



Structural modification of ginsenoside Rh₂ by fatty acid esterification and its detoxification property in antitumor

Gong-Qing Wei^a, Yi-Nan Zheng^a, Wei Li^a, Wen-Cong Liu^a, Ting Lin^b, Wei-Yun Zhang^c, Hai-Feng Chen^b, Jin-Zhang Zeng^b, Xiao-Kun Zhang^b, Quan-Cheng Chen^{b,*}

^a College of Chinese Medicinal Material, Jilin Agricultural University, Changchun, Jilin 130118, China

^b School of Pharmaceutical Sciences, Xiamen University, Xiamen, Fujian 361005, China

^c College of Chemistry and Chemical Engineering, Xiamen University, Xiamen, Fujian 361005, China

ARTICLE INFO

Article history:

Received 16 October 2011

Revised 23 November 2011

Accepted 28 November 2011

Available online 7 December 2011

Keywords:

12,6'-Dioctanoyl ginsenoside Rh₂

Antitumor

Structural modification

Detoxification

ABSTRACT

Ginsenoside Rh₂, one of the most important ginsenosides with anticancer properties in red ginseng, has been developed as principal antitumor ingredient for clinical use. However, the cytotoxicity test in human hepatocyte cell line QSG-7701 (IC₅₀ 37.3 μM) indicated that Rh₂ might show strong cytotoxic side-effect on the normal liver cells. For blunting the toxicity, Rh₂ was structurally modified by reacting with octanoyl chloride to give a dioctanoyl ester of Rh₂ (D-Rh₂) in the present study. MTT assay in QSG-7701 cell line in vitro showed that the cytotoxicity of D-Rh₂ on human hepatocyte cells (IC₅₀ 80.5 μM) was significantly lower than that of Rh₂. While antitumor xenograft assay in mice bearing H22 liver cancer cells in vivo showed that the antitumor activity of D-Rh₂ retained to be strong as that of Rh₂. According to previous pharmacokinetic studies, the fatty acid esterification of Rh₂ might be of detoxification reaction to cells. Additionally, D-Rh₂ showed significant enhancement on increasing thymus index at the dose of 10 mg/kg compared with vehicle treated control group. Thus, D-Rh₂ might indirectly affect tumor growth by stimulating lymphocytes to become cytotoxic to tumor cells. Finally, our findings suggested that D-Rh₂, the fatty acid ester of Rh₂, might attenuate the side-effect by detoxification to human normal cell and could be a more potential candidate for developing as an antitumor drug.

© 2011 Elsevier Ltd. All rights reserved.

Ginsenoside Rh₂ (Rh₂) is a protopanaxadiol type saponin firstly isolated from red ginseng which has been used as traditional medicine and natural tonic in oriental countries for thousands of years.¹ This metabolite shows various biological effects such as reducing blood glucose,² ameliorating ischemic brain injury,³ and inhibiting allergy.⁴ In particular, Rh₂ exhibits beneficial impacts on anticancer. It has been previously reported to have a growth suppressive effect on various cancer cells such as lung adenocarcinoma, neuroblastoma, breast cancer, prostate cancer, colorectal cancer, glioma, malignant melanoma, and hepatocarcinoma cells.^{5–19} In addition, Rh₂ inhibits tumor growth in mice bearing human cancer cells,^{20,21} and exhibits some synergetic effects with chemotherapeutic agents both in vitro and in vivo studies.^{22,23}

Currently, Rh₂ has been developed as a principal antitumor ingredient of 'Jinxing capsule' (Authentication Code: GSJZ-G20060157) for clinical use in China. However, Rh₂ might exhibit high toxicity to normal cells since being cytotoxic to the human hepatocyte cell line QSG-7701 with an IC₅₀ value 37.3 μM. In addition,

previous studies showed that little Rh₂ could be absorbed into plasma from the rat gastrointestinal tract.²⁴ Collective evidences indicated that the oral drug bioavailability of Rh₂ is low.^{25,26} Thus, it is essential to design and optimize the chemical structure of Rh₂ by structural modification.

Previous pharmacokinetic studies have demonstrated that oral main ginsenosides accounting for 90% (w/w) of the total saponins in ginseng were cleaved the terminal sugar stepwise by colonic bacteria to afford the major protopanaxadiol monoglucoside (M1 or Rh₂) and protopanaxatriol (M4) metabolites. These metabolites were then further esterified by fatty acids as ginsenoside fatty acid esters which could be sustained longer in the body.^{27–29} Pharmacokinetic studies also revealed that ginsenoside fatty acid esters might be the real antitumor active species in vivo.^{30,31} More importantly, the fatty acid esterification of ginsenoside possibly represented a detoxification reaction in the body.²⁸ Accordingly, fatty acid esterified ginsenoside could be pharmaceutically active and might be excellent potential drug candidate. In our previous research, several fatty acid esters of ginsenoside M₁ and Rh₁ had been chemically synthesized for improving their anticancer properties.^{32,33} In the present research, we aimed to optimize Rh₂ by structural modification with esterification for lowering its possible side-effect.

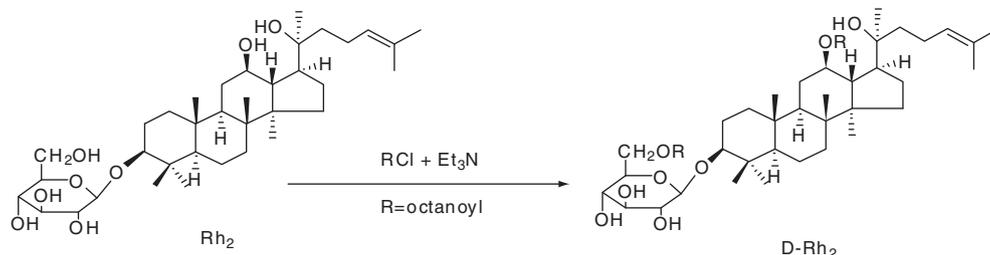
* Corresponding author. Tel.: +86 592 218 7225; fax: +86 592 218 1879.

E-mail address: chenqc@xmu.edu.cn (Q.-C. Chen).

Esterification of Rh₂ was carried out using triethylamine-catalyzed synthesis of ester, which is a typical esterification procedure. An octanoyl chloride reagent was chosen because of being sufficient in industrial supply and cheap. The esterification process is quite simple (Scheme 1). Briefly, Rh₂ (2 g) was dissolved in 500 mL of CHCl₃ and was slowly added the octanoyl chloride (1.2 mL) and Et₃N (1.2 mL). The mixture was reacted under stirring at room temperature for 15 min. Then the reactant was washed by 1.0 L distilled water and concentrated in vacuo. The concentrate was dissolved in MeOH, and filtered through a 0.22 μm membrane. Finally, the filtrate was condensed and subjected to silica gel column chromatography, eluted with CHCl₃–MeOH = 15:1 to give a pure compound **1** (1.38 g). The purification of **1** analyzed by HPLC was more than 98%. The percentage yield of esterification reaction from Rh₂ to **1** was 48.1%.

The chemical structure of **1** was characterized by 1D and 2D NMR analysis. At first, the ¹H and ¹³C NMR data of **1** were similar to those of Rh₂, except for the obvious differences due to the presence of two additional fatty acyl signals (Table 1 and Supplementary data). In the ¹³C NMR spectra, carbon signals of δ_C 173.03, 35.24, 25.29, 29.38, 29.51, 30.08, 22.92, 14.36 (C-1''~8''), and δ_C 173.79, 34.59, 25.39, 29.38, 29.08, 29.70, 22.98, 14.29 (C-1'''~8''') could be identified as two separate octanoyl groups. In addition, an upfield shift δ_C 45.82 and a downfield shift signal δ_C 75.21 compared with δ_C 48.71 (C-13) and δ_C 71.11 (C-12) in Rh₂ were observed in the ¹³C NMR spectra. The observation indicated that one of the octanoyl groups might combine to the hydroxyl group at C-12 of Rh₂ and change the original chemical surroundings of C-12 and C-13 in Rh₂. The conclusion could be confirmed by the analysis of HMQC and HMBC spectra (Fig. 1). Firstly, δ_H 2.08 (dd) and δ_H 5.13 (ddd) respectively correlated to δ_C 45.82 and δ_C 75.21 could be observed in HMQC spectra of **1**. HMBC correlations between δ_H 2.08 and δ_C 73.55, 75.21, 52.70, 53.39 indicated that δ_C 45.82 belongs to C-13, while δ_C 75.21 belongs to C-12. Secondly, δ_H 5.13 (H-12) showed relationship with δ_C 173.03, as well as C-11 and C-13. Thus, one octanoyl group should be connected to the hydroxyl group of C-12 in Rh₂. By 2D NMR spectra, another octanoyl group could be deduced to connect with the hydroxyl group on C-6' of the glucose moiety due to the correlations between H-6' (δ_H 4.74 and 4.95) and δ_C 173.79. Thus, **1** was finally elucidated as 12, 6'-dioctanoyl ginsenoside Rh₂ (D-Rh₂).

D-Rh₂ was firstly tested for its cytotoxicity against human hepatocyte cell line QSG-7701 to evaluate the detoxification effect on human normal cells comparing with Rh₂. For the purpose, MTT assay for cell viability as previously described was used.³⁴ QSG-7701 cells were seeded at 5 × 10³ cells/mL in 96 well plates (180 μL per well). The test samples were dissolved in DMSO and adjusted to the final test concentration range by diluting with RPMI 1640 medium. The final DMSO concentration was adjusted to <0.1%. Each sample was prepared to triplicate, and added 20 μL to each well. These cells were incubated for 48 h. Then 20 μL MTT (Amresco, OH, USA, 5 mg/mL in PBS) were added to each well and incubated for 2 h. Microplates were centrifuged for 5 min (25 °C, 1500 rpm).



Scheme 1. Fatty acid esterified reaction of ginsenoside Rh₂.

Table 1
¹³C NMR spectroscopic data of compound **1** (¹³C NMR, 400 MHz, C₅D₅N)

No.	Rh ₂	D-Rh ₂ (1)	No.	Rh ₂	D-Rh ₂ (1)
	δ _C	δ _C		δ _C	δ _C
1	39.25	39.24	27	17.79	17.87
2	27.22	27.16	28	28.28	28.21
3	88.89	89.25	29	15.95	15.79
4	40.13	40.04	30	17.15	17.70
5	56.49	56.53	1'	107.11	107.14
6	18.57	18.53	2'	75.94	75.73
7	36.01	37.13	3'	78.90	78.65
8	39.81	39.78	4'	72.01	71.78
9	50.51	50.42	5'	78.52	75.21
10	37.09	37.54	6'	63.21	64.71
11	32.20	31.99	1''		173.03
12	71.11	75.21	2''		35.24
13	48.71	45.82	3''		25.29
14	51.83	52.70	4''		29.38 ^a
15	31.46	31.57	5''		29.51 ^a
16	26.85	26.76	6''		30.08 ^a
17	54.95	53.39	7''		22.92 ^b
18	16.91	16.82	8''		14.36 ^c
19	16.48	16.35	1'''		173.79
20	73.05	73.55	2'''		34.59
21	26.97	26.94	3'''		25.39
22	35.27	34.94	4'''		29.38 ^a
23	23.12	23.23	5'''		29.08 ^a
24	126.45	126.45	6'''		29.70 ^a
25	130.86	130.87	7'''		22.98 ^b
26	25.92	25.96	8'''		14.29 ^c

^{a,b,c} Values may be interchangeable in each column.

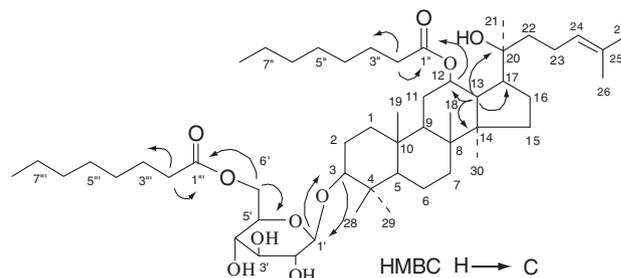


Figure 1. Selected HMBC correlations of **1**.

The supernate was removed and formed formazan crystals were dissolved with 150 μL DMSO. Each plate was shaken for 20 min and the OD values were read at 570 nm (450 nm as a reference) on the microplate reader within 30 min. The IC₅₀ value was defined as the concentration of sample needed to reduce 50% of absorbance relative to the vehicle-treated control.

As shown in Fig. 2, Rh₂ (50 μM) inhibited 83% of the cell growth, while treating with D-Rh₂ (50 μM) inhibited 18%. The IC₅₀ values of Rh₂ and D-Rh₂ for inhibiting cell growth were 37.3 and 80.5 μM, respectively. D-Rh₂ might largely reduce the cytotoxicity for hu-

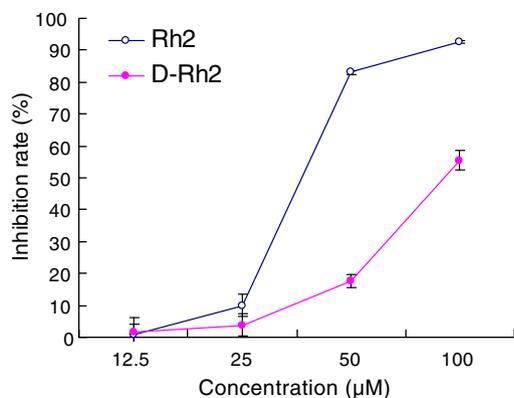


Figure 2. The effects of Rh₂ and D-Rh₂ on inhibiting QSG-7701 cells growth.

man normal cells. The results indicated that the fatty acid esterification of Rh₂ might represent a detoxification reaction. This was well consistent with the previous speculation by Hasegawa et al.²⁸

We then examined D-Rh₂ for its antitumor activity on Kunming mice bearing mouse hepatoma (H22 cell line) using Xenograft assay. Kunming mice were provided by the Laboratory Animal Center of Jilin University (Changchun, China) and housed at 23 ± 0.5 °C, 60% humidity in a 12 h light–dark cycle. All animals were acclimated for seven days before the experiment began. Then the mice were injected subcutaneously on right flanks above the hind limb with 0.1 mL H22 cells (1 × 10⁶) and divided into groups of 10 mice at random. After 7 days of the tumor cell implantation, mice were gavaged orally with cytoxin (CTX) (20 mg/kg), Rh₂ (10 mg/kg), Rh₂ (5 mg/kg), D-Rh₂ (10 mg/kg), and D-Rh₂ (5 mg/kg) in 0.5 mL normal saline solution with 1% Tween-80 once per day for 10 days. The control mice were gavaged orally with 0.5 mL vehicle with a similar dosing schedule. Body weights of mice were recorded throughout the experiment. At the termination of the experiment, the tumor tissues were harvested.

As shown in Fig. 3, CTX, Rh₂, and D-Rh₂ treated groups were all significantly inhibited the tumor growth compared with the negative control group. Among them, CTX reduced ~72% of tumor growth in mice at oral treatment dose 20 mg/kg (body weight of mouse). D-Rh₂ exhibited ~52–73% of tumor inhibition at dose 5 and 10 mg/kg (5.7 and 11.4 µmol/kg), while the parental Rh₂ showed ~53–75% inhibitory rate at dose 5 and 10 mg/kg (8.0 and 16.0 µmol/kg). The tumor inhibitory activity of D-Rh₂ at dose

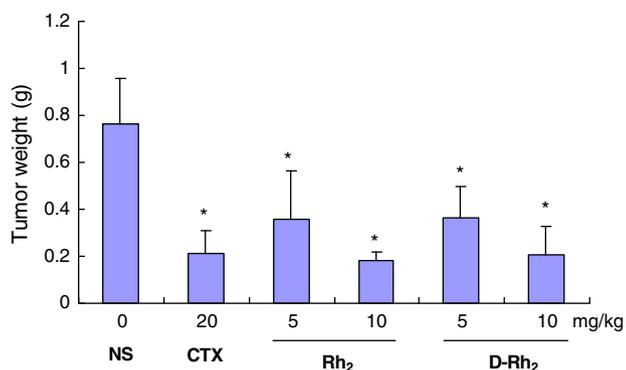


Figure 3. Inhibition of tumor growth in animals. Tumors were dissected and measured weights. Normal saline (NS) treated control group was considered as no tumor inhibition. Data were presented as the means ± standard deviation (SD). Statistical analysis was performed using the SPSS 13.0 statistical software (SPSS Inc., Chicago, IL, USA). ANOVA procedures followed by the Dunnett's Multiple Comparison test were used to analyze variance. Differences with *p*-value less than 0.05 were considered to be statistically significant.

11.4 µmol/kg was observed almost as strong as that of Rh₂ at dose 16 µmol/kg or CTX at dose 76.6 µmol/kg. In addition, the average body weights of normal mice and CTX, Rh₂ (dose 20 mg/kg), and D-Rh₂ (dose 20 mg/kg) treated mice changed from 23.0 ± 1.8 to 24.6 ± 2.2 g, 25.3 ± 1.5 to 24.0 ± 1.3 g, 23.4 ± 2.8 to 23.2 ± 1.2 g, and 24.8 ± 1.1 to 27.1 ± 1.5 g, respectively, after 10 days of treatment. D-Rh₂ (dose 20 mg/kg) showed increasing the mice body weight similar to those of control group which grew up normally; while Rh₂ (dose 20 mg/kg) and CTX could not increase or even block the increase of body weight.

Intriguingly, the above results indicated that D-Rh₂ could significantly reduce the toxicity to human hepatocyte cell line QSG-7701 in vitro without blunting the antitumor activity in vivo. According to the previous pharmacokinetic study,³¹ it is possible that part of oral Rh₂ were esterified by some fatty acids in the body after digesting. The transformed Rh₂ fatty acid esters might be sustained longer in the body and served as antitumor species. However, the remained Rh₂ could be harmful to the human normal tissue due to its considerable cytotoxicity. After oral intake, the absorbed D-Rh₂ might possess similar antitumor function in vivo to those of transformed Rh₂ fatty acid esters in the body. Compared with Rh₂, D-Rh₂ which showed lower cytotoxicity would largely attenuate the injury for normal tissue in the body. Thus, our findings suggested that D-Rh₂, the fatty acid ester of Rh₂, might depress the side-effect by detoxification to human normal cell and could be an attractive candidate for antitumor. However, the molecular acting mechanism and pharmacokinetics of D-Rh₂ need to be further studied.

Ginseng has been treasured in Asian countries, especially in China, Korea and Japan due to its tonic property. There were many evidences that ginseng and its active component ginsenosides enhance immune activity.^{35,36} Jinxing Ginseng Rh₂ Capsule, which was declared to improve immune function and increase resistance, was marketed as a health food for the patients in the treatment and rehabilitation period with cancer. We therefore compared the effects of spleen and thymus indexes in the tumor bearing mice with control and D-Rh₂ treatment. Mice were inoculated tumor cells and divided into groups (10 mice per group). Additionally, 10 normal mice were grouped as blank control. After 7 days of the tumor cell implantation, mice were orally administrated once a day with D-Rh₂, Rh₂, positive control CTX and negative control normal saline (NS) for 10 days following above Xenograft assay. At the termination of the experiment, thymus gland, and spleen were harvested and weighted, respectively.

As showed in Table 2, the CTX group significantly decreased spleen and thymus indexes (*P* < 0.05) compared with NS group. D-Rh₂ at the dose of 10 mg/kg significantly increased the thymus index (*P* < 0.05). No significant difference of spleen and thymus index was observed at 5 mg/kg dose of the D-Rh₂ while compared with negative control. The above results indicated that cytoxin could significantly (*P* < 0.05) lead to atrophy of the spleen and thy-

Table 2
Effects of D-Rh₂ on spleen and thymus index in Kunming mice

Group	Dose (mg/kg)	Spleen index (mg/g)	Thymus index (mg/g)
Blank	–	6.64 ± 1.04	3.35 ± 0.89
NS	–	6.61 ± 1.84	1.83 ± 0.85*
CTX	20	4.58 ± 1.11* [#]	0.74 ± 0.23* [#]
Rh ₂	5	5.48 ± 1.32	2.25 ± 0.61*
Rh ₂	10	5.35 ± 0.83	2.09 ± 0.78*
D-Rh ₂	5	5.27 ± 1.21	2.15 ± 1.10*
D-Rh ₂	10	6.31 ± 1.44	3.42 ± 0.82 [#]

The data were presented as means ± SD (*n* = 10).

* *P* < 0.05 significantly different from the blank group.

[#] *P* < 0.05, significantly different from the NS treated group.

mus in tumor-bearing mice (Table 2), which were in a good agreement with the previous data on immunostimulatory activities.³⁷ While in D-Rh₂ treated groups, there was significant enhancement of thymus index at the dose of 10 mg/kg. The results indicated that the antitumor effect of D-Rh₂ might in part attribute to the immunostimulatory function.

In summary, for the purpose of reducing side-effect, Rh₂ was structurally modified as a dioctanoyl ester of Rh₂ (D-Rh₂) by reacted with octanoyl chloride. Compared with the parental Rh₂, D-Rh₂ could significantly decrease toxicity to the human hepatocyte cell line QSG-7701 in vitro but not attenuate the antitumor activity in vivo. In addition, the enhanced effects of D-Rh₂ on thymus index indicated that D-Rh₂ might indirectly affect tumor growth by stimulating lymphocytes to become cytotoxic to tumor cells.³⁰ D-Rh₂ could be a more potential candidate for using as an antitumor drug due to the possible lower side-effect. The results obtained in the study will provide basic data for further development and utilization of D-Rh₂ in tumor prevention and therapy.

Acknowledgments

This research was financially supported by the Science and Technology Development Program from Jilin Provincial Science & Technology Department (yyzx 201135), and in part by Grant 2010J05085 from Fujian Provincial Department of Science & Technology. We are grateful to the Laboratory Animal Center of Jilin University (Changchun, China) for providing experimental animals.

Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.bmcl.2011.11.104](https://doi.org/10.1016/j.bmcl.2011.11.104).

References and notes

- Kitagawa, I.; Yoshikawa, M.; Yoshihara, M.; Hayashi, T.; Taniyama, T. *Yakugaku zasshi* **1983**, *103*, 612.
- Lai, D. M.; Tu, Y. K.; Liu, I. M.; Chen, P. F.; Cheng, J. T. *Planta Med.* **2006**, *72*, 9.
- Park, E. K.; Choo, M. K.; Oh, J. K.; Ryu, J. H.; Kim, D. H. *Biol. Pharm. Bull.* **2004**, *27*, 433.
- Park, E. K.; Choo, M. K.; Kim, E. J.; Han, M. J.; Kim, D. H. *Biol. Pharm. Bull.* **2003**, *26*, 1581.
- Cheng, C. C.; Yang, S. M.; Huang, C. Y.; Chen, J. C.; Chang, W. M.; Hsu, S. L. *Cancer Chemother. Pharmacol.* **2005**, *55*, 531.
- Popovich, D. G.; Kitts, D. D. *Can. J. Physiol. Pharmacol.* **2004**, *82*, 183.
- Kim, Y. S.; Jin, S. H. *Arch. Pharm. Res.* **2004**, *27*, 834.
- Kim, H. S.; Lee, E. H.; Ko, S. R.; Choi, K. J.; Park, J. H.; Im, D. S. *Arch. Pharm. Res.* **2004**, *27*, 429.
- Fei, X. F.; Zheng, K. Y.; Wang, B. X.; Tashiro, S.; Ikejima, T. *Chem. Res. Chin. Univ.* **2003**, *19*, 49.
- Fei, X. F.; Wang, B. X.; Tashiro, S.; Li, T. J.; Ma, J. S.; Ikejima, T. *Acta Pharmacol. Sin.* **2002**, *23*, 315.
- Oh, M.; Choi, Y. H.; Choi, S. H.; Chung, Y. H.; Kim, K. W.; Kim, S. I.; Kim, D. K.; Kim, N. D. *Int. J. Oncol.* **1999**, *14*, 869.
- Kim, Y. S.; Jin, S. H.; Lee, Y. H.; Kim, S. I.; Park, J. D. *Arch. Pharm. Res.* **1999**, *22*, 448.
- Kim, H. E.; Oh, J. H.; Lee, S. K.; Oh, Y. J. *Life Sci.* **1999**, *65*, PI33.
- Kim, H. E.; Oh, Y. J. *J. Neurochem.* **1998**, *70*, S15.
- Zeng, X. L.; Tu, Z. G. *Pharmacol. Toxicol.* **2003**, *93*, 275.
- Lee, K. Y.; Park, J. A.; Chung, E.; Lee, Y. H.; Kim, S. I.; Lee, S. K. *Cancer Lett.* **1996**, *110*, 193.
- Li, B. H.; Zhao, J. O.; Wang, C. Z.; Searle, J.; He, T. C.; Yuan, C. S.; Du, W. *Cancer Lett.* **2011**, *301*, 185.
- Wu, N.; Wu, G. C.; Hu, R.; Li, M.; Feng, H. *Acta Pharmacol. Sin.* **2011**, *32*, 345.
- Kim, Y. S.; Kim, D. S.; Kim, S. I. *Int. J. Biochem. Cell Biol.* **1998**, *30*, 327.
- Nakata, H.; Kikuchi, Y.; Tode, T.; Hirata, J.; Kita, T.; Ishii, K.; Kudoh, K.; Nagata, I.; Shinomiya, N. *Cancer Sci.* **1998**, *89*, 733.
- Choi, S.; Oh, J. Y.; Kim, S. J. *J. Cell. Biochem.* **2011**, *112*, 330.
- Xie, X. W.; Eberding, A.; Madera, C.; Fazli, L.; Jia, W.; Goldenberg, L.; Gleave, M.; Guns, E. S. *J. Urol.* **2006**, *175*, 1926.
- Musende, A. G.; Eberding, A.; Jia, W.; Ramsay, E.; Bally, M. B.; Guns, E. T. *Prostate* **2010**, *70*, 1437.
- Oian, T. X.; Cai, Z. W.; Wong, R. N. S.; Jiang, Z. H. *Rapid Commun. Mass Spectrom.* **2005**, *19*, 3549.
- Gu, Y.; Wang, G. J.; Sun, J. G.; Jia, Y. W.; Wang, W.; Xu, M. J.; Lv, T.; Zheng, Y. T.; Sai, Y. *Food Chem. Toxicol.* **2009**, *47*, 2257.
- Gu, Y.; Wang, G. J.; Wu, X. L.; Zheng, Y. T.; Zhang, J. W.; Ai, H.; Sun, J. G.; Jia, Y. W. *Xenobiotica* **2010**, *40*, 602.
- Bae, E. A.; Han, M. J.; Kim, E. J.; Kim, D. H. *Arch. Pharm. Res.* **2004**, *27*, 61.
- Hasegawa, H.; Lee, K. S.; Nagaoka, T.; Tezuka, Y.; Uchiyama, M.; Kadota, S.; Saiki, I. *Biol. Pharm. Bull.* **2000**, *23*, 298.
- Wakabayashi, C.; Hasegawa, H.; Murata, J.; Saiki, I. *Oncol. Res.* **1997**, *9*, 411.
- Hasegawa, H.; Suzuki, R.; Nagaoka, T.; Tezuka, Y.; Kadota, S.; Saiki, I. *Biol. Pharm. Bull.* **2002**, *25*, 861.
- Hasegawa, H. *J. Pharmacol. Sci.* **2004**, *95*, 153.
- Han, M.; Hou, J. G.; Dong, C. M.; Li, W.; Yu, H. L.; Zheng, Y. N.; Chen, L. *Molecules* **2010**, *15*, 399.
- Lei, J.; Li, X.; Gong, X. J.; Zheng, Y. N. *Molecules* **2007**, *12*, 2140.
- Mosmann, T. *J. Immunol. Methods* **1983**, *65*, 55.
- Kim, J. Y.; Germolec, D. R.; Luster, M. I. *Immunopharmacol. Immunotoxicol.* **1990**, *12*, 257.
- Shin, H. R.; Kim, J. Y.; Yun, T. K.; Morgan, G.; Vainio, H. *Cancer Causes Control* **2000**, *11*, 565.
- Zhao, L. Q.; Chen, Y. L.; Ren, S.; Han, Y.; Cheng, H. B. *Carbohydr. Res.* **2010**, *345*, 637.