



RESEARCH ARTICLE

Traumatic Brain Injury: Mechanistic Insight on Pathophysiological Mechanisms Underlying, Neurotransmitters, and Potential Therapeutic Targets

Rajiv Kumar*

¹NIET, National Institute of Medical Science, India

Abstract

More than seven million Americans have suffered a stroke, and at an economic burden of billions annually. Among these cases, ischemic stroke is the only leading cause that accounts for more than 80% of cases of stroke patients. Following the World Health Organization (WHO), nearly five million people lost their lives per year from traumatic injuries worldwide. (1) Moreover, brain ischemia is also underlined as a key cause of death and adult brain disability. Enormous progress has been made in drug discovery, even though a lot of uncertainty persisted in the methodology adopted in treating traumatic brain injury (TBI) and diseases. (2) In severe conditions, these injuries are untreatable and considered fatal diseases. The mechanisms of the physiology of TBI are a series of complex phenomena with great uncertainty involving alterations in cerebral perfusion, triggering of inflammatory cytokines, and excitotoxicity. (3) In some head injuries i.e., concussions, contusions, brain hemorrhages, intracranial hematomas, coup-counter coup brain injury, diffuse axonal injury, penetrating brain injury, if it is not quickly and successfully treated, such states defined as cellulitis, and initiates the spread of speedy infection. (4) As the infection inflates, it may blow out through the blood in the patient body, at these moments, the patient fell unwell, simultaneously, temperature elevates and the infections achieve a fatal phase and later on, transpired into severe infection ailment, known as sepsis. which may cause such infections in the aforementioned injuries. (5) Among these cases, ischemic stroke is the only leading cause that accounts for more than 80% of cases of stroke patients.

Opinion

The author's goal is to illustrate the underlying neurochemical, synaptic transmission, chemical pathways, and metabolic responses and the complications that occurred during TBI. To prepare a blueprint for the treatment that can be applied for dealing with these complex situations, the elaboration of the offers is required and the same can be underlined for searching for potential targets for innovating therapy for the future. (6)

ACKNOWLEDGMENTS

Author (Rajiv Kumar) gratefully acknowledges his younger brother Bitto for motivation. The author acknowledges bio render for providing the facility to illustrate the diagrams and again acknowledges the same.

REFERENCES

1. Johnson WD, Griswold DP. Traumatic brain injury: a global challenge. *The Lancet Neurology*. 2017;16(12):949–950. Available from: [https://dx.doi.org/10.1016/s1474-4422\(17\)30362-9](https://dx.doi.org/10.1016/s1474-4422(17)30362-9). doi:10.1016/s1474-4422(17)30362-9.
2. Ratliff WA, Saykally JN, Mervis RF, Lin X, Cao C, Citron BA. Behavior, protein, and dendritic changes after model traumatic brain injury and treatment with nanocoffee particles. *BMC Neuroscience*. 2019;20(1). Available from: <https://dx.doi.org/10.1186/s12868-019-0525-5>. doi:10.1186/s12868-019-0525-5.
3. Kumar R, Chhikara BS, Gulia K, Chhillar M. Review of nanotheranostics for molecular mechanisms underlying psychiatric disorders and commensurate nanotherapeutics for neuropsychiatry: The mind knockout. *Nanotheranostics*. 2021;5(3):288–308. Available from: <https://dx.doi.org/10.7150/ntno.49619>. doi:10.7150/ntno.49619.
4. Said A, Naeem N, Siraj S;
5. Bitner BR, Marcano DC, Berlin JM, Fabian RH, Cherian L, Culver JC, et al. Antioxidant Carbon Particles Improve Cerebrovascular Dysfunction Following Traumatic Brain Injury. *ACS Nano*. 2012;6(9):8007–8014. Available from: <https://dx.doi.org/10.1021/nn302615f>. doi:10.1021/nn302615f.
6. Bony BA, Kievit FM. A Role for Nanoparticles in Treating Traumatic Brain Injury. *Pharmaceutics*. 2019;11(9):473–473. Available from: <https://dx.doi.org/10.3390/pharmaceutics11090473>. doi:10.3390/pharmaceutics11090473.
7. Kany S, Vollrath JT, Relja B. Cytokines in Inflammatory Disease. *International Journal of Molecular Sciences*. 2019;20(23):6008–6008. Available from: <https://dx.doi.org/10.3390/ijms20236008>. doi:10.3390/ijms20236008.
8. Kumar R, Chhikara BS, Gulia K, Chhillar M. Cleaning the molecular machinery of cells via proteostasis, proteolysis and endocytosis selectively, effectively, and precisely: intracellular self-defense and cellular perturbations. *Molecular Omics*. 2021;17(1):11–28. Available from: <https://dx.doi.org/10.1039/d0mo00085j>. doi:10.1039/d0mo00085j.
9. Lippi G, Favaloro E, Franchini M, Guidi G. Milestones and Perspectives in Coagulation and Hemostasis. *Seminars in Thrombosis and Hemostasis*. 2009;35(01):009–022. Available from: <https://dx.doi.org/10.1055/s-0029-1214144>. doi:10.1055/s-0029-1214144.
10. Si B, Song E. Recent Advances in the Detection of Neurotransmitters. *Chemosensors*. 2018;6(1):1–1. Available from: <https://dx.doi.org/10.3390/chemosensors6010001>. doi:10.3390/chemosensors6010001.
11. Kerage D, Sloan EK, Mattarollo SR, McCombe PA. Interaction of neurotransmitters and neurochemicals with lymphocytes. *Journal of Neuroimmunology*. 2019;332:99–111. Available from: <https://dx.doi.org/10.1016/j.jneuroim.2019.04.006>. doi:10.1016/j.jneuroim.2019.04.006.
12. Hammond-Weinberger DR, Wang Y, Glavis-Bloom A, Spitzer NC. Mechanism for neurotransmitter-receptor matching. *Proceedings of the National Academy of Sciences*.

Supplementary information The online version of this article (XXXXXXX) contains supplementary material, which is available to authorized users.

Corresponding Author: *Rajiv Kumar*
XXXX XXXX
Email: chemistry_rajiv@hotmail.com

2020;117(8):4368–4374. Available from: <https://dx.doi.org/10.1073/pnas.1916600117>. doi:10.1073/pnas.1916600117.

How to cite this article: Kumar R. **Traumatic Brain Injury: Mechanistic Insight on Pathophysiological Mechanisms Underlying, Neurotransmitters, and Potential Therapeutic Targets.** Medical and Clinical Research. 2021;1765–1766. <https://doi.org/10.15520/ijmhs.v11i06.3317>
