

Pharmaceutical Chemistry One.

*** Course Summary ***

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Semester: First Semester of the year 2022/2023

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Date: (1) up. e

No. ..

Reference:

- ① principle of Medicinal chemistry [Foye]
- ② Text book of medicinal chemistry (Parimoo)
- *** ③ Text book of organic Medicinal Pharmaceutical chemistry (Gisvold)
- ④ Burger's medicinal chemistry (Burger)

* Pharmaceutical Chemistry :

Branch of chemistry concerned with the chemical compound

that used in treatment → Drug natural synthetic semisynth

* Main goal for Ph. ch.

- Make new compound
- Then study the Pharmacological activity

This compound must be

- ① ↑ high Pharmacological activity
- ② low side effect

* Branch of Ph. ch:-

- ① Deal with synthesis
- ② structure activity relationship (SAR)
- ③ Drug design

Types of drugs :-

- (1) Drug activity ^{not} related to structure 20%
 (2) Drug activity is related to structure 80%.

① Drug activity is **Not** related to structure 20%

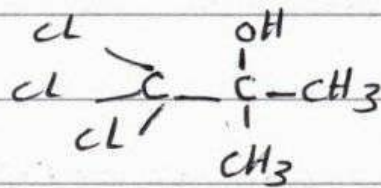
Ⓐ Any change in the structure will not affect Pharmacological effect or activity

Ⓑ To be active concentration should be **high**

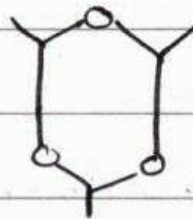
Ⓒ Related to **physicochemical properties**

Ex: **Hypnotics**, **General anesthetic**

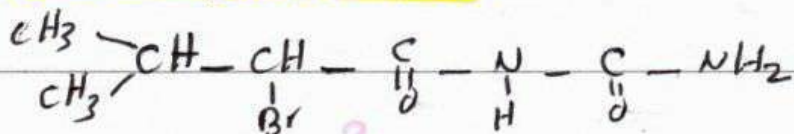
→ **(a) alcohol: Chlorobutanol**



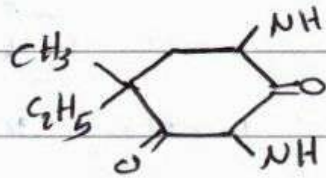
→ **(b) aldehyde: paraldehyde**



→ **(c) Amide: bromural**

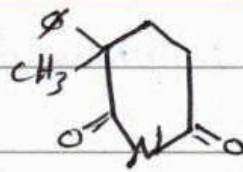


→ **d) barbiturate: Phenobarbital** ملاحظة من خلال التركيب السابقة انه كل مركب فقط تماماً عن التركيب الآخر (أدوية نفسية مثلاً)



ملاحظة من خلال التركيب السابقة انه كل مركب فقط تماماً عن التركيب الآخر (أدوية نفسية مثلاً)

→ **e) piperidinediones: Glutimide** انه هذه المجموعة تعتمد على Physicochemical Properties



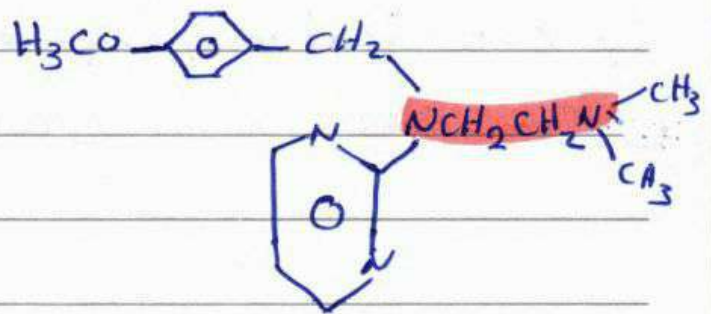
Physicochemical Properties Structure

Q2) Drug activity is related to structure 80%.

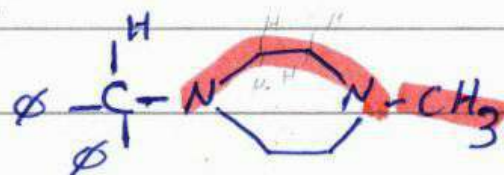
- a) Drug activity is related to structure
- b) Any change in the structure will affected pharmacological activity
- c) To be active concentration should be Low

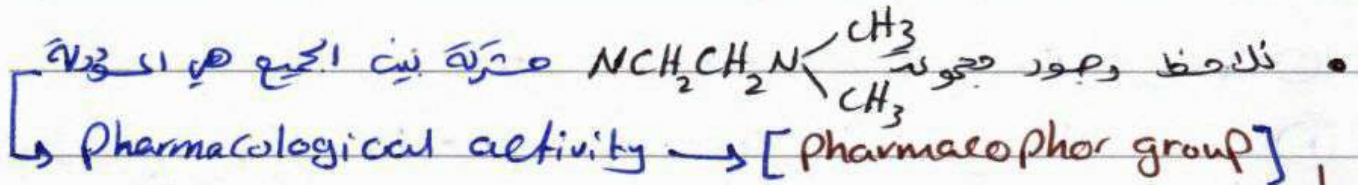
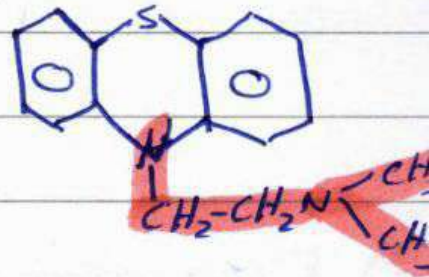
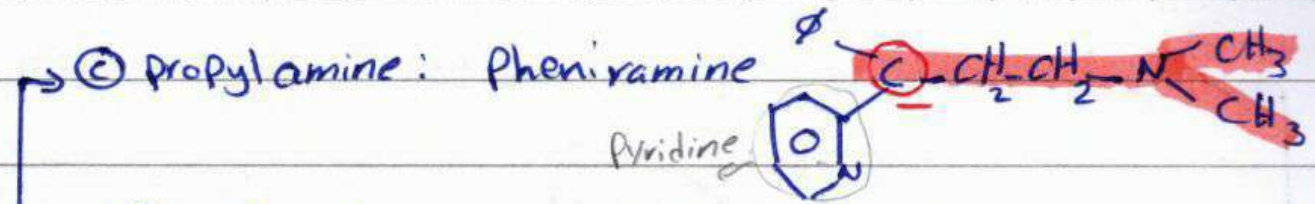
Ex: **Anti histaminic agent, Analgesic, Local Anesthetic**

→ **a) ethylen diamine derivative: Tonzylamine**

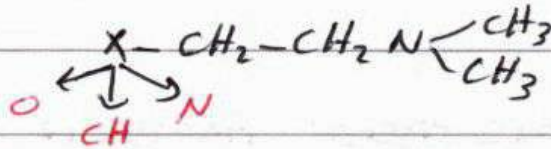


→ **b) Piperazine: cyclizine**



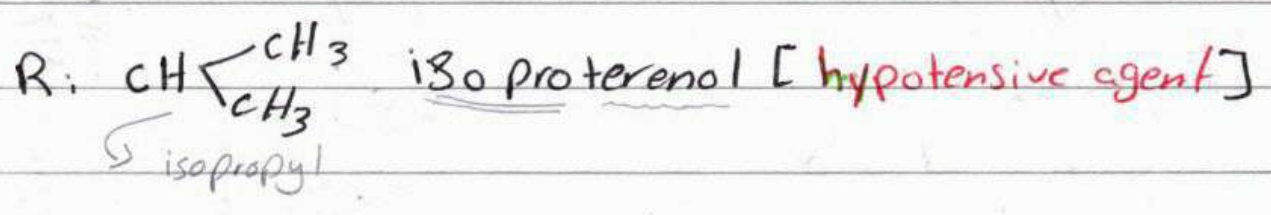
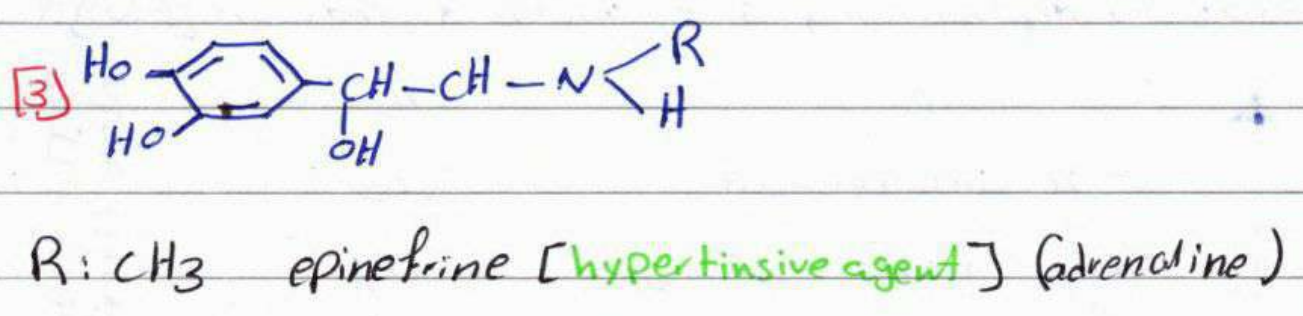
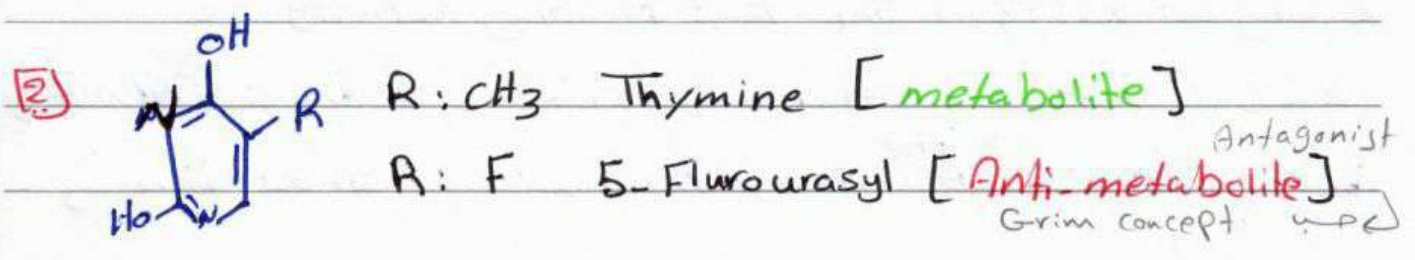
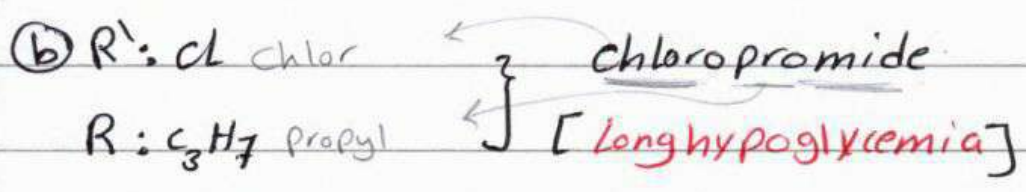
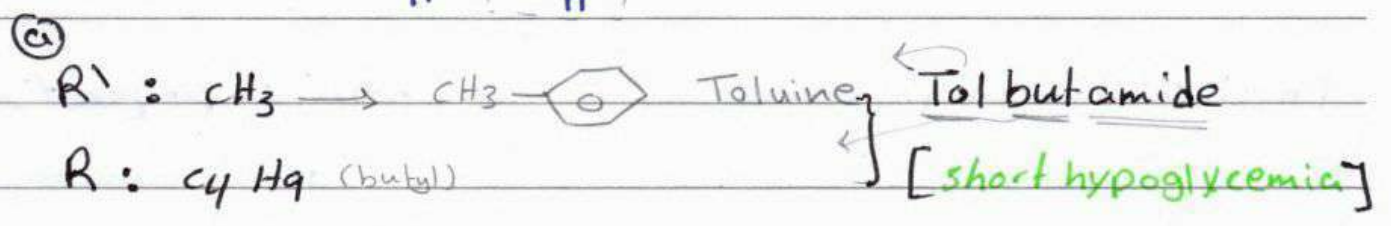
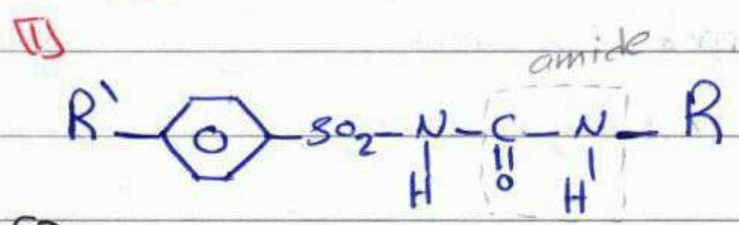


The part of structure responsible of the pharmacological activity as



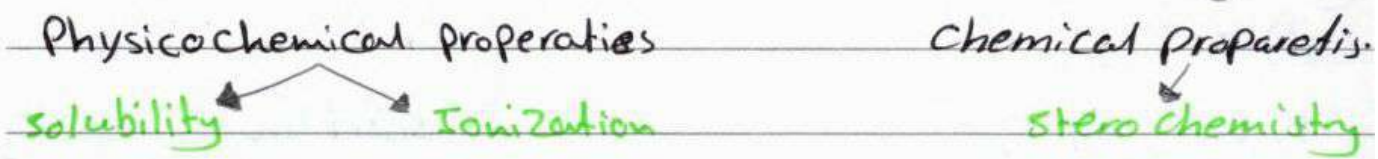
[Bioisosterizem] substitution group with another in which will give same pharmacological effect.

* Any change in the structure will be effect activity :-



- Drug arrives to target [receptor, protein, enzyme, DNA/RN, Lipid, ion channel.....]

• The Factor Affecting a Drug activity

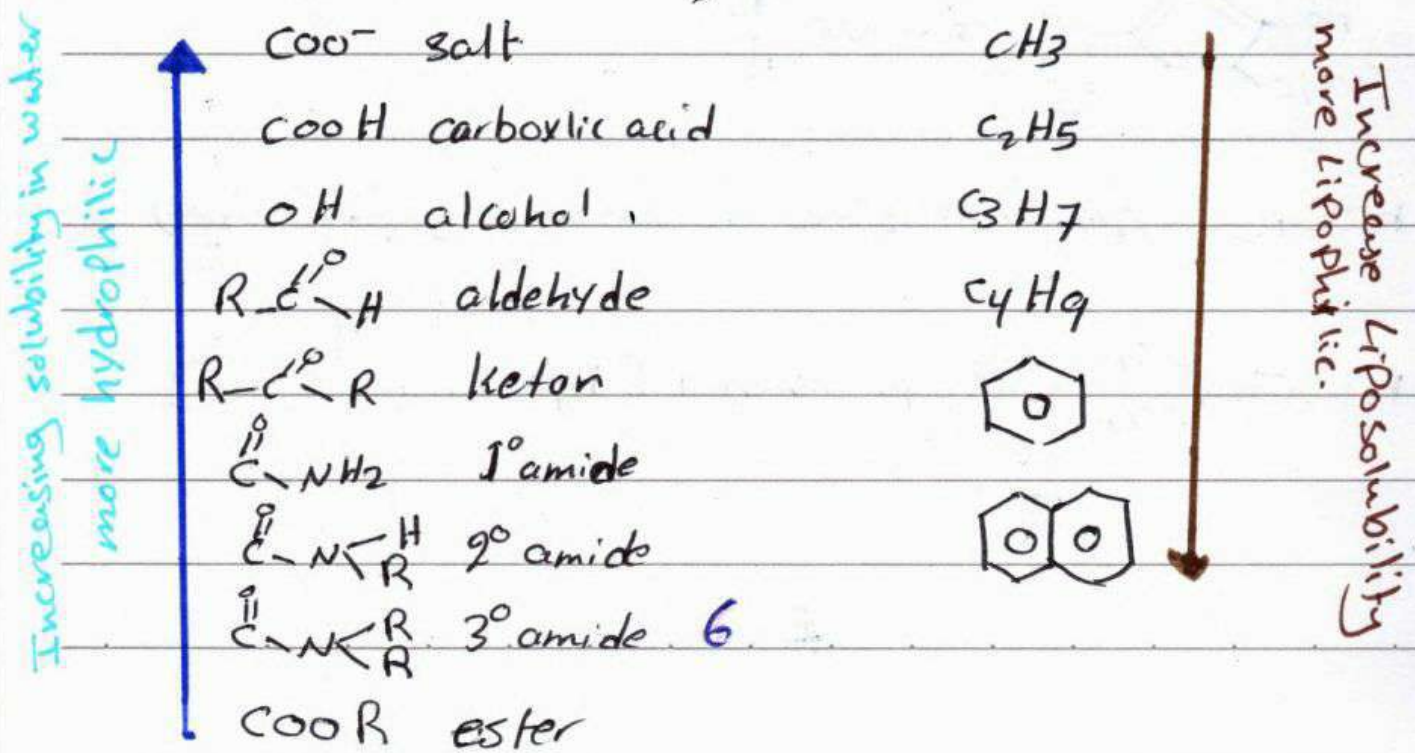


(A) Physicochemical Properties:

(1) solubility:

- * why solubility is important for drug activity ??
- a. give understand of pharmacokinetics of drugs [ADME]
- b. To produce ~~stab~~^{subtle} dosage form [sus., emul. li.....]

* solubility depends on polarity which depends on [EN]



$$pH = pK_a + \log \frac{[A^-]}{[HA]}$$

Date.

No.

For weak acid:-

$$pH - pK_a = \log \frac{I}{unI}$$

$$10^{pH - pK_a} = \frac{I}{unI}$$

$$I\% = \frac{100}{1 + \text{Antilog}(pK_a - pH)}$$

For weak base:

$$10^{pH - pK_a} = \frac{unI}{I}$$

$$I\% = \frac{100}{1 + \text{Antilog}(pH - pK_a)}$$

pH: acidity of media

pK_a: acidity of drug

A⁻: ionized part

HA: unionized part

↑ K_a ↑ acidity ↑ H⁺

↓ ↑ pK_a ↓ H⁺

• so any drug The ionization depend on pH, pK_a

* we couldn't modife or improve pH of the media

because it's constant, but we can with pK_a

* The drug must be lipophilic to cross cell membrane
So unionized must be >>> ionized to cross
and must be hydrophilic fo be active.

* Ionization gives us indication for the best
Place that drug will absorbed there

من صال لقال

The Factor affecting on pKa for drugs :-

① The ch.ch of atom conjugated to H:

Ⓐ size for the same group $H-F < HCl < HBr < HI$



more acidic group \rightarrow more acidic \rightarrow more acidic

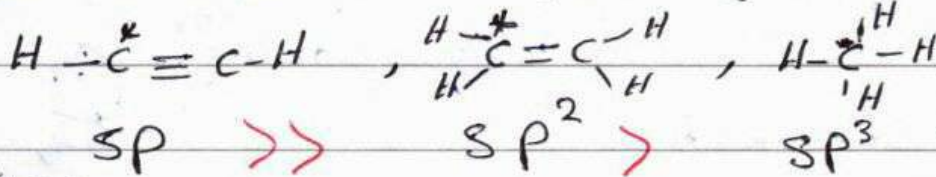
Ⓑ EN for same period



increasing EN \rightarrow

decreasing EN \downarrow

Ⓒ Hybridization = $\sum \sigma + \sum$ lone pair



قوة الكربون المتبرع
 مع السوية عالية
 كلما زادت السوية
 انخفضت قوة السوية
 كلما قلت السوية

50% s ch.ch

33% s ch.ch

25% s ch.ch

② The ch.ch of neighbouring Atom conjugated to H

Ⓐ Inductive effect (I)

$+I \rightarrow \uparrow$ no. of e in ring

occur b/w σ bonds

$-I \rightarrow \downarrow$ no. of e in Ring

All groups are $-I$ [except alkyl group (+I)] donating group

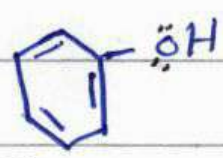
Ⓑ Mesomeric effect (M) resonance

occur in π bonds

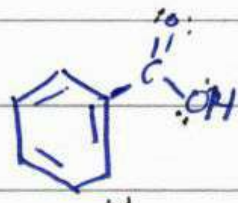
$+M \rightarrow \uparrow$ no. e

$M >>> I$

$-M \rightarrow \downarrow$ no. e



$-I, +M$



$-I, -M$



$-I, -M$

Acidic Drugs

Basic Drugs (amine group)

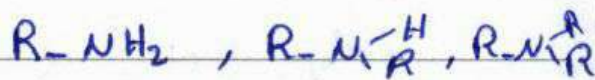
- 1) $\text{C}(=\text{O})\text{OH}$ carboxylic acid
- 2) OH alcohol
- 3) $\text{R}-\text{S}(=\text{O})_2\text{OH}$ sulphonic acid
- 4) $\text{R}-\text{S}(=\text{O})_2\text{NH}$ sulfonamide
- 5) $\text{C}(=\text{O})-\text{N}(\text{H})-\text{C}(=\text{O})$ Imide
- 6) $\text{C}\equiv\text{N}$ Nitrile
- 7) $\text{C}(=\text{O})-\overset{\oplus}{\text{C}}-\text{C}(=\text{O})$ α carbon

- For amine group

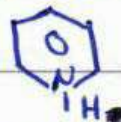


Basicity. alkyl > aryl.

- Aliphatic amine group



- aromatic amine - tetrazole

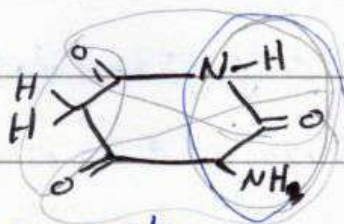


- cyclic amine



acidic ch. ch.

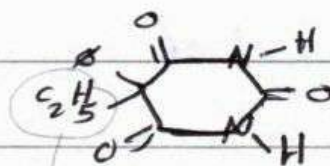
TetraZole



more acidic

Imides, α C

$\text{pKa} = 4$



acidic

Alkyl group add some basicity

$\text{pKa} = 7.9$

Amoxicillin??

Iuprofen $\text{pK}_a = 5.5$

weak acid / Analgesic

In stomach $\text{pH} = 3.5$ in Blood Plasma $\text{pH} = 7.5$

$$\text{pH} = \text{pK}_a + \log \frac{I}{\text{unI}}$$

$$10^{\text{pH} - \text{pK}_a} = \frac{I}{\text{unI}}$$

$$10^{3.5 - 5.5} = \frac{I}{\text{unI}}$$

$$10^{-2} = \frac{I}{\text{unI}}$$

$$\frac{1}{100} \leftarrow \frac{I}{\text{unI}} \quad \boxed{\text{unI} \gg I}$$

✓ cross stomach cell membran.

✓ good absorption

$$10^{\text{pH} - \text{pK}_a} = \frac{I}{\text{unI}}$$

$$10^{7.5 - 5.5} = \frac{I}{\text{unI}}$$

$$10^2 = \frac{I}{\text{unI}}$$

$$\frac{100}{1} = \frac{I}{\text{unI}}$$

$$\boxed{\therefore I \gg \text{unI}}$$

unable to cross blood plasma

Drug Acid + base \rightarrow salt

Drug basic + Acid \rightarrow salt.

If we add to the Drug

organic

Inorganic

Acid + Basic Drug

base + Acid Drug

Acid + Basic Drug

base + Acidic drugs

citric acid

Procaine

HCl

KOH

Maleic acid

dimethylamine

H₂SO₄

NaOH

Acetic Acid

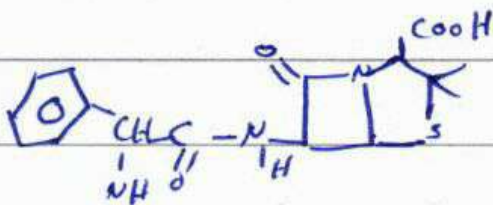
gives

Inorganic salt

organic salt

- If we need to \uparrow hydrophilicity of the Drug, we add Inorganic Acid/Base ex: Amoxicilline and give as IV injection (rapid)

- If we need to \uparrow lipophilicity of the Drug, we add organic acid/Base ex: Ampicilline and give as depot injection (long action)




+ procaine \Rightarrow depot inj
12 organic Base

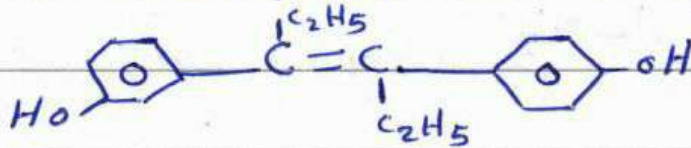
Ampicilline
Acidic

B] chemical Factors :-

stereochemistry (3D)

1] Geometric

occur in compound has C=C ;  cycloalkane



93% \checkmark بعض حالات
Trans Form \rightarrow active

Diethyl stilbestrol [Anti cancer] cis form \rightarrow inactive
71% لا بعض حالات

2] optically

must contain chiral center $M - \overset{L}{\underset{N}{|}{C}} - K$

نوع الترتيب حسب Atomic No و Hwt \downarrow من هـ

R] لا بعض حالات اذا كان الترتيب مع عقارب الساعة

S] اذا كان عكس عقارب الساعة

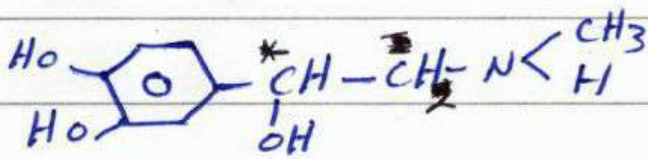
اذا كانت ايزومر حيوية فرضا H vertical عمودي تبين R R

ولا تبين الاكواب كنه اذا لم تكون vertical تبين الاكواب
R \rightarrow \rightarrow R
or S \rightarrow R

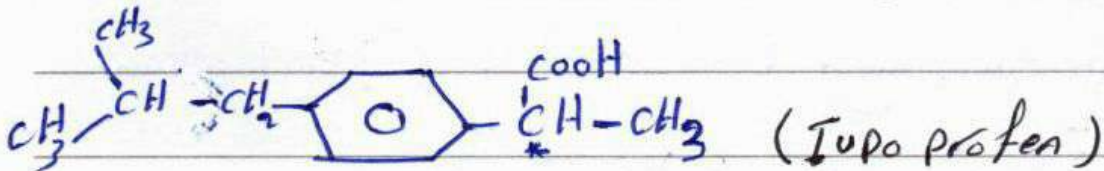
اذا كان اتجاه polarized \rightarrow left (-)

right (+)

* 2^n isomer حسب n: no. of chiral center



- epinephrine (hypertensive agent)
- (-) active (receptor, α_1, α_2)
- (+) inactive



(Ibuprofen)

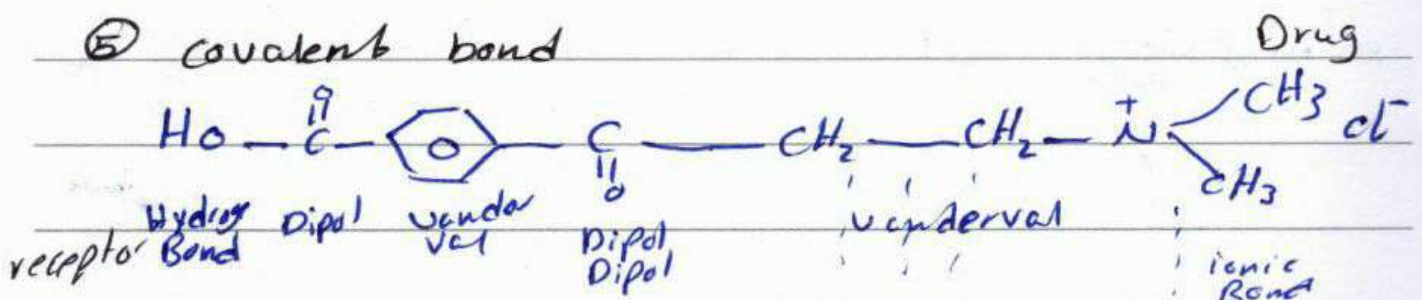
S \rightarrow activeR \rightarrow inactive.

↳ chemofunctional group: process of Binding

of Drug with receptor By chemical Bonds:

* Types of chemical Bonds:

- ① hydrogen bonds H to N, O, F
- ② Dipole-Dipole in carbonyl δ^+ , δ^-
- ③ vander val in non-polar
- ④ Ionic Bonds
- ⑤ covalent bond



Date.

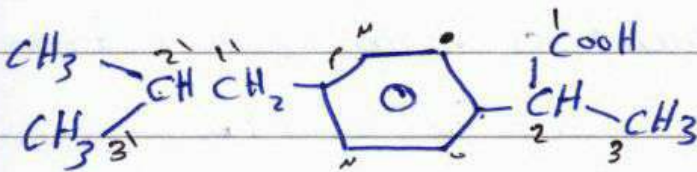
No.

* Any drug has 3 names:

(1) Trade Name

(2) Chemical name = IUPAC Name

(3) Generic Name = scientific Name.



Ibuprofen → scientific Name

2 [p(2' Methy) propyl] phenyl] propanoic acid.

IUPAC Name / chemical Name

Bioisosterism

Date.

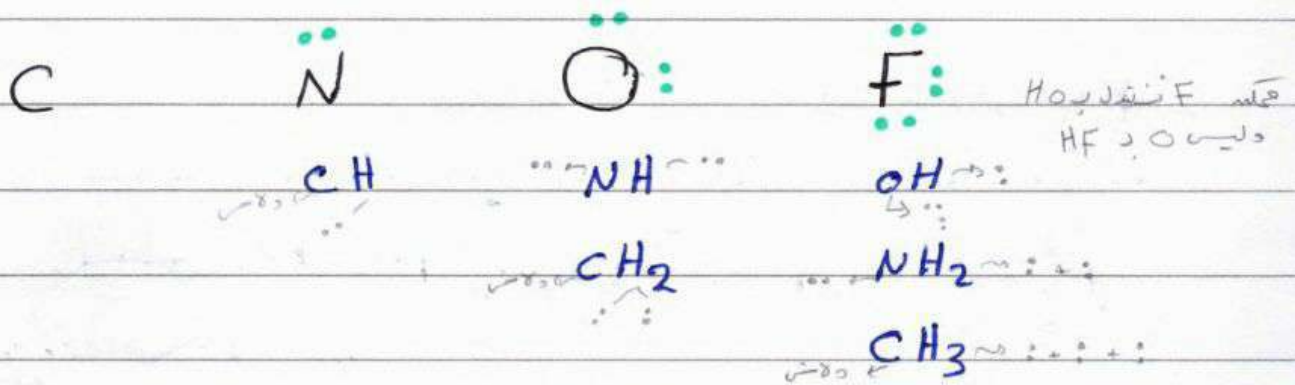
No.

Replacement of atom or group to another to produce new compound with the same activity. or antagonist.

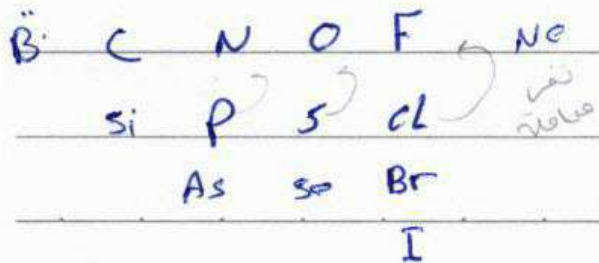
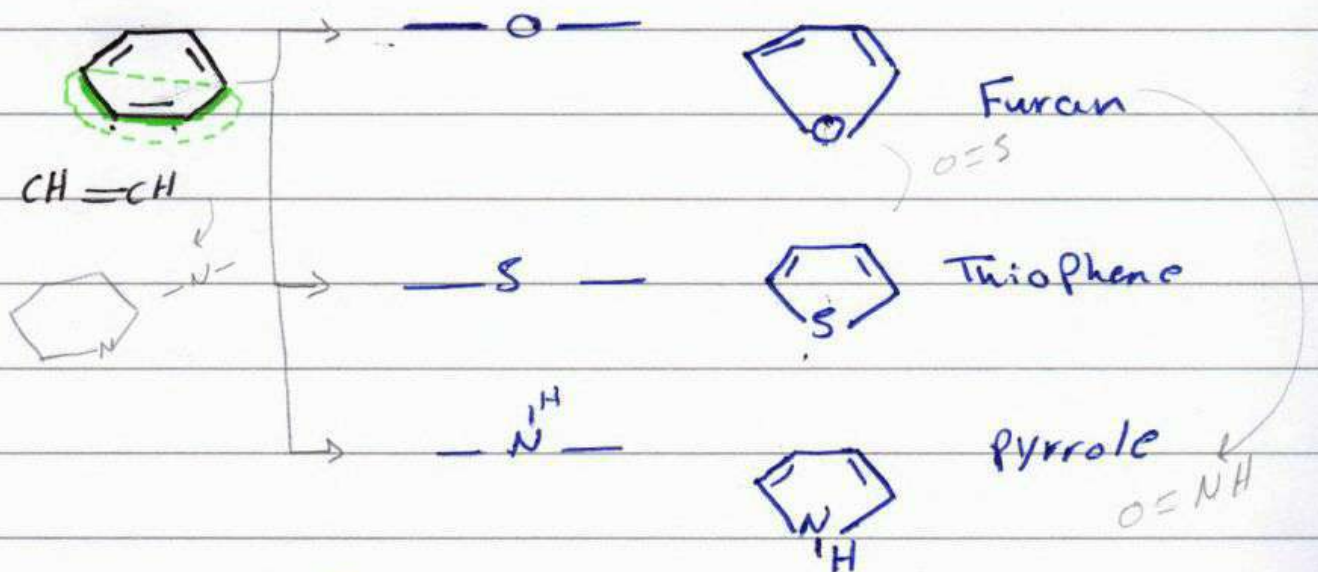
* Some important Theory of Bioisosterism

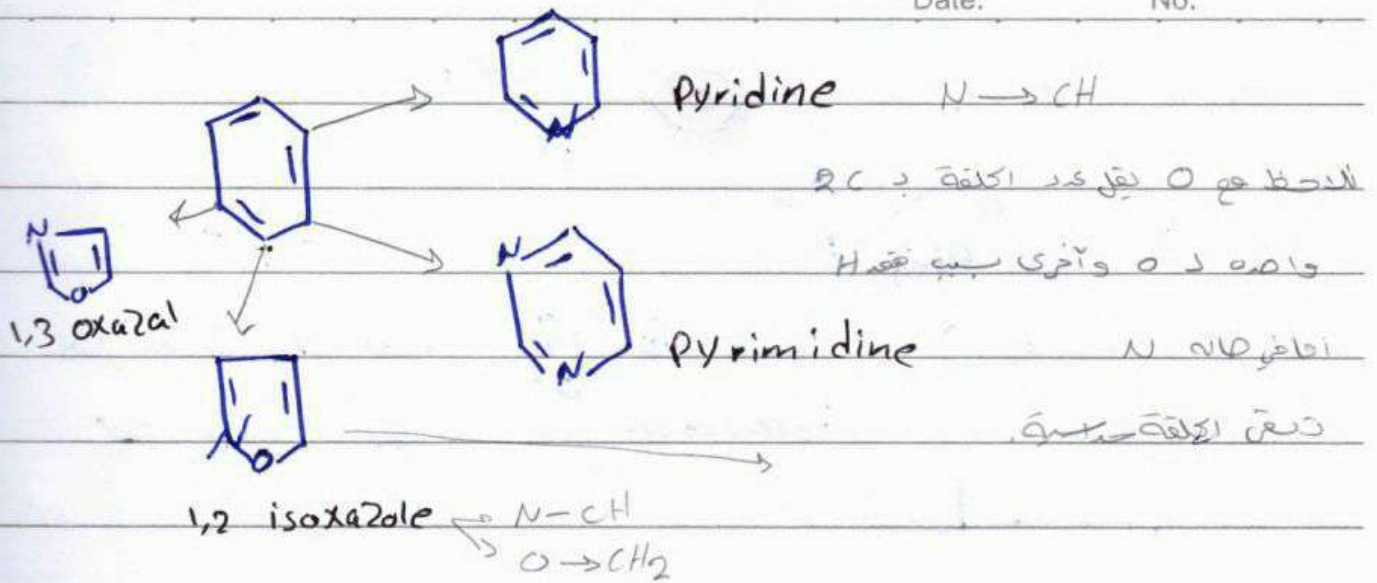
1) Grim concept "hydride displacement concept"

Each ~~part~~ of (e-) replacement of Atom with hydrogen and the Atomic number must be equal.

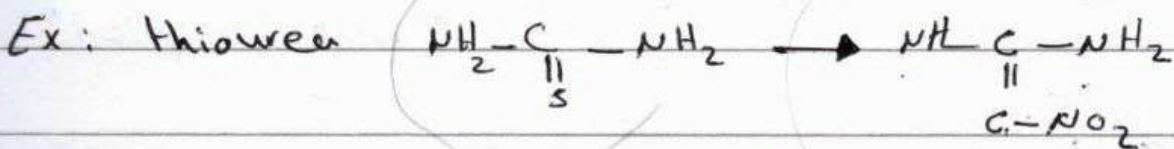
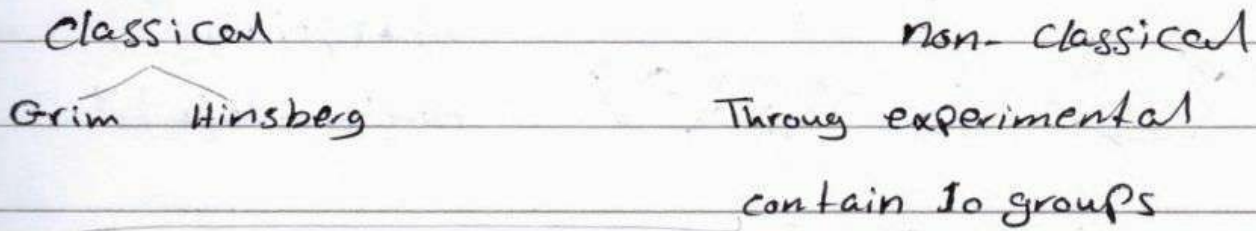


2) Heinsberg concept: "Ring equivalent"

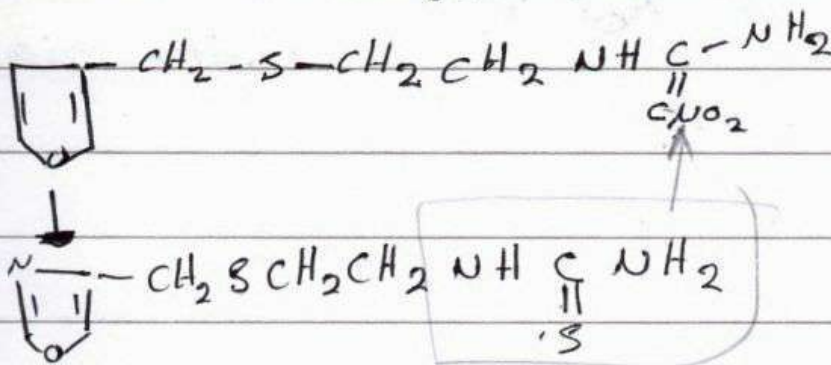


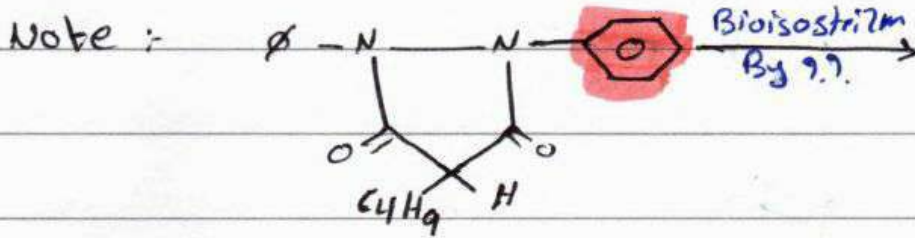




Type of Bioisoterizm

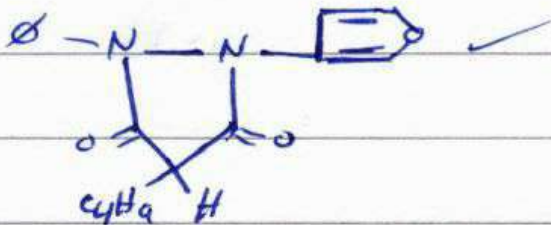


As Anti-ulcer Drugs

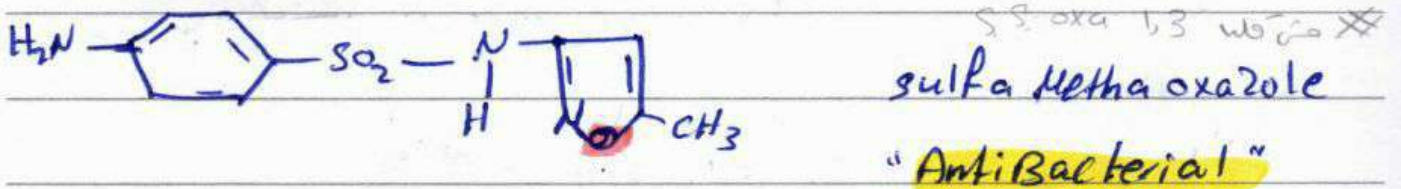
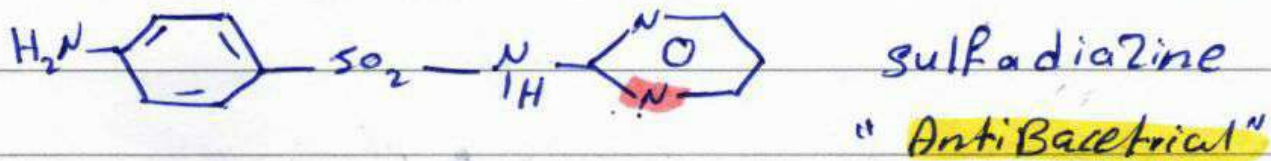
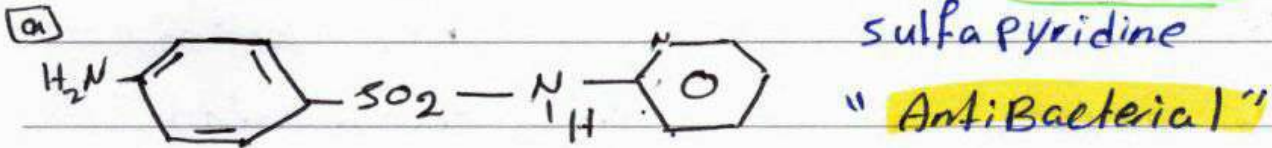




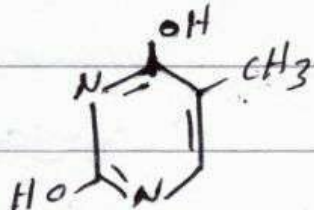
هذا المثال تسمى قتلًا بـ 
 حيث الربط بجدار heteroatom: 



Example of Bioisostriзм yield Agonist



For Antagonist:-



CH₃ → Thymine "Metabolite"

F → 5-Fluorouracyl "Anti-Metabolite"

Biotransformation:

Detoxification

Drug Metabolism ذؤتره

The process of conversion of drug in to metabolite by enzyme in the body.

- effect pharmacodynamic ADME ^{Metabolism}

* The aim of Biotransformation:

(1) Drug become more polar so

(2) easy to excretion

(3) ↓ reduce toxicity. (detoxification).

Biotransformation

depend on the position

Microsomal

non-microsomal

liver → 90% of process

in other position

depend on the RxN

Phase I "Functionalization"

Phase II

"conjugation"

enter of functional group

R [COOH, SH, NH, OH] ↑ polarity

some drug pass to phase I the excretion

(1) oxidation

(2) Reduction

some pass phase I the II then excretion

(3) hydrolysis.

Drug as R does

some pass II directly

(containing functional group)

Direct

functional group

Indirect

then excretion.

↓
oxidation of functional group

Modification of existing group

Types of conjugation

↓
reduction hydrolysis

(1) conj with Glucuronic acid

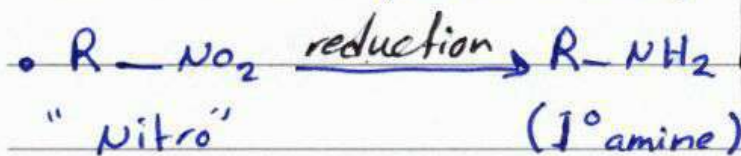
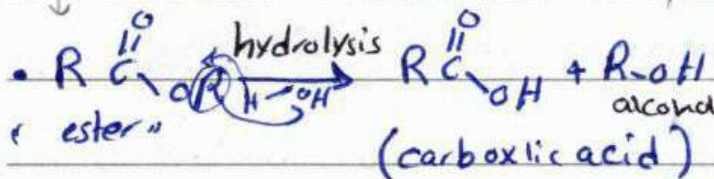
(2) = = sulfate

(3) = = amino acid as glycine

(4) = = Glutathion

(5) = = Methylation

(6) acylation



Drug become more polar ← Phase I

- OH
- COOH
- SH
- NH₂

Drug become less toxic

Date.

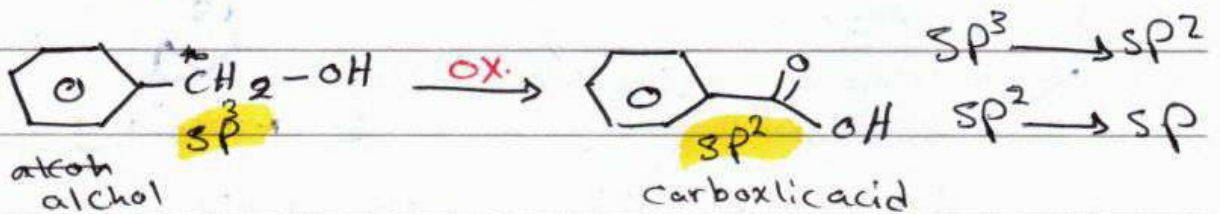
No.

1) Oxidation Reaction :-

Date: / /

1) Introduction of O_2 to the drug.

2) change in hybridization.

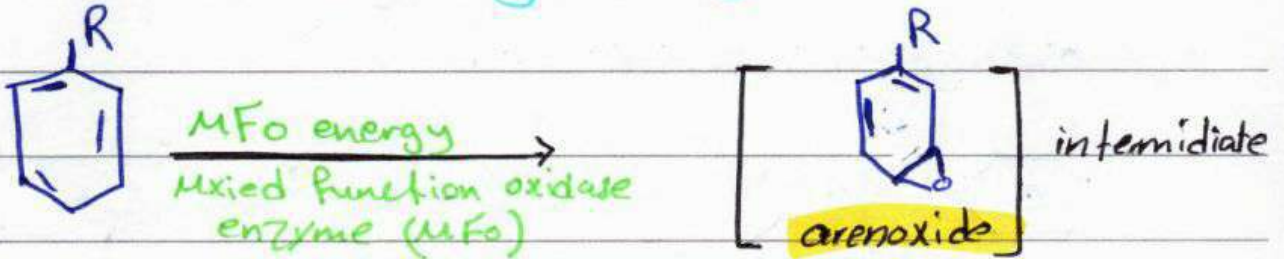


Where oxidation Rxn occur ??

- 1) ox. of Aromatic compound [Ar. Hydroxylation]
- 2) ox. of olefines "alkenes"
- 3) ox. of aliphatic carbon
- 4) ox. of benzylic carbon sp^3
- 5) ox. of alcohols and aldehydes
- 6) ox. of carbon b/w carbonyl $C=O$ and Imines $C=N$
- 7) ox. of carbon hetero atom system
- 8) ox. of others
 - oxidative aromatization
 - oxidative dehalogenation.

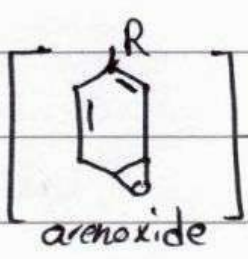
II) oxidation of Aromatic compound

[Aromatic hydroxylation]

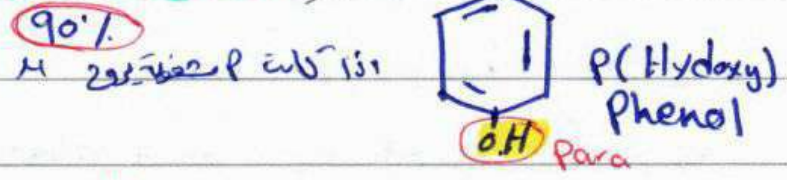


- Properties of arenoxide %
- very active
 - short life

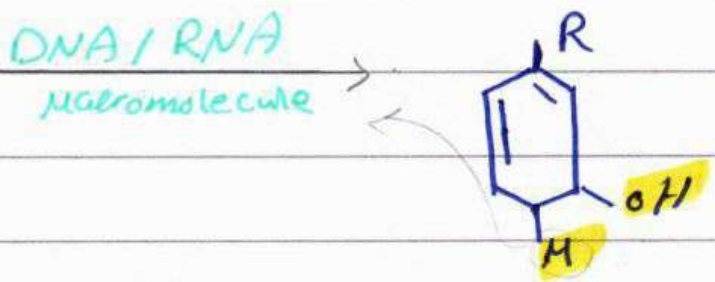
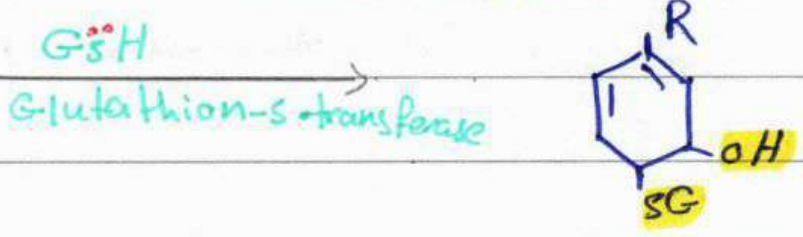
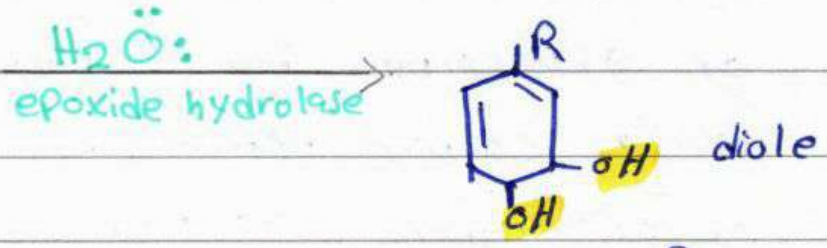
$\text{O}=\text{C}-\text{O}=\text{C} \sim \text{e}^- \text{O}=\text{C} \rightarrow$ electrophilic sub so it attack nucleophilic sub.
 (Glutathion , RNA/DNA , GSH , OH) \leftarrow



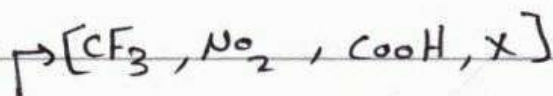
Rearrangement \rightarrow



Polarity \rightarrow \rightarrow \rightarrow
 \rightarrow \rightarrow \rightarrow



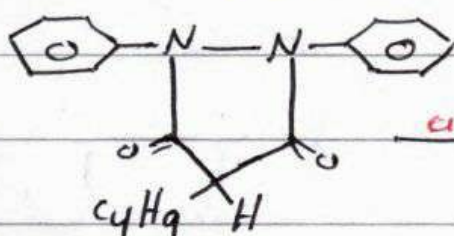
Notes:



no oxidation

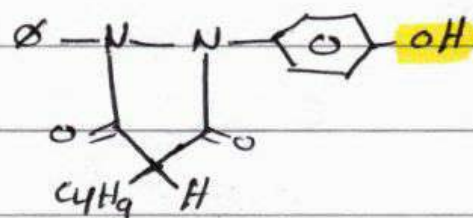
- ① if R is withdrawing group it will ↓ oxidation
 R is donating group it will ↑ oxidation.
 Alkyl group ↓

- ② if there's more than one aromatic group, oxidation occurs just on one of them



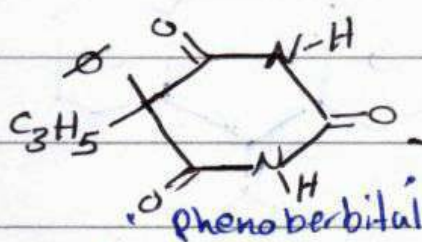
Phenyl butazone

aromatic ox. →



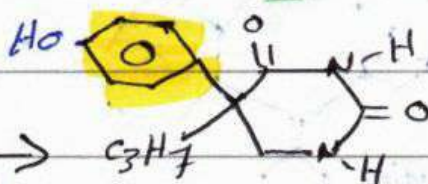
4-hydroxy phenyl butazone.

- ③ if there is aromatic and aliphatic, oxidation occurs on aromatic.



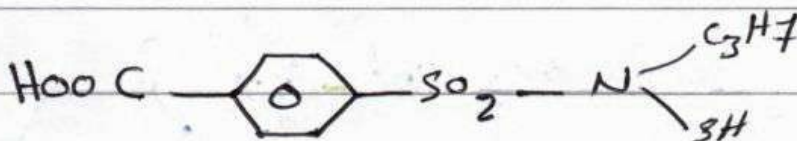
Phenobarbital

Aromatic hydroxylation →



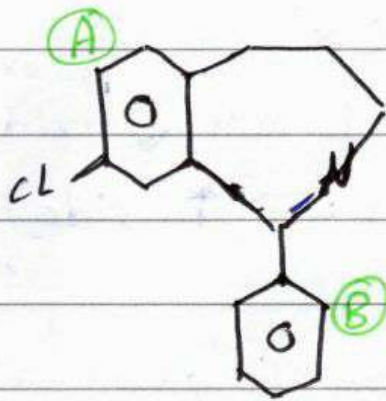
4-hydroxy phenobarbital

- ④ $C=O$ ($COOH$) is withdrawing so no oxidation



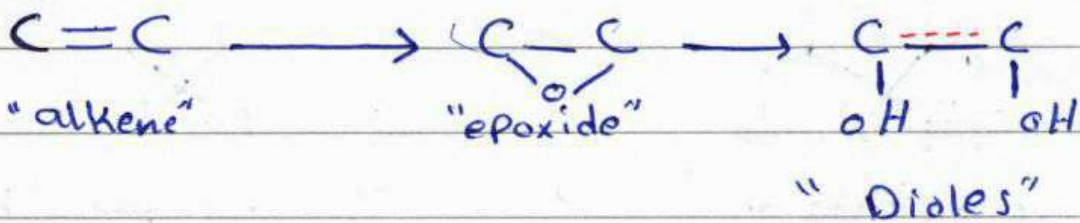
NO OX.

⑤ Si $C=O$ withdrawing group Position Para

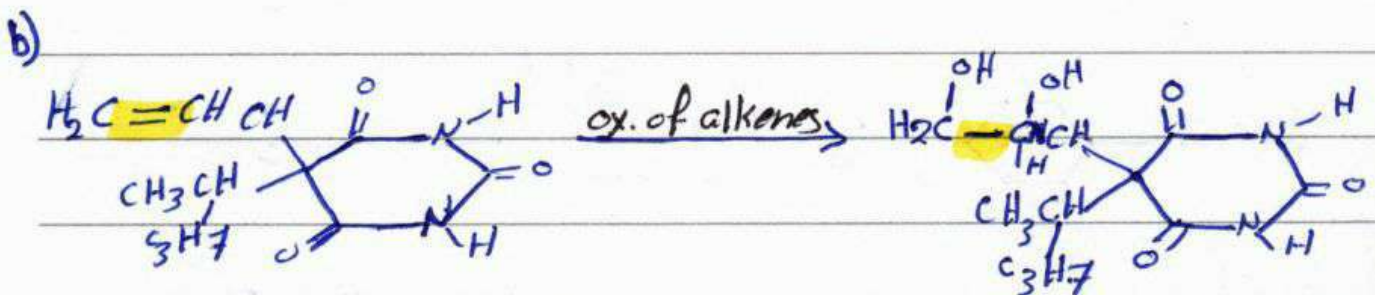
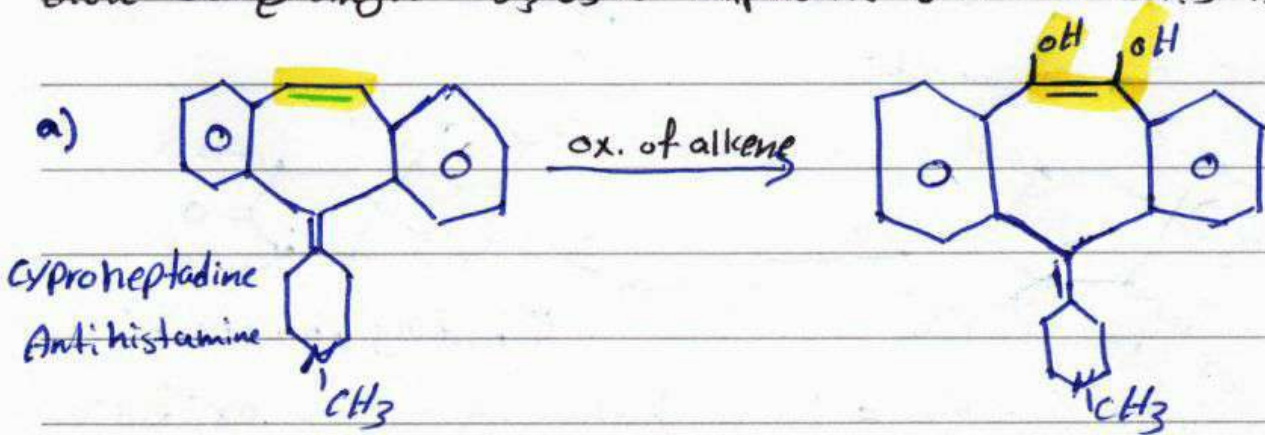


تحت الأثر B
Halogen A قوي
↳ withdrawing subs.

Q) Oxidation of alkenes "Alkenes"



diole حلقية = cycle diols = حلقية
 diole خطية = aliphatic diols = خطية



secobarbital e.

→ Are same.

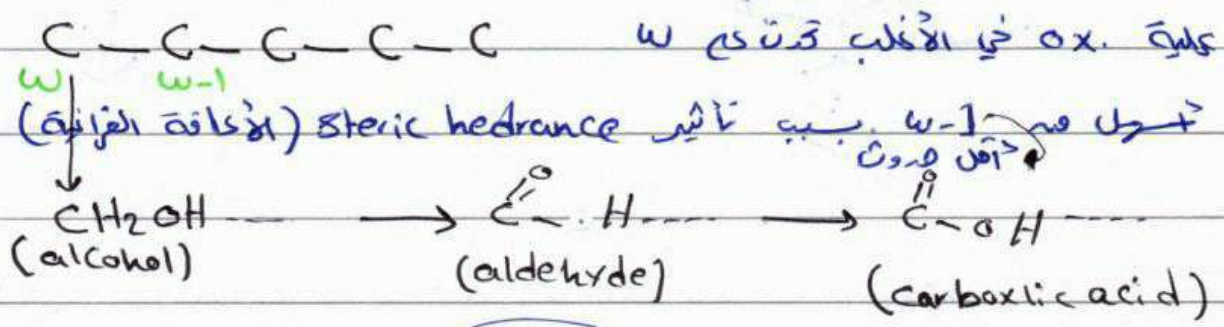
Date. No.

3) oxidation of aliphatic carbon

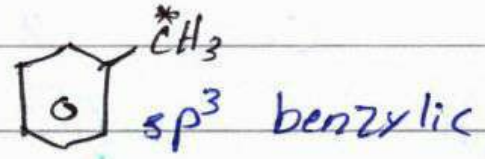
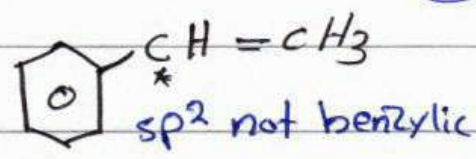
4) oxidation of benzylic carbon → sp^3 C

5) oxidation of alcohol and aldehyde

• For aliphatic carbon

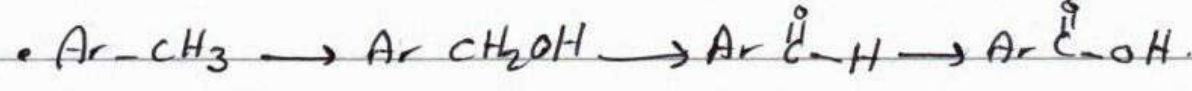
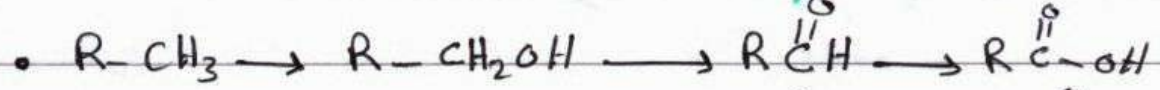


• For benzylic → sp^3

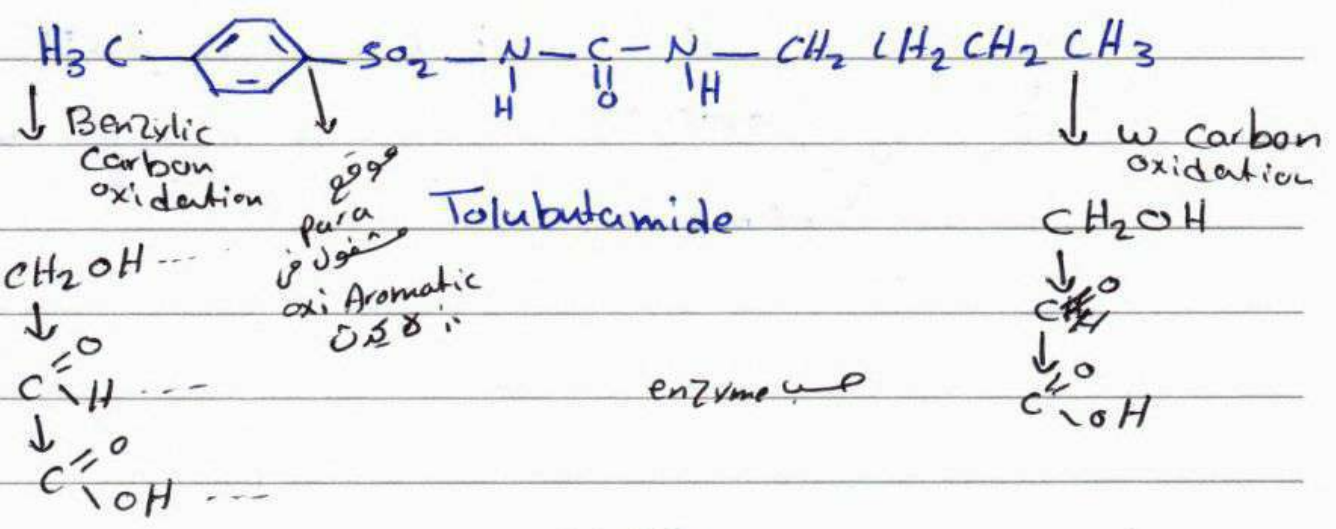


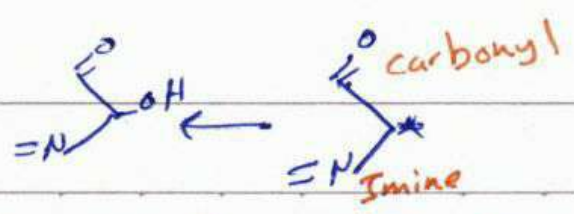
No oxidation

✓ oxidation



oxidation

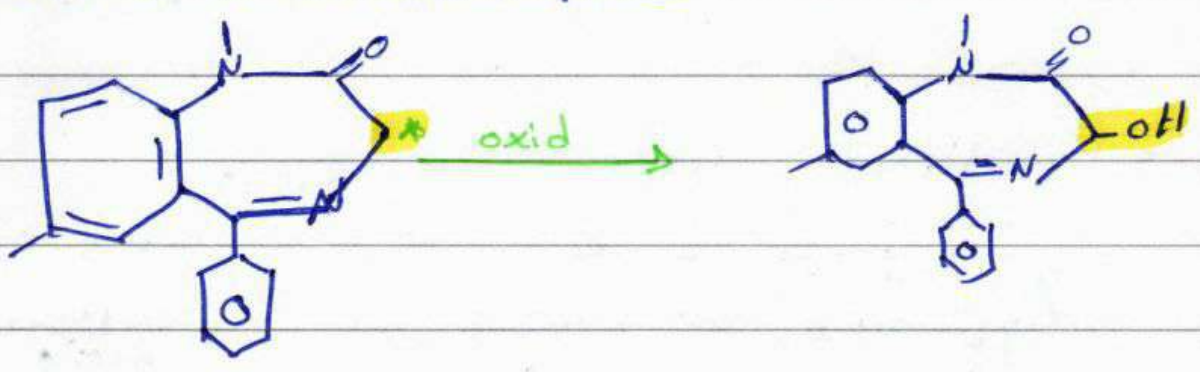




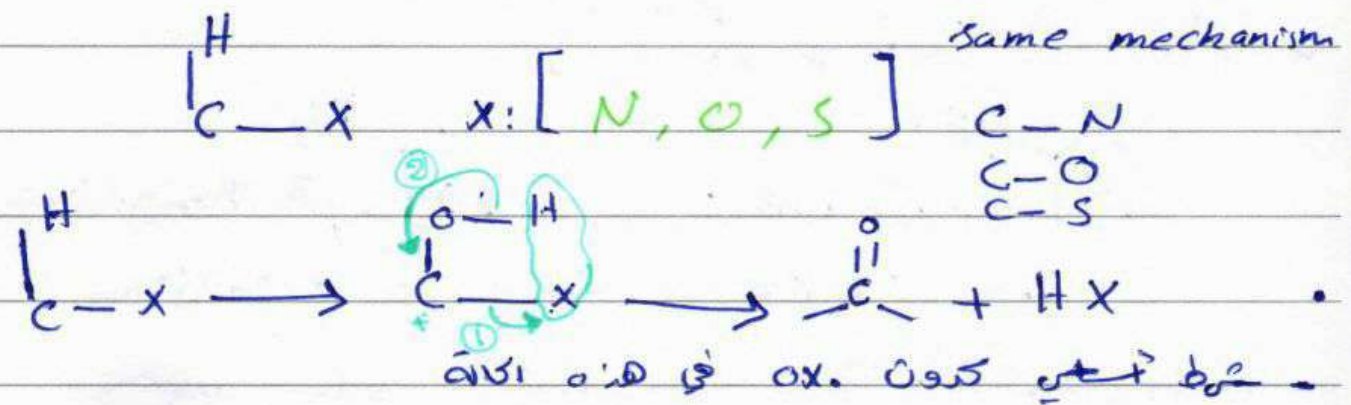
Date: $\begin{matrix} \text{O} \\ \parallel \\ \text{C} \end{matrix}$ No. $\begin{matrix} \text{O} \\ \parallel \\ \text{N} \end{matrix}$

[6] oxidation of carbon b/w carbonyl and Imine

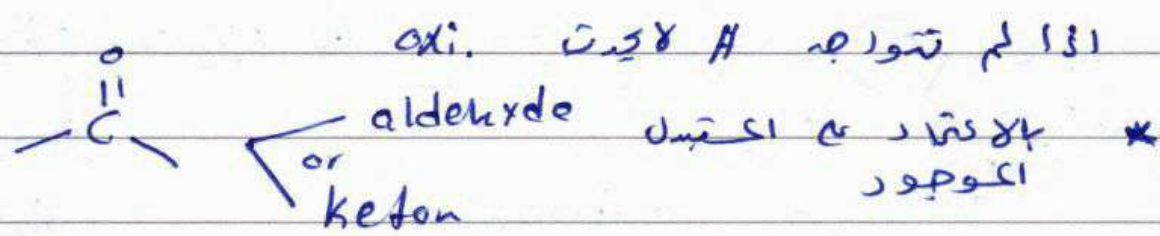
This occurs in Benzodiazepines



[7] oxidation of carbon-hetero atom system



في هذه الحالة، يتم أكسدة الكربون الموجود بين ذرات الهeteroatom (N, O, S) لإنتاج كاربونيل وحمض الهeteroatom.

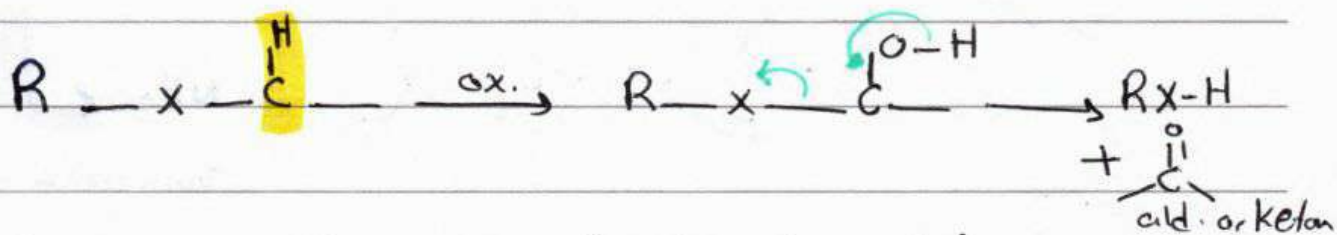




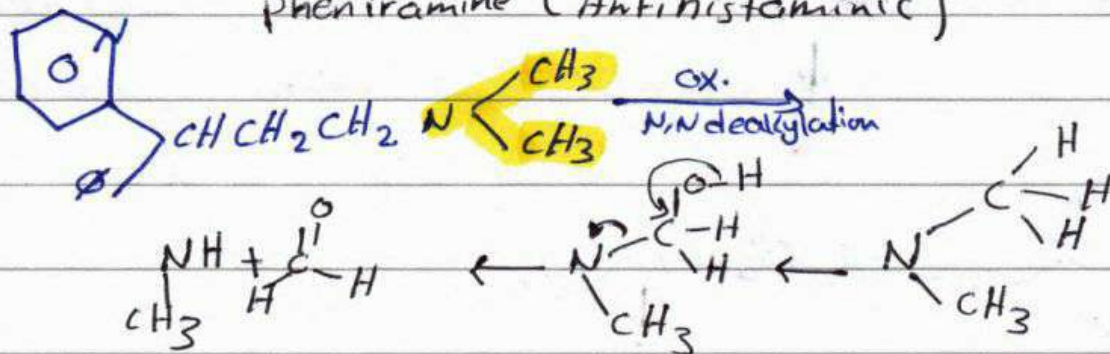
- a) N, N dealkylation المحاربة R N
 حذف مجموعة alkyl بربط C توي H
 b) oxidative deamination نزع مجموعة amine بربط C توي H
 c) N-oxidation

لازم C هاربة (X توي H)

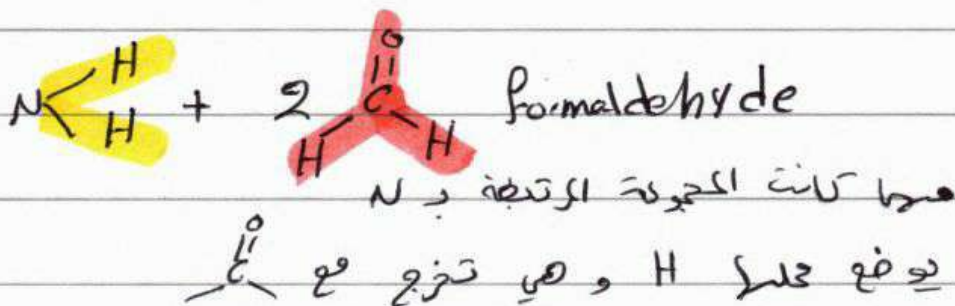
- a) N, N dealkylation مجموعة alkyl هاربة R نزع واذا
 وصلت اكثر من alkyl نزع alkyl الأخرى المرتبطة ب N



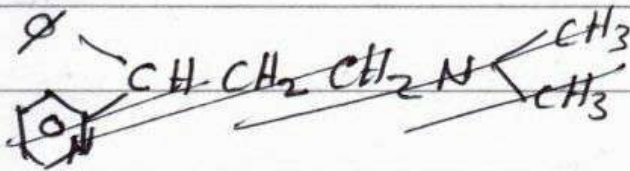
pheniramine (Antihistaminic)



نزع الأخرى ↓

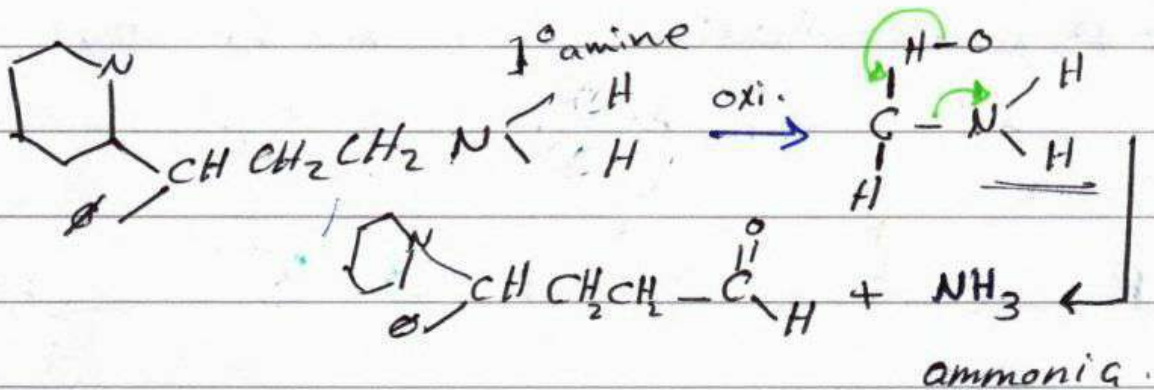


N,N dealkylation of



b) oxidation deamination

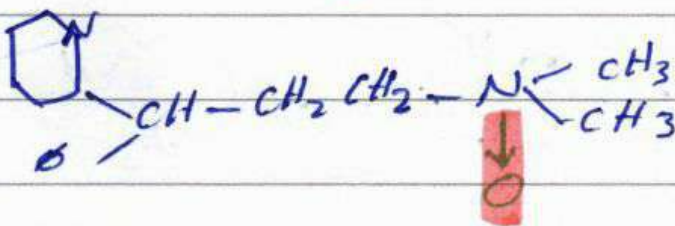
H (3^o amines) 2, 3^o C 2^o



c) N-oxidation

occur in 3^o amine.

↓
3^o amines are not Mech. 2^o, 1^o



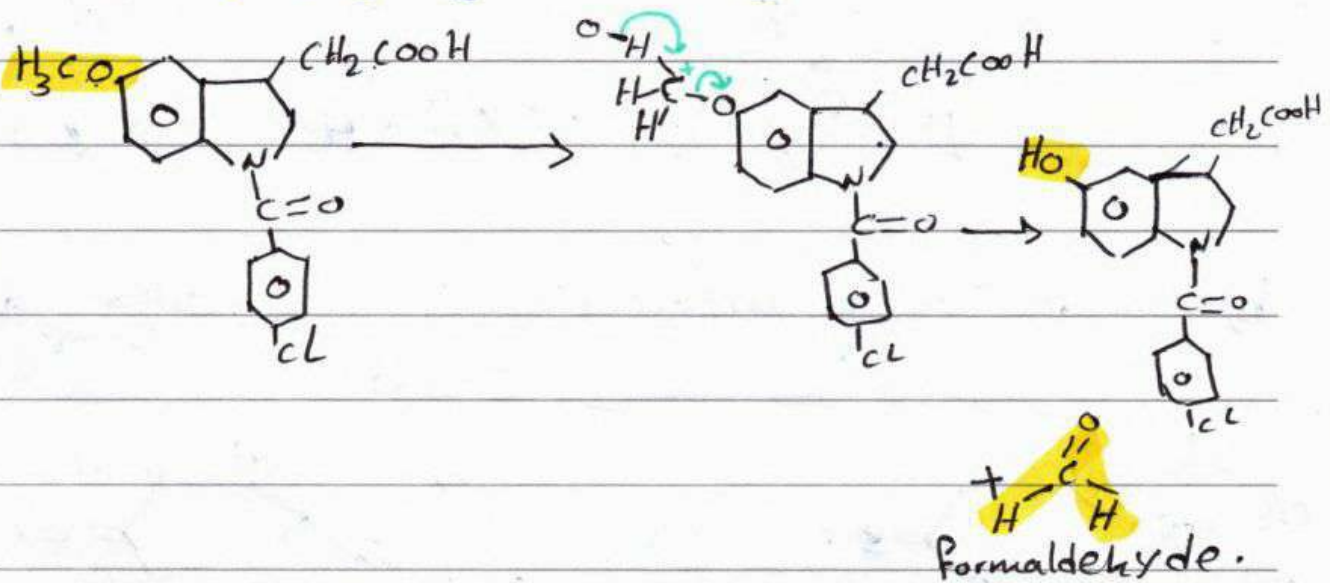
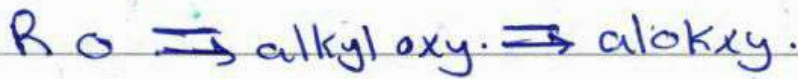
2. C-O

Mech. في آلية واحدة ، نفس

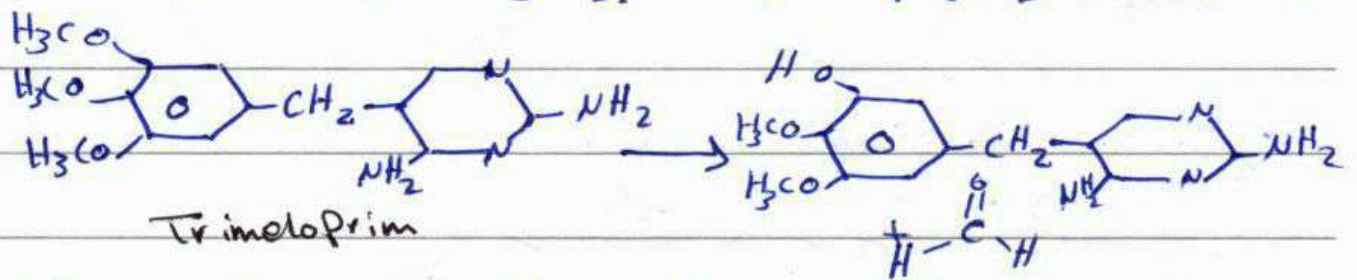
O-dealkylation

نزعى alkyl وديرو د ه ، C المرتبة

في توى H

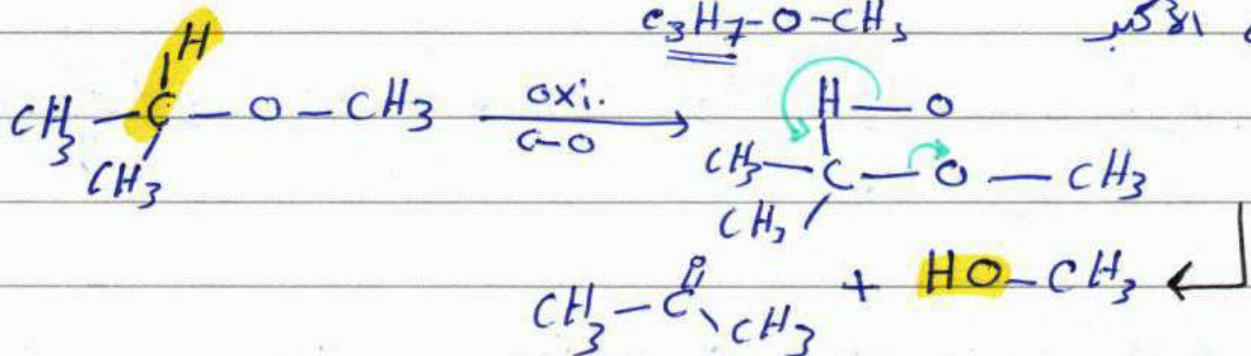


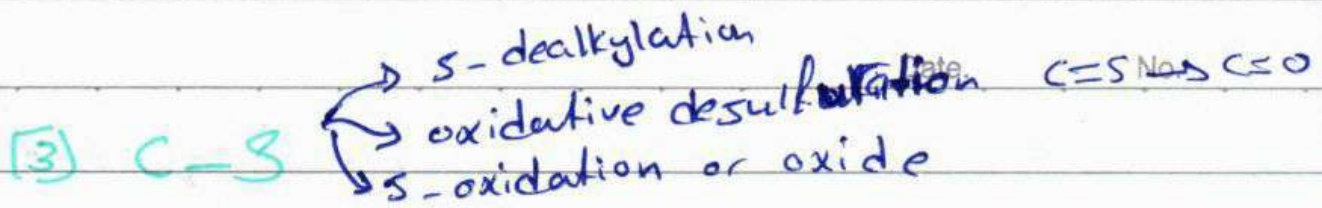
• اذا وجده في المركب اكثر من مجموعة alkoxy فلا يـ ox. واحدة فقط



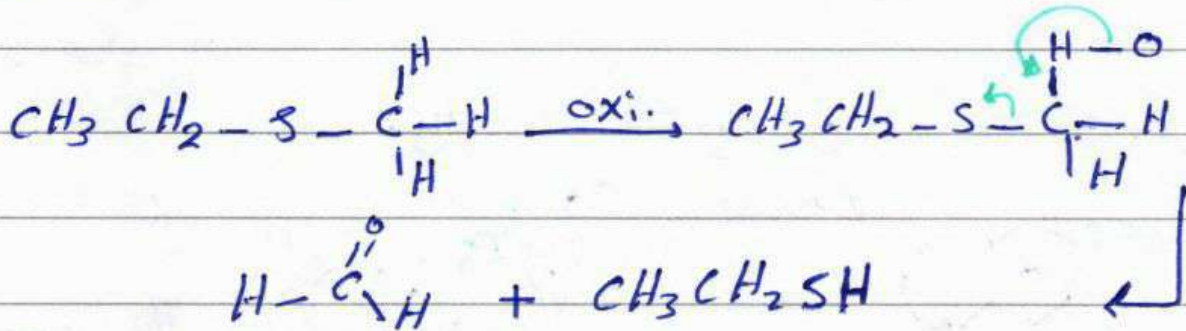
• اذا وجده في المركب مجموعتين alkoxy مختلفتين فلا يـ ox.

مع الأكبر $\underline{e_3H_7-O-CH_3}$

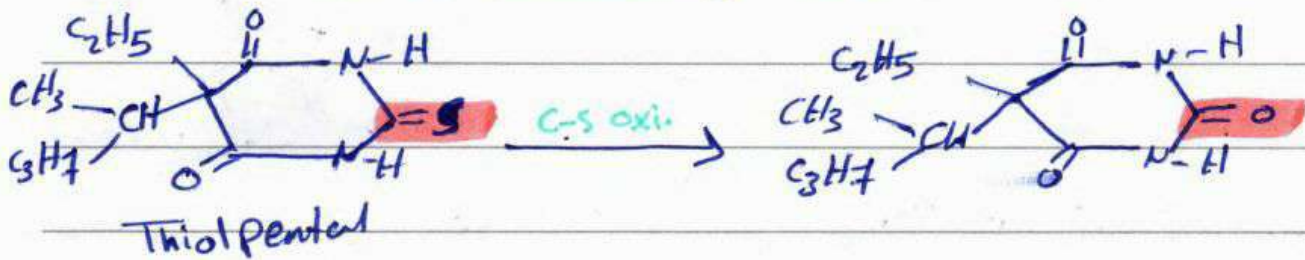




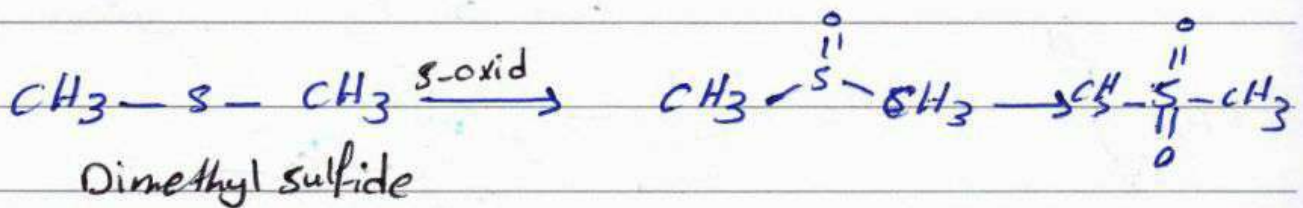
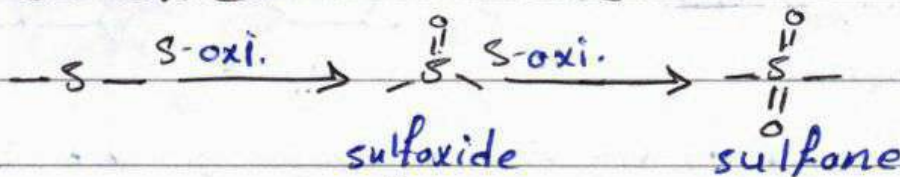
a) S-dealkylation same to N, O



b) oxidative desulfuration sulfur group $\bar{\text{O}}/\text{S}$



c) S-oxidation or oxide

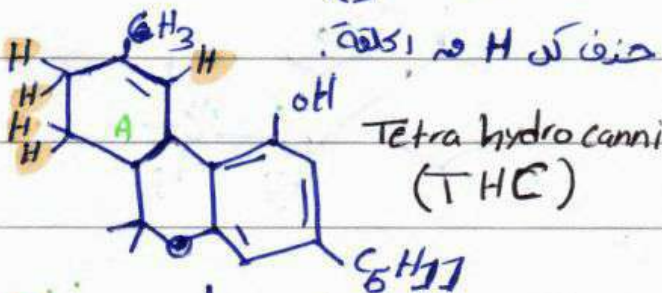
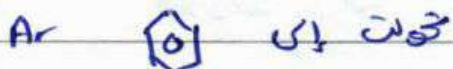


• R-S-R \rightarrow Thioether or sulfide
called

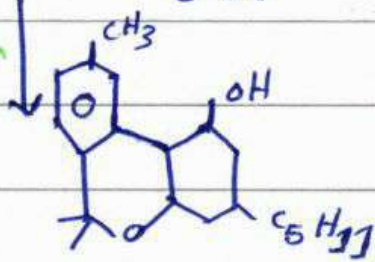
8. Others :-

oxidative aromatization

[oxidative dehydrogenation]



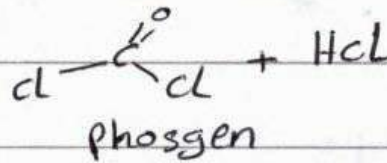
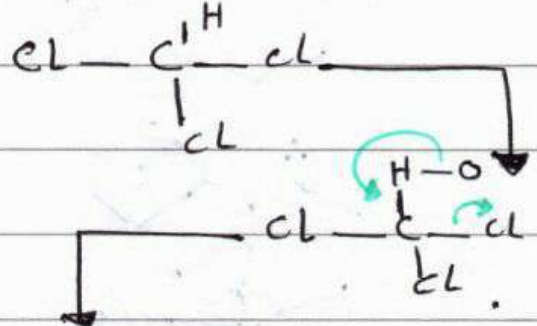
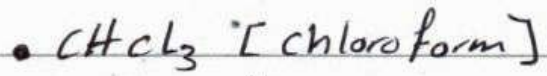
oxi. aromatization



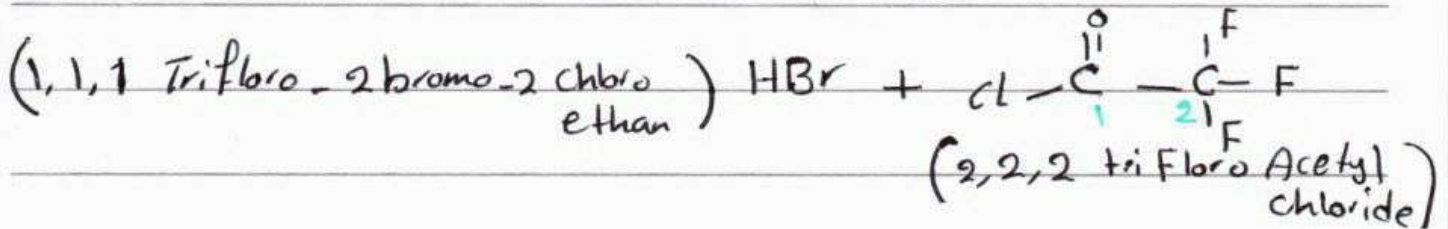
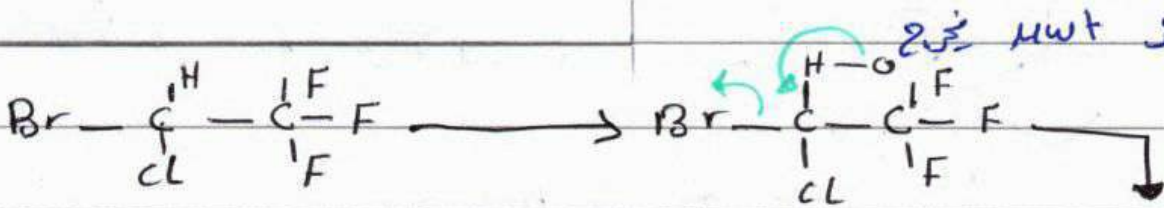
oxidative dehalogenation

نزع هالوجين من المركب المتطرفة

تسمى اقل حرق H و O

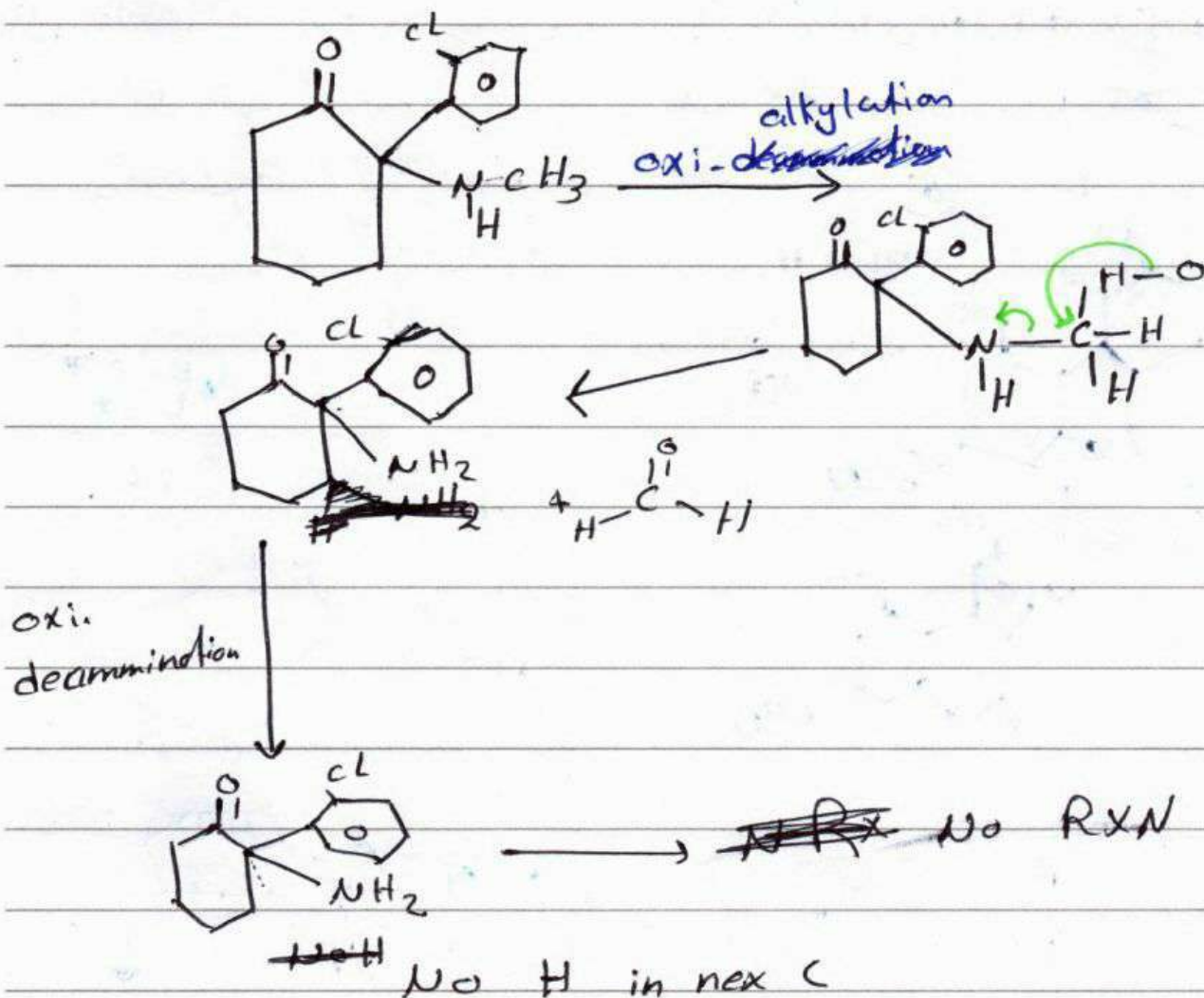


اذا استوى شريكه فالجواب حرقه



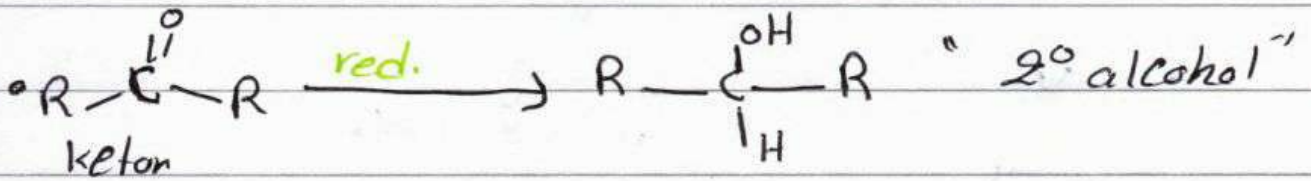
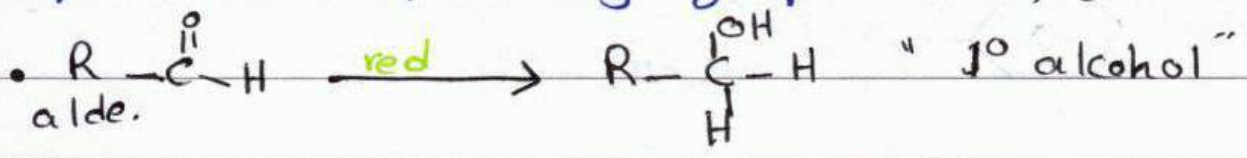
نوع التفاعل

2 [O-chlorophenyl]-2 Methyl amino cyclohexanone undergoes oxidative deamination to yield ?

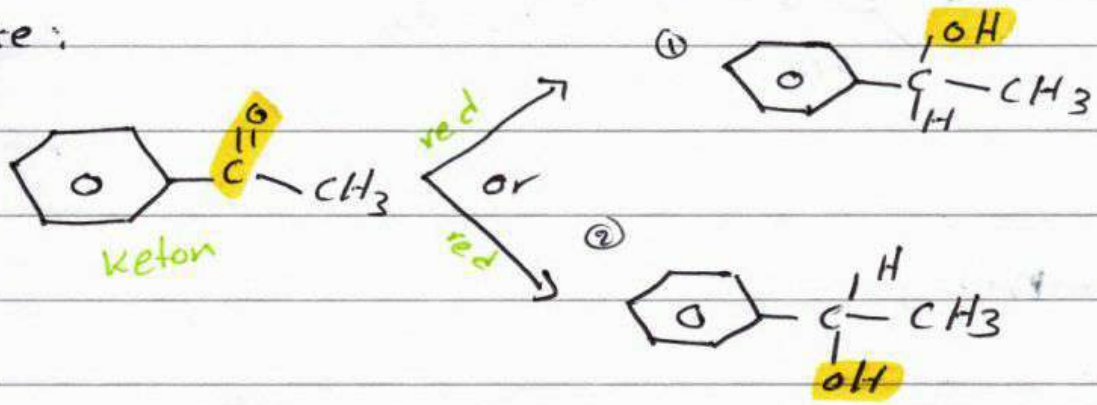


2 Reduction RxN:-

1) reduction of carbonyl group. "aldehyde, ketone"



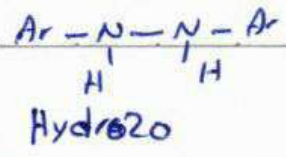
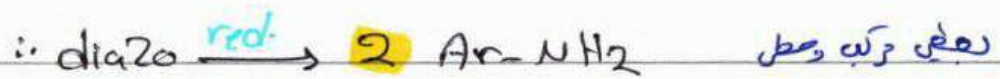
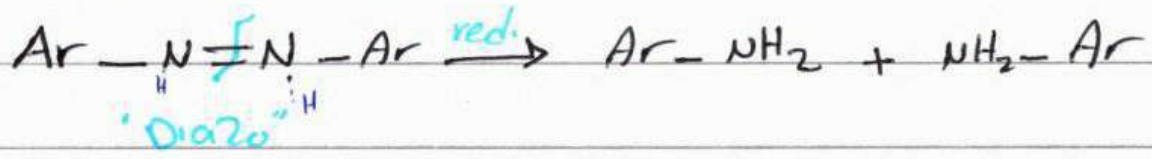
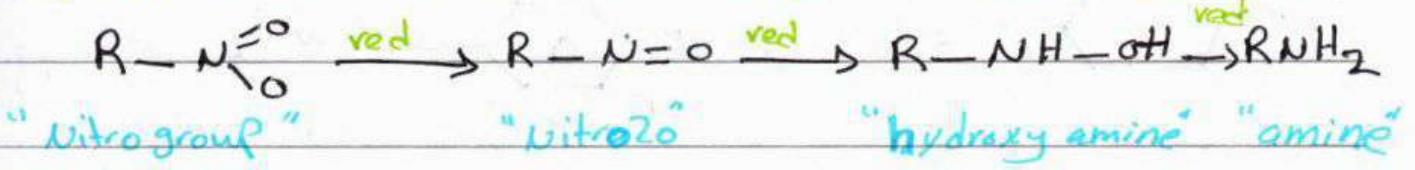
Note:



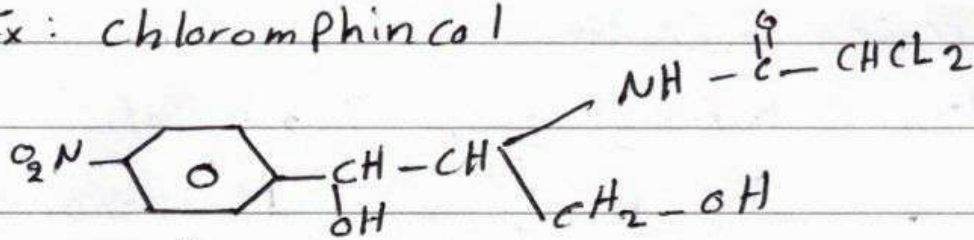
Racemic mixture \rightarrow optically inactive

واحد من S، والاخر R، وكل منهما يلفظ الآخر

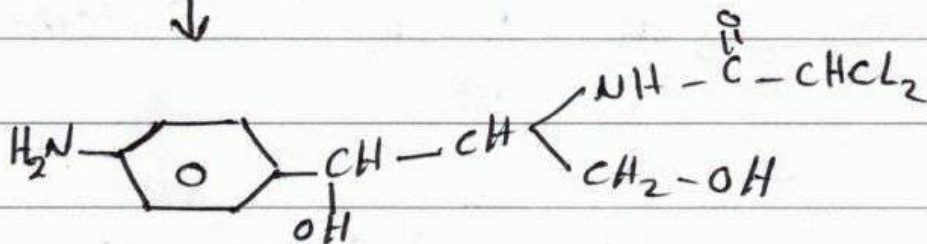
2) Reduction of Nitro and diazo compound



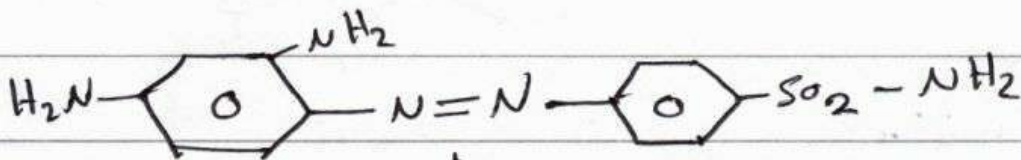
a) Ex: Chloramphenicol



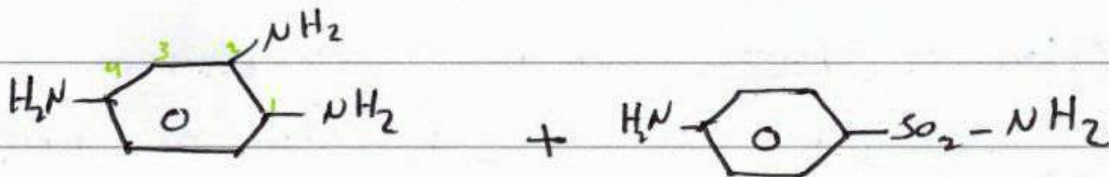
red. of nitro group



b) prothosyl



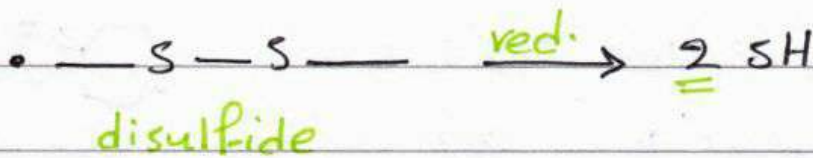
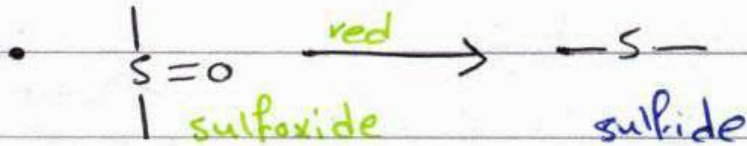
red. of diazo group



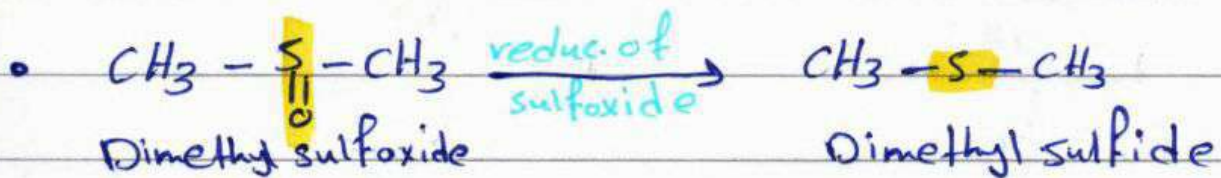
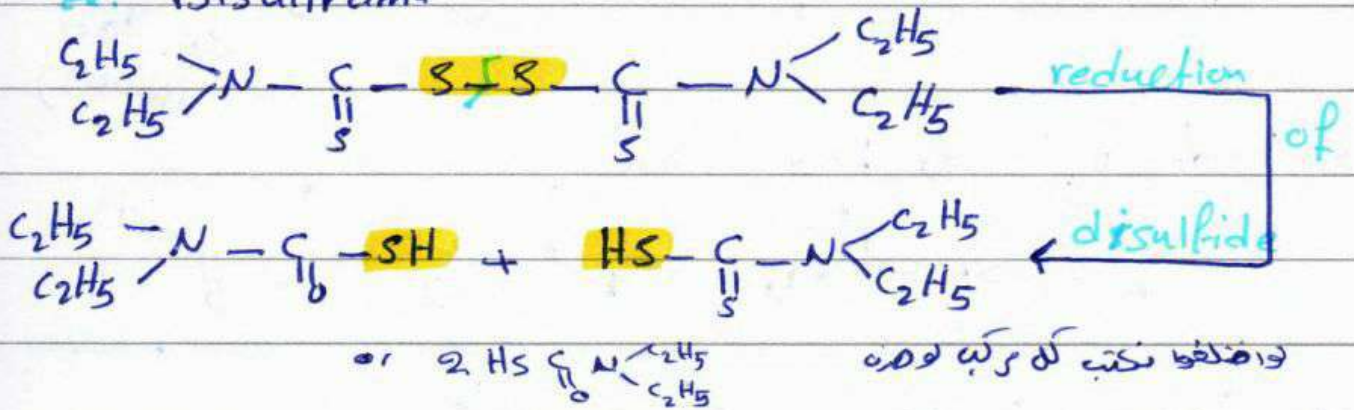
1,2,4 triamin benzene

sulfanamide

3) reduction of sulfoxide and disulfide

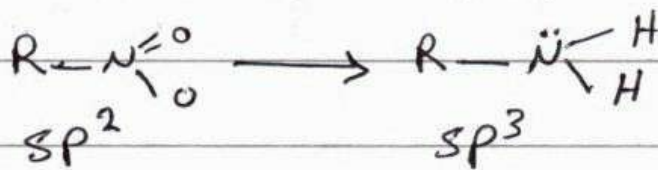


Ex: Disulfiram





؟ reduction Rxn هوون تقيده

convert from $sp^2 \rightarrow sp^3$

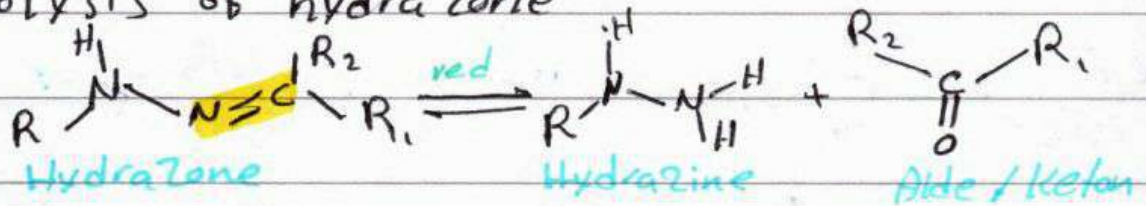


oxi تقيده
 $sp^3 \rightarrow sp^2$

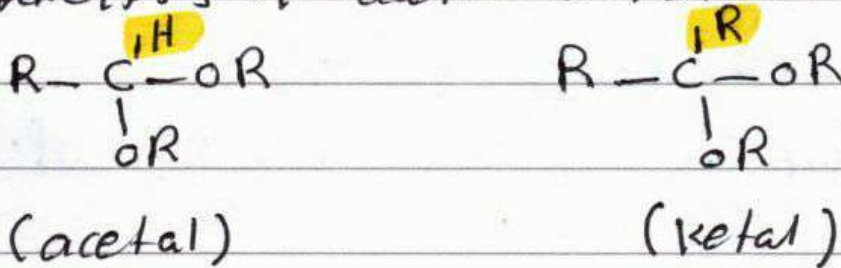
3- Hydrolysis RYN:-

- ① hydrolysis of ester $R-\overset{\overset{O}{\parallel}}{C}-OR$
- ② hydrolysis of lactone "cyclic of ester" 
- ③ hydrolysis of amide $R-\overset{\overset{O}{\parallel}}{C}-NH_2$
- ④ hydrolysis of lactame "cyclic of amid" 
- ⑤ hydrolysis of peptide "amino acid bond"
- ⑥ hydrolysis of epoxide $\begin{array}{c} C-C \\ \diagdown \diagup \\ O \end{array} \longrightarrow \begin{array}{c} C-C \\ | \quad | \\ OH \quad OH \\ \text{(Dioles)} \end{array}$

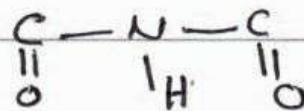
- ⑦ hydrolysis of hydrazone

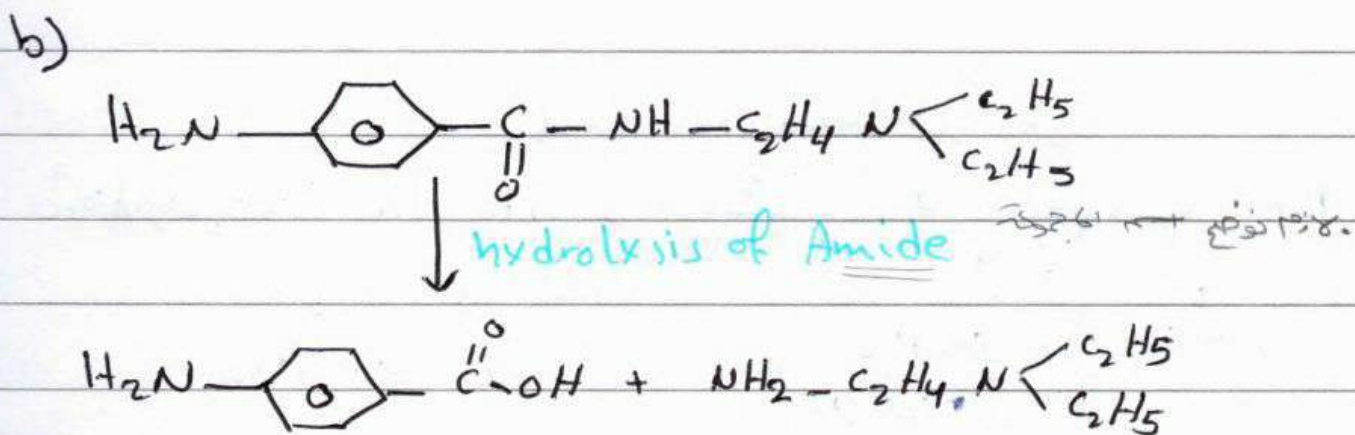
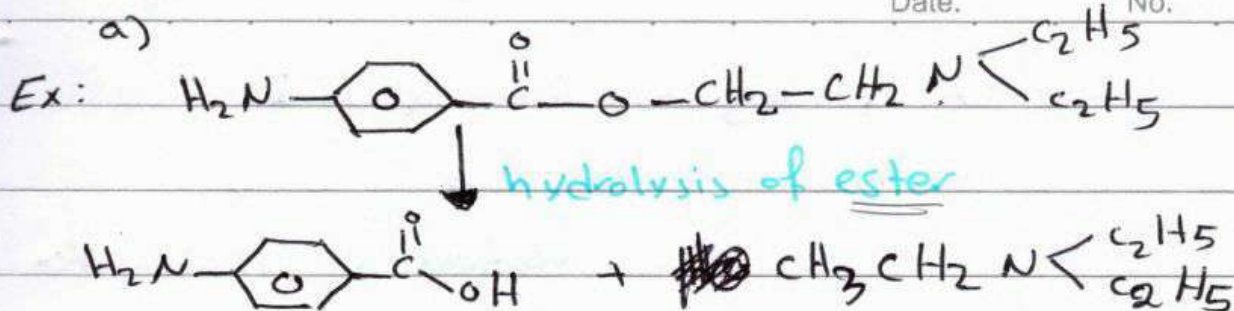


- ⑧ hydrolysis of acetal or ketal

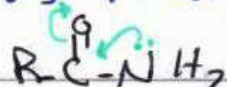


- ⑨ hydrolysis of "emide"





* which is faster, hydrolysis of ester or amide??



ester is faster than amide

- ester hydrolysis occurs relatively easily R-C(=O)NH2

but amide resist hydrolysis because: more resonance

amides are the most stable and NH2 more donating group

the least reactive; N is an effective donor of \bar{e}

to the carbonyl group "more resonance", thus

in comparison to ester, where the O_2 atoms

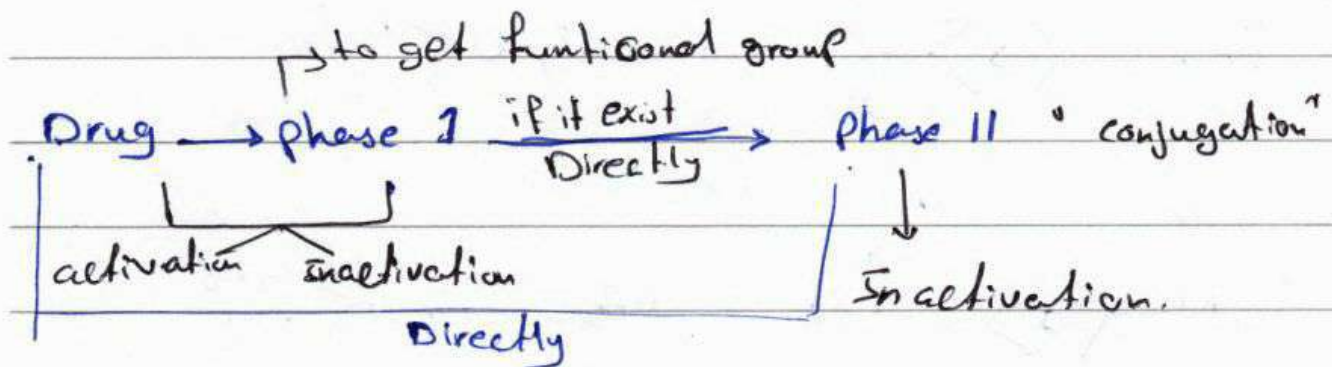
need only stabilize one carbonyl group

The result of passing the Drug phase I



activation Inactivation

but if it pass phase I then phase II → Inactivation



Phase II "conjugation"

- Some Drug passes to phase I $\xrightarrow{\text{absorption}}$ excretion
- " " " " to phase I \rightarrow phase II \rightarrow excretion
- " " " " directly to phase II \rightarrow excretion

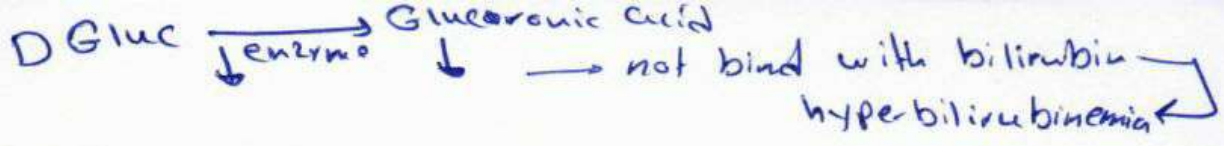
Types of conjugation:

- ① Conjugation with Glucuronic acid
- ② " " " " sulfate SO_3H
- ③ " " " " Amino acids ie glycine
- ④ " " " " Glutathione.
- ⑤ acetylation
- ⑥ Methylation.

To make

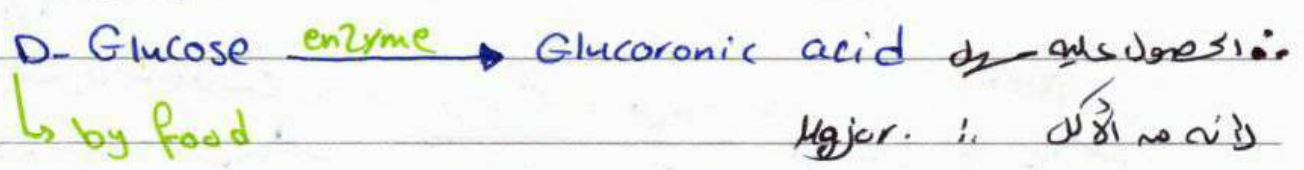
Drug

become
more
polar



Date. No.

1) Conjugation with Glucuronic acid 90%



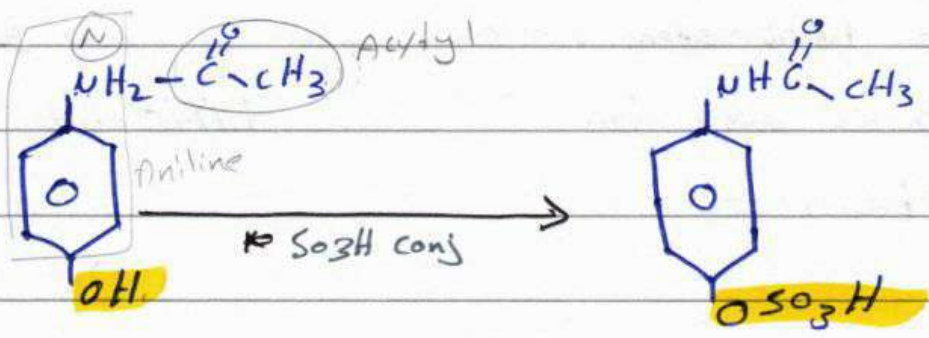
why 90%?? Major?? occur in Adult more children
 سهل على الكبد التخلص من الأدوية \rightarrow ليس الاطفال

- 1) easy to accept from D-Glucose
- 2) easy to conjugation with different functional group.
 O-glucuronic acid \rightarrow COOH / OH , N-Gluc \rightarrow NH , S-Glu \rightarrow SH
- 3) More polar [contain OH] \rightarrow $\text{C}_6\text{H}_5\text{COOH}$ \rightarrow $\text{C}_6\text{H}_5\text{COO}^-$ \rightarrow excretion
- 4) so it become easy to eliminate as: bilirubine + Gluc.

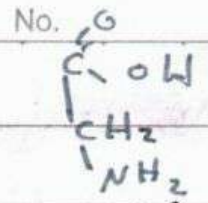
↓ enzyme \rightarrow hyperbilirubinemia. $\text{C}_6\text{H}_5\text{COOH}$ \rightarrow $\text{C}_6\text{H}_5\text{COO}^-$ \rightarrow excretion

2) conjugation with sulfate $[\text{SO}_3\text{H}]$

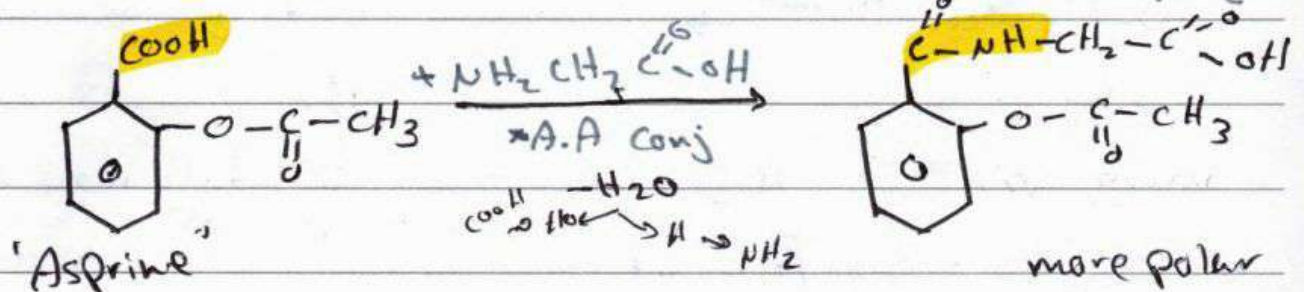
[Drug must contain OH, NH_2]



N-Acetyl-p-hydroxy Aniline more polar.
 " Paracetamol "



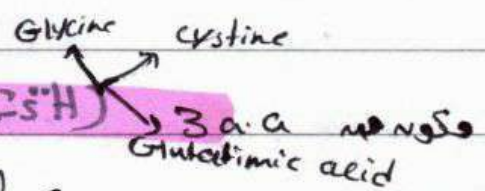
3) Conjugation with Amino Acid i.e. glycine



COOH \rightarrow Drug go to \rightarrow

R/K

4) Conjugation with Glutathione (GSH)



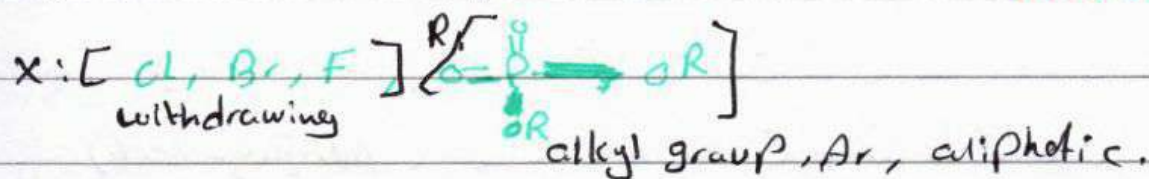
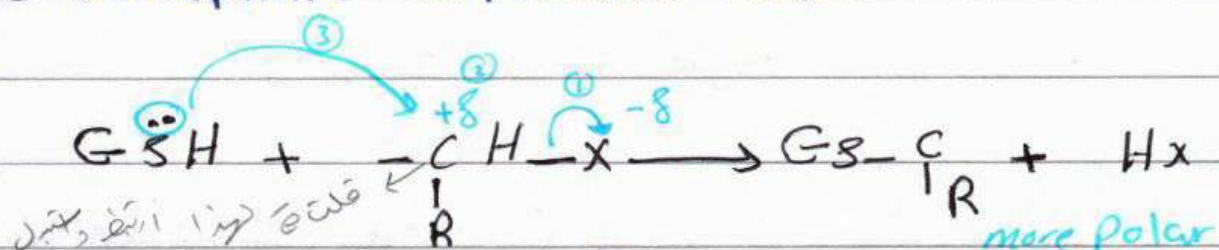
GSH → contain lone pair of e⁻

So it nucleophilic subs

thus binds with electrophilic subs. By 2 Mech.

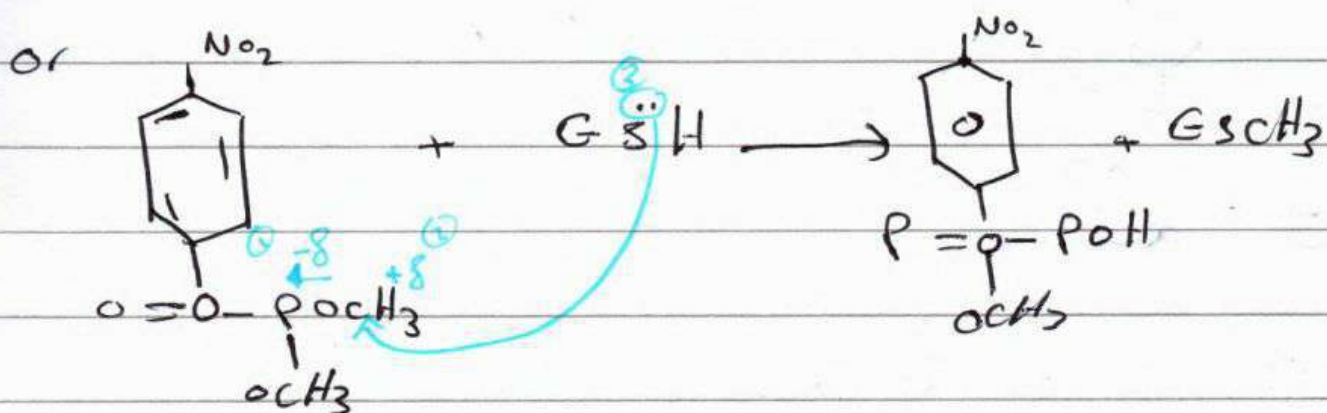
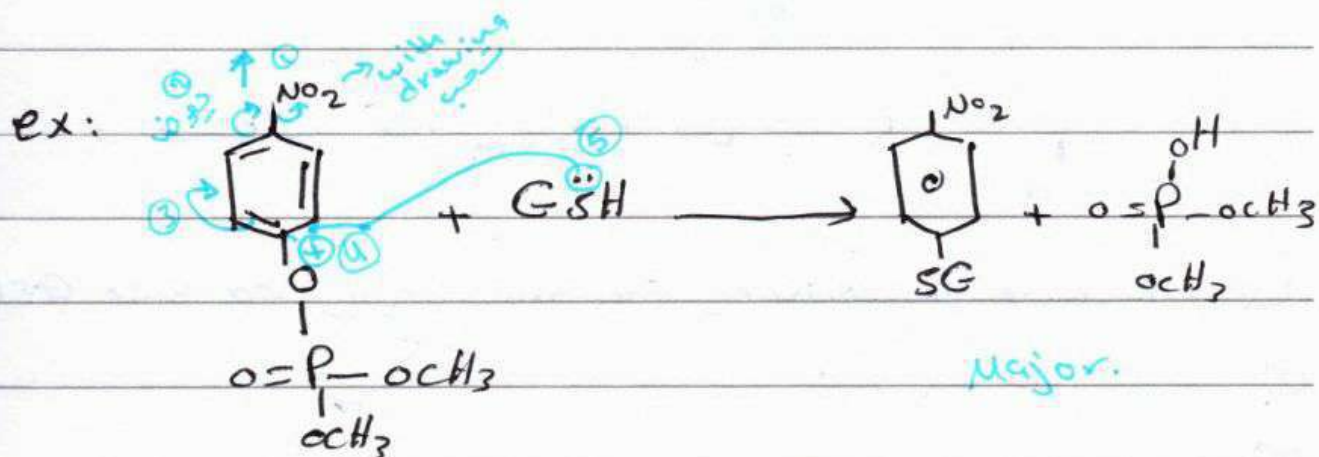
- a) nucleophilic displacement to an e⁻ deficient carbon or heteroatom. hetero/c, N, O, S, P
- b) nucleophilic addition to an e⁻ deficient double bond =

1) Nucleophilic displacement mech.



G-SH acts as nucleophile. C^{\oplus} acts as electrophile. X^{\ominus} acts as leaving group.

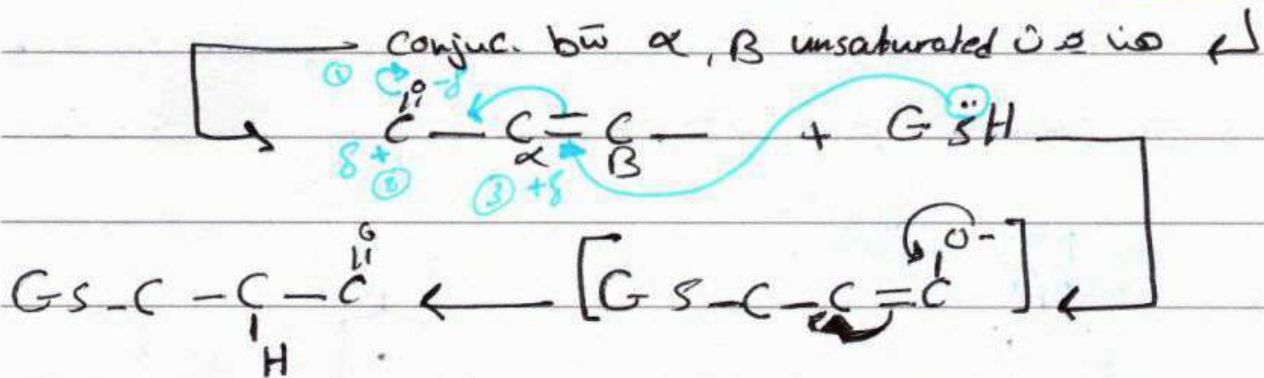
2 compound gives 2 compound.



② Nucleophilic addition = δ^- \rightarrow δ^+ \rightarrow δ^-
 - "occur in conjugated system"

Note

- $C=C=C=C \rightarrow$ (called cumulated str.)
- $C=C-C-C-C=C \rightarrow$ (isolated)
- $C=C-C=C-C=C-C \rightarrow$ (conjugated)



Q: which of the following compound conjugated with G-SH?

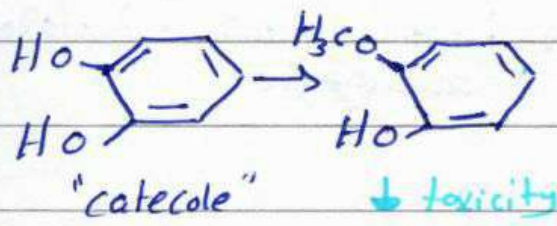
- ① $CH=CH-CHO$ $CH=CH-C(=O)H$ \checkmark conj ①
- ② \checkmark conj. \rightarrow with δ^+ δ^- ②
- ③ conj. \rightarrow with δ^+ δ^- ③
- ④ All of the above X ④
- ⑤ 1 + 2 \checkmark ⑤

→ To reduce Toxicity

Date. No.

5) Methylation :

- Drug must contain

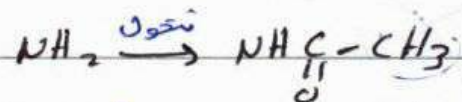


تحويل الـ OH إلى OCH₃ يقلل السمية
 من catecol إلى OCH₃ يقلل السمية

6) Acelylation

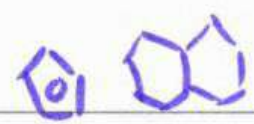
- Drug must contain

1° amine NH₂



"Amine" acetyl amine

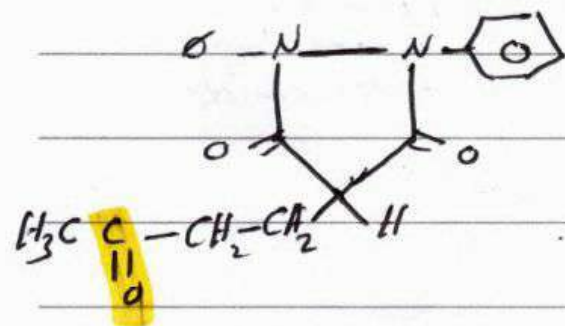
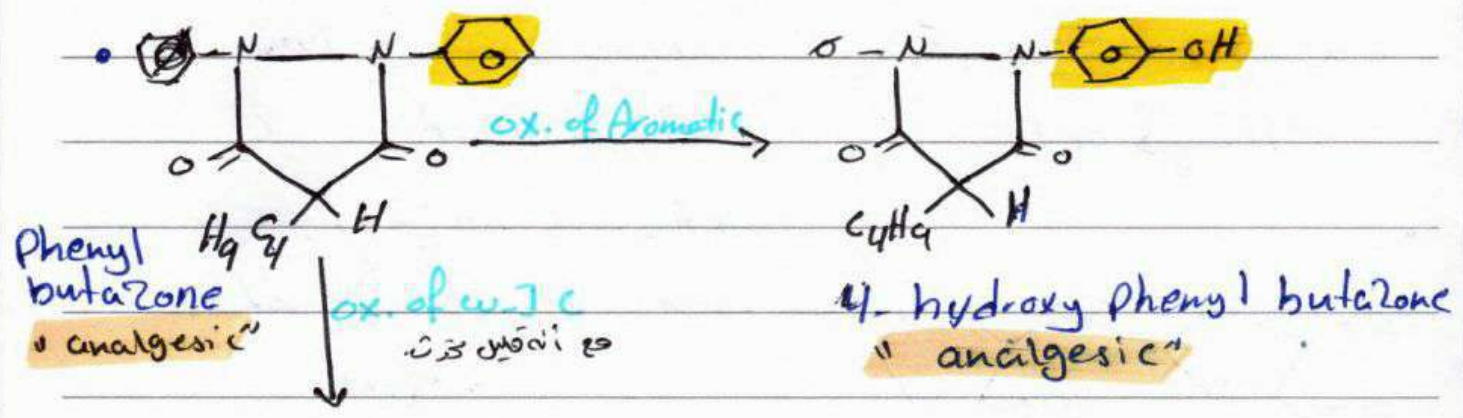
- aliphatic
- Aromatic
- hydrazine
- sulfonamide



Drug Development

Date: _____ No. _____

The Benefit of Biotransformation



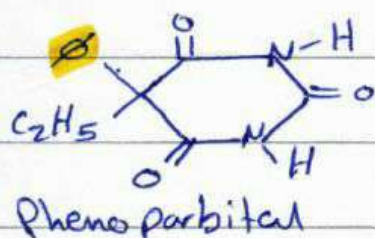
∴ تم إنتاج Biotran. لتحويل الدواء
 لوصول الى الهدف اخرى

* Result of Biotransformation :-

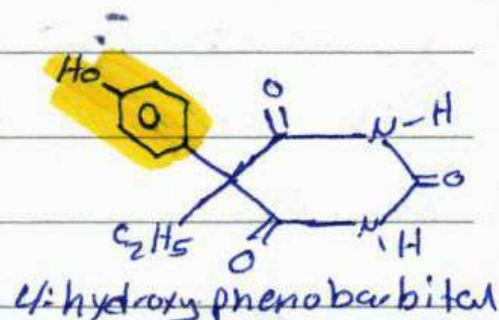
- (1) Inactivation مثال: pheno Parbital
- (2) Activation مثال: Insulin
- (3) less toxicity مثال: hydro ...
- (4) change in the pharmacological activity.



① Inactivation



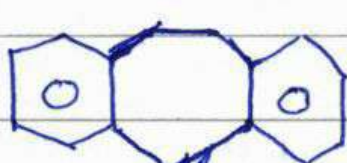
ox. of Aromatization
or Aromatic hydroxylation



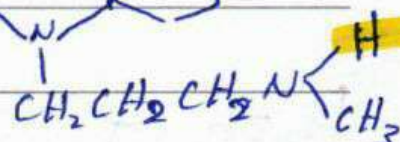
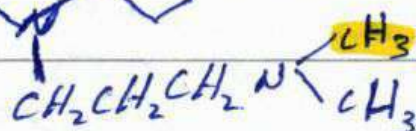
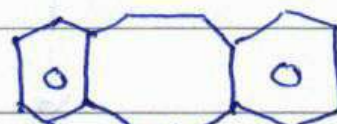
② Activation

active → active

غالباً ←



dealkylation
N-dealkylation



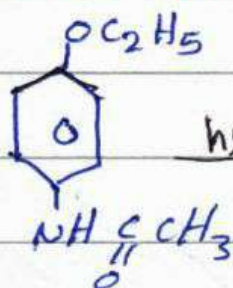
Imipramine "Antidepressant"

Active

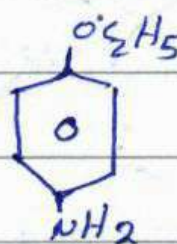
~~desimipramine~~ des imipramine

"Antidepressant"
↑ Active ↑ Doc.

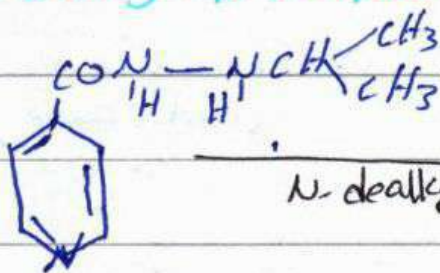
③ Less toxicity



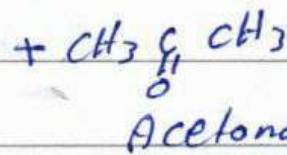
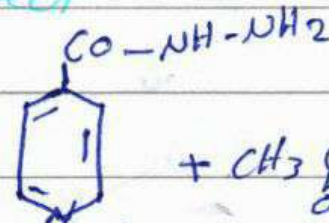
hydrolysis of Amide
+ H₂O



④ change in the pharmacological effect



N-dealkylation



Iproniazide

"Antidepressant"

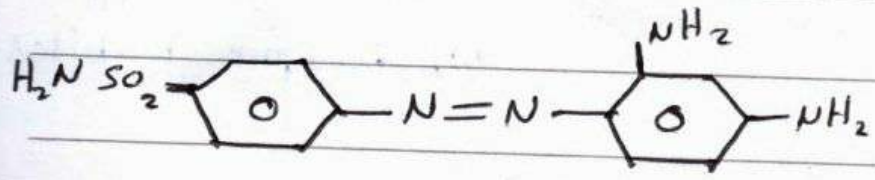
"Antitubercular"

ملاحظة في المركب الناتج من N-dealkylation ، بقائه يتركز وكمية تكافؤ

في المركب cyclic نبيج واحد
 Date: No.

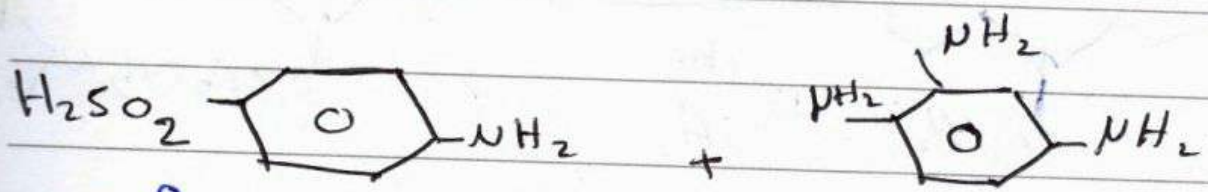
Prodrug: Inactive substance , After biotransformation the substance become active
 Inactive → active

Ex: 1

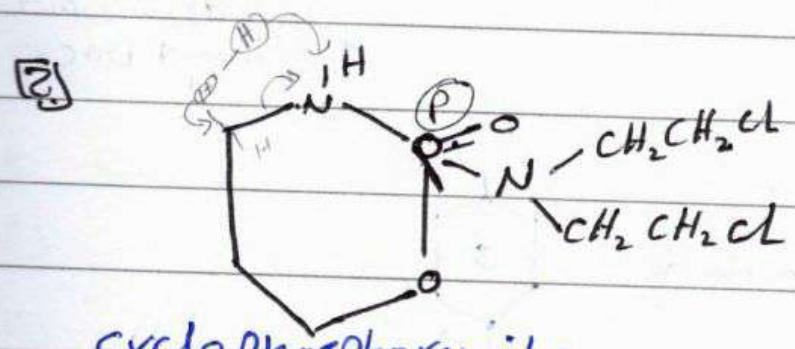


Prontosyl "inactive"

reduction of diazo



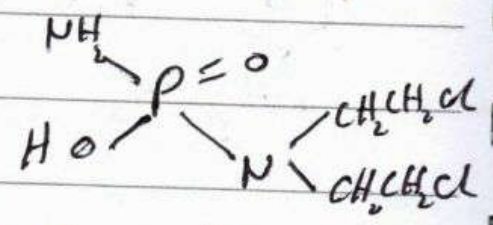
Sulfonamide "Antibacterial"



cyclophosphoramide

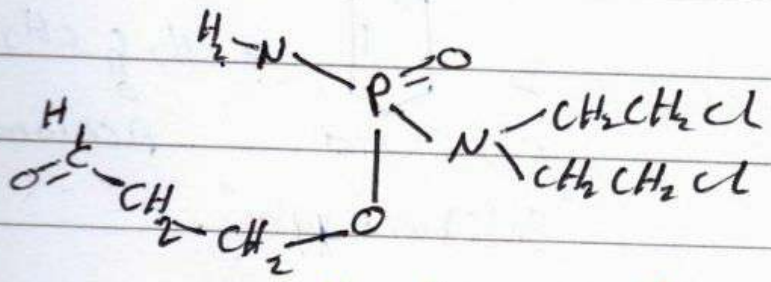
N, dealkylation

(inactive)



Phosphoramidate (Anticancer)

(active)

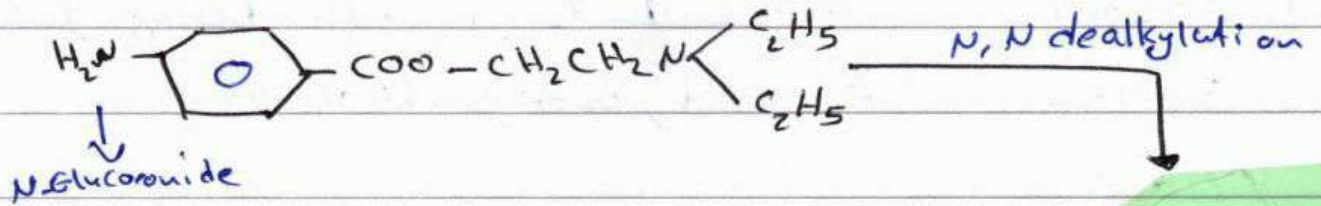


α-dealkylation

Aldophosphoramidate

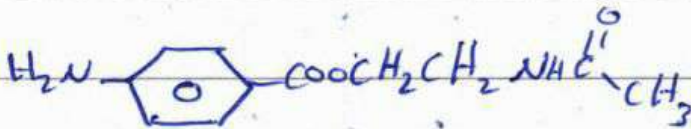
(inactive)

[1]

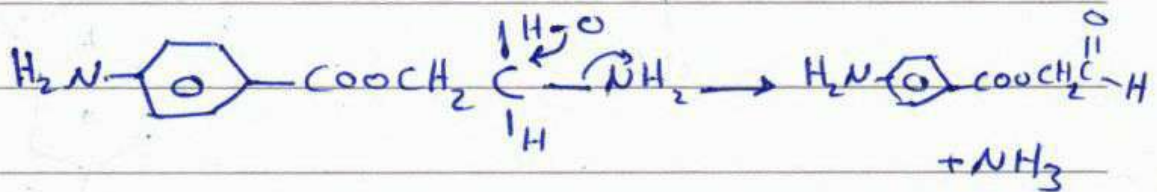


N-acylation

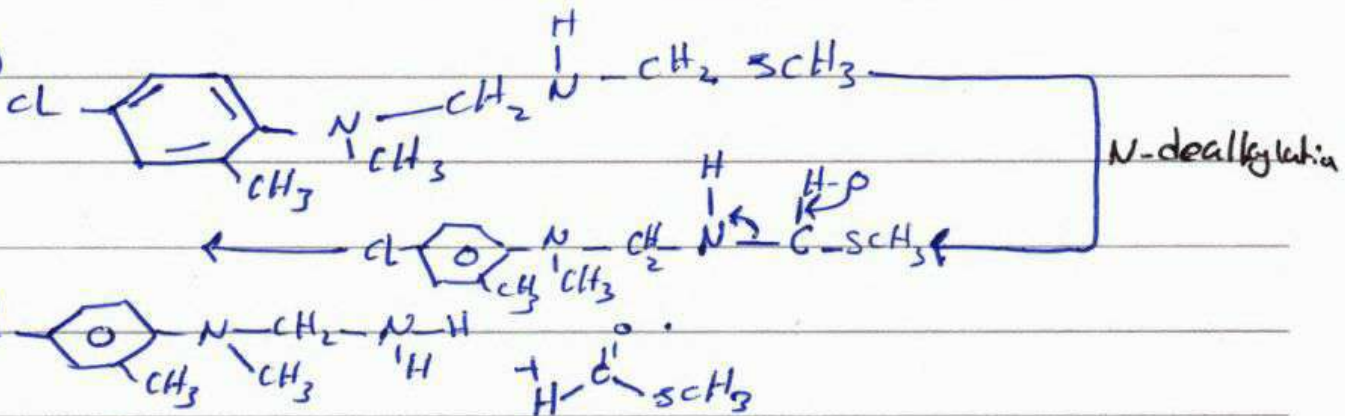
N-glucuronide



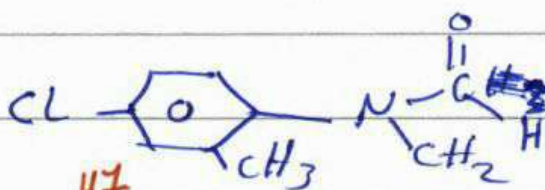
oxidative deamination.



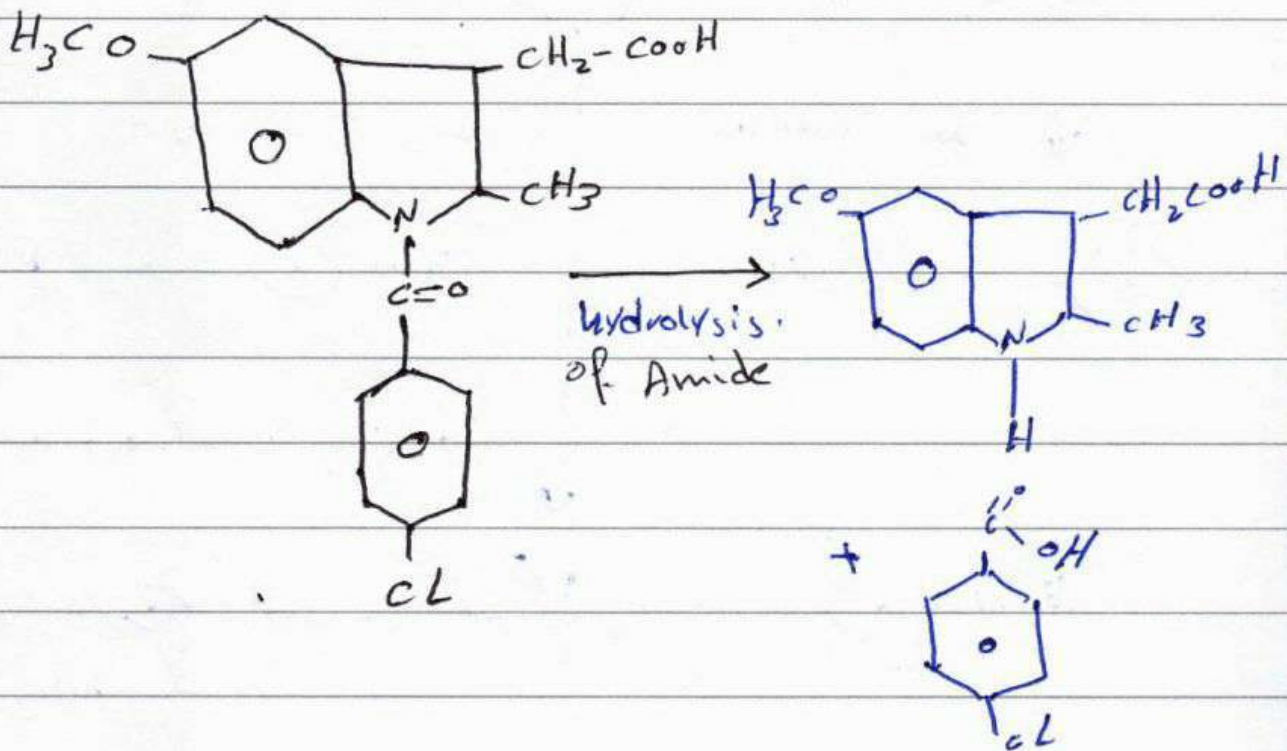
[2]



oxidative deamination



5. Methoxy - 2 - Methyl - 1 - 1 - (p-chloro benzyl)
Indole - 3 acetic acid, undergo hydrolysis to
yield :



Anti-Bacterial Agent Lec. 9

Date.

No.

Natural or synthetic agent that kill or inhibit the growth of bacteria or microorganisms.

* what is the difference b/w Antibiotic, Antibacterial?

• Antibiotic → Natural or Partilly Natural source

← Natural source

• Antibacterial → Synthetic source

* so Antibiotic is part of Antibacterial
Synth or Natural

Note ..

- Bactericidal : Killing Bacteria , Bacteriostatic : inhibition

- narrow spectrum: selective , broad spectrum: non-selective
G⁺ or G⁻ G⁺ + G⁻

- selective toxicity : More toxic to microorganism than the patient (↓ side effect on patient).

Synthetic agent For UTI :-

① Sulfonamide

② Quinolones

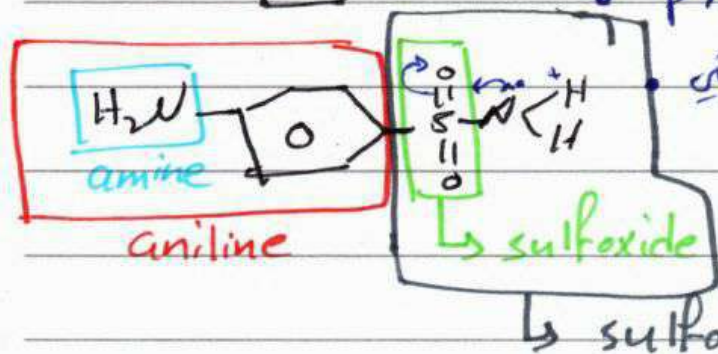
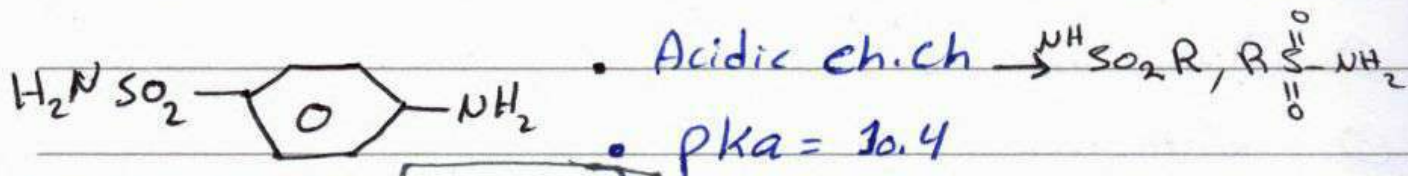
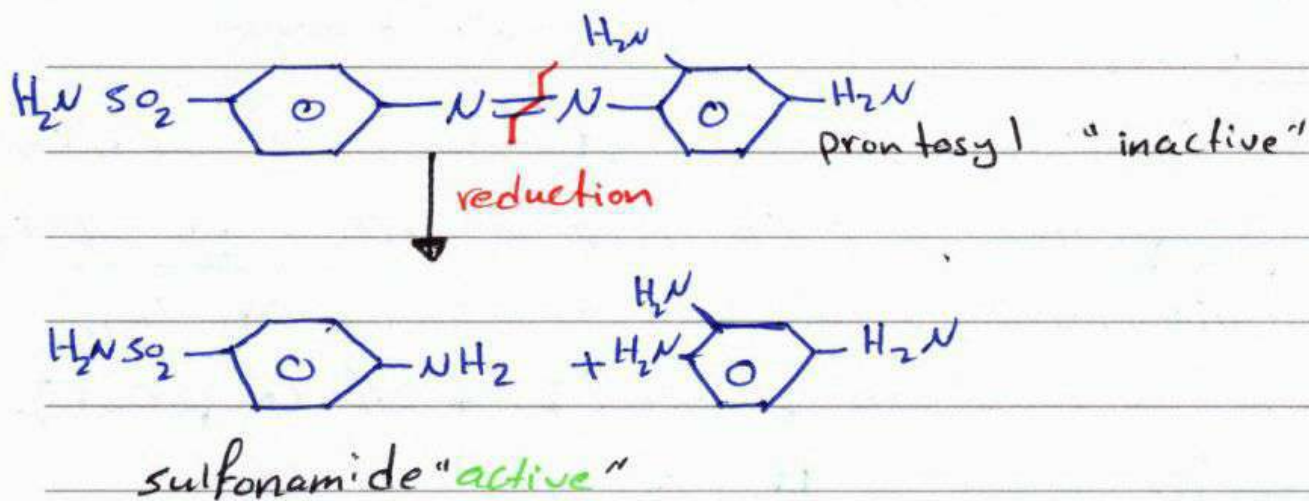
③ Nitrofurans

④ Methanamine

- Properties for synthetic agent must have to be active and give its effect?

- (1) Dissolution of these agent in urinary tract
- (2) More polar
- (3) To be excreted in urin
- (4) selective toxicity.

Sulfonamide = sulfanilamide . 1950 by domag



في نقطة الأخرى activity
 في نقطة الأخرى وليست كالأخرى

p-amino benzen sulfonamide / sulfonamid / sulfonamide

pH urine = 6 , pKa = 10.4 Acidic

$$10^{\text{pH}-\text{pKa}} = \frac{I}{\text{unI}} , 10^{6-10.4} = \frac{I}{\text{unI}} \Rightarrow \text{unI} \gg I$$

lead to ppt in kidney then destruction of reform. and thus cause crystal uria

To avoid crystal uria?

1st Modification on sulfonamide

- * we increased acidity of drug "Modification" by substitution of one of H with a withdrawing group to become more easy to loss and ↑ acidity

هذا يعني اننا نزيد حموضة الدواء عن طريق استبدال احد ذرات الهيدروجين في الجزيء بجماعة ساحبة للإلكترونات مما يسهل فقدانها ويزيد من الحموضة

• Problems of sulfonamide

← unI >> I

(1) Low potency (2) low water solubility.

• reduction use of sulfonamide after a while of many uses ?

هذا يعني اننا نستخدمه لفترة قصيرة ثم نوقفه

(1) Rapid resistance

(2) Appearance of penicilline which is high potency.

→ more safe

* Note that due to ↑ pKa of sulfonamid (Acidic)

pH = 6 urine, →

sulf isoxazole 5. PKa
 sulf acetamide 5.4
 sulf methoxazole 6.1
 sulf diazine 6.5
 sulf pyrazine 7.1

هنا لكي تزيد من حركته في البول

Date.

No.

$$pKa = 10 \quad pH = 6$$

$$pH = pKa + \log \frac{A^-}{HA}$$

$$6 = 10 + \log \frac{A^-}{HA} \Rightarrow \log \frac{I}{unI} = -4$$

$$10^{-4} = \frac{I}{unI} \Rightarrow unI \gg I \text{ or } \text{Acidic form} \gg \text{salt form}$$

unIonized is poorly soluble in water, thus it will ppt and cause crystalluria.

How to reduce it?

- ① large intake of fluid
- ② Modifying pKa values nearer to pH of urin
 → structural modification ↑ salt form ↑ solubility in water
- ③ ↑ pH of urin by urinary alkalinisers like NaHCO₃
- ④ use of triple sulfas.

$$② \quad pH = pKa + \log \frac{A^-}{HA} \Rightarrow 6.6 = \log \frac{A^-}{HA}$$

A ⁻	HA
salt	acid
50%	50%
I	unI

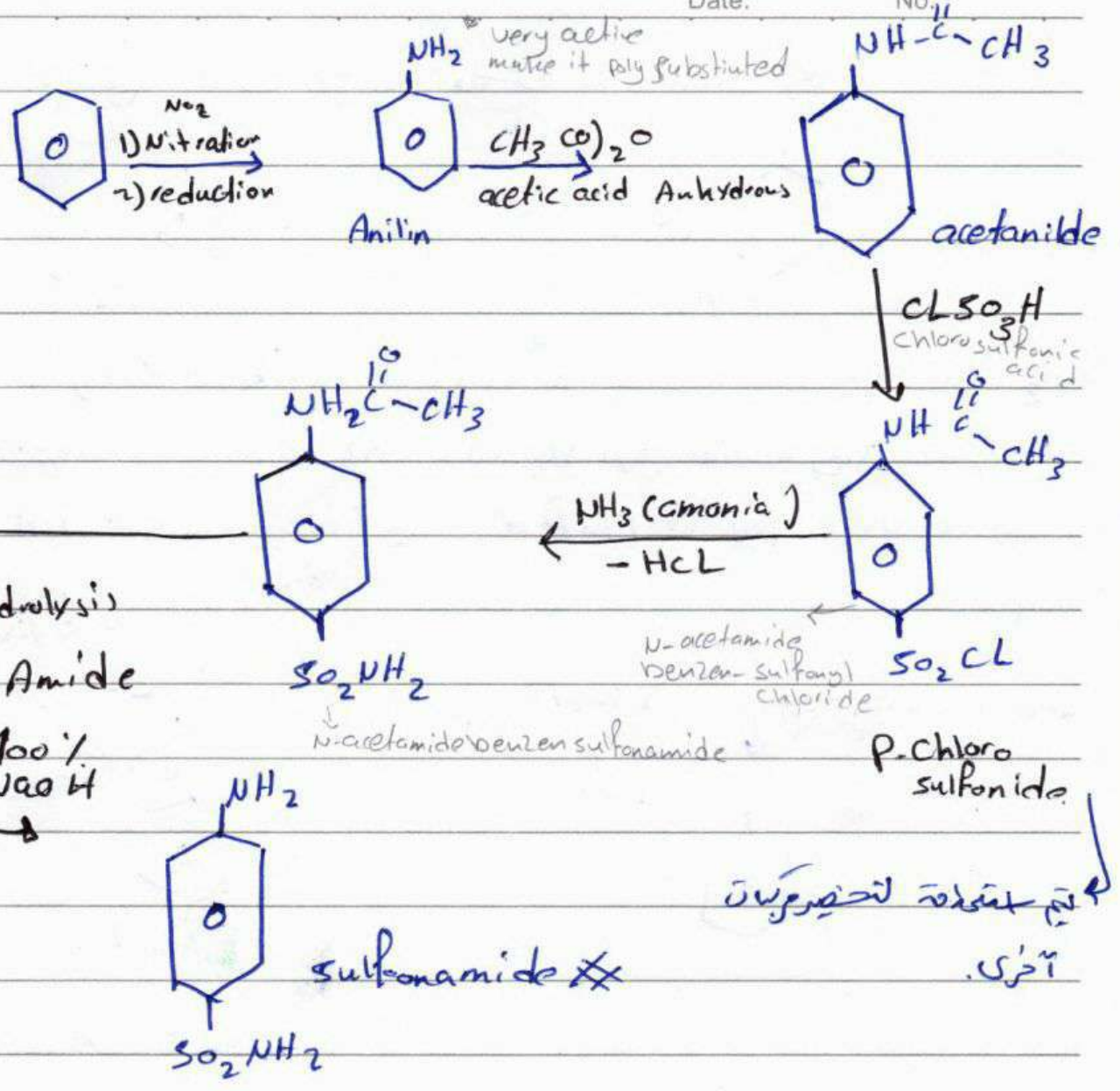
الآن الأنسب أن نزيد من حركته في البول (6-7.4) PKa

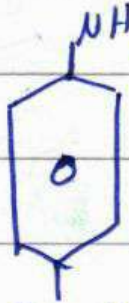
هنا مستوى مثالي للاقتصاد في UT من طرف المريض + تجنبه

Anilin. NH_2  NH_2

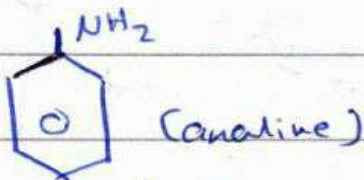
How to prepare Sulfonamide ?

Date.




 NH_2 SO_2NH_2

SR. Aniline is directly chlorinated with Cl_2 in $CHCl_3$ to give 2,4,6-trichloroaniline

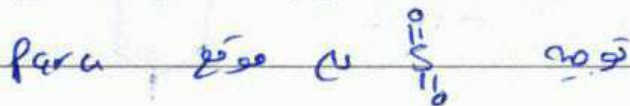


"non-selective"

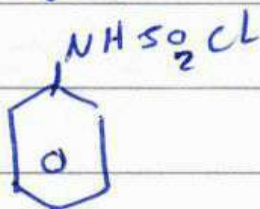
NH_2 is directly chlorinated with Cl_2 in $CHCl_3$

is very active w.r.t. Cl_2 in $CHCl_3$

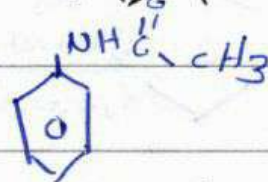
is not suitable for poly substituted



$ClSO_3H$



ortho and para



"acetanilide"

(selective)

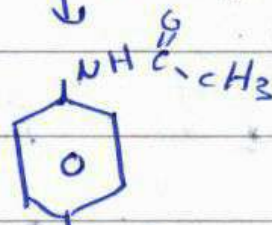
is para to NH_2 in $CHCl_3$

acetic acid anhydrous

Aniline is less active



$ClSO_3H$



p-chloro sulfanilamide

or N-acetyl-p-chloro sulfanilamide

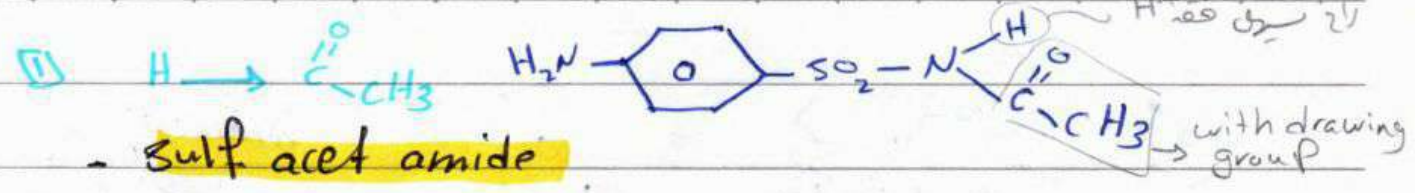
precursor for

other modification

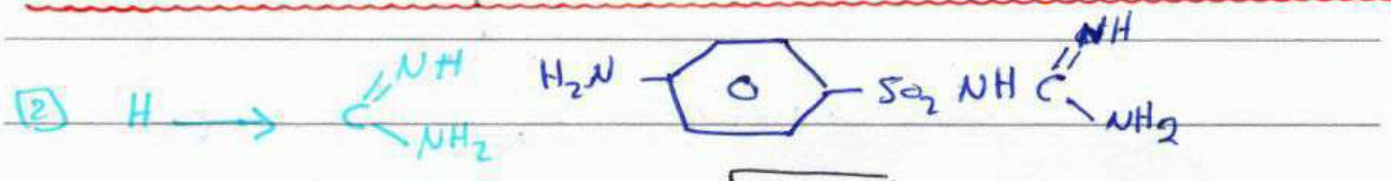
is used in the synthesis of

Modification of sulfonamide to obtain less pKa

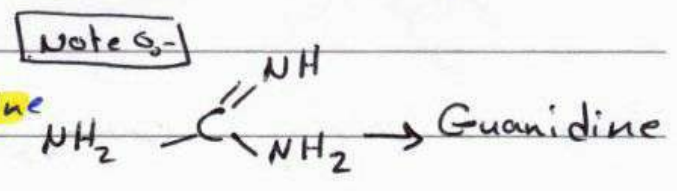
Date: _____ No. _____



- sulfacetamide
- N-Acetyl sulfonamide
- used as ~~is~~ ophthalmic infection, ~~is~~



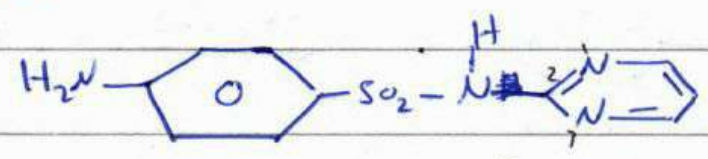
N-para amino phenyl sulfonyl Guanidine
 or **N- formidino sulfonamide**



NC(=N)N → formimidino
 N-guanidino sulfonamide x → NC(=N)N

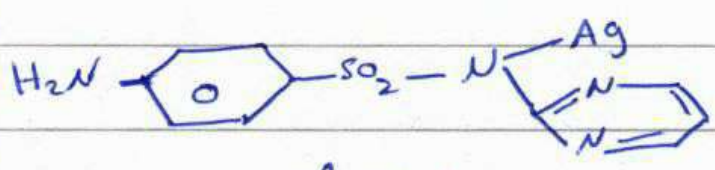


sulfadiazine
 pKa = 6.5



N(2-pyrimidine) sulfonamide
 or pyrimidin-2-yl sulfonamide

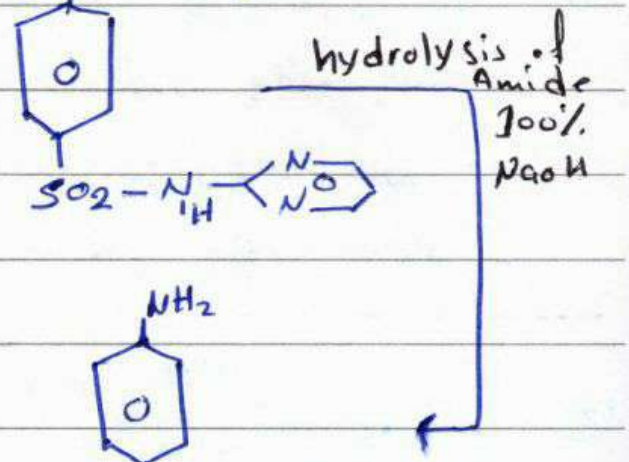
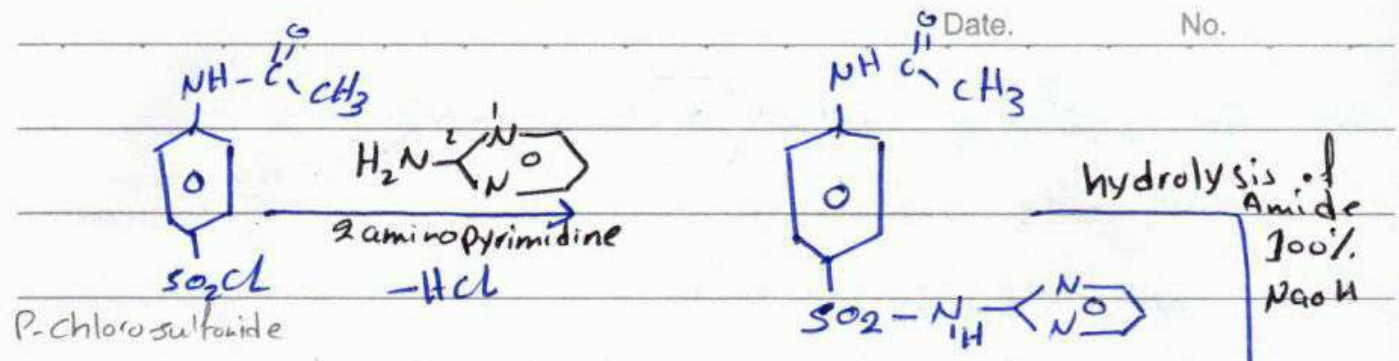
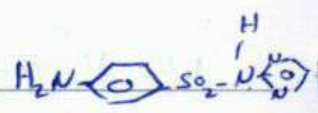
Grim ...
 $N=CH$
C1=CN=CN=C1
 ↓
C1=CC=NC=C1
 Pyridin



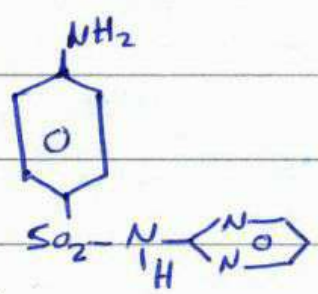
sulfadiazine silver Basic

55 use in war → Burning
 Anti Bacterial inactive

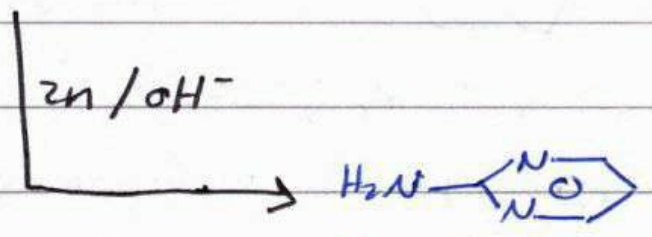
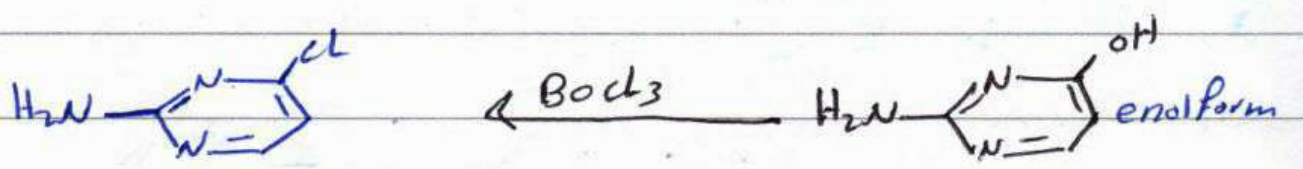
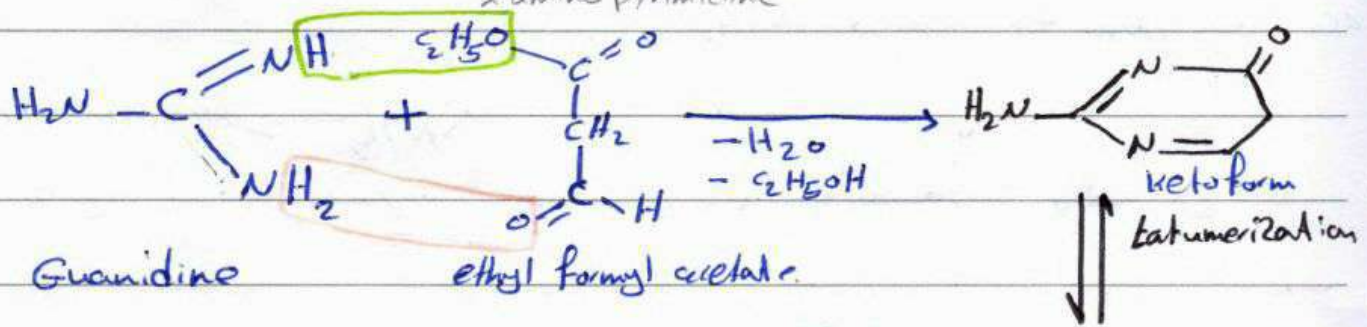
How to Prepare Sulfadiazine?



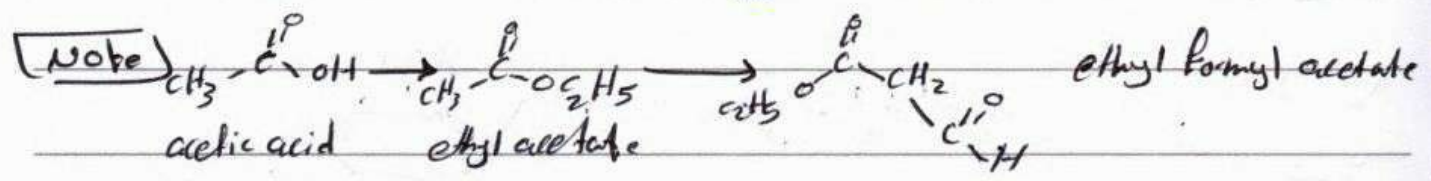
sulfadiazine

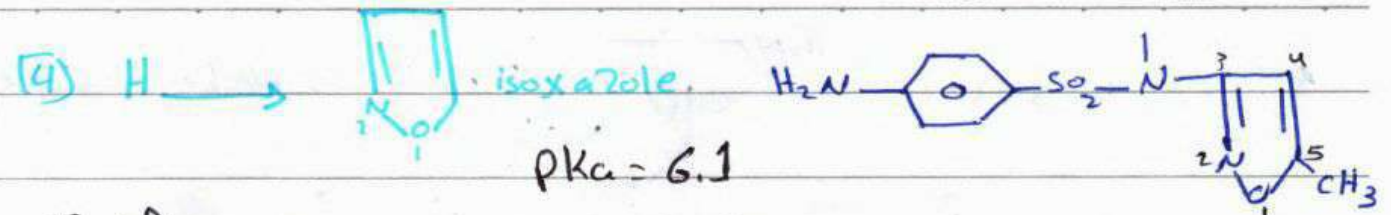
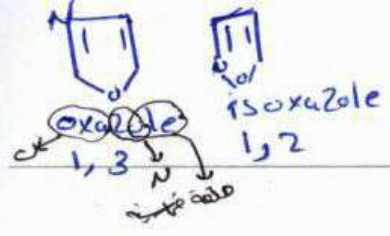


How to prepare 2-aminopyrimidine?



2-aminopyrimidine #

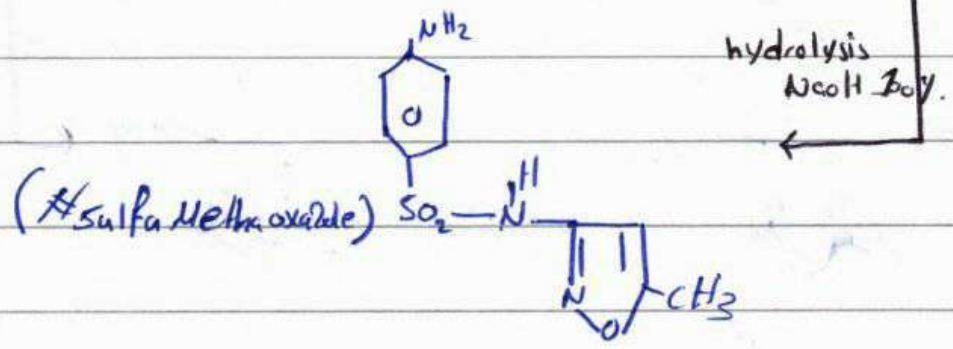
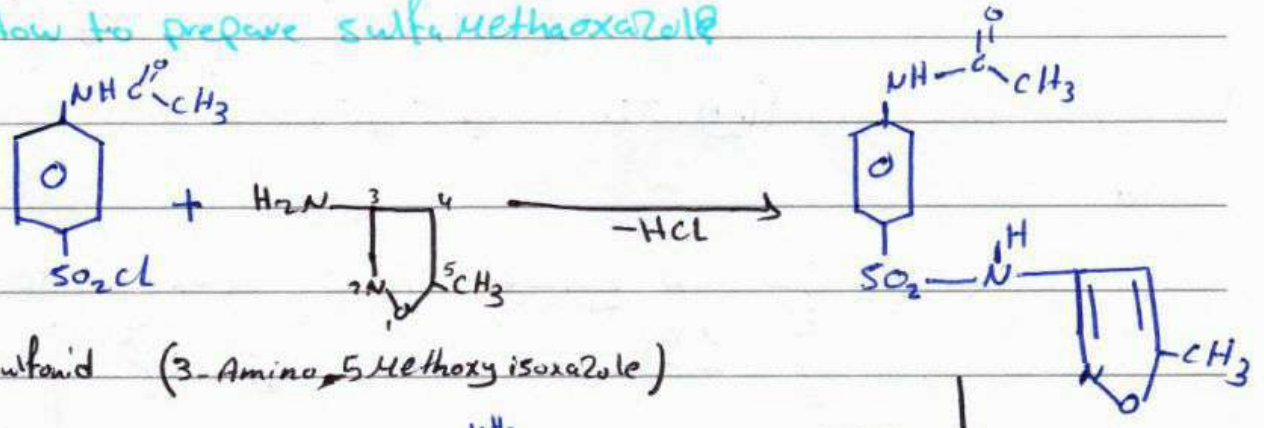




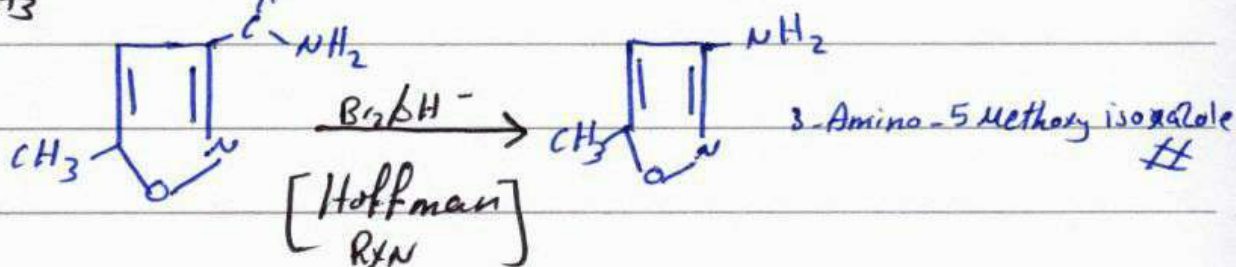
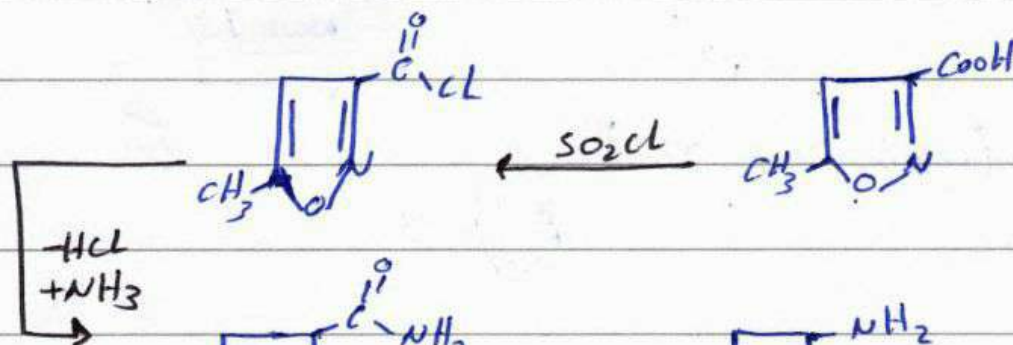
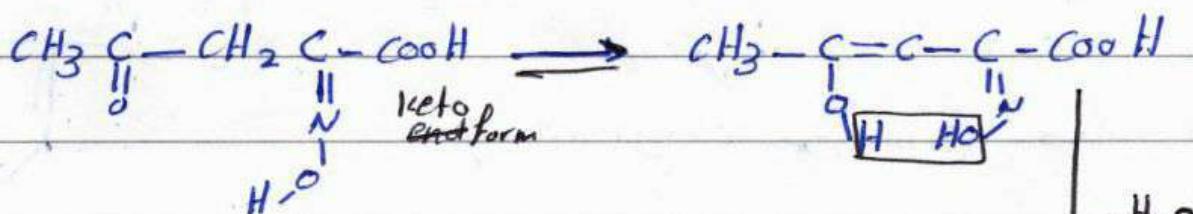
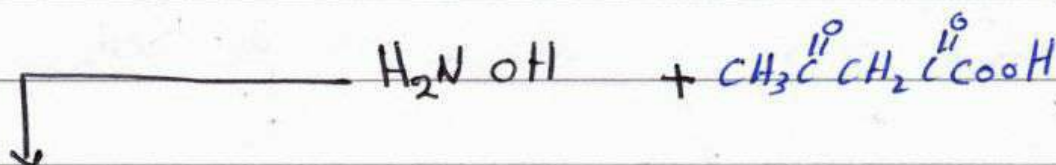
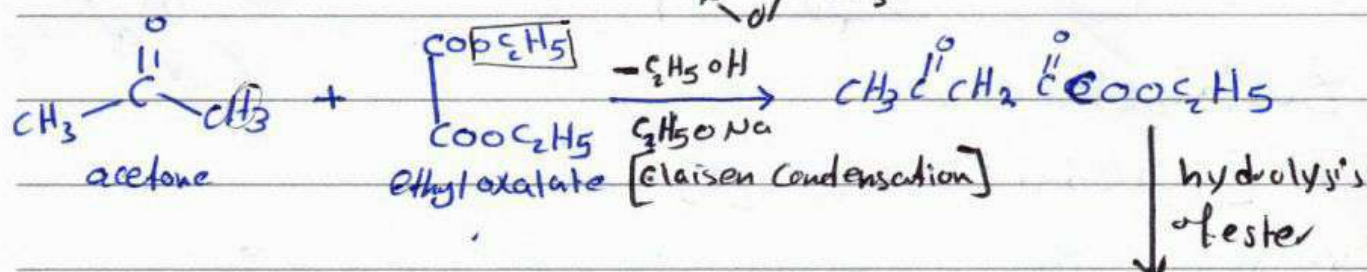
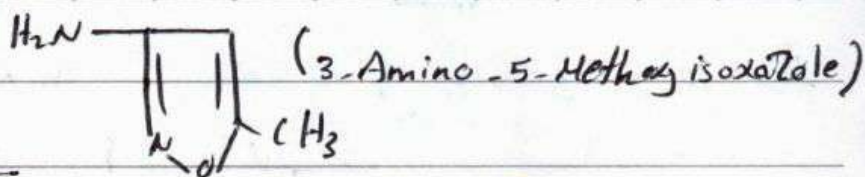
Sulfamethoxazole

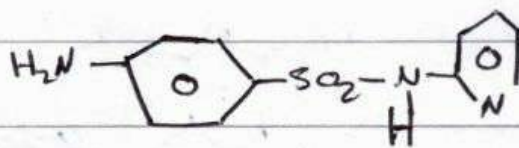
N [5-Methyl isoxazole-3yl] sulfonamide

* How to prepare sulfamethoxazole

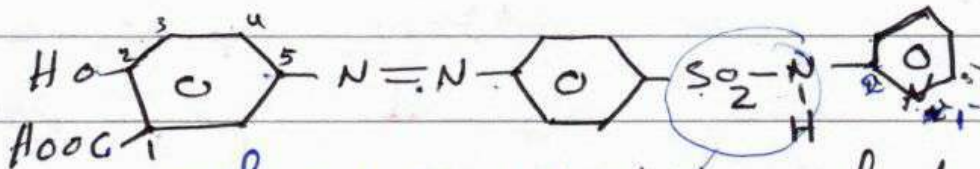


How to prepare





N(2pyridingl)sulfonamide



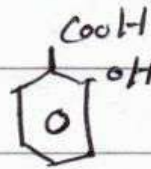
sulfasalazine "intestinal infection"

5 [[EN(2' pyridinyl) sulfamoyl] phenyl] diazo] salicylic acid
or hydroxy benzoic acid.

* Note :-



Benzoic acid

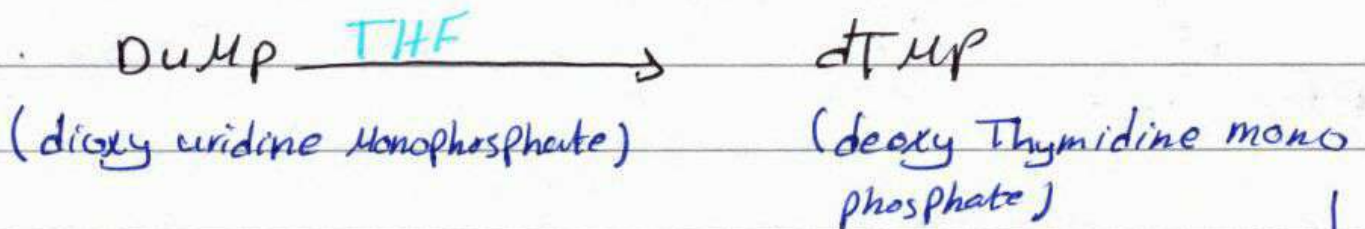


o-hydroxy benzoic acid.
or salicylic acid.

* $SO_2-NH \rightarrow$ sulfamoyl

HoA :-

Make inhibition for THF "Tetra hydro folic acid" which syntheside by Bacteria. , which make transfere of CH_3 from compound to another.



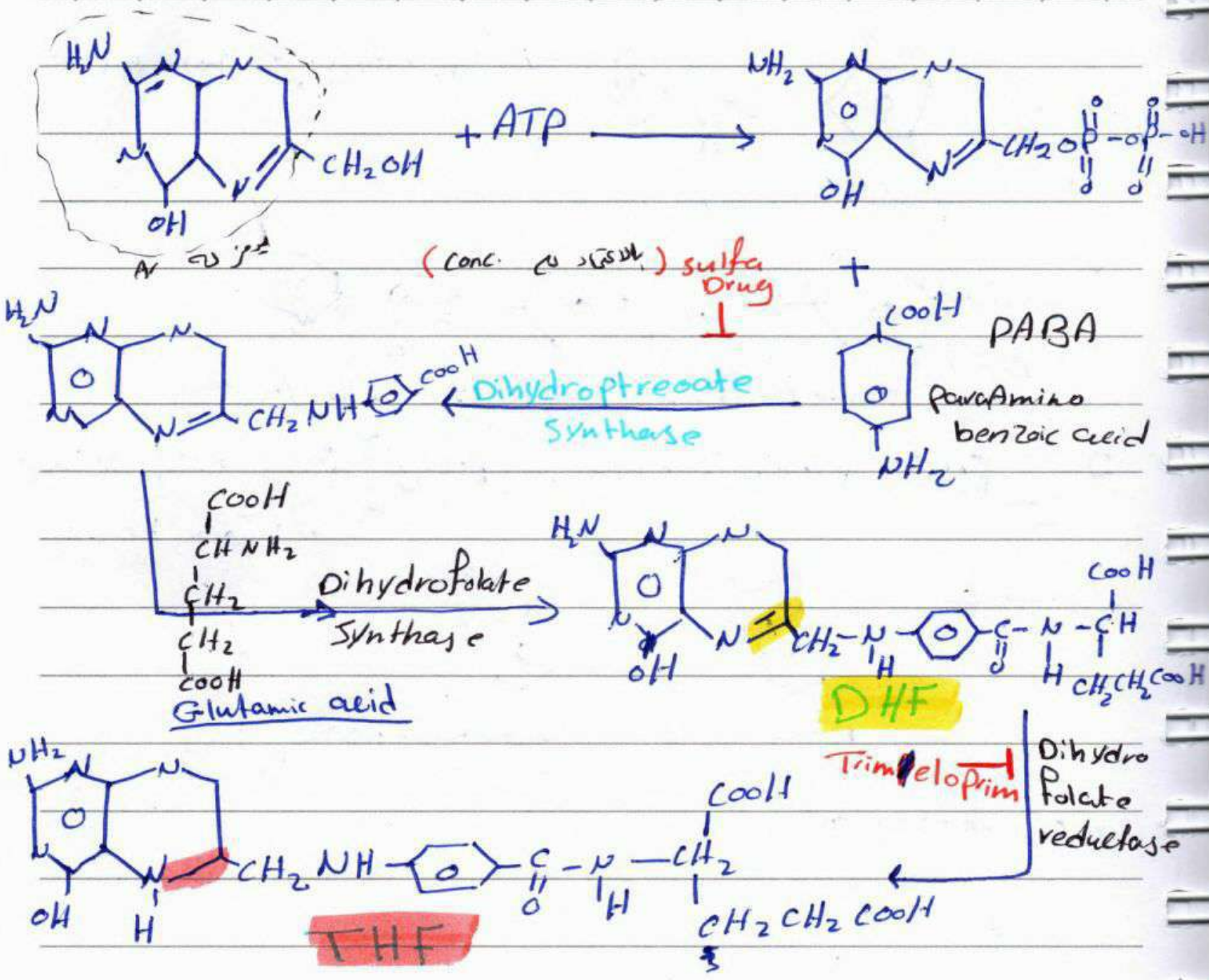
In DNA / RNA

نور الیون السیبری

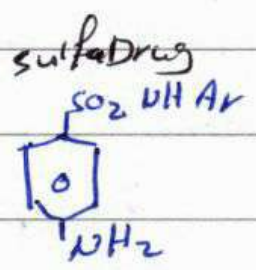
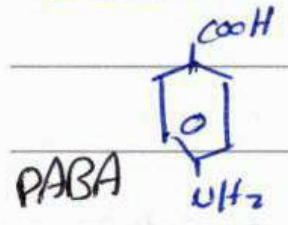


آلية تركيب THF في البكتيريا

Date: No.



• Note



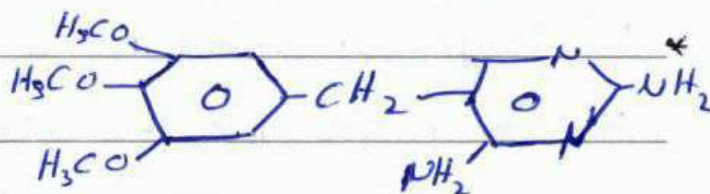
* تقريباً يوجد به كمية في Structure
ويعتبر من [competitive Antagonist]

الذات تركيزاً هو التي يرتبط بها.

ويعمل على تثبيط Dihydropteroate Synthase

كذلك كما تركيز PABA التي تقوم البكتيريا بإكمال العملية من البداية
لكن لو كان sulfadiazine يتدخل على الانضمام DPS و يمنع التكوين

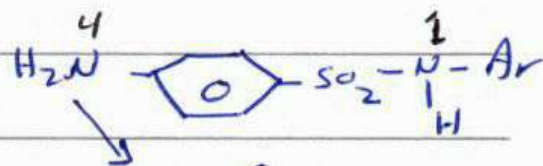
فرضا قاتة البكتريا القادرة و فترت كمان كبيرة no PABA
 من قاتة بتكوين DHF في هذه الوراثة بعد Combination
 في تصنيع تكونه Sulfamethoxazole + Trimethoprim
 bw



asg
 sulf Methoxazole + Trimethoprim

- Sulfatrim[®]
- Resprim[®] MR. BSS
- Sulprim[®]
- Megaprim[®]
- Bactil[®]

• Biotransformation " Metabolism "



* 90% of Metabolism is acylation NHCO-CH_3

• SAR: structure activity relation ship

- if NH_2 in para position if replaced with NO_2 , NH_2OH activity reduces, but if replaced with N=N activity is same as in Sulfasalazine
- Aromatic ring must be non-substitution [-except-p-position]; o, m position substitution → inactive

3. SO_2NH [sulfamoyl] if it replaced with Amide [$\text{C}^{\text{O}}\text{NH}$] the activity reduced ↓

4. compound must be acidic ch.ch., if H (in N) which responsible of acidity is replaced with alkyl it become **Inactive**

* uses of sulfa Drugs:

فوائد (الاستخدام)

- ① AntiBacterial ② AntiDiabetic ③ diuretics

1958

Quinolones

Date.

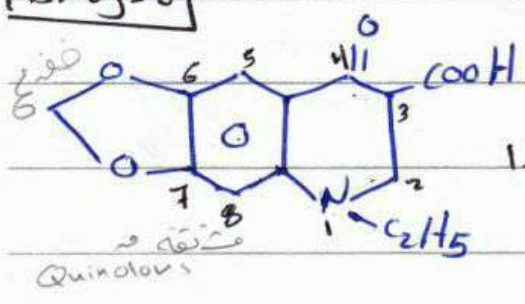
No.

- Discovered in the spread of Malaria. as Anti-malaria
- 3rd Drug used as Anti-malaria is **Validixic acid** - **Negram®** but show narrow spectrum, low potency.
- After modification of Validixic we get 1st, 2nd, 3rd, 4th generation of Quinolones.

First Generation of Quinolones. low potency

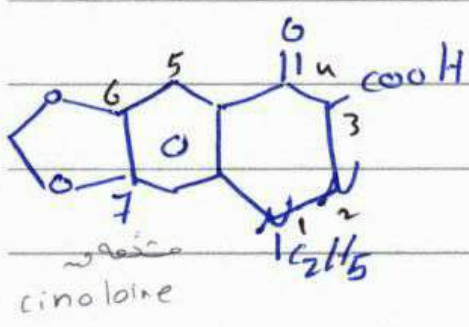
Drugs:

• high protein binding.



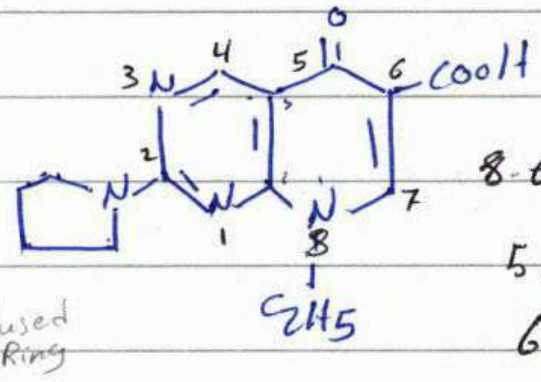
Oxalonic acid

1-ethyl-4-oxo-6,7 (Methylene dioxy) 1,4 dihydroquinoline-3-carboxylic acid.



Cinoxaline

1-ethyl-4-oxo-6,7 (Methylene dioxy) 1,4 dihydrocinnoline-3-carboxylic acid



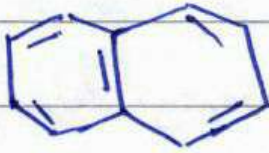
Promidic Acid

8-ethyl-5-oxo-2-(pyrrolidinyl) 5,8 pyrido [2,3-d] pyrimidine dihydro 6-carboxylic acid.

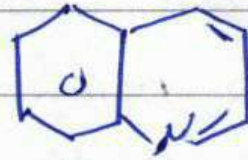
Date.

No.

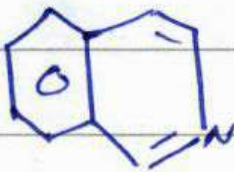
1st Gen



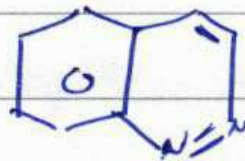
naphthalin



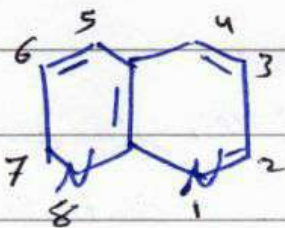
Quinoline



isoquinoline



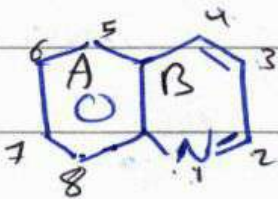
cinnoline
1,2



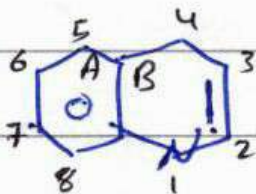
1,8 naphtridine

All are bioisoterism

note:-



1,2,3,4 → B
A = 5,6,7,8



2,3 → 2H

1,4 → hydroquinoline
dihydro

no. of fused ring

Date.

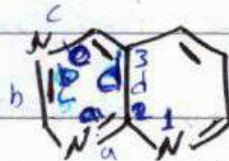
No.



Pyridine

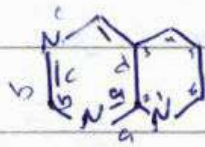


Pyrimidine



pyrido [2,3-d] pyrimidine
القاعدة الجينية

في Pyridine عدد (1) من ذرات النيتروجين Pyrimidine 2 hetero atom



رقم عدد الذرات النيتروجينية في القواعد الجينية



Pyrazol



Pyrodine



Piperaziny 1

1° For Gram (-) but not pseudomonas species

2° For Gram (-) included pseudomonas species

↳ some Gram (+) (S. aureus) and some atypical

3° same to 2° with extended Gram (-) and

Atypical converge

4° same of 3° with broad anaerobic converge

Note :-

• pseudomonas aeruginosa is the most potent
Bacteria that cause UTI

• 2°, 3°, 4° → called Fluro Quinolones

Not highly Protein Binding

wide distribution to urine and

other tissues

↳ its ch.ch

• But 1° generation has ch.ch.

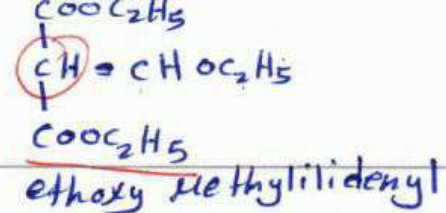
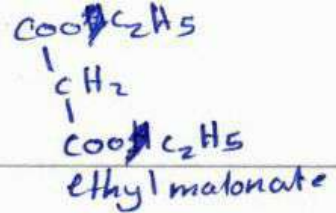
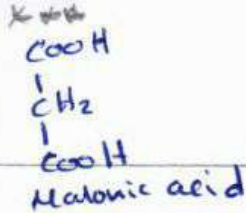
↳ Low potency

↳ highly protein Binding.

↳ Narrow spectrum

↳ لا يوجد له

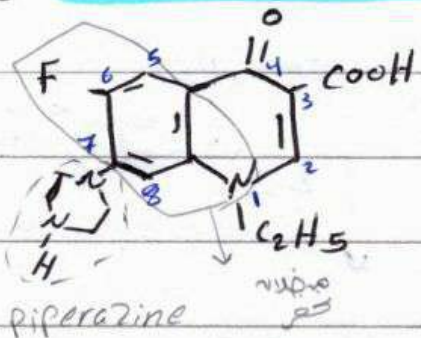
نطاق



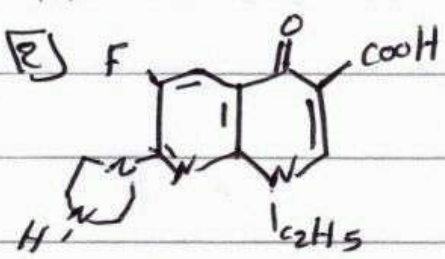
Date: _____ No. _____

Second Generation of Quinolons:

1) NorFloxacin, Apirol [Ⓡ]



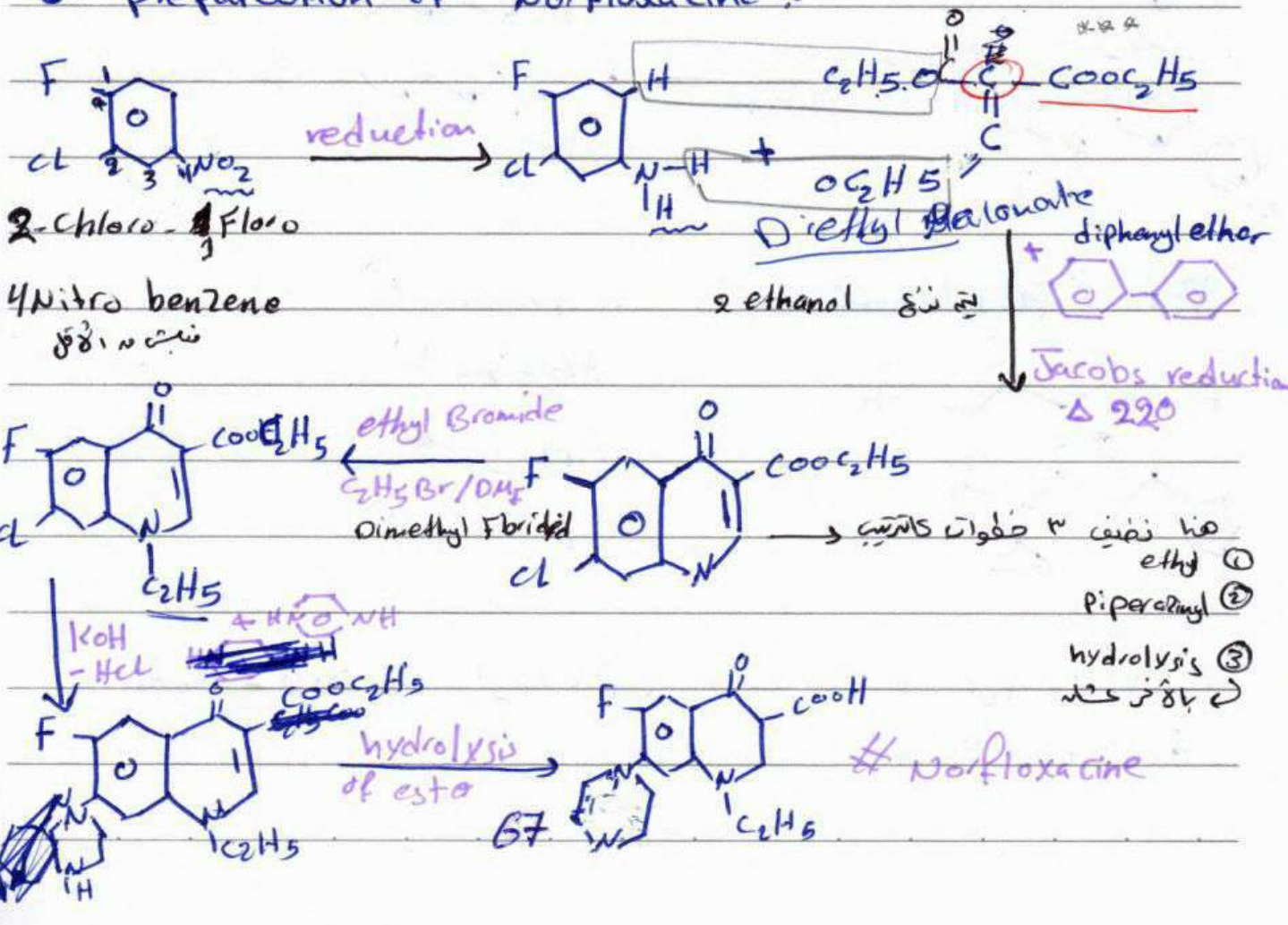
6-Fluoro-7-piperazinyl-1-ethyl-4-oxo-1,4-dihydroquinolone-3-C.A.



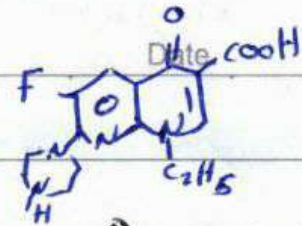
6-Fluoro-7-piperazinyl-1-ethyl-4-oxo-1,8-naphtridine-3-C.A.

↕ Bioisosterim

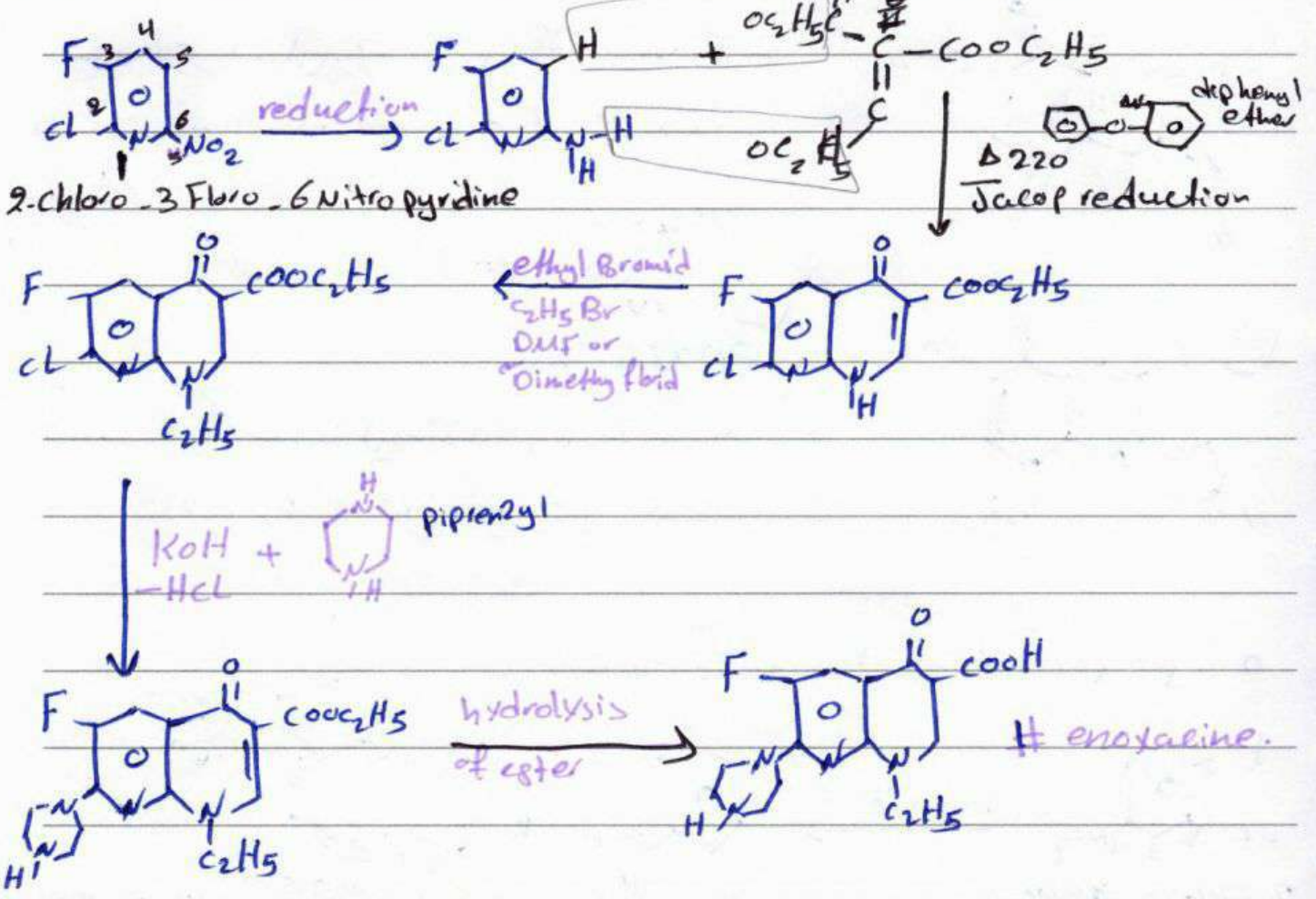
• Preparation of NorFloxacin:



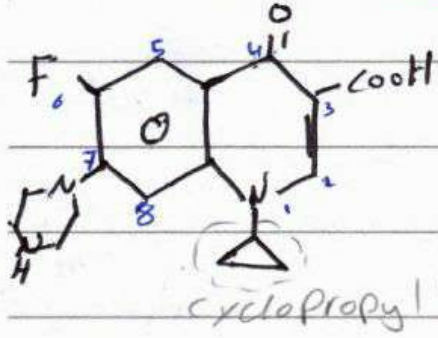
* Preparation of enoxacin:



Start with



[3] Ciprofloxacin :



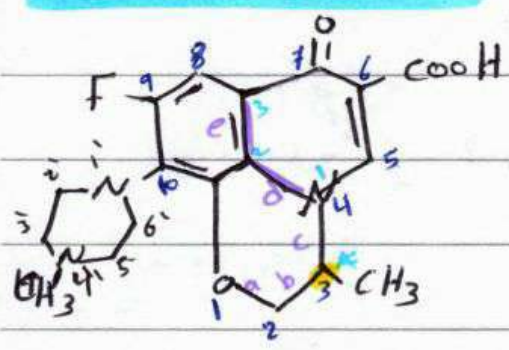
- CiproCare®
- Floxine®
- Ciprogis®
- Cipro cine®

cyclopropyl \rightarrow ↑ potency
 \rightarrow ↓ enzyme usage

1-cyclopropyl - 6-fluoro - 7-piperazinyl - 4-oxo - 1,4-dihydroquinolans - 3-C.A

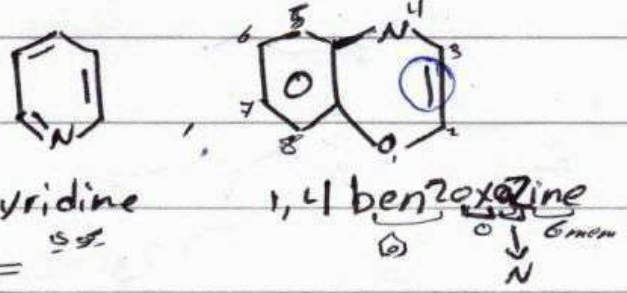
4. Floxacin, ~~Fluor~~ Travide, ~~Fluor~~acin, wtracine

or levofloxacin → 3rd



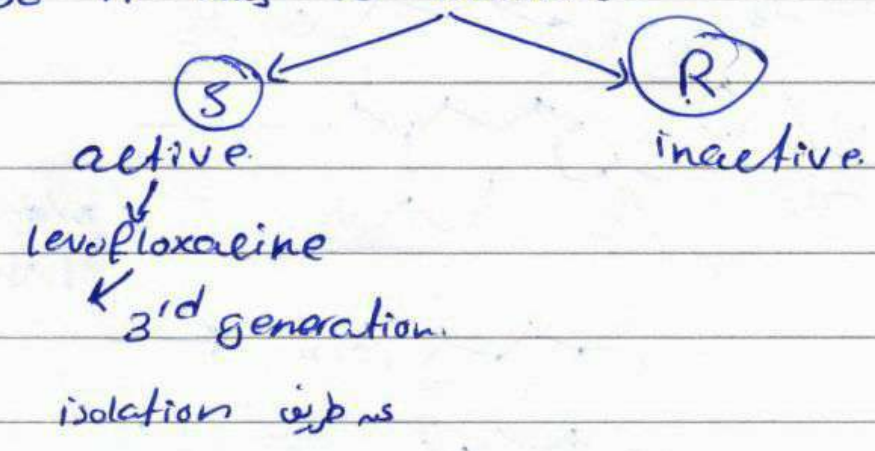
10 [N-Methyl piperazinyl]-9-Floro-3-Methyl-7-oxo-4,7-dihydro-2-3-dihydro pyrido [1,2,3-d,e] 1,4 benzoxazine - 6. C.A

Note: *قوله*

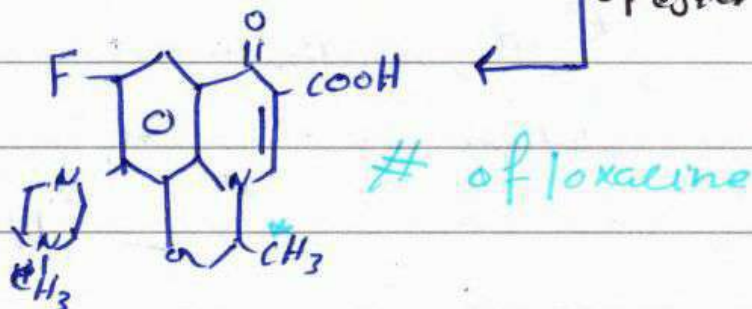
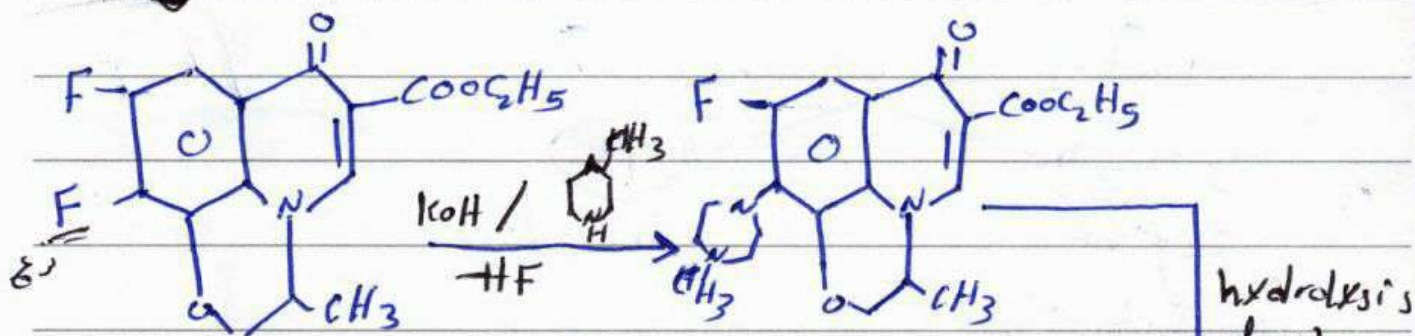
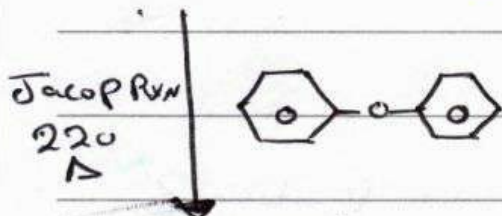
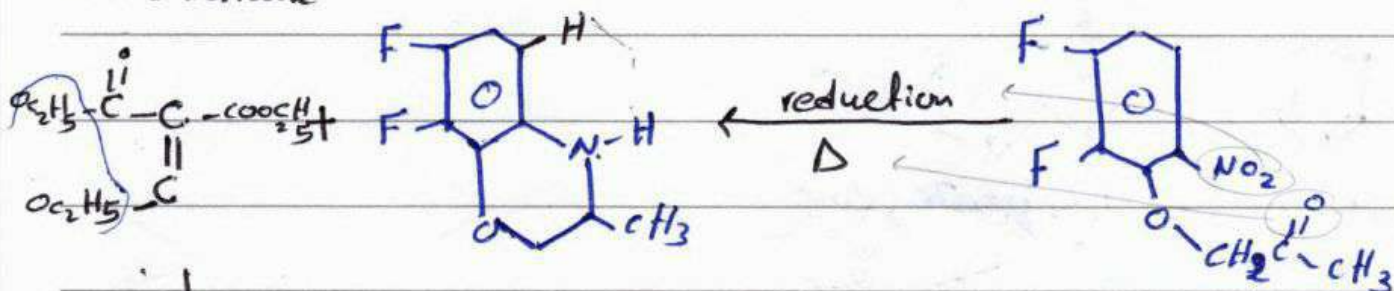
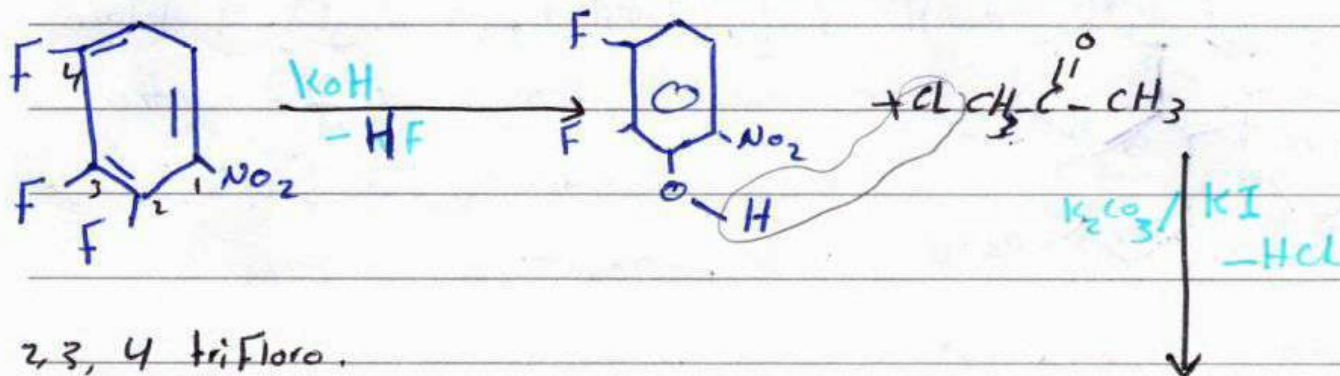
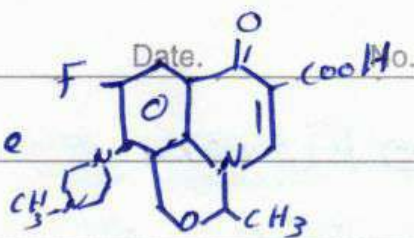


floxacin contain a chiral carbon on position 3

so it has 2 isomers.

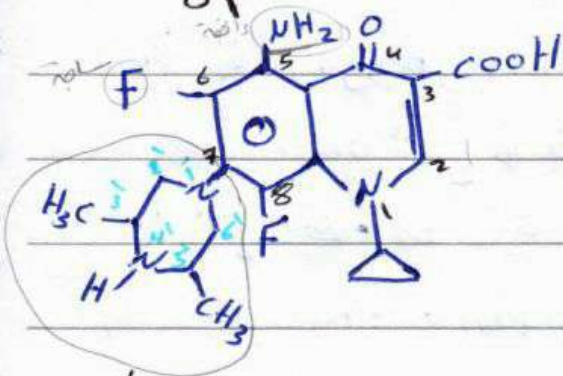


preparation of ofloxacin



3rd generation of Quinolons.levofloxacin is

III spiro Floxacin



6, 8 di Fluoro - 7 [3,5' dimethyl piperazinyl] - 5-amino - 1-cyclopropyl - 4-oxo - 1,4 dihydro quinolons - 3 - C.A.

→ Give long duration due to piperazinyl

→ exist of methyl make it more and more long duration [from 4 in day to one tablet] ↑ D.o.A

→ position effect on potency and pharmacokinetics

* F → make photosensitivity F dis _{2,3,4}
 F also is seen ↑ sparfloxacin etc

* NH₂ has H (resonance effect) → make less photosensitivity. side that

∞ in cyclopropyl compound also in (ciprofloxacin)
 → it will inhibit cyp 450 (cytochrome p 450)

which is responsible of biotransform of working (Anti coagulants)

So if they were given together it will cause

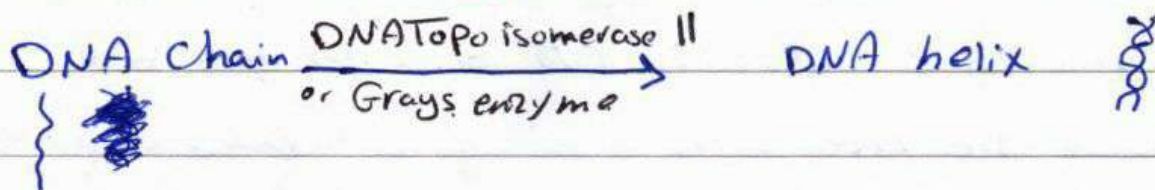
bleeding

Quinolones

Date.

No.

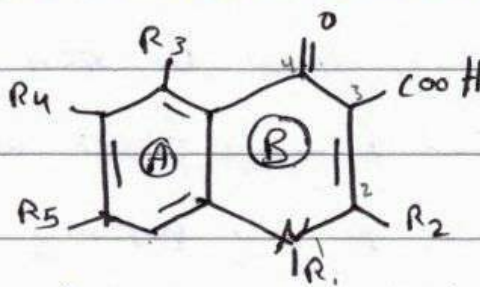
MOA:



Quinolones inhibits (DNA Gyrase or DNA topoisomerase II)

So DNA will not be form and bacterial cell also will not form.

* SAR:



① if cycle B become Aromatic it will be non active

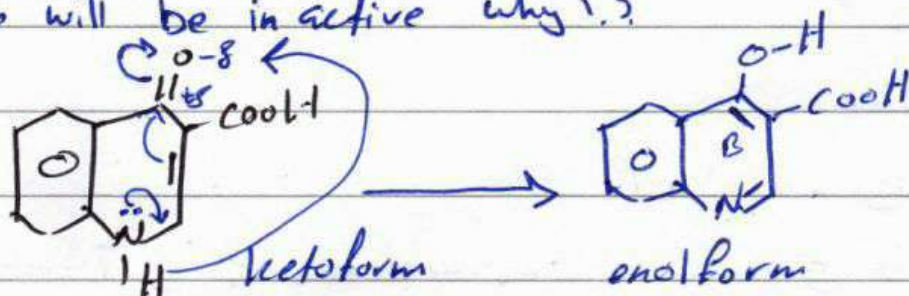
② 1,4 dihydro Quinolones or its Bioisosterism \rightarrow cinnoline, 1,8 naphthiridin

③ keton on position 4 must be to give activity.

④ in position 1 it must has substitution

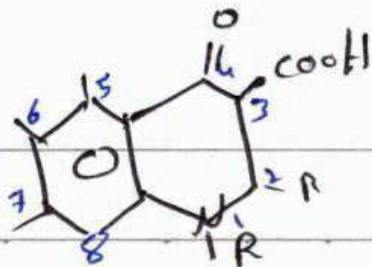
best \leftarrow cyclopropyl $>$ ethyl $>$ methyl

⑤ in position 1 in case if there is no substitution it will be inactive why?.



so B become Aromatic

and loss of 1,4 dihydro, loss $\overset{\text{O}}{\parallel}{\text{C}}$



Date.

No.

[6] position 2 non substituted

[7] position 3 best is C.A or ester that will give in the end C.A. C.A is x o p d i t o

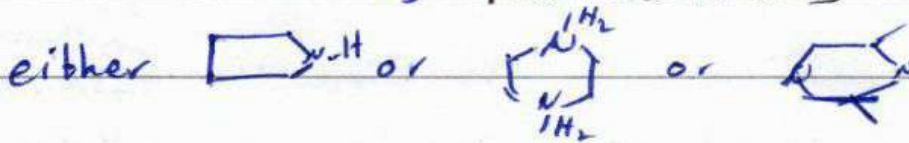
[8] keton must be to give active.

Because the inhibition of enzyme is done by $\text{C}=\text{O}$ in 3,4

[9] position 5 must be non substituted # spare has NH_2

[10] position 6 \rightarrow F or with drawed group

[11] position 7 \rightarrow Potency
 \rightarrow Pharmacokinetics



[12] position 8 either N, CH.

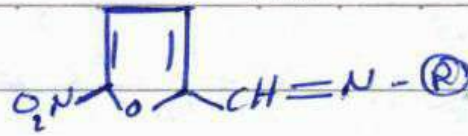
Note: \rightarrow Bio transformation
 All has COOH will mak O-glu.

Side effects:

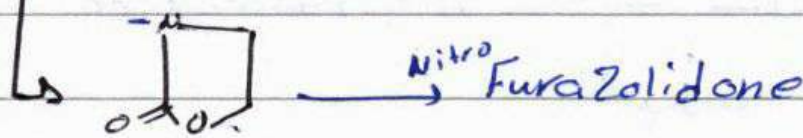
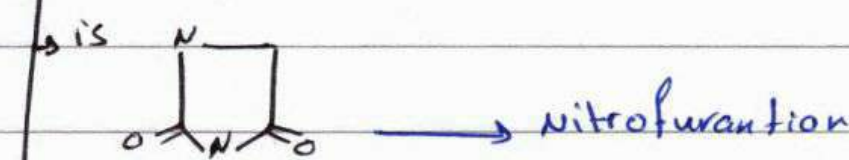
- [1] crystaluria
- [2] photosensation
- [3] CNS toxicity \rightarrow GABA
- [4] bleeding [if given with compound has Δ] \uparrow warfine (cipro, Sapro)

These Drugs not given with food contain [Milk, Al^{+3}]
 insoluble \rightarrow Mg^{+2} , Ca^{+2}

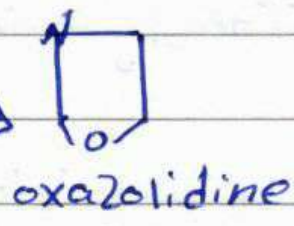
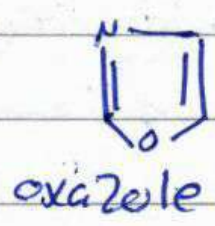
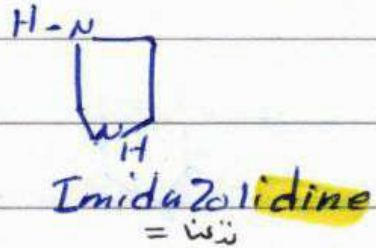
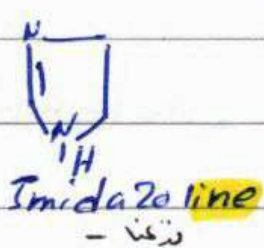
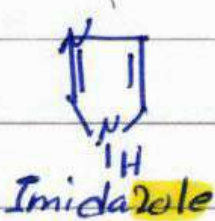
3) NitroFuran



If R is $\text{NH}-\overset{\text{O}}{\parallel}{\text{C}}-\text{NH}_2 \rightarrow$ NitroFurazone



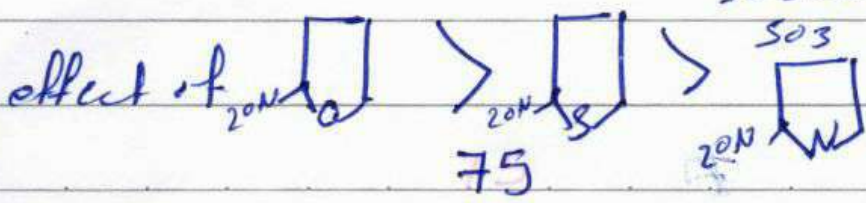
* $\text{NH}_2-\overset{\text{O}}{\parallel}{\text{C}}-\text{NH}_2 \rightarrow$ urea, $\text{H}_2\text{N}-\text{NH}-\overset{\text{O}}{\parallel}{\text{C}}-\text{NH}_2 \rightarrow$ semicarbazone



SAR:

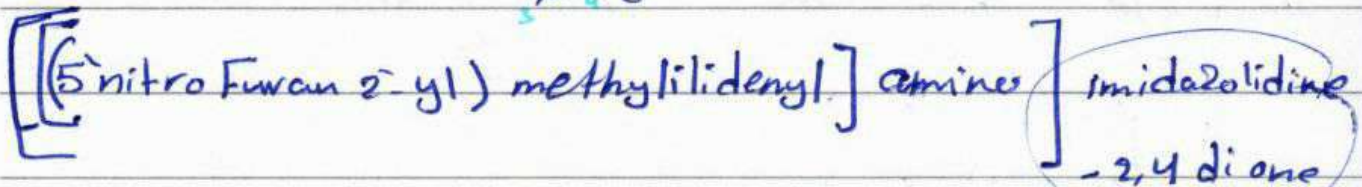
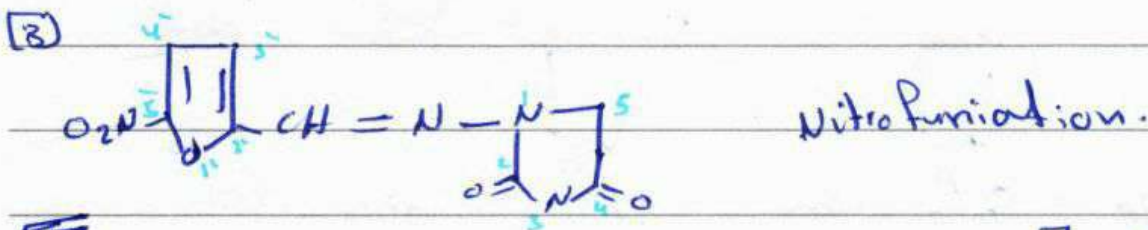
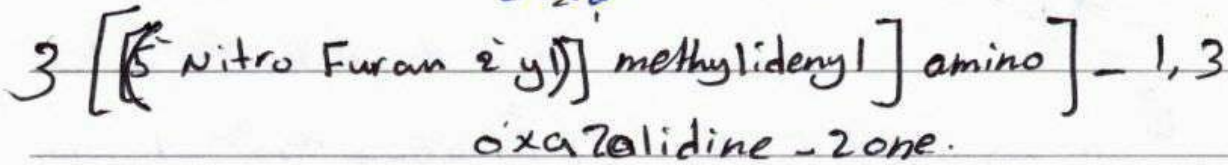
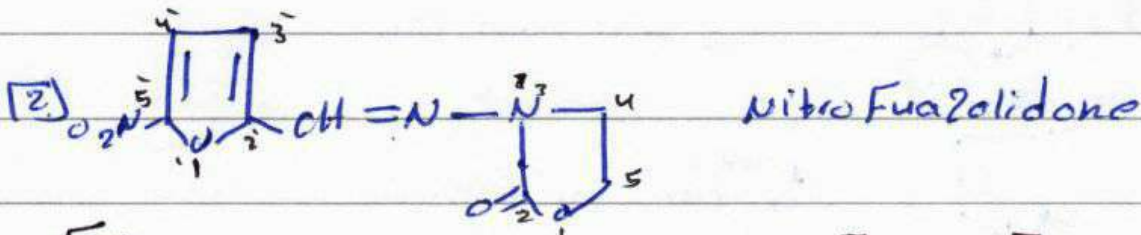
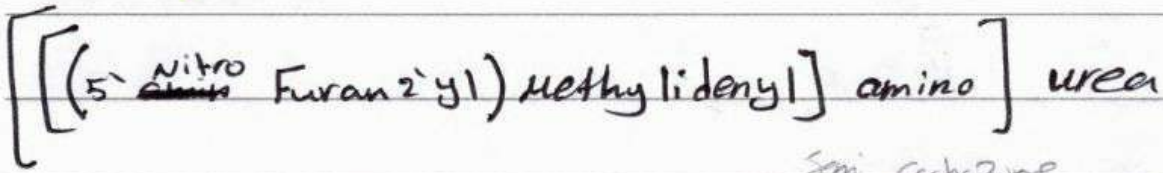
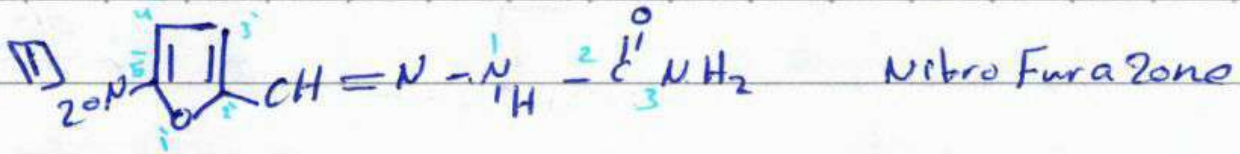
active \rightarrow prodrug \rightarrow NO_2 also convert to hydroxy amine N-OH and its active metabolite or form of NitroFuran

* if NO_2 replaced with EN , COOH , SO_2NH_2 \downarrow decrease in activity



Date.

No.

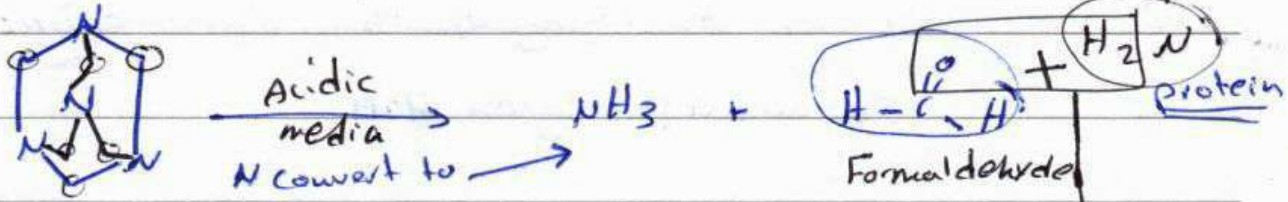


or 2,4 dioxoimidazolidine.

Date.

Contain Amine
No from proline

[9] Methanamine → prodrug.

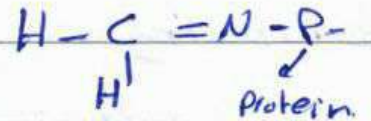


hexa methylene tetra amine

It's inactive that need acidic media for activation it.

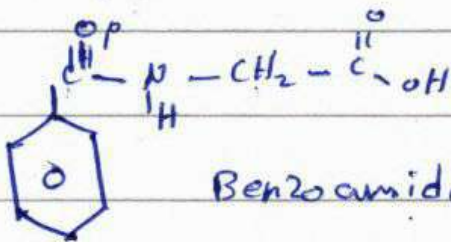
Binding to
Proline

Give antibacterial effect ← Schiff base



Methamine hippurate

* Methamine give with Hippuric acid
"acidic media"
antibacterial effect, Schiff base, else



Benzamide acetic acid or Hippuric acid.

benzamide acetic acid

Antibiotics: "Natural Antibiotics" or Semisynthetic

lec. 13

Date.

No.

- Produced by Microorganism which has a capacity of inhibiting and even destroying of other microorganisms. in low conc.

classified depending on

MoA

Chemical composition

① Affecting on cell wall:

- Cephalosporines
- Penicillines
- Bacitracines + vancomycin

① β -lactam

Penicillins
cephalosporins

② Tetracyclines

③ chloramphenicol

④ Aminoglycosides

⑤ others

Macrolide
Polypeptide

② Affecting on cytoplasmic membrane

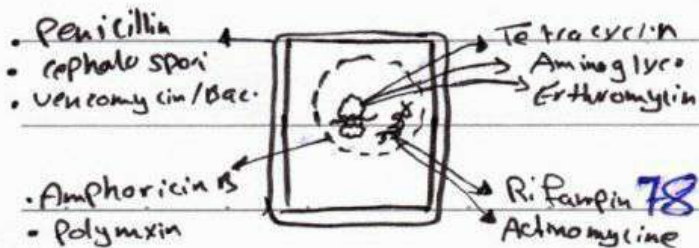
- Amphotericin B
- Polymyxine

③ protein synthesis:

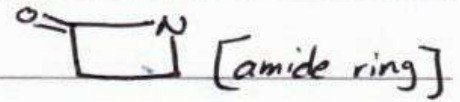
- Aminoglycosides
- Tetracycline
- Erythromycines

④ ON DNA & RNA

- Rifampine
- Actinomycine



B-Lactam



A) penicillins

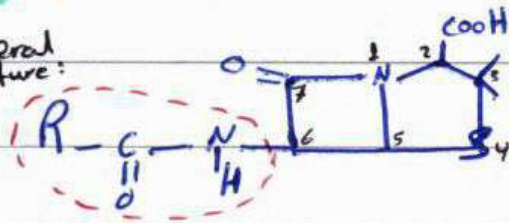
B) cephalosporines

- Both contain β -Lactam ring, but they differ in chemical composition

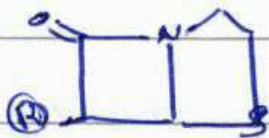
A) Penicillines

: All are same but they differ in position σ

General structure:



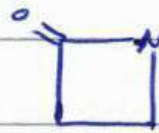
Note :-



Penam



Thiazide

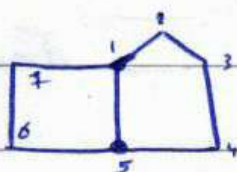


β -Lactam



Thiazolidine

* Nomenclature :-



bicyclo [3, 2, 0] heptan.

① كم حلقة ؟ ← 2 Bicyclo

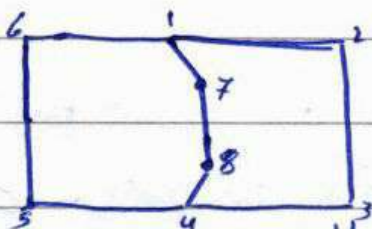
② نرتب من إحدى النقاط المستوية والاتجاه مع الحلقة الأكبر. تكون للأصغر

③ عدد النقاط في الحلقة الأكبر من النقاط المستوية ← 3

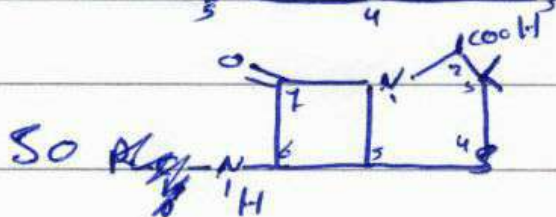
عدد النقاط في الحلقة الأصغر من النقاط المستوية ← 2

عدد النقاط بين النقاط المستوية ← 0

ex

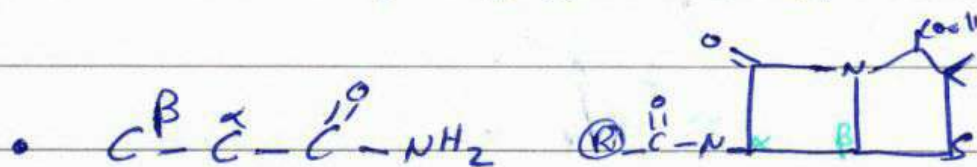


bicyclo [2, 2, 2] octane



7 oxo - 1 Aza - 4. Thia - 3,3 dimethyl -

6-amino bicyclo [3, 2, 0] heptan - 2 c.A.



• Position that lactam connect to Thiazolidine.
on β so its called β-lactam ring.

• MoA for penicillines and cephalosporin which affect on cell wall of Bacteria.

- The cell wall of bacteria consist of

Dipeptidoglycan that give:

① Rigidity ② strength ③ maintain osmotic pressure

* Dipeptidoglycan contain D-amino acid such as:

D-amine, D-glycine.

These amino acids are connected together to give cell wall

by enzyme: Trans peptidase D-amine ^{Binding} D-amine

(By Trans peptidase enzyme or β -lactamase)



Penicillines

D-amine ^{Binding} glycine

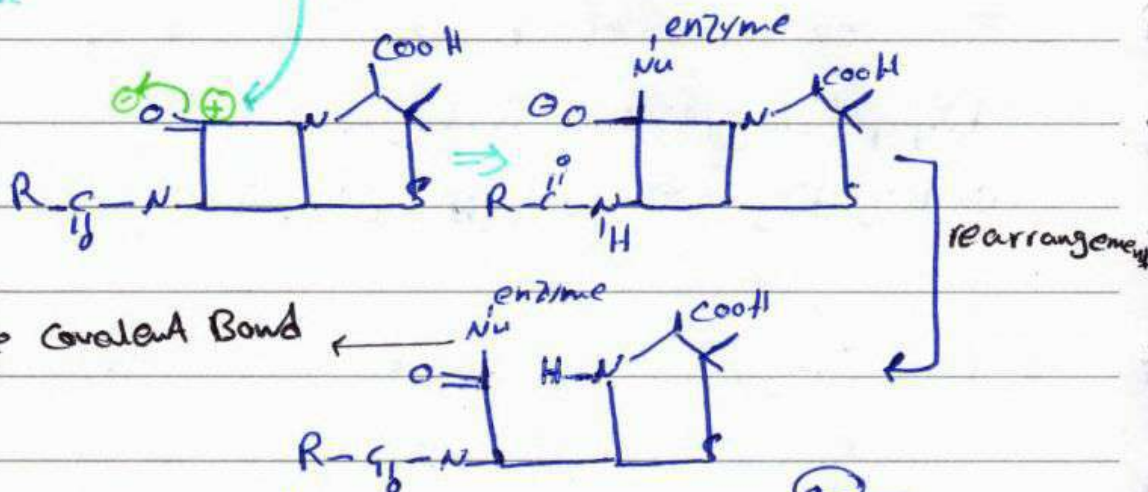
So penicillines inhibits Trans peptidase or β -lactamase

so No formation of cell wall, result in entering of water to the Bacteria cell \rightarrow swelling \rightarrow rupture

\rightarrow By Binding to it with irreversible covalent Bonds b/w penicilline and enzyme

The process of binding bw enzyme + penicillines.

β lactamase Enzyme Nu^{\ominus} [nucleophilic substance]
or Transpeptidase



why enzyme binds to $\text{C}=\text{O}$ on β -lactam? 90° position?

not C in $\text{R}-\text{C}-\text{N}$

• Due to angle strain [توتر الزاوية] 90°

$\text{sp}^3 \rightarrow 109^\circ$, $109 - 90 = 19$ For Ring β

• But in α C is aliphatic so it's stable.

وكان قد الفرق بينه وبين

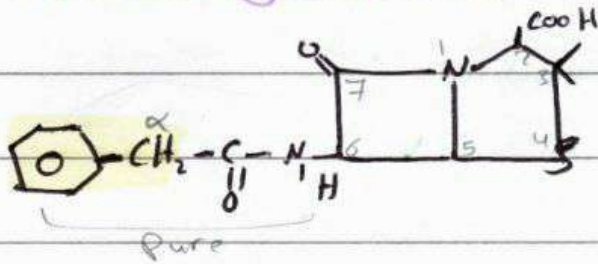
\uparrow angle strain \uparrow unstable \uparrow more reactive

سأ

Chemical Classification of penicillins :-

- 1) Benzyl penicillins: Penicillin G
- 2) Phenoxy penicillins: Penicillin V
- 3) α -amino penicillins: Amoxicilline, Ampicilline
- 4) α -carboxy penicillins:
(Anti-pseudomonas penicillins.)
 - ↳ carbenicilline
 - ↳ Ticarcilline
 - ↳ Merindacilline
- 5) β -lactamase resistance penicillins (Anti-staph. penicillins)
methicilline, cloxacilline, dicloxacilline, Flucloxacilline.
- 6) acylamido penicillins (extended spectrum penicillin)
 - ↳ piperacilline, Azlocilline, Merbocilline
- 7) others: cyclacilline

1) Benzyl Penicillines : penicilline G, Bepan®



6 [α - (phenyl) acetamido]

7-oxo - 1-aza - 4-thia

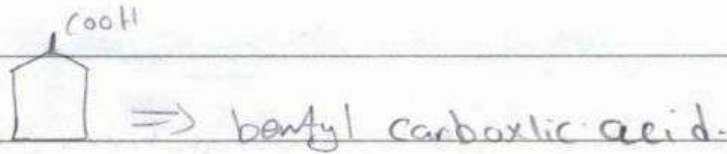
3,3 dimethyl bicyclo

[3, 2, 0] heptan - 2 - o.i.A

Note: carboxylic acid not included in ring \Rightarrow carboxylic acid

heptan-2-oic acid

ex: $\text{CH}_3\text{CH}_2\text{CH}_2\overset{\text{COOH}}{\text{C}}\text{H} \Rightarrow$ butyloic acid.



Chich of penicilline G:

- 1) short duration : each 4h give p.g
- # 2) Acid unstable \Rightarrow so not given orally X IV ✓
 \rightarrow or sensitive
 due to highly reactive of β lactam ring
- 3) Given by I.v injection
- 4) low water solubility.
- 5) β lactames sensitive

* They solve the short duration by given

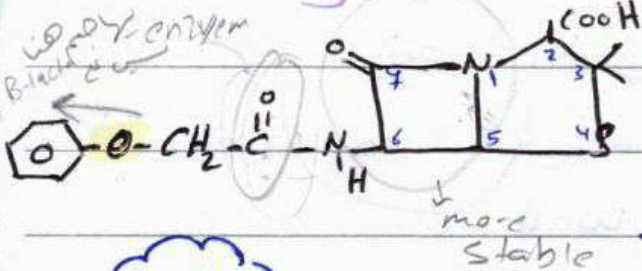
- Penicillines G + procaine each 1 month
- Penicillines G + Benzethine each 3 weeks

* and add $\text{COO}^- \text{Na}^+$ to solve water solubility

1st orally penicilline ← Date.

No.

2 Phenoxo penicillines : Penicilline V , Rafapen®



6 [α (phenoxo) acetamido]

7-oxo, 1-aza-3,3 dimethyl-

4-thia-bicyclo [3,2,0] heptan

2-carboxylic acid.

orally

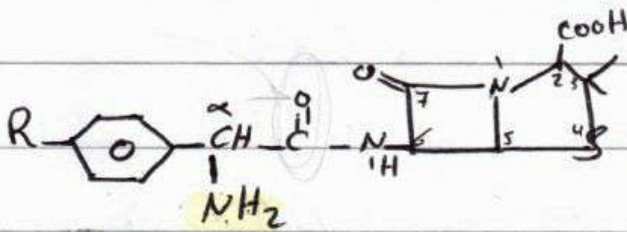
↳ Acid stable.

↳ resistance to break down in gastric acid

ring is more nucleophilic O sep. solubility of lactam ring.

3- α amino penicillines :

acid stable, orally



R: H → Ampicilline

Bradacilline®

Ampipharm®

Ampen®, penibrin®

Ampicilline

6 [α (amino phenyl) acet amido]

OH → Amoxicilline

7-oxo-1-aza-4-thia-3,3

Amoxicare®, Amoxim®

dimethyl-bicyclo [3,2,0]

Amoxipharm®, Amoxitid®

heptan-2-c.A

Moxyphen®, Hiconcil®

Amoxicilline

6 [α (hydroxy phenyl) acet amido]

7-oxo-1-aza-4-thia-3,3 dimethyl-bicyclo [3,2,0] heptan-2-c.A

β-lactam ring is more nucleophilic O sep. solubility of lactam ring.

β-lactam ring is more nucleophilic O sep. solubility of lactam ring.

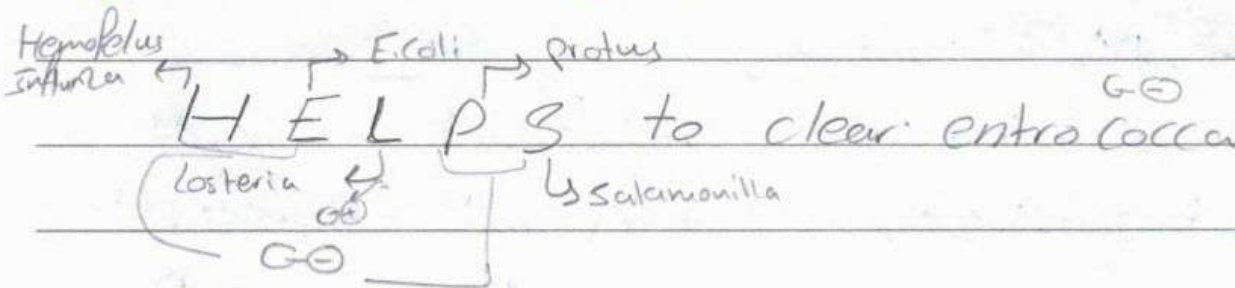
Ampicilline and Amoxicilline

- Acid ~~sensitive~~ ^{resistance} → They take ~~only~~ orally
- β -lactamase ~~sensitive~~ ~~resistance~~ sensitive
- Poor absorption in gut wall, cell

Why they became acid ~~sensitive~~ ^{resistance}??

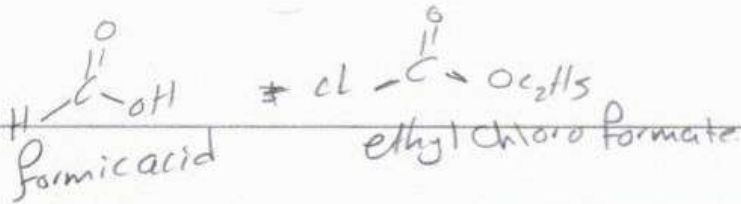
- exist of NH_2 [hydrophilic ch. ch] affect on nucleophilicity of carbonyl $\text{C}=\text{O}$ [\downarrow nucleophilicity of $\text{C}=\text{O}$] so make β -lactam ring stable → Acid ~~sensitive~~ ^{resistant}

- also NH_2 has effect on G^- more than G^+ by \uparrow Penetration through Pores.



- Ampicilline Amoxicillin Good absorption
Phenyl Poor absorption -OH p-hydroxy-Phenyl
more polar

Absorption of Amoxicilline is 80% better than Ampicilline due to presence of OH

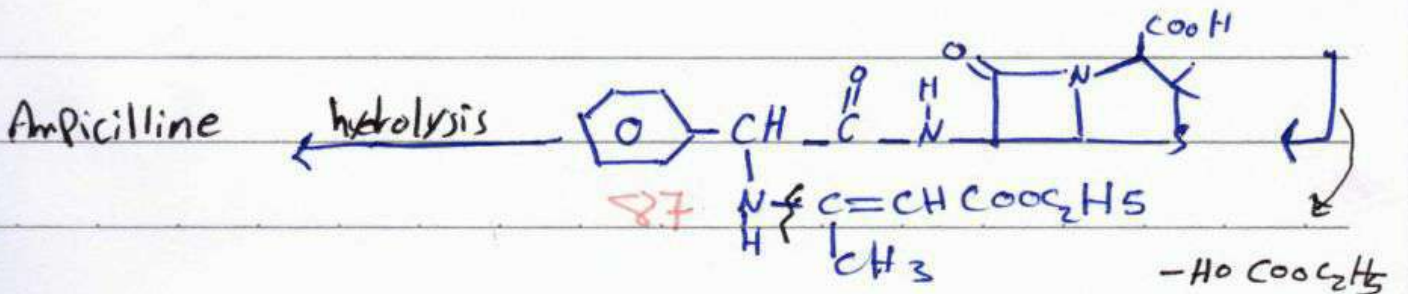
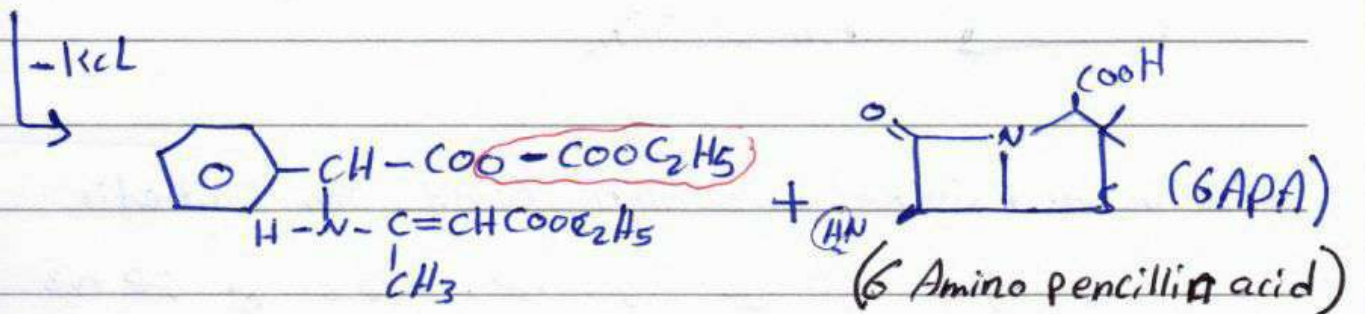
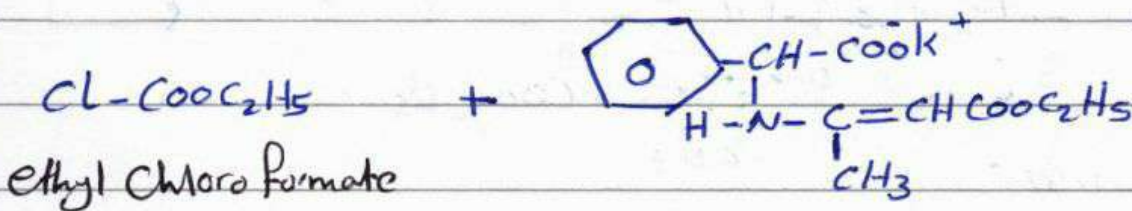
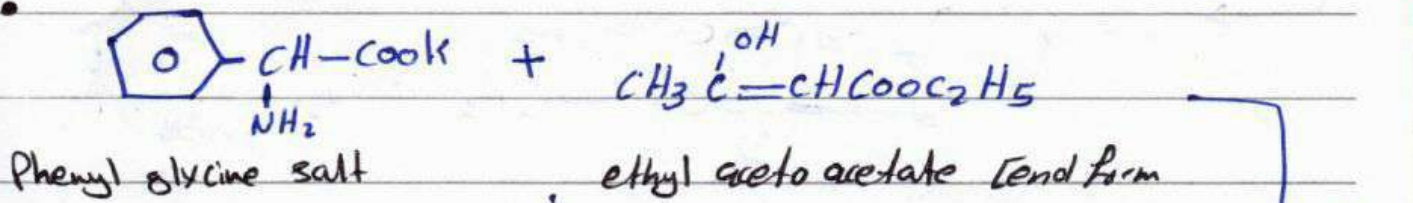
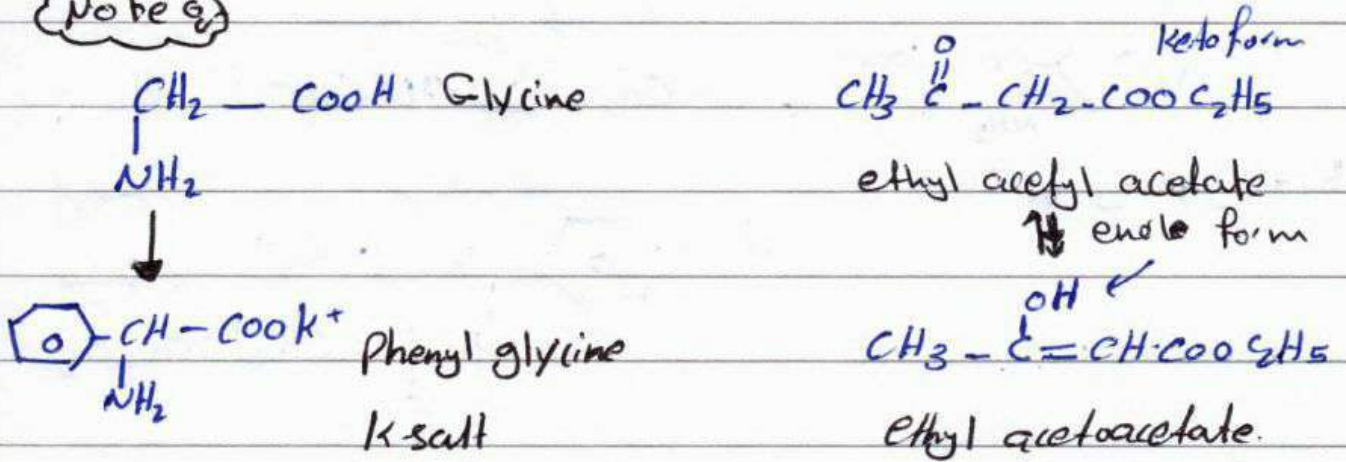


Date.

No.

Preparation of Ampicillin:

Note 93



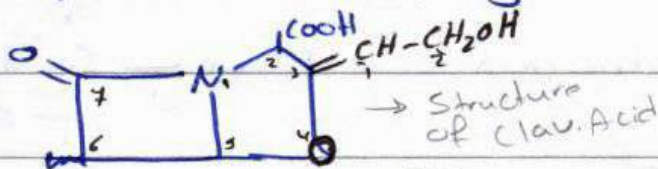
• because Ampicilline and Amoxicilline are both β -lactamase sensitive

so we make a combination using other Drug to protect β -lactam ring from degradation by β lactamase or Transpeptidase enzyme.

① Amoxicilline + clavulanic acid ^{C.A} Clamoxine[®]

• C.A \rightarrow has No Antibacterial effect Ogmine[®]

• it \downarrow β -lactamase sensitivity. Curan[®], Augmentine[®]



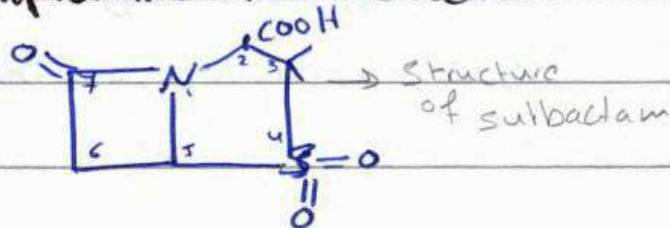
Amoxiclav[®]

Betamox[®]

1-aza-7-oxo-4-oxa-3-(2-hydroxyethylidiny)

bicyclo[3,2,0]heptan-2-C.A.

② Ampicilline + sulbaetam Docuid[®]



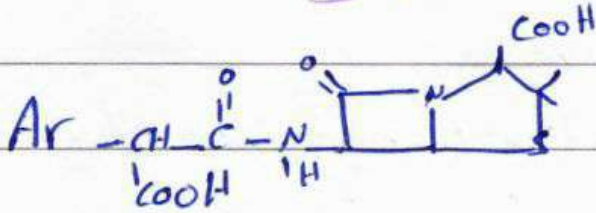
Sulbampicilline[®]

1-Aza-7-oxo-4-thia-3,3 dimethyl bicyclo[3,2,0]

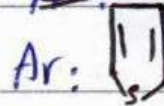
heptan-2-Carboxylic acid-4,4 dioxide not sulfone

sete up \rightarrow free C=O \downarrow

4. α -carboxy penicilline :- (Anti-pseudomonas penicilline)



Ar: \rightarrow Carbenicillin



Ticarcilline

↳ called Thiophen

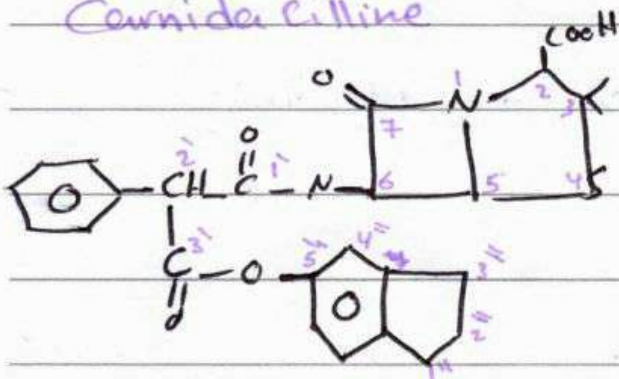
Thienyl دونه لوان

Note :-

• COOH has also hydrophilic chch, \uparrow effect on G^{\ominus} more than G^{\oplus}

• Acid sensitive, in gastric Acid loose of COOH \rightarrow CO_2 + CH (دفعه به دفعه)

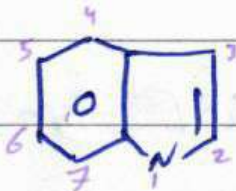
Carbamide pilline



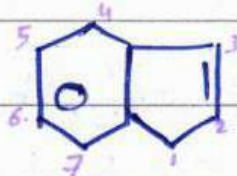
6 [2 (Phenyl) [3 (Indan-5-yl) oxy] 1,3 dioxo propyl] amino] 1-aza-4-thia-7-oxa-3,3 dimethyl-bicyclo

[3,2,0] heptam-2-e.A.

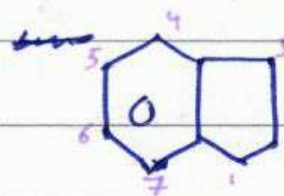
Note :-



Indol



Inden



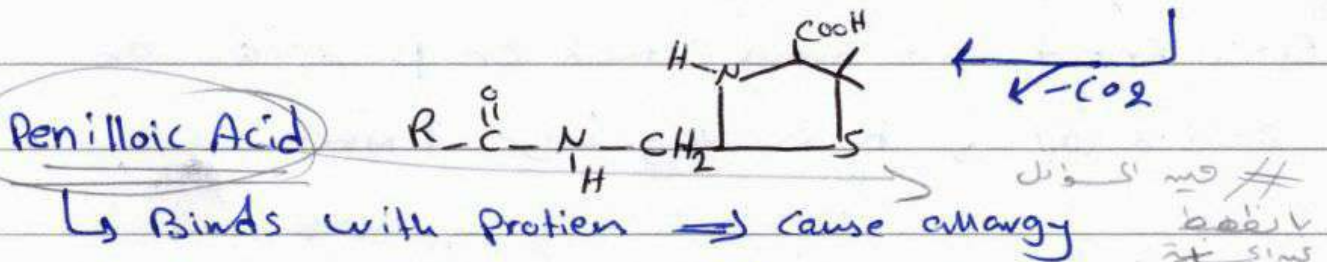
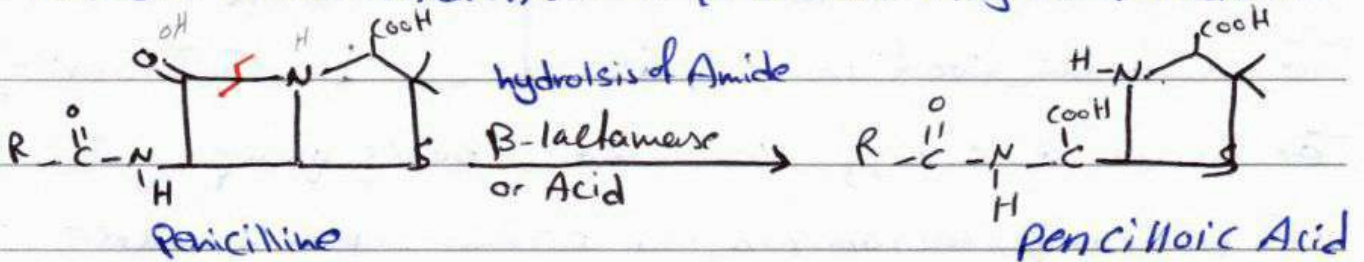
Indan

or 2,3 dihydro Inden

5- β -lactamase resistant penicilline

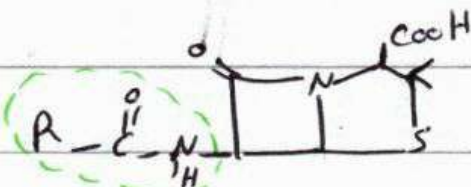
(Anti-staphylococcus penicillin)

- β -Lactamase is enzyme secreted by bacteria, which make hydrolysis of β -lactam ring in Penicillin.

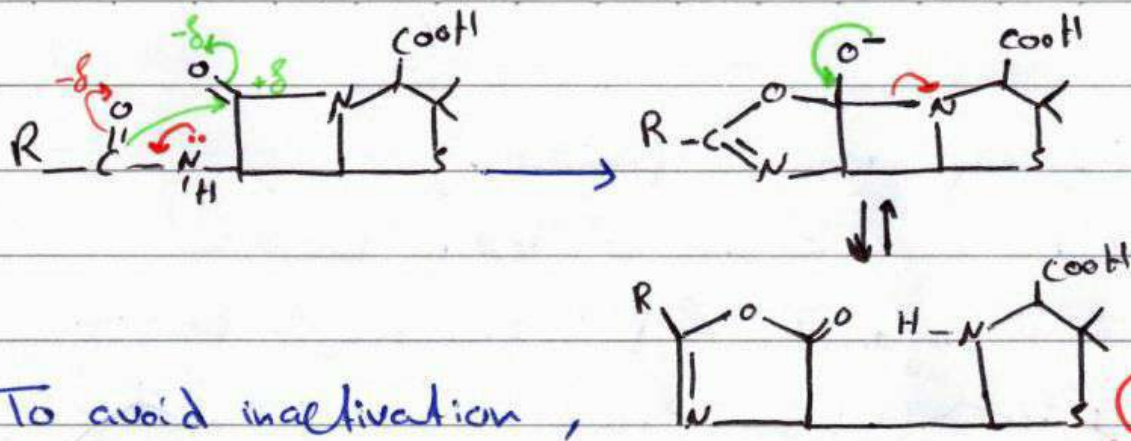


- * penicilloic acid responsible of penicilline allergy for some people

- * β -Lactam must be stable, in case it become unstable the penicillines become inactive



\rightarrow Acyl side chain has effect on stability of β -Lactam



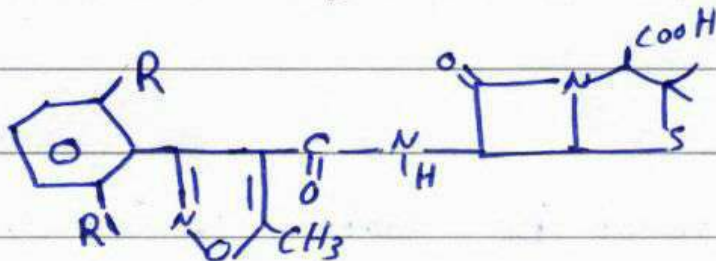
To avoid inactivation, and/or To avoid allergy, we add a bulky group

To protect β -lactam ring, because it will make ^{resist} steric shield and avoid attack on β lactam on

position (6) \rightarrow R is very large \uparrow mw.

\hookrightarrow and with drawal group

- General structure of β lactamase resistant penicilline :



R R'

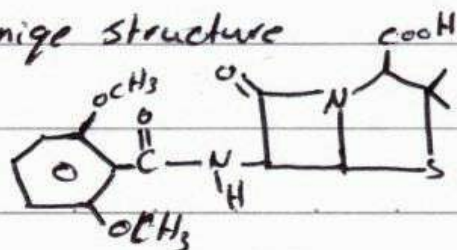
H H oxacilline

Cl H cloxacilline . cloxan[®], loxavit[®], arebind[®]

Cl Cl dicloxacilline

Cl F Flucloxacilline

Methicilline has unige structure

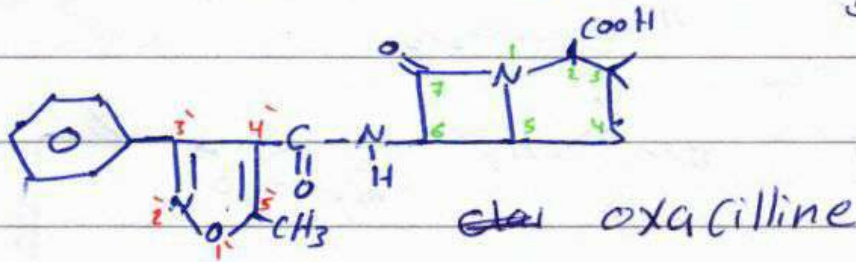


Note:-

- $Cl \rightarrow \uparrow$ absorption
- $F \rightarrow \downarrow$ plasma protein binding, \uparrow level of free drug

• Cloxacilline + Ampicilline \rightarrow **Mega Cure[®]**
Megna Cilline[®]

• cloxacilline + Amoxicilline \rightarrow **cloxabal forte[®]**
 بلفوريت



• $6 \left[3\text{-Phenyl-5-Methylisoxazole-4-yl} \right]^{ca. \text{ bonyl}} \text{amido} \cdot 7\text{-oxo-1-Aza-4-thia-3,3-dimethyl-bicyclo}[3,2,0] \text{heptan-2-C.A.}$

• All are prepared in the same way, just differ in start unit [add on Benzaldehyde they substituted]

Cloxacilline \rightarrow 6-chloro benzaldehyde

wanted

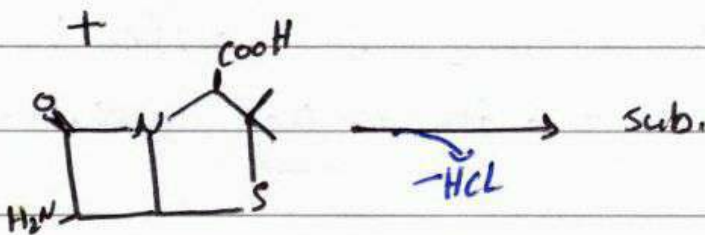
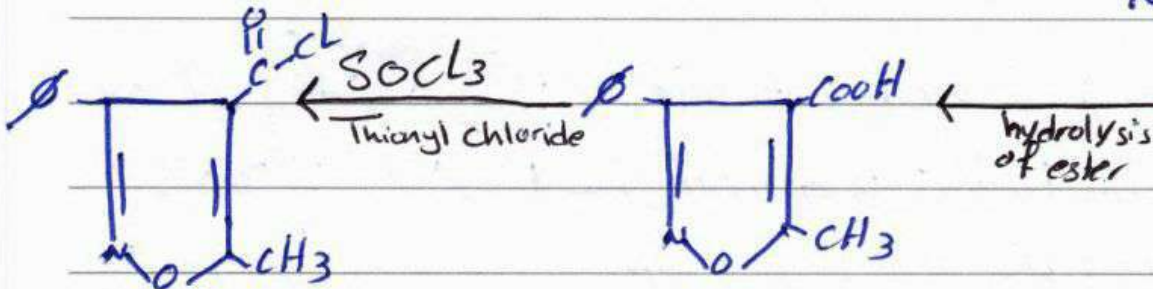
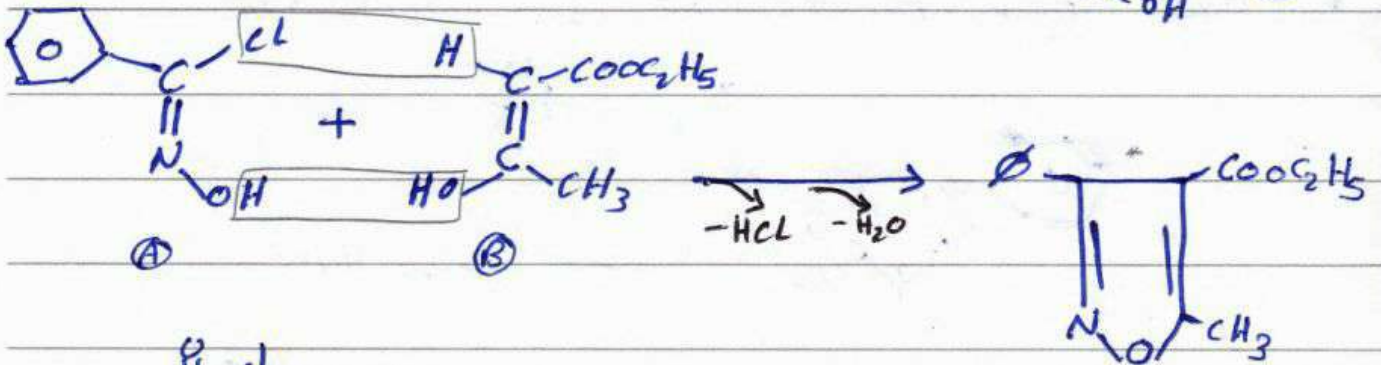
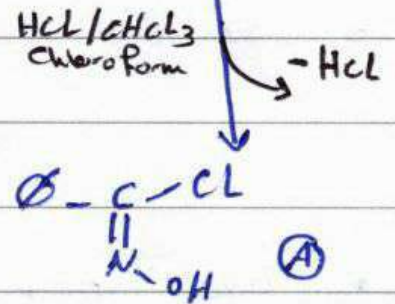
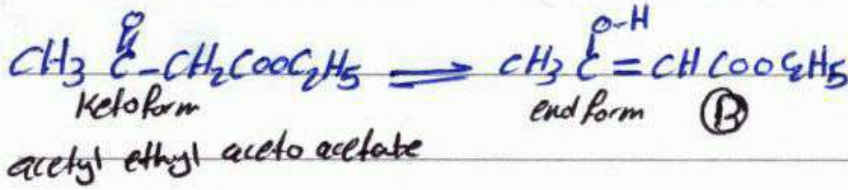
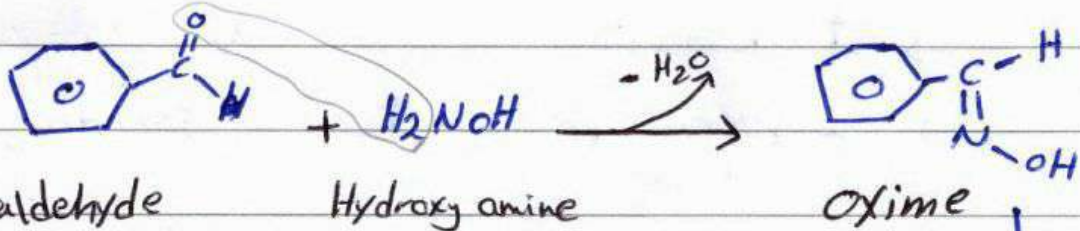
③

dicloxacilline \rightarrow 2,6-dichloro benzaldehyde

Flucloxacilline \rightarrow 2-chloro-6-fluoro benzaldehyde ??

Cl-F ٥٨١٢

Preparation of β -Lactamase :-

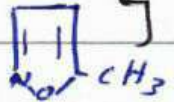


6APA

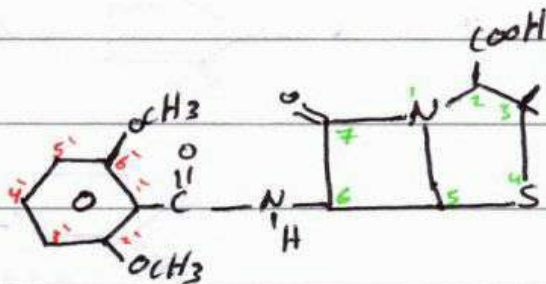
(6-Amino Penicilic Acid)

Methicilline. (not clinically used) pic → as → 1.10

- belong to β -lactamase resistance penicilline.

with unique structure. [no present of 

- not clinically used \Rightarrow cause interstitial nephrosis.



6 [(2', 6' dimethoxy benzoamide)] - 1-Aza - 7-oxo -

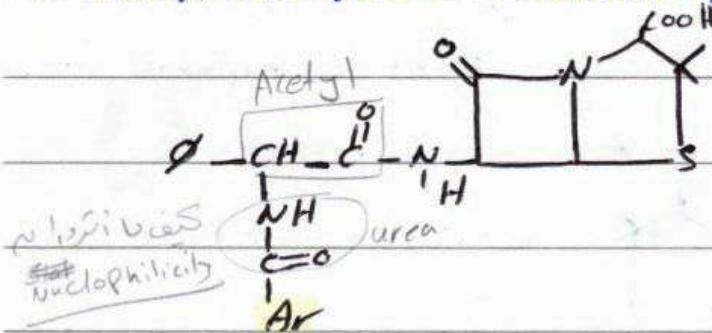
4-thia - 3,3 dimethyl bicyclo [3, 2, 0] heptan - 2-c.A

- $OCH_3 \rightarrow$ Acid unstable so not given orally X
but Iv. injection ✓
- short duration
- Low potency.

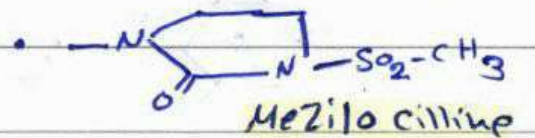
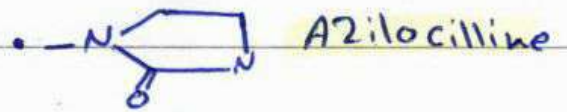
6. Acyl ureido penicilline [Extended spectrum penicilline]

↳ Acetyl ↳ urea

- Modified from α -amino penicillines.

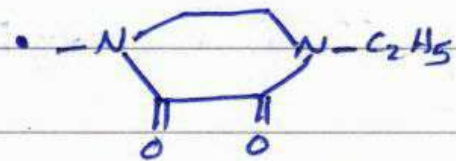


Ar:



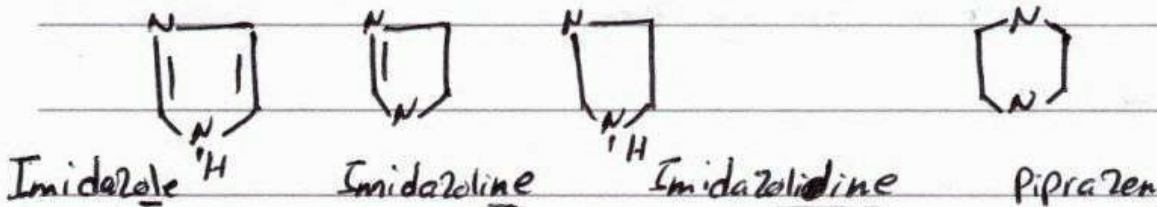
- Acid unstable

↳ so given by I.v injec.



Piperacilline
↳ most use

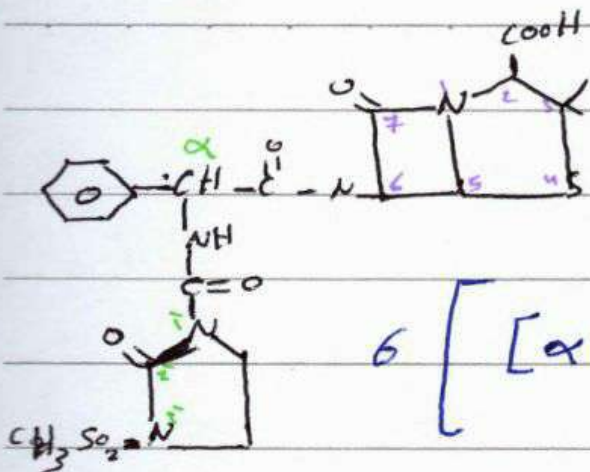
remember:



$\alpha \rightarrow$ in chain not in cyclic

Date.

No.



Mefloxicillin

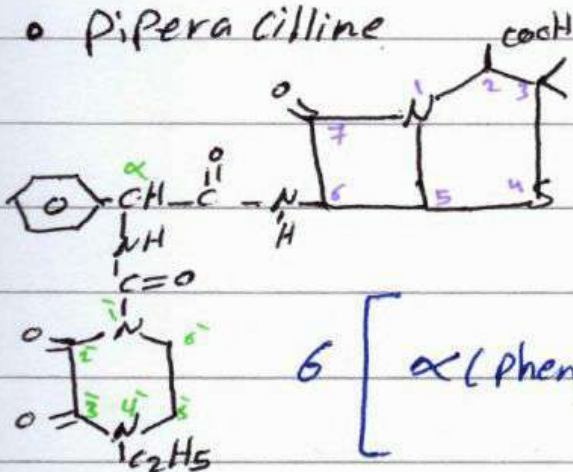
6 [α (Phenyl) α [3'-Methyl sulfonyl -

2-oxo-Imidazolidine) carbonyl amido] acet amido

- 1-Aza-4-thia-7-oxo-3,3-dimethyl-bicyclo[3,2,0]

heptan-2-C.A.

• Piperacillin

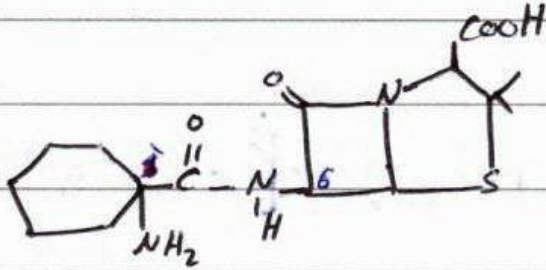


6 [α (Phenyl) α [(4-ethyl) 2,3 dioxo

piperaziny] carbonyl amido] acet amido] - 7-oxo-4-thia

3,3 dimethyl bicyclo[3,2,0] heptan-2-C.A.

7 others :- cyclacillin

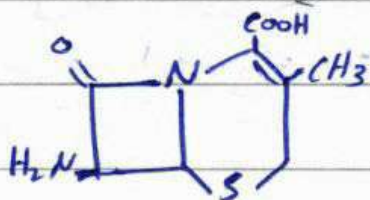
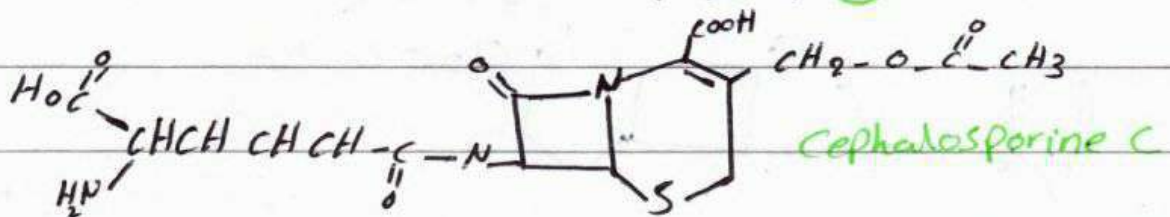


6 [2-amino [cyclohexanyl carbonyl amino] - 7-oxo-4-thia
3,3-dimethyl bicyclo [3,2,0] heptan-2-yl]

position 6

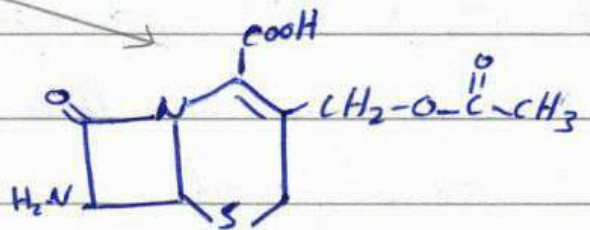
B) Cephalosporine

excreted From *Cephalosporium acremonium* Mold
which yield cephalosporine P, N, **C** used



7-Amino desacetyl

cephalosporinic Acid
(7ADCA)




7-Amino cephalosporonic acid

[7ACA]

Note: • Both has β -lactam ring

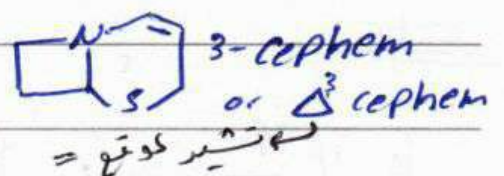
• Bothe β -lactams, cephalosporines work on cell wall.

• They differ in:

• β lactam has 5 ring member.  (penam)

• cephalosporino has 6 ring member

• ring in cephalosporin contain =
but penicillins not.



• in position 3 \rightarrow dimethyl in penicilline but in cephalosporin
on ester form

• acyl in penicillina \rightarrow 6
in cep \rightarrow 7

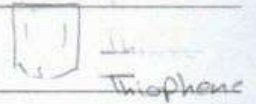
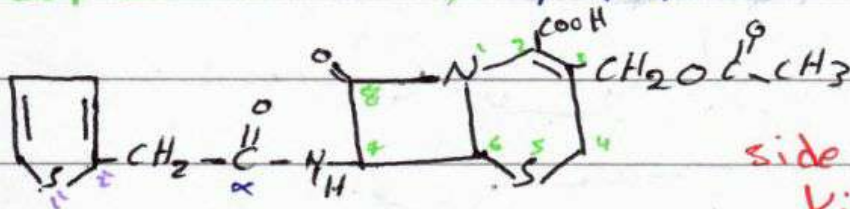
1st Generation of Cephalosporins

Date.

No.

classified
 • cephalosporines divided depend on there appear.
 To 1st, 2nd, 3rd, 4th Generations.

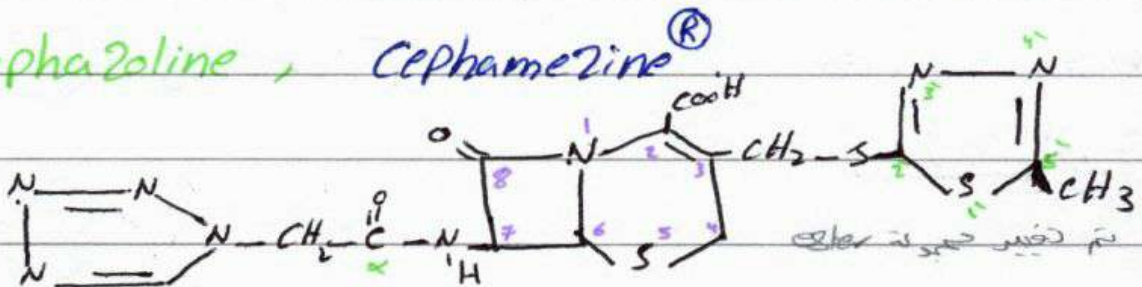
1 Cephalothine, Kefline®



side effect:
 Kidney toxicity.

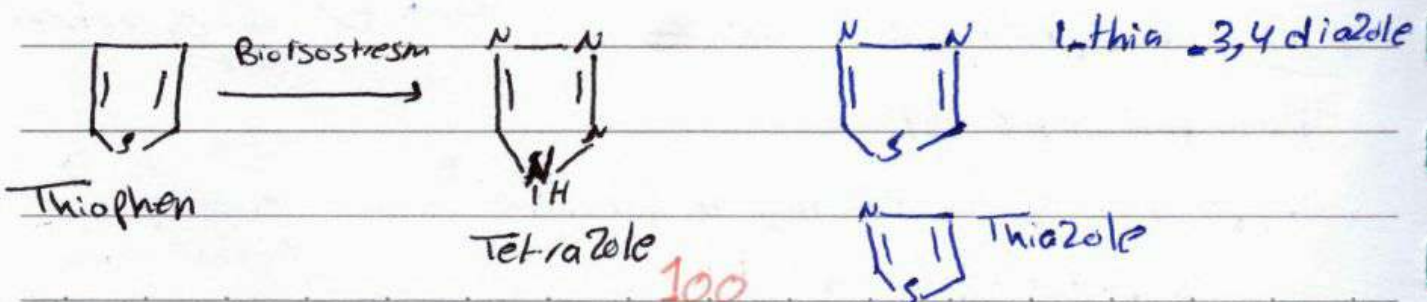
7 [α(2-thienyl) acetamido] - 3-[acetyl oxy methyl]
 8-oxo-5-thia bicyclo [4,2,0] oct-2-en-
 2-carboxylic acid.

2 Cephalzoline, Cephamezine®



7 [α(tetraazolyl) acetamido] - 3-[5-methyl-1,3,4-thia-3,4-diazol-2-yl]thio methyl - 8-oxo-4-thia-1-azabicyclo [4,2,0] oct-2-en-2 c.A.

Note



Thio ... Thia ... Thiophene.

Note :-

- In cephalothin its composition from

Ampicillin + Flucloxacillin

mega cove[®]

magnacillin[®]

oxacillin + Amoxicillin

cloxabafort[®]

- In 1st generation the modification occur on position 3 ~~and~~ or 7

↙
affect on pharmacokinetic
preparatives.

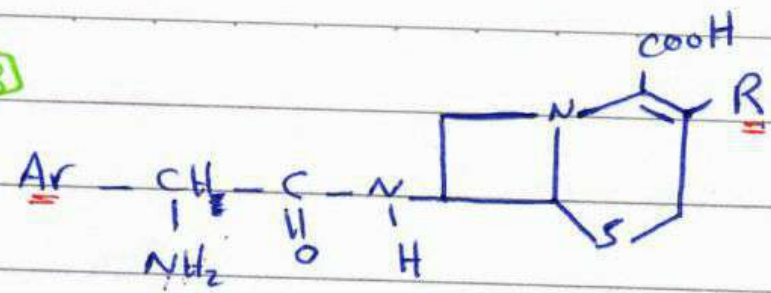
↓
affect on β -lactamase
resistance.

* in some compound affect on Both position

in ② cephalzoline

∴ structure doesn't contain any hydrophilic
so it's β -lactamase sensitive

B



Ar

R

- | | | | | |
|---|--|-----------------|--------------------------------|---|
| 1 | | CH ₃ | cephalexine | <ul style="list-style-type: none"> → Jeflex[®] → Keflex[®] → cephadrine[®] → cephacone[®] → cephalax[®] |
| 2 | | CH ₃ | cephadroxine
or cephadroxyl | cephadron [®] |
| 3 | | CH ₃ | cepharadine | cephadrine [®]
or cephadrine fort
velosef [®] |
| 4 | | Cl | cephachlor | ceclar [®] |

Note

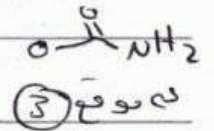
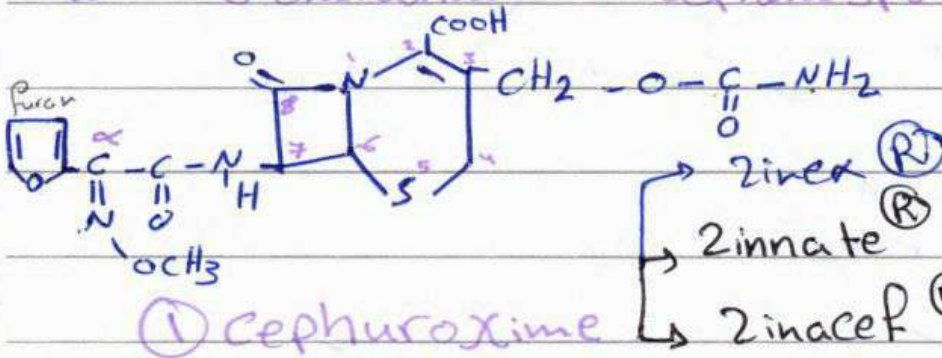
① ~~cephadrine~~ cephaloxine same to ampicilline ↳ But Add 7ADCA instead of 6APA
 cephadroxyl same to amoxicilline ↳ في الصورة فاقبل الازوية

② This group ch.Ch by Acid stability so given orally because No ester is there and the ester is replaced with Cl or CH₃

③ also it's β -lactamase resistant, due to (NH_2) which will \downarrow nucleophilicity for (C^1) so reduce the attack of C^1 on β -lactam ring and the β -lactamase enzyme on the ring.

2nd Generation of cephalosporine

* All 2nd genant are carbamate ester



amino

① cephuroxime

7 [α (2-Puranyl) - α (methoxy imino) acetamid
3 (amido oxy methyl) - 8-oxo - 5-thia - 1-azabicyclo [4, 2, 0] oct - 2-ene - 2 C.A.

• In position 3 insted of ester \rightarrow Amide

Amid hydrolysis \leftarrow ester hydrolysis

orally \checkmark

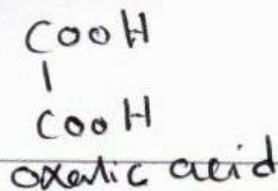
so Amid \uparrow Duration of Action ; \uparrow absorption

• $\begin{matrix} C \\ | \\ H \\ | \\ N \end{matrix} \rightarrow$ give isomer
(methoxy amino) $NOCH_3$ sep.
Nucleophilicity \downarrow \rightarrow β -lactam ring

E, \downarrow inactive X

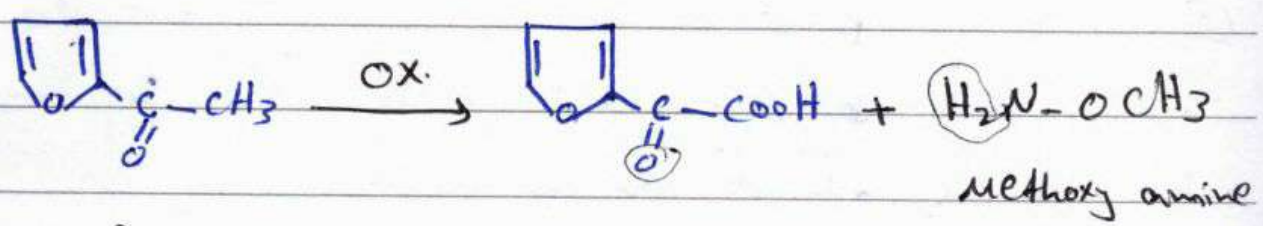
(Z)

Active form
Tolared
 β -lactamase resistance

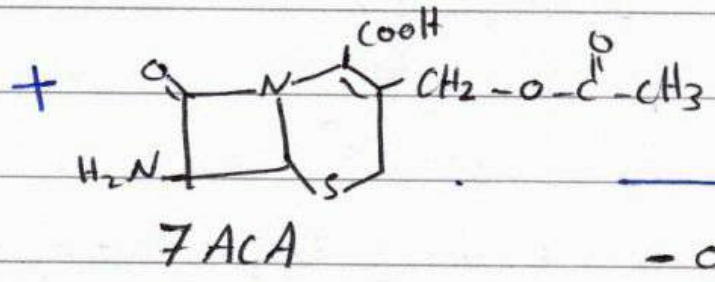
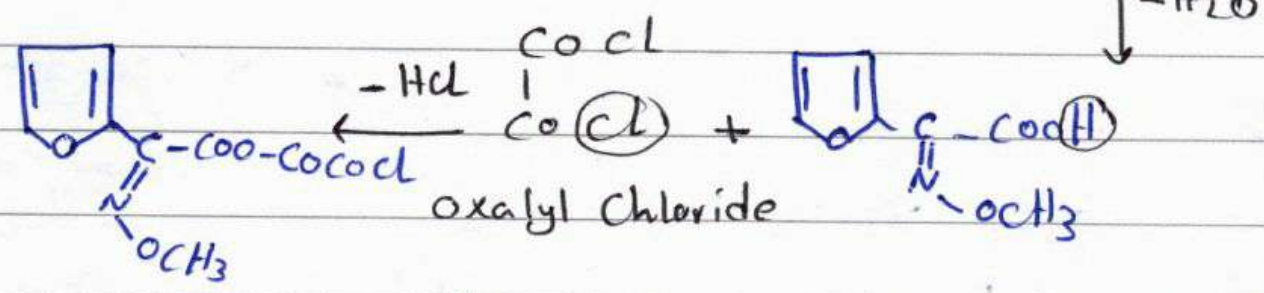


Preparation of cephaloridine :-

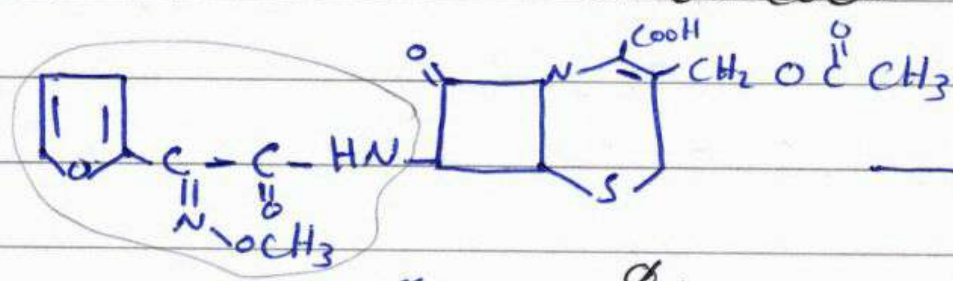
Date. No.



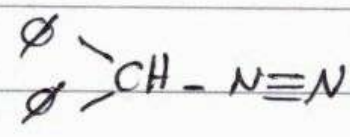
2-Acetyl Furan



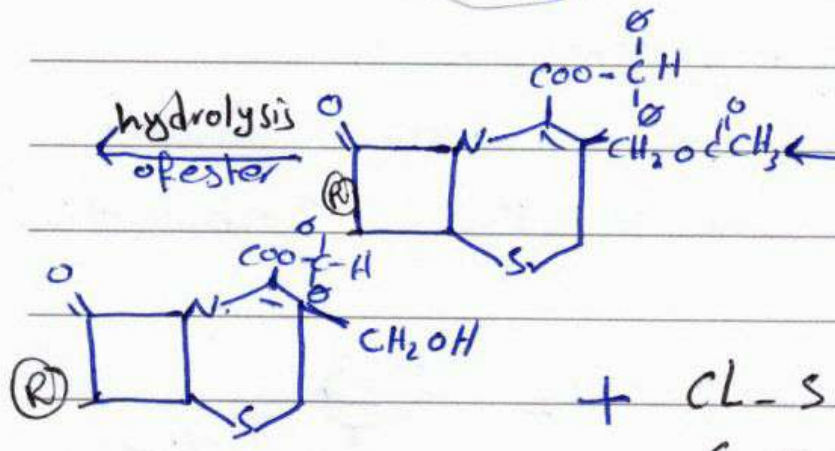
lets call it R



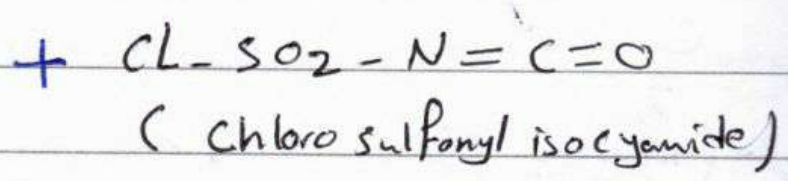
diphenyl
 diazo
 methane

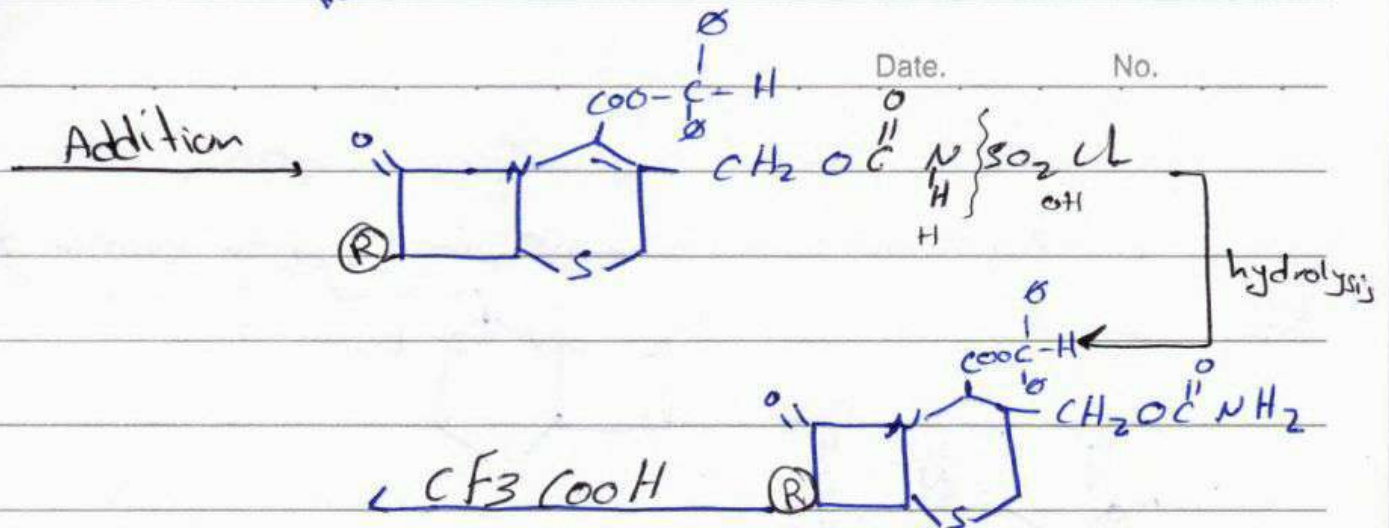
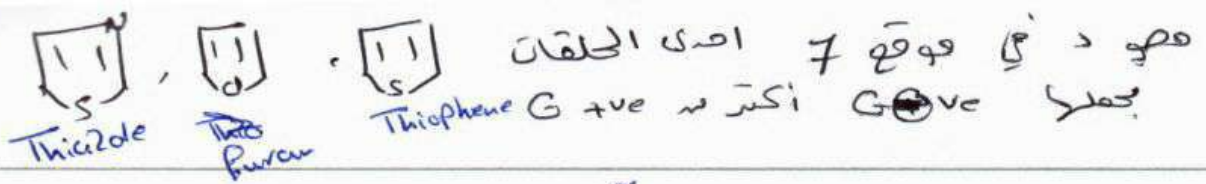


hydrolysis of ester

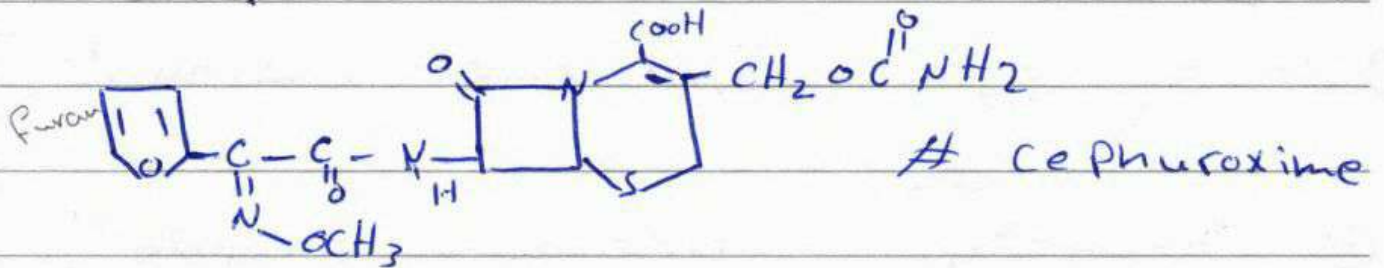


(protection for COOH)



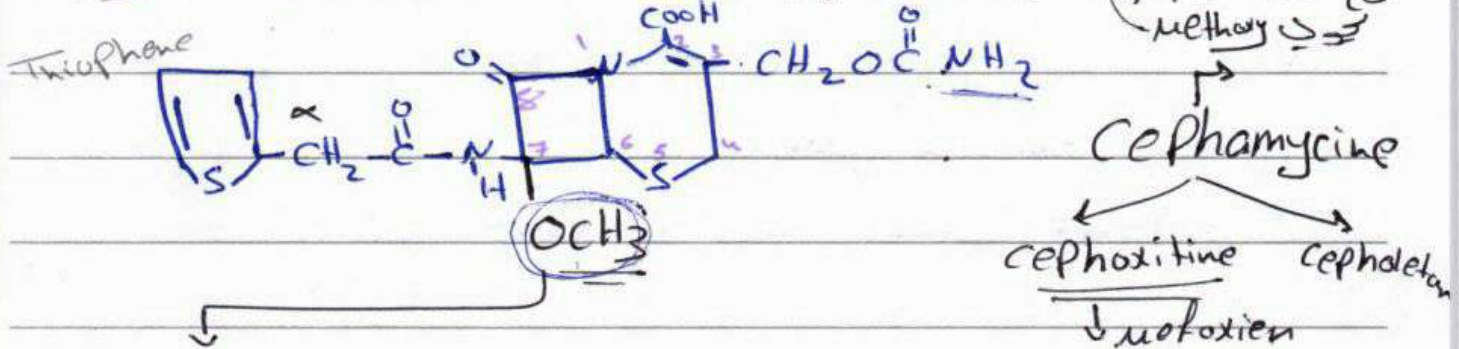


$\xrightarrow{\text{CF}_3\text{COOH}}$
 Tri Fluoro acetic acid
 hydrolysis



Cephamylicine

② Cephoxitine (Mefoxine)



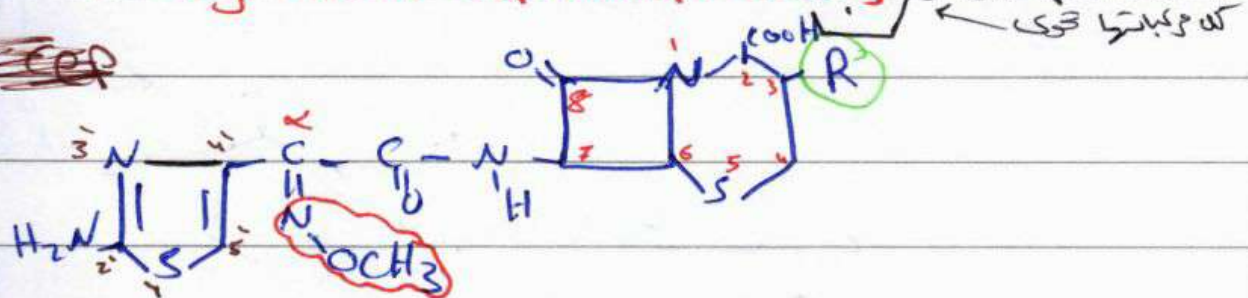
\uparrow stability of B lactam ring

7 [α (2-thienyl) acetamido] - 7-Methoxy -
 3- (amido oxy methyl) - 8-oxo-1-azabicyclo [4, 2, 0] oct-2-ene-2-carboxylic acid

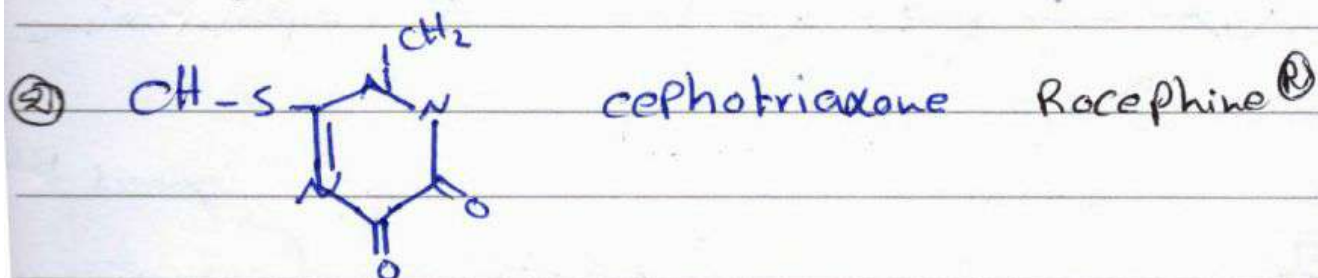
③ 3rd Generation of cephalosporine

[Oxy amino cephalosporines]

~~#1 cep~~



R



Due to $\text{C}=\text{N}$ in Both of them

They have 2 isomer E, Z

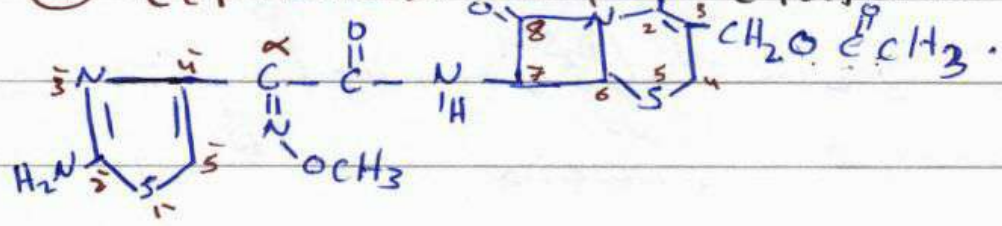
But Z is active form



Date.

No.

① cephalexin Claforan[®]



7 [α (2-amino Thiazol-4-yl) - α (Methoxy imino) acetamido) 3 - (acetyl oxy methyl) - 1-azabicyclo [4, 2, 0] oct-2-ene - 8-oxo - 5-thia - Bicyclo [4, 2, 0] oct-2-ene - 2-C.A

Ch. Ch. of cephalexin :-

- ① on position ③ \rightarrow ester \rightarrow Hydrolysis
So not given orally X, but injectable \checkmark
- ② at position ⑦ thiazole ring render the drug to affect G^(-ve) more than Gram^(+ve)
- ③ at position ⑦ the presence of methoxy imino is withdrawal group so \downarrow nucleophilicity of $C=O$ and \uparrow stability of β lactam ring. (as bulk group) protect ring

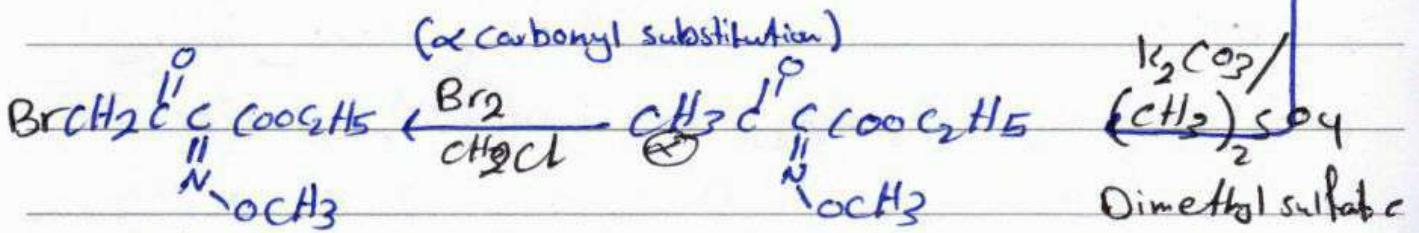
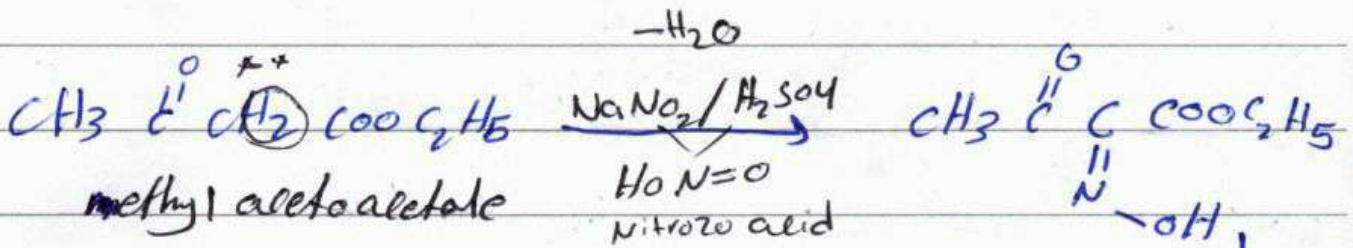
more acidic α H واقعه بين هيدروكسيلات الكربونيل Carbonyl هيدروكسيلات

lec. 17

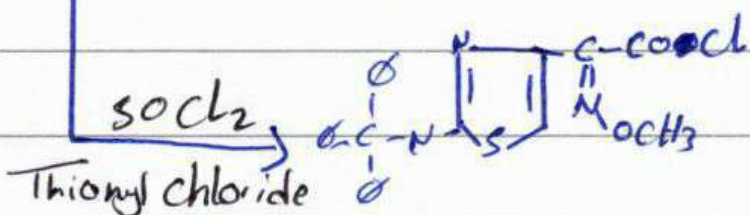
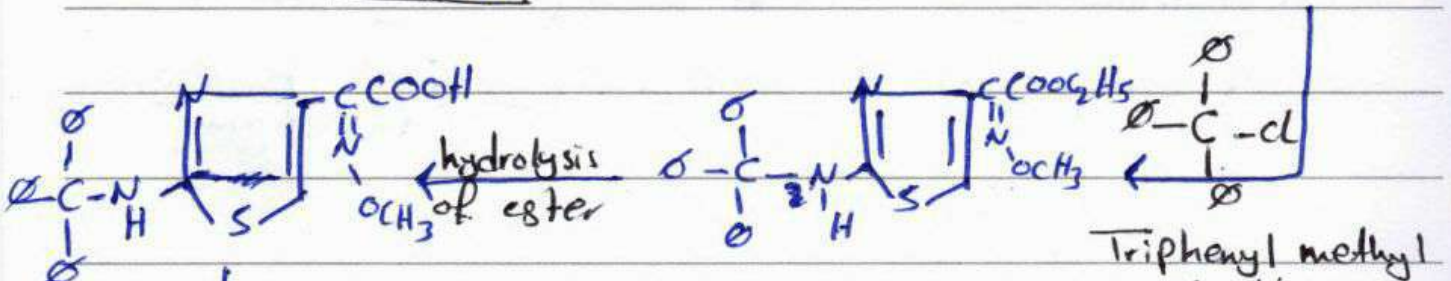
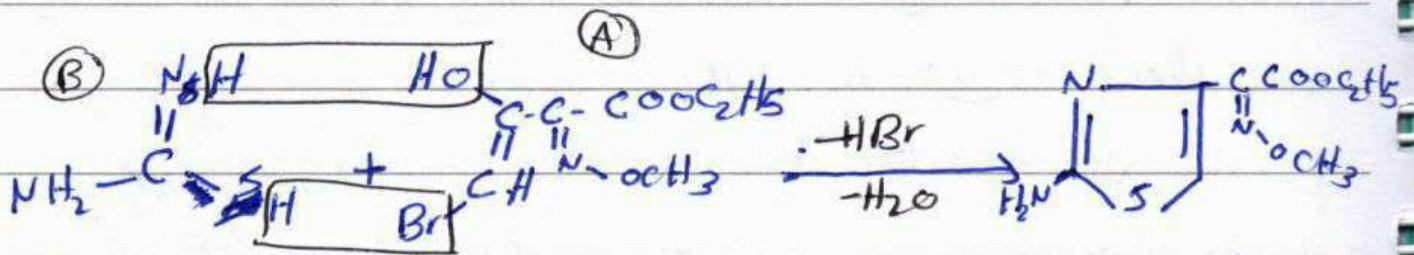
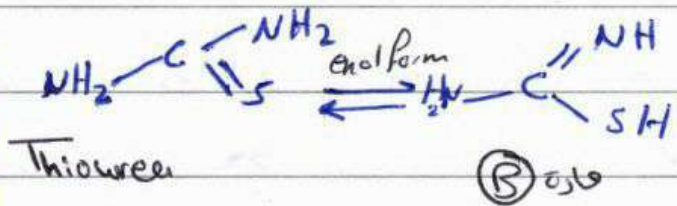
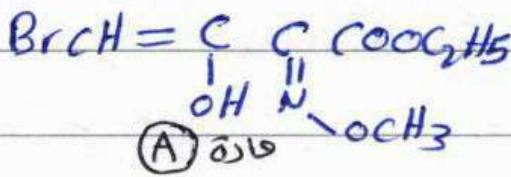
Cephalexime Preparation

Date.

No.



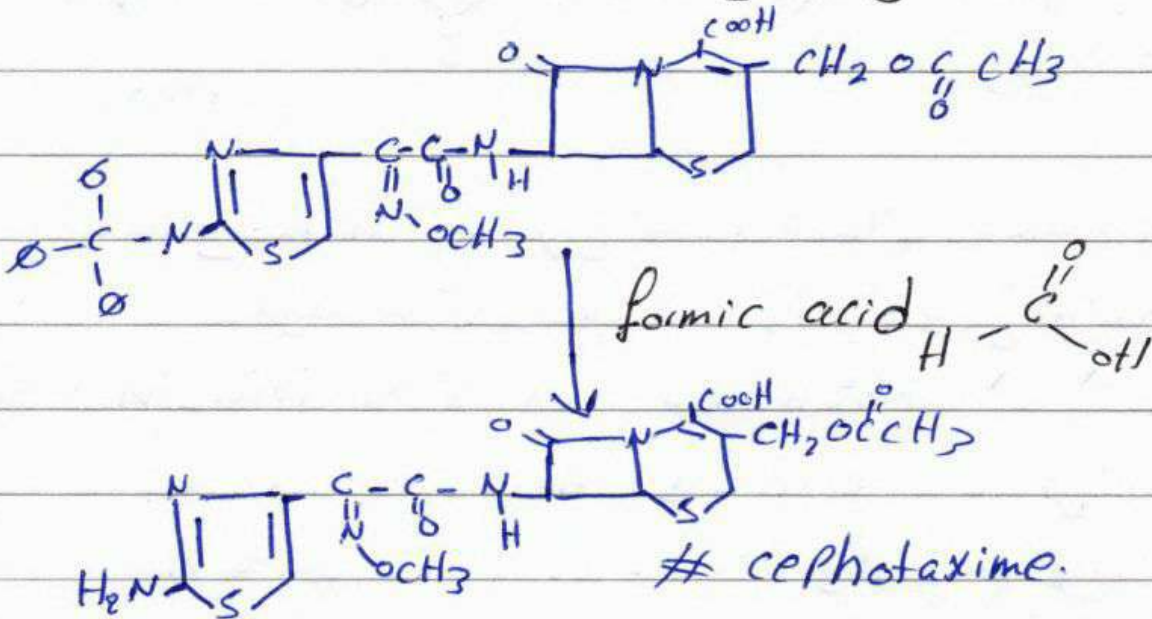
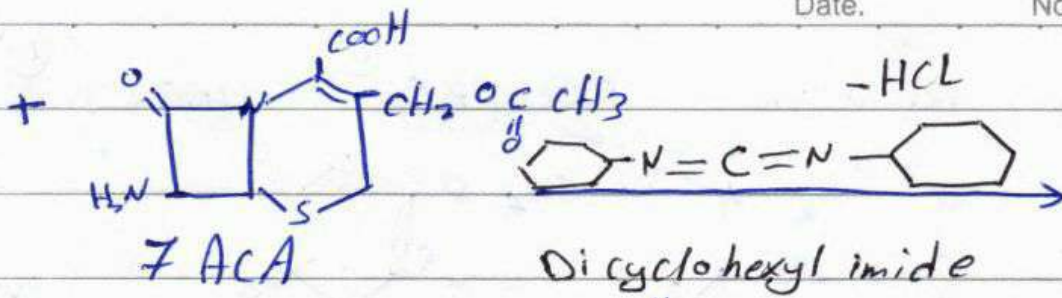
enol form



Acid halide \leftarrow c.A α to β

Date.

No.

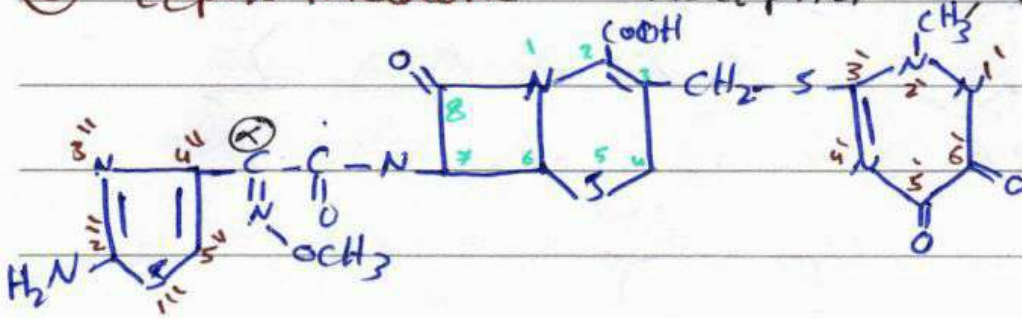


injectable 

Date.

No.

② cephtriaxone Rocephan[®] unacef[®]



↑ DoA
↑ plasma Protein Binding
Penetrant CNS

7 [α (2-amino-Thiazol-4-yl) - α-Methoxy imino) acetamido] - 3 - [5',6' dioxo - 2'-Methyl - 1'', 2'', 5'', 6'' Tetrahydro - 1'', 2'', 4'' triazin-3''-yl] Thiomethyl - 1-azet - 5-thia - 8-oxo - Bicyclo [4,2,0] - oct - 2-ene - 2-C.A

فقرة تفسير

note

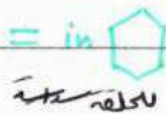


1, 2, 3, 4, 5, 6

double bond =

it give Long Duration

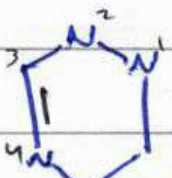
Triazine



, but ole in

So given once daily

3 Nitrogen Nitrogen



3, 4

=

24

so → 1, 2, 5, 6 tetra hydro

1, 2, 5, 6 Tetrahydro 1,2,4 triazin

Due to 3

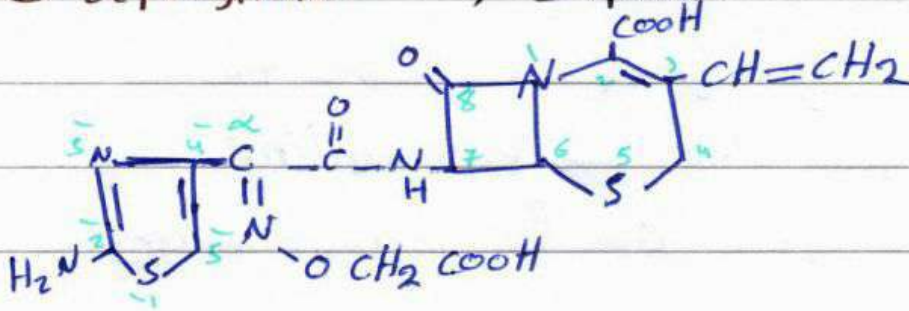
الجزء من تغير αR مع αO amino
 orally

80 orally

Date.

No.

③ cephixime , Supran[®]



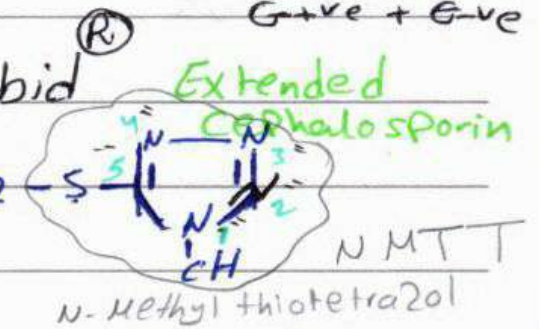
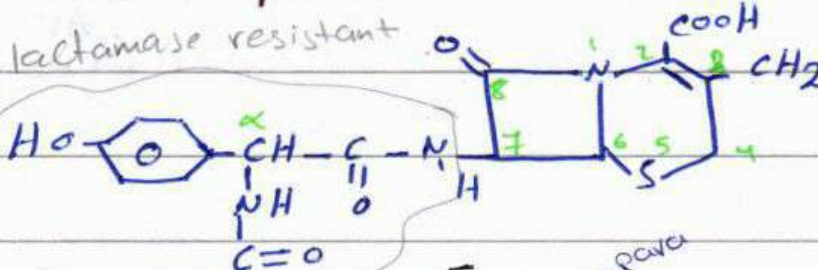
7 [α (2-amino Thiazol-4-yl) - α (carboxy Methoxy imino) acetamido] - 3 - ethenyl - 1- α - 8-oxo - 5-thia - 2-ene - Bicyclo [4,2,0] - oct - 2 - c.A

In All 3rd generation

- Note: * (2-amino thiazol ring) has ability to penetrate G-ve membrane

4- cepha perazone , cephabid[®] Extended Cephalosporin

B-lactamase resistant



3rd gen do
 Acylurido penic
 Piperazine

7 [α (Phydroxy phenyl) - α (4-ethyl) - 2,3 dioxo piperziny¹) carbonyl ~~amido~~ acet amido] - 3 - [(1''-methyl tetrazole

- 5''-yl) thio methyl] - 1- α - 8-oxo - 5-thia - bicyclo [4,2,0] oct - 2-ene - 2 - c.A.

Cephaperazone

→ on position 7, the group is same to Acyl uriedo penicilline → piperacilline and its for protection for β -lactam ring

→ on position 3 :-

NMTT (N-methyl thiotetrazole) or MTT

↳ extended spectrum → has ability to penetrate *Pseudomonas Aeruginosa* (G-ve) membrane

↳ ↑ high potency, ↑ high half life $t_{1/2}$

↳ ↑ PPB (plasma protein Binding) → SO

side effect:-

① bleeding (hypoprothrombemia)

② Inhibition for aldehyde dehydrogenase (Alcohol intolerance)



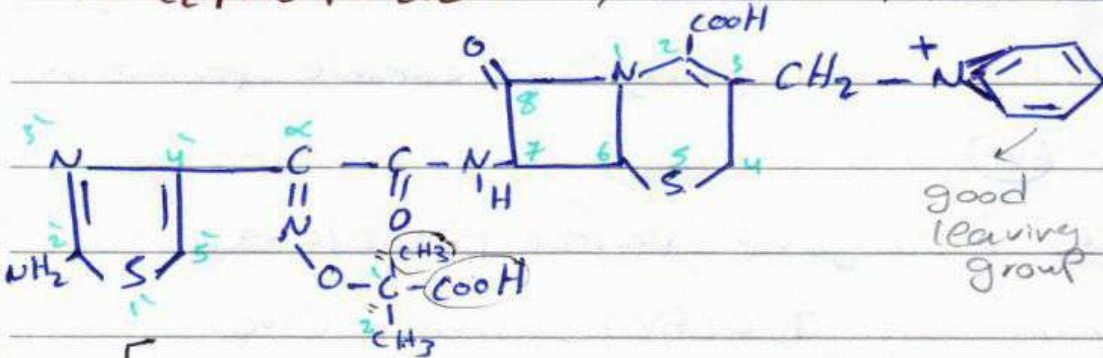
Pyridinium salt

Date.

No.

5. Cephatazidim, Fortum[®], Fortax[®]

Salt form



good leaving group



N [7 [α (2-aminothiazol-4-yl) α - [(1'-carboxy-1st-methyl) ethoxy imino] acetamido] - 1-Aza - 8-oxo - 5-thia - bicyclo [4,2,0] oct - 2-ene 3-yl methyl] pyridinium salt

Note : • COOH, pyrimidine make it more polar mean that more effect on gram (+ve)

and they are \uparrow Anti *Pseudomonas aeruginosa*

So used for Meningitis.

The salt form

① Take by injection

② Excellent for *Ps. aerug.*

③ cross BBB

④ For meningitis.

Chich of cephatazidim

- ① Due to amino thiazol ring, it enhance penetration to gram (-ve)
- ② Methoxy imino group protect β -lactam
- ③ Pyridinum salt \uparrow activity toward G-ve especially *Ps. aeruginosa*

Q : why cephotazidim has excellent activity toward *Ps. aureum*

- ① Pyridinum salt
- ② COOH on position ⑦ as iso butric acid

Note In 3rd generation, we get rid of ester group (unstable group) and replace it with more stable group - [cephotaxime] have ester

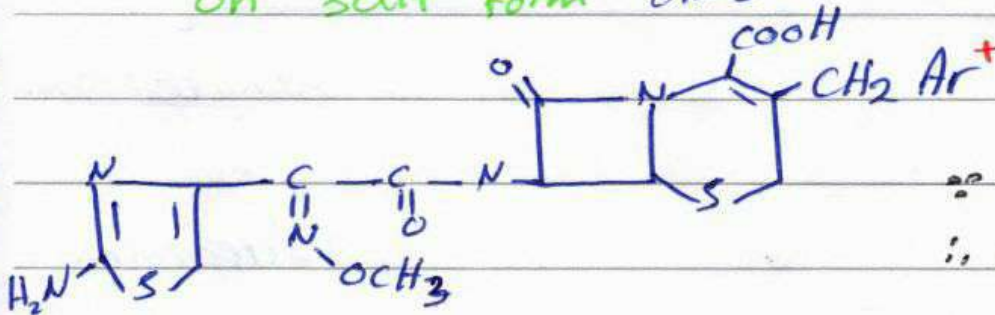


Date.

No.

4th generation of cephalosporin

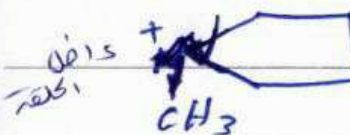
on salt form charged



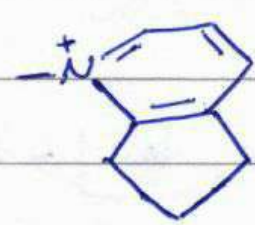
∴ salt
 ∴ charged
 ∴ for pseudomonas aeruginosa.

Ar

All 4th Genera have ⊕
 good leaving group when
 it bind β-lactamase.



cephopim



cephorime

Ch.Ch.

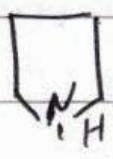
- ① Because of ⊕ charge in position (3) → polar good penetration to -Gram
- ② Anti pseudomonase
- ③ good PPB ~~but~~ less than 3rd



pyrrole

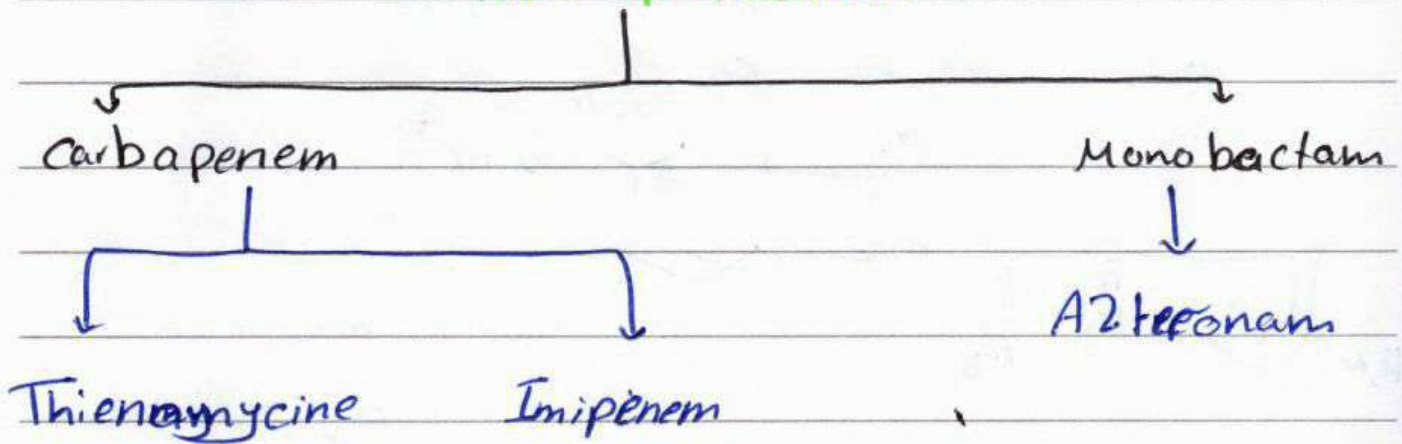


pyrroline

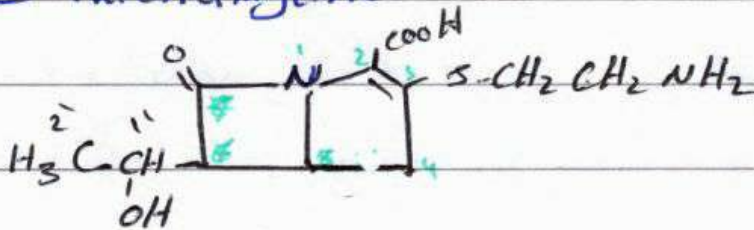


pyrrolidine

New β -lactam



① Thienamycine

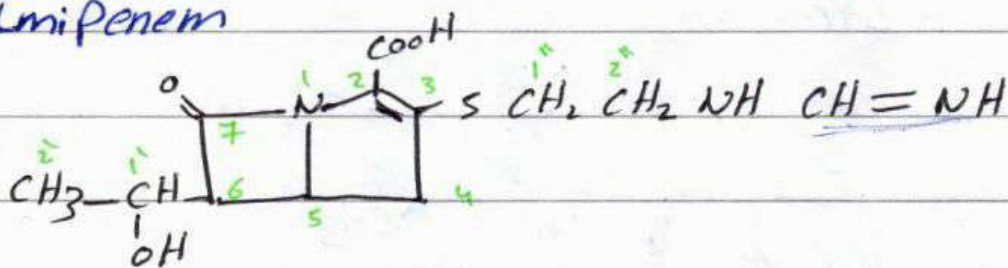


6-[1-hydroxy methyl]-3-[[2-ethyl amino] thio]-7-oxo-1-aza-bicyclo[3,2,0]hept-2-ene
2-C.A.

* Same to penicilline but differ in

- ① in penicillin it contain S inside ring. here no
- ② in position 6 there's acyl here no
- ③ in penicillin it contain dimethyl ^{→ on C3} here another group
- ④ ~~low~~ 2,3 there's =, in penicillin no
- ⑤ This compound is stable (resonance)

[2] Imipenem

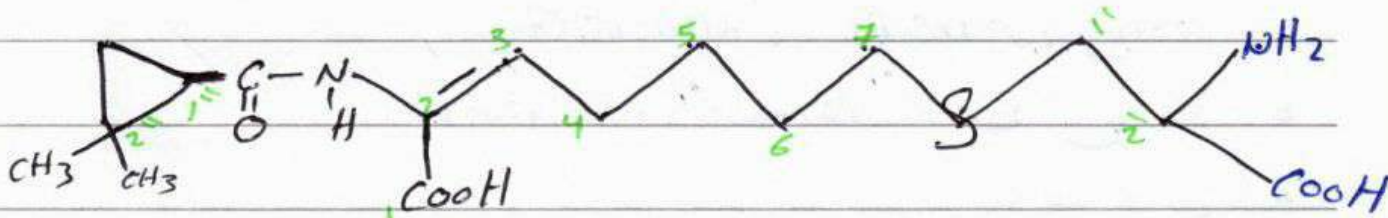


6 [1-hydroxy methyl] - 3 [(2"- imino methyl amino) ethyl thio] - 7-oxo - 1-Aza - bicyclo [3,2,0] hept - 2-ene - 2-C.A.

Combination :-

Imipenem + cilastatin \rightarrow Primexine
 Inhibition For ^{Renal} dihydropeptidase enzyme I

structure of cilastatin:

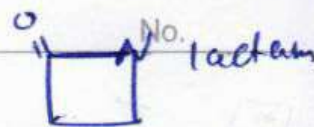


7 [(2-amino-2-carboxy) ethyl thio] - 2 - [(2,2" dimethyl cyclopropyl) carbonyl amino] hept - 2-en - oic acid.

[3] ~~Aztreonam (I.V)~~

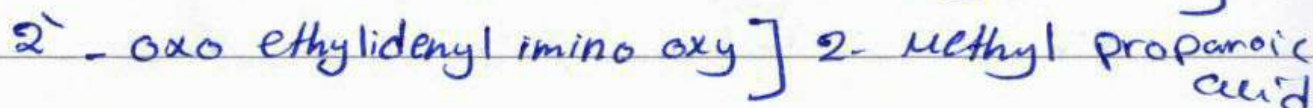
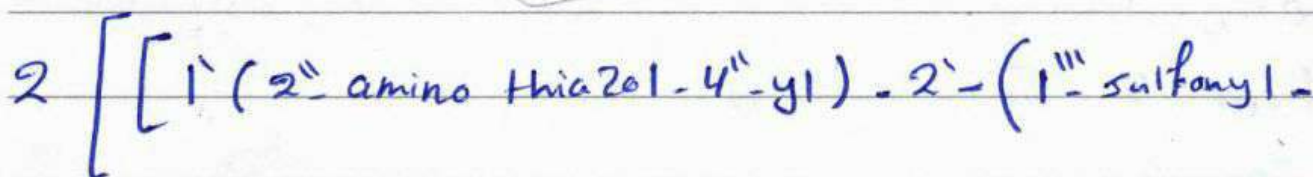
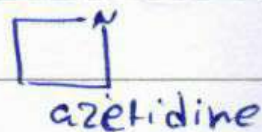
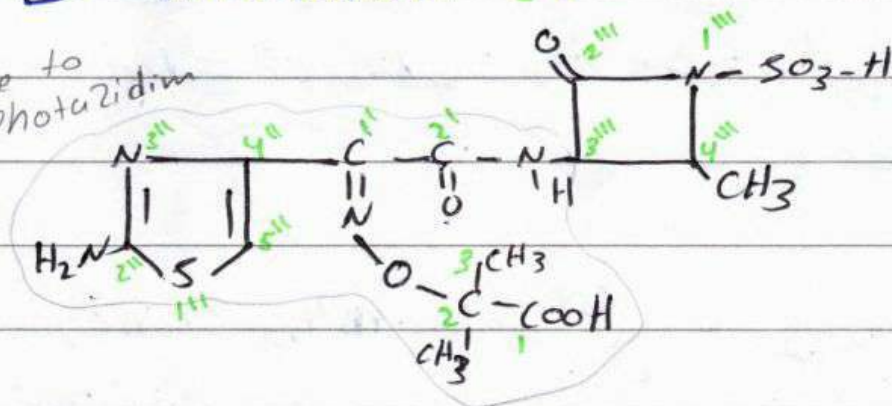
COOH is a substituent

Date.



3 Aztronam I.v

Same to
cephotazidim



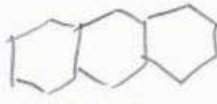
- Totally synthetic (Monobactam)
- highly β -lactamase resistant.
- give I.v.



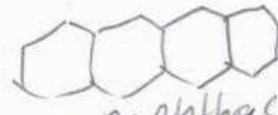
benzene



naphthalene



anthracene



naphthacene

lec. 18

Date.

No.

Tetracyclins = Tetracine

- Bacteriostatic, Broad spectrum
- Atypical Bacteria
- MoA:- protein synthesis inhibitor

erthronyeji n.

Tetracyclin

Aminoglycoside

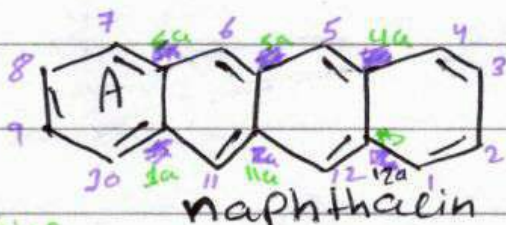
Chloramphenicol

Macrolides.

A Bacteriostatic.

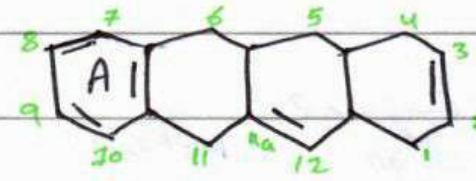
prevent protein chain elongation by inhibition of the peptidyl transferase activity of the bacterial ribosomes. specially bind to A₂₄₅₁ and A₂₄₅₂ residues in the 23S rRNA of 50S ribosomal subunits, prevent peptidyl bond formation.

" Bind to 30S + interfere w Binding of tRNA to ribosomal complex "



$$-4 = \therefore 8H$$

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 12a



octahydro naphthalene.

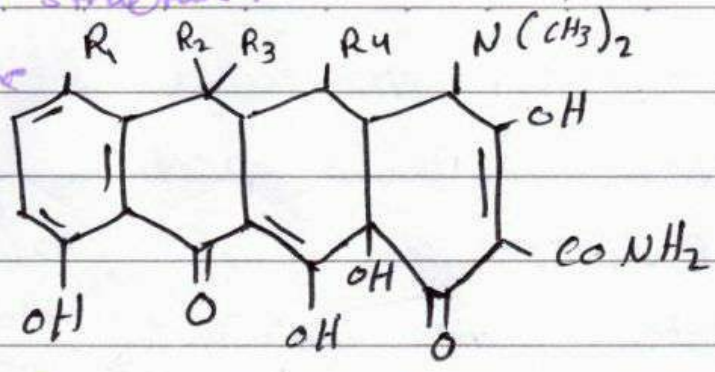
2, 3 ; 11a, 12 = 8H

بعض الأجزاء

1, 4, 4a, 5, 5a, 6, 11, 12a octahydro naphthalene

General structure:

Tetracycline Ring



- o 4 Ring Fused
- o present in 3D
- Linear not planar

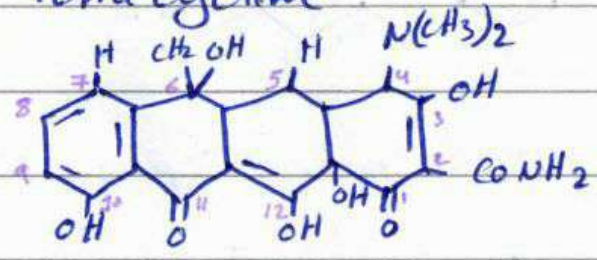
R ₁	R ₂	R ₃	R ₄	Drug Name
H	CH ₃	OH	H	Tetracyclin Brimocyclin®
Cl	CH ₃	OH	H	Chlortetracyclin
H	CH ₃	OH	OH	Oxytetracyclin

↳ natural Tetracycline

H	=CH ₂	OH		Methacyclin	<ul style="list-style-type: none"> → Doxal® → Doxacin® → Doxytrim® → Doxypharm® → Vibramycin® → Doxline 	
H	H	OH	CH ₃			Doxycyclin
N(CH ₃) ₂	H	H	H	Minocycline		
						Minocycline®
						Minocine®

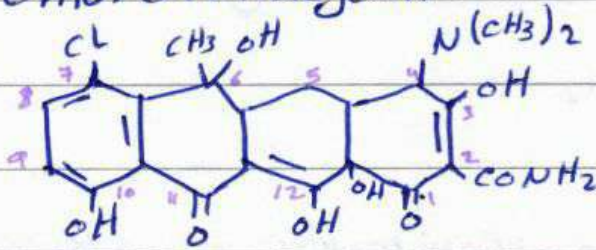
↳ semisynthetic

□ Tetracycline



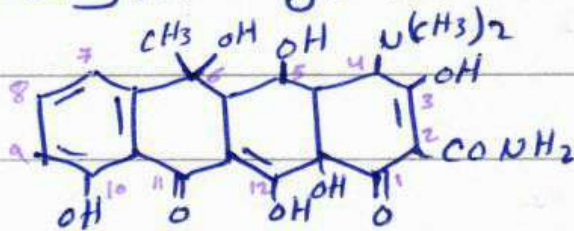
1, 11 dioxo - 3, 6, 10, 12, 12a penta hydroxy 4- (N,N dimethyl amino) - 6- methyl - 1, 4, 4a, 5, 5a, 6, 11, 12a octa hydro naphthacine - 2- Carboxamide 120

2] Chlorotetracyclin

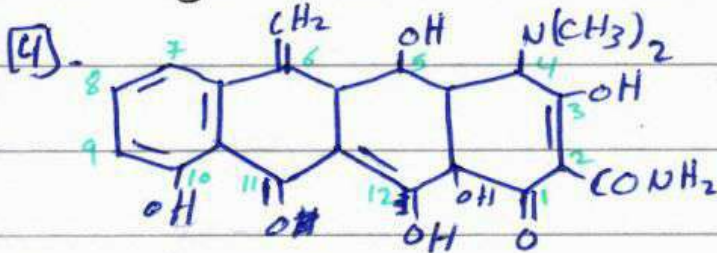


1,11 dioxo - 3,6,10,12,12a penta hydroxy - 4-(N,N dimethyl amino) - 6-methyl - 7-chloro - 1,4,4a,5,5a,6,11,12a octahydro naphthacine - 2-carboxamide.

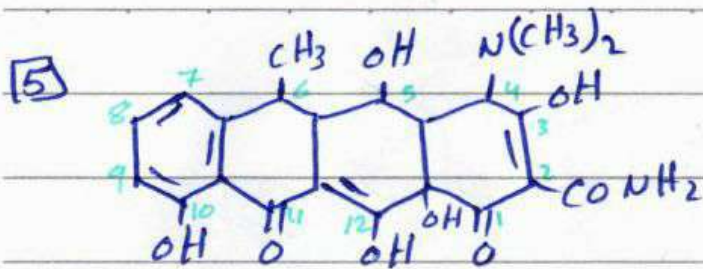
3] oxytetracycline



1,11 dioxo - 3,5,6,10,12,12a hexa hydroxy - 4(N,N dimethyl amino) - 6-methyl - 1,4,4a,5,5a,6,11,12a octhydro naphthacin - 2-carboxamide.

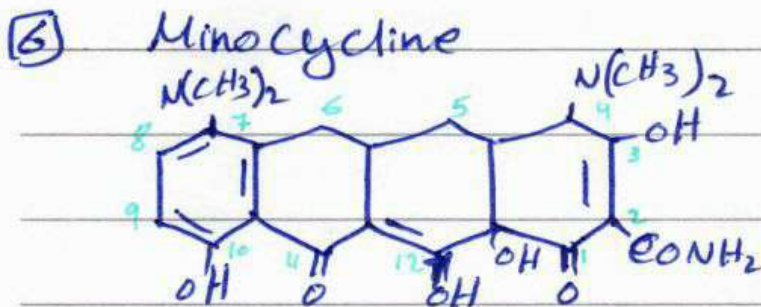


1,11 dioxo - 3,5,10,12,12a penta hydroxy - 4-(N,N dimethyl amino) - 6-methylidengyl - 1,4,4a,5,5a,6,11,12a octhydro naphthacine - 2-carboxamide.



Doxycycline

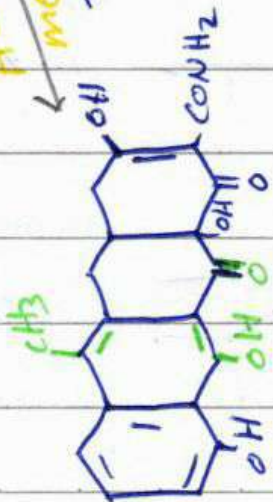
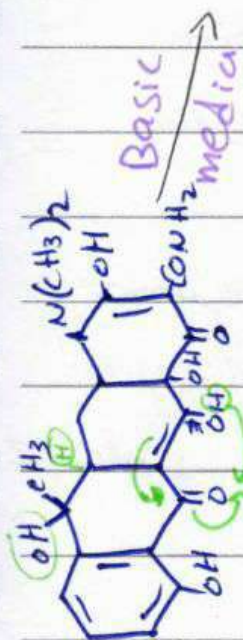
1, 11 dioxo - 3, 5, 10, 12, 12a penta hydroxy - 4. (N, N dimethyl amino) - 6 - Methyl - 1, 4, 4a, 5, 5a, 6, 11, 12a oct hydro naphthacin - 2 - carboxamide.



1, 11 dioxo - 3, 10, 12, 12a tetrahydroxy - 4, 7 di (N, N dimethyl amino) - 1, 4, 4a, 5, 5a, 6, 11, 12a oct hydro naphthacine - 2 - carboxamide.

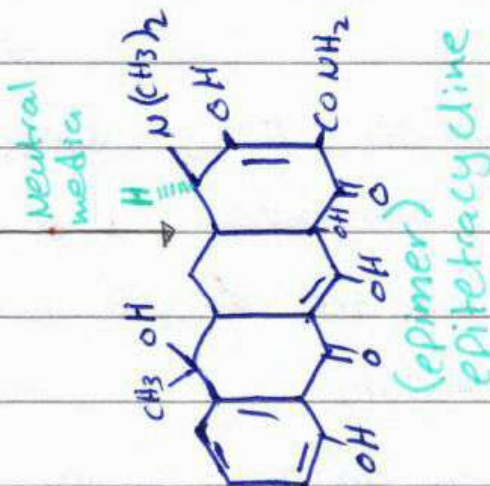
Chemical degradation of Tetracycline.

جای ناپدید شدن



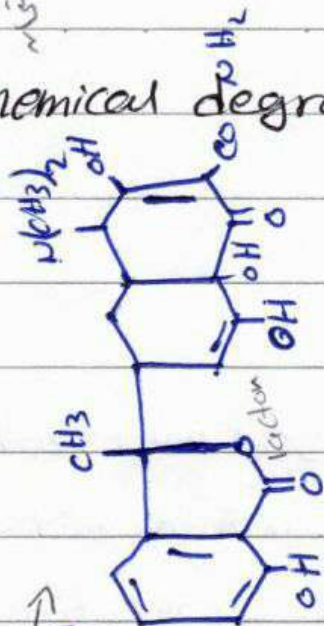
Due to impairment of octahydro naphthacine system

Basic media



Less active than tetracycline
H became in the back.

(Active)



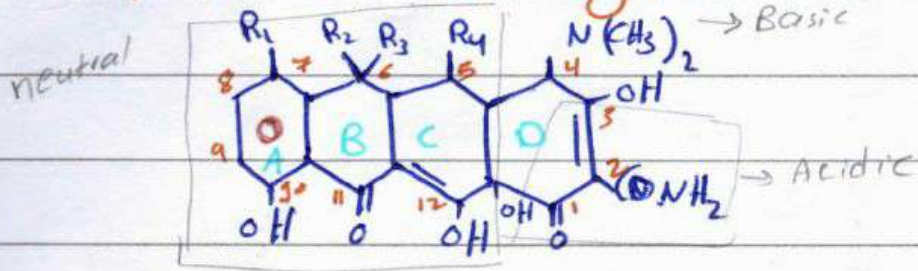
Izo tetracycline
(Inactive)

Pharmacophore OH

Tetracycline

So All compound From chemical degradation of Tetracycline are inactive except epitetracycline.

SAR of Tetracycline:

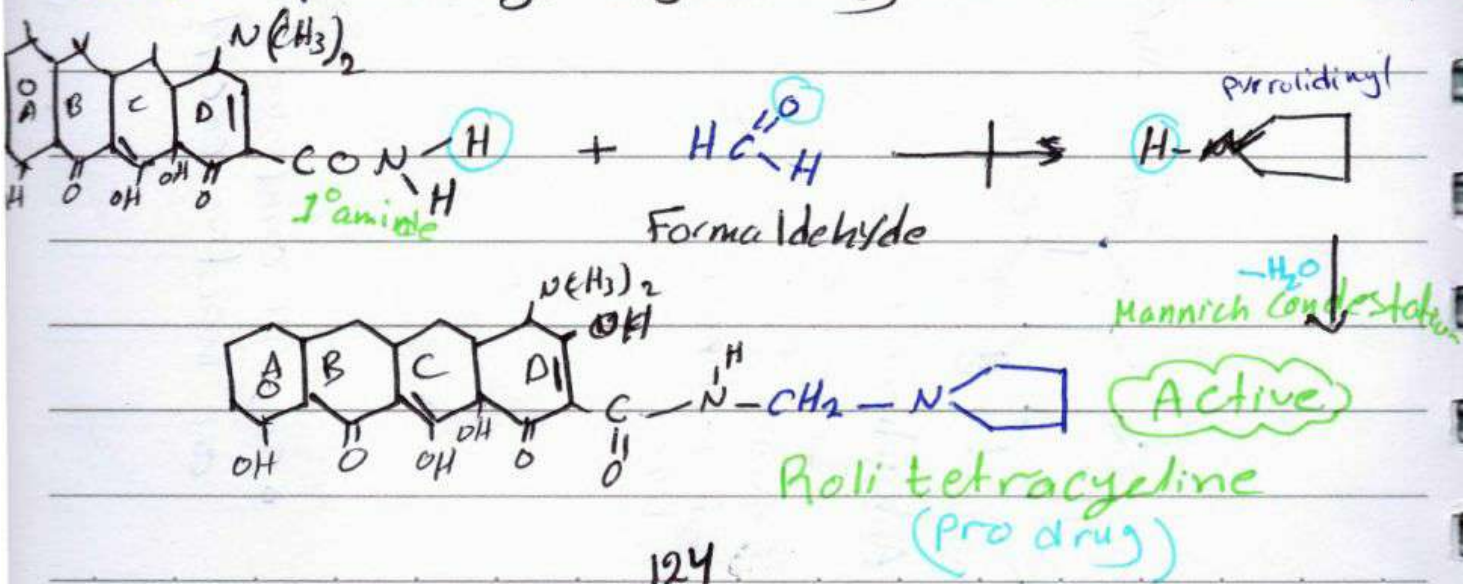


- Octahydro naphthacine to give activity it must not change to Aromatic B, C, D. ex: As in Acidic media B → Aromatic
- a) so if B, C, D ring become Aromatic → inactive
- B) 4 ring must be 3D Linear not planar → inactive

□^a Amide group ^{in C2} is important for activity, when the amide

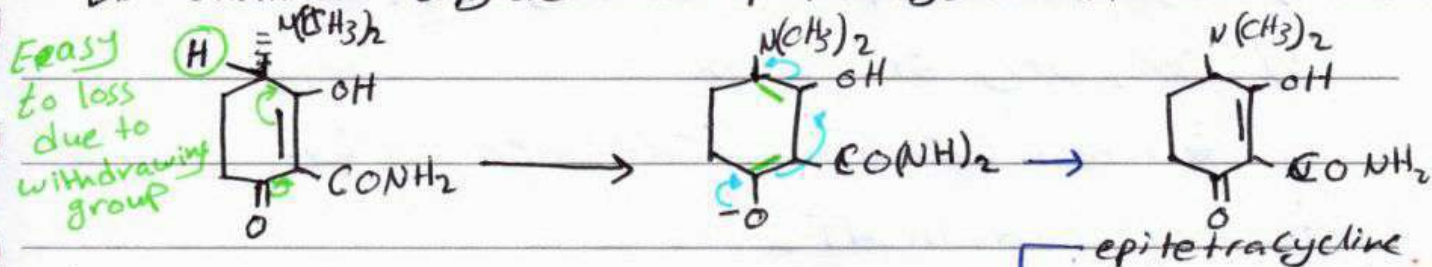
- # replaced to CN (cyano) or aldehyde → ↓ activity.
- # b) 1° amide in C2 if converted to 2° or 3° amide → inactive
- So it must be just primary
- c) All N-alkylation on amide → inactive

except Pyrrolidinylation by Mannich condensation



- ③ In cy 3° amine if convert to 2°, 3° → ↓ activity.
and 3° amine must be in (α position / orientation
or S-configuration) if it convert to β-position
or R-configuration by epimerization → ↓ activity

Ex: chemical degradation of tetracycline in neutral media



☺ of 150 mg, بعد 50% ← ↓ Activity

* To prevent epimerization of tetracycline.

- Good storage for tetracycline
- prepared in Dry solid dosage form
- increase the dose of Drug (15%) in tablet in case of near expire date. due to degradation.

④ H in 4a, OH in 12a → cis form.

• remember:-

cis and Trans are found in $\left\{ \begin{array}{l} \text{① Double bond} \\ \text{② cycloalkene} \end{array} \right.$

if it convert to Trans → inactive

5] at position: C_5 it could be $\begin{matrix} H \\ \swarrow \\ C_5 \\ \searrow \\ OH \end{matrix}$

6] C_6 ~~must~~ be OH , And the compound that ~~do~~ **must not** contain OH called [6-deoxy tetracycline]

which is semi synthetic, its ch.ch is :-

a) high plasma protein Binding \uparrow PPB

b) completely absorption

c) \downarrow renal excretion / clearance \downarrow Cl_r

d) not used in UTI

• so natural tetracycline (contain OH) is less activity than semi synthetic tetracycline

• OH make loss of octahydro taphthacine if put in acidic/basic media

7] at C_7 has Electronic properties $\begin{matrix} \swarrow \text{with drawal } \downarrow \text{ activity} \\ \searrow \text{Donating } \uparrow \text{ activity} \end{matrix}$

The relation b/w electronic properties and

pharmaceutical activity is called para polyic relationship

8] position 5, 6, 7 has relation to PK "kinetic"

But 8, 9 " " " " PD Dynamic

9] position 8, 9 are unsubstituted

[10] Recently they put glycin on C9 \uparrow activity and called **glycyl cycline**

[11] at 10, 11, 12 the drug is **Hydrophilic**, which is a part of the activity of Drug and not changed thus its **less lipophilic**

[12] A C_{12a} All ester are **inactive** - [except Formyl ester]
By Adding C.A to alcohol \rightarrow ester

[13] Tetracycline not given to, with

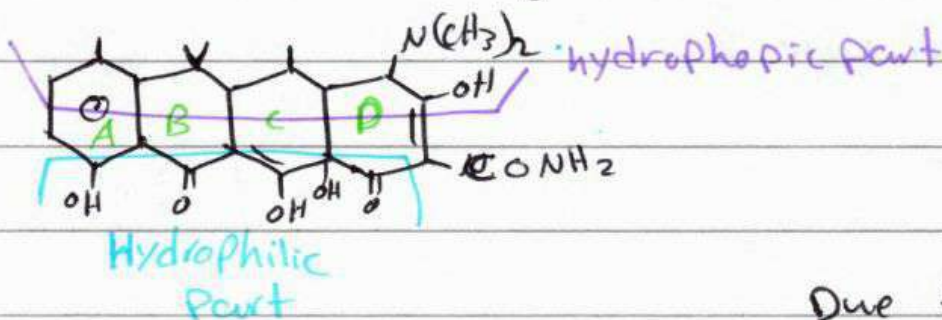
a) pregnant + lactating women

b) children < 8y \rightarrow coloration of teeth \rightarrow Ca²⁺ + tetracycline or the Phosphat

c) with Food containing [Ca²⁺, Mg²⁺, Fe³⁺, Milk]

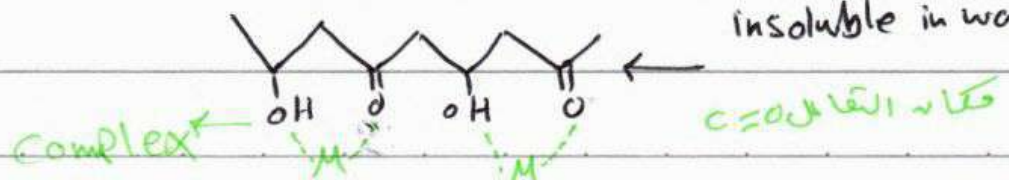
d) Infant \rightarrow Bone disorders.

[14] Ch. Ch of tetra cycline

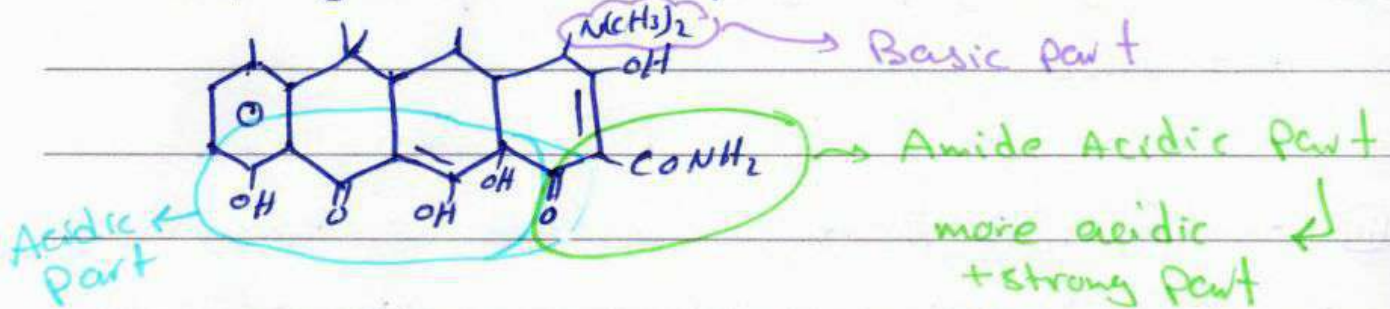


Due to complexation Rxn

\downarrow
insoluble in water



① Tetracyclin has 3 pKa



So tetracyclin is amphoteric nature \leftarrow Acidic
+ Basic

② make salt \rightarrow water soluble

③

Tetracycline + HCl

Acidic salt

water soluble

stable salt

Orally

Capsules

\rightarrow not tablet

Due to bitter taste from

$N(CH_3)_2$

Tetracycline + NaOH or KOH

Basic salt

water soluble

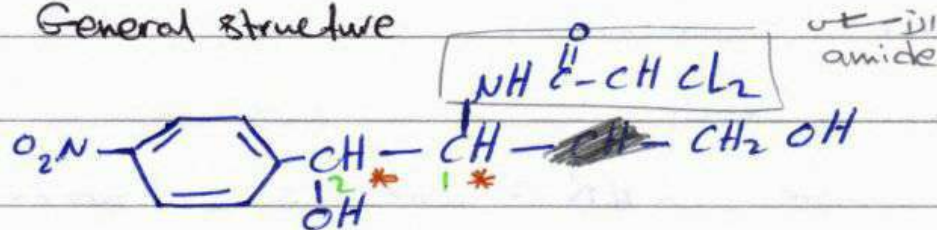
not stable

لا يظن أن Tetracycline الوجودية التي توترت على Atypical Bacteria

Chloramphenicol In eye infection

- 1st choice of DOC For **Thyphoid + parathyphoid**
- For salmonella typhi. G⁻
- Bacteriostatic Antibiotic.

* General structure



D-Threo (2 chiral center)

N [1 (hydroxy methyl) - 2 (hydroxy) - 2 - (p-Nitro Phenyl)

ethyl] α, α dichloro acetamide.

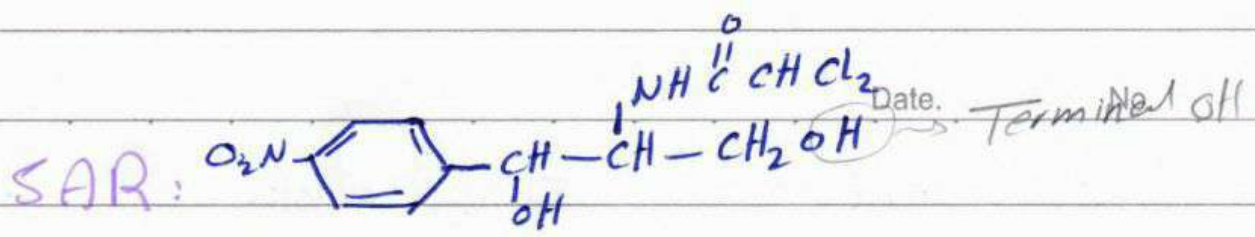
- **MoA:** inhibition of protein synthesis by binding to 50S and inhibition the formation of peptide bond.

• \therefore contain 2 chiral center \rightarrow has 4 isomers $\boxed{2^n} 2^2 = 4$

Threo configuration \rightarrow Both R,S or S,R

Ethro configuration \rightarrow Both R,R or S,S

- All isomer are inactive - except D-Threo



① NO_2 Nitro give activity

• But in case of substitution For

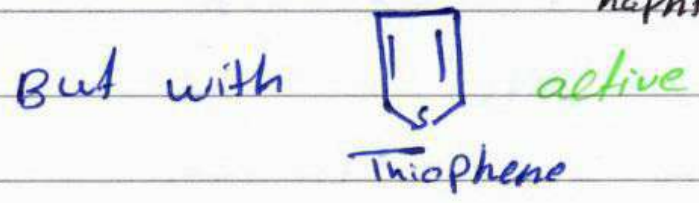
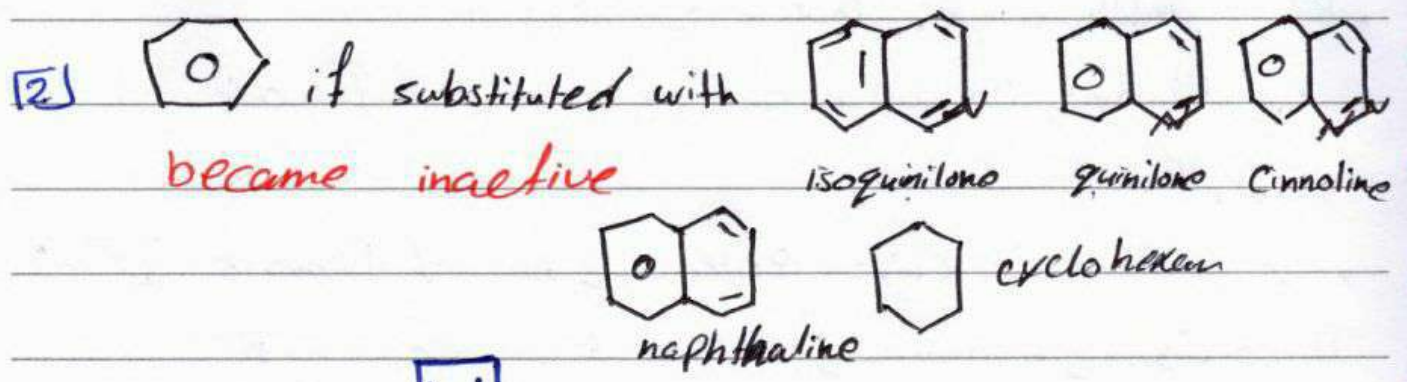
- SO_2NHR sulfonamide
- $\text{NHCO}^{\text{O}}\text{R}$ 2° amide
- NR_2 3° amine, NHR 2° amine, NH_2 1° amine
- Cl, Br, I, F halogen

became inactive

• $\text{SO}_2\text{-CH}_3$ "methyl sulfonyl" \rightarrow *Thiamphenicol*

• $\text{CH}_2\text{-SH}$ "mercapto"

became active



③ NO_2 on position para if converted to
Meta \rightarrow inactive 130

④ OH (terminal OH) must be free

⑤ α, α di chloro acetamid if substituted
with $\text{NH} \underset{\text{O}}{\parallel} \text{C} \text{F}_3 \rightarrow \text{active}$
(Trichloro acetamid)

Biotransformation:-


a) 90% of chloramphenicol bind with OH (Free)
result in O-Glucuronide. **

b) 10% by oxidative dehalogenation

**

D-glucose $\xrightarrow[\text{Transferase}]{\text{Glucosyl}}$ Glucuronic Acid

The enzyme is not exist in children (infant)
and recent delivered babies, thus chloramphenicol
not given to them or it will cause Gray's baby synd_m

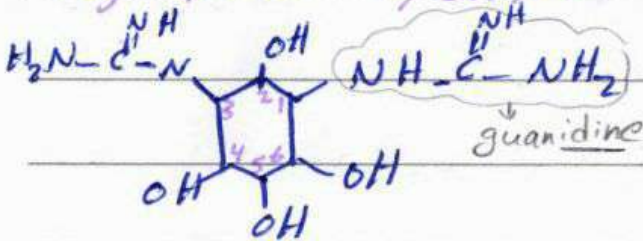
 **Aminoglycoside** = **Bacterocidal**. 😊

• Consist of

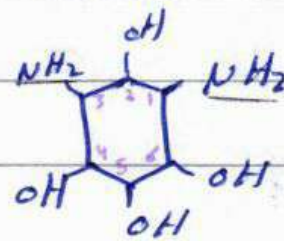
a) **Amino cyclitol**

b) **Amino sugar** "pentose hexose" } Both binds with glycosid Bond.

a) **Amino cyclitol**



streptidine



streptomine

• Most Aminoglycoside contain

↳ **2-Deoxy streptomine**

(not contain OH on position 2.)

• They differ in Amino sugar, Binding site



• Ch. Ch. of Aminoglycosides:

① low GI absorption (polar); hydrophilic ch. ch. thus not given orally but given I.V injection.

② and its has salt form

③ has Basic ch. ch.

④ limited use + limited Dose due to its ↑ S.E
 (less dose possible, for optimum activity)
 → and its last choice.

⑤ MoA / protein inhibitor,
 Bind to 30S, and causes mRNA codon to
 be misread; interfere with the initiation complex
 of 30S and 50S with mRNA

⑥ side effect (S.E)

① nephro and oto toxicity.

② contraindicated with B-lactam due to NH₂
 (Penicilline)
 NH₂ has ⊖ negative effect on

Drugs of Aminoglycoside:-

- streptomycine

- Tobramycine

- Karamycine

- Paramycine

- Netilmycine

- Neomycine, (Neomycine®)

- Gentamycine, { Genticine®
 Zetamycine®
 cidomycine® }

- ⑤ others $\begin{cases} a) \text{ macrolides} \\ b) \text{ Poly peptides.} \end{cases}$

A) Macrolides :- Big large ring + lacton.

• Contain ¹⁾ macrocyclic lacton [12, 14, 16] ^{atom}

Double bond one. ²⁾ Amino sugar.

• 1st Drug discovered was picromycine but it's not clinically used.

• 1st Drug used clinically Erthromycine

- erthroTeva [®]
- erthrobal [®]
- erthro ped [®]
- erthroPharm [®]
- erthromycine [®]
- PediaZole [®]

But it has many problem:-

a) short duration (4 time per day)

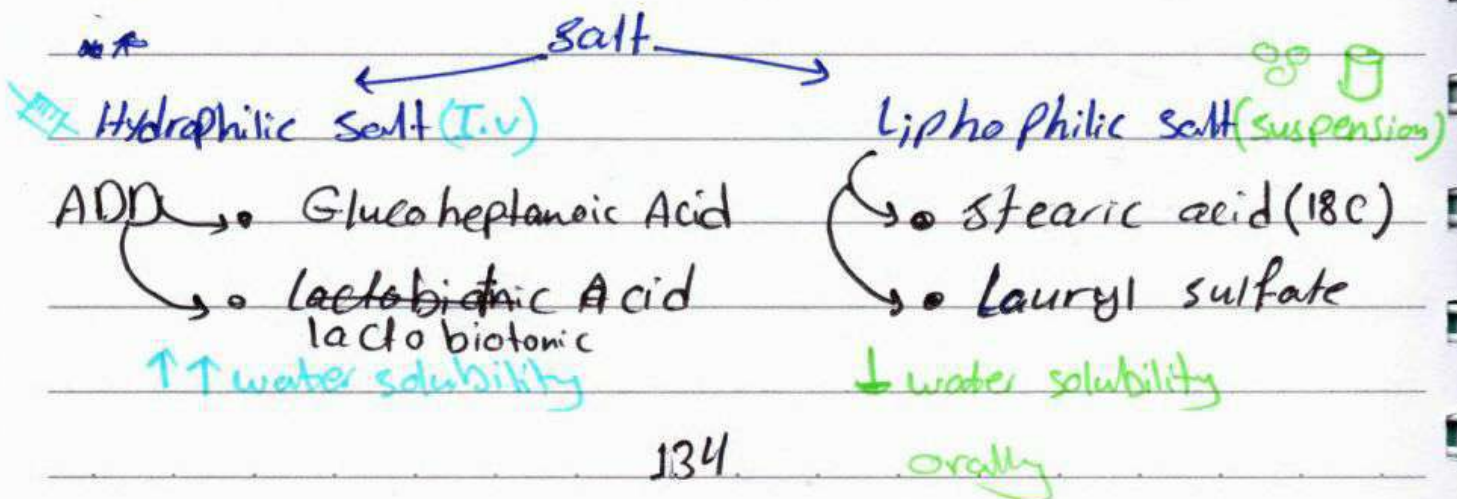
^{**} b) low water solubility ; so to increase it they make salt form. this $\begin{cases} \rightarrow \text{improve water solubility} \\ \rightarrow \text{get rid of bitter taste.} \end{cases}$

c) bitter taste

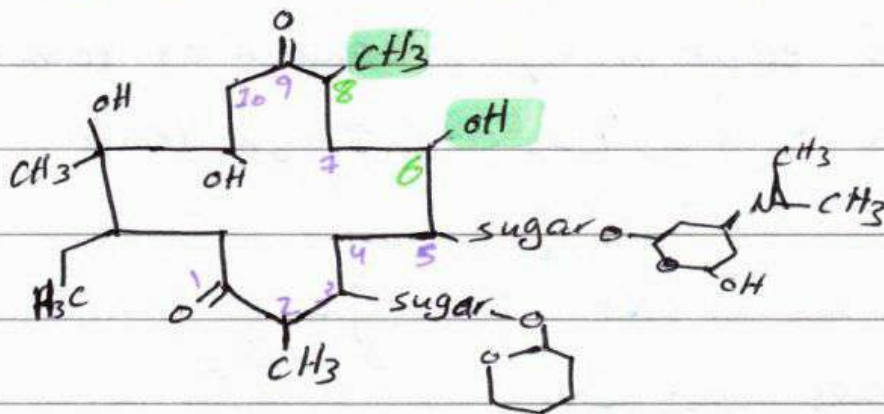
d) given before food

e) use for upper ^{+lower} Respiratory tract and G+ve

f) limited use + limited Dose.



Structure of Macrolide: علاوة الصليب مع فوسفات



- OH in C₆ and $\text{C}=\text{O}$ in C₉ make **hemiketal** Rox BW
→ OH + C=O
- This make **intestinal cramps**

* so they make modification ① They replace OH on C₆ (primarily) or C₁₂ to OCH₃ [ether]

The Drug result from ether prevent formation of hemiketa its called **clarithromycin**, Claricare[®] which is Acid stable → given orally → Long Duration one per day.

② The 2ed modification:

replace $\text{C}=\text{O}$ (keton) in C₉ to CH₃ (amine) ⇒ **Azithromycine**

has long Duration + 1 Per day

- ↳ Azicare[®]
- ↳ Azimax[®]
- ↳ Azitra[®]

③ replace CH₃ at C₈ with F (with drawal) affect polarizability of $\text{C}=\text{O}$ and preven hemiketal formation

⇒ **Flurithromycine**

↳ The only Drug that Don't inhibit

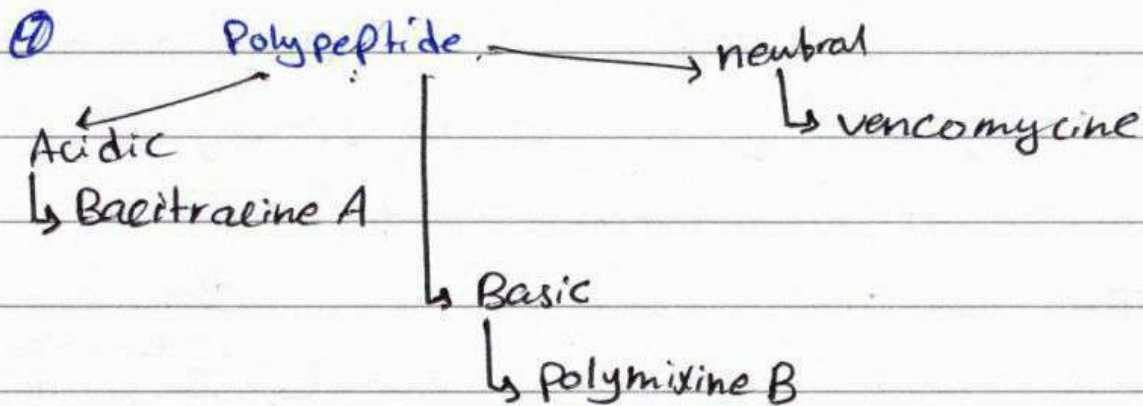
Note:

- macrolides stable in aqueous solution at room temp.
- unstable in acidic / Basic / ↑ high temp.

b) Poly peptides:- 



- ① Not given orally just I.v.
- ② Gram (-) or cell membrane.
- ③ has nephro and neuro toxicity.



- MCO اليفقار
- T, F
- Match → اليفقار
اليفقار
- Table struc. } SUPAC
- غيره

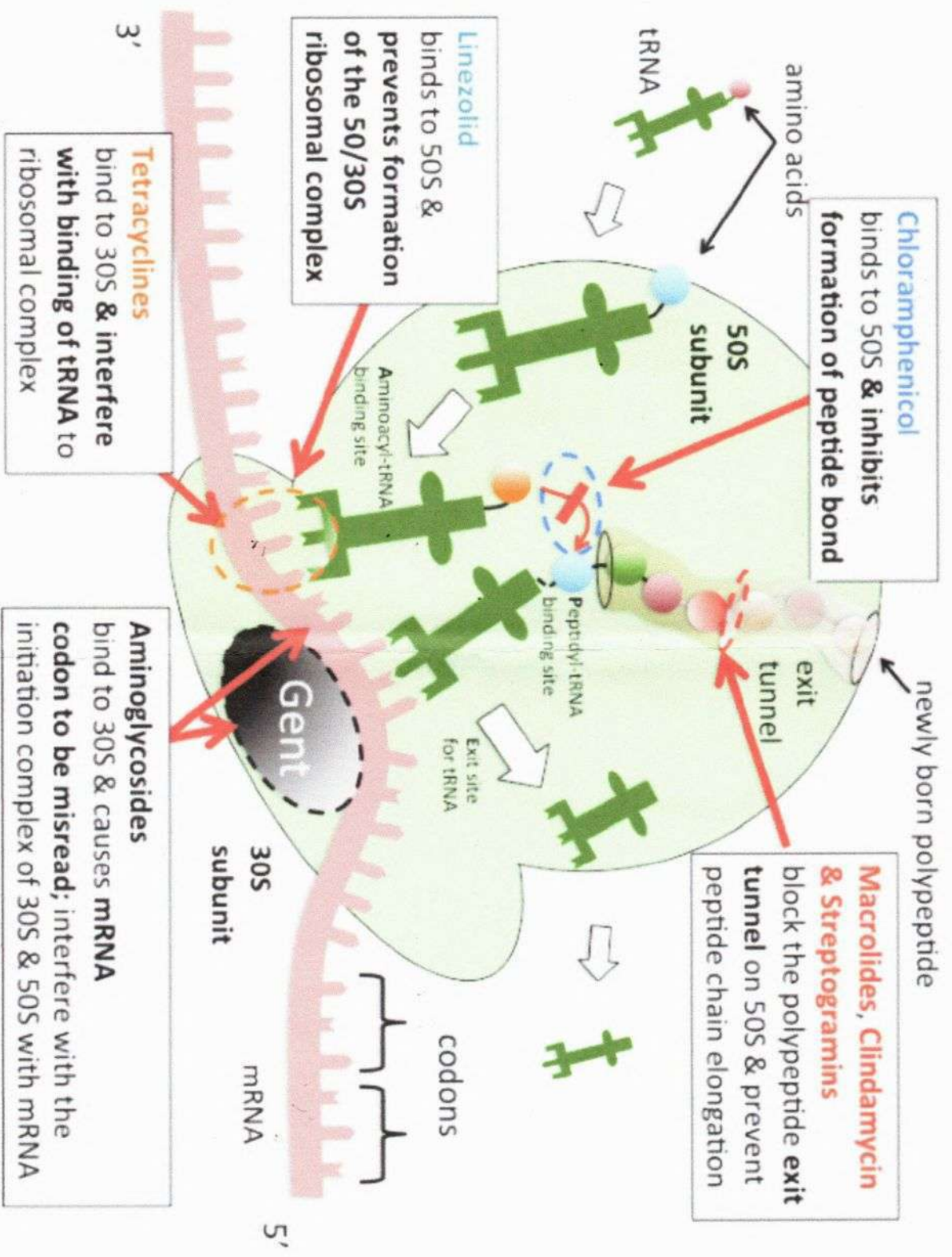
• والله ولي التوفيق .

” عسى ربّي انه ليودني وان اسير ”

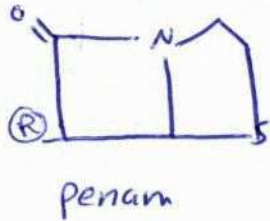
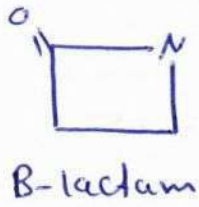
• لا تغنى أنت ابنا لغير الأذى وانه بناد ففليه الالسيه

• تسكر ورد واذا ” اسيه الله بكاف عيه ” .

• الله ان تقام عليه انكلاه - الحمد لله

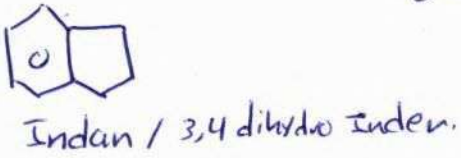
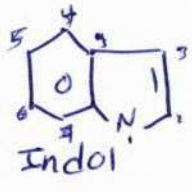
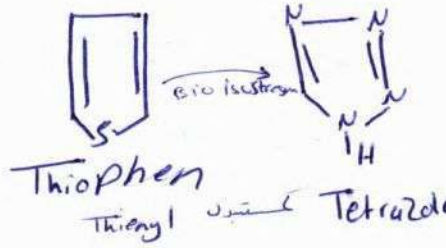
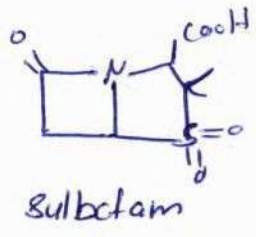
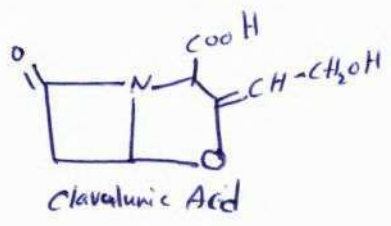


• main groups To know :-

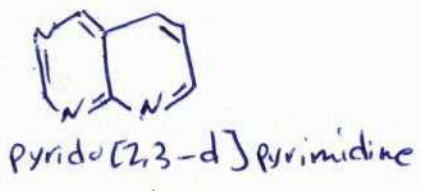
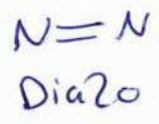
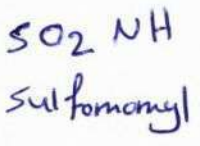
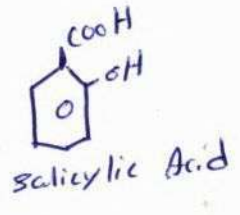
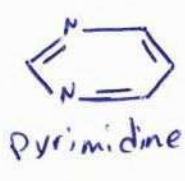
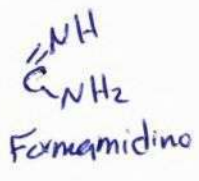
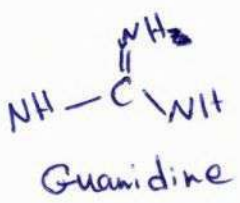
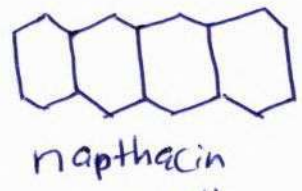
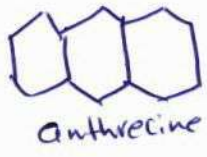
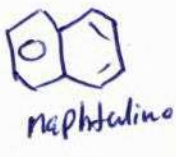
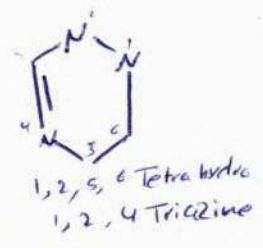
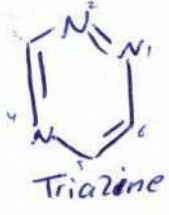
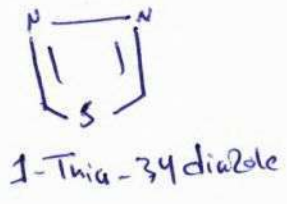
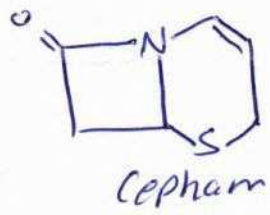
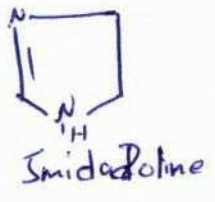
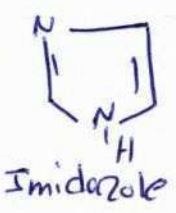
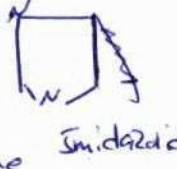
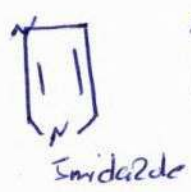
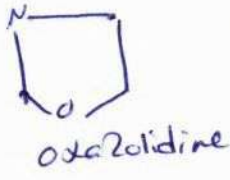
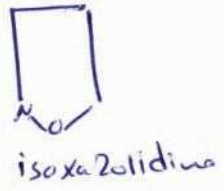
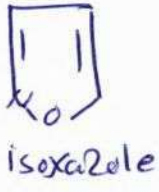


ine \rightarrow C1=NC=NC=C1
dine \rightarrow C1=NC=NC=C1
S \rightarrow Thiobenzodiazole
Thio \rightarrow C1=NC=NC=C1

R-S(=O)(=O)-A
• sulfone \rightarrow free
• Thia \rightarrow S
+ \rightarrow diacid

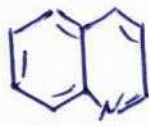


O \rightarrow C1=CC=CC=C1
nalo up, s \rightarrow Oxa
Velp \rightarrow Oxo
Chq. \rightarrow oxy





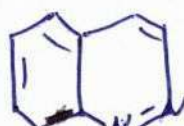
~~naphthalene~~
naphthalene



Quinoline



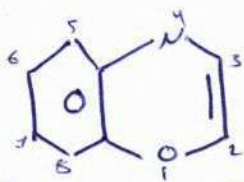
isoquinoline



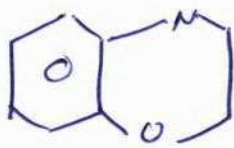
Cinnoline



1,8 naphtridine



1,4 benzoxazine



1,4 dihydrobenzoxazine

sci name	Trade name
penicillin G	Bepen®
penicillin V	Rafapen®
• Ampicillin	Ampen , PeniPrim , Bradacillin , Ampipharm
• Amoxicillin	moxy pen , Amoxicare , Amoxim , Amoxipharm , Amoxitid , Hiconcil
Amoxicillin + clavulanic acid	clamoxin , ogmine , Augmentine , Amoxiclave , Betamax , Curan
Ampicillin + sulbactam	Sulbampicillin , Docuid.
Cloxacilline	cloxan , loxavit , ore bind
cloxacilline + Ampicilline	Megacare , Megnacilline
cloxacilline + Amoxicilline	cloxabaforte.
1st cephalothine	keflin®
cephazoline	cephamezine®
• cephalaxine	cephalex , seflex , keflex , cephaline , cepha care.
• cephadroxin	cephadrox
• cephadrine	cephadrine , cephadrine fort , veloset
cephaclor	ceclor
2nd cephuroxime	Zinnate , Zinnex , zinacef. 26;
cephoxitine	kefoxine
• cephotaxime	claforan
cephotriaxone	Rocephin , unacef روكسي فسين
cephixime	supran
cephaperazone	cephobide
cephotazidim	Fortum , Fortax.

sulfamethoxazole
+ Trimethoprim

Bactil, sulf~~as~~ prim, resprim, sulfatrim

Nor Floxacin

Apirol

Cipro Floxacin

Ciprocare, Ciprogis, Ciprocin, Floxine

O Floxacin

Travid, Tracin, wTracin.

Tetracycline

Brimocycline

Doxycycline

Doxel, Doxylone, Doxy Pharm, Doxytrim, Doxacin, Vibramycin

Mincycline

Mincycline, Mincycline