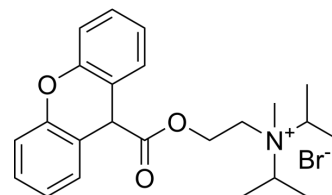


Proprantheline bromide

Cat. No.:	HY-B1188
CAS No.:	50-34-0
Molecular Formula:	C ₂₃ H ₃₀ BrNO ₃
Molecular Weight:	448.39
Target:	mAChR
Pathway:	GPCR/G Protein; Neuronal Signaling
Storage:	4°C, sealed storage, away from moisture * In solvent : -80°C, 6 months; -20°C, 1 month (sealed storage, away from moisture)



SOLVENT & SOLUBILITY

In Vitro

DMSO : ≥ 100 mg/mL (223.02 mM)
 H₂O : 50 mg/mL (111.51 mM; Need ultrasonic)
 * "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Solvent Concentration	Mass		
		1 mg	5 mg	10 mg
	1 mM	2.2302 mL	11.1510 mL	22.3020 mL
	5 mM	0.4460 mL	2.2302 mL	4.4604 mL
	10 mM	0.2230 mL	1.1151 mL	2.2302 mL

Please refer to the solubility information to select the appropriate solvent.

In Vivo

- Add each solvent one by one: PBS
Solubility: 130 mg/mL (289.93 mM); Clear solution; Need ultrasonic
- Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline
Solubility: ≥ 2.5 mg/mL (5.58 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)
Solubility: ≥ 2.5 mg/mL (5.58 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil
Solubility: ≥ 2.5 mg/mL (5.58 mM); Clear solution

BIOLOGICAL ACTIVITY

Description

Proprantheline bromide is an orally active mAChR antagonist. Proprantheline bromide can be used in the research of smooth muscle dysfunction, excessive sweating, cramps or spasms of the stomach, intestines or bladder, and involuntary urination [1][2][3].

IC₅₀ & Target

mAChR^[1]

In Vitro	<p>Proprantheline bromide (10 μM-1 mM) decreases urinary bladder smooth muscle reactivity to Acetylcholine^[1]. MCE has not independently confirmed the accuracy of these methods. They are for reference only.</p>								
In Vivo	<p>Proprantheline bromide (oral administration, 10-300 mg/kg) decreased the fecal pellet count and the incidences diarrhea in restraint stress-induced bowel dysfunction rats^[3]. MCE has not independently confirmed the accuracy of these methods. They are for reference only.</p> <table border="1" data-bbox="345 346 1515 619"> <tr> <td data-bbox="345 346 617 409">Animal Model:</td> <td data-bbox="617 346 1515 409">Restraint stress-induced bowel dysfunction models in rats^[3]</td> </tr> <tr> <td data-bbox="345 409 617 472">Dosage:</td> <td data-bbox="617 409 1515 472">10-300 mg/kg</td> </tr> <tr> <td data-bbox="345 472 617 535">Administration:</td> <td data-bbox="617 472 1515 535">Oral administration</td> </tr> <tr> <td data-bbox="345 535 617 619">Result:</td> <td data-bbox="617 535 1515 619"> Decreased the fecal pellet count with ED₅₀ values of 41 mg/kg. Dose-dependently decreased the incidences of diarrhea with ED50 values of 64 mg/kg. </td> </tr> </table>	Animal Model:	Restraint stress-induced bowel dysfunction models in rats ^[3]	Dosage:	10-300 mg/kg	Administration:	Oral administration	Result:	Decreased the fecal pellet count with ED ₅₀ values of 41 mg/kg. Dose-dependently decreased the incidences of diarrhea with ED50 values of 64 mg/kg.
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REFERENCES

- [1]. J Mokry, et al. Proprantheline and in vitro reactivity of urinary bladder smooth muscle in guinea pigs. Bratisl Lek Listy. 2005;106(4-5):151-4.
- [2]. Richard Jewell, et al. Proprantheline. xPharm: The Comprehensive Pharmacology Reference. 2007, Pages 1-5.
- [3]. S Kobayashi, et al. Effects of YM905, a novel muscarinic M3-receptor antagonist, on experimental models of bowel dysfunction in vivo. Jpn J Pharmacol. 2001 Jul;86(3):281-8.

Caution: Product has not been fully validated for medical applications. For research use only.

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