

## Apoptosis and the Pathological Timing

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It is clear for all the timed cell varieties span. What we concerned with here is the brain parenchyma ones. Physiologically, genetics or others who determine the brain parenchyma cells BPC life span. While shortening of this span which is the basic error in many brain problems had been correlated to many well-known factors but the, or except the long standing inhabitation of intracellular bacteria. If mentioned it will be very remote from real reality. My work on the biological basis of neurosurgical pathologies at beginning on trial treatment based on clinical and then on tissue biopsy for PCR screen for fifteen intracellular bacteria in question revealed that all what human suffer with or from is/are a complication/s to this long standing presence of one or more kind of this/these intracellular bacteria into our cells from and for that, we conclude any damage or dys-functionality in neurons for example in premature or pre-senile dementia as a clinical entity or brain atrophy as imaging finding even with apparent sound mentality (including memory) or it is impaired in certain degree is/are either due to direct invasion of BPC by one or more of these intracellular bacteria like *Brucella*, *Salmonella* and many others or due to some other remote effect on neurons if the infection is in other general cells. This had been concluded by me when treating other conditions on this bases like chronic low back pain, the error in mentality if accompanied will be clear in so many cases. When this applied in isolated manner in elderly resistant confusion states the results are excellent after many other multi-disciplinary measures failed including traditional anti- bacteria for chronic UTI for e.g. So the explanation for all of this is the big names for Alzheimer's, dementia and many similar are mere a remote (chronic) complications for neurons, glial cells, reserve cells including the CNS stems cells and the vascular tree endothelial cells being invaded and become a slave for the intracellular bacteria within, with passing time make changes into these cells for the favor of the invader cells. It needs a direct brain biopsy to examined with PCR screen (micro-array) to test for the enlisted fifteen intracellular bacteria by me. My work in this stage is limited for indirect biopsies from Sacroiliac joint and then from Trapezius muscle I intend to widen to brain biopsy in patients who agree for doing so after open and frank discussion with them (if any) or their first degree relatives. I do strongly welcome worldwide cooperation. By coming to the invader cell - invaded cell interaction and net results it is clearly discussed in articles found in [www.researchgate.net/profile/abbas\\_alnaji](http://www.researchgate.net/profile/abbas_alnaji). it is nice and lovely here to update the concept further from cell age point of view. As neurons and other CNS cells is the concern here and the same will come on other somatic cells for that the general philosophy is one. By coming to the general idea that the cell is governed by chromosomes inherited orders to all functions including cessation of function in response to certain condition/s (reversible hindering of function) or death (irreversible stop of functions) away from apparent insult of any kind. The entrance of the intracellular bacteria into the cell and staying for a while or long is another vital issue we not in discussion for it here. What talk about is the effect of this intracellular bacteria on chromatin (mass of chromosomes in non-dividing cell) and the effect on non-chromatin (other cell organelles). Both cells (invader and invaded) are made of chemical macro-molecules. These macromolecules by time interact. This interaction yield in a given macromolecules may be not related to either or certainly in favor of the invader. In any, the nature of our cell will be not itself! One of us can extend his/her imagination in this regard to see (recognize the ill effect) and not need to talk much.

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