

A Review on Anti Tubercular Compounds

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Abstract

In current scenario, the number of infectious disease such as HIV, TB etc. has tremendously increases. It was also observed that continuous use of first line therapy against these infectious cases leads to resistance. Here, in the present work, we deals with designs, synthesis and evaluation of anti tuberculosis compounds along with their biological activities. This will help the reader in successful designing of new drugs against different strains of mycobacterium tuberculosis.

Keywords: Tuberculosis, Isoniazid, Minimum Inhibitory Concentration

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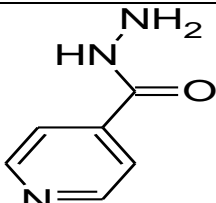
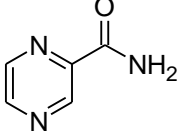
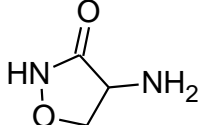
Introduction

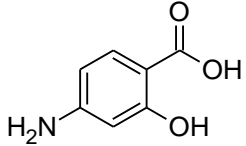
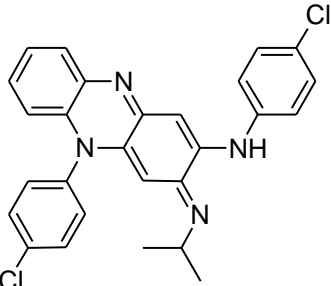
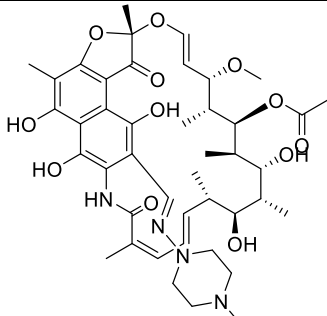
Different infectious diseases such as HIV, tuberculosis (TB) have serious impact on human health as well as growth of developing countries. To tackle these problems various types of combination therapies are used. As it is stated that TB is most serious infectious lungs disease, which is responsible for 10 million new TB cases as well as deaths of 1.3 millions HIV-negative people. It extends via inhaling tubercle bacillus droplet nuclei which after reaching at alveoli of lung are ingested by alveolar macrophages. It usually spreads through lymphatic channels or the bloodstream to more other parts of body and is more prevalent in poor and under developed countries, especially in the South East Asian and African region [1-2]. In the present work, we will discuss about available treatments and the research going on to find the lead for drug design.

Available treatments for TB

Multi-drug resistance tuberculosis is a stage where infectious *mycobacterium tuberculosis* strain is anti to many first-line drugs such as isoniazid and rifampin. For this purpose, mixtures of second-line/ new drugs, such as the fluoroquinolones are preferred [3-4]. Here, we have shown few molecules in table 1 along with their mechanism of action.

Table 1: Available treatments for TB action

NAME	STRUCTURE	MECHANISM OF ACTION
Isoniazid		It inhibits the main component of mycobacterial cell wall that is mycolic acid synthesis.
Pyrazinamide		It acts via its active form pyrazinoic acid.
Cycloserine		It acts as a cyclic analogue of D-Alanine.

<p>Para-aminosalicylic acid</p>		<p>An inhibitor of dihydrofolate reductase (DHFR) enzymatic activity.</p>
<p>Clofazimine</p>		<p>It binds with bacterial DNA guanine bases and inhibits bacterial proliferation.</p>
<p>Rifampicin</p>		<p>It is an inhibitor of DNA-dependent RNA polymerase.</p>

Reported molecules as an anti TB compound

In this section, we will discuss about reported molecules of different heterocyclic containing compounds as an inhibitors of tuberculosis life cycle.

Mangasuli and their group members. (2018) observed that **compound 1**, which is a member of coumarin-theophylline derivative exhibited activity at minimum inhibitory concentration of 0.12 µg/mL. It showed interactions with Lys 165, Ala 198, Leu 197 and Thr 196 [5]. Fan *et al.* (2018) evaluated different analogues of oxime-functionalized nitrofuranylamides and observed that two **compounds 2 and 3** bearing piperidinyl moiety showed significant activity at minimum inhibitory concentration values of 0.291 along with 0.158 µg/mL, respectively. Both of them also significant potent activity against MDR-TB 16833 and 16995 targets with an minimum inhibitory concentration values of 0.207–0.482 µg/mL, respectively [6].

Sager and his co workers (2018) synthesized four derivatives of triazole Schiff's Base (**compounds 4, 5, 6 and 7**) were found to be active as they controlled the growth of the Mycobacteria bacteria [7]. Later, Yang and his group members (2017) reported that that **compound 8 and 9** exerted cell anti mycobacterial activity through DHFR inhibition [8].

Linciano *et. al.* (2017) investigated thiadiazole analogues against trypanosoma brucei and found that a biphenyl-thiadiazole-2,5-diamine derivative (**Compound 10**) exhibited its activity at IC₅₀ value of 16 µM [9]. Ouyang *et. al.* (2017) stated that compound **11** exhibited inhibitory activity at minimum inhibitory concentration value of 6.25 µg/mL against vero cells via binding to glycerol (GOL) binding site [10].

Wavhale and co-workers (2017) uses scaffold hopping and shape based similarity for identifying new leads against Mycobacterium tuberculosis. They concluded that analogue of parent molecule BM212 (**compound 12**) exhibited significant activity at minimum inhibitory concentration 2.3 µg/ml against HepG2 cell [11]. In the same year, by using the similar scaffold hopping approach and structure activity relationship, Surase *et. al.* (2017) identified the hits and found that three derivatives (**compounds 13, 14 and 15**) were found to have improved activity against MTb.H37Rv [12].

Abdu-Allah *et. al.* (2016) synthesized and checked anti TB activity of substituted salicyl - hydrazones and found that **compound 16** as a important lead for further development. [13].

Nandha and his group members (2016) evaluated a series of substituted fluorobenzimidazoles with structural motifs present for their antitubercular activity. Their result showed that **compounds 17 and 18** become known as promising derivatives, characterized by minimum inhibitory concentration lower than that determined for sesamin against the pathogenic H37Rv strain [14].

Pitta *et. al.* (2016) reported that benzoxazole ring containing **compound 19** exhibited good blood stability and no hERG affinity [15]. Scalacci and his co workers (2016) synthesized thioridazine derivatives and found that the indole derivative **compound 20** showed an antimycobacterial activity which proved better than thioridazine and 15 times lower cytotoxicity [16]. Tanwar *et. al.* (2016) evaluated various quinoline-based compounds against ATCC 27294 strain of Mycobacterium tuberculosis H37Rv. Their result concluded that two compounds (**compounds 21 and 22**) displayed significant activity with minimum inhibitory concentration values of 0.2 and 0.39 µg/mL, respectively, [17].

Kumar *et. al.* (2014) reported that two compounds (**compounds 23 and 24**) of imidazoazines class exhibited highest binding energy against four targets such as Pf-dihydrofolate reductase, Pf-protein kinase 7, Pf-enoyl acyl carrier protein reductase, and Mt-pantothenate synthetase [18]. Nagesh and his group members (2014) evaluated a series of substituted piperazine and reported that **compound 25** prevents 99% growth of M. tuberculosis H37Rv

strain significant activity at an minimum inhibitory concentration value of 1.56 mg/mL [19]. Naqvi *et. al.* (2014) reported that three **compounds 26, 27 and 28** showed significant anti TB activity as well as good binding energies via interacting with an active site [20].

Addla *et al.* (2013) evaluated different novel substituted phenothiazine-1,2,3-triazoles and found that three analogs (**compound 29, 30 and 31**) were most active as antitubercular agents at minimum inhibitory concentration values of 6.25 mg/mL [21].

Ranjith and co workers. (2013) reported that three molecules such as **compounds 32, 33 and 34** were most potent compounds against Mycobacterium tuberculosis H37Rv strain [22].

More and his group members. (2013) reported that novel pyrrole hydrazine derivative, Compound **35** was most active at minimum inhibitory concentration value of 0.2 mg/mL via forming hydrogen bonding interactions with Tyr158 [23]. De and his co workers (2012) reported that analogue of 4-isopentenylloxycinnamyl triazolophthalazine class (**compound 36**), was 100-1800 times more active than isoniazid (INH) when tested against INH-resistant *M. tuberculosis* strains [24].

In same year, Breda *et al.* (2012) found that analogue of various pyrimidin-2(1H)-ones based derivatives (**compound 37**) exhibited promising activity against orotate phosphoribosyltransferase (OPRT) enzyme of *M. tuberculosis* at 0.19 ± 0.01 UM [25].

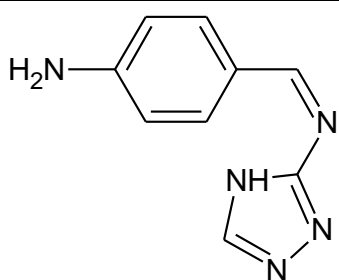
Lu *et. al.* (2011) evaluated various analogues of 2-acylated and 2-alkylated substituted thiophene-3-carboxylic acid and found that four compounds, **38, 39 40 and 41** exhibited their mycobacterium tuberculosis (Mtb) inhibitory activities at minimum inhibitory concentration values between 1.9 and 7.7 mM [26]. Fadl *et. al.*(2010) concluded that Schiff bases of 1H-indole-2,3-diones (For example **compound 42**) exhibited significant potent activity at an MIC 0.625 mg/ml. They further reported that **compound 42** showed 20 times greater activity comparable to standard drug isoniazid, INH, (minimum inhibitory concentration value of 12.5 mg/ml) [27].

Huang *et. al.* (2009) evaluated 5-(2-methylbenzothiazol-5-yloxymethyl) isoxazole-3-carboxamide derivatives against TB strain and found that two **compounds 43 and 44** exhibited their anti Mtb growth activities at minimum inhibitory concentration values of 1.4 and 1.9 μ M, respectively [28]. Bedia and their group members. (2006) evaluated hydrazide–hydrazones against of *M. Tuberculosis* strain and found that **Compound 45** was most potent among all [29]. Kamal and *et. al.* (2005) evaluated a series of substituted benzothiadiazine 1,1-dioxide derivatives were synthesized and reported that **compounds 46**, exhibited potent

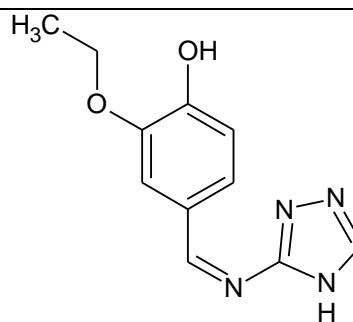
in vitro anti-tubercular activity. It was also reported that in vivo results were not so successful due to its low bioavailability nature [30].

Table 2: Representation of anti TB compounds reported during 2005-2018

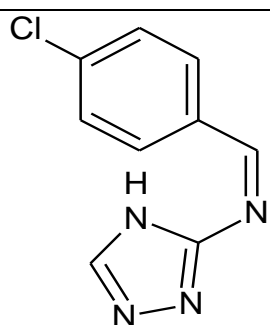
<p>Compound 1</p>	<p>Compound 2</p>
<p>Compound 3</p>	<p>Compound 4</p>



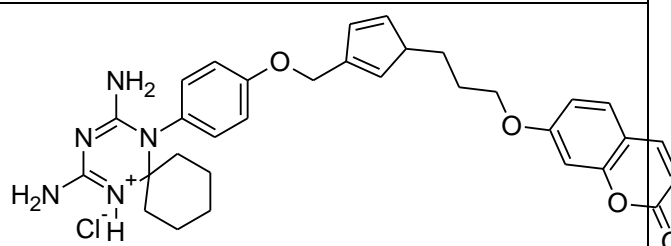
compound 5



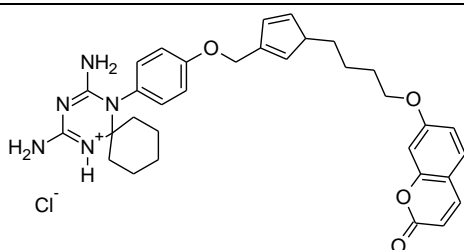
Compound 6



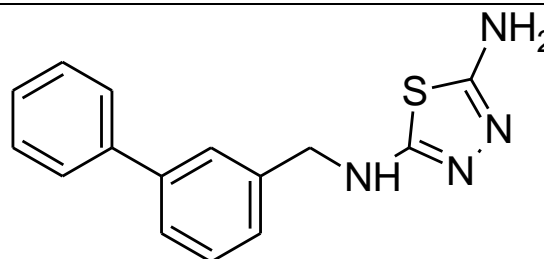
Compound 7



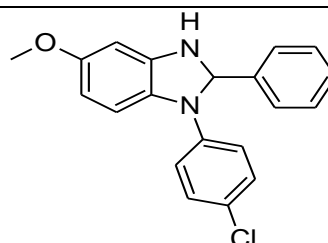
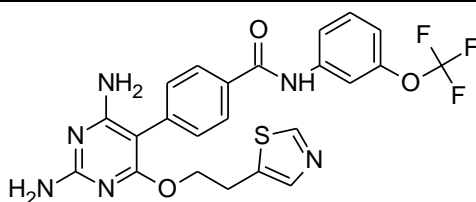
Compound 8

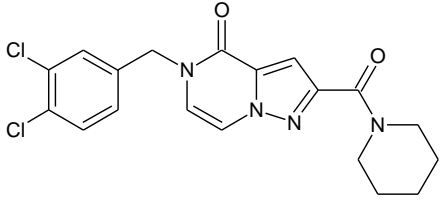
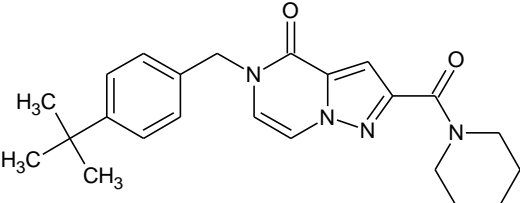
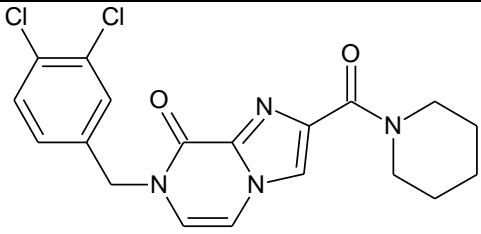
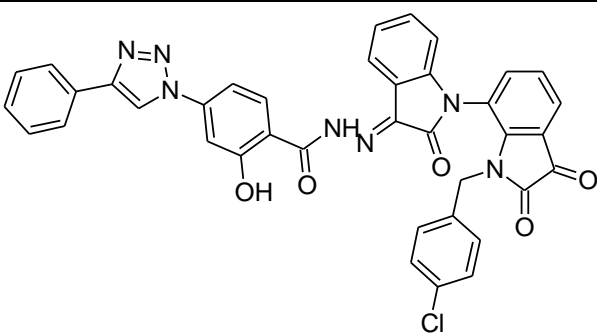
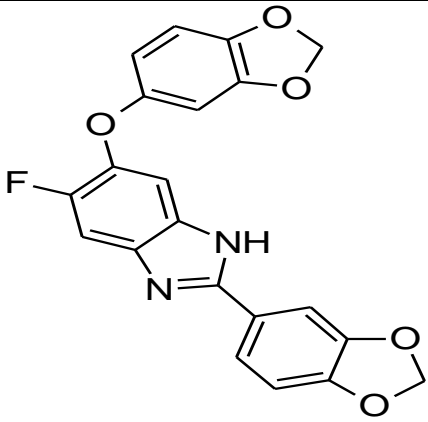
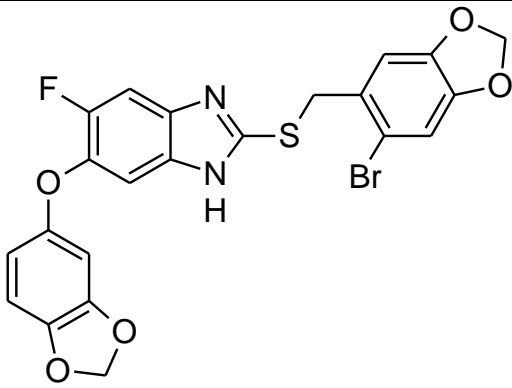


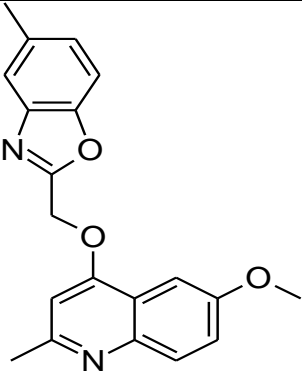
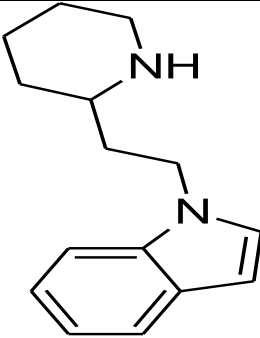
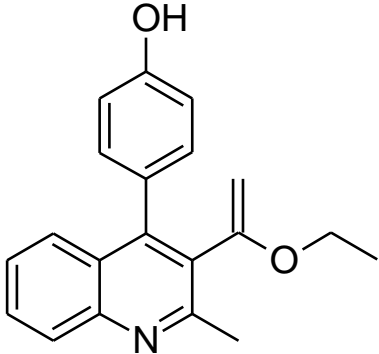
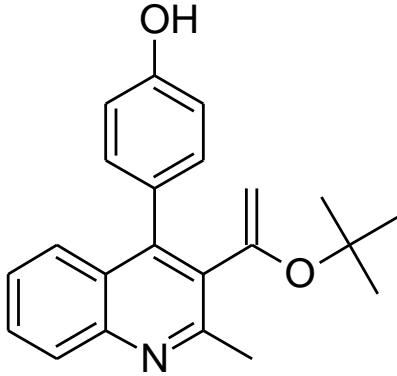
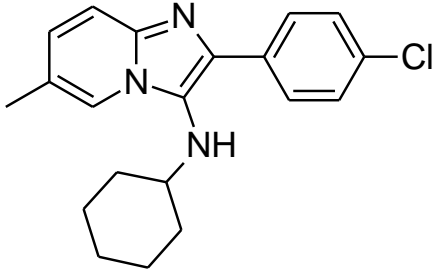
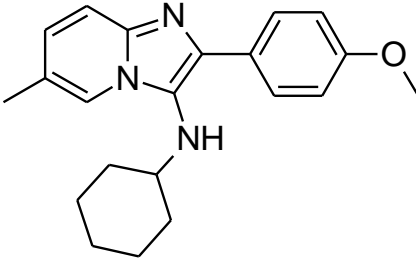
Compound 9

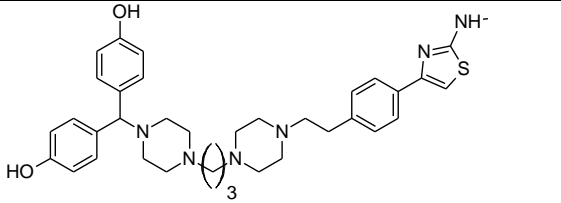
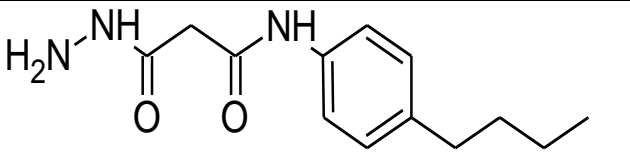
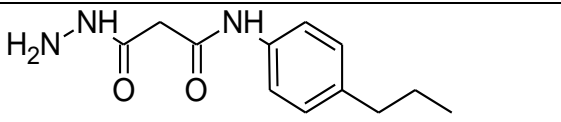
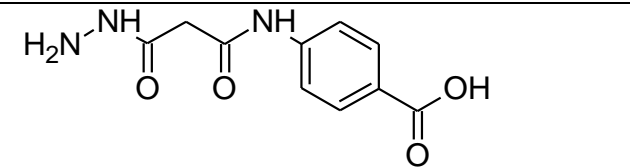
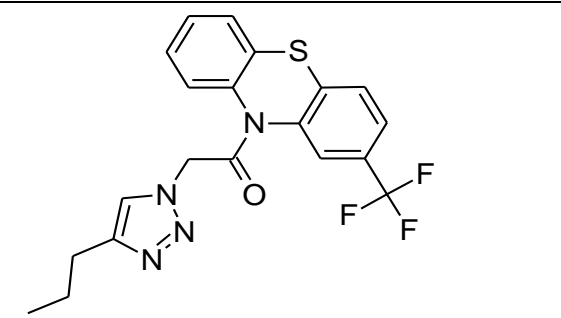
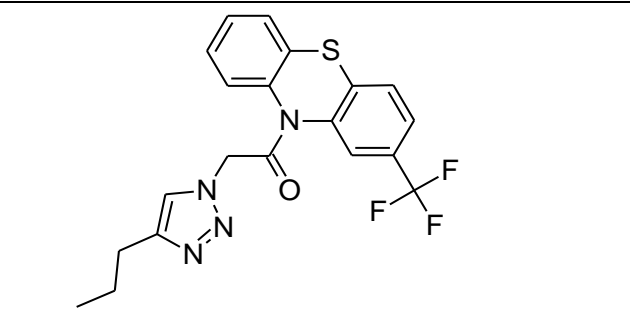
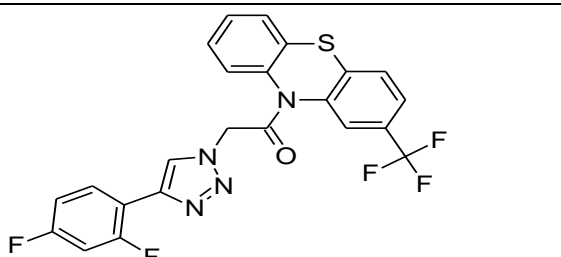
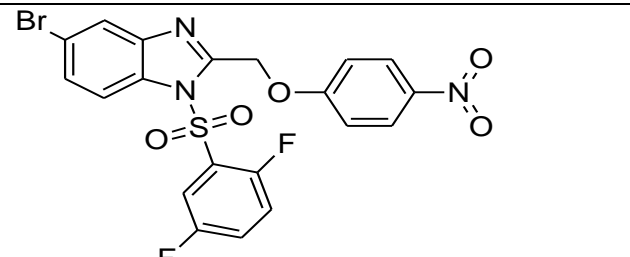


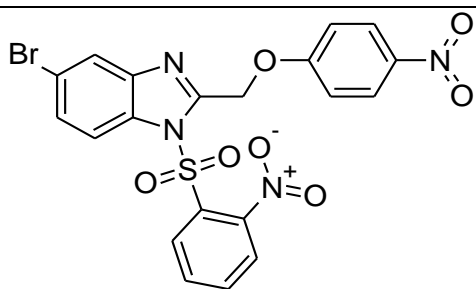
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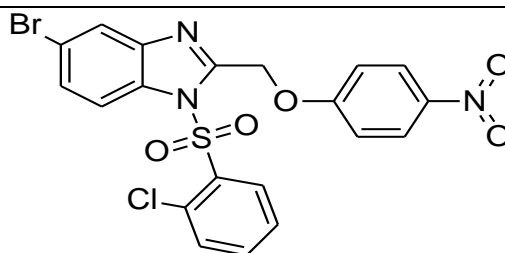
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 <p style="text-align: center;">Compound 15</p>	 <p style="text-align: center;">Compound 16</p>
 <p style="text-align: center;">Compound 17</p>	 <p style="text-align: center;">Compound 18</p>

 <p style="text-align: center;">Compound 19</p>	 <p style="text-align: center;">Compound 20</p>
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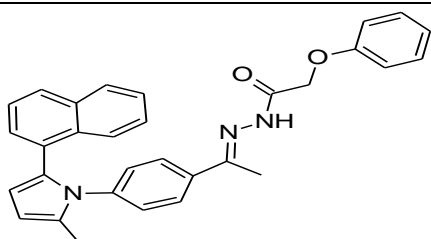
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 <p style="text-align: center;">Compound 29</p>	 <p style="text-align: center;">Compound 30</p>
 <p style="text-align: center;">Compound 31</p>	 <p style="text-align: center;">Compound 32</p>



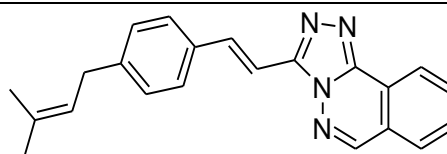
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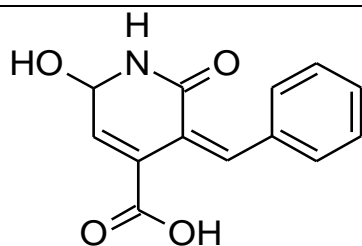
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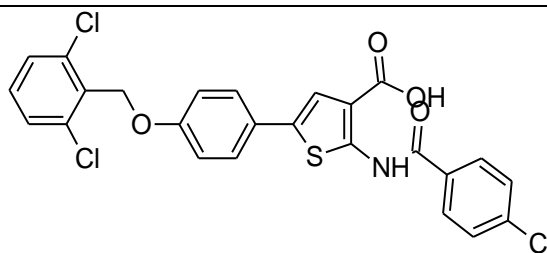
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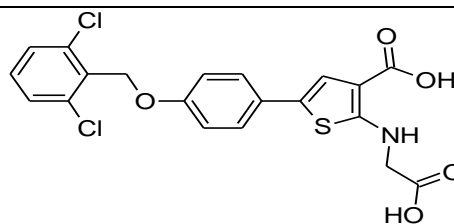
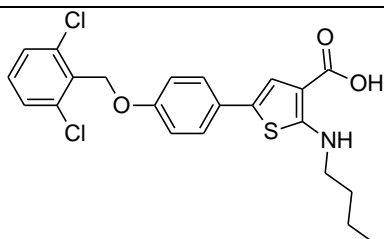
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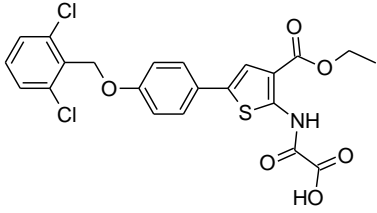
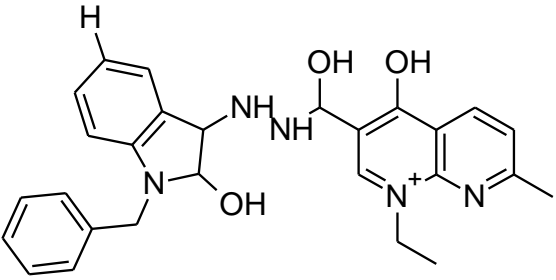
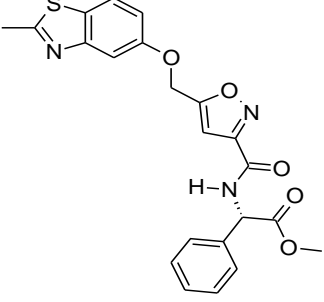
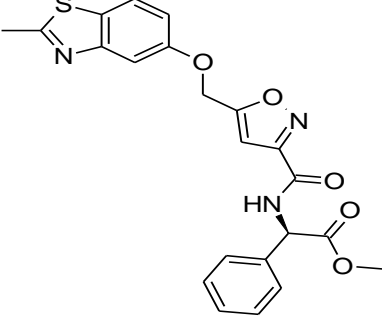
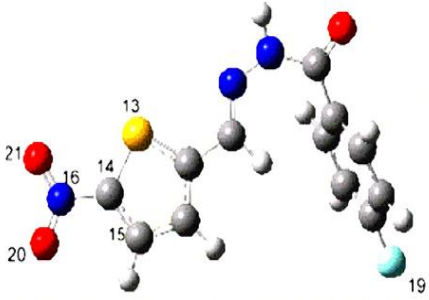
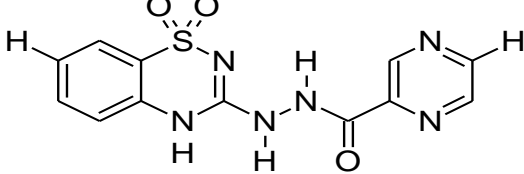


Compound 37



Compound 38



<p style="text-align: center;">Compound 39</p>  <p style="text-align: center;">Compound 41</p>	<p style="text-align: center;">Compound 40</p>  <p style="text-align: center;">Compound 42</p>
 <p style="text-align: center;">Compound 43</p>	 <p style="text-align: center;">Compound 44</p>
<p style="text-align: center;">a</p>  <p style="text-align: center;">Compound 45</p>	 <p style="text-align: center;">Compound 46</p>

Conclusion

In this present work, we have discussed about combination therapies to tackle TB. Apart from this, it was also understood that different groups of scientists have prepared different

heterocyclic derivatives against various strains of mycobacterium tuberculosis. Their minimum inhibitory concentration against standard drugs along with their chemical structures are also reported here. This work will help the scientist in drug designing against various targets of TB.

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