

Letter to the editor**Glutathione (Gsh) as a Biomarker for Brain Research [¹_{a-b}]***Shimon Shatzmiller^{1*} Inbal Lapidot¹ and Galina Zats¹**¹Department of Chemical Sciences, Ariel University, Israel*

Dysregulation of glutathione homeostasis and alterations in glutathione-dependent enzyme activities are increasingly implicated in the induction and progression of neurodegenerative diseases, including Alzheimer's, Parkinson's and Huntington's diseases, amyotrophic lateral sclerosis, and Friedreich's ataxia [2]. Various lines of evidence indicate that brain OS (Oxidative Stress) is a key underlying factor behind AD etiology. GSH levels have been consistently shown to reflect OS status. Furthermore, the literature reviewed thus far reveals a strong correlation between AD pathology and reduced GSH levels. These findings have spurred the development of assays for GSH levels as a biomarker for AD. Several methodologies have been developed to assess GSH levels in peripheral biological samples, such as blood. Recent progress in technology has also enabled noninvasive in vivo measurement of GSH directly in different brain regions using MRS. We discuss the latest findings from studies utilizing these various GSH measurement methodologies and evaluate their relative potential in serving as a reliable measure of GSH levels. The detection of unregular developments in the living brain may aid neurodegenerative diseases research and drug developments that will afford a remedy to millions. In this letter we report on the availability of a leveling agent that is introduced into the living brain via an injection to the bloodstream. It penetrates the Blood-Brain Barrier and enables preferential staining of the hippocampus inner brain gland with fluorescent laser dye, a synbimane moiety. One may find notes on the suggestions for New Blood Test to Accurately Detect Early-Stage Alzheimer's, examples are available on the web [3]. We suggest to measure Two-photon laser scanning microscopy (TPLSM) to directly measure glutathione (GSH) as its fluorescent glutathione S-Bimane conjugate (GSB) in blood samples after injection of the AIB-CYSBIMINI (has an analog of S-bimanylmercaptoacetic acid as a moiety in the probe), followed by the sleep of the animal. A Decrease in GSH is indicative of Oxidative Stress (OS). Oxidative stress and the diminishing Glutathione as a result of this early process suggest that Glutathione can be viewed as a molecular whistleblower for Alzheimer's disease [4].

Discussion

There is no remedy today. One of the prevailing hypothesis is the Amyloid hypothesis [5]. The genetic perspective. There is a series

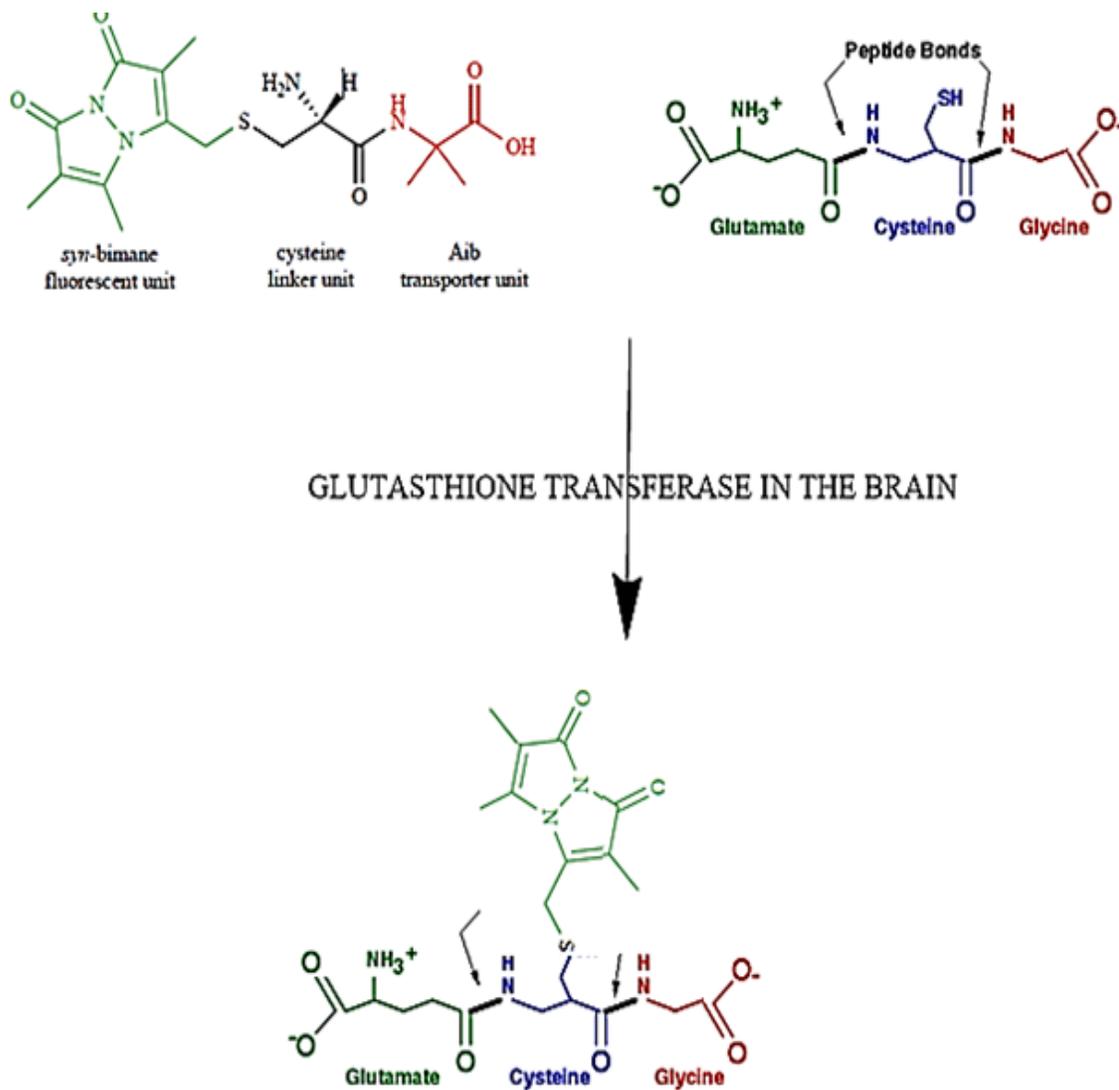
of events that may spread over decades in the patient brain before dementia is recognized. "According to the amyloid ($A\beta$) hypothesis, accumulation of $A\beta$ in the brain is the primary influence driving AD pathogenesis. The rest of the disease process, including the formation of neurofibrillary tangles containing tau protein, is proposed to result from an imbalance between $A\beta$ production and $A\beta$ clearance" [6]. Excessive amyloid- β ($A\beta$) deposition in the brain is one of the most crucial events in the early pathological stage of Alzheimer's disease (AD). Therefore, $A\beta$ deposits have enough potential to become a useful biomarker for not only an early diagnosis of AD, but also for the assessment of the clinical efficacy of anti- $A\beta$ therapies, if they can be measured non-invasively and reliably in living patients [7]. In the past, the presence of an efflux system in mouse cerebral micro vessel endothelial cells was examined in vitro by using fluorescent glutathione-bimane (GS-B) conjugate [8,9]. In order to enable development of novel therapeutically agents to treat the AD before dementia is observed, an instrumental diagnosis of the situation in the earliest stages, just when amyloid beta deposits start to accumulate, a potent candidate technique to measure this biomarker has to be developed. Nedergaard [4a] has shown that while asleep, the brain of mice is excreting the unwanted "trash metabolites" is crossing back the BBB, from the brain to the outer fluids ending in the blood system and is excreted from the organism in the usual way through the liver. In her case, Fluorescent agents had to be injected to the brain which allowed follow-up by two-photon spectrophotometry. Our idea was to design and prepare an agent that would be injected to the blood system and penetrate the BBB, combine with the biomarkers $A\beta$, or Glutathione [10,11,12] in the inner brain (hippocampus, entorhinal

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Fluorescent Indicator for Glutathione in the Brain Excreted (Nedergaard) At Sleep

cortex, substantia innominate, the EC-hippocampus system) and will allow two photons spectroscopically measurements of the outer flux liquid being excreted from the brain while asleep. In this way, the $A\beta$ accumulated in the brain before the excretion will serve as biomarkers for the early stages of AD. To examine Brain Fluids were used two-photon imaging of monochlorobimane [13] fluorescence and high levels of glutathione were established [14]. The fact that AIB (alpha-amino iso butyric acid) could cross the BBB was established by Fenstermacher [15] and was applied for research and introduction of drugs into the rats' brain [16]. Gazit has applied a Try-Aib dipeptide as an agent to mark the brain of rats [17]. Investigators would like to pursue the idea that AD could be cured with peptides and their mimics [18]. The penetration of drugs into the brain is critical for any approach to the development of drugs and cure of AD [19]. As a

crucial issue for the attempt to discover a cure for the disease, modern methods based on optical sensors which will allow a quantitative follow-up on the cure of the disease, become very attractive [20]. The optical analysis of $A\beta$ (or another polypeptide) from the reflux solution emerging at sleep might become very useful. In 2008, Larbanoix et al. $A\beta$ (or another polypeptide) binding peptides using a random disulfide constrained heptapeptide phage display library [21]. However, the bonding between the heptapeptide to the polypeptide should be leveled with a dye, preferable a laser dye, to enable the follow-up in the reflux fluids from the brain provided this bonding should become instrumental. The transfer of as many moiety from anS-bimanylmercaptoacetic acid as the N-terminal residue has been used in many investigations to mark polypeptides *in vivo*.

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