

A unique property of nuclear receptors that differentiates them from other classes of receptors is their ability to directly interact with and control the expression of genomic DNA. As a consequence, nuclear receptors play key roles in homeostasis.

Nuclear receptors (NRs) are a family of highly conserved transcription factors that regulate transcription in response to small lipophilic compounds. They play a role in every aspect of development, physiology and disease in humans.

In contrast to the classical endocrine receptors that originally defined the family, recent studies suggest that the first NRs might have been sensors of their environment, binding ligands that were external to the host organism

The popularity of NRs as drug targets is due to the fact that, in addition to playing a key role in these physiological processes, the receptors naturally contain a hydrophobic pocket that binds small hydrophobic molecules, and the most effective drugs are typically small hydrophobic compounds (METADICHOL) can cross the plasma membrane

Nuclear Hormone Receptors Link Diet and Gene Expression

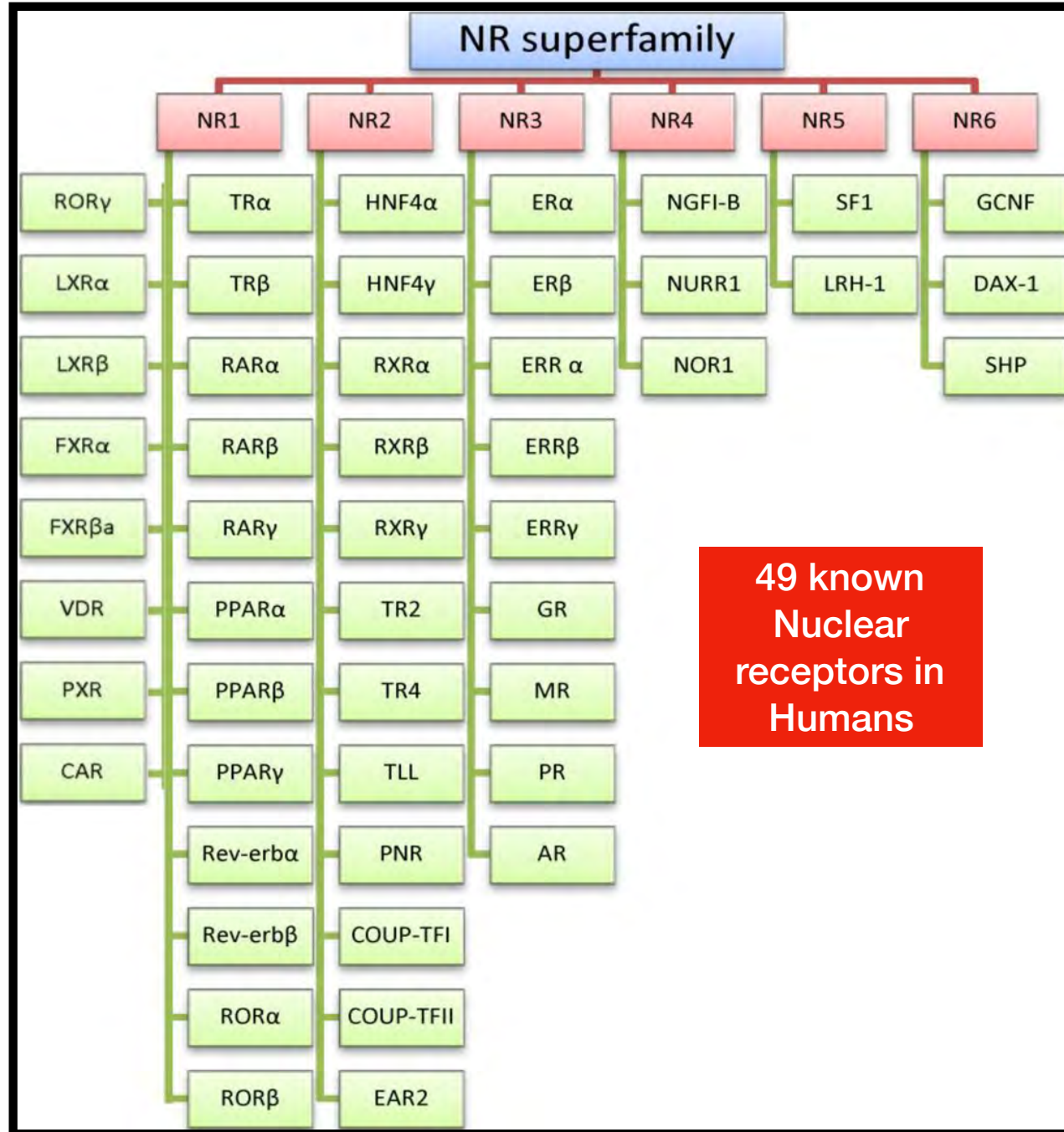
DNA

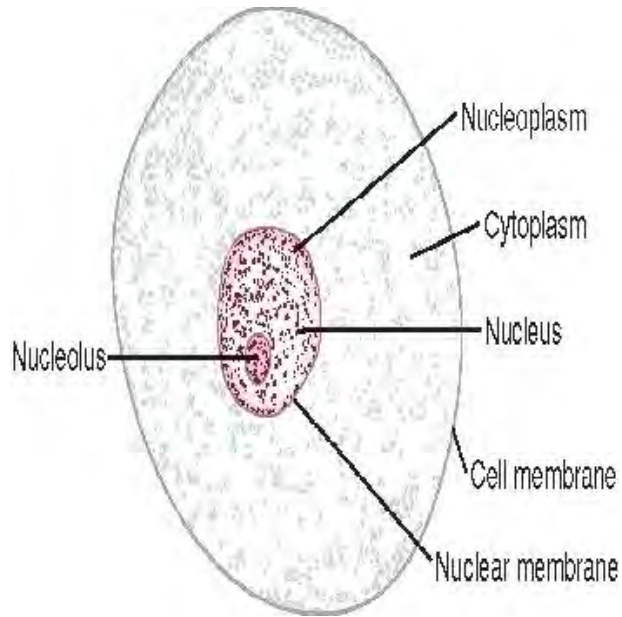
Ligand

Intracellular receptors that regulate gene expression in response to small lipophilic ligands derived from endocrine organs, metabolism, the diet, and the environment

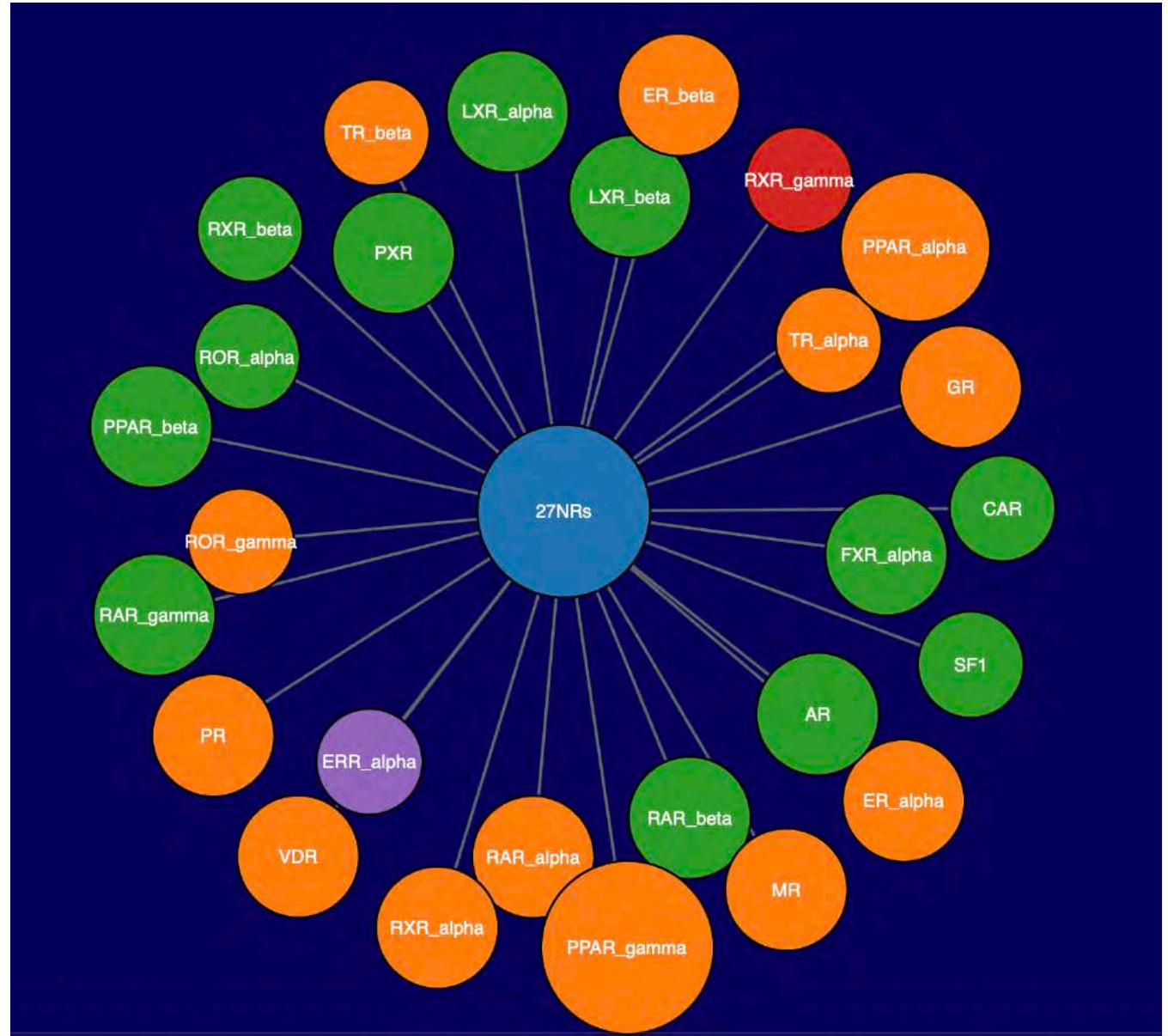
METADICHOL

Nuclear Hormone receptors differ fundamentally from cell surface receptors in that the complex of ligand and receptor is directly responsible for the physiological regulatory action, with no intervening chain of events involving other mediator molecules.





There are 49 Nuclear receptors in Humans shows here are those that are well known . Metadichol binds to these for which have ligands and in vitro tests are available

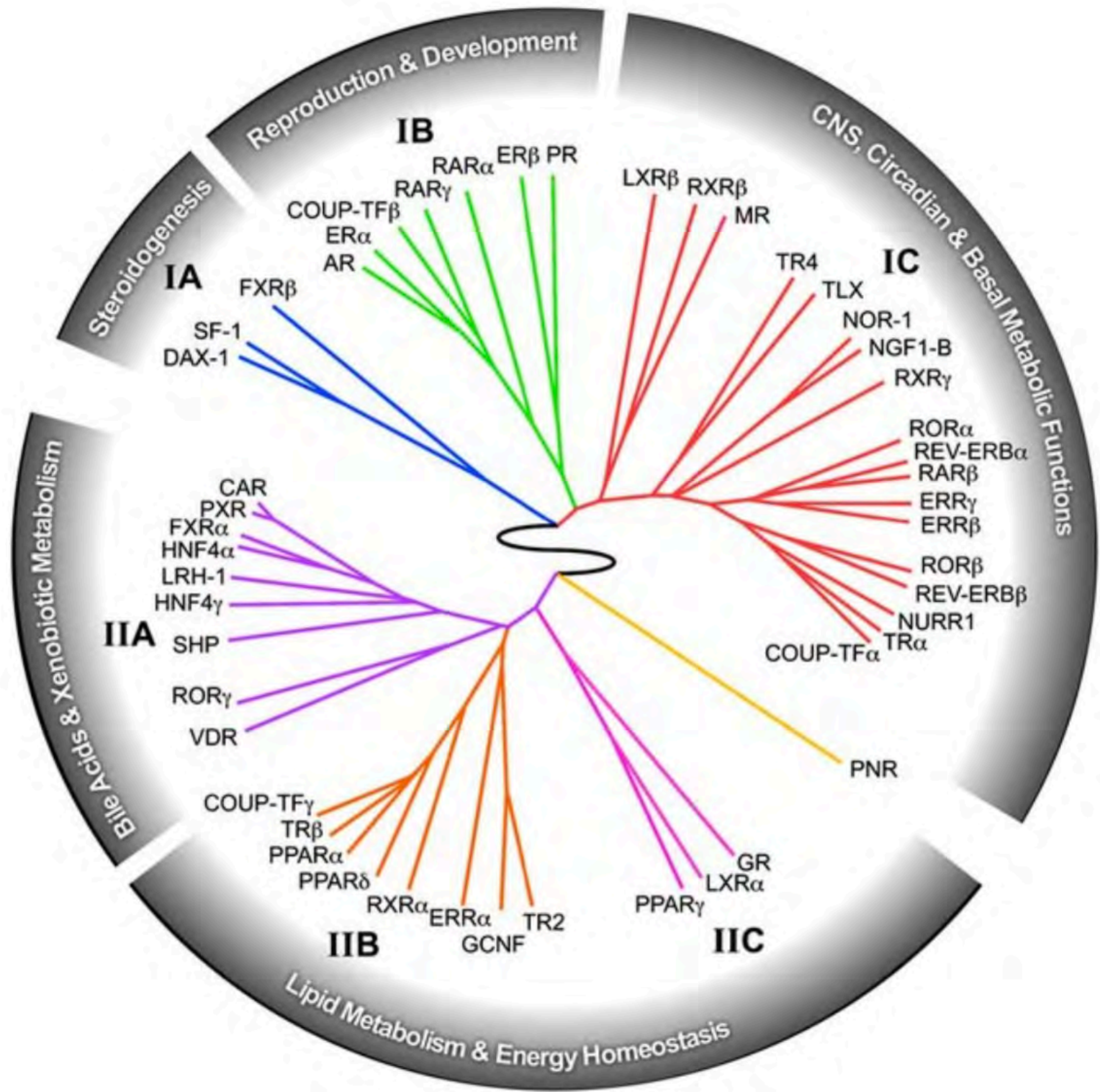


Human Nuclear Hormone Receptor Super Family

Endocrine Receptors		Adopted Orphan Receptors		Orphan Receptors	
<u>Steroid Receptors</u>		<u>Lipid sensors</u>			
GR	glucocorticoid	RXR α,β,γ	9cRA	SHP	?
MR	mineralocorticoid	PPAR α,δ,γ	fatty acids	DAX-1	?
PR	progesterone	LXR α,β	oxysterol	TLX	?
AR	androgen	FXR	bile acids	PNR	?
ER α,β	estrogen	PXR	xenobiotics	GCNF	?
<u>Heterodimeric Receptors</u>		<u>Enigmatic Orphans</u>		TR2,4	
TR α,β	thyroid hormone	CAR	androstane	NR4A α,β,γ	?
RAR α,β,γ	retinoic acid	HNF-4 α,γ	fatty acids	Rev-erb α,β	?
VDR	vitamin D (bile acid)	SF-1/LRH-1	phospholipids	COUP-TF α,β,γ	?
		ROR α,β,γ	cholesterol		
		ERR α,β,γ	retinoic acid		
			estrogen?		

These 27 human receptors have available assay where we tested against Metadichol and it binds to all of them

Nr's and their role in maintaining homeostasis



NR current therapeutics

Current and Potential Therapeutic Indications

TR β	Obesity, dyslipidemia, hypothyroidism
PPAR α	Dyslipidemia, atherosclerosis, inflammation
PPAR γ	Diabetes, obesity, cancer, inflammation, osteoporosis
LXR α/β	Dyslipidemia, atherosclerosis, diabetes
VDR	Osteoporosis, psoriasis, cancer, inflammation
GR	Arthritis, asthma, immunosuppression, obesity, diabetes
MR	Hypertension, CHF
PR	Contraception, cancer, osteoporosis
AR	Frailty, prostate cancer, sexual dysfunction, osteoporosis
ER α	Breast cancer, osteoporosis, cardiovascular disease, gynecological disorders, Alzheimer's
ER β	Prostate cancer, osteoporosis, obesity, cardiovascular disease, Alzheimer's
HNF4 α	Diabetes, dyslipidemia
RAR(α,β,γ)	Cancer, psoriasis
RXR(α,β,γ)	Diabetes, cancer

NR possible therapeutics

Possible Therapeutic Indications

Rev-Erb (α, β)	Circadian rhythm atherosclerosis	•NGFI-B	Drug abuse, cancer, schizophrenia, manic-depression, psychoses, neurodegeneration, immunomodulation
ROR α	Atherosclerosis, dyslipidemia, inflammation, rheumatoid arthritis, osteoporosis, neurodegeneration	•NURR1	Parkinson's, schizophrenia, manic- depression, cancer
ROR γ	Osteoporosis, immunosuppression	•NOR1	Drug abuse, cancer, immunomodulation
FXR	Dyslipidemia, liver disease	•SF-1	Adrenal disease, disorders of steroid metabolism
PXR, CAR	Xenobiotic metabolism	•LRH	Breast cancer, fertility, dyslipidemia
TR2, TR4	Cancer, male fertility	•GCNF	Fertility/contraception
TLX	Neurodegeneration	•DAX-1	Adrenal disease, fertility, gynecologic disorders
PNR	Retinal degeneration	•SHP	Obesity, dyslipidemia, diabetes, liver disease, cancer
COUP-TFI	Breast cancer, neural development	•ERR α	Osteoporosis, dyslipidemia
COUP-TFII	Cancer, angiogenesis	•ERR β	Fertility
EAR2	Uterine/gynecological disorders		



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Sources: Lifespan Database

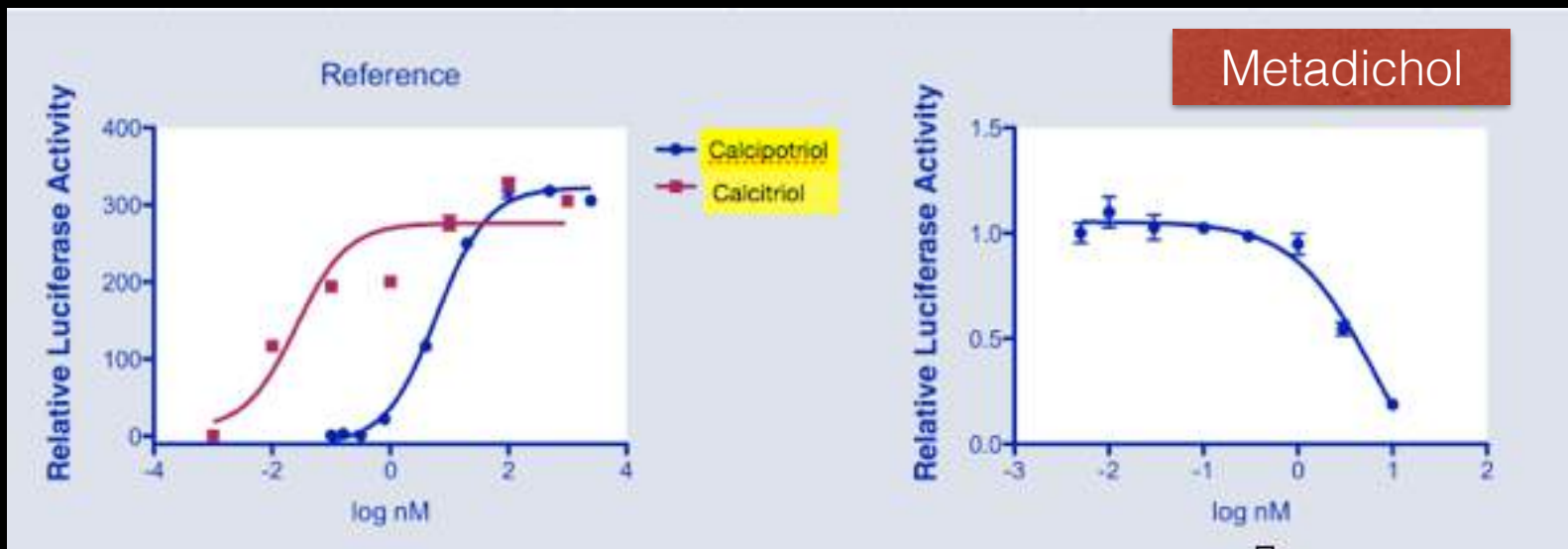
Giguere, V. *Endocrine Rev.* 1999, 20, 689-725

Willson, T. M.; Moore, J. T. *Mol. Endocrinology* 2002, 16, 1135-1144

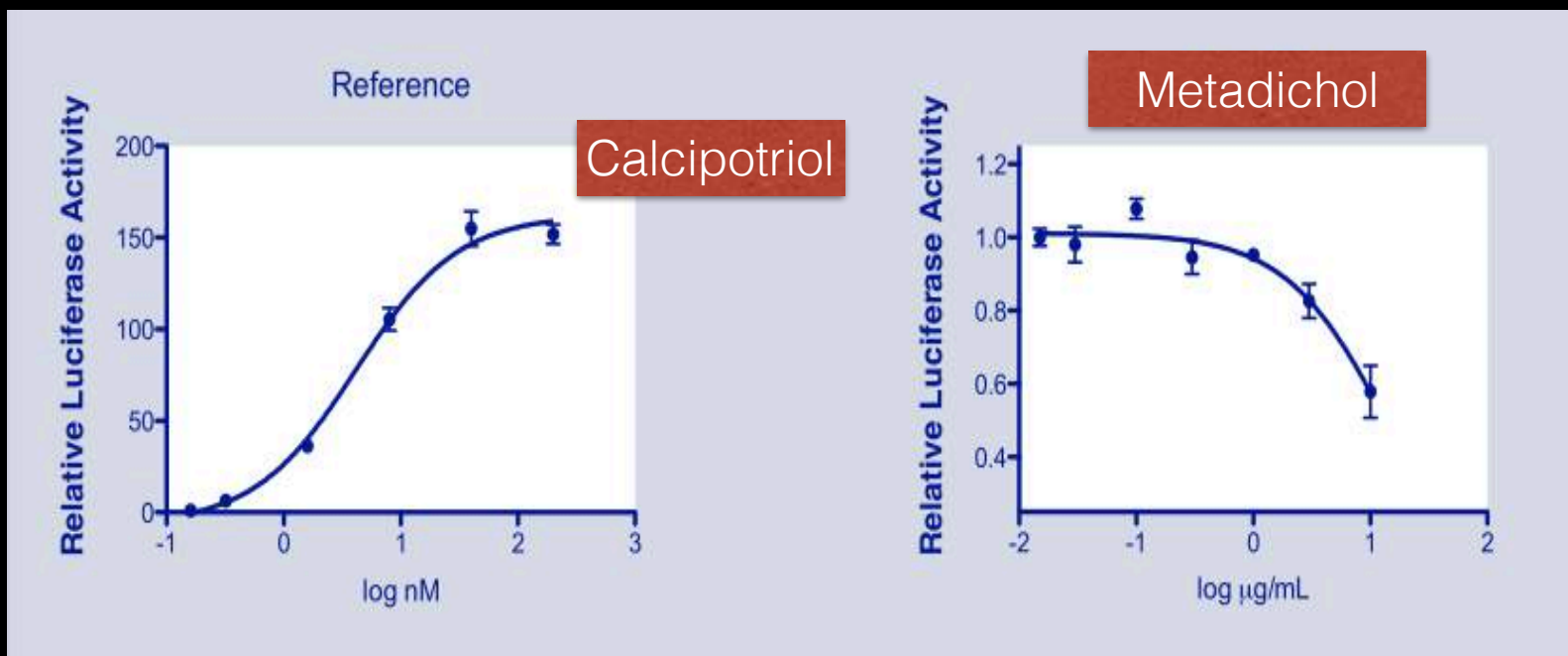
Cell transactivation assay on human VDR

Work done by Indigo Biosciences
PA, USA

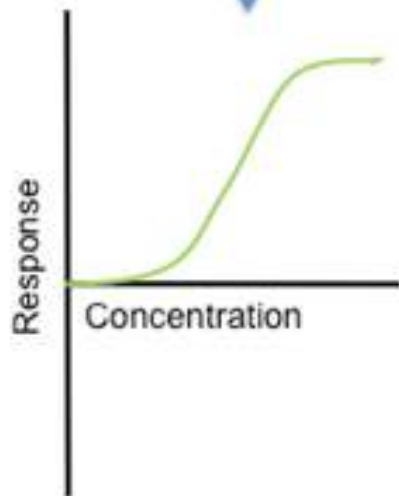
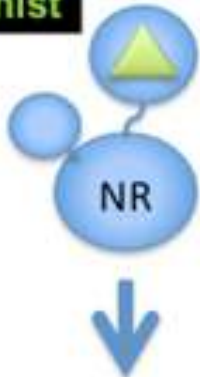
Agonist
Assay



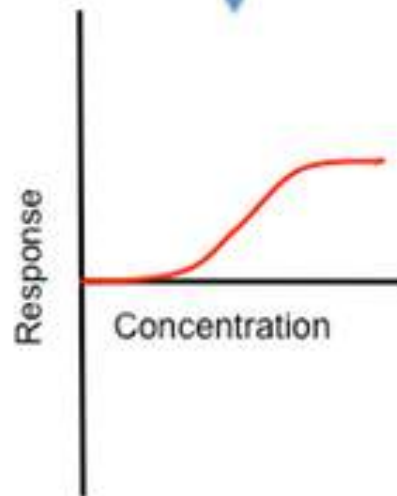
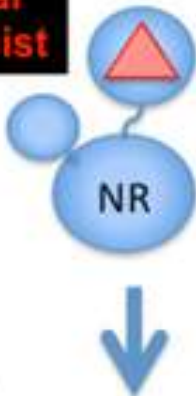
Antagonist
Assay



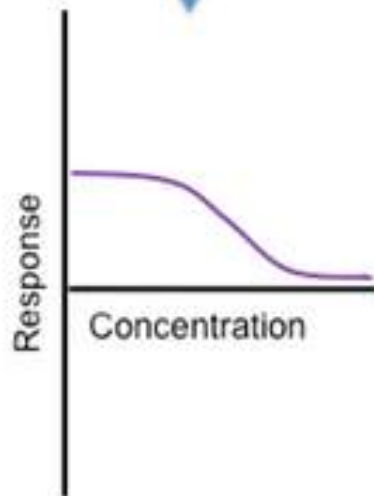
Agonist



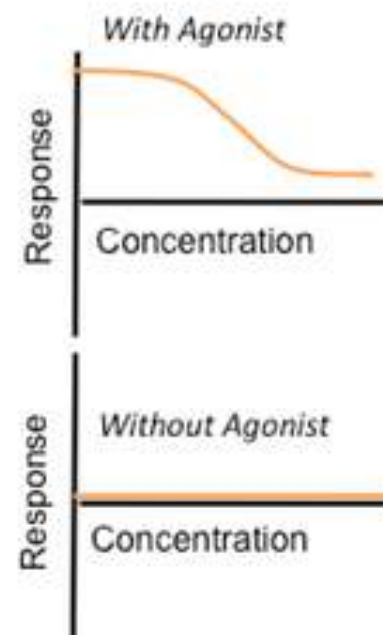
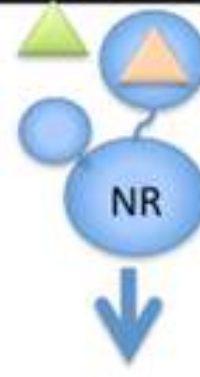
Partial Agonist



Inverse Agonist



Antagonist



Inverse agonists block constitutive response

*Metadichol exhibits dual properties
for e.g Increasing Insulin Secretion (type 1) and reducing Insulin (type 2)*

It behaves more like a Protean agonist.

*Protean agonists act as both positive and negative agonists on the same receptor,
depending on the degree of constitutive activity that is present.*

If there is no constitutive activity, the agonist would be a positive agonist.

*When constitutive activity is present, the Protean agonist would be an inverse
agonist.*

Metadichol and Central Control System of the Human Machine

