

Ginsenoside Rg5

Cat. No.: HY-N0908 CAS No.: 186763-78-0 Molecular Formula: $C_{42}H_{70}O_{12}$

Molecular Weight: 767

Target: IGF-1R; NF-κB; COX

Pathway: Protein Tyrosine Kinase/RTK; NF-κΒ; Immunology/Inflammation

Storage: Powder -20°C 3 years In solvent -80°C 6 months

> -20°C 1 month

Product Data Sheet

SOLVENT & SOLUBILITY

In Vitro

DMSO: 50 mg/mL (65.19 mM; Need ultrasonic)

Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
	1 mM	1.3038 mL	6.5189 mL	13.0378 mL
	5 mM	0.2608 mL	1.3038 mL	2.6076 mL
	10 mM	0.1304 mL	0.6519 mL	1.3038 mL

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

In Vivo

- 1. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: ≥ 2.5 mg/mL (3.26 mM); Clear solution
- 2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.5 mg/mL (3.26 mM); Clear solution
- 3. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (3.26 mM); Clear solution

BIOLOGICAL ACTIVITY

Description Ginsenoside Rg5 is the main component of Red ginseng and IGF-1R agonist. Ginsenoside Rg5 compets for the binding site of

 $IGF-1R \ and \ blocks \ the \ binding \ of \ IGF-1R \ (IC_{50} \ about \ 90 \ mM). \ Ginsenoside \ Rg5 \ also \ inhibits \ the \ mRNA \ expression \ of \ IGF-1R \ (IC_{50} \ about \ 90 \ mM).$

COX-2 via suppression of the DNA binding activities of NF-κB p65.

COX-2 IC₅₀ & Target IGF-1R p65

90 nM (IC₅₀)

In Vitro Ginsenoside Rg5 plays a novel role as an IGF-1R agonist. Ginsenoside Rg5 has angiogenic activity, which is inhibited by IGF- 1R knockdown. To investigate the possible interaction of Ginsenoside Rg5 with IGF-1R, a docking analysis is performed. Docking results show that Ginsenoside Rg5 binds strongly at two sites, A and B, with K_d values of 20 and 27 nM, respectively, to the cysteine-rich domain of IGF-1R. Pretreatment with Rg5 blocks the binding of radiolabeled IGF-1 to HUVECs with an IC $_{50}$ value of ~90 μ M, which is greater than an IC $_{50}$ value of ~1.4 nM for unlabeled IGF-1^[1]. The results from MTT assay show that MCF-7 cell proliferation is inhibited by Ginsenoside Rg5 treatment for 24, 48 and 72 h in a dose-dependent manner. Ginsenoside Rg5 at different concentrations (0, 25, 50 and 100 μ M), induce cell cycle arrest in G0/G1 phase through regulation of cell cycle-related proteins in MCF-7 cells^[3].

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

In Vivo

Ginsenoside Rg5 inhibits the mRNA expression of COX-2 via suppression of the DNA binding activities of NF-κB p65 in lipopolysaccharides (LPS)-stimulated BV2 microglial cells. Rg5 pretreated group mice show declined expression of NF-κB p65 and COX-2. In the group treated with low dose of Ginsenoside Rg5 (10 mg/kg), there is remarkable tubular damage and infiltration of inflammatory cells. However, at the higher dose of Ginsenoside Rg5 (20 mg/kg), tubules markedly appeare histologically normal and no inflammation and cast formation is observed in kidney tissues^[2].

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PROTOCOL

Kinase Assay [1]

HUVECs are cultured in 24-well plates overnight. The cells are changed to serum-free M199 and incubated for 1 h. The medium is removed, and cells are incubated with fresh serum-free medium containing 0.1 μ M-50 mM Ginsenoside Rg5 at 37°C for 20 min followed by the addition of 50 μ L (1 μ Ci) of [125 I]IGF-1 and then further incubated for 10 min. The medium is decanted, and cell plates are washed twice with serum-free medium. Cells are lysed in 300 μ L of 0.1 N NaOH solution containing 0.1% SDS, transferred to scintillation vials, and mixed with 1 mL of Ultima Gold mixture solution. Cell-associated [125 I]IGF-1 is analyzed in a scintillation counter. The nonspecific binding is determined by coincubation with unlabeled IGF-1 (50 nM)[12].

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Cell Assay [3]

MCF-7 (HER2⁻/ER⁺) and MDA-MB-453 (HER2⁺/ER⁻) human breast cancer cell lines are maintained using RPMI 1640 medium supplemented with 10% (vol/vol) FBS plus 100 units/mL Penicillin and Streptomycin in a 5% carbon dioxide air incubator at 37°C. Cell cytotoxicity is measured by MTT assay. Cells are seeded in 96-well tissue culture plates at the density of 0.2×10^4 cells per well with 100 μ L medium, and are allowed to become attached for 24 h. One hundred microliters of the medium with different concentrations of Ginsenoside Rg5 (e.g., 0 μ M, 25 μ M, 50 μ M, and 100 μ M) are added to each well. At indicated times, 30 μ L MTT stock solution (3 mg/mL) are added to each well. After culturing the cells at 37°C for 2 h, DMSO is added to dissolve the formazan crystals. The absorbance is read at the wavelength of 540 nm with a microplate reader^[3].

Animal Administration [2]

Mice^[2]

Male ICR mice (6 to 8 weeks old), weighing 25-27 g, are used. After acclimation for one week, mice are randomly assigned into 4 experimental groups with 8 mice in each group: normal control, Cisplatin control, and Cisplatin+Ginsenoside Rg5 groups (10 and 20 mg/kg, respectively). Ginsenoside Rg5 is administered intragastrically at the dose of 10 and 20 mg/kg for 10 days. On the 7th day, animals in Cisplatin control and Ginsenoside Rg5-treated groups receive a single intraperitoneal injection of Cisplatin (25 mg/kg) to induce nephrotoxicity in mice. Mice are anaesthetized with pentobarbital, subsequently sacrificed at 72 h after Cisplatin injection (Day 10). Blood samples are collected and then centrifuged at 3000 rpm to separate the serum and stored at -20 °C for determining blood urea nitrogen (BUN) and creatinine (CRE) levels.

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CUSTOMER VALIDATION

• J Ginseng Res. 2023 Jun 30.

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REFERENCES

[1]. Cho YL, et al. Specific activation of insulin-like growth factor-1 receptor by ginsenoside Rg5 promotes angiogenesis and vasorelaxation. J Biol Chem. 2015 Jan 2;290(1):467-77.

[2]. Li W, et al. Ginsenoside Rg5 Ameliorates Cisplatin-Induced Nephrotoxicity in Mice through Inhibition of Inflammation, Oxidative Stress, and Apoptosis. Nutrients. 2016 Sep 13;8(9). pii: E566.

[3]. Kim SJ, et al. Anti-breast cancer activity of Fine Black ginseng (Panax ginseng Meyer) and ginsenoside Rg5. J Ginseng Res. 2015 Apr;39(2):125-34.

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

Tel: 609-228-6898 Fax

Fax: 609-228-5909

E-mail: tech@MedChemExpress.com

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