

**Noscapine base Cas No. : 128-62-1**

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Active Pharmaceuticals Ingredients Manufacturers

**Taj Pharmaceuticals Ltd.****Noscapine base****CAS No. : 128-62-1**Molecular Formula C<sub>22</sub>H<sub>23</sub>NO<sub>7</sub>

Molecular Weight 413.42

CAS Number 128-62-1

**Properties**

Melting point 174-176 °C

alpha -200 ° (c=1 in chloroform)

**Chemical data**Formula C<sub>22</sub>H<sub>23</sub>NO<sub>7</sub>

Mol. mass 413.421

Synonyms Narcotine

**Pharmacokinetic data**

Bioavailability ~30%

Metabolism ?

Half life 1.5 to 4h (mean 2.5)

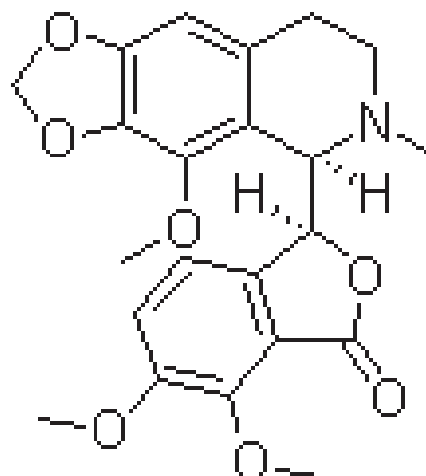
**Possible side-effects**

- \* Loss of coordination
- \* Hallucinations (auditory and visual)
- \* Loss of sexual drive
- \* Swelling of prostate
- \* Loss of appetite
- \* Dilated pupils
- \* Increased heart rate
- \* Shaking and muscle spasms
- \* Chest pains
- \* Increased alertness
- \* Loss of any sleepiness
- \* Loss of stereoscopic vision

**Noscapine in Heroin**

Noscapine can survive the manufacturing processes of heroin and can be found in street heroin. This is useful for law enforcement agencies, as the amounts of contaminants can identify the source of seized drugs. In 2005 in Liège, Belgium, the average noscapine concentration was around 8%.[7]

Noscapine has also been used to identify drug users who are taking street heroin at the same time as prescribed diamorphine.[8] Since the diamorphine in street heroin is the same as the pharmaceutical diamorphine, examination of the contaminants is the only way to test whether street heroin has been used. Other contaminants used in urine samples alongside noscapine include papaverine and acetylcodeine. Noscapine is metabolised by the body, and is itself rarely found in urine, instead being present as the primary metabolites, cotarnine and meconine. Detection is performed by gas chromatography-mass spectrometry or Liquid Chromatography-Mass Spectrometry (LCMS) but can also use a variety of other analytical techniques.





Taj Pharmaceuticals Ltd.  
**Noscapine base**

CAS NO- 128-62-1

**DRUG DESCRIPTION**

Noscapine (also known as Narcotine, Nectodon, Nospen, and Anarcotine) is a benzyloisoquinoline alkaloid from plants of the Papaveraceae family, without significant painkilling properties. This agent is primarily used for its antitussive (cough-suppressing) effects. It has also been shown to have anticancer activity. Noscapine's antitussive effects appear to be primarily mediated by its sigma receptor agonist activity. Evidence for this mechanism is suggested by experimental evidence in rats. Pretreatment with rimcazole, a sigma specific antagonist, causes a dose-dependent reduction in antitussive activity of noscapine. Noscapine is currently under investigation for use in the treatment of several cancers and hypoxic ischemia in stroke patients. In cancer treatment, noscapine appears to interfere with microtubule function, and thus the division of cancer cells in a way similar to the taxanes. Early studies in treatment of prostate cancer are very promising. In stroke patients, noscapine blocks the bradykinine b-2 receptors. A 2003 study in Iran showed a dramatic decrease in mortality in patients treated with noscapine.

An isoquinoline alkaloid, occurring in opium, with papaverinelike action on smooth muscle; suppresses the cough reflex and this is used as an antitussive; it does not appear to cause addiction.

Noscapine has a history of over-the-counter drug abuse in a several countries, being readily available from local pharmacies as a prescription drug. The effects, beginning around 45 to 120 mins after consumption, are similar to dextromethorphan and alcohol intoxication. Abuse of noscapine and other cough suppressants (dextromethorphan, codeine, and antihistamines) has been reported to cause chronic cough lasting over one month upon withdrawal



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The Controlled Substances Act (CSA) was enacted into law by the Congress of the United States as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970.[1] The CSA is the federal U.S. drug policy under which the manufacture, importation, possession, use and distribution of certain substances is regulated. The Act also served as the national implementing legislation for the Single Convention on Narcotic Drugs

This document plus the full buyer/ prescribing information, prepared for health professionals can be found at:

<http://www.tajapi.com>

or by contacting the sponsor, Taj Pharmaceuticals Limited., at:  
91 022 30601000.

This leaflet was prepared by  
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MPSTJ278

Last revised: 29 August 2009