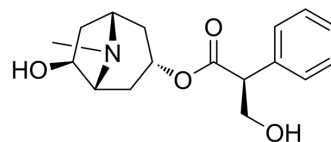


## Anisodamine

Cat. No.:	HY-N0584	
CAS No.:	55869-99-3	
Molecular Formula:	C <sub>17</sub> H <sub>23</sub> NO <sub>4</sub>	
Molecular Weight:	305.37	
Target:	mAChR	
Pathway:	GPCR/G Protein; Neuronal Signaling	
Storage:	Powder	-20°C 3 years
	In solvent	-80°C 6 months
		-20°C 1 month



### SOLVENT & SOLUBILITY

#### In Vitro

DMSO : ≥ 100 mg/mL (327.47 mM)  
 H<sub>2</sub>O : 20 mg/mL (65.49 mM; Need ultrasonic)  
 \* "≥" means soluble, but saturation unknown.

	Solvent Concentration	Mass		
		1 mg	5 mg	10 mg
Preparing Stock Solutions	1 mM	3.2747 mL	16.3736 mL	32.7472 mL
	5 mM	0.6549 mL	3.2747 mL	6.5494 mL
	10 mM	0.3275 mL	1.6374 mL	3.2747 mL

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

#### In Vivo

- Add each solvent one by one: PBS  
Solubility: 50 mg/mL (163.74 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 (8.19 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)  
Solubility: ≥ 2.5 mg/mL (8.19 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil  
Solubility: ≥ 2.5 mg/mL (8.19 mM); Clear solution

### BIOLOGICAL ACTIVITY

#### Description

Anisodamine (6-Hydroxyhyoscyamine), a belladonna alkaloid, is a non-subtype-selective muscarinic, and also a nicotinic cholinergic antagonist. Anisodamine employs in traditional Chinese medicine for many ailments, mainly to improve the microcirculation in states of shock, and also in organophosphate poisoning<sup>[1][2]</sup>.

<b>IC<sub>50</sub> &amp; Target</b>	Nicotinic cholinceptor <sup>[1]</sup>								
<b>In Vitro</b>	<p>Anisodamine (100 µg/mL; 20 minutes; RAW264.7 cells) pretreatment for 20 minutes before Ach results in significantly attenuates average fluorescence intensity of α-bungarotoxin binding compared with Ach alone<sup>[2]</sup>.</p> <p>Anisodamine action might be through blockade of muscarinic receptors and thus allowing more endogenous ACh binding to the α-7nAChR<sup>[2]</sup>.</p> <p>MCE has not independently confirmed the accuracy of these methods. They are for reference only.</p>								
<b>In Vivo</b>	<p>Anisodamine (50 mg/kg; i.p.; 72 hours) markedly decreases the mortality to 20%<sup>[2]</sup>.</p> <p>MCE has not independently confirmed the accuracy of these methods. They are for reference only.</p> <table border="1"> <tr> <td>Animal Model:</td> <td>LPS-Induced Shock Mice<sup>[2]</sup></td> </tr> <tr> <td>Dosage:</td> <td>50 mg/kg</td> </tr> <tr> <td>Administration:</td> <td>i.p.</td> </tr> <tr> <td>Result:</td> <td>Markedly decreased the mortality to 20%.</td> </tr> </table>	Animal Model:	LPS-Induced Shock Mice <sup>[2]</sup>	Dosage:	50 mg/kg	Administration:	i.p.	Result:	Markedly decreased the mortality to 20%.
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## REFERENCES

[1]. Eisenkraft A, et al. Possible role for anisodamine in organophosphate poisoning. Br J Pharmacol. 2016 Jun;173(11):1719-27.

[2]. Liu C, et al. Antishock effect of anisodamine involves a novel pathway for activating alpha7 nicotinic acetylcholine receptor. Crit Care Med. 2009;37(2):634-641.

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

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