain cells were measured. The lyophilized water extracts of *C. cassia* (2%) decreased TNF- $\alpha$  and iNOS neuroinflammation and enhanced insulin signaling, prevented hippocampal amyloid- $\beta$  accumulation and deposition, so improved cognitive dysfunction in hippocampal amyloid- $\beta$  (25–35)-infused AD rats (Park et al., 2016). Cinnamon extract significantly inhibited the aggregation and formation of tau and amyloid precursor proteins, indicating that cinnamon could effectively improve insulin sensitivity (Anderson et al., 2013). In accordance, cinnamon proanthocyanidins were found to inhibit the misfolding of human islet amyloid polypeptide, a proposed causative factor for DM (Jiao et al., 2013). Lu and teammates also verified cinnamon procyanidin oligomers (type A and B) may improve insulin sensitivity (Lu et al., 2011).

#### **7. Cinnamon; bioavailability and clinical application in neurodegenerative disorders**

In case of natural compounds, their pharmacokinetics, bioavailability, bioactivity and metabolism within the human body have attained serious concerns as they extensively differ from one compound to another. Their biological profile, availability and absorption rate widely depends on their chemical structures (Singh et al., 2008). This matters more

when it comes to the brain area by means of whether these compounds are capable to reach the brain in adequate quantity and are they still biologically active?

The analytical investigations have indicated that PPs are highly metabolized or eradicated through the digestive system in body, whereas their absorption rate is remarkably low. Cinnamaldehyde naturally exists in trans-cinnamaldehyde form (Zhang et al., 2015) and has shown low bioavailability (< 20%) and stability when was fed to rats (50 mg/kg/bw) (Yuan et al., 1992). Contrary, it was exhibited cinnamaldehyde has a half-life of 6.7 h and is stable in rat plasma at room temperature for 24 h after oral administration (Zhao et al., 2014). Even now, it is assumed that cinnamaldehyde is well distributed throughout the body after absorption (Zhu et al., 2017), but its low water solubility may confine its pharmacological effectiveness (Han and Cui, 2012). HPLC analysis exhibited; upon oral administration of *Ramulus cinnamomi* in rats, the metabolism of cinnamaldehyde to cinnamic acid was partially in stomach and small intestine, and almost was completed in liver before it was absorbed into the blood stream. In return, cinnamic acid was absorbed and metabolized into hippuric acid in liver (Chen et al., 2009) To obtain a whole view of pharmacokinetic properties of cinnamaldehyde, an evaluation of methyl cinnamate and cinnamyl alcohol in the plasma seems requisite, because the bioactivity of cinnamaldehyde is mostly depending on the quantity of its metabolites (Zhu et al., 2017). It was shown that a semi-synthetic derivative (2'-Benzoyloxy-cinnamaldehyde) of cinnamaldehyde is not traceable in the plasma subsequent to either intravenous or oral administrations in rodents, while the other one (2'-hydroxycinnamaldehyde) was detected at a considerable level (Lee et al., 2009a; Lee et al., 2009b). More information and criteria of cinnamaldehyde have been illustrated by Zhu et al., 2017.

It was illuminated that procyanidins (monomers to polymers) might face some limitations regarding absorption or transition along the intestinal tract (Monagas et al., 2010) The

decomposition of these compounds is highly dependent on the pH value of gastric juice and diet intake. Methylated and glucuronidated procyanidins dimers and monomers are their main metabolites found in plasma (Zhang et al., 2016b). Recently, the pharmacokinetic examination of cinnamon bark (1 g/kg/bw) showed following ingestion, various metabolites of epicatechin and procyanidins were detectable in the urine and feces of rats. Further, they found these phenolic metabolites were in contact with the intestinal walls for hours after ingestion, confirming the idea that the metabolism, absorption, conjugation and bioavailability of these compounds might be more than it was supposed (Mateos-Martín et al., 2012). In other hand, the polymeric structures of catechin and epicatechin were not frequently bioavailable as the monomeric forms (Peterson et al., 2009). Today, various formulation strategies such as nanoparticles, lipids carriers, selfemulsifying and solid dispersions are employed to overcome such defects.

Besides the chemical structures, PPs molecular weight, their interactions with BBB and other substrate transporters of the brain blood circulation system, are also considered as determinants factors (Singh et al., 2008). It was evidenced that proanthocyanidins isolated from grapes could pass throughout the BBB (Janle et al., 2007). Furthermore, it has been suggested that brain deposition of PPs is directly affected by the number of dosing rather than a single supplementation (Singh et al., 2008, Ferruzzi et al., 2009).

Together, the bioavailability and brain permeability of cinnamon components are not clarified yet and should be investigated thoroughly. Regarding AD, various studies have reported the favorable metabolic effects of cinnamon and its components or metabolites *in vitro* condition, while only a few were conducted clinically. It has been suggested the long-term *in vivo* experimental designation seems necessary to assess A $\beta$  pathology in AD patients, for the reason that prolonged supplementation of anthocyanin may inhibit A $\beta$ -aggregation *in vivo* models but not *in vitro* cells (Vepsäläinen et al., 2013). The potential

health benefits of cinnamon for free-living humans; clinical trials, animal and *in vitro* studies have been comprehensively reviewed by Gruenwald et al., 2010. Based on their conclusion, the clinical trials on hyperglycemic properties of cinnamon are the most well-documented data of this spice about human health. A different systematic review also concluded that plethora randomized controlled trials in human subjects are needed to confirm the public health implications of cinnamon, since relevant information is sparsely available (Ranasinghe et al., 2013). Yet, the fact that whether cinnamon is able to act as a neuroprotective agent *in vivo* condition remains controversial.

## 9. Conclusion

Altogether, there is an emerging prerequisite to commence a systematic and comprehensive exploration of different species of the genus *cinnamomum* regarding their exquisite therapeutic values. Precise and well controlled clinical trials should be constructed to escalate the credibility and safety profiles of various cinnamon *spp.* Interestingly, cinnamon has been profited from the advantages of an extended variety of phytochemicals known as procyanidins, catechins, coumarins, flavonoids, terpenes, minerals and some others. Pharmacokinetic studies of the bioavailability and bioefficacy of bioactive molecules of cinnamon are important concerns. The deficiency of micronutrients or their malabsorption has been correlated with the incidence of dementia or perhaps other neurodegenerative impairments. *In vivo*, cinnamon has shown to lessen oxidative stress and several neuronal inflammations. In AD models, cinnamon has reduced the neurotoxicity of A $\beta$ , inhibited A $\beta$  generation and assemblage, prevented tau aggregation and improved cognitive function. Cinnamon polyphenolics may improve dementia through their hypotensive and vasorelaxant potentials and by attenuating vascular cell adhesion molecules expression within the endothelial cells. Moreover,

cinnamon PPs may practice their neuroprotective potentials by regulating the signal transduction events and modulating of gene expression profiles. As the main bioactive components of cinnamon *spp.* cinnamaldehyde and procyanidins are found to suppress AD, hence interrupt both oxidative and inflammatory cascade of actions in the brain cells. In an optimistic prospect, cinnamon PPs may also be able to induce epigenetic alterations and mediate the expression of genes related to the etiology of AD. Together, cinnamon strongly abrogates neurodegeneration procedure and displays remarkable neuroprotective effects in AD models via the multiple routes.

#### **Conflict of Interest Statement**

The authors indicate no conflict of interest with the subject matter of this review.

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**Table 1.** Plant species capable to improve AD

**Table 2.** Cinnamon bioactive compounds and their main physiological actions

**Table 3.** Bioactive components of cinnamon *spp.* with neuroprotective effects (those that mediate or initiate AD induction via different pathways or routes are included)

**Fig. 1.** Therapeutic efficacy of cinnamon *spp.*

**Fig. 2.** Schematic representation of cinnamon to prevent/ abrogate AD by reducing the A $\beta$  and tau aggregation, inhibition of AChE activity, and also by inhibiting the oxidative stress elements and initiation of pro-inflammatory parameters

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**Cinnamon, a promising prospect towards Alzheimer's disease.**

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**⊕ Author information****Abstract**

Over the last decades, an exponential increase of efforts concerning the treatment of **Alzheimer's disease** (AD) has been practiced. Phytochemicals preparations have a millenary background to combat various pathological conditions. Various **cinnamon** species and their biologically active ingredients have renewed the interest **towards** the treatment of patients with mild-to-moderate AD through the inhibition of tau protein aggregation and prevention of the formation and accumulation of amyloid- $\beta$  peptides into the neurotoxic oligomeric inclusions, both of which are considered to be the AD trademarks. In this review, we presented comprehensive data on the interactions of a number of **cinnamon** polyphenols (PPs) with oxidative stress and pro-inflammatory signaling pathways in the brain. In addition, we discussed the potential association between AD and diabetes mellitus (DM), vis-à-vis the effluence of **cinnamon** PPs. Further, an upcoming **prospect** of AD epigenetic pathophysiological conditions and **cinnamon** has been sighted. Data was retrieved from the scientific databases such as PubMed database of the National Library of Medicine, Scopus and Google Scholar without any time limitation. The extract of **cinnamon** efficiently inhibits tau accumulations, A $\beta$  aggregation and toxicity in vivo and in vitro models. Indeed, **cinnamon** possesses neuroprotective effects interfering multiple oxidative stress and pro-inflammatory pathways. Besides, **cinnamon** modulates endothelial functions and attenuates the vascular cell adhesion molecules. **Cinnamon** PPs may induce AD epigenetic modifications. **Cinnamon** and in particular, cinnamaldehyde seem to be effective and safe approaches for treatment and prevention of AD onset and/or progression. However, further molecular and translational research studies as well as prolonged clinical trials are required to establish the therapeutic safety and efficacy in different **cinnamon** spp.

**KEYWORDS:** Alzheimer **disease**; Cellular pathway; **Cinnamon**; Neurocognitive performance

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