

“A REVIEW ON DRUG REPOSITIONING”

A PROJECT SUBMITTED TO

NIRMA UNIVERSITY

In partial fulfillment of the requirements for the degree of

Bachelor of Pharmacy

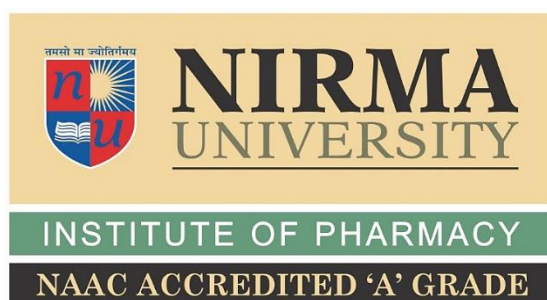
BY

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Semester VIII

UNDER THE GUIDANCE OF

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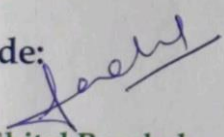
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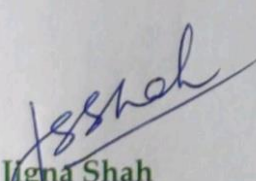
CERTIFICATE

This is to certify that "A REVIEW ON DRUG REPOSITIONING" is the bonafide work carried out by **PATEL MAHARSHI K. (16BPH050)** B.Pharm semester VIII under our guidance and supervision in the Institute of Pharmacy, Nirma University, Ahmedabad during the academic year 2019-2020. This work is up to my satisfaction.

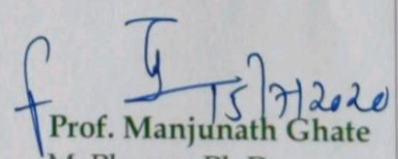
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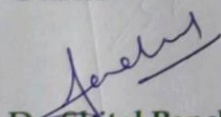
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CERTIFICATE OF SIMILARITY OF WORK

This is to undertake that the B.Pharm. Project work entitled "A REVIEW ON DRUG REPOSITIONING" Submitted by PATEL MAHARSHI K. (16BPH050) B.Pharm. Semester VIII is a bonafide review/research work carried out by me at the Institute of Pharmacy, Nirma University under the guidance of "Name of a Guide and Co-guide". I am aware about the rules and regulations of Plagiarism policy of Nirma University, Ahmedabad. According to that, the review/research work carried out by me is not reported anywhere as per best of my Knowledge.

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I would like to take opportunity firstly to thank Almighty for her constant shower of blessings in all my endeavors...

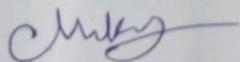
I would like to express my sincere thanks to all those concerned with my thesis as "A REVIEW ON DRUG REPOSITIONING", Also to all those who directly or indirectly assisted me in the completion of my thesis work. Secondly I would like to thank my parents and guardian for their timely support and their absolute love for me. Their guidance and care because of which reaching to this stage of life wouldn't be possible.

In providing the fundamental picture to my thesis I would take this opportunity to express my heartily gratitude to my guide Associate professor, Department of Pharmacology, Institute of pharmacy, Nirma University to Dr. SHITAL PANCHAL.

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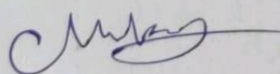
I feel immense pleasure to thanks Dr. MANJUNATH GHATE for providing me the platform to showcase my talent regarding this thesis.

Maharshi patel.



DECLARATION

I, PATEL MAHARSHI K. (16BPH050), student of VIIIth Semester of B.Pharm at Institute of Pharmacy, Nirma University, hereby declare that my project entitled "A REVIEW ON DRUG REPOSITIONING" is a result of culmination of my sincere efforts. I declare that the submitted project is done solely by me and to the best of my knowledge, no such work is done by any other person for the award of degree or diploma or for any other means. I also declare that all the information was collected from various primary sources (journals, patents, etc.) has been duly acknowledged in this project report.



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1. Abstract

Discovery of drug consume lots of time, needs huge capital to invest for long duration and ultimately it is a process with high risk in the traditional drug development method. To come up with all this disadvantageous factor, the Drug repositioning method was found and this strategy has gain popularity in recent years. Compare to traditional method this strategy is more effective, riskless and needs less capital than traditional method. Here the different approaches are discussed in detail with their characteristics, they are Systematic repositioning of drug, Cheminformatics method, Bioinformatics method, High-throughput literature analysis, Semantics-based approaches, Text mining-based approaches and approaches that are based on the network ('approaches based on network propagation and Network-based cluster approaches'). Along with this the important findings obtained from this approaches is also mentioned. Furthermore, here 50 repositioned drugs are mentioned with original and new indication and along with mechanism of action of each drug. Finally, the challenges and future scope of drug repositioning is mentioned with different perspective and examples.

2. Introduction

Drug discovery and development is the most necessary part of any drug to get its identification and to know the properties of that specific drug. Discovery of new drug will consume lots of time, huge amount of finance investment (approximately in billions) and more laborious work. A new drug will develop after involvement 10-15 years of work, a data from Eastern Research Group, but after contributing 15 years the development of new molecule is at a success rate of only 2.01% on an average (Yeu et al., 2015). From 1995 drugs quantity that are permitted by the food and drug administration are alleviating. The data that the investment in drug development is steeply augmenting. This shows that cost for the development of new drug is increasing so new ways to grow the medication are required. The figure 1 given below depicts the data of investment done by phRMA members companies and parallelly shows the permitted drugs by from year 1995 - 2015. Investment shown here is in billion dollar.

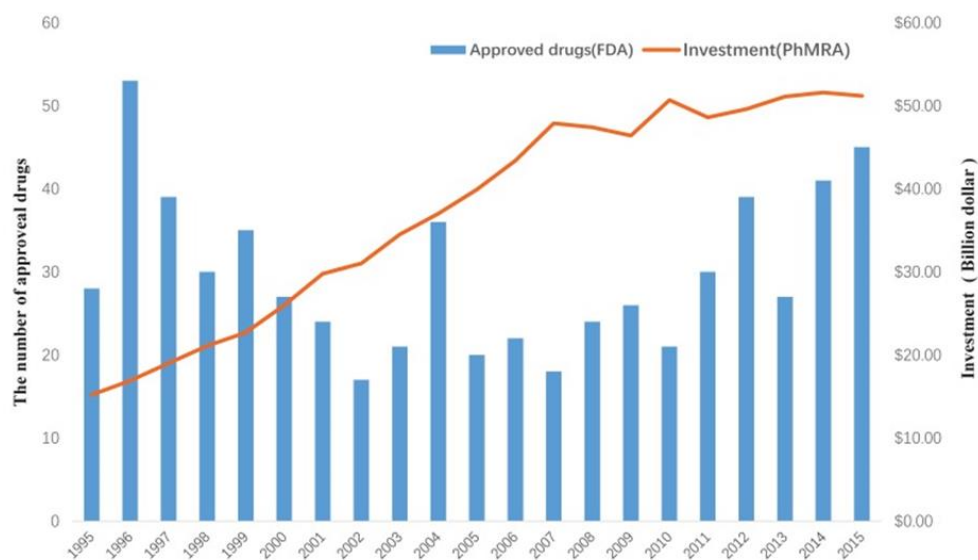


Figure 1

So to overcome this challenge the new method was introduced known as “Drug Repositioning”.

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Drug reprofiling or drug repurposing are the two names which indicate or represents the drug repositioning.

As a rule, medicate repurposing includes discovering novel remedial signs for endorsed, suspended, and documented medications, just as medications right now experiencing clinical preliminaries; discovering second clinical uses for surrendered or ceased drugs is all the more explicitly alluded as medication salvage

Drug repositioning means same or old drug with new approach to treat disease with higher activity and more effectiveness. It is a method in which the approved drug is taken which had successfully passed all the four phases (phase 1, phase 2, phase 3, phase 4) and been already marketed so it is obvious that its effect in humans is been reported and data is available. Along with that in detail the physiochemical properties of different compound is known and their clinical information is also available like dose, potency, side effects (toxic and non-toxic both) and content of other ingredients. Numerous instances of medication repurposing rose up out of good fortune by finding valuable symptoms of medications for patients in a system, various endeavors are emerging to perform sedate repurposing intentionally with increasingly precise methodologies. The medication could be delivered with less exertion and advertised with a gigantic net revenue. It is a successful technique to discover new signs for existing medications and is exceptionally effective, minimal effort and less risk is there during process (Deotarse et al., 2015).

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➤ **Traditional development of drug methodology includes 5 stages**

1. Revelation or discovery pre-clinical study
2. Review on the safety prospectives
3. Clinical research
4. FDA audit
5. FDA post-market analysis on safety

➤ **While in repurposing of drug there is only 4 steps**

1. compound recognizable proof
2. compound obtaining
3. advancement
4. FDA post-market analysis on safety

Figure 2

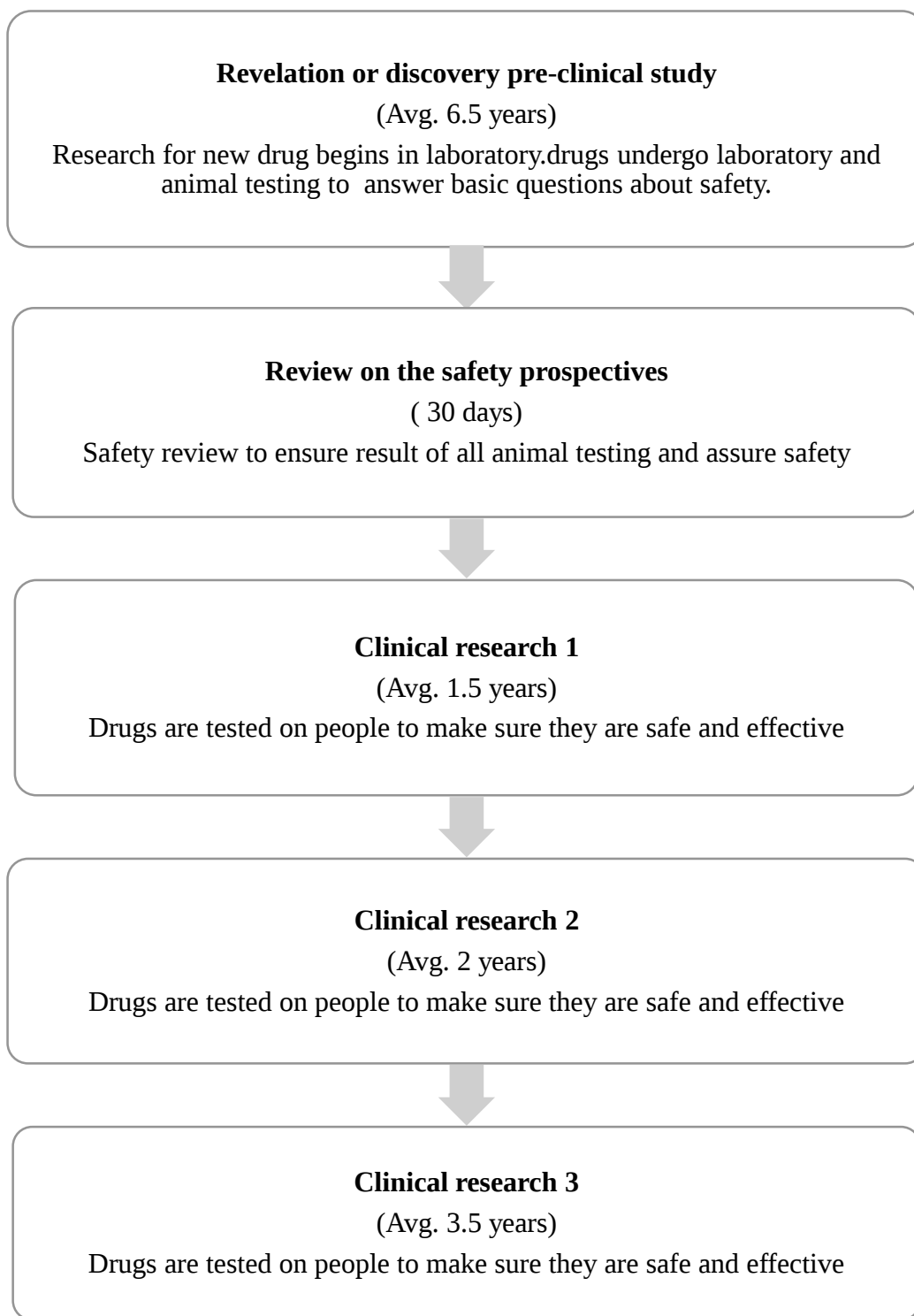
Because of the quick development of bioinformatics information and science enormous information, medicate repositioning diminishes interval of the medication improvement method altogether.

Scientists just take on average of 1-2 years to distinguish novel medication objectives and to construct the repositioned tranquilize within span of 8 years.

Innovative work speculation essential for being tranquilize repurposing is fewer than standard approaches. Just expenses '\$1.6 billion' require to build up another medication utilizing a medication repositioning system, while the expense of the customary methodology is \$12 billion . In this way, medicate repositioning offers an open door for some nations to create drugs with lower ventures (Xue et al., 2018).

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Flow chart for traditional process for drug development



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FDA audit

(Avg. 1.2 years)

FDA review teams thoroughly examine all of the submitted data related to the drug or device and make a decision to approve or not to approve it



FDA post-market analysis on safety

FDA monitors all drug and device safety once products are available for use by the public

Drug repositioning process

Compound recognizable proof

(Avg. 1-2 years)

Compound identification is for select candidate drug to find targets



Compound obtaining

(Avg. 0-2 years)

To get the licensing and novel of candidate drug



Advancement or development

(Avg. 1-5 years)

May start at preclinical, phase 1 or phase 2 drug research. To make sure drugs are safe and effective, analysis of existing data is necessary.



FDA post-market analysis on safety

FDA monitors all drug and device safety once products are available for use by the public

3. Approaches for drug repositioning

3.1 'Systematic Approaches'

- Many of the first popular stories that were repurposed are founded on opportune / experimental / surveying comments. Minoxidil is initially tested for the treatment of ulcers; it is found that the compound induced sustained decrease of bp when performing the dog trials. The drug subsequently, when experiencing trials to show its effectiveness as an anti-hypertensive drug, showed an significant optimistic impact on hair damage (Talevi, 2018).
- This was agreed by the USFDA as antihypertensive medication in 1979 and was the first FDA for androgenic alopecia treatment in 1988.
- Since not any treatment of male erectile dysfunction has been approved far, Pfizer loosened the attention of their investigation and the drug was approved for such disorder as the first oral medication. It also got approval as a pulmonary hypertension treatment in 2005 (J. P. Hughes et al., 2011).
- Systematic drug-repurposing approximations may pose various grades of rationality. For instance, person can use comprehensive, wet screening of licensed drug libraries using either “phenotypic” or “target based screens”, as well as “low or high performance assays”. High throughput screening estimates do have a practical side because it is based on reduction and mechanization, thus showing charge and time efficacy given the high price of necessary technical platforms and the high operating costs. Nevertheless, they are basically strategies of brute force. This fewer rational aspect of high-throughput screening can be eased by using targeted libraries, i.e. relatively small collections of molecules that are likely to have an behavior

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pursued for chemical classes based on knowledge of the target protein and prose precedents against a given therapeutic goal.

- For example, Klaeger used immobilized broad-spectrum kinase inhibitors that allow the cleansing of endogenous kinases from cells or tissues and quantitative mass spectrometry to investigate the target area, selectivity, and dose-response characteristics of 243 clinical kinase inhibitors in a very interesting recent study. He demonstrated (in vitro and in vivo) the effectiveness of cabozantinib for the action of FLT3- positive acute myeloid leukemia, to highlight the importance of their findings in identifying drug repurposing opportunities. leukemia, to highlight importance with their findings in identifying drug repurposing opportunities (Klaeger et al., 2017).
- The finest instances of methods for systematic medication repurposing are probably computer assisted methods. Using an original specific organization, it can be categorized like approximations to bioinformatics, chemoinformatics.
- Most of them essentially mean detecting (hidden) ties among approved drugs and diseases, or setting targets for drugs. This is closely connected to the disjoint yet complementary structures of Swanson's ABC model in biomedical literature Consider three A, B, and C elements, definitions, or claims. If relations among A – B and B – C have been confirmed, there could be a direct relation among A – C, but it has not yet been revealed.
- We may also claim that the more unintended bridges among A and C, the better the chances of forming a direct link among them (Jin & Wong, 2014). For example, a correlation has identified between depression and chronic inflammatory retort, which supports pursuing anti-inflammatory medications as potential therapies for depressive complaints as possible. The foundation of the preceding discussion is the notion that data along with information are being generated today that growing sum of hidden information awaits disclosure. Bridging data, i.e. connectivity, is apparently the key. This form of discovery

can be assisted by computer-aided drug discovery. The relation among the ABC perfect and computer-aided drug repurposing is shown in Figure 5.

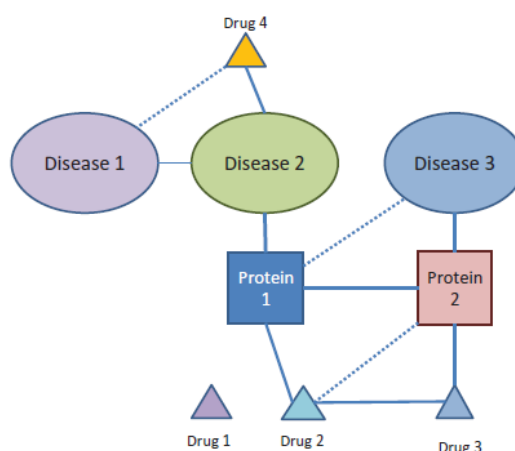


Figure 3

3.2 'Cheminformatics Approaches'

- The most popular cheminformatic approach to drug repurposing is in silico screening. The chemical libraries acquiesced to an in silico screen will concentrate on drug repurposing chemical matter: licensed, reserved, deferred, and new products. Luckily, openly accessible tools such as DrugBank and Sweetlead have been created to catalogue medicines that the FDA and other regulatory agencies have licensed or investigated. The latest versions of DrugBank been extended to include, among other details, pharmacogenomic information of considerable value in the fields of stratified and personalized medicine, in addition to providing access to molecular structures of approved and investigational drugs. These information comprises tens of thousands of single nucleotide coding and non-coding polymorphisms derived from identified drug targets and enzyme metabolism drugs (Knox et al., 2011).
- Wu and his colleagues proposed a distinct yet conceptually important approach, closely related to Keiser's and collaborators 'pre-ceding research (Keiser et al., 2009). The basic theory behind their research is that if apiece one of them

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contains chemically like substances, different beneficial indications may be related.

- In silico repurposing possibilities, existing approaches for applying virtual screening contain ligand based and structure based approximations, or their hybrid mixtures. Perhaps, structure based approximations are likely to yield result in the field of accuracy medicine in the short or medium term, as most ligand based estimates require least of training examples (including activity data) that are seldom available for variants of drug targets. Overall aim will be to use physical target knowledge toward direct discovery of new drugs that are lively on polymorphic or mutant variants. Like molecular target may hypothetically be a result of structural variant in a strain or subtype of a microorganism responsible for changed drug sensitivity. Many structure-based studies have been carried out using either docking or else molecular dynamics reproductions to clarify variations in ligand affinities with mark variants, exploit these variations to develop new drugs, or even perform campaign silico screening (Law et al., 2014). No silico screening has been conducted to date discussing alternatives of drug targets by emphasis on drug repurposition.
- In the other hand, it has been addressed recently that in the sense of product repurposing initiatives focused in silico screening, the value of bioactivation may have been miscalculated. Because about such percent of current drugs have been classified as prodrugs, and numerous others generate pharmacologically lively metabolites, it may be necessary to consider possible active metabolites of the potentially repurposed compound during the screening protocol (especially the major metabolites). A medication may be repurposed not only because of its inherent therapeutic potential, but also because of the therapeutic potential of its metabolites; sensitivity to these metabolites can differ considerably between individuals.

3.3 'Bioinformatics Approaches'

- One of the overall principles promoting computer--aided repositioning of drugs is which health conditions associated with specific defective proteins that be handled with the similar. Bioinformatic methods may be useful for discovering unknown protein – protein similarities, from sequence alignment to domain similarity recognition methods.
- To this end, a great deal of attention has been paid to recognizing binding location similarity as a basis for detecting repurposing prospects: identical binding sites can be identified in proteins with little to no overall comparison; many case studies show that binding related ligands can not be presumed from fold but local comparisons. Haupt and coworkers have identified associations among ligand-binding promiscuity and binding site and similarities in international structure. These ligands have been found in targets of 712 nonredundant proteins. Both pairs of binding sites were matched then with all promiscuous drugs. There were strong relations between the general resemblance of structure and the degree of promiscuity, & among the square root of the number of related binding sites and degree of promiscuity. This finding indicates that the comparison of global structures and the comparison of binding sites can be used as parameters to guide drug repositioning initiatives (Joachim Haupt & Schroeder, 2011).
- It ought also be noted which while parallel binding sites sometimes fix the identical ligands, the reverse is not true: a ligand can bind very dissimilar binding sites. Consequently, binding site comparisons will cover only a portion of potential cases of drug repurposition.

3.4 'High-throughput literature analysis approaches'

- The task surges under context of medicine repurposing, that ultimately allows the researcher to spread out to certain zones of expertise relevant to repurposed drug's novel or current use. Automated literature mining methods are therefore of great importance for scanning vast volumes of scientific prose & knowledge towards identify secret relations. Methods of co-occurrence are the easiest method for connecting biomedical terms of attention. Understood relations among non-co-occurring words are bare by discovering 3rd connecting word that occurs directly with apiece. This scheme allows two exploration modes, known as exposed and shut. Open research begins with a disease C and the literature describes a collection of inter-mediate B principles relating to this disease. Instead, these B concepts are examined to look for A concepts (potential treatments) (Jensen et al., 2006). The starting point in closed research is a hypothesis or observation of a therapeutic relationship-ship between treatment A and disease C, and justification for this hypothesis or observation is pursued through analysis of principles related to both A and C. Of course, Swanson's seminal idea was further developed and perfected later. For example, semantic indexing based on predication is secondhand to classify orders of relations called 'discovery designs,' for example. 'Substance y x CONSTRAINS, substance y SOURCES disease z (Roy & Chaguturu, 2017).
- The application of natural language processing techniques draws predications from the biomedical literature. Su and Sanger have recently published a successful instance of text removal claims in the field of drug repurposition. These authors were mining “ClinicalTrials.gov”.

3.5 'Network-based approaches'

- Thanks to the allied ability to incorporate numerous data causes, network based methods were commonly utilized in drug relocation. Over the past few decades, these methods have been suggested and have become a topic. Main 2 types of network-based approaches are discussed in this section: “Network-based cluster approaches” and “network-based propagation approaches”.

3.5.1 'Network-based cluster approaches'

- Encouraged through the circumstance that biological objects share similar characteristics in component of biological systems strategies are being suggested for the exploration of “novel drug-disease” or “drug-target relationships”. Such methods seek to discovery multiple units that use bunch algorithms rendering to network topology assemblies. Such units involve numerous relations, likewise relationships between “drug-disease”, “drug-drug” or “drug targets”. To resolve this issue, Lu et al. used a network cluster algorithm based on k-means to research drug relocation of “SCLC (small-cell lung cancer)”. This results showed which certain drugs for the treatment of SCLC were predicted by the proposed algorithm, indications that are confirmed via reference retrieval (L. Yu et al., 2015).
- A scientist proposed ClusterONE, The method has three steps: (1) growth groups are generated after the avaricious growth procedure by means of high-cohesiveness seed lumps, (2) integration strongly overlying cluster sets, and (3) removing composite threshold clusters. (Šubelj & Bajec, 2011)The benefit of approach is its generality, and in protein-protein networks, it can be expected reliably on both “disease-drug relationships” and “protein interactions”.

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Table 1 Novel disease-drug relationships (Luo et al., 2016)

Name - RNSC Method - Cluster Network - PPI Description - A global network algorithm to identify protein clusters on PPI networks Key findings - Some complex proteins Advantage - This method considers both local and global information from networks.Overlap clusters can be detected as well. Disadvantage - Some information may be dropped because the cluster size is small.
Name - RRW Method - Cluster Network - PPI Description - An effective network cluster approach to identify protein clusters on a PPI network Key findings - Some complex proteins Advantage - This is a general method with a high prediction accuracy. Disadvantage - It is a time-costly andmemory-costly method that cannot detect overlap clusters.
Name - ClusterONE Method - Cluster Network - PPI Description - A global network algorithm to identify node clusters on networks. Key findings - Some complex proteins Advantage - This approach outperformed the other approaches including MCL, RRW, etc., both on weighted and unweighted PPI networks. Disadvantage - There is no a gold standard to evaluate clusters.
Name - ClusterONE Method - Cluster Network - Drug-protein-disease Description -A variant of ClusterONE algorithm to cluster nodes on heterogeneous networks Key findings - (Iloperidone,schizophrenia) → Hypertension Advantage - This is an efficient cluster approach that integrates multiple databases. Disadvantage - It is difficult to distinguish between positive associations and negative associations on the network.

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Name - ClusterONE
 Method - Cluster
 Network - Drug-protein-disease
 Description - An algorithm to detect clusters on the network
 Key findings - (Vismodegib, Basal cell carcinoma) → Gorlin syndrome
 Advantage - This is a general and highly robust approach.
 Disadvantage - This approach loses weakly associate genes of diseases and drugs.

Name - MBiRW
 Method - Cluster
 Network - Drug-disease
 Description - A bi-random walk-based algorithm to predict disease-drugs relationships.
 Key findings - (Levodopa, Parkinsonian disorder) → Alzheimer's
 (Cabergoline, Hyperprolactinemia) → Migraine
 Advantage - Predictions of this approach are reliable.
 Disadvantage - The approach needs to adopt more biological information to improve the confidence of the similarity metric.

Name - MBiRW
 Method - Cluster
 Network - Drug-protein-chemical
 Description - A k-means-based network cluster algorithm on heterogeneous networks.
 Key findings - (Canertinib, Acute lymphoblastic leukemia) → SCLC
 Advantage - This approach is easy to implement. Predictions of this approach are reliable.
 Disadvantage - This approach needs to integrate multiple databases.

Name - MBiRW
 Method - Propagation
 Network - Drug-target
 Description - An algorithm that combines four network-based approaches to predict drug-target relationships.
 Key findings - Melanoma's target cMyc was predicted
 Advantage - This approach is easy to implement. Predictions of this approach are reliable.
 Disadvantage - This approach need to integrate multiple databases.

Name - MBiRW
 Method - Propagation
 Network - Disease-protein-gene
 Description - A random walk-based network algorithm with a diffusion kernel to predict disease-gene relationships.
 Key findings - Some disease-gene relationships.
 Advantage - This is a global efficient method that can be applied on other networkssuch disease-drug networks.
 Disadvantage - This approach can only be used for genes whose protein-protein relations are known. It does not perform well on small disease-gene family data.

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Name - PRINCE

Method - Propagation

Network - Disease-gene

Description - A global propagation algorithm to predict disease-gene relationships.

Key findings - Some disease-gene relationships

Advantage - This is a global network approach combined with a novel normalization of protein-protein interaction weights and disease-disease similarities.

Disadvantage - This approach relies on phenotype data, so some diseases that lack phenotype information are excluded. The performance of this approach relies on data quality.

Name - DrugNet

Method - Propagation

Network - Disease-drug-protein

Description - A comprehensive propagation method to predict different propagation strategies in different subnets.

Key findings - (Methotrexate, antimetabolite and antifolate) → cancer
(Gabapentin, epilepsy) → neuropathic pain

Advantage - This method is robust and efficient.

Disadvantage - The performance of this approach relies on the quality of disease data.

3.5.2 'Network-based propagation approaches'

- System constructed proliferation methods are other significant kind system founded methodology. Work process methodologies that is earlier data engenders both network hubs and several subnet hubs from the main node. As indicated by the distinctive spread ways, these methodologies can be partitioned into two kinds: nearby methodologies and worldwide methodologies. A few investigations have demonstrated that these strategies perform well in discovering ailment targets, ailment qualities and ailment medicate connections . Nearby engendering approaches just consider the constrained data of the system and may neglect to make right forecasts now and again. On the other hand, worldwide methodologies containing data from the whole system perform superior to neighborhood draws near. Most ebb and flow scientists focus on worldwide ways to deal with accomplish exceptional execution. For instance, Kohle et al. built up a system engendering approach dependent on the worldwide data of a system to discover novel infection quality communications. The methodology included three stages: (I) separating drug-infection connections and building a malady quality system; (ii) acquiring the worldwide data of the system utilizing an arbitrary walk engendering calculation in the system; and (iii) characterizing worldwide measurements to foresee novel sickness quality connections. The proposed approach performed superior to different methodologies, including the dissemination bit approach, PROSPECTR. Likewise, cross-approval indicated that the precision of malady quality forecasts is only 98 percentage (Emig et al., 2013). Additionally projected a worldwide methodology aimed at discovering illness quality and sickness protein connections by means of a system spread methodology called PRINCE.
- The strategy depends on planning requirements on a score work identified with the smoothness of the illness quality system. In the proposed strategy, quality hubs embrace earlier data as information and afterward siphon this data to adjacent hub till intermingling. Ruler were assessed on illness

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information focuses from the 'OMIM' and can anticipate obscure formal qualities of the certain maladies, for example, the diabetes of type 2, prostatic gland malignancy. Introduced an illness quality medication organize proliferation approach wherein two distinctive spread methodologies were characterized: engendering in homogeneous subnetworks, (for example, quality sub-networks) and proliferation in between of sub-networks (Wu et al., 2013). These also utilize a ordering capacity to the gauge relationships among's medications and illnesses. As a result, a rundown of medications was delivered for a questioned ailment. Novel signs of certain medications, for example, 'methotrexate', 'gabapentin', 'cisplatin', 'donepezil', and 'risperidone' had been gotten utilizing the methodology. Furthermore, scientist projected an extensive methodology consolidating 4 neighborhood and worldwide system approaches through a strategic relapse model.

- System based methodologies are indispensable for tranquilize repositioning. Scientists frequently need to settle on a choice in choosing fitting methodologies, and we outlined these methodologies. Systems utilized methodologies could be isolated into: 'homogeneous' and 'heterogeneous'.
- From the technique point of view, arrange based bunch calculations are every now and again used to discover intriguing modules, and system based proliferation calculations are frequently used to induce new connections between natural elements (Mei et al., 2013). System based bunch approaches are general in light of the fact that most system based group calculations can be utilized for identifying natural modules. For instance, some group calculations in the informal community examination field can be utilized for identifying modules in organic systems. Specialists could acquire an 'AUC' worth and the gauge of forecast outcomes. What's more, organize based engendering approaches utilize data from the chose segments as well as data from extending segments.

3.6 'Text mining-based approaches'

- 'Marti Hearst' defined data mining as the disclosure by PC of fresh, previously unknown information, by simply splitting data from diverse compound properties, through content mining. The fundamental pipeline of organic content mining incorporates four expressions: data recovery (IR), natural name substance acknowledgment (BNER), natural data extraction (BIE) and organic information disclosure (BKD). In the IR step, pertinent archives are extricated from the writing (Hearst, 2012). These applicable reports should be separated on the grounds that certain pointless ideas archives. In (BNER) stage, significant organic ideas that is related to managed languages. In (BIE) and (BKD) stage, valuable data separated with aim to find information regarding natural ideas along with assemble an information chart. Simultaneously, potential relationship between information, for example, medicate ailment and medication target connections, can likewise be distinguished.

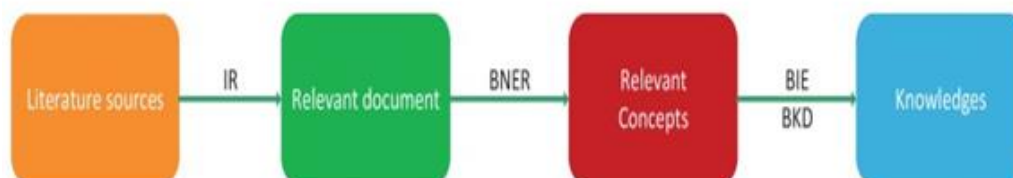


Figure 4

- In root of content mining techniques, clinical ground Swanson 'ABC' project, expresses idea associated within idea B, idea B was engaged along with the idea C, at that point idea A may have a novel association with idea C. Various investigations has committed to smearing content removal procedures tranquilize reprofiling. scientist built up a way to deal with building ailment explicit medication protein availability maps joining system withdrawal and content withdrawal (Li et al., 2009).

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- Static devices had been based with consistent records within enormous magnitude. Because of enormous information magnitude, the interval execution of all these apparatuses were imperfect. Instance, 'DrugQuest' is kind of inquiry apparatus in support of identifying drug- tranquilize connections. Work process of apparatus incorporates five phases.
 - i. Query, in which clients give an inquiry term to recover related reports.
 - ii. Name substance acknowledgment, which recognizes proteins, synthetic compounds and pathway terms in related archives utilizing a biomedical idea acknowledgment administration named BeCAS and distinguishes critical terms firmly connected with the question by figuring the TF-IDF score (Term Frequency - Inverse Document Frequency) to quantify the significance of terms.
 - iii. Building archive arrange, which utilizes the similitude of reports.
 - iv. Clustering, in which different bunching calculations (MCL, K-implies, progressive groups) are utilized to group records on the system.
 - v. Visualization, in which the 'label cloud' procedure is utilized for speaking to group results.

Figure 5

- 'Drug-Quest' apparatus is also capable for the information disclosure with medication sedate connection expectation. Nonetheless, the proposed device just backings the DrugBank database, which prompts impediments of the inquiry results. Other inquiry apparatuses were additionally structured likewise .
- Static devices generally cause obsolete outcome issues. (Rastegar-Mojarad et al., 2015) To address this issue, numerous powerful devices that update their record databases day by day were created. Be that as it may, these apparatuses additionally need more opportunity to deal with client

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questions. To lessen the time cost of inquiries, store and file strategies were utilized in powerful devices. For instance, PolySearch2 utilized a store strategy to diminish the reaction time, and BEST utilized an ordering procedure to decrease the calculation interval. To maintain a strategic distance from the obsolete outcomes issue, the apparatus naturally downloads abstracts recently filed from the PubMed framework and updates the record element lists each diurnal. The hunt sub-systems, planned device uses reversed file acquire coordinated question terms. All elements got from the question are positioned by their incorporated element scores including elements and inquiry terms remembered for all records. BEST is a continuous and continually refreshed device.

- Content –removal apparatuses decrease the interval intricacy medication repurposing with the help of scientists checking trial outcomes by recurring monstrous measures of organic element connections. In any case, there are still a few issues that should be tended to. For instance, the constrained inclusion issue is one confinement of content mining apparatuses, which implies that incompletely significant biomedical elements or connections, for example, transformations, marks, medications were not measured. In this way, their earnest want to progress exhibition current content removal apparatuses (Krallinger et al., 2005).

3.7 'Semantics-based approaches'

- Semantics-constructed methodologies were broadly utilized within data recovery, picture recovery and different fields. As of late, these strategies have been applied to tranquilize repositioning. The work process of these techniques for the most part incorporates three stages . In the first place, organic element connections are separated from earlier data in huge clinical databases to manufacture the semantic system. At that point, semantics systems dependent on existing cosmology systems are built by including the earlier data got in the past advance. At last, mining calculations are intended to foresee novel connections in the semantic system.

- In view of a theory in which comparative medications are related with comparable targets and comparative targets are associated with comparable medications, scientist projected unaided calculation anticipated medicate target connections. The creators developed a this system including drugs - tranquilize, target - target, and medication aimed connections. Because of considerable semantics information being utilized, the proposed technique made exact forecasts about medication target connections. Scientist introduced a semantics Information determined calculation only for sedate reprofiling. Creators utilized a scientist insights way for dealing with rank medication illness connections as indicated by earlier information. At that point, they incorporated positioned associations with other natural substance relationship to develop a semantical sedate revelation organize. To induce medicate infection connections, the creator applied a calculation for recognizing semantic subgraphs. Subsequently, nitrendipine , a powerful calcium Channel blocker is used for treatment of hypokalemic intermittent loss of motion, was identified (Mullen et al., 2016).

- scientists assembled this technique connected system comprising more than 290,000 hubs and 720,000 limits with many source information

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with drugs, targets, proteins, alongwith illness pathways. At that point, creators used a factual model to anticipate sedate objective connections. Instance, barbiturate, a medication utilized curing headaches, were anticipated to using for relieving a sleeping disorder with writing aid. scientist planned a programmed thinking method for mixed semantics systems. Natural substances, (for example, drugs) are changed over to names in a semantics organize . At that point, malady sedate connections are gotten from programmed thinking strategies. As an exhibit, the creators detailed that tamoxifen, a medication utilized for treating bosom malignant growth, treating ovarian disease, affirmed writing (Palma et al., 2014).

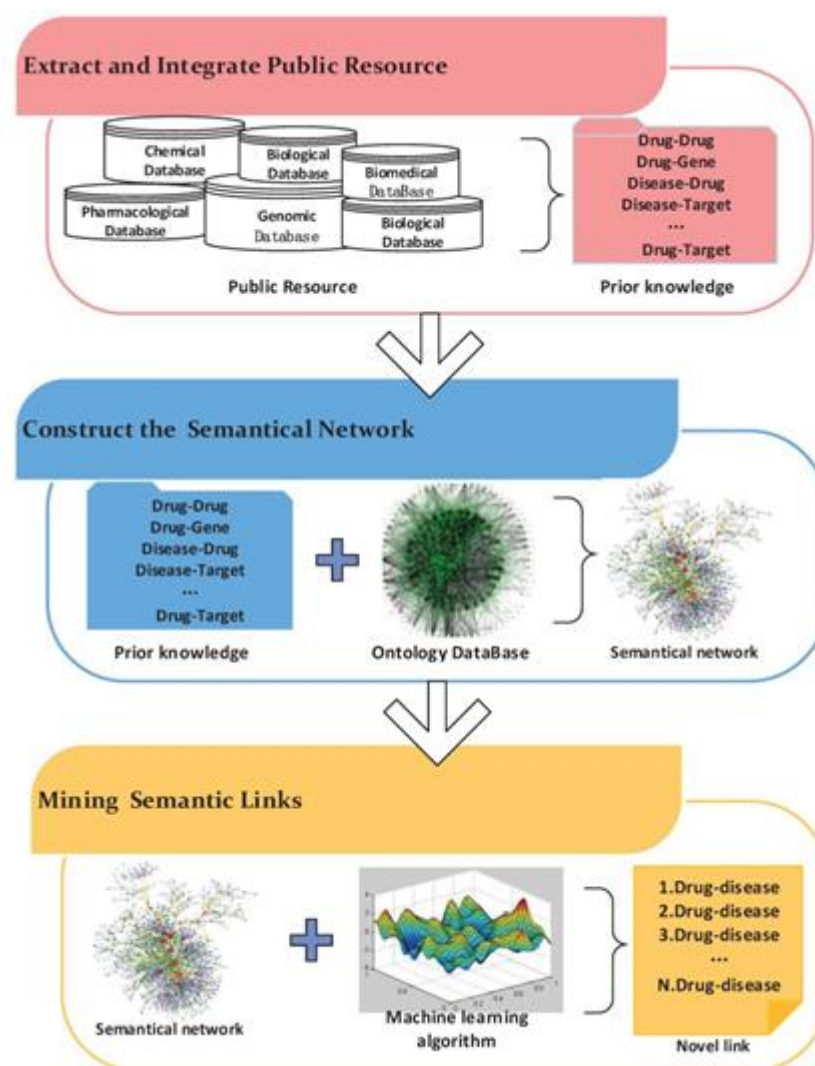


Figure 6

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- Semantics-centered methodologies exploit semantics data remembered for enormous measures of writing. Along these lines, the accuracy of anticipating organic element connections was improved.

4. Lists of repositioned drugs

Table 2

Drug	Original indication	New indication
Amantidine	Influenza	Parkinson's
➤ The amantadine mode of action is unknown. Antiviral function mostly influences the reproduction of the virus. Amantadine inhibits the viral M2 protein transmembrane domain which inhibit the entry into host cell of infectious viral nucleic acid. The flu A-virus isolates of each subtype (H1N1, H2N2 and H3N2) can also be impeded in their propagation. Influenza B has a distinct intrinsic M2 antigen, which ineffectuates amantadine. ➤ Studies have found amantadine works on dopamine receptors in the diagnosis of Parkinson's disease. Amantadine is a fast, noncompetitive NMDA receptor antagonist that enhances dopamine release and inhibits the recovery of dopamine. While amantadine has no anticholinergic function, drying the mouth, constipation and retention in urinary are adverse effects (Okigbo et al., 2019).		
Amphotericin	Antifungal	Leishmaniasis
➤ Drug acts by building connection of susceptible fungi cell membrane with sterols (ergosterol). Resulting increase in permeability of the membrane allows the leak of intra level cellular components. Mark place for the production Amphotricin B and ergosterol which is azoles,		

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primary sterol of fungal cytoplasmic tissue. Amphotericin B which is one type polyene, attaches with ergosterol, compromising the cohesion the film and thereby inducing cell loss.

- This drug is involved in cell membrane, most fungi by binding to ergosterol. This triggers the development of ion channels after binding with ergosterol to result in destruction of protons and monovalent cations, contributing to depolarization and concentration-dependent cell death (Balushi et al., 2018).
- In fact, the development of free radicals and consequently increased membrane permeability also contributes to oxidative damage in cells. Amphotericin B also activates phagocytic cells, which tends to remove fungal infections.
- The amphotericin B's half-life is between 24 hours and 15 days.

Arsenic	TB & syphilis	Promyelocytic leukemia
➤ In leukemic cell apoptosis (concentrations of 0.5-2 mmol), higher concentrations of ATO (achieved for the first few hours following ATO infusion) may be induced. This result is extended to leukemia cells through overt activation of apoptosis in ATO cytotoxic results in cells or by ATO actions indirectly in various leukemia control pathways. ➤ Arsenic ultimately contributes development of oxygen that is reactive (ROS) class and deterioration of cell GSH material. This destroys DNA and RNA specifically as well. Arsenic can cause apoptosis. Which can be prevented by azidothymidine with mitochondrial caspase mechanism (M. F. Hughes, 2002).		
Aspirin	Pain or fever	Antiplatelet

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- Frames of prostaglandin synthesis. Acetylsalicylic acid (ASA). Of proteins that are COX-1 along with COX-2, it is not selective type. COX-1 reserve allows platelet aggregation to be blocked between on average of maximum 10 days (medium platelet period). Acetylsalicylic acid which induces an inhibitor of cyclooxygenase-1 (COX-1). The development of prostaglandins causing pain is therefore stopped. Arachidonic acid to thromboxane A₂ is done, a powerful platelet mixture induce, is also prevented via this process. Aggregation of platelets may contribute to the forming of, resulting in pulmonary embolism and stroke.
- ASA attaches serine 516 residues on the COX-2 active site in the same manner it attaches to the COX-1 serine 530 residue. Nevertheless, COX-2 has bigger site for activation compared to COX-1 in a way which causes the inactivating COX-2 molecule to be bypassed by arachidonic acid (later to become prostaglandins). Consequently, ASA behaves less strongly on COX-2 receptor compared to of COX-1 receptor, COX-2 Inhibition requires a higher dosage of acetylsalicylic acid (Vane & Botting, 2003).

Allopurinol	Cancer	Gout
➤ The normal purine base, hypoxanthine, is synthetic similar to allopurinol. Allopurinol is then metabolized upon absorption, as an inhibitor of xanthine oxidase enzymes, to its functioning metabolic oxypurine (alloxanthine). ➤ The enzyme xanthine oxidase, which transforms xanthine to xanthine and xanthine to uric acid, is blocked by allopurinol and its active metabolite. The symptoms of allopurinol are induced by the activation of this enzyme. This medication improves the reuse of hypoxanthine and xanthines by means of processes involving the enzyme hypoxanthine-guanine phosphoribosyltransferase (HGPRTase) for nucleocyte and		

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nuclear acid synthesis. This cycle results in a higher concentration of nucleotides, which prevents de novo purine synthesis. The net effect is reduced amounts of urine and plasma uric acid, decreasing the occurrence of signs of gout.

- Increased amounts of hypoxanthine and xanthine (due to inhibition of xanthine oxidase) in serum and urine are correlated with the decrease of serum uric acid by allopurinol. Normal urinal excretion of oxypurines in the form of uric acid almost completely takes place in the absence of allopurinol. The excreted urine becomes hypoxanthine, xanthine and uric acid following consumption of allopurinol. Because of the individual solubility of each product, the lowering in the proportion of uric in plasma without exposing renal tissues to a heavy uric acid load, which decreases the possibility of crystalluria. Allopurinol promotes the degradation of gout tophi by rising the uric acid content in the plasma below the solubility limits. While hypoxanthine and xanthine rates may be elevated after ingestion of allopurinol, there is a lower potential for accumulation in renal tissue than uric acid, which is more soluble and is readily excreted from the rein (Massey et al., 1970).

Azathioprene	Rheumatoid arthritis	Renal transplant
➤ Azathioprine is a purine analog that converts hypoxanthine-guanine phosphoribosyltransferase (HPRT) and thiopurine methyltransferase (TPMT) enzymes to the active metabolites, mercaptopurine (6-MP) and the thioguanine (6-TGN). This hinders purine synthesis. The replicating DNA and avoid separation requires its metabolites. Some of the immunosuppressive and harmful consequences can often be regulated by AZA metabolites. AZA is easily consumed through the Digestive tract so the blood-brain barrier doesn't pass. The liver is metabolized and urinary excretion enhances the damage through renal failure (Maltzman & Koretzky, 2003).		

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Atomoxetine	Antidepressant	Attention deficit disorder
➤ Atomoxetine is the regulator of active, preynaptic reuptake of norepinephrine known as a NET. Atomoxetine is the caste combination isomer R(-) of isomers R and S. The R isomer is an inhibitor of norepinephrine reuptake nearly nine times more strong than the S isomer. By through the intra-synaptic norepinephrine rates in the central nervous system (CNS) atomoxetine accomplished its therapy results. Atomoxetine is often expected to raise the dopamine extracellular in the prefrontier cortex due to inhibition of Stream. Recent tests in positron emission tomography rhesus monkeys have shown that atomoxetine is often used to hold serotonin, but further work in this field is still required. ➤ There are no clear studies available concerning atomoxetine intestinal permeability; however, two reports on atomoxetine bioavailability found that atomoxetine was 63% bioavailable in broad metabolizers and that bioavailability was 94% in low metabolizers. Bioavailability variations is attributed to discrepancies in the metabolism of the first-pass liver instead of variations in the digestion of the intestines. There have also been no discrepancies in the bioavailability of atomoxetine capsules relative to a treatment according to another sample. The research on atomoxetine absorption showed little disparity between specific gastrointestinal pH rates, suggesting that the combined usage of anti-acids and proton pump inhibitors in atomoxetine administration would not trigger alarm. Depending on its metabolism rate the duration of action on atomoxetine may be up to 24 hours. ➤ Through vitro research, atomoxetine has a protein bond of about 98,7%, with albumin making up 97,5%. The strong protein binding of atomoxetine raises questions about the possible medicinal / medicinal		

reactions owing to plasma protein displacement. In vitro experiments have demonstrated that human plasma proteins are decreased only by harmful amounts of acetylsalicylic acid (aspirin), which is representative of low clinical danger of drug-to-drug interactions .

- Atomoxetine synthesis happens mainly in the liver by the activity of the CYP2D6, a processing of around 25% of all the medications sold. This may induce a greater or lower atomoxetine metabolism in some persons depending upon their unique CYP2D6 alloys; CYP2D6 genes are extremely polymorphous. Such genetic makeup can inhibit the efficacy of the drugs or increase their toxicity in a given dosage. The main atomoxetine metabolite, 4-hydroxy atomoxetine, is similarly biochemical with atomoxetine. Atomoxetine's half-life in weak metabolizers is around 5 hours and can exceed 24 hours. Atomoxetine provides an active metabolite for six to eight hours and in low metabolism it can continue up to 40 hours. Atomoxetine is mainly excreted by urine (83%) and feces (17%) (G. Yu et al., 2016).

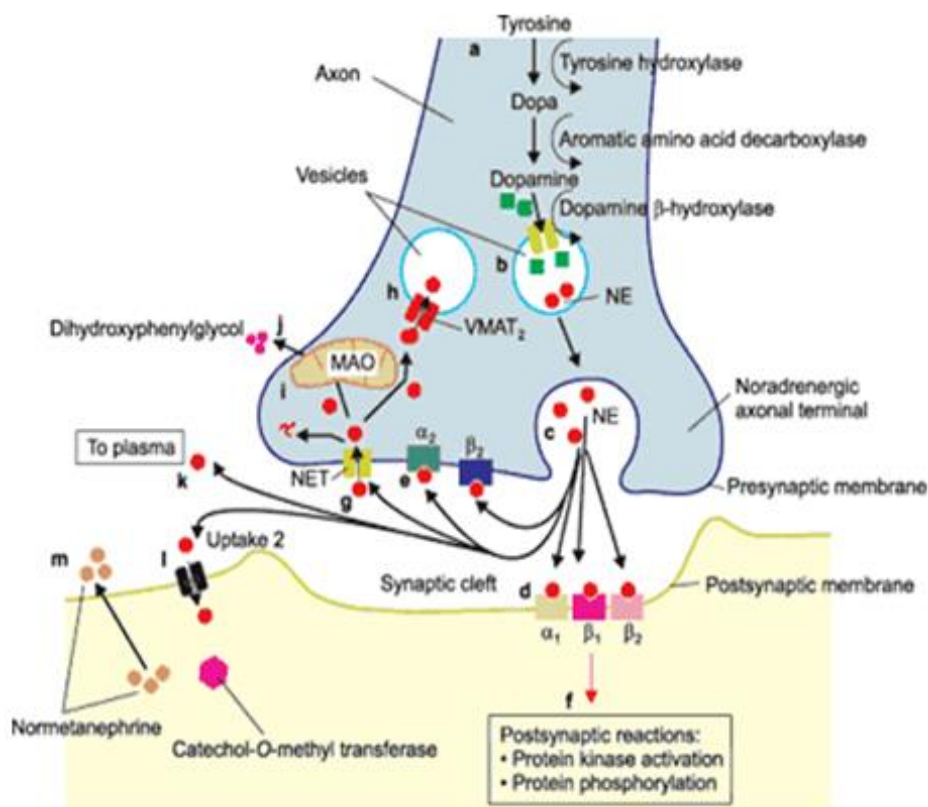


Figure 7

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Bleomycin	Cancer	Pleural effusion
➤ The cell divisions that are not regulated because it is in the usual tissue characterizes cancer tumors. The process is called a touch inhibition as "natural" cells stop dividing when they come in touch with cells like this. This capacity is damaged by cancer cells. The standard mechanisms and balances that regulate and restrict the cell division no longer occur for cancer cells. The cell division mechanism is introduced during the cell cycle with either regular cells or cancer cells. During the cell cycle, the cell moves from the rest stage to active stages of development and later to mitosis. ➤ Chemotherapy's potential to destroy cancer cells relies on its capacity to suppress cell division. With bleomycin it acts by connecting a cell to DNA, which separates it by breaking down its strands to replicate it itself. In fact, it prevents synthesis. The synthesis of RNA and protein also is hindered to a smaller degree by Bleomycin. We will fail because the cells can not differentiate. When cells grow quicker, chemotherapy (including bleomycin) destroys the cells and allows the tumor to decrease. ➤ Chemotherapy medications, which only affect cells if they are divided, are known as specific cell cycles. Drugs known as cell-cycle non-specific chemotherapies that have an effect on cells when resting. The preparation for chemical therapy is focused on the form of cells, the division rate, and the timing of the effectiveness of a specified drug. Chemotherapy is typically done in stages. ➤ The most powerful chemotherapy is to destroy fast dividing cells. Chemotherapy does not, regrettably, always discriminate between cancer cells and regular cells. The "natural" cells are replicated and stable, but side effects are observed in the meantime. Chemotherapy		

"natural" cells are the blood cells, teeth, intestines, and hair follicles, which contribute to low blood counts, sores of the throat, fatigue, vomiting, and/or hair loss. Different medicines may influence different parts of the body (Saunders & Schultz, 1972).

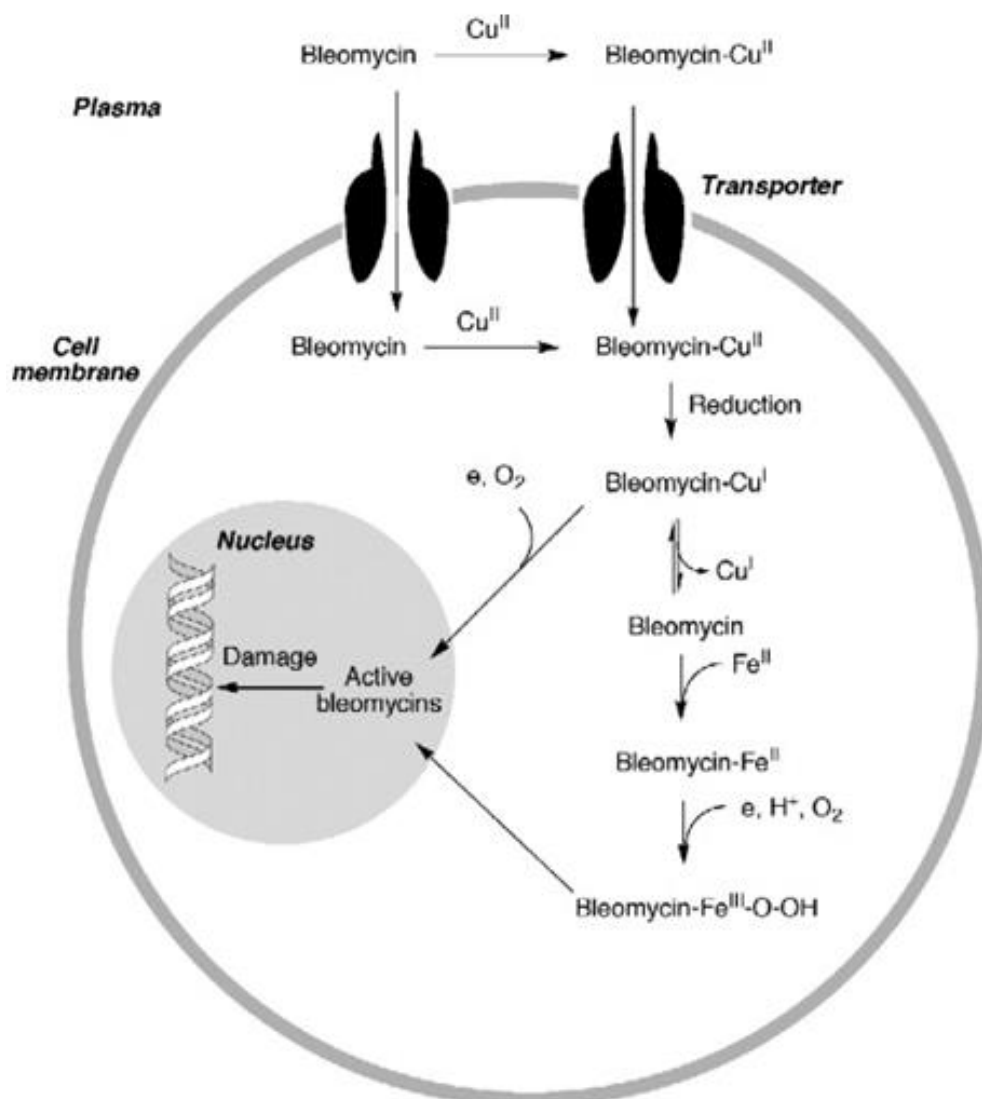


Figure 8

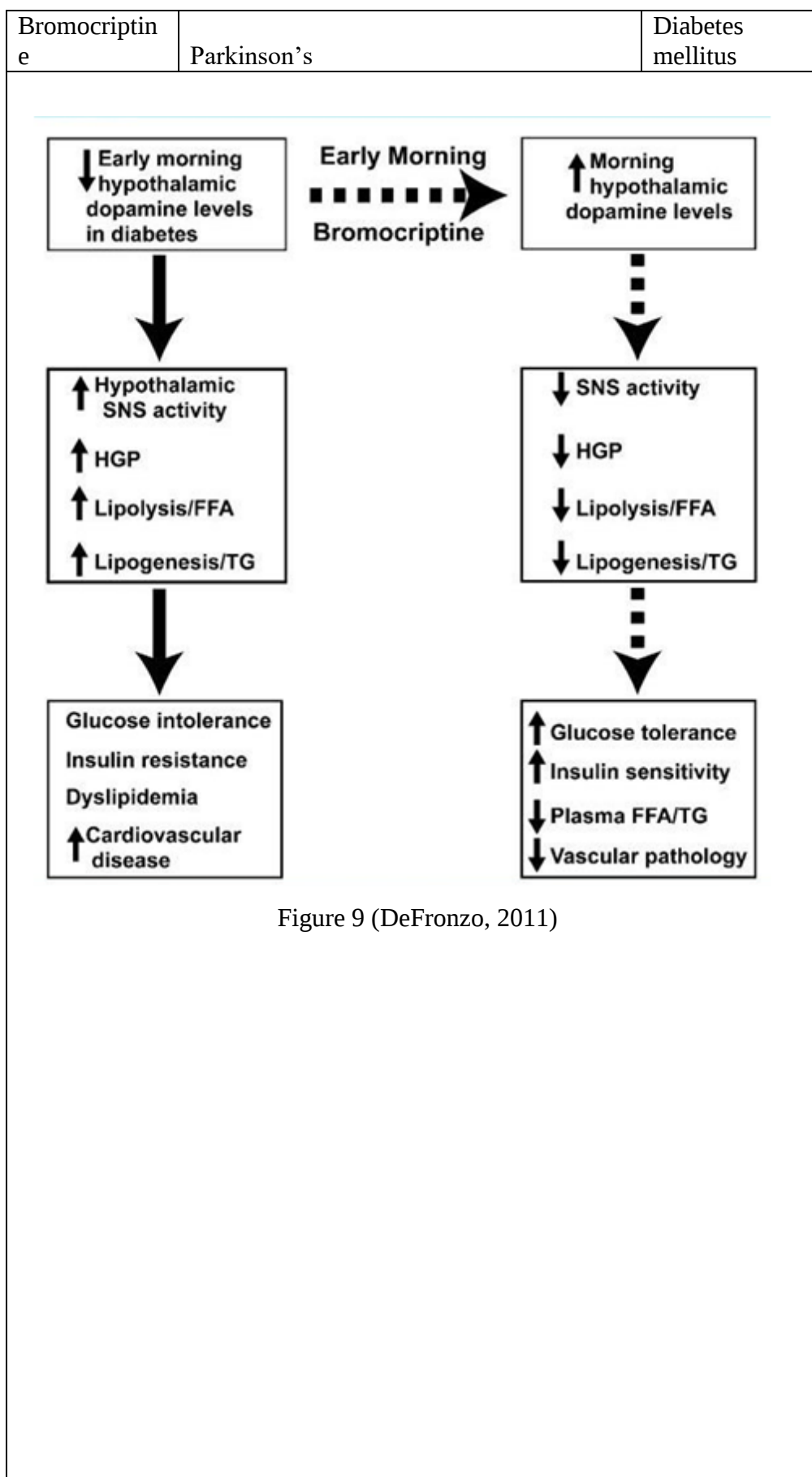
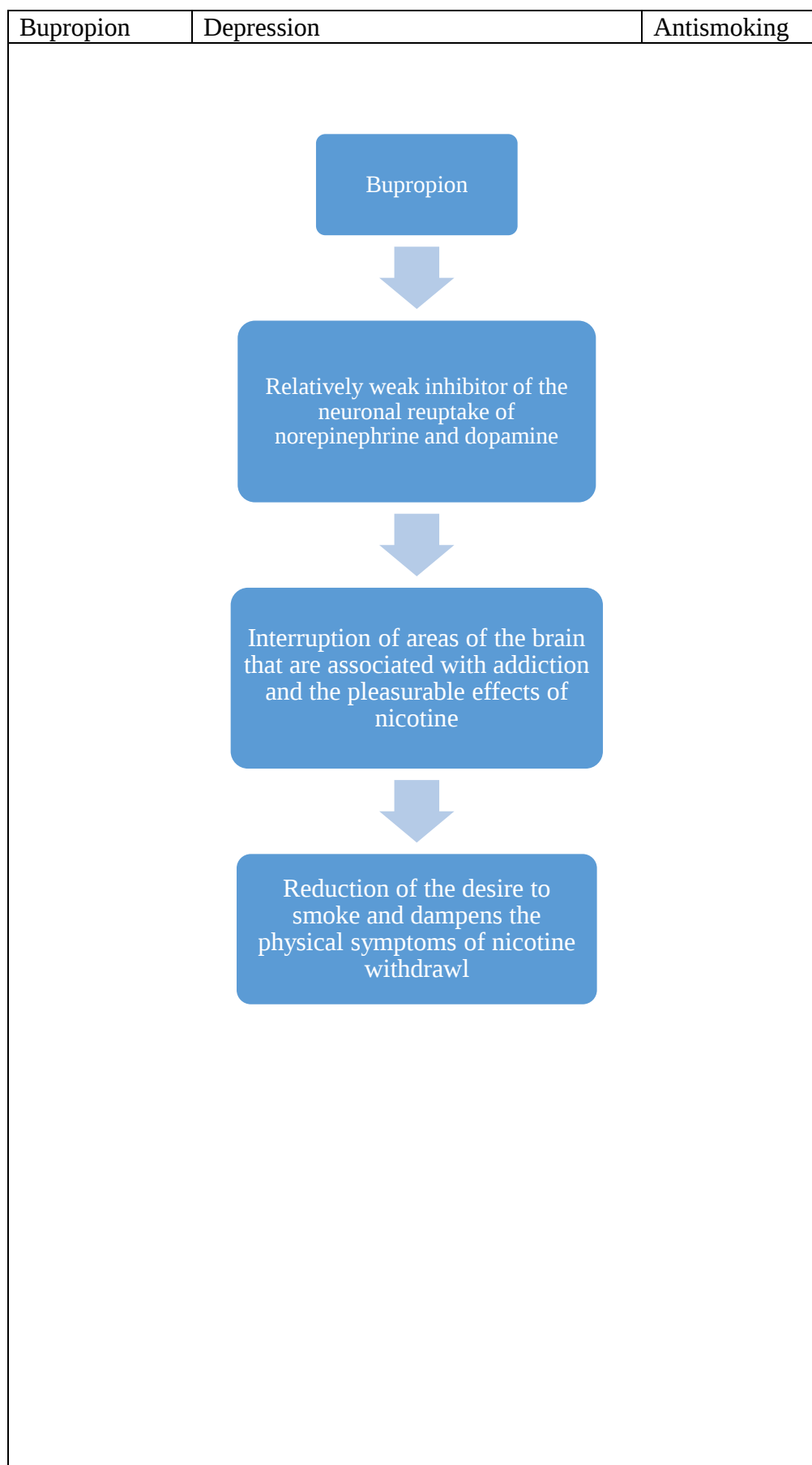


Figure 9 (DeFronzo, 2011)

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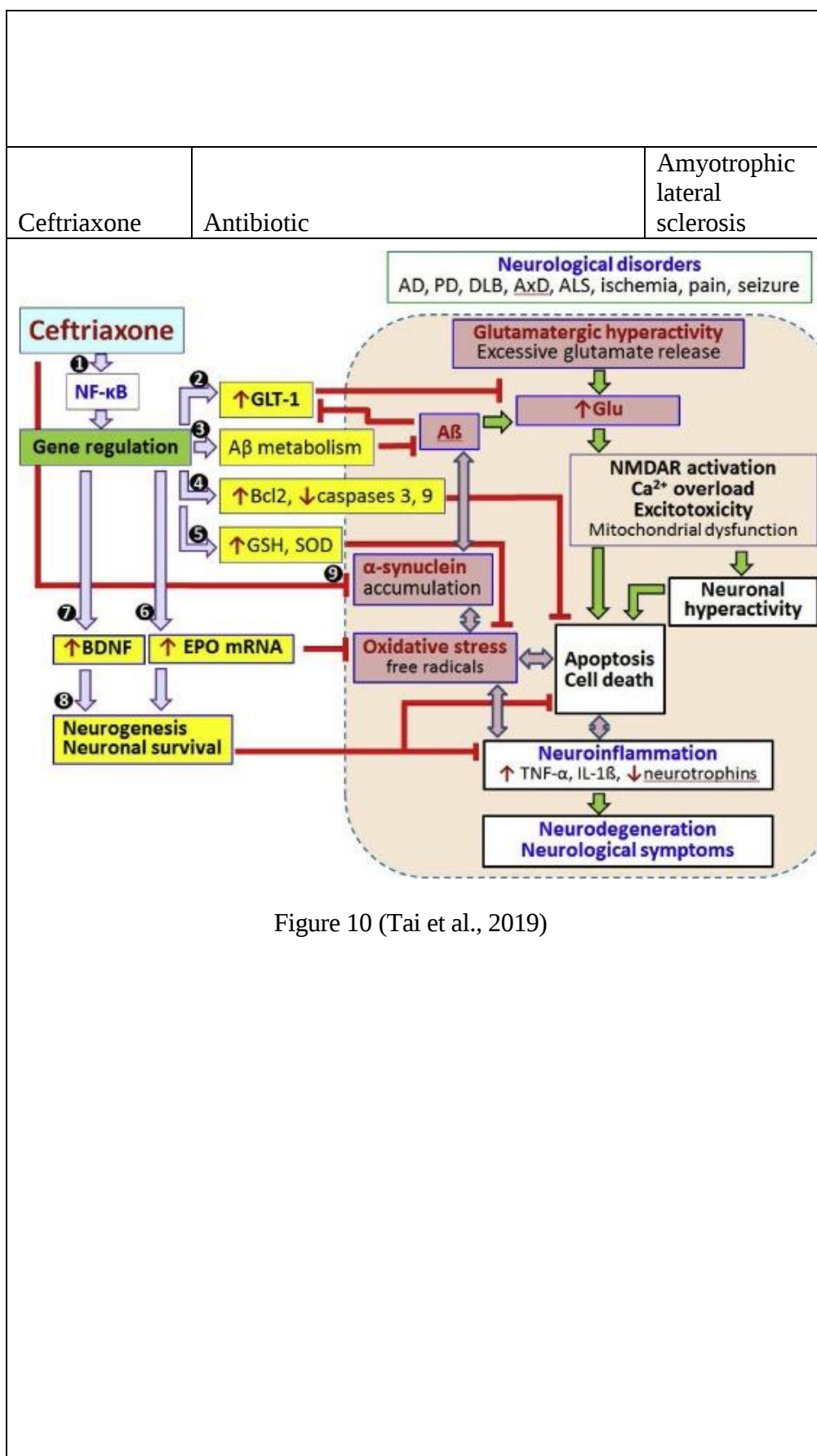


Figure 10 (Tai et al., 2019)

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Colchicine	Gout	Mediterranean fever
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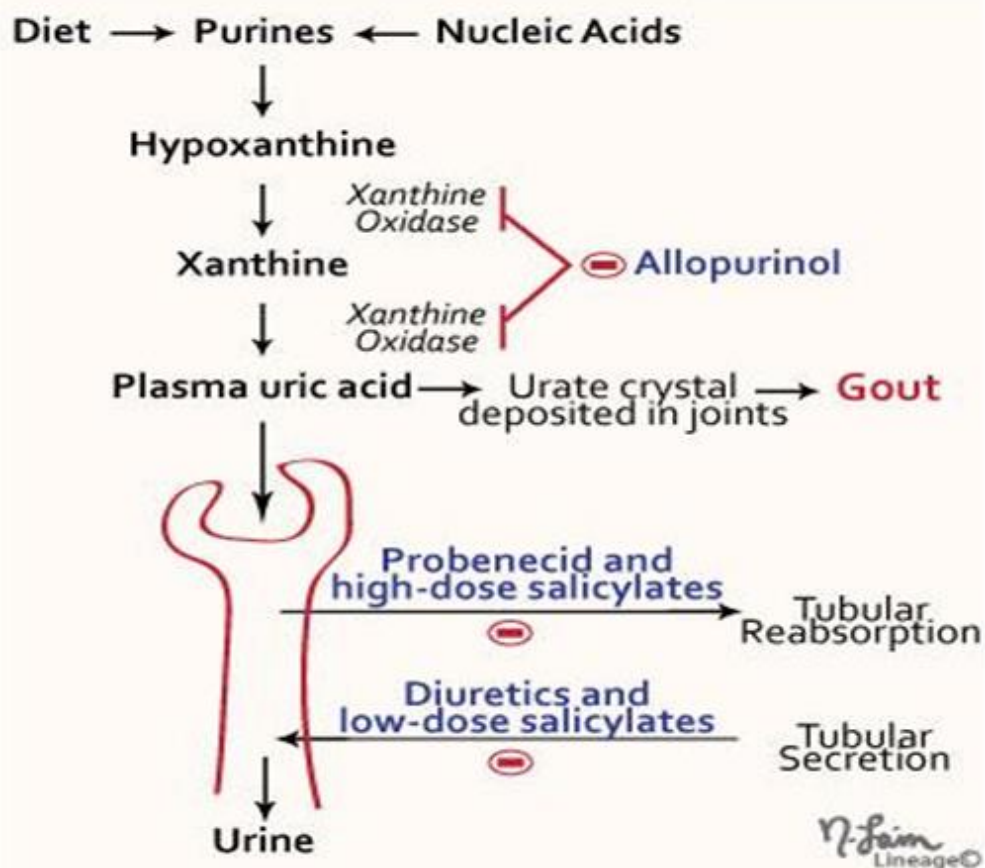


Figure 11 (Leung et al., 2015)

Cycloserine	Urinary tract infection	Tuberculosis
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- The counterpart of the D-alanine amino acid is cycloserine. It affects a preliminary two events are been inhibited , L-alanin raceamse to shape L-alanine D-alanine and D-alanyallanine synthetases, to mixes D-alanines into pentapeptde esential for peptoglycan formation as well as for microbial barrier synthesis, in the early stages of the microbial tissue wall synthesis in cytoplasm (Baran & Kepplinger, 2014).

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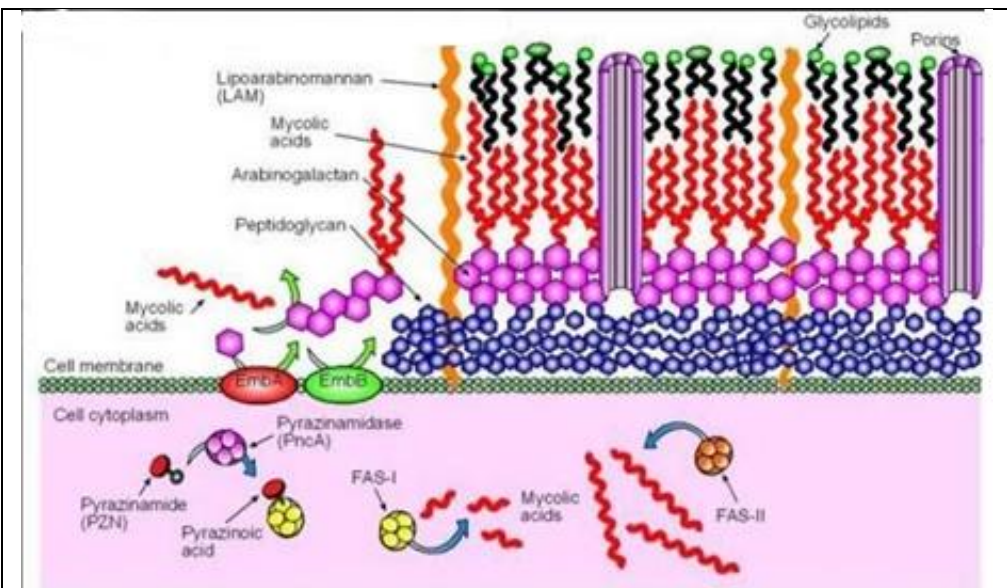


Figure 12

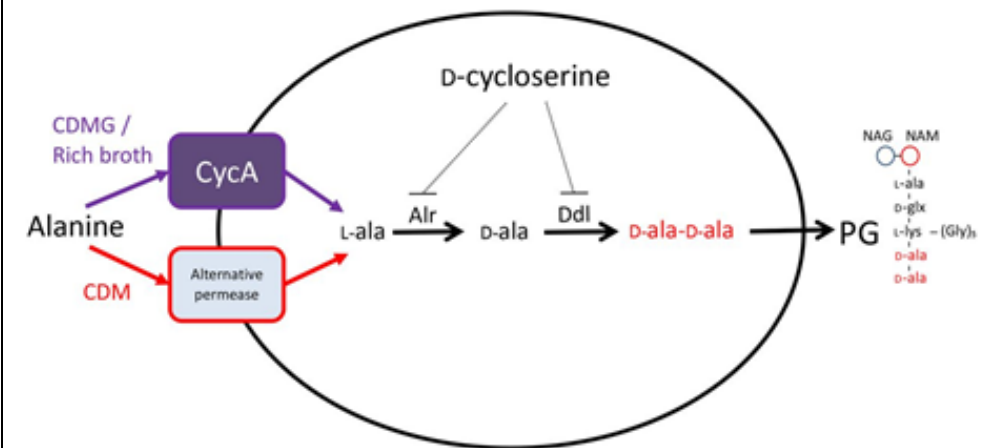


Figure 13

Dapsone	Leprosy	Malaria
➤ Dapsone against <i>Mycobacterium leprae</i> at doses of 1-10 mg / L is bacteriostatic in the diagnosis of leprosy. It works through 36olic acid path inhibition. The removal of para-aminobenzoic acid (PABA) by bacteria in particular prohibits them from utilizing 36olic acid production through countering PABA. This prevents dihydropteroate synthase competitively. ➤ The medication influences neutrophilic roles in treating problems of neutrophilic infiltrates in the blood. Dapsone prevents the cytotoxic		

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mechanism, which is part and parcel of the neutrophil respiratory blast, which is myeloperoxidase-peroxide halide. The degree of degradation in lesions by neutrophil is thus verified. Dapsone inhibits the pathways of folic acid in the treatment of leprosy. The medication works by altering neutrophil functions in situations of neutrophil infiltrations in the blood. It can also prevent chemotaxis of neutrophils and recruitment of neutrophils into lesions and interact with LTB₄ (leukotriene B₄). Dapsone reduces neutrophils' adhesion to IgA as well.

- Although the exact function of dapsone activity remains unclear for dermatological disorders, the pharmaceutical drug may have a clear effect on human neutrophils by both moderating the amount of harm done by neutrophils at the lesion site and reducing neutrophil movement to lesions.
- Eosinophils and monocytes may also be affected by dapsone. The effectiveness of the medication is representative of the situations under which monocytes and eosinophils play an essential function, for example under granuloma annulare and eosinophilic cellulitis (Wozel & Blasum, 2014).

Eflornithine	Cancer	African trypanosomiasis
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- The selective inhibitor of the enzyme ornithine decarboxylase (ODC) is drug Eflornithine (also called Vaniqa or α -difluoromethylornithine parasitic protozoa *Trypanosoma brucei* leads to the disease African sleeping sickness (trypanosomiasis), generally spread through the bite of the tsetse fly. It is helpful in sleeping diseases and premature growth of hair in African countries. The disease *Trypanosoma Brucei* protozoa (trypanosomiasis), normally spread out by the tsetse fly attack, is triggered by African sleeping sickness. The development of the illness

is split into two stages. First, the host's skin, lymphs, and subcutaneous tissues are transmitted by the worm. Central nervous system is being infected by crossing the blood brain barriers by virus, the disease moves to the second level. Diagnosis of cases of African sleeping disease is performed with Eflornithine in the second stage. This works by inhibiting irreversibly the ornithine decarboxylase enzyme (ODC), an enzyme that converts ornithine into putrescine.

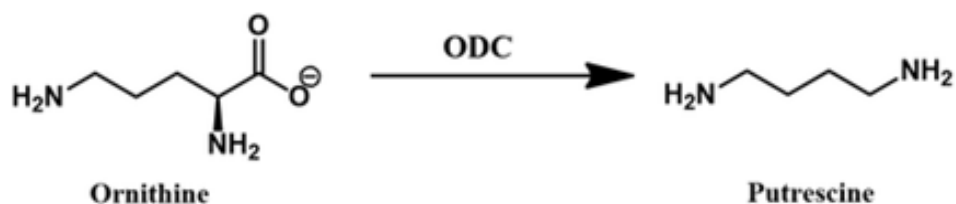


Figure 14

- This is the rate limiting stage in polyamine biosynthesis. Polyamines are minute, cationic molecules that are commonly required in 38ukaryotic cells and bacteria for growth and proliferation. Such compounds' regularly positive charges enable them to associate with negative locations in biomolecules, including nucleic acids, lipids and proteins. The polyamine metabolism metabolic process in T. Below you will consider brucei.

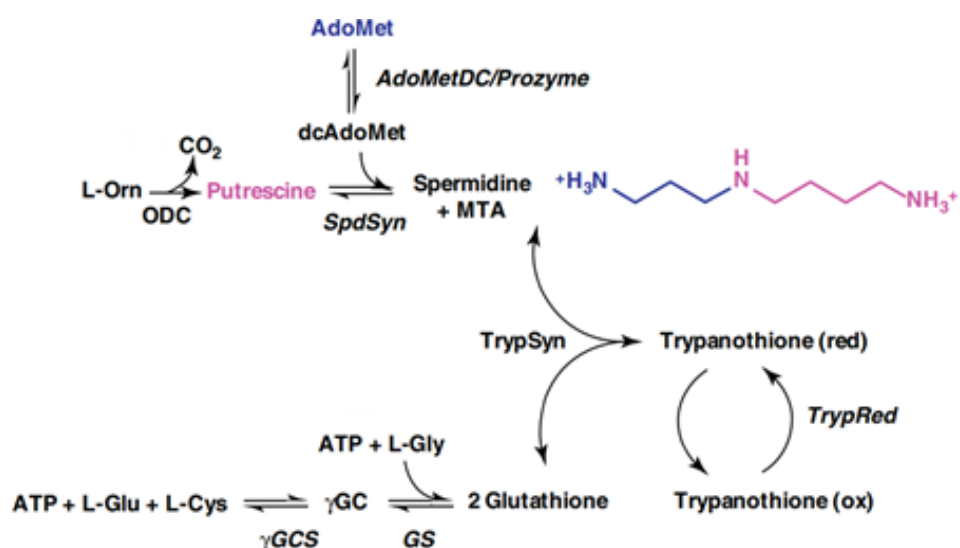


Figure 15

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- Polyamines have various biochemical roles. They control the expression of genes through chromatin structure alteration and post-transcription mechanisms. At T. Brucei is also a essential precursor for trypanothione, 39ngiogene spermidine. This rare glutathione dimer is a key factor in the protection of the parasite against oxidative stress. Reactive oxygen species including peroxides, as well as subsequent oxidation of trypanothione, are enzymatically limited. T. Brucei is especially dependent on an enzyme system because it is a popular peroxide-decomposing enzyme, one of the rare species which lacks catalase.
- T brucei is inefficient to import polyamines in the host setting. This pathogen is therefore strongly reliant on the biosynthesis of polyamines. Over general, these properties are an ideal therapeutic target for polyamine synthesis. Nonetheless, it is worth remembering that human cells do use a common mechanism to generate polyamines. This raises worry over possible toxicity; however, human cells are thankfully somewhat less prone to eflornithine. Partly because of a higher pace of employee turnover in ODCs (Nicholas Dias, Yung Peng, 2017).

Everolimus	Renal cancer	Renal transplant
➤ Everolimus is a mTOR inhibitor that binds to FK506 (FKBP-12) with strong affinity, thereby creating a drug complex that prevents mTOR activation. The inhibition decreases downstream activation of effectors, leading to a trapping of cells from G1 to S, culminating in cell growth arrest and apoptosis. Everolimus often impedes hypoxia-inducible factor production, which contributes to a decline in the vascular endothelial growth factor output. A decline in replication, 39ngiogenesis and glucose absorption is the product of everolimus inhibition (Beljanski, 2008).		

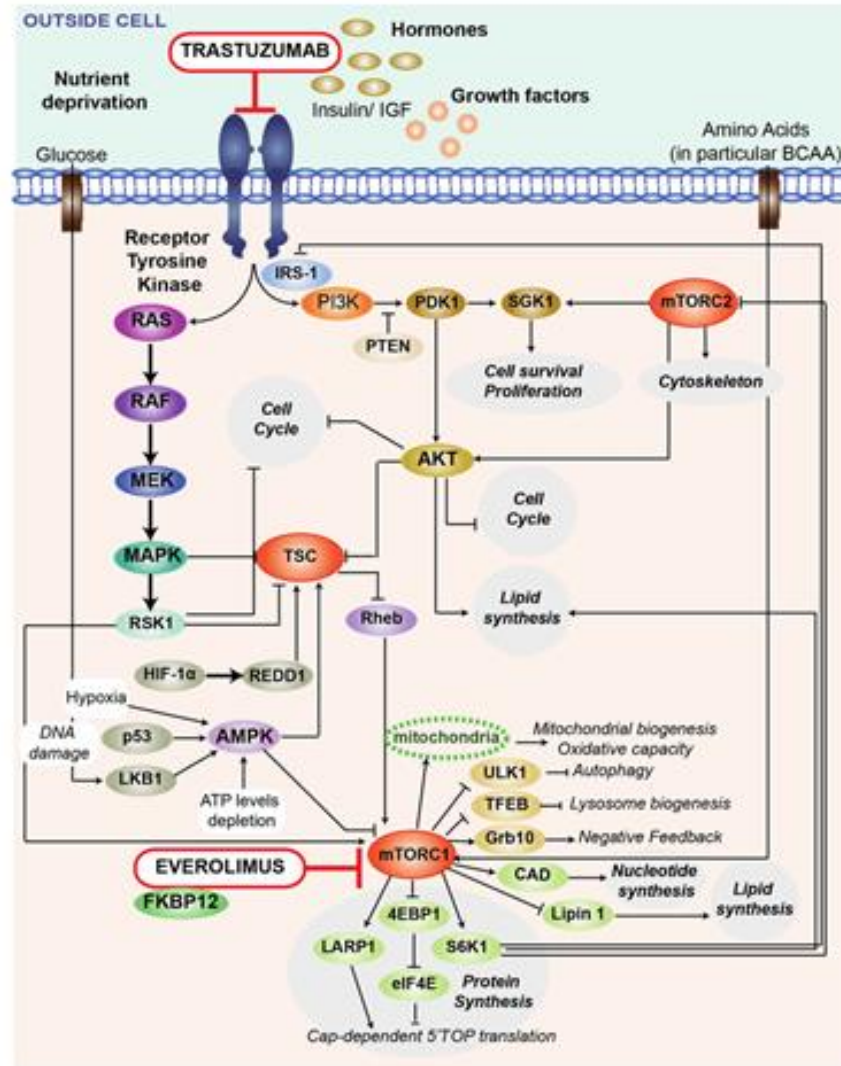


Figure 16

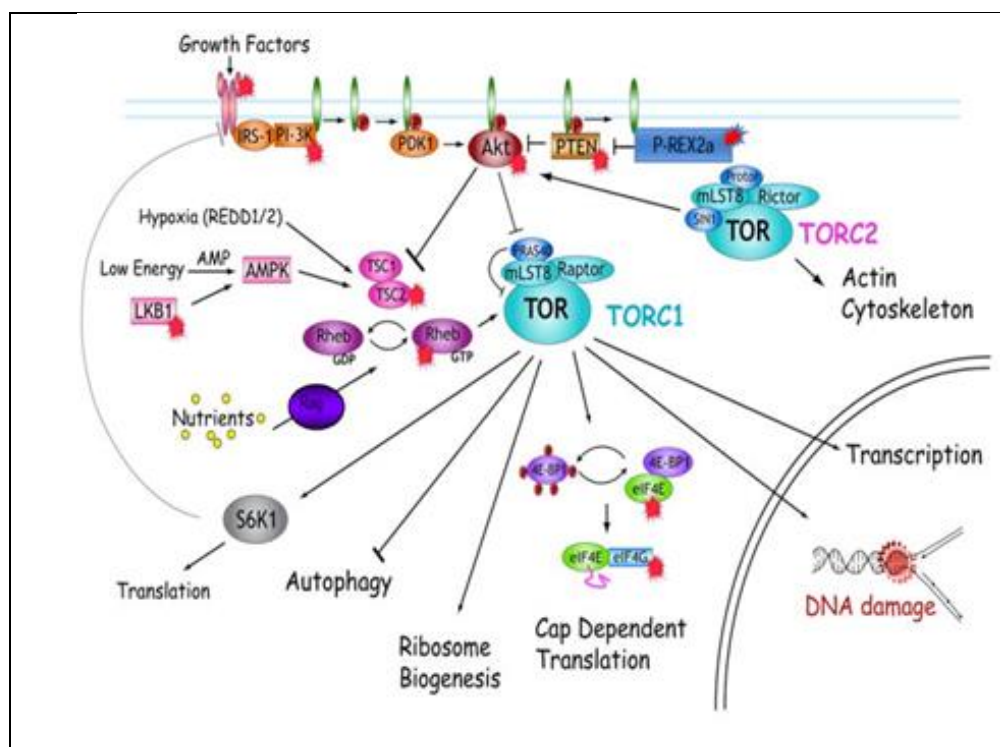


Figure 17

Finasteride	Prostate hyperplasia	Male pattern blindness
➤ Finasteride serves as efficient and selective inhibitor of the nuclear-bound steroid Type II 5α-reductasis in the prostatic cell, which converts androgen testosterone into the more potent 5α-Dihydrotestosterone (DHT), which is mainly contained in a prostatic streomal cell. DHT is the main androgen that plays a part in prostate gland growth and enlargement. It functions as hormone mediator in the prostate gland for hyperplasia following deposition. DHT has a greater sensitivity for androgen receptors in the prostate gland in contrast with testosterone and modulates the genes responsible for cell proliferation by operating on androgen receptors. Used primarily for prostate seminal vesicular, epididymid and hair follicles, liver, the type II 5α-reductase isozyme liable for producing DHT in tandem with type I 5α-reductase. Although finasteride is 100 times more active in Type II of 5α-reductase relative to the Type I isoenzyme, systemic therapy of Type I of 5α-reductase can have certain effect, primarily in sebaceous glands in many other skin areas, including the skin and liver. It has been suggested that one		

third or two-thirds of circulating DHT be produced by form I 5α -reductase and form II 5α -reductase.

- Finasteride's operational mechanism is based on its superior inhibition by creating a robust complex, in vitro and in vivo, of type II 5α -reductase. Finasteride acts specifically, as the human Type II 5α -reductase is preferentially 100-fold protective over form I enzyme. Form II inhibition 5α -reductase inhibits the peripheral transfer of testosterone to DHT, triggering major reductions in the rates of DHT in serum and tissues, minor to milder elevated amounts of serum testosterone, and large rises in prostatic testosterone levels. As the key androgen responsible for stimulating prostatic development, DHT concentrations may decrease (about 20 to 30 percent after 6-24 months of on-going therapy), resulting in a reduction in prostatic volume. Increased rates of DHT can contribute to possible prostaglandin D2 transcriptions, which promote prostate cancer cell development. People with androgenic alopecia also struggled to adequately identify the mode of action, but finasteride has demonstrated a reduced amount of scalp DHT to the amounts seen on their hairy scalp. Another research indicates that finasteride can decrease blood flow from prostatic outlets, triggering atrophy and programmed cell death by inhibiting the prostate vascular endothelial growth factor(VEGF). It may have medical effects in individuals with idiopathic prostatic bleeding, bleeding during or after anticoagulation (Ortiz Conselvan & Camargo, 2003).

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Fosmidomycin	Urinary tract infections	Antimalarial
Inhibitor of 1-deoxy-D-xylulose 5-phosphate reductoisomerase, essential enzyme of non mevalonate pathway ↓ Blocks the biosynthesis of isopentenyl diphosphate and development of isoprenoids in <i>P. falciparum</i>. ↓ In contrast, isoprenoids are derived from an alternative pathway, known as the mevalonate pathway, in mammals. ↓ Hence, fosmidomycin exerts its antimalarial activity through a mechanism of selective toxicity that allows the biosynthesis of isoprenoids, which are essential for cellular function. (Lell et al., 2003)		
Gemcitabine	Antiviral	Cancers
➤ DNA synthesis inhibition is the most critical mode of action of gemcitabine. If dFdCTP is used in DNA, a single deoxynucleotide is inserted to inhibit chain elongation afterwards. The non-terminal location of gemcitabine avoids DNA polymerases, which prohibits the removal by DNA enzymes of gemcitabine, in a cycle known as 'masked chain-termination.' ➤ The autosupportation of enzymes related to deoxynucleotide metabolism is another mechanism for the action of gemcitabine. One such enzyme, dCTD, is specifically hindered by dFdCTP and by		

dFdCDP indirectly. dFdCDP is the product of an active inhibition of dCTD by intracellular dNTP reservoir. DFdCDP is inhibited by dFdCDP by covalent linkages to an active position that increases the dNTP pool and ultimately decreases dCTD function, which catalyzes the decrease to deoxyribonucleotides in ribonucleotides (RPs). Furthermore, the lowering of dNTP supports dFdC phosphorylation by regulating DCK activity by dCTP, thus increasing the level dFdCTP and the ratio dCTP, which makes it possible to incorporate dFdCTP in the DNA more frequently.

- Another essential mode of action is by apoptosis activation through caspase signals. In order to triggers apoptosis as a reaction to cell strain in tumor tissue, not in regular cell, gemcitabine enables protein kinase activated by mitogen. Nonetheless, involvement by gemcitabine- will lead to induced cell death was shown to be relevant in vitro to (MK2), a effector of p38-MAPK. MK2 Inhibition allows osteosarcoma cells to thrive owing to their polymerase function after they have been handled with gemcitabine.
- chaperone that is connected response to protein, which contributes in vitro development destruction. Many experiments proteomic and Hsp27 (siRNA and IFN- γ treatment) have shown that Hsp 27 expression rates and phosphorylation are related to gemcitabine resistance. These findings contrast with the antiproliferative activity of phosphorylated Hsp27 caused by gemcitabine (Mini et al., 2006).

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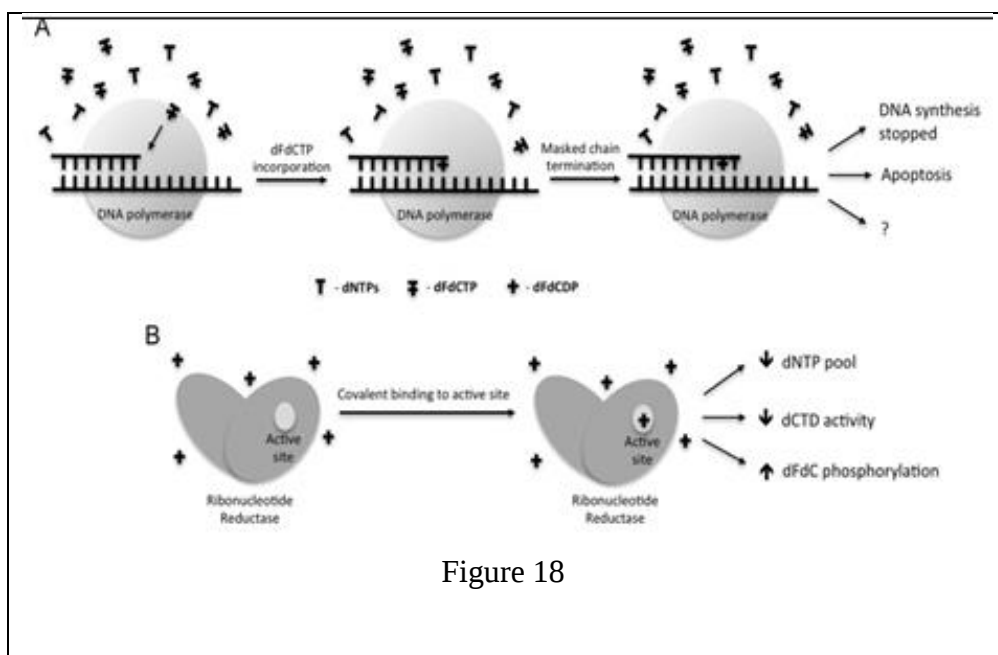


Figure 18

Interferon alpha	Hepatitis B&C	Cancers
➤ Interferon alpha connects the interferon group I receptor that triggers two Jak tyrosin kinases after dimerisation (Jak1 and Tyk2). The receptors are transphosphorylated and phosphorylated. INFA receptors attach with Stat1 and Stat2, that dimerize many immunomodulatory and antiviral specific proteins and activate them. . Transcripts are also disabled. Interferon alpha attaches to interferon receptors type I less firmly than interferon beta (Chung et al., 2008).		

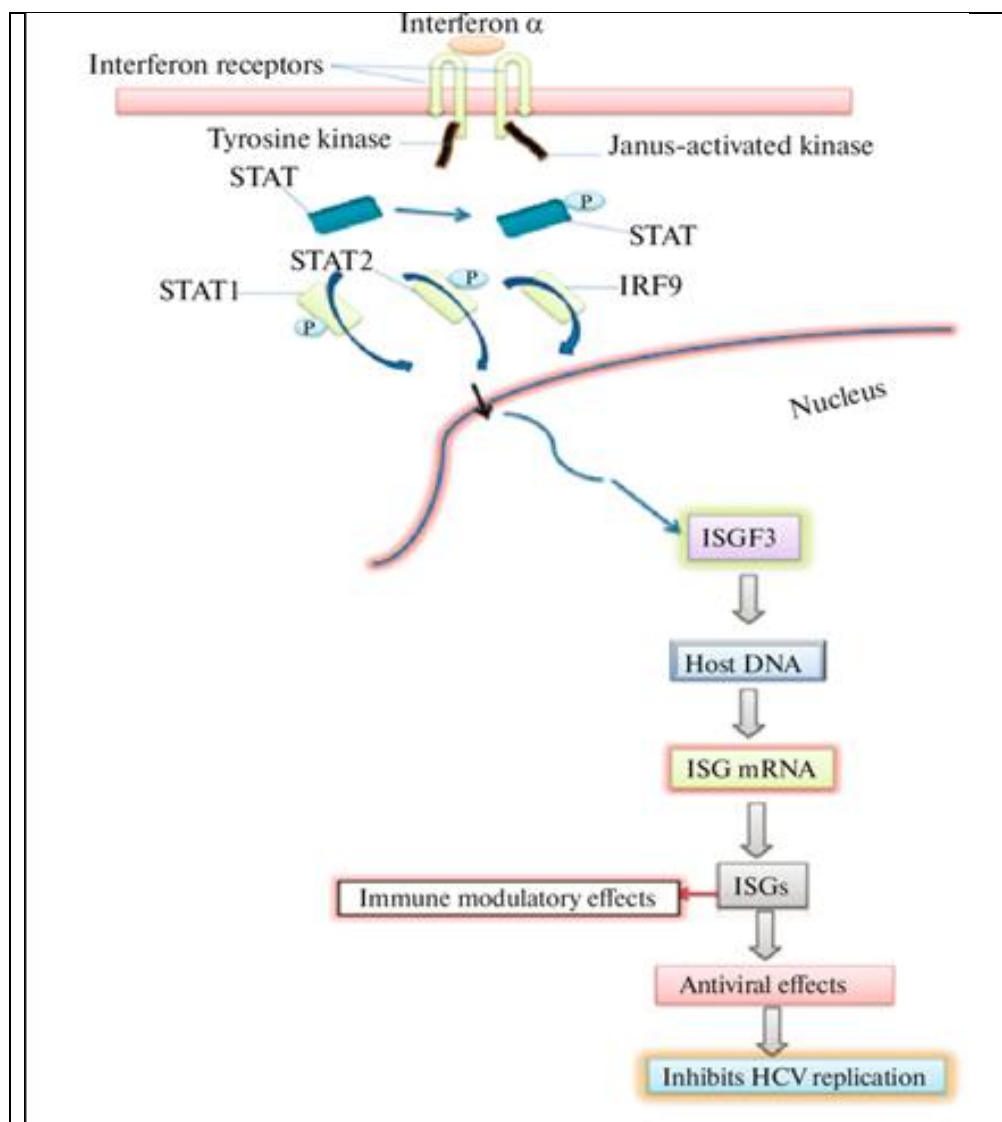


Figure 19

Itraconazole	Antifungal	Cancers
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- The cytochrome P450 enzyme, essential to transform lanosterol to ergosterol, combines with the 14- α demethylase. Ergosterol inhibition contributes to greater cell permeability, which allows cell material to spill. Itraconazole also can hinder endogenic breathing, cooperate with film phospholipids and prevent yeast alteration toward mycelial procedures, and impede absorption purins (Borgers & Van de Ven, 1989).

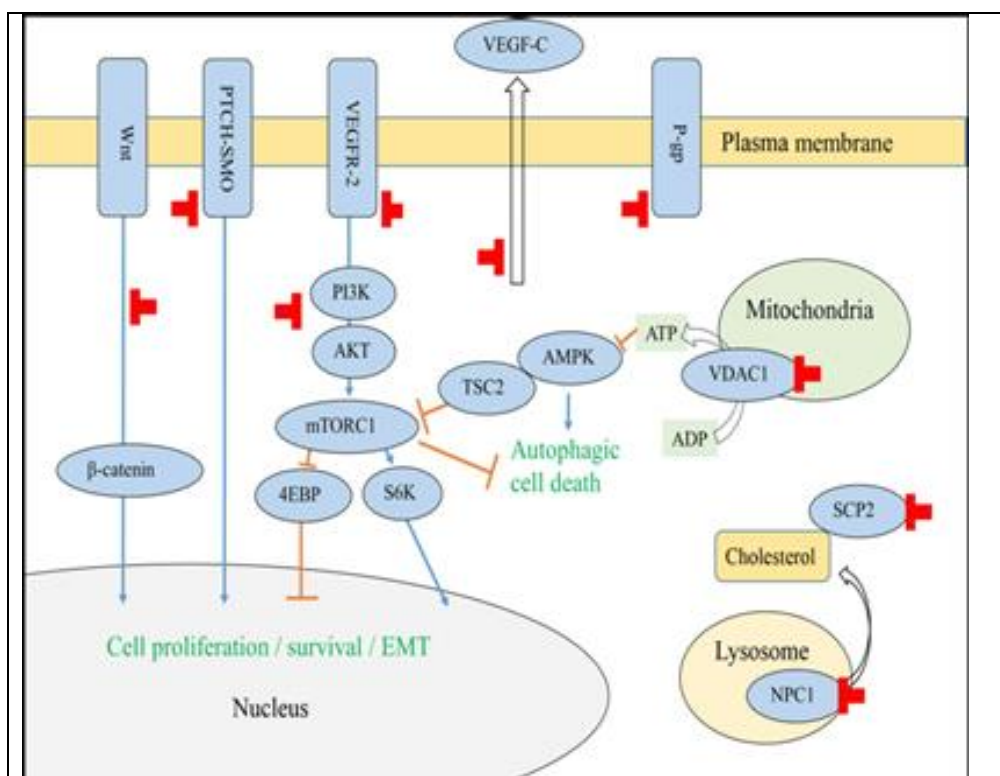


Figure 20

Isoniazid	Tuberculosis	Multiple sclerosis
➤ Isoniazid is a medication that requires bacterial catalase to be activated. Activation is directly associated with reducing KatG catalase-peroxidase ferric mycobacterial KatG by hydrazine and oxygen reaction into an oxyferous enzyme complex. Once activated, isoniazide is an important part of the bacterial cell wall, inhibiting mycolic acids synthesis. Isoniazide is bacteriocidal at the therapeutic rate against aggressive development of Mycobacterium tuberculosis intracellular and extracellular species. Isoniazid in particular inhibits InhA by creating covalent adduct with a cofactor of NAD. Enoyl reductase from Mycobacterium tuberculosis (MT). The INH-NAD additive functions as more of a sluggish, strong, efficient InhA inhibitor (Timmins & Deretic, 2006).		

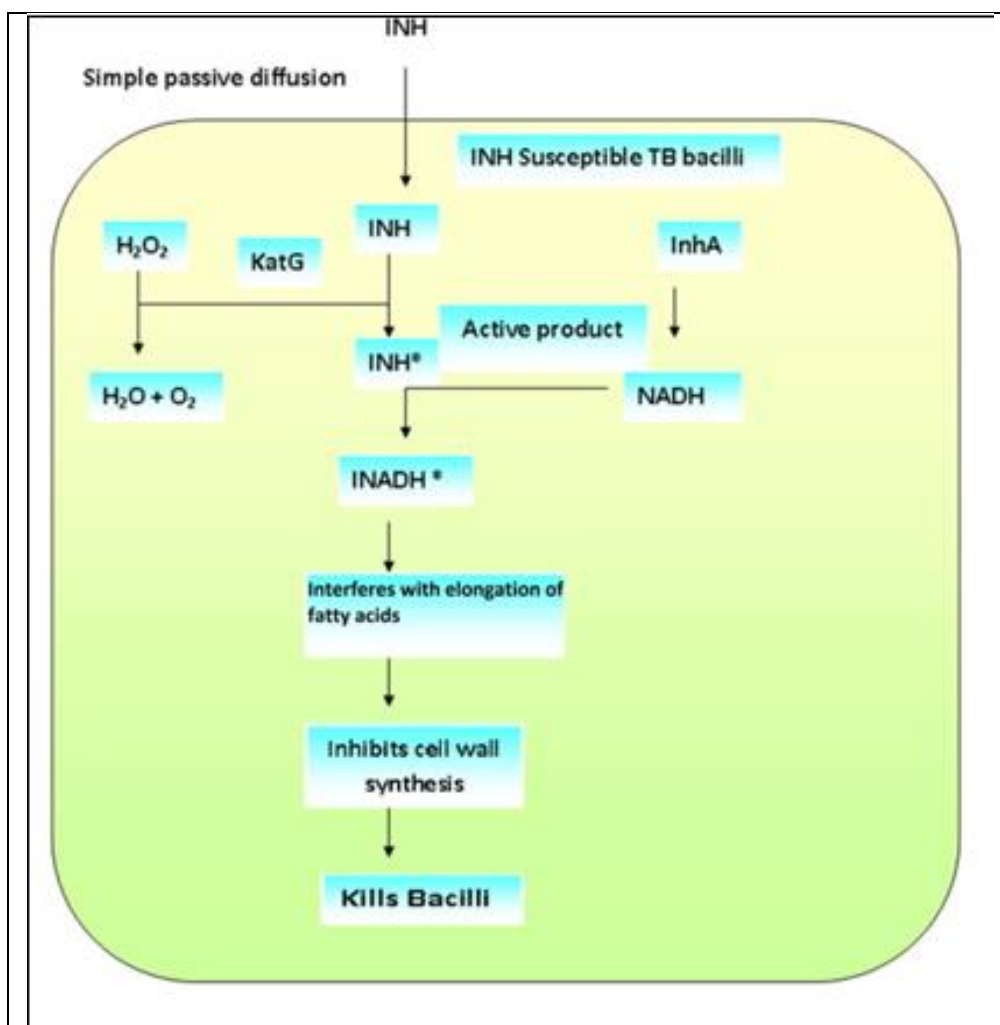


Figure 21

Miltefosine	Cancer	Visceral leishmaniasis
➤ Operation of Miltefosine was primarily focused on the impact of Leishmania parasites and neoplastic cells on apoptosis and the disruption of lipid-dependent cell signal pathways. Many possible anti-leishmanial action mechanisms were suggested, but no mechanism was certainly established. Miltefosine prevents cytochrome-c oxidase in mitochondrial dysfunction and apoptosis-like death. Antileishmanial goals are linked to antileishmania's pathways, which involve inhabitation of the biosynthesis of phosphatidylcholine, which key specific protein for intracellular PI3K / Akt / mTOR pathway for cell cycles control. Animal studies also show that 48rypanosome cruzi		

(Chagas disease organism), metronidazole-resistant trichonome vaginal varieties, may be successful and that there is a large-scale anti-fictional development in the specimen (Pinto-Martinez et al., 2018).

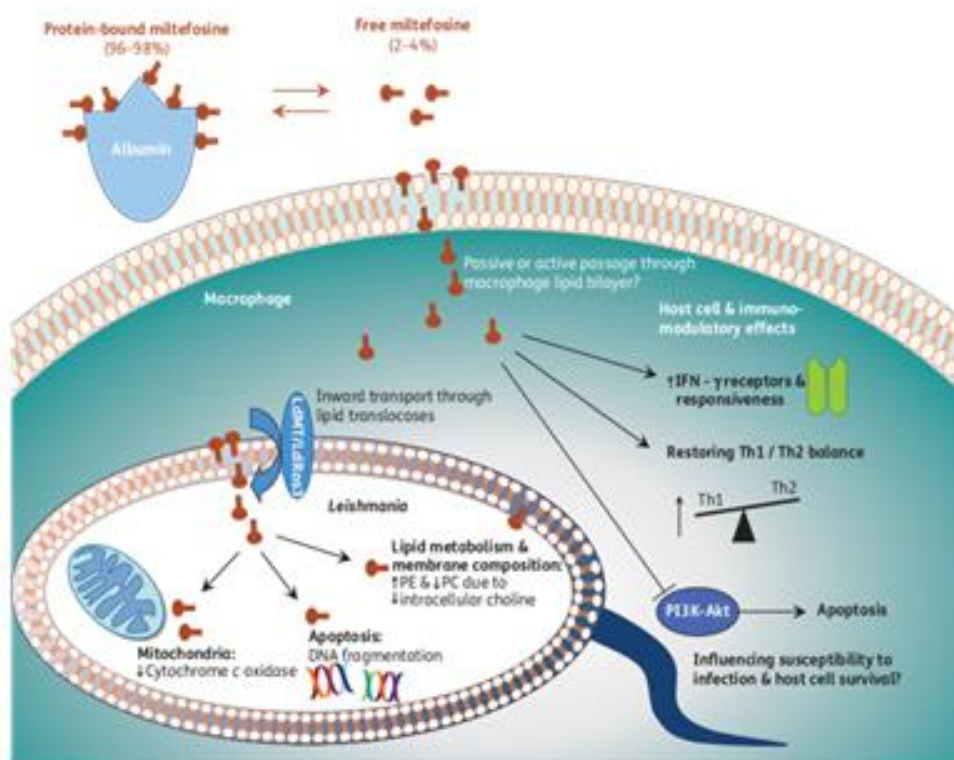


Figure 22

Minocycline	Antibiotic	Amyotrophic lateral sclerosis
➤ Glial cells are well defined in their commitment to inducing neuropathic pain sensitization as well as peripheral nerve neuropathic pain induced by lesions. As previously described, minocycline inhibits microglial activation under different pathological circumstances, without influencing astrocytes and neurons, and its documented capacity to oppose neuronal sensitization. The positive effects of minocycline in these situations are greatly increased if performed early in the initiation process in particular. Minocycline results treatment of diabetic neuropathy have been given special consideration. Pabreja et al (2011) recently documented a major prevention of cold allodynia along with		

thermal hyperalgesia due to chronic minocycline administration diabetic rats. This protective influence was correlated with increased pro-inflammatory cytokines in diabetic animals into their spinal cord and a lowered degree of oxidative stress. In fact, avoidance of retinal problems, presumably because of the diabetes-induced cytokine and cytotoxin inhibition, was linked with favorable outcomes of minocycline in diabetes. Accordingly, Minocycline has demonstrated that the upregulation of IL-1 β , TNF α (NO) and decreased bacterial LPS releases in retinal microglia was blocked by Minocycline (2005). The minocycline neuroprotective mechanisms of diabetic brain injury were examined by Cai et al. (2011), who documented their potential for change in comportemental deficiencies in diabolic rats attributable to impaired glucose metabolism. However, they have shown that the medication regulates increased A β in hippo campus by inhibition of mono transduction molecules along with oxidative strain attenuation. Anti –nociceptive activity of minocycline have been established subsequently in various neuropathic pain models, especially when administered during the initiation process and are due to microglia activation inhibition. Minocycline avoided retinal problems and reduced clinical defects of diabetes of addition to the reduction in diabetic neuropathy (Garrido-Mesa et al., 2013).

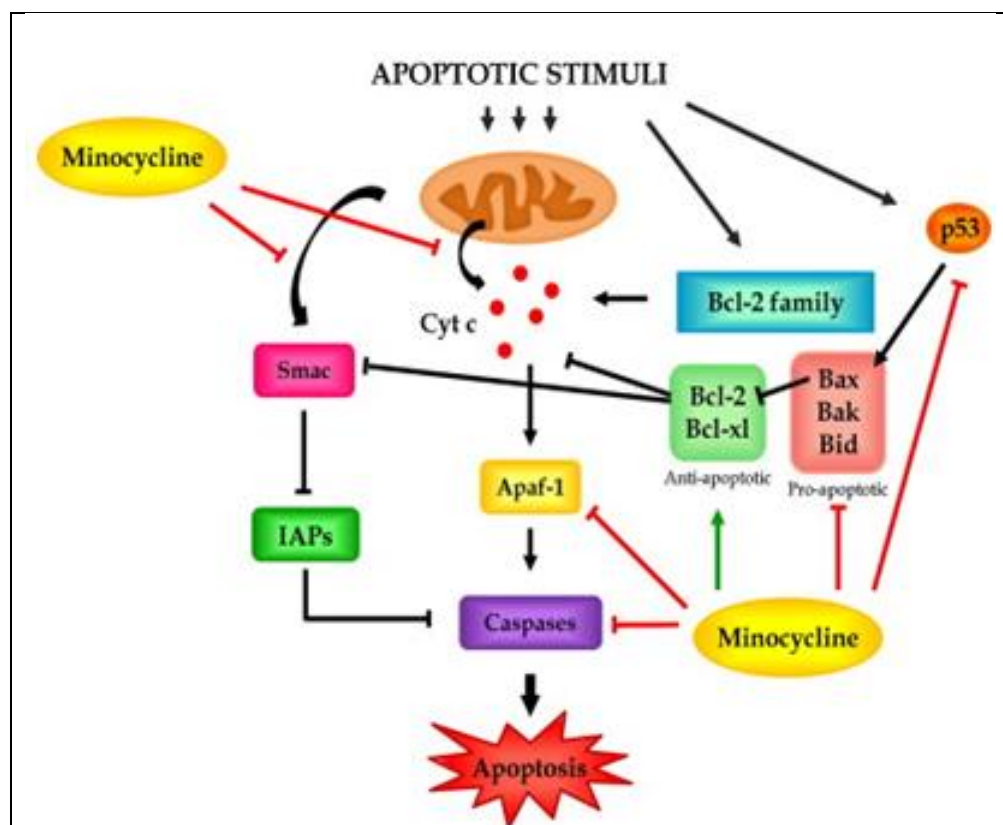


Figure 23

Minoxidil	Hypertension	Hair loss
➤ Minoxidil is intended by stimulating the two extracellular indication-controlled kinassas, and through blocking cell loss by the 2/Bax ratio of BCL, to facilitate survival of humanoid dermal papillary cells (DPCs) or hair cells. The development of anagen and anti-apoptotic impact on DPCs is necessary to promote the production of human hair. Minoxidil, as used as a vasodilator, acts in artery smooth muscle cells by the activation of adenosine-sensitive potassium channels. Such vasodilation will also enhance hair cells or hair follicles' viability (J.RUNDEGREN, 2003).		

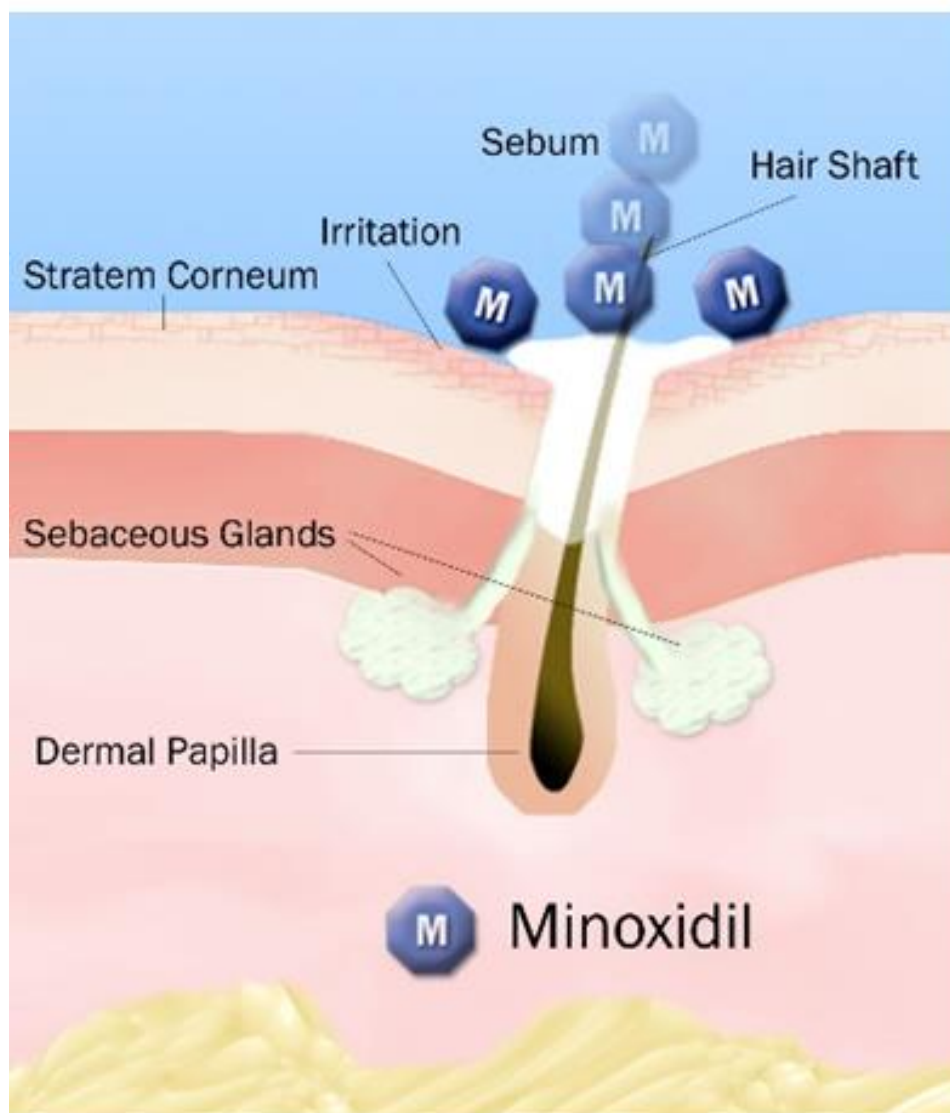


Figure 24

Nelfinavir	HIV antiprotease	Cancers
➤ Nelfinavir is a human immunodeficient virus category 1 protease inhibitor. Protease agonists obstruct the element identified as protease of HIV. The enzyme HIV-1 protease is being used for proteolytic		

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cleavage into the single functional proteins present in HIV-1 infectious viral polyprotein precursors. Nelfinavir attaches to the active protease site and hinders enzyme function. Such interference inhibits the separation of viral polyproteins, which contributes to the creation of non-infectious viral particles. Nelfinavir blocks the HIV viral proteinase enzyme that stops the gag-pol polyprotein cleavage, which allows the viral particles not to be infected and immature (Koltai, 2015).

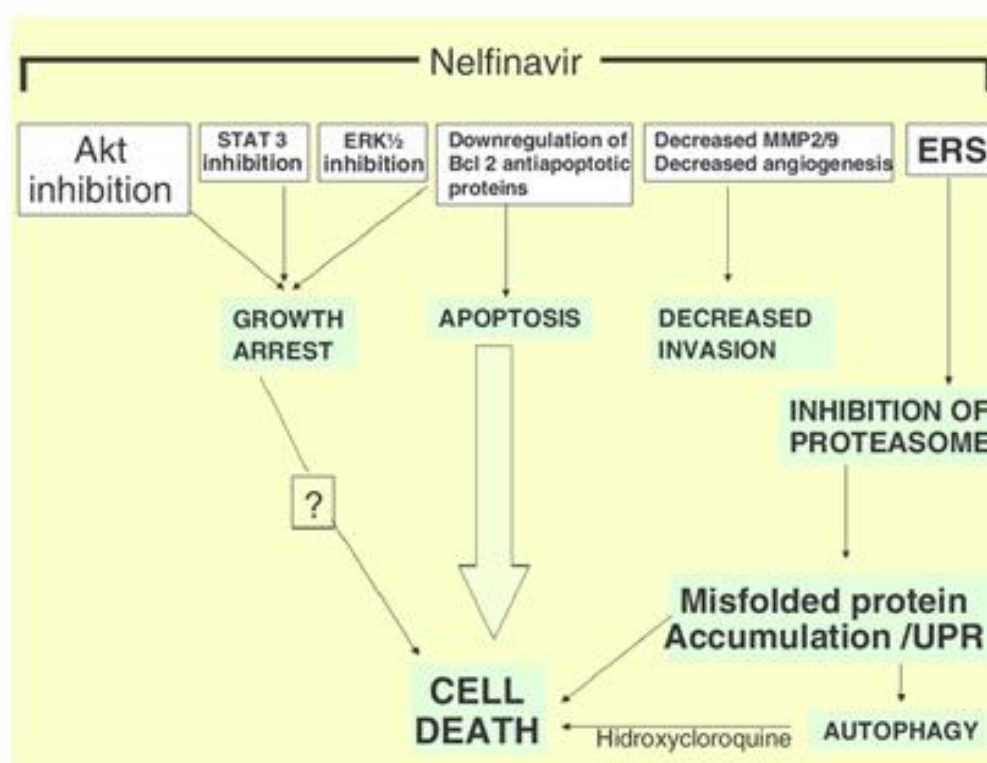


Figure 25

Naltrexone	Opioid addiction	Alcohol withdrawal
➤ Naltrexone has minimal to no agonist function and is mere opiate antagonist. Naltrexone's mechanism of drunken behavior is not known, but pre-clinical evidence indicate the involvement of the endogenous opioid pathway. Naltrexone is assumed to be a powerful mc, β, and β 53ceptor antagonist in the CNS with the μ receiver's maximum		

affinity. Naltrexone responds to these receptors competitively, which may inhibit endogenous opiates' effects. It contributes to antagonistic symptoms in several of opiates, including respiratory agitation, miosis, euphoria and substance addiction. Naltrexone's primary metabolite 6- β -naltrexol is also an opiate blocker which can be a competitor to the product (Ray et al., 2012).

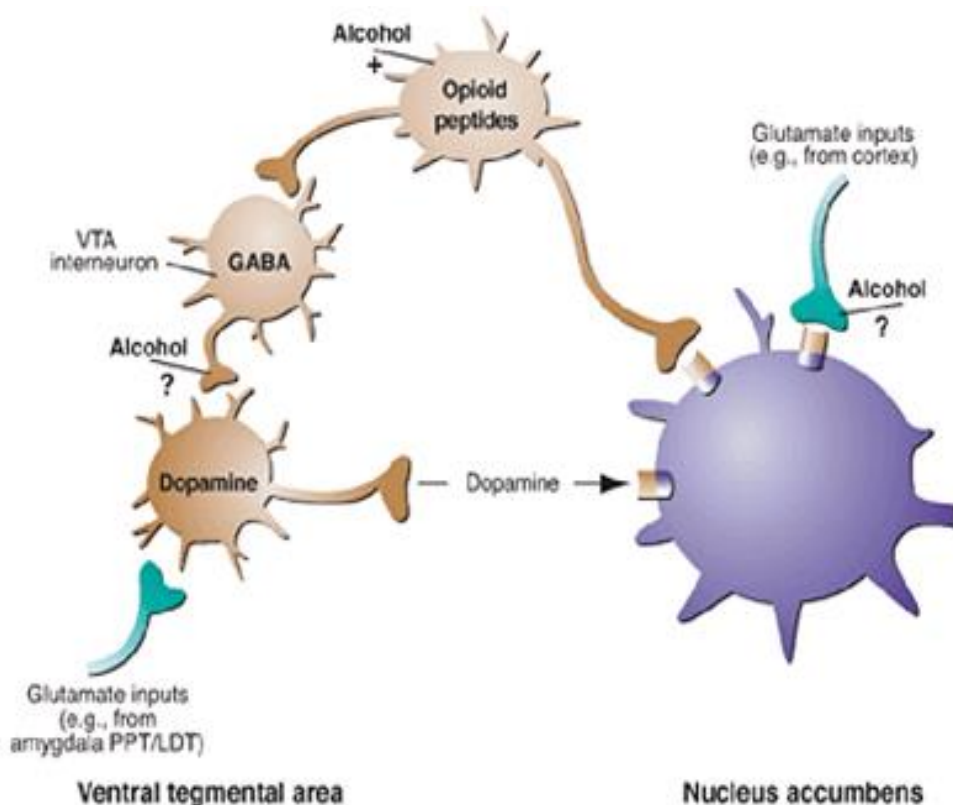


Figure 26

Orlistat	Obesity	Cancers

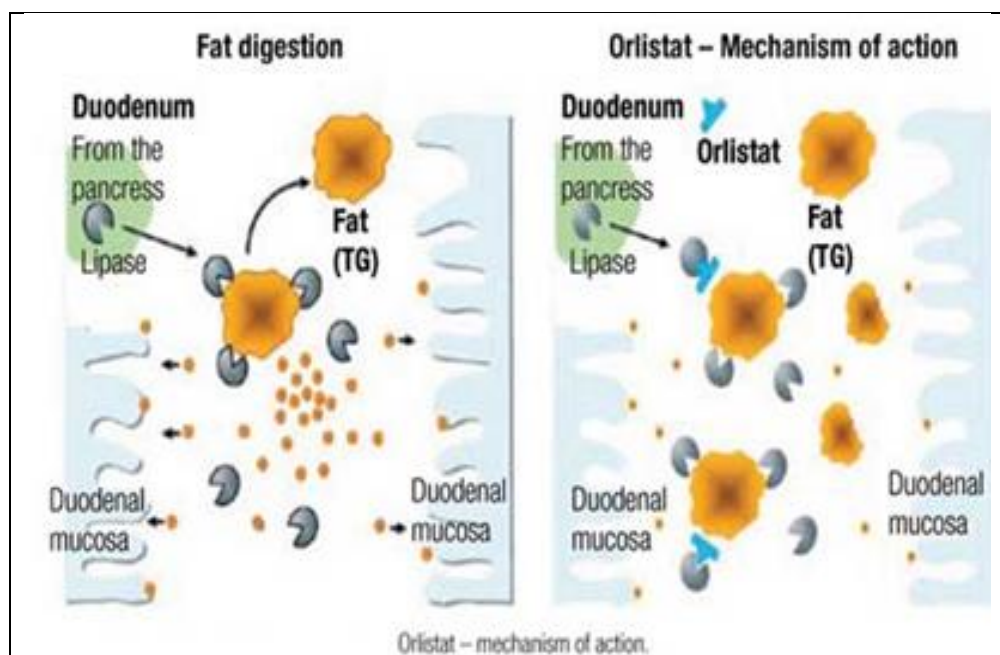
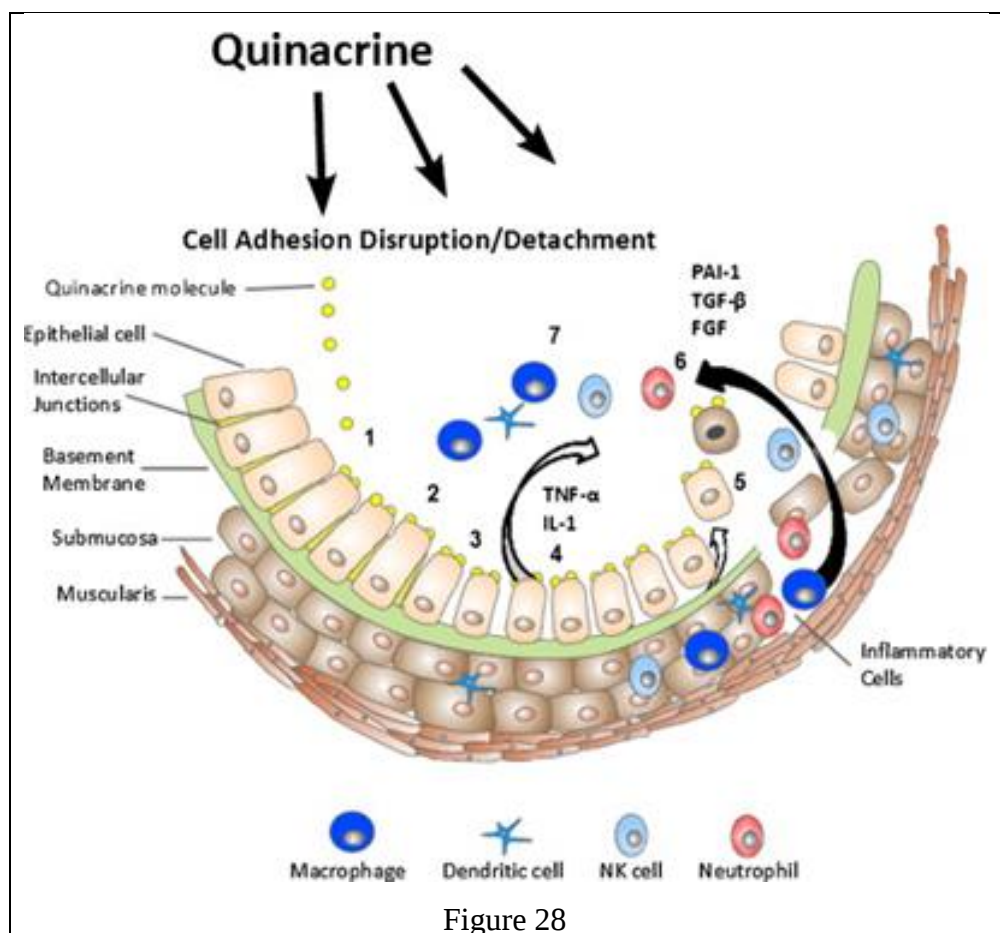


Figure 27

Quinacrine	Antimalarial	Prion diseases
➤ Nonetheless, quinacrine connects in vitro deoxyribonucleic acid (DNA) by intercalating the neighboring base pairs to prevent transcription and Ribonucleic Acid (RNA) translation. Quinacrine seems not to exist in Giardia's trophozoite nucleus, which indicates that DNA binding may not be the main antimicrobial function. Studies of fluorescence utilizing Giardia demonstrate the presence of outside membranes. Quinacrine prevents succinate oxidation and interferes with movement of photon. Furthermore, quinacrine extracts the lupus erythema cell factor by a connection of nuclear proteins and serves as a significant cholinesterase inhibitor (Ehsanian et al., 2011).		



Raloxifene	Osteoporosis	Postmenopausal breast cancer
➤ Raloxifene is a selective estrogen receptor modeling agent that behaves as an estrogen agonist and antagonist by difference effects on the different estrogen receptors of the tissue. Raloxifen has a binding preference comparable to estradiol based on favorable binding test tests, the prevalent circulating estrogens in women's tissue, including hair, brases, uterus and liver, perform variable roles through attaching to the steroid nucleic hormone receptors, Estrogen receiver. Such receptors are normally linked to the ligand when unbound with the protein. Binding of ligands triggers a conformational receptor modification that facilitates Hsp90 dissociation of the receptor, 56imerization and translocation of the receptor to the heart. The receptor may be bound on genomic sites on the basis of the sequence identification of the DNA bound network, also known as EREs (Estrogen Response Elements).		

- Endogenously, several DNA-response components usually modulate in the bones, this is the cytokine found in the bone-matrix and transforming growth factor β 3 (TGF- β 3) gene-encoding. In bone remodeling the TGF- β 3 plays an significant function in osteoblast development, such as IL-6, through interacting with certain cytokines and attenuating osteoclastic activities. Estrogens usually preserve the quality of the bone through activation of cytokines that attract osteoclasts and avoid parathyroid hormone bone-resorption, Ca^{2+} mobilization. Estrogens, in comparison, promote the development of osteoblast, increase the production of TGF- β 3 and morphogenic bone proteins and suppress apoptosis. Raloxifene binds the estrogen receptor to regulate gene transcription in the imitation of the action of endogenous estrogen in bone tissues through interactions with the estrogen-response item (ERE) and with a distinct DNA target, the raloxifene reaction item (RRE). The ER binding position is the same as estrogen. Upon attachment, raloxifen induces a complementary shift in the receptor that enables the mediation by accessory proteins of direct attachment to transcriptional components. An enhanced bone matrix protein production can be observed, including alkaline phosphatase, osteonectin, osteocalcin, and collagen. The agonism or antagonism of raloxifen relies on the degree to which the coactivators and corepressors compete for the target gene promoters of the estrogen receptors (ER). Raloxifen acts as an oestrogenspecific agent to reduce the proliferative impact of estrogen-dependent cell proliferation in breast tissues. Raloxifen blocks cytokines and the mobilization of macrophages and lymphocytes in tumor mass in addition to anti-proliferative activity (Rey et al., 2009).

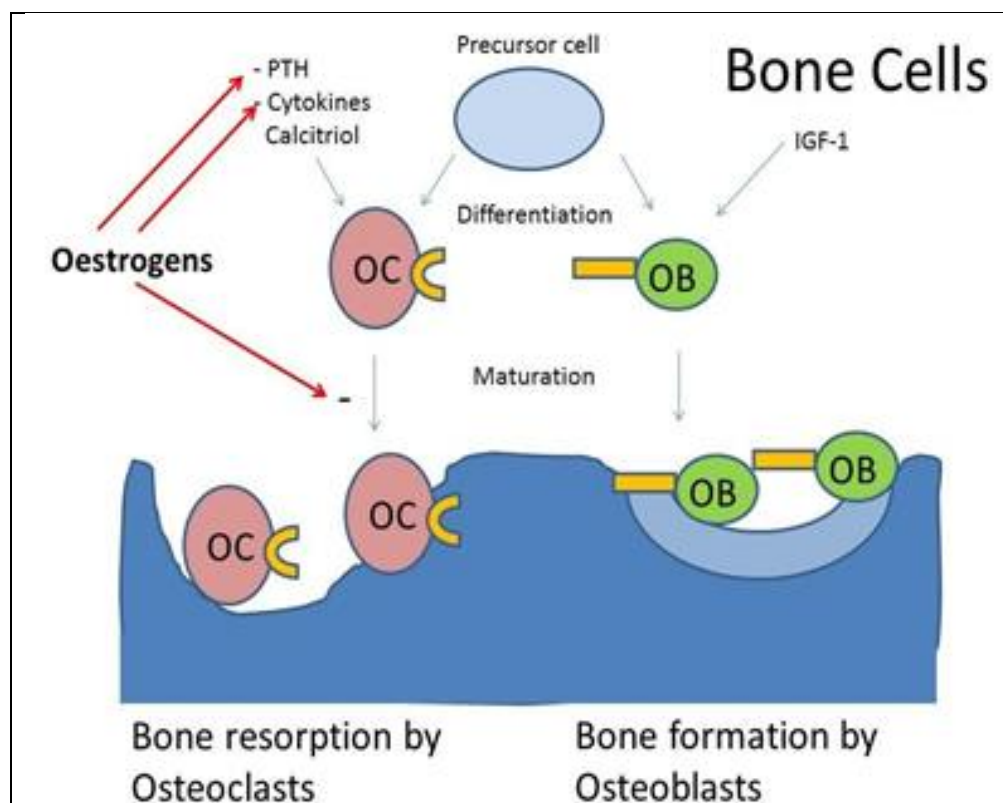


Figure 29

Retinoic acid	Acne	Promyelocytic leukemia
➤ Tretinoin binds to the receptors of alpha, beta and gammas (RARs). The occurrence of acute promyelocytic leukemia and squamous cell cancers was respectively linked with the production of RAR-alpha and RAR-beta. The impact on molecular tissue and bone of RAR-gamma are correlated with retinoids. While the mechanism for the function of tretinoin remains unclear, recent research indicates that it primarily has the potential to alter excessive follicular keratinization leading to the effectiveness of tretinoin in acne. Comedones develop in follicles that have excess epithelial keratinized cells. Tretinoin facilitates cornification cell separation and improved follicle elimination. Tretinoin often raises the depletion rate of small, poorly attached corneocytes by increasing the mystical development of follicular epithelia. The humor materials are extruded by these steps, minimizing the development of the microcomedum, the predecessor of acne		

vulgaris. Tretinoin is an induced cytodifferentiation and decrease in APL proliferation in culture and in vivo instead of becoming a cytolytic agent. Once Tretinoin is routinely administered to patients with APL, the tretinoin therapy induces leukemic-derived, accompanied by repopulation by regular polyclonal hematopoietic tissue at whole reduction (CR) of bone marrow along with outlying plasma. Precise tretinoin function is unclear in APL (Marill et al., 2005).

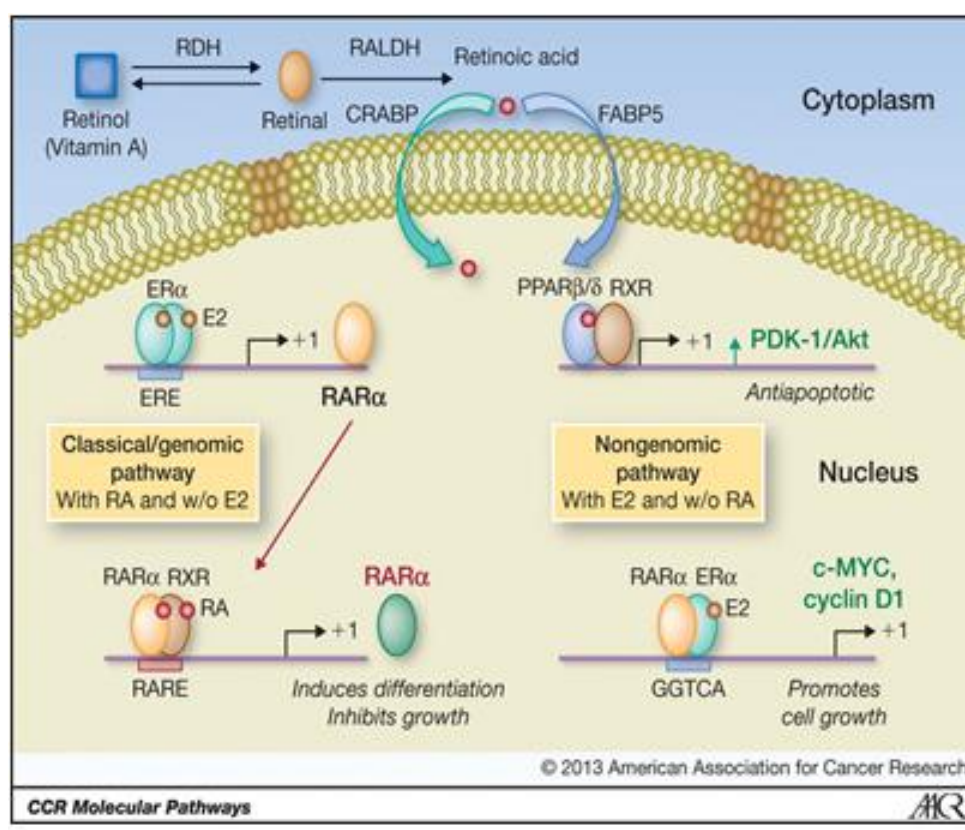


Figure 30

Sildenafil	Angina & hypertension	Erectile dysfunction
➤ Erectile dysfunction: sildenafil is an oral treatment. The biochemical process accountable the Penis erection consists of extracting nitric oxide through sexual arousal into the corpus cavernus. In a normal situation, i.e. through sexual stimulation, erection is rehabilitated by increasing blood supply through the penis. Nitric oxide stimulates the		

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guanylate cyclase enzyme, results the elevated monophosphate levels, triggering smooth muscle relaxing and blood supplies.

- In a corpus cavernosum whereby cGMP depletion is induced by PDE5, sildenafil potent selective cGMP inhibitor of form 5 active phosphodiesterase (PDE5). The secondary active center for erections is Sildenafil. The influence of sildenafil on isolated human corpus caveosum is not specifically soothing, but it activates NO's calming function on this material. Inhibition of PDE5 by sildenafil contributes to decreased rates in corpus cavernosum cGMP.
- In fact, PDE 5 is also found in the pulmonary vasculature, aside from the involvement of PDE5 in the corpus cavernosa of the penis. Consequently, sildenafil raises the cGMP in pulmonary smooth muscle cells, contributing to relaxation (Francis, 2005).

Tamoxifen	Antiinflammatory	Parkinson's
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- Amoxifen competitively blocks oestrogens that are essential for its purpose in breast tumor cells are connected to its receptor. Tamoxifen allows the α - and insulin-similar development cause 1 of tumor evolution issue to be reduced, while the globulin binding on sex hormone decreases. The spike in sex hormone globulin binding reduces the amount of estradiol readily available. Such changes raising tumor growth-stimulating factor levels.
- Apoptosis of estrogen receptor positive cells has also been found to be caused by tamoxifen. This activity is believed to be the product of protein kinase C inhibition that inhibits synthesis of DNA. About a 3fold rise in intracellular and mitochondrial ion rates following administration or the activation of a tumor growth factor β resulted in

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alternative hypotheses concerning the apoptotic activity of tamoxifen (Lipov et al., 2009). ➤		
Dapoxetine	Analgesia and depression	Premature ejaculation
➤ The action process of this pharmaceutical substance is believed to be due to the induction of neuronal serotonin reuptake and its subsequent potentiation. The main neuronal Ejaculatory System consists of a deeply integrated network of spinal and brain regions. The sympathetic, parasympathic and somatic cores, combined and regulated on the basis of the backbone, function synergistically in order to monitor physiological activities during ejaculation, under the influence of tactile genital and cerebral stimulation. Experimental data suggests that serotonin (5-HT) plays an inhibitory function in ejaculation in the pathways down the brain (Kendirci et al., 2007). ➤		
Duloxetine	Depression	Stress urinary incontinence
➤ Duloxetine is a effective regulator of neuronal serotonin as well as norepinephrine and a fewer effective dopamine reuptake inhibit. The sensitivity duloxetine for dopaminergic, adrenergic, cholinergic, histamine, opioid and GABA receptors is not significant. ➤ Local urinary sphincter activity is regulated by Cortical effects of duloxetine. Increased amounts of serotonin and norepinephrine in the nucleus of Onuf improve the activation of the adrenergic receptors 5-HT₂, 5-HT₃, and α_1. 5-HT₂ together, and stimulation enhances development. Route is contributing to intra level calcium stores being released, the decreased intracellular calcium concentrations, and the facility of neural excitability. Improved sodium flow through the neuron tends to depolarize and activate voltage-guided channels involved in the production of action potentials. The combined activity of these three		

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receptors allows the pudgy motor nerve to become more stimulating to react to glutamate.

- The control of pain is often attributed to the function of duloxetine in the spinal cord. Decreases serotonin and norepinephrine through modulation adrenergic receptors decreases lower pain reduction. Inhibitory of receptors exist on forecast neuron and on the dorsal root ganglion that precedes the neuron and specifically inhibits the transmission of unpleasant stimuli.
- The pathways implicated in the benefits of duloxetine in stress and anxiety were not completely explained. The synaptic break that is thought of as a mediator in order to create a beneficial impact was impaired by defective Serotonin and Norepinephrine signaling. Serotonin and norepinephrine are postulated to lead directly to symptoms of mood disturbances in the area of emotional regulation such as the limbic system, although this is yet to be verified.
- The hypertensive activity of Duloxetine is consistent with its expected pharmacological activity. Improved norepinephrine supply contributes to the stimulation of the systemic endothelium adrenergic receptors. Because α_1 receptors predominate, vasoconstriction occurs, as a calcium release from the sarcoplasm reticulum induced by the Gq coupled receptor to induce smooth muscular contraction (Karpa et al., 2002).

Fluoxetine	Depression	Premenstrual dysphoria
➤ In 1965, the monoaminergic theory of depression arose and linked stress with neurotransmitters including noradrenaline and serotonin deficiency. For fact, in the cerebrospinal fluid of people living with depression, reduced rates of serotonin have been found. This theory		

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culminated in the production of medications modulating serotonin rates like fluoxetine.

- Fluoxetine is an receptor collection of SSRI which, as the name suggests, is therapeutic through activation of the neurotransmitter serotonin preynaptic reuptake. The 5-hydroxytryptamine (5-HT) levels in various areas of the brain are also raised. Furthermore, fluoxetine has strong affinity in 5-HT carriers, a weak affinity in noradrenaline carriers and no affinity in dopamine carriers, meaning it is specific for 5-HT
- Fluoxetine interacts in one test with the 5-HT_{2C} receptor, and has been found to raise the amount of noradrenaline and dopamine in the prefrontal cortex through this process (Guest et al., 2004).

Milnacipran	Depression	Fibromyalgia syndrome
➤ The two-fold tendency to suppress the regeneration of both serotonin (5HT) and norepinephrine (NE) helps both fibromyalgia and major depressive disorder (MDD) to be treated. ➤ Throughout fact, it has been believed that five hours and nine higher inhibitory pain receptors of brain as well as the spinal cord lead to regulation endogenous analgesic mechanisms. While the exact action mechanism remains uncertain, some reports have indicated that low 5HT rates could be correlated with decreased pain sensitivity-a condition which may then be improved due to the capacity of Milnacipran to increase the 5HT presence by inhibiting its recovery through the serotonin transporter at synaptic locations. Furthermore, it is also believed in general in the CNS that the NE produced from downward pathways will alleviate pain sensation through inhibitory actions on alpha-2A-adrenoceptors. Therefore, the capacity of milnacipran to increase the involvement of NE through inhibiting		

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reuptake of NE via the transporter of norepinephrine on synaptic spikes is further improved.

- Around the same time, the potential of milnacipran to suppress 5HT and NE reuptake promotes the diagnosis of MDD. Given the monoamine hypothesis that 5HT decline can be correlated with fear, obsessions, compulsions and reduced NE, it is suggested that the essential activities of milnacipran such as serotonin and norepinephrine reuptake inhibitor can help to manage these MDD symptoms by increasing the existence of serotonin (English et al., 2010).

Sibutramine	Depression	Obesity
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- suppression of norepinephrine (NE), serotonin (5-hydroxytryptamine, 5-HT), and dopamine reuptake, sibutramine exert their beneficial results at the synaptic synapse in a lower degree. Sibutramine delays the regeneration of these neurotransmitters and therefore reduces the satiety sensation and hunger intake. Animal reports also show that sibutramine may also raise the energy costs in the basal and fed systems through thermogenic impact, but this has not been proven through men. The release of monoamine does not result in sibutramine (R. Araujo & Martel, 2011).

Zidovudine	Cancer	HIV/AIDS
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- Zidovudine is a human-induced immunodeficiency virus type- 1 (HIV-1) inhibitor of nucleoside reverse transcriptase (NRTI). Zidovudine is an active metabolite phosphorylated that is efficient in viral DNA integration. They competitively suppress the HIV reverse transcriptase enzyme and act as DNA synthesis chain terminator. The absence of 3'-OH in analog containing nucleoside inhibits the production of phosphodiester association between 5' and 3' necessary for the

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elongation of the DNA chain and thus terminates the production of viral DNA.

- Zidovudine, a molecular relative of thymidine and a phosphorylated drug called Zidovudine Triphosphate. After nucleotide analog is inserted, it inhibits the operation of reverse transcriptase (RT) HIV-1 by the elimination of DNA line. The normal substratum dGTP is active and it is integrated into viral DNA. The cellulose DNA polymerase α and μ is also a poor inhibitor (Anderson & Rower, 2010).

Galantamine	Polio, paralysis and	Alzheimer's disease
➤ Galantamine is an inhibitor of reversible cholinesterase, especially, parasympathomimetic. The condition has been suggested in the diagnosis of moderate to moderate Alzheimer's disease but is only an agent that modifies the path of the underlying dementia cycle. A deficiency of acetyl choline as a consequence of systematic depletion of cholinergic neurons in the brain, the nucleus baseal and the hippocampes is an early pathophysiological characteristic of Alzheimer's disease correlated with memory impairment and cognitive deficits. Galantamine is postulated by improving the cholinergic function to exercise its therapeutic effect. It is done by increasing acetylcholine levels through reversible hydrolysis inhibition by acetylcholinesterase. This is done by If this proposed mode of action is right, the effect of Galantamine may deteriorate as the disease progresses and fewer functionally intact cholinergic neurons are present. ➤ Galantamine is a reversible and efficient acetylcholinesterase transporter and is a phenanthrene alkaloid. This is not structurally linked with other regulators of acetylcholinesterase. The suggested mechanism of action of Galantamine is to inject acetylcholinesterase reversible,		

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which prevents acetylcholine hydrolysis and leads to increased acetylcholine concentration at cholinergic synapses. Galantamine also allosterically binds to nicotinic acetylcholine receptors and can potentiate agonists (e.g. acetylcholine)' activity on certain receptors (Lilienfeld, 2002).

Lidocaine	Local anaesthesia	Oral corticosteroid-dependent asthma
➤ Lidocaine is an amide-type local anesthetic. This is used in different locations of the body to deliver local anesthesia via nerve blockage. It is achieved by stabilizing the neuronal membrane and preventing the ionic fluxes required to activate and execute impulses to generate a local anesthetic. The lidocaine agent acts in particular on sodium ion channels on the internal surface of the membranes of nerve cells. In these channels, uncharged neutral lidocaine molecules spread to the axoplasm through neural sheaths where they are ionized with hydrogen ions. The resulting lidocaine cations can then reciprocally bind the sodium channels from within and hold them locked in an open condition which inhibits depolarisation of the nerves. Consequently, with adequate blockage, the postsynaptic neuron membrane would not ultimately depolarize and refuses to communicate a possible signal for intervention. It promotes an anesthetic by not only stopping the transmission of pain impulses through the brain but first and foremost by eliminating their production. ➤ Lidocaine has significant properties in the central nervous systems and the cardiac systems, in addition to preventing conduction in nerve axons in the peripheral nervous system. Lidocaine, after ingestion, may induce a stimulus to the CNS accompanied by paralysis and works primarily on the myocardium in the cardiovascular system, where the excitability of		

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electricity, lead rate and contract intensity are decreased (Hermanns et al., 2019).		
Ropinirole	Hypertension	Parkinson's disease and
➤ Ropinirole is a dopamine agonist with no ergoline. The D3 receptors, located in the limbic region of the brain and which is responsible for some neuropsychiatric effects, are the greatest affinity to Ropinirol. It is unknown how ropinirol is acted exactly as a treatment for Parkinson's disease, however, its capacity to stimulate dopamine D2 receptors selectively within the brain caudate-putamen system is assumed to be associated. This influences the function of the muscle. Between ropinirole in the periphery and 5HT-1 receptors, marginal sensitivity is identified in $\alpha 2$ adrenoreceptors. Ropinirole has no interaction with receptors close to D1, benzodiazepine or GABA. The exact ropinirole function for treating resting legs syndrome is unclear, but its capacity to activate dopamine receptors is assumed to be correlated with it, however (Shill & Stacy, 2009).		
Tofisopam	Anxiety-related conditions	Irritable bowel syndrome
➤ Unlike other benzodiazepines, tofisopam is depressive but has no anticonvulsant, sedative, spinal relaxant physiological, motor-harming or amnestic effects as compared to other benzodiazepines. The action of 1,4-benzodiazepines increases anticonvulsant function. ➤ Tofisopam is non relatable gamma-aminobutyric acid receptor's benzodiazepine binding point. One analysis have demonstrated that tofisopam acting a high-relief isoenzyme-selective receptor (Rundfeldt et al., 2010).		

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Celecoxib	Osteoarthritis and adult rheumatoid arthritis	Familial adenomatous polyposis, colon and breast cancer
➤ Classic celecoxib is a direct not competitive inhibitor of cyclooxygenase 2 enzymes, as opposed to other NSAIDs inhibiting all forms of cyclooxygenases. COX-2 is a derivative highly distributed in inflammatory cells, in which inflammatory mediators cause it. This enzyme inhibition limits the production of metabolites. The resulting inhibition leads to pain and inflammation alleviation. ➤ Inhibitors of prostaglandin synthesis cause mucosal injury, ulceration and ulcers in the gastrointestinal tract, as well as NSAIDs. Celecoxib offers a less chance of ulceration than other NSAIDs because of its reduced effect on the production of gastric mucosa prostaglandin relative to placebo. Celecoxib functions as a cadherin 11 (CDH11) protein binding anti-cancer by inhibiting the 3-phosphoinositide-dependent pathway. Celecoxib is believed to be antifungal to tumors. Celecoxib enhances its effectiveness on cancer. ➤ The possibility of COX-2-inhibited thrombosis is induced by activities of thromboxane A₂, contributing to increased platelet combination that not regulated by intervention of prostacycline, an inhibitor of platelet aggregation, through inhibition of COX-2 (Li Gong, Caroline F. Thorne, Monica M. Bertagnolli, Tilo Grosser, Russ B. Altman & Kleina, 2013).		
Mecamylamine	Moderately severe ADHD essential hypertension as well as malignant hypertension	(N/A; Targacept)
➤ Mecamylamine is an effective oral antagonist and a secondary amine antihypertension agent and ganglion receptor. It is fairly serious to		

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extreme critical hypertension and malignant hypertension, mecamylamine is recommended. In both normal and hypertensive individuals, mecamylamine reduces blood pressure. Sometimes, a minimal dose orally lowers blood levels easily and reliably. This antihypertension effect is mostly orthostatic but also significantly reduces supine blood pressure. The blood-brain and placental boundaries are passed over by Mecamylamine.

- Mecamylamine is a ganglionic blockade that blocks the activation from pre-synaptic nerve endings to post-synaptic receptors by acetylcholine. A diminished sound, vasodilatations and reduced cardiac activity are mostly due to the hypertensive impact of Mecamylamine (Price, 2008).

Mifepristone
(RU486)

Pregnancy termination

Psychotic
major
depression

- Mifepristone is a synthesized opioid with antiprogesterone results suggested by 49 days pregnancy for the surgical stoppage of intrauterine abortion. The endometrial and myometrial symptoms of progesterone in women have been found to be antagonized at levels of 1 mg / kg or higher of mifepristone. The drug renders myometrium aware of the contractive activity of prostaglandins during birth. Antigluccorticoid and reduced antiandrogen production have also found to be involved in mifepristone. Doses of 10 to 25 mg / kg mifepristone suppressed the actions of glucocorticoid dexamethasone in rats. The 4.5 mg / kg or higher doses in humans allowed the adrenocorticotrophic hormone (ACTH) and cortisol to rise through punishment.
- Mifepristone's anti-progesterone behavior is a consequence of a direct relationship with progesterone. The compound inhibits the endogenous or exogenous progesterone production on the basis of experiments of specific oral doses in many animal species (mouse, rodent, rabbit and monkey). The pregnancy is ended. Mifepristone prevents cortisol

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attachment to its receptor in the diagnosis of Cushing's syndrome. The results of overcortisol, for example elevated blood pressure, are reduced, rather than cortisol output (Cadepond, PhD et al., 1997).

Paclitaxel	Cancer	Restenosis
➤ Paclitaxel is a firstline, secondary therapy for advanced ovary carcinoma and various cancers, including breast cancer, suggested as an antimicrobial taxoid agent. Paclitaxel an modern antimicrotubular manager that facilitates tubulin dimers in assembly of and avoiding depolymerisation stabilizing the microtubules. This equilibrium prevents the regular hierarchical. Furthermore, paclitaxel causes irregular clusters or bundles of microtube throughout mitosis in the process. ➤ Paclitaxel affects the usual microtubular production process. Although drugs such as colchicine induce microtubulatory depolymerization in vivo, paclitaxel prevents their work by behaving the opposite way. This removes the capacity of the cell to flexibly utilize its cytoskeleton. Paclitaxel attaches directly tubulin subunits. Tubulin 'microtubular structure block' with paclitaxel attachment in place these structure blocks. It is not necessary to disassemble the resulting microtubule / paclitaxel combination. The cell structure is adversely affected, as a transport path for the cells needs to be shortened and expanded by microtubule (called dynamic instability). For starters, during mitosis, chromosomes depend on this microtubular property (Weaver, 2014).		
Phentolamine	Hypertension	Impaired night vision
➤ In periods of elevated blood pressure and vomiting for a condition named pheochromocytoma, phentolamine is recommended for the regulation. When tachycardia is severe, the beta-blocking agent can need to be used concurrently. Phentolamine is a blocking agent that is		

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long-acting, adrenergic that alpha-receptor and can generate and retain oral "natural compassion." It improves blood supply to the scalp, mucosa and abdominal viscera and decreases blood pressure both supine and erect. The parasympathy mechanism has no impact. Phentolamine functions in certain regions of the body by suppressing alpha receptors. Within the muscle which lines the walls of blood vessels there are alpha receptors. The muscles relax and the blood vessels expand as the receptors are activated by Phentolamine. The rise in the blood flow allows blood pressure to drop.

- Phentolamine achieves its therapeutically successful action, contributing to a relaxation and expansion of the muscle vessels via the competitive blockage of Alpha-Adrenergic Receptors (especially excited responses of the smooth muscle and exocrine glands). The rise in the blood flow allows blood pressure to drop. Phentolamine has a fairly temporary effect in blocking function is incompletable. Its effectiveness in counteracting epinephrin and/or norepinephrine mediated reactions than in counteracting reactions of mediator at the end of the adrenergic nerve. Phentolamine is both an inotropic and chronotropic stimulator that enhances β -adrenergic receptor activity and improves cardiac rate (Gould et al., 1969).

Tadalafil	Inflammation and cardiovascular disease	Male erectile dysfunction
➤ Tadalafil regulated male erectile dysfunction as well as pulmonary arterial hypertension (PAH). The released nitric oxide (NO) in corpus cavernosum becomes part of biochemical phase of erection. The effect is a flat muscle relax in the corpus cavernosum and contributes to an rise in the blood inflow and an erection. This stimulates the enzyme guanylates cyclase and results in an enriched amount of cyclic guanosine (cGMP). Tadalafil is a active, selective cGMP receptor, and is accountable with cGMP squalor in the corpus cavernosum. It		

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indicates that natural sexual stimulation of tadalafil in the corpus cavernosum contributes to an improvement in cGMP level, which results in stronger erections.

- Penile erection is accomplished by calming penile arteries and strong rigid corpus cavernosal muscles, which contribute to improved blood supply to the heart. This process is regulated by the release from the nerve and endothelial cell of nitric oxide (NO), which facilitates cGMP Synthesis in smooth muscle cells. Cyclic GMP induces a gradual relaxing of the muscle and an improvement of blood supply to corpus cavernosum, weakening in the corpus cavernosum that is found around the penis with cGMP common type 5 phosphodiesterase (PDE5). Tadalafil reduces PDE5 and increases erectile function by increasing usable cGMP (Frajese et al., 2006).

Thalidomide	Sedation, nausea and insomnia	Cutaneous manifestations of erythema nodosum leprosum in leprosy as well as multiple myeloma
➤ Thalidomide is an immunomodulatory agent with a not completely defined variety of behaviors. Thalidomide is racemic — it produces equivalent concentrations of both the isomers: successful in the face of morning sickness. Enantiomers were in vivo transformed. This means that all isomers will be present in the serum whether a person is administered D-thalidomide or L-thalidomide. The best way to avoid teratogenic symptoms in humans is also to prescribe only an enantiomer. ➤ Results from in vitro and preliminary clinical trials show that immunologically selected cell surface-adherence molecules involved in		

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the leucocytic movement are sensitive to a broad range of conditions and can be related in effect to the suppression of excessive tumor Necrose factor-alpha (TNF-a). For instance, the thalidomide administration has been shown to reduce circulating TNF-a rates in ENL patients; however, plasma TNF-a concentrations in HIV-seropositive patients have also been shown to increase. The medication will function as a VEGF inhibitor as a cancer treatment (Vargesson, 2015).

Topiramate	Epilepsy	Obesity
➤ An assault is an electric pulse irregular and unchecked in the brain. This results in temporary brain function interruption that results in decreased alertness, unusual sensations and focal involuntary movements and convulsions. Various forms of epilepsy, including tonic-clonic seizures and early onset epilepsy, occur. ➤ Currently, the precise pathways used in topiramate pharmacologic interventions are not thoroughly defined on the seizures and migraines. Nevertheless, many features of this medication may lead to its therapeutic impact. It was found that topiramates are used to conduct action on sodium, GABA receptors, and glutamate receptors depending on voltage. ➤ Topiramate stimulates GABA-A receptor function in locations where the brain becomes nonbenzodiazepine and decreases the development of the glutamate in the AMPA and kainate receptors. GABA-A receptors are usually inhibitory and neuronal activation is activated by glutaminergic receptors. Increasing the production of GABA and inhibiting the function of glutamate impedes the synaptic anticipation, avoids accidents and migraines. This also blocks sodium channels that are anxiety based and inhibits any seizure behavior. It was shown that topiramate inhibits many carbonic isozymes of anhydrase but the		

therapeutic significance of these is currently uncertain (Naegel & Obermann, 2010).

5. Challenges and Future scopes

- Current methods for product production are costly, inefficient and risky. The repositioning of medications also lately gave publicity and medicines for therapeutic usage quicker. Drug repositioning is, however, a dynamic procedure that requires several considerations, such as technologies, trading models, patents, funding and consumer requirements. While a significant number of medical databases have been developed, it remains a challenge to choose the best method for making effective use of vast medical data. New strategies for repositioning medications are desperately required. Another mentioned issue to be addressed is the question of intellectual property (IP). IP security is restricted for repositioning medications. For instance, certain new associations for product target-disease discovered by repositioning scientists have been verified by online articles or repositories, but it is difficult because of law to obtain IP security for such associations. The IP problem prohibits the selling of such repositioned drugs. Any resettlement ventures, which is a waste of time and energy, are also being pressured to abandon. A modern business model has to be established as the current business model is a serial model that allows investment issues to converge.
- There are barriers and incentives. The accidental finding in the 1920s was the first case of product repositioning. Further solutions to the rapid method of product repositioning were suggested after around a century of progress. That explains why the repositioning of medications has gained tremendous popularity. Large algorithms for machine-learning have been implemented to boost product repositioning efficiency in this situation. Besides quantitative approaches, experimental methods, such as goal screening, cell assessments, animal study approaches and clinical approaches, have been established which provide direct evidence of ties between drugs. There are effective and trustworthy methods. Throughout recent years, further scholars have incorporated electronic techniques to discover alternative targets for medicines, known as mixed strategies, in which bio-experiments

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and clinical studies were used to verify the findings of statistical methods. Mixed strategies offer incentives for the effective and fast production of repositioned medicines (Sardana et al., 2011).

- The creation of secondary patents offers researchers an incentive to discover alternative uses for current drugs. Most repositioning projects have been carried out seamlessly with low costs, and several countries have expressed concern about the IP issue. Parallel approaches increase the performance of product repositioning significantly as per the industrial model. Of starters, multiple experiments or trials on a potential medication are performed, reducing the time needed of repositioning a product.
- A growing number of illnesses need the diagnosis of modern drugs from the consumer standpoint, which will offer possible economic benefits. For starters, more than 6000 rare diseases must be researched, taking uncommon diseases as an example. Only 5% of them, though, was prosecuted. Rare diseases are a major opportunity that can be studied .
- Metronomical of Low-dose chemotherapy has arisen as a regimen that can change the cancer landscape and suppress endogenous characteristics to encourage tumor growth activation endothelic. In medication repositioning, the principle of low-dose metronomic chemotherapy was effectively employed. Quirk and Gannapathy Kannappan speculated the possibility for the up-regulation of proteins A or B correlated with MHC-Class I and for the increase in immunotherapy regulated by human immune cells that recognize such proteins at existing chemical therapies in sub-lethal, untotoxic doses. This theory needs to be tested further by a thorough examination. Drug repositioning patenting may be a task, particularly where rivals in the same product class have already submitted new indications (Oprea et al., 2011). Mucke has placed forward valuable product patenting approaches, which indicate the importance of systematic product repositioning databases and specialist networks that enable researchers obtain specific knowledge on patents. Drug repositioning patenting programs are often essential. The regulatory approval framework can also have a major effect on the repositioning supply of medicines. Nishimura et al. presented opportunities for repositioning drugs, including an approval mechanism for repositioning drugs and potential guidance (Corsello et al., 2017).

6. Conclusion

- Drug repositioning had more advantages than the traditional method for discovery of drug. The approaches of drug repositioning proves to be an effective way to discover the new indication over the old indication of same drug.
- Now a days this technique is used most and gained the popularity. The investment in this technique has also increased. The drugs that are listed here with mechanism of action represents the new and old indication which gives idea about the drug metabolism and their pathway. This data will be helpful in taking overall idea of drug repositioning with the different examples of drugs of different class. This research focus would optimize the expertise of Drug repositioning in order to find medicines that can be used to avoid and/or cure diseases that currently lack appropriate medicines.

7. References

- 1) Anderson, P. L., & Rower, J. E. (2010). Zidovudine and Lamivudine for HIV Infection. *Clinical Medicine Reviews in Therapeutics*, 2, 115–127. <https://doi.org/10.4137/cmrt.s4557>
- 2) Balushi, A. Al, Khamis, F., Klaassen, C. H. W., Gangneux, J. P., Van Hellemond, J. J., & Petersen, E. (2018). Double Infection with *Leishmania tropica* and *L. Major* in an Hiv patient controlled with high doses of amphotericin B. *Open Forum Infectious Diseases*, 5(12), 1–3. <https://doi.org/10.1093/ofid/ofy323>
- 3) Baran, H., & Kepplinger, B. (2014). D-cycloserine lowers kynurenic acid formation-New mechanism of action. *European Neuropsychopharmacology*, 24(4), 639–644. <https://doi.org/10.1016/j.euroneuro.2013.10.006>
- 4) Beljanski, V. (2008). Everolimus. *XPharm: The Comprehensive Pharmacology Reference*, 16(5), 1–5. <https://doi.org/10.1016/B978-008055232-3.64074-7>
- 5) Borgers, M., & Van de Ven, M. -A. (1989). Mode of Action of Itraconazole: Morphological Aspects. *Mycoses*, 32, 53–59. <https://doi.org/10.1111/j.1439-0507.1989.tb02294.x>
- 6) Cadepond, PhD, F., Ulmann, MD, PhD, A., & Baulieu, MD, PhD, E.-E. (1997). RU486 (MIFEPRISTONE): Mechanisms of Action and Clinical Uses. *Annual Review of Medicine*, 48(1), 129–156. <https://doi.org/10.1146/annurev.med.48.1.129>
- 7) Chung, R. T., Gale, M., Polyak, S. J., Lemon, S. M., Liang, T. J., & Hoofnagle, J. H. (2008). Mechanisms of action of interferon and ribavirin in chronic hepatitis C: Summary of a workshop. *Hepatology*, 47(1), 306–320. <https://doi.org/10.1002/hep.22070>
- 8) Corsello, S. M., Bittker, J. A., Liu, Z., Gould, J., McCarren, P., Hirschman, J. E., Johnston, S. E., Vrcic, A., Wong, B., Khan, M., Asiedu, J., Narayan, R., Mader, C. C., Subramanian, A., & Golub, T. R. (2017). The Drug Repurposing Hub: A next-generation drug library and information resource. *Nature Medicine*, 23(4), 405–408. <https://doi.org/10.1038/nm.4306>
- 9) DeFronzo, R. A. (2011). Bromocriptine: A sympatholytic, D2-dopamine agonist for the treatment of type 2 diabetes. *Diabetes Care*, 34(4), 789–794. <https://doi.org/10.2337/dc11-0064>
- 10) Deotarse, P. P., Jain, A. S., Baile, M. B., Kolhe, N. S., & Kulkarni, A. A. (2015). Drug Repositioning : A Review. *International Journal of*

A REVIEW ON DRUG REPOSITIONING

- Pharma Research & Review*, 4(August), 51–58.
- 11) Ehsanian, R., Van Waes, C., & Feller, S. M. (2011). Beyond DNA binding - A review of the potential mechanisms mediating quinacrine's therapeutic activities in parasitic infections, inflammation, and cancers. *Cell Communication and Signaling*, 9(1), 13.
<https://doi.org/10.1186/1478-811X-9-13>
 - 12) Emig, D., Ivliev, A., Pustovalova, O., Lancashire, L., Bureeva, S., Nikolsky, Y., & Bessarabova, M. (2013). Drug Target Prediction and Repositioning Using an Integrated Network-Based Approach. *PLoS ONE*, 8(4). <https://doi.org/10.1371/journal.pone.0060618>
 - 13) English, C., Rey, J. A., & Rufin, C. (2010). Milnacipran (savella), a treatment option for fibromyalgia. *P and T*, 35(5), 261–266.
 - 14) Frajese, G. V., Pozzi, F., & Frajese, G. (2006). Tadalafil in the treatment of erectile dysfunction; an overview of the clinical evidence. *Clinical Interventions in Aging*, 1(4), 439–449.
<https://doi.org/10.2147/ciia.2006.1.4.439>
 - 15) Francis, S. H. (2005). Sildenafil: Efficacy, safety, tolerability and mechanism of action in treating erectile dysfunction. *Expert Opinion on Drug Metabolism and Toxicology*, 1(2), 283–293.
<https://doi.org/10.1517/17425255.1.2.283>
 - 16) Garrido-Mesa, N., Zarzuelo, A., & Gálvez, J. (2013). Minocycline: Far beyond an antibiotic. *British Journal of Pharmacology*, 169(2), 337–352. <https://doi.org/10.1111/bph.12139>
 - 17) Gould, L., Zahir, M., & Ettinger, S. (1969). Phentolamine and cardiovascular performance. *British Heart Journal*, 31(2), 154–162.
<https://doi.org/10.1136/hrt.31.2.154>
 - 18) Guest, P. C., Knowles, M. R., Molon-Noblot, S., Salim, K., Smith, D., Murray, F., Laroque, P., Hunt, S. P., De Felipe, C., Rupniak, N. M., & McAllister, G. (2004). Mechanisms of action of the antidepressants fluoxetine and the substance P antagonist L-000760735 are associated with altered neurofilaments and synaptic remodeling. *Brain Research*, 1002(1–2), 1–10. <https://doi.org/10.1016/j.brainres.2003.11.064>
 - 19) Hearst, M. A. (2012). Text Data Mining. *The Oxford Handbook of Computational Linguistics*, 9780199276349.
<https://doi.org/10.1093/oxfordhb/9780199276349.013.0034>
 - 20) Hermanns, H., Hollmann, M. W., Stevens, M. F., Lirk, P., Brandenburger, T., Piegeler, T., & Werdehausen, R. (2019). Molecular mechanisms of action of systemic lidocaine in acute and chronic pain: a narrative review. *British Journal of Anaesthesia*, 123(3), 335–349.
<https://doi.org/10.1016/j.bja.2019.06.014>
 - 21) Hughes, J. P., Rees, S. S., Kalindjian, S. B., & Philpott, K. L. (2011). Principles of early drug discovery. *British Journal of Pharmacology*, 162(6), 1239–1249. <https://doi.org/10.1111/j.1476-5381.2010.01127.x>
 - 22) Hughes, M. F. (2002). Arsenic toxicity and potential mechanisms of action. *Toxicology Letters*, 133(1), 1–16. [https://doi.org/10.1016/S0378-4274\(02\)00084-X](https://doi.org/10.1016/S0378-4274(02)00084-X)
 - 23) J.RUNDEGREN, A. G. M. A. (2003). Minoxidil: mechanisms of action on hair growth. *British Journal of Dermatology*, 253(8), 186–194.
<https://doi.org/10.1001/jama.1985.03350320055016>
 - 24) Jensen, L. J., Saric, J., & Bork, P. (2006). Literature mining for the

- biologist: From information retrieval to biological discovery. *Nature Reviews Genetics*, 7(2), 119–129. <https://doi.org/10.1038/nrg1768>
- 25) Jin, G., & Wong, S. T. C. (2014). Toward better drug repositioning: Prioritizing and integrating existing methods into efficient pipelines. *Drug Discovery Today*, 19(5), 637–644. <https://doi.org/10.1016/j.drudis.2013.11.005>
 - 26) Joachim Haupt, V., & Schroeder, M. (2011). Old friends in new guise: Repositioning of known drugs with structural bioinformatics. *Briefings in Bioinformatics*, 12(4), 312–326. <https://doi.org/10.1093/bib/bbr011>
 - 27) Karpa, K. D., Cavanaugh, J. E., & Lakoski, J. M. (2002). Duloxetine pharmacology: Profile of a dual monoamine modulator. *CNS Drug Reviews*, 8(4), 361–376. <https://doi.org/10.1111/j.1527-3458.2002.tb00234.x>
 - 28) Keiser, M. J., Setola, V., Irwin, J. J., Laggner, C., Abbas, A. I., Hufeisen, S. J., Jensen, N. H., Kuijter, M. B., Matos, R. C., Tran, T. B., Whaley, R., Glennon, R. A., Hert, J., Thomas, K. L. H., Edwards, D. D., Shoichet, B. K., & Roth, B. L. (2009). Predicting new molecular targets for known drugs. *Nature*, 462(7270), 175–181. <https://doi.org/10.1038/nature08506>
 - 29) Kendirci, M., Salem, E., & Hellstrom, W. J. G. (2007). Dapoxetine, a novel selective serotonin transport inhibitor for the treatment of premature ejaculation. *Therapeutics and Clinical Risk Management*, 3(2), 277–289. <https://doi.org/10.2147/tcrm.2007.3.2.277>
 - 30) Klaeger, S., Heinzlmeir, S., Wilhelm, M., Polzer, H., Vick, B., Koenig, P. A., Reinecke, M., Ruprecht, B., Petzoldt, S., Meng, C., Zecha, J., Reiter, K., Qiao, H., Helm, D., Koch, H., Schoof, M., Canevari, G., Casale, E., Re Depaolini, S., ... Kuster, B. (2017). The target landscape of clinical kinase drugs. *Science*, 358(6367). <https://doi.org/10.1126/science.aan4368>
 - 31) Knox, C., Law, V., Jewison, T., Liu, P., Ly, S., Frolkis, A., Pon, A., Banco, K., Mak, C., Neveu, V., Djoumbou, Y., Eisner, R., Guo, A. C., & Wishart, D. S. (2011). DrugBank 3.0: A comprehensive resource for “Omics” research on drugs. *Nucleic Acids Research*, 39(SUPPL. 1), 1035–1041. <https://doi.org/10.1093/nar/gkq1126>
 - 32) Koltai, T. (2015). Nelfinavir and other protease inhibitors in cancer: mechanisms involved in anticancer activity. *F1000Research*, 0, 1–19. <https://doi.org/10.12688/f1000research.5827.1>
 - 33) Krallinger, M., Erhardt, R. A. A., & Valencia, A. (2005). Text-mining approaches in molecular biology and biomedicine. *Drug Discovery Today*, 10(6), 439–445. [https://doi.org/10.1016/S1359-6446\(05\)03376-3](https://doi.org/10.1016/S1359-6446(05)03376-3)
 - 34) Law, V., Knox, C., Djoumbou, Y., Jewison, T., Guo, A. C., Liu, Y., Maclejewski, A., Arndt, D., Wilson, M., Neveu, V., Tang, A., Gabriel, G., Ly, C., Adamjee, S., Dame, Z. T., Han, B., Zhou, Y., & Wishart, D. S. (2014). DrugBank 4.0: Shedding new light on drug metabolism. *Nucleic Acids Research*, 42(D1), 1091–1097. <https://doi.org/10.1093/nar/gkt1068>
 - 35) Lell, B., Ruangwearayut, R., Wiesner, J., Missinou, M. A., Schindler, A., Baranek, T., Hintz, M., Hutchinson, D., Jomaa, H., & Kremsner, P. G. (2003). Fosmidomycin, a novel chemotherapeutic agent for malaria. *Antimicrobial Agents and Chemotherapy*, 47(2), 735–738.

- <https://doi.org/10.1128/AAC.47.2.735-738.2003>
- 36) Leung, Y. Y., Yao Hui, L. L., & Kraus, V. B. (2015). Colchicine-Update on mechanisms of action and therapeutic uses. *Seminars in Arthritis and Rheumatism*, 45(3), 341–350.
<https://doi.org/10.1016/j.semarthrit.2015.06.013>
 - 37) Li Gong, Caroline F. Thorna, Monica M. Bertagnollic, Tilo Grosserd, Russ B. Altmana, A., & Kleina, T. E. (2013). Pharmacogenet Genomics. *Celecoxib Pathways: Pharmacokinetics and Pharmacodynamics*, 22(December 1998), 310–318.
<https://doi.org/10.1097/FPC.0b013e32834f94cb.Celecoxib>
 - 38) Li, J., Zhu, X., & Chen, J. Y. (2009). Building disease-specific drug-protein connectivity maps from molecular interaction networks and PubMed abstracts. *PLoS Computational Biology*, 5(7).
<https://doi.org/10.1371/journal.pcbi.1000450>
 - 39) Lilienfeld, S. (2002). Galantamine - A novel cholinergic drug with a unique dual mode of action for the treatment of patients with Alzheimer's disease. *CNS Drug Reviews*, 8(2), 159–176.
<https://doi.org/10.1111/j.1527-3458.2002.tb00221.x>
 - 40) Lipov, E. G., Joshi, J. R., & Sanders, S. (2009). A new mechanism of action for tamoxifen. *The Lancet Oncology*, 10(6), 542.
[https://doi.org/10.1016/S1470-2045\(09\)70141-X](https://doi.org/10.1016/S1470-2045(09)70141-X)
 - 41) Luo, H., Wang, J., Li, M., Luo, J., Peng, X., Wu, F. X., & Pan, Y. (2016). Drug repositioning based on comprehensive similarity measures and Bi-Random walk algorithm. *Bioinformatics*, 32(17), 2664–2671.
<https://doi.org/10.1093/bioinformatics/btw228>
 - 42) Maltzman, J. S., & Koretzky, G. A. (2003). Azathioprine: Old drug, new actions. *Journal of Clinical Investigation*, 111(8), 1122–1124.
<https://doi.org/10.1172/JCI200318384>
 - 43) Marill, J., Idres, N., Capron, C., Nguyen, E., & Chabot, G. (2005). Retinoic Acid Metabolism and Mechanism of Action: A Review. *Current Drug Metabolism*, 4(1), 1–10.
<https://doi.org/10.2174/13892000333336900>
 - 44) Massey, V., Komai, H., Palmer, G., & Elion, G. B. (1970). On the mechanism of inactivation of xanthine oxidase by allopurinol and other pyrazolo[3,4-d]pyrimidines. *Journal of Biological Chemistry*, 245(11), 2837–2844.
 - 45) Mei, J. P., Kwoh, C. K., Yang, P., Li, X. L., & Zheng, J. (2013). Drug-target interaction prediction by learning from local information and neighbors. *Bioinformatics*, 29(2), 238–245.
<https://doi.org/10.1093/bioinformatics/bts670>
 - 46) Mini, E., Nobili, S., Caciagli, B., Landini, I., & Mazzei, T. (2006). Cellular pharmacology of gemcitabine. *Annals of Oncology*, 17(SUPPL. 5), 7–12. <https://doi.org/10.1093/annonc/mdj941>
 - 47) Mullen, J., Cockell, S. J., Woollard, P., & Wipat, A. (2016). An integrated data driven approach to drug repositioning using gene-disease associations. *PLoS ONE*, 11(5), 1–24.
<https://doi.org/10.1371/journal.pone.0155811>
 - 48) Naegel, S., & Obermann, M. (2010). Topiramate in the prevention and treatment of migraine: Efficacy, safety and patient preference. *Neuropsychiatric Disease and Treatment*, 6(1), 17–28.

- <https://doi.org/10.2147/ndt.s6459>
- 49) Nicholas Dias, Yung Peng, R. K. (2017). 乳鼠心脏提取HHS Public Access. *Physiology & Behavior*, 176(3), 139–148.
<https://doi.org/10.1016/j.physbeh.2017.03.040>
 - 50) Okigbo, A. A., Helkowski, M. S., Royes, B. J., Bleimeister, I. H., Lam, T. R., Bao, G. C., Cheng, J. P., Bondi, C. O., & Kline, A. E. (2019). Dose-dependent neurorestorative effects of amantadine after cortical impact injury. *Neuroscience Letters*, 694(November 2018), 69–73.
<https://doi.org/10.1016/j.neulet.2018.11.030>
 - 51) Oprea, T. I., Bauman, J. E., Bologa, C. G., Buranda, T., Chigaev, A., Edwards, B. S., Jarvik, J. W., Gresham, H. D., Haynes, M. K., Hjelle, B., Hromas, R., Hudson, L., MacKenzie, D. A., Muller, C. Y., Reed, J. C., Simons, P. C., Smagley, Y., Strouse, J., Surviladze, Z., ... Sklar, L. A. (2011). Drug repurposing from an academic perspective. *Drug Discovery Today: Therapeutic Strategies*, 8(3–4), 61–69.
<https://doi.org/10.1016/j.ddstr.2011.10.002>
 - 52) Ortiz Conselvan, R. S., & Camargo, E. A. (2003). Use of finasteride in the treatment of men with hair loss. *Revista Brasileira de Medicina*, 60(6), 372–377.
<http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L36944220%5Cnhttp://resolver.ebscohost.com/openurl?custid=s3733374&authtype=ip&&sid=EMBASE&issn=00347264&id=doi:&title=Use+of+finasteride+in+the+treatment+of+men+with+hair+loss&st> it
 - 53) Palma, G., Vidal, M. E., & Raschid, L. (2014). Drug-Target interaction prediction using semantic similarity and edge partitioning. *Lecture Notes in Computer Science (Including Subseries Lecture Notes in Artificial Intelligence and Lecture Notes in Bioinformatics)*, 8796, 131–146.
<https://doi.org/10.1007/978-3-319-11964-9>
 - 54) Pinto-Martinez, A. K., Rodriguez-Durán, J., Serrano-Martin, X., Hernandez-Rodriguez, V., & Benaim, G. (2018). Mechanism of action of miltefosine on Leishmania donovani involves the impairment of acidocalcisome function and the activation of the sphingosine-dependent plasma membrane Ca²⁺ channel. *Antimicrobial Agents and Chemotherapy*, 62(1), 1–10. <https://doi.org/10.1128/AAC.01614-17>
 - 55) Price, S. J. and T. (2008). 基因的改变NIH Public Access. *Bone*, 23(1), 1–7. <https://doi.org/10.1038/jid.2014.371>
 - 56) R. Araujo, J., & Martel, F. (2011). Sibutramine Effects on Central Mechanisms Regulating Energy Homeostasis. *Current Neuropsychopharmacology*, 999(999), 1–4.
<https://doi.org/10.2174/157021107012039159x>
 - 57) Rastegar-Mojarad, M., Elayavilli, R. K., Li, D., Prasad, R., & Liu, H. (2015). A new method for prioritizing drug repositioning candidates extracted by literature-based discovery. *Proceedings - 2015 IEEE International Conference on Bioinformatics and Biomedicine, BIBM 2015*, 669–674. <https://doi.org/10.1109/BIBM.2015.7359766>
 - 58) Ray, L., Chin, P., & Miotto, K. (2012). Naltrexone for the Treatment of Alcoholism: Clinical Findings, Mechanisms of Action, and Pharmacogenetics. *CNS & Neurological Disorders - Drug Targets*, 9(1),

- 13–22. <https://doi.org/10.2174/187152710790966704>
- 59) Rey, J. R. C., Cervino, E. V., Rentero, M. L., Crespo, E. C., Álvaro, A. O., & Casillas, M. (2009). Raloxifene: Mechanism of Action, Effects on Bone Tissue, and Applicability in Clinical Traumatology Practice. *The Open Orthopaedics Journal*, 3(1), 14–21. <https://doi.org/10.2174/1874325000903010014>
- 60) Roy, A., & Chaguturu, R. (2017). Holistic Drug Targeting. In *Innovative Approaches in Drug Discovery: Ethnopharmacology, Systems Biology and Holistic Targeting*. Elsevier Inc. <https://doi.org/10.1016/B978-0-12-801814-9.00003-9>
- 61) Rundfeldt, C., Socała, K., & Wlaź, P. (2010). The atypical anxiolytic drug, tofisopam, selectively blocks phosphodiesterase isoenzymes and is active in the mouse model of negative symptoms of psychosis. *Journal of Neural Transmission*, 117(11), 1319–1325. <https://doi.org/10.1007/s00702-010-0507-3>
- 62) Sardana, D., Zhu, C., Zhang, M., Gudivada, R. C., Yang, L., & Jegga, A. G. (2011). Drug repositioning for orphan diseases. *Briefings in Bioinformatics*, 12(4), 346–356. <https://doi.org/10.1093/bib/bbr021>
- 63) Saunders, P., & Schultz, G. A. (1972). *MECHANISM OF ACTION OF BLEOMYCIN-I*. 21.
- 64) Shill, H. A., & Stacy, M. (2009). Update on ropinirole in the treatment of Parkinson's disease. *Neuropsychiatric Disease and Treatment*, 5(1), 33–36. <https://doi.org/10.2147/NDT.S3237>
- 65) Šubelj, L., & Bajec, M. (2011). Unfolding communities in large complex networks: Combining defensive and offensive label propagation for core extraction. *Physical Review E - Statistical, Nonlinear, and Soft Matter Physics*, 83(3), 1–12. <https://doi.org/10.1103/PhysRevE.83.036103>
- 66) Tai, C. H., Bellesi, M., Chen, A. C., Lin, C. L., Li, H. H., Lin, P. J., Liao, W. C., Hung, C. S., Schwarting, R. K., & Ho, Y. J. (2019). A new avenue for treating neuronal diseases: Ceftriaxone, an old antibiotic demonstrating behavioral neuronal effects. *Behavioural Brain Research*, 364(February), 149–156. <https://doi.org/10.1016/j.bbr.2019.02.020>
- 67) Talevi, A. (2018). Drug repositioning: Current approaches and their implications in the precision medicine era. *Expert Review of Precision Medicine and Drug Development*, 3(1), 49–61. <https://doi.org/10.1080/23808993.2018.1424535>
- 68) Timmins, G. S., & Deretic, V. (2006). Mechanisms of action of isoniazid. *Molecular Microbiology*, 62(5), 1220–1227. <https://doi.org/10.1111/j.1365-2958.2006.05467.x>
- 69) Vane, J. R., & Botting, R. M. (2003). The mechanism of action of aspirin. *Thrombosis Research*, 110(5–6), 255–258. [https://doi.org/10.1016/S0049-3848\(03\)00379-7](https://doi.org/10.1016/S0049-3848(03)00379-7)
- 70) Vargesson, N. (2015). Thalidomide-induced teratogenesis: History and mechanisms. *Birth Defects Research Part C - Embryo Today: Reviews*, 105(2), 140–156. <https://doi.org/10.1002/bdrc.21096>
- 71) Weaver, B. A. (2014). How Taxol/paclitaxel kills cancer cells. *Molecular Biology of the Cell*, 25(18), 2677–2681. <https://doi.org/10.1091/mbc.E14-04-0916>
- 72) Wozel, G., & Blasum, C. (2014). Dapsone in dermatology and beyond.

- Archives of Dermatological Research*, 306(2), 103–124.
<https://doi.org/10.1007/s00403-013-1409-7>
- 73) Wu, Z., Wang, Y., & Chen, L. (2013). Network-based drug repositioning. *Molecular BioSystems*, 9(6), 1268–1281.
<https://doi.org/10.1039/c3mb25382a>
- 74) Xue, H., Li, J., Xie, H., & Wang, Y. (2018). Review of drug repositioning approaches and resources. *International Journal of Biological Sciences*, 14(10), 1232–1244.
<https://doi.org/10.7150/ijbs.24612>
- 75) Yeu, Y., Yoon, Y., & Park, S. (2015). Protein localization vector propagation: a method for improving the accuracy of drug repositioning. *Molecular BioSystems*, 11(7), 2096–2102.
<https://doi.org/10.1039/c5mb00306g>
- 76) Yu, G., Li, G. F., & Markowitz, J. S. (2016). Atomoxetine: A Review of Its Pharmacokinetics and Pharmacogenomics Relative to Drug Disposition. *Journal of Child and Adolescent Psychopharmacology*, 26(4), 314–326. <https://doi.org/10.1089/cap.2015.0137>
- 77) Yu, L., Huang, J., Ma, Z., Zhang, J., Zou, Y., & Gao, L. (2015). Inferring drug-disease associations based on known protein complexes. *BMC Medical Genomics*, 8(2), 1–13. <https://doi.org/10.1186/1755-8794-8-S2-S2>

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