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Authors

Moos, Walter H
Faller, Douglas V
Glavas, Ioannis P
[et al.](#)

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Epilepsy: Mitochondrial connections to the ‘Sacred’ disease

Walter H. Moos^{a,*}, Douglas V. Faller^{b,c}, Ioannis P. Glavas^d, Iphigenia Kanara^e,
Krishna Kodukula^{f,*}, Julie Pernokas^g, Mark Pernokas^g, Carl A. Pinkert^h, Whitney R. Powers^{i,j},
Konstantina Sampani^{k,l}, Kosta Steliou^{c,m}, Demetrios G. Vavvas^{n,o}

^a Department of Pharmaceutical Chemistry, School of Pharmacy, University of California San Francisco, San Francisco, CA, USA

^b Department of Medicine, Boston University School of Medicine, Boston, MA, USA

^c Cancer Research Center, Boston University School of Medicine, Boston, MA, USA

^d Department of Ophthalmology, New York University School of Medicine, New York, NY, USA

^e Embassy of Greece in London, London, United Kingdom

^f Pandect Bioventures, South San Francisco, CA, USA

^g Advanced Dental Associates of New England, Woburn, MA, USA

^h Department of Pathobiology, College of Veterinary Medicine, Auburn University, Auburn, AL, USA

ⁱ Department of Health Sciences, Boston University, Boston, MA, USA

^j Department of Anatomy, Boston University School of Medicine, Boston, MA, USA

^k Beetham Eye Institute, Joslin Diabetes Center, Boston, MA, USA

^l Department of Medicine, Harvard Medical School, Boston, MA, USA

^m PhenoMatrix, Inc., Natick, MA, USA

ⁿ Department of Ophthalmology, Harvard Medical School, Boston, MA, USA

^o Retina Service, Angiogenesis Laboratory, Massachusetts Eye and Ear Infirmary, Boston, MA, USA

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ABSTRACT

Over 65 million people suffer from recurrent, unprovoked seizures. The lack of validated biomarkers specific for myriad forms of epilepsy makes diagnosis challenging. Diagnosis and monitoring of childhood epilepsy add to the need for non-invasive biomarkers, especially when evaluating antiseizure medications. Although underlying mechanisms of epileptogenesis are not fully understood, evidence for mitochondrial involvement is substantial. Seizures affect 35%–60% of patients diagnosed with mitochondrial diseases. Mitochondrial dysfunction is pathophysiological in various epilepsies, including those of non-mitochondrial origin. Decreased ATP production caused by malfunctioning brain cell mitochondria leads to altered neuronal bioenergetics, metabolism and neurological complications, including seizures. Iron-dependent lipid peroxidation initiates ferroptosis, a cell death pathway that aligns with altered mitochondrial bioenergetics, metabolism and morphology found in neurodegenerative diseases (NDDs). Studies in mouse genetic models with seizure phenotypes where the function

Abbreviations: ADDM, CDC Autism and Developmental Disabilities Monitoring Network; ADHD, attention deficit hyperactivity disorder; AHS, Alpers-Huttenlocher syndrome; ALA, α -lipoic acid; ASD, antiseizure drug; BCE, before current era; CcO, cytochrome *c* oxidase; CDC, Centers for Disease Control and Prevention; CDD, *CDKL5* deficiency disorder; CE, current era; CNS, central nervous system; CT, computerized tomography scan; DHLA, dihydrolipoic acid; EEG, electroencephalogram; EPC, epilepsia partialis continua; ESI, electrical source imaging; ETC, mitochondrial electron transport chain; FA, Friedreich's ataxia; FGF, fibroblast growth factor; FGFR, fibroblast growth factor receptor; FPN, ferroportin; *FXN*, frataxin gene; GPX, glutathione peroxidase; HSP, heat shock protein; ILAE, International League Against Epilepsy; LIAS, lipoic acid synthetase; LS, Leigh syndrome; MEG, magnetoencephalography; MELAS, mitochondrial myopathy, encephalopathy, lactic acidosis and stroke-like episodes; MEMSA, myoclonus epilepsy, myopathy and sensory ataxia; MERRF, myoclonic epilepsy with ragged red fibers; MRI, magnetic resonance imaging; mtDNA, mitochondrial DNA; NARP, neuropathy, ataxia, and retinitis pigmentosa; NDD, neurodegenerative disease; NF- κ B, nuclear factor kappa B; NINDS, National Institute of Neurological Disorders and Stroke; Nrf2, nuclear factor erythroid 2-related factor 2; P2X, ligand-gated ion channel purinergic receptor; P2Y, G protein-coupled purinergic receptor; PBM, photobiomodulation; PDH, pyruvate dehydrogenase complex deficiency; PET, positron emission tomography; *POLG*, DNA polymerase subunit gamma; ROS, reactive oxygen species; SCAE, spinocerebellar ataxia with epilepsy; SE, status epilepticus; SPECT, single-photon emission computerized tomography; SPM, statistical parametric mapping; SUDEP, sudden unexpected death in epilepsy; TLE, temporal lobe epilepsy; TMS, transcranial magnetic stimulation; tPBM, transcranial PBM; VNS, vagus nerve stimulation.

* Corresponding authors at: Department of Pharmaceutical Chemistry, School of Pharmacy, University of California San Francisco, UCSF Box 2280, 600 16th Street, Genentech Hall S512B, San Francisco, CA 94143, USA (W.H.M.); and Pandect Bioventures, 280 Utah Avenue, Suite C, South San Francisco, CA 94080, USA (K.K.).

E-mail addresses: walter.moos@ucsf.edu (W.H. Moos), kodukula@pandectbio.com (K. Kodukula).

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of an essential selenoprotein (GPX4) is targeted suggest roles for ferroptosis in epilepsy. GPX4 is pivotal in NDDs, where selenium protects interneurons from ferroptosis. Selenium is an essential central nervous system micronutrient and trace element. Low serum concentrations of selenium and other trace elements and minerals, including iron, are noted in diagnosing childhood epilepsy. Selenium supplements alleviate intractable seizures in children with reduced GPX activity. Copper and cuproptosis, like iron and ferroptosis, link to mitochondria and NDDs. Connecting these mechanistic pathways to selenoproteins provides new insights into treating seizures, pointing to using medicines including prodrugs of lipoic acid to treat epilepsy and to potential alternative therapeutic approaches including transcranial magnetic stimulation (transcranial), photobiomodulation and vagus nerve stimulation.

1. Introduction

1.1. The falling sickness from heaven, a ‘Sacred’ disease

Epilepsy (Devinsky et al., 2018), a complex brain network disease characterized principally by an enduring predisposition to unprovoked seizures, is an illness known since antiquity (Ali et al., 2016; Karoly et al., 2021; Niesvizky-Kogan et al., 2022; Panteliadis et al., 2017; Patel and Moshé, 2020; Wilson and Reynolds, 1990). Cognitive and behavioral alterations associated with epilepsy often are subtle, presenting with or without revealing overt abnormal signs (Devinsky et al., 2018; Löscher and Stafstrom, 2023; Matias et al., 2023). In the distant past, diseases were attributed to the spiritual whims of gods who had control over human health, life and death (Ali et al., 2016; Rektor et al., 2013). The ancient Greeks believed epilepsy (επιληψία) was caused by a poisonous miasma (μίasma) that Selene (Σελήνη) (Grimal, 1986), the Goddess of the Moon (whom the Romans called Luna), cast on offending sinners (lunatics) (Bou Nasif et al., 2021; Eloge et al., 2020; Khalil et al., 2020; Magiorkinis et al., 2010). To the Babylonians and Assyrians, epilepsy was an ominous disease feared as the falling sickness from heaven (Panteliadis et al., 2017; Reynolds, 2020; Wilson and Reynolds, 1990). However, the Greek physician-philosopher, Alcmaeon of Croton (~500 BCE (Bowder, 1982)), rejecting the religious attributes, questioned the prevailing dogma. He believed the brain is the anatomical site where thoughts originate and memory is kept and, thus, also the most probable

source of epileptogenesis (Rektor et al., 2013; Toncheva et al., 2023). This concept was further advanced by Hippocrates of Kos (460–380 BCE (Bowder, 1982)) in his treatise *On the Sacred Disease*, where he methodically detailed the first rational and scientific approach to epilepsy, describing and treating the illness as a dysfunction of the brain (Ali et al., 2016; Hamblin, 2023; Magiorkinis et al., 2010; Mavrogenis et al., 2019; Panteliadis et al., 2017; Patel and Moshé, 2020). Fig. 1 depicts a timeline of the history of epilepsy causes and treatments (Kaculini et al., 2021; OUPblog, 2015; Wolf, 2023).

1.2. Epilepsy, seizures, comorbidities and diagnostics

Epilepsy is a prevalent neurological disease affecting more than 65 million people worldwide (Hamblin, 2023; Kanner and Bicchi, 2022) with increasing incidence in the elderly (Del Pozo et al., 2022; van Vliet and Marchi, 2022). While our understanding of the underlying causes and associated risk factors has advanced considerably since the time of Hippocrates (Blank and Jette, 2023; Panteliadis, 2021), the classification of seizures and epilepsy syndromes remains enigmatic (Duncan, 2022; Hilal et al., 2022; Patel and Moshé, 2020; Shlobin and Sander, 2022; Steriade et al., 2022). An expanding list of causes, risk factors and conditions that induce seizures to occur is a nexus of a wide variety of epilepsy-associated comorbidities (Arulsamy and Shaikh, 2022; Löscher and Stafstrom, 2023; Steriade et al., 2022; Zilberter et al., 2022).

Seizures increase the probability of sudden unexpected death in

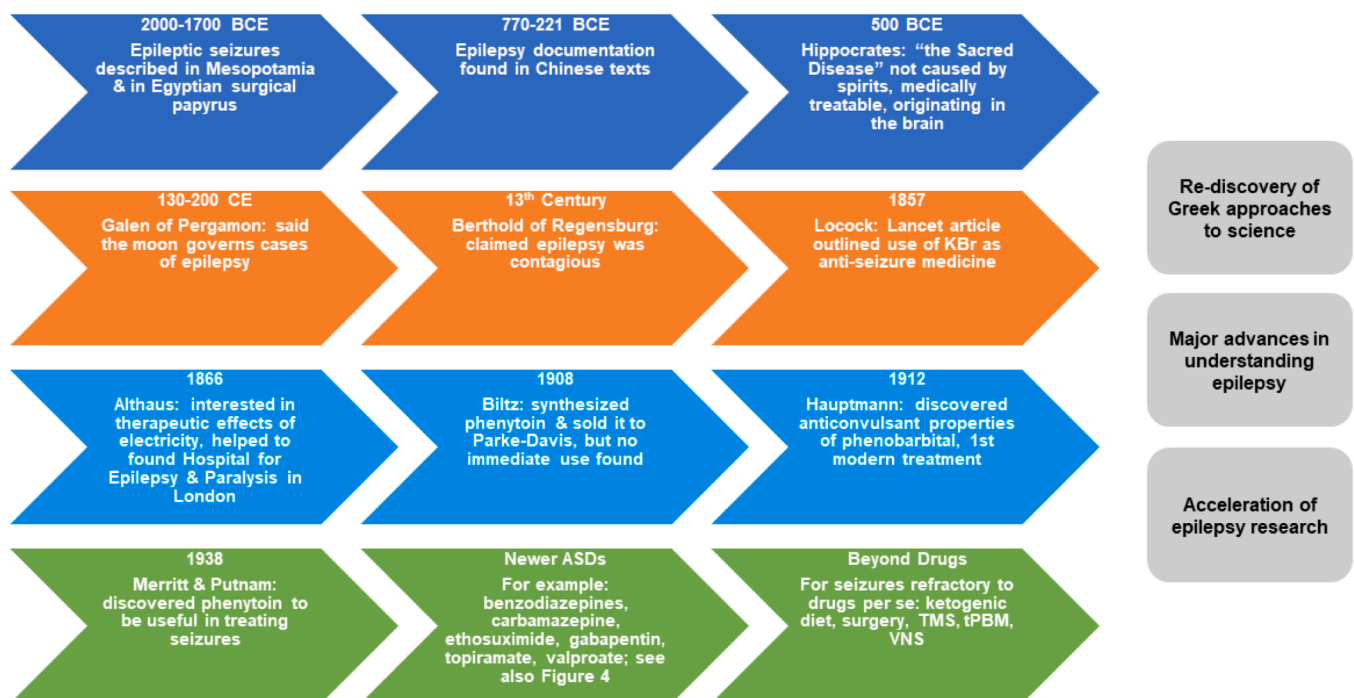


Fig. 1. A timeline of the history of epilepsy causes and treatments. Abbreviations: BCE, before current era; CE, current era; TMS, transcranial magnetic stimulation; tPBM, transcranial PBM; VNS, vagus stimulation.

epilepsy (SUDEP) (Arulsamy and Shaikh, 2022; Hamdy et al., 2022a; Hamdy et al., 2022b; Li et al., 2022a; Löscher and Stafstrom, 2023; O’Neal et al., 2022). Seizures also occur in autism spectrum disorders (Chakraborty et al., 2022; Davis, 2023; Hirota and King, 2023; Jia et al., 2022b; Liu et al., 2022b; Löscher and Stafstrom, 2023; Shao et al., 2022b; Watkins et al., 2022). (Note that there is a growing preference for “autism spectrum disorders” to be referred to as “autism” or “person with autism” (Keating et al., 2023; Zamzow, 2023).) And, more frequently, seizures are being linked to neurological complications concomitant with the novel coronavirus infectious disease first identified in 2019, better known today as COVID-19. COVID-19 is the second severe acute respiratory syndrome coronavirus (SARS-CoV-2) to cause worldwide concern in the last couple of decades (Ben Mohamed et al., 2023; Davis et al., 2023; Dunn et al., 2023; Kizilkilic et al., 2022; Kurukawa et al., 2023; Taquet et al., 2023; Yea et al., 2023).

The lack of validated and specific biomarkers for the myriad forms in which epilepsy present can make an accurate diagnosis of the underlying cause challenging and consequential (Bandopadhyay et al., 2021; Blank and Jette, 2023; Devinsky et al., 2018; Graifman et al., 2023; Ismail et al., 2022; Johannesen, 2023; Khamis et al., 2023; Ma et al., 2023; Martinez and Peplow, 2023; McKnight et al., 2022; Perucca and Gotman, 2022; Pitkänen et al., 2016; *The Lancet Neurology*, 2022; Zweiphenning et al., 2022). See Table 1 for a partial list of the tests and diagnostic tools used. The traditional use of non-invasive scalp EEGs (the principal diagnostic test used in the ILAE classification of seizures (Asadi-Pooya et al., 2023; Kleen and Guterman, 2023; Tveit et al., 2023)) can be a cumbersome diagnostic procedure, which may require collecting data over a period of a few minutes to several days (Karoly et al., 2021). Diagnosis and monitoring of epileptic activity in children add additional levels of importance to the need for non-invasive markers (Barsh and Wusthoff, 2023; McKee et al., 2023), especially for evaluating the therapeutic efficacy of antiseizure medications (Kasteleijn-Nolst Trenite and Reed, 2023; Whitlock et al., 2022).

Salivary analysis is attracting much attention as a promising diagnostic technique (Almukainzi, 2023; Aro et al., 2017; Bindila et al., 2022; De Bartolo et al., 2023; Huang et al., 2023; Kodukula et al., 2017; Li et al., 2015; Urbizu et al., 2023; Whitlock et al., 2022; Wolgin et al., 2022). A study by Shahar et al. that analyzed and compared saliva samples from 33 epileptic children (11 with intractable epilepsy and 22 with non-intractable epilepsy) with the corresponding results from saliva samples collected from 16 healthy controls found differences in the salivary composition between healthy and epileptic children, irrespective of the pathology (Shahar et al., 2014). Diagnostic decisions on the probable prognosis and response to treatment are based on seizure type (Hakeem et al., 2022; Löscher and Klein, 2021; Myers and Scheffer, 2022). Seizure types are determined according to the most recent (2017) instruction manual for the “International League Against Epilepsy” (ILAE), which classifies seizure types operationally (Fisher et al., 2017; Kanner and Bicchi, 2022). Epilepsy syndromes that begin in infants or neonates are further subcategorized by the ILAE (Gribkoff and Winquist, 2023; Zuberi et al., 2022). Once the seizure type has been delineated, epilepsy is categorized as focal, generalized, both or unknown (Table 2) (Duncan, 2022; Kanner and Bicchi, 2022; Myers and Scheffer, 2022; Patel and Patel, 2022).

Table 1
Diagnostic tools.

Tests (abbreviation)	
Blood tests, including genetics	Computerized tomography scan (X-ray; CT)
Electrical source imaging	Electroencephalograms (EEGs)
Magnetic resonance imaging (MRI)	Magnetoencephalography (MEG)
Neurological exams	Neuropsychological tests
Positron emission tomography	Statistical parametric mapping (SPM)
Single-photon emission computerized tomography (SPECT)	

Table 2
Types of epilepsy.

Generalized epilepsy
Focal epilepsies (such as those that are idiopathic location-related, including the frontal, temporal, parietal or occipital lobes)
Combined generalized and focal epilepsy
Unknown epilepsy

Interestingly, based on interpretations of the behavioral description of Socrates (469–399 BCE (Bowder, 1982)) in historical writings, a present-day pathographical, retrospective diagnosis posits that Socrates suffered from temporal lobe epilepsy (TLE) (Muramoto, 2018). Muramoto outlines some of the legitimate criticisms and pitfalls one faces in making a retrospective diagnosis and couches his theory as a medical explanation based on clinical diagnostic reasoning, pointing out that a clinical diagnosis is to some degree speculative even today (Patrikelis et al., 2023). A high-profile example illustrating the inaptness of anyone (healthcare professionals or laypeople) extrapolating a medical diagnosis in the absence of an in-person examination is the Muhammad Ali case (Okun et al., 2023). In Muramoto’s reasoning, the recurrent voices and peculiar behavior—the signature characteristic features of Socrates—were a manifestation of two associated types, namely, simple and complex partial seizures (Muramoto, 2018).

TLE, the most prevalent form of focal epilepsy in adults and a common childhood neurological disorder, accounts for one third of all diagnosed epileptic patients (Martinez and Peplow, 2023). Although the exact incidence of TLE has not been ascertained, in children the incidence of new-onset epilepsy is reported in a study by Nickels et al. to be 33–82 per 100,000 annually. In these children, roughly half- to two-thirds presented with focal-onset seizures. This suggests that, in this cohort, TLE accounted for 13% of the focal seizures and 8% of pediatric epilepsy overall. (Nickels et al., 2012).

To put this in perspective, according to the latest estimates from the Centers for Disease Control and Prevention (CDC) Autism and Developmental Disabilities Monitoring (ADDM) Network, about 1 in 36 children in the United States has been identified with autism (Maenner et al., 2023), while in the United States and Western Europe, seizures caused by fever (febrile seizures) affect up to 5% of children aged 6 months–5 years, peaking at 12–18 months (Leung et al., 2018).

1.3. Epilepsy, seizures and mitochondrial disease

Although the underlying mechanisms of epileptogenesis are not well understood, evidence for the involvement of mitochondrial dysfunction is substantial (Cardoso et al., 2022; Del Pozo et al., 2022; Hikmat et al., 2017; Kahn-Kirby et al., 2019; Kalra, 2023; Khurana et al., 2013; Matricardi et al., 2019; Patergnani et al., 2022; Rho and Boison, 2022; Saneto, 2017; Singh and Singh, 2021; Singh et al., 2021; Smith et al., 2022; Valiente-Pallejà et al., 2022; Vishwakarma et al., 2022; Wesól-Kucharska et al., 2021; Wu et al., 2021; Yao et al., 2021; Zsurka and Kunz, 2015). Furthermore, many of the commonly used drugs, including antiseizure drugs (ASDs), can have detrimental effects on mitochondrial function and are not recommended in patients with confirmed mitochondrial diseases (Zanotti et al., 2022). However, there are disease situations where anti-inflammatory drugs, ASDs, chemotherapeutics, immunomodulators, statins, and steroids, for example, may be needed in the treatment protocol, and their use in patients with mitochondrial disease may be unavoidable.

The primary mitochondrial diseases affect approximately 1 in 4000–5000 people, with an estimated prevalence in children to be from 4.7 to 15 per 100,000 (Bottoni et al., 2023). Between 20% and 60% of patients diagnosed with primary mitochondrial diseases are likely to develop seizures (Bartlett et al., 2022; Bindoff and Engelsens, 2012; Kang et al., 2013). Mitochondrial dysfunction (Monzel et al., 2023) is pathophysiological in a number of epileptic disorders with an incidence said

to range from 10% to 40%, and among pediatric patients it could be as high as 60% (Anitha et al., 2023; Wesól-Kucharska et al., 2021). This includes disorders that may originate non-mitochondrially, suggesting that a reciprocal association between impaired mitochondrial function and epilepsy is likely (Zsurka and Kunz, 2015). A recent large cohort mitochondrial disease study in adolescents and children where over 48% of patients experienced seizures is worth noting (Saneto, 2017). Ninety percent of the patients were not medically tractable and almost 70% were under 3 years of age. About one quarter of the patients had epilepsy partialis continua (EPC) (Mameniškienė and Wolf, 2017) and status epilepticus (SE). For those patients who suffered from MELAS or its overlap syndrome (Wei et al., 2021) most developed SE (Saneto, 2017). Status epilepticus, according to the ILAE definition (Trinka et al., 2015), varies from type of seizure semiology: 5 min, tonic-clonic; 10 min, focal; and 10–15 min, absence (Migdady et al., 2022; Pinto et al., 2022; Wang et al., 2023a). It is the leading cause of epilepsy-related deaths (Du et al., 2022).

In another study, 129 children affected by the onset of mitochondrial disease during their first year of life were followed for 5 years (Matricardi et al., 2019). Seizures occurred in approximately half the number of children in the study, and the primary epilepsy-associated diseases were pyruvate dehydrogenase complex deficiency and non-syndromic mitochondrial encephalopathy. The incidence of epilepsy correlated with perinatal manifestations, disease onset at younger ages and recognition of developmental delay and regression early in the patient's lives (Matricardi et al., 2019). Notable examples of inherited mitochondrial diseases, syndromes and disorders (Gorman et al., 2016) presenting with epilepsy can be found in Table 3 (Anitha et al., 2023; Arena et al., 2022; Emmanuele et al., 2022; Huang et al., 2022; Kalra,

2023; Li et al., 2021; Lopriore et al., 2022b; Parissis et al., 2022; Peng et al., 2022; Pickrell and Fry, 2023; Saneto, 2017; Valiente-Pallejà et al., 2022; Wesól-Kucharska et al., 2021; Zeviani and Viscomi, 2022; Zsurka and Kunz, 2015).

2. Perspective

2.1. Mitochondrial dysfunction, ferroptosis and epilepsy

The human brain is a highly metabolic, energy-demanding organ (Padamsey and Rochefort, 2023). It comprises less than 3% of total body weight and yet, to provide the ATP needed to meet the high energy demand, mitochondrial respiration in the brain consumes 20% of the body's oxygen supply (Anitha et al., 2023; Cheng et al., 2022; Hosseini et al., 2022; Huisman et al., 2022; Rho and Boison, 2022; Wandt et al., 2021). Consequently, a decrease in ATP production caused by malfunctioning mitochondria in brain cells can lead to pathophysiological changes in neuronal bioenergetics and metabolism that frequently result in neurological complications, including recurrent spontaneous seizures, one of the telltale signs of the epilepsies (Chakraborty et al., 2022; Pacheu-Grau et al., 2018; Rho and Boison, 2022).

Mitochondrial dysfunction increases oxidative stress. Key players are reactive oxygen species (ROS), damaging lipids, mitochondrial DNA and proteins (Rho and Boison, 2022). A postmortem study on patients who suffered from neurodegenerative diseases identified iron as a key participant in neuronal cell death mediated by oxidative stress (Wandt et al., 2021). Lipid peroxidation that is iron-dependent initiates the regulated cell death pathway, ferroptosis (Cai and Yang, 2021; Du et al., 2022; Kang et al., 2023; Li and Jia, 2023; Li et al., 2022b; Ou et al., 2022; Ruan et al., 2023; Stockwell, 2022; Wandt et al., 2021; Xu et al., 2023). More and more literature supports the association between epilepsy and ferroptosis (Cai and Yang, 2021; Chen et al., 2020a; Qi et al., 2022; Sun et al., 2022; Xiang et al., 2021; Yao et al., 2021; Zhou et al., 2022). Glutathione peroxidase 4 (GPX4) is an essential phospholipid hydroperoxide-reducing enzyme that reduces glutathione.

Murine genetic models that have seizure phenotypes (Bolea et al., 2019; Bornstein et al., 2022; Egawa et al., 2021; Ingraham et al., 2009; Kim et al., 2014; Li et al., 2020; Pinkert, 2014; Rizwan et al., 2019; Stokes et al., 2022; van Erum et al., 2020), especially where the function of GPX4 was targeted, provide convincing evidence for ferroptosis playing a pathomechanistic role in epilepsy (Kahn-Kirby et al., 2019). Unfortunately, animal models for neurological complications tend not to recapitulate a given human disease phenotype (Löscher, 2017, 2021). While no given model has been characterized to adequately identify potential treatment paradigms, a number of animal models have been used to develop antiseizure therapeutic interventions (Campos et al., 2018) and some of the validated rodent models are listed on the National Institute of Neurological Disorders and Stroke webpage (NINDS, 2023). Here, various models are described for the identification phase (acute seizure models, behavioral tolerability screens and chronic seizure models), the differentiation phase (acute, and subchronic dosing and drug resistant epilepsy models), as well as testing paradigms and disease modeling.

Selenoproteins, which contain the trace element selenium, are involved in regulating oxidative stress, antioxidant defense, immune and inflammatory responses and other redox functions (Ye et al., 2022). Among the 25 selenoproteins identified in humans are: glutathione peroxidases (GPXs), iodothyronine deiodinases, methionine-*R*-sulfoxide reductase B1, selenophosphate synthetase 2, and thioredoxin reductases. A complete list of selenoproteins and their roles in immune cells and tissues has been reviewed by Avery and Hoffmann (2018) and by Minich (2022). In human brains, selenoproteins are largely expressed (Turovsky et al., 2022). GPX4 is possibly the most important of the 25 human selenoproteins (Chen et al., 2022b; Jiang et al., 2021; Li and Jia, 2023). In neurodegenerative diseases, it plays a pivotal role, utilizing selenium to protect interneurons from ferroptotic cell death (Friedmann

Table 3

Examples of primary (inherited) mitochondrial diseases, syndromes and disorders that may also present with epilepsy.

AHS	Alpers-Huttenlocher syndrome — represents a severe phenotype characterized by onset in childhood, intractable epilepsy, liver failure and progressive encephalopathy. Focal-onset seizures (which may also be myoclonic or tonic-clonic) are often the first sign of AHS. In children suffering with AHS, status epilepticus (~70% of AHS patients) is the number one cause of mortality.
LS	Leigh syndrome — one of the most prevalent childhood mitochondrial diseases, a rare hereditary disorder of neurometabolism affecting the central nervous system (CNS), characteristics of which include ataxia, developmental delay, dystonia, epileptic seizures, external ophthalmoplegia, lactic acidosis, psychomotor regression, vomiting and/or weakness. Death often follows LS within a year of the onset of disease.
MELAS	Mitochondrial myopathy, encephalopathy, lactic acidosis and stroke-like episodes — Focal and generalized seizures may occur. A migraine-like headache may be associated with or precede the seizures. Seizures during a stroke-like episode are most typical. Also common is focal status epilepticus accompanied by secondary encephalopathy. Status epilepticus develops in the majority of MELAS patients, both with and without overlap syndrome.
MEMSA	Myoclonus epilepsy, myopathy and sensory ataxia — formerly called spinocerebellar ataxia with epilepsy (SCAE) — part of a group of conditions called the polymerase gamma (<i>POLG</i>)-related disorders (<i>POLG</i> affects mtDNA replication). MEMSA generally manifests in young adulthood. Symptoms include repeated seizures together with progressive interictal encephalopathy.
MERRF	Myoclonic epilepsy with ragged red fibers — most commonly adult onset, but almost one third may occur in childhood. The phenotype includes progressive myoclonic epilepsy, and the seizures are frequently atonic, tonic, or clonic. Seizure have been reported in anywhere from one third to all patients. MERRF coincides with cardiac arrhythmias, cerebellar ataxia, dementia, diabetes, hearing loss, and myopathy.
NARP	Neuropathy, ataxia, and retinitis pigmentosa — a progressive disease with onset in childhood or early adulthood that may include one or more of the following: ataxia, dementia, developmental delay, epilepsy, muscle weakness, pigmentary retinopathy, sensory polyneuropathy.
PDH	Pyruvate dehydrogenase complex deficiency — infancy-onset epilepsy with one or more of these characteristics: ataxia, abnormal eye movements, axonal neuropathy, clonic seizures, developmental delay, dystonia, hyper- or hypotonia, infantile spasms, refractory focal epilepsy.

Angeli and Conrad, 2018; Guo et al., 2022; Ingold and Conrad, 2018; Ingold et al., 2018; Nicholson et al., 2022; Schomburg, 2022; Wandt et al., 2021; Zhang et al., 2022b; Zhou et al., 2022). Selenium (discovered in 1817 by Jöns Jacob Berzelius, who named it after the goddess Selene (Domínguez-Álvarez et al., 2022; Schomburg, 2022)), is an essential micronutrient and trace element that is critical to CNS development and function (Kieliszek and Bano, 2022; Naderi et al., 2021; Nunes et al., 2022).

Low serum concentrations of selenium and other trace elements and minerals, including iron, have been noted in the clinical diagnosis of children with epilepsy (Fig. 2) (Abdelbasir et al., 2023) and by supplementing selenium in the diet, intractable seizures in children with reduced GPX activity can be alleviated (Ralston, 2023). Remarkably, considering a time period lacking any knowledge about ferroptosis, Pedanius Dioscorides (~40–90 AD (Sebastian, 2018)), a personal physician to Emperor Nero (whose family members, Julius Caesar, Caligula, Gaius Caesar, Caesarion, Octavia and Britannicus, were rumored to suffer from epileptic seizures (Camargo and Teive, 2018)), recommended the use of medicinal plants such as onion and garlic (of the *Allium* family of plants rich in sulfur and selenium (Astaneh et al., 2019; Block et al., 2017; Rakshit et al., 2023)) to treat epilepsy (Diskin, 2002; Sethi et al., 2014; Sharifi-Rad et al., 2016).

2.2. Mitochondrial dysfunction and ferroptosis in Friedreich's ataxia

Although, as described above, ferroptosis may be observed in epilepsy, the evidence does not clearly support a causal relationship. For example, Friedreich's Ataxia (FA), the most common inherited form of ataxia (1 in 50,000 individuals), is an autosomal recessive trinucleotide expansion disorder with decreased expression of the frataxin gene (*FXN*) and its gene product, the mitochondrial protein frataxin (La Rosa et al., 2020). In FA, loss-of-function mutations in the *FXN* gene cause excess accumulation of iron in mitochondria. This is accompanied by impairments in Fe-S cluster biogenesis, iron metabolism and transport, and in the antioxidant defense apparatus concomitant with a decrease of glutathione (GSH) and GPX4 (Dusek et al., 2022; La Rosa et al., 2020; Pallardó et al., 2021; Tiberi et al., 2023). These are attributes that are consistently related to ferroptosis, suggesting ferroptosis could be a pathogenic mechanism underlying neurodegeneration in FA (La Rosa

et al., 2020). However, cases of FA patients presenting with epilepsy and seizures are exceedingly rare (Golomb et al., 2005; Manea et al., 2015).

2.3. Mitochondria-targeted therapeutic opportunities in epilepsy

Since the pioneering studies on the brain's anatomy and function that were undertaken by Wilder Penfield and Brenda Milner at the Montreal Neurological Institute ("The Neuro") (Kanmounye et al., 2022; Kolb, 2021; Leblanc, 2021, 2022a, 2022b, 2023; Servick, 2022), surgery has been a mainstay and key treatment option for epilepsy (Ali et al., 2016; Hanjani et al., 2021), particularly for patients diagnosed with treatment-resistant epilepsy (Chung et al., 2023; Corona et al., 2023; Hsieh et al., 2023; Kanner and Bicchi, 2022; Kerezoudis et al., 2021; Liu et al., 2022a; Pepi et al., 2022), and for patients with focal epilepsy, the only treatment with curative potential (Duncan and Taylor, 2023; Hoppe et al., 2023; Zweiphenning et al., 2022). Examples of epilepsy treatment options are shown in Fig. 3.

Although ASDs (also known as anticonvulsants, antiseizure medications and antiepileptic drugs) (Hakami, 2021; Kanner and Bicchi, 2022; Löscher and Klein, 2021; Łukasiuk and Lasoń, 2023; Olson et al., 2021; Perucca, 2021; Rogawski, 2021; Urzi Brancati et al., 2023) are the preferred first-line treatment (Devinsky et al., 2018; Kanner and Bicchi, 2022; Liu et al., 2022a; Nevitt et al., 2022; Rho and Boison, 2022), they are not curative (Chen et al., 2020b; Löscher and Klein, 2021; Łukasiuk and Lasoń, 2023; Matias et al., 2023) and are ineffective in approximately 30% of patients (intractable, drug-resistant epilepsy) (Duncan and Taylor, 2023; Hakami, 2021; Kocaaga and Yimenicioglu, 2023; Liu et al., 2022a; Löscher and Klein, 2021; Prentice and Rizwan, 2023; Ríos et al., 2023). In addition, with the most commonly prescribed ASDs (Matias et al., 2023), such as carbamazepine, lamotrigine, levetiracetam and valproic acid (Fig. 4), there is increased concern about an association between patients taking these drugs and Parkinson's disease (Belete et al., 2023; Kostev et al., 2023; Shnayder et al., 2023) and/or other psychiatric side effects, which may include suicidality (Anam et al., 2016; Hakami, 2021; Kanner and Bicchi, 2022; Kanner et al., 2023; Mula, 2022). Moreover, of the ASDs approved by the U.S. and European regulatory bodies (respectively, the Food and Drug Administration (FDA) and the European Medicines Agency (EMA) (Anam et al., 2016; Hamed et al., 2023; Kośmider et al., 2023; Urzi Brancati et al., 2023),

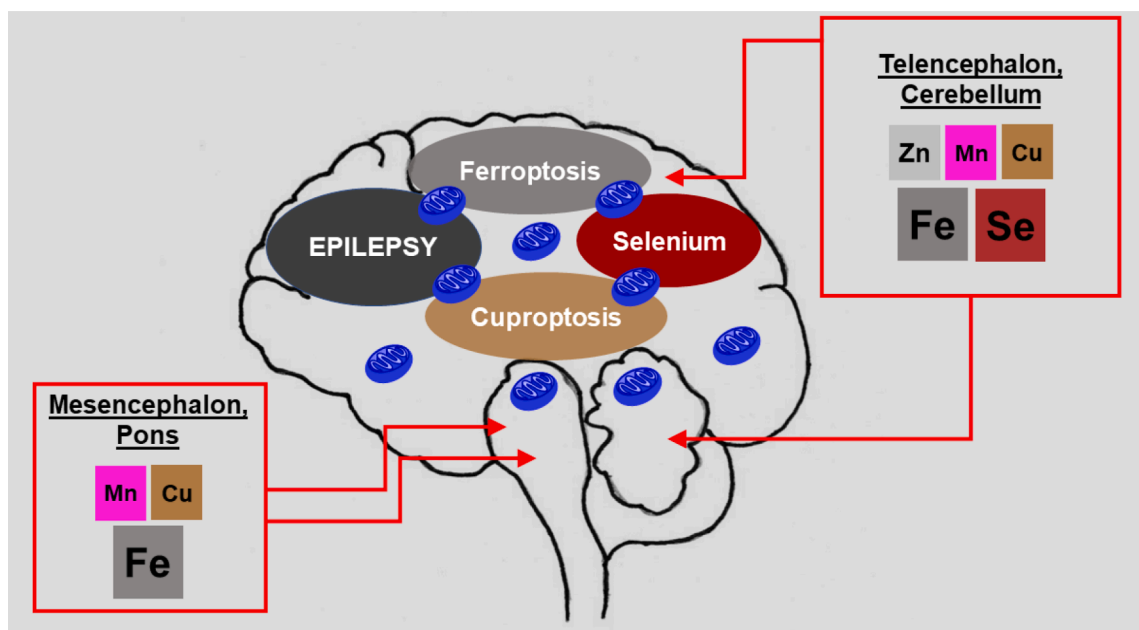


Fig. 2. Epilepsy is linked to mitochondrial diseases, to alterations in iron (ferroptosis) and copper (cuproptosis), and to a selenoprotein (GPX4) and serum levels of selenium and other trace elements.

Hippocrates (Grammatikopoulou et al., 2022; Lobo et al., 2022; Whelless, 2004, 2008; Zhu et al., 2022) are methods of treatment still used today (Lobo et al., 2022; Mattson et al., 2018; Rho and Boison, 2022; Zhu et al., 2022).

The impotence of a pharmaceutical intervention in the aforementioned indications presents an unmet medical need for new and more effective drugs that are safer, treat drug-resistant epilepsy and associated comorbidities, and importantly, prevent seizures. On the horizon, emerging concepts and mechanistic pathways are providing insights into new targets of therapeutic opportunity. In the CNS, iron is essential in the production of myelin, the synthesis and metabolism of neurotransmitters, oxidative phosphorylation and oxygen transport (Ren et al., 2020). Iron (Fe²⁺) that is labile and in excess can accumulate abnormally in mitochondria (the principal sites in cells where iron is metabolized and utilized) is a critical element in triggering ferroptosis (Cheng et al., 2022; David et al., 2022; Guo et al., 2022; Moos et al., 2022; Shao et al., 2022a; Xiang et al., 2021). In fact, morphological indicators of ferroptotic cell death include mitochondrial fissures in outer membranes and cristae that are reduced in size or disappearing, as well as cells harboring mitochondria that are unusually small and that

exhibit reduced density (Du et al., 2022; Fricker et al., 2018; Guo et al., 2022; McElroy et al., 2023; Sun et al., 2022; Xiang et al., 2021; Xie et al., 2016; Zhang et al., 2022a).

Klotho, an anti-aging protein, is a newly discovered therapeutic target for the diagnosis and treatment of neurodegenerative diseases and psychiatric disorders (Abraham and Li, 2022; Moos et al., 2020). In some patients with TLE, Klotho protein levels are subnormal and seizures in these patients tend to be less responsive to treatment with ASDs (Birdi et al., 2023). Induced overexpression of Klotho was found to inhibit ferroptosis and iron overload in an animal model of TLE with cognitive deficits and to have a neuroprotective effect in a rat model of TLE caused by administering lithium-chloride and the muscarinic receptor agonist, pilocarpine (Xiang et al., 2021).

In combination with fibroblast growth factor 21 (FGF21), Klotho promotes normalization of mitochondrial carbohydrate and lipid metabolism (Burtscher et al., 2023; Jia et al., 2022a; Moos et al., 2021). It helps mitigate injury from oxidative stress through upregulation of antioxidant responses that depend on nuclear factor erythroid 2-related factor 2 (Nrf2) (Prud'homme et al., 2022; Xiang et al., 2022), which can inhibit cellular ferroptosis by elevating the expression of ferroportin

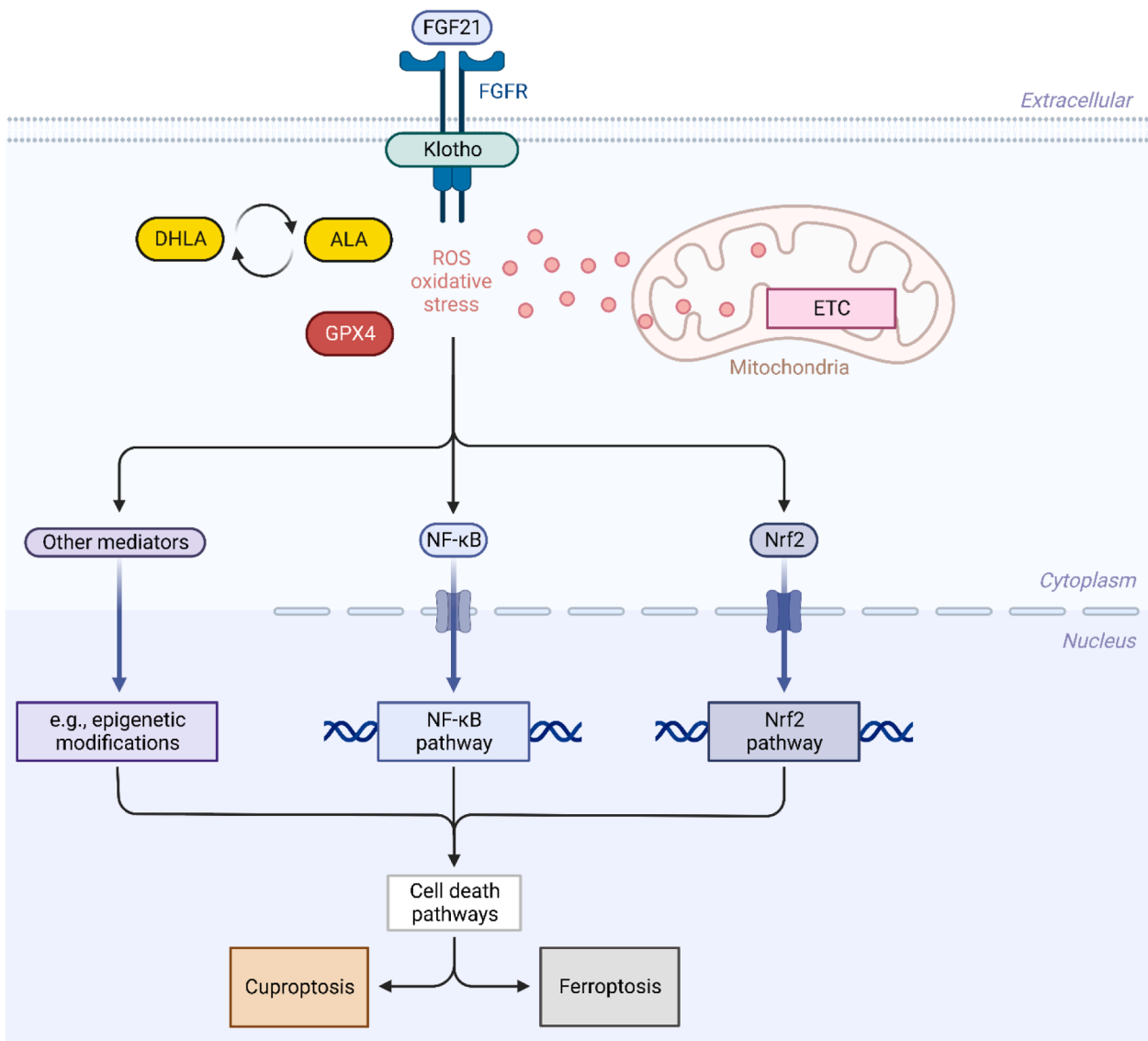


Fig. 5. Selected modulators and pathways involved in ferroptosis and cuproptosis. Abbreviations: ETC, mitochondrial electron transport chain; FGFR, fibroblast growth factor receptor; GPX4, glutathione peroxidase 4; NF-kB, nuclear factor kappa B.

(FPN) and suppressing intracellular Fe²⁺ levels (Song et al., 2022; Xiang et al., 2021). Importantly, by downregulating divalent metal transporter 1 expression and upregulating the expression of FPN, which are associated with iron accumulation in the hippocampus, Klotho inhibits ferroptosis and helps maintain neuronal iron metabolic balance and iron homeostasis (Jin et al., 2023; Xiang et al., 2021). ALA and/or its enzymatically-reduced form DHLA, play a central role in chelating Fe²⁺ and Cu²⁺, scavenging free radicals (ROS), promoting the expression of Klotho, Nrf2 and antioxidants like catalase, GPX4 and superoxide dismutase, suppressing the expression of NF-κB, thus modulating cytokines like interleukin 1β, interleukin 6, and tumor necrosis factor α, thereby reducing inflammation. See Fig. 5 for a schematic representation of selected modulators and pathways involved in ferroptosis and cuproptosis (Ajith, 2020; Castelli et al., 2020; dos Santos et al., 2019; Poor and Chandel, 2023; Tan et al., 2015; Zhang et al., 2019).

(R)-α-Lipoic acid (ALA) is a required cofactor in five mitochondrial enzyme complexes (Warui et al., 2022). It is enzymatically synthesized in mitochondria from octanoic acid (Khan et al., 2022; Moos et al., 2017, 2018; Warui et al., 2022). Defects in the lipoic acid synthetase (LIAS) pathway or in the genes that encode enzymes which are intrinsic to biosynthesis of the mitochondrial iron-sulfur cluster (Warui et al., 2022) can lead to reductions in protein-bound ALA. This may lead to early infantile epileptic encephalopathy (Stowe et al., 2018). Under conditions of oxidative stress, ALA activates Nrf2-dependent antioxidant responses (Ajith, 2020; Khan et al., 2022; Moos et al., 2017; Stepanić and Kučerová-Chlupáčová, 2023; Zhang et al., 2023), which are important in regulating ferroptosis as well as lipid peroxidation (Liu et al., 2021; Moos et al., 2022; Stepanić and Kučerová-Chlupáčová, 2023; Zhang et al., 2023). In a rodent model of epilepsy induced by pentylenetetrazol via an Nrf2 pathway, treatment with ALA improved behavioral dysfunction and significantly reduced the number of epileptic seizures (Cheng et al., 2018). Unfortunately, as a drug candidate, ALA has poor pharmacokinetic properties that limit its therapeutic potential (Kumari et al., 2022; Salehi et al., 2019; Steliou et al., 2015; Usacheva et al., 2022). Ongoing efforts in design and chemical synthesis aim to overcome these deficiencies using ALA prodrugs prepared from analogues, derivatives or conjugates as potential therapeutics with more favorable pharmacological properties (Javaid et al., 2022; Kong et al., 2022; Kumari et al., 2022; Lv et al., 2022; Moos et al., 2022; Steliou et al., 2015; Wang et al., 2020; Zielonka et al., 2017). Various mitochondria-targeting strategies aimed principally at correcting dysfunctional mitochondria are also being explored (Åsander Frostner et al., 2022; Chinnery, 2023; Guo et al., 2023; Maurya et al., 2022; Zielonka et al., 2017).

2.4. Mitochondrial dysfunction, cuproptosis and epilepsy

Like iron, copper is an essential element in living systems (Jomova et al., 2022; Timoshnikov et al., 2022). It is required in the function and maintenance of cytochrome c oxidase (CcO), the terminal cuproenzyme (complex IV) of the mitochondrial respiratory chain (Tsang et al., 2021; Wikström et al., 2023). A dysregulated balance of intracellular copper concentration leads to the following: formation of free radicals, oxidative stress, and mitochondrial dysfunction caused by processes other than oxidative stress (Bandmann et al., 2015). Fatal conditions, including mitochondrial disorders, Wilson's disease, Menkes disease and others, can result from genetic mutations in CcO. Genetic loss-of-function mutations in systems required for copper transport to CcO can also result in mortal diseases (Garza et al., 2023; Martinelli, 2022).

Intracellular concentration of copper is tightly regulated (Hunsaker and Franz, 2019; Metsla et al., 2022) and dyshomeostasis resulting in too little or too much copper (Menkes or Wilson's disease, respectively) is life-threatening (Chen et al., 2022a; Nayeri et al., 2023), with intermittent seizures being a common symptom (Bandmann et al., 2015; Garza et al., 2023). Dysfunctional mitochondria accumulate excess copper ions, which can lead to a copper-dependent, mitochondrially-induced cell death called cuproptosis (Cobine and Brady, 2022).

Cuproptosis is a recently discovered regulated cell death pathway that is mediated by copper executed by damaged cells that are heavily reliant on mitochondrial respiration for survival (Kahlson and Dixon, 2022; Tang et al., 2022; Tsvetkov et al., 2022). To be clear, a causative role for cuproptosis in the pathology of Menkes or Wilson's diseases has not yet been firmly established. However, a recently published investigational study (Yang et al., 2023) suggests that cuproptosis may be more directly related to TLE than previously known, and thus it may be a target for seizure control in at least some patients with Menkes or Wilson's diseases. In further support of this notion, in a postmortem analysis of 24 patients with drug-resistant mesial TLE who underwent anterior temporal lobe resection and amygdalohippocampectomy, compared to 17 control hippocampi, copper levels in the subjects with epilepsy were significantly elevated (Ristić et al., 2014).

Similarly, a study reported by Chen et al. (2023b) found that elevated serum copper levels were associated with an increased risk of generalized epilepsy and that cuproptosis may be one of the mechanisms involved. However, a causal relationship between serum copper level and focal epilepsy was not evident (Chen et al., 2023b).

In damaged respiring cells, excess copper ions are attracted to and bind to the lipoyl moiety of tricarboxylic acid (TCA) enzymes (Stacpoole and McCall, 2023). This causes aggregation of lipoylated protein, heat shock protein 70 (HSP70) induction, and decreases in Fe-S cluster-containing proteins, characteristic of proteotoxic acute stress resulting in cell death (cuproptosis) (Tsvetkov et al., 2022). Chelation therapy using dihydrolipoic acid (DHLA) or prodrugs of ALA that *in vivo* are reduced to DHLA in the cellular environment has therapeutic potential (Ajith, 2020; Chen et al., 2023a; Metsla et al., 2022; Smirnova et al., 2018; Zhang et al., 2023; Zheng et al., 2022). DHLA binds strongly to copper (Metsla et al., 2022), with an approximately 10⁻¹⁶ M dissociation constant (Smirnova et al., 2018). However, the therapeutic window is likely to be narrow. Too much chelation of copper can result in dysregulation of iron metabolism and inadvertently cause ferroptosis (Jhelum and David, 2022).

2.5. Mitochondrial photobiomodulation and other non-drug therapies — novel, neurotherapeutic strategies for treating epilepsy

Antiepileptic drugs are a significant advance in the treatment and management of epilepsy seizures (Hu et al., 2023). Unfortunately, a sizeable portion of patients (as mentioned earlier, ~30%) is unresponsive to the currently approved drugs. Ketogenic diets are difficult to adhere to (Devi et al., 2023), particularly in the pediatric-adolescent patient group, and a surgery option is invasive and not without risk of death, albeit marginally less risky than the chance of sudden unexpected death with refractory TLE (~0.1%–0.5% vs 0.6%–0.9%) (Edwards et al., 2018). Notwithstanding the risk, surgery remains the standard of treatment for focal mesial temporal or neocortical epilepsy (Torres-Martinez et al., 2023).

Some patients appear to respond well to alternative and/or adjuvant neuromodulation therapies (Asadi-Pooya et al., 2023) (Fig. 6) — which admittedly remain to be fully proven — such as repeated external transcranial magnetic stimulation (TMS) (Anninos et al., 2020; Clemens et al., 2023; Mosilhy et al., 2022; Ning et al., 2022), electrical stimulation of the vagus nerve (Ali et al., 2023; Devinsky et al., 2018; Mayo et al., 2022; Mosilhy et al., 2022; Panebianco et al., 2022), closed-loop neocortical electrical stimulation and deep brain stimulation in select areas of the brain such as the anterior thalamic nuclei, the caudate nucleus, the centromedian nucleus, the cerebellum (Fisher, 2023; Foutz and Wong, 2022; Ilyas et al., 2023; Mosilhy et al., 2022; Vassileva et al., 2018) and the hippocampus (Topalovic et al., 2023). Although stimulation methods can reduce the number of seizures by 40%–65% (Anninos et al., 2020; Torres-Martinez et al., 2023; Vassileva et al., 2018), electrical stimulation is a precarious and invasive technique, obligating careful consideration to be given to patient selection (Jirsa et al., 2023; Zarzycki and Domitrz, 2020) and thus less opted for than drug therapy.

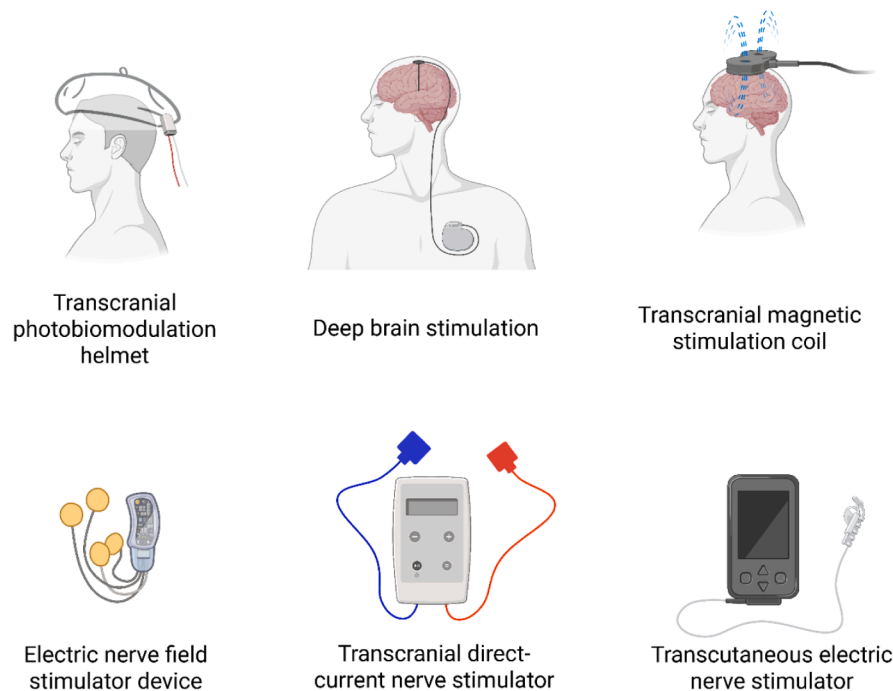


Fig. 6. Examples of neurostimulation devices.

Nonetheless, for many patients with medically intractable epilepsy, brain stimulation may be the only management option available (Foutz and Wong, 2022). Digital therapeutics (Abbadessa et al., 2022) such as software-assisted sensory stimulation (Li et al., 2023b) using light and/or sound (Chan et al., 2022; Larkin, 2023), are emerging non-invasive treatment methods that are being actively researched with an intended goal to supplement and/or possibly replace surgery and drug prescription as an alternative option (Gallagher et al., 2023; Kim et al., 2023; Naddaf, 2023; Wang et al., 2023b). See Table 4 for a partial list of alternative medical approaches to treating epilepsy.

Photobiomodulation (PBM) (Lipko, 2022), a low-level laser/light therapy, is attracting interest as a relatively safe, non-pharmacological and non-invasive procedure with remedial potential in epilepsy treatment (Cardoso et al., 2022; Hong et al., 2023; Mosilhy et al., 2022; Torres-Martinez et al., 2023). PBM therapy, categorized as a medically non-significant risk by the FDA (Beirne et al., 2017), has been used as a therapeutic technique since the 1960s (You et al., 2021) and is indispensably used in several fields of dentistry to regenerate damaged tissues, promote analgesia and reduce tissue inflammation (Kumar et al., 2021; Vochikovski et al., 2022). Its consideration as a method for treating epilepsy, however, is recent (Cardoso et al., 2022; Hamblin, 2023; Mosilhy et al., 2022; Torres-Martinez et al., 2023). While therapeutic proof of concept in humans awaits further study, a greater and deeper understanding of a likely mitochondrial mechanism of action (Cardoso et al., 2022; Mosilhy et al., 2022) has invigorated interest in PBM as a potentially risk-free, non-invasive treatment for epilepsy (Cardoso et al., 2022; Hamblin, 2023; Liebert et al., 2023; Mosilhy et al., 2022; Pan et al., 2023; Torres-Martinez et al., 2023) and other neurological diseases (Hamblin, 2023; Liebert et al., 2023; Pan et al., 2023;

Salehpour et al., 2022; Trigo et al., 2023; You et al., 2021).

Photons emanating from near infrared light sources used in transcranial PBM (tPBM) can penetrate through the skin and bone of the scalp and reach into the proximal brain tissue where the mitochondrial cytochrome CcO in neuronal cells is the intended absorption target (Ayaz et al., 2022; Pan et al., 2023; You et al., 2021). Photochemical stimulation of complex IV (CcO) of the electron transport chain (ETC) — the focal acceptor of red-to-near-infrared photons inside cells - reduces the onset of seizures in animals by inducing a cascade of therapeutic processes that includes increased ATP production and activation of mitochondrial signaling pathways (Collier et al., 2023; Poor and Chandel, 2023) associated with neuroprotection and cell survival (Cardoso et al., 2022; Mosilhy et al., 2022). Indeed, purinergic signaling is a major route for cell–cell communication and is an emerging therapeutic target in treating epilepsy.

2.6. New pathways of interest in epilepsy

The metabolic basis of epilepsy, including key factors such as purinergic neurotransmission, has been described well (Rho and Boison, 2022). More specifically, new pathways that have been suggested as targets for drug therapy include metabotropic purinergic P2Y receptors. The signaling of these 7-transmembrane G-protein coupled receptors in the brain is associated with neuronal excitability and neuroinflammation. Changes in P2Y expression have been noted in rodent studies of status epilepticus and in people suffering from intractable epilepsy associated with focal cortical dysplasia (Alves et al., 2018). Mitochondrial dysfunction resulting from inflammation can be traced at least partly to purinergic receptors, specifically the ionotropic purinergic P2X7 receptor, a ligand-gated cation channel (Singh and Singh, 2021). The gap junction family protein, pannexin, is involved in extracellular purinergic receptor signaling, mediating ATP release, and has also been proposed as a therapeutic pathway worth exploring further in epilepsy (Shan et al., 2020). Numerous rodent studies support the involvement of purinergic signaling in epileptogenesis and during partial and generalized seizures, post-traumatic epilepsy and status epilepticus. Other purinergic receptors, including adenosine receptors, also

Table 4

Non-drug medical approaches to treating epilepsy.

Alternative therapies (abbreviation)
Digital therapeutics
Transcranial magnetic stimulation (TMS)
Transcranial photobiomodulation (tPBM)
Vagus nerve stimulation (VNS)

play a role in the modulation of seizures and epilepsy. Whether purinergic approaches targeting the various primary receptors as well as purine metabolic pathways can provide therapy that reduces the impact of precipitating events, prevents epilepsy, or suppresses seizures in humans remains to be seen, but this line of thinking seems worth exploring further (Beamer et al., 2021). Exploitation of purinergic signaling tools in seizure/epilepsy diagnosis has also been suggested (Wong and Engel, 2023).

3. Concluding remarks

Epilepsy remains a challenging disease to diagnose and treat effectively. In the distant past, diseases like epilepsy were attributed to the spiritual whims of gods who were thought to have control over human health, life and death. Though we have moved well beyond mythology and religious attributes to a more rational, scientific understanding of epilepsy, describing and treating the illness as a dysfunction of the brain, there is still much to be desired in medical practice. Epilepsy has a strong link to mitochondrial function, given that seizures affect approximately one third to more than half of all patients diagnosed with mitochondrial diseases. Indeed, from what we have learned in recent years about mitochondrial diseases writ large, it should come as no surprise that decreased ATP production caused by malfunctioning brain cell mitochondria leads to altered neuronal bioenergetics, metabolism and neurological complications, including seizures. Ferroptosis fits into these mechanistic pathways well, since lipid peroxidation that is iron-dependent initiates this form of cell death, which aligns with the altered mitochondrial bioenergetics, metabolism and morphology found in NDDs. Furthering these connections, studies of seizure phenotypes in murine genetic models targeting the role of the vital selenoprotein GPX4 suggest roles for ferroptosis in epilepsy. This result ties in with GPX4 being pivotal in NDDs, where selenium protects interneurons from ferroptosis, all of this consistent with selenium serving as an essential CNS micronutrient and trace element. Add to this the fact that low serum levels of selenium and other trace elements and minerals including iron are noted in diagnosing childhood epilepsy and the knowledge that selenium supplements alleviate intractable seizures in children with reduced GPX activity. Finally, contributing even more to the story are copper and cuproptosis, which like iron and ferroptosis link significantly to mitochondria and NDDs. Altogether, this mechanistic trail leads to potential new ways to treat seizures, pointing beyond surgery to not only novel small molecule drugs including prodrugs of lipoic acid but also to alternative and/or adjuvant therapies like tPBM.

Declaration of Competing Interest

The following authors make the following disclosures in addition to their academic and nonprofit roles. Walter H. Moos is a co-founder and managing director of Pandect Bioventures. He is also chairman emeritus of ShangPharma Innovation, has been a consultant to Aduro Biotech (Chinook Therapeutics), is an advisor to Azkarra Therapeutics, and serves on the boards of directors of Circle Pharma, Rigel Pharmaceuticals and Valitor. Douglas V. Faller is chief medical officer of Oryzon Genomics, scientific founder and chair of the scientific advisory board of Viracta Therapeutics, co-founder and vice president at Phoenicia Biosciences and serves as a consultant to Briacell Therapeutics. Kosta Steliou is the founder and chief scientific officer of PhenoMatriX. Krishna Kodukula has consulted with and/or served as an executive or on the boards of various biotechnology and pharmaceutical companies from time to time, including PhenoMatriX, and he has been an executive-in-residence at Pandect Bioventures and ShangPharma Innovation. Demetrios G. Vavvas is a co-founder of Drusolv Therapeutics, a member of the scientific and clinical advisory boards of Olix Pharma and Valitor, and a consultant for TwentyTwenty, Sumitomo/Sunovion, and Cambridge Polymer Group.

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