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Original Research Article

Biotechnology

Computational Analysis for Prevention of Osteoporosis using Algal Extract

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Abstract

Osteoclasts are multinucleated cells that play a crucial role in bone resorption. The imbalance between bone resorption and bone formation results in osteoporosis. Therefore, substances that can suppress osteoclast formation are potential candidate materials for drug development or functional foods. There have been reports that extracts or purified compounds from marine micro- and macroalgae can suppress osteoclast differentiation. Symbioimine, isolated from the cultured dinoflagellate Symbiodinium sp., had suppressive effects against osteoclast differentiation in osteoclastlike cells. Norzoanthamine, isolated from the colonial zoanthid Zoanthas sp., has been shown to have anti-osteoporosis activity in ovariectomized mice. In response to marine extracts, the fucoxanthin- rich component from brown algae has been shown to have suppressive effects against osteoclast differentiation. An extract of Sargassum fusiforme has recently been shown to have anti-osteoporosis activity. This extract suppressed both osteoclast differentiation and accelerated osteoblast formation in separate in vitro experiments. In this study, we have undergone an in-silico interaction study of the each target proteins, namely TNFRSF11B, LRP5, RANKL, NOX4, ER, PTH1R, sclerostin, NR3B1, HDAC with both reported antiosteoporosis drugs (namely Calcitriol, Alendronate, Risedronate, Ibandronate, Zoledronate,)and phyto-chemical (Symbioimine Norzoanthamine fucoxanthin, Largazole, dieckol, 1-(30,50-dihydroxyphenoxy)-7-(200,400,600-trihydroxyphenoxy) 2,4,9-trihydroxydibenzo-1,4,-dioxin, Biselyngbyaside, ikarisoside A, bolinaquinone,) obtained from algae. Interaction of phytochemical compound with target proteins shows better binding affinity as compared to drug molecules like Calcitriol and Alendronate. Thus, these marine algae and their extracts may be sources of marine medicinal foods for the prevention of osteoporosis.

Keywords: Alendronate, Alkaloids, Functional Food, Osteoporosis, *Insilico*.

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1. INTRODUCTION

Osteoporosis is a disease where decreased bone strength increases the risk of a broken bone. It is the most common reason for a broken bone among the elderly [1]. Bones that commonly break include the back bones, the bones of the forearm, and the hip [2]. Until a broken bone occurs there are typically no symptoms. Bones may weaken to such a degree that a break may occur with minor stress or spontaneously. Chronic pain and a decreased ability to carry out normal activities may occur following a broken bone [1].

Osteoporosis may be due to lower than normal peak bone mass and greater than normal bone loss. Bone loss increases after menopause due to lower levels of estrogen. Osteoporosis may also occur due to a

number of diseases or treatments alcoholism, anorexia, hyperthyroidism, surgical removal of the ovaries, and kidney disease. Certain medications increase the rate of bone loss including some antiseizure medications, chemotherapy, proton pump inhibitors, selective serotonin reuptake inhibitors, and steroids. Not enough exercise and smoking are also risk factors [1]. Osteoporosis is defined as a bone density of 2.5 standard deviations below that of a young adult [3]. This is typically measured by dual-energy Xray absorptiometry at the hip [3]. Prevention of osteoporosis includes a proper diet during childhood and efforts to avoid medications that cause the condition. Efforts to prevent broken bones in those with osteoporosis include a good diet, exercise, and fall prevention. Lifestyle changes such as stopping smoking

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and not drinking alcohol may help [1]. Medication of the bisphosphonate type are useful in those with previous broken bones due to osteoporosis [4, 5]. In those with osteoporosis but no previous broken bones they are less effective [4-6]. A number of other medications may also be useful [1, 7]. Although there is no cure for osteoporosis, several medications approved by the U.S. Food and Drug Administration (FDA) can help stop or slow bone loss, or help form new bone, and reduce the risk of fractures. Currently, alendronate, raloxifene, risedronate, and ibandronate are approved for preventing and treating postmenopausal osteoporosis. Teriparatide is approved for treating the disease in postmenopausal women and men at high risk for fracture. Estrogen/hormone therapy (ET/HT) is approved for preventing postmenopausal osteoporosis, and calcitonin is approved for treatment. In addition, alendronate is approved for treating osteoporosis in men, and both alendronate and risedronate are approved for use by men and women with glucocorticoid-induced osteoporosis. Alendronate plus vitamin D is approved for the treatment of osteoporosis in postmenopausal women and in men. Risedronate with calcium is approved for the and treatment prevention of osteoporosis postmenopausal women. Except these treatments, various types of marine extracts are also used to cure osteoporosis. The marine environment has proven to be a rich source of biological diversity. The marine organisms have high potency for the commercialization of interesting compounds and their applications towards food industry. cosmetic industry, neutraceuticals, pharmaceutical industries etc. Symbioimine, Norzoanthamine, Fucoxanthin, Largazole, Biselyngbyaside, Ikarisoside A, Bolinaquinone are some of the marine extracts which are used for treatment of osteoporosis. Symbiodinium sp., had suppressive effects against osteoclast differentiation in osteoclast-like cells. Norzoanthamine, isolated from the colonial zoanthid Zoanthas sp., has been shown to have antiosteoporosis activity in ovariectomized mice. With regard to marine extracts, the fucoxanthin-rich component from brown algae has been shown to have suppressive effects against osteoclast differentiation. An extract of Sargassum fusiforme has recently been shown to have antiosteoporosis activity. This extract suppressed both osteoclast differentiation and accelerated osteoblast formation in separate in vitro experiments. It also showed antiosteoporosis activity in ovariectomized mice by regulating the balance between bone resorption and bone formation. These marine algae and their extracts may be sources of marine medicinal foods for the prevention of osteoporosis. Osteoporosis becomes more common with age [1]. About 15% of white people in their 50s and 70% of those over 80 are affected [8]. It is more common in women than men [1]. In the developed world, depending on the method of diagnosis, 2% to 8% of males and 9% to 38% of females are affected [9]. Rates of disease in the developing world are unclear [10]. About 22 million women and 5.5 million men in the European Union had osteoporosis in 2010 [11]. In

the United States in 2010 about eight million women and one to two million men had osteoporosis [9, 12]. White and Asian people are at greater risk [1]. The word osteoporosis is from the Greek terms for "porous bones" [13]. The human skeleton consists of both fused and individual bones supported and supplemented by ligaments, tendons, muscles and cartilage to serve as a rigid framework for the body. The skeleton supports organs, anchors muscles and facilitates movement and protects organs such as brain, lungs and heart [14].

The risk of osteoporosis is influenced by many factors such as age, sex, diet, physical activity, medication use and menopausal status, but one of the most important clinical risk factors is a positive family history, underscoring the role of genetic factors in determining disease susceptibility [35]. Recently, we provided a comprehensive review of advances made over the past 15 years with respect to the discovery of osteoporosis causing genes. We noted an accelerating pace in identifying and validating osteoporosis susceptibility loci in the past 4 years, which was largely attributable to the use of genome-wide association studies (GWAS). Based upon a combined examination of the available data, we concluded that there are at least 15 confirmed genes (e.g., ESR1, LRP5, SOST, OPG, RANK and RANKL) and potentially another 30 genes or more that could be assigned as osteoporosis susceptibility genes. Notably, these genes are clustered into three biological pathways: the estrogen endocrine pathway, the Wnt/β-catenin signaling pathway and the RANK/RANKL/Osteoprotegerin (OPG) pathway [36]. Since the publication of our review, GWAS have identified two novel osteoporosis genes, ALDH7A1 [37] and JAG1; [38] two further comprehensive reviews on the genetics of osteoporosis have also been published [39, 40].

2. MATERIALS AND METHODS

2.1 Materials and Methods of Wet Lab work2.1.1 Sample Collection

Algal samples were collected from a depth of 100-150cm from the surface of water. They are so small that they can pass through the mesh of even finest net. Some species were collected through the net. The samples were washed for several times and allowed to have show time surface water, which was transferred to plastic bottle and were returned to laboratory. After several washing the samplings were observed under a microscope. Attempts were made to raise bacteria free cultures by repeated sub-cultivation and exposing to UV-radiation. Repeated washing and transfer to fresh media under asceptic condition to eliminate or reduce most of the bacteria and in some cases lead to the establishment of bacteria free culture.

2.1.2 Culture Preparation

(i) Culture vessel

Non-absorbent cotton wool plugged hard glass test-tubes, conical flasks and petriplates (all corning

glass makes) were used for culturing the algae. The volume of the medium was decreased in the vessel when the culture was to be shaken in order to avoid contamination by splashing the culture solution up to the cotton wool plug.



Fig. 1: Preparation of Culture Vessels

(Ii) Cleaning Methods

The glassware were cleaned first with tap water with detergent and then immersed in chromic acid (mixture 2.0 gm of K₂Cr₂O₇ in 100.0 ml of concentrated H₂SO₄ overnight). These were then thoroughly washed in running tap water and finally rinsed with all double distilled water and dried in hot air even before use.

(Iii) Culture Conditions

The cultures were incubated inside a culture room free from all types of contaminant. The pH of culture was maintained between 6 and 8 and temperature was $24\pm2^{\circ}\mathrm{C}$ was given through whole day. The medium of the liquid culture was changed after 48 hours. Temperature, light intensity, pH was checked twice daily. The culture flasks were hand shaken twice daily throughout the observation period.

(iv) Inoculation

Inoculation was carried out in an inoculation chamber inside the culture room with aseptic conditions. Algal materials were inoculated into the sterile medium. The algal materials were examined under a microscope to see any damage caused to the cells. Always healthy materials were inoculated in the medium after thoroughly checked to avoid the contamination.

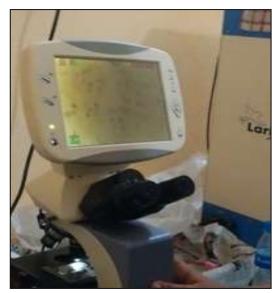


Fig. 2: Identification of Algae Using Compound Microscope

2.1.3 Growth Media

The microalgae were grown in the following media i.e. Provasoli's Enriched Seawater (PES) medium. To prepare the PES medium, 20 ml of the enrichment stock solution was added to 980 ml of filtered natural seawater pasteurize.

Enrichment Stock Solution

To prepare enrichment stock solution following components were added in 900 ml of sea water (Vitamins should be added last, after mixing other components) and the final volume was brought to 1 liter with distilled water and pasteurized (without autoclaved).

Table 1: Table Showing Enrichment Stock Solution's Composition

Component	Stock solution	Quantity used
NaNO ₃		3.5 gm
Na β glycerophosphate H ₂ O		0.5 gm
Trisbase		5.0 gm
*Iron-EDTA Solution (see following table)		250 ml
*Trace metal solution (see following table)		25 ml
Thimaine HCl		0.500 mg
Biotin	0.005	1 ml
Tris buffer		1 ml

* Iron-EDTA solution

Into 950 ml of distilled H₂O, the EDTA and then the iron sulphate were added and were brought to

the final volume to 1 litre Pasteurized and stored refrigerated.

Table 2: Table Showing Iron-EDTA Solution's Composition

Component	Stock solution (gm /L) distilled water	Quantity used
Na ₂ EDTA 2H ₂ O		0.841 gm
Fe (NH ₄) ₂ (SO ₄) 6H ₂ O		0.702 gm

* Trace metal stock solution

Into 950 ml of distilled H₂O, the EDTA was added and then individually the following components (The Boron is not necessary for enriching natural

seawater and should be left out) were dissolved and brought the first volume to 1 litre and stored in refrigerator.

Table 3: Table Showing Trace Metal Stock Solution's Composition

Component	Stock solution (gm /L) distilled water	Quantity used in gm
Na ₂ EDTA 2H ₂ O		12.74 gm
Fe Cl ₃ 6H ₂ O		0.484 gm
H_3BO_3		11.439 gm
MnSO _{4.} 4H ₂ O		1.624 gm
ZnSO _{4.} 7H ₂ O		0.220 gm
CuSO ₄ 7H ₂ O		0.048 gm



Fig. 3: Measuring the desired weight of NaNO3 by using weighing Machine



Fig. 4: Preparation of PES Medium



Fig. 5: Preparation of different stock concentration of solutions

2.1.4 Inoculation on solidified medium

Algal cells isolated by capillary pipette method were mixed with small volume of sterilized distilled water and a few drops were placed in the solidified agar medium. A bent glass was sterilized by dipping in alcohol and burning in the flame several times and then cooled. With the help of this glass rod, algal suspension was spread over the solidified medium, the inoculated plate was immediately covered, inverted and inoculated for 10-15 days under suitable condition. After 10-15 days desired algal cells free from impurities were picked up by sterilized wire needle and were resuspended separately in a small volume of sterilized distilled water. The process was repeated unless and until unialgal cells were developed. Finally a colony developed from single

cell was transformed to the liquid medium for mass culture.

2.1.5 Streak plate method

For this method solidified medium of Provasoli enriched seawater medium (PES) with 1.5% agar-agar was prepared in a conical flask. Then the flask was autoclaved at 15lb for 30 minutes. The hot medium was poured in sterilized petriplates. Under laminar air flow the naturally collected samples were streaked on cold petriplates containing solidified PES medium. After 7 days isolated colonies were appeared on the plates and these isolated colonies were inoculated in a different test tube containing liquid PES medium. After seven days the algae inside the test tubes were examined under microscope for pure culture.



Fig. 6: Streaking plate on Solidified Media

2.2 Materials and Methods of Computational Analysis

2.2.1 Mining of Genes Associated with Osteoporosis from GWAS Catalog

The National Human Genome Research Institute (NHGRI) Catalog of Published Genome-Wide Association Studies (GWAS) Catalog which provides a publicly available manually curated collection of published GWAS assaying at least 1,00,000 single nucleotide polymorphisms (SNPs) and all SNP-trait associations with $P < 1X10^{-5}$, was used to mine the genes

pertaining to Osteoporosis. Disease search for "Osteoporosis" with a p-value threshold of p<10⁻⁵was performed to retrieve GWAS studies on Osteoporosis from GWAS Catalog (http://www.genome.gov/gwastudies/ currently https://www.ebi.ac.uk/gwas/). A total of 8 GWAS studies resulted in a total of 14 unique genes mapped to discrete genomic locations of human genome. The corresponding protein sequences encoded by these genes were obtained from UniProtKB database.

2.2.2 Gene-disease association study through WebGestalt

Web Gestalt (WEB-based Gene SeT AnaLysis Toolkit), one of the first software applications that integrate functional enrichment analysis and information visualization for the management, information retrieval, organization, visualization and statistical analysis of large sets of genes. In addition to significant data expansion, Web Gestalt has also improved user friendliness and added new visualization features that help users better understand the enrichment results.

Web Gestalt (http://bioinfo.vanderbilt.edu/webgestalt/) was used for further functional categorisation of 14 reported gene extracted from GWAS genes including gene—disease association and Drug association analysis. Further interactive phenotype ontology associated with Osteoporosis genes was elucidated. Organism Homo sapiens was selected against select organism of interest column, hsapiens_gene symbol was selected at Select gene ID type, and outcome of GWAS Catalog Reported gene list consisting of 14 genes was uploaded in the Upload gene list column. The following entries such as Statistical Method/test: hypergeometric, Multiple Test Adjustment: BH, Significance Level: Top 10 and .05, Minimum Number of Genes for a Category:2 was selected.

2.2.3 UNIPROT-(http://www.uniprot.org/)

The Universal Protein Resource (UniProt) is a comprehensive resource for protein sequence and annotation data. The corresponding protein sequences encoded by these genes were retrieved from UniProtKB database.

2.2.4 Retrieval of Drugs and proteins (corresponding targets)

The Structure Data Format (SDF) 3D structure of the reported drugs were retrieved from the NCBI PubChem database (http://www.ncbi.nlm.nih.gov/pccompound/) along with its PubChem ID, Molecular weight and Molecular formula. The compounds were converted into pdb format structure using the PyMol (academic version) tool, Discovery Studio v4.1 visulizer tools and online SMILES translator web server (https://cactus.nci.nih.gov/translate/) as per requirement.

The structures of the corresponding proteins of reported genes were retrieved from PDB Protein Data Bank (PDB). The unknown structures were predicted using various tools like Modeller 9.15 tool, web servers due to unavailability at PDB Protein Data Bank (PDB).

2.2.5 Protocol of Homology Modelling using Modeller tool

➤ Downloaded the folder named advanceexample from Modeller tutorial website which contains all the files to model a protein.

- ➤ Copied the aa sequence of pf TS-DHFR retrieved from UniProt database for which modelling has to be done.
- Blast the protein sequence against PDB database and found the appropriate template which has the highest similarity and best evalue
- The template structures was downloaded from PDB and saved in the advance-example folder.
- ➤ Opened the advance-example folder and the following changes were done over there.
- ➤ Opened TvLDH.ali and replace the existing sequence with the query sequence with 70 amino acids in a row with a star in the end of the file.
- ➤ Align2d_mult.py-rename the protein name in place of TvLDH
- Salign.py-Type /copy the names of the pdb files (templates). It are case-sensitive.
- Model_mult.py-Type/copy the names of PDB files(templates). The PDB file names are casesensitive.
- Run Modeller and after specifying the exact path, type the following commands:
- > "mod9.14 salign.py". Press enter.
- "mod9.14 align2d_mult.py". Press enter.
- "mod9.14 model_mult.py". Press enter.

Now open the model_mult.log file and find the model with lowest mol pdf value out of assigned models.

2.2.6 Model Refinement, Evaluation and Structure Validation

The structure validation of protein, namely LRP5 was validated using various web servers like WhatIF used to refine the structure. Quality of the generated model was evaluated with Procheck by Ramachandran plot analysis.

2.2.7 Prediction of Binding Site

Structural and active site studies prediction of the proteins were done by using CASTP (Computed Atlas of Surface Topography of Proteins) at http://cast.engr.uic.edu

2.2.8 Docking approach

AutoDock 4.2 (autodock.scripps.edu/) was used for docking studies which is widely distributed public domain molecular docking software. The docking analysis was carried out for the reported drugs (can be said as ligands) with their corresponding targets (proteins) using AutoDock4.2 tool. The interactions of ligand and proteins were studied using LigPlot, Discovery Studio Visulizer and PyMol. The various bonding interactions of ligand and proteins were explored using the above tools.

3. RESULTS AND DISCUSSION

The GWAS reported 8 studies of dengue with a total of 14 unique genes, namely LRP5, SOX6,

TBC1D8, SCG2, RAP1A, OSBPL1A, MECOM, DOK6, LOC348751, FONG, LRRC4C, TNFRSF11B, SPP2, ALDH7A1 that were mapped to discrete genomic

locations of human genome. The results are represented in Table 4. The effect of mutation/substitution on these genes can lead to osteoporosis.

Table 4: The GWAS studies with 8 studies of osteoporosis with a total of 14 unique genes

Reported Genes	Full Name of the Protein
LRP5	low density lipoprotein receptor-related protein 5
SOX6	SRY (sex determining region Y)-box 6
TBC1D8	TBC1 domain family, member 8 (with GRAM domain)
ALDH7A1	aldehyde dehydrogenase 7 family, member A1
RAP1A	RAP1A, member of RAS oncogene family
MECOM	MDS1 and EVI1 complex locus
OSBPL1A	oxysterol binding protein-like 1A
DOK6	docking protein 6
LOC348751	NULL
FONG	NULL
LRRC4C	leucine rich repeat containing 4C
TNFRSF11B	tumor necrosis factor receptor superfamily, member 11b
SPP2	secreted phosphoprotein 2, 24kDa
SCG2	secretogranin II

The Drug association analysis of Web Gestalt has reported 1 drug interacted with 2 genes and its corresponding proteins. The results of Web Gestalt pertaining drugs against osteoporosis and its

corresponding genes/proteins were cross checked by literature survey (which are shown in Table 5), substantially presented in Table 5.

Table 5: The list of drugs and the corresponding targets of the drugs collected from Web Gestalt and various literatures

Sl. No	Target	Drugs	Ref.
1.	LRP5, TNFRSF11B	Calcitriol (Pucid 5280453)	GWAS/Webgestalt
2.	Activator of Nuclear Factor-Kb	Vitamin D3, Calcitonin,	Koyama T. Extracts of Marine Algae
	Ligand (RANKL)	Ipriflavone, Bisphosphonates	Show Inhibitory Activity Against
	NADPH Oxidase 4 (NOX4)	(Alendronate, Risedronate,	Osteoclast Differentiation Adv Food
		Ibandronate, Zoledronate,)	Nutr Res. 2011;64: 443-54.
3	Estrogen Receptor (ER)/	Raloxifene Hydrochloride,	Bruce Ettinger et al., Reduction of
	NADPH Oxidase 4 (NOX4)	Cholecalciferol,	Vertebral Fracture Risk in
		Bazedoxifene, Lasofoxifene,	Postmenopausal Women with
		Strontium, Ranelate,	Osteoporosis Treated with Raloxifene.
		Calcitriol.	JAMA. 1999;282(7):637645.
4	Receptor Activator of Nuclear	Denosumab (Raloxifene)	Han Seok Choia et al., Medical
	Factor-Kb Ligand (RANKL)/		treatment of severe osteoporosis
	NADPH Oxidase 4 (NOX4)		including new concept of advanced
			severe osteoporosis. Osteoporosis and
			Sarcopenia Volume 2, Issue 1, March
			2016.
5	Parathyroid Hormone 1	Teriparatide	Inthrani Raja Indran et al., Preclinical
	Receptor (PTH1R)/ NADPH		studies and clinical evaluation of
	Oxidase 4 (NOX4)		compounds from the genus Epimedium
			for osteoporosis and bone health.
			Pharmacology and Therapeutics (2016)
6	NADPH Oxidase 4 (NOX4)	Bisphosphonates	Paula Hoff and Frank Buttgereit.
	Sclerostin	(Alendronate, Risedronate,	NADPH oxidase 4 represents a
		Ibandronate, Zoledronate,)	potential target for the treatment of
			osteoporosis. Cellular & Molecular
			Immunology (2014) 11, 317–319.

Table 6: Osteoporosis Drugs and their corresponding target genes/proteins from WebGestalt at significance level .05,

Significance test Hypergeometric, MTC:BH							
Sl. No	Drug	Pubchem CID	Molecular Formula	Molecular Weight	Target		
1	Calcitrol	5280453	C ₂₇ H ₄₄ O ₃	416.63646	TNFRSF11B		
					LRP5		
2	VitaminD3	5280795	C ₂₇ H ₄₄ O	384.63766	RANKL		
					NOX4		
3	Calcitonin	16220008	$C_{151}H_{226}N_{40}O_{45}S_3$	3417.84614	RANKL		
					NOX4		
4	Ipriflavone	3747	$C_{18}H_{16}O_3$	280.31784	RANKL		
					NOX4		
5	Alendronate	2088	$C_4H_{13}NO_7P_2$	249.096044	RANKL		
					NOX4		
			G II NO D	202.112261	Sclerostin		
6	Risedronate	5245	C7H11NO7P2	283.112264	RANKL		
					NOX4		
7	T1 1 .	60050	CH NO D	210 220044	Sclerostin		
7	Ibandronate	60852	$C_9H_{23}NO_7P_2$	319.228944	RANKL		
					NOX4		
0	7 1 1	(0740	CHNOD	272.000/24	Sclerostin		
8	Zoledronate	68740	$C_5H_{10}N_2O_7P_2$	272.089624	RANKL NOX4		
9	Raloxifene	54900	C ₂₈ H ₂₈ ClNO ₄ S	510.04422	Sclerostin NOX4		
9	Hydrochloride	34900	C28H28CINO4S	310.04422			
10	Cholecalciferol	10883523	C ₂₇ H ₄₄ O	384.63766	Estrogen receptor (ER) NOX4		
10	Cholecalcherol	10883323	C27П44U	364.03/00	Estrogen receptor (ER)		
11	Bazedoxifene	154257	C ₃₀ H ₃₄ N ₂ O ₃	470.60256	NOX4		
11	Bazedoxilelle	134237	C30I134IN2O3	470.00230	Estrogen receptor (ER)		
12	Lasofoxifene	216416	C ₂₈ H ₃₁ NO ₂	413.55124	NOX4		
12	Lasotoxitette	210410	C2811311NO2	413.33124	Estrogen receptor (ER)		
13	Strontium	5359327	Sr	87.62	NOX4		
13	Strolltum	3337321	51	67.02	Estrogen receptor (ER)		
14	Strontium	24871329	C ₁₂ H ₂₀ N ₂ O ₁₅ SSr ₂	639.5966	NOX4		
1.	Ranelate	210/132)	C1211201 \(\frac{7}{2}\oldsymbol{Q}\)	037.3700	Estrogen receptor (ER)		
15	Calcitriol	5280453	C ₂₇ H ₄₄ O ₃	416.63646	NOX4		
10		0200.00	02/114403	.10.000.10	Estrogen receptor (ER)		
16	Denosumab	No	No	No	RANKL		
	(Raloxifene)				NOX4		
17	Teriparatide	No	No	No	RANKL		
	1				NOX4		
Sl. No	Algal Extracts	Pubchem Cid	Molecular Formula	Molecular Weight	Target		
1	Symbioimine	101727402	C ₁₉ H ₂₄ NO ₅ S ⁺	378.46256	RANKL		
					NOX4		
					ERRα / NR3B1		
					Sclerostin		
					LRP5		
					TNFRSF11B		
2	Norzoanthamine	24939455	$C_{29}H_{39}NO_5$	481.62366	RANKL		
					NOX4		
					ERRα / NR3B1		
					Sclerostin		
					LRP5		
					TNFRSF11B		
					HDAC		
3	Fucoxanthin	5281239	C42H58O6	658.90632	RANKL		
					NOX4		
					ERRα / NR3B1		
					Sclerostin		
					LRP5		
					TNFRSF11B		
					RANKL		
4	Biselyngbyaside	44140287	$C_{34}H_{52}O_{9}$	604.77128	NOX4		
					ERRα / NR3B1		

					Sclerostin
					LRP5
					TNFRSF11B
5	Ikarisoside A	5481982	C ₂₆ H ₂₈ O ₁₀	500.49452	RANKL
					NOX4
					ERRα / NR3B1
					Sclerostin
					LRP5
					TNFRSF11B
6	Bolinaquinone	10066979	$C_{22}H_{30}O_4$	358.4712	RANKL
					NOX4
					ERRα / NR3B1
					Sclerostin
					LRP5
					TNFRSF11B
7	Largazole	24757913	C29H42N4O5S3	622.862580	HDAC
					NOX4
					ERRα / NR3B1
					Sclerostin
					LRP5
					TNFRSF11B

Table 7: Potential targets of Osteoporosis disease with their PDB ID and region of interest

Sl. No	Target	UNIPROT Id	PDB Id	Short Name	Full Name	Position
1	TNFRSF11B	O00300	3URF	TNFRSF11B	Tumor necrosis factor receptor	22-186
					superfamily member 11B	
2	RANKL	O14788	3URF	TNFSF11	Receptor activator of nuclear factor	162-317
					kappa-B ligand	
3	Estrogen	P03372	1XPC	ER	Estrogen receptor	307-554

The structure of the protein, namely LRP5 whose structure was not available in PDB was generated using Modeller 9.15. The PDB ids 3S2K, 3S94, 4DG6

were used as the templates by the Modeller 9.15 for the generation of 3D structure. The detail of the structure predictions about the protein is reported at Table 8.

Table 8: Targets/Proteins and their protein sequences for structure prediction

	1		ets/Proteins and their protein sequences for structure prediction
Sl.	Target	PDB –ID/ UniProt ID	Query Sequence
no	name		
1	LRP5	Homology modelling	MEAAPPGPPWPLLLLLLLLLALCGCPAPAAASPLLLFANRRDVRLVDAGGVKLESTIVV
		(MODELLER 9.15V)	SGLEDAAAVDFQFSKGAVYWTDVSEEAIKQTYLNQTGAAVQNVVISGLVSPDGLACD
		Query sequence from	WVGKKLYWTDSETNRIEVANLNGTSRKVLFWQDLDQPRAIALDPAHGYMYWTDWG
		UniProt ID O75197	ETPRIERAGMDGSTRKIIVDSDIYWPNGLTIDLEEQKLYWADAKLSFIHRANLDGSFRQ
		(Sequence from1-335)	KVVEGSLTHPFALTLSGDTLYWTDWQTRSIHACNKRTGGKRKEILSALYSPMDIQVLS
			QERQPFFHTRCEEDNGGCSHLCLLSPSEPFYTCACPTGVQLQDNGRTCKAGAEEVLLLA
			RRTDLRRISLDTPDFTDIVLQVDDIRHAIAIDYDPLEGYVYWTDDEVRAIRRAYLDGSG
			AQTLVNTEINDPDGIAVDWVARNLYWTDTGTDRIEVTRLNGTSRKILVSEDLDEPRAIA
			LHPVMGLMYWTDWGENPKIECANLDGQERRVLVNASLGWPNGLALDLQEGKLYWG
			DAKTDKIEVINVDGTKRRTLLEDKLPHIFGFTLLGDFIYWTDWQRRSIERVHKVKASRD
			VIIDQLPDLMGLKAVNVAKVVGTNPCADRNGGCSHLCFFTPHATRCGCPIGLELLSDM
			KTCIVPEAFLVFTSRAAIHRISLETNNNDVAIPLTGVKEASALDFDVSNNHIYWTDVSLK
			TISRAFMNGSSVEHVVEFGLDYPEGMAVDWMGKNLYWADTGTNRIEVARLDGQFRQ
			VLVWRDLDNPRSLALDPTKGYIYWTEWGGKPRIVRAFMDGTNCMTLVDKVGRANDL
			TIDYADQRLYWTDLDTNMIESSNMLGQERVVIADDLPHPFGLTQYSDYIYWTDWNLH
			SIERADKTSGRNRTLIQGHLDFVMDILVFHSSRQDGLNDCMHNNGQCGQLCLAIPGGH
			RCGCASHYTLDPSSRNCSPPTTFLLFSQKSAISRMIPDDQHSPDLILPLHGLRNVKAIDYD
			PLDKFIYWVDGRQNIKRAKDDGTQPFVLTSLSQGQNPDRQPHDLSIDIYSRTLFWTCEA
			TNTINVHRLSGEAMGVVLRGDRDKPRAIVVNAERGYLYFTNMQDRAAKIERAALDGT
			EREVLFTTGLIRPVALVVDNTLGKLFWVDADLKRIESCDLSGANRLTLEDANIVQPLGL
			TILGKHLYWIDRQQQMIERVEKTTGDKRTRIQGRVAHLTGIHAVEEVSLEEFSAHPCAR
			DNGGCSHICIAKGDGTPRCSCPVHLVLLQNLLTCGEPPTCSPDQFACATGEIDCIPGAWR
			CDGFPECDDQSDEEGCPVCSAAQFPCARGQCVDLRLRCDGEADCQDRSDEADCDAICL
			PNQFRCASGQCVLIKQQCDSFPDCIDGSDELMCEITKPPSDDSPAHSSAIGPVIGIILSLFV
			MGGVYFVCQRVVCQRYAGANGPFPHEYVSGTPHVPLNFIAPGGSQHGPFTGIACGKSM
			MSSVSLMGGRGGVPLYDRNHVTGASSSSSSSTKATLYPPILNPPPSPATDPSLYNMDMF
			YSSNIPATARPYRPYIIRGMAPPTTPCSTDVCDSDYSASRWKASKYYLDLNSDSDPYPPP
<u></u>			PTPHSQYLSAEDSCPPSPATERSYFHLFPPPPSPCTDSS

Validation of the generated structure using the online server PDBsum Generate suggests that the quality of the generated structure is good and can be used for

protein-ligand studies which is shown in the following Fig. 7.

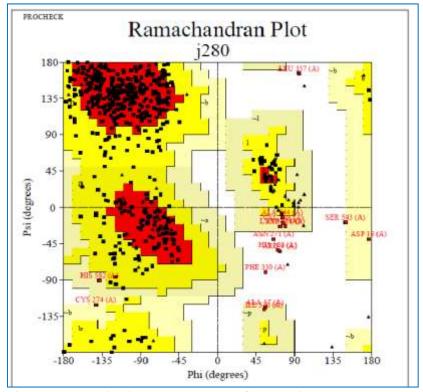


Fig. 7: Model Validation done by PDB_{sum} Generate in Ramachadran plot

Residues in most favoured regions 69.9% Residues in additional allowed regions 148 27.4% Residues in generously allowed regions 9 1.7% Residues in disallowed regions 6 1.1%

Prediction of Binding Site

CASTp server was used to identify the active site binding of the 4 proteins named ER, RANKL, TNFRST11B & LRP5. The result is represented in Table q

Table 9: Active / binding site of the 4 proteins predicted by using CASTp

S	Target	Binding Site Region
l	Name	
N		
0		
	ER	MET343,LEU346,THR347,LEU349,ALA350,ASP351,GLU353,LEU354,GLU380,TRP383,LEU384,L
		EU387,MET388,LEU391,ARG394,PHE404,MET421,ILE424,PHE425,LEU428,GLY521,MET522,HIS
		524,LEU525,TYR526,SER527,MET528,LYS529,CYS530,LYS531,ASN532,VAL534,LEU536,LEU53
		9
	RANKL	SER179,HIS180,LYS181,GLN237,MET239,TYR241,SER294
	TNFRSF11	PHE129,SER130,ASN131,GLU132,ALA137,PRO138,ARG140
	В	
	LRP5	MET1,SER2,GLU3,ALA4,ALA5,HIS6,VAL7,ILE9,THR10,ALA12,GLY14,GLN15,ILE16,GLY17,TY
		R18,ILE19,LEU20,SER21,HIS22,ILE24,LEU29,TYR30,GLY31,ASP32,ARG33,MET46,ASN47,ARG4
		8,LEU49,PRO62,HIS63,LEU64,ALA65,GLY66,PHE67,VAL68,THR70,THR71,ASP72,PRO73,LYS74
		,ALA75,ALA76,PHE77,ASP79,ILE80,PHE84,LEU85,VAL86,ALA87,SER88,VAL96,ARG97,ALA98,
		ASP99,LEU100,ILE107,PHE108,LYS109,ASN110,THR111,GLY112,TYR114,LYS124,VAL125,LEU
		126,VAL127,ILE128,GLY129,ASN130,PRO131,ASP132,ASN133,THR134,ASN135,CYS36,GLU137,
		ILE138,ALA139,PHE151,SER152,LYS169,LEU170,ASN306,ASP307,TRP308,LEU309,ARG310,LYS
		318,ASP319,LEU320,PHE321,GLU323

Protein-ligand interaction studies were carried out using 4 genes whose active sites were predicted using Castp. AutoDock 4.2 (autodock.scripps.edu/) that was

used for docking studies revealed docking score with energy minimization values, Binding energy, Ligand Efficiency, Inhibition Constant and Electrostatic energy for 16 ligands/drugs-16 potential targets interactions are represented at Table 10.

Table 10: Molecular docking analysis of 16 drugs against 4 target proteins using AutoDock4.2 tool

	Table 10: Molecular docking analysis of 16 drugs against 4 target proteins using AutoDock4.2 tool							
Target	Drug	Binding Energy	Ligand Efficiency	Inhibition Constant	Hydrogen Bonding	Hydrophobic		
RANKL	ALENDRONATE	-3.04	-0.22	5.94	LYS181,GLN237,TYR 241	N/A		
RANKL	IBANDRONATE	-3.15	-0.17	4.88	HIS180,LYS181,GLN2 37,TYR241,SER179	N/A		
RANKL	IPRIFLAVONE	-6.1	-0.29	33.69	LYS181,SER294,GLN 237,ASN295	HIS180,LYS181,LEU23		
RANKL	RISENDRONATE	-3.72	-0.22	1.89	THR233,TYR235,ASN 295,HIS180	SER179,HIS180		
RANKL	VITAMIN D3	-7.7	-0.28	2.26	N/A	LYS181,PRO296,HIS18 0		
RANKL	ZOLENDRONAT E	-3.2	-0.2	4.5	GLN237,ASN295,TYR 235,GLN237,HIS180	SER179,HIS180		
RANKL	BISELYNGBYASI DE	-6.36	-0.15	21.66	ARG140,ASN131,SER	PHE129		
RANKL	BOLINAQUINON E	-6.78	-0.26	10.79	GLN237,LEU236	MET239,LYS181,HIS1 80		
RANKL	FUCOXANTHIN	-4.21	-0.09	819.38	SER297,ASN295	LYS257,LEU236,LEU2 98		
RANKL	SYMBIOIMINE	-8.74	-0.34	390.02	HIS180,LYS181,GLN2 37,TYR235,ASN295	N/A		
ER	BAZEDOXIFENE	-13.1	-0.37	251.18	CYS530,GLU353	PHE404,LEU346,THR3 47,LEU354,LEU356,M ET388,LEU391,MET42 1,LEU428,ILE424,TRP 383,LEU391,ALA350,L EU387,LEU525		
ER	CHOLECALCIFE ROL	-9.86	-0.35	59.65	ARG140,GLU132	ARG140,PHE129		
ER	LASOFOXIFENE	-13.14	-0.42	233.97	ARG394,CYS530,GL U353,ASP351	ALA350,LEU354,LEU3 87,MET388, LEU391,TRP383,LEU5 25,ILE424		
ER	RANELATE	-3.4	-0.15	3.2	GLU419,LYS529,SER 341	N/A		
ER	CALCITRIOL	-10.46	-0.35	21.46	LEU536,TYR537,GLU 380,ASP351	TRP383,LYS531,LEU5 36,PRO535,TYR526		
TNFRS F11B	BISELYNGBYASI DE	-2.11	-0.05	28.58	ARG140,ASN131,SER 134	PHE129		
TNFRS F11B	BOLINAQUINON E	-6.25	-0.24	26.36	ARG140,ASP161	PHE129,ARG140,LYS1 41		
TNFRS F11B	CALCITRIOL	-4.19	-0.14	842.19	ARG14O,GLU132	ARG140,PHE129		
TNFRS F11B	FUCOXANTHIN	-5.53	-0.12	87.99	N/A	ALA112,ALA137,PRO1 38,ARG140,HIS160		
TNFRS F11B	SYMBIOIMINE	-6.43	-0.25	19.26	ASN131,ARG140,AS N131	PHE129,ARG140,LYS1		
TNFRS F11B	NORZOANTHAM INE	-7.79	-0.22	1.95	N/A	ALA137,ARG140,PHE1 29		
LRP5	FUCOXANTHIN	-8.16	-0.17	1.05	HIS22,SER21,MET46, PHE84	LYS74,ILE24,ARG48		

The result obtained from docking studies revealed that Bazedoxifine, Lasofoxifene & Calcitrol may act as potential drug for treatment of Osteoporosis.

- ❖ The molecular docking studies have reported the drug-target interactions of ER-Bazedoxifine
- was -13.1, ER-Lasofoxifene was -13.14, & ER-Calcitriol was -10.46.
- ❖ Interactions of ER-Lasofoxifene has been identified with the highest docking scores with energy minimization i.e; -13.14 and

- Interactions of TNFRSF11B-Biselyngbyaside is-2.11 which is identified as the lowest docking scores with energy minimization out of 22 ligand-protein interactions.
- ❖ Interaction of symbioimine, vitamind3, bolinaquinone, biselyngbyaside & ipriflavone with RANKL have docking score of-8.74,-7.7,-6.78,-6.36,-6.1 kcal/mol with energy minimization.
- ❖ Interaction of fucoxanthin with LRP5 has an average docking score of -8.16kcal/mol with energy minimization.
- Interaction of symbioimine, bolinaquinone & calcitrol with RANKL have docking score of -6.43,-6.25,-4.19 kcal/mol with energy minimization
- ❖ The ligand-target complex was performed for the best binding scores and its interaction studies was visualized in Discovery Studio Visualizer, and PyMol visualize depicted in the Fig.8, 9, 10, 11, 12 and 13.

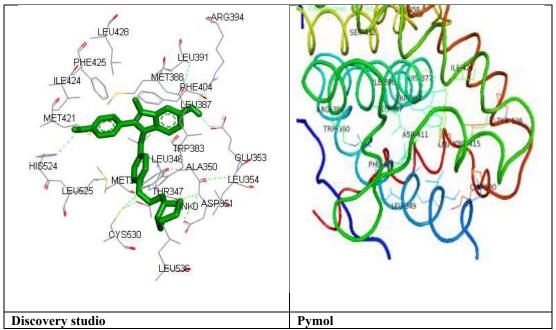


Fig. 8: Interactions of ER-Bazedoxifine

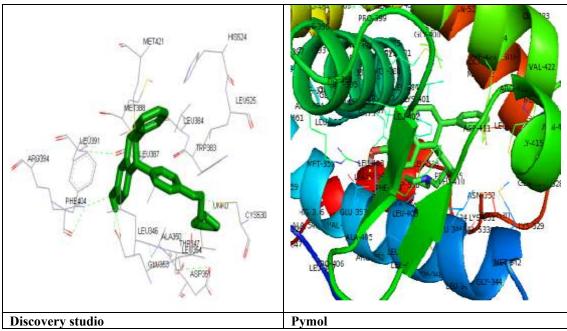


Fig. 9: Interactions of ER-Lasofoxifene

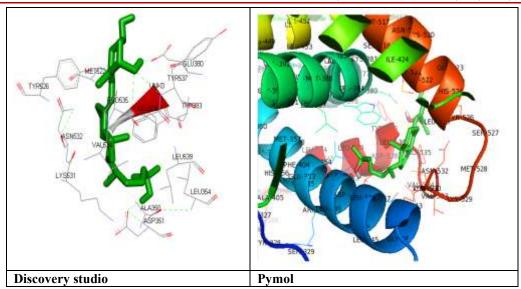


Fig. 10: Interactions of ER-Calcitrol

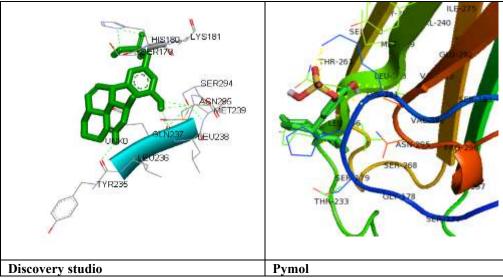


Fig. 11 Interactions of RANKL & Symbioimine

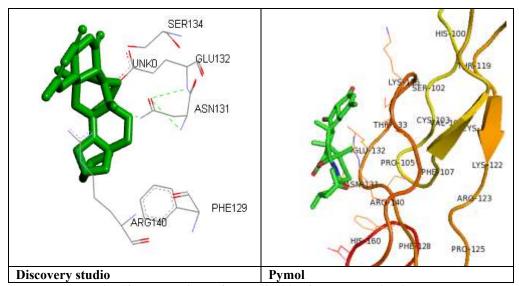


Fig. 12: Interactions of TNFRSF11B & Norzoanthiamine

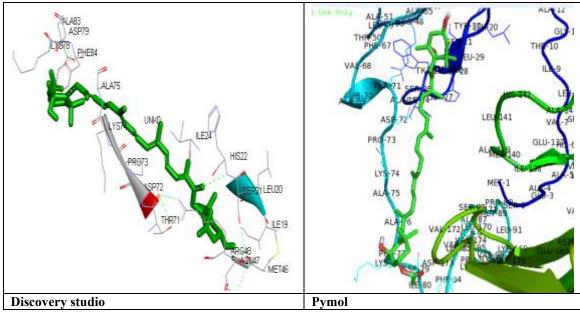


Fig. 13: Interactions of LRP5 & Fucoxanthin

4. CONCLUSION

The present investigation was carried out to explore the activity of natural based drugs from algal extracts against osteoporosis through computational analysis using various bioinformatics tools and techniques. An *insilico* comparative study of activity of biosynthetic drugs and natural compounds (algal extracts) was carried out against osteoporosis.

Various genes or its corresponding proteins, drugs and algal extracts pertaining to osteoporosis were mined from various literature survey and GWAS studies. The GWAS reported 8 studies of Osteoporosis with a total no of 14 unique genes namely LRP5, SOX6, TBC1D8, ALDH7A1, RAP1A, MECOM, OSBPL1A, DOK6, LOC348751, FONG, LRRC4C, TNFRSF11B, SPP2 and SCG2. The Drug Association analysis of WebGestalt has reported only one Drug i.e Calcitriol against two potential targets i.e TNFRSF11B and LRP5.

The literature survey has reported a total of 25 drugs and Algal extracts against 8 potential targets, out of which only 5 Algal extracts namely Bolinaquinone, Fucoxanthin, Biselyngbyaside, Symbioimine and Norzoanthamine; 11 drugs namely alendronate, ibandronate, ipriflavone, risendronate, vitamin d3, zolendronate. bazedoxifene, cholecalciferol, lasofoxifene, ranelate and calcitriol; 4 targets namely ER, RANKL, TNFRSF11B and LRP5 were considered and undertaken for further in silico analysis as the details structural and functional analysis of the above said drugs, Algal extracts and potential targets are available. Protein-ligand interaction studies were carried out using only 4 proteins whose active sites were predicted using CastP. AutoDock 4.2 (autodock.scripps.edu/) that was used for docking studies revealed docking score with energy minimization values, Binding energy, Ligand Efficiency, Inhibition Constant and Electrostatic energy

for 11 ligands/drugs and 5Algal extracts against 4 potential targets interactions.

The docking studies revealed that Bazedoxifene, Calcitriol and Lasofoxifene may act as potential drugs and the algal extracts namely Symbioimine, Norzoanthamine and Fucoxanthin could be used for treatment of Osteoporosis. The molecular docking studies have reported the drug-target interactions of ER-Bazedoxifene was -13.1, ER-Lasofoxifene was -13.14, ER-Calcitriol was-10.46 kcal/mol whereas the interactions of algal extracts-target RANKL-Symbioimine represented was TNFRSF11B-Norzoanthamine was -7.79 and LRP5-Fucoxanthin was -8.16. was been identified with the highest docking scores with energy minimization. The interaction of TNFRSF11B-Biselyngbyaside was -2.11 which was identified as the lowest docking scores with energy minimization out of 10 ligand-protein interactions with algal extracts. This investigation could be validated by wet lab analysis which could provide promising results for osteoporosis.

REFERENCES

- 1. "Handout on Health: Osteoporosis". August 2014. Retrieved 16 May 2015.
- Golob, A. L., & Laya, M. B. (2015). Osteoporosis: Screening, Prevention, and Management. *The Medical clinics of North America*, 99(3), 587–606.doi:10.1016/j.mcna.2015.01.010. PMID 25841 602
- 3. WHO Scientific Group on the Prevention and Management of Osteoporosis (2000: Geneva, Switzerland) (2003). "Prevention and management of osteoporosis: report of a WHO scientific group" (PDF). pp. 7, 31. ISBN 9241209216.
- Wells, G. A., Cranney, A., Peterson, J., Boucher, M., Shea, B., Robinson, V., Coyle, D., & Tugwell,

- P. (2008). Alendronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women. *The Cochrane database of systematic* reviews, 1, CD001155. doi:10.1002/14651858.CD001155.pub 2. PMID 18253985.
- Wells, G., Cranney, A., Peterson, J., Boucher, M., Shea, B., Robinson, V., Coyle, D., & Tugwell, P. (2008). Risedronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women. *The Cochrane database of* systematic reviews, I, CD004523. doi:10.1002/14651858.CD004523.pub 3. PMID 18254053.
- Wells, G. A., Cranney, A., Peterson, J., Boucher, M., Shea, B., Robinson, V., Coyle, D., Tugwell, P. (2008). Etidronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women. *Cochrane Database of Systematic Reviews*, *I*, CD003376. doi:10.1002/14651858.CD003376.pub 3. PMID 18254018.
- Nelson, H. D., Haney, E. M., Chou, R., Dana, T., Fu, R., & Bougatsos, C. (2010). Screening for Osteoporosis: Systematic Review to Update the 2002 U.S. Preventive Services Task Force Recommendation [Internet]. Agency for Healthcare Research and Quality. PMID 20722176.
- 8. "Chronic rheumatic conditions". World Health Organization. Retrieved 18 May 2015.
- Wade, S. W., Strader, C., Fitzpatrick, L. A., Anthony, M. S., & O'Malley, C. D. (2014). Estimating prevalence of osteoporosis: examples from industrialized countries. *Archives of osteoporosis*, 9(1), 182. doi:10.1007/s11657-014-0182-3. PMID 24847682.
- Handa, R., Ali Kalla, A., & Maalouf, G. (2008).
 Osteoporosis in developing countries. Best practice & research. *Clinical rheumatology*, 22(4), 693–708.doi:10.1016/j.berh.2008.04.002. PMID 187837
- Svedbom, A., Hernlund, E., Ivergård, M., Compston, J., Cooper, C., Stenmark, J., McCloskey, E. V., Jönsson, B., Kanis, J. A., & EU Review Panel of, IOF (2013). Osteoporosis in the European Union: a compendium of country-specific reports. *Archives of osteoporosis*, 8(1-2), 137. doi: 10.1007/s11657-013-0137-0. PMID 24113838.
- 12. Willson, T., Nelson, S. D., Newbold, J., Nelson, R. E., & LaFleur, J. (2015). "The clinical epidemiology of male osteoporosis: a review of the recent literature. *Clinical epidemiology*, 7, 65–76. doi:10.2147/CLEP.S40966. PMID 25657593.
- King Tekoa, L., & Brucker Mary, C. (2011). Pharmacology for women's health. Sudbury, Mass.: Jones and Bartlett Publishers. p. 1004. ISBN 9780763753290.
- 14. Seeman, E., & Delmas, P. D. (2006). Bone quality-the material and structural basis of bone strength and fragility. *N Engl J Med*, *354*(21), 2250-61.

- 15. Handout on health: Osteoporosis. National Institute of Arthritis and Musculoskeletal and Skin Diseases. http://www.niams.nih.gov/Health_Info/Bone/Osteoporosis/osteoporosis_hoh.asp. Accessed May 11, 2016.
- Goldman L, et al., eds. Osteoporosis. In: Goldman-Cecil Medicine. 25th ed. Philadelphia, Pa.: Saunders Elsevier; 2016. http://www.clinicalkey.com. Accessed May 11, 2016.
- Firestein GS, et al. Metabolic bone disease. In: Kelley's Textbook of Rheumatology. 9th ed. Philadelphia, Pa.: Saunders Elsevier; 2013. http://www.clinicalkey.com. Accessed May 11, 2016.
- Ferri FF. Osteoporosis. In: Ferri's Clinical Advisor 2016. Philadelphia, Pa.: Mosby Elsevier; 2016. https://www.clinicalkey.com. Accessed May 11, 2016.
- 19. AskMayoExpert. Osteoporosis treatment. Rochester, Minn.: Mayo Foundation for Medical Education and Research; 2014.
- Blair, H. C., Teitebaum, S. L., Ghiselli, R., & Gluck, S. (1989). Osteoclastic bone resorption by a polarized vacuolar proton. pump. *Science*, 245, 855–857.
- 21. Lindsay, R. (1993). Prevention and treatment of osteoporosis. *Lancet*, 341, 801-805.
- 22. Lips, P. (2006). Vitamin D physiology. *Prog Biophys Mol Biol.*, *92*(1), 4-8.
- 23. Seeman, E. (1999). The structural basis of bone fragility in men. *Bone*, 25(1), 143-7.
- 24. Van Pottelbergh, I., Goemaere, S., Zmierczak, H., & Kaufman, J. M. (2004). Perturbed sex steroid status in men with idiopathic osteoporosis and their sons. *J. Clin. Endocrinol. Metab*, 89, 4949–4953.
- 25. Zallone, A. (2006). Direct and indirect estrogen actions on osteoblasts and osteoclasts. *Ann N Y Acad Sci*, 1068, 173-9.
- Bonnelye, E., & Aubin, J. E. (2005). Estrogen receptor-related receptor alpha: a mediator of estrogen response in bone. J. Clin. Endocrinol. Metab., 90, 3115–3121.
- Simonelli, C; et al. (July 2006). "ICSI Health Care Guideline: Diagnosis and Treatment of Osteoporosis, 5th edition". Institute for Clinical Systems Improvement. Archived from the original (PDF) on July 18, 2007. Retrieved 2008-04-08.
- 28. Bone and Tooth Society of Great Britain, National Osteoporosis Society, Royal College of Physicians (2003). Glucocorticoid-induced Osteoporosis (PDF). London, UK: Royal College of Physicians of London. ISBN 1-86016-173-1.
- Gourlay, M., Franceschini, N., & Sheyn, Y. (2007). Prevention and treatment strategies for glucocorticoid-induced osteoporotic fractures. *Clin Rheumatol.*, 26(2), 144–53.doi:10.1007/s10067-006-0315-1. PMID 16670825.
- 30. Petty, S. J., O'Brien, T. J., Wark, J. D. (2007). Antiepileptic medication and bone health. *Osteoporosis*

- *international.*, 18(2), 129–42. doi:10.1007/s00198-006-0185-z.PMID 17091219.
- ARuiz-Irastorza, G., Khamashta, M. A., & Hughes, G. R. (2002). Heparin and osteoporosis during pregnancy: 2002 update. *Lupus*, 11(10), 680–2. doi:10.1191/0961203302lu262oa.PMID 124130 68.
- 32. ^ Gage, B. F., Birman-Deych, E., Radford, M. J., Nilasena, D. S., & Binder, E. F. (2006). Risk of osteoporotic fracture in elderly patients taking warfarin: results from the National Registry of Atrial Fibrillation 2. *Arch. Intern. Med.*, *166*(2), 241–6. doi: 10.1001/archinte.166.2.241. PMID 16432096.
- 33. ^ Yang, Y. X., Lewis, J. D., Epstein, S., & Metz, D. C. (2006). Long-term proton pump inhibitor therapy and risk of hip fracture. *JAMA*, *296*(24), 2947–53. doi:10.1001/jama.296.24.2947. PMID 17190895.
- 34. Murphy, C. E., & Rodgers, P. T. (2007). Effects of thiazolidinediones on bone loss and fracture. *Annals of Pharmacotherapy*, 41(12), 2014–8. doi:10.1345/aph.1K286.PMID 17940125.
- 35. Ralston, S. H., & De Crombrugghe, B. (2006). Genetic regulation of bone mass and susceptibility to osteoporosis. *Genes Dev.*, 20(18), 2492–2506
- 36. Li, W. F., Hou, S. X., Yu, B., Li, M. M., Férec, C., & Chen, J. M. (2010). Genetics of osteoporosis:

- accelerating pace in gene identification and validation. *Hum. Genet.*, 127(3), 249–285. One of the three recent comprehensive reviews on the genetics of osteoporosis.
- 37. Guo, Y., Tan, L. J., Lei, S. F., Yang, T. L., Chen, X. D., Zhang, F., ... & Deng, H. W. (2010). Genomewide association study identifies ALDH7A1 as a novel susceptibility gene for osteoporosis. *PLoS genetics*, *6*(1), e1000806.
- Kung, A. W., Xiao, S. M., Cherny, S., Li, G. H., Gao, Y., Tso, G., ... & Sham, P. C. (2010). Association of JAG1 with bone mineral density and osteoporotic fractures: a genome-wide association study and follow-up replication studies. *The American Journal of Human Genetics*, 86(2), 229-239.
- 39. Xu, X. H., Dong, S. S., Guo, Y., Yang, T. L., Lei, S. F., Papasian, C. J., ... & Deng, H. W. (2010). Molecular genetic studies of gene identification for osteoporosis: the 2009 update. *Endocrine reviews*, 31(4), 447-505. One of the three recent comprehensive reviews on the genetics of osteoporosis.
- 40. Ralston, S. H., & Uitterlinden, A. G. (2010). Genetics of osteoporosis. *Endocr. Rev., 31*(5), 629–662. One of the three recent comprehensive reviews on the genetics of osteoporosis.