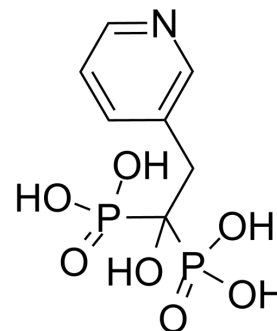


## Risedronic acid

Cat. No.:	HY-B0148
CAS No.:	105462-24-6
Molecular Formula:	C <sub>7</sub> H <sub>11</sub> NO <sub>7</sub> P <sub>2</sub>
Molecular Weight:	283.11
Target:	Others
Pathway:	Others
Storage:	<div> <div>Powder</div> <div>-20°C    3 years</div> <div>4°C    2 years</div> </div> <div> <div>In solvent</div> <div>-80°C    2 years</div> <div>-20°C    1 year</div> </div>



### SOLVENT & SOLUBILITY

#### In Vitro

0.1 M NaOH : 11 mg/mL (38.85 mM; ultrasonic and adjust pH to 7 with NaOH)  
H<sub>2</sub>O : 0.67 mg/mL (2.37 mM; Need ultrasonic)

	Solvent Concentration	Mass	1 mg	5 mg	10 mg
Preparing Stock Solutions	1 mM		3.5322 mL	17.6610 mL	35.3220 mL
	5 mM		0.7064 mL	3.5322 mL	7.0644 mL
	10 mM		0.3532 mL	1.7661 mL	3.5322 mL

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

### BIOLOGICAL ACTIVITY

#### Description

Risedronic acid (Risedronate) is a pyridinyl biphosphonate which inhibits osteoclast-mediated bone resorption. Target: Others. Risedronate, 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. Risedronate 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. The administration of 20 and 25 mg/kg risedronate 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 risedronate, 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.

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## CUSTOMER VALIDATION

- Respir Res. 2022 Dec 28;23(1):380.

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

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