www.ThePharmaJournal.com

# **The Pharma Innovation**



ISSN (E): 2277- 7695 ISSN (P): 2349-8242 NAAS Rating: 5.03 TPI 2019; 8(5): 815-819 © 2019 TPI www.thepharmajournal.com Received: 21-03-2019 Accepted: 08-04-2019

#### Anil Hooda

Assistant Professor, Department of Pharmaceutical Education and Research, BPS Mahila Vishwavidyalaya Khanpur Kalan, Sonipat, Haryana, India

# Understanding the underlying pathophysiology mechanisms and therapeutic approach towards the stroke

## Anil Hooda

#### Abstract

Stroke is the type of neurological disorders, which cause a major impact all over world and also consequences to death. Several key mechanism such as oxidative stress, failure of energy, necrosis and excitotoxicity etc involved in such kind of disorder. It is complex disorders, which includes ionic imbalance, neuriprotection, cell death. Several therapeutic approach towards the management of stroke, which based on cerebral flow and ultimately reduced the risk factors of ischemia. Throughout understanding the pathophysiological mechanism and used appropriate measure of prevention, can be basis for the effective treatment strategies for prevention of stroke. This review paper highlights the pathophysiological mechanism and therapeutic approach towards the stroke.

Keywords: Stroke, excitotoxicity, oxidative damage, apoptosis

#### Introduction

Stroke, is a neurological disorders, which may consequences of defective cerebral blood flow. Stroke is main causing factor of death all over the world and is also main basis for morbidity, generally in aged or middle aged peoples (Adams *et al.*, 2007; Adibhatla and Hatcher, 2008; Baidya *et al.*, 2013; Bakhai *et al.*, 2004) <sup>[1, 2, 3, 4]</sup>. Women are more affected by stroke. Rapid failure of functions of brain, which may be due to interruption in supply of blood to parts of brain. Stroke has a major impact on community, which may be enlarge in future (Bath *et al.*, 2000; Beamer *et al.*, 1995; Adams *et al.*, 2007; Adibhatla and Hatcher, 2008; Benveniste, 2009) <sup>[5, 6, 7, 1, 2]</sup>. Stroke is an complex pathophysiology mechanism, which several key mechanism like oxidative stress, ionic imbalance, neuroprotection and various inflammatory mechanism involved in pathophysiology of stroke. This leads to impaired functions of neuron, which may consequences of ischemic. On focusing the cerebral flow and reduced the toxic effects in case of ischemia, the therapeutic management can be achieved (Bhatti *et al.*, 2013; Bruijn *et al.*, 1999; Caplan, 2017) <sup>[8, 9, 10].</sup>

Hypertension, diabetes mellitus are the main risk factors of this complex disease. Several study indicate that pregnency, hormonal therapy may increased the risk of this disease. Ischemia and the infraction, which are the consequences of artherosclerotic growth of emboli and thrombi. Generally a clot interruption occurred within the blood vessel and the blood is not able to reach to brain' parts. Due to these interruptions of blood flow in blood vessel, the cell of brain initiate to die and stroke may occurred. Weakness of body parts such as legs and arms are the consequences of small stroke and higher degree of stroke leads to caused paralysis and loss of speech (Chan, 2001; Christophe and Nicolas, 2006) <sup>[11, 12]</sup>. This review paper highlights the clinical signs and symptoms of stroke, main types of stroke, complication, pathophysiological mechanism and preventive measure towards the stroke.

#### **Types of stroke**

Ischemic and Hemorrhagic are the main types of stroke. Thrombotic stroke and Embolic stroke are subtypes of Ischemic stroke and Intracerebral hemorrhage, Subarachnoid hemorrhage and Transient ischemic attack (TIA) are the types of hemorrhagic stroke (Degterev *et al.*, 2005; Denes *et al.*, 2010; Eliasson *et al.*, 1997; Emsley *et al.*, 2002) <sup>[13, 14, 15, 16]</sup>. The various types of stroke are presented in figure-2.

#### Correspondence Anil Hooda

Assistant Professor, Department of Pharmaceutical Education and Research, BPS Mahila Vishwavidyalaya Khanpur Kalan, Sonipat, Haryana, India

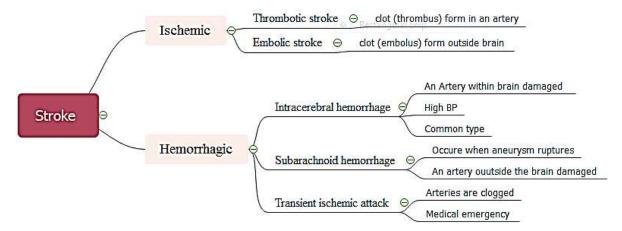


Fig 1: Types of stroke

#### Clinical signs and symptoms of stroke

Several clinical features of stroke are summarized in figure

no-2 (Emsley *et al.*, 2002; Hickenbottom and Barsan, 2000; Imai *et al.*, 2003)<sup>[16, 29, 31]</sup>

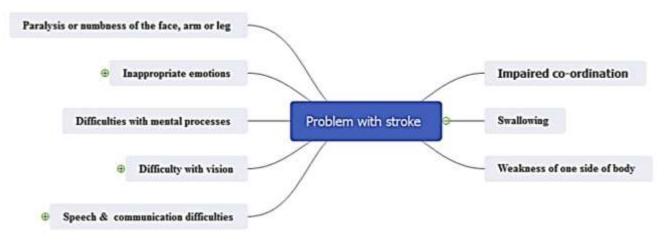


Fig 2: Clinical symptoms of Stroke

#### Complications

Several complication of stroke are summarized in figure- 3 (Escudero Aug, *et al.*, 2008 ; Caplan, 2017; Furie *et al.*, 2017; Emsley *et al.*, 2002; Escudero *et al.*, 2008) <sup>[16, 17, 10]</sup>.

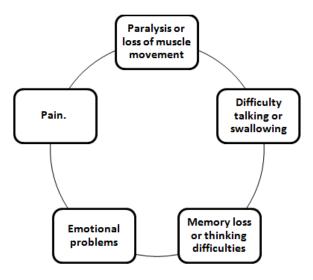


Fig 3: Complications of stroke

#### Pathophysiology mechanism involved in stroke

In brain, there is rapid blockade in blood flow, which consequences to collapse the process such as hemodynamic, metabolic and biochemical. Several mechanism overload of calcium, excitotoxicity, dysfunction of mitochondria, inflammatory processes stress on endoplasmic reticulum and oxidative stress (Mehta, *et al.*, 2014; Feigin and Krishnamurthi, 2016; Ferrer *et al.*, 2013) <sup>[18, 19, 36]</sup>.

Due to sudden interruption in the blood flow to cascade to brain, which leads to deprive the brain tissue for supply of glucose and oxygen. Stroke is leading factor of death all over the world and approximately 15 million persons suffering from this disease (Mehta, *et al.*, 2014; Feigin and Krishnamurthi, 2016; Ferrer *et al.*, 2013; Glykys and Mody, 2006) <sup>[18, 19, 20, 21, 36]</sup>.

Glutamate release, calcium influx, homeostatic imbalance and depolarization, phospholipases and proteases (calcium sensitive enzymymes), free radical formation, oxidative stress, apoptosis, necrosis, cytochrome C release, activation of Capase - 9 and damage of DNA are main key factors, which are basis of therapeutic approach of stroke (Graham *et al.*, 2001; Grau *et al.*, 2001; Gudlavalleti *et al.*, 2015; Heiss *et al.*, 1999; Hermann *et al.* 2001; Heuschmann *et al.*, 2003) <sup>[22, 23, 24, 25, 27, 28]</sup>

#### Inflammatory mechanism in the stroke

In recent study targets that several inflammatory processes involved in progression of this severely illness. It is linked with several disease, which are summarized in figure-2 (Jin *et al.*, 2010; Hu *et al.*, 2000; Emsley *et al.*, 2002; Hickenbottom and Barsan, 2000; Imai *et al.*, 2003) <sup>[16, 29, 31, 32]</sup>.

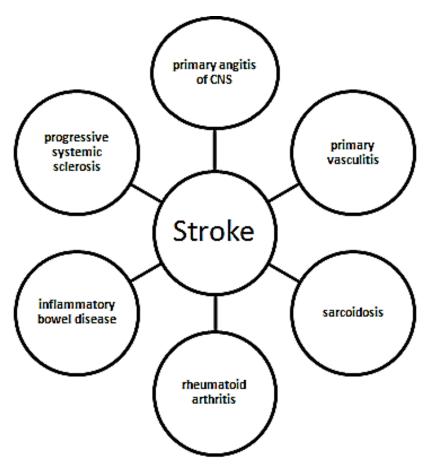


Fig 4: Associated conditions with Stroke

Inflammation processes, production of nitric oxide, apoptosis and free radical damage are the process, which participate in mechanism of tissue injury of ischemic type cascade. In such type, cell signaling of temporal changes, transduction of signal, several gene regulation and its expression are the consequences of brain ischemia. Several therapeutic targets to reduce the loss of tissue and defect in neurological (Adibhatla *et al.*, 2008; Mehta *et al.*, 2009; Tanaseseu *et al.*, 2008; Krupinski *et al.*, 2000; Lee *et al.*, 2014; Nakka *et al.*, 2008; Niizuma *et al.*, 2010; Oliveira-Filho, 2017) <sup>[2, 33, 35, 36, 37]</sup>.

#### 5.2 Role of Cytokine in Stroke

In acute brain injuries and ischemic type, inflammation process play a wide role in pathogenesis mechanism. Cytokines such as interlukin (IL-1and IL-6), TNF of  $\alpha$  and  $\beta$ , adhesion molecules like integrins, selectins and immune-globulins, nitric oxide synthease and eicasanoids are involved in inflammatory mechanism, which are represented in figure - 4. (Jin *et al.*, 2010; Oliveira-Filho, 2017; Rodrigo *et al.*, 2013) [32, 39, 40].

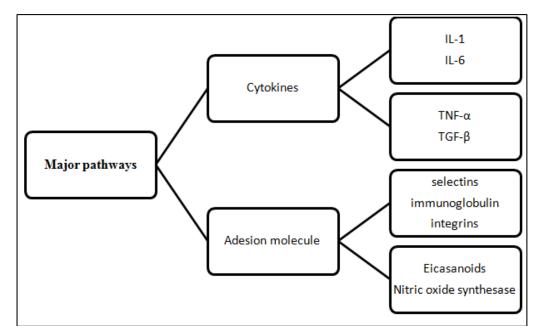


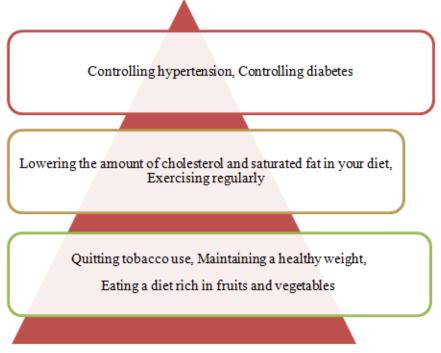
Fig 5: Main cascade involved in inflammatory process

The inflammatory process after intitation, which leads to irreversible damage the function of brain and a interplay involved between the mechanism of astrocytes, leukocytes, endothelial and microglial cells. Leukocyte infiltration, MAPKS dependent signaling and antioxidant are basis of therapeutic approach for stroke, which may improve the outcome and also minimize the impaired functions of brain (Deb *et al.*, 2010). Polypeptides linked with activation of immune, inflammatory process and cell death or cell differentiation. Several cytokine such as TNF-alpha and IL-1

damaged the parenchymal cell and IL-10, IL-1 of receptor inhibitors, which play a major role as neuroprotective and antinflmmatory respone (Emsley *et al.*, 2002; Adibhatla *et al.*, 2008; Beamer *et al.*, 1999; Stout *et al.*, 1998; Warner *et al.*, 2004; Zanchin *et al.*, 1995) <sup>[16, 2, 6, 32, 41, 42, 43]</sup>.

### Preventive approach towards the stroke

Several approaches to prevent this such kind of complex heart disease are as summarized in figure -4 (Escudero *et al.*, 2008; Caplan, 2017; Furie, 2017) <sup>[17, 10]</sup>:



#### Fig 6: Prevention approaches towards stroke.

#### Conclusion

Stroke is an condition in which several mechanism (failure of energy, oxidative stress, cell death, excitotoxicity etc. play a major role in pathophysiological mechanism. Several factors such as hypertension, diabetes mellitus and arthrosclerosis are causing risk factors of stroke. Due to irreversible impaired the function of brain and impaired the neuronal functions leads to this complex illness. Through understanding the main mechamism such as inflammatory process are the basis of therapeutic approach of this complex disease. Early detection and prevention may minimize the risk and also manage the complications of stroke, which may ultimately leads to cure such kind of disease.

### References

- 1. Adams HP, *et al.* Guidelines for the early management of adults with ischemic stroke: a guideline from the American Heart Association/American Stroke Association. Stroke 2007;38:1655-1711.
- Adibhatla RM, Hatcher JF. Tissue plasminogen activator (TPA and matrix metallo proteinases in the pathogenesis of stroke: therapeutic strategies, CNS Neurol. Disord. Drug Targets 2008;7:243-253.
- 3. Baidya OP, Chaudhuri S, Devi KG, *et al.* Clinicoepidemiological study of acute ischemic stroke in a tertiary hospital of northeastern state of India.Inteternational journal of biomedical and research. 2013;04(09):662665.

- 4. Bakhai A, *et al.* The burden of coronary, cerebrovascular and peripheral arterial disease, Pharmaco Economics 2004;22(Suppl, 4):11-18.
- 5. Bath PM, Iddenden R, Bath FJ, *et al.* Low-molecularweight heparins and heparinoids in acute ischemic stroke: a meta-analysis of randomized controlled trials. Stroke 2000;31:1770-8.
- Beamer NB, Coull BM, Clark WM, Hazel JS, Silberger JR, *et al.* Interleukin-6 and interleukin-1 receptor antagonist in acute stroke, Ann. Neurol 1995;37:800-805.
- Benveniste H. Glutamate, microdialysis, and cerebral ischemia: lost in translation? Anesthesiology 2009;110(2):422-425.
- Bhatti AB, Ali F, Satti SA, *et al.* Association of Obesity With Stroke. International journal of biomedical research. 2013;4(8):422-426.
- 9. Bruijn De, Stam SF, Randomized J, *et al.* placebocontrolled trial of anticoagulant treatment with lowmolecular-weight heparin for cerebral sinus thrombosis. Stroke 1999;30:484-8.
- 10. Caplan LR. Overview of the evaluation of stroke. https://www.uptodate.com/contents/search. Accessed Oct 2017, 3.
- 11. Chan PH. Reactive oxygen radicals in signaling and damage in the ischemic brain. J Cereb Blood Flow Metab 2001;21(1):2-14.
- 12. Christophe M, Nicolas S. Mitochondria: a target for neuroprotective interventions in cerebral

ischemiareperfusion. Curr Pharm Des 2006;12(6):739-757.

- 13. Degterev A, Huang Z, Boyce M, Li Y, Jagtap P, Mizushima N, *et al.* Chemical inhibitor of nonapoptotic cell death with therapeutic potential for ischemic brain injury. Nat Chem Biol 2005;1(2):112-9.
- 14. Denes A, Thornton P, Rothwell NJ, Allan SM. Inflammation and brain injury: acute cerebral ischaemia, peripheral and central inflammation. Brain Behav Immun 2010;24:708-723.
- 15. Eliasson MJ, Sampei K, Mandir AS, Hurn PD, Traystman RJ, Bao J, *et al.* Poly (ADPribose) polymerase gene disruption renders mice resistant to cerebral ischemia. Nat. Med 1997;3:1089-1095.
- 16. Emsley HC, Tyrrell PJ, *et al.* Inflammatory and infection in clinical stroke, J. Cereb. Blood Flow Metab 2002;22:1399-1419.
- 17. Escudero D, Augusto L, *et al.* Marques Alvarez, F. Taboada Costa, Update in spontaneous cerebral hemorrhage, Med. Intensiva 2008;32:282-295.
- 18. Feigin VL, Krishnamurthi R, *et al.* Stroke is largely preventable across the globe: where to next? The Lancet 2016;388:733-4.
- 19. Ferrer I, Friguls B, Dalfó E, Justicia C, Planas AM. Caspase-dependent and caspase-independent signalling of apoptosis in the penumbra following middle cerebral artery occlusion in the adult rat. Neuropathol Appl Neurobiol 2003;29(5):472-481.
- Glykys J, Mody I, *et al.* Hippocampal network hyperactivity after selective reduction of tonic inhibition in GABAA receptor a5 subunitdeficient mice. Journal of Neurophysiology 2006; 95:2796-2807.
- 21. Glykys J, Mody I, *et al.* Hippocampal network hyperactivity after selective reduction of tonic inhibition in GABAA receptor a5 subunitdeficient mice. Journal of Neurophysiology 2006;95:2796-2807.
- 22. Graham SH, Chen J, *et al.* Programmed cell death in cerebral ischemia. Journal of Cerebral Blood Flow and Metabolism 2001;21:99-109.
- 23. Grau AJ, Buggle F, Lichy C, Brandt T, Becher H, Rudi J, *et al.* Helicobacter pylori infection as an independent risk factor for cerebral ischemia of atherothrombotic origin, J. Neurol. Sci 2001;186:1-5.
- 24. Gudlavalleti SV, Moonis MA, *et al.* Review of Intraarterial and Intravenous Therapies for Acute Ischemic Stroke: Relevance, Challenges and Developments. Journal of Neurology & Stroke 2015;2(2):1-5.
- 25. Heiss WD, Thiel A, Grond M, Graf R. Which targets are relevant for therapy of acute ischemic stroke? Stroke 1999;30:1486-1489.
- 26. Hensch TK. Critical period plasticity in local cortical circuits. Nature Reviews Neuroscience 2005;6:877-888.
- 27. Hermann DM, Kilic E, Hata R, Hossmann KA, Mies G. Relationship between metabolic dysfunctions, gene responses and delayed cell death after mild focal cerebral ischemia in mice. Neuroscience 2001;104:947-955.
- 28. Heuschmann PU, Berger K, Misselwitz KB, Hermanek P, Leffmann C, MAdelmann M, *et al.* Kolominsky- Rabas, Frequency of thrombolytic therapy in patients with acute ischemic stroke and the risk of in- hospital mortality: the German Stroke Registers Study Group, Stroke 2003;34:1106-1113.
- 29. Hickenbottom SL, Barsan WG. Acute ischemic stroke therapy. NeurolClin 2000;18(2):379-397.

- 30. Hu Z, Yang Q, Zheng S, Tang J, Lu W, Xu N, *et al.* Temporal arteritis and fever: report of a case and a clinical reanalysis of 360 cases, Angiology 2000;51:953-958.
- Imai H, Graham DI, Masayasu H, Macrae IM. Antioxidant ebselen reduces oxidative damage in focal cerebral ischemia. Free RadicBiol Med 2003;34(1):56-63.
- Jin R, Yang G, Li G. Inflammatory mechanisms in ischemic stroke: role of inflammatory cells. J Leukoc Biol 2010;87(5):779-89.
- 33. Kristian T, Siesjo BK. Calcium in ischemic cell death. Stroke 1998;29:705-718.
- 34. Krupinski J. Lopez E, Marti E, Ferrer I. Expression of caspases and their substrates in the rat model of focal cerebral ischemia. Neurobiol. Dis 2000;7:332-342.
- 35. Lee Y, *et al.* Therapeutically Targeting Neuroinflammation and Microglia after Acute Ischemic Stroke.BioMed Research International 2014, 1-9.
- Mehta SL, Manhas N, Raghubir R. Molecular targets in cerebral ischemia for developing novel therapeutics. Brain Res Rev 2007;54(1):34-66.
- Nakka VP, Gusain A, Mehta SL, Raghubir R. Molecular mechanisms of apoptosis in cerebral ischemia: multiple neuroprotective opportunities. MolNeurobiol 2008;37(1):7-38.
- Niizuma K, Yoshioka H, Chen H, Kim GS, Jung JE, Katsu M. Mitochondrial and apoptotic neuronal death signaling pathways in cerebral ischemia. BiochimBiophysActa 2010;1802(1):92-99.
- Oliveira-Filho J. Initial assessment and management of acute stroke. https://www.uptodate.com/contents/search. Accessed Oct 2017, 3.
- 40. Rodrigo R, Fernández-Gajardo R, Gutiérrez R, Matamala JM, Carrasco R, Miranda-Merchak A, *et al.* Oxidative stress and pathophysiology of ischemic stroke: novel therapeutic opportunities. CNS NeurolDisord Drug Targets 2013;12(5):698-714.
- 41. Stout AK, Raphael HM, Kanterewicz BI, Klann E, Reynolds IJ. Glutamate-induced neuron death requires mitochondrial calcium uptake. Nat Neurosci 1998;1(5):366-373.
- 42. Warner DS, Sheng H, Batinić-Haberle I. Oxidants, antioxidants and the ischemic brain. J Exp Biol 2004;207(Pt 18):3221-3231.
- 43. Zanchin G, De Boni A, Lauria G, Maggioni F, Rossi P, Villacara A. Synaptosomal glutamate uptake in a model of experimental cerebral ischemia. Neurochem Res 1995;20:195-199.