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# DESIGN, SYNTHESIS AND STUDIES OF DELTA AND COX-2 SPECIFIC ANALGESIC ANTI-INFLAMMATORY ACTIVITY OF SOME LINEAR AND CYCLIC PEPTIDES

by

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**6<sup>th</sup> World Congress on Bioavailability and Bioequivalence:**

**BA/BE Studies Summit**

**August 17, 2015 Chicago, USA.**

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26-Aug-15



BIT, Mesra, Ranchi- 835215, India

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# **PRESENTATION OVERVIEW**

## **❖ INTRODUCTION**

- ANALGESIC AGENTS**
- OPOID RECEPTOR**
- ANTIINFLAMMATORY AGENTS**

## **❖ NEED FOR PRESENT INVESTIGATION**

## **❖ OBJECTIVES**

## **❖ EXPERIMENTAL WORK**

## **❖ SUMMARY AND CONCLUSION**

## **❖ FUTURE SCOPE OF THE WORK**

## **❖ REFERENCES**

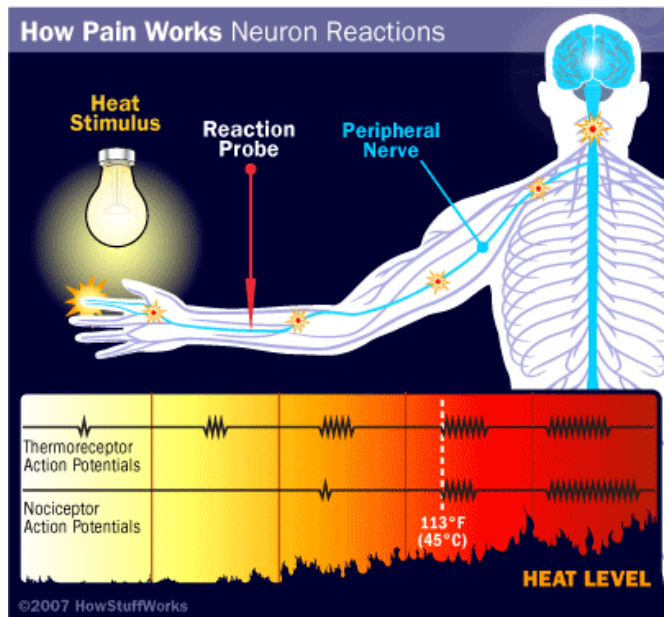
# Analgesia

- **International Association for the Study of Pain (IASP) defines pain as: “Pain is an unpleasant sensory *and* emotional experience that is associated with actual or potential tissue damage or described in such terms.”**
- The term “analgesia” derived from Greek word *Ana* (without) and *Algos* (pain).
- **A drug which depresses pain without arising loss of consciousness is called an **analgesic agent**.**<sup>1</sup>
- **Major Classes of Analgesic Agents are:**
- **NSAIDs**
- **COX-2 inhibitors:** These drugs have been derived from NSAIDs. The COX-2 inhibitors were developed to inhibit only the COX-2 enzyme
- **Flupirtine:** is a centrally acting K<sup>+</sup> channel opener with weak NMDA antagonist properties. It is used in Europe for moderate to strong pain and migraine and its muscle-relaxant properties.
- **Opioids:** Opioids, while very effective analgesics, may have some unpleasant side-effects. Opioids and similar narcotic analgesics are otherwise safe and effective, however risks such as addiction and the body's becoming used to the drug (tolerance) can occur.



- The identification of opioid peptides in mid 1970 opened up a whole new area for the development of opioid receptor.<sup>2</sup>
- The naturally occurring endogenous opioid peptides Enkephalin are rapidly degraded by a variety of peptidases such as aminopeptidase, peptidyl dipeptidase-A, endopeptidase-24.11. Therefore, one major goal for structural modification of these small peptides has been to increase metabolic stability.<sup>3</sup>
- Analgesic drugs act in various ways on the peripheral and central nervous systems.

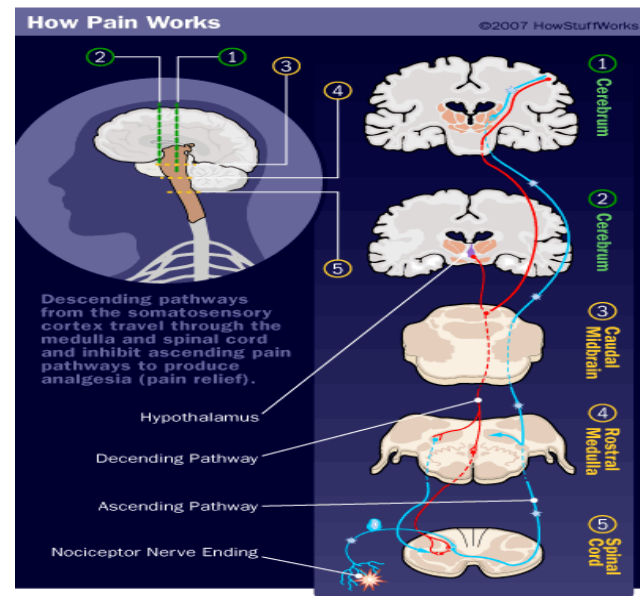
## PERIPHERAL PAIN PATHWAYS



**Fig.1** Pain Signal Reception

Reproduced from, [www.ampainsoc.org/ce/enduring.htm](http://www.ampainsoc.org/ce/enduring.htm) [Last visited 28.11.09]

## SPINAL PAIN PATHWAYS



**Fig.2** pain-influencing neural pathways, Reproduced from, [www.ampainsoc.org/ce/enduring.htm](http://www.ampainsoc.org/ce/enduring.htm) [Last visited 28.11.09]

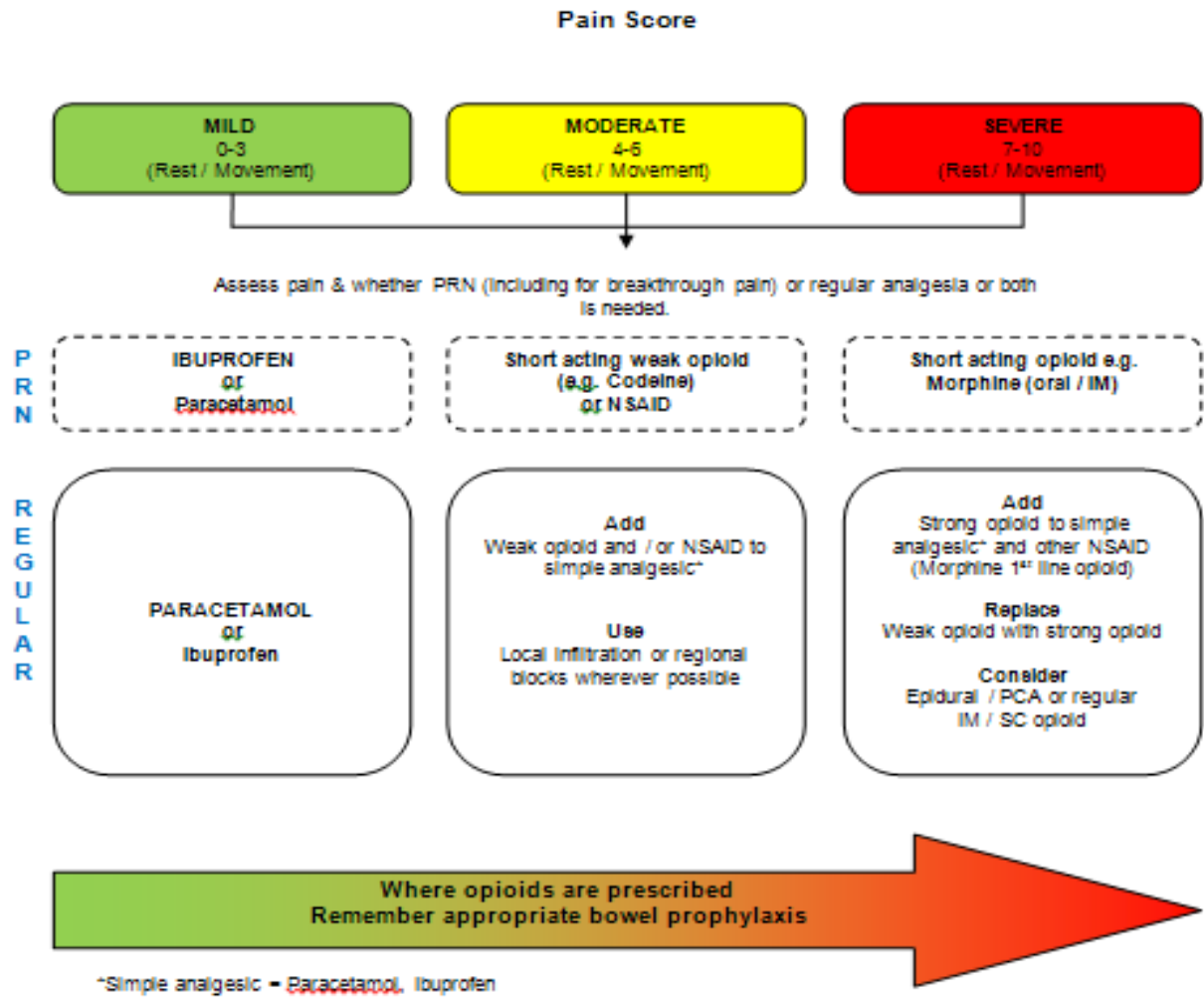
## ***PERIPHERAL PAIN PATHWAYS***

- Nociceptor neurons travel in peripheral sensory nerves. Their cell bodies lie in the dorsal root ganglia of peripheral nerves just inside the spine
- These neurons are lightly or non-myelinated and slower.
- Nociceptors-A  $\delta$  mechano-sensitive
  - A  $\delta$  mechano-thermal
  - Polymodal nociceptors (C fibers)
- The pain (from A  $\delta$  fiber activation) is sharp and rapid & (from C fiber activation) is dull, burning and delayed.

## ***SPINAL PAIN PATHWAYS***

- The descending pathways originate in the **somatosensory cortex** (which relays to the thalamus) and the **hypothalamus**. Thalamic neurons descend to the midbrain.
- There, they synapse on ascending pathways in the medulla and spinal cord and inhibit ascending nerve signals. This produces pain relief (analgesia).
- Ascending pain pathway  
→ **neuropathic pain** (damage to peripheral nerves, spinal cord or the brain itself).



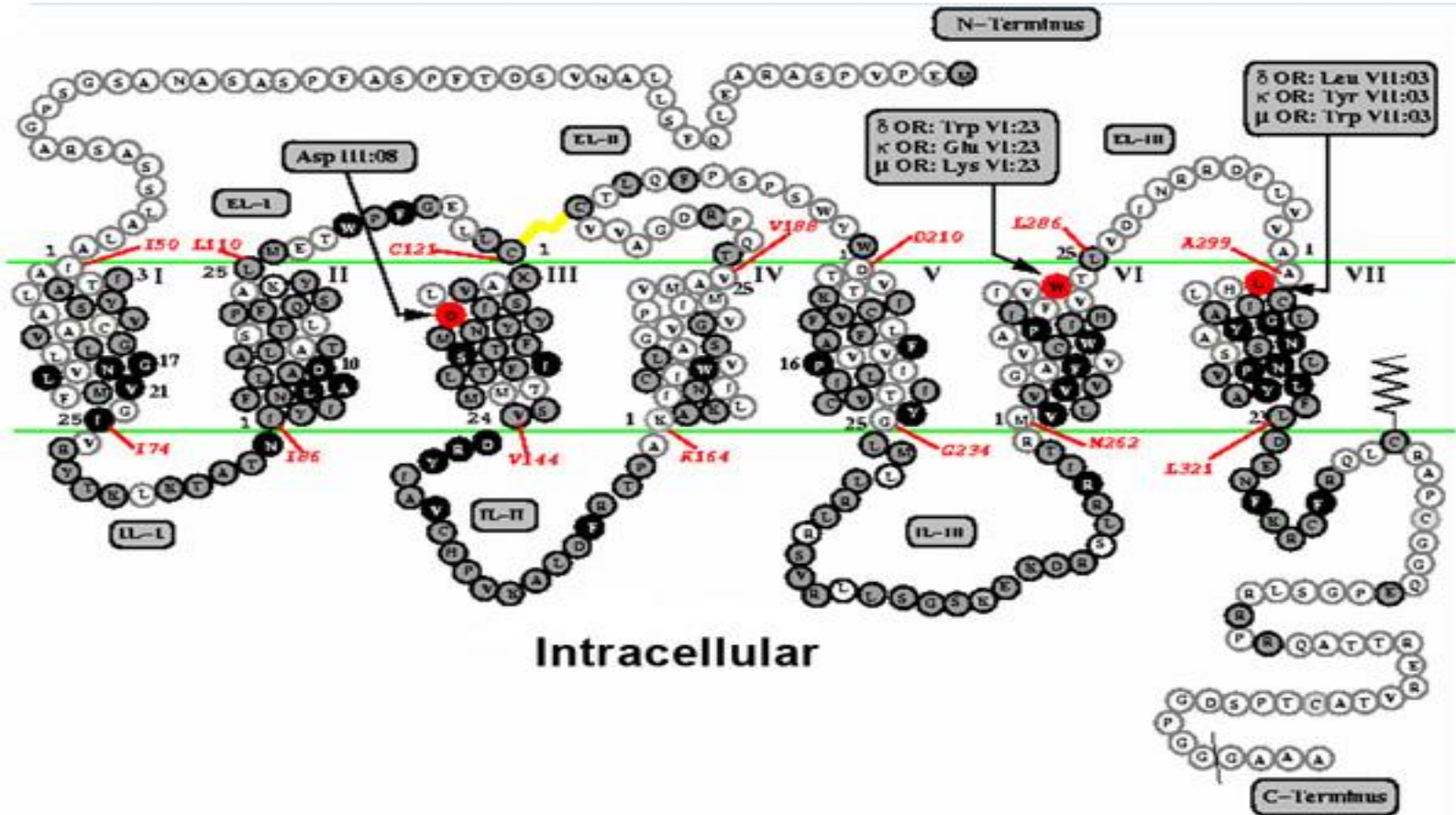


Source: [http://www.elmmb.nhs.uk/formularies/joint-medicines-formulary/4/4-7/\(11.8.2015\)](http://www.elmmb.nhs.uk/formularies/joint-medicines-formulary/4/4-7/(11.8.2015))

## *Activation of Opioid Receptor* <sup>4-5</sup>

- The  $\mu$ -,  $\delta$ - and  $\kappa$ -opioid and orphanin receptors are the rhodopsin-like G protein-coupled receptors (GPCRs) involved in pain management and regulation of mood, reward, motivation, and response to stress.
- The activation of opioid receptors enables their transient association with Gi/o proteins, which triggers signal transduction through inhibition of adenylate cyclase and regulation of ion channels and MAP kinases.
- Opioid receptors are naturally activated by endogenous opioid peptides, but also can interact with exogenously administered opiates, some of which are addictive drugs of abuse.
- The binding of opioid ligands may have different functional outcomes. Opiates can act as agonists, antagonists, partial agonists, or inverse agonists.

# Opioid Receptor



**Figure 3.** Serpentine model of the  $\delta$  receptor. Circles contain the 1-letter code for the given amino acid. Green lines indicate the beginning and ends of the helices. The gray circles indicate the residues that are conserved among all 3 receptor types ( $\mu$ ,  $\delta$ , and  $\kappa$ ), while the black circles indicate the residues that are highly conserved among the rhodopsin subclass of G-protein coupled receptors. Each transmembrane (TM) region is indicated by a roman numeral.

[Reproduced from Kane, B. E.; Svensson, B.; and Ferguson, D.M. Molecular Recognition of Opioid Receptor Ligands, *The AAPS Journal*, 2006, 8(1), E128]

## *Opioid Ligands* <sup>6</sup>

| RECEPTOR<br>SUBTYPE | SELECTIVE LIGANDS                    |                            | NONSELECTIVE<br>LIGANDS         |                        | PUTATIVE<br>ENDOGENOUS<br>LIGANDS |
|---------------------|--------------------------------------|----------------------------|---------------------------------|------------------------|-----------------------------------|
|                     | Agonists                             | Antagonists                | Agonists                        | Antagonists            |                                   |
| $\mu$               | DAMGO<br>Morphine<br>Methadone       | CTOP                       | Levorphanol<br>Etorphine        | Naloxone<br>Naltrexone | Enkephalin<br>Endorphin           |
| $\delta$            | DPDPE<br>Deltorphin<br>DSLET         | Naltrindole<br>NTB<br>BNTX | Levorphanol<br>Etorphine        | Naloxone<br>Naltrexone | Enkephalin                        |
| $\kappa$            | Spiradoline<br>U50,488<br>DynorphinA | Nor-BNI                    | Levorphanol<br>Etorphine<br>EKC | Naloxone<br>Naltrexone | DynorphinA                        |

## *Development of Delta Opioid Peptides as Nonaddicting Analgesics* <sup>7-8</sup>

Delta ( $\delta$ -) opioid peptides will be unique therapeutic agents when compared to opiates for the following reasons.

- 1) The peptide delta agonists offer an additional level of safety for the foetus.
  - ✓ The peptide analogues of enkephalins and related peptides could serve as obstetric medications, providing analgesia for the mother without exposing the foetus due to inability to cross the placenta.
  - ✓ The opioid  $\delta$ -receptor can not be demonstrated in human foetal brain tissue.
- 2) On metabolic degradation, peptides will be hydrolyzed to their constituent amino acids, and the metabolic end products, unlike the opiates, are polar, easily eliminated from the body and unlikely to cause liver or kidney damage.
- 3) These are likely to have decreased dependence or abuse liability and lower reinforcing efficacy.

- 4) From the drug design aspects, peptides offer special advantages <sup>9</sup>
- ✓ As peptides are made up of subunits, amino acid residues, virtually an unlimited number of analogues can be synthesized.
  - ✓ The three dimensional architecture of the conformationally labile peptides can be altered by incorporating various structural modification (peptide bond replacement, N-methyl substituent, formation of cyclic structure, etc).
  - ✓ Thus, obtain desired bioactive peptide molecules with structural rigidity.
- 5) Endogenous peptides serve as better models for studies on biosynthesis and conformation. As peptides are polar molecules, solution phase studies can be performed in different solvents to understand the effects of solvents on conformation.
- 6) Opioid  $\delta$ -agonists do not demonstrate significant cross-tolerance to opiates acting at the  $\mu$ -receptor such as morphine; thus they are likely to be useful pain relievers in patients undergoing prolonged therapy or high dose treatments with  $\mu$  -opiates.

# ANTI-INFLAMMATORY AGENT

Anti-Inflammatory  
Drugs?



➤ Inflammation (Latin, *inflammatio*, a setting on fire) is the complex biological response of vascular tissues to harmful stimuli, such as pathogen, damaged cells, or irritants.

➤ A drug which inhibits or suppresses most inflammatory response is called Anti-inflammatory Agent.

➤ They include corticosteroids and NSAIDs.

## **TYPES OF INFLAMMATION** <sup>9,10</sup>



| <i>Causative agent</i>      | <i>Acute</i>  | <i>Chronic</i>  |
|-----------------------------|---|---|
|                             | Pathogens, injured tissues                              | Persistent acute inflammation due to non-degradable pathogens, persistent foreign bodies, or autoimmune reactions |
| <i>Major cells involved</i> | Neutrophils, mononuclear cells (monocytes, macrophages) | Mononuclear cells (monocytes, macrophages, lymphocytes, plasma cells), fibroblasts                                |
| <i>Primary mediators</i>    | Vasoactive amines, eicosanoids                          | IFN- $\gamma$ and other cytokines, growth factors, reactive oxygen species, hydrolytic enzymes                    |
| <i>Onset</i>                | Immediate   | Delayed   |
| <i>Duration</i>             | Few days  | Up to many months, or years   |
| <i>Outcomes</i>             | Resolution, abscess formation, chronic inflammation     | Tissue destruction, fibrosis  |

# NEED FOR PRESENT INVESTIGATION

- Non- $\mu$ -opioid analgesics (mainly  $\delta$ -agonists) and peripherally acting opioid analgesics have a promising clinical profile but have yet to show significant clinical impact. <sup>11</sup>
- Non steroidal anti-inflammatory drugs (NSAIDs) inhibit brain prostaglandin synthesis, interfere with transmitters or modulators in the nociceptive system, or their effects are mediated in part by endogenous opioid peptides. <sup>12</sup>
- But common adverse effects of NSAIDs are gastrointestinal (GI) bleeding, ulceration and more severely, perforation. <sup>13</sup>
- So  $\delta$ -receptor specific Enkephalin based peptide molecule acting as peripheral analgesic with novel mechanism (COX-2 receptor specific also) deserve greater attention for evaluation in chronic pain situations since they offer the potential for greater efficacy to manage intractable pain. <sup>3</sup>
- There is need for  $\delta$ -receptor specific analgesics which would be highly potent and safe. With the investigation of small peptides both linear and cyclic, a new potential series can be established in this area of therapy.



## OBJECTIVE OF THE WORK

- ❖ The objective of this work is to design, synthesize and screen potential small peptide based compounds for their analgesic and anti-inflammatory activity.
- ❖ Design and validation of Small linear and cyclic peptides on 4-COX and the  $\delta$  opoid receptor(OPRD\_HUMAN\_AD\_JOM-13) using:
  - Molecular Modelling and Docking Studies - Glide 5.0.(Schrodinger).
  - ADME profile studied using QIKPROP 3.1(Schrodinger).
  - In Silico Toxicity studies using OSIRIS PROPERTY EXPLORER.
- ❖ To synthesize of Small linear and cyclic peptides using Liquid Phase Method and characterized by M.Pt, TLC, FT-IR, NMR and Mass spectral analysis.
- ❖ Pharmacological screening of synthesized compound for Analgesic and Anti-inflammatory activity.

# PLAN OF WORK

## Designing

- Designing of some Linear and Cyclic Peptides
- Homology Modeling
- Docking of modeled analogs with the receptors 4COX and OPRD\_HUMAN\_AD\_JOM-13 by using software- Glide5.0.ADME studies using Qikprop 3.1.
- In Silico Toxicity Studies using OSIRIS Property Explorer. (<http://www.organic-chemistry.org/prog/peo/tox.html>)

## Synthesis

- Synthesis of selected designed molecules.
- Characterization of the synthesized compounds
  - i) Physicochemical characterization (M.P,  $R_f$  value)
  - ii) Spectral analysis (FT-IR, NMR and Mass).

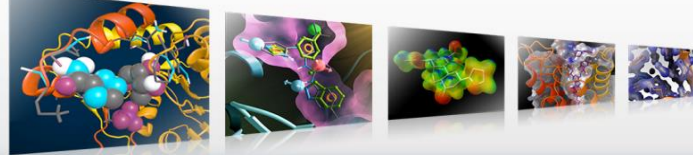
## Biological activity

- Pharmacological screening:
  - a) *Analgesic activity study: Acetic acid-induced writhing response in mice.*
  - b) *Anti-inflammatory activity study:*
- *Carrageenan induced hind paw edema in rats*

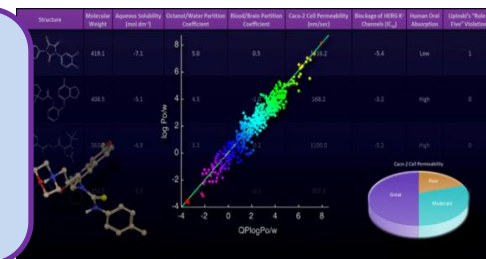
# EXPERIMENTAL WORK

Molecular modelling and Docking Studies using software Glide 5.0 and Homology modeling.

Schrödinger's Small Molecule Drug Discovery Suite is a comprehensive suite that can accelerate both lead discovery and lead optimization



ADME prediction using software Qikprop version 3.1  
*In Silico* Toxicity studies using OSIRIS Property Explorer.  
(<http://www.organicchemistry.org/prog/peo/tox.html>)



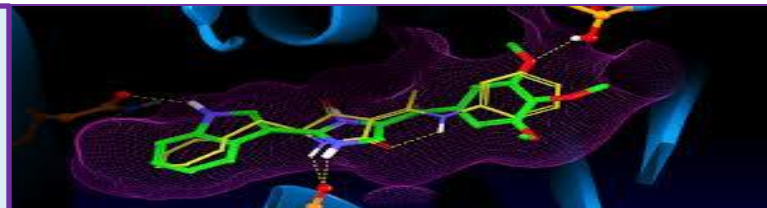
Synthesis using solution phase peptide synthesis of linear and cyclic peptides.



Animal Studies:  
a) Analgesic activity  
b) Anti-inflammatory Activity



# DOCKING STUDIES <sup>14</sup>



## GENERAL STEPS INVOLVED IN DOCKING

### PROTEIN PREPARATION

The X-ray crystal structure of Cyclooxygenase-2 (Prostaglandin synthase-2) receptor 2.90Å<sup>□</sup> (4cox) and Bovine Rhodopsin  $\delta$ - opioid receptor 2.80 Å<sup>°</sup> (1f88) were selected from Protein Data Bank ([www.rcsb.org/pdb](http://www.rcsb.org/pdb)) into Maestro.

### HOMOLOGY MODELLING

The Homology model for delta opioid receptor (1f88) which was used had been sent by Mosberg laboratory, University of Michigan.

**LIGAND PREPARATIONS**  
using ChemDraw Ultra 10.0 and energy minimization using OPLS 2500

**VALIDATION OF DOCKING PROTOCOL** – Every ligand was docked with both receptors (pdb: 4COX and OPRD\_HUMAN\_AD\_JOM-13)

### LIGAND-RECEPTOR DOCKING

All the energy minimised structures were docked with the energy minimised receptors

### RECEPTOR GRID GENERATION

- The atoms were scaled by Vander Waals radii of 1.0 Å with the partial atomic charge less than 0.25 defaults \
- active site was defined as an enclosing box at the centroid of the workspace ligand as selected in the receptor folder

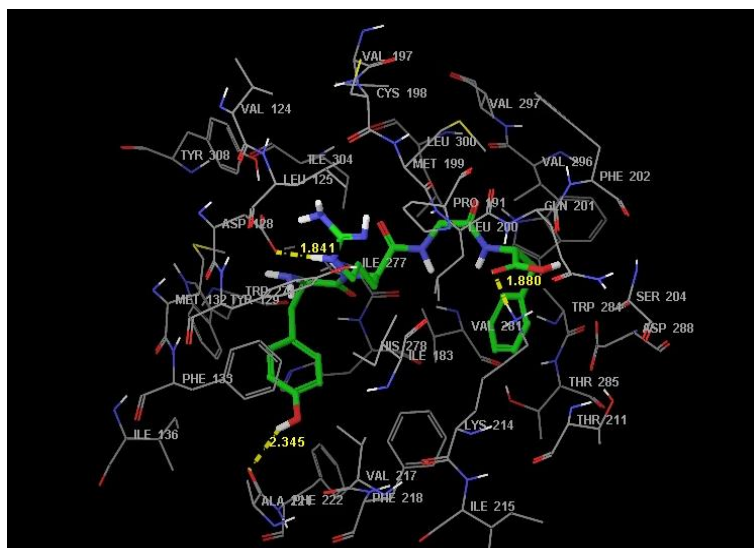
## Docking Scores of Standard and designed Compounds

| LIGAND CODES | Ligand Name      | 4COX  | OPRD_HUMAN_AD_JO<br>M-13 |
|--------------|------------------|-------|--------------------------|
| Standard     | Indomethacin     | -8.01 | -7.31                    |
| Standard     | Pethidine        | -6.88 | -4.16                    |
| Standard     | DPDPE            | -4.24 | -10.38                   |
| Standard     | JOM-13           | -3.46 | -10.16                   |
| SSLR-01      | Tyr-Arg-Phe      | -8.21 | -7.19                    |
| SSLR-02      | Tyr-Pro-Phe      | -8.36 | -8.93                    |
| SSLR-03      | Tyr-Leu-Phe      | -7.18 | -9.43                    |
| SSLR-04      | Tyr- Arg-Gly-Phe | -8.06 | -8.78                    |

| LIGAND CODES | Ligand Name             | 4COX  | OPRD_HUMAN_AD<br>_JOM-13 |
|--------------|-------------------------|-------|--------------------------|
| SSLR-06      | Tyr-Ala-Arg-Phe         | -6.99 | -9.11                    |
| SSLR-07      | Tyr-Ala-Phe ethyl ester | -7.18 | -6.56                    |
| SSLR-08      | Tyr-Pro-Phe Ethyl ester | -6.86 | -6.05                    |
| SSLR-09      | Tyr-Leu-Phe Ethyl ester | -6.77 | -6.98                    |
| SSLR-10      | C(Tyr-Gly-Phe)          | -7.95 | -5.30                    |
| SSLR-11      | C(Tyr-Pro-Phe)          | -6.82 | -5.17                    |
| SSLR-12      | C(Tyr-Leu-Phe)          | -6.75 | -9.44                    |
| SSLR-13      | C(Tyr-Ala-Phe)          | -4.61 | -5.80                    |

# Docking poses

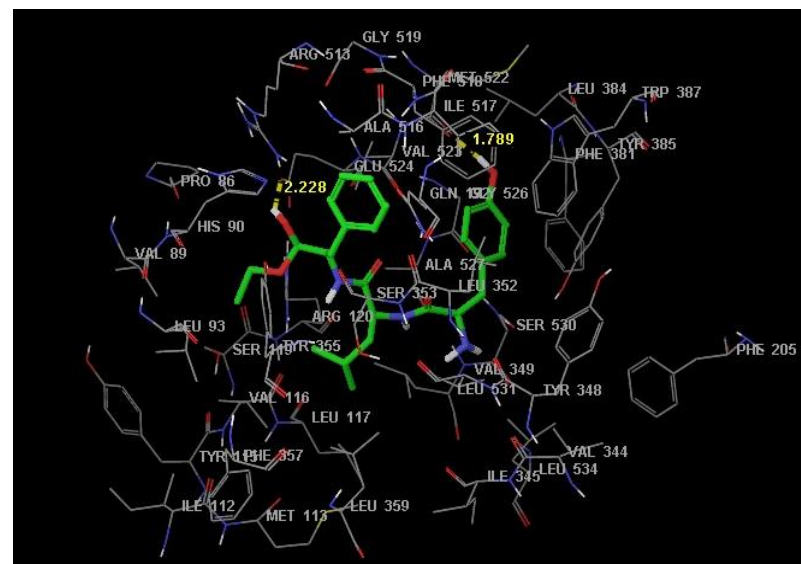
XP-Glide-predicted pose of molecule SSLR-4 with the receptor(OPRD\_HUMAN\_AD\_JOM-13).



SSLR-4 is forming three H-bonds (1.84, 1.88 & 2.35) with Asp-128, Val-281, Ala-221

**Result:** All the 30 designed molecules both linear and cyclic were docked using Glide5.0. SSLR-4 and SSLR-9 showed good scores of -8.06 and -6.77 in 4-COX and -8.78 and -6.98 in OPRD\_HUMAN\_AD\_JOM-13).

XP Glide-predicted pose of molecule SSLR-9 with the receptor (4COX).



SSLR-9 is forming two H-bonds (1.79 and 2.22) with Val-524, Arg-120.

## ADME STUDIES using QIKPROP 3.1 <sup>15</sup>

- QikProp is used as an indispensable tool for applying ADME principles in lead discovery & optimization.
- Nearly 40% of drug candidates fail in clinical trials due to poor ADME (absorption, distribution, metabolism, and excretion) properties. <sup>27</sup>

| Standard compound | QP logP o/w | QP logS | QP logBB | CNS | MW      | Human Oral absorption | Percent Human Oral absorption |
|-------------------|-------------|---------|----------|-----|---------|-----------------------|-------------------------------|
| Indomethacin      | 3.600       | -4.525  | -0.674   | -2  | 357     | 3                     | 90.073                        |
| Pethidine         | 2.662       | -2.383  | 0.551    | +2  | 247     | 3                     | 100.000                       |
| SSLR-10           | 0.217       | -1.293  | -1.844   | -2  | 367.404 | 3                     | 49.979                        |
| SSLR-11           | 0.811       | -2.289  | -1.236   | -2  | 407.468 | 3                     | 66.402                        |
| SSLR-12           | 1.867       | -3.274  | -1.385   | -2  | 423.511 | 3                     | 73.853                        |
| SSLR-13           | 0.416       | -2.396  | -1.254   | -2  | 381.430 | 3                     | 65.743                        |
| SSLR-14           | 1.119       | -2.888  | -2.281   | -2  | 510.589 | 2                     | 28.582                        |

**QP log Po/w** : Predicted octanol /water partition coefficient; Range, -2.0 to 6.5

**QP logs**: Predicted aqueous solubility, log S; Range, -6.5 to 0.5

**QP logBB**: Predicted brain/blood partition coefficient; Range, -3.0 to 1.2




**CNS activity**: Predicted central nervous system activity; [-2(inactive), +2 (active)]

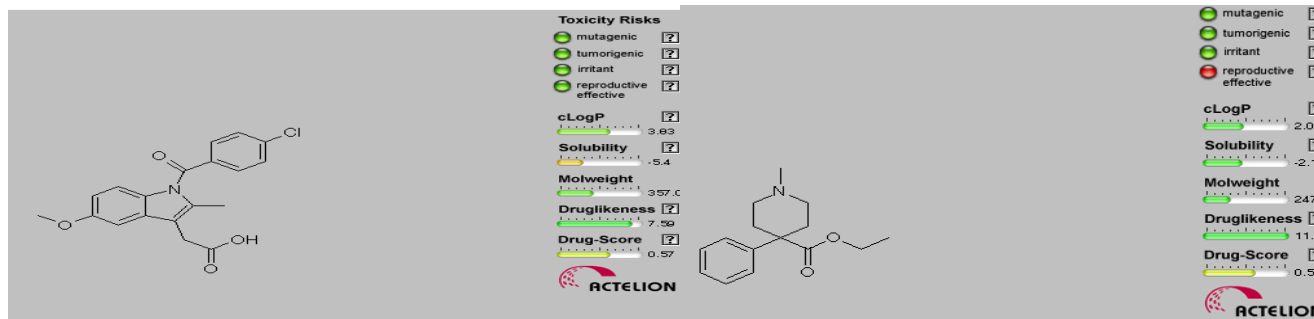
**Human Oral Absorption**: Qualitative; 1→Low, 2→Medium, 3→High

**Percent Human Oral absorption**: 0 to 100% scale; [>80%→ High, <20%→ Poor]



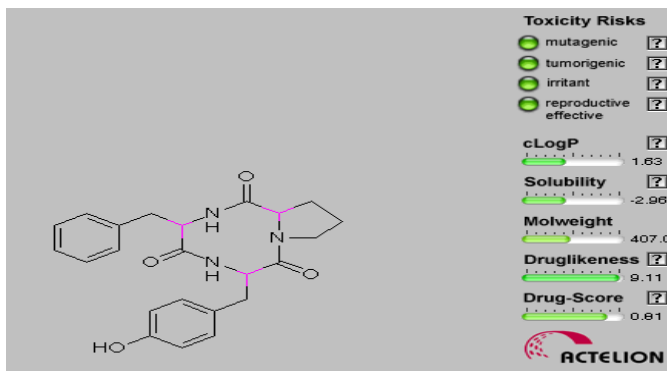
# In Silico TOXICITY Studies using OSIRIS Property Explorer <sup>16</sup>

In Silico TOXICITY Studies using OSIRIS Software. Toxicity related study to judge the compound's overall potential to qualify for a (Low risk , medium risk , high risk ). All the designed linear and cyclic peptides selected after virtual screening, were free from toxicity using OSIRIS Property Explorer.

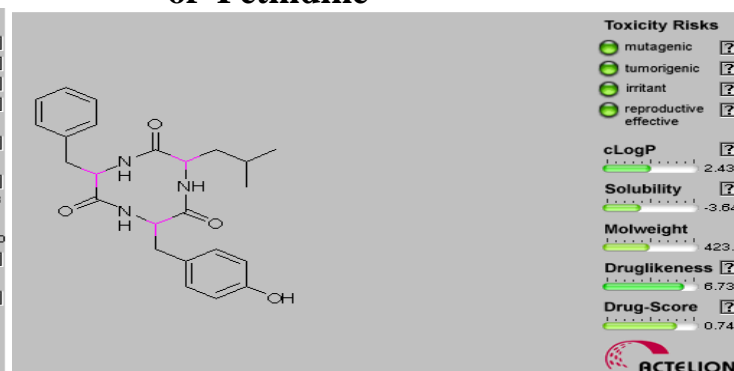


**Toxicity related assessment  
of Indomethacin**

**Toxicity related assessment  
of Pethidine**



**Toxicity related assessment  
of SSLR-11**



**Toxicity related assessment  
of SSLR-12**

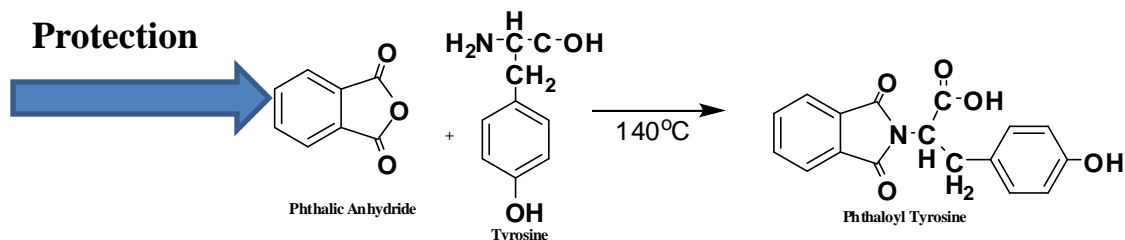
Specific information of standard compounds (Indomethacin, Pethidine) and SSLR-11, SSLR-12 via OSIRIS Property Explorer; where green indicates safe but red unsafe. (Reproduced from <http://www.organic-chemistry.org/prog/peo/> [Last visited on 26.11.09])

# SYNTHETIC STUDIES 17,18,19

## SCHEME FOR LINEAR PEPTIDES

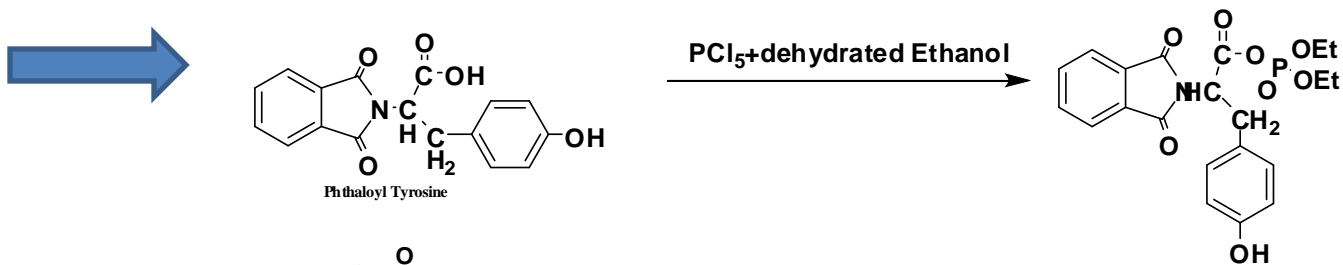
Step 1

Protection



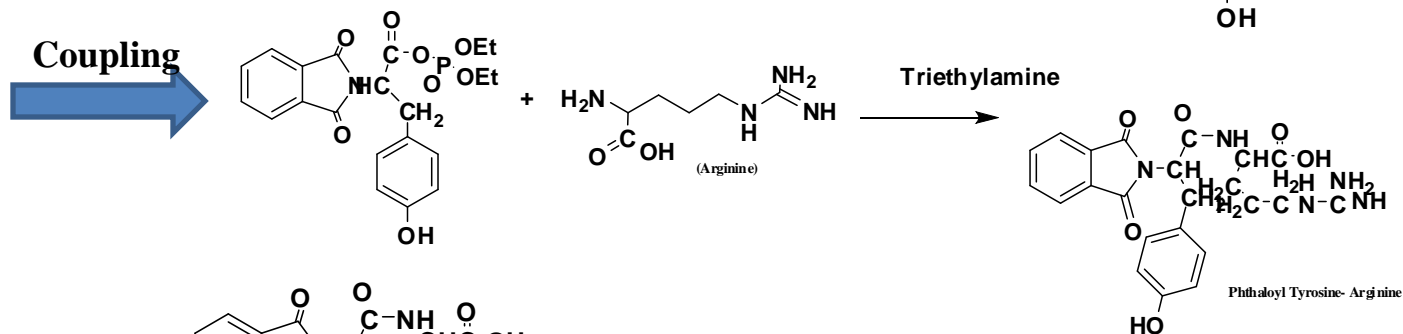
Step 2

Activation



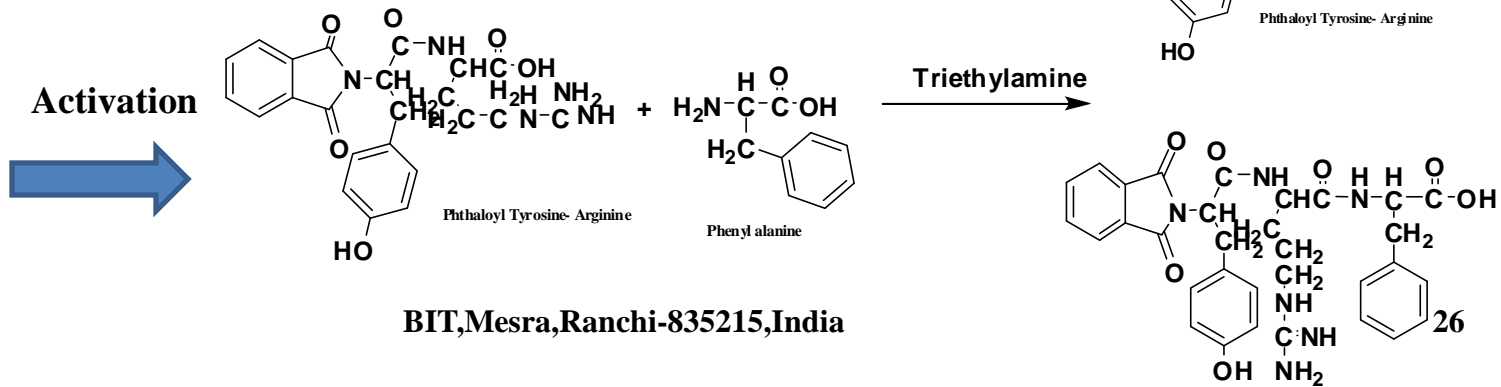
Step 3

Coupling



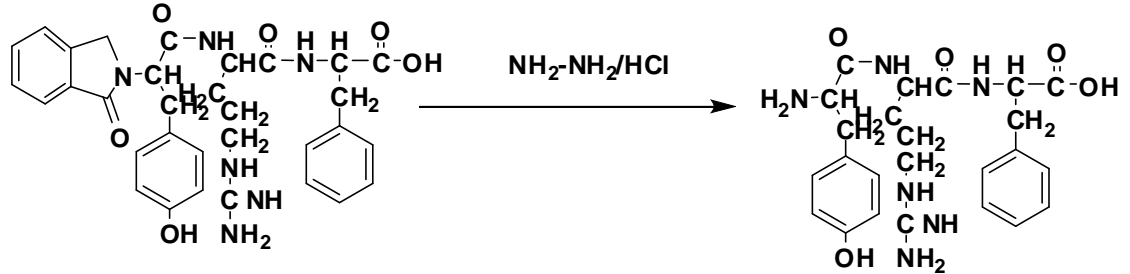
Step 4

Activation



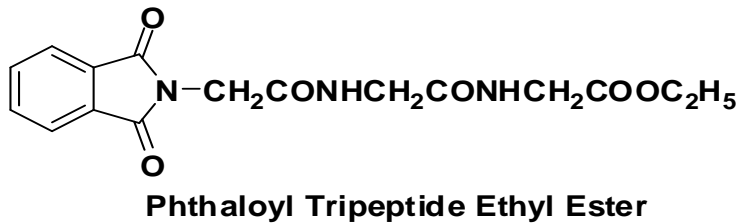
**Step1**

Deprotection

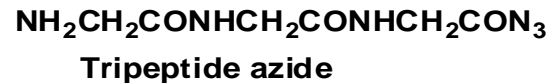


Tyr-Arg-Phe (Tripeptide)

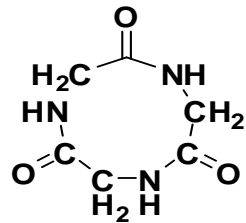
*SYNTHETIC SCHEME FOR CYCLIC PEPTIDE*



$\xrightarrow{\text{HCl}, \text{NaNO}_2}$



$\xrightarrow{\text{NaHCO}_3, 0-5^\circ\text{C}}$



## PHYSICO-CHEMICAL CHARACTERIZATION OF SYNTHESIZED COMPOUNDS

For monitoring the chemical reactions during the course of peptide synthesis and the purity of synthesized compounds was shown by performing TLC by getting a single spot. The solvent system used for linear peptides was n-Butanol: Acetic acid: Water (BAW) = 4:1:1 and for cyclic peptides Chloroform: Methanol = 3:1. Iodine was used as detector.



TLC Chromatogram Development



TLC Chromatogram of SSLR-4

## Physical properties of the synthesized compounds

| Sl.No. | Name of the compound          | Color & Nature              | Melting point ( <sup>o</sup> C) | R <sub>f</sub> (BAW*) |
|--------|-------------------------------|-----------------------------|---------------------------------|-----------------------|
| 1.     | Phthaloyl Tyrosine            | Yellowish White crystalline | 169                             | 0.39                  |
| 2.     | Phe-OEt HCl                   | Dirty White crystalline     | 155                             | 0.42                  |
| 3.     | Tyr-Pro-Phe-OEt               | White crystalline           | 180                             | 0.38                  |
| 4.     | Tyr-Arg-Phe (SSLR-1)          | Yellowish White crystalline | 162                             | 0.56                  |
| 5.     | Tyr-Arg-Gly-Phe (SSLR-4)      | White crystalline           | 227                             | 0.42                  |
| 6.     | Tyr-Arg-Cys-Phe (SSLR-5)      | White crystalline           | 215                             | 0.46                  |
| 7.     | Tyr-Leu-Phe-OEt (SSLR-9)      | White crystalline           | 185                             | 0.36                  |
| 8.     | Cyclo-Tyr-Pro-Phe** (SSLR-11) | White crystalline           | 240                             | 0.39                  |
| 9.     | Cyclo-Tyr-Leu-Phe** (SSLR-12) | White crystalline           | 252                             | 0.32                  |

[\* n- Butanol:Acetic acid: Water (BAW)=4:1:1], [\*\* in CHCl<sub>3</sub>-CH<sub>3</sub>OH (3:1)]

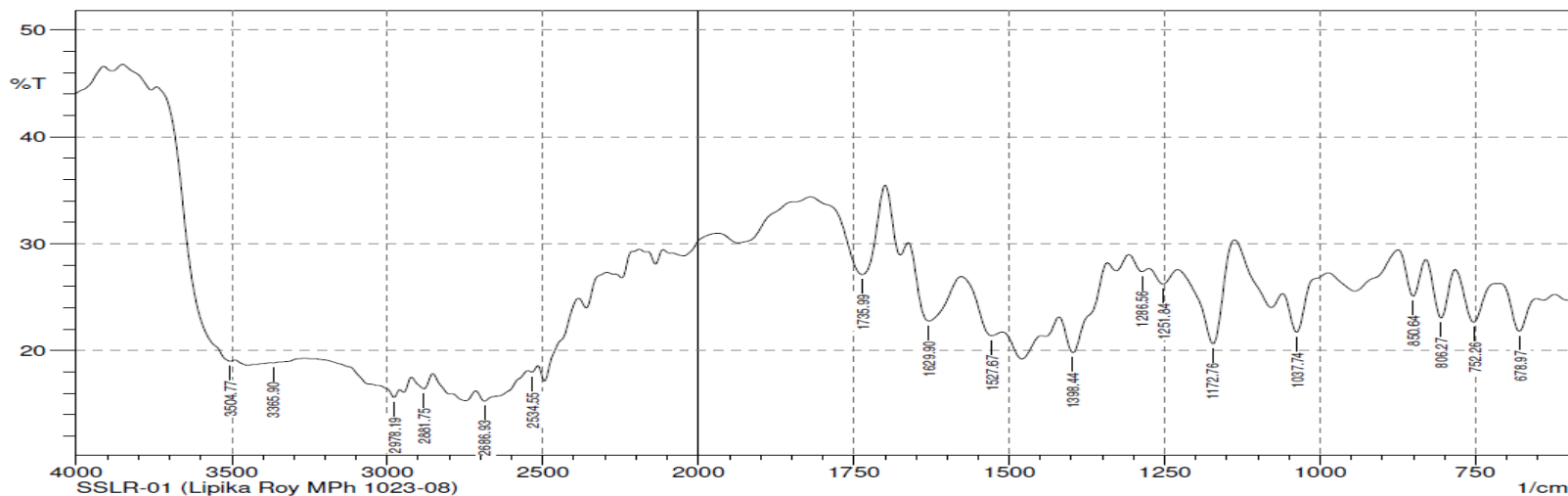
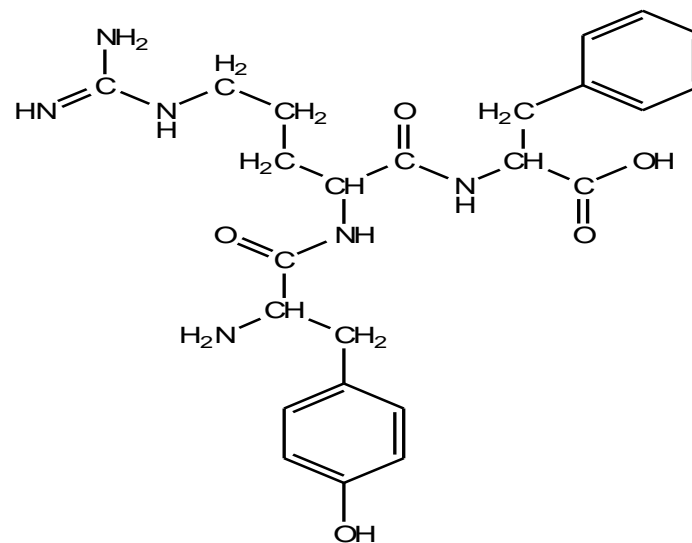
## FT-IR spectral data of compound SSLR-1 (Tyr-Arg-Phe)

### IR (KBr):

- 3504.77 OH stretching of Aromatic OH
- 3365.90 N-H stretching of secondary amide
- 2978.19 C-H stretching of methylene (CH<sub>2</sub>)
- 2534.55 OH stretching of Carboxylic acid
- 1629.90 N-H bending of primary amine
- 1527.67 C=O stretching of secondary amide
- 1286.56 C-N stretching of primary amine
- 678.97 N-H out of plane wagging of amide

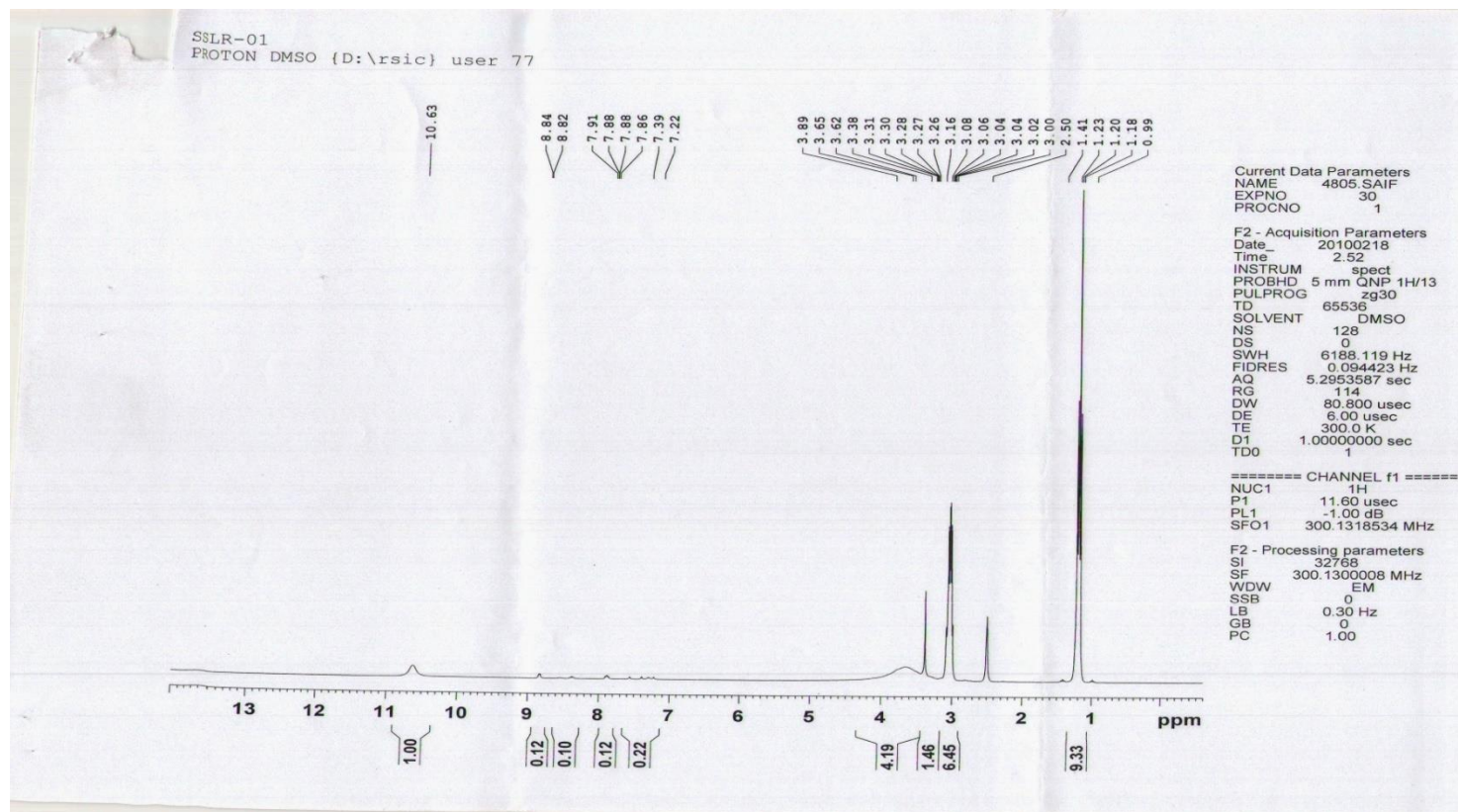
Mol. Formula: C<sub>24</sub>H<sub>32</sub>N<sub>6</sub>O<sub>5</sub>

Mol. Weight : 484



# $^1\text{H}$ NMR spectral data (value of $\delta$ in ppm) of SSLR-1 :

H of amine ( $-\text{NH}_2$ ) (2.50) (s), H of Methylene ( $\text{CH}_2$ ) (3.00-3.08) (m), H of Methine ( $\text{CH}$ ) (3.62-3.89) (t), H of Benzene (7.22, 7.39) (s), H of  $[-\text{C}(=\text{O})\text{NH}]$  (7.86 – 7.91) (m), H of  $-\text{COOH}$  (10.63) (s).



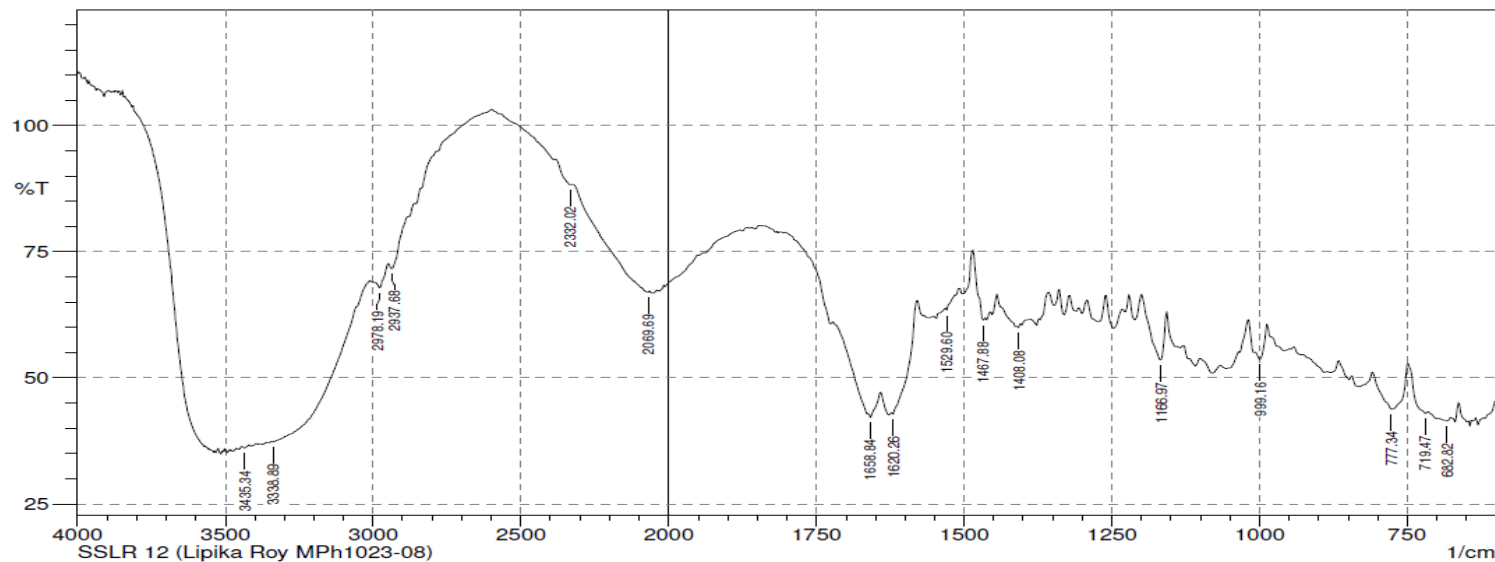
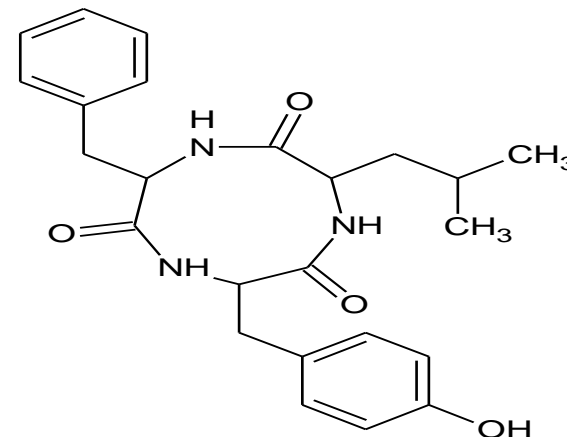
## FT-IR spectral data of compound SSLR-12 [Cyclo(Tyr-Leu-Phe)]

### IR (KBr):

- 3435.34 O-H stretching of aromatic OH
- 3338.89 N-H stretching of secondary amide
- 2978.19 Aromatic C-H stretching
- 2937.68 C-H stretching of methylene
- 1529.60 C=O stretching of secondary amide
- 682.82 N-H out of plane wagging of amide

Mol. Formula:  $C_{24}H_{29}N_3O_4$

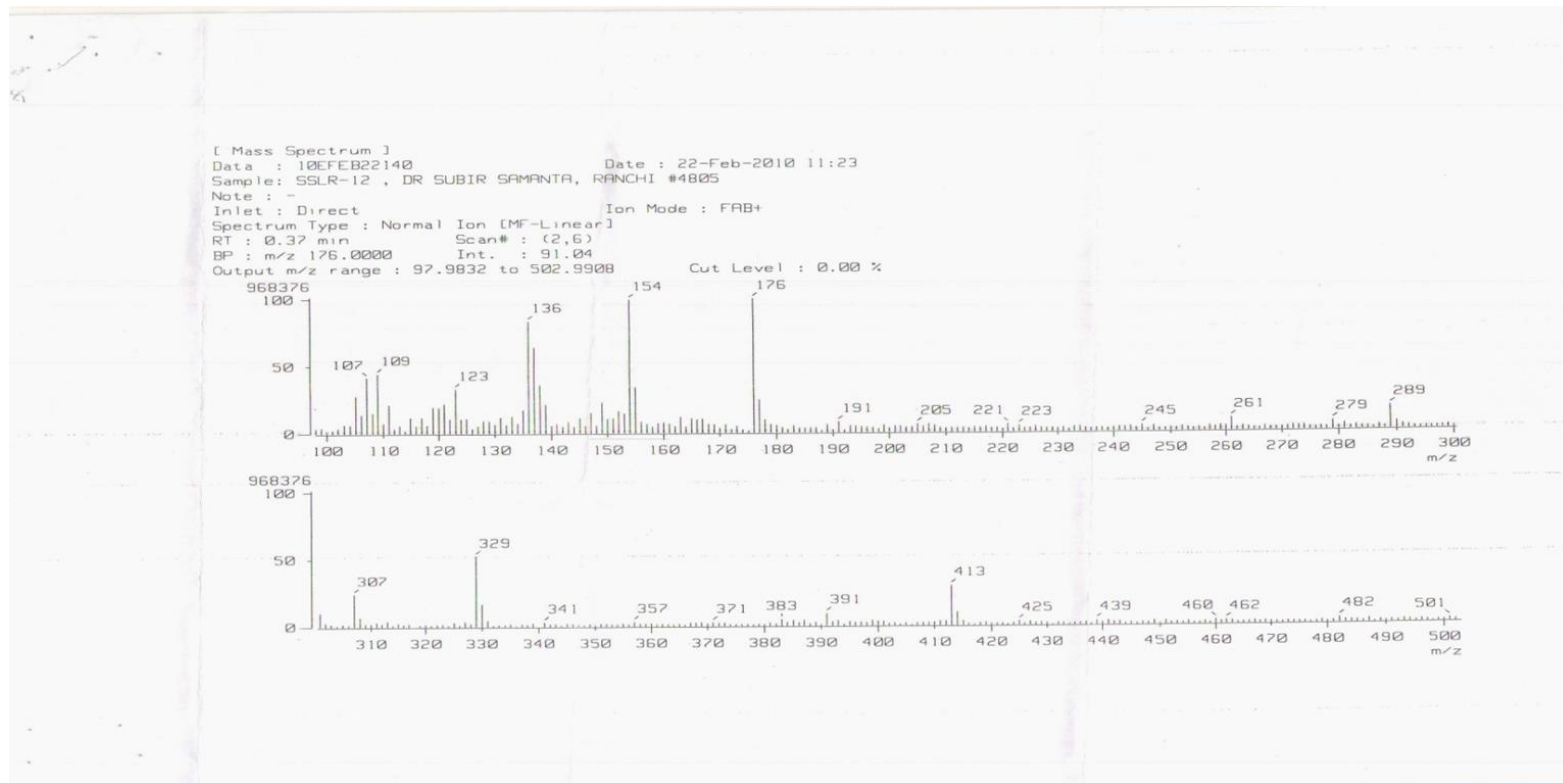
Mol. Weight : 423





## FAB-Mass spectral data [m/z, relative intensity (%)] of SSLR-12

425 [M+2 peak] (5 %), 261 [M-CONHC (CH<sub>2</sub>-PhOH)] [M-162] (15 %), 329 (55%),  
307 (25%), 289 (20 %), 261 (10%), 176 [BP] (91%), 154 (90%), 136 (85%).



# PHARMACOLOGICAL SCREENING <sup>22,23</sup>



- ❖ *1) Analgesic activity study: Acetic acid-induced writhing response in mice*
- ❖ *2) Anti-inflammatory activity study: Carrageenan induced hind paw edema in rats*

❖ *) Analgesic activity study:* The most commonly used method for measuring peripheral analgesic activity is writhing tests in mice induced by acetic acid.

*Materials and methods:* Male albino mice, weighing 25-32 gm were used. Animals had free access to standard diet and water. Each experimental group consisted of 6 animals. The test and standard drugs given are shown in a table given below.

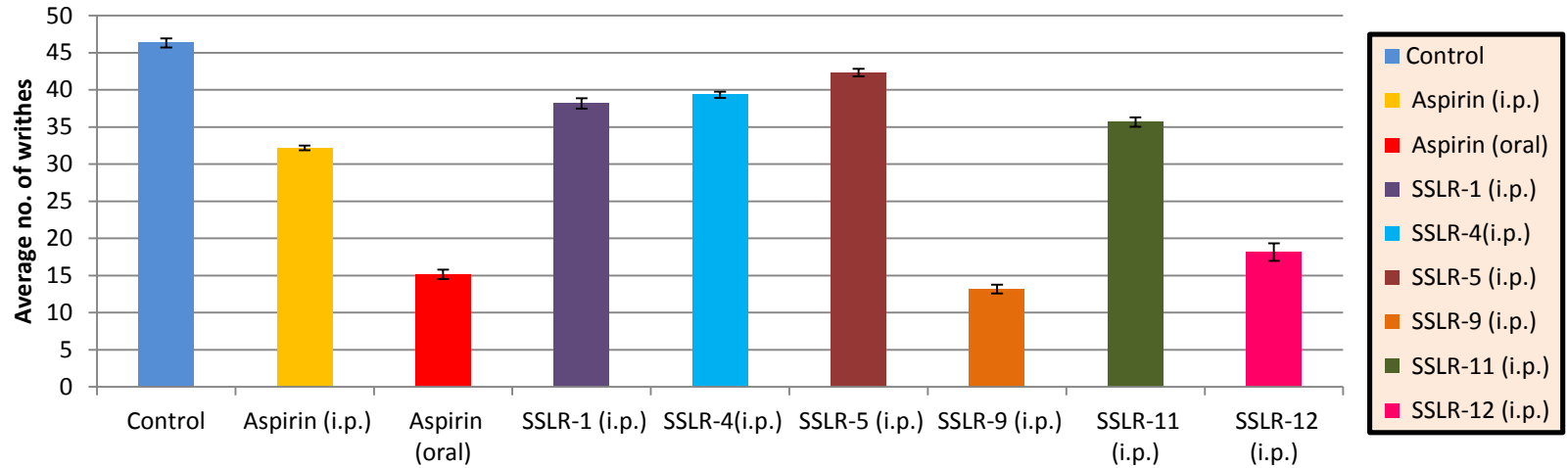
| Name of Gr.              | Sub Groups | Treatment 1 hour before Acetic acid induction |
|--------------------------|------------|---|
| <i>Control</i>           | I          | Received distilled water                      |
| <i>Standard compound</i> | II         | Received Aspirin (15 mg/kg b.w.) i.p          |
|                          | III        | Received Aspirin (300 mg/kg b.w.) orally      |
| <i>Test compounds</i>    | IV         | Received SSLR-1 (15 mg/kg b.w.) i.p.          |
|                          | V          | Received SSLR-4 (15 mg/kg b.w.) i.p.          |
|                          | VI         | Received SSLR-5 (15 mg/kg b.w.) i.p.          |
|                          | VII        | Received SSLR-9 (15 mg/kg b.w.) i.p.          |
|                          | VIII       | Received SSLR-11 (15 mg/kg b.w.) i.p.         |
|                          | IX         | Received SSLR-12 (15 mg/kg b.w.) ip           |
|                          | X          | Received SSLR-11 (30 mg/kg b.w.) orally       |
|                          | XI         | Received SSLR-12 (30 mg/kg b.w.) orally       |

Each mouse was given an injection of 0.75% acetic acid aqueous solution in a volume of 0.1 ml/10 g body weight into the peritoneal cavity. The number of writhes was counted for 15 min beginning from 5 min after the acetic acid injection. Test and standard drugs were administered 1 h before the acetic acid injection. The severity of pain response (writhing) was assessed by counting number of writhes (constriction of abdomen, turning of trunk and extension of hind legs) in mice.

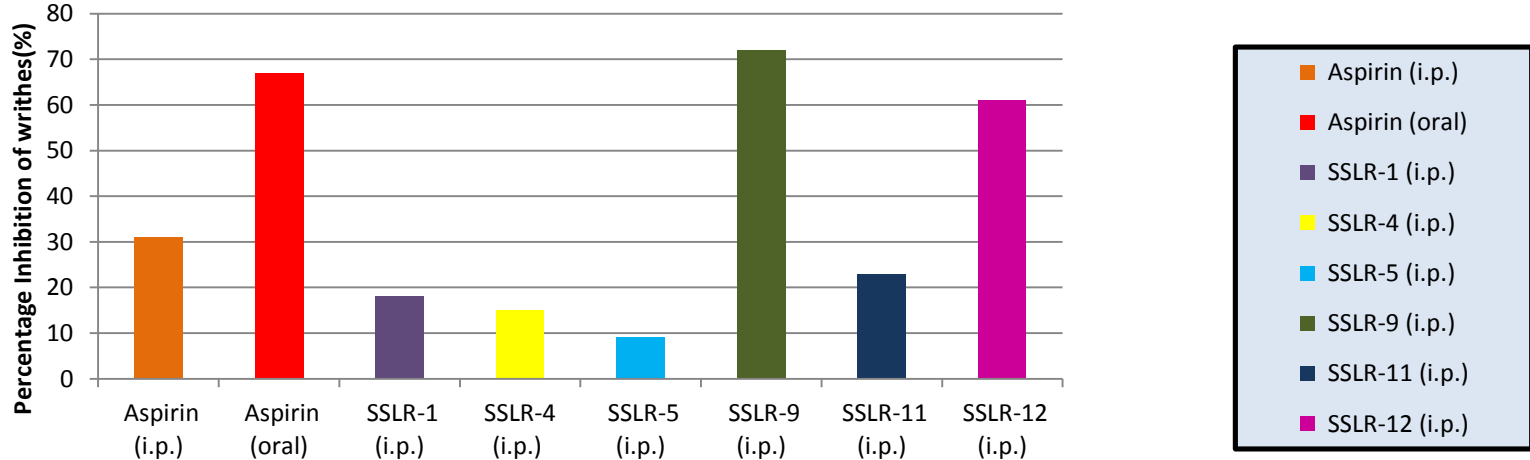
$$\%MPE = 100 \times \frac{(\text{Mean of writhes in control group} - \text{mean of writhes in treated groups})}{\text{Mean of writhes in control group}}$$

The significance of results was calculated by Students “t” test.

# Effect of Test compounds on writhing response in mice



**Average no. of writhes on acetic acid induced writhing test in mice (Injectable compounds)**

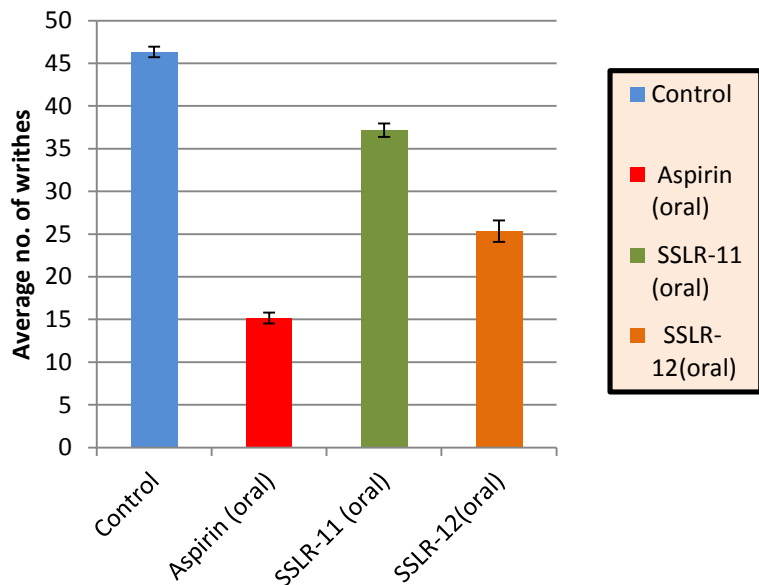


**Percentage of Inhibition of writhes on acetic acid induced writhing test in mice (Injectable compounds)**

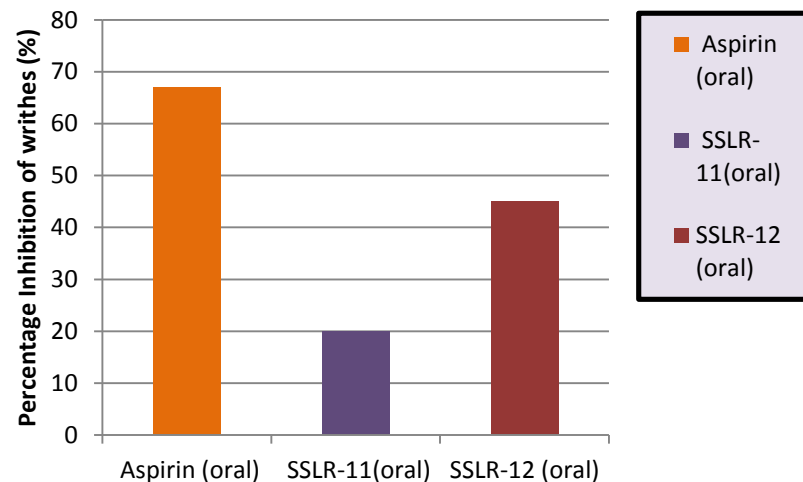
# Effect of orally given test compounds on writhing response

| Name of group | Name of Sub-group | Dose              | No. of writhes | Inhibition of writhing response(%) |
|---------------|-------------------|-------------------|----------------|------------------------------------|
| Aspirin**     | I                 | 300 mg/kg, orally | 15.16 ± 0.65   | 67                                 |
| SSLR-11*      | II                | 30 mg/kg, orally  | 37.17±0.79     | 20                                 |
| SSLR-12**     | III               | 30 mg/kg, orally  | 25.33±1.26     | 45                                 |

[Values are expressed as mean ± S.E.M. (N= 6). Significantly different from the control gr. are represented as \*\*P<0.001 significant, \*p<0.05 significant and #P> 0.05 Insignificant.]



Average no of writhes in mice by orally given compounds



Percentage Inhibition of writhes by orally given compounds

### ***3. Anti-inflammatory activity study: Carrageenan induced hind paw edema in rats***

Carrageenan-induced paw edema is the simplest and most widely used model for studying the anti-inflammatory activity of new compounds. The development of edema after sub-plantar injection of carrageenan in the animal is attributed to the release of histamine, serotonin, kinins and prostaglandins and produce inflammation.

#### *Materials and methods*

Male rats weighing 100–130 g were used. They had free access to standard diet and water. Each experimental group consisted of 6 animals each.

#### *PROCEDURE*

Paw edema was induced in all groups by injecting 0.1 ml of 1% w/v carrageenan into the sub-plantar region of the right hind paw of the rats. The mean paw volume was measured 1 hr. prior to carrageenan injection using a plethysmometer (model 520, Almeno 2390-5, AHLBORN) and at 15, 30, 60, 120, 180 min. after carrageenan injection.

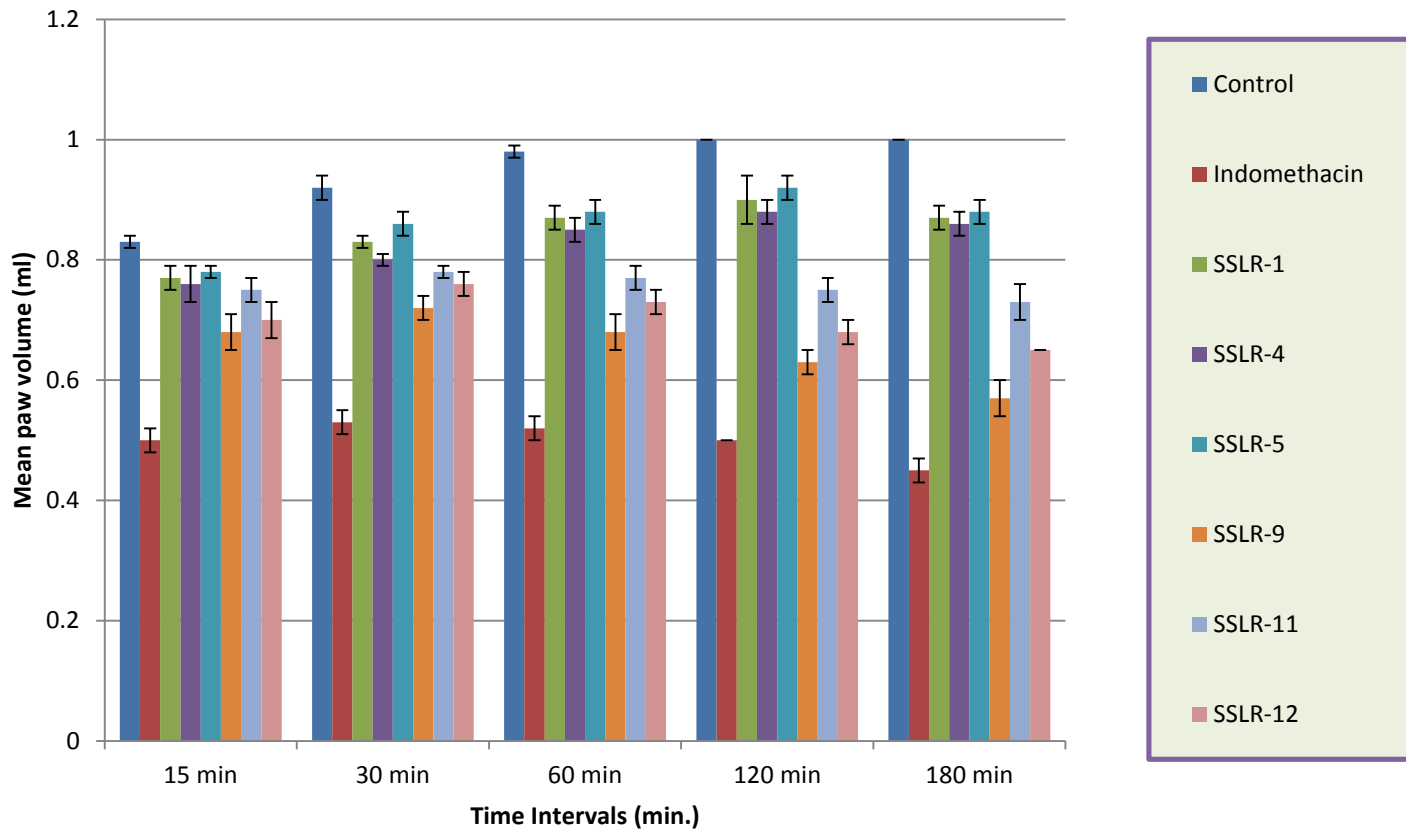
**Percent inhibition (%) =  $100 (1 - V_t / V_c)$ ,** Where,  $V_c$  = Edema volume of control  
 $V_t$  = Edema volume of test/ standard compound.

The drugs tested , their dose and % inhibition are given in the table below:

## Effect of Injectable Test compounds on paw volume

| Treatment      | Dose<br>mg/kg<br>(i.p.) | Mean paw volume (ml) |            |            |               |             |
|----------------|-------------------------|----------------------|------------|------------|---------------|-------------|
|                |                         | 15<br>min.           | 30<br>min. | 60<br>min. | 120<br>min.   | 180<br>min. |
| Control        | -                       | 0.83± 0.01           | 0.92±0.02  | 0.98± 0.01 | 1.0± 0.00     | 1.0± 0.00   |
| Indomethacin** | 10                      | 0.50± 0.02           | 0.53±0.02  | 0.52± 0.02 | 0.50± 0.02    | 0.45± 0.02  |
| SSLR-1 #       | 30                      | 0.77± 0.02           | 0.83± 0.01 | 0.87± 0.02 | 0.90± 0.04    | 0.87± 0.02  |
| SSLR-4*        | 30                      | 0.76± 0.03           | 0.80± 0.01 | 0.85± 0.02 | 0.88±<br>0.02 | 0.86± 0.02  |
| SSLR-5 #       | 30                      | 0.78± 0.01           | 0.86± 0.02 | 0.88± 0.02 | 0.92± 0.02    | 0.88± 0.02  |
| SSLR-9 **      | 30                      | 0.68± 0.03           | 0.72± 0.02 | 0.68± 0.03 | 0.63± 0.02    | 0.57± 0.03  |
| SSLR-11*       | 30                      | 0.75± 0.02           | 0.78± 0.01 | 0.77± 0.02 | 0.75±<br>0.02 | 0.73±0.03   |
| SSLR-12**      | 30                      | 0.70±0.03            | 0.76± 0.02 | 0.73± 0.02 | 0.68±<br>0.02 | 0.65±0.00   |

[Values are expressed as mean ± S.E.M. (N=6).  
\*\*P<0.001 significant,  
\*p<0.05 significant,  
#P> 0.05 Insignificant]

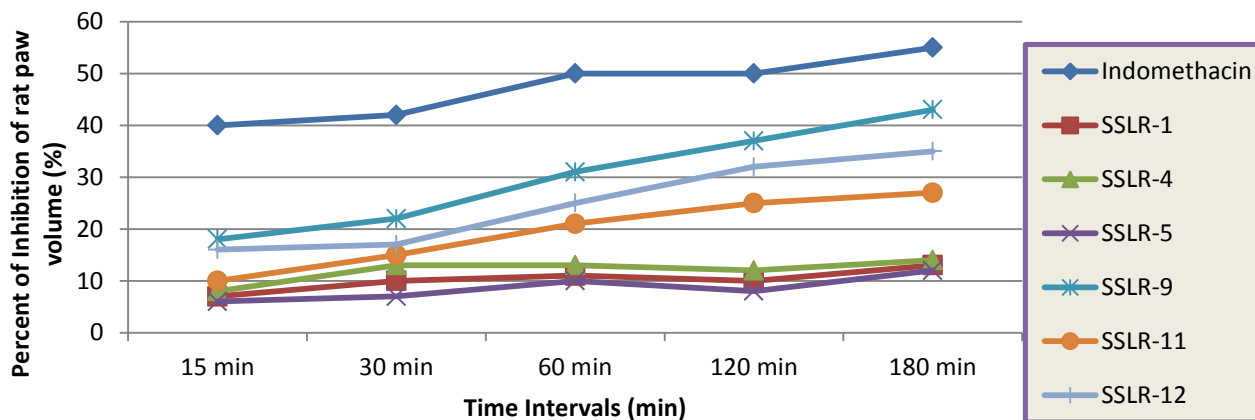


Mean paw volume (ml.) of rat Vs Time intervals (min.) on carrageenan induced inflammation (Injectable compounds)



## Percent of Inhibition of increased paw volume by injectable compounds

| Groups       | Dose<br>(mg/kg, i.p.) | Percent of Inhibition of rat paw volume (%) |        |        |         |         |
|--------------|-----------------------|---|--------|--------|---------|---------|
|              |                       | 15 min                                      | 30 min | 60 min | 120 min | 180 min |
| Indomethacin | 10                    | 40  | 42     | 50     | 50      | 55      |
| SSLR-1       | 30                    | 7   | 10     | 11     | 10      | 13      |
| SSLR-4       | 30                    | 8   | 13     | 13     | 12      | 14      |
| SSLR-5       | 30                    | 6   | 7      | 10     | 8       | 12      |
| SSLR-9       | 30                    | 18  | 22     | 31     | 37      | 43      |
| SSLR-11      | 30                    | 10  | 15     | 21     | 25      | 27      |
| SSLR-12      | 30                    | 16  | 17     | 25     | 32      | 35      |



Percentage inhibition of increased paw volume by injectable compounds

## Effect of orally given test compounds on rat paw volume

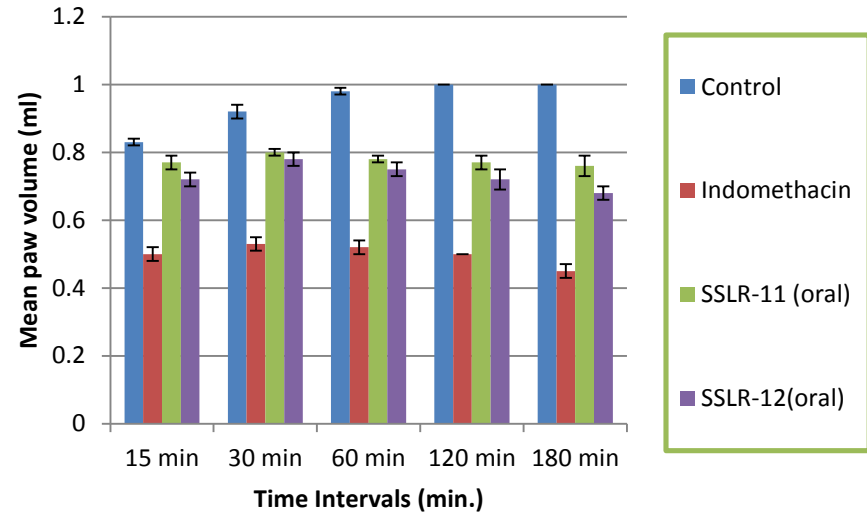
| Treatment      | Dose (mg/kg)     | Mean paw volume (ml) |            |            |            |            |
|----------------|------------------|----------------------|------------|------------|------------|------------|
|                |                  | 15 min.              | 30 min     | 60 min     | 120 min.   | 160 min    |
| Control        | -                | 0.83± 0.01           | 0.92±0.02  | 0.98± 0.01 | 1.0± 0.00  | 1.0± 0.00  |
| Indomethacin** | 10 mg/kg, (i.p.) | 0.50± 0.02           | 0.53± 0.02 | 0.52± 0.02 | 0.50± 0.02 | 0.45± 0.01 |
| SSLR-11*       | 60 mg/kg, (oral) | 0.77± 0.02           | 0.80± 0.01 | 0.78± 0.01 | 0.77± 0.02 | 0.76± 0.02 |
| SSLR-12 **     | 60 mg/kg, (oral) | 0.72± 0.03           | 0.78± 0.02 | 0.75± 0.02 | 0.72± 0.03 | 0.68± 0.02 |

[Values are expressed as mean ± S.E.M. (N= 6). Significantly different from the control group represent as \*\*P<0.001 significant, \*p<0.05 significant and #P> 0.05 Insignificant.]<sup>34</sup>

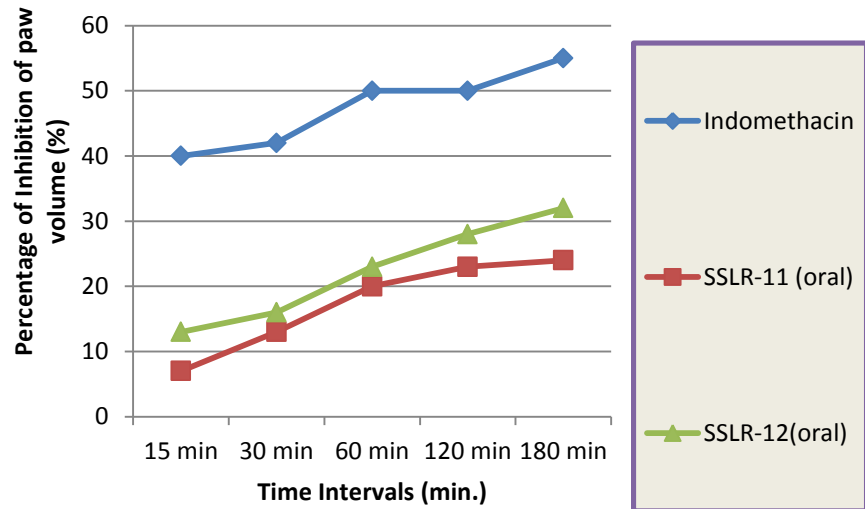
## Percent of Inhibition of increased paw volume by oral compounds

| Groups                  | Dose             | Percent of Inhibition of rat paw edema (%) |        |        |         |         |
|-------------------------|------------------|--|--------|--------|---------|---------|
|                         |                  | 15 min                                     | 30 min | 60 min | 120 min | 160 min |
| Indomethacin (Standard) | 10 mg/kg, i.p.   | 40   | 42     | 50     | 50      | 55      |
| SSLR-11                 | 60 mg/kg, orally | 7  | 13     | 20     | 23      | 24      |
| SSLR-12                 | 60 mg/kg, orally | 13   | 16     | 23     | 28      | 32      |

Average paw volume (ml.) of rats at different time intervals by oral compounds



Percentage inhibition of increased paw volume by oral compounds



# SUMMARY AND CONCLUSION

## 1. CADD APPROACH:

Computer aided drug design using Glide 5.0 a Maestro program. The molecular modeling and docking studies revealed that amongst the 30 compounds, SSLR01, SSLR 04, SSLR05, SSLR09, SSLR11 and SSLR12 showed comparable docking scores of -8.21, -8.06, -8.54, -6.82, -6.75 respectively as compared to -8.01 of Indomethacin in 4COX and -7.19, -8.78, -6.38, -6.98, -5.17 and -9.44 as compared to Indomethacin in OPRD\_HUMAN\_AD\_JOM-13. (Homology model for delta opioid receptor). ADME profiles of cyclic compounds were comparable to standard clinically established drugs. Toxicity study using Osiris Toxicity Explorer showed that all compounds selected for synthesis and screening were free from toxicity.

## 2. SYNTHESIS :

The small chain linear and cyclic peptides have been synthesized using liquid phase method with chlorophosphate ester as the condensing reagent. The physicochemical properties like melting point, R<sub>f</sub> value and Spectral studies like FT-IR, NMR and FAB Mass used for characterization of all synthesized compounds.

## 3. PHARMACOLOGICAL SCREENING:

Linear peptide SSLR9 showed 72% inhibition while cyclic peptide SSLR12 showed 61% inhibition of writhing response when administered intraperitoneally, thus are found to possess significant degree of peripheral analgesic activity. While orally administered cyclic peptide SSLR12 showed 45% inhibition as compared to Aspirin (67% Inhibition).

Also SSLA9 showed 43% inhibition and SSLR12 showed 35% of increased paw volume after 180 min of Carrageenan induction when administered intraperitoneally, thus are found to possess good anti-inflammatory activity while when administered orally SSLR 12 showed 32% inhibition while SSLR11 showed 24% or less anti-inflammatory activity.

## SUMMARY AND CONCLUSION continued.....

Hence we draw the conclusion from the statistical analysis of the synthesized compounds that SSLR-9 (i.p.) ( $p < 0.001$ ) and SSLR-12 ( $p < 0.001$ ) (both i.p. and oral dose) are found to possess some significant degree of peripheral analgesic activity as well as anti-inflammatory activity where as SSLR-11 (both i.p. and oral dose) ( $p < 0.05$ ) show minimal analgesic anti-inflammatory activity and SSLR-4 ( $p < 0.05$ ) show anti-inflammatory but not analgesic activity. This study further supports the use of small linear and cyclic peptides to be potential injectable and oral peripheral analgesic and anti-inflammatory compounds.

# ***FUTURE SCOPE***

- In near future some other suitable combinations containing Tyrosine, Phenylalanine & other aromatic amino acids will be suitable for peripheral analgesic activity whereas addition of hydrophobic amino acids such as Leucine, Proline and other moiety for establishing better anti-inflammatory agents.
- These peptide combinations can also be attached with the non peptide NSAIDs such as Indomethacin etc. and can prove to be more receptor specific, potent and bio-friendly therapeutic analgesic anti-inflammatory agents.
- This study has proved the relevance of endogenous opioid Enkephalin as natural lead and can be modified using CADD strategy .

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# ACKNOWLEDGEMENT

We deeply acknowledge the Vice-Chancellor, BIT-Mesra and Head of the Department, Pharmaceutical Sciences and Technology Biomedical Instrumentation, and other departments for supporting us with all the available facilities within the Institute. Last but not the least we would like to acknowledge the OMICS Publishing group for accepting and giving us an opportunity to present our research work before this august gathering.



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