ANTI-HYPERLIPIDEMIC AGENTS

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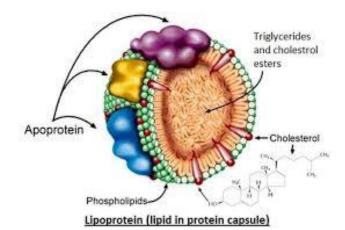
- > Definition
- Classification
- SAR and Structures
- > Mechanism of action

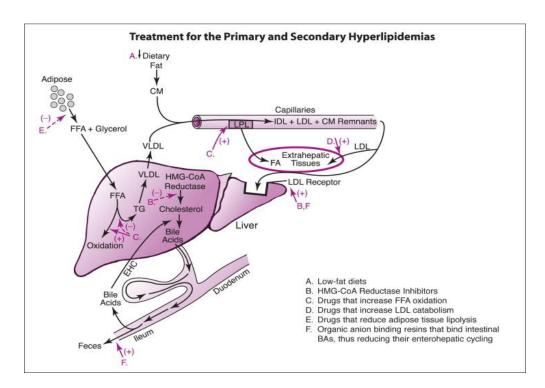
1. Definition:

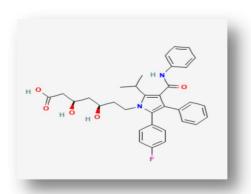
Anti hyperlipidemic agents promotes reduction of lipid levels in the blood .some anti hyperlipidemic agents aim to lower the levels of low-density lipo protein (LDL) cholesterol, some reduce triglyceride levels, and some help raise the high – density lipoprotein (HDL) cholesterol.

2. Classification:

- ➤ HMG Co-A Reductase Inhibitor: Lovastatin, Simvastitin, Atorvastatin
- Fibric Acid Derivatives: Clofibrate, Fenofibrate
- > Cholesterol Absorption Inhibitors: Ezetimibe.
- ➤ Misc .class- Ezetimibe, Clofibrate.







ATORVASTATIN

Atorvastatin is an HMG-CoA reductase inhibitor used to lower lipid levels and reduce the risk of cardiovascular

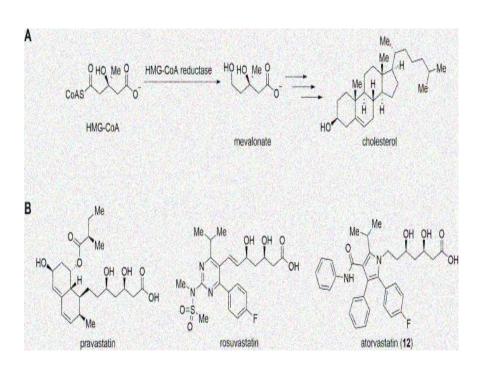
disease including myocardial infarction and stroke.

Molecular Formula: C₃₃H₃₅FN₂O₅

SIDE EFFECTS:

- Joint pain
- Stuffy nose
- Diarrhea
- Pain in your arms or legs





SYNTHESIS OF ATORVASTATIN

Role of HMG-CoA reductase in the synthesis of cholesterol (a) and structure of some of the most clinically used statins (b)

> SAR of HMG Co-a Reductase Inhibitor:

- 1. 3,5 dihydro carboxylate is essential.
- 2. Lactone containing prodrug require in vivo hydrolysis.



- 3. Altering distance between C5 and ring diminishes the activity
- 4. A double between C6 and C7 can either increase or decrease activity.
- 5. Ethyl group provide optimal activity for drugs contain some heterocyclic ring (pyrrole ring in atorvastin)



Mechanism of action

Stimulation of Peroxisome Proliferator Activated receptors [PPARs]



Activate fatty acid oxidation and inhibition of triglyceride synthesis



Reduce expression of apo C III and enhance action of lipoprotein lipase enzyme



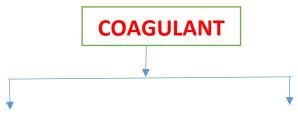
Significantly reduce VLDL

Reference: Textbook of medicinal chemistry by Nirali prakashan Dr. SSKadam K R mahadip pg no 71-79

COAGULANTS AND ANTICOAGULANTS

COAGULANTS: Coagulants are a substance which cause particles in a liquid to curdle and clot together.

CLASSIFICATION OF COAGULANTS:



VITAMIN K

MISCELLANEOUS

K1 from plant, fat soluble eg: fibrinogen, rutin, ethansylate,

eg: phytonadine, phylloguione

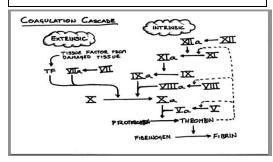
k2 (produced by bacteria)

fat soluble : eg: menadione

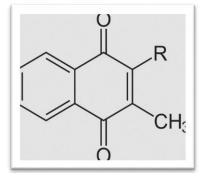
h2o soluble: eg: menadione sod.

Bisulphate

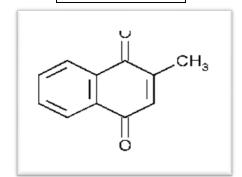
MECHANISM OF ACTION



VIT.K STRUCTURE



MENADIONE



ANTICOAGULANTS: These are the drugs which reduced the coaguability of blood is called anticoagulant.

CLASSIFICATION OF COAGULANTS:

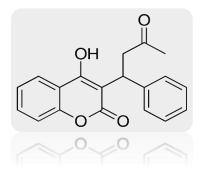
1) USED IN VITRO

- Heparin
- calcium complexing agents. eg: sodium citrate

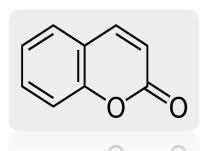
- 2)used in vivo
- parentralheparin
- oral
- coumarin derivatives.
 eg: warfarin,bishydroxy
 coumarin indanidone derivatives
 eg:phenindione

STRUCTURE

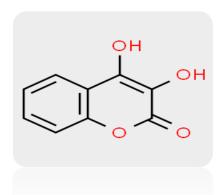
WARFARIN



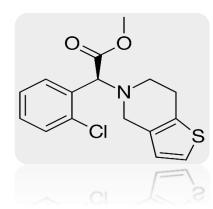
COUMARIN



CLOPIDOGREL



BISHYDROXYCOUMARIN



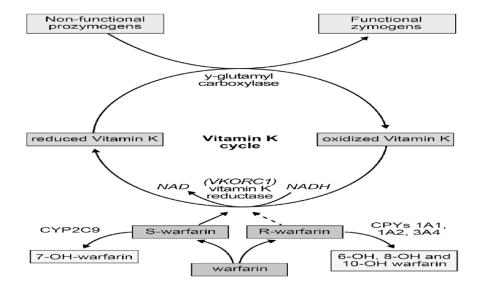
SAR OF ANTICOAGULANTS:

Warfarin is the weakly acidic

in nature due to 4hydroxy substitution in the structure.

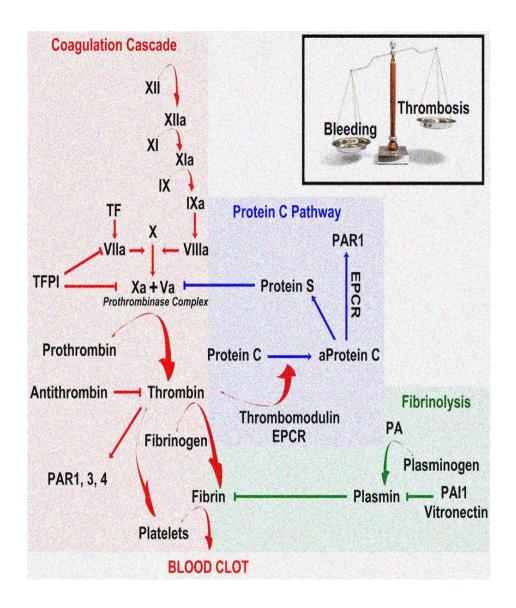
- The substitutes at c3 and c4 position essential for activity.
- H
- The warfarin has chiral centre which shows stereoselective activity.
- The s- enantiomer is 4 times active than r –form.

MECHANISM OF ACTION:



CLOTTING FACTOR MNEMONICS:

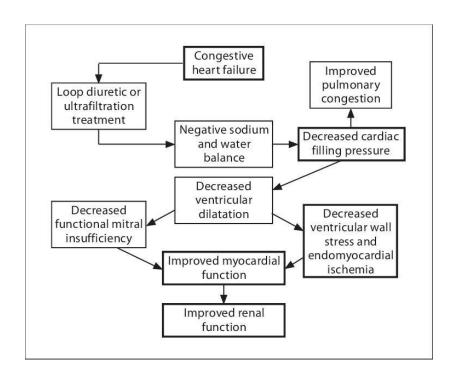
- 1) Foolish Fibrinogen
- 2) People- Prothrombin
- 3) Try-Thromboplastin
- 4) Climbing Calcium
- 5) Long- Labile factor
- 6) Nil
- 7) Slopes- Stable factor
- 8) After –Anti-haemophilic factor A
- 9) Christmas-Christmas factor
- 10) Some-Stuart-prowen factor
- 11) People Plasma thromboplastin antecedent
- 12) Have Hageman factor
- 13) Fallen Fibrin stabilizing factor



CONTENTS

- 1)Definition
- 2) Drugs used In CHF
- 3) Mechanism of Action
- 4)Therapeutic uses

- CONGETIVE HEART FAILURE
- A chronic condition in which the heart doesn't pump blood as well as it should



DRUGS USED IN CHF

1)Digoxin

2) DIGITOXIN

MECHANISM OF ACTION

The pulmonary and peripheral edema seen in CHF are the result of multiple physiologic disturbances. **Decreased cardiac output leads to relative renal hypoperfusion** that stimulates neurohormonal activation of the reninangiotensin-aldosterone axis.

THERAPEUTIC USE'S

- 1)F or treatment of mild to moderate heart failure in adults patient's
- 2)To Increase myocardial Contraction in Children diagnosed with heart failure.

REFERENCE:

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 Nirali prakashan Dr. SSKadam K R mahadip pg no
 71-79
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- Chemistry by nirali prakshan Page No.15.7-15.70

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