

# **UNIVERSITI PUTRA MALAYSIA**

ANTINOCICEPTIVE ACTIVITY OF A SYNTHETIC CURCUMINOID ANALOGUE, 5-(3, 4-DIHYDROXYPHENYL)-3-HYDROXY-1-(2-HYDROXYPHENYL) PENTA-2,4-DIEN-1-ONE IN MICE

NUR NADHIRAH BINTI KAMARUDIN

**FPV 2019 1** 



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By

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Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfilment of the Requirements for the Degree of Master of Science

March 2019

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Master of Science

## ANTINOCICEPTIVE ACTIVITY OF A SYNTHETIC CURCUMINOID ANALOGUE, 5-(3,4-DIHYDROXYPHENYL)-3-HYDROXY-1-(2-HYDROXYPHENYL)PENTA-2,4-DIEN-1-ONE IN MICE

By

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Curcuminoids, including curcumin, are low in bioavailability and solubility, limiting their usage in bioassays and therapeutic interventions. Hence, curcuminoid analogues with better bioavailability and solubility were synthesized. This study was designed to evaluate the antinociceptive activities of a synthetic curcuminoid analogue, 5-(3,4dihydroxyphenyl)-3-hydroxy-1-(2-hydroxyphenyl)penta-2,4-dien-1-one (DHHPD) via the mouse models of induced nociception. Adult male ICR mice were administered with DHPPD (0.1, 0.3, 1 and 3mg/kg) intraperitoneally (i.p.) 30 min prior to 0.8% acetic acid injection (i.p.), and the frequencies of abdominal constrictions were recorded. Separately, mice which received DHHPD at the same doses were subjected to the hot plate test and the response latency recorded. The response of DHHPDtreated mouse to 2.5% formalin (i.p.) was recorded at 5 min interval over a period of 30 min. Possible involvements of the opioidergic, vanilloid and glutamatergic systems were evaluated through the hot plate test, capsaicin- and glutamate-induced paw licking tests, respectively. The sedative effect of DHHPD was determined through the Rotarod test. Results showed that DHHPD (0.1, 0.3, 1 and 3mg/kg, i.p.) significantly (p<0.0001) inhibited the abdominal constrictions by 45.9, 74.9, 90.7 and 97.3%, respectively, indicating a possible pain modulating activity at the peripheral level. Additionally, DHHPD at 1 and 3mg/kg (i.p.) significantly prolonged (p<0.05) the response latency of mice on the hot plate, suggesting its centrally-mediated activity. DHHPD (0.1, 0.3, 1 and 3 mg/kg, i.p.) also significantly inhibited (p < 0.05) the paw licking behaviour during the neurogenic/early and inflammatory/late phases of the formalin test, thus confirming its pain modulating activity at the central and peripheral levels. The central antinociceptive activity produced by DHHPD was not antagonized by naloxone, indicating a non-involvement of the opioidergic system. Additionally, DHHPD at 0.1, 0.3, 1 and 3 mg/kg (i.p.) significantly (p<0.05) inhibited the capsaicinand glutamate-induced paw licking behaviour, suggesting involvement of the vanilloid and glutamatergic systems in DHHPD-induced analgesia. Furthermore, DHHPD (0.1,

0.3, 1 and 3 mg/kg, i.p.) did not induce any sedative effects, abnormal behaviour or mortality in mice. In conclusion, DHHPD (1 and 3 mg/kg, i.p.) exerted significant (p<0.05) antinociceptive activities at the central and peripheral levels possibly through the vanilloid and glutamatergic systems.



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Abstrak thesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Master Sains

## ANTINOSISEPTIF AKTIVITI ANALOG CURCUMINOID SINTETIK, 5-(3,4-DIHYDROXYPHENYL)-3-HYDROXY-1-(2-HYDROXYPHENYL)PENTA-2,4-DIEN-1-ONE PADA MENCIT

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Curcuminoids, termasuk curcumin, mempunyai bioavailabiliti dan keterlarutan rendah yang mengehadkan penggunaannya dalam bioasai dan intervensi terapeutik. Maka, analog curcuminoid dengan bioavailabiliti dan kelarutan yang lebih baik telah disintesis. Kajian ini dijalankan untuk menilai aktiviti antinosiseptif analog curcuminoid sintetik, 5-(3,4-dihydroxyphenyl)-3-hydroxy-1-(2-hydroxyphenyl) penta-2,4-dien-1-one (DHHPD) menggunakan model nosiseptif teraruh pada mencit. Mencit jantan ICR dewasa disuntik dengan DHPPD (0.1, 0.3, 1 dan 3mg/kg) secara intraperitoneal (i.p.) 30 minit sebelum suntikan 0.8% asid asetik (i.p.), dan kekerapan konstriksi abdomen direkod. Secara berasingan, mencit yang menerima DHHPD pada dos yang sama menjalani ujian plat panas dan latensi tindak-balas terhasil direkod. Respons mencit yang dirawat dengan DHHPD terhadap 2.5% formalin (i.p.) direkodkan pada selang 5 minit dalam tempoh 30 minit. Kemungkinan penglibatan sistem opioidergik, vanilloid dan glutamatergik masing-masing dinilai melalui ujian plat panas dan ujian penjilatan kaki yang dicetuskan oleh capsaicin dan glutamat. Kesan sedatif DHHPD ditentukan melalui ujian Rotarod. Keputusan menunjukkan bahawa DHHPD (0.1, 0.3, 1 dan 3mg/kg, i.p.) dengan ketara (p<0.0001) menghalang konstriksi abdomen sebanyak 45.9, 74.9, 90.7 dan 97.3%, menunjukkan kemungkinan aktiviti modulasi rasa sakit di peringkat periferi. Di samping itu, DHHPD pada 1 dan 3mg/kg (i.p.) secara ketara (p<0.05) memanjangkan latensi tindak balas mencit di atas plat panas, mencadangkan aktiviti DHHPD secara berpusat. DHHPD (0.1, 0.3, 1 dan 3 mg/kg, i.p.) secara ketara (p < 0.05) menghalang tingkah laku menjilat kaki semasa fasa neurogenik/awal dan keradangan/lewat dalam ujian formalin, justeru mengesahkan aktiviti antinosiseptif di peringkat pusat dan periferi. Aktiviti antinosiseptif pusat yang dihasilkan oleh DHHPD tidak diterbalikkan oleh naloxone, menunjukkan ketidaklibatan sistem opioidergik. Di samping itu, DHHPD pada 0.1, 0.3, 1 dan 3 mg/kg (i.p.) dengan ketara (p < 0.05) menghalang tingkah laku menjilat kaki yang dicetus oleh capsaicin dan glutamat, mencadangkan penglibatan sistem vanilloid dan glutamatergik dalam analgesia yang disebabkan oleh DHHPD. Tambahan pula, DHHPD (0.1, 0.3, 1 dan 3 mg/kg, i.p.) tidak menyebabkan sebarang kesan sedatif, kelakuan tidak normal atau kematian pada mencit. Kesimpulannya, DHHPD (1 dan 3 mg/kg, i.p.) menghasilkan aktiviti antinosiseptif yang ketara (p<0.05) di peringkat pusat dan periferi kemungkinan melalui sistem vanilloid dan glutamatergik.



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## LIST OF ABBREVIATIONS

3,5DHPG	(S)-3,5-Dihydroxyphenylglycine
AIDS	Acquired immune deficiency syndrome
AMPA	$\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazoleproprionic acid
ASA	Acetylsalicylic acid/Aspirin
BBr <sub>3</sub>	Boron tribromide
BC	Before Christ
BDMC	Bisdemethoxycurcumin
BHMBC	2,6-bis-(4-hydroxy-3-methoxybenzylidene)cyclohexane
ВНМС	2,6-bis-(4-hydroxy-3-meth-oxybenzylidene)cyclohexanone
cGMP	Cyclic Guanosine Monophosphate
C-NMR	Carbon-13 Nuclear Magnetic Resonance
CNS	Central nervous system
CO <sub>2</sub>	Carbon dioxide
COX	Cyclooxygenase
DHHPD	5-(3,4-dihydroxyphenyl)-3-hydroxy-1-(2- hydroxyphenyl)penta-2,4-dien-1-one
DMC	Demethoxycurcumin
DMSO	Dimethyl sulfoxide
DRG	Dorsal root ganglion
EA	Ethyl acetate
GABA	Gamma-aminobutyric acid
GTP	Guanosine triphosphate
HCI	Hydrochloric acid
H-NMR	Hydrogen Nuclear Magnetic Resonance
HPLC	High performance liquid chromatography
IACUC	Institutional Animal Care and Use Committee
IFN	Interferon
iGluRs	Ionotropic glutamate receptors

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KA	Kainate
LOX	Lipoxygenase
LPS	Lipopolysaccharide
mGluRs	Metabotropic glutamate receptors
MOR	Morphine
MPEP	2-Methyl-6-(phenylethynyl)pyridine
MTEP	3-[(2-Methyl-4-thiazolyl)ethynyl]pyridine
NMDA	N-methyl-D-aspartate
NO	Nitric oxide
NSAIDs	Non-steroidal anti-inflammatory drugs
PNS	Peripheral nervous system
POCl <sub>3</sub>	Phosphoryl chloride
ROS	Reactive oxygen species
TG	Terminal ganglion
TRPV1	Transient Receptor Potential Vanilloid 1

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## **CHAPTER 1**

## INTRODUCTION

The quality of a person's life may be affected by pain, often resulting in increased medical bills and expenses (Zhang et al., 2014). Pain is described as sensations or emotional encounters that are associated with possible or impending tissue destruction (Basbaum et al., 2010; Merskey & Bogduk, 1994). Before the definition of pain was coined by modern physiologist, pain is explained in terms of magical and religious ways. Prior to modern medicine, pain was described as a condition which resulted from the intrusion of dangerous spirits into the body thus causing an unpleasant and distressful experience. Thus, in the past, people often depend on magical spells, religious therapies and rituals to reduce or eliminate pain altogether (Perl, 2011).

Today, pain management strategies typically depend on non-steroidal antiinflammatory drugs (NSAIDs), steroidal anti-inflammatory drugs and opiates. Even though these drugs have been used widely to relieve pain, their use are usually accompanied with adverse effects such as gastrointestinal ulcer (Honey et al., 2012), respiratory depression (Zhang et al., 2014), and haemorrhage (Deghrigue et al., 2015).

Therefore, the use of natural products as an alternative to the present drugs minus the side effects is warranted. For over 7000 years, various extracts of plants had been used as analgesics (Grant, 2006). Rhizomes from the Zingiberaceae family such as *Zingiber zerumbet* (pinecone) have been used by the Chinese, Malays, Indians and Hawaiians as an alternative medication for cuts, pyrexia, bruises and inflammation (Yob et al., 2011). In addition, *Boesenbergia pandurata* or fingerroot, has been used by Indonesians to treat inflammation, fungal infection and vaginal infections (Chahyadi et al., 2014).

Aside from pinecone and fingerroot, turmeric or *Curcuma longa* has been identified as another Zingiberaceae rhizome with medicinal properties. Turmeric has been used since the Ayuverdic era to treat cough, diabetic wounds, rheumatism and sinusitis (Suloon et al., 2011; Ammon et al., 1992).

In modern medicine, turmeric has been used to treat cancer, dermatitis, AIDS and cholesterolaemia (Suloon et al., 2011; Azuine & Bhide, 1992; Ammon & Wahl, 1991; Kuttan et al., 1985). According to Suloon et al. (2011), turmeric contains essential oils, curcuminoids, starch and oleoresin. Its essential oil was reported to produce antiinflammatory (Arora et al., 1971), anti-hepatotoxic (Kiso et al., 1983), anti-bacterial (Singh et al., 2002), antioxidant (Singh et al., 2008) and antiplatelet (Prakash et al., 2011) activities. In addition, its curcuminoids have demonstrated significant antioxidant, analgesic and anti-inflammatory activities (Anand et al., 2008). However, the use of curcuminoids in medicine and research is limited due to their poor bioavailability and instability under physiological conditions (Liang et al., 2009). Therefore, analogues of curcuminoids with better bioavailability and pharmacokinetic profiles were synthesized to overcome these limitations. For instance, a new synthetic analogue of curcuminoid known as 2,6-bis-(4-hydroxy-3meth-oxybenzylidene) cyclohexanone (abbrev. BHMC), has been reported to possess central and peripheral antinociceptive activities (Ming-Tatt et al., 2012), indicating that the synthetic analogues of curcuminoids could be as beneficial as the natural analogues of curcuminoids in reducing pain. The efficiency of these synthetic analogues in reducing certain adverse biological activities is attributed to their structural conformation such as the presence of certain functional groups, which allows these compounds to be more soluble in water, remain in the circulation for a longer time and hence, provide a better absorption rate into the tissues or cells affected. Moreover, several synthetic curcuminoid analogues including 5-(3,4-dihydroxyphenyl)-3hydroxy-1-(2-hydroxyphenyl)penta-2,4-dien-1-one (DHHPD) or Compound 97, had been shown to induce good nitric oxide (NO) inhibition activity in the IFN- $\gamma$ /LPSstimulated RAW 264.7 macrophages (Leong et al., 2014). The absorption, distribution, metabolism, excretion and toxicity analysis (ADMET) and, toxicity prediction of compounds using computer-aided technology (TOPKAT) conducted on DHHPD in the same study indicated that this compound has high aqueous solubility, non-hepatotoxic, possess good human intestinal absorption (HIA) activities, no skin-sensitizing effect or has any ocular irritating properties, and has low blood-brain barrier activities. Furthermore, the presence of a hydroxyl group on both of its aromatic rings renders it more soluble than other natural or synthetic diarylpentanoids. The in vivo effects of DHHPD was however, not explored. The current study evaluates the analgesic activity of a newly designed synthetic analogue of curcuminoid, referred to as 5-(3,4dihydroxyphenyl)-3-hydroxy-1-(2-hydroxyphenyl)penta-2,4-dien-1-one.

## 1.1 Objectives of the study

The objectives of this research were:

- 1. To determine the acute toxicity effects of DHHPD in mice
- 2. To evaluate the peripheral and central antinociceptive activities of DHHPD using the mouse models of induced nociception
- 3. To determine the participation of opioidergic, vanilloid and glutamatergic systems in DHHPD-induced analgesia
- 4. To determine the sedative effect of DHHPD in mice

## **1.2** Hypotheses of the study

The null hypotheses for this study include:

1. DHHPD does not exert acute toxicity effects in mice

- 2. DHHPD exerts peripheral and central antinociceptive activities in the mouse models of induced nociception
- 3. The opioidergic, vanilloid and glutamatergic systems participate in DHHPDinduced analgesia
- 4. DHHPD does not exert a sedative effect in mice

## 1.3 Significance of study

Natural and synthetic curcuminoids have been proven to exhibit good antinociceptive and anti-inflammatory properties *in vivo* and *in vitro*. However, synthetic curcuminoids with better pharmacokinetic profiles such as good solubility and bioavailability may assist in the healing process of the trauma-inflicted tissues through better absorption rate, distribution, metabolism and excretion. Furthermore, DHHPD has been proven to exert anti-inflammatory activity *in vitro*. Therefore, knowledge regarding the synthetic curcuminoid's *in vivo* and *in vitro* pharmacological activities may be used by scientists to further enhance the beneficial activity of the compound, either by enhancing its activities or inhibiting/modulating specific pain pathways, consequently reducing or even eliminating pain altogether. Lastly, turmeric and curcumin are cheap sources of analgesic and anti-inflammatory agents, and can be found in the tropics all year round. Hence, the cost of manufacturing new analgesic drugs from this rhizome may be further reduced due their abundant supply and affordable price.

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