

Pharmaceutical Chemistry **Two.**

< Course Summary >

Student: Marah Isam Falit

Lecturer: Prof. Usama Abu-mohsen

Semester: Second Semester of the year 2022/2023

alazharpharmacy.com



Anti Fungle

Date.

No.

• what is the ch. ch of Fungle cells?

- Euckaryot
تک‌سلولی

- heterotrophs
آلی‌تrophic

- multicellular

Note

* Peptidoglycan is the principle component in Bacterial cell wall

while In Fungle **chitine** is the principle component

* cholesterol in Animal cell membrane

while **ergosterol** in Fungle cell membrane.

So AntiBacterial doesn't affect Fungi.

* Types of infection caused by Fungi :-

systemic

superficial

↳ affect internal organ

↳ on skin " Topically "

* Fungistatic: inhibition of the growth

Fungicidal: killing Fungi

Classification of Anti Fungle.

Depend on MoA "pharmacological" → Chemical Structure

- 1] cell wall synthesis : capsosfungin
2. Membran Function : Amphotericin B
3. Nucleic acid synthesis : Flucytosine
4. Lanosterol synthesis : Terbinafine
5. ergosterol synthesis : Azole.

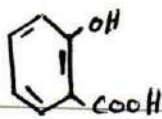
1] Acid derivative: Biphenamine, Salicylanalid, Buclozamid

2] halogen derivative: chlorphenaline, proklonal

3] Azole → Imidazole: ^{spectazole} Econazole, Miconazole, isaconazole, ^{medisint} clotrimazole, ^{miral} ketoconazole

Triazole:

remember:



- salicylic acid
- ortho hydroxy Benzoic acid

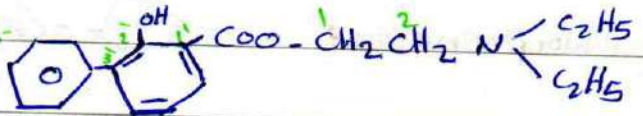
Date.

No.

For chemical classification of AntiFungle :-

1) Acid Derivatives:-

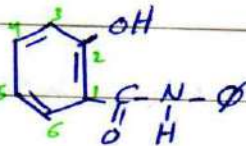
1) Biphen amine



2 [(N,N diethyl amino) ethyl] 3-phenyl salicylate

ester ester . ester ester

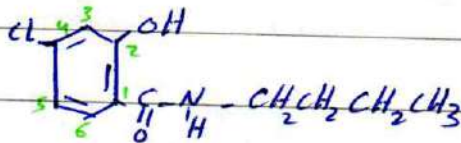
2) salicylanilide



N-phenyl-2-hydroxy Benzamide.

3) Bu clo 2 amit

↳ Butyl

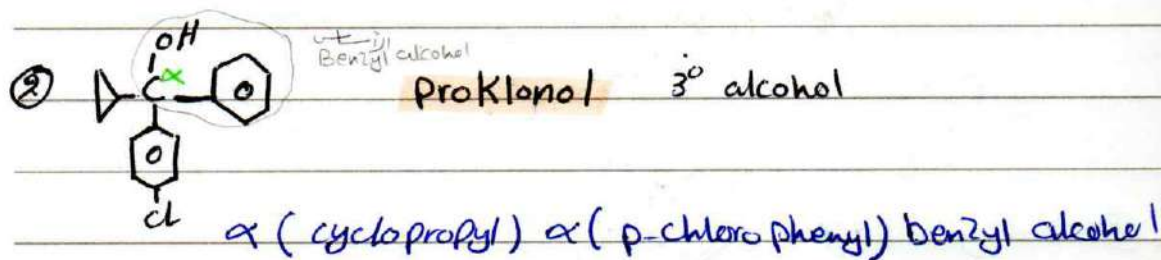


N-Butyl-2-hydroxy 4-Chloro Benzamide.

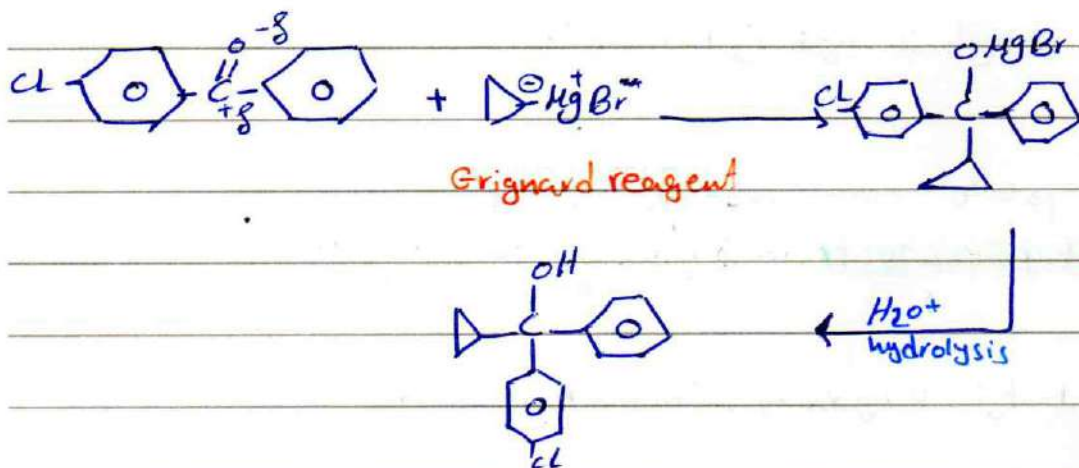
2- Halogen derivatives: Halogen + OH.



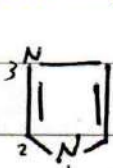
3 [p-chlorophenoxy] 1, 2 propanediol.



Preparation:



3. Azole ; Imidazole, Triazole.



1,3 diazole

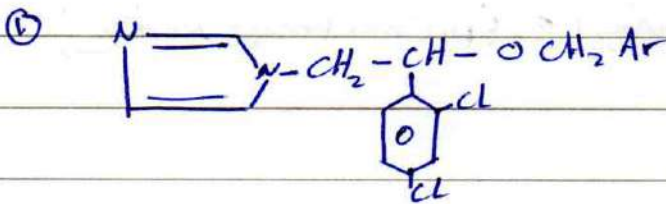


1,2,4 Triazole

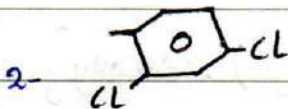
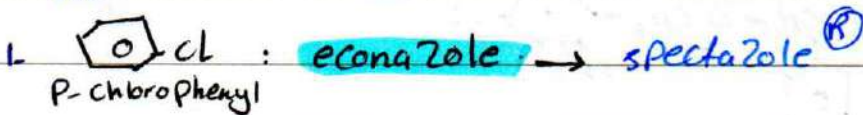
azole : unsaturated
Five 5 member
ring.

Drug contain Imidazole

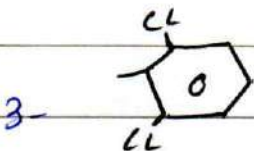
topically



Ar:

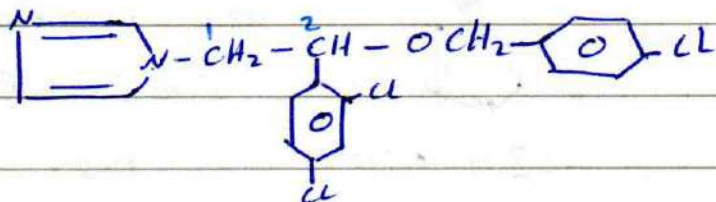


Miconazole



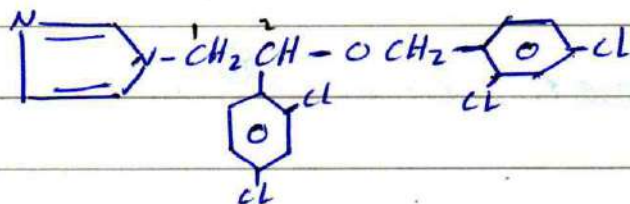
isiconazole

Nomenclature:



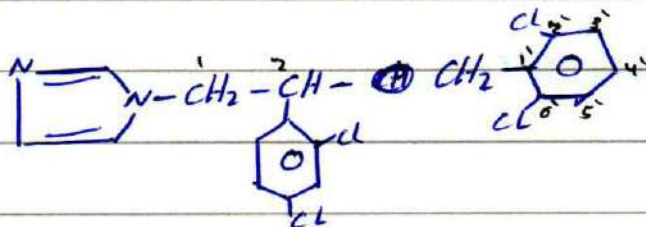
econazole

$N[2[2,6\text{-dichlorophenyl}]2\text{-}(p\text{-chlorophenyl methoxy})\text{ethyl}]$ Imidazole.



miconazole

$N[2(o,p\text{-dichlorophenyl})2\text{-}(o,p\text{-dichlorophenyl})\text{methoxy}]\text{ethyl}]$ Imidazole.

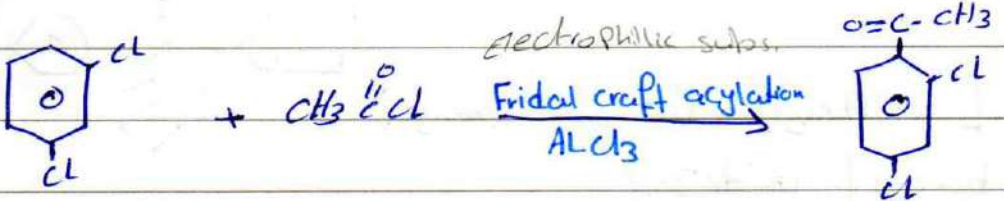


isocanazole

$N[2(o,p\text{-dichlorophenyl})2\text{-}(2',6'\text{-dichlorophenyl})\text{methoxy}]\text{ethyl}]$ Imidazole

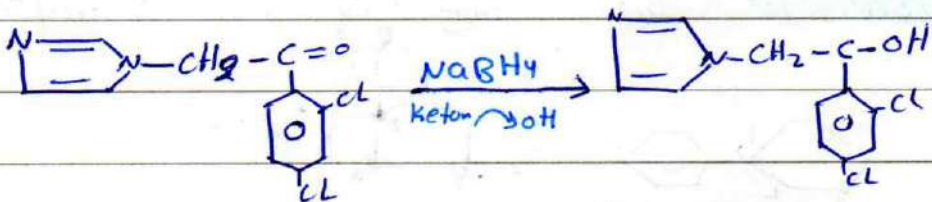
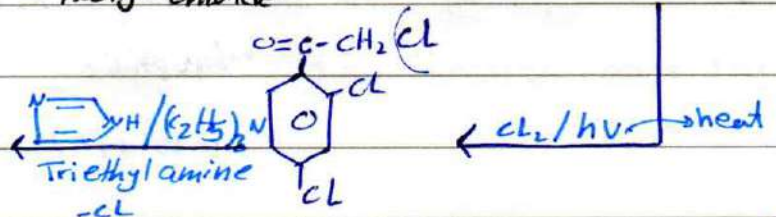
preparation of econazole.

عند إجراء تفاعل Friedel-Crafts

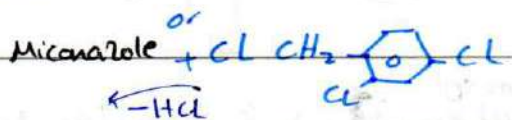
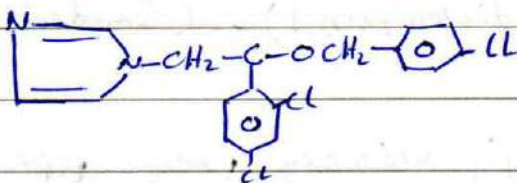


1,3 dichloro Benzen

Acetyl chloride

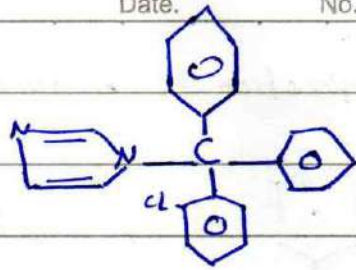


econalol



- Are used Topically, to treat superficial Dermatophytic and yeast infection

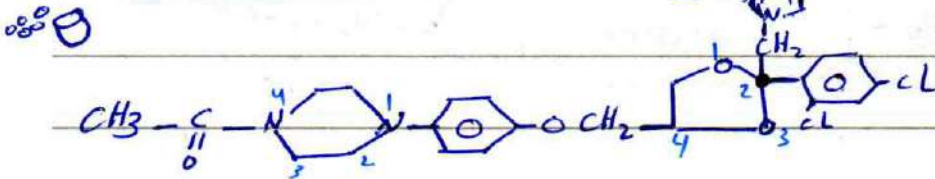
4. **Clotrimazole** Medisint®



N [α (Phenyl) α (O-Chlorophenyl) benzyl] Imidazole.

- used Topically, to treat Tinea infection and candidiasis
 not used systemically \leftarrow Lipophilic
 \uparrow P.B (Protein Binding)

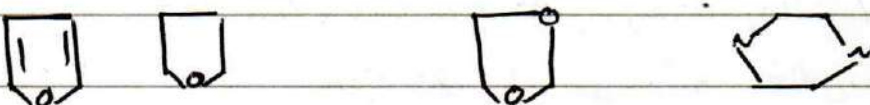
5. **Ketoconazole**, The 1st orally activeazole. Nizoral®



N⁴ acetyl - N¹ [[2 (o,p dichlorophenyl) - 2 (Imidazole

methyl phenyl) 1,3 dioxolan 4 yl] Methoxy] phenyl] Piperazine

remember :



Furan Tetrahydro Furan 1,3 dioxaline Piperazine

Not clinically used ; due to its side effect from the present of keto group $\overset{\ominus}{\text{C}}$ as :-

- ① Hepatotoxicity
- ② ↓ Androgen Hormon
- ③ ↓ CYP 3A4

The ch. Ch of ketoconazole :

- Low water solubility
- Drug-Drug interaction as H_2 Antagonist, Antacid
- All its metabolized are inactive.
- $t_{1/2} = 6-9 \text{ h.}$

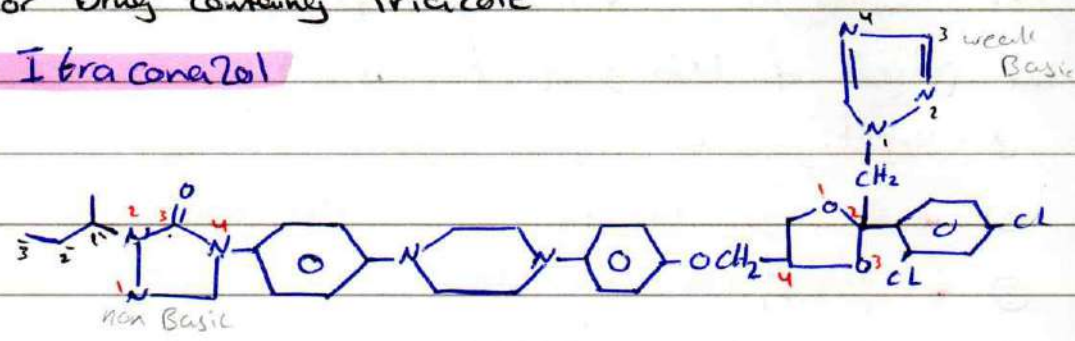
Now days its used Topically.

more polar than imidazole

Date. No.

For Drug containing Triazole

Itraconazole

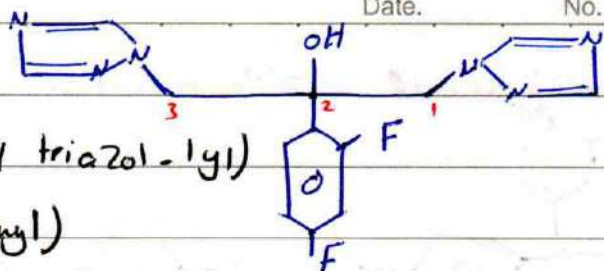


N⁴ [[[[2-(o,p dichloro Phenyl)-2-(1,2,4 triazol-1-methyl)-1,3-dioxolan-4-yl] Methoxy] phenyl] piperazine] phenyl] 2,4 dihydro (1-methyl propyl) 1,2,4 Triazole 3-one

Chich of Itraconazole:

- compared to Imidazole, triazole more safe, less side effect.
- Broad spectrum
- Non polar, so not affected to Fungal meningitis (need Polar)
- orally active
- t_{1/2} = 20-30h
- Not affected by food or antacid.
- No hepatotoxicity side effect.
- Two triazol ring.

2. Fluconazole



1, 3 di or bis (1,2,4 triazol-1yl)

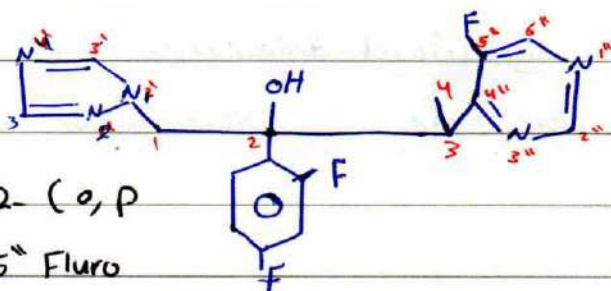
2. (o, p di Fluro Phenyl)

Propan-2-ole.

ph. ch of Fluconazole:

- polar \rightarrow cross BBB, For meningitis in special case called cryptococcal meningitis
- $t_{1/2} = 25-30$ h, not affected by food or Antacid
- Broad spectrum.

3. Voriconazole



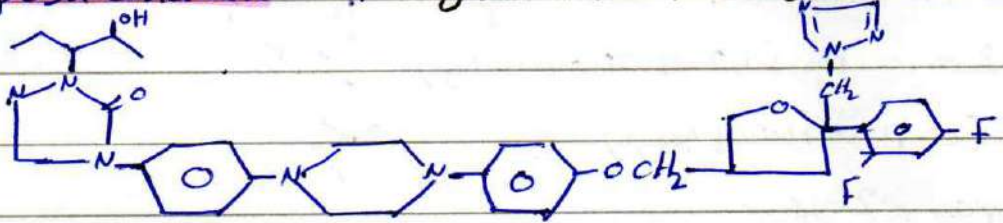
1 (1',2',4' triazolyl) - 2 (o, p di fluro phenyl) - 3 (5' Fluro pyrimidine 4''yl) but ω -ole.

- Lipophilic, Broad spectrum
- use alternative for amphotericin B (polyenes)
- for Invasive $\begin{cases} \rightarrow$ aspergillosis \\ \rightarrow candidiasis \end{cases}

note : Itraconazole

Fluconazole } 1st generation
voriconazole }

4. **posaconazole** 2nd generation of triazole.



- The Broadest spectrum of Azoles.

- Most expensive \$
- inhibit CYP
- used in clinical Zygomycete Fungitis.

usually Triazol derivatives:

- More safe
- More Active
- ↓ side effect

SAR For Azoles :- either for Triazole / Imidazole.

- N^3 in Imidazole must be free
- N^4 in Triazole must be free.

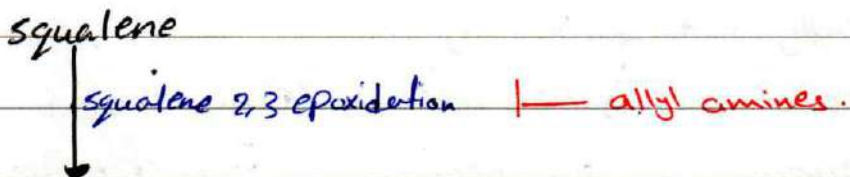
The other in N is Bind to hydrophobic ~~the~~ such as Phenyl (has 2 substitution F, Cl)
But $F \gg Cl$ in the activity.

- Fluconazole : only drug doesn't contain hydrophobic group
✓ BBB, water soluble.

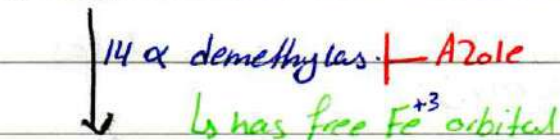
MoA :

Ergosterol Biosynthesis inhibition.

squalene



Lanosterol



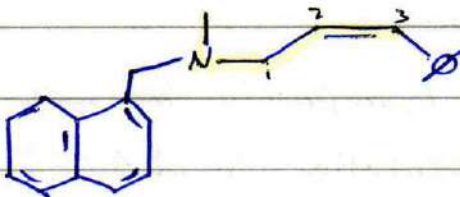
Ergosterol

The free position in N^3 Imidazole, N^4 Triazole will Bind to Fe^{+3} free orbital in 14 α demethylase w/ coordination Bond thus prevent ergosterol synthesis

4- Alkyl Amines: (H_2N - ) less activity than Azoles.

① Nafifine
naphthalin

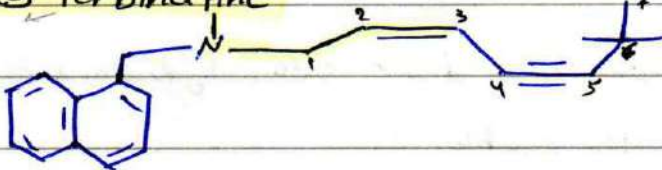
Topically for Tinea infection.



N(methyl)N(naphthaline methyl) N(3-phenyl prop-2-enyl) amine.

② Terbinafine

Lamisil®



10-100 more active than Nafifine

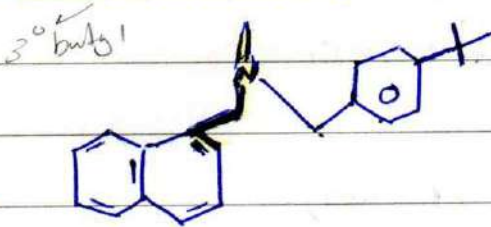
N(naphthaline methyl) N(methyl) N(6,6 dimethyl hept-2-en-4yne yl) amine.

used Topically and systemically

- ↳ Tinea pedis ↳ Nail infection "Dermatophytic onychomycosis" ^{ring} worm of Nails.
- ↳ Tinea corporis
- ↳ Tinea Cruris

contraindicated! For pregnant ; it accumulates + lactating.
in Breast Milk.

3. Butenafine, Not containing allyl amine But same MoA.



N(methyl) N(naphthalin Methyl) N(p 3° butyl benzyl Methyl) amine

- From Benzyl amine derivatives
- MoA

Inhibition squalene 2,3 epoxidase, thus lanosterol is inhibited.

Fungi: سقالاته سقالاته
↳ Toxic.

⑤ polyenes:

Both has 38 C, Amphoteric, Large Macrolides.

Nystatin

- Contain 6 double Bond
- only 4 Bond conjugated
- Topically, Not absorbed G.I.T

Amphotericin B

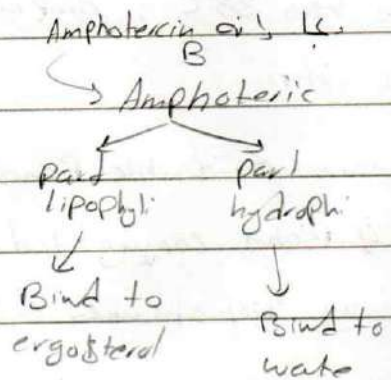
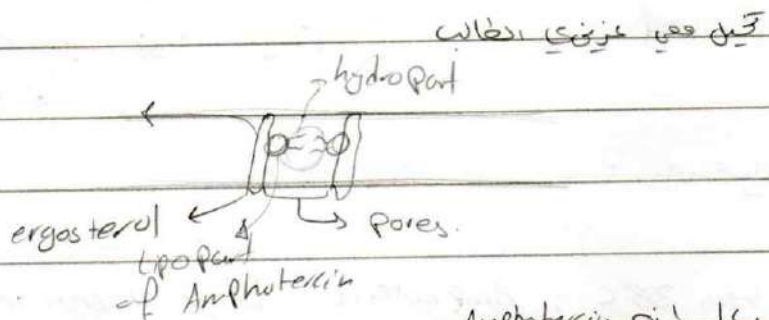
- 7 double bond, All
- All are conjugated.
- As injection (locally) in the joint in Fungal arthritis. → systemic
- can't cross BBB
- More use, less side effect ↑ conj
- Cause nephrotoxicity.
- More active, expensive

6


- Amphotericin B is directly injected in subconjunctiva.
For mycotic corneal ulcers. + keratitis.

- Both Amphotericin B, Nystatin (Polyenes)
Binds w ergosterol in cell membrane and during
Binding it cause pores, lead to leakage of
 K^+ and small molecule, Thus Fungal cell death.
"Fungicidal"

- Amphotericin is Polyene Macrolide (GIT)



thus make pores

6. Echinocandins : "Fungin" 

1) Caspofungin

2) Micafungin

3) Anidulafungin

its group of cyclic peptide with long side chain.

MoA:

Inhibition of cell wall biosynthesis by inhibition of

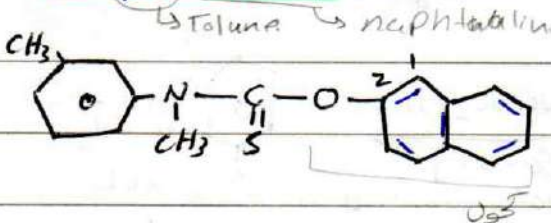
β 1,3 glycan synthase

its ch. ch.

- 1) Long $t_{1/2}$
- 2) Broad spectrum
- 3) used for Azole resistant
- 4) orally inactive
- 5) used i.v.

7) others

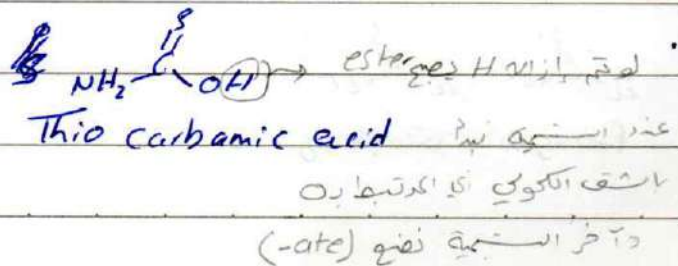
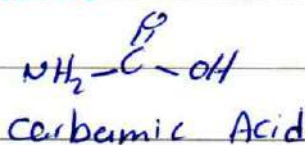
1) Tolnaftate :-

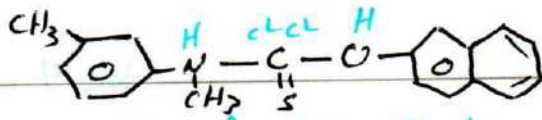


O-2-naphthyl - N-Methyl - N (meta - Methyl phenyl)

Thiocarbamate

Note/

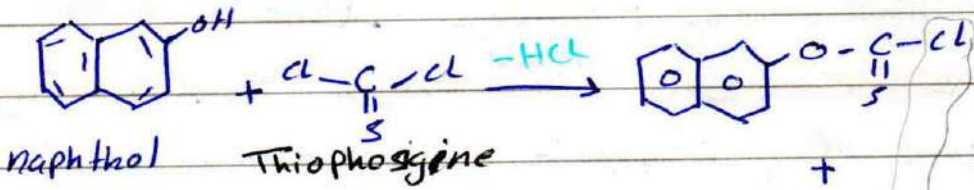




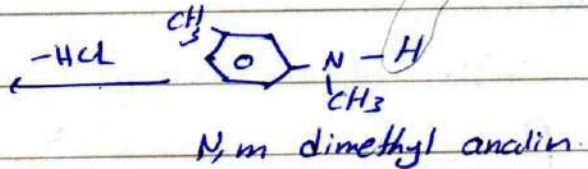
Preparation of Tolnaftate:

Date.

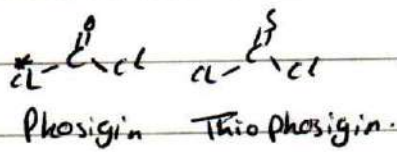
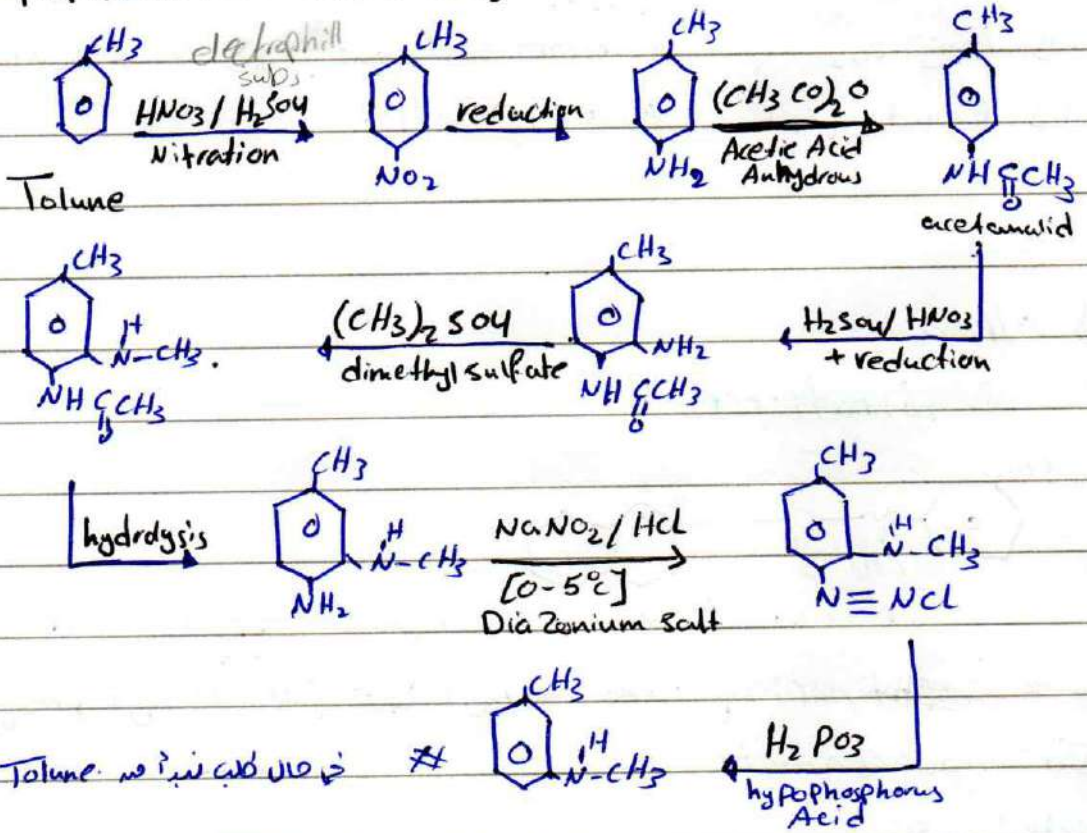
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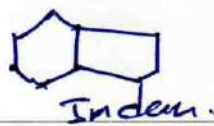
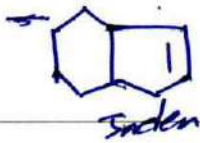
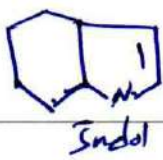


* Tolnaftate:



Preparation of N, m dimethyl aniline:





Date.

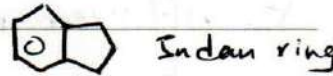
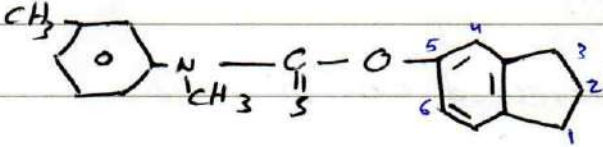
No.

[2] Tolindate

↳ Indan

allyl Amin \rightarrow $\text{CH}_2=\text{CH}-\text{CH}_2-\text{NH}_2$

MOA \rightarrow $\text{C}_6\text{H}_5-\text{NH}-\text{CH}_2-\text{CH}=\text{CH}_2$

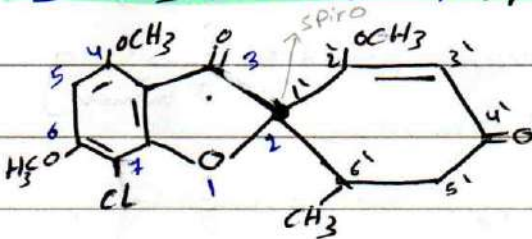


$\text{O} [5 \text{ indanyl}] \cdot \text{N-Methyl} - \text{N}(\text{m-methyl phenyl}) \text{ Thiocarbamo}$

MOA: Inhibition of ~~3,5~~ squalene 2,3 epoxidase
thus lanosterol is inhibited.

- used For (Topically): Tinea \rightarrow Pedis
Corporis
Cruris.

[3] Griseofulvine, spirofulvine[®]



2', 4, 6 trimethoxy - 7-chloro - 6' methyl spiro[2,3 dihydro
& benzofuran(2) (1) cyclohexan^{2em}] 3, 4'' diones.

keton. \rightarrow $\text{C}_6\text{H}_5-\text{C}(=\text{O})-\text{CH}_3$

MOA/ \downarrow inhibition of mitosis, by binding to Tubulines
which \downarrow mitotic spindle formation

Thus No mitosis, no daughter nuclei separation

Fungistatic effect.

Uses /

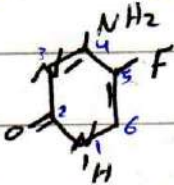
- ① systemically **Not Topically**
- ② Affected by food, increased absorption w lipophilic food. (fatty food)

Ch.Ch /

- Need 6-12 month
- Not relieve the affected fiber but form new fiber.

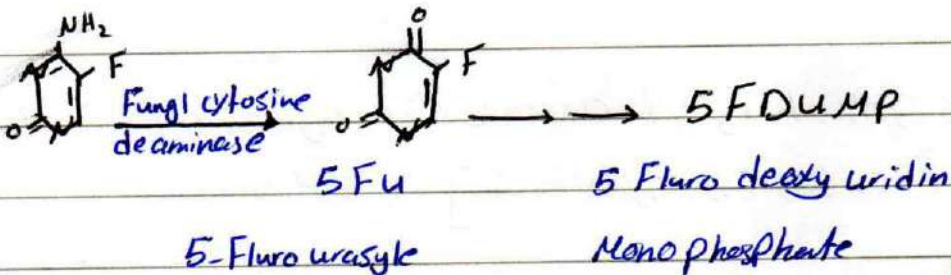
ليس له علاج جزئي للعيب إنما يمنع كونه العنصر في الألياف الجديدة.

④ Flucytosine



- Anti metabolite (anti cancer)
- pro-spectrum [used for fungi + human]
- ↓ DNA synthesis.

4. Amine - 5. Fluro - 1,2 dihydro pyrimidine - 2-one



*Thymidlic Acid

is essential compound
for DNA synthesis

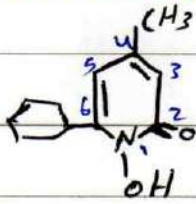
DUMP

Thymidilate
synthase

DTMP

need for False so
Nucleotid
DNA synthesis.

5] ciclopirox



6-cyclohexyl-1-hydroxy-4-methyl
1,2-dihydropyridin-2-one.

used: Topically, shampoo

- For seborrheic dermatitis

- For Tinea $\begin{cases} \rightarrow \text{pedis} \\ \rightarrow \text{corporis} \\ \rightarrow \text{cruris} \end{cases}$

- For Tinea versicolor.

MOA/

By chelation "complexation" of polyvalent cations
as Al^{+3} , Fe^{+3} that affect from complex:-

① energy production

② electron transfer of mitochondria.

Analgesic

Drug Bringing about insensibility to pain without consciousness.

Analgesic

Strong

Weak

- 1) Salicylic Acid derivative
- 2) Anilin
- 3) Indol
- 4) Aryl Acetic Acid
- 5) Aryl Propionic Acid
- 6) Anthranilic Acid
- 7) Pyrazolone + Pyrazolidine
- 8) others

9) others/
Tramadol

semisynthetic

- codein
- Diconine
- Heroine
- hydro morphane
- hydro codeine
- oxy morphane
- oxy codeine
- morphinane
- Antagonist
 - Nalophrine
 - Naloxone
 - Naltrexone
 - levallorphan

Synthetic

- 1) pelidine + Meperidine
 - A) large group N
 - oxitertidine
 - Pheniridine
 - Pimindine
 - Benzibidine
 - Diphenoxylate
 - B) ester → keton
 - Ketobemidone
 - C) sub. ring
 - prodined
 - D) to Azipem
 - Ethonitazlin
- 2) Methadone
 - Diprane
 - L-α amino methadol
 - Acetyl
 - Dextropropoxyphen
 - Dextromoramide
- 3) Benzomorpheme
 - Methazosine
 - Phenazosine
 - Pentazosine
 - Cyclozosine

Natural

- Morphine

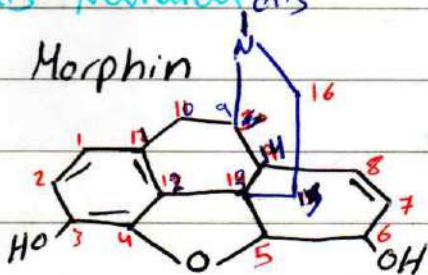
Strong Analgesic.

Date.

No.

1) Natural CH_3

2) Morphin



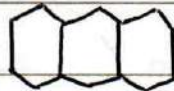
3, 6 - dihydroxy - 4, 5 epoxy - N - Methyl 7, 8 di dehydro Morphinane



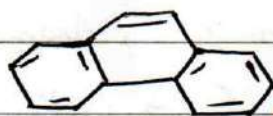
Benzen



naphthalin

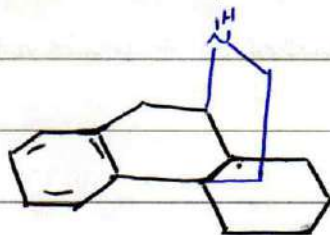


anthracin



Phenanthren

angle



Morphinane or Morphine (No epoxy group)

Ch. Ch of Morphine /

- Amphoteric, has $\begin{matrix} \swarrow OH \\ \searrow 3^{\circ}N^{\oplus} \end{matrix}$
- has chiral centers [5, 6, 9, 13, 14] thus $2^n = 32$ isomer
- But it has just 8 isomers and the others are epimere (just differ in configuration)
- it has T-shape conformation in space.
- orally absorption is low

its absorption improve by adding HCl salt, sulfate

- slowly cross BBB

- its L-isomer active ✓

D-isomer inactive x

- Biotransformation:

→ 3-O-glucuronid

→ 6-O-glucuronid.

OH in 3 → Aromatic Both could transfer for
OH in 6 → cyclic Alcohol } O-sulfate.

* By Morphine we could get Both synthetic + semisynthetic Analgesic.

② Semisynthetic All are Amphoteric.

- Either change OH in 3, 6 position

- or ^{remove} = in 7,8

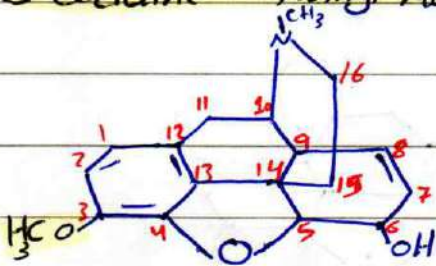
or add OH in 14

or remove of epoxid in 4,5.

① Codaine "Methyl Morphine"

- Antitussive

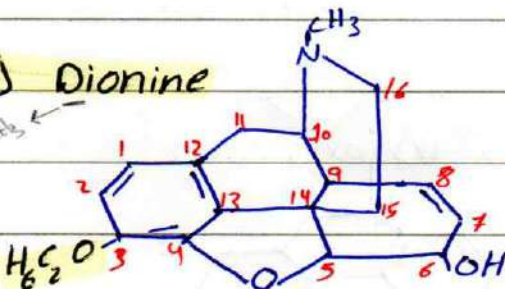
- ↓ Analgesic effect.



N-methyl - 6-hydroxy - 4,5 epoxy - 3-Methoxy 7,8
didehydro Morphinane.

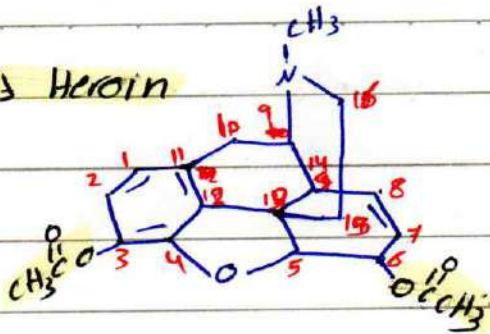
② Dionine

2CH₃ ←



3-ethoxy - 6-hydroxy - 4,5 epoxy - N-methyl 7,8
didehydro Morphinane.

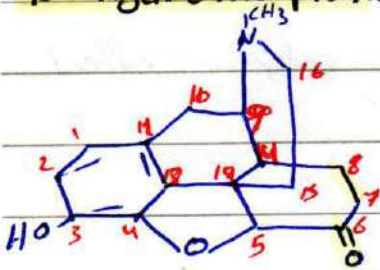
③ Heroin



- more Analgesic than Morphine
- ↑ side effect
- ✓ BBB.

3,6 diacetyl oxy - 4,5 epoxy - N methyl didihydroMorphinane

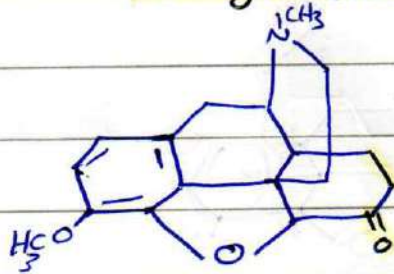
4. hydromorphone



↑ Analgesic effect

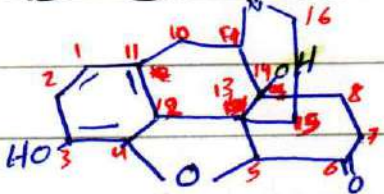
(3-hydroxy - 4,5 epoxy -
N-Methyl 6oxo Morphinane)

⑤ hydrocodone

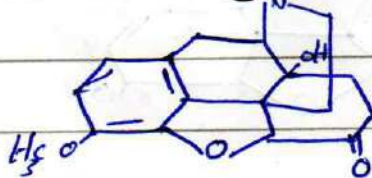


= morphine Analgesic effect
But less than hydromorphone
- Anti tussive.

⑥ oxy Morphin



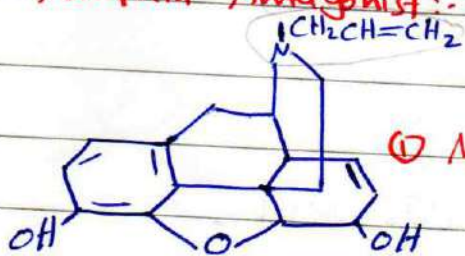
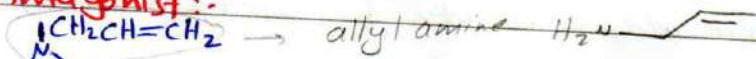
⑦ oxy codone



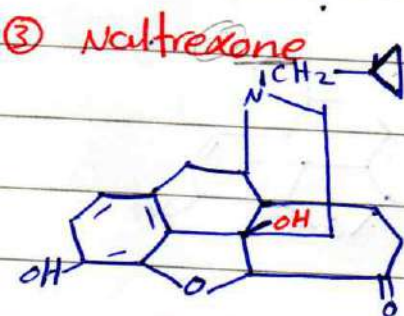
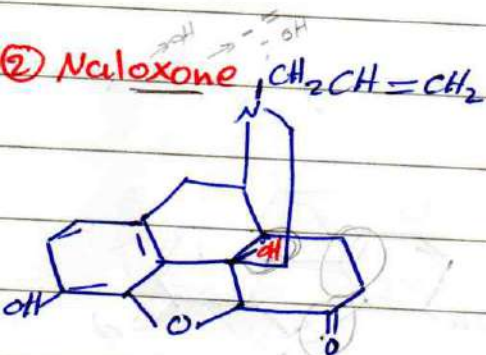
14 More Analgesic than Morphine
3,6 dihydroxy - 4,5 epoxy - 6oxo
N-Methyl - 9-hydroxy

N-Methyl Morphinane

Morphin Antagonist:-

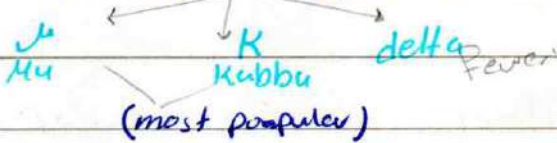


① Nalorphine (semi synthetic)
Antagonist
"Nalopharm" R



* For synthetic they take pharmacophore group from ~~semi~~ Morphin then make modification.

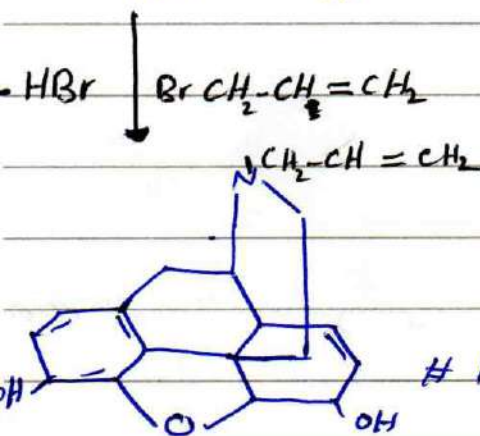
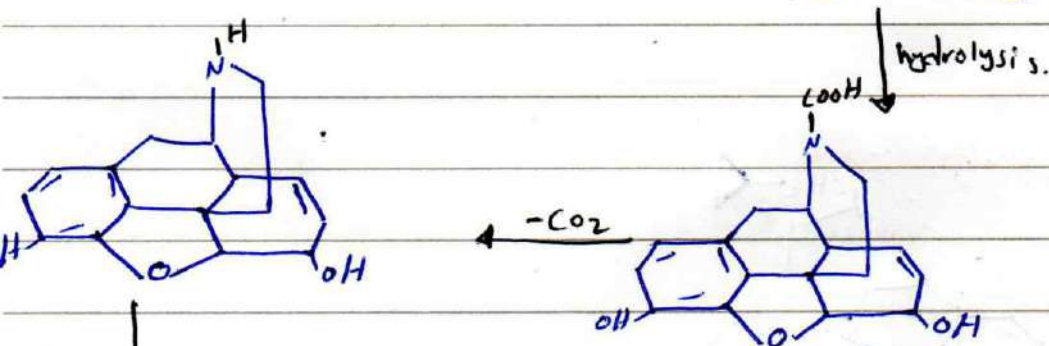
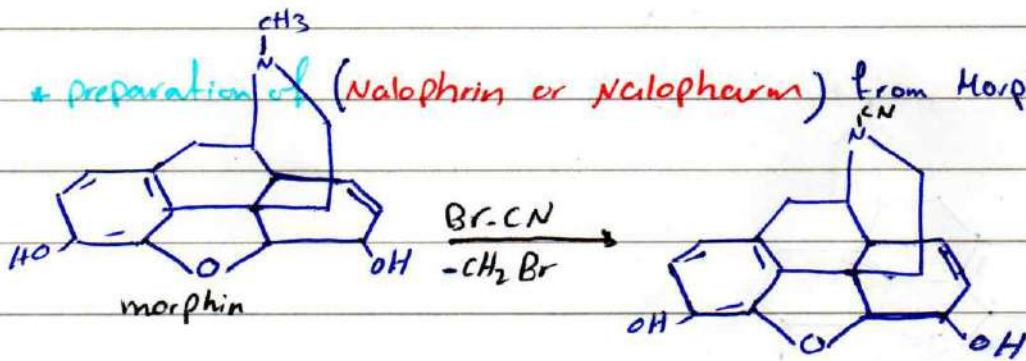
- There are 3 receptors for analgesic drug:



- These receptors found in CNS, GIT. So

These type of Analgesic would cause diarrhea, Colic.

+ preparation of (Nalorphin or Nalopharm) from Morphine

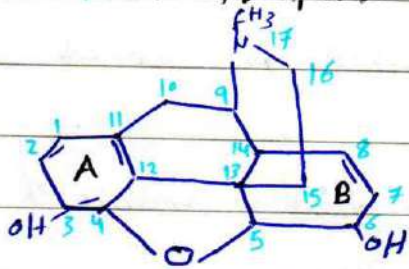


Nalorphin (Nalopharm)

SAR Morphine

Date.

No.



[A] phenol ring if removed or reduced \rightarrow **loss activity**

- The presence of hydroxy in position 3 required for give activity.

- if OH in 3 convert to OCH₃ \rightarrow \uparrow Lipophilicity
 \uparrow oral Bioavailability.

as in codein \downarrow Analgesic effect, \uparrow Antitussive

- OCH₃ in 6 position in hydrocodein \rightarrow isomer for codein

[B] ring

OH in position 6 is **not** required for activity.

- if OH in position 6 converted to H \rightarrow

\uparrow Binding to M⁺ receptor, \uparrow activity 10 time higher.

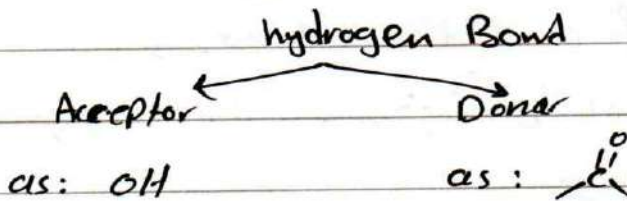
- if it replaced \bar{w} CH₃ or =CH₂ (Methylene)

also \uparrow Binding to M⁺ receptor

- if replaced \bar{w} (=O) \bar{w} presence of double bond

in (7-8) \downarrow activity to 1/3 due to weak connection
 or Binding \bar{w} receptor

• if OH in 6 converted to (=O) **without** presence of double bond in (7-8), **The Activity is increased**.
 Due to conformation of cycloAlkan that responsible of strength the Binding w the receptor.




* if the group of OH in 3, 6 converted to **(acetyl oxy)**
The activity and toxicity are increased: Heroin

* on position 14 (14β-OH), presence of OH in 14
 increased or stimulate binding to M receptor
 ↑ activity, ↑ effectiveness (2 or 3 times) higher than Morphine
 ↓ Antitussive effect.

thus

⊗ Oxycodone \gg hydrocodone (in Activity)
 (orally)

 Oxymorphone \gg hydro Morphone (in Activity)
 I.V

(Bioisosterism)

Date

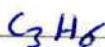
No.



* N in position 17, if replaced to CHR → Inactive
 or replaced w̄ oxidation (N-oxide) → Inactive.
 or it become Quaternary $\overset{+}{N} \begin{matrix} \swarrow \\ \searrow \\ \downarrow \end{matrix} \begin{matrix} CH \\ O \end{matrix} \rightarrow$ Inactive.

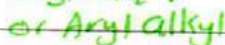
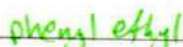
if CH₃ on N converts to H → reduces activity
 by 75% or 3/4 or three quarters. "Normorphine"
 ↳ No CH₃

[R]




As increased in R, ↓ activity.

C₄H₉ → No activity At all



increased activity for 14 times.

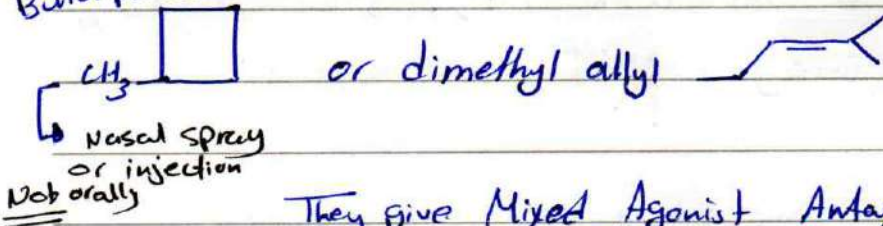
* if R on N is unsaturated (CH₂CH=CH₂) or Naltrexone

or carbocyclic (CH₂-) Naltrexone

Both are pure Antagonist.

in case R replaced w̄ cyclo butyl Methyl

Butorphanol

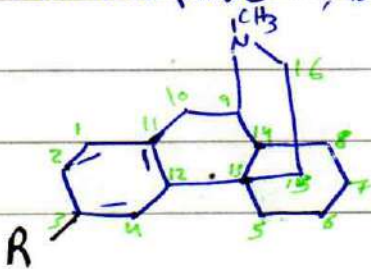


They give Mixed Agonist Antagonist

↑ at κ receptor

↓ at μ receptor

- epoxy group, the ether link is not essential for activity as in Morphinane ↑ more potent, longer activity than Morphine, but has ↑ toxicity.



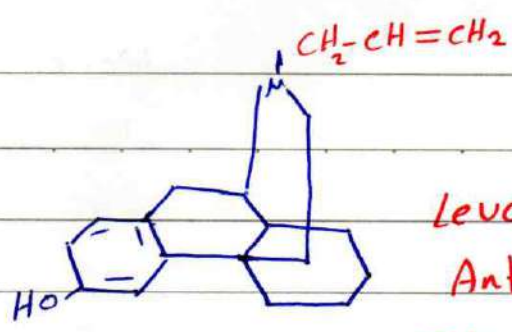
DoA 6 to 8 h

- called Tetracyclin opioid
- used as Tartrate (Salt)
- levo form active

if R: OH → Levorphanol

its 7.5 time more active than Morphine as Analgesic.

COc1ccc2c3c1O[C@H]4[C@@H](OC)CC[C@]342 → Dextro Methorphan. Dm[Ⓢ]
 (Antitussive)



Levallorphan
Antagonist.

5 time higher than Nalorphan.

Natural ✓ semisynthetic ✓

* Narcotic Drug → Any Drug induce sleep.

* opoid → strong Analgesic

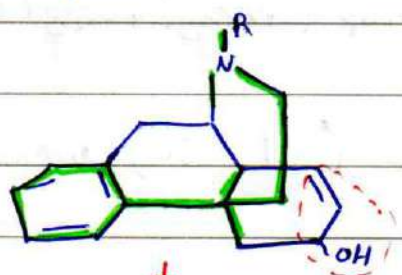
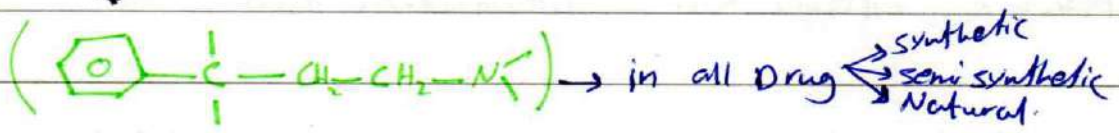
bind to 3 receptors
(μ , κ , δ)

many forms →
 Natural synthetic semisynthetic

* All Drug except Morphin (bifer) is semisynthetic.

* Synthetic Drug. for strong Analgesic

They take pharmacophore group (phenyl propyl amine)

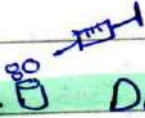


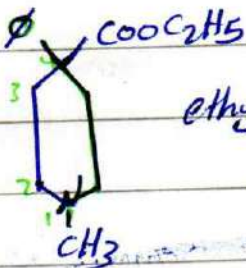
↓ epoxy not important

→ not important for activity.

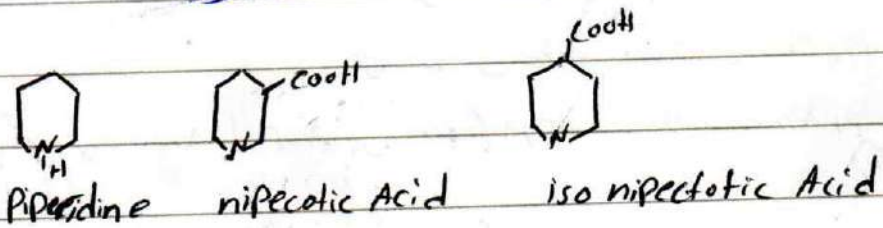
• Synthetic strong Analgesic :-

1. Petidine = Meperidine
2. Methadone
3. Bnzomorphine.

① Petidine = Meperidine.  Dolantine [®]



ethyl (1-Methyl-4-phenyl) isoneprocate
or piperidine - 4 - Carboxylic acid



has the pharmacophor group (Phenyl Propyl amine)

* Petidine effect to morphin (1-10) weaker than morphine

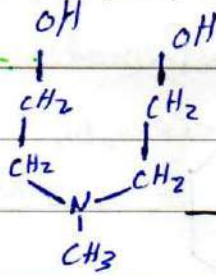
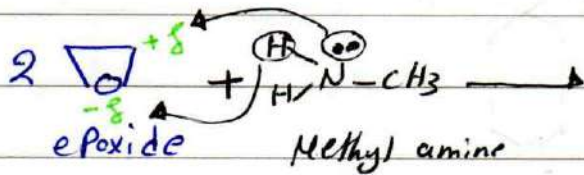
used in ~~the~~ obstetrics

- Rapid onset + short duration.
- used orally or I.v.

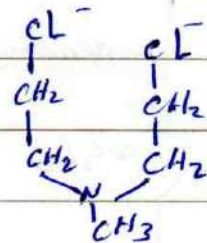
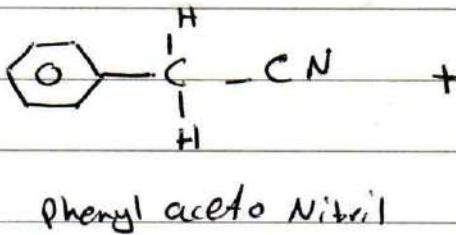
Date.

No.

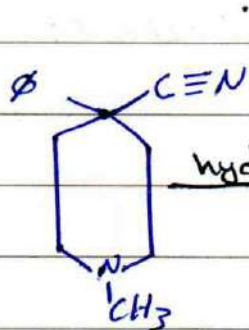
Preparation of ~~pp~~ Petidine



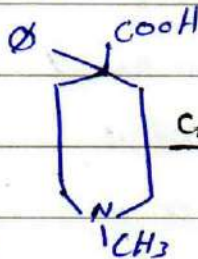
$\xrightarrow{\text{SOCl}_2}$
Thionyl Chloride



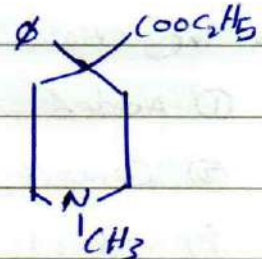
$- 2 \text{HCl}$



Hydrolysis



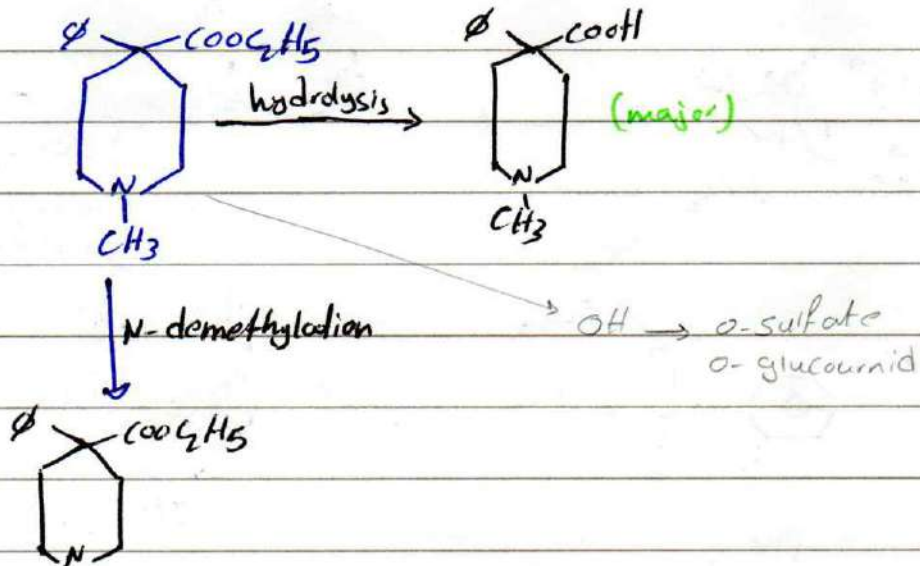
$\xrightarrow{\text{C}_2\text{H}_5\text{OH}/\text{H}^+}$



Petidine

make Neurotoxicity.

Biotransformation of piritidine



"Normepitidine" (neurotoxicity)
(major)

on piritidine / mepridine

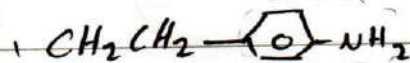
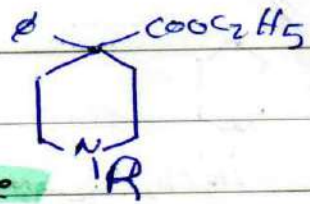
* They make modification[↑], To avoid side effect:

- ① Added large group on N
- ② Convert ester to keton
- ③ substitution on piperidine ring.
- ④ Convert piperidine to azepine

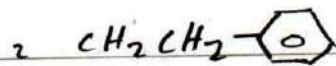
* after modification it becomes has
rapid duration, rapid onset

① Added large group on N.

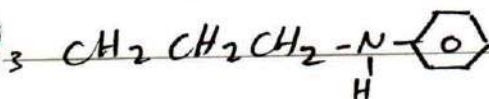
R:



Anileridine

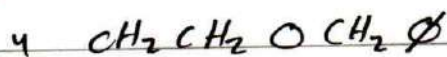


Pheneridine

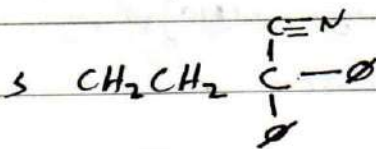


Piminodine "alvodine" ^(R)

↑ Bioisosterism.



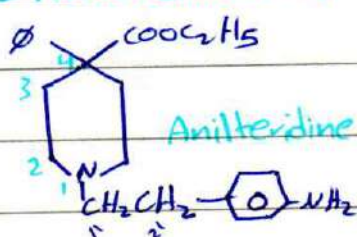
Binzetidine



Diphenoxylate.

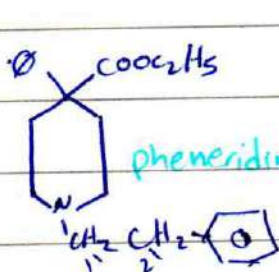
All are more lipophilic, cross BBB ✓

nomenclature /



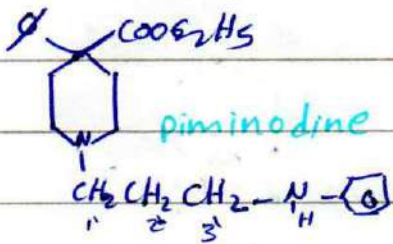
ethyl (¹cinclaine ethyl) - 4-phenyl)

Anileridine isonepotate.

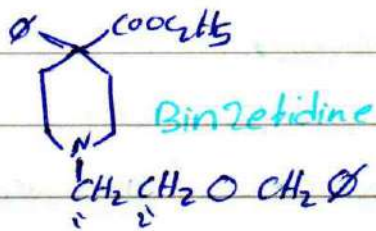


ethyl (¹Benzyl methyl
²phenyl ethyl) - 4-phenyl)

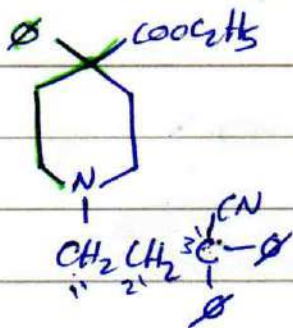
Pheneridine isonepotate



ethyl (~~3~~³-phenyl amino propyl) -
4-phenyl isonepotate



ethyl (^{or phenyl methyl}
~~3~~³ Benzyl oxy ethyl) -
4-phenyl isonepotate.



ethyl [(3-(3,3 di phenyl cyano) propyl)]
-4-phenyl isonepotate.

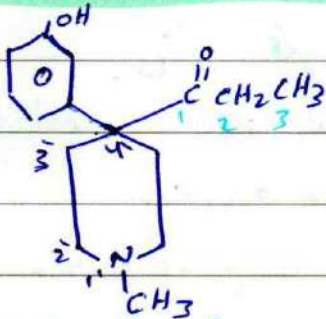
② convert ester to keton.

Keto benzidone



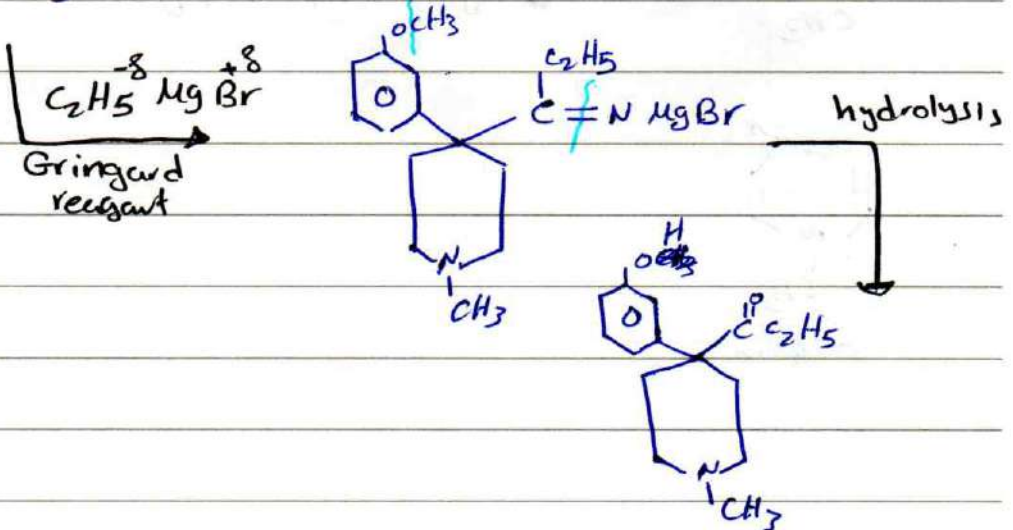
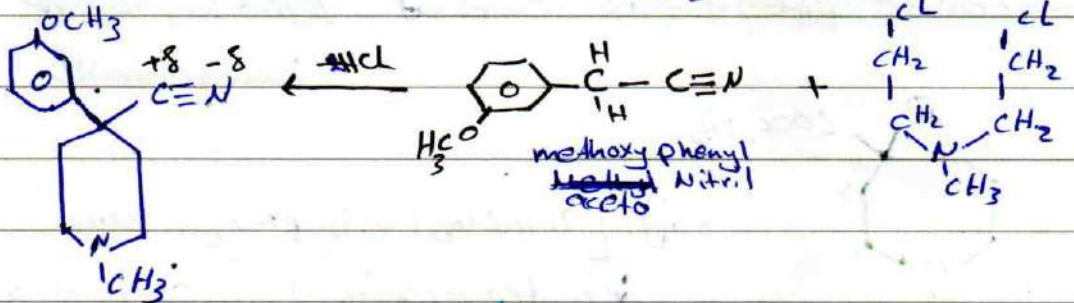
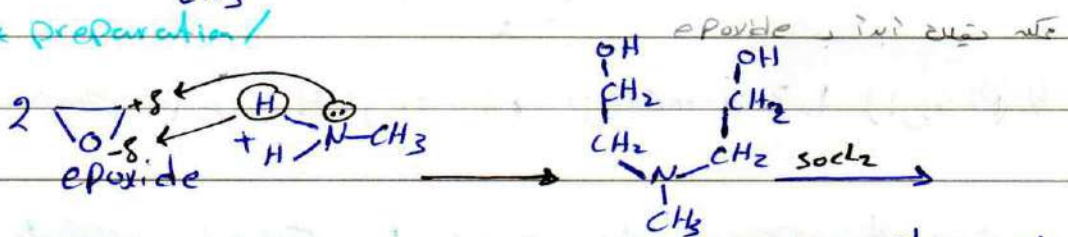
Ketogone®

x.i.v

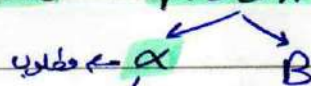
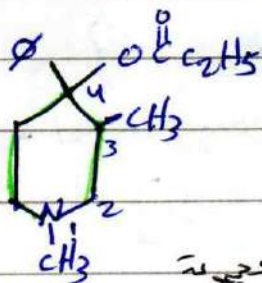


[4-(4-hydroxyphenyl)-1-methyl piperidin-4-yl] propane.

* preparation/



③ Substitution on piperidine prodine



in same direction.

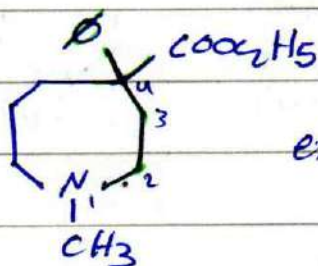
Nisentil [®]

المركب في الصورة الكوكبي المتكافئ في اتجاه واحد

4-(phenyl) 1,3 dimethyl piperidinyl 4 yl } propanoate

4- convert piperidin to Azipene Ethoheptazine

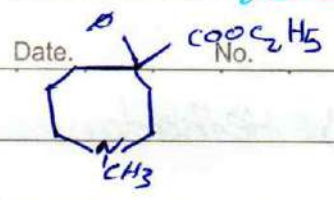
zactame [®]



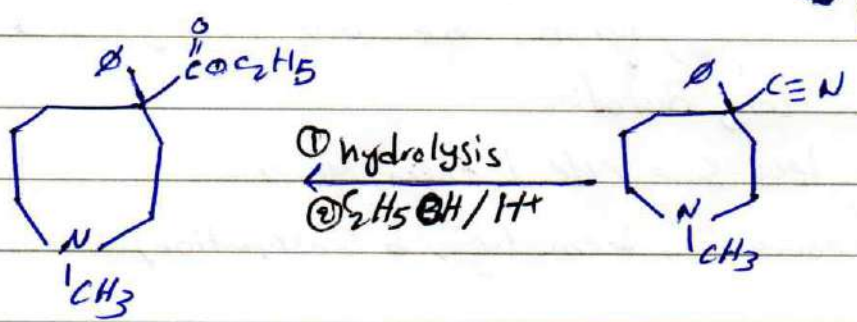
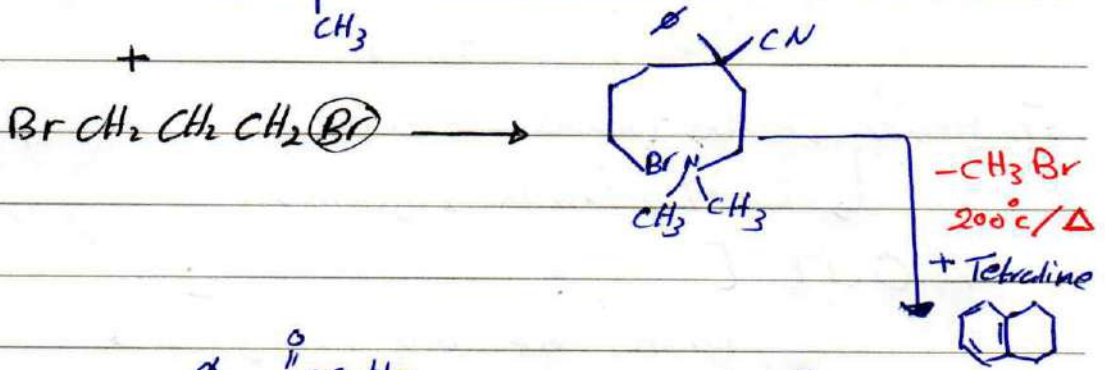
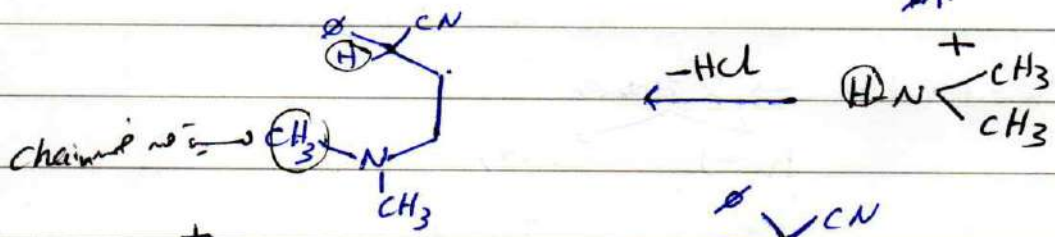
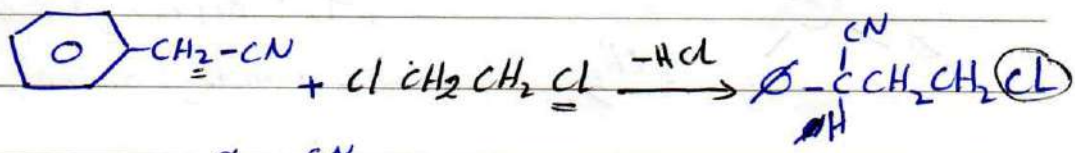
ethyl [1-methyl-4-phenyl hexa-
hydro Azepim 4 yl] carboxylate.



azepim

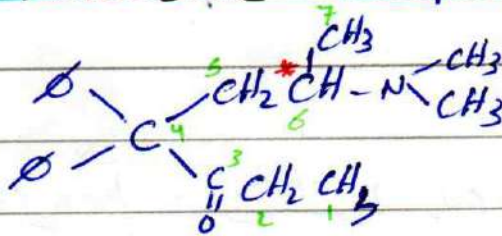


Preparation of Ethoheptazine:



~~Etidine~~ ✓
Ethoheptazine
or Zactan®

[2] Methadone Dolophine®



4,4 diphenyl - 6-
(N,N dimethyl amino)
heptan 3-one

1 chiral center \rightarrow 2 isomer

RC(-) \rightarrow S(+)

Active ✓

InActive X

Enantiomer \rightarrow Active formula \rightarrow Eutomer

\rightarrow Inactive formula \rightarrow dystomer.

uses/ OUD [opioid use disorders]

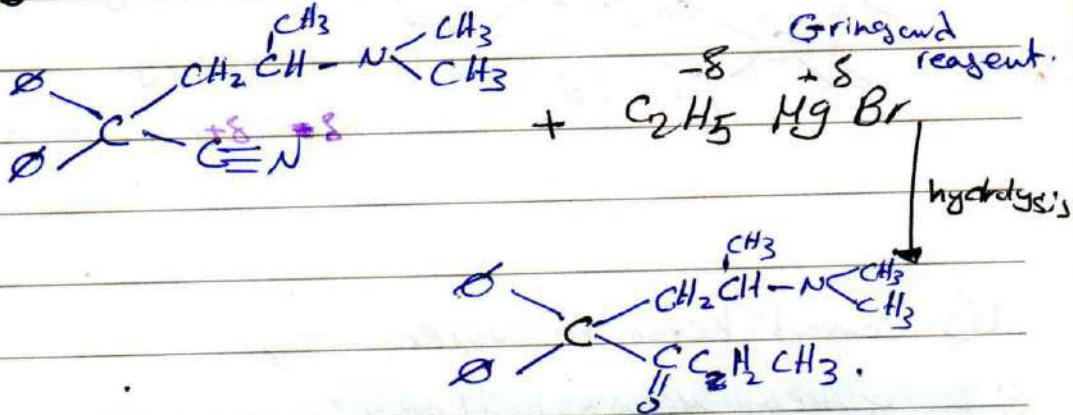
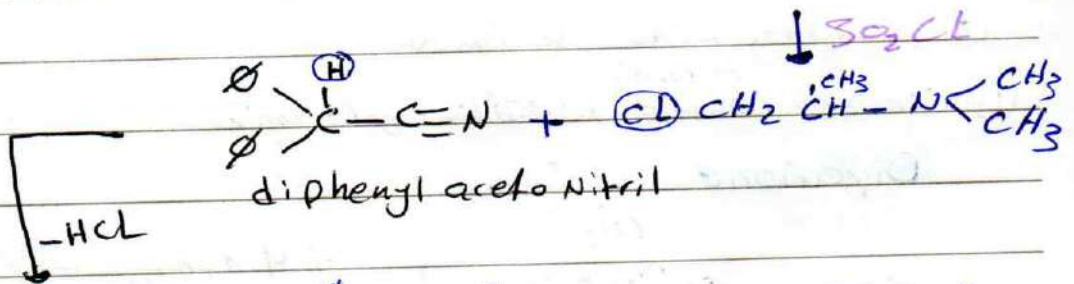
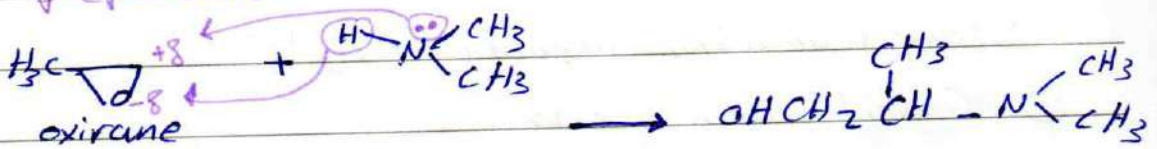
heroin. \rightarrow \rightarrow

- long duration

- less side effect than Morphine

(\downarrow sedation, \downarrow emetic, \downarrow constipation).

Preparation of Methadone:



Note: if CN want to convert to c.a. $\overset{\text{O}}{\parallel}\text{COC}_2\text{H}_5$

add $\text{C}_2\text{H}_5\text{OH}/\text{HT}$

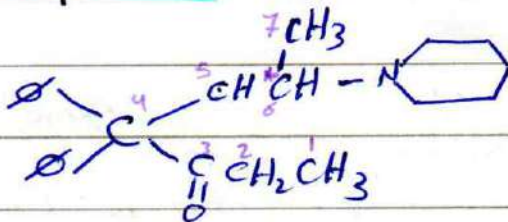
if convert to keton add Grignard reagent

$\text{C}_2\text{H}_5\text{MgBr}$.

* Modification of Methadone:

- ① convert amine from Aliphatic to cyclic.
- ② Convert keton to ester.
- ③ Convert keton to Amide
- ④ convert amine to ~~aliphatic~~ ^{Aliphatic} cyclic Amine.

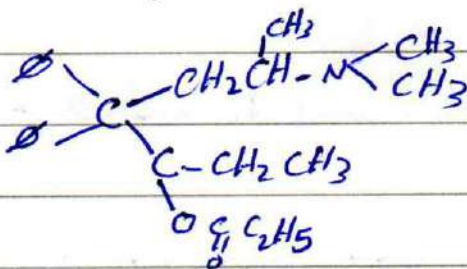
Diprone



4,4-diphenyl
6-piperidinyl
heptan-3-one.

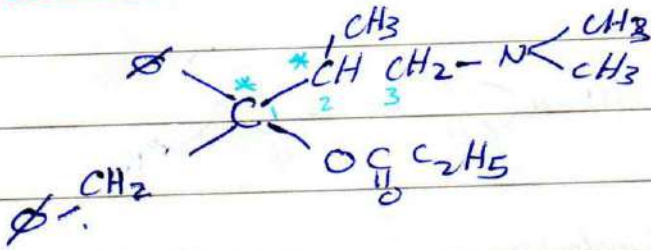
② convert keton to ester

① L-α Acetyl Methadol [LAAM]



* more effective
for OUD than
Methadone
* long duration
(2y (10⁸ & 10⁹))

② Dextropropoxy phen.



Darvan[®] HCl

Darvan N[®]
(napsylate)

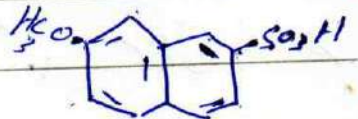
↳ salt non soluble
in water.
To prevent addiction

2 chiral center, 4 isomer.

• 2 R, 3 S → Antitussive

2 S, 3 R → Analgesic

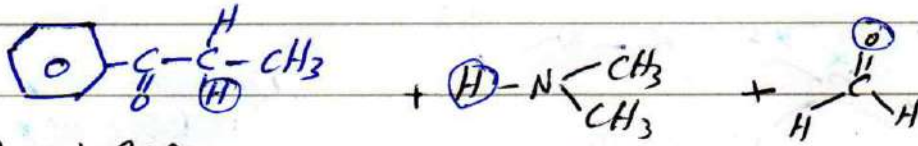
* napsylate



* cardiotoxicity. side effect.

(1-(Phenyl)-1-(Benzyl)-2-methyl-3-N,N
dimethyl amino) propane.
propane.

preparation of Dextropropoxy phen:

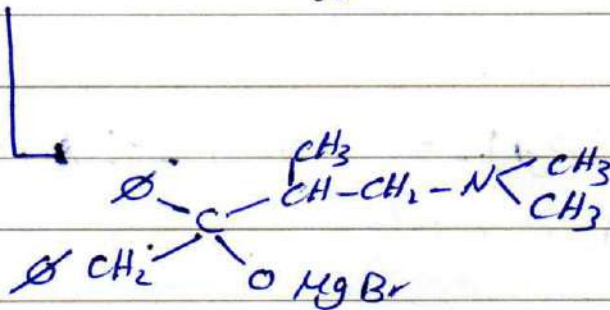
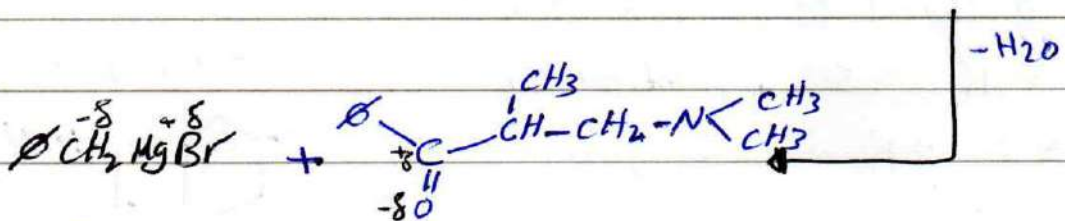


Phenyl Propanon

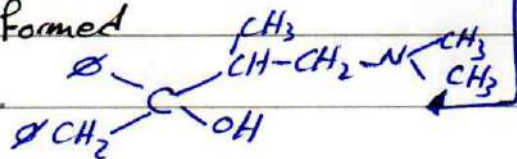
or phenyl ethyl keton.

Dimethyl amin

formaldehyde.



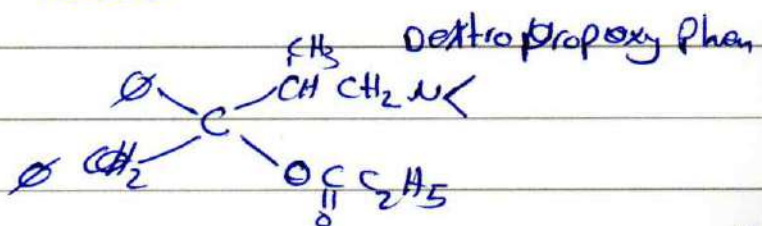
hydrolysis.

more than isomer Formed
for separate/isolateAdd to chamber
sulfonic Acid

Acetic Acid anhydrous



D form



Dextropropoxyphen used as combination:-

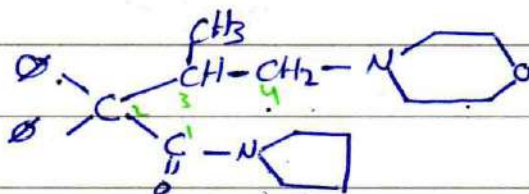
① Dextropropoxyphen + paracetamol → Dologestic[®]
Paragesic[®]

② = + Meclizine Acid → Pansan Part[®]

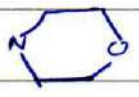
③ = + caffeine + paracetamol + Diazepam → Proxan[®]

④ = + Aspirin + acetaminophen + caffeine → Rogeem[®]

⑤ Dextromoramide [3] convert keton to amide.



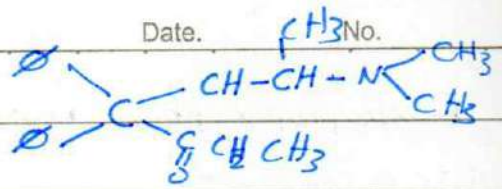
Pyrrolidine



Morpholine

1 - Pyrrolidiny 1 - 2,2 diphenyl - 3 - methyl - 4 - morpholine butanone.

SAR of Methadone :-



- ① phenyl ring must be unsubstituted to give activity.
- ② Aliphatic amine \rightarrow cyclic Amine \uparrow activity
as Diparone
- ③ convert keton \rightarrow ester \uparrow activity L or Acetyl Methadol [LAAM]
keton \rightarrow Amide \uparrow activity as Dextromoramide

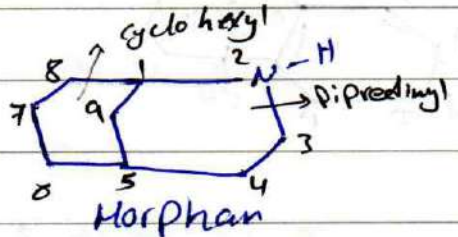
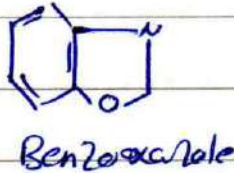
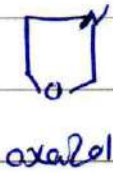
④ Transfer of methyl from position 1 \rightarrow 2 \uparrow activity

⑤ it must have the Pharmacophore group

" phenyl propyl amine "

Phenyl \rightarrow C_6H_5
Amine \rightarrow N

3] Benzomorphone.

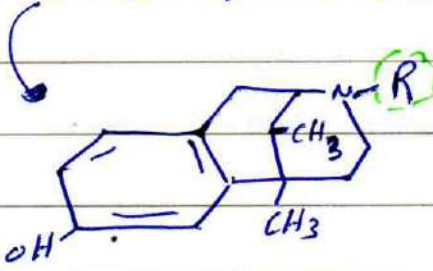


Note

Morphine → 5 ring

Morphinone → 4 ring

Benzomorphone → 3 ring



* Side effect → less Tolerance
 * All end w Zosine

→ Psychotomimetic
 → Hallucinogenic.
 → less addictive

(R)

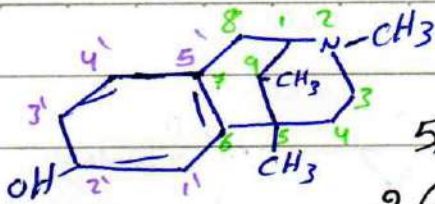
- CH₃ → Methazosine = Morphin

- CH₂CH₂Ø → Phenazosine = 4x Morphin
 Aryl alkyl
 ethyl Phenyl

CH₂CH=C(CH₃)₂ → Pentazosine Mixed Agonist Antagonist
 Dimethyl allyl

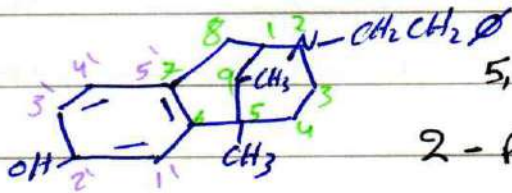
K receptor
 Full
 L M receptor weak

CH₂ → cyclazosine Antagonist



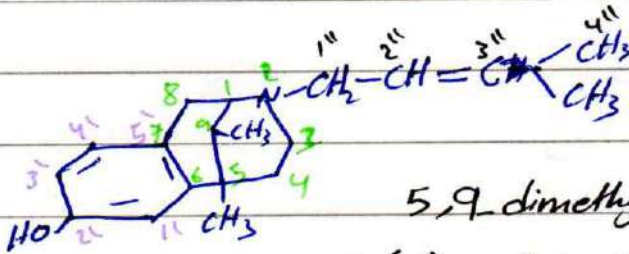
Methazosine

5,9 dimethyl - 2'-hydroxy
2 (methyl) benzomorphan



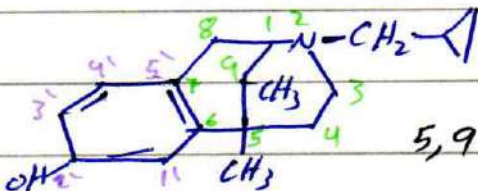
Phenazosine

5,9 dimethyl - 2'-hydroxy -
2 - phenyl ethyl benzomorphan



Pentazosine

5,9 dimethyl - 2'-hydroxy
2 (3'' methyl - but - 2'' enyl) benzomorphan

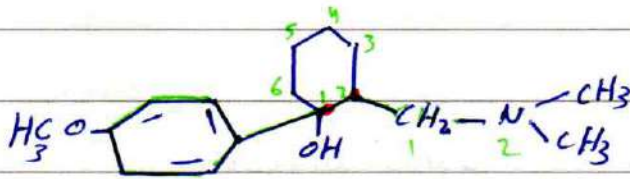


Cyclozosine

5,9 dimethyl - 2'-hydroxy -
- 2 - (cyclopropyl methyl)

Benzomorphan.

Others: Tramadol, Tramal[®]



✓ Pharmacophore group

"Phenyl propyl amine"

1-(p-Methoxy phenyl)-2-((N,N dimethyl amino) methyl) cyclohexanol.

$C_1, C_2 \rightarrow$ chiral center.

(+) enantiomer 30 fold activity than (-) enantiomer

• Tramal \rightarrow on salt or HCl salt form

• orally active.

• O -demethylation By CYP2D6 \rightarrow same enzyme for codeine

active

increased activity + give active metabolite.

• Has dual mechanism, stimulation μ receptor and inhibition for Noradrenaline. (Nor epinephrine)

• its potency is 0.1 of morphine (weak)

• The metabolite, Enantiomer cause (pro convulsive)

for knowledge:

• Tapentadol \rightarrow No pharmacophore

\downarrow from others

Strong Analgesic

Analgesic

Strong

- Narcotic "induce sedation"
- All contain pharmacophore group
- Activity related to structure

weak "Mild"

- Non Narcotic
- No pharmacophore
- Drug Activity **not** related to structure.

- called "NSAIDs"

Non-steroidal Anti-inflammatory Drugs -

Analgesic, Antipyretic

↳ affect on Thermoregulation

center in hypothalamus.

- Analgesic, Anti-inflammatory

* **Inflammation**: A normal protective response to tissues injury, caused by noxious chemical, physical trauma or microbiological Agent.

* **Autocoids**: As Histamine, Serotonins, prostaglandin, leucotryins (release of these mediators lead to immune response).

* All NSAIDs, has different structure but same Action.

NSAIDs inhibits cyclooxygenase [Cox] pathway.
That lead to inhibit prostaglandine.

read chapter 2 (prostaglandine) Text Book of ^{Medicinal} Chem.

- ↳ Type of Ps, Biosynthesis, Function
- ↳ class of COX inhibitor.
- ↳ Type of COX.

* Eicosanoids:

it compounds that derived from Arachidonic Acid (20C)
as : Thromboxan, Lipoxin, Leukotriens.

* Classification of weak Analgesic:-

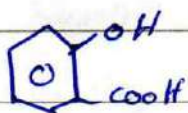
Salicylic Acid derivative : Salicylate" } set

• From [spirea plant] ^{obtain}

• The plant has salicine $\xrightarrow{\text{ox}}$ salicylic Acid

* Not used directly : ① gastric irritation, ulceration

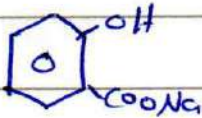
② Bad taste



ortho hydroxy benzoic Acid

Salicylate / Salicylic Acid

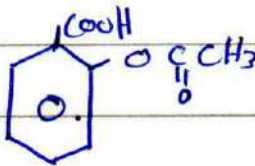
So they make salt form of Salicylic Acid.



Sodium Salicylate

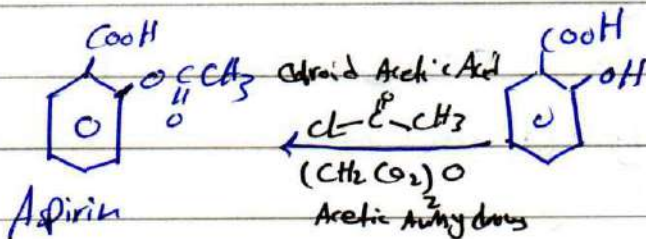
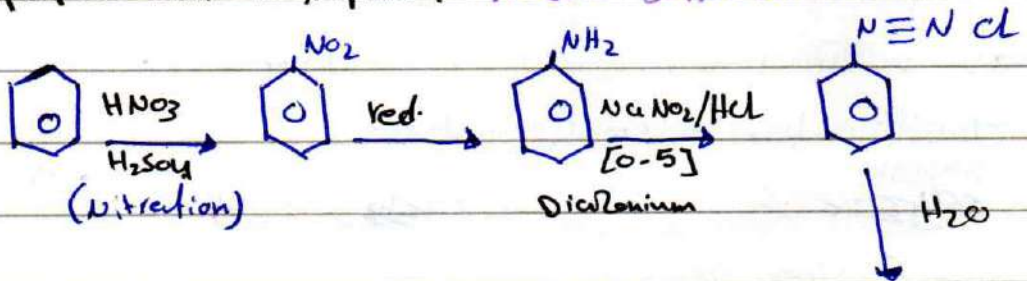
Thus : ① ↓ gastric irritation
② ↓ Anesthetic.

① Aspirin, Aspirin[®], Baby Aspirin[®], Godmed[®], Rhonal[®]

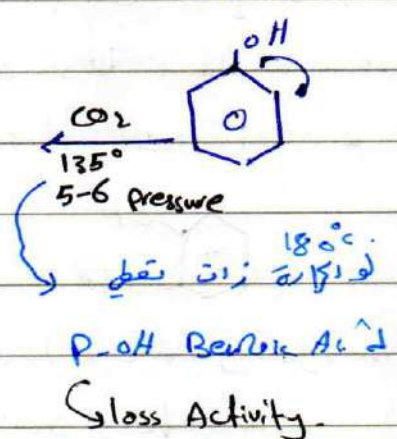


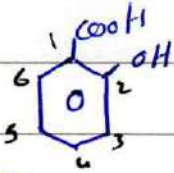
Acetyl Salicylic Acid

* preparation of Aspirin: Koble shomith RXN.



Aspirin





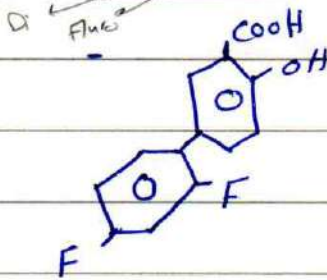
① OH in ortho, but if convert to (m,p) *loss Activity*

② 5 position if has withdrawal group [Cl⁻, F⁻]

↑ Antinflammatory effect. but ↑ toxicity.

③ So they make modification instead of put Direct Cl or F⁻
They put Phenyl group with ortho, para Fluoro.

III Difunisal Dolobid®



- Absorbed in intestine.

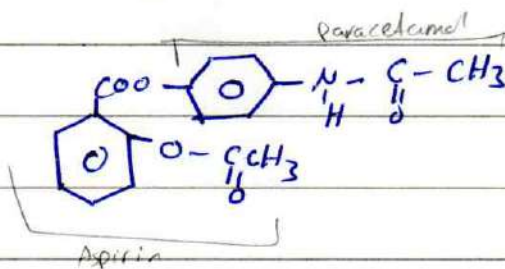
- ↑ Potency

- has longer DoA

Due to Enterohepatic circulation cycle.

B) second modification.

Benorylate [esterification of ~~two~~ Paracetamol and Aspirin]



salicylate

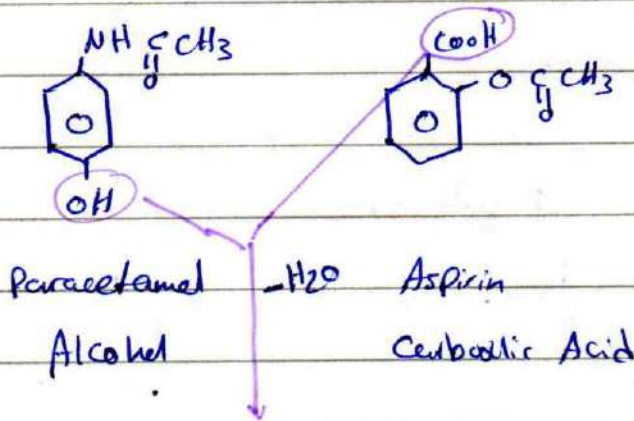
N(acetyl) amino phenyl Acetyl Salicylic acid.

← ester

goals of All Modifications:

- ① \uparrow Activity.
- ② \uparrow stability
- ③ \downarrow side effect in GIT

in this case \downarrow side effect in GIT so less gastric problem

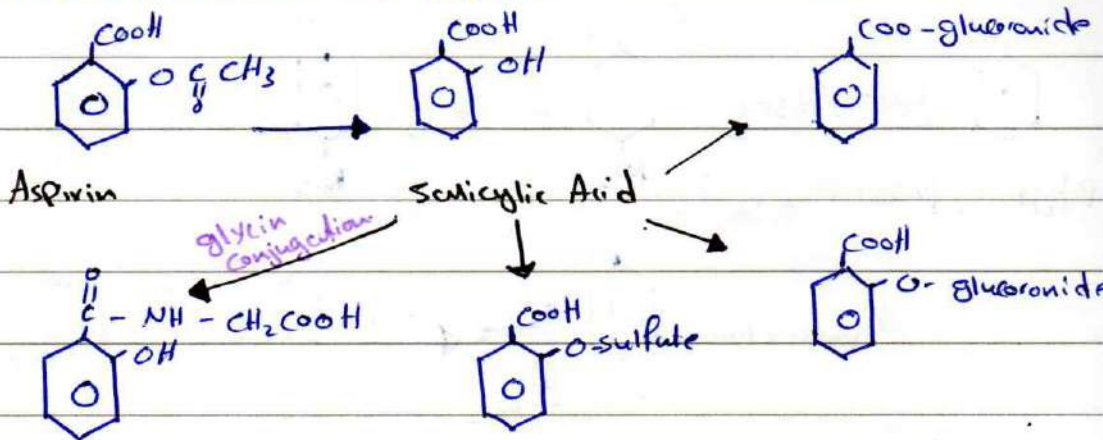


Esterification

\Downarrow

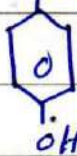
Benorylate.

Biotransformation of Aspirin.



[2] Analine Derivative :- 2ed

① Paracetamol. CC(=O)Nc1ccc(O)cc1
 Dexamol[®], Acamol[®], Paramol[®],
 Antamol[®]

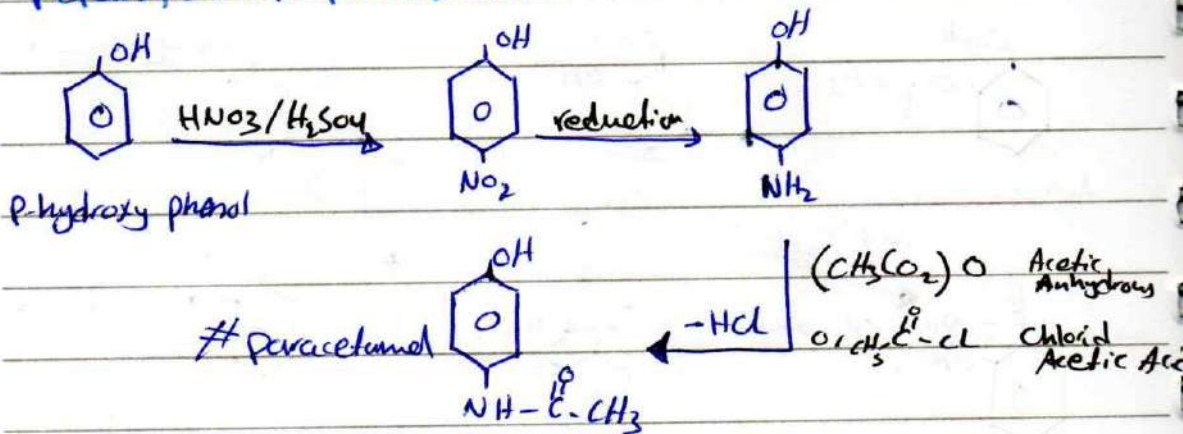


p-hydroxy Acet ~~Acid~~ Anilin.

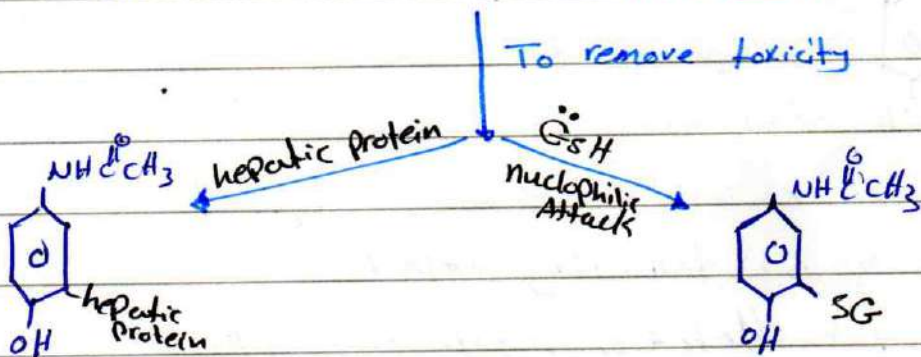
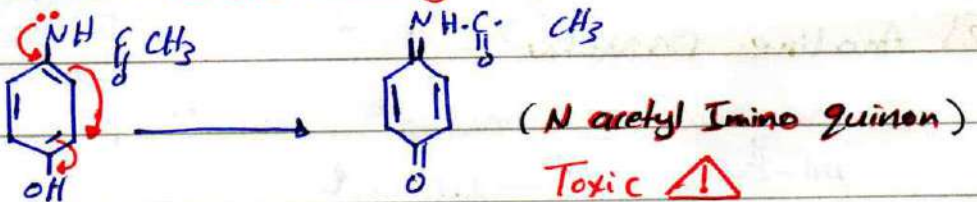
or N-Acetyl p-hydroxy Anilin.

- weak inhibitor for COX₁, COX₂.
- No Antiinflammatory effect.
- Not affected in platelet aggregation.
- inhibits COX₃ \Rightarrow give Analgesic + Antipyretic effects.

Preparation of paracetamol:-

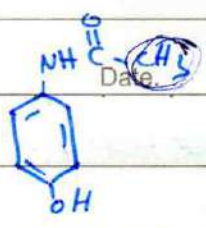


side effect: **Hepatic toxicity** How??



Note/ Acetylcysteine act as Antidote of high dose of paracetamol ; because it has a source of GSH

SAR of paracetamol :-

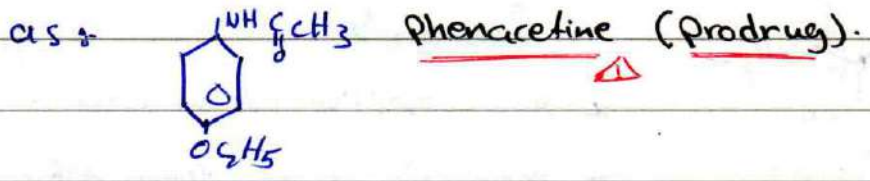


(1) Methyl group, if replaced w phenyl → ↓ activity.

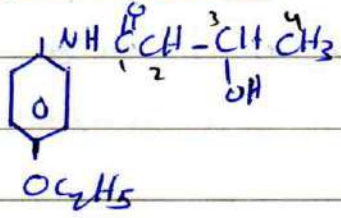
(2) OH in para, if replaced w alkyloxy (Methoxy OC_2H_5 , Propoxy OC_3H_7) → ↑ side effect.

But

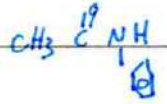
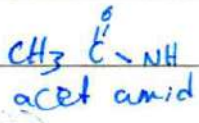
if replaced w (ethoxy OC_2H_5) → become prodrug of paracetamol w ↑ toxicity (observed in \bar{a}).



* Buta Bucetine.



N(p-ethoxy phenyl) - 3-hydroxy butanamide or butiramide.



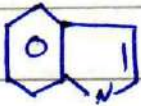
N-phenyl acetamide

3 red

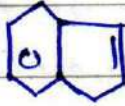
Date.

No.

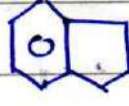
[3] Indol derivative :- [Aryl hetero Aryl Acetic Acid] or Aryl Alkanoic Acid



Indol

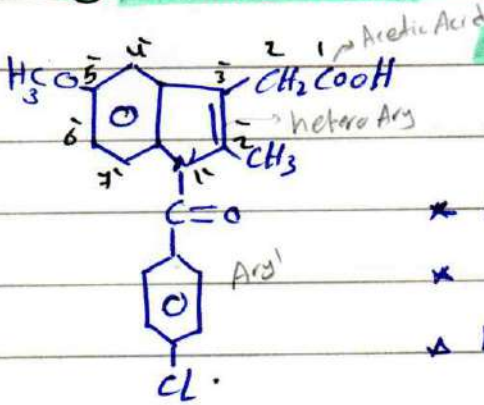


Inden



Inden.

① Indomethacin Indomed[®]



Indocine[®]

Indo vis[®]

* Non-selective Cox inhibitor

* Antipyretic higher than Aspirin and Paracetamol

* has 2 cyclic

Phenol Indol

* Aryl hetero Aryl Acetic Acid

2 [1' (p-chloro benzyl) - 2-methyl - 5-methoxy

indol-3-yl] acetic acid.

* side effect /

① Indol Lipophilic ring → penetrate CNS → CNS side effect Due to N

② GI irritation.

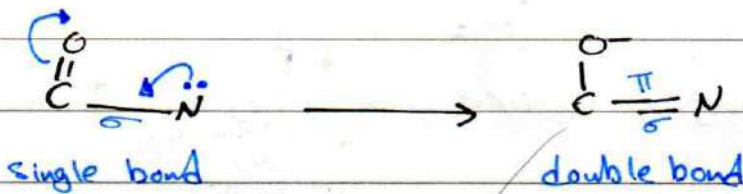
سنة في المستوى

* 2 cyclic in Indomethacin are [Non-Coplanar] why??

① Due to conversion of single bond of Amide to double bond

in which single bond (more easy in rotation)

But double bond (Lower flexibility, break when rotate).



as Alkan, cyclo Alkan
easy in rotation

- break in rotation

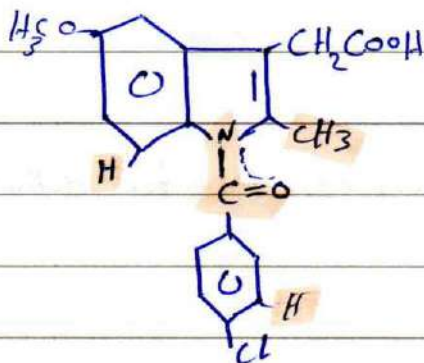
- Lower flexibility.

and give $\begin{cases} \rightarrow \text{cis } 2 \text{ active} \\ \rightarrow \text{Trans } E \text{ inactive} \end{cases}$

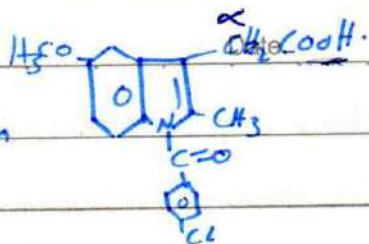
② CH_3 on 2

③ H on 7

④ H on ortho on p-chloro benzoyl.



SAR of Indomethacin



No.

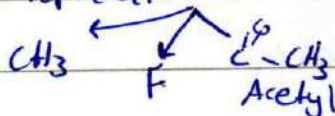
① Carboxylic Acid if replaced w Bioisostresm

as • Amide \rightarrow inactive

• Alcohol \rightarrow \downarrow activity. (CH_2OH)

② p. chloro benzoyl if replaced with $\begin{matrix} \text{F} \\ \text{CF}_3 \\ \text{S-CH}_3 \\ \text{(Methylthio)} \end{matrix}$ \uparrow activity

③ o CH_3 in position 5, if replaced w still active.



④ p. cl. benzoyl if replaced phenyl with CH_3 inactive

⑤ α carbon, if attached to methyl, it becomes chiral carbon.

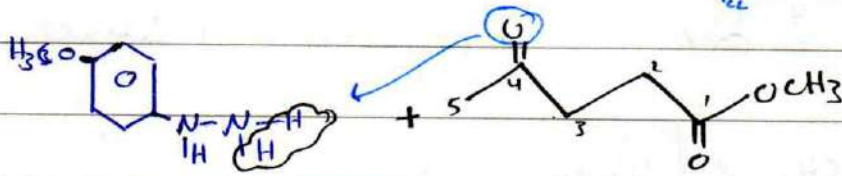
This lead to

S-isomer R-isomer \rightarrow inactive α

Active as Antiinflammatory ✓

⑥ N in indol, its existance not essential for Activity.

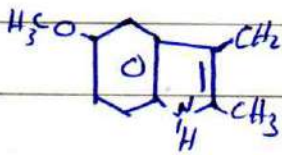
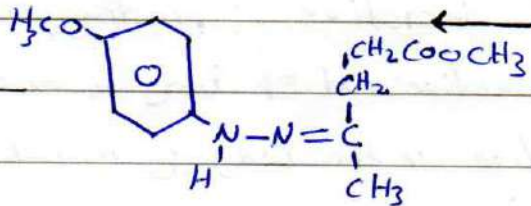
Preparation of Indomethacin



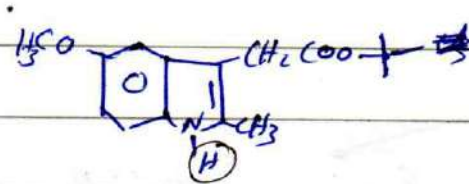
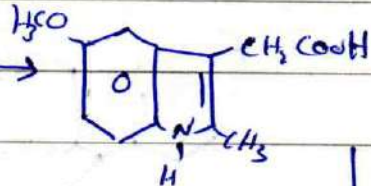
p-methoxy phenyl hydrazin

Methyl 1,4 oxo pentanoate.

Fisher Indol cyclization.



hydrolysis

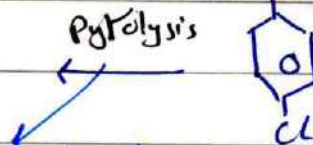
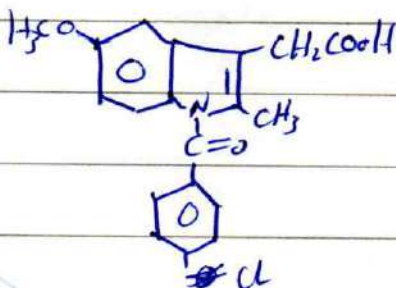
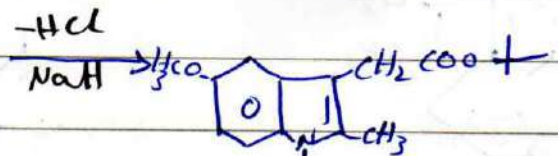
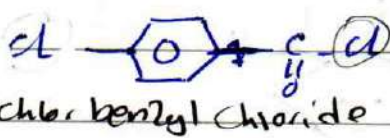


$2n \text{ Cl}_2 / \text{DCC}$

no COOH group

3° b

+



without water

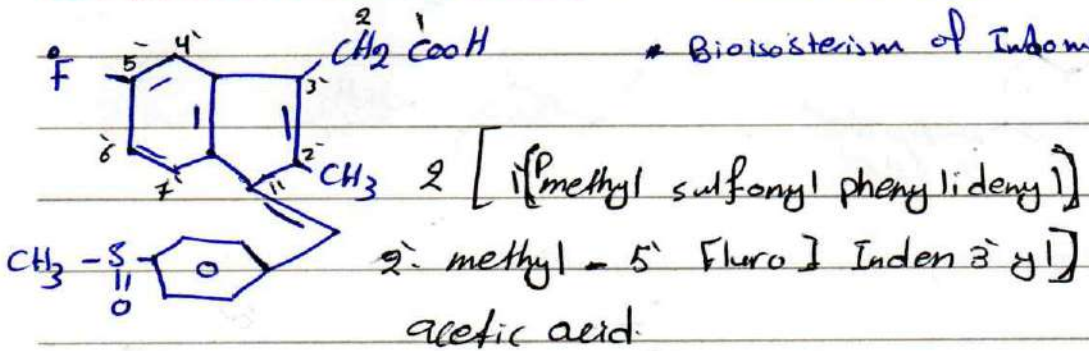
but hydrolysis in water.

Indomethacin

2- Sulindac *clinoril*®

Indan → Inden

• Biosynthesis of Indomethacin

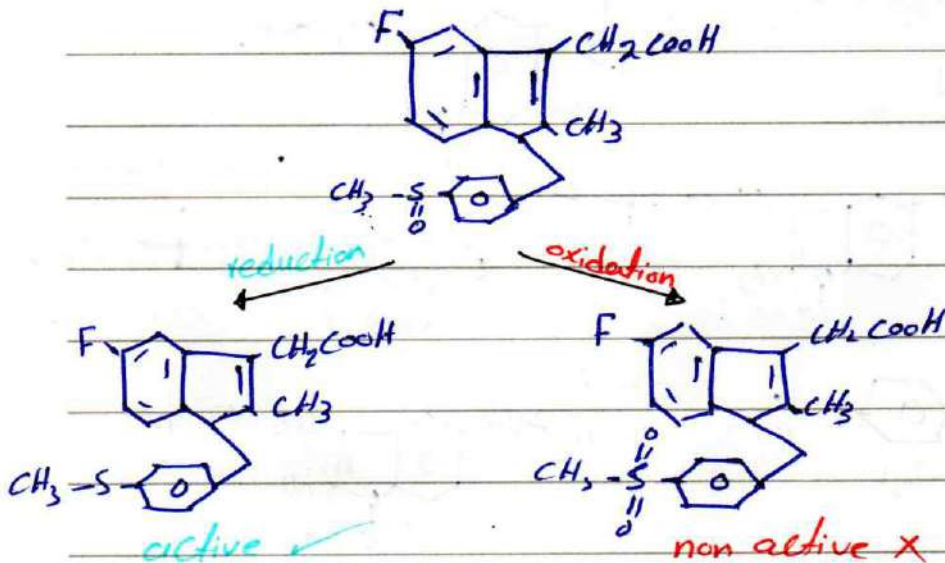


• It's inactive (prodrug)

• Inactive out of body in oxidation form

• active in the body by metabolism in a reduced form.

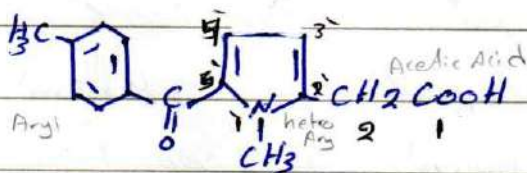
- The metabolism:



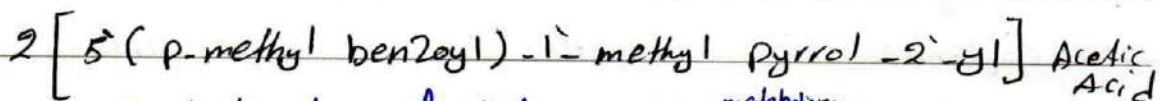
Note

- in 5' position if F replaced with CH_3 (~~methyl~~ ~~thio~~) give same activity.
- $\text{CH}_3\text{-S}$ (methyl thio) \uparrow activity.
- in the middle double bond $Z > E$
Z is more active as Anti-inflammatory than E.
- removing N (Indan \rightarrow Inden), make
 \downarrow side effect. on GI, CNS. \downarrow Activity \uparrow .
- Indomethacin $>$ sulindac (Anti-inflammatory)
- The goal of Bioisosterism is lowering side effect.
- give Long Duration.

3- Tolmetine, Tolectine[®] (Aryl hetero Aryl acetic Acid)

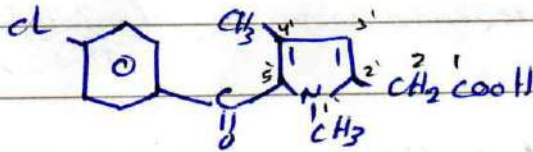


* The rings are Non Co-Planar



- short duration of Action Methyl $\xrightarrow{\text{metabolism}}$ CH_2OH
- non selective COX inhibitor
- Analgesic, Antipyretic, Anti-inflammatory

4- Zomepirac, Zomex[®] (Aryl hetero Aryl A.A)

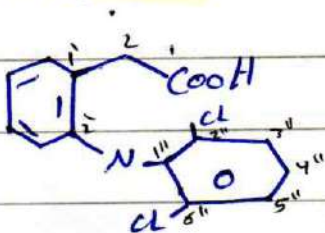


2 [~~5~~ (p-chloro benzoyl) - 1,4-dimethyl pyrrol-2-yl] Acetic Acid

- 4 time higher than Tolmetine
- **Anaphylactic shock Rxn** side effect
- Long DoA $\xrightarrow[\text{in Tolmetine}]{\text{CH}_3}$ Cl

* 4th Phenyl Acetic Acid Derivatives.

1. Diclophenic in salt Form



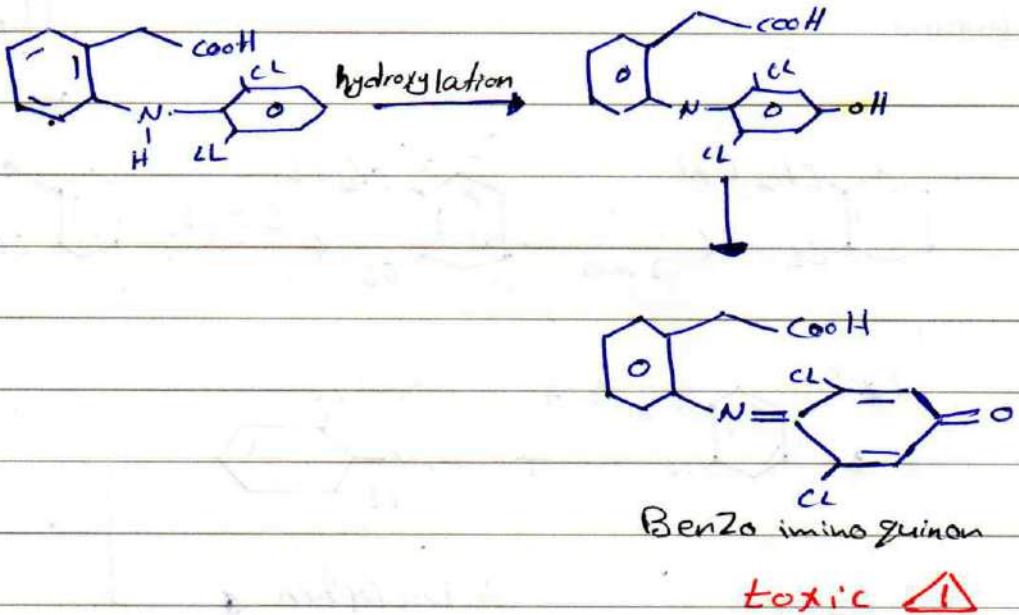
- | | |
|----------------------------|-----------------------------|
| └───┬───┘ | |
| $\text{COO}^- \text{Na}^+$ | $\text{COO}^- \text{K}^+$ |
| • Diclophen [®] | • Cataflam [®] |
| • Voltaren [®] | • Anaflam [®] |
| • Betarac [®] | • For HTN |
| • ABitren [®] | • rapid absorption |
| ↑ absorption
asi uprol | • less duration
in body. |

- non coplanar
due to 2 Cl atom
in position 2, 6"

• more potent
than Indomethacin
and Aspirin⁶⁶

- 2-[2-(2,6-dichlorophenyl)amino]phenyl] A.A
 hepatotoxic; due to metabolism.

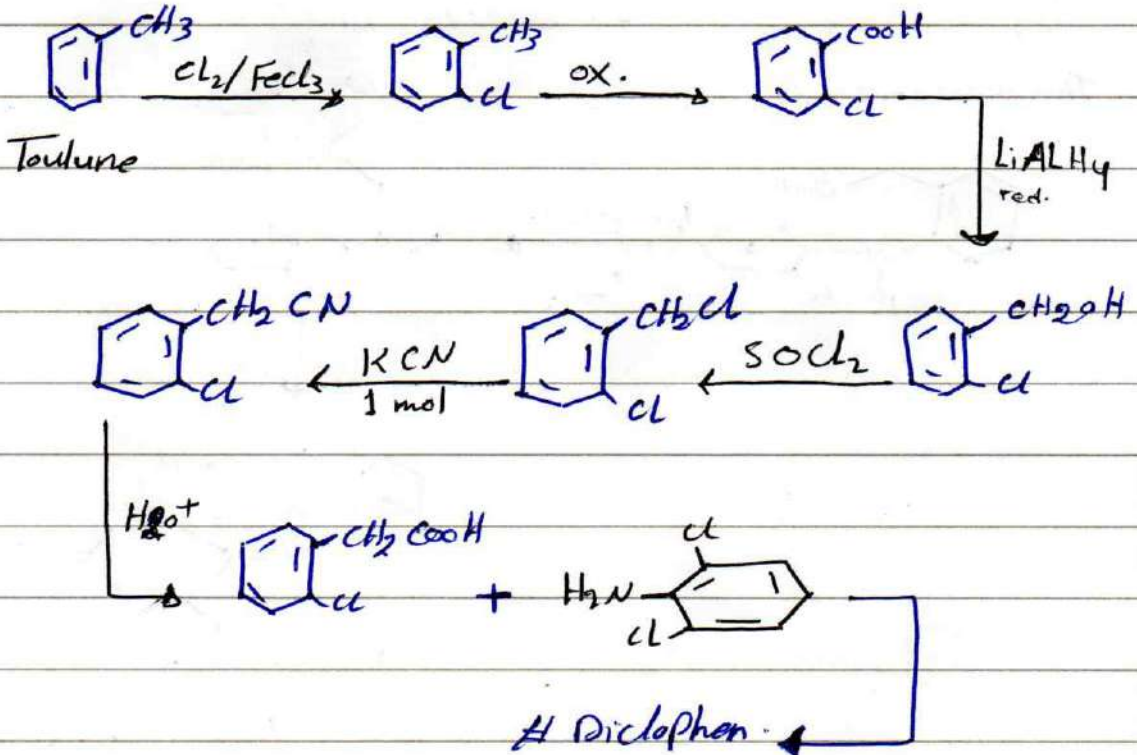
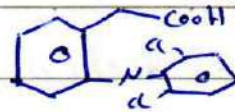
The metabolism /



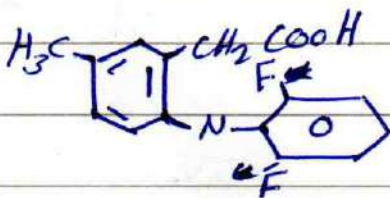
- we could remove the toxicity by Adding
 - OH
 - hepatic protein.

* Diclophen is the most spread and use
 in weak analgesic.

Preparation of Diclophen:



2. Lamira Coxib



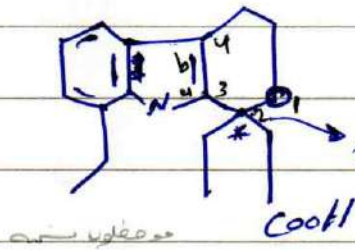
- selective CO_2 inhibitor.

- Has been used in 2004

But removed from the market 2007

Due to its side effect on the liver.

3. Etodolac.



Fused ring



Pyran.

Pyrano [3,4-b] Indol Derivative.

chiral center.

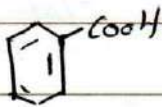
- S (+) active

- selective COX2 inhibitor.

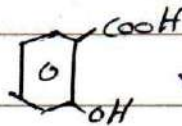
- 113 effect as Antinflammatory compared
w indomethacine.

- Less GI side effect.

5th Anthranillic Acid derivative.

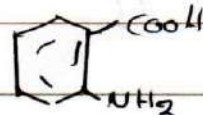


benzoic Acid



o-hydroxy benzoic
Acid

biosynthesis

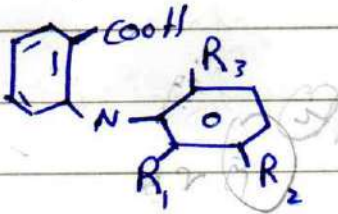


o-Amino benzoic Acid
" Anthranillic Acid "
Amphoteric.

Acid

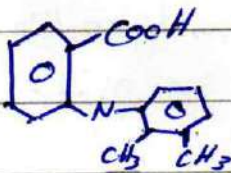
Basic

General Structure For Anthranilic Acid derivatives /



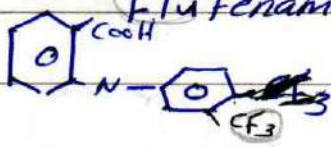
- | R_1 | R_2 | R_3 | |
|-----------|--------|--------|---|
| 1. CH_3 | CH_3 | H | Mefenamic Acid $\begin{cases} \text{Ponstan}^{\text{®}} \\ \text{Ponstal}^{\text{®}} \end{cases}$ |
| 2. H | CF_3 | H | Flufenamic Acid $\text{arelf}^{\text{®}}$ |
| 3. Cl | CH_3 | Cl | Meclofenamic acid $\text{Medomen}^{\text{®}}$ |
| 4. CH_3 | Cl | CH_3 | Tolfenamic Acid $\text{clotam}^{\text{®}}$ |

① Mefenamic Acid $\text{Ponstan}^{\text{®}}$, $\text{Ponstal}^{\text{®}}$



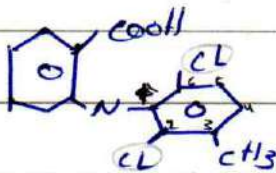
$N[(o,m \text{ dimethyl})\text{phenyl}]$ - anthranilic Acid.

2. Flu Fenamic Acid



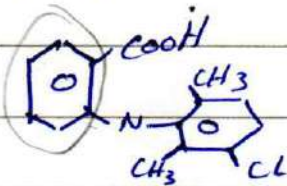
N [~~m~~ TriFluro phenyl] anthranillic Acid

3. Meeto Fenamic Acid



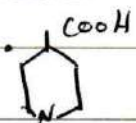
N [(2, 6 dichloro - 3-methyl) phenyl] anthranillic acid

4. Tol Fenamic acid

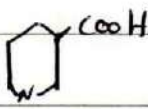


N [(2, 6 dimethyl - 3-chloro) phenyl] anthranillic Acid

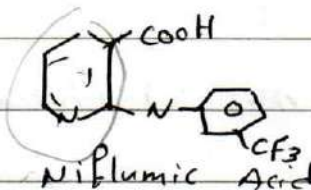
Note



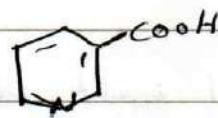
Isoneprotic Acid



neprotic Acid



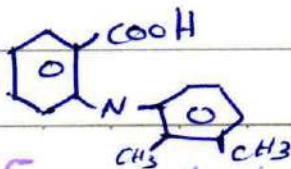
Niflumic Acid



Nicotinic Acid.

↳ Bioisostersm of

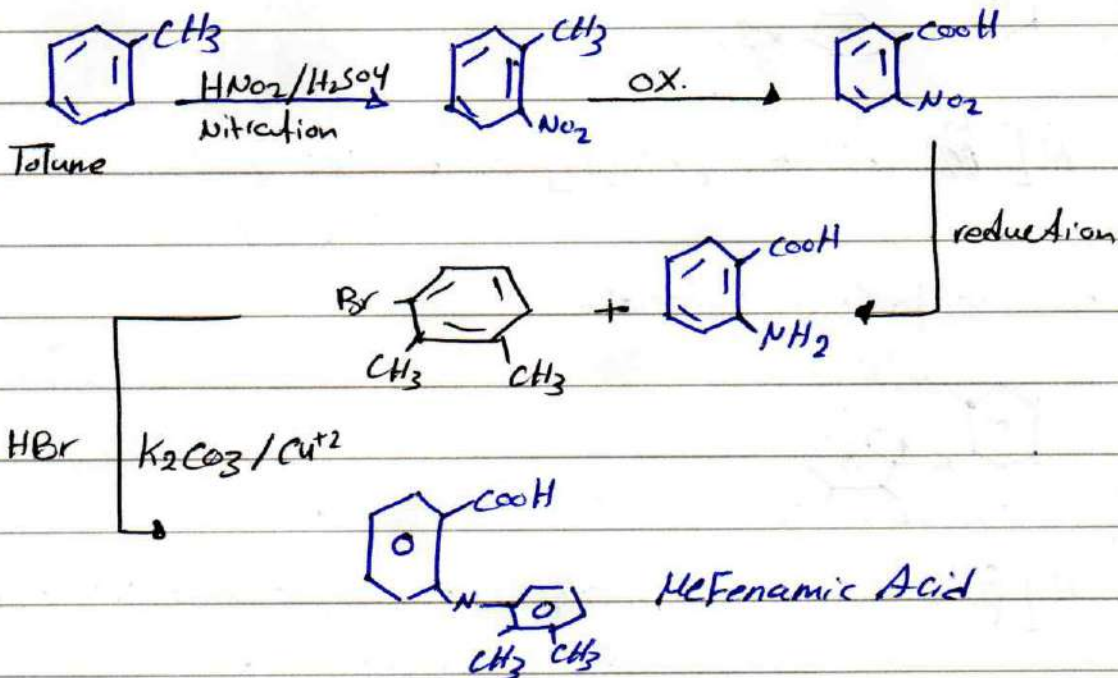
Flu Fenamic acid.



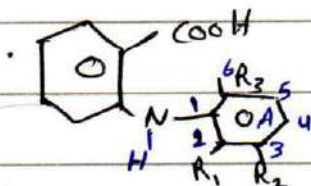
Date.

No.

Preparation of Mefenamic Acid From Toluene

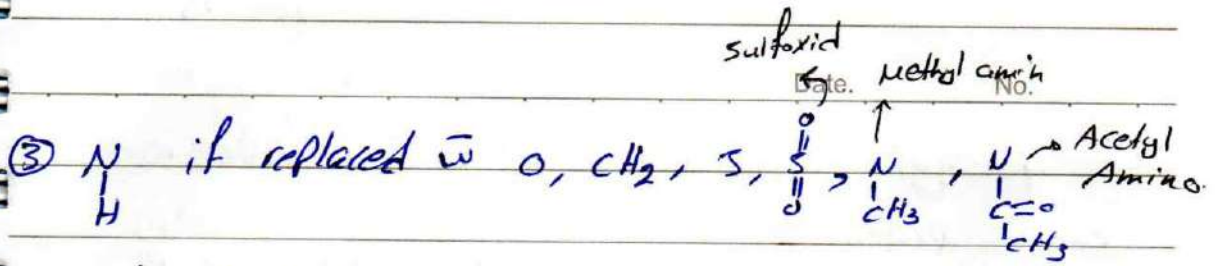


SAR/



① COOH is important for give activity
if replaced w tetrazole still active.

② Phenyl must be non substituted



↓ Activity

④ NH must be in ortho position to give activity if replaced to m, p → inactive.

⑤ Phenyl Ring (A) must has substitute to give activity best position :- 3 > 2 > 4 → $\frac{2 \times 2}{2 \times 1}$

⑥ if 2 substituted present at the same type. must be in (2,3) or (2,6) → more active than (2,3)

ex/ Antiinflammatory effect in ^(2,6) Mefenamic Acid ~~(2,3) ethyl~~ Tolferne is higher 25 time as Antiinflammatory than _(2,3) mefenamic acid.

(2,6) Tolferamic acid.

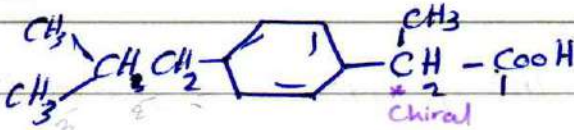
∴ Mefenamic Acid or Tolferamic Acid } Mefenamic Acid

25 time As Antiinflammatory

6th Phenyl propanoic Acid derivatives.

end w profen.

① **Farbo** **Ibuprofen** **Advil**®, **Trofen**®, **Ibufen**®, **isafen**®

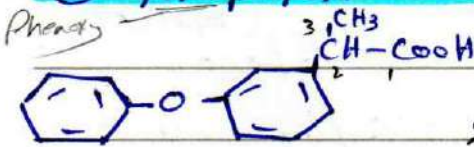


R(S) 2 [[[P(2-methyl) propyl] phenyl]] propanoic Acid.
or iso butyl

* 1 chiral center $\begin{cases} \rightarrow S(+)$ active ✓ \\ \rightarrow R \end{cases}

* inside the body R $\xrightarrow{\text{epimerization}}$ S (Prodrug)

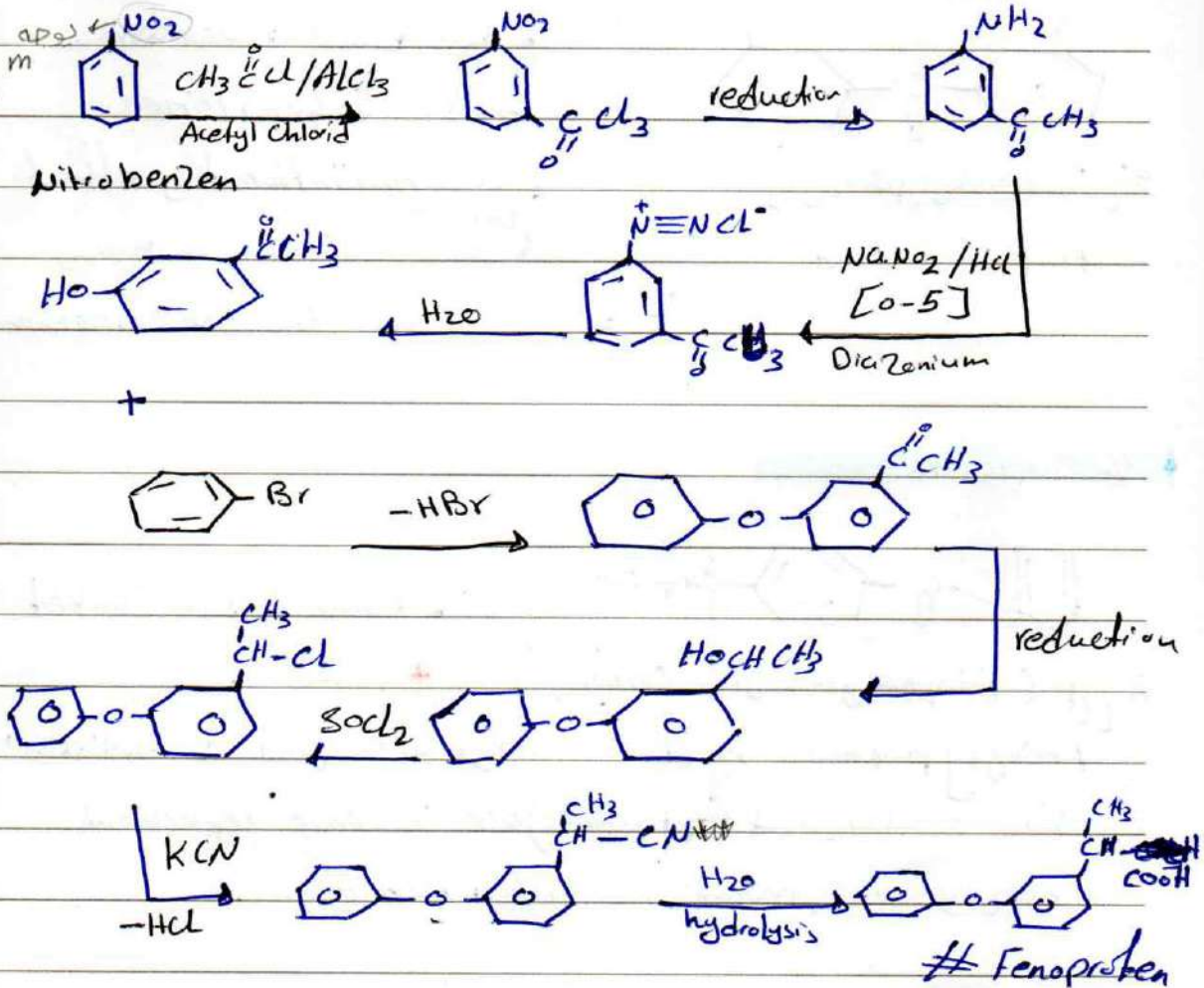
② **Fenoprofen** **Nalfon**®



2 [[[(m phenoxy) phenyl]]] propanoic Acid

- has ↓ Antiinflammatory effect than others.
- But some Antipyretic, Analgesic. effect.

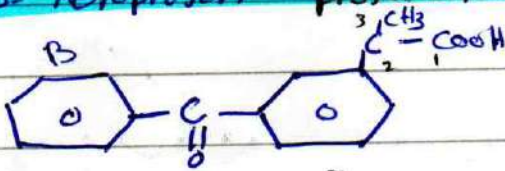
Preparation of Fenopropfen.



Note

- we don't start w Toluene Cc1ccccc1 cause it direct ortho. and para because CH_3 is donating group
- But Nitrobenzen c1ccc(cc1)[N+](=O)[O-] has NO_2 (withdrawal group) it direct m only

3. Ketoprofen profeencil



[*m*-benzoyl]phenyl

Propanoic Acid

- has Dual mechanism

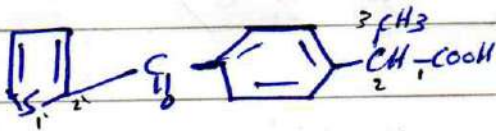
↓ PS, ↓ Lipoxygenase.

- Less Anti-inflammatory effect.
Due to

- No substitution on B ring

So loss the non coplaner.

4. Suprofen



[*p*-(thiophenyl-2-yl) carbonyl]

phenyl] propanoic Acid

- removed from Market

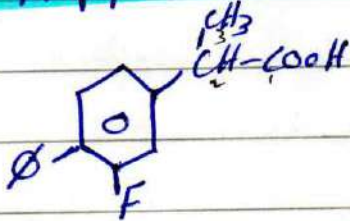
↑ Toxic

Today used just as Anti-inflam

For ocular ~~and~~ (ophthalmic) use in Lense replacement

surgery to prevent iris inflammation.

5. Flupirofen



- due to presence of F

it has ~~a~~ non coplaner

- For ophthalmic use.

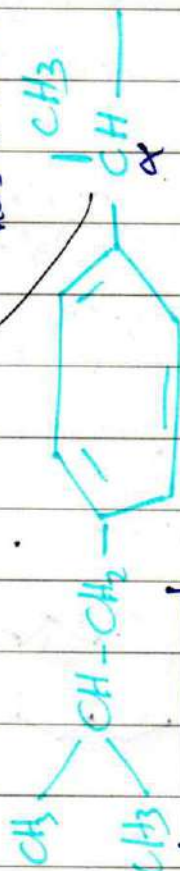
2 (3-Fluoro-*p*-Phenyl) Phenyl Propanoic Acid

SAR

α -Carbon must bind to CH_3
To \uparrow inflammatory effect
 \downarrow side effect.

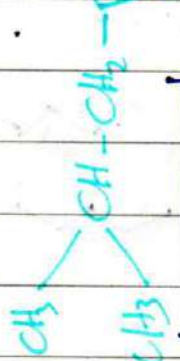
if not bind to methyl
has \downarrow Antiflammatory

CH_2COOH Acetic Acid der.
Ibu Fenac
hepatotoxic Δ



\rightarrow C.A, \uparrow inflammatory effect
 \rightarrow if replaced w ester, Amid
Azole \downarrow Activity

if it has
Cl, F (withdrawn)
 \uparrow activity.



isobutyl must be in para position.

* if phenoxy (As in Fenoprofen)

so it should be in m

\rightarrow if replaced in o, p. \downarrow activity

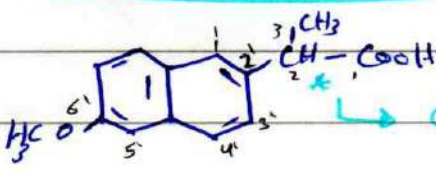
\rightarrow if replaced w benzyl still active
as in Ketoprofen

Part 2 of Propanoic Acid derivative Date.

No.

Now c1ccccc1 replaced with c1ccc2ccccc2c1 naphthalin

Naproxine Naproxen[®], parocine[®], Naxyn[®]

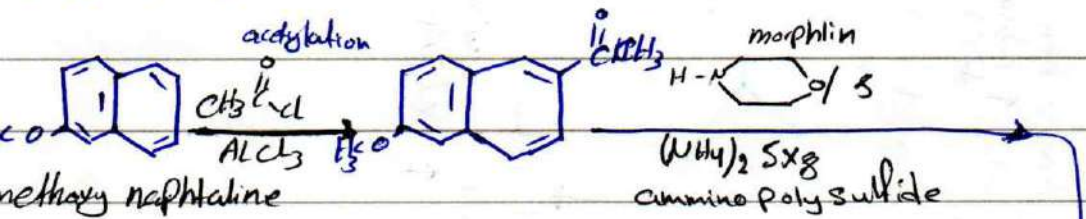


↳ chiral (S-) active.

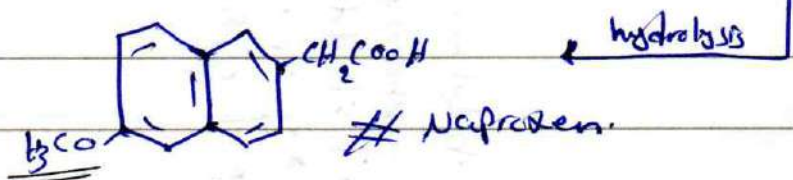
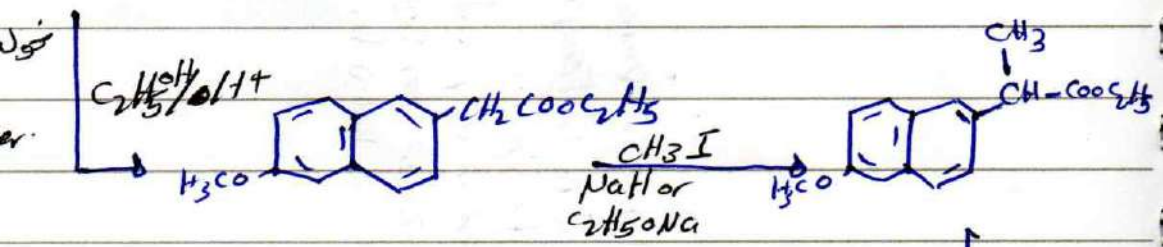
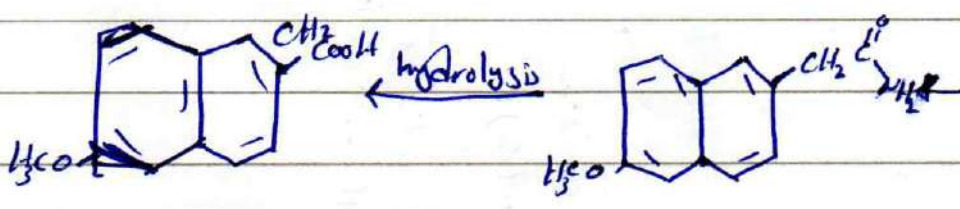
↑ Anti-inflammatory.

2-[6-methoxy] naphthal-2-yl] propanoic Acid

Preparation



will geradlt kinda Rxn
Aryl Alkyl keto → C.A / Amid

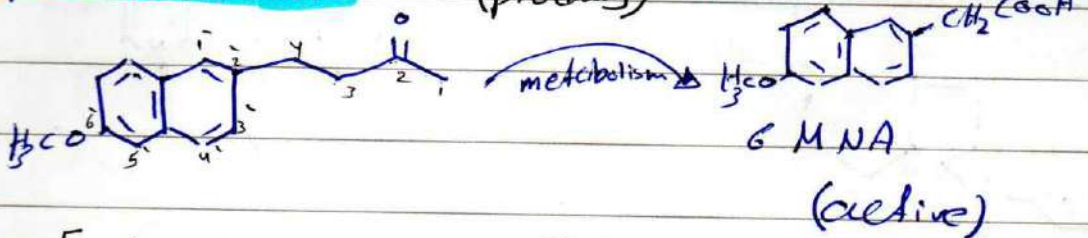


≠ Naproxen.

↳ side effect ↑ Anti-inflammatory

7. Nabumetone.

(prodrug)



4 [6-methoxy naphth-2-yl] but-2-one.

- preferential COX2 inhibitor (not selective)

* GMNA (6-methoxy naphthyl Acetic Acid)

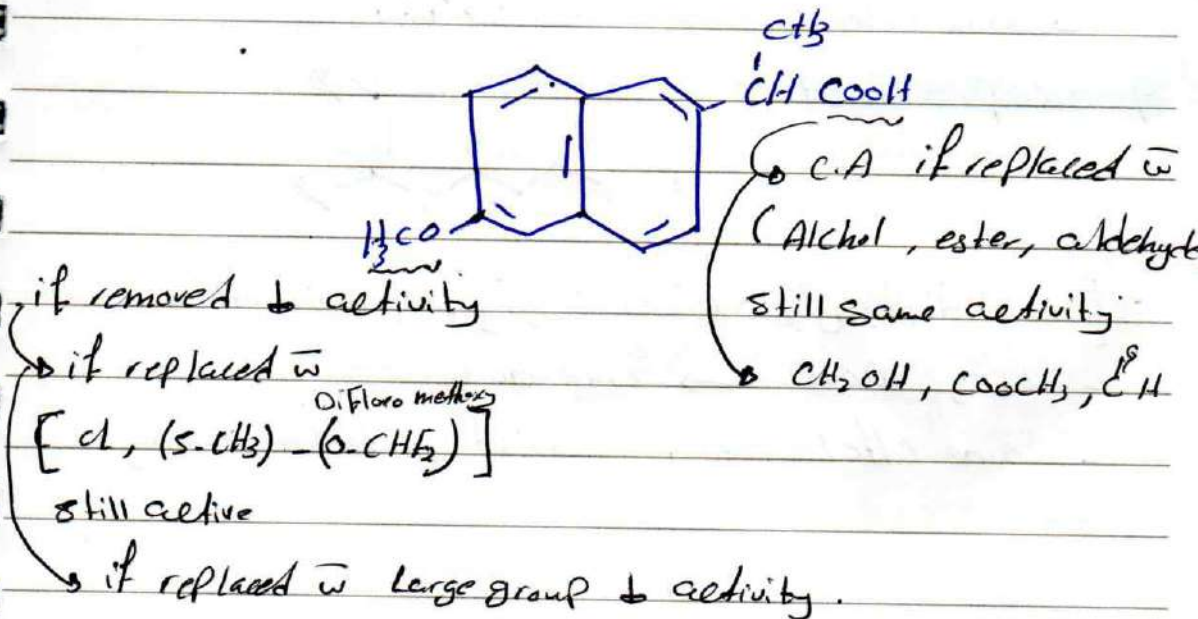
↳ ↑ t_{1/2} ≈ 24 h.

- less GI side effect.

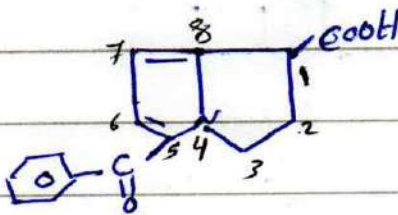
Not acid

Acid → salt

SAR.



8. ketorolac spirx®



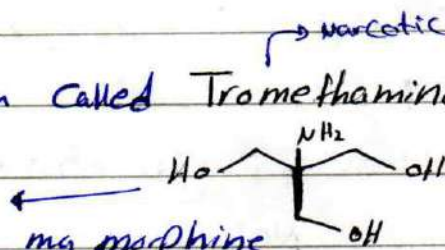
5-benzoyl - 2,3 dihydro - Pyrrolizidine - 1 - C.A.

Ch. Ch /

- Acidic

- use as salt form called Tramethamine (Tiv orly)

by adding base to it.

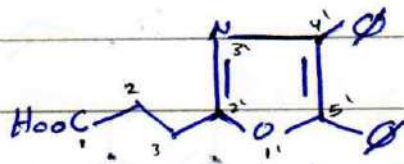


15 - 30mg equal 12 mg morphine

so it's used as Alternative for Narcotic Analgesic.

→ Non selective COX_1 , COX_2 inhibitor

9. oxaproline



3 [(4',5'-diphenyl) oxazol-2-yl] propanoic Acid.

- Long DOA → once daily

- side effect: rash, mild photosensitivity



Imidazole



1,2 N Pyrazol



2,3 dihydro Pyrazol



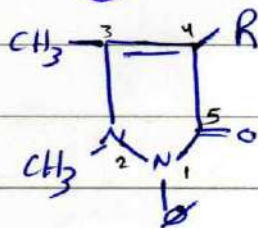
2,3 dihydro Pyrazolone

7th

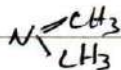
Date.

No.

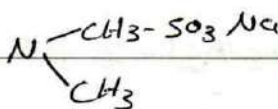
① Pyrazolone + pyrazolidiones derivatives.



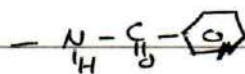
R: H **Anti Pyrine** Phenazone[®]



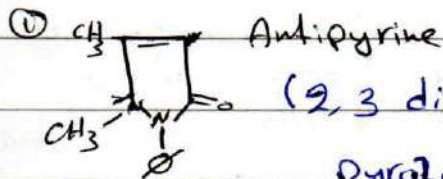
Amino Pyrine



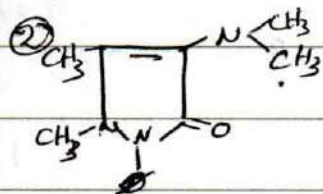
Novalgine Dipyrone[®]
Oplagin[®]



Niphenazone

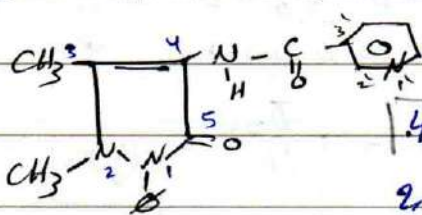


(2,3 dimethyl - 1 Phenyl 2,3 dihydro Pyrazolone 5-one).



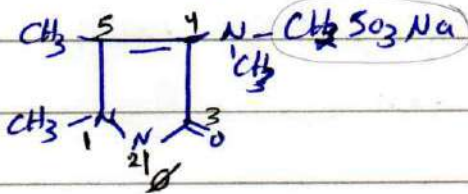
Amino Pyrine
(2,3 dimethyl - 1-phenyl - 4-N,N dimethyl amino 2,3 dihydro pyrazol 5-one)

③ Niphenazone



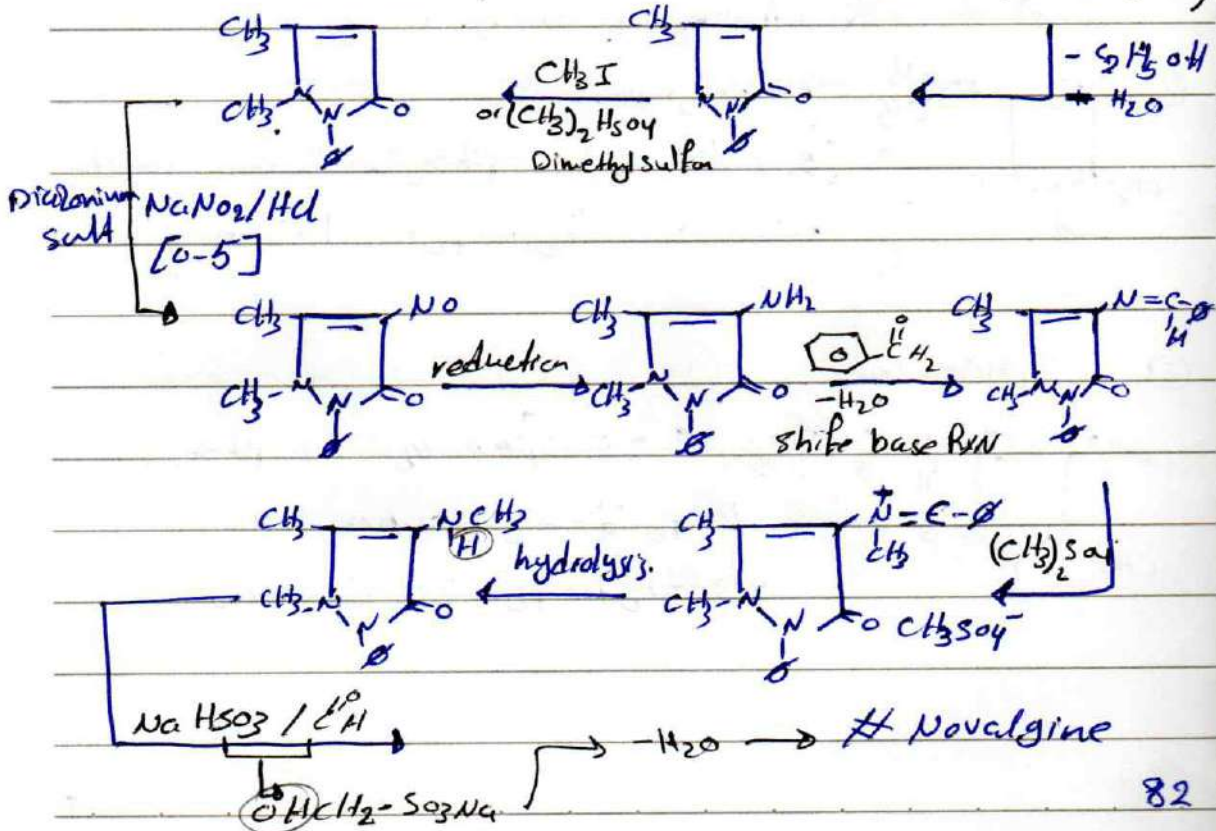
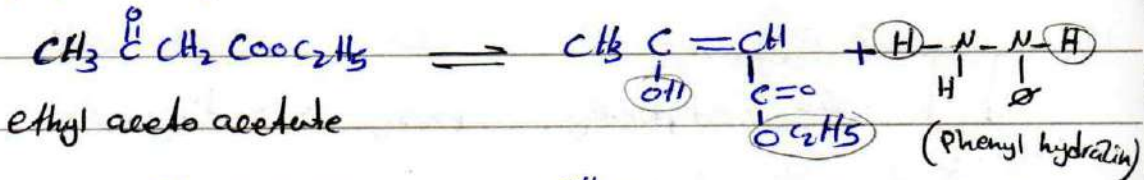
(2,3 ~~di~~ methyl - 1 Phenyl -
4-Pyridin-2-yl carbonyl amino
2,3 dihydro Pyrazol 5-one)

Novalgine



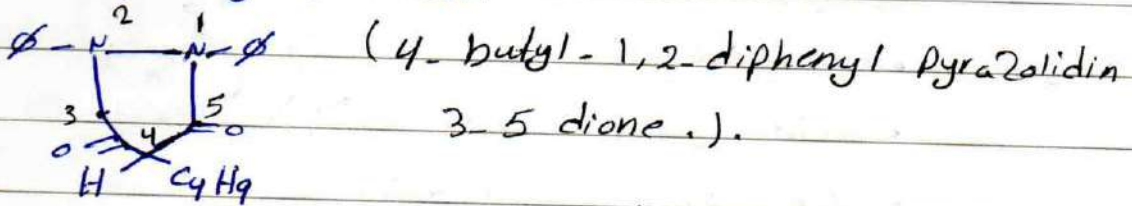
N-methyl [[1,5-dimethyl-2-phenyl-3-oxo-2,3-dihydro pyrrol-4-yl] amino] methanesulfonic acid sodium salt.

Preparation

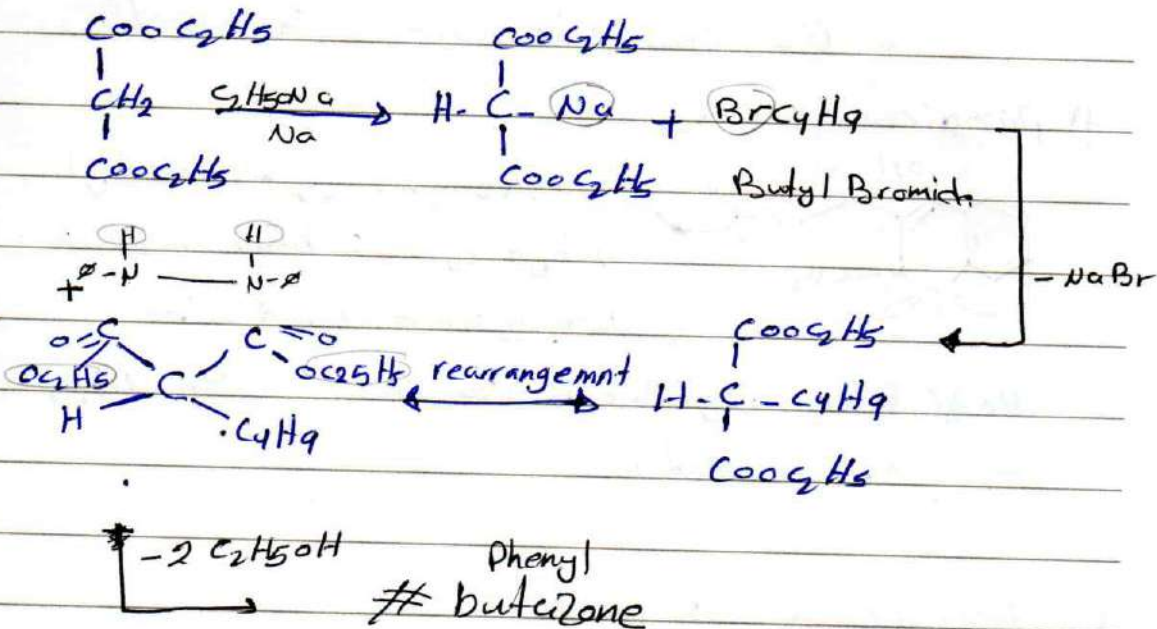


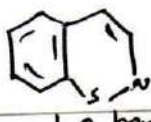
pyrazolidinediones.

phenyl butazon.



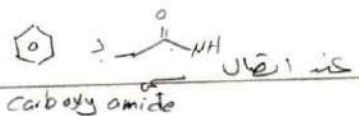
Preparation /





~~Thiazin~~ Thiiazin

1,2 benzothiazin



Date.

No.

Others "selective Cox₂ inhibitor" ↔ Coxib

① Coxib (1,2 benzothiazin derivative)

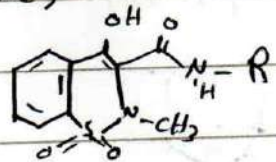
In general • No Free COOH

• Acidic group is Enole

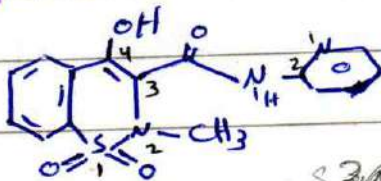
• Long t_{1/2}, once daily

• For osteoarthritis OA

• GI, CNS disturbance "side effect"



A) Piroxicam R- Pyridine



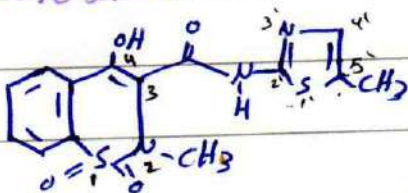
N-(Pyridin-2-yl)-2-methyl

4-hydroxy-1,2-benzothiazine

carboxamid 1,1 dioxide

NOA/ Reversibly inhibits Cox enzyme (Cox₁, Cox₂)
"non selective"

B) Meloxicam R- Thiazol



N-(5-methyl thiazol-2-yl)-

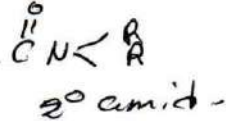
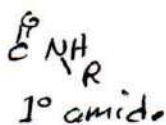
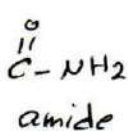
-4-hydroxy-2-methyl-

carboxy 1,2 benzothiazin

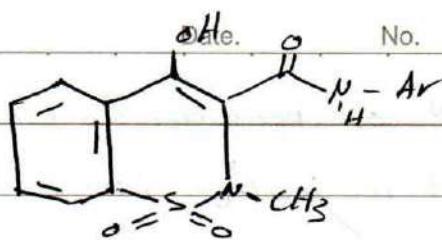
carboxy amid 1,1 dioxide

NOA/ selectively inhibits Cox₂

Note

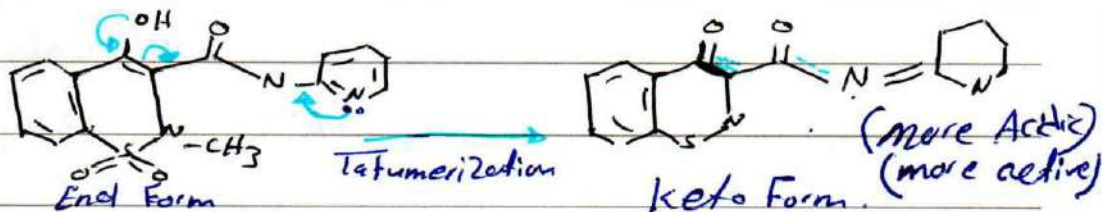


SAR of oxycam



- 1) 1° amide > 2° amide (more active)
 - 2) Heterocyclic on Ar is more potent (active) than Aryl [7 times] as pyridine, triazol.
- To ↑ acidity, ↑ PKa, ↑ absorption.

How??



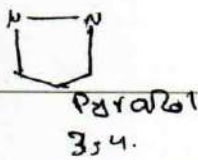
* N is base so it take H and double bond is move and C is move thus ↑ acidity (4-6 PKa) so N heterocyclic is more Acidic (Active) than N-Aryl carboxamide.

- 3) on heterocyclic ring, best position for substitution is m >>> p and best is Cl
- 4) if heteroaryl replaced with methyl / Allyl ↓ Activity
- 5) 1,2 benzothiazin, if replaced by its bioisosters phenyl → Thiophen [1,1] → Thioenoxim = Thioxim more active.

⑥ N on benzothiazin ring must be substituted
best is methyl CH_3

⑦ $\text{O}=\text{S}=\text{O}$ with drawing group must still with drawing.

⑧ Tautomerism Form is ^{active} more than Aspirin and
indomethacin about 200 time.



Date.

No.

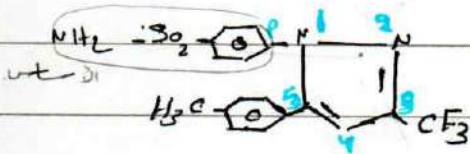
② **coxib**: selective cox_2 inhibitors.

• has \uparrow side effect: .GI ulceration, bleeding, perforation of stomach and intestine

• MI, stroke. (cardiovascular)

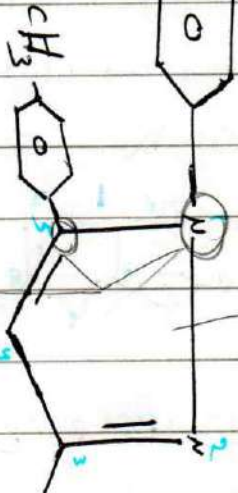
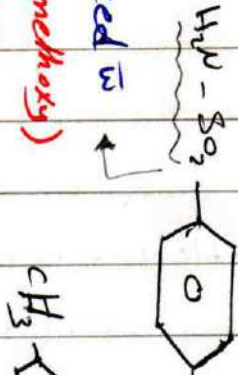
in this group we will note that it has five membered ring attached with 2 Aryl ring one of them at least must has substitution.

II celecoxib celebrex[®]



P-[5-(p-methyl phenyl) - 3-(trifluoromethyl) Pyrazol]
benzenesulfonamide

if replaced with \bar{w}
 (OCH₃ methoxy)
 Inactive
 so loss of selectivity



Parallel to give activity must be present. ∞

if replaced with CHF₃
 (Difluoro methyl) same activity

- but if replaced with \bar{w}
 CHF₃ - CH₃ \downarrow Activity \downarrow selectivity

- 1,5 position:
 Both has Arg1 one of them at least must have substitution on Para (P) Position

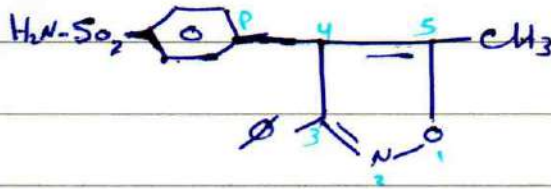
- best substitution



if replaced with \bar{w} (SH Tail) \downarrow activity \downarrow selectivity.

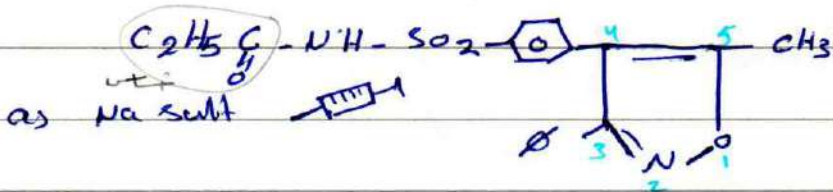
$\text{C}_6\text{H}_5\text{SO}_2\text{NH}_2$ $\text{C}_6\text{H}_5\text{SO}_2\text{CH}_3$
 Sulfonamide \downarrow methyl sulfonyl

② valde Coxibe (Active)



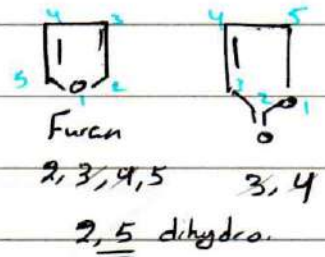
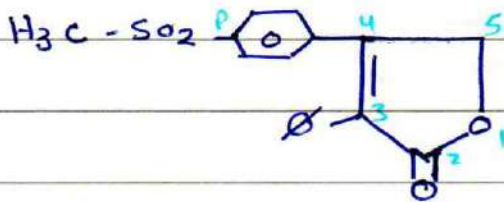
P [5-methyl - 3-phenyl - isoxazol 4yl] benzen sulfonamide

② Pure Coxibe (Prodrug)



N [3-phenyl - 5-methyl isoxazol 4yl] phenyl sulfonyl
Propanamide

③ Forecoxibe



4 [p(methyl sulfonyl) phenyl] - 3-phenyl - 2,5 dihydro
Furan-2-one.

Weak analgesic Done :)!



Anti Cancer

Date.

No.

* Chemical Classification of Anticancer:

1) Alkylating agent.

- 1) N-mustard: mechlorethamine, chlorambucil, melphalan, cyclophosphamide
 - 2) Thiotepea: Aziridine
 - 3) Nitrosourea: carmustine, lomustine, Nimustine
 - 4) Triazine: Dacarbazine
 - 5) hydrazine: ProCarbazine
 - 6) methyl sulfonate ester: Busulfan, 7) Pt organometallic: Cisplatin + carboplatin
- ### 2) Antimetabolite

3) Antibiotic

- 1) plant alkaloid
- 2) hormone Antagonist
- 3) Others.

1st Alkylating agent

Date.

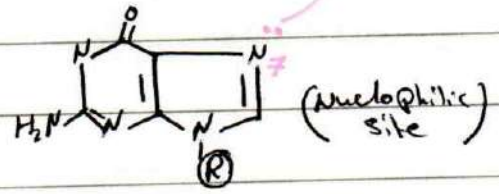
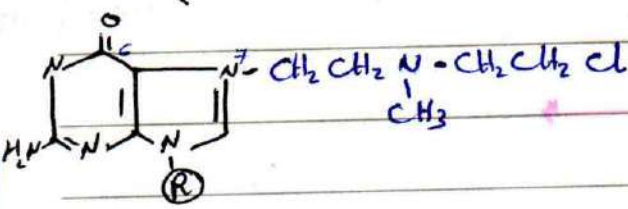
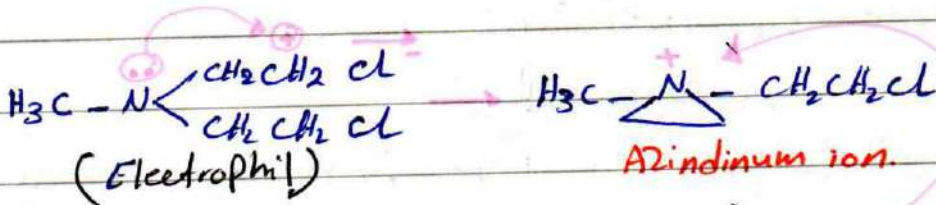
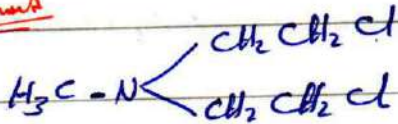
No.

① alkylating agent / has ~~7~~ group

1) Nitrogen mustard 1) Mechlorethamine

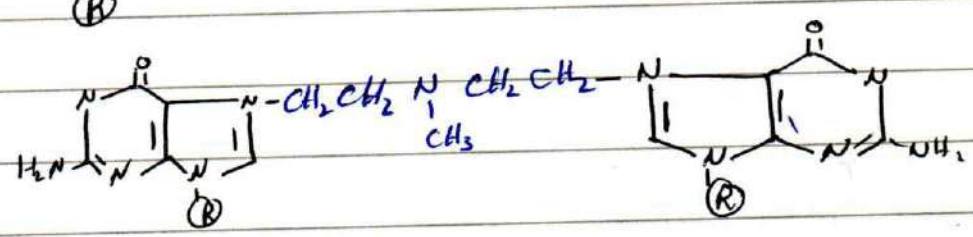
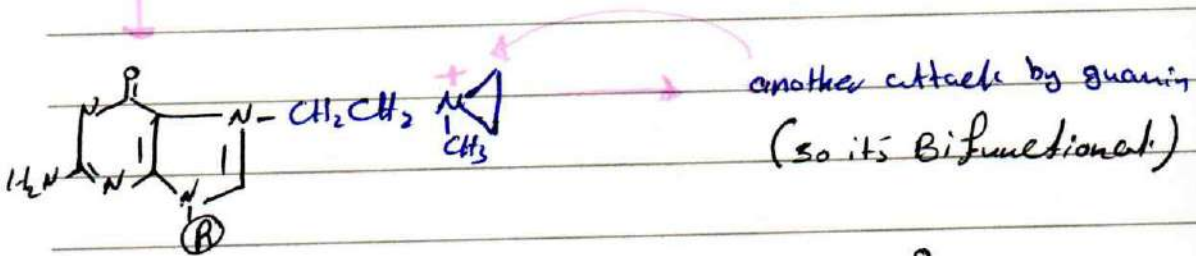


4 compound



[Guanin in DNA]

- Cl



- The attack by guanine on Azidinium ion occurs 2 times (Bifunctional).
- There is types of Alkylating agent that has monofunctional.

MonoFunctional

- Nitrosourea
- Decarbazine or Triazine
"DNA methylator"
- Form one covalent bond to DNA

BiFunctional

- N-mustard
- Thiopeta or Aziridine
- platinum(II) complexes.
- Busulfan.
- Form 2 covalent bond to DNA
Intrastrand - cross linkage + enzyme.

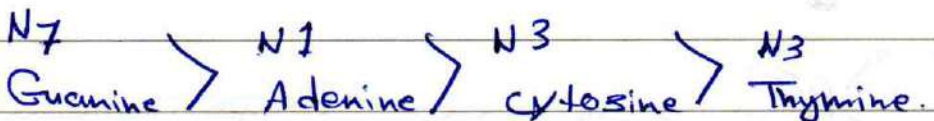
• N-mustard → N جزيء S جزيء S جزيء

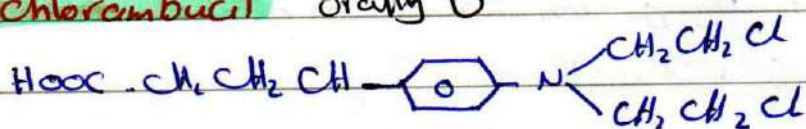
• MoA/ of Alkylating agent

- Prevent DNA replication and RNA transcription.
- • The fragmentation DNA.

• Alkylating agent / capable of covalently attaching an alkyl group to a biomolecule (DNA) under physiological condition.

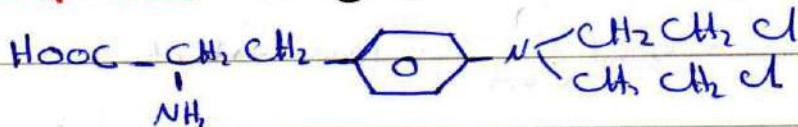
* All agent are Electrophile
That attacks nucleophilic site.



2) Chlorambucil orally P^{80} 

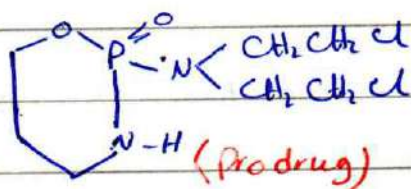
[butanoic Acid Derivative]

→ binding of N to phenyl lead to make resonance
 thus ↓ nucleophilicity around N, which lead to
 ↓ binding (or slowing it) to Aziridinium ion.
 thus ↓ effect w long effect.

3) Melphalan orally P^{80} 

[2-Amino Propanoic Acid derived]

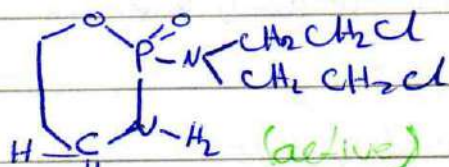
4) cyclophosphamide



(Prodrug)

cyclophosphamide

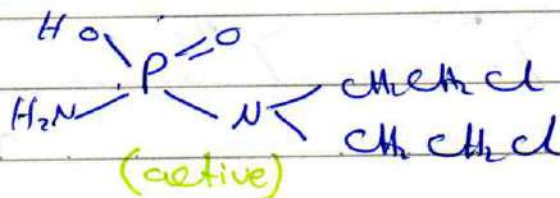
↓ N-dealkylation



(active)

aldo phosphamide

↓ o-dealkylation

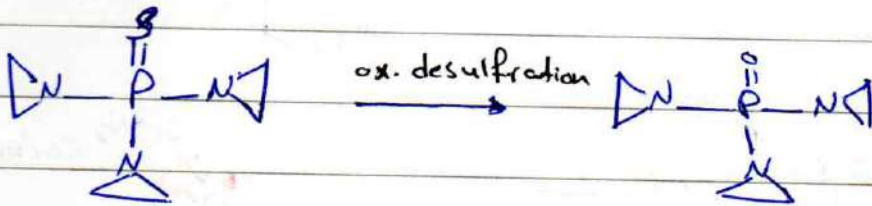


(active)

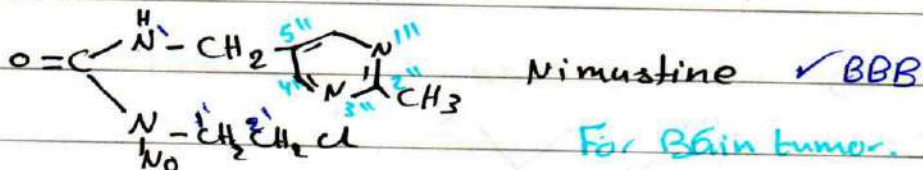
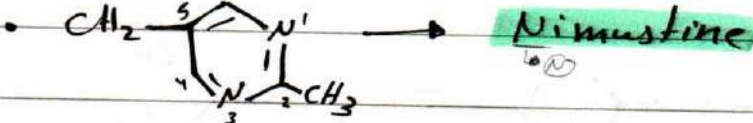
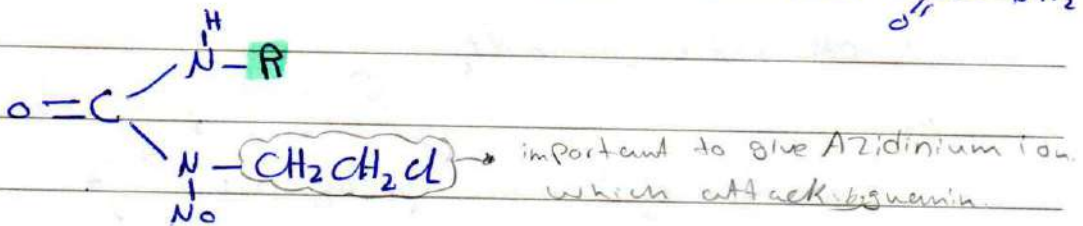
Phosphoramid

(Anti Cancer)

2) Thiotepea, Aziridines.



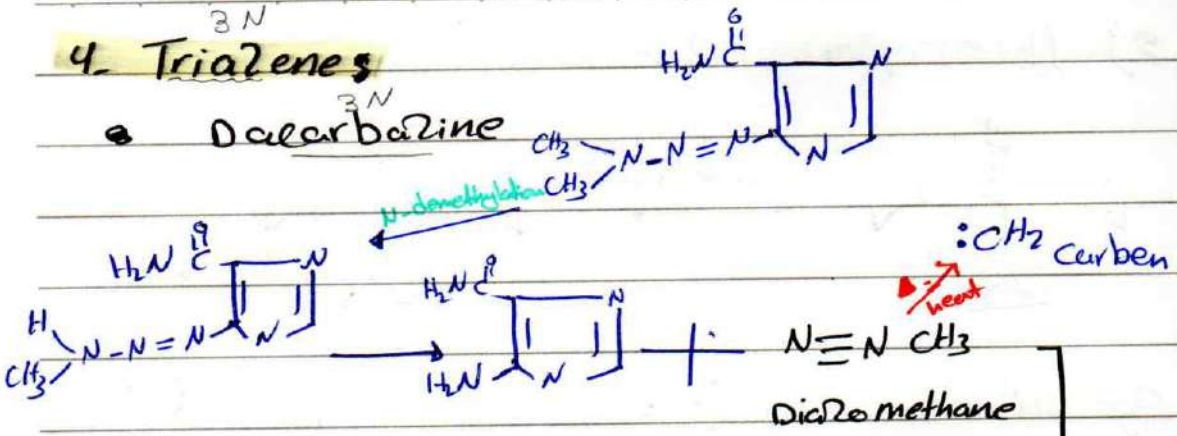
3) Nitroso urea. "mustine" subclass urea



N(2-chloro ethyl) N' [(2"-methyl pyrimidin-5'yl) methyl] N-Nitrosourea.

4. ^{3N} Triazines

• Ocarbazine ^{3N}

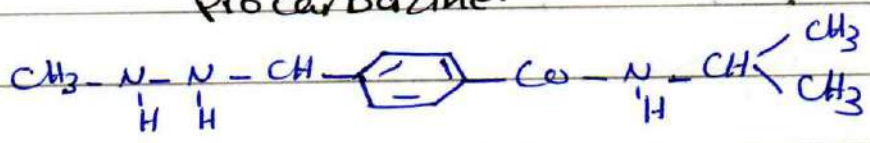


or
 attacked by guanine N7
 attacked by O in 6
 in guanine.

$\oplus CH_3$
 (methyl carbocation)²

5. Hydrazine (NH₂-NH₂)

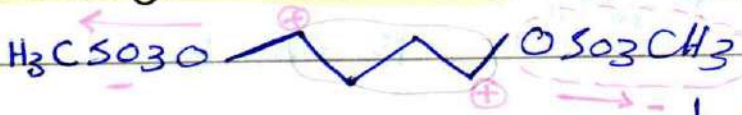
Procarbazine.



6) methyl sulfonate ester

Busulfan

↳ butyl



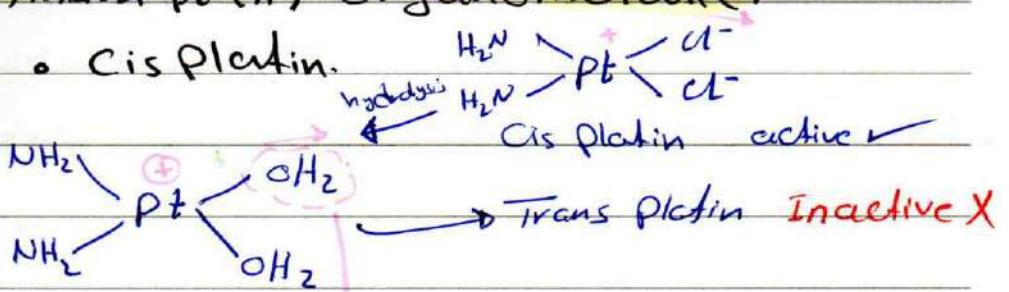
↳ good leaving group
 give carbocation
 which attack
 by guanine.

Thus it's Bifunctional
 2 carbocation.

2 time 96

7) platinum $\text{Pt}(\text{II})$ organometallic:-

• Cis Platin.

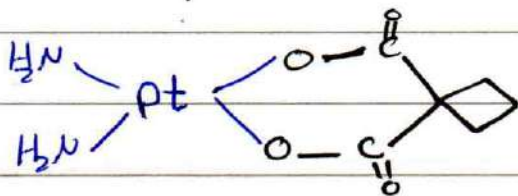


hydronium ion, good leaving group
Form cation \rightarrow attack by guanine in N7

side effect ① Nephrotoxicity

② Neurotoxicity

To remove toxicity, we remove Cl^- and adding dicarboxylic Acid, which will has hydrolysis less than Cl^- so \downarrow side effect.



carboplatin
 \downarrow side effect.

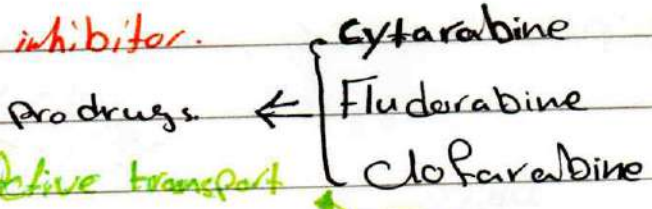
2^{ed} Antimetabolit

Le. 18

Date.

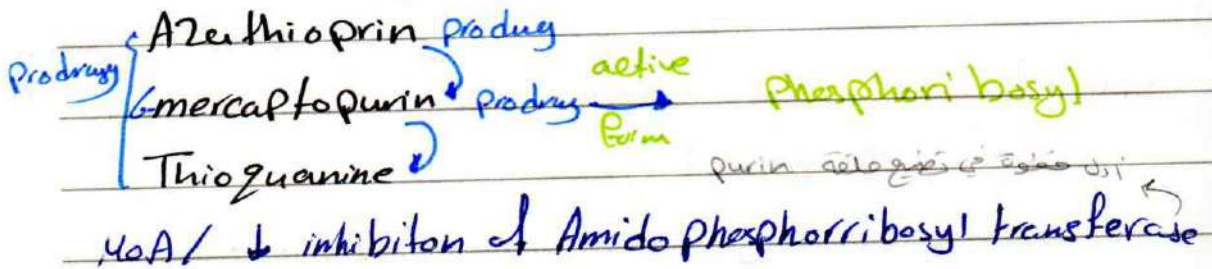
No.

1) DNA Polymerase inhibitor.



* Enter the cell by Active transport
The active form Triphosphate nucleotide

2) Purin Antagonist



3) Pyrimidine Antagonist.

Direct inhibitor of
Thymidate synthase

- Flurouracyl
 - Floxuridine
 - Capecitabine
- } prodrugs

Indirect inhibitor of
Thymidate synthase

- Methotrexate
- Pemetrexate
- * called / AntiFolate ;
- DHFR inhibitor.

DHFR : Dihydrofolate reductase

(NoA)

Direct inhibitor
as/ Fluorouracyl

Date.

No.

$\text{dUMP} \xrightarrow{\text{Thymidilate synthase}} \text{dTMP} \rightarrow \text{needed for DNA Synthesis}$

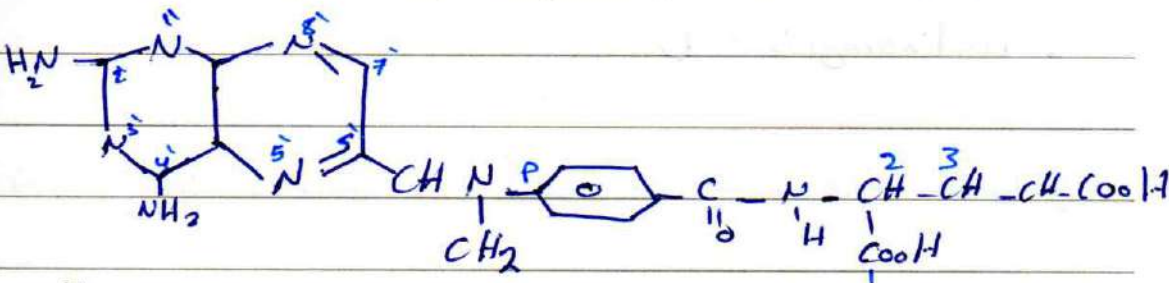
* Transfer methyl group

* Cofactor: Tetrahydro Folic Acid
(5,10 methylen THF (active form))

$\text{DHFR} \xrightarrow{\text{DHFR inhibitor}} \text{THF}$

indirect inhibitor of Thymidilate synthase
here inhibit THF the cofactor of

* Methotrexate :-



2 [N [P [2', 4'-diamino Pyridine - 6'yl] methyl]

N-methyl amino] benzoyl amino] 1,5 pentadiazic Acid

• Methotrexate Binding is higher than Folic Acid

thus its Binding to Thymidilate synthase is higher.

3rd Antibiotic.

Date.

No.

1) Anthracyclines

MoA

Doxorubicin

1, 2, 3

Daunorubicin

~~Idarubicin~~ Idarubicin

side effect / **cardiotoxic.**

2) Anthraquinone

1 2 3

Mitoxantrone

3) Polypeptide

1, 2, 3

- Bleomycine [BLM]

- Actinomycine D

4) ~~Actinomycin~~ Mitomycin C.

Alkylating DNA

MoA /

- 1] interactate double stranded DNA
- 2] Topoisomerase II inhibitor
- 3] Generation of cytotoxic free radicals.
- 4] Alkylating DNA

كعباء حبيذانية II تمتد جء الله

"ربى الخفرى وارحنى وحاتى رحنى"

والذقتى رارفتى راصرتى"

" والله ولى التوفىة "

marah isam felit ...

Date.

No.



Furcan



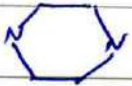
2,4 ~~thi~~ tetrahydro Furan



1,3 dioxalane



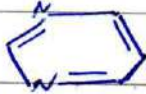
salicylic Acid



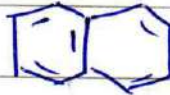
Piprazine



pyridina



pyrimidine



naphthelene



carbamic acid



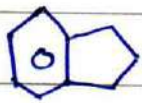
thio carbamic Acid



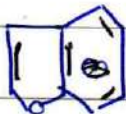
Phosigin



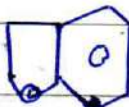
Thio Phosigin



Indan ring



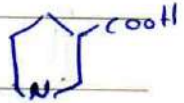
Benzo Furan



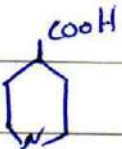
2,3 dihydro Benzo Furan



Piperidine



neprotic Acid



iso neprotic Acid



Azepim



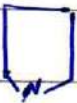
hexa hydro Azepim



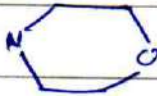
epoxid.



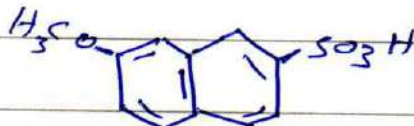
oxirane



Pyrrolidine



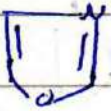
Morpholin.



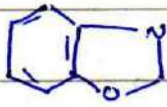
napsylate



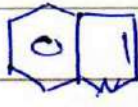
Pyrrrol



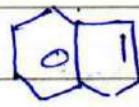
Oxazole



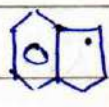
Benzoxazole



Indole



Indene



Indan



Furan



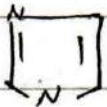
Tetrahydropyrimidin



Pyrimidin



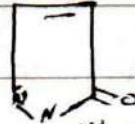
Thiophen



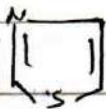
Imidazole



Pyrazole

2,3 dihydro
pyrazole

2,3 dihydro pyrazolone



Thiazole



Thiazin



1,2 benzo thiazin

Econazole	spectazole®
clotrimazole	Medisint®
ketocazole	Nizoral®
Terbinafine	Lamisil®
Grisofulvine	sprofulvine®
Nalophrine	Nalopharm®
petidine/Mepidine	Dolantine®
Pimodine	Alvodine®
Ketopemidone	Ketogan®
prodine	Nisentil®
Ethoheptazine	Zactan®
Methadone	Dolophene®
Dextropropoxyphen	Darvon HCl®, Darvon N® (napsylate)

Aspirin	Aspirin [®] , Baby Aspirin [®] , God med [®] , Rhonal [®]
DilFusinal	Dolobid [®]
Paracetamol	Paramol, Acanol, Autamol, Dexamol
Indomethacine	Indomed, Indovis, Indocine.
sulindace	cilnasil
Tolmetine	Tolectine
Zomepiracoe	Zomex
Diclophenic	COO Na ⁺ : Diclophen, voltaren, ABitren, Bellaram COO K ⁺ : BataPlam, AnaPlam
• Mefenamic Acid	Ponstan, Ponstel.
• Flufenamic Acid	arelf
• Mefenamic Acid	Medomen
• Tol Fenamic acid	clotam.
Ibuprofen	Trofen, Ibuten, isofen, Adivi
Fenoprofen	Nalphan / Nalfan
keto profen	profencil
Naproxen	Naprosy, Naprocin, Naxyn.