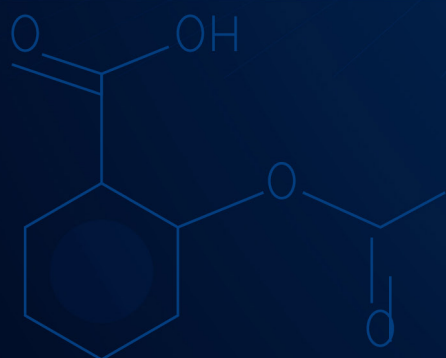
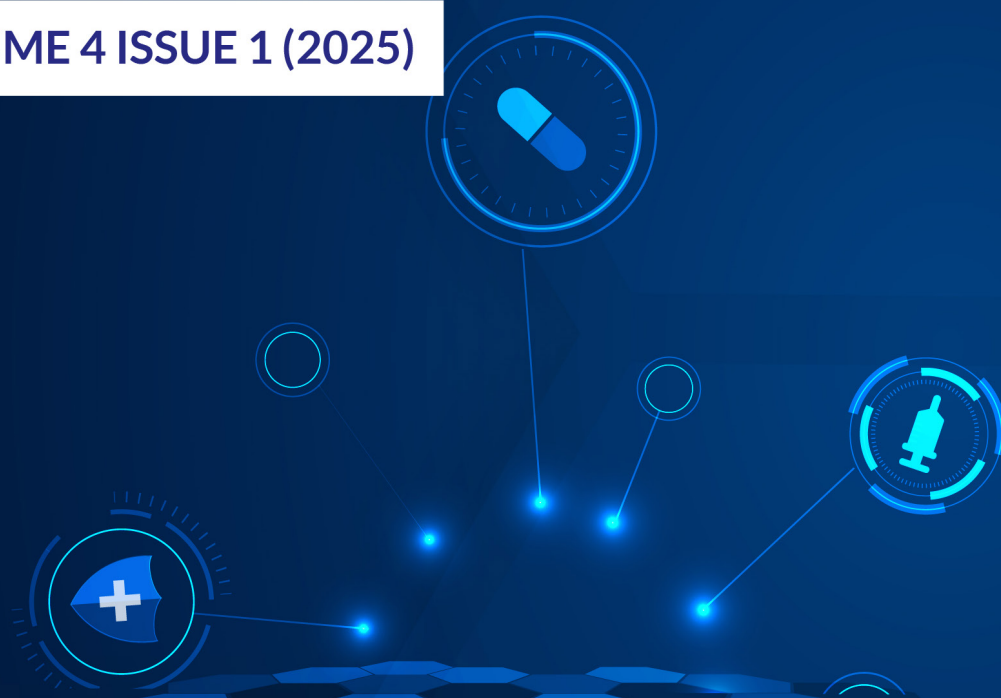




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Chemical Modulation of Amyloid Beta Oligomer's in Alzheimer's Disease

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ABSTRACT

Amyloid beta oligomers play a key role in the pathophysiology of Alzheimer's disease. Since it contributes to memory and neuronal loss, cognitive decline, degradation of neurons as well as diseases progression. As A β oligomer is very small and heterogeneous and it can change from one shape to another shape therefore it has various kinds of morphologies including monomers, oligomers and fibrils. Due to instable behavior of these proteins, it's very difficult to understand its exact mechanism. In this concise review, information over the past seven years concentrated on the molecular characteristics of amyloid- β oligomers has been summarized along with two pathways involving protein aggregation and condensation. Furthermore, metal complexes, immunotherapies, and anti-A β antibodies are reported here, which can modulate aggregation, stabilize non-toxic forms, and enhance degradation. Finally, new discoveries on small molecules that control, modify and inhibit the progression of amyloid- β oligomers are integrated, as these are key characteristics of Alzheimer's disease.

INTRODUCTION

According to recent projections, the number of people living with Alzheimer disease (AD), the most prevalent form of dementia, is expected to reach 87 million by 2050. Age is the primary risk factor for AD, which currently affects more than 35 million people worldwide (Hwang *et al.*, 2019; Tzioras *et al.*, 2022). Given that 50–80% of all cases among the elderly population are estimated to be related to this rapidly ageing population, it has emerged as a significant social issue (Peng *et al.*, 2019). Aberrant protein aggregation, which affects synaptic signaling, mitochondrial function, neuroinflammation, and neuronal loss, is indicative of AD and leads to multifactorial neuronal dysfunction (Limbocker *et al.*, 2019). Alzheimer's disease (AD) is caused by misfolded tau and amyloid-beta (A β) proteins that build up in the brain along harmful pathways that cause selective neuronal death and synaptic loss (Figure 1) (Senapati *et al.*, 2023). The primary neurotoxic species responsible for the onset of Alzheimer's disease (AD) are oligomeric aggregates of amyloid- β peptides (A β). A β oligomers stimulate additional pathological processes of AD, including tau hyperphosphorylation, oxidative stress, and mitochondrial dysfunction, in addition to causing various neuronal dysfunctions like loss of memory and learning. Thus, it is acknowledged that A β oligomers are suitable targets for AD diagnosis and treatment (Sehar *et al.*, 2022). In the pathophysiology of AD and other tauopathies, tauOs and tau filaments may be crucial players. The general consensus is that smaller, diffusible oligomers are more likely to be involved in AD pathogenesis than the larger tau assemblies, which include straight filaments, PHF, NFT, and ghost tangles, which are thought to be less toxic (Penke *et al.*, 2020). Compared to amyloid fibrils,

soluble A β oligomers have a stronger correlation with the advancement of disease. For this reason, focusing on these oligomers may prove to be a useful therapeutic approach in the management and prevention of Alzheimer's (Jehangir *et al.*, 2024). Finding A β in biological samples, like blood or cerebrospinal fluid, has enormous potential for tracking the development of AD and providing an early diagnosis. But because A β are dynamic, structurally complex, and rare, it's still very difficult to detect them accurately (Penke *et al.*, 2020). Many of these disease-associated proteins not only misfold and aggregate, but also go through liquid-liquid phase separation (LLPS) to create dynamic condensates, which are essential for regular cellular processing (Muhammad *et al.*, 2024). Many studies suggest that LLPS plays a significant role in the deposition and aggregation of tau and amyloid- β and is closely linked to the pathophysiology of AD. Investigating the fundamental mechanism in greater detail will help increase the rate of early AD detection, which will lead to the development of anti-AD medications and better outcomes for AD patients (Muhammad *et al.*, 2024). In this concise review, we gathered information over the past seven years and concentrated on the molecular characteristics of amyloid- β oligomers, along with two pathways involving protein aggregation and condensation. We also integrated new discoveries on small molecules that control, modify, and break down amyloid- β oligomers, which are key characteristics of Alzheimer's disease. Finally, we touched on their roles in the pathophysiology of the disease. It is known that A β oligomers are the target of studies on chemical regulatory mechanisms, stabilization, and degradation processes, as well as the role of phase separation in Alzheimer's disease.

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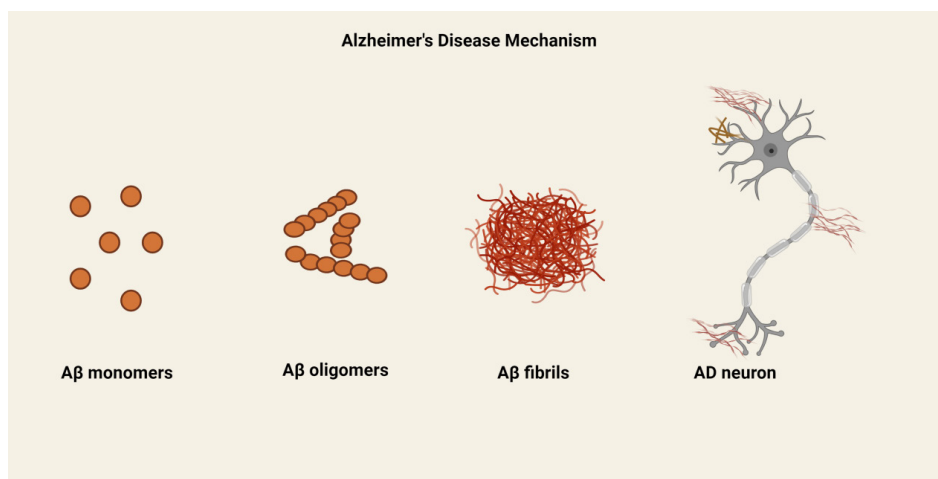


Figure 1: Amyloid- β ($A\beta$) misfolds and forms soluble toxic oligomers and fibrils that accumulate in the brain leading to synaptic loss and selective neuronal death

LITERATURE REVIEW

Amyloid- β Oligomers, Protein Aggregation and Condensation

Soluble $A\beta$ can start to accumulate in the brain up to two decades before clinical symptoms appear (Hector & Brouillette, 2021). $A\beta$ is produced as a result of the amyloid precursor protein's proteolytic cleavage by β - and γ -secretases. The two most prevalent forms of $A\beta$ in human bodies are $A\beta_{40}$ and $A\beta_{42}$. $A\beta_{42}$ was found to be more likely to aggregate, despite the fact that $A\beta_{40}$ and $A\beta_{42}$ only differ by two amino acid residues. $A\beta$ has a tendency to form a variety of self-assembly structures, from mature fibrils to oligomers and as well as monomers (Volynsky *et al.*, 2025). $A\beta$ toxicity has been shown to be primarily caused by $A\beta_{1-42}$ oligomers, both in vitro and in vivo (Han *et al.*, 2025). Experimentally and computationally characterizing the early $A\beta$ oligomers is a difficult task. Since most experimental observations provide time- and space-averaged properties, the transient and heterogeneous ensemble of oligomer structures presents an experimental challenge (Derreumaux *et al.*, 2022). At physiological concentrations of 1–20 nM, $A\beta_{42}$ synthesis easily forms oligomeric structures, and the rate of oligomer formation is temperature-dependent. At physiological concentrations, the formation of $A\beta_{42}$ oligomers is a kinetically analyzed and inhibitable process that is repeatable (Li *et al.*, 2023). The most neurotoxic agents are thought to be $A\beta_{42}$ oligomers. The morphologies of these oligomeric intermediates are diverse, encompassing spherical, annular, β -barrel, and protofibrillar forms, all of which have the potential to contribute differently to the toxicity of $A\beta$ (Foley *et al.*, 2019). In order to diagnose and treat AD, $A\beta$ oligomers are accepted as valid targets. However, because the term “ $A\beta$ oligomer” can refer to a variety of soluble $A\beta$ species or a mixture of different types of metastable oligomeric species with different sizes, shapes, and conformations as a result of $A\beta$'s dynamic assembly, it can be somewhat ambiguous (Viola & Klein, 2015). Various experiments have contributed to our current understanding of the

structures and biology of $A\beta$ oligomers, even though a unified model for their role in Alzheimer's disease has not yet been developed. Studies using solid-state nuclear magnetic resonance (NMR) conducted by Paravastu and colleagues revealed that antiparallel β -sheets make up the oligomers of $A\beta$ (Haerianardakani *et al.*, 2020).

Protein Aggregation and Condensation

The word “aggregation” is frequently used in biology to refer to assemblies that are created under pathological circumstances, where the molecules within the aggregate are irreversibly disrupted and frequently regarded as pathogenic factors. One important feature of biological processes that are irreversible is aggregation. In contrast, the word “condensation” describes dynamic, reversible molecules that can be redissolved to carry out their specific tasks; the intracellular environment is closely monitored during their assembly (Alberti & Hyman, 2021). But there is some degree of interdependence between these two categories of higher-order protein assemblers. Protein components can misfold and irreversibly aggregate when protein homeostasis is disrupted under pathological or pressure conditions, which can lead to an imbalance in biomolecular condensation and the uncontrollable collapse of these structures. Aging or solidified condensates can then frequently transform into aggregates (Amzallag & Hornstein, 2022; Savastano *et al.*, 2020). Protein condensates or aggregates may arise from intermediate clusters as precursors of droplets or aggregates under certain circumstances. A droplet that forms as an intermediate aggregate and then transforms into a solid state is one more potential mechanism for protein aggregation (Wegmann *et al.*, 2018). Nonetheless, a number of investigations have indicated that amyloid (or cross- β) interactions play a role in the development of protein aggregates, and the in vitro production of amyloid fibrils is commonly observed in phase-separated proteins (Hughes *et al.*, 2018; Luo *et al.*, 2018). Aside from nervous system conditions like schizophrenia, bipolar, and autism disorders, depression, epilepsy, and

Alzheimer's and Parkinson's diseases, the top-ranking protein condensation diseases also include depression. Synaptic condensate-forming proteins' genes are linked to the majority of these neurological disorders (Zeng *et al.*, 2016). The growing body of evidence indicates that a variety of human diseases are probably caused by aberrant protein condensation. Changes in the physiological states of proteins are the root cause of these pathologies, which are collectively known as protein condensation diseases (Li *et al.*, 2020). Yet, nucleation and off-pathway aggregation are frequently involved in the formation of amyloid fibrils, which is not just a straightforward polymerization process. Delays cause disordered intermediates to refold into non-native secondary structures (β -strands), which are linked to the creation of oligomers, during a lag phase. In certain cases, during the α - β structure transition, folding intermediates with extended (non-native) α -helices can form native or amyloid states (Žerovnik & Venko, 2023). Because of the stacking of aromatic rings and a network of backbone hydrogen bonds, amyloid fibrils, which are highly ordered and rigid protein states, can have a variety of morphologies (Stanković *et al.*, 2020; Taylor & Staniforth, 2022). Reversibility is one of the main distinctions between protein condensates and aggregates. Protein condensates are at least initially reversible, in contrast to more toxic forms of protein aggregates (Shin *et al.*, 2017). A characteristic of diseases like transmissible spongiform encephalopathies, prion diseases, Alzheimer's disease, and Parkinson's disease is protein aggregation. There is ongoing debate as to whether the aggregated proteins are involved in the pathological process directly

or are merely bystanders. Consequently, it is crucial to comprehend PS and aggregation. It is becoming evident that the pathogenesis of neurodegenerative disorders may involve proteins with liquid-to-solid transitions, such as Tau, α -synuclein, and TDP-43, which bind to RNA and are fused in sarcoma (FUS) (Zbinden *et al.*, 2020). The discovery of liquid-like condensates raises the prospect of a different route for amyloid aggregation. This "condensation pathway" is different from the "deposition pathway," which is the direct formation of amyloid aggregates from their native state via oligomeric species. Even within the same cell and protein system going through self-assembly, solid deposits have been seen to form either directly through the deposition pathway or from liquid droplets through the condensation pathway (Cascella *et al.*, 2022; Hardenberg *et al.*, 2020). However, when amyloid aggregation occurs within condensates, the role of oligomers is still unclear. Within a condensed gel-like phase, it was discovered that TDP-43 oligomers form in both the deposition and condensation pathways and before solid aggregates emerge (French *et al.*, 2019). Furthermore, it has been documented that α -synuclein oligomers were formed right after the monomeric protein underwent phase separation into a hydrogel. In this environment, monomers, oligomers, and fibrils coexist, and the hydrogels trap α -synuclein in a highly cytotoxic state rather than releasing it (Kumar *et al.*, 2018). Similarly, it was discovered that liquid-liquid phase separation causes a pathogenic conformation and oligomerization in tau and comes before gel formation and subsequently aggregation in vitro (Kanaan *et al.*, 2020; Wegmann *et al.*, 2018).

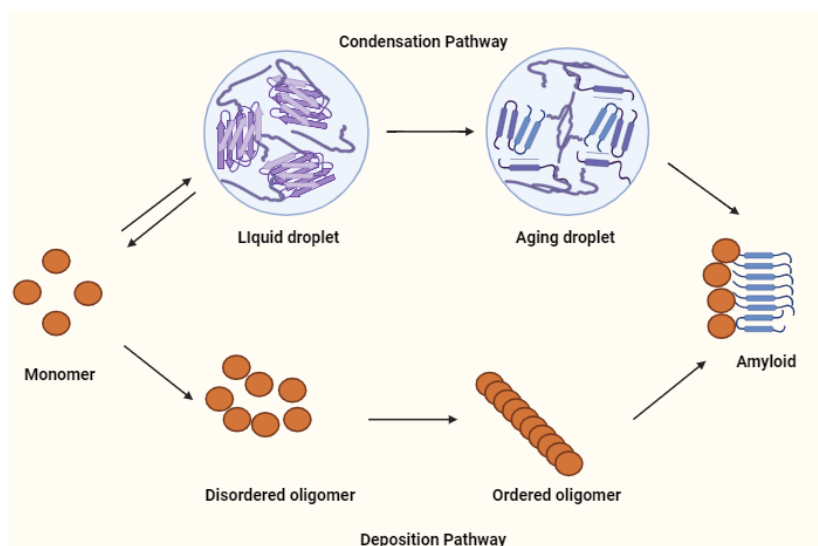


Figure 2: A synopsis of condensation and the amyloid formation deposition pathway.

Source: BioRender

Structural Features

Understanding the intricate structure of $A\beta(1-42)$ oligomer's is crucial, and in recent times, solid-state NMR-spectroscopy has been used to perform structural analyses on various oligomer preparations of $A\beta(1-42)$ oligomer's and $A\beta(1-40)$ oligomer's (also known as pyro-Glu- $A\beta(3/11-40)$ oligomers)(König *et al.*, 2021). Both

on-pathway precursor and off-pathway competitors can be acted upon by the oligomers during the oligomer to mature fibril conversion for $A\beta(42)$. Mostly composed of residue $A\beta$ peptide species, these fibrils have well-known structures. The β -strands of these fibrils are oriented perpendicularly to the fibril axis, giving them a general appearance of cross-shaped β structure. Two

hydrophobic β -sheet segments with an in-register orientation and parallel orientation are present in these fibrils, despite their unstructured N-terminus (Saha & Jana, 2022). In order to examine the biological activities of $A\beta$ oligomers and evaluate their physicochemical and structural characteristics, various techniques have been devised to produce oligomers that are relatively stable and do not easily transform into amyloid fibrils. $A\beta$ oligomers that are frequently employed in the examination of animal and cellular models of Alzheimer's disease are $A\beta$ -derived diffusible ligands, or ADDLs (Jang *et al.*, 2023). The toxic conformer of $A\beta_{42}$, with a turn at positions 22/23, and the less toxic conformer, with a turn at positions 25/26, were identified (Figure 3A) through systematic proline replacement and analyses using solid-state nuclear magnetic resonance (NMR) spectroscopy and electron spin resonance (ESR) to gather information on the secondary structure of $A\beta_{42}$ oligomers and fibrils. The turn at positions 22/23 is one of the important secondary structures of $A\beta_{42}$ for cytotoxicity and aggregative ability, as was previously mentioned. We performed cross-linking of the residues located at $A\beta_{42}$ positions 21/24, 19/26, 17/28, 15/30, and 13/32. An intramolecular disulfide bond at positions 17/28 is present in the $A\beta_{42}$ analogue (Figure 3) (Matsushima *et al.*, 2022).

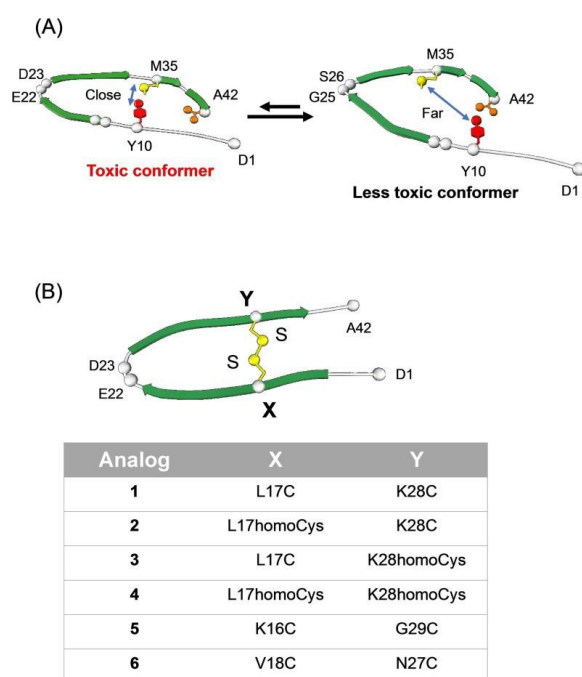


Figure 3: (A) Structure of toxic and less toxic conformers with a turn at positions 22/23 and 25/26, respectively. (B) Structure of cross-linked $A\beta_{42}$ analogues (1–6). Adopted from Ref (Matsushima *et al.*, 2022)

Role in Alzheimer's Pathology

It is widely acknowledged that $A\beta$ O are important players in the pathogenetic mechanisms of AD because of their capacity to cause neurotoxicity, synaptotoxicity, and neuroinflammation, and because these effects can explain the neuropathological characteristics of AD.

Mixtures of diverse species, varying in size from tiny to large, make up $A\beta$ O; however, it is still unclear which species are the most toxic (Araki, 2023). Our findings, along with numerous other *in vitro* and *in vivo* investigations, corroborate the notion that $A\beta$ O cause a range of pathological changes, such as oxidative stress, mitochondrial dysfunction, synaptic deficits, apoptosis, aberrant tau alterations, and cognitive impairments (Araki & Kametani, 2022). $A\beta$ oligomers may be involved in AD pathology in a number of ways, such as neuronal toxicity and excitotoxicity caused by constriction of brain blood vessels due to increased calcium levels. AD can start *in vivo* and *in vitro* when small soluble $A\beta_{1-42}$ oligomers cause neurotoxicity. For this reason, it is currently thought that $A\beta$ oligomers are more neurotoxic and disease-relevant than $A\beta$ fibrils (Matuszyk *et al.*, 2021). When $A\beta$ O binds to different receptors on the surface of neurons, it can interfere with signaling pathways and cause cells to die. $A\beta$ O recognizes more than 20 receptors, such as β_7nAChR , $p75NTR$, PrPc, glutamate receptors, and β_2-AR . APP intracellular domain (AICD) production is decreased and β -secretase activity is inhibited by PrPc, an important protein that regulates $A\beta$ metabolism *in vivo* under normal physiological conditions. $A\beta$ O, on the other hand, binds to PrPc and interferes with its normal physiological functions in AD brains (Huang & Liu, 2020). The majority of scientists believe that $A\beta$ oligomers cause synaptotoxicity by activating metabotropic glutamate receptor type 5 (mGluR5) and stimulating three kinases that inhibit LTP: c-Jun N-terminal protein kinase 1, JNK1; cyclin-dependent kinase 5, Cdk5; and p38 mitogen-activated protein kinase, p38 MAPK (Diociaiuti *et al.*, 2021). The species most closely linked to the pathophysiology of AD are soluble $A\beta$ oligomers, which can be found in APP transgenic mice, AD patients, *in vitro*, and *in vivo* in a wide variety of forms. These diverse $A\beta$ oligomer types show their neurotoxic effects in AD via multiple distinct mechanisms (Madhu & Mukhopadhyay, 2021). The toxic influence of $A\beta$ O has been extensively studied in transgenic animal models, AD brain tissues, and cell cultures. Numerous studies have shown that amyloid oligomers of different origins can cause alterations in neurons. $A\beta$ O isolated from the brains of AD patients or animal models of the disease, as well as synthetic peptides or $A\beta$ species secreted in cultured cells (Mroczo *et al.*, 2017). In summary, $A\beta$ O have been observed to trigger tau pathology, axonal transport impairment, loss of neuronal polarity, oxidative stress, endoplasmic reticulum (ER) stress, deterioration of synapses, insulin resistance, neuroinflammation, cholinergic impairment, loss of trophic factors, epigenetic modifications, ectopic mitosis, and selective death of nerve cells (Cline *et al.*, 2018). Chemical regulation of amyloid- β oligomerization Alzheimer's disease and related illnesses are characterized by a pathogenic process called amyloid-beta aggregation. In order to develop effective treatments (Cline *et al.*, 2018). Understanding how this aggregation is made is crucial. Treatment options include GAL-201, which is thought

to bind preferentially to mis-folded A β 1-42 monomers. This high-affinity binding prevents larger aggregates and harmful oligomers from forming by interfering with the aggregation process. Through its ability to inhibit A β aggregation, GAL-201 may be able to prevent or slow the onset of amyloid-beta-related neurodegenerative diseases, such as Alzheimer's (Russ *et al.*, 2022). There are now multiple strategies to combat the Alzheimer's-related A β assemblies (Fish *et al.*, 2019). Immunotherapeutic vaccinations, antibodies, peptides, and nanoparticles are a few of the tactics. Many compounds, such as Congo red, LPPFD, myricetin, melatonin, 9,10-anthraquinone, trehalose, Thioflavin T, N-methylated peptides, polyphenol EGCG, ibuprofen, naproxen, morin, and particular polyphenolic compounds, have shown promise in blocking A β aggregation and upsetting beta sheet structures (Grasso & Danani, 2020). Plants like berries and grapes contain a polyphenolic flavonoid called myricetin, which has a variety of biological activities such as antibacterial, anti-inflammatory, and antioxidant properties. Inhibition of A β oligomerization by myricetin has also been demonstrated (Araki & Kametani, 2022). Anti-A β monoclonal antibodies have the ability to stop A β monomers from forming fibrillar aggregates in vitro and to change fibrillar aggregates into an amorphous form. It's interesting to note that these mechanisms' effectiveness is influenced by antibody concentration (Mantile & Prisco, 2020). There have been reports of certain anti-A β antibodies binding directly to A β , which either dissolve A β aggregates in vitro or prevents A β from oligomerizing and forming fibrils. Particular A β antibodies with specific conformations target pre-existing brain plaques and cause direct in vivo disintegration.

According to these results, A β aggregation may be impacted by the direct interaction of anti-A β antibodies with A β in both vitro and in vivo settings (Liu *et al.*, 2025). A phase III clinical trial for four monoclonal anti-A β antibodies—adecaluzumab, BAN2401, gantenerumab, and solanezumab—has begun, according to a recent study. Aducanumab is a human IgG1 antibody that targets only soluble oligomers and insoluble fibrils of A β . It was chosen through memory B cell screening in healthy elderly individuals (Panza *et al.*, 2025). The FDA has recently approved it as an immunotherapy for AD. Aducanumab (BIIB037) is a monoclonal antibody of human IgG1 that forms an extended conformation with the N terminus of A β . It targets aggregates of A β , including insoluble fibrils and soluble oligomers (Song *et al.*, 2022). Using molecular docking, the virtual peptide P21 is able to effectively inhibit the aggregation of A β 1-42 proteins, thereby decreasing neurotoxicity (Wu *et al.*, 2023). Two classes of poly-phenols inhibit the aggregation of A β in distinct ways. On the one hand, flavonoids led to the formation of spherical, unstructured aggregates and completely inhibited the fibrillation of A β monomers. Conversely, stilbenes suppressed A β aggregation, although to a much smaller degree. Remarkably, the common stilbene resveratrol speed up the production of A β fibrils (Phan *et al.*, 2019). Metal ions have been shown to either accelerate or slow down A β aggregation based on the total metal ion concentration and metal:A β ratio, as has been covered in multiple review articles. While it has been demonstrated that Cu (II), Zn(II), and Ag(I) slow down A β fibrillization at low metal ion concentrations, A β aggregation can be stimulated at high concentrations, leading to the formation of amorphous aggregates.

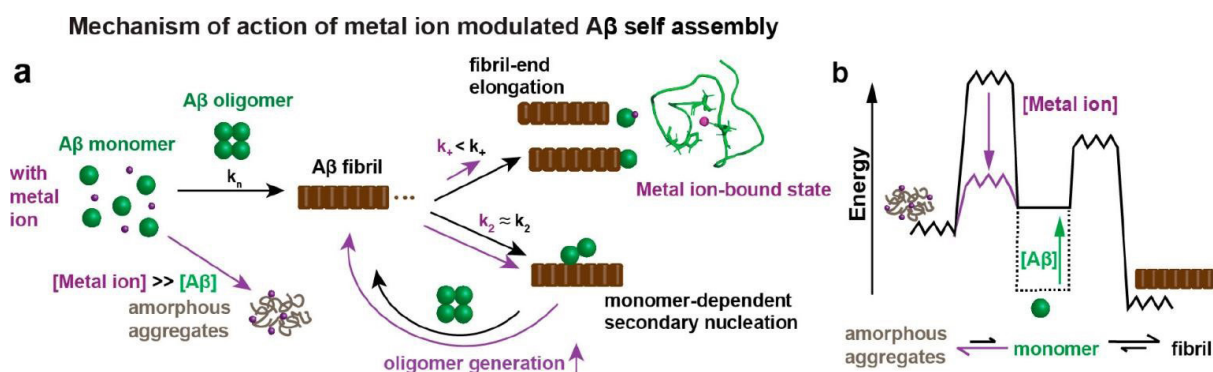


Figure 4: Model for mechanism of action of metal ion-modulated A β self-assembly

Transition-metal ions, in particular referring to Cu (II), Zn(II), and Ag(I) ions, specifically prevent fibril-end elongation events by forming a seemingly aggregation-inert metal-bound A β complex. Inhibition of fibril elongation predicts an enhanced rate of oligomer generation. At high metal ion concentration, other aggregation processes dominate, and amorphous aggregates are formed. (b) An energy diagram shows the concentration-dependent formation of A β fibrils and amorphous A β aggregates, where an increased concentration of A β generally enhances aggregation

and the energy barrier toward amorphous aggregate formation is determined by the metal ion concentration. Copy from ref (Abelein, 2023). Metal ions, particularly Zn²⁺ and Cu²⁺, have a strong affinity for binding to A β , which can facilitate A β nucleation and aggregation (Rana & Sharma, 2019). According to a recent study, quinoline-derived half-curcumin dioxaborine (Q-OB) was made in order to identify the early stage of AD by detecting the oligomeric A β 1-42 over monomer and filaments in the complex A β self-assembly cascade. In AD transgenic mice, Q-OB

demonstrated exceptional blood-brain barrier (BBB) penetrability and in vivo imaging of A β (An *et al.*, 2024). The studies of anti-A β 3D6 antibody is said to stop the development of new A β plaques in the brain, but it doesn't eliminate those that already exist. Additionally, 3D6 inhibited the aggregation of A β (Amano *et al.*, 2023). The relationships between the A β peptide and the main A β aggregation inhibitors, geraniin (1), gallic acid (2), and corilagin (5), were investigated using STD NMR spectra. This study implies that smaller soluble A β aggregates are inhibited by corilagin (5), whereas larger insoluble A β aggregates are inhibited by gallic acid (2). Corilagin (5) only interacts with soluble A β , as demonstrated by this as well (Kubo *et al.*, 2022). Certain classes, like polyphenols and tetracyclines, can prevent the aggregation of various unrelated amyloidogenic proteins, like islet amyloid polypeptide (IAPP), which is linked to type-2 diabetes, and α -synuclein, which is linked to Parkinson's disease. It's likely that their mechanisms of action are partially overlapped (Martinez Pomier *et al.*, 2020). Many in vitro and in vivo investigations have demonstrated the potential of a variety of natural compounds as therapeutic agents against the progression of AD however, pre-clinical and clinical studies have only demonstrated the efficacy of a small subset of these compounds (Andrade *et al.*, 2019). After being extracted from red maples, ginsenosin A (GA) can target A β 42 fibrillogenesis through a variety of mechanisms. Specifically, GA can bind to monomers at the early nucleation phase, preventing A β -A β associations, and at the later growth phase. According to toxicity tests on SH-SY5Y cells, pre-incubation of A β 42

solution with GA results in oligomers that do not interact or disturb the integrity of cellular membranes (Pagano *et al.*, 2020). Further evidence suggests that the antioxidant ferric acid (FA), which is found in plant cell walls, may inhibit the aggregation of A β (Thapliyal *et al.*, 2021). The biomolecular targets linked to Alzheimer's disease (AD) include the NMDA receptor, A β aggregation, AChE, and monoamine oxidase (MAO) (Uddin *et al.*, 2020). (Figure 5) shows how harmine and its derivatives bind to numerous targets. Harmine treatments decrease scopolamine-induced cognitive impairment in mice and enhance spatial learning, memory in transgenic mice, short-term memory in aged rats, and all of these outcomes. This illustrates how harmine targets different aspects of the disease and has the potential to be a multimodal treatment for Alzheimer's (Du *et al.*, 2023). Study investigated the potential therapeutic effects of GnRb1, SA, and DMyr on A β aggregation in AD. Our study suggests that since SA, GnRb1, and DMyr target A β aggregation, they might be appealing treatment options for AD based on the amyloid hypothesis (Sharari *et al.*, 2023). By significantly binding to A β oligomers and monomers, the nanoparticles (NP@SiO₂@F-SLOH) reduce A β aggregation, as confirmed by the ThT fluorescence experiment. This suggests the potential for Alzheimer's disease (AD) treatment. A β species ranging from A β 42 monomers and oligomers to Gd³⁺-based NPs with F-SLOH surface functionalization lessen neurotoxicity as well. Additionally, the NPs effectively stop A β species from generating reactive oxygen species (ROS), indicating that AD treatments may be possible with them (Wang *et al.*, 2020).

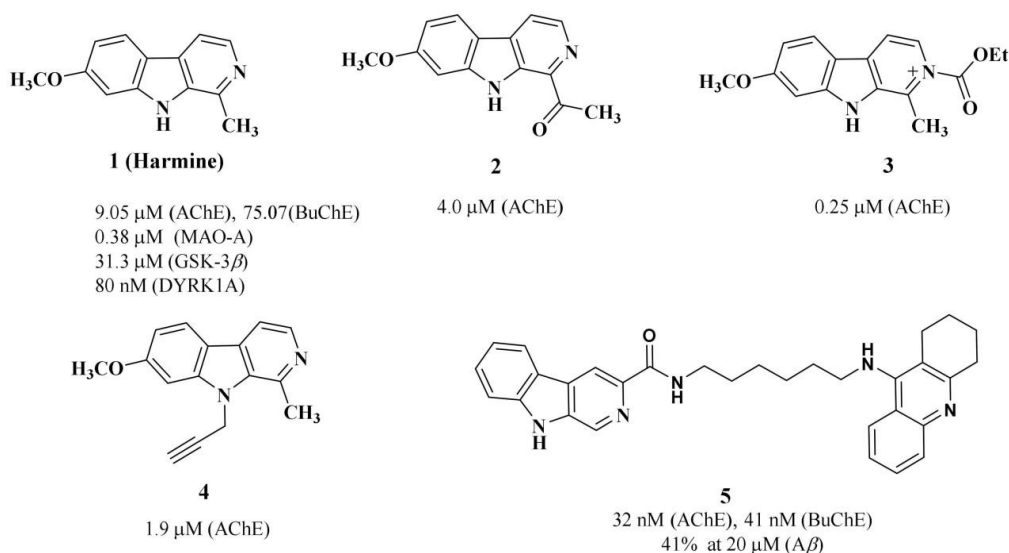


Figure 5: Chemical structures of harmine and its derivatives. Copy from ref (Du *et al.*, 2023)

Stabilization of Amyloid- β Oligomers

A number of tiny compounds have been demonstrated to be useful anti-aggregating agents in the treatment of Alzheimer's disease, including curcumin, resveratrol, ellagic acid, meric decapeptide rk10, and epigallocatechin-3-gallate (EGCG) (Mohammed *et al.*, 2023). The active polyphenol found in green tea, called epigallocatechin-3-gallate (EGCG), has drawn a lot of interest because of its

potential for health benefits, which include anti-oxidation, radical scavenging, metal chelating, anti-carcinogen, anti-apoptosis, and anti-inflammatory qualities (Mokra *et al.*, 2022). EGCG activates the proteolytic pathway of nonamyloidogenic α -secretase, which inhibits the aging process of the brain and lowers A β levels, according to several studies (Bao *et al.*, 2020). Apart from its potential to prevent the creation of harmful prefibrillar oligomers,

EGCG has also been proposed as a possible remodeler of preexisting amyloid fibrils. Since EGCG is unstable and oxidizes quickly to produce a range of products, most research is done at physiological pH (Sternke-Hoffmann *et al.*, 2020). Research has demonstrated that polyphenols can either stop A β oligomerization from happening or restructure and stabilize A β oligomers into forms that are safe. To produce unstructured A β oligomers, EGCG inhibits A β fibrillogenesis. Smaller, more amorphous,

nontoxic protein aggregates are assembled from freshly formed oligomers with its assistance (El Gaamouch *et al.*, 2022). Catecholamine neurotransmitters have the ability to maintain A β in its oligomeric state, according to studies. Indeed, A β oligomer stabilization may involve the cooperation of NE and DA. An elevated oligomer concentration is indicated by the aggregated A β , which is significantly blurred when NE and DA are present (Allnutt & Matera, 2023).

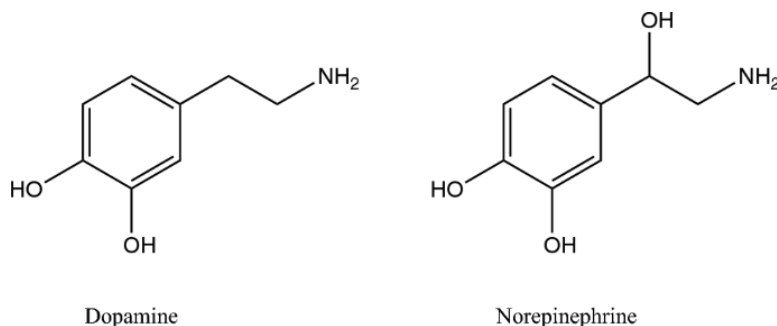


Figure 6: Structures of neurotransmitters examined for stabilization of A β oligomers.

Source: Adopted from (Allnutt & Matera, 2023)

An antioxidant, anti-inflammatory, and anticancer polyphenolic compound is curcumin. Its low bioavailability restricts efficacy despite its possible advantages in Alzheimer's disease (AD) models (Momma *et al.*, 2023). Enhancing bioavailability and brain translocation, GT863, a derivative of curcumin, was synthesized. Together with

dual stabilization of A β and tau aggregation, in vivo studies showed that GT863 could ameliorate cognitive impairment in an AD mouse model. It would seem from this that GT863 is a good candidate for more study in the treatment of AD.

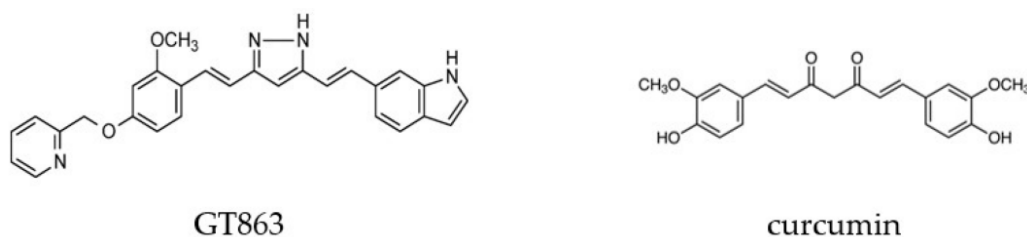


Figure 7: Structures of GT863 and curcumin.

Source: Adopted from ref (Zhou *et al.*, 2022)

Few compounds that can disassemble pre-formed oligomers have progressed to the point of clinical trials, despite the fact that a large number of A β aggregation inhibitors have been discovered in vitro. Trimiprosate, also known as 3-amino-1-propanesulfonic acid; Alzhemed™, has been shown to bind preferentially to pre-fibrillar (monomeric and oligomeric) forms of Antibody, thereby preventing their conversion into higher-order oligomers and fibrils (Ono & Tsuji, 2020). Moreover, metal ions control A β polymorphism, stability, and aggregation. Based on our simulations, the stabilizing effect is dependent on the size of the fibrillar oligomer and the type of alkali ion. Studies looked at how fibrillar A β oligomers of different sizes were affected by the three alkali metal ions Li⁺, Na⁺, and K⁺ (Huraskin & Horn, 2019). According to recent research, small molecules with anti-oxidative properties, the majority of which come from natural sources, can lessen the neurotoxicity of A β O_n (Araki & Kametani, 2022). A β 42 aggregates are

more toxic than the more prevalent A β 40 because A β 42 peptides can form three-stranded motifs, which enable them to assemble into pore-forming aggregates (ring- or barrel-shaped), and the brain environment—specifically, the presence of fatty acids—enhances the formation of these aggregates. We discover that lauric acid stabilizes these aggregates (Khatua *et al.*, 2021).

Degradation of Amyloid- β Oligomers

The degradation of A β in the brains of AD patients is a crucial area of study to help understand the underlying mechanism of A β degradation and to shed light on the disease's pathogenesis (Zhang *et al.*, 2020). Degrading the levels of accumulated A β aggregates and inhibiting A β aggregation are therefore important, and doing so has become essential for the potential application as an appealing therapeutic and preventive strategy for the treatment of AD (Cheng *et al.*, 2020). Furthermore, there are still few ways to assess the degree of A β degradation.

Circular dichroism (CD) and the thioflavin-T (ThT) fluorescence assay are frequently used to look into how the β -sheet structure in $A\beta$ aggregates is being destroyed (Gao *et al.*, 2022). By tracking the decrease in $A\beta$ concentration over time, the $A\beta$ degradation has also been identified using sandwich enzyme-linked immunosorbent assay (ELISA) and western blot techniques (Rostami *et al.*, 2021). These methods do, however, still have a number of drawbacks, including a high potential for false positive/negative results or results that are subject to subjectivity, the need for careful handling and accuracy at every stage, and high individual costs associated with the preparation of antibodies and culture media. To measure the enzymatic breakdown of $A\beta$, some peptide mapping investigations are carried out, which involve gathering fractions from liquid chromatography (LC) and then using off-line mass spectrometry (MS) (Moracci *et al.*, 2021). Studies conducted recently indicate that nattokinase (NK) may play a part in the treatment of diseases related to $A\beta$ aggregates, like AD, as it can gradually break down $A\beta$ aggregates at neutral pH and body temperature (Chen *et al.*, 2018). After then, $A\beta$ is eliminated by non-proteolytic or enzyme-mediated mechanisms. There are currently about 20 different proteases known as $A\beta$ degrading enzymes (ADEs), which mediate the proteolytic degradation of $A\beta$ (Sikanyika *et al.*, 2019). $A\beta$ clearance can be categorized into two main groups: enzymatic and non-enzymatic. Enzymatic clearance involves the action of $A\beta$ -degrading enzymes (ADEs), which function as proteases to break down $A\beta$ peptides into smaller, less harmful forms. While most degradation is believed to occur within the brain, clearance may also happen in other areas where $A\beta$ is found after being cleared from the brain. A variety of ADEs have been found from different classes of proteases, including metallo-serine, aspartyl, cysteine, and threonine proteases (see Table 1). Many of these proteases have the ability to break down multiple peptide substrates in various tissue locations (Zukowska *et al.*, 2023). Neprilysin (NEP) and insulin-

degrading enzyme (IDE) are the most well-characterized $A\beta$ DPs. They are both zinc-metalloendopeptidases that are primarily involved in the breakdown of monomeric species, though neprilysin has also been reported to hydrolyze $A\beta$ oligomers (de Dios *et al.*, 2019). Insulin-degrading enzyme (IDE) is a widely distributed Zn^{2+} -metalloprotease present in various human tissues and organs. Extensive research has suggested a strong link between IDE and Alzheimer's disease (AD). Clinical and in vivo investigations have consistently shown that reduced IDE levels in the brain of AD patients contribute to the advancement of the disease (Abramov-Harpaz & Miller, 2022). Enzymes such as endothelin-converting enzyme, neprilysin (NEP), insulin-degrading enzyme (IDE), and matrix metalloproteinase-9 show a decrease in the accumulation of $A\beta$. While matrix metalloproteinase-9 enzyme was discovered to degrade both soluble $A\beta$ species and $A\beta$ fibers, IDE and NEP are reported to be able to remove soluble $A\beta$ (Sahoo *et al.*, 2021). Zinc metalloproteases known as endothelin-converting enzymes, or ECEs, are made by astrocytes, endothelial cells, and neurons. ECE-1 and ECE-2 exhibit 59% homology and comparable catalytic activities; however, these activities differ in terms of their ideal pH, with ECE-1 activity requiring a physiological pH and ECE-2 activity requiring an acidic pH (5.5). They were proposed to be involved in the breakdown of monomeric $A\beta$ before its secretion, and they mainly break down intracellular $A\beta$ (Loeffler, 2023). One important protease that breaks down fibrin in blood clots is called plasmin (Plm). Plm, along with tissue-type plasminogen activator (tPA) and urokinase-type plasminogen activator (uPA), is one of the three components of plasmin-based thrombolysis (Yang *et al.*, 2020). Plm is derived from its inactive form, plasminogen (Plg). Amyloid-beta ($A\beta$) has been shown to be directly degraded by Plm, which also targets its monomeric and fibrillar forms while lessening their toxicity. This implies that Plm may have a part in resolving $A\beta$ -related problems (Loeffler, 2023).

Table 1: Presents a list of enzymes that have shown the ability to degrade $A\beta$ in laboratory studies. However, the complete characterization of each protein's biological significance is still incomplete. Neprilysin-2 (NEP-2) is referred to by various names in the literature, including SEP, NL1, MMEL1, and NE_PLP.

$A\beta$ degrading enzymes	$A\beta$ degrading enzymes
Neprilysin (NEP)	Matrix metalloprotease-14 (MMP-14)
Endothelin-converting enzyme-1 (ECE-1)	Myelin basic protein (MBP)
Endothelin-converting enzyme-2 (ECE-2)	Plasmin
Angiotensin-1 converting enzyme (ACE)	Aminopeptidase A
Angiotensin converting enzyme-2 (ACE-2)	Mitochondrial presequence protease (PreP)
Insulin-degrading enzyme (IDE)	Acyl peptide hydrolase (APEH)
Matrix metalloproteinase-2 (MMP-2)	Cathepsin B
Matrix metalloproteinase-9 (MMP-9)	Cathepsin D
Beta secretase 1 (BACE 1)	Beta secretase 2 (BACE 2)
26S proteasome.	

Source: Adopted from (Zukowska *et al.*, 2023)

CONCLUSION

It is concluded that Amyloid-beta ($A\beta$) oligomers have important role in Alzheimer's disease (AD) pathogenesis, neuroinflammation and cognitive decline through liquid-liquid phase separation (LLPS) and dynamic aggregation. This study highlighted progress in targeting $A\beta$ oligomers with metal complexes, small molecules and immunotherapies, which make stable nontoxic forms and control aggregation, or regulate degradation. Main challenges include the heterogeneity in structure and the desire for blood-brain barrier-permeable therapeutics. Innovative strategies, such as $A\beta$ -degrading enzymes and LLPS inhibitors, offer breakthrough pathways for early intervention. Future studies should prefer in vivo validation for phase-separation modulators, microstructural characterization of oligomers and biomarkers for early detection. By combining chemical biology and neurotherapeutics, this field proceeds closer to disease-modifying treatments that degrade $A\beta$ toxicity at its point source, offering hope for overstaying AD progression.

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