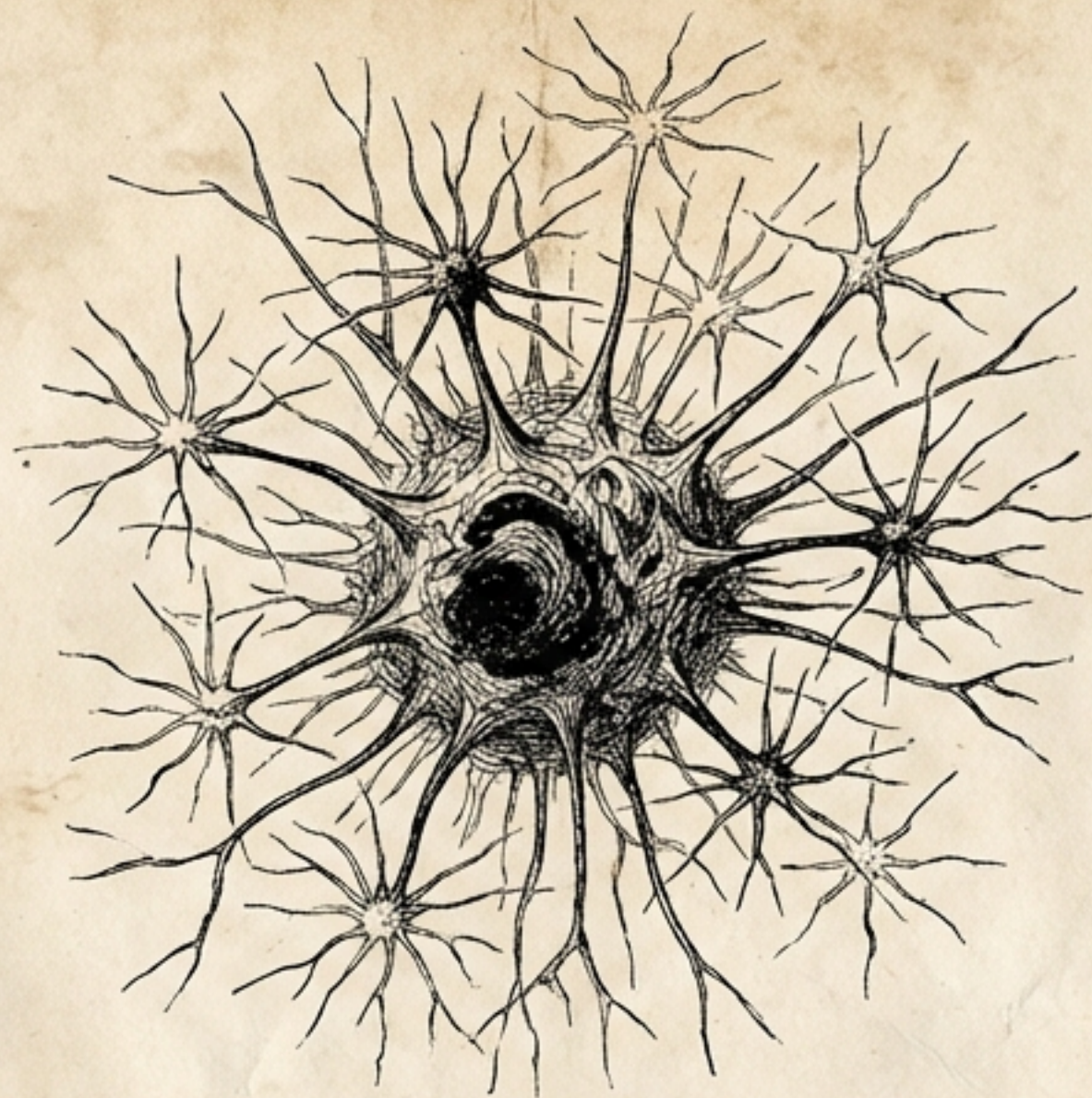




What if the key to solving Alzheimer's was discovered in 1907, but we've spent a century misunderstanding the clues?



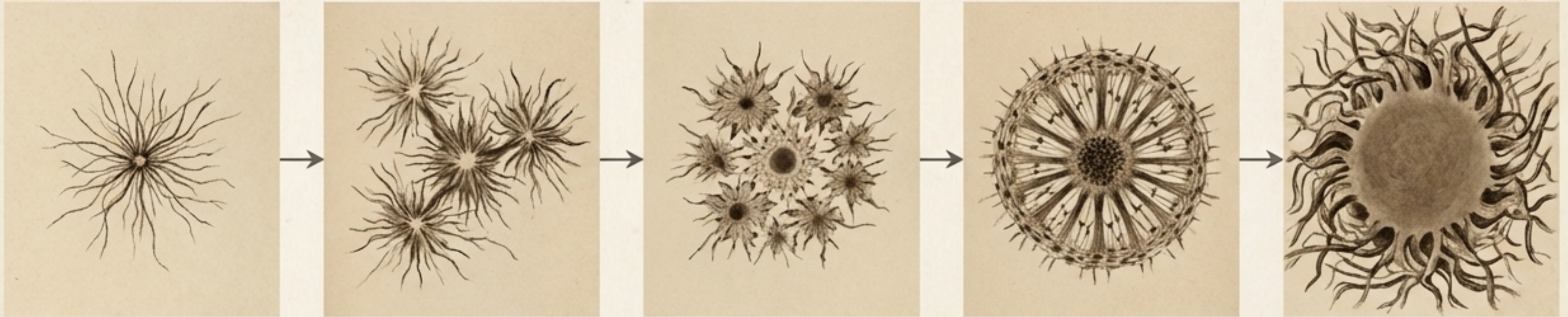
Prague, 1907: The First Investigation

Miliare Nekrosen mit drüsigen Wucherungen
der Neurofibrillen, eine regelmäßige Veränderung
der Hirnrinde bei seniler Demenz.

- Oskar Fischer: A systematic clinicopathological study of senile dementia.
- 16 dementia cases examined, establishing a clear correlation between lesions and cognitive decline.
- He documented what he termed “miliary necroses”: the lesions we now call senile plaques.

An Atlas of Neuronal Collapse

Fischer described a progression, a 'continuum covering early to late clinical phases.'



Stage I:
“Little star”
formation of
fibrils

Stage II:
“Morning star”
fused clusters

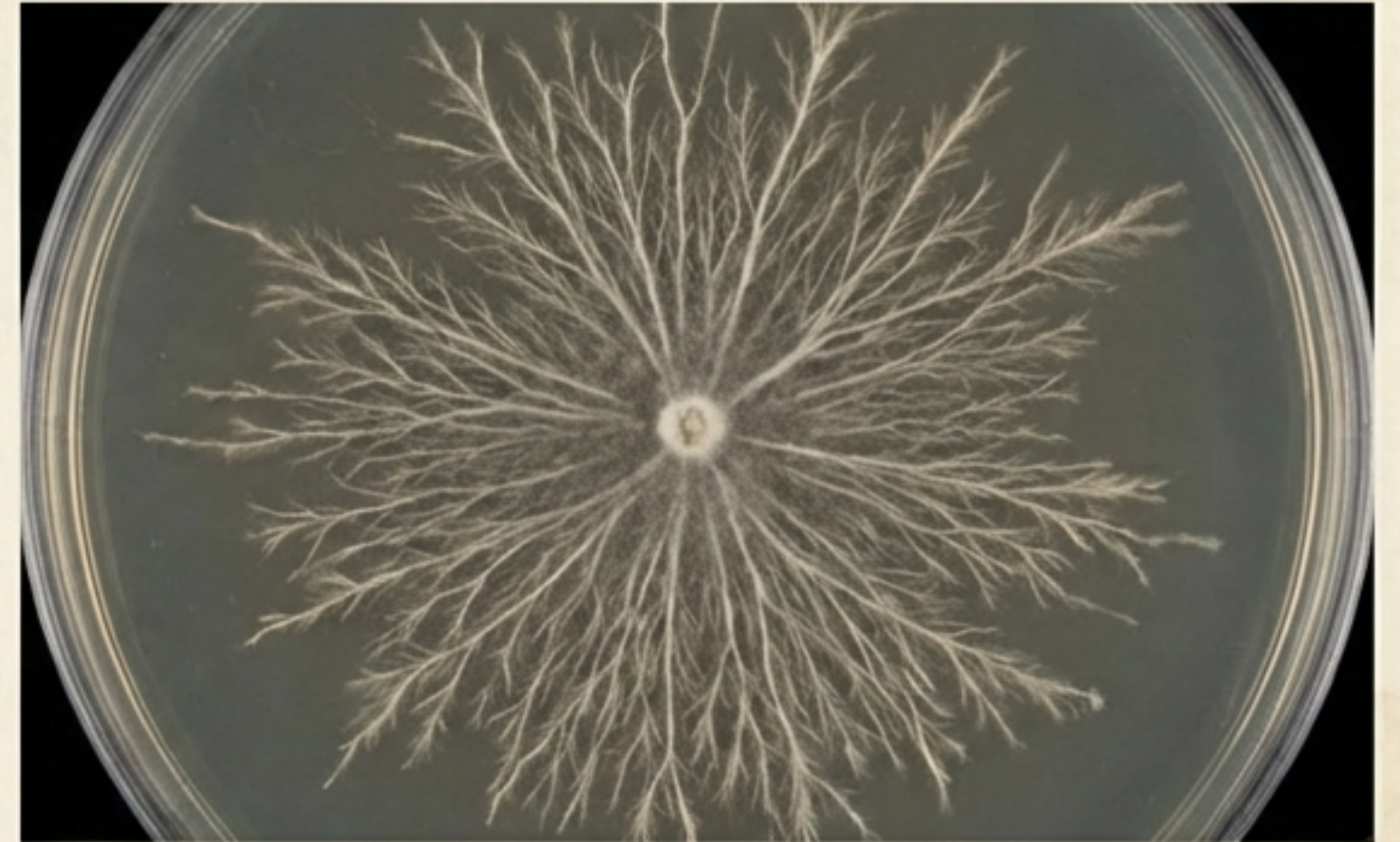
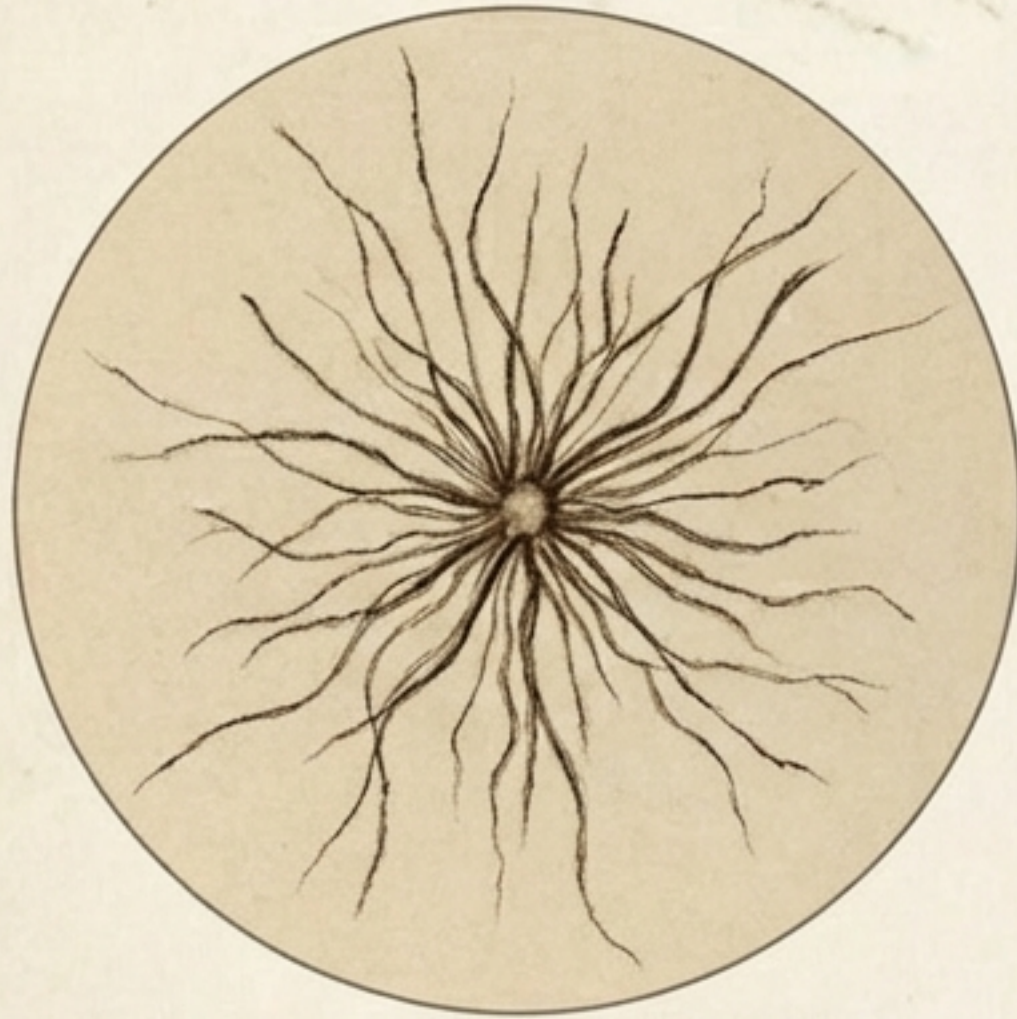
Stage III:
Developing a
central core

Stage IV:
“Wheel-like”
stage

Stage V:
“Large druse”
plaque with a
dense,
homogenous core

An Infection, or a Degeneration?

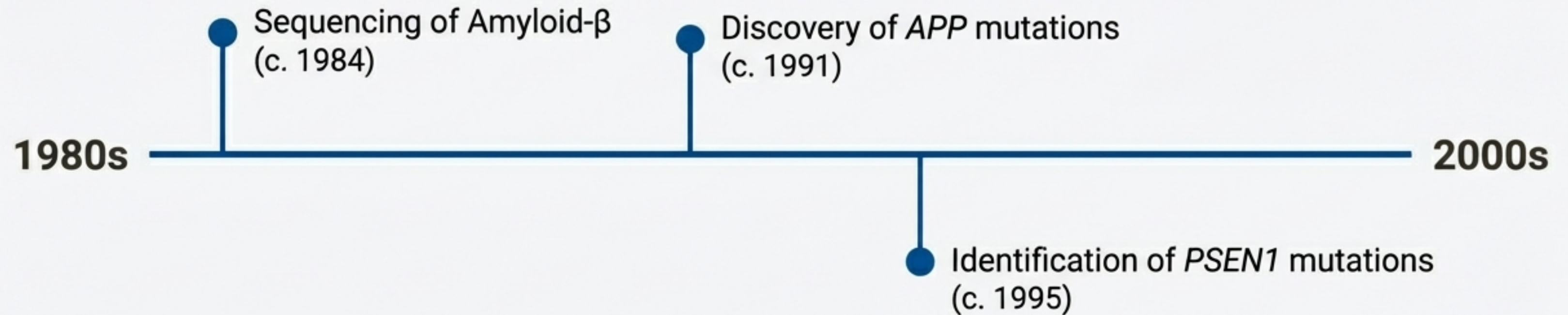
Fischer observed that the smallest plaques had a filamentous appearance...



“...reminding one of a bacterial colony.”

He hypothesized a ‘germ’ or chronic infection might trigger the degenerative process he meticulously documented.

The Investigation Turns to a Prime Suspect: Amyloid



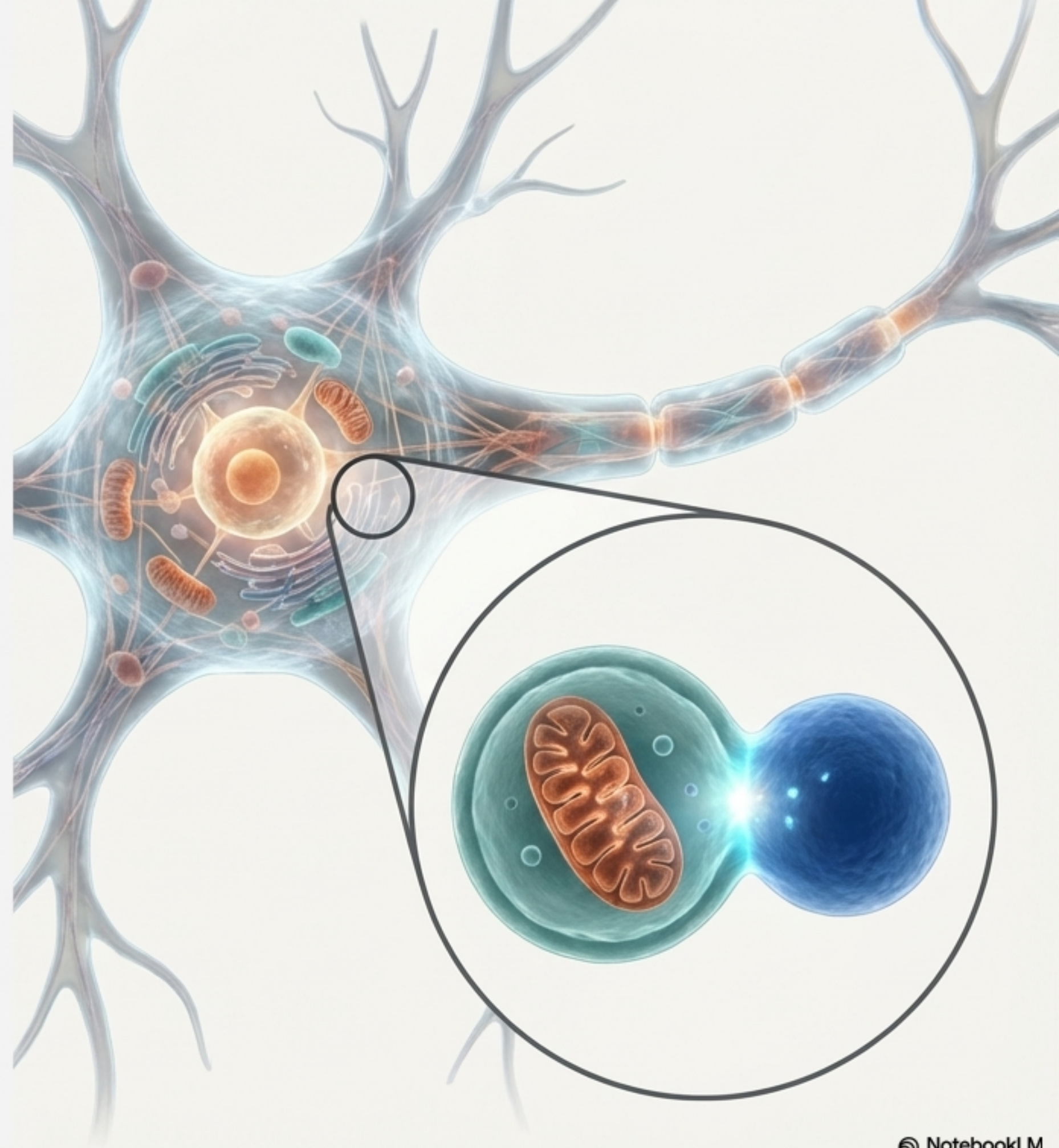
The Dominant Theory: The Amyloid Cascade Hypothesis proposed that the accumulation of Amyloid- β ($A\beta$) is the primary trigger of neurodegeneration.

The Inconsistency: A critical clue that didn't fit: Amyloid plaque burden does not always correlate with the severity of clinical dementia.

A New Forensic Science Reveals the Crime Scene Within

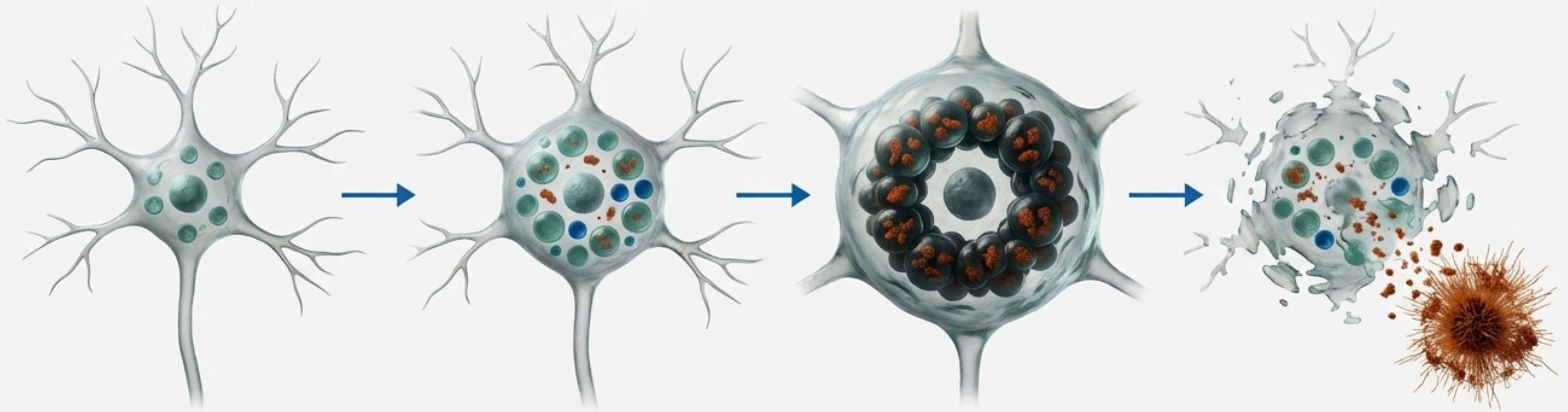
The Breakthrough: The work of Ralph Nixon and colleagues refocused the investigation from extracellular plaques to the internal machinery of the neuron.

The Process: Autophagy, the cell's essential system for degrading and recycling its own components. In long-lived neurons, this system is critical for survival.



Plaques Don't Form. They Are Released.

The 'Inside-Out' Origin: Evidence shows plaque-like aggregates form *inside* neurons first. The death of these cells, succumbing to autophagic buildup, gives rise to extracellular senile plaques.



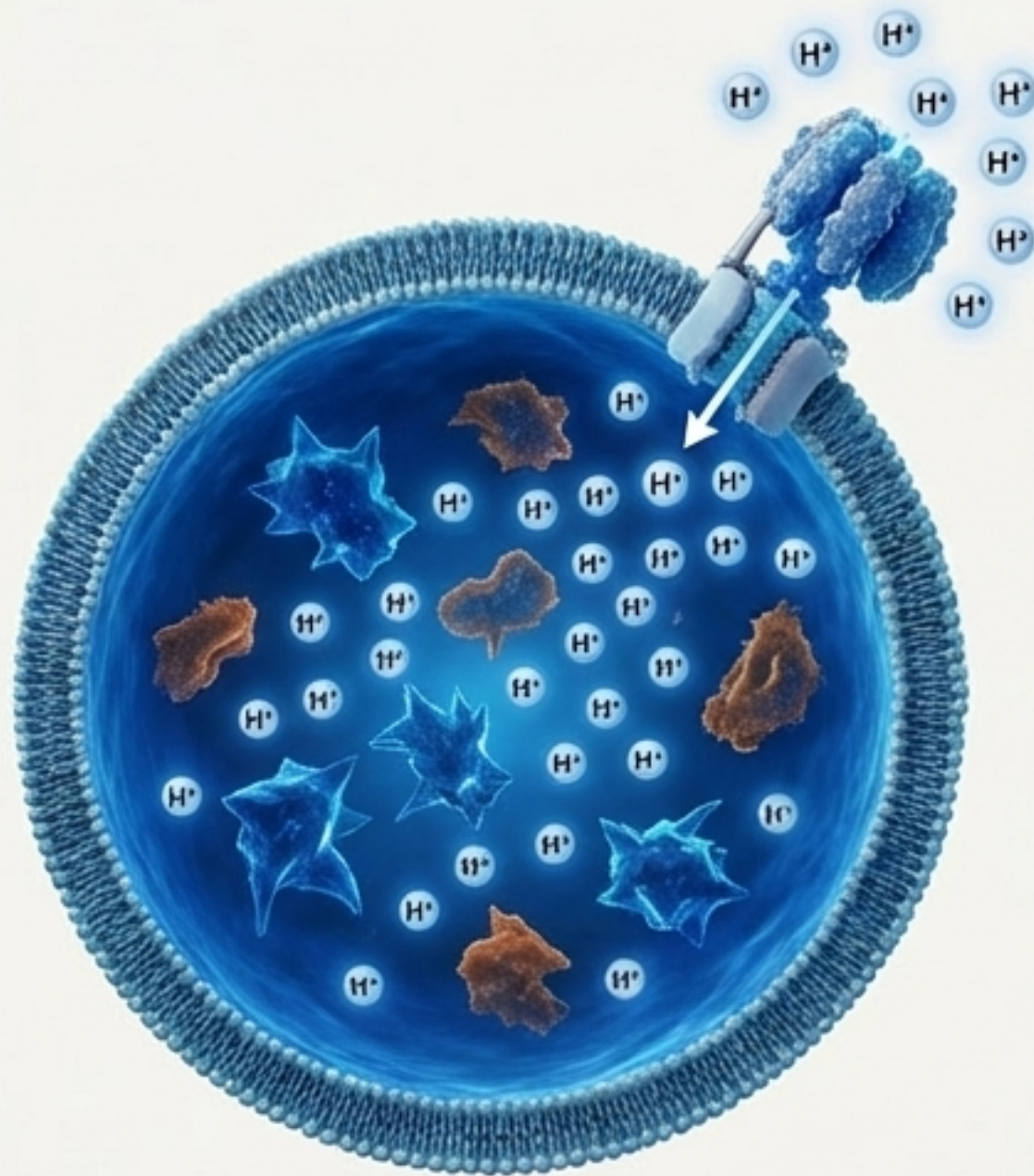
1. Induction: A neuron under stress initiates autophagy, forming numerous autophagosomes.

2. Stall: The clearance process stalls. Autophagic vacuoles (AVs) laden with undigested A β and other substrates accumulate.

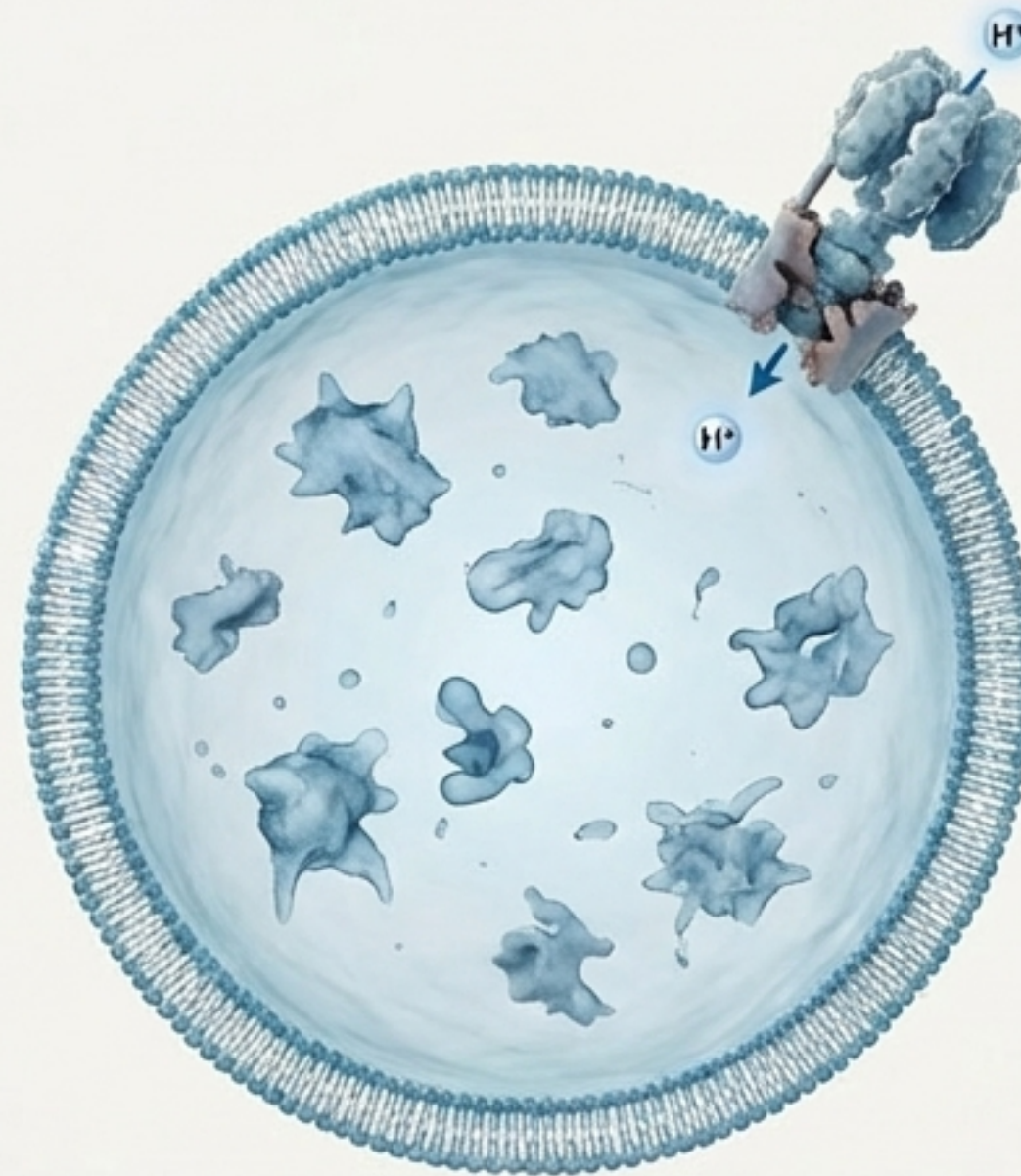
3. Collapse (PANTHOS): The neuron becomes engorged with a 'poisonous flower' wreath of AVs around the nucleus.

4. Expulsion: The neuron lyses, rupturing and releasing its contents, which coalesce to form an extracellular cored plaque.

The Smoking Gun: Lysosomal Acidification Failure



Healthy pH ~4.5

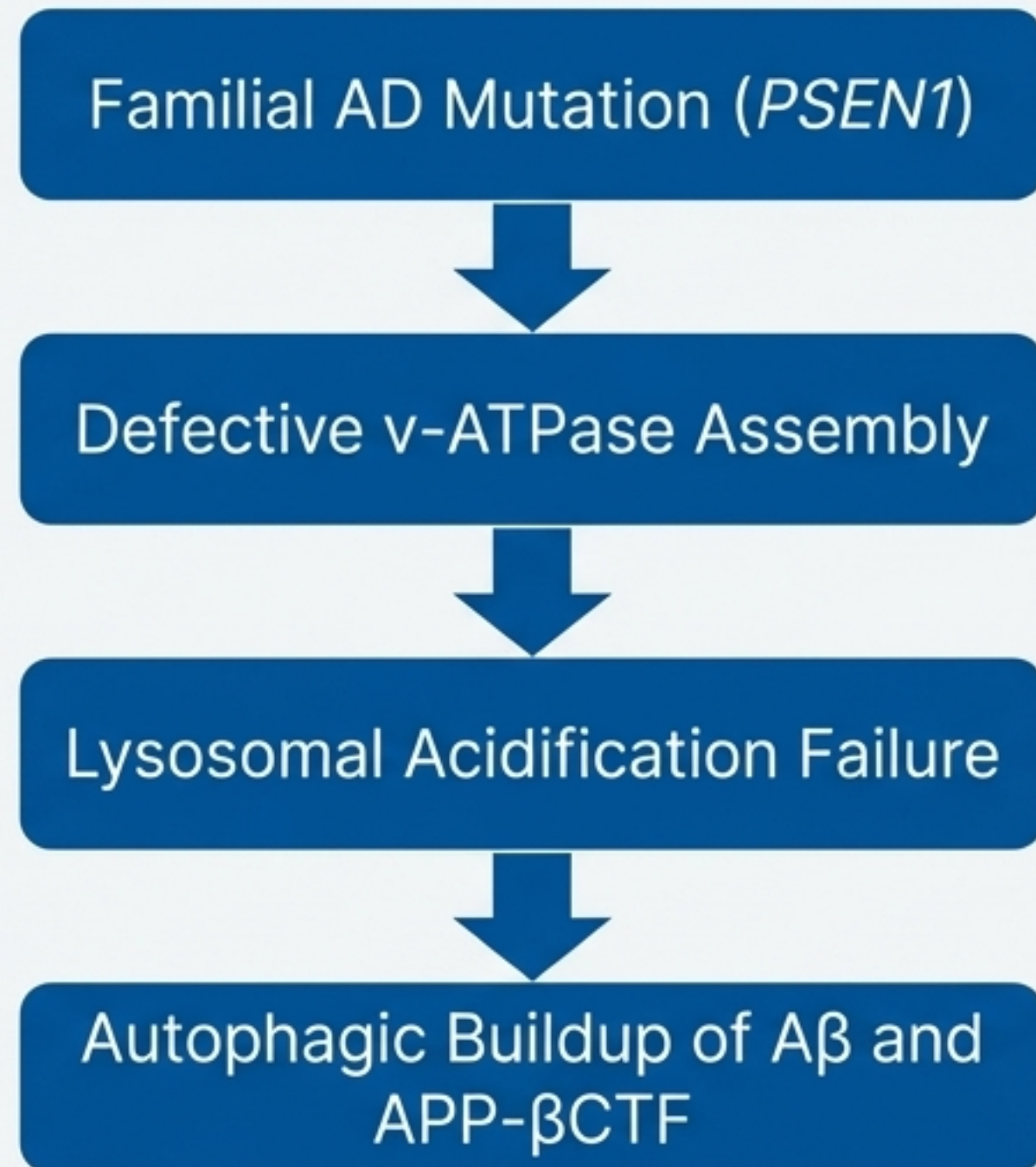


Dysfunctional pH ~6.0

The Mechanism: The lysosome's degradative enzymes only function in a highly acidic environment.

The Defect: This acidity is maintained by the v-ATPase proton pump. In Alzheimer's, this pump is compromised, neutralizing the lysosome and halting all effective waste disposal.

Re-interrogating an Old Suspect



- **The Dual Role of Presenilin-1:** Beyond its role in generating Aβ, *PSEN1* is essential for lysosome acidification.
- **The Finding:** Familial AD mutations in *PSEN1* don't just generate more waste; they cripple the cell's garbage disposal system, creating a catastrophic feedback loop.

Convergent Autophagic Collapse: A Unified Theory of Neurodegeneration

Alzheimer's:
PSEN1/APP
Mutations

Parkinson's:
LRRK2/GBA1
Mutations

Infection:
HSV-1

Environment:
Traumatic Brain
Injury (TBI)

Physiology:
Aging

**LYSOSOMAL
ACIDIFICATION
FAILURE**

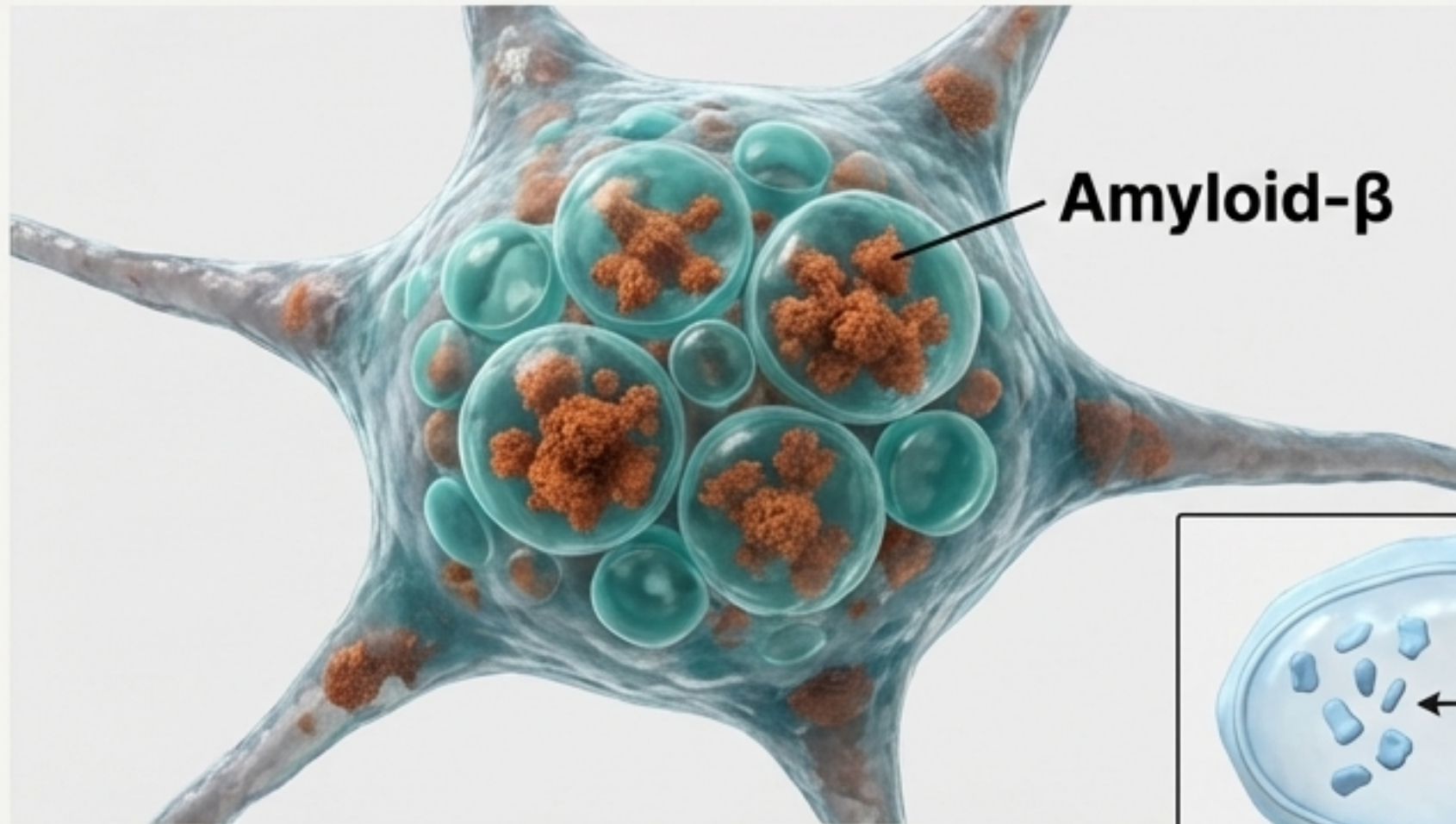
**AUTOPHAGIC
COLLAPSE**

NEURONAL DEATH & PATHOLOGY

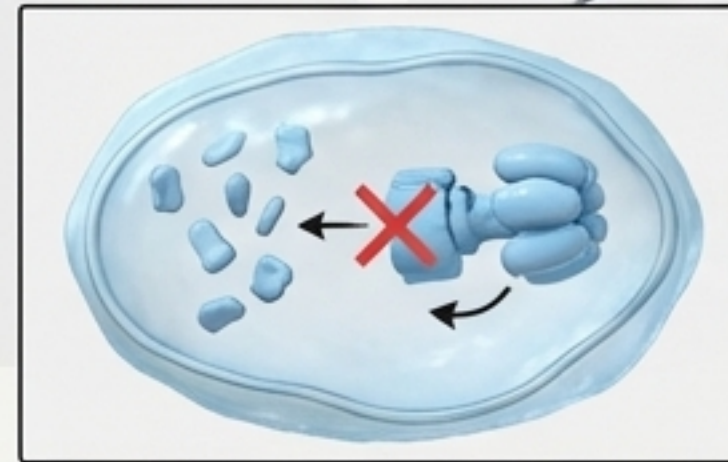
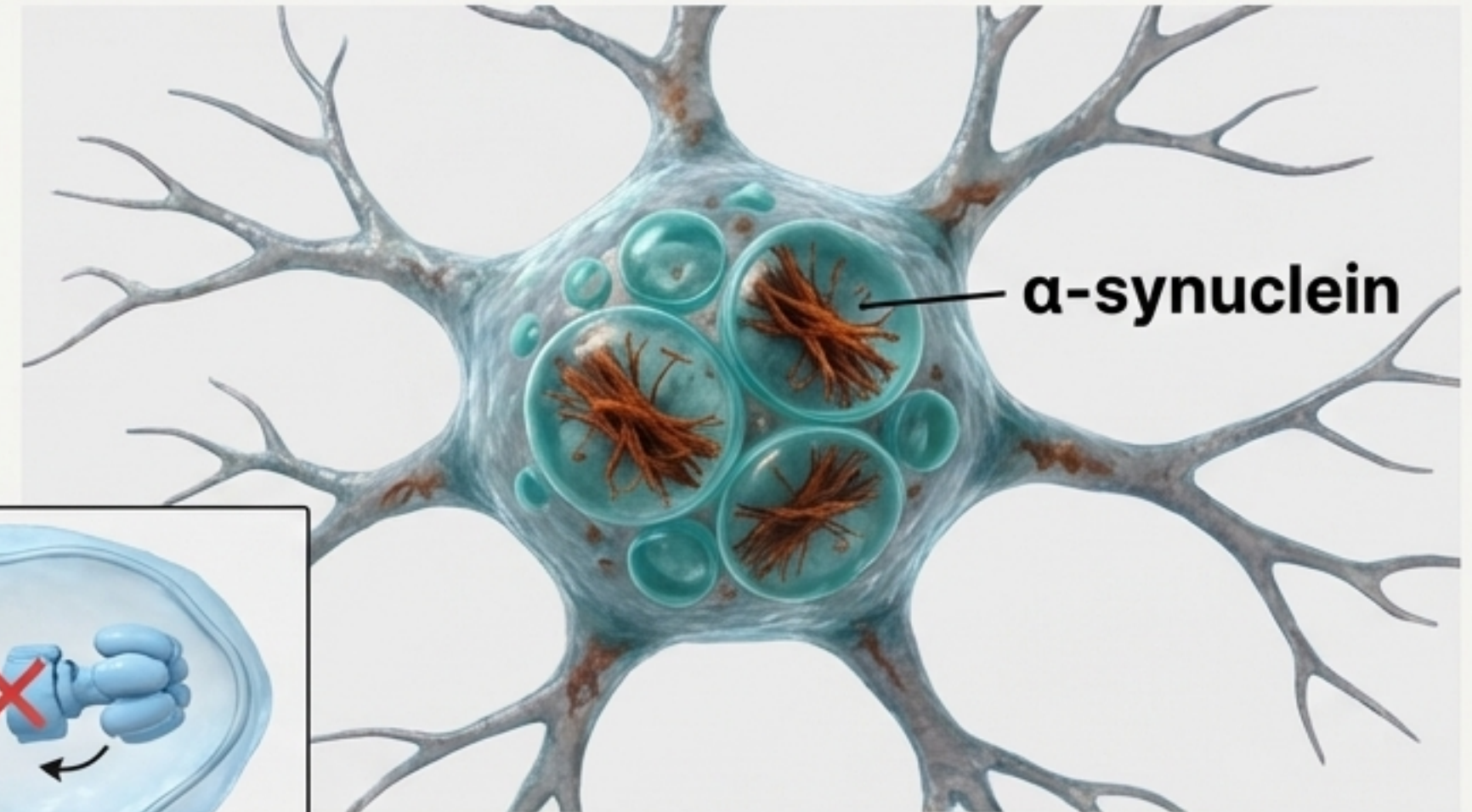
Plaques, Lewy Bodies

Different Culprits, Same Method

Cellular collapse Alzheimer's neuron



Advance collapse Parkinson's neuron



Dysfunctional Lysosome:
Broken v-ATPase Pump

The Parkinson's Connection

- ****LRRK2 mutations****: Cause a modest increase in lysosomal pH and reduce autophagic flux.
- ****GBA1 mutations****: Impair a key lysosomal enzyme, leading to substrate buildup and secondary autophagy failure.

The Principle

The specific protein that aggregates may differ, but the underlying failure of cellular clearance is a shared mechanism.

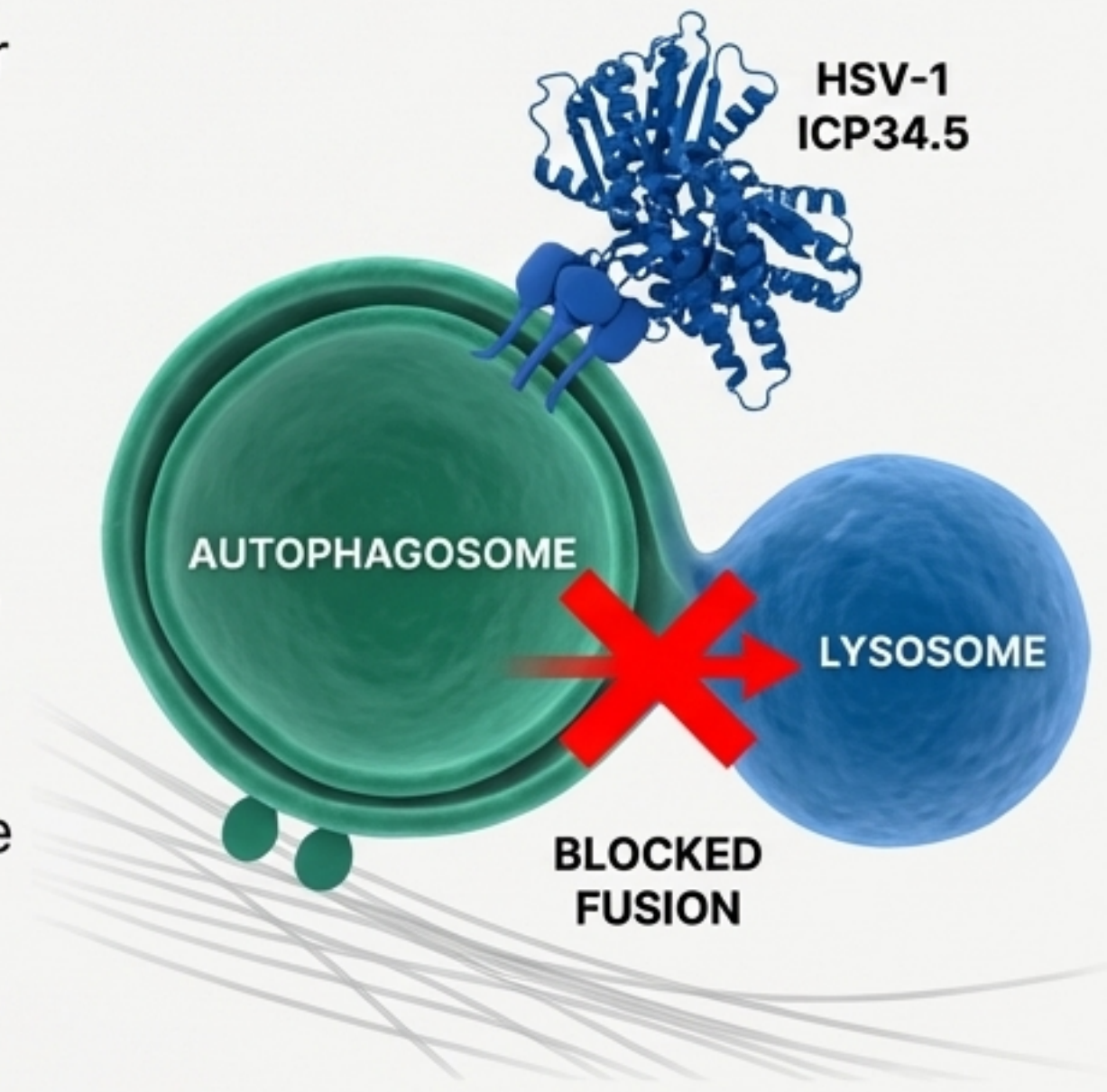
The “Germ” Hypothesis, Revisited



“...reminding one of a bacterial colony.”

A Century-Old Echo: Fischer's speculation of an infectious trigger finds a modern molecular basis.

The Mechanism: Pathogens like *HSV-1* can sabotage the autophagy pathway to evade destruction, creating the exact conditions for autophagic collapse and the accumulation of A β . Fischer's "colony" was not the plaque itself, but the trigger for the internal collapse that creates it.



A New Therapeutic Manifesto

The Old Goal:

~~Clear extracellular protein aggregates.~~

The New Goal:

**Restore the neuron's fundamental
proteostatic health.**

The Imperative: We must shift focus from treating the pathology to preventing the collapse.

The Arsenal for Restoration

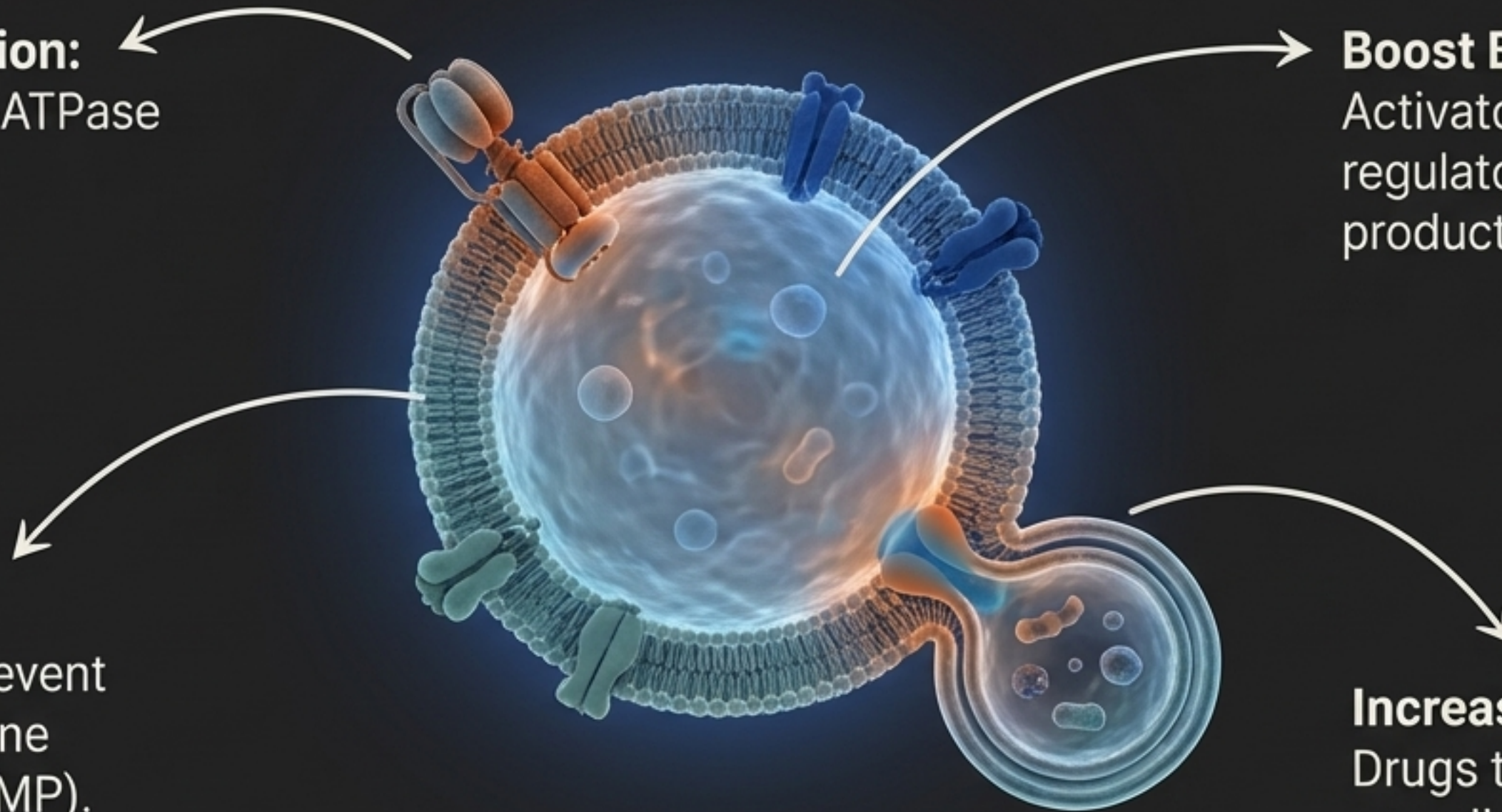
Novel Therapeutic Targets: The Convergent Autophagic Collapse model points to new strategies for intervention:

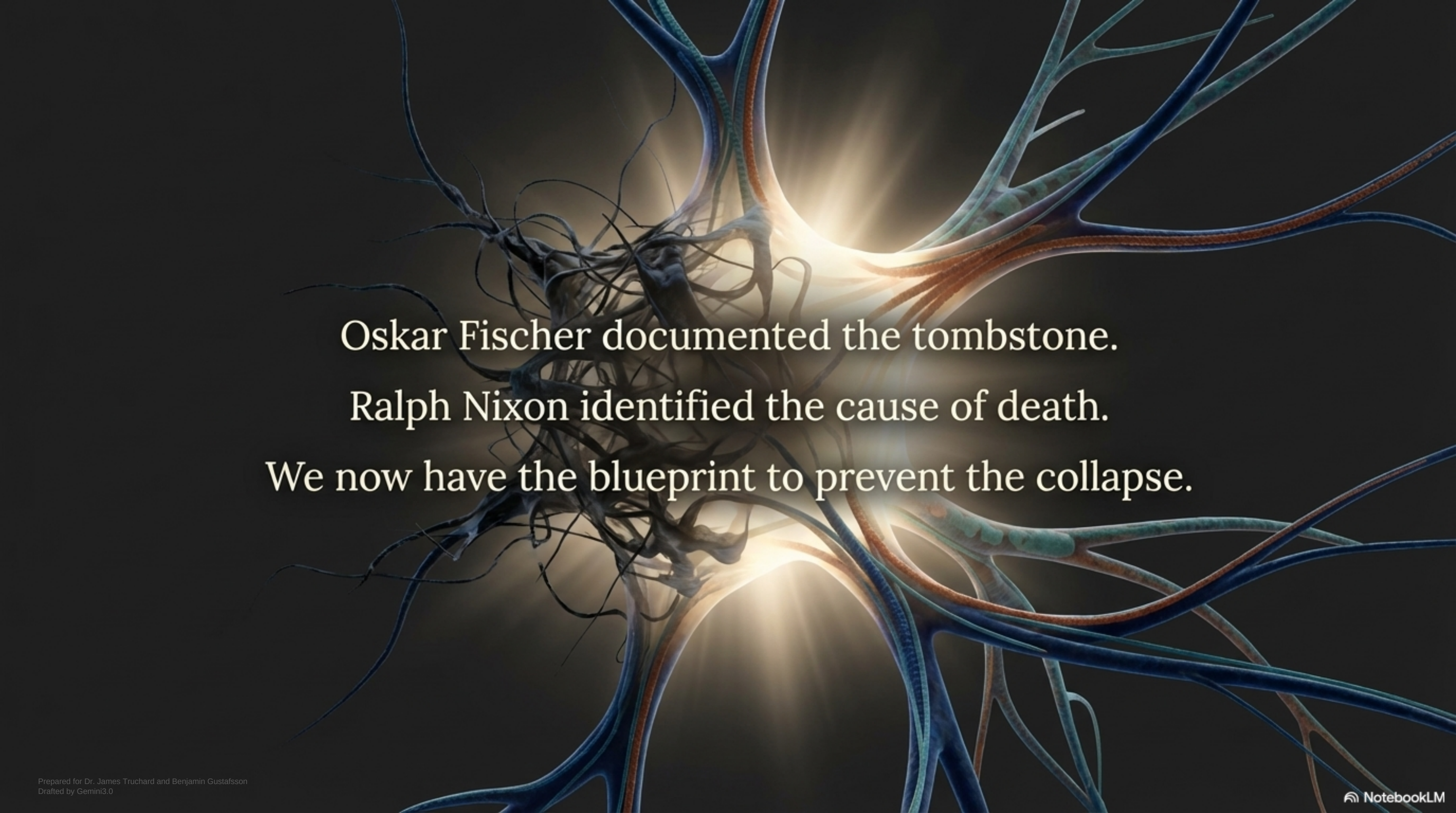
Enhance Acidification:
Modulators of the v-ATPase proton pump.

Boost Biogenesis:
Activators of TFEB, the master regulator of lysosome production.

Improve Stability:
Compounds that prevent Lysosomal Membrane Permeabilization (LMP).

Increase Throughput:
Drugs that enhance overall autophagic flux.





Oskar Fischer documented the tombstone.
Ralph Nixon identified the cause of death.
We now have the blueprint to prevent the collapse.