

Polyketides of Therapeutic Significance from Natural Sources

Pankaj Gupta*

School of Medical & Allied Sciences, K. R. Mangalam University, Sohna Road, Gurgaon, Haryana, India

Editorial

The term 'polyketide' was coined in 1907 and refers to the secondary metabolites from bacteria, fungi, plants and animals. Polyketides are secondary metabolites with polyketomethylene groups containing multiple ketone groups and are synthesized by serialized reactions of a set of enzymes called polyketides synthase which coordinate the elongation of carbon skeletons by the stepwise condensation of short carbon precursors. Traditionally, polyketides were indirectly known by their biological activities e.g., the purgative materials in cascara, rhubarb, and senna are usually polyketide-derived anthracenes. Traditional antispasmodics, long used in the Middle East to treat angina, contain significant amounts of the polyketide khellin and another very famous example of polyketides in history was the use of coniine containing hemlock to execute Socrates (BCE 399).

Currently, polyketide antibiotics, antifungals, cytostatics, anticholesterolemic, antiparasitics, coccidiostatics, animal growth promoters and natural insecticides are in commercial use. An example of a famous polyketide antibiotic includes borrelidin, an 18 membered polyketides macrolide isolated from a sample of *Streptomyces rochei* in 1949 by Berger & co-workers, was reported to possess profound anti-borrelia activity. Later it was reported to possess antiangiogenic, antimalarial and antiviral properties. Other examples of therapeutic polyketides include rapamycin (immunosuppressant), erythromycin A (antibacterial), epithilone B (anticancer), lovastatin (anticholesterol), rifamycin B (antituberculosis), (E)-resveratrol (chemopreventive) etc. Thus, there are several polyketides that have been reported for their therapeutic potential, thereby, pressing the need to evaluate newer polyketides from natural sources that can serve as potential candidates for drug discovery in order to treat various diseases and ailments and also to overcome the problem of drug resistance.

*Corresponding author: Pankaj Gupta, School of Medical & Allied Sciences, K. R. Mangalam University, Sohna Road, Gurgaon, Haryana, India; Tel: +91-11-9818256122; E-mail: gupta.aiims@gmail.com

Received November 07, 2016; Accepted November 07, 2016; Published November 11, 2016

Citation: Gupta P (2016) Ayurveda Medication Non Adherence: Implications for Clinical Practice and Research. J Tradi Med Clin Natur 5: e124. DOI: [10.4172/2573-4555.1000e124](https://doi.org/10.4172/2573-4555.1000e124)

Copyright: © 2016 Gupta P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.