



Contents lists available at ScienceDirect

Journal of Ayurveda and Integrative Medicine

journal homepage: <http://elsevier.com/locate/jaim>

Original Research Article (Experimental)

Neuroprotective potential of *Myrica esulenta* in Haloperidol induced Parkinson's diseaseAtul Kabra ^{a, b, *}, Uttam Singh Baghel ^c, Christophe Hano ^{d, e}, Natalia Martins ^{f, g},
Mohammad Khalid ^h, Rohit Sharma ⁱ^a IKG Punjab Technical University, Kapurthala, Punjab, India^b School of Pharmacy, Raffles University, Neemrana, 301705, Alwar, Rajasthan, India^c Department of Pharmacy, University of Kota, Kota, 325003, Rajasthan, India^d Laboratoire de Biologie des Ligneux et des Grandes Cultures, INRA USC1328, Orleans University, 45067 CEDEX 2, Orléans, France^e Bioactifs et Cosmétiques, CNRS GDR 3711 Orleans, 45067 CEDEX 2, Orléans, France^f Faculty of Medicine, University of Porto, Alameda Prof. Hernani Monteiro, 4200-319, Porto, Portugal^g Institute for Research and Innovation in Health (i3S), University of Porto, Rua Alfredo Allen, 4200-135, Porto, Portugal^h Department of Pharmacognosy, College of Pharmacy, Prince Sattam Bin Abdulaziz University, Al-Kharj, 11942, Saudi Arabiaⁱ Department of Rasa Shastra and Bhaishajya Kalpana, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, 221005, Uttar Pradesh, India

ARTICLE INFO

Article history:

Received 20 January 2019

Received in revised form

22 May 2020

Accepted 12 June 2020

Available online 8 September 2020

Keywords:

Dopamine

Methanolic extract

Catalepsy score

Neuroprotection

ABSTRACT

Background: *Myrica esulenta* is a notable therapeutic plant widely utilized in Indian system of medicine. Ayurvedic literature reported fruit and bark of this plant is used in *gulma, jvara, arsa, grahani, pandu roga, hrillasa, mukha roga, kasa, svasa, agnimandhya, aruchi, meha, and kantharoga*.

Objective: The present study aimed to investigate the neuroprotective potential of “Himalayan Bayberry” (*Myrica esulenta* Buch.-Ham. ex D. Don) leaves methanol extract in Parkinson's disease induced by haloperidol.

Materials and methods: The present investigation was completed in wistar rats, in which Parkinson's disease (PD) was induced with haloperidol 1 mg/kg, intraperitoneally. The rats were randomly divided into six gatherings and the test animals received the methanolic extract of *M. esculenta* (MEME) at a dose of 50, 100 and 200 mg/kg, orally for one week. Various behavioural, biochemical and histopathological parameters were estimated in haloperidol exposed rats.

Results: MEME demonstrated significant and dose-dependent increment in behavioural activity and improved muscle coordination. The significant diminution in malonaldehyde level while improved the level of antioxidant enzymes like catalase, superoxide dismutase and reduced glutathione in extract treated group were observed as compared to the control group. Histopathological changes revealed MEME significantly reduced haloperidol-induced damage in the *substantia nigra* and there was very little neuronal atrophy.

Conclusion: The outcomes showed the defensive role of *M. esculenta* against PD. The mechanism of protection may be due to an escalation of cellular antioxidants.

© 2020 The Authors. Published by Elsevier B.V. on behalf of Institute of Transdisciplinary Health Sciences and Technology and World Ayurveda Foundation. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Parkinson's Disease (PD), is an age-dependent, incessant, dynamic neurodegenerative illness a synucleinopathy - next to

Alzheimer's disease [1,2]. The pathological indication of PD is a constant and dynamic cellular misfortune within the substantia nigra that primarily affects the ventral segment of pars compacta and a decrease in dopamine levels in the striatum (caudate and putamen) of the basal ganglia [3,4]. Accordingly, the capacity of dopaminergic neurons is low, while the capacity of cholinergic neurons turns out to be generally predominant, which creates the advancement of movement disorders [5–7]. Clinically, PD is

* Corresponding author.

E-mail: atul.kbr@gmail.com

Peer review under responsibility of Transdisciplinary University, Bangalore.

described *via* cardinal motor symptoms, such as, bradykinesia, resting tremors, unbending nature, and postural instability [8], notwithstanding non-motor side effects that incorporate neuropsychiatric indications, rest issue, dysautonomia, gastrointestinal side effects, and tactile protestations [9].

Global epidemiological study data described that in 2016, 6.1 million (95% uncertainty range [IU] 5.0–7.3) had Parkinson's disease globally, compared to 2.5 million (2.0–3.0) in 1990 [10]. Europe and North America than in West Africa and Asia. Its prevalence also varies within countries [11]. The prevalent incidence of PD for India is the lowest in the world (70 per 100,000 normal populations). However, the Parsi community of Mumbai (a district in India) represents the highest incidence of PD in the world (328 per 100,000 inhabitants) [11].

Drug-induced parkinsonism (DIP) is the second-most-fundamental etiology of parkinsonism in the elderly after PD [12]. Neuroleptic drug such as haloperidol (HP) is one of the main reasons for drug-induced Parkinson's worldwide. Haloperidol (HP) is a first-generation antipsychotic commonly used in the treatment of schizophrenia [13]. The use of haloperidol is limited by the tendency of the drug to show a series of extrapyramidal symptoms such as parkinsonism and tardive dyskinesia. The exact pathophysiology of haloperidol-induced extrapyramidal symptoms has not yet been clarified [14,15]. Oxidative stress caused due to increased production of reactive oxygen species (ROS) and a decrease in antioxidant defense mechanisms is proposed as a pathogenetic mechanism. Treatment with HP causes blockage of the dopamine receptor which increases dopamine turnover rate. This can lead to the generation of ROS as by-products of their metabolism [15–17]. In addition to the production of free radicals, the administration of HP is also associated with a significant decrease in antioxidant glutathione levels [18].

For decades, levodopa, combined with a peripheral decarboxylase inhibitor, has been viewed as the gold standard for the management of PD [19]. Levodopa and other drugs including carbidopa, orphenadrine, benzotropine, and selegiline act as dopamine precursors and reversing the PD symptoms [20–22]. Long-term therapy of these drugs frequently leads to disabling side effects and common reactions such as nausea, vomiting [23,24], respiratory disturbances [25], hallucinations [26], mania, dyskinesia, convulsions, anxiety, and many more [27,28]. The existing pharmacological agents used in PD are with several side effects, and cannot diminish the degenerative process of dopaminergic neurons [27]. Thus, the demand for natural products having antiparkinson activity has been increased in recent years owing to their lower side effects and lower cost.

Myrica esculenta Buch.-Ham. ex D. Don. Commonly known as 'Himalayan Bayberry', 'Hairy Bayberry', 'Kaiphal', 'Katphala' is a significant medicinal plant native to India and widely used in Ayurveda [28–30]. Ayurvedic literature reported fruit and bark of this plant is used in *gulma*, *jvara*, *arsa*, *grahani*, *pandu roga*, *hrillasa*, *mukha roga*, *kasa*, *svasa*, *agnimandhya*, *aruchi*, *meha*, and *kantharoga* [31]. Traditionally, different parts of this plant are utilized in the treatment of jaundice [32], inflammation of vocal cord, fever [33], toothache [34,35], headache [36], sprain [38], paralysis [39], dysentery [40], mental illness [41], skin disorders [42], cholera [43,44], cardiac debility [44], ulcer [44,45], and body ache [45].

Our previous study reported that qualitative phytochemical screening of *M. esculenta* leaves showed the presence of alkaloids, sugars, phenolic compounds, flavonoids, glycosides, and tannins [29]. Its antioxidant, antimicrobial, anti-inflammatory, antiallergic, antidiabetic, antiasthmatic, antifungal, anthelmintic, and nitrate

reductase activity modulatory action have been reported [28,30,46]. Nevertheless, there is no work has been done on the neuroprotective activity. Therefore, the purpose of the present investigation was to explore the neuroprotective potential of *M. esculenta* leaves in Haloperidol induced PD model rats.

2. Materials and methods

2.1. Drugs and chemicals

Carboxymethyl cellulose (CMC), trichloroacetic acid (TCA), thiobarbituric acid (TBA), hydrogen peroxide was obtained from SD fine chemicals Ltd. Mumbai. Haloperidol and glutathione were purchased from Sigma Aldrich, Bangalore. Potassium dihydrogen phosphate, sodium dihydrogen phosphate, tris buffer, and all other reagents used were of analytical grade.

2.2. Plant materials

M. esculenta leaves were collected from outskirts area of Chail Chowk, Mandi, Himachal Pradesh. The plant was authenticated by the Department of Botany of the Abhilashi Institution Group a voucher specimen (AGI/2016/1220) is maintained in the institute.

2.3. Preparations of MEME

Firstly, the plant leaves were washed with water to remove dirt and other foreign matters were separated and shade dried. Dried leaves were then milled to a coarse powder and then passed over sieve No. 14. The obtained dried powdered leaves of *M. esculenta* (50 g) were placed in the tube of Soxhlet apparatus in the form of a thimble and extracted with methanol (500 mL) at 60–65 °C for 3–4 h. The obtained extract was filtered while hot and dried by evaporation using a rotary vacuum evaporator and the final dried extract sample was kept at -18 °C for further study. The residue obtained from methanolic extract was dissolved in the same solvent for further analysis.

2.4. Acute toxicity study

The acute oral toxicity was studied in Wistar albino rat as per OECD guideline 423. The extract was administered orally in an increasing dose of up to 2000 mg/kg. Vehicle (0.5% w/v) was administered to the control group. The general behaviour of the rat was continuously monitored for 1 h after dosing, periodically during the first 24 h with special attention given during the first 4 h, and daily thereafter, for a total of 14 days. Changes in the normal activity of rat and their body weights, food, and water intake were monitored and the time at which signs of toxicity or death appeared recorded. The acute toxicity studies showed that there were no toxic signs up to the dose level of 300 mg/kg but at dose level, 2000 mg/kg animals showed signs of toxicity.

2.5. Experimental animals

Wistar rats of both sexes, weighing between 230 and 250 g and 2–3 months age, were housed in colonial cages and kept in standard laboratory environmental conditions; temperature 25 ± 2 °C, 12 h of light: 12 h of dark cycle and 50 ± 5% of relative humidity with free access to food and water *ad libitum*. The animals were adapted to the laboratory conditions before testing. Each group consists of six (n = 6) animals. Each of the tests was performed in

the light time period (08: 00–16: 00 h). The investigations were conducted as per the standards provided by the committee for the purpose of control and supervision of experiments on animals (CPCSEA), New Delhi, India. All animal experiments were approved by the Institutional Animal Ethics Committee (IAEC) of the Pinnacle Biomedical Research Institute (PBRI), Bhopal, under Reg. No. 1824/PO/ERe/S/15/CPCSEA.

2.6. Experimental design

The animals were divided into six groups of 6 rats each and treated as follows (a) Group 1: Received 0.5% carboxy methylcellulose (orally, once/day for one week) (b) Group 2: Received Haloperidol (1 mg/kg, i.p. daily for one week) (c) Group 3: Received MEME 50 mg/kg and Haloperidol (1 mg/kg i.p.) for one week (d) Group 4: Received MEME 100 mg/kg and Haloperidol (1 mg/kg i.p.) for one week (e) Group 5: Received MEME 200 mg/kg and Haloperidol (1 mg/kg i.p.) for one week and (f) Group 6: Received levodopa (30 mg/kg, i.p. once per day for one week) along with haloperidol (1 mg/kg i.p.).

Test drug MEME (50 mg/kg, 100 mg/kg, 200 mg/kg) orally and standard drug levodopa (30 mg/kg, i.p.) were administered 30 min preceding infusion of haloperidol for one week [47].

2.7. Neurobehavioral studies

2.7.1. Catalepsy test

Haloperidol-induced catalepsy was induced and assessed at 30 min intervals until 180 min on a standard bar test. To test of catalepsy, animals were positioned so that their hindquarters were on the bench, and their forelimbs rested on a 1 cm diameter horizontal bar, 6–9 cm above the bench. The length of time that animals maintained this position was recorded by stopwatch (mean of three consecutive trials; interval: 1 min). Animals would determine judge to be cataleptic if they maintained this position for 30 s or more [48].

2.7.2. Hang test

This task has been used as a measure of muscle strength and motor neuron integrity. The rats used the front limbs to suspend their body weight on a wire stretched between two 30 cm poles and hang 70 cm above a foam cushion [37]. The time (in seconds) before the rat fell was recorded. A zero score was awarded if the rat fell immediately, and the 60s were the waiting period. Three trials were performed for each rat [49].

2.7.3. Tardive dyskinesia test

Tardive dyskinesia is known as vacuous chewing movements (VCM) in rodents. On the day of the test, the rats were placed individually in a small plexiglass cage (30 × 20 × 30 cm) for the evaluation of oral dyskinesia. The animals were allowed 10 min to get used to the observation cage before the behavioural assessments. In this study, chewing movements under vacuum are called single-mouth openings in the vertical plane not directed towards the physical material. If protruding tongue movements and vacuous chewing occurred during a grooming period, these were not considered. The mirrors were positioned under the floor and behind the rear wall of the cage to allow observation of oral dyskinesia when the animal was away from the observer. The behavioural parameters of oral dyskinesia were measured continuously over a 5 minutes [50].

2.7.4. Hole board test

Head dipping is an exploratory behavior of animals in the hole board test which is considered an indicator of anxiety. The rats were placed in a black perspex box (50 × 50 cm, 30 cm high walls) with 16 equidistant holes (2.5 cm in diameter, 10 cm apart) on the floor and the box was raised to a height of 25 cm the earth. An animal was placed in the center of the hole-board table and allowed to freely explore the apparatus for 5 min. The total number of crossed lines and the number of head dipping has been recorded. The head dip was scored if both eyes disappeared into the hole [51].

2.8. Biochemical estimation

Oxidative parameters in brain tissue homogenate for the evaluation of malondialdehyde (MDA) [52] and reduced glutathione (GSH) [53] level, superoxide dismutase (SOD) [54], and catalase (CAT) [54] enzyme activities were calculated as per the reported protocol.

2.9. Histopathological studies

The brain from control and trial groups were fixed in formalin 10%, embedded in paraffin wax, and cut into thin longitudinal sections of 5 µm thickness. The sections were stained with hematoxylin and eosin dyes before histopathological examination [55].

2.10. Statistical analysis

All values have been reported as mean ± SEM (standard error of the mean). Statistical assessment of the data was performed by one-way ANOVA (between control and pharmacological treatments) followed by the Dun Dunnett test for multiple comparisons and two-way ANOVA followed by the Bonferroni multiple comparison tests, using the Graph-Pad Prism 7.0 version. The statistical significance has been established accordingly.

3. Results

3.1. Neurobehavioral studies

3.1.1. Catalepsy test

Haloperidol (1 mg/kg) resulted in a significant increase in the catalepsy, as it appeared following a dynamic increase in latency to venture down the bar after some time compared to controls (p , 0.001) (Fig. 1). A significant decrease ($P < 0.001$) in the catalytic score was observed during the observation period, compared to haloperidol treated with the standard drug (levodopa) 10 mg/kg and the drug test MEME at the doses tested (100 and 200 mg/kg).

3.1.2. Hang test

Haloperidol alone treated gathering, altogether diminished the hanging time ($p < 0.001$) compared to the vehicle control group (Fig. 2). Levodopa 10 mg/kg and the test drug MEME at all dosages tried (50, 100 and 200 mg/kg), a significant increase in drop time was observed ($p < 0.001$) compared to the haloperidol group.

3.1.3. Tardive dyskinesia test

It was observed that the haloperidol treated group significantly expanded ($p < 0.001$) in burst and chewing movement was seen when contrasted with the vehicle control group (Fig. 3). In the

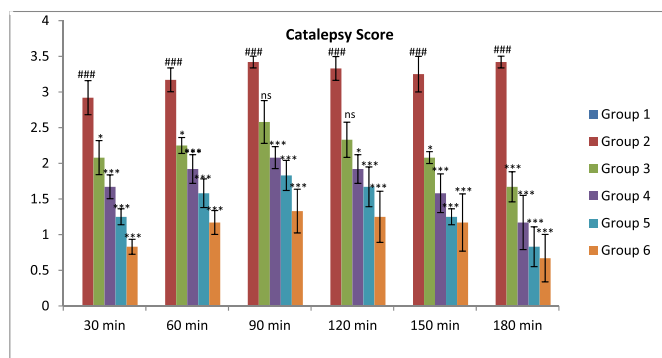


Fig. 1. Catalepsy test. Values are mean \pm SEM; $n = 6$ in each group. ### $P < 0.001$ when compared with vehicle control group; ^{ns}Nonsignificant; * $P < 0.05$; *** $P < 0.001$ when compared with haloperidol control; One-way ANOVA followed by Bonferroni multiple comparisons test.

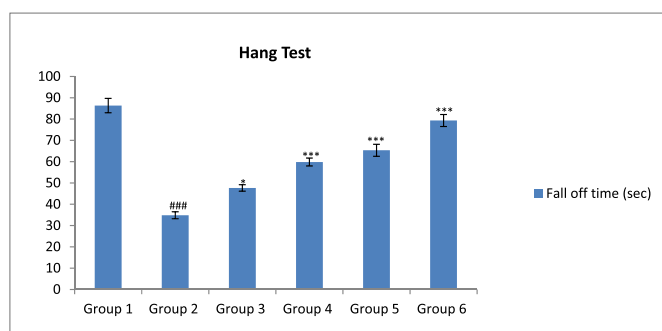


Fig. 2. Hang test. Values are mean \pm SEM; $n = 6$ in each group. ### $P < 0.001$ when compared with vehicle control group; ^{ns}Nonsignificant; * $P < 0.05$; *** $P < 0.001$ when compared with haloperidol control; One-way ANOVA followed by Bonferroni multiple comparisons test.

levodopa treated group and the test drug MEME at doses (100 and 200 mg/kg) significantly diminish ($p < 0.001$) in burst and chewing movement was observed compared to the haloperidol treated group.

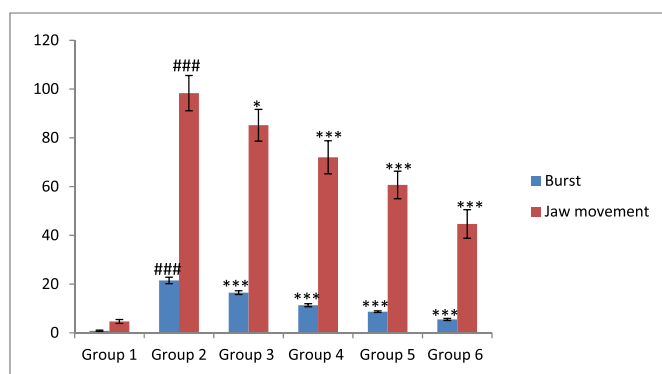


Fig. 3. Tardive dyskinesia test. Values are mean \pm SEM; $n = 6$ in each group. ### $P < 0.001$ when compared with vehicle control group; ^{ns}Nonsignificant; * $P < 0.05$; *** $P < 0.001$ when compared with haloperidol control; One-way ANOVA followed by Bonferroni multiple comparisons test.

3.2. Biochemical estimation

Administration of haloperidol resulted in significant changes in biochemical parameters when contrasted with vehicle control animals. The inoculation of haloperidol-induced oxidative stress in the brain, as indicated by decreased MDA content and increased CAT and SOD antioxidant enzyme activities as well as GSH levels compared to vehicle control animals. The treatment with MEME showed a significant ($p < 0.001$) increase in MDA (50,100 and 200 mg/kg) compared to haloperidol treated rats. Similarly, daily administration of MEME attenuated the increase in SOD (50,100 and 200 mg/kg), CAT enzyme activities (100 and 200 mg/kg) and GSH level compared to haloperidol treated group [Table 1].

3.3. Histopathological studies

The histopathological study confirmed the neuroprotective activity of MEME as a significant recovery of neuronal damages and decreased necrosis was clearly evidenced [Fig. 4].

4. Discussion

The PD is normally analyzed as a neurodegenerative disorder, represented by the degeneration of neurons that discharge dopamine in the substantia nigra, which causes tremor, bradykinesia, change of pace, flexed position and firm nature. While the aspect of controlling the dopaminergic neuronal passage in PD has not been resolved, it is widely accepted that oxidative stress is at the root of the particular weakness of these neurons [56,57]. Besides, numerous preclinical and clinical studies have proposed the uncontrolled formation of reactive oxygen species (ROS) as a reason for haloperidol-activated lethality [58]. Likewise, the dopamine catabolism by monoamine oxidase-B can create a large amount of ROS, which can go into cycles of Fenton-type free radical generating reactions with ferric particles present in large quantities in the nigral cells [59].

In the present experimental study, three behavioural evaluation parameters were used: catalepsy score, hang test, tardive dyskinesia test to examine haloperidol-induced PD in rats. The rat when pre-treated with MEME at 50,100 and 200 mg/kg and standard drug levodopa at 10 mg/kg for 7 days, the significant reduction ($P < 0.001$) in the cataleptic score and tardive dyskinesia were observed throughout the period of observations, compared to haloperidol-treated rats. Neuromuscular strength was increased significantly ($p < 0.001$) by the test drug MEME (100 and 200 mg/kg) and levodopa (10 mg/kg). The overall greatest neuroprotective impact was observed with MEME-treated rats (at 200 mg/kg), resulting in a comparable effect to the levodopa treatment in the control group.

Leaves are used as the starting material in this research because our earlier study reported on LCMS analysis of MEME showed that leaves contain flavonoids, and arylheptanoids. Earlier research also supported that several phenolic compounds, viz. simple phenolics, phenolic acids, anthocyanins, and flavonoids present in plants have witnessed a great interest owing to their rich antioxidant potential, which includes free radicals scavenging, and ameliorating effects against mutagens, carcinomas, and inflammatory pathological processes [60,61]. Earlier studies also suggested that due to its redox properties, phenolics compounds also serve as reducing agents, hydrogen givers, singlet oxygen inhibitors, and effective metal chelators [61].

Table 1
Effect of *Myrica esculenta* on the level of MDA, SOD, GSH, CAT, and glucose in haloperidol treated rats.

Groups	MDA	SOD	GSH	Catalase
Group 1	7.78 ± 0.324	345.23 ± 5.411	10.32 ± 0.0329	43.45 ± 4.704
Group 2	41.11 ± 0.793 ^{###}	193.73 ± 4.878 ^{###}	0.68 ± 0.0303 ^{###}	13.42 ± 0.409 ^{###}
Group 3	34.06 ± 0.617 ^{###}	238.13 ± 3.679 ^{###}	2.60 ± 0.0165 ^{###}	17.91 ± 0.651 ^{ns}
Group 4	23.06 ± 0.757 ^{###}	270.77 ± 3.988 ^{###}	4.58 ± 0.0193 ^{###}	24.89 ± 1.332 [*]
Group 5	19.17 ± 0.435 ^{###}	287.78 ± 2.883 ^{###}	5.86 ± 0.0572 ^{###}	28.70 ± 1.118 ^{###}
Group 6	12.58 ± 0.556 ^{###}	316.26 ± 4.151 ^{###}	8.77 ± 0.0354 ^{###}	34.10 ± 1.889 ^{###}

Values are mean ± SEM; n = 6 in each group. ^{###}P < 0.001 when compared with vehicle control group; ^{ns}Nonsignificant; ^{*}P < 0.05; ^{###}P < 0.001 when compared with haloperidol control; One-way ANOVA followed by Bonferroni multiple comparisons test.

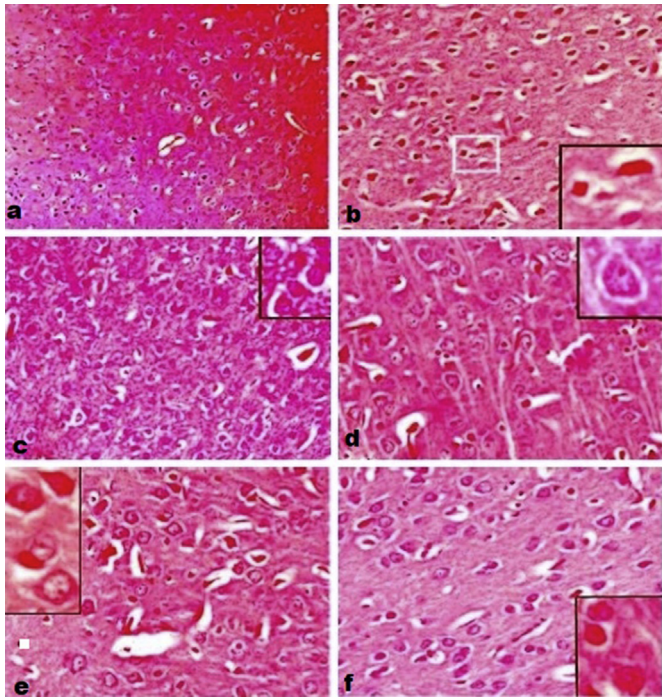


Fig. 4. Effect of MEME on histopathological changes in the brain of normal and Haloperidol treated animals (H&E staining; original magnification, 40×). (a) Normal control showing normal neuronal density and normal brain architecture. (b) Rat treated with Haloperidol showing degeneration of neurons. (c) Rats treated with Haloperidol and MEME (50 mg/kg) showing mild decrease in neurons and cellular hypertrophy. (d) MEME (100 mg/kg) and (e) MEME (200 mg/kg) treated rats showing minimal changes in neuronal cell populations. (f) Rats treated with Haloperidol and Levodopa (30 mg/kg) showing minimal changes in neuronal cell integrity and architecture.

A study performed by Chen and his co-workers on neuroprotective potential of *Myrica rubra* leaf extract also supported that main and typical constituent in *Myrica rubra* leaf were flavonoids and cyclic diarylheptanoids [62]. They had both been reported to exhibit neuroprotective activity [63–68].

M. esculenta is a medicinal plant that plays an important role in protecting against oxidative stress. Several tests have shown that *M. esculenta* has important antioxidant properties [17]. It has been hypothesized that antioxidants could be neuroprotective in PD, envisioning neuronal demise caused by intracellular ROS production [54].

In this manner, in addition to neuroprotective exercises, it is believed that antioxidants might be in charge of anti-PD impacts. The above behavioral and biochemical features evidenced that *M. esculenta* has a great potential to improve PD symptoms, at

least in part, by restoring the level of dopamine and by the regulation of the antioxidant system. Consequently, *M. esculenta* might be valuable as a neuroprotective preparation in the treatment of PD. The advantageous impacts of *M. esculenta* here observed might be credited to the specific antioxidant substance(s) such as flavonoids, glycosides, saponins, and tannins accumulated in MEME.

5. Conclusion

According to the present results, we can conclude that MEME exerted a significant protective effect against haloperidol-induced PD comparable to the standard drug levodopa. Our study indicates that *Myrica esculenta* could be used as an alternative and/or adjuvant drug to prevent and treat extrapyramidal side effects of antipsychotic agents in clinical practice. Future work needs to be done in the direction to elucidate the molecular mechanism of MEME leaves in neuroprotection. A systemic research is needed to produce a nutraceuticals drug from leaves of *M. esculenta* for neuroprotection.

Source(s) of funding

None.

Conflict of interest

None

Acknowledgement

Authors are thankful to Dr. A.P. Singh, Dean RIC, I.K. Gujral Punjab Technical University and individuals from staff in the branch of RIC, I.K. Gujral Punjab Technical University for help and consolation in this work.

References

- [1] Kabra A, Sharma R, Kabra R, Baghel US. Emerging and alternative therapies for Parkinson disease: an updated review. *Curr Pharmaceut Des* 2018;24: 2573–82.
- [2] De Lau LM, Breteler MM. Epidemiology of Parkinson's disease. *Lancet Neurol* 2006;5(6):525–35.
- [3] Lees AJ, Hardy J, Revesz T. Parkinson's disease. *Lancet* 2009;373(9680): 2055–66.
- [4] Dauer W, Przedborski S. Parkinson's disease: mechanisms and models. *Neuron* 2003;39(6): 889–09.
- [5] Phani S, Loike JD, Przedborski S. Neurodegeneration and inflammation in Parkinson's disease. *Park Relat Disord* 2012;18(Suppl 1):S207–9.
- [6] Pringsheim T, Jette N, Frolkis A, Steeves TD. The prevalence of Parkinson's disease: a systematic review and meta-analysis. *Mov Disord* 2014;29(13): 1583–90.
- [7] Hughes AJ, Daniel SE, Kilford L, Lees AJ. Accuracy of clinical diagnosis of idiopathic Parkinson's disease: a clinico-pathological study of 100 cases. *J Neurol Neurosurg Psychiatry* 1992;55(3):181–4.

- [8] Lill CM. Genetics of Parkinson's disease. *Mol Cell Probes* 2016;30:386–96.
- [9] Tysnes OB, Storstein A. Epidemiology of Parkinson's disease. *J Neural Transm* 2017;124(8):901–5.
- [10] GBD 2016 Parkinson's Disease Collaborators. Global, regional, and national burden of Parkinson's disease, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Neurol* 2018;17:939–53.
- [11] Verma AK, Raj J, Sharma V, Singh TB, Srivastava S, Srivastava R. Epidemiology and associated risk factors of Parkinson's disease among the north Indian population. *Clin Epidemiol Glob Health* 2017;5:8–13.
- [12] Shin HW, Chung SJ. Drug-induced parkinsonism. *J Clin Neurol* 2012;8:15–21.
- [13] Rajaram C, Reddy KR, Sekhar KBC. Neuroprotective activity of *Tephrosia purpurea* against haloperidol induced Parkinson disease model. *Pharmacologia* 2015;6(4):125–30.
- [14] Ballington DA, Laughlin MM. *Pharmacology*, vol. 3. CBS Publishers and Distributors; 2008.
- [15] Khot VK, Egan MF, Hyde T, Wyatt RJ. In: Lang AE, Weiner WJ, editors. In: drug induced movement disorders. Mount Kisco, NY: Futura Publishing Co; 1992. p. 121–61. Neuroleptics and classic tardive dyskinesia.
- [16] Perera J, Tan JH, Jeevathayaparan S, Chakravarthi S, Haleagrahara N. Neuroprotective effects of alpha lipoic acid on haloperidol-induced oxidative stress in the rat brain. *Cell Biosci* 2011;1:2–6.
- [17] Mosley RL, Benner EJ, Kadiu I, Thomas M, Boska MD, Khader Hasan, et al. Neuroinflammation, oxidative stress and the pathogenesis of Parkinson's disease. *Clin Neurosci Res* 2006;6(5):261–81.
- [18] Shivakumar BR, Ravindranath V. Oxidative stress and thiol modification induced by chronic administration of haloperidol. *J Pharmacol Exp Therapeut* 1993;265:1137–41.
- [19] Tambasco N, Romoli M, Calabresi P. Levodopa in Parkinson's disease: current status and future developments. *Curr Neuropharmacol* 2018;16(8):1239–52.
- [20] Zahoor I, Shafi A, Haq E. Pharmacological treatment of Parkinson's disease. In: Stoker TB, Greenland JC, editors. *Parkinson's disease: pathogenesis and clinical aspects* [Internet]. Brisbane (AU): Codon Publications; 2018 Dec 21 [Chapter 7]. Available: <https://www.ncbi.nlm.nih.gov/books/NBK536726/doi:10.15586/codonpublications.parkinsonsdisease.2018.ch7>.
- [21] Abushouk Al, Negida A, Elshenawy RA, Zein H, Hammad AM, Menshawy A, et al. C-abl inhibition; A novel therapeutic target for Parkinson's disease. *CNS Neuro Dis Drug Tar* 2018;17(1):14–21.
- [22] Rascol O, Brooks DJ, Korczyn AD, Deyn PPD, Clarke CE, Lang AE. A five-year study of the incidence of dyskinesia in patients with early Parkinson's disease who were treated with ropinirole or levodopa. *N Engl J Med* 2000;342(20):1484–91.
- [23] Goldenberg MM. Medical management of Parkinson's disease. *P&T*. 2008;33(10):590–606.
- [24] Ahlskog JE. Slowing Parkinson's disease progression: recent dopamine agonist trials. *Neurology* 2003;60(3):381–9.
- [25] The National Collaborating Centre for Chronic Conditions ed. *Parkinson's disease*. In: *Symptomatic pharmacological therapy in Parkinson's disease*. London: Royal College of Physicians; 2006. p. 59–100. 1-86016-283-5.
- [26] Rabinak CA, Nirenberg MJ. Dopamine agonist withdrawal syndrome in Parkinson disease. *Archiv Neurol* 2010;67(1):58–63.
- [27] Kakkar AK, Dahiya N. Management of Parkinson's disease: current and future pharmacotherapy. *Eur J Pharmacol* 2015;750:74–81. <https://doi.org/10.1016/j.ejphar.2015.01.030>.
- [28] Srivastava B, Sharma VC, Pant P, Pandey NK, Jadhav AD. Evaluation for substitution of stem bark with small branches of *Myrica esculenta* for medicinal use –A comparative phytochemical study. *J Ayurveda Integr Med* 2016;7:1–6.
- [29] Kabra A, Sharma R, Singla S, Kabra R, Baghel US. Pharmacognostic characterization of *Myrica esculenta* leaves. *J Ayurveda Integr Med* 2019;10(1):18–24.
- [30] Kabra A, Martins N, Sharma R, Kabra R, Baghel US. *Myrica esculenta* Buch.-Ham. ex D. Don: a natural source for Health promotion and disease prevention. *Plants* 2019;8(6):149.
- [31] Anonymous. *Ayurvedic pharmacopoeia of India*, Part 1, vol III. New Delhi, India: Ministry of Health and Family Welfare, Department of Indian System of Medicine and Homeopathy; 2007. p. 90–6.
- [32] Kumar JK, Sinha AK. Resurgence of natural colourants: a holistic view. *Nat Prod Res* 2004;18:59–84.
- [33] Jeeva S, Lyndem FB, Sawian JT, Laloo RC, Mishra BP. *Myrica esculenta* Buch.-Ham. ex D. Don.-A potential ethnomedicinal species in a subtropical forest of Meghalaya, northeast India. *Asian Pac J Trop Biomed* 2011;1:S174–7.
- [34] Kirtikar KR, Basu BD. *Indian medicinal plants*. 2nd ed., vol. III. New Delhi, India: International book distributors; 1999. p. 1699.
- [35] Bloor VA, Hosadurga R, Rao A, Jenifer H, Pratap S. Unconventional dentistry in India-an insight into the traditional methods. *J Trad Compl Med* 2014;4:153–8.
- [36] Dhani A. Major wild edible fruits used by locals of Garhwal Himalaya. *Int J Adv Lif Sci* 2013;6:145–9.
- [37] Semwal DP, Saradhi PP, Kala CP, Sajwan BS. Medicinal plants used by local Vaidyas in Ukhimath block, Uttarakhand. *Indian J Tradit Knowl* 2010;9(3):480–5.
- [38] Manandhar NP. A survey of medicinal plants of Jajarkot district, Nepal. *J Ethnopharmacol* 1995;48:1–6.
- [39] Nainwal P, Kalra K. Study on the wound activity potential on the aqueous extract of the bark of *Myrica esculenta* Buch. & Ham. *Int J Pharm Clin Res* 2009;1:85–7.
- [40] Gaire BP, Subedi L. Medicinal plant diversity and their pharmacological aspects of Nepal Himalayas. *Pharmacol J* 2011;25:6–17.
- [41] Khan MY, Sagrawat H, Upmanyu N, Siddique S. Anxiolytic properties of *Myrica nagi* bark extract. *Pharmaceut Biol* 2008;46:757–61.
- [42] Bich DH, Chung DQ, Chuong BX, Dong NT, Dam DT, Hien PV, et al. The medicinal plants and animals in Vietnam, vol. 1. Hanoi, Vietnam: Hanoi Science and Technology Publishing House; 2004. p. 612–3.
- [43] Joshi AR, Edington JM. The use of medicinal plants by two village communities in the Central Development Region of Nepal. *Econ Bot* 1990;44:71–83.
- [44] Sharma HK, Chhange L, Dolui AK. Traditional medicinal plants in Mizoram, India. *Fitoterapia* 2001;72:146–61.
- [45] Kabra A, Sharma R, Hano C, Kabra R, Martins N, Baghel US. Phytochemical composition, antioxidant, and antimicrobial attributes of different solvent extracts from *Myrica esculenta* Buch.-Ham. ex. D. Don leaves. *Biomolecules* 2019;9(8):357.
- [46] Patel KG, Rao NJ, Gajera VG, Bhatt PA, Patel KV, Gandhi TR. Antiallergic activity of stem bark of *Myrica esculenta* Buch.-Ham. (Myricaceae). *J Young Pharm* 2010;2(1):74–8.
- [47] Nishchal BS, Rai S, Prabhu MN, Ullal SD, Rajeswari S, Gopalakrishna HN. Effect of Tribulus terrestris on haloperidol-induced catalepsy in mice. *Indian J Pharmacol* 2014;76(6):564–7.
- [48] Zhang L, Haraguchi S, Koda T, Hashimoto K, Nakagawara A. Muscle atrophy and motor neuron degeneration in human NEDL1 transgenic mice. *J Biomed Biotechnol* 2011:831092.
- [49] Dhingra D, Gahalain N. Assessing functional performance in the mdx mouse model. *J Vis Exp* 2014;85:51303.
- [50] Bagewadi HG, Khan A. Investigation of antiparkinsonian effect of Aloe vera on haloperidol induced experimental animal model. *Indian J Pharmacol Biol Res* 2015;3(1):108–13.
- [51] Ellman GL. Tissue sulfhydryl group. *Arch Biochem Biophys* 1959;82:70–7.
- [52] Ohkawa H, Ohishi N, Yagi K. Assay for lipid peroxides in animal tissues by thiobarbituric acid reaction. *Anal Biochem* 1979;95(2):351–8.
- [53] Jia H, Liu Z, Li X, Feng Z, Hao J, Li X, et al. Synergistic anti-Parkinsonism activity of high doses of B vitamins in a chronic cellular model. *Neurobiol Aging* 2010;31:636–46.
- [54] Bhangale JO, Acharya SR. Anti-Parkinson activity of petroleum ether extract of *Ficus religiosa* (L.) leaves. *Adv in Pharmacol Sci* 2016;2016:1–9.
- [55] Jenner P, Olanow CW. Oxidative stress and the pathogenesis of Parkinson's disease. *Neurology* 1996;47:S161–70.
- [56] Serra JA, Domínguez RO, De Lustig ES, Guareschi EM, Famulari AL, Bartolome EL, et al. Parkinson's disease is associated with oxidative stress: comparison of peripheral antioxidant profiles in living Parkinson's Alzheimer's and vascular dementia patients. *J Neural Transm* 2001;108:1135–48.
- [57] Polydoro M, Schröder N, Noemia M, Lima M, Caldana F, Laranja DC, et al. Haloperidol and clozapine induced oxidative stress in the rat brain. *Pharmacol Biochem Behav* 2004;78:751–66.
- [58] Gerlach M, Ben-Schachar D, Riederer P, Youdim MBH. Altered brain metabolism of iron as a cause of neurodegenerative diseases? *J Neurochem* 1994;63:793–807.
- [59] BrglezMojzer E, KnezHrnčić M, Škerget M, Ž Knez, Bren U. Polyphenols: extraction methods, antioxidative action, Bioavailability and anticarcinogenic effects. *Molecules* 2016;21:901.
- [60] Shahidi F, Yeo J. Bioactivities of phenolics by focusing on suppression of chronic diseases: a review. *Int J Mol Sci* 2018;19:1573.
- [61] Pietta PG. Flavonoids as antioxidants. *J Nat Prod* 2000;63:1035–42.
- [62] Chen P, Lin X, Yang CH, Tang X, Chang YW, Zheng W, et al. Study on chemical profile and neuroprotective activity of *Myrica rubra* leaf extract. *Molecules* 2017;22(7):1226.
- [63] Kuo PC, Liao YR, Hung HY, Chuang CW, Hwang TL, Huang SC, et al. Anti-inflammatory and neuroprotective constituents from the peels of *Citrus grandis*. *Molecules* 2017;22:967–77.
- [64] Wu L, Du ZR, Xu AL, Yan Z, Xiao HH, Wong MS, et al. Neuroprotective effects of total flavonoid fraction of the *Epimedium koreanum Nakai* extract on dopaminergic neurons: in vivo and in vitro. *Biomed Pharmacother* 2017;91:656–63.
- [65] Hiep NT, Kwon J, Kim DW, Hong S, Guo YQ, Hwang BY, et al. Neuroprotective constituents from the fruits of *Maclura tricuspidata*. *Tetrahedron* 2017;73:2747–59.

- [66] Shagirtha K, Bashir N, MiltonPrabu S. Neuroprotective efficacy of hesperetin against cadmium induced oxidative stress in the brain of rats. *Toxicol Ind Health* 2017;33:454–68.
- [67] Yang H, Sung SH, Kim J, Kim YC. Neuroprotective diarylheptanoids from the leaves and twigs of *Juglans Sinensis* against glutamate-induced toxicity in HT22 cells. *Planta Med* 2011;77:841–5.
- [68] Huang XJ, Tang CY, Liao YM, Zhuang XJ, Dong X, Liu H, et al. 7-(4-Hydroxyphenyl)-1-phenyl-4E-hepten-3-one, a diarylheptanoid from *Alpinia officinarum*, protects neurons against amyloid-beta induced toxicity. *Biol Pharm Bull* 2016;39:1961–7.