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THE FIRST PROTOBERBERINE ALKALOID ANALOGUE WITH IN VIVO ANTIMALARIAL ACTIVITY

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Abstract

2,3,11,12-Tetramethoxyberbinium chloride at very low doses causes a marked reduction of parasitaemia produced by *Plasmodium chabaudi* infection in mice. The 2,3,10,11 and 13-amino-2,3,10,11-tetramethoxy analogues are inactive in this test system at the same dose levels, despite all three compounds having marked in vitro activity against *P. falciparum*. This is the first time that in vivo antimalarial activity of a protoberberine alkaloid analogue has been demonstrated. The parent alkaloid berberine also has activity in vivo against *P. chabaudi*, in contrast to its reported lack of activity against *P. berghei* in mice.

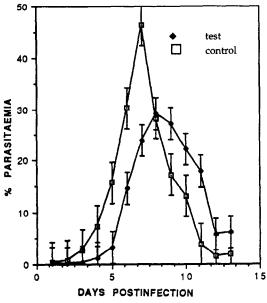
Despite persistent reports of the use of plant extracts containing protoberberine alkaloids in the folk treatment of malaria 1,2, and the demonstration of the potent antimalarial activity in vitro of a number of isolated compounds of this type³, nobody has been able to demonstrate in vivo activity until now. The clearest and most systematic demonstration of the difference between in vitro and in vivo activity in this class of compounds was that conducted by Vennerstrom and Klayman at the Walter Reed Army Institute⁴, who found in vitro potency against Plasmodium falciparum comparable to that of quinine, but a complete lack of effect in mice infected with P. berghei.

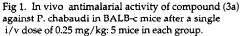
We have been developing a novel protoberberine synthesis, based on cyclisation of 1-cyano-2-benzyl-1,2,3,4-tetrahydroisoquinolines in anhydrous hydrogen fluoride. This method follows earlier work^{5,7} on the synthesis of simpler isoquinolines and has proved to be effective, efficient and versatile, with yields on most steps in excess of 80%. A noted feature of this route is the intermediacy of a spiro-cyclised cation^{8,9} following *ipso* attack of the protonated nitrile (1) on the benzyl substituent. The rearrangement which follows can thus give rise to 10,11-dimethoxy substitution (2b), from a 3.4-dimethoxybenzyl intermediate, or an 11,12-dimethoxy protoberberine (2a) from a 2,3-dimethoxybenzyl intermediate (Scheme 1). Previous studies, as for example

those of Vennerstrom and Klayman, have concentrated on compounds with the naturally occurring 9,10-oxygenation pattern.

The synthesis which we have developed gives rise to a 13-imino derivative (2) as the first-formed product after rearrangement. This intermediate is unstable and will either eliminate NH₃ (or hydrolyse¹⁰ and eliminate H₂O) on attempted crystallisation (Scheme 2), giving directly and very conveniently the desired end-products (3a) or (3b). If allowed to stand in alkaline solution (2b) will oxidise to give the 13-amino salt (4). All three compounds ((3a), (3b) and (4)) have been tested against *P. falciparum* K1 multi-drug resistant strain *in vitro* and have similar IC₅₀ values of $0.6 - 0.8 \mu g/ml$, compared to the value for berberine³ of $0.36 \mu g/ml$.

In preliminary in vivo experiments neither (3b) nor (4) was active at the chosen dose level of 0.25 mg/kg. against *P. chabaudi* (AS strain) in BALB/c mice. The compound in buffered saline was given as a single intravenous dose one day after intraperitoneal infection with 10⁶ parasitised red blood cells. However using a similar treatment regime compound (3a) not only markedly delayed the onset of a patent parasitaemia but significantly reduced (p< 0.025, unpaired Student's t test) the peak parasitaemia compared with untreated control animals (Fig 1).





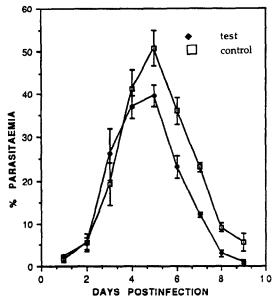


Fig 2. In vivo antimalarial activity of berberine against P. chabaudi in BALB-c mice after a single i/v dose of 0.25 mg/kg: 5 mice in each group.

Scheme 1

c Lit. 11 212-3°C from chloroform. Lit. 12 207-8°C from methanol.

This experiment has now been carried out five times, with reproducible results. In a similar experiment, berberine (0.25mg/kg) also produced a significant reduction in parasitaemia (Fig. 2).

These results show that substitution pattern is important, but may also indicate that *P. berghei* infections in mice are not an appropriate model for other *Plasmodium* infections in humans. The present results with berberine are in direct contrast to the results reported for *P.berghei* in mice⁴. It is not yet possible to predict whether differences between *in vitro* data against *P. falciparum* and *in vivo* data against *P. chabaudi* will reflect the differences for the same compounds against *P. falciparum* in vitro and in vivo.

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