



# AMERICAN JOURNAL OF PHARMTECH RESEARCH

Journal home page: <http://www.ajptr.com/>

## Quantitative Structure-Activity Relationships (QSARs) Modeling of Anti-hypertensive Activity of Dichloroanilino Imidazoline Derivatives

Injamul Hoque\*, Somenath Bhattacharya, Arkendu Chatterjee

Department of Pharmacy, Bengal College of Pharmaceutical Sciences and Research,  
Bidhannagar, Durgapur-713212, West Bengal, India

### ABSTRACT

The main goal is to identify suitable to their Anti-hypertensive activity with reference (Clonidine Standard drug). Pubchem webservice, ChemsKetch, Padel descriptor, Protein data bank (PDB), Autodocktools, E-dragon webservice. To generate the Scaffold molecule. To calculate different parameters of test sample with its biological activity. To fit the final series of compound with particular target. To predict ADMET of final series of compound. After substitution  $R_1$  &  $R_2$  of test sample we have found that the value of different descriptors of QSARs is nearby equal to standard drug of clonidine. All the descriptors are (QSARs parameters) of Scaffold molecule  $H_1$  was satisfactorily explained ( $R^2 =$  Approximately 0.99) with the graphical plot of Hansch analysis. This compound had very poor blood brain barrier crossing label, good absorption, no hepatotoxicity, no mutagenicity. Beside this compound was non-carcinogenic after *in-silico* predictions of ADMET.

**Keywords:** Hypertension, Treatment, QSARs Study, Material & Methodology, Result & Discussion, ADMET Predictions.

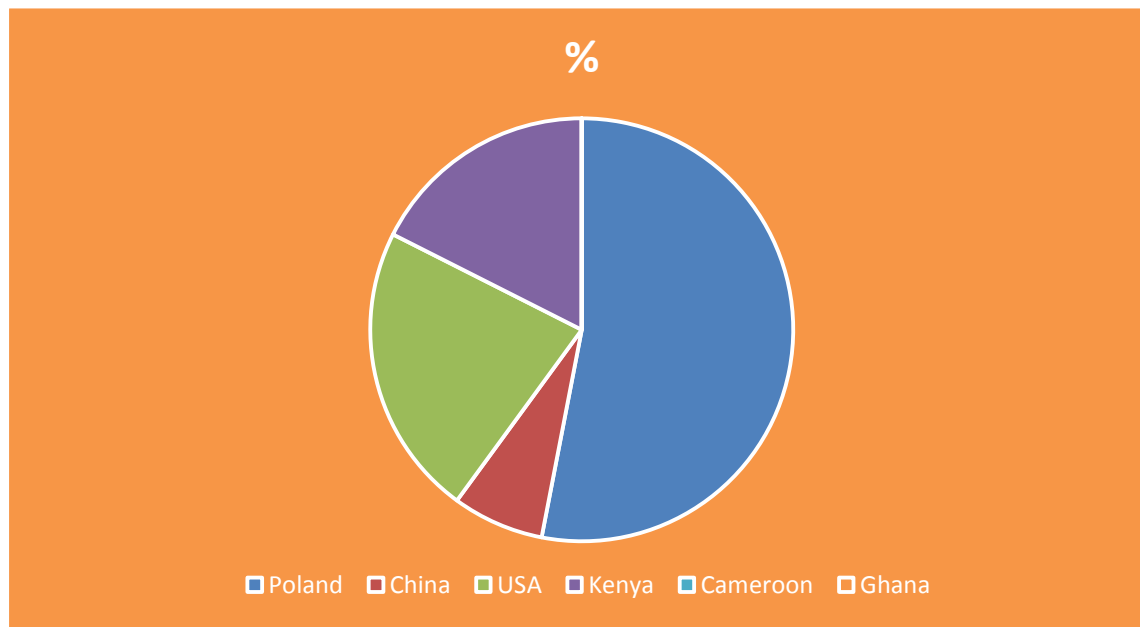
\*Corresponding Author Email: [injamul1997@gmail.com](mailto:injamul1997@gmail.com)

Received 06 March 2018, Accepted 05 May 2018

Please cite this article as: Hoque I *et al.*, Quantitative Structure-Activity Relationships (QSARs) Modeling of Anti-hypertensive Activity of Dichloroanilino Imidazoline Derivatives. American Journal of PharmTech Research 2018.

## INTRODUCTION

Hypertension is a global healthcare problem in both the developed and the developing countries. The world prevalence of hypertension was put at 26.4%. Variable prevalence rates have been observed in different parts of the world, with Poland 68.9%, China 9.1% and USA 29.1%. In Sub-Saharan African countries, the prevalence is not completely known. Kenya reported 22.8%, Cameroon 16.4 – 29.4% and Ghana 19.3 – 54.6%. However, a recent study reported a prevalence of 36.6% in urban areas and 26.4% in rural areas in Nigeria. Different Nigerian studies have shown that the prevalence rates of hypertension in Nigeria range from 26.4% to 36.6%. It has been demonstrated that many individuals who have hypertension were unaware of their condition. A study in Enugu, Nigeria, showed unawareness prevalence of 70.6% among those who have hypertension. Hypertension is a cardiovascular risk problem and has been associated with high morbidity and mortality. It puts a lot of stress on the economy of both the developed and the developing countries. Around the world, the incidence of hypertension has been projected to be rising. Some associated factors of hypertension have been identified. They include age, consumption of red meat, body mass index (BMI), and the number of children in the family. If uncontrolled, hypertension may lead to cardiovascular end-points which include blindness, renal damage, heart failure, stroke, dementing illnesses, ischemic heart disease among others <sup>(1)</sup>.



**Figure 1: World prevalence of hypertension <sup>(2)</sup>**

India, the world's largest democracy, is undergoing a rapid economic growth. This growth has been accompanied by demographic, lifestyle and cultural changes which have system. Whilst such changes may be most obvious in major cities, such as Delhi and Mumbai, they are also likely to

impact those living in the rural areas. Over 70% of India's population live in rural areas, yet access to government healthcare is much poorer than in urban areas, with twice the number of hospital beds available to urban dwellers per head of population. In India, cardiovascular diseases (CVDs) are estimated to be responsible for 1.5 million deaths annually. Indeed, it is estimated that by 2020, CVDs will be the largest cause of mortality and morbidity in India. Hypertension is a major risk factor for CVDs, including stroke and myocardial infarction, and its burden is increasing disproportionately in developing countries as they undergo demographic transition. Using a cut-off of 140 mmHg or greater systolic blood pressure (BP), or 90 mmHg or greater diastolic BP, the age-standardized prevalence of hypertension worldwide in the year 2000 was estimated to be 26.6% in men (95% Confidence interval, CI 26.0 to 27.2) and 26.1 % women (95% CI 25.5 to 26.6). This was estimated to rise to 29.0% in men (95% CI 28.6 to 29.4) and 29.5% in women (95% CI 29.1 to 29.9) by 2025. It was estimated that around two-thirds of those with people with hypertension worldwide were living in developing countries (639 million) in 2000, and that this would rise to three-quarters living in developing countries (1.15 billion) by 2025 <sup>(2)</sup>.

Factors	No. (Percentage)
Sedentary work	51 (50)
Mixed diet (nonveg.)	135 (78.4)
Not taking or occasionally taking fruits	132 (81.4)
No regular walking or fitness activities	117 (86.3)
Currently using tobacco	43 (22.5)
Consuming alcohol	15 (8.8)
Exposed to passive smoking	9 (12.7)

**Figure 2: Lifestyle factors among diagnosed patients of Hypertension <sup>(3)</sup>**

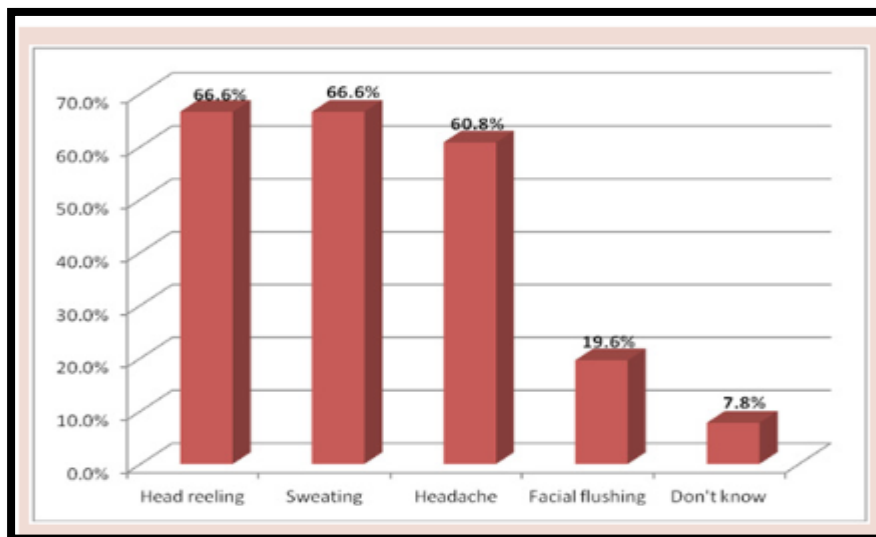


Figure 3: Knowledge of patients about symptoms of Hypertension <sup>(3)</sup>

#### PATHOPHYSIOLOGY OF HYPERTENSION:

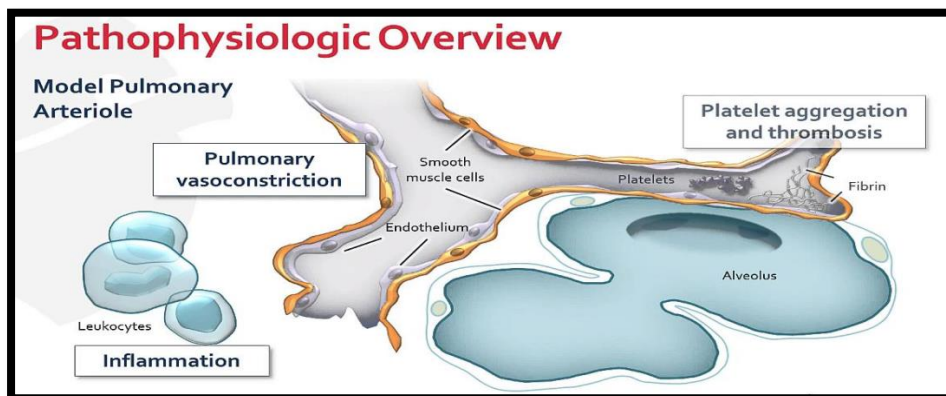


Figure 4: Pathophysiology of Hypertension <sup>(4)</sup>

#### TREATMENT OF HYPERTENSION:

##### Classification of anti-hypertensive drugs:

##### Diuretics:

**Thiazides:** Hydrochlorothiazide, chlorthalidone

**High ceiling:** Furosemide

**K<sup>+</sup> sparing:** Spironolactone, triamterene and amiloride

MOA: Acts on Kidneys to increase excretion of Na and H<sub>2</sub>O - decrease in blood volume decreased BP

##### Angiotensin-converting Enzyme (ACE) inhibitors:

Captopril, lisinopril., enalapril, ramipril and fosinopril MOA: Inhibit synthesis of Angiotensin II – decrease in peripheral resistanc and blood volume

##### Angiotensin (AT<sub>1</sub>) blockers:

Losartan, candesartan, valsartan and telmisartan

MOA: Blocks binding of Angiotensin II to its receptors

**Centrally acting: Clonidine**, methyldopa

MOA: Act on central  $\alpha_2$  Areceptors to decrease sympathetic outflow – fall in BP

**$\beta$ -adrenergic blockers:**

**Non-selective:**

Propranolol (others: nadolol, timolol, pindolol, labetolol)

Cardioselective: Metoprolol

(Others: atenolol, esmolol, betaxolol)

MOA: Bind to beta adrenergic receptors and blocks the activity

**$\beta$  and  $\alpha$  - adrenergic blockers:**

Labetolol and carvedilol

**$\alpha$  adrenergic blockers:** Prazosin, terazosin, doxazosin, phenoxybenzamine and phentolamine

MOA: Blocking of alpha adrenergic receptors in smooth muscles -Vasodilatation

**Calcium Channel Blockers (CCB):**

Verapamil, diltiazem, nifedipine, felodipine, amlodipine, nimodipine etc.

MOA: Blocks influx of  $Ca^{++}$  in smooth muscle cells – relaxation of

SMCs – decrease BP

**K<sup>+</sup> Channel activators:**

Diazoxide, minoxidil, pinacidil and nicorandil

MOA: Leaking of  $K^+$  due to opening – hyper polarization of SMCs relaxation of SMCs

**Vasodilators:**

Arteriolar – Hydralazine (also CCBs and  $K^+$  channel activators)

Arterio-venular: Sodium Nitroprusside <sup>(3)</sup>

**QSARs STUDY:**

The Quantitative Structure-Activity Relationships (QSARs) paradigm is based on the assumption that there is an underlying relationship between the molecular structure and biological activity. On this assumption QSARs attempts to establish a correlation between various molecular properties of a set of molecules with their experimentally known biological activity. There are two main objectives for the development of QSARs:

1) Development of predictive and robust QSARs, with a specified chemical domain, for prediction of activity of untested molecules.

2) It acts as an informative tool by extracting significant patterns in descriptors related to the

measured biological activity leading to the understanding of mechanisms of giving biological activity. This could help in suggesting the design of novel molecules with improved activity profile.

QSARs most general mathematical form is: Activity = f (physiochemical and/or structural properties) Data Requirement and Handling: Biological Activity for QSARs analysis, a dataset of a series of synthesized molecules tested for its desired biological activity is required. For a QSAR to be valid and reliable, the activity of all of the chemicals covered must be elicited by a common mechanism. The quality of the model is totally dependent on the quality of the experimental data used for building the model. Biological activity can be of two types:

- 1) Continuous Response: MEC, IC50, ED50, % inhibition
- 2) Categorical Response: Active/Inactive

In order to have confidence in QSARs analysis, biological data of at least 20 molecules are recommended:

- 1) Preferably tested in the same lab and by the same biological assay method.
- 2) With wide range and uniform distribution of the activity data.
- 3) Activity should well-defined in terms of either real number (continuous response, and cannot be e.g. >1000 or <1000) or in a particular class (categorical response).

Molecular Descriptors: Molecular descriptors can be defined as a numerical representation of chemical information encoded within a molecular structure via mathematical procedure. Type of QSARs is based on the dimensionality of molecular descriptors used:

**0D:**

These are descriptors derived from molecular formula, e.g. molecular weight, number and type of atoms etc.

**1D:**

A substructure list representation of a molecule can be considered as a one-dimensional (1D) molecular representation and consists of a list of molecular fragments (e.g. Functional groups, rings, bands, substituents etc).

**2D:**

A molecular graph contains topological or two dimensional (2D) information. It describes how the atoms are bonded in a molecule, both the type of bonding and the interaction of particular atoms (e.g. Total path count, molecular connectivity indices etc).

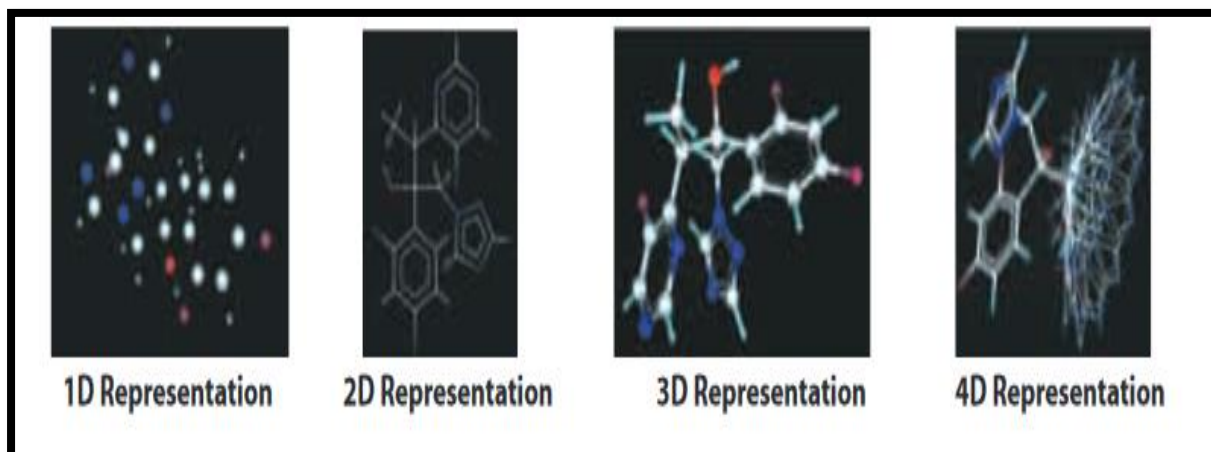
**3D:**

These are calculated starting from a geometrical or 3D representation of a molecule. These

descriptors include molecular surface, molecular volume and other geometrical properties. There are different types of 3D descriptors e.g. electronic, steric, shape etc.

#### 4D:

In addition to the 3D descriptors the 4th dimension is generally in terms of different conformations or any other experimental condition <sup>(4)</sup>.



**Figure 5: 1D Representation 2D Representation 3D Representation 4D Representation <sup>(5)</sup>**

#### QSARs PARAMETERS:

1. Lipophilic parameters: partition coefficient, Lipophilic -substitution constant
2. Polarizability parameters: molar refractivity
3. Electronic parameters: Hammett constant, dipole moment
4. Steric parameters: Taft's constant

#### Applications of QSARs:

In the field of drug design and medicinal chemistry the application of QSARs is given below.

- To rationalization of new lead compound with enhanced biological activity.
- To identify the toxic chemicals and toxicity of the drug molecule before the synthesis.
- This will reduce the toxicity for environmental species and other biological system.
- The optimization of pharmacological and pesticidal activity.
- The identification and selection of the compound in order to get the best biological responds with better and optimal pharmacokinetics properties.
- To identify the role of various properties to design the drug molecule and to know the best properties to improve the biological activity <sup>(5)</sup>.

## MATERIALS AND METHOD

1. Pubchem webservice
2. Chems sketch
3. Padel descriptor
4. Protein data bank (PDB)
5. Autodocktools
6. E-dragon webservice

### Pubchem Webservice

### ATOM LABELS

Annotate atoms/groups Choose the Text tool from Main toolbar, click on the position of the atoms/groups on the structure and start typing annotation Choose the Text tool again and click on the text on the structure. Format text color, font, size and style 1. Select text object with the selection tool from the Main toolbar 2. Go to Object>Object settings>Atom Labels and modify the settings >OK Show/Hide label on terminal Carbons and/or implicit Hydrogen Go to File>Document settings>Atom labels and check/uncheck Show labels on Terminal Carbons and/or Hide Implicit Hydrogens boxes at the bottom of the window >OK.

### Rings:

To draw a cyclic compound, choose the Ring tool from the Main toolbar. Hold the mouse while dragging them to orient the ring. If you click on an atom or bond with a ring tool selected, the ring will be fused to the atom or bond. Delocalized rings to draw a delocalized ring choose a Ring tool; hold Command on the keyboard while clicking on the document window. Reducing ring size, for example, if you want to convert cyclohexane to cyclopentane, choose a bond tool, point at an atom while holding Shift and start dragging the atom onto the next one. The bond between the two atoms will disappear.

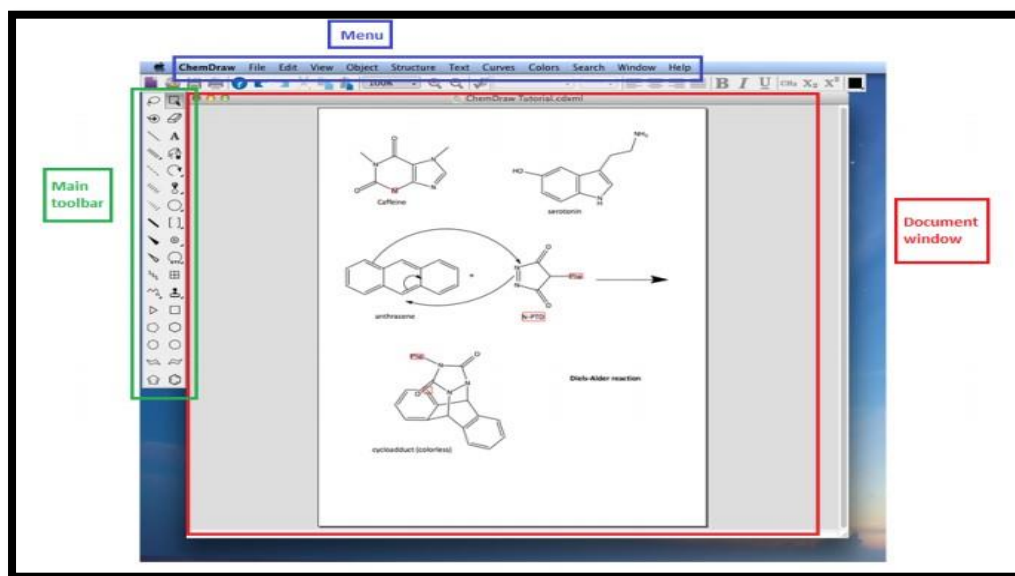
### MOVING/ROTATING OBJECTS:

Moving an object Select the object with the Rectangle Selection tool from the Main toolbar, click and drag the object to a new location rotating an object select the object with the Rectangle Selection tool from the Main toolbar. The Rotation handles is at the top of the selected area. Rotate the structure while clicking on the Rotation handle. Rotating an object by a specific angle

1. Select the object with the Rectangle Selection tool from the Main toolbar.
2. Go to Object>Rotate and enter the desired angle of rotation. **Perspective Drawing**



1. For example, to draw  $\alpha$ -D-glucose
  1. Choose Cyclohexane tool from the Main toolbar. Choose the selection tool from the Main Toolbar to select the structure. Drag the structure to the right until it is about 200% stretched
2. Add bonds and label atoms
3. To enhance the front bond: choose the bold bond tool from the Main toolbar and click on the front bond
4. To enhance the side bonds, choose the Wedge bond to from the Main toolbar and click on the two side bonds <sup>(6)</sup>.

Figure 6 : Pubchem webserver <sup>(6)</sup>

		rectangle selection	
		text selection	
solid bond			<b>2. Bonds</b> To draw a bond, choose the solid bond tool from the Main toolbar on the left.
multiple bonds			
		orbital	<b>Fixed bond length - Fixed bond angle</b> - <b>Object&gt;Fixed Lengths</b> and/or <b>Fixed Angles</b> and if a check mark is next to the <b>Fixed length</b> and/ or <b>Fixed Angles</b> command, the bond in the structure will be of a default length and/or bond angle. The default setting helps keep the angles and bond lengths appropriate for the structure. The default bond length is .4167 inch and bond angle is 120° (relative to the X-axis) - Uncheck the <b>Fixed length</b> and/or <b>Fixed Angles</b> command to draw any bond lengths and angles.
dash			
bold solid bond			
wedge			
		cyclic compounds	<b>Changing fixed bond length - bond angle</b> <b>File&gt;Document Settings&gt;Drawing</b> and enter values in the <b>Fixed Length</b> and/or <b>Chain Angle</b> textbox > <b>OK</b>
			<b>Double bonds/ Partial Double Bonds/ Triple Bonds</b>

Choose the desired type of bonds from the **Multiple Bonds** box on the Main toolbar

Figure 7: Pubchem Webserver <sup>(7)</sup>

**Introduction to ChemSketch:**

ChemSketch is a free download for educational use. It can be used to produce structures of organic molecules, names of organic molecules as well as Lewis structures, 3D structures, space filling models or ball and stick models, among other things.

**Padel Descriptors:**

A software to calculate molecular descriptors and fingerprints. The software currently calculates 1875 descriptors (1444 1D, 2D descriptors and 431 3D descriptors) and 12 types of fingerprints (total 16092 bits). The descriptors and fingerprints are calculated using The Chemistry Development Kit with additional descriptors and fingerprints such as atom type electrotopological state descriptors, Crippen's logP and MR, extended topochemical atom (ETA) descriptors, McGowan volume, molecular linear free energy relation descriptors, ring counts, count of chemical substructures identified by Laggner, and binary fingerprints and count of chemical substructures identified by Klekota and Roth <sup>(7)</sup>.

**Autodocktools:**

1. Docking → Macromolecule → Set Rigid Filename
2. Docking → Ligand → Choose... ind, →Select Ligand →Accept
3. Docking →Search Parameters →Genetic Algorithm
4. Docking → Docking Parameters... Close
5. Docking → Output → Lamarckian GA... ind.dpf, →Save
6. Docking → Edit DPF... Cancel
7. Run → Run AutoDock
8. Analyze → Dockings → Open AutoDock vina result
9. Analyze → Macromolecule → Choose
10. Analyze → Dockings → Show Interaction
11. Analyze → Conformations → Play, ranked by energy...
12. Flexible Residues → Input → Choose Macromolecule... hsg1 → Select Molecule → Yes  
→ OK
13. Flexible Residues → Output → Save Flexible PDBQT...
14. Grid → Set Map Types → Choose FlexRes.... Choose Flexible Residues from... →hsg1,  
→ Select molecule providing flexible residues <sup>(8)</sup>.

**E-dragon Webserver :**

Dragon is the world-wide most used application for the calculation of **molecular descriptors**. Its new version, Dragon 7.0, provides an improved user interface, new descriptors and additional features such as the calculation of fingerprints and the support for disconnected structures.

**Molecular descriptors:** Dragon calculates 5,270 molecular descriptors, covering most of the various theoretical approaches. The list of descriptors includes the simplest atom types, functional groups and fragment counts, topological and geometrical descriptors, three-dimensional descriptors, but also several properties estimation (such as LogP) and drug-like and lead-like alerts (such as the Lipinski's alert). The wide range of different approaches and theories for descriptors calculation, and the correctness and precision of their implementation are ensured by the scientific supervision of the Milano Chemometrics and QSAR Research Group of prof. Roberto Todeschini, author with dr. Viviana Consonni of Molecular Descriptors for Chemoinformatics (the most complete reference for descriptors theory).

**User interface and batch calculation:** Dragon provides an easy-to-use and intuitive graphical user interface (both on Windows and Linux platforms) and a command line interface, useful for the batch processing of large datasets.

**Fingerprints and molecular fragments:** Dragon now provides also the calculation of hashed molecular fingerprints, fully customizable with several parameters, along with the generation of all molecular fragments used in the fingerprinting procedure.

**Analysis tools:** the graphical user interface provides advanced tools to analyze the calculated descriptors (extended univariate statistics, pair-wise correlation, principal component analysis) and the possibility of importing user's defined variables (like available experimental values) and perform analysis on the merged set of calculated descriptors and user's variables.

**Disconnected structures:** starting from version 7.0, Dragon allows the calculation of descriptors also on molecules with disconnected structure (e.g. salts, ionic liquids), providing different theoretical approaches to extend descriptors algorithms on such structures<sup>(9)</sup>.

**RESULTS AND DISCUSSION:**

- **Generation of Scaffold:**
- $R_3 \quad Cl \rightarrow$
- Here,  $R_3$  position is substituted al of the halogen groups and also some other groups according to the concept of general chemistry.

- After that we observed that Cl was more suitable to R<sub>3</sub> substitution due their electro negativity
- So that's the reason we fixed the R<sub>3</sub> position with Cl

#### SCAFFOLD STRUCTURE WITH THEIR SUBSTITUTION:

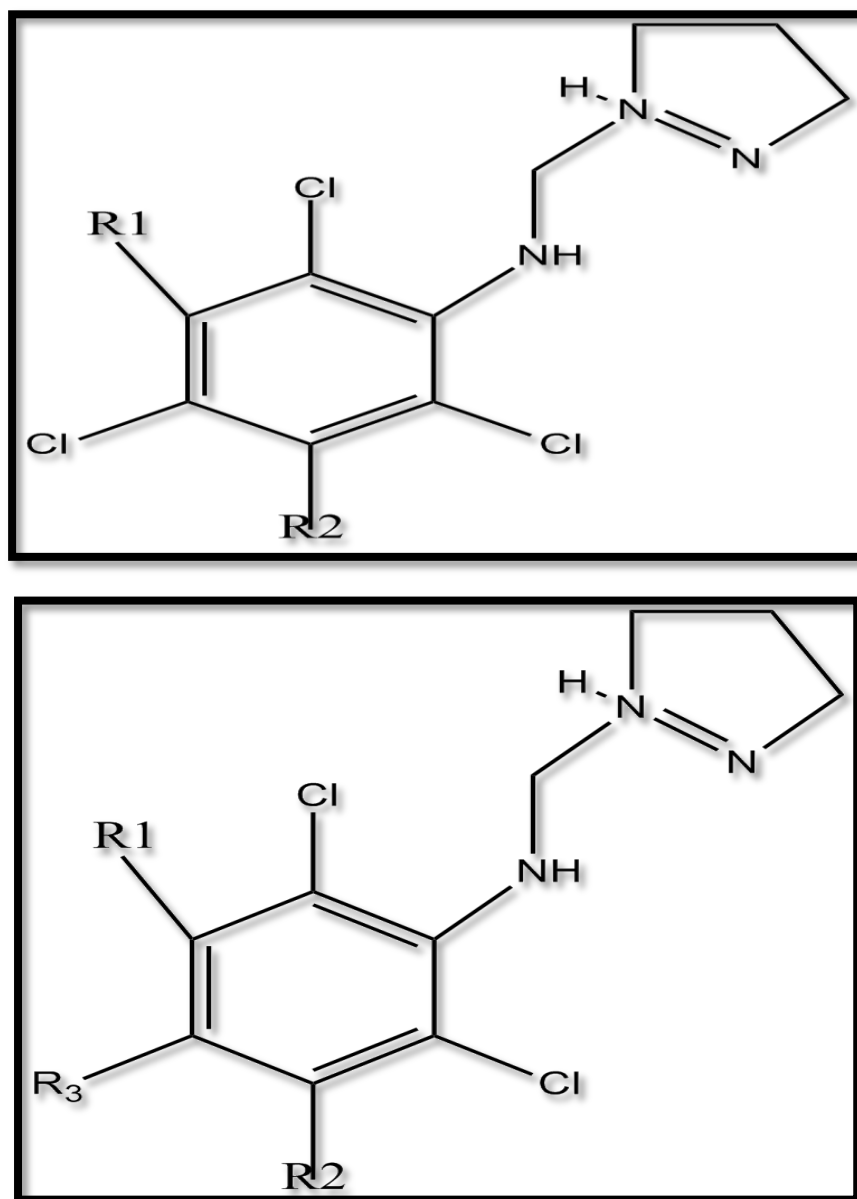


Figure 8 : Scaffold structure with their substitutions

Table 1: Calculation for generating of molecular descriptor

Calculation for generating of molecular descriptors:

Compound	R <sub>1</sub>	R <sub>2</sub>	Log1/CMIC	MR [cm <sup>3</sup> ]	MV [cm <sup>3</sup> ]	H	ST [dyne/cm]	D [g/cm <sup>3</sup> ]
H <sub>1</sub>	H	CH <sub>3</sub>	5.3700	68.96	205.6	1.568	41.6	28.33
H <sub>2</sub>	CH <sub>3</sub>	H	4.991	50.38	201.9	1.500	40.4	27.09
H <sub>3</sub>	OCH <sub>3</sub>	H	4.890	61.71	203.4	1.501	38.0	26.62

H <sub>4</sub>	Cl	H	4.712	44.50	201.8	1.505	37.5	27.45
H <sub>5</sub>	OH	H	4.880	60.76	203.9	1.550	38.8	25.87
H <sub>6</sub>	H	OCH <sub>3</sub>	4.550	61.74	199.4	1.565	39.0	24.62
H <sub>7</sub>	CH <sub>3</sub>	OCH <sub>3</sub>	5.100	64.16	202.8	1.562	39.2	26.98
H <sub>8</sub>	OH	OCH <sub>3</sub>	4.165	45.55	200.6	1.551	38.3	27.56
H <sub>9</sub>	Cl	OCH <sub>3</sub>	4.4894	44.59	201.9	1.560	41.6	22.76
H <sub>10</sub>	OH	OCH <sub>3</sub>	4.4449	43.59	203.4	1.560	39.8	24.73
H <sub>11</sub>	H	NO <sub>2</sub>	3.4497	65.88	198.1	1.530	36.3	27.87
H <sub>12</sub>	CH <sub>3</sub>	NO <sub>2</sub>	2.4617	63.07	197.2	1.432	37.0	28.12
H <sub>13</sub>	OCH <sub>3</sub>	NO <sub>2</sub>	4.4956	61.42	196.8	1.540	35.0	26.65
H <sub>14</sub>	Cl	NO <sub>2</sub>	4.4914	66.14	195.4	1.520	38.7	27.75
H <sub>15</sub>	OH	NO <sub>2</sub>	3.4648	59.43	200.3	1.520	39.8	26.49

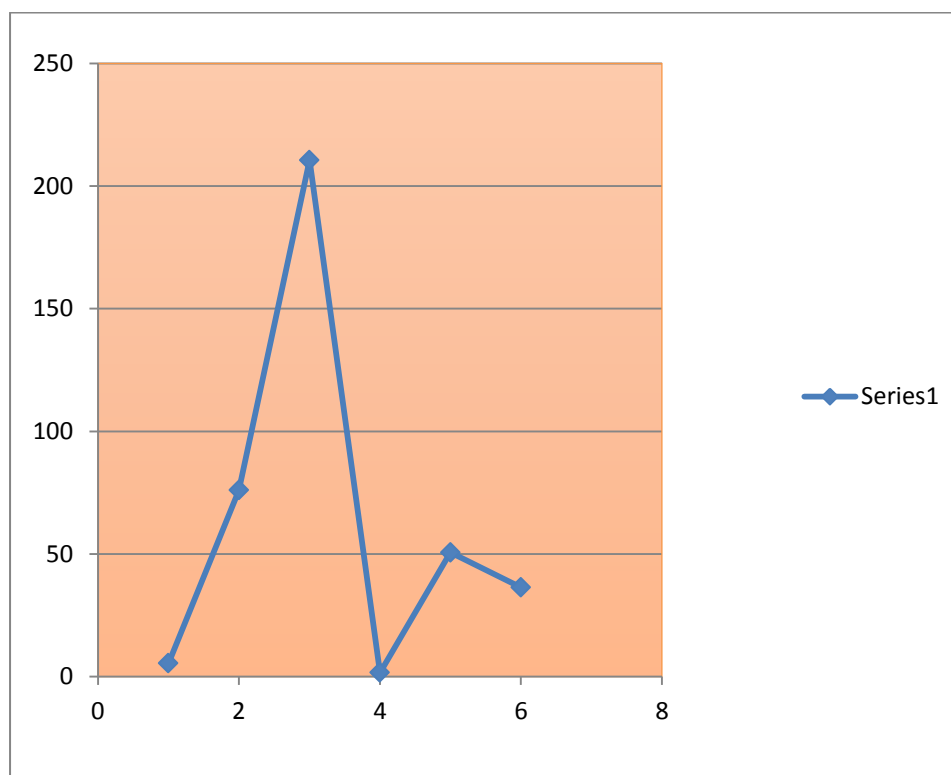
**MR-Molar Refraction, MV- Molar Volume,  $\eta$ - Index of Refractivity, ST- Surface Tension, D- Density** (Bold highlighted portion shows best result)

### QSARs ANALYSIS:

$$\text{Biological activity} = 68.96(\text{MR}) + 205.6(\text{MV}) + 1.568(\eta) + 41.6(\text{ST}) + 28.33(\text{D})$$

MR-Molar Refraction, MV- Molar Volume,  $\eta$ - Index of Refractivity, ST- Surface Tension, D- Density

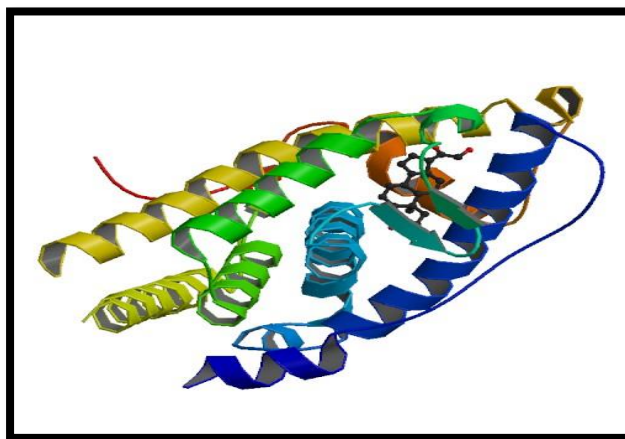
$$R^2 = \text{Approximately } 0.99$$



**Figure 9 : Biological activity VS molecular descriptors**

**Table for molecular descriptors (standard drug):****Table 2: molecular descriptors (standard drug)**

Log1/CMIC	MR(cm3)	MV(cm3)	$\eta$	ST(dyne/cm)	D(g/cm3)
5.3900	70.95	206.7	1.678	42.4	29.33

**Figure 10 : 1Y9R Protein <sup>(9)</sup>****Description about the protein:**

Crystal structure of the human mineralocorticoid receptor ligand-binding domain bound to deoxycorticosterone and harboring the S810L mutation responsible for a severe form of hypertension.

**Organism(s):** Homo sapiens

**Expression System:** Escherichia coli <sup>(10)</sup>

**Table 3: Comparison between fit of standard & test molecules to 1Y9R (target) [Bold color shows that the particular series of compound had highest binding energy to selected target]**

SL NO	Drug	Binding energy to 1Y9R(Kcal/mol)
1	Clonidine (standard)	-6.694
2	<b>Test series-1</b>	<b>-7.992</b>
3	Test series-2	-7.005
4	Test series-4	-7.117
5	Test series-6	-7.112
6	Test series-7	-7.553
7	Test Series-8	-7.354
8	Test Series-9	-7.253
9	Test series-10	-7.038

**ADMET PREDICTIONS:**

**Table 4: ADMET Predictions**

<b>R<sub>1</sub></b>	<b>R<sub>2</sub></b>	<b>R<sub>3</sub></b>	<b>Carcinogen</b>	<b>Blood brain barrier</b>	<b>Toxicity</b>	<b>Hepato toxicity</b>	<b>Mutagenecity</b>	<b>Absorption</b>
H	H	CL	Non- Carcinogen	Very Poor	x	x	Non- mutagenic	Very Good

**CONCLUSION:**

Hypertension is a burning problem in world wise. From the literature survey it has been observed that every year many people through all over the world affected with hypertension problem above 30 years old. All the descriptors are (QSARs parameters) of Scaffold molecule **H<sub>1</sub>** was satisfactorily explained (**R<sup>2</sup> = Approximately 0.99**) with the graphical plot of Hansch Analysis. This compound had very poor blood brain barrier crossing label, good absorption, no hepatotoxicity, no mutagenecity. Beside this compound was non-carconogenic after in-silico prediction of ADMET.

**REFERENCES:**

1. Ernest Ndukaife Anyabolu<sup>1</sup>, Innocent Chukwuemeka Okoye, Anuli Nkechinyere Chukwumobi, Onyebuchukwu Desmond Eke; Hypertension and Its Socioeconomic Factors in a Market Population in Awka, Nigeria; *American Journal of Medical Sciences and Medicine*, 2017; 5(3): 40-48.
2. Sushil K. Bansal, Vartika Saxena<sup>1</sup>, Sunil D. Kandpal<sup>1</sup>, William K. Gray, Richard W. Walker, Deepak Goel; The prevalence of hypertension and hypertension risk factors in a rural Indian community: A prospective door-to-door study; *Journal of Cardiovascular and Diagnostic Research*; 2012; 3(2):117-123.
3. Lipilekha Patnaik, Kalyan Kumar Paul, Sumitra Pattnaik, Trilochan Sahu; Lifestyle Pattern and Hypertension Related Knowledge, Attitude and Practices among Diagnosed Patients of Hypertension Attending a Tertiary Care Hospital; *Journal of Cardiovascular and Diagnostic Research*; 2017; 8(4):108-111.
4. Brent N. REED; ATRIUM CARDIOLOGY COLLABORATE; Assistant Professor, University of Maryland School of Pharmacy; Adapted from *N Engl Med* 2004; 351:655-65.
5. Wirginia Kukula-Koch , Marta Kruk-Słomka , Katarzyna Stępnik , Radosław Szalak , Grażyna Biała; The Evaluation of Pro-Cognitive and Antiamnestic Properties of Berberine and Magnoflorine Isolated from Barberry Species by Centrifugal Partition Chromatography

- (CPC), in Relation to QSAR Modelling; *International Journal of Molecular Sciences*; 2017, 18(12), 2511.
6. Quantitative Structure Activity Relationship (QSAR); VLife Sciences Technologies Pvt. Ltd; Pride Purple Coronet, 1st floor, S No. 287, Baner Road, Pune 411 045, INDIA. Visit this site <http://www.vlifesciences.com/support/Whitepaper/Edusar.pdf>.
  7. Ruth Huey, Garrett M. Morris and Stefano Forli; Using AutoDock 4 and AutoDock Vina with AutoDock Tools A Tutorial; The Scripps Research Institute Molecular Graphics Laboratory, USA; 26 Oct 2012, 4-15.
  8. Castro-Neves, M., Demleitner, M., Fohlmeister, J., Riebe, K., Rothmaier; TOPCAT Tool for OPERations on Catalogues and Tables; German Astrophysical Virtual Observatory; 7 November 2017.
  9. Yusuf S, Reddy S, Ounpuu S, Anand S. Global burden of cardiovascular diseases: Part 1: General considerations, the epidemiologic transition, risk factors, and impact of urbanization. *Circulation* 2001; 104: 2746-53.
  10. World Health Organization. The World Health Report 2008: Primary Health Care - Now More than Ever. Geneva, Switzerland: World Health Organization; 2008
  11. O'Donnell MJ, Xavier D, Liu L, Zhang H, Chin SL, Rao-Melacini P, et al Risk factors for ischaemic and intracerebral haemorrhagic stroke in 22 countries (the INTERSTROKE study): A case-control study *Lancet* 2010;376:112-23.
  12. Yusuf S, Hawken S, Ounpuu S, Dans T, Avezum A, Lanas F, *et al.* Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): Case-control study. *Lancet* 2004;364: 937-52.
  13. Reddy KS, Prabhakaran D, Chaturvedi V, Jeemon P, Thankappan KR, Ramakrishnan L, *et al.* Methods for establishing a surveillance system for cardiovascular diseases in Indian industrial populations. *Bull World Health Organ* 2006;84: 461-9.
  14. Hypertension Study Group. Prevalence, awareness, treatment and control of hypertension among the elderly in Bangladesh and India: A multicentre study. *Bull World Health Organ* 2001;79: 490-500. Gupta R. Trends in hypertension epidemiology in India. *J Hum Hypertens* 2004; 18:73-8.
  15. Malhotra P, Kumari S, Kumar R, Jain S, Sharma BK. Prevalence and determinants of hypertension in an un-industrialised rural population of North India. *J Hum Hypertens* 1999;13: 467-72.
  16. Murray CJL, Lopez AD. Alternative projections of mortality and disability by cause 1990-



- 2020: Global burden of disease study. *Lancet* 1997; 349:1498-504.
17. Gupta R, Sharma AK, Gupta VP, Bhatnagar S, Rastogi S, Deedwania PC. Increased variance in blood pressure distribution and changing hypertension prevalence in an urban Indian population. *J Hum Hypertens* 2003;17: 535-40.
  18. Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: analysis of worldwide data. *Lancet*. 2005; 365(9455): 217-223.
  19. Michelle A Mendez, Richard Cooper, Rainford Wilks, Amy Luke and Terrence Forrester. Income, education, and blood pressure in adults in Jamaica, a middle-income developing country. *Int. J. Epidemiol.* (2003) 32 (3): 400-408.
  20. Adeloye D, Basquill C, Aderemi AV, Thompson JY, Obi FA. An estimate of the prevalence of hypertension in Nigeria: a systematic review and meta-analysis. *J Hypertens*. 2015 Feb; 33(2):230-42.
  21. Ulasi II, Ijoma CK, Onwubere BJC, Arodiwe E, Onodugo O, Okafor C.. High Prevalence and Low Awareness of Hypertension in a Market Population in Enugu, Nigeria. *Int J Hypertens*. 2011; 2011: 869675.
  22. Stanley S. Franklin, Nathan D. Wong. Hypertension and Cardiovascular Disease: Contributions of the Framingham Heart Study. *Global heart*. March 2013; 8(1): 4957.
  23. Ugwuja EI, Ezenkwa US, Nwibo AN, Ogbanshi M, Idoko O, Nnabu R. Prevalence and Determinants of Hypertension in an Agrarian Rural Community in Southeast Nigeria. *Ann Med Health Sci Res*. 2015 Jan-Feb; 5(1): 45-49.
  24. Rothwell PM, Howard SC, Spence JD. Relationship between Blood Pressure and Stroke Risk in Patients with Symptomatic Carotid Occlusive Disease. *Stroke*. 2003; 34: 2583-2590.
  25. Mariann R. Piano, Neal L. Benowitz, Garret A. FitzGerald, Susan Corbridge, Janie Heath, Ellen Hahn, Terry F. Pechacek, George Howard, on behalf of the American Heart Association Council on Cardiovascular Nursing. AHA Policy Statement. Impact of Smokeless Tobacco Products on Cardiovascular Disease: Implications for Policy, Prevention, and Treatment. A Policy Statement from the American Heart Association. *Circulation*. 2010; 122: 1520-1544.
  26. Anderson GH. Effect of Age on Hypertension: Analysis of Over 4,800 Referred Hypertensive Patients. *Saudi J Kidney Dis Transpl [serial online]* 1999 [cited 2017 Jan 9]; 10: 286-97.

27. Anil K. Bidani, Karen A. Griffin. Pathophysiology of Hypertensive Renal Damage Implications for Therapy. *Hypertension*. 2004; 44: 595-601.
28. Henderson AD, Beau B. Bruce., Nancy J. Newman, Valérie Biousse. Hypertension-related eye abnormalities and the risk of stroke. *Rev Neurol Dis*. 2011; 8(1-2): 1-9.
29. Whitworth JA. World Health Organization (WHO)/International Society of Hypertension (ISH) statement on management of hypertension. *Journal of Hypertension*. 2003; 21(11):1983-1992.
30. Suman Dua, Monika Bhuker, Pankhuri Sharma, Meenal Dhall, and Satwanti Kapoor. Body Mass Index Relates to Blood Pressure Among Adults. *N Am J Med Sci*. 2014 Feb; 6(2): 89-95.
31. John E. Hall, Jussara M. do Carmo, Alexandre A. da Silva, Zhen Wang, Michael E. Hal. Obesity-Induced Hypertension Interaction of Neurohumoral and Renal Mechanisms. *Circulation Research*. 2015; 116:991-1006.
32. <https://www.rcsb.org/structure/1Y9R> Available online from 2005.

***AJPTR is***

- Peer-reviewed
- bimonthly
- Rapid publication

Submit your manuscript at: [editor@ajptr.com](mailto:editor@ajptr.com)

