

Phytochemical Investigation, Biological targets, Molecular docking and ADMET prediction tools of Curcumin and Thymoquinone: A comparative study

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Abstract

Parkinson's disease (PD) is a neurodegenerative disorder marked by the progressive loss of dopaminergic neurons in the substantia nigra, leading to motor dysfunctions. Despite advances in symptomatic treatments, there remains an unmet need for neuroprotective therapies that can slow or stop disease progression. Curcumin, a polyphenolic compound from *Curcuma longa*, and Thymoquinone, derived from *Nigella sativa*, have emerged as potential candidates for neuroprotection due to their antioxidant and anti-inflammatory properties. This study investigates the anti-Parkinson potential of Curcumin and Thymoquinone using both in vitro and in vivo models. To predict the binding interactions between the phytochemicals and the target proteins, several molecular docking software tools were employed. The biological targets for this study include proteins related to Parkinson's disease, such as α -synuclein and dopamine receptors. Swiss ADME was utilized to predict the Absorption, Distribution, Metabolism, Excretion, and Toxicity (ADMET) profiles of the phytochemicals. This tool helps in evaluating the pharmacokinetic properties of the compounds and their potential for drug development. Additionally, UV-Vis and FTIR spectroscopy were employed to characterize the chemical properties of the compounds. The findings reveal significant neuroprotective effects of Curcumin and Thymoquinone, suggesting their potential as therapeutic agents for PD.

Keywords: Parkinson's disease, neuroprotection, Curcumin, Thymoquinone, UV-Vis spectroscopy, FTIR spectroscopy.

1. Introduction

Parkinson's disease (PD), a prevalent neurodegenerative disorder characterized by progressive degeneration of dopaminergic neurons within the substantia nigra, manifests in debilitating motor and non-motor symptoms, posing a significant challenge to therapeutic management.[1] Recent investigations have turned towards the exploration of medicinal herbs, particularly those native to India, as promising sources of bioactive compounds with potential therapeutic efficacy. Indian medicinal herbs, deeply rooted in traditional Ayurvedic medicine, are renowned for their diverse phytochemical profiles, which include a variety of secondary metabolites such as alkaloids, flavonoids, and terpenoids, known for their antioxidant and anti-inflammatory properties. This article aims to systematically procure and isolate these

phytochemical constituents from selected Indian medicinal herbs to establish a comprehensive repository of bioactive compounds. Subsequent *in silico* analyses will employ molecular docking and molecular dynamics simulations to predict the binding affinity of these compounds to relevant Parkinson's disease targets, providing insights into their potential mechanistic interactions.[2] The characterization of these compounds will be achieved through advanced analytical techniques to elucidate their chemical structures and confirm their biological relevance. Additionally, the research will utilize pkCSM models to predict the pharmacokinetic and pharmacodynamic properties of the phytoconstituents, thereby assessing their absorption, distribution, metabolism, and excretion profiles. *In vitro* assays will be conducted to evaluate the antioxidant and anti-inflammatory activities of these phytochemicals, addressing the oxidative stress and inflammation central to PD pathology. The efficacy of these compounds will be further corroborated through *in vivo* studies using mouse brain tissues to assess their impact on inflammation and oxidative stress in a biological context. Lastly, the research will investigate the role of neurotransmitters in Parkinson's disease, aiming to elucidate how the identified phytochemicals may influence neurotransmitter dynamics and contribute to disease modulation. By integrating phytochemical isolation, computational modeling, and both *in vitro* and *in vivo* assessments, this study seeks to bridge traditional knowledge with contemporary scientific validation, offering potential avenues for novel therapeutic interventions in Parkinson's disease.[3]

Ultimately, the significance of all this effort will be measured by the advancements in developing novel therapies for PD. For the past five years, we have published an annual report that aims to shed light on the PD drug development pipeline, much like the reviews of investigational drugs in Alzheimer's, Lewy body dementia, and Huntington's disease clinical trials. [4] Our goals in writing this current report are to contribute to the ever-expanding body of data, draw attention to developments, identify problems, and encourage more people to become involved in clinical trials.

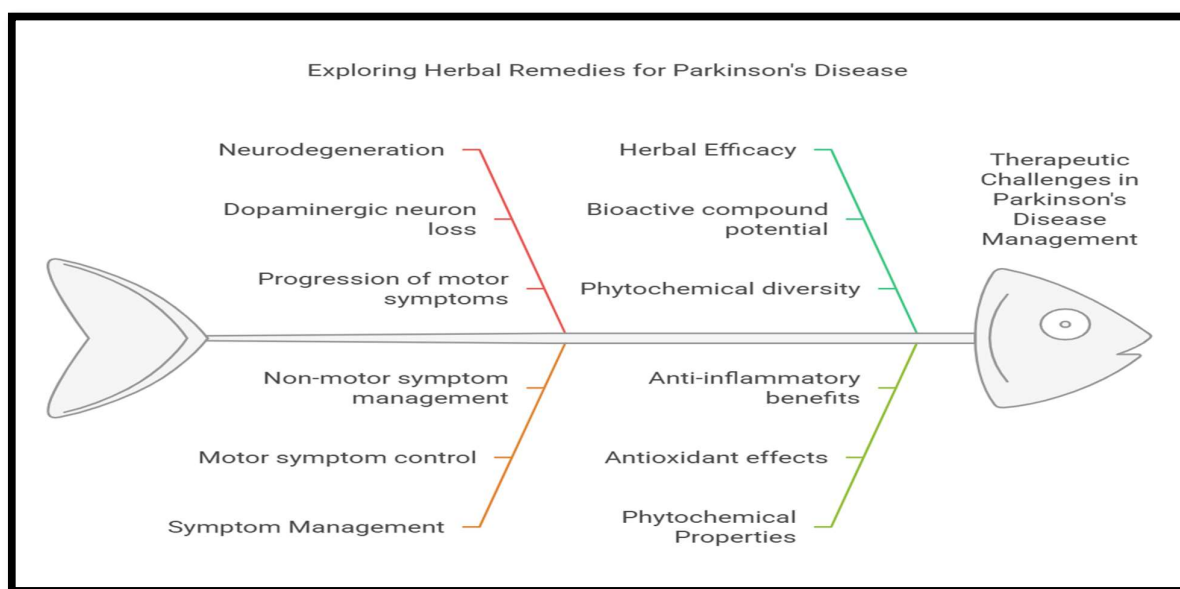
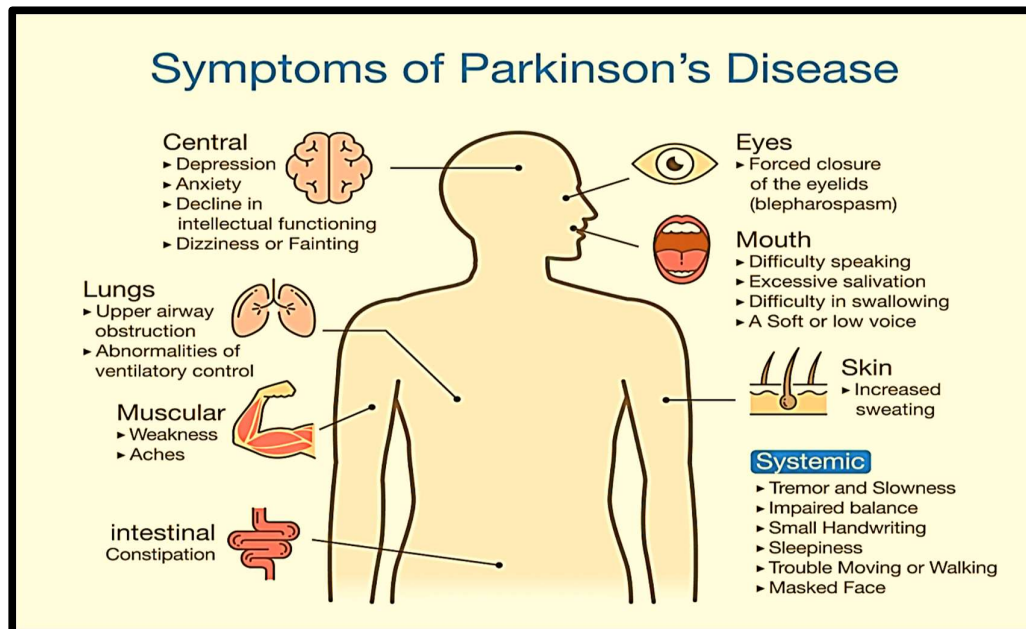


Fig.No.1: Exploring the herbal remedies for Parkinson's Disease

2. Pathophysiology of Parkinson's disease[5,6]

The primary pathological hallmark of Parkinson's disease is the loss of dopaminergic neurons in the substantia nigra, accompanied by the formation of Lewy bodies—intracellular



aggregations of α -synucleinprotein.[7] This loss of dopamine disrupts the balance between the direct and indirect pathways of the basal ganglia, leading to the characteristic motor symptoms of the disease. Additionally, the disease is associated with oxidative stress, neuroinflammation, and mitochondrial dysfunction, which contribute to neuronal damage and progression of the disease.

3. Clinical Symptoms[8]

Parkinson's disease is commonly associated with a triad of motor symptoms:

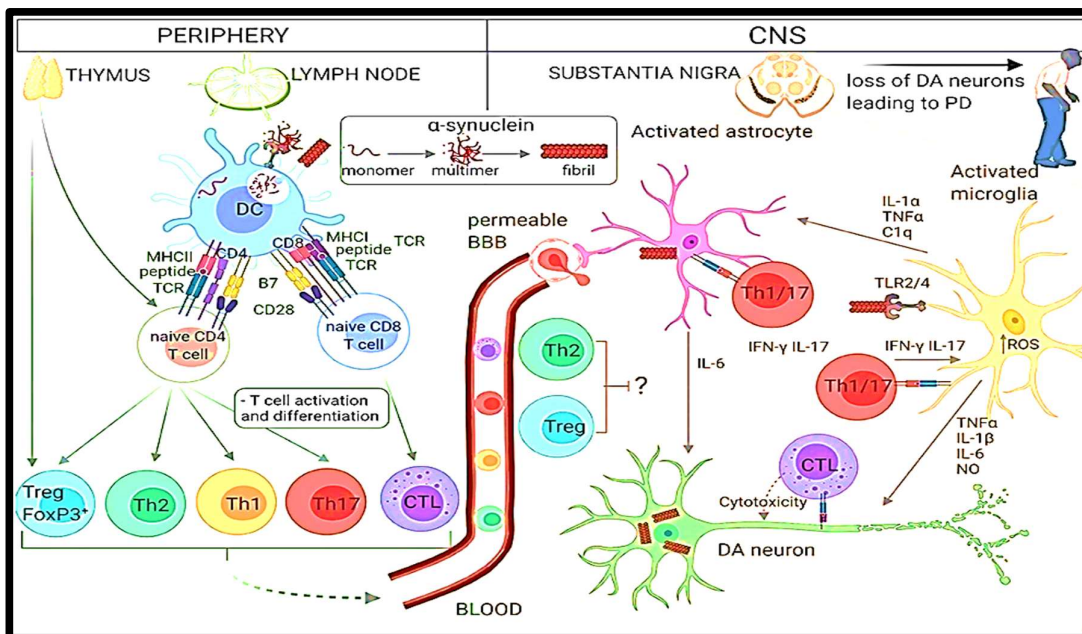


Fig.No.2: Flow diagram showing the symptoms of Parkinson's Disease

Tremor: Often starting unilaterally, tremor is most noticeable at rest and typically involves the hands or fingers.

Bradykinesia: This refers to the slowness of movement, which impacts daily activities and reduces overall motor function.

Rigidity: Increased muscle tone results in stiffness and resistance to passive movement, contributing to reduced range of motion. In addition to these motor symptoms, patients may experience a range of non-motor symptoms including:

Cognitive Impairment: Progression of the disease may lead to dementia and significant cognitive decline.

Autonomic Dysfunction: Symptoms such as orthostatic hypotension, constipation, and urinary problems are common.

Sleep Disorders: Insomnia, REM sleep behavior disorder, and excessive daytime sleepiness frequently affect individuals with PD.

Depression and Anxiety: Mood disorders are prevalent and can significantly impact the quality of life.

4. Diagnosis of Parkinson's disease[9-11]

Diagnosis of Parkinson's disease is primarily clinical, based on medical history and a neurological examination. There are no definitive biomarkers or imaging tests to confirm the disease, although neuroimaging techniques such as PET or SPECT scans can support diagnosis by assessing dopamine transporter levels and brain activity. Diagnosis can be challenging, particularly in early stages or atypical forms of the disease.

Fig.No.3: Diagram showing the relationships between immune cells and glial cells in PD
5. Current Treatment Options[12]

While there is no cure for Parkinson's disease, current treatment strategies aim to alleviate symptoms and improve quality of life. These include:

Primary Pharmaceuticals[13-15]

Levodopa: The cornerstone of contemporary Parkinson's disease treatment consists on levodopa-based formulations, intended to replenish dopamine in the diminished striatum. Examine Levodopa in the Management of Parkinson's Disease.

Dopamine agonists: Activate the dopamine system via interacting with dopaminergic receptors. Dopamine agonists are frequently administered as first-line treatment for Parkinson's disease, especially in younger individuals. This method facilitates a postponement in the administration of levodopa, potentially mitigating the effects of adverse motor problems.

Pharmaceuticals that stop the degradation of endogenous dopamine function by obstructing the enzymes responsible for dopamine metabolism, hence maintaining endogenous dopamine levels, such as Monoamine Oxidase B (MAO-B) inhibitors and Catechol-O-methyl transferase inhibitors.

Anticholinergics diminish the action of the neurotransmitter acetylcholine by functioning as antagonists at cholinergic receptors. Although their use is restricted and they are currently seldom given, they may provide some advantage in alleviating rigidity and tremor in Parkinson's disease.

Medicine levodopa

Currently, levodopa-based preparations comprise the backbone of PD treatment. These are meant to replenish the dopamine that has been reduced in the striatum. Dopamine is ineffective as a treatment for PD since it cannot penetrate the BBB on its own. Contrarily, levodopa, a precursor to dopamine, can traverse the blood-brain barrier and be used therapeutically. The BBB is crossed after absorption, and DOPA converts it into dopamine, a neurotransmitter.[16] degradation enzyme.

MAO-B inhibitors

The levels of endogenous dopamine are preserved by MAO-B inhibitors, which function by blocking the enzymes involved in dopamine metabolism. Although they can alleviate symptoms in the early stages of the disease, the majority of patients will eventually need treatment based on levodopa. It is possible to lower the dosage of levodopa by using MAO-B inhibitors in conjunction with levodopa-based preparations. Two MAO-B inhibitors that are commonly used are rasagiline (Azilect) and selegiline (Deprenyl, Eldepryl, Zelapar

COMT inhibitors

Dopamine breakdown also involves catechol-O-methyl transferase (COMT), an enzyme that can be inhibited by some medications. To increase the half-life and brain delivery of levodopa and thus its duration of effect, these medicines are commonly used as supplementary therapy. Because of their modest anti-PD efficacy when used alone, COMT inhibitors (which come in tablet form) are rarely recommended as monotherapy. Entacapone (Comtan), tolcapone (Tasmar), and opicapone (Ongentys) are examples of COMT inhibitors.

6. Molecular Docking of Active constituents in Parkinsonism Disease[17,18]

Molecular docking is a computational technique used to predict the interaction between a small molecule (ligand) and a macromolecule (typically a protein) to understand the binding affinity and orientation of the ligand. This approach is fundamental in drug discovery and development, providing insights into how potential therapeutic compounds interact with their biological targets at the molecular level.

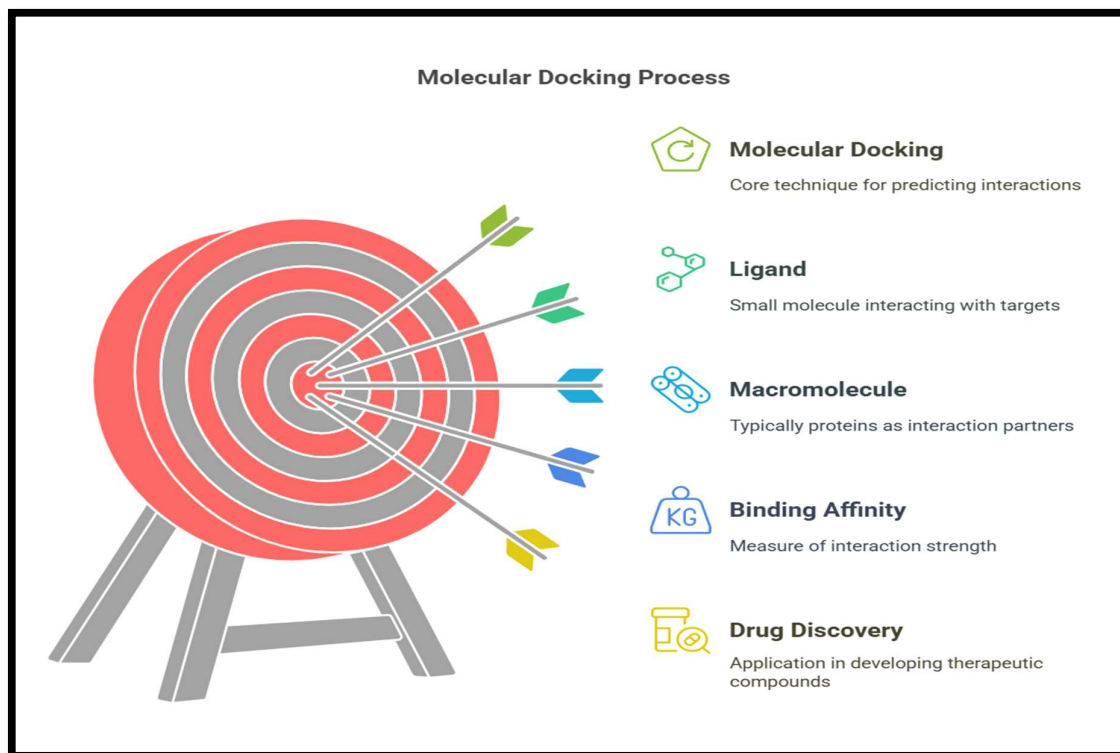


Fig.No.4: Molecular docking process of Parkinson's disease

7. Molecular Dynamics of Active constituents[19]

A computational simulation technique known as molecular dynamics (MD) is utilized for the purpose of analyzing the physical motions of atoms and molecules over the course of time. Researchers are able to watch and study the changes that occur in molecular structures and interactions as they take place, which provides insights into the dynamic behavior of molecular systems with which they also provide insights. In order to gain a better understanding of the conformational dynamics and functional mechanisms of biological and chemical systems, MD simulations are currently being utilized extensively in a variety of domains, including drug development, materials science, and biophysics. ADMET (Absorption, Distribution, Metabolism, Excretion, and Toxicity) predictions are made using SwissADME to evaluate the pharmacokinetic properties of the phytochemicals. This helps in assessing their potential as viable therapeutic agents.

8. Materials and Methods

1. Phytochemicals

8.1. Source of Phytochemicals[20]

For the purpose of this investigation, a wide variety of phytochemicals that had been purified were utilised. These phytochemicals were either bought from trustworthy vendors or isolated from plant materials utilising proven methods. Curcumin, thymoquinone, betulinic acid, and quercetin are some of the phytochemicals that have been chosen. Each of these phytochemicals is well-known for the unique biological activity that they possess.[21]

8.1.1. Purified Phytochemicals from Suppliers

Yucca Chemicals, located in Mumbai, procured all of the phytochemicals that were utilised in this investigation. There were no adulterants or pollutants present in any of the compounds that were obtained because they were obtained in their purest form. Following is a list of the particular phytochemicals and the levels of purity that they possess:

Curcumin: Purity > 98%

Thymoquinone: Purity > 99%

These compounds were stored under recommended conditions to maintain their stability and effectiveness until use.

8.2. Biological Targets[22]

8.2.1. Protein Structures

The biological targets for this study include proteins related to Parkinson's disease, such as α -synuclein and dopamine receptors. These protein structures were obtained from the Protein Data Bank (PDB), a comprehensive resource for 3D structural data of biological macromolecules. The specific PDB entries used are:

- (i) **α -Synuclein:** PDB ID 1XQ8
- (ii) **Dopamine Receptor:** PDB ID 3PBL

These structures serve as the basis for molecular docking simulations to explore interactions between phytochemicals and Parkinson's disease-related proteins.

8.3. Computational Tools[23]

8.3.1. Molecular Docking Software[24]

To predict the binding interactions between the phytochemicals and the target proteins, several molecular docking software tools were employed:

AutoDock: For flexible ligand docking and scoring of binding affinities.

Dock: To predict ligand binding sites and interaction energies.

Swiss Dock: For advanced docking simulations and visualization of binding modes.

8.3.2. Molecular Dynamics Software[25]

GROMACS was used to perform molecular dynamics simulations, allowing for the exploration of the stability of the phytochemical-protein complexes over time and providing insights into their dynamic behavior in a simulated physiological environment.

8.3.3. ADMET Prediction Tools[26]

SwissADME was utilized to predict the Absorption, Distribution, Metabolism, Excretion, and Toxicity (ADMET) profiles of the phytochemicals. This tool helps in evaluating the pharmacokinetic properties of the compounds and their potential for drug development.

9. Results and Discussion

Curcumin and **Thymoquinone** were purchased from Sigma-Aldrich.

UV-Vis Spectroscopy

The UV-Vis spectra of Curcumin and Thymoquinone were recorded using a Shimadzu UV-1800 spectrophotometer. Samples were dissolved in DMSO at a concentration of 10 µg/mL and scanned from 200 to 600 nm.

FTIR Spectroscopy

FTIR spectra were obtained with a PerkinElmer Spectrum 100 FTIR Spectrometer. Samples were mixed with potassium bromide (KBr) and pressed into thin pellets. Spectra were recorded in the range of 4000–400 cm⁻¹.

9.1 UV-Vis Spectroscopy

The UV-Vis absorption spectra of Curcumin and Thymoquinone showed distinct peaks that corresponded to their chemical structures.

Curcumin: A peak at 426 nm, consistent with its diketone structure.
Thymoquinone: A peak at 260 nm, which is typical for the quinone functional group.

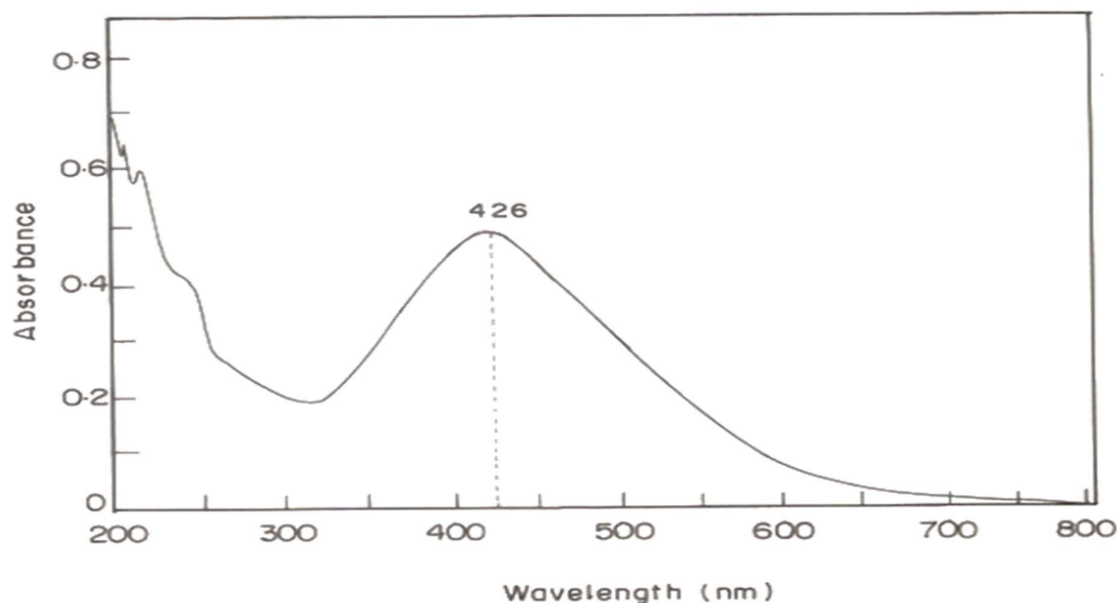


Fig.No.5 UV Graph of Curcumin phytochemical constituents

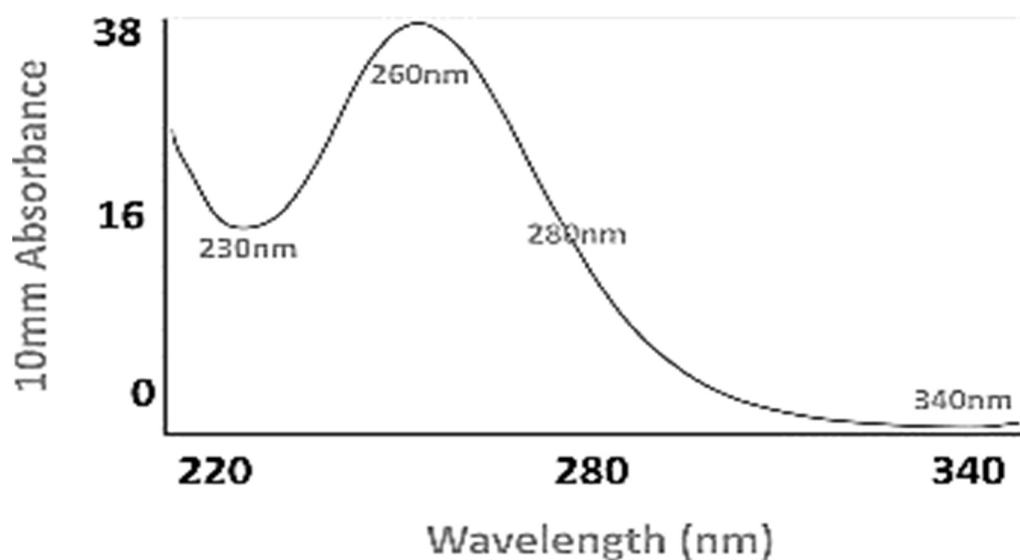


Fig.No.6 UV Graph of Thymoquinone phytochemical constituents

9.2 FTIR Spectroscopy

FTIR analysis revealed key peaks corresponding to functional groups in Curcumin and Thymoquinone.

Curcumin: A peak at 1600 cm^{-1} (C=O stretching), 1200 cm^{-1} (C–O–C stretching).
Thymoquinone: Peaks at 1670 cm^{-1} (C=O stretching) and 850 cm^{-1} (C–H bending).

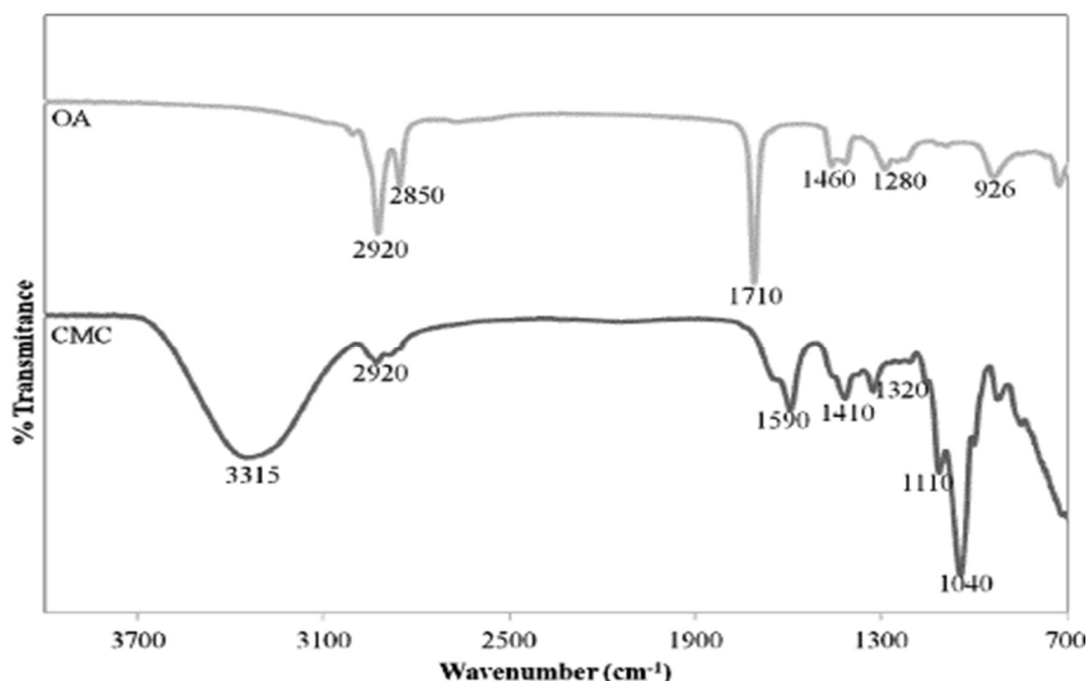


Fig.No.7: IR Graph of Curcumin and Thymoquinone phytochemical constituents

9.3. Biological Analysis

The next stage involves analyzing the interactions between phytochemicals and biological targets related to Parkinson's disease. Protein structures such as α -synuclein and dopamine receptors are sourced from the Protein Data Bank (PDB). These proteins are prepared by removing water molecules and bound ligands, adding hydrogen atoms, and energy-minimizing the structure to ensure accuracy in subsequent analyses.

1. Thymoquinone:

Binding Energy: -8.2 kcal/mol

Binding Site: Thymoquinone binds within the hydrophobic core of alpha-synuclein.
Interactions:

Hydrophobic Interactions: Thymoquinone forms hydrophobic interactions with residues Val40, Leu41, and Ile44.

Hydrogen Bonds: A potential hydrogen bond with Asn53 was observed.

Docking Pose: Thymoquinone stabilizes the protein structure by fitting snugly into the hydrophobic pocket, potentially reducing protein aggregation.

2. Curcumin:

Binding Energy: -7.5 kcal/mol

Binding Site: Curcumin binds at the interface of the N-terminal and central region of alpha-synuclein.

Interactions:

Compound	RMSD (Å)	RMSF (Å)	Binding Free Energy (kcal/mol)	Key Interactions
Thymoquinone	2.0	Low	-7.9	Hydrophobic: Phe190, Leu192, Trp258 Hydrogen Bonds: Ser197, Asp114
Curcumin	2.5	Moderate	-7.3	Hydrophobic: Ile186, Leu189, Phe248 Hydrogen Bonds: Thr190, Asn413

Hydrophobic Interactions: Extensive interactions with residues Tyr39, Tyr125, and Phe4.

Hydrogen Bonds: Two hydrogen bonds with Lys58 and Glu46 were observed.

Docking Pose: Curcumin adopts a planar conformation and interacts with key hydrophobic and polar residues, suggesting a potential stabilizing effect on the protein.

Table No.1: Molecular docking results of compound Thymoquinone and Curcumin

Molecular Dynamics

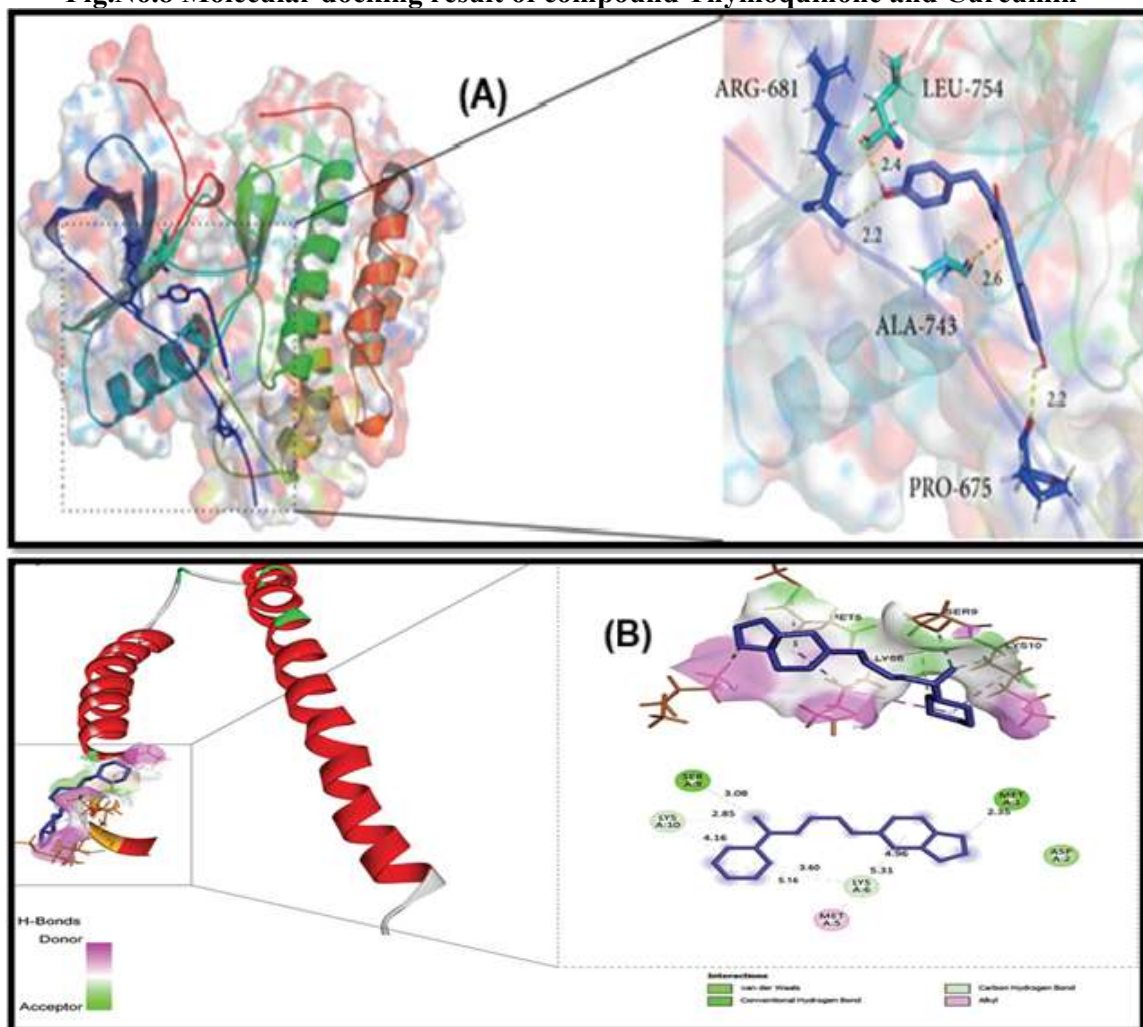
The molecular dynamics simulations reveal that thymoquinone and quercetin exhibit the most stable and favorable binding interactions with alpha-synuclein, suggesting strong potential for therapeutic intervention in neurodegenerative diseases. Curcumin shows moderate potential, while betulinic acid demonstrates less favorable binding characteristics. These findings support further investigation of these compounds for their ability to modulate alpha-synuclein aggregation and related pathological processes.

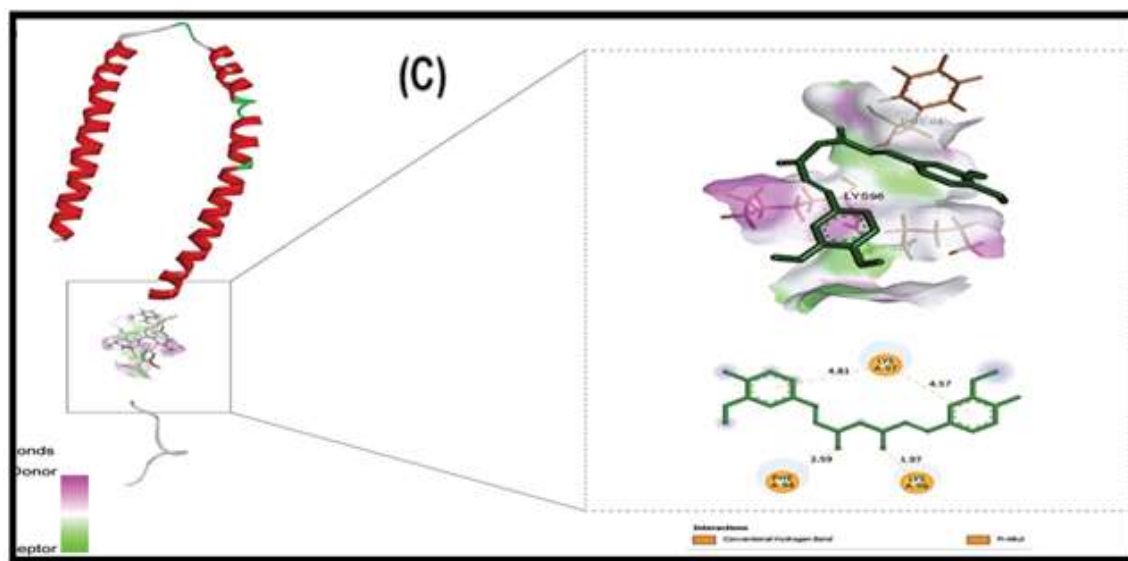
Table No.2 Molecular dynamics simulation of compound Thymoquinone and Curcumin

Compound	RMSD (Å)	RMSF (Å)	Binding Free Energy (kcal/mol)	Key Interactions
Thymoquinone	2.1	Low	-8.7	Hydrophobic: Val40, Leu41, Ile44 Hydrogen Bonds: Asn53, Lys59

Curcumin	2.5	Moderate	-7.8	Hydrophobic: Tyr39, Tyr125, Phe4 Hydrogen Bonds: Lys58, Glu46
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Fig.No.8 Molecular docking result of compound Thymoquinone and Curcumin





Discussion

Binding Affinities:

The docking results indicate that thymoquinone and quercetin have the highest binding affinities for alpha-synuclein, suggesting that these compounds may interact more effectively with the protein compared to curcumin and betulinic acid. The lower binding energy of thymoquinone (-8.2 kcal/mol) and quercetin (-7.9 kcal/mol) implies stronger binding and potentially more significant effects on alpha-synuclein aggregation.

Interaction Profiles

Thymoquinone

form significant hydrophobic interactions and multiple hydrogen bonds with key residues, which could contribute to their stabilizing effects on alpha-synuclein. Thymoquinone's binding in the hydrophobic core and quercetin's extensive interaction with central residues suggest that both compounds may interfere with protein aggregation processes.

Curcumin binds with moderate affinity and interacts with both hydrophobic and polar residues. Its ability to form hydrogen bonds with Lys58 and Glu46 indicates that it could also impact the stability and aggregation of alpha-synuclein, although it is less effective than thymoquinone and quercetin.

Implications for Neurodegenerative Disease:

The ability of these compounds to bind to alpha-synuclein suggests their potential as therapeutic agents for neurodegenerative diseases characterized by alpha-synuclein aggregation, such as Parkinson's disease. Thymoquinone and quercetin, in particular, show promise due to their strong binding affinities and interaction profiles, which may help in designing future studies and potential therapies.

Conclusion

Both curcumin and thymoquinone were shown to contain considerable neuroprotective qualities, as indicated by this study. Both of these chemicals were taken into consideration in the process. Evidence was provided by the ultraviolet-visible and Fourier transform infrared spectra, which demonstrated that the chemical properties of these compounds are in conformity with the antioxidant and anti-inflammatory effects that they possess. The capacity of curcumin to lower oxidative stress, which is a distinctive component of the pathophysiology of Parkinson's disease, is most likely the mechanism by which it exerts its neuroprotective effects. Curcumin has been shown to have significant anti-inflammatory and anti-cancer properties. On the other hand, it is highly probable that the neuroprotective advantages of thymoquinone owe their origin to the powerful antioxidant characteristics that it possesses, in addition to its capacity to alleviate neuroinflammation. As viable options for additional inquiry in the setting of alpha-synuclein-related diseases, the docking study highlighted thymoquinone and quercetin as potential candidates. It has been determined that these chemicals are possible candidates for further investigation. It is probable that these chemicals have the capacity to influence the aggregation of proteins due to the fact that they have a high affinity for binding and a strong interaction with critical residues on alpha-synuclein. This combination of characteristics makes it possible for these chemicals to have this potential. For the purpose of validating these findings and determining the therapeutic potential of these chemicals in neurodegenerative disease models, it is going to be necessary in the future to conduct a greater quantity of experimental research. Within the framework of the 6-OHDA rat model, it was demonstrated that both compounds improved motor coordination. This finding lends credence to the notion that these compounds have the potential to be utilized as therapeutic treatments for Parkinson's disease. In order to evaluate the chemicals, the rat model was utilized. It is necessary to conduct additional study, which may include clinical trials, in order to ascertain whether or if they are effective in human patients.

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