

REVIEW

Exploring Alkaloids as Inhibitors of Selected Enzymes

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Living organisms possess complex networks of chemical reactions which are controlled by enzymes. Enzymes are responsible for almost all processes in a biological cell to occur at significant rates. Sometimes the functions of these enzymes need to be checked and hence requires isostructural molecules called enzyme inhibitors that can be cellular metabolites, or foreign substances. In this article, literature has been surveyed to provide comprehensive coverage of alkaloids being used as enzyme inhibitors.

Key Words: Alkaloids, Enzyme Inhibitors, Oxidoreductases, Transferases, Hydrolases.

INTRODUCTION

Living organisms possess complex networks of chemical reactions which are controlled by enzymes. Enzymes are mainly proteins that catalyze chemical reactions¹⁻³. In enzymatic reactions, the molecules at the beginning of the process are called substrates and the enzyme converts them into different molecules, called the products through enzyme-substrate complex (**Scheme-I**). Enzymes are responsible for almost all processes in a biological cell to occur at significant rates. They are very selective towards their substrates and hence speed up only a few reactions from among many possibilities. The set of enzymes made in a cell determines which metabolic pathways occur in that cell.

Enzyme + Substrate → [Enzyme-substrate complex] → Enzyme + Product Scheme-I

Scheme-1

Sometimes the functions of these enzymes need to be checked and hence requires isostructural molecules that can be cellular metabolites or foreign substances. These molecules are called enzyme inhibitors. Since blocking an enzyme's activity can kill a pathogen or correct a metabolic imbalance, many drugs are enzyme inhibitors. The inhibitors bind to the active sites of enzymes and do not allow the proper formation of enzyme-substrate complex (ES). Sometimes they bind with the enzyme-substrate complex and prevent the formation of the products. In other words formation of enzyme-substrateinhibitor complex (ESI) takes place. Due to the formation of this ESI complex, ES complex is not available to break down to product.

Enzyme inhibitors have been classified into two major groups *i.e.*, irreversible and reversible. Irreversible are those which combine with or destroy a functional group on the enzyme molecule that is necessary for its catalytic activity. The phenomenon of reversible is characterized by equilibrium between enzyme (E) and inhibitor (I). There are three main groups of reversible inhibitors exist: (i) Competitive inhibitor (C): Substances usually similar with the structure of the substrate, competes with the substrate for binding to the active site but, once bound cannot be transformed by the enzyme. In this type of inhibition only two types of complex formation takes place: enzymeinhibitor (EI) and ES. This inhibition can be reversed by increasing the substrate concentration, (ii) Non-competitive inhibitors (NC): The inhibitors binds at a site on the enzyme other than the substrate binding site, changing the conformation of the enzyme molecule show that reversible inactivation of the catalytic site results. In this type of inhibition three-complex formation takes place: ES, EI and ESI and (iii) Uncompetitive inhibitor (UC): Substances that only combined with the ES complex and not with the free enzyme are uncompetitive. In this type of inhibition two type of complex formation takes place: ES and ESI. Other forms of inhibitor include product inhibitor, substrate inhibitor and mixed type inhibitor. For inhibition, the avalability of protein structure is important and this is important also for drug design process⁴.

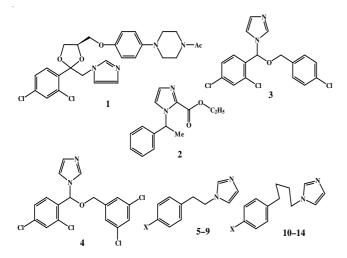
Enzyme inhibitors are important for a variety of reasons: (i) they can be used to gain information about the shape on the enzyme active site and the amino acid residues in the active site, (ii) they can be used to gain information about the chemical mechanism, (iii) they can be used to gain information about the regulation or control of a metabolic pathway and (iv) they can be very important in drug design.

Alkaloids are the largest and most exotic class of secondary metabolites biosynthesized from amino acids. Most of the amino acids are utilized in the biosynthesis of essential enzymes and proteins; whereas selected amino acids are metabolized to alkaloids generally in flowering plants. Alkaloids have been detected and isolated by various methods from animals, insects, marine organisms, microorganisms and lower plants⁵⁻⁹.

Alkaloids as inhibitors of selected enzymes

Oxido-reductase

Cytochrome P450_{17a}: This enzyme controls androgen biosynthesis and hence inhibitor of this used for the treatment of prostatic disease. The enzymology of the reactions catalyzed by cytochrome P450_{17 α} has widely been discussed¹⁰. Ketoconazole 1 is an imidazole antifungal agent that acts by inhibiting the cytochrome P450 mediated 14β-demethylation of lanosterol, disrupting fungal membranes¹¹. The *cis*-isomer is the most potent stereoisomer against pig testicular cytochrome P450_{17 α} $(IC_{50} = 0.05 \ \mu M)$ but had undesirable activity against stoidal 11β-hydroxylase. Other imidazole derivatives include the etomidat 2^{12} , econazole 3^{13} , myconazole 4^{13} and other compounds whose extent of activity summarized in Tables 1 and 2. The benzimidazole derivative liarozole 18 is a hydroxylase/ lyase inhibitor. The triazole derivative **19** is potent inhibitor of aromatase ($IC_{50} = 2.6 \text{ nM}$) but possesses moderate inhibition of rat testicular 17,20-lyase. Novel pyrrolidine-2,5-diones, structurally similar to the aromatase inhibitor aminoglutethimide inhibited cytochrome $P450_{17\alpha}^{14}$.



Several compounds that had potencies comparable with that of ketoconazole are shown in Table-3.

5α-Steroid reductase: Human 5a-steroid reductase (5α-SR) is a membrane bound enzyme requiring NADPH as coenzyme. There are two distinct human isozymes: Type I (5α-SR I) which predominates in skin and type II (5α-SR II), which

TABLE-1	
INHIBITION OF RAT TESTICULAR CYTOCHROME P450170	
BY CERTAIN IMIDAZOLE DERIVATIVES	

Compd.	Х	IC ₅₀ (µM)	Compd.	Х	IC ₅₀ (µM)
1	-	12.1	10	Н	171
5	Н	46	11	NO_2	25
6	NO_2	30.3	12	NH_2	22
7	NH_2	27.6	13	Cl	29
8	Cl	184	14	F	39
9	F	50.6	-	-	-

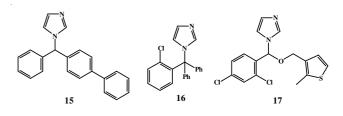
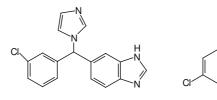


TABLE-2 INHIBITION OF RAT TESTICULAR MICROSOMAL 17α-HYDROXYLASE AND 17, 20-LYASE BY VARIOUS IMIDAZOLE DRUGS

Commd	Ki/nMol/L						
Compd.	17α-Hydroxylase	17,20-Lyase					
1	160	84.0					
3	668	325.0					
4	599	243.0					
15	86	56.5					
16	170	81.5					
17	901	505.0					



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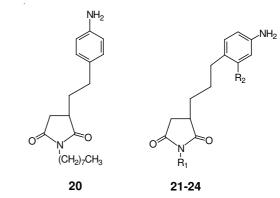
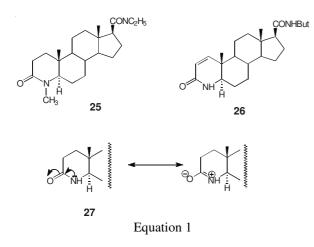


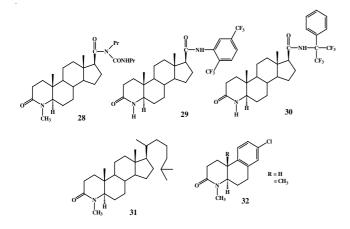
TABLE-3 INHIBITION OF RAT TESTICULAR CYTOCHROME P450_{17α} BY PYRROLIDINEDIONES

Compd.	R ₁	R_2	% Inhibition
20	-	-	88
21	Н	NH_2	95
22	Me	NH_2	81
23	$(CH_2)_3CH_3$	NH_2	75
24	$(CH_2)_4CH_3$	N_2	89

predominates in prostate and genital skin¹⁵. The first reported 5α -SR inhibitor was the 4'-azasteroids developed by Merck from early 1980's onwards. **25** (4MA) was described as a potent competitive reversible inhibitor of rat prostetic enzyme (human 5α -SR I and 5α -SR II, Ki = 5 and 0.23 nM, respectively) but had undesirable agonist activity at the rat androgen receptor and also lacked specificity towards other oxidoreductase¹⁶. Modification of 4MA with optimization of the c-17 side chain to contain a mixture of hydrogen bonding accepters and hydrophobic residues led to the $\Delta^{1,2}$ -steroids Finasteride **26**. This is a potent inhibitor of 5α -SR II (IC₅₀ = 9.4 nM) with much lower activity towards type I (410 nM)¹⁷. The azasteroids **27**, are considered to mimick the enolate intermediate for the enzyme reaction (equation 1).



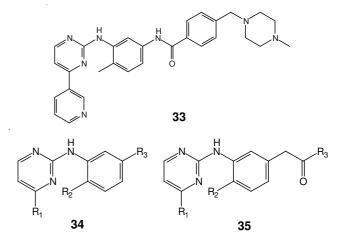
Finasteride used for the treatment of BPH (benign prostetic hypertropy) that lowers BHT in the plasma to 20-35 % of its baseline lable¹⁸⁻²⁰. Another agent in the clinical trial for BPH is related acylurea derivative turosteride **28**, which inhibits 5α -SR II (IC₅₀ = 55 nM) with little effect on 3β-HSD (IC₅₀ = 2.5 mM)^{21,22}. The anilide **29** is the potent irreversible inhibitor of both forms^{23,24}. After a single oral dose which reduces DHT levels in man to less than 90 % of the base line levels²⁴. Another anilide **30** has IC₅₀ value 36 and 3.3 nM for 5α-SR I and 5α-SR II respectively²⁵. Compound **31**, which is a potent, selective recombinant 5α -SR I inhibitor (IC₅₀ = 0.9 nM) with decreased SR II activity (IC₅₀ = 150 nM)²⁶. The benzoquonolinones **32** based on the 4-azasteroids are potent inhibitors of human 5α-SR I and the activity being enhanced by the substituent present at C-8 position (Cl > Me > F > H).



where R = H, it is a selective competative inhibitor of human 5α -SR I (Ki = 4.6 nM)²⁷ with little effect on 5α -SR II (1750 nM).

Transferase

Protein kinase: Chronic myelogenous leukemia (CML) is a hematological stem cell disorder associated with a specific chromosomal translocation known as the philadelphia chromosome detected 95 % of patients with CML and 20 % with acute lymphocytic lieukemia (ALL)²⁸. The molecular result of the traslocation is the fusion of the abl protooncogene to the bcr gene resulting in the production of the activated form of abl tyrosine protein kinase²⁹. The bcr-abl protein induce leukemia in mice³⁰. Hence, a well tolerated inhibitor of the abl tyrosine protein kinase is needed for these disorders. There were so many inhibitors prepared or isolated³¹⁻³⁵. A pyrimidine derivatives inhibited four tyrosine kinases³⁶. (V-abl, PDGFR-kinase, EGFR-kinase and C-Src) and three serine/ threonine kinase^{36,37}. The most active compound being tested was derivative 33 with IC50 value 38 nM. The structural modifications of 34 and 35 were done and their inhibitory activity were checked at different concentrations³⁷.

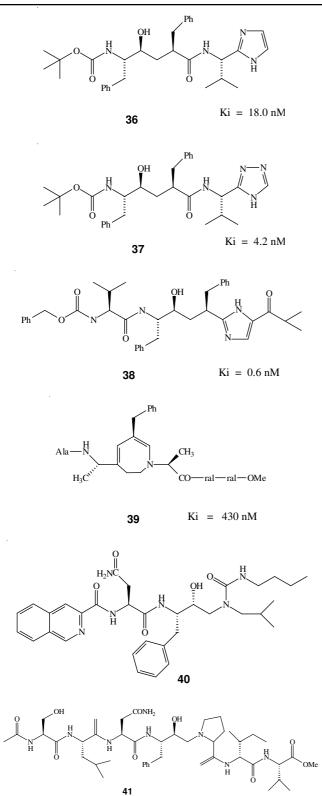


Hydrolases

Protease enzymes

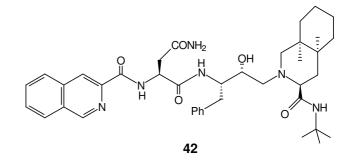
HIV-1 Protease: Protease (proteinase) enzymes catalyze sequence selective amide hydrolysis. Based on the mechanism, there are two broad classes of protease enzymes. The zinc metalloproteinases and the aspartase proteinases. Extensive work has been done on two members of the aspartic proteases *i.e.*, renin and HIV-1 proteases. Renin inhibitors have potential as anti-hypertensive agents³⁸ and HIV-1 protease controls AIDS^{39,40}. The first reported inhibitor of HIV-1 protease was the natural product pepstatin⁴¹. Later the Smith Kline group has reported on using an imidazole ring as an amide bond replacement (**36**, **37**, **38**)^{42,43}. The inhibition and structural data indicate that an imidazole or a triazole ring, can be useful amide bond surrogate. The Smith Kline has also reported constant inhibitor **39**⁴⁴, which is competitive in nature.

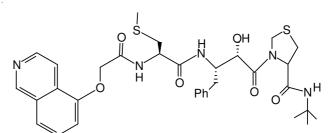
Another inhibitor **40**, observed by the Seale group contained the tertiary urea functionality⁴⁵ while inhibitor **41**, contains a hydroxy ethyl amine isostere replacement for the phe-pro cleavage site⁴⁶.



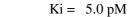
A potent HIV-1 protease inhibitor **42**, was reported in 1990 which contained a novel decahydroisoquinoline hydroxy ethyl amine isostere replacement for phe-pro cleavage site^{47,48}. This compound is now marketed as anti-AIDS drug saquinavir. Its R-isomer was thousand times more potent than S²². The structure of the related inhibitor **43**, has been reported⁴⁹. Another inhibitor of HIV-1 protease based upon the phe-pro cleavage site includes **44**⁵⁰. Compound **45**, is very potent inhibitor and was reprodu-

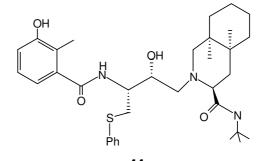
cible 4-fold more potent than 42 as a competative inhibitor. The epemeric 46, was 100-fold less effective as 45^{51} . Molecule 47, is an orally bioavailable anti HIV compound⁵².

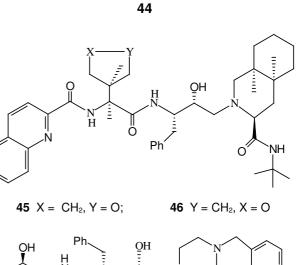


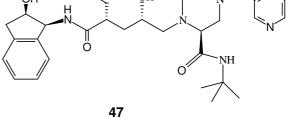


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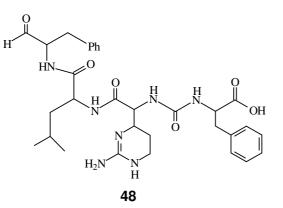




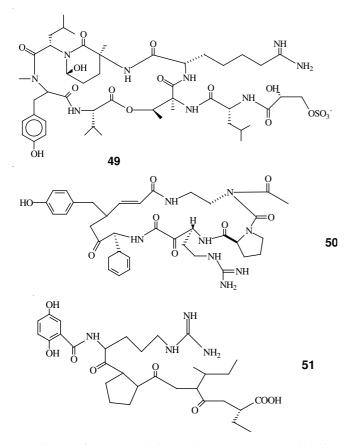




Serine protease: There are several different classes of serine proteases have been examined. Of these the trypsin/ chymotrypsine class was thoroughly characterized. Chymostatin **48**, a natural product, inhibit various serine protease⁵³. This is the reversible inhibitor.



A 19-membered cyclic depsipeptide (**49**), is a marine natural product which inhibit bovine trypsin (IC₅₀ = 10 nM), bovine thrombin (IC₅₀ = 275 nM) and human plasmin (IC₅₀ = 30 nM)⁵⁴. Another macrocyclic marine natural product cyclo-theonamide A, **50** has been reported to be slow-binding inhibitor of both thrombin (Ki = 1.0 nM) and trypsin (Ki = 0.2 nM)^{55,56}. Another marine natural product nazumamide A (NAZA), **51** has IC₅₀ value 4.6 μ M against thrombin but doesn't inhibit trypsin at concentrations up to 165 μ M⁵⁷.



Thrombin: Thrombin is a serine protease responsible for the cleavage of soluble fibrinogen into insoluble fibrine in the last protease-mediated step of the coagulation cascade.

Compounds that inhibit thrombin are effective inhibitors of blood clotting and called anti-coagulants⁵⁸.

$$X = -C - C + 2$$

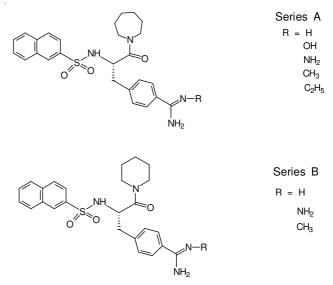
$$X = -C - H$$

$$S = -H$$

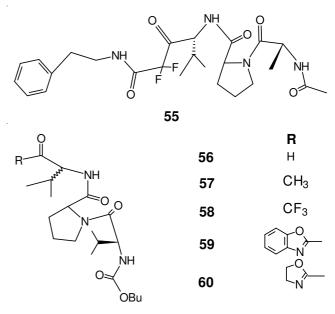
$$S = -H$$

$$S = -H$$

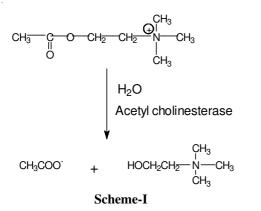
The α -chloromethyl ketone **52**, is the potent irreversible inhibitor of thrombine. Other similar compound includes **53** and **54**⁵⁹. Two other series (series A and B) of compounds have been used as thrombin inhibitors⁶⁰.



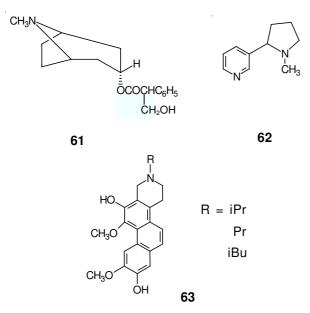
Elastase: Human neutrophile elastse (HNE), human leukocyte elastse, is a serine protease of the chymotrypsin class. In general, they are one of the most destructive enzymes in the body having the ability to destroy connective tissue components. Hence, their inhibition is important. The peptide based inhibitors having alkaloid characteristic are given (**55-60**). The other inhibitors have been reported in the series of papers⁶¹⁻⁶³.



Acetyl cholinesterase (AChE): The enzyme acetyl cholinesterase catalyzes the hydrolysis of acetylcholine (ACh), a neurotransmitter substance functioning in certain portion of the nervous system (Scheme-I).

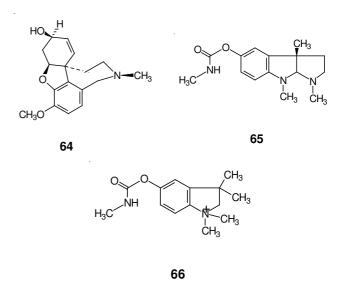


The alkaloid inhibitors of this enzyme have been reported. Atropine, **61** a tropane alkaloid has got acetylcholine antagonist activity. Nicotine, **62** also acts as cholinergic site. This mimics acetylcholine (Ach) by binding with the appropriate receptor at the synapse of insectan CNS. Litebamine N-homolouge, **63**⁶⁴ also have anti-AChE activity. These compounds exhibited moderate activity (IC₅₀ = 7.0 mM) while the corresponding N-methosalt of N-propyl-norlitebamine showed potent activity (IC₅₀ = 2.7 μ M).

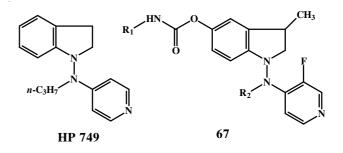


Galanthamine, **64**, an amaryllidaceae alkaloid has powerful cholinergic activity and used in healing Alzheimer's disease (AD)^{65,66}. Alzheimer's disease is an age-related, chronic neurodegenerative disorder occurring in middle or late life and is characterize by a progressive dementia *i.e.* associated with both a severe disability in performing the activity of everyday life and a reduced life expectancy. The well known cholinergic hypothesis⁶⁷ of Alzheimer's disease was based on evidence suggesting that the break down of central cholinergic transmission is intimately associated with cognitive deficits and other symptom of the disease and resulted in efforts to treat Alzheimer's disease with various cholinomimetic agents.

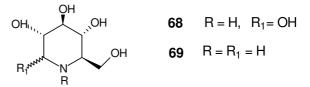
Physostigma venenosum Balf. (Leguminosae) contains an important alkaloids physostigmine, **65**. Several synthesis of this compound has appeared⁶⁸⁻⁷⁰. It is a reversible cholinesterase inhibitor⁷¹. The compound like **66** was found to be 100 times more active than **65** as a AChE inhibitor. One of the tetrahydroisoquinoline alkaloid derivatives has been used as AChE inhibitor⁷².



A compound (HP 749)⁷³ has failed to inhibit rat brain AChE or stimulate muscarine or nicotinic receptors. Based on SAR to carbamate type of AChE inhibitors, a series of carbamate derivatives of besipirdine was investigated and the compound 67^{72} emerged as a potent centrally active reversible AChE inhibitor.



Glycosidase: The alkaloidal inhibitors of these enzymes includes piperidine nucleus and obtained special name, called azasugar⁷⁴⁻⁷⁶. An azasugar derivative, deoxynojirimycin (DNJ) **68** and a series of derivative found to be slow binding inhibitors of intestinal surcase and isomaltase⁷⁷⁻⁷⁹. Deoxynojirimycin is the deoxy derivative of nojirimycin **69**.



Another natural compound castanospermine **70**, structure of which is related with deoxynojirimycin, was assayed for slow binding inhibition of surcase and isomaltase and the K_{off}

values, that is the rate of dissociation of the inhibitor from the enzyme for sucrase and isomaltase were found to be respectively 16 and 22, fold smaller than the corresponding Koff values of deoxynojirimycin⁸⁰.

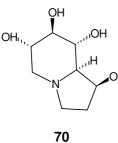
> ''H OH

Future prospects: Many drugs produce their pharmacological effects by inhibiting enzymes. To produce a successful drug, it is essential that selective inhibitors be identified, which requires that each candidate be evaluated for potency against a plethora of potential targets. With the increase in drugrelated research in academia and with the need for medicinal chemists and pharmacologists to understand enzyme inhibition to facilitate drug discovery, alkaloids find themselves as a potential candidate.

REFERENCES

- 1. A. Ballesteros, U. Bornscheuer, A. Capewell, D. Combes, J.-S. Condoret, K. Koenig, F.N. Kolisis, A. Marty, U. Menge, T. Scheper, H. Stamatis and A. Xenakis, Biocatal. Biotransform., 13, 1 (1995).
- H.M. Bolt and J.G. Hengstler, Arch. Toxicol., 82, 413 (2008). 2.
- 3. R. Singh, Geetanjali and S.M.S. Chauhan, Bioorg. Chem., 32, 140 (2004). 4. T.L. Blundell, Nature, 384, 23 (1996).
- 5. C. Kamperdick, N. Hong Van, V.T. Sung and G. Adam, Phytochemistry, 50, 177 (1999).
- J. Labrana, G. Choy, X. Solans, M. Font-Bardia, G. de la Fuente, F. 6. Viladomat, C. Codina and J. Bastida, Phytochemistry, 50, 183 (1999).
- 7. P. Xiao, H. Kubo, H. Komiya, K. Higashiyama, Y.-N. Yan, J. Li and S. Ohmiya, Phytochemistry, 50, 189 (1999).
- 8. T.-S. Wu, C.-Y. Li, Y.-L. Leu and C.-Q. Hu, Phytochemistry, 50, 509 (1999).
- 9. S.M.S. Chauhan, R. Singh, Geetanjali and B. Ganguly, Asian J. Chem., 15. 1791 (2003).
- S.E. Barrie and M. Jorman, Endocr. Relat. Cancer, 3, 25 (1996). 10.
- H.V. Bossche, G. Willemsens, W. Cools, F. Cornelissen, W.F. Lauwers 11 and J.M. van Cutsen, Antimicrob. Agents Chemother., 1, 922 (1980).
- K. Nagai, I. Miyamori, R. Takeda, K. Suhara and M. Katagiri, J. Steroid 12. Biochem., 28, 333 (1987).
- 13. J.I. Mason, B.R. Carr and B.A. Murry, Steroids, 50, 179 (1987).
- S. Ahmed, J.H. Smith, P.J. Nicholls, R. Whomsley and P. Cariuk, Drug 14. Des. Discov., 12, 275 (1995).
- C. Iehle, O. Delos, J.P. Raynaud and M. Martin, J. Steroid Biochem. 15. Mol. Biol., 48, 347 (1995).
- 16. S.V. Frye, Curr. Pharm. Des., 2, 59 (1996).
- J. Blagg, S.A. Ballard, K. Cooper, P.W. Finn, P.S. Johnson, F. MacIntyre, 17. G.N. Maw and P.L. Spargo, Bioorg. Med. Chem. Lett., 6, 1517 (1996).
- 18 E. Stoner, J. Urol., 147, 1298 (1992).
- 19. E. Stoner, Prostate, 22, 291 (1993).
- E. Stoner, Arch. Int. Med., 154, 83 (1994). 20.
- E.D. di Salle, G. Briatico, D. Gindici, G. Ornatti and A. Panzeri, J. 21. Steroid Biochem. Mol. Biol., 48, 241 (1994).
- 22 E.D. di Salle, D. Gindici, G. Briatico, G. Ornatti and A. Panzeri, J. Steroid Biochem. Mol. Biol., 46, 549 (1993).
- R.K. Bakshi, G.H. Rasmusson, G.F. Patel, R.T. Mosley, B. Chang, K. 23. Ellsworth, G.S. Harris and R.L. Tolman, J. Med. Chem., 38, 3189 (1995).
- 24. G. Tian, R.A. Mook, M.L. Moss and S.V. Frye, Biochemistry, 34, 13453 (1995).

- 25. D. Giudici, G. Briatico, C. Cominato, T. Zaccheo, C. Iehle, M. Nesi, A. Panzeri and E. di Salle, J. Steroid Biochem. Mol. Biol., 58, 299 (1996).
- 26. K. Ellsworth, B. Azzolina, W. Baginsky, H. Bull, B. Chang, G. Cimis, S. Mitra, J. Toney, R.K. Bakshi, G.R. Rasmusson, R.L. Tolman and G.S. Harris, J. Steroid Biochem. Mol. Biol., 58, 377 (1996).
- 27. M.A. Levy, M. Brandt, K.M. Sheedy, J.T. Dinh, D.A. Holt, L.M. Garrison, D.J. Bergsma and B.W. Metcalf, J. Steroid Biochem. Mol. Biol., 48, 197 (1994).
- 28. S. Clark and W. Crist, Ann. Rev. Med., 40, 113 (1989).
- 29. T.G. Lugo, A.M. Pendergast, A.J. Muller and O.N. Witte, Science, 247, 1079 (1990).
- 30. N. Heisterkamp, G. Jenster and T. Hoeve, Nature, 344, 251 (1990).
- 31. F. Buzetti, M.G. Brasca and A Crugnola, IL Farmaco, 48, 615 (1993).
- 32. A.P. Spada and M.R. Myers, Exp. Opin. Ther. Patents, 5, 805 (1995).
- A. Levitzki, C. Glon and M. Chorev, PCT Int. Appl. WO, 91, 16892 33. (1992).
- 34. M. Anafi, A. Gazit, C.A. Gilon and N.Y. Ben, FEBS Lett., 330, 260 (1993)
- 35. J.F. Geissler, J.L. Roesel, T. Meyer, U.P. Trinks, P. Traxler and N.B. Lydon, Cancer Res., 52, 4492 (1992).
- J. Zimmermann, E. Buchdunger and H. Mett, Bioorg. Med. Chem. Lett., 36. 7, 187 (1997).
- 37. E. Buchdunger, J. Zimmermann and H. Mett, Proc. Natl. Acad. Sci. (USA), 92, 2558 (1995).
- E.J. Lien, H. Gao and L.L. Lien, Prog. Drug Res., 43, 43 (1994). 38.
- S. Vella, AIDS, 8, S25 (1993). 39.
- V.S. Kitchen, C. Skinner, K. Ariyoshi, J.N. Weber, A.J. Pinching, E.A. 40. Lane, I.B. Duncan, J. Burckhardt, H.U. Burger and K. Bragman, Lancet, 345, 952 (1995).
- 41. I. Katoh, T. Yasunga, Y. Ikawa and Y. Yoshinaka, Nature, 329, 654 (1987).
- 42. S.S. Abdel-Meguid, B.W. Metcalf, T.J. Carr, P. Demarsh, R.L. DesJarlais, S. Fisher, D.W. Green, L. Ivanoff and D.M. Lambert, Biochemistry, 33, 11671 (1994).
- 43. S.K. Thompson, K.H.M. Murky, B. Zhao, E. Winborne, D.W. Green, S.M. Fisher, R.L. Des Jarlais, A. Tomaszek, T.D. Meek, J.G. Gleason and S.S. Abdel-Meguid, J. Med. Chem., 37, 3100 (1994).
- K.A. Newlander, J.F. Callahan, M.L. Moore, T.A. Tomaszek Jr. and 44. W.F. Huffman, J. Med. Chem., 36, 2321 (1993).
- 45. D.P. Getman, G.A. De Crescenzo, R.M. Heintz, K.L. Reed, J.J. Tally, M.L. Bryant, M. Clare, K.A. Houseman, J.J. Marr, R.A. Mueller, M.L. Vazquez, H.S. Shieh, C. Stallings and R.A. Stegeman, J. Med. Chem., 36, 288 (1993).
- 46. D.H. Rich, J. Green, M.V. Toth, G.R. Marshall and S.B.H. Kent, J. Med. Chem., 33, 1285 (1990).
- N.A. Roberts, J.A. Martin, D. Kinchington, A.V. Broadhurst, J.C. Craig, 47. I.B. Duncan, S.A. Galpin, B.K. Handa, J. Kay and A. Krohn, Science, 248, 358 (1990).
- 48. A. Krohn, S. Redshaw, J.C. Ritchie, B.J. Graves and M.H. Hatada, J. Med. Chem., 34, 3340 (1991).
- 49. E.T. Baldwin, E.T. Bhat, S. Gulnik, B. Liu, I.A. Topol, Y. Kiso, T. Minoto, H. Mitsuya and J.W. Erickson, Structure, 3, 581 (1995).
- S.W. Kalder, K. Appelt, J. Fritz, M. Hammond, T.A. Crowell, A.J. Baxter, S.D. Hatch, M.A. Wiskerchen and M.A. Muesing, Bioorg. Med. Chem. Lett., 5, 715 (1995).
- 51. W.J. Thompson, A.K. Ghosh, M.K. Holloway, H.Y. Lee, P.M. Munson, J.E. Schwering, J. Wai, P.L. Darke, J. Zugey, E.A. Emini, W.A. Schleif, J.R. Huff and P.S. Anderson, J. Am. Chem. Soc., 115, 801 (1993).
- 52. Z. Chen, Y. Li, E. Chem, D. Hall, P. Darke, C. Culberson, J.A. Shafer and L.A. Kuo, J. Biol. Chem., 269, 26344 (1994).
- L.T.J. Delbaere and G.D. Brayer, J. Mol. Biol., 183, 89 (1985). 53.
- 54. A.Y. Lee, T.A. Smitka, R. Bonjouklian and J. Clardy, J. Chem. Biol., 1. 113 (1994).
- 55. A.Y. Lee, M. Hagihare, R. Karamcharya, M.W. Albers, S.L. Schreiber and J. Clardy, J. Am. Chem. Soc., 115, 12619 (1993).
- 56. V. Ganesh, A.Y. Lee, J. Clardy and A. Tulinsky, Protein Science, 5, 825 (1996).
- 57. V.L. Nienober and E.C. Amparo, J. Am. Chem. Soc., 118, 6807 (1996).
- M.T. Stubbs and W. Bode, Thromb. Res., 69, 1 (1993). 58
- M.R. Wiley, N.Y. Chirgadze, D.K. Clawson, T.J. Craft, M.D.S. Gifford, 59. N.D. Jones, J.L. Olkowaski, A.L. Sachachat, L.C. Weir and G.F. Smith, Bioorg. Med. Chem. Lett., 5, 2835 (1995).



- S. Kim, S.Y. Hwang, Y.K. Kim, M. Yun and Y.S. Oh, *Bioorg. Med. Chem. Lett.*, 7, 769 (1997).
- 61. P.D. Edwards and P.R. Bernstain, Med. Res. Rev., 14, 127 (1994).
- P.D. Edwards and E.F. Meyer, J. Vijayalakshmi, P.A. Tuthill, D.A. Adishik, B. Gomes and A. Strimpler, J. Am. Chem. Soc., 114, 1854 (1992).
- P.D. Edwards, D.J. Wolanine, D.W. Andisik and M.W. Davis, J. Med. Chem., 38, 76 (1995).
- 64. C.-M. Chiou, J.-J. Kang and S.-S. Lee, J. Nat. Prod., 61, 46 (1998).
- 65. J.R. Lewis, Natural Product Report, 13, 171 (1996).
- 66. L. Czollner, Tetrahedron Lett., 39, 2087 (1998).
- 67. W. Max, *Neurology*, **43**, S6 (1993).
- 68. P.L. Julian and J. Pikl, J. Am. Chem. Soc., 57, 755 (1935).
- 69. J. Harley-Mason and A.H. Jackson, J. Chem. Soc., 3651 (1954).
- M. Ikeda, S. Matsugashita and Y. Tamura, J. Chem. Soc. Perkin Trans. I, 1770 (1977).
- J.P. Long and C.J. Evans, in ed.: A. Burger, Drugs Affecting the Peripheral Nervous System, Marcell Dekker, New York, Vol. 1 (1976).
- 72. L.L. Martin, L. Davis, J.T. Klein, P. Nemoto, G.E. Olsen, G.M. Bores, F. Camacho, W.W. Petko, D.K. Rush, D. Selk, C.P. Smith, H.M. Vargas,

J.T. Winslow, R.C. Effland and D.M. Fink, *Bioorg. Med. Chem. Lett.*, **7**, 157 (1997).

- J.T. Klein, L. Davis, G.E. Olsen, G.S. Wong, F.P. Huger, C.P. Smith, W.W. Petko, M. Cornfeldt, J.C. Wilker, R.D. Blitzer, E. Landau, V. Haroutunian, L.L. Martin and R.C. Effland, *J. Med. Chem.*, **39**, 570 (1996).
- K.M. Robinson, B.L. Rhinehart, J.B. Ducep and C. Danzin, *Drugs Future*, 17, 705 (1992).
- 75. B. Winchester, Biochem. Soc. Trans., 20, 699 (1992).
- L.A.G.M. van den Brock, D.J. Vermaas, B.M. Heskamp, Boeckel C.A.A. van, M.C.A.A. Tan, J.G.M. Bolscher, H.L. Ploegh, Kemenade F.J. van, Goede R.E.Y. de and F. Miedema, *Recl. Trav. Chim. Pays-Bas*, 112, 82 (1992).
- 77. Y. Yoshikuni, Agric. Biol. Chem., 52, 121 (1988).
- B.K. Samueltis and T. Goda, *Drugs Exp. Clin. Res.*, 13, 517 (1987).
 K.M. Robinson, M.E. Begovic, B.L. Rhinehart, E.W. Heineke, J.B. Ducep,
- P.R. Kastner, F.N. Marshall and C. Danzin, *Diabetes*, 40, 825 (1991).
 80. S. Halazy, C. Danzin, A. Ehrhard and F. Gerhart, *J. Am. Chem. Soc.*, 111, 3484 (1989).