# ORIGINAL PAPER

Philipp Sand · Dominique Kavvadias · Doris Feineis · Peter Riederer · Peter Schreier · Matthias Kleinschnitz Franz-Christian Czygan · Ahmed Abou-Mandour · Gerhard Bringmann · Helmut Beckmann

# Naturally occurring benzodiazepines: current status of research and clinical implications

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**Abstract** Naturally occurring benzodiazepines (BZDs) were first detected in mammalian tissues in 1986. They comprise a variety of 1,4-benzodiazepines corresponding to drugs commercially available for the treatment of anxiety disorders, sleep disturbances and epileptic seizures. Several biosynthetic pathways leading to the formation of BZDs are currently being discussed and have led to the proposition of possible precursor molecules.

For years, the identification of naturally occurring BZDs in mammalian organisms was mostly confined to post mortem CNS material for sensitivity reasons. While radioimmunoassay and radioreceptorassay techniques have been tentatively applied to quantitations of genuine BZDs from human milk and cerebrospinal fluid, accurate measurements in peripheral blood have only recently become accessible, e. g., by gas chromatography/selected ion monitoring-mass spectrometry (GC/SIM-MS). This review summarizes existing evidence of benzodiazepines' occurrence in nature and discusses implications for neuropsychiatric disorders.

**Key words** Benzodiazepines · Benzodiazepine receptor ligands · Natural products · Neurotransmitters

P. Sand, M. D. (☒) · P. Riederer · H. Beckmann Department of Psychiatry, University of Würzburg Füchsleinstr. 15 D-97080 Würzburg, Germany e-mail: philipp.sand@mail.uni-wuerzburg.de

D. Kavvadias · P. Schreier · M. Kleinschnitz Chair of Food Chemistry, University of Würzburg, Germany

D. Feineis · G. Bringmann Institute of Organic Chemistry, University of Würzburg, Germany

F.-C. Czygan · A. Abou-Mandour Department of Pharmaceutical Biology, University of Würzburg, Germany

## History

Benzodiazepines were first introduced into clinical practice in 1960 and are today the most widely used psychotropic drugs. Their pharmacological profile covers anxiolytic, sedative-hypnotic, muscle relaxant and anticonvulsive effects (Beckmann 1984) which have made BZDs indispensable to neuropsychiatric therapy. Rapid onset of action and good acceptance lend BZDs to first line treatment of acute anxiety, insomnia, psychomotor agitation, epileptic seizures and alcohol withdrawal with a choice of approximately 50 agents commercialized worldwide for intramuscular, rectal, intravenous, oral and intranasal administration.

The discovery of high affinity BZD binding sites in cerebral cellular membranes (Möhler & Okada 1977) marked the beginning of a search for putative endogenous receptor ligands. Eventually, in 1986 two 1,4-benzodiazepines were purified from bovine brain (Sangameswaran et al. 1986). This finding was subsequently confirmed by other groups (Wildmann et al. 1987, Medina et al. 1988) and shown not to result from environmental contamination with pharmaceutical BZDs: In 1990, proof was given of genuine BZDs in human brains stored in paraffin since the 1940s, i. e., well before the era of industrial BZD synthesis (Klotz 1990). Moreover, several rare BZDs not generally available for therapeutic use have been isolated from plants (Wildmann et al. 1988) in support of a biosynthetic pathway yet to be traced.

# Benzodiazepines in nature

#### Chemical structures

Natural BZDs are found in soil, plant, animal and human tissues; they are virtually indistinguishable from BZDs of industrial origin in terms of chemical structure and pharmacological activity. In the past ten years, the natural occurrence of at least nine different 1,4-benzodiazepines has

$$\begin{array}{c} CH_3 \\ N \\ 1 \\ 5 \\ 4 \\ N \\ \end{array}$$

$$\begin{array}{c} H \\ N \\ O \\ Me \\ \end{array}$$

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**Fig. 1** Diazepam (**a**), a widely used anxiolytic and cyclopeptine (**b**), a benzodiazepine devoid of anxiolytic properties produced by *Penicillium verrucosum* var. *cyclopium*.

been established and their chemical structure confirmed by mass spectrometric analyses. Two frequently identified agents, diazepam and N-desmethyldiazepam are known to be common metabolites of various other BZDs such as medazepam or ketazolam and may in part result from biodegradation of other still undetected natural BZDs. Among the compounds already identified are also several BZDs not currently in therapeutic use, e.g., deschlorodiazepam and isodiazepam.

A common characteristic of pharmacologically active BZDs is their typical heterocyclic framework with a phenyl ring in the 5-position forming a characteristic carbon skeleton. The search for natural analogs has led to cyclopeptine, a benzodiazepine without diazepam-like activity synthesized from anthranilic acid by the mold *Penicillium verrucosum* var. *cyclopium* (Fig. 1). While the phenyl substituent in cyclopeptine is not in the 5-position, this molecule has been considered a possible intermediate product in the non-industrial *de novo* synthesis of 1,4-benzodiazepines (Bringmann 1992).

## Occurrence in plants

Pharmacologically active BZDs have been detected in a number of plants and nutritive plant products commonly used for human consumption, e.g., potato tuber, wheat, rice, soy beans, cherries, maize, mushrooms, lentils and grapes (Wildmann et al. 1988a, Unseld et al. 1989, Klotz 1991). Following different extraction and purification procedures, the authors obtained BZDs in amounts varying from 10 to 600 ng/kg. Agents chemically identified by mass spectrometric analysis include diazepam, Ndesmethyldiazepam, isodiazepam, lorazepam, delorazepam, deschlorodiazepam, lormetazepam, 2'-chlorodiazepam and, most recently, temazepam (Kavvadias et al. 2000). Interestingly, BZD-like molecules with both RIA and RRA binding activities have also been found in aqueous herbal extracts from medicinal South American/Caribbean plants which has led to speculations that some natural BZDs may participate in sedative effects of certain traditional tea preparations, e.g., from Tilia spp. (Medina et al. 1989, Sand et al. 1998a). Awareness of dietary uptake of BZDs from a variety of foodstuffs has already sparked interest in customized agricultural applications (Grassi et al. 1998).

#### Occurrence in mammalian tissues

Following the original discovery by Sangameswaran *et al.* (see above), traces of BZD have been reported in different mammalian tissues with concentrations mostly in the low ng range (per g wet tissue). Results refer to bovine brain and cow milk (Medina *et al.* 1988), human brain (Klotz 1990), human serum (Duthel *et al.* 1992, Sand *et al.* 1998b), human milk (Pena *et al.* 1991), rat brain and adrenals (Wildmann *et al.* 1987), rat serum (Wildmann & Ranalder 1988) and horse serum (Sand *et al.*, unpublished data). Among the agents determined are diazepam, N-desmethyldiazepam, oxazepam and lorazepam; their identity has unequivocally been confirmed by mass spectrometric analyses.

In rat brain, quantitative mapping of immunoreactivity has revealed variations in regional distribution of BZD-like molecules with peak concentrations localized in the medial septum and the striatum (Wolfman et al. 1991). By light and electron microscopy of both rat and human brains, immunoprecipitates were traced to neuronal perikarya and dendritic processes as opposed to axons and axonal terminals (De Blas 1993). These studies have supplemented earlier subcellular fractionations of rat cortices which had indicated the presence of BZD-like molecules in the synaptosomal cytosol and synaptic vesicle fractions (Medina et al. 1988). However, the storage of natural BZDs in synaptic vesicles subsequently to be released at the synapse remains hypothetical in that identification of BZDs at a neuronal level has so far only been conducted by immunocytochemical analyses.

#### **Detection and quantitation**

BZDs are stable in biological media when stored at  $-20^{\circ}$  C for several weeks or months (Sioufi & Dubois 1990) but for analytical procedures the time lapse between sampling, centrifuging (if necessary) and storage at  $-20^{\circ}$  C should be kept short. As a rule, only polypropylene vials or coated glass recipients should be used in order to avoid the adsorption of BZDs to glassware. In the analysis of blood samples, protein binding (70 to 99%) must be suppressed.

# Immunoassays

The majority of analytical techniques for the isolation and quantitation of BZDs have been published mostly with regard to emergency toxicology screenings and forensic medicine examinations (Lambert *et al.* 1995). Among these, the immunoassays are often chosen to either precede or confirm chromatographic screening procedures. They may be subdivided into homogenous and heterogenous immunoassays:

Homogenous non-quantitative assays, such as the widely used enzyme-multiplied immuno technique (EMIT), the cloned enzyme donor immuno assay (CEDIA) or fluorescent-polarization immunoassay (FPIA) are aimed

at rapid BZD identification in the therapeutic or toxic ranges; even then, the formation of conjugates may lead to false negative results (Schütz 1989). This may be overcome by the incorporation of enzymatic hydrolysis at the price of reduced specificity (Beck *et al.* 1997), yet test kits do not qualify for identification of naturally occurring BZDs. Cross-reactivity has been observed with various household chemicals and oxaprozin (Warner 1989, Fraser & Howell 1998).

Heterogenous immunoassays, e.g., radioimmunoassay (RIA) or radioreceptor assay (RRA) which require a separation step feature high sensitivity. From the pioneering research on natural BZDs in the mid 1980s, both RIA and RRA have retained their importance as valuable and costeffective analytical instruments at a quantitation limit of ~0.3 ng/ml. An integral part of many extraction and purification protocols (e.g., Rothstein *et al.* 1993), they provide estimates of BZD content of a given matrix in the form of diazepam equivalents (DE) or binding indices. As with homogenous assays, discrimination between parent drug and metabolites is not possible; while affinities for BZDs are generally in the low nanomolar range, occasional cross-reactions with similar molecules may occur.

## Chromatography

The chromatographic identification of BZDs can be achieved by quick, non-quantitative testing as in thin-layer chromatography (TLC) via aminobenzophenones and Bratton-Marshall detection. However, TLC does not reliably identify all BZDs and is notably less effective in screening for tetracyclic agents (e.g., alprazolam, midazolam, triazolam) (Schütz 1990). For quantitative testing and improved specificity, high-performance liquid chromatography (HPLC) is an attractive option. HPLC may be performed in conjunction with UV detection or with photodiode array detection (DAD) for additional spectral information (Lambert et al. 1995); quantitation limits vary between 10 and 50 ng/ml (Sioufi & Dubois 1990) and equipment is available in most laboratories. Another highly valuable, non-planar analytical approach is by gas chromatography (GC) with quantitation limits of 2 to 20 ng/ml. The best results are obtained with capillary column GC and electron-capture-detection (ECD); however, analytical GC may be hampered by decomposition of thermolabile BZDs such as oxazepam or chlorodiazepoxide unless an initial derivatization step, e.g., by trimethylsilylation, is included. Identification problems in the analyses of substances with identical retention times on HPLC or GC can be solved by coupling of either procedure with mass spectrometry (MS) (see below). Finally, BZDs may also be determined by capillary zone electrophoresis (CZE) and micellar electrokinetic chromatography (MEKC, Jinno et al. 1996).

## Mass spectrometry

Referred to as the state-of-the-art in ultra-sensitive identification of BZDs, mass spectrometry (MS) holds significant analytical potential. Selective quantitations by mass analysis depend on complex equipment; however, they can provide a reliable means of calibrating or verifying less complicated methods which will accommodate larger numbers of samples per day. By monitoring only characteristic ions from a given BZD, the compound-of-interest undergoes a 'tailor-made' analysis in MS. The elimination of impurities prior to the introduction of samples into the ion source is an essential requirement in fully exploiting the sensitivity of the method. An internal standard increases the reliability of the assay and will generally correct for any losses related to purification procedures. Recent optimizations in on-line HPLC/electrospray tandem mass spectrometry (HPLC/ESI-MS-MS) and gas chromatography/negative chemical ionization mode (GC/NCI-MS) have broadened the range of applications. Detection limits of 0.5 pg/ml and 1.0 pg/ml have been reported for HPLC/ESI-MS-MS and GC/NCI-MS, respectively (Zeneroli et al. 1997, Cirimele et al. 1997). Again, successful coupling with GC depends on thermal stability and volatility of the compounds analyzed.

As has been observed, MS studies tend to yield lower amounts of BZDs than quantitations by conventional assay techniques (RRA/RIA). In similar matrices, this phenomenon is best explained by a net gain in specificity over RRA and RIA (Duthel *et al.* 1992): expression of BZD content in DE, as in RRA or RIA, is liable to include cumulated activities from a variety of BZDs and additionally, a certain proportion of non-BZD related activity. With MS, analyses are targeted toward a limited number of defined BZDs and quantitation is restricted to these compounds. This feature has allowed selective monitoring of a single benzodiazepine in serum over time (Sand *et al.* 1998b).

## Origin of naturally occurring benzodiazepines

## Formation in plants

Recent compelling evidence from sterile cultures has shown that plants produce pharmacologically active BZD molecules (see Kavvadias et al. 2000). The authors have demonstrated the existence of biosynthetic pathways resulting in the *de novo* formation of delorazepam, diazepam and temazepam, a hypnotic agent hitherto not detected in nature. This major advancement follows earlier findings on BZR binding activity in extracts of sterile potato plants (Sand et al. 1998a) and the identification of several BZDs (diazepam, N-desmethyldiazepam, delorazepam, lorazepam and delormetazepam) in potato marrow, a medium considered to be close-to-sterile (Wildmann et al. 1988c). The synthesis of naturally occurring BZDs by vegetal cells had originally been suggested in 1987 (Wildmann et al. 1987) and had been supported by a significant increase in vegetal BZD content observed during germination of wheat and potato cultures (Wildmann 1988a). It is to be assumed that biosynthetic formation in plants refers to a variety of 1,4-benzodiazepines with diazepam-like properties, more of which are going to emerge in the near future.

## Microbial biosynthesis

Precursors of benzodiazepine receptor (BZR) ligands have successfully been obtained from gut bacteria of rodents, such as a strain of *Acinetobacter lwoffii* (Yurdaydin *et al.* 1995). In rats, these active compounds are found to induce a significant increase in BZR ligands which may subsequently cross the blood-brain barrier and accumulate in the event of hepatic failure. Earlier, the isolation of BZD-like agents from both bovine rumen and incubates of ruminal contents with several common grasses had pointed at a microbial participation in BZD biosynthesis (Medina *et al.* 1991). To date, evidence of microbial contribution to BZD formation is incomplete; however, a number of presumptive precursor molecules are currently being investigated.

A rational concept for the *in vivo* formation of the diazepam-like 1,4-benzodiazepine deschloronordiazepam established in recent years focuses on the quinoline alcaloid viridicatin, itself a well-known metabolite of cyclopeptine in different mould species, as a biogenetic intermediate (Bringmann 1992). Its strong structural resemblance with diazepam-like BZDs counts in favor of a microbial origin of naturally occurring BZDs. The appealing feature of this biosynthetic model resides in its analogy to the well-established and optimized industrial BZD syn-

thesis, starting with 2-aminobenzophenone (2-ABP) amidated with glycine (see Overwil & Meyer 1973). In support of the rationale, in vivo formation of pharmacologically active halogenated 1,4-benzodiazepines such as Ndesmethyldiazepam by P. verrucosum has been observed in the presence of halogenated derivatives of 2-ABP in what appears to be an enzymatic condensation reaction (Bringmann & Mader 1995). Halogenation of unsubstituted 2-ABP is in turn thought to be mediated by special bacterial haloperoxidases which are able to introduce halogen atoms into organic molecules from halide ions and hydrogen peroxide. Feeding experiments are currently under way to ascertain the remaining postulated reaction steps which all constitute biochemical standard transformations. An alternative pathway with viridicatin as the main molecular building stone, implies reduction and reductive amination reactions (Fig. 2, Bringmann & Mader 1995).

## Neuronal or glial biosynthetic pathway

It has been argued that formation of BZDs may take place within the CNS in the presence of a suitable substrate. Indeed, active low molecular weight BZR ligands are generated from radiolabeled tryptophan within the rat CNS (Medina *et al.* 1993). The authors emphasized the close similarity of these substances to BZD molecules as indicated by specific binding to an anti-BZD monoclonal anti-body (MAb 21–7F9). In agreement with the findings on *in vivo* CNS utilization of BZD-precursors from gut flora (see above), the *in vitro* incubation of rat brain homogenates and slices has yielded compounds with BZR binding ac-

Fig. 2 Proposed biosynthetic pathway for biosynthesis of naturally occurring diazepam-like BZDs from the quinoline alkaloid viridicatin, a metabolite of cyclopeptine in *Penicillium* strains; 2-ABP 2-aminobenzophenone

tivity (Piva *et al.* 1991). Likewise, BZD-like immunoreactivity is described in neuroblastoma x glioma NG 108–15 cells incubated with a selection of amino acids (De Blas 1993). While these studies provide preliminary evidence, demonstration of *in vivo* enzymatic halogenation, a key issue in neuronal or glial formation of BZDs, is object of ongoing research.

## **Clinical implications**

Benzodiazepines are known to interact with the benzodiazepine allosteric modulatory site of the  $\gamma$ -aminobutyric acid (GABAA) receptor in the CNS (Braestrup & Squires 1978). The GABAA receptor is a chloride channel complex that mediates fast inhibitory transmission in the brain. By increasing the frequency of chloride channel opening, BZDs enhance the effects of GABA and hyperpolarize the cell: as a result, responsiveness to incoming stimuli is decreased. Dysfunction of the GABAergic system has been implicated in a number of neuropsychiatric disorders and has also served as the rationale for a number of clinical observations and studies into the functional role of natural BZDs.

In a dual approach, research has concentrated both on direct identification of naturally occurring BZDs and on metabolic or behavioral correlates of BZD-related neuro-modulation. While the latter have proved valuable in providing clinical hypotheses, their limitations in terms of specificity need to be considered.

# Hepatic encephalopathy

Hepatic encephalopathy (HE) is a complication of acute or chronic hepatocellular failure and characterized by a generalized depression of CNS function progressing from mild confusion to coma (Conn 1987, Schafer & Jones 1990). Preliminary investigations had revealed a positive correlation of cognitive impairments and severity of liver dysfunction with excess concentrations of endogenous BZR ligands in blood of cirrhotic animals and humans (Mullen et al. 1990, Yurdaydin et al. 1993, Basile et al. 1994, Kapczinski et al. 1996). Likewise, in a recent study on 113 patients with liver cirrhosis, severity of the disease as measured by electroencephalographic recordings, and functional liver status was found to correlate with serum levels of BZD-like compounds expressed in DE (Avallone et al. 1998). Interestingly, levels were found to match those encountered in BZD-medicated, non-cirrhotic individuals with normal states of consciousness. Among the agents involved, diazepam and N-desmethyldiazepam were detected by MS; as in earlier studies, serum BZD levels in HE reached several hundred ng/ml whereas levels in healthy controls were consistently below 1 ng/ml. In the setting of HE due to fulminant hepatic failure (FHF), however, elevations in plasma levels of diazepam, N-desmethyldiazepam or BZD-like activity were limited to a subsample of patients with advanced HE (Zeneroli et al. 1998). It may be concluded that manifestation of BZD accumulation as HE depends on additional factors, e.g., the degree of pre-existing ammonia-induced brain dysfunction (Avallone *et al.* 1998).

Clinical trials with flumazenil, a BZR antagonist, have led to a significant improvement of HE symptoms in approximately 60% of patients treated with the drug (Scollo-Lavizzari & Steinmann 1985, Grimm *et al.* 1988, Bansky *et al.* 1989, Ferenci *et al.* 1990, Basile *et al.* 1991). It has been assumed that the nature of the underlying liver failure codetermines responsiveness to flumazenil and accounts for considerable variations in clinical outcome (Basile 1993).

## Idiopathic recurring stupor

In analogy to HE patients, individuals suffering from idiopathic recurring stupor (IRS), an episodic impairment of consciousness, have been seen to improve dramatically with flumazenil administration (Tinuper *et al.* 1994, Shimoe *et al.* 1996). This is supported by a state-dependent increase in BZD-like activity in plasma and CSF (Tinuper *et al.* 1992, Schreiber *et al.* 1994, Montagna *et al.* 1995) and the acceleration of basic EEG activity during the ictal period (Rothstein *et al.* 1992). Until the application of MS techniques to IRS studies, however, pathogenetic implication of BZDs is hypothetical.

## Sleep disturbances

Conflicting reports exist on the influence of native BZDs on sleep/wake cycles and the manifestation of sleep disturbances. While the BZR antagonist, flumazenil, has exerted mild stimulating effects in healthy volunteers (Ziegler et al. 1986, Higgitt et al. 1986, Duka & Dorow 1995), it is far from clear whether naturally occurring BZDs are in any way causative of physiological fluctuations in vigilance. In a recent study in healthy volunteers, variations of natural BZDs in serum did not follow a uniform circadian pattern (Sand et al. 1998b). Judging by an anecdotal report, flumazenil is devoid of any clinical effect in narcolepsy (Montagna et al. 1995), a condition characterized by excessive daytime sleepiness which does not feature an increase in BZD levels. Still, other manifestations of sleep pathology deserve further investigation to rule out BZD-induced rhythm shifts and influence on sleep architecture.

## Anxiety and stress

The participation of BZR agonist ligands in the modulation of anxiety reactions has long been suspected (Nutt *et al.* 1990a, Leonard 1994). Particular attention has been devoted to GABAergic tone in limbic areas of the brain, such as the amygdala, known to play a pivotal role in the mediation of anxiolytic BZD effects (Hodges *et al.* 1987, Shibata *et al.* 1989, Yadin *et al.* 1991). Here, regional changes in immunoreactivity point at a release of BZD-like mole-

cules by the limbic system in proportion to the degree of anxiety experienced by test animals (Da Cunha *et al.* 1992a). The level of anxiety has also been markedly increased in rats as a result of intraamygdala flumazenil injections, supposedly interfering with the regional action of BZD-like molecules (Da Cunha *et al.* 1992b). In humans, panicogenic effects of flumazenil administration (Schöpf *et al.* 1984) were found to be accentuated in patients with panic disorder which has raised the question of an altered homeostasis of natural BZR ligands (Nutt *et al.* 1990a,b).

Anxiogenic properties of flumazenil were found to be stress-inducible in rodents and would appear to confirm earlier findings on increased brain BZR binding in escapable stress settings (Pokk & Zharkovsky 1997, Drugan et al. 1994). From these observations, antagonism of putative BZD-type agonist ligands released during performance of stressful tasks has been suggested (Da Cunha et al. 1992, Pelissolo 1995). However, pentobarbital toxicity models have yielded contradictory results depending on the paradigm employed (Trullas et al. 1988, Ojima et al. 1997) and have so far not been supplemented by MS evidence of BZDs' functional contribution to stress-protective mechanisms. If proof hereof can be obtained, the treatment of anxiety states or stress reactions with exogenous BZDs would then correspond to a mere substitution of deficient CNS-active compounds.

## Acquisition and memory modulation

The amnesic effects of therapeutic BZDs are well established (Lister 1985, Thiebot 1985) and sometimes viewed as beneficial, e.g., in pre-medication for traumatizing surgical procedures. Whether a modulatory amnesic action of endogenous BZR agonists exists is not clear; however, reports on promnesic effects of BZR inverse agonists and antagonists in drug-naïve rodents have given rise to speculations (Izquierdo & Medina 1991, Forster *et al.* 1995). Other indications include regional changes in brain BZD-like immunoreactivity as an accompaniment of habituation and inhibitory avoidance training in animals (Wolfman *et al.* 1991). A systematical evaluation of memory in relationship to serum BZD concentrations in non-medicated individuals is still lacking.

#### **Epilepsy**

It has been proposed that certain forms of epilepsy may be associated with a constitutional deficit in natural BZDs as opposed to an excess of natural BZR ligands encountered in HE and experimental models of HE (De Blas 1993, Bassett *et al.* 1987). Patients with HE show little propensity to seizures (Basile *et al.* 1991) and autoradiographic data confirm that approximately 30% of BZR are occupied in animal models of HE (Basile et al. 1990), i. e., a percentage sufficient to mediate anticonvulsant effects (Petersen *et al.* 1986). The involvement of naturally occurring BZDs in regulation of basic GABAergic tone and seizure threshold

could explain perturbances induced by the BZR antagonist flumazenil (Hoffman & Warren 1993, Davis & Wax 1996), provided that interactions with the serotonergic system are not causative (Da-Rocha *et al.* 1997).

#### Alcoholism

The well-known cross-tolerance for alcohol and BZDs has helped in establishing BZD treatment of acute alcohol withdrawal states (Miller 1995, Mayo-Smith 1997). As a consequence, the search for endogenous BZDs and their clinical relevance has also been directed towards alcohol-related pathology (Lister 1991, Butterworth 1994, Polc 1995). So far, only one report has addressed the effects of the BZR antagonist flumazenil in early alcohol withdrawal (Nutt et al. 1993): to judge by a mixed emotional response, the results remain inconclusive of an interaction with putative native BZDs.

## **Observations and outlook**

Over the past decade, the natural occurrence of benzodiazepines has been corroborated by innovative biomedical research and has prompted the query for plausible biosynthetic pathways. Chemical structures of natural BZDs match 1,4-benzodiazepines of industrial origin; however, the analogy of precursor molecules is still being debated. The determination of the quinoline alkaloid viridicatin by capillary GC was recently reported (Bringmann et al. 1997) and the search for other structurally related intermediates of natural BZDs is under way. A number of chromatographic techniques, e.g., counter-current (CC), rotation locular CC (RLCCC) and multilayer coil CC (MLCCC) chromatography are being studied to complement existing procedures for reliable tracings of BZDs in biological matrices.

Often referred to as 'endogenous' agents, natural BZDs in the mammalian organism may be entirely derived from nutritive sources: only a fraction of natural products has been analyzed so far and the impact on the food chain remains to be fully elucidated. There is need to confirm the concentration of natural BZDs in the mammillary gland by MS as suggested by preliminary findings on BZD-like substances in human breast milk (Dencker et al. 1992). The authors postulated a functional remnant from the times when sedation of breast-fed infants helped ensure survival.

While it would seem that physiological importance of natural BZDs is not necessarily confined to sleep induction in the new born, evidence of their functional effects is scarce. Insight is to be sought into the etiology of several neuropsychiatric syndromes, e.g., those associated with reduced vigilance or hyperarousal. With the exception of hepatic encephalopathy, where BZR antagonists were found to hold significant therapeutic potential, most candidate clinical conditions have been studied only cursorily. This has been attributed mainly to the analytical impediments associated until recently with reliable quantitation of

BZDs at trace amounts in peripheral blood. With the exception of studies of HE, most measurements were hitherto performed on *post-mortem* material, CSF or human milk samples, thus, rendering large scale investigations difficult. Disease-specific variations in natural BZD levels or BZD stimulus response curves would lend strong support to theories on BZD-related symptomatology, including possible effects on immune status (Zavala 1997).

Among the clinical entities deserving future attention is generalized anxiety disorder (GAD), a common anxiety disorder characterized by hyperarousal, increased muscular tension, excessive worry, anxiety, irritability and sleep disturbances. Pharmacotherapy of GAD relies in part on BZDs and while short-term regimens are usually recommended, it is known that some patients function only when they take BZDs regularly (Hoehn-Saric 1998). Most patients continue to derive benefit from the agents over time without the need for an increase in dosage (Hollister 1977, Uhlenhuth et al. 1988) which may serve as a clue to specific alterations in GABAergic tone in a model of physiological anxiolysis.

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