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### **ABSTRACT**

Present time, strategy associated with cholinergic hypothesis involves acetylcholinesterase inhibitors which is the main pharmacological approach applied for the treatment of AD. In consideration of these findings and due to the collapse of  $\beta$ -secretase inhibitors at clinical trial acetylcholinesterase inhibitors have re-emerged at the centre of AD drug design. Development and broadening of ligands that attune both amyloid and cholinergic targets. Numerous endeavours have been converged on designing dual binding site inhibitors which halts pro-aggregating activity of peripheral anionic site of acetylcholinesterase and elevating the acetylcholine level in the brain. Dual binding site inhibitors therefore must target concurrently with Trp84 near Catalytic anionic site and Trp279 at Peripheral anionic site for greater potency and tight binding to the enzyme. Among the multiple factors that contribute towards AD progression,  $A\beta$  plays significant role in the pathogenesis of AD. The development of drugs which target inhibition of  $A\beta$  fibril aggregation is presently a leading approach for the symptomatic treatment of AD. The additional associated hypothesis, namely oxidative stress, occurs early in the progression of AD, resulting from an imbalance between reactive oxygen species production and antioxidant defences leading to the development of amyloid plaques and neurofibrillary tangles formation in brain. Therefore, drugs that target on clearing or preventing the formation of the free radicals in the brain would be beneficial for AD.

