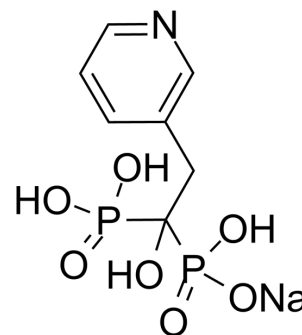


## Risedronic acid sodium

<b>Cat. No.:</b>	HY-B0119
<b>CAS No.:</b>	115436-72-1
<b>Molecular Formula:</b>	C <sub>7</sub> H <sub>10</sub> NNaO <sub>7</sub> P <sub>2</sub>
<b>Molecular Weight:</b>	305.09
<b>Target:</b>	Others
<b>Pathway:</b>	Others
<b>Storage:</b>	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

H<sub>2</sub>O : 8.33 mg/mL (27.30 mM; Need ultrasonic)  
DMSO : < 1 mg/mL (insoluble or slightly soluble)

Preparing Stock Solutions	Solvent Concentration	Mass	1 mg	5 mg	10 mg
	1 mM		3.2777 mL	16.3886 mL	32.7772 mL
	5 mM		0.6555 mL	3.2777 mL	6.5554 mL
	10 mM		0.3278 mL	1.6389 mL	3.2777 mL

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

#### In Vivo

1. Add each solvent one by one: PBS  
Solubility: 16.67 mg/mL (54.64 mM); Clear solution; Need ultrasonic

### BIOLOGICAL ACTIVITY

#### Description

Risedronic acid sodium is a pyridinyl bisphosphonate which inhibits osteoclast-mediated bone resorption. Target: Risedronic acid sodium, which was promoted in Croatia a few months ago, is the latest (III) generation of bisphosphonates, the most efficient anti-resorption drugs that inhibit osteoclast-mediated bone resorption and change the bone metabolism. Risedronic acid sodium is hence the first line of bisphosphonates for the reduction of vertebral and non-vertebral fracture risks in postmenopausal women with osteoporosis or those with a high risk of osteoporosis. It also efficiently prevents bone loss or improves bone density in men and women on a long-term corticosteroid therapy [1]. The administration of 20 and 25 mg/kg Risedronic acid sodium for 4 days led to decreases of parasitemia of 68.9% and 83.6%, respectively. On the seventh day of treatment the inhibitions were 63% and 88.9% with 20 and 25 mg/kg, respectively. After recovering the parasitemia, a dose-response curve was obtained for estimating the ID<sub>50</sub> (dose causing 50% inhibition), equivalent to 17 ± 1.8 mg/kg after 7 days of treatment. Four days after the interruption of treatment (11 days postinfection), the parasitemias of the groups treated with 10, 15, 20, and 25 mg/kg/day were 15.3%, 15.9%, 15.2%, and 5.7%, respectively. Conversely, the group that received PBS presented parasitemia of 25.6%. Among the groups treated with Risedronic acid sodium, only the animals that

---

received 25 mg/kg had a significant inhibition of 77.8% (see Table S1 in the supplemental material), demonstrating that even after treatment discontinuation, the parasitemia of the animals remained low in relation to that of the controls [2]. Clinical indications: Bone resorption; Male osteoporosis; Osteogenesis imperfecta; Osteoporosis; Pagets bone disease  
Toxicity: abdominal pain; anxiety, back pain; belching, bladder irritation; bone disorders and pain; bronchitis; bursitis; cataracts; chest pain; colitis; constipation; depression; diarrhea; difficulty breathing

---

## REFERENCES

---

- [1]. Giljevic Z, et al. Treatment of osteoporosis by risedronate-- speed, efficacy and safety. *Reumatizam*. 2006;53(2):66-71.
- [2]. Jordao FM, et al. In vitro and in vivo antiplasmodial activities of risedronate and its interference with protein prenylation in *Plasmodium falciparum*. *Antimicrob Agents Chemother*. 2011 May;55(5):2026-31.
- 

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

Tel: 609-228-6898

Fax: 609-228-5909

E-mail: [tech@MedChemExpress.com](mailto:tech@MedChemExpress.com)

Address: 1 Deer Park Dr, Suite Q, Monmouth Junction, NJ 08852, USA