

**UNIVERSITI TEKNOLOGI MARA**

**PROBIOTICS MEDIATE  
NEUROPROTECTION AGAINST AD  
THROUGH CNS AND ENS  
CROSSTALK: MODULATION OF  
NEUROTRANSMITTERS,  
NEUROPEPTIDES AND GUT  
HORMONES**

**MUHAMMAD SYUKRI BIN NOOR AZMAN**

Thesis submitted in fulfillment  
of the requirements for the degree of  
**Master of Science**  
**(Neuroscience)**

**Faculty of Pharmacy**

**May 2020**

## AUTHOR'S DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Teknologi MARA. It is original and is the results of my own work, unless otherwise indicated or acknowledged as referenced work. This thesis has not been submitted to any other academic institution or non-academic institution for any degree or qualification.

I, hereby, acknowledge that I have been supplied with the Academic Rules and Regulations for Post Graduate, Universiti Teknologi MARA, regulating the conduct of my study and research.

Name of Student : Muhammad Syukri bin Noor Azman

Student I.D. No. : 2014525025

Programme : Master of Science (Neuroscience) – PH761

Faculty : Pharmacy

Thesis Title : Probiotics Mediate Neuroprotection Against AD  
Through CNS and ENS Crosstalk: Modulation of  
Neurotransmitters, Neuropeptides and Gut Hormones

Signature of Student : .....

Date : May 2020

## ABSTRACT

Alzheimer's disease (AD) is the commonest form of dementia characterised by aggregation of amyloid beta (A $\beta$ ) plaque and Tau protein. This neurodegenerative disease is now linked to altered gut microbiota composition which could result in increased permeability of the gut barrier and immune activation, leading to systemic inflammation, impaired blood-brain barrier, neuroinflammation, neural injury, and ultimately neurodegeneration. The limitations of current AD therapy, which mainly aims to alleviate symptoms rather than curing the disease, have called for alternative approach. The emergence of the Gut-Brain Axis concept raises possibility of using probiotics as neuroprotective agents. As such, the present study investigated the correlation between probiotic-induced neuroprotection and changes in composition of gut microbiota. For this purpose, lipopolysaccharide (LPS)-challenged rats characterised by neuroinflammation that mimic AD were used. The rats were subjected to the Morris Water Maze (MWM) Test, immunohistochemistry (IHC), microbiota diversity analyses, biochemical analyses and mitochondrial enzymatic analyses. LPS-challenged rats pre-treated with either LAB6 or LAB12 exhibited significantly ( $p < 0.05$ ) reduced escape latency and escape distance. They remained longer in the platform quadrant when compared to control. In IHC, LPS-challenged rats were presented with significantly ( $p < 0.001$ ) reduced 5-HT in hippocampi when compared to the wild type group. Pre-treatment with LAB significantly ( $p < 0.01$ ) restored 5-HT level by at least 37% when compared to the LPS control group. A similar trend was observed as 5-HT in colons of LAB pre-treated LPS-challenged rats was significantly ( $p < 0.01$ ) increased (+59%) when compared to the LPS control group. This study went on to explore the impact of LAB pre-treatment on compositional shift of gut microbiota. Bacterial 16S rRNA gene from caecal content was amplified using 515F-806R primers. LAB12, in particular, significantly ( $p < 0.001$ ) increased Bacteroidetes to Firmicutes ratio when compared to LPS control. Principal Component Analysis plot showed clear separation of bacteria community between LAB12 and LPS control groups. In order to further understand the role of LAB on gut microbiota and cognitive function, LPS-challenged rats were being administered with antibiotic cocktails (imipenem, vancomycin, ampicillin, ciprofloxacin and metronidazole) to mimic a close to germ free condition. The rodents were divided into groups ( $n=8/$  group) of wild-type, LPS control, LAB12+LPS, ABX (antibiotics+LPS) and ABXL (ABX+LAB12). It was found that ABXL increased the time spent in the platform zone (+16%) as opposed to their ABX counterparts. In terms of mitochondrial enzymes, ABXL group were presented with increased Complex III enzyme activities in their cortices (+57 %;  $p < 0.05$ ) and hippocampi (+33 %;  $p < 0.01$ ) when compared to ABX group. In terms of neurotransmitters, ABXL group significantly increased 5-HT level (+32%,  $p < 0.05$ ) in the hippocampi when compared to ABX group. The ABXL group also significantly increased GHRL level (+85%,  $p < 0.05$ ), a gut hormone, in the hippocampi when compared to ABXL. Nevertheless, ABXL did not bring about significant changes against neuropeptides [neurotensin (NT), neuropeptide Y (NPY) and vasoactive intestinal peptide (VIP)] in both hippocampi and colons. The present findings indicated that LAB neuroprotection could be mediated via crosstalk between the CNS and the ENS through modulation of neurotransmitter, gut hormone and compositional shift of gut microbiota

## ACKNOWLEDGEMENT

In the name of Allah, the Most Gracious and the Most Merciful. Alhamdulillah, all praises to Allah for His blessings and strengths that have enabled me to complete this thesis write-up.

Firstly, I would like to express my sincere gratitude to my main supervisor, Associate Professor Dr Kalavathy Ramasamy, for her supervision, motivation and sharing of knowledge throughout the course of this study. My sincere appreciation also goes to my co-supervisor, Dr Lim Siong Meng, for his kind assistance, constructive comments and careful reading of my thesis. This work would not have been possible without their guidance, support and encouragement. I owe my deep sense of thanks to Dr Lim Fei Tieng, Associate Professor Dr Vasudevan Mani and Dr Atish Prakash for their timely advice, sharing of information and generous help at different stages of my MSc project.

I sincerely thank the Universiti Teknologi MARA (UiTM) for the generous financial support. I acknowledge receipt of funding under the prestigious Young Lecture Scheme Scholarship Programme. My special thanks to Prof. Dr. Hjh. Farida Zuraina Mohd Yusof, Dean of Faculty of Applied Sciences, UiTM, for her strong recommendation during my application of the Young Lecture Scheme Scholarship Programme.

My sincere thanks to all members of the Collaborative Drug Discovery Research (CDDR) Group (Mdm Che Adlia Che Edy, Ms Nor Amalina Ahmad Alwi, Mdm Dayana Sazereen Md Hasni, Dr Muhamad Fareez Ismail, Mr Mohd Zaki Zakaria, Dr Muhammad Zaki Ramli, Mdm Syamimi Samah, Ms Yuganthini Vijayanathan, Ms Nur Syakila Rohawi, Ms Fatin Umirah Mahamad and Ms Siti Hajar Rehiman) for all their assistance, kindness, cooperation and moral support. I cherish the friendship and wonderful memories that had made my journey an unforgettable one. I wish to acknowledge the help which I have constantly received from Mr Mohd Shahrulrizan Ibrahim from the Department of Life Sciences, Faculty of Pharmacy, UiTM. Mr Ibrahim had been prompt in processing the purchase of consumables required for my project.

Finally, I wish to express my deepest gratitude to my beloved parents, Mr Noor Azman bin Arshad and Mdm Habibah binti Pin as well as my siblings (Muhammad Yusri, Yusrina Nasrin, Muhammad Zuhairi and Muhammad Zikry Syakirin) for their endless love, prayers and encouragement. To my beloved wife, Mdm Nor Hazirah binti Ismail, I am grateful to have her support in everything that I do. She has always stood by my side through thick and thin. To those whose names are not mentioned here but has contributed to this research in one way or the other, your kindness meant a lot to me. Thank you very much!

# TABLE OF CONTENTS

	<b>Page</b>
<b>CONFIRMATION BY PANEL OF EXAMINERS</b>	<b>ii</b>
<b>AUTHOR'S DECLARATION</b>	<b>iii</b>
<b>ABSTRACT</b>	<b>iv</b>
<b>ACKNOWLEDGEMENT</b>	<b>v</b>
<b>TABLE OF CONTENTS</b>	<b>vi</b>
<b>LIST OF TABLES</b>	<b>x</b>
<b>LIST OF FIGURES</b>	<b>xii</b>
<b>LIST OF ABBREVIATIONS</b>	<b>xiv</b>
<b>CHAPTER ONE: INTRODUCTION</b>	<b>1</b>
<b>CHAPTER TWO: LITERATURE REVIEW</b>	<b>4</b>
2.1 Alzheimer's Disease (AD)	4
2.1.1 Overview	4
2.1.2 Pathophysiology	4
2.2 Neuroinflammation and Memory Impairment	6
2.3 Current Intervention	7
2.3.1 Limitation of The Current Treatment	9
2.4 Communication in Gut Brain Axis	9
2.4.1 Immune pathway	10
2.4.2 Neural Pathway	11
2.4.3 Hormonal Pathway	12
2.5 Gut Microbiota and CNS Disorder	13
2.6 Gut Microbiota and ENS Disorder	16
2.7 Factors that Influence Gut Microbiota	18
2.8 Probiotics	19
2.8.1 Probiotics and Health	19
2.8.2 Probiotics and CNS	23