

Pyrazoles and Dihydropyrazoles (Pyrazolines) in Medicinal Chemistry: Structures and Pharmacological Activities

Rajesh Roshan¹, Dr. Mithilesh Kumar Singh²

¹Research Scholar, University Department of Chemistry, North Campus, B. N. Mandal University, Madhepura

²Supervisor, Sr. Assistant Professor, T. P. College, Madhepura

Abstract

Heterocyclic frameworks dominate the chemical space of biologically active small molecules, largely because heteroatoms introduce directional hydrogen bonding, tunable electronics, and conformational constraints that collectively improve target engagement and drug-like behavior. Nitrogen heterocycles are especially enriched among approved medicines, and five-membered azoles remain a recurring motif across therapeutic classes. Within this family, pyrazoles (aromatic 1,2-diazoles) and their partially saturated congeners, dihydropyrazoles (pyrazolines), have sustained attention as “privileged” scaffolds with exceptional pharmacological breadth. This review consolidates key concepts underpinning heterocycle relevance in medicinal chemistry and provides a focused survey of pyrazoline bioactivity across antimicrobial, antitubercular, antiprotozoal, antiviral, anti-inflammatory/analgesic, anticancer, CNS, and cannabinoid CB₁ receptor modulation landscapes. Mechanistic themes—COX/LOX pathway interference, KSP inhibition, P-gp modulation, GLI signaling disruption, monoamine oxidase inhibition, and receptor antagonism—emerge repeatedly across structurally diverse analogues. The historical arc from antipyrene and phenylbutazone to modern pyrazole therapeutics underscores how dihydropyrazole chemistry helped seed contemporary heterocycle-driven drug discovery. Overall, pyrazolines offer a distinctive combination of synthetic accessibility and 3D topology that can complement the planarity of aromatic pyrazoles, warranting continued exploration in lead generation and optimization.

Keywords: heterocycles; pyrazole; pyrazoline; dihydropyrazole; medicinal chemistry; privileged scaffold; antimicrobial; anticancer; COX-2; KSP; MAO; CB₁

1. Introduction

Heterocyclic compounds are defined as cyclic systems in which one or more ring atoms are heteroatoms, most commonly nitrogen, oxygen, or sulfur. Substitution of carbon atoms by heteroatoms produces pronounced changes in electron distribution, hydrogen-bonding capacity, polarity, and ionization behavior, which collectively influence molecular recognition and biological activity [1–3]. These features explain the widespread occurrence of heterocycles in natural products and essential biomolecules, including nucleic acids, porphyrins, vitamins, and alkaloids, where they function as compact and information-rich structural motifs [2,3]. The dominance of heterocycles is even more evident in medicinal chemistry. Large-scale analyses of biologically active compounds indicate that the majority of small-

molecule drugs and advanced leads contain at least one heterocyclic unit, with nitrogen-containing heterocycles being particularly prevalent among FDA-approved pharmaceuticals [2,4]. From a drug-design perspective, N-heterocycles provide versatile platforms for tuning physicochemical parameters such as pK_a , lipophilicity, aqueous solubility, and binding geometry, often without a substantial increase in molecular weight. As a result, they serve as key structural elements for optimizing potency, selectivity, and pharmacokinetic performance [4]. Five-membered heterocycles occupy a central position within this landscape because of their compact size and favorable balance between rigidity and functional diversity. Among them, azole systems have received sustained attention owing to their ability to engage biological targets through multiple noncovalent interactions while maintaining synthetic accessibility. Pyrazoles and their partially saturated analogues, dihydropyrazoles (commonly referred to as pyrazolines), represent a particularly important subset of this class. These scaffolds have been incorporated into a wide range of bioactive molecules and therapeutic agents, spanning anti-inflammatory, antimicrobial, anticancer, central nervous system, and metabolic indications. The chemical diversity and biological relevance of heterocyclic frameworks are illustrated in **Figure 1**, which presents representative five- and six-membered heterocycles containing nitrogen, oxygen, and sulfur atoms. Within this broader heterocycle space, pyrazoles and pyrazolines stand out because subtle changes in saturation and substitution pattern can result in pronounced differences in conformation, electronic properties, and pharmacological profiles. These characteristics underpin continued interest in pyrazoline-based compounds as adaptable motifs for medicinal chemistry and drug discovery.



Figure 1. Structures and names of many common heterocyclic compounds, featuring five- and six-membered rings with heteroatoms (N, O, S).

2. Pyrazoles vs dihydropyrazoles: structural and electronic distinctions that matter

Pyrazole is a five-membered aromatic azole containing **two adjacent nitrogens (1,2-diazole)** (**Figure 2**). It is planar, conjugated, and satisfies Hückel aromaticity (6 π -electrons). Importantly, pyrazole is **amphoteric**: one nitrogen is pyridine-like (basic) while the other is pyrrole-like (weakly acidic), giving a tautomeric network that can influence binding modes and solubility [8]. The term “pyrazole” is credited to Knorr (1883) [8]. Hydrogenation of one double bond yields **dihydropyrazoles (pyrazolines)**, which replace aromatic flatness with a more three-dimensional ring that commonly adopts an **envelope conformation** [9]. Three pyrazoline tautomers (1-, 2-, 3-pyrazoline) (**Figure 3**), are recognized, with 2-pyrazoline frequently encountered [10]. This geometrical shift is not cosmetic: a puckered ring can fit binding pockets that reject flat aromatics; it can also reduce π -stacking liabilities and sometimes improve selectivity.



Figure 2. Chemical Structure of pyrazole and its Tautomeric structures.

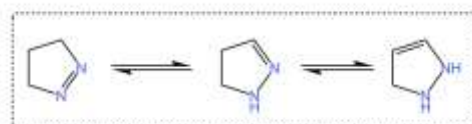


Figure 3. Chemical Structure of 1-pyrazoline, 2-pyrazoline, and 3-pyrazoline

3. Pharmacological breadth of pyrazolines: an evidence-weighted survey

Pyrazoline derivatives have been reported to exhibit a remarkably broad spectrum of biological activities, reflecting the scaffold's structural adaptability and tolerance toward diverse substitution patterns. The available literature encompasses numerous studies describing antimicrobial, antitubercular, antiprotozoal, antiviral, anti-inflammatory, anticancer, central nervous system-active, and receptor-modulating properties. Rather than presenting an exhaustive enumeration of individual compounds, the following sections summarize representative examples grouped according to major therapeutic areas, with emphasis on recurring structural features, mechanistic trends, and pharmacological outcomes supported by experimental data.

3.1 Antibacterial and antifungal activity

Pyrazoline derivatives have been extensively investigated as antibacterial and antifungal agents, with activity reported across a broad spectrum of Gram-positive and Gram-negative bacteria as well as pathogenic fungi, including *Candida* and *Aspergillus* species [12–25]. Across structurally diverse series, the scaffold consistently accommodates substantial substitution at the 1-, 3-, and 5-positions without loss of biological response. Incorporation of heteroaryl motifs such as thiazole, benzofuran, and naphthyridine, along with halogenated aryl rings and carboxamido or isonicotinoyl functionalities, has repeatedly yielded compounds with measurable growth-inhibitory activity against organisms such as *Escherichia coli*, *Staphylococcus aureus*, *Bacillus* spp., and *Helicobacter pylori*, including multidrug-resistant strains in select cases. In several studies, benzofuran- or thiazole-linked pyrazolines displayed enhanced potency relative to unsubstituted analogues, suggesting that heteroaryl conjugation can favorably influence antimicrobial performance, particularly against Gram-positive bacteria [12,13,18]. From a structure-activity perspective, aryl-rich pyrazolines generally exhibit broader antimicrobial coverage, whereas introduction of polar acyl or isonicotinoyl groups tends to moderate activity while improving compatibility with Gram-negative organisms. Hybrid molecules combining pyrazoline cores with known pharmacophores (**Figure 4-5**), such as naproxen or nalidixic acid, further demonstrate that the scaffold can support dual or multifunctional bioactivity without compromising antibacterial effects [16,25]. Collectively, these studies establish pyrazolines as chemically resilient frameworks capable of supporting diverse antimicrobial designs. While most reports rely on standard growth-inhibition assays, the consistency of activity across unrelated structural classes underscores the value of pyrazolines as adaptable scaffolds for antibacterial and antifungal lead exploration rather than isolated, target-specific agents at this stage of development.

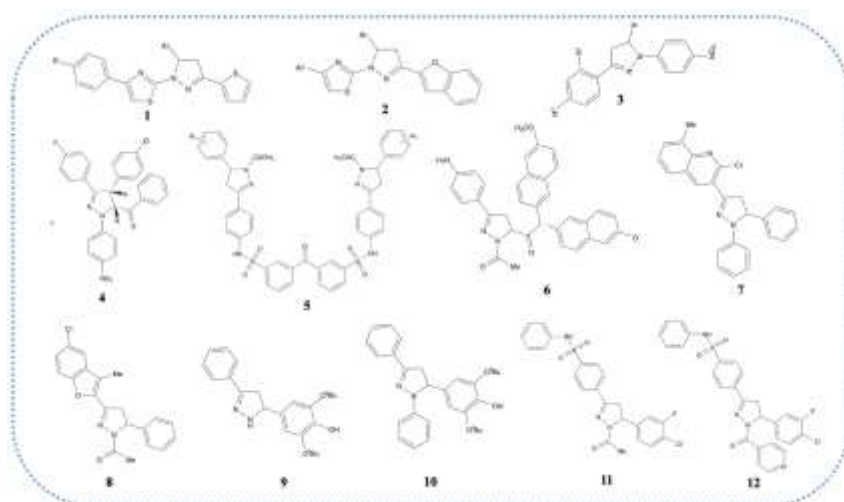


Figure 4. Chemical Structure of compound 1-12 responsible for anti-microbial activity

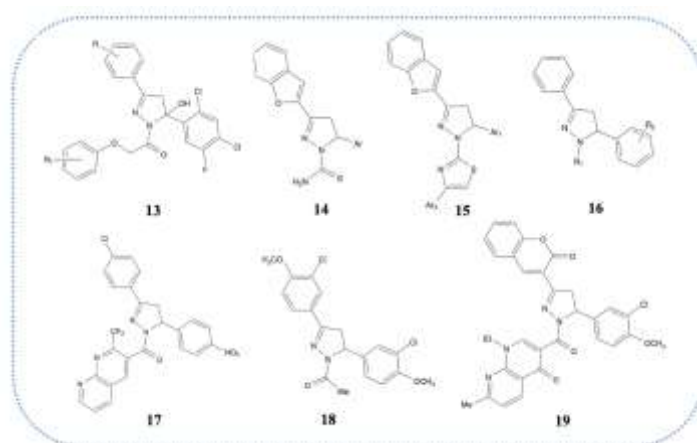


Figure 5. Chemical Structure of Compound 13-19 for anti-microbial activity

3.2 Antitubercular activity

In response to the persistent global burden of tuberculosis and the emergence of drug-resistant strains, pyrazoline scaffolds have been systematically explored for antimycobacterial activity, particularly against *Mycobacterium tuberculosis* H37Rv [26–35]. Across multiple studies, structural diversification of the pyrazoline core through incorporation of nicotinoyl, isonicotinoyl, imidazole, benzofuran, diphenyl ether, and thiocarbamoyl substituents has yielded compounds with measurable to pronounced inhibitory activity. Several trisubstituted and diaryl pyrazolines exhibit low micromolar activity, while selected N¹-nicotinoyl and heteroaryl-linked analogues demonstrate submicromolar potency, highlighting the importance of polar heteroaryl attachments in enhancing antimycobacterial response. Notably, methanethione- and thiocarbamoyl-containing pyrazolines have been reported with exceptionally low MIC values, in isolated cases approaching or exceeding the apparent potency of first-line agents such as rifampicin [29,33]. From a structure-activity standpoint, antitubercular efficacy appears to benefit from a combination of aromatic bulk and heteroatom-rich side chains, which may facilitate interaction with mycobacterial enzymes or cell-envelope components unique to *M. tuberculosis*. Hybrid designs incorporating imidazole or benzofuran moieties further underscore the scaffold's capacity to support dual antimicrobial profiles without complete loss of selectivity. Collectively, these findings position pyrazolines as chemically versatile frameworks

for antimycobacterial lead exploration. However, given the variability in assay formats and the frequent absence of resistance profiling or intracellular activity data, these compounds are best viewed as promising starting points for optimization rather than validated antitubercular drug candidates at this stage.

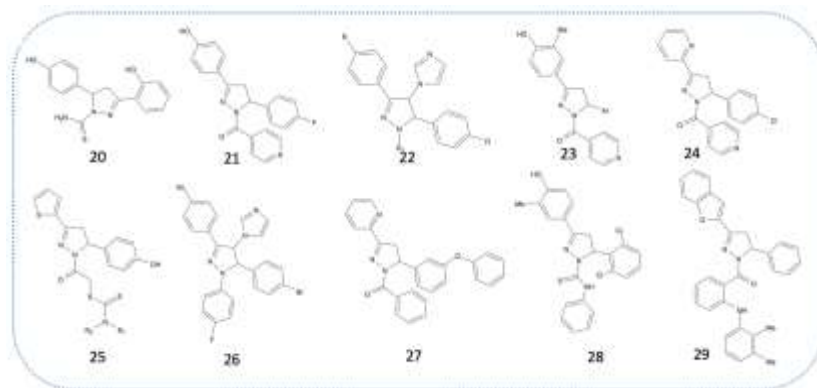


Figure 6. Chemical Structure of compounds 20-29 exhibiting antitubercular potency

3.3 Antiamoebic activity and metal complexation angle

Pyrazoline derivatives have emerged as promising chemotypes (Figure 7) for the treatment of amoebiasis caused by *Entamoeba histolytica*, with several studies reporting substantial enhancement of activity through strategic substitution, heterocyclic fusion, and metal coordination [35–42]. Across multiple series, simple substituted pyrazolines already display low micromolar to submicromolar inhibitory potency against the HM1:IMSS strain, establishing the scaffold's intrinsic antiamoebic potential. Notably, incorporation of thiocarbamoyl or thiosemicarbazide functionalities, as well as fusion with heterocyclic systems such as thiazoloquinoxalines, further amplifies activity, suggesting a beneficial role for sulfur-containing and extended heteroaromatic motifs in parasite inhibition. A particularly striking trend across this literature is the pronounced potency enhancement observed upon metal complexation. Palladium(II) complexes of thiocarbamoyl or Mannich-base-derived pyrazolines consistently outperform their corresponding free ligands, in some cases exhibiting IC_{50} values substantially lower than that of metronidazole under comparable assay conditions [37,38,41]. While the precise basis for this enhancement remains insufficiently resolved, proposed contributions include improved cellular uptake, altered redox behavior, and strengthened interactions with parasite biomolecular targets. Halogen substitution on aryl rings (e.g., chloro or bromo groups) also appears to reinforce activity within thiocarbamoyl pyrazoline series, indicating a clear substituent-driven SAR [39,40]. Collectively, these studies position pyrazolines, particularly when combined with sulfur-based functionalities or coordinated to transition metals, as highly adaptable scaffolds for antiamoebic drug discovery. At the same time, the predominance of *in vitro* potency data and the limited mechanistic characterization caution against overinterpretation of absolute IC_{50} comparisons. From a medicinal chemistry perspective, the most reliable conclusion is that pyrazolines offer a robust platform for potency enhancement against *E. histolytica*, with metal complexation representing a powerful, though still mechanistically underexplored, strategy within this space.

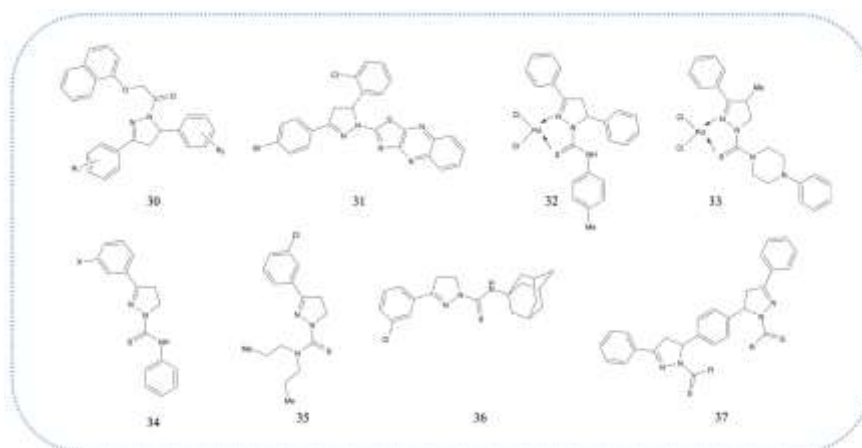


Figure 7. Chemical Structure of pyrazoline derivatives showing antiamebic activity

3.4 Antitrypanosomal and antiviral activity

Beyond antibacterial and antiamebic applications, pyrazoline derivatives have demonstrated activity against protozoal and viral pathogens, most notably *Trypanosoma cruzi* and selected RNA and DNA viruses (**Figure 8**) [43–51]. In the antitrypanosomal domain, semicarbazone-derived pyrazolines represent the most compelling subset, with lead compounds exhibiting nanomolar inhibitory potency against *T. cruzi* accompanied by low reported cytotoxicity, indicating a favorable preliminary selectivity profile [43]. Related analogues confirm that retention of the semicarbazone motif is critical for activity, whereas more weakly substituted pyrazolines tend to show attenuated antiparasitic effects [44]. These observations suggest that the antitrypanosomal activity is not a generic property of the scaffold, but rather emerges from a specific combination of hydrogen-bond donors, acceptors, and conformational constraints imposed by the semicarbazone functionality. Pyrazoline-based antiviral activity has been reported across diverse viral families, including vaccinia virus, flaviviruses, picornaviruses, and coronaviruses, largely through inhibition of viral RNA synthesis or replication-associated enzymes [45–51]. Phenoxyacetic acid-linked and trisubstituted pyrazolines have shown measurable antiviral effects in cell-based assays, while diaryl dihydropyrazoles have been described as dual inhibitors with activity against both picornaviral and coronavirus-related targets. However, antiviral potency in this space is generally modest and often reported alongside cytotoxicity data, underscoring the narrow therapeutic window typical of early antiviral screening campaigns. Taken together, these studies indicate that pyrazolines can access antiparasitic and antiviral chemical space when appropriately functionalized, but their most convincing contribution lies in antiparasitic lead discovery rather than as broadly validated antiviral pharmacophores at the present stage.

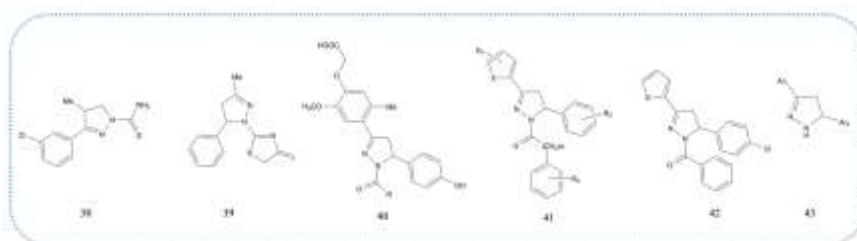


Figure 8. Chemical Structure of pyrazoline derivatives exhibiting antimicrobial activity

3.5 Anti-inflammatory and analgesic activity: COX-2 bias and safety engineering

Pyrazoline derivatives have been extensively explored as anti-inflammatory and analgesic agents. (Figure 9), largely due to their capacity to interfere with cyclooxygenase-mediated prostaglandin biosynthesis while permitting structural modifications aimed at improving gastrointestinal safety [52–64]. Across multiple series, bis-substituted 2-pyrazolines and pyrazoline-carboxamides consistently demonstrate strong suppression of carrageenan-induced paw edema and prostaglandin E₂ release, in several cases exceeding the efficacy of classical nonsteroidal anti-inflammatory drugs such as indomethacin while exhibiting a markedly reduced ulcer index. These findings highlight a recurring advantage of the pyrazoline framework: anti-inflammatory potency can be retained even as ulcerogenic liability is attenuated through judicious substitution. Structure–activity relationships across this domain reveal that incorporation of bulky aryl systems (e.g., biphenyl or indole moieties) and sulfonamide functionalities significantly enhances anti-inflammatory efficacy and favors COX-2 selectivity over COX-1 inhibition. Several sulfonamide-linked pyrazolines display enzyme-level COX-2 or dual COX-2/LOX inhibition, reinforcing the view that heteroatom-rich substituents positioned on a conformationally flexible pyrazoline core can bias activity toward inflammation-relevant pathways while mitigating gastrointestinal risk. In parallel, hybrid strategies integrating nitric oxide–donor groups further improve gastric tolerability without compromising anti-edematous activity, illustrating how the scaffold accommodates safety-oriented pharmacological engineering. Beyond peripheral anti-inflammatory effects, selected pyrazoline derivatives also exhibit pronounced antinociceptive and analgesic activity. Heterocycle-substituted pyrazolines bearing benzoxazole or benzimidazole units demonstrate significant pain-relief effects in standard nociception models, while other substituted analogues exert centrally mediated analgesia involving spinal serotonergic and α_2 -adrenergic mechanisms. Collectively, these results underscore the pharmacological versatility of pyrazolines: through appropriate substitution, the scaffold supports peripheral anti-inflammatory action, central analgesia, and improved safety profiles within a single chemical framework. This multifunctional adaptability distinguishes pyrazolines from earlier dihydropyrazole-based NSAIDs and positions them as credible templates for next-generation anti-inflammatory drug design.

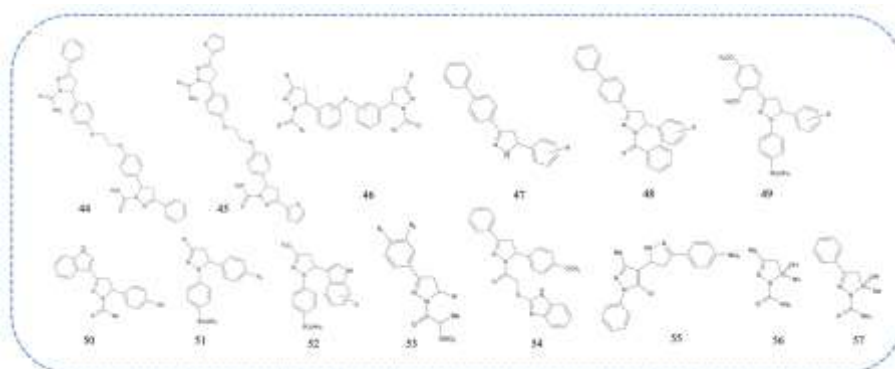


Figure 9. Representative Pyrazoline Derivatives with Anti-inflammatory and Analgesic Activities

3.6 Anticancer activity: multiple mechanisms, not one “magic” pathway

Pyrazoline derivatives have attracted sustained interest in anticancer research owing to their ability to engage multiple oncologically relevant pathways, ranging from mitotic control and transcriptional regulation to multidrug resistance modulation (Figure 10) [65–77]. Unlike earlier generations of

dihydropyrazole-based agents that relied primarily on nonspecific cytotoxicity, more recent pyrazoline frameworks have been deliberately engineered to achieve pathway-directed anticancer effects. Several substituted 1H-pyrazolines and heterocycle-fused analogues display broad antiproliferative activity across diverse tumor types, including colon, breast, liver, prostate, and leukemia cell lines, establishing the scaffold's baseline compatibility with oncogenic cellular environments [65–68]. In this context, benzimidazole- and indole-bearing pyrazolines exhibit enhanced selectivity toward hematological malignancies, suggesting that heteroaromatic fusion can bias activity toward specific cancer subtypes rather than indiscriminate cytotoxicity. A particularly important advance in pyrazoline-based anticancer design is their deployment as mechanism-targeted agents. Diphenyl-substituted pyrazolines have been shown to inhibit P-glycoprotein (MDR1), thereby reversing drug efflux in multidrug-resistant tumor cells and restoring intracellular drug accumulation [69,70]. This resistance-modulating function distinguishes these compounds from conventional cytotoxins and positions pyrazolines as potential chemosensitizing agents in combination therapies. In parallel, 1,4-diaryl-4,5-dihydropyrazolines inspired by combretastatin A-4 represent one of the most compelling subclasses, acting as potent inhibitors of mitotic kinesin spindle protein (KSP). These analogues disrupt mitotic progression through ATPase inhibition of KSP, with reported nanomolar activity in enzymatic and cellular assays, highlighting the suitability of the pyrazoline ring for conformationally constrained antimitotic design [71–74]. Beyond mitosis and resistance pathways, pyrazolines have also been explored as modulators of oncogenic signaling. Dihydropyrazole carboxamide derivatives capable of suppressing GLI-mediated transcription demonstrate that this scaffold can access transcription-factor-driven cancer pathways traditionally considered challenging for small molecules [75,76]. Such examples reinforce the notion that the value of pyrazolines in oncology lies not in isolated potency metrics, but in their mechanistic plurality—the capacity to engage enzymes, transporters, and signaling proteins through tailored substitution and three-dimensional topology. Taken together, the anticancer literature positions pyrazolines as adaptable medicinal chemistry platforms rather than single-target cytotoxins. Their partially saturated architecture enables structural diversification that supports mitotic inhibition, resistance modulation, and transcriptional control within a unified scaffold. The principal challenge moving forward is not identifying additional cytotoxic analogues, but advancing mechanism-validated pyrazoline leads with demonstrable selectivity, resistance relevance, and translational potential.

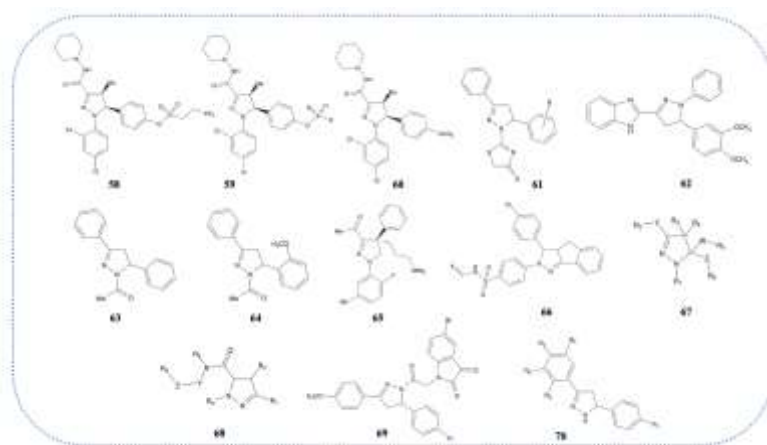


Figure 10. Representative structures of pyrazoline derivatives (58–70) exhibiting potent and selective anticancer activity.

3.7 CNS activity: from seizure protection to MAO inhibition

Pyrazoline derivatives have been explored across several central nervous system indications, including epilepsy, depression, and neurodegenerative disorders, reflecting the scaffold's capacity to engage both receptor- and enzyme-driven pathways (**Figure 11**) [78–88]. In anticonvulsant studies, thiocarbamoyl-substituted and N-functionalized pyrazolines consistently demonstrate seizure protection in maximal electroshock (MES) and pentylenetetrazole (PTZ) models, indicating activity against distinct seizure paradigms. Additional 1,5-disubstituted analogues show anticonvulsant effects linked to modulation of oxidative or NAD-dependent metabolic processes, suggesting mechanistic diversity within this class. Several pyrazoline series also exhibit antidepressant-like activity in behavioral assays, particularly among 3,5-diaryl and polyaryl-substituted derivatives, where electron-donating groups enhance efficacy. More target-defined CNS activity has been reported for benzoyl- and pyridyl-substituted dihydropyrazoles acting as AMPA receptor antagonists, as well as thiocarbamoyl and carbothioamide pyrazolines that inhibit monoamine oxidases with isoform selectivity. Together, these findings indicate that pyrazolines can access CNS-relevant chemical space through multiple, mechanistically plausible routes. However, most evidence remains limited to acute models, and further optimization will require integration of pharmacokinetic, selectivity, and neurotoxicity considerations to establish genuine therapeutic potential.

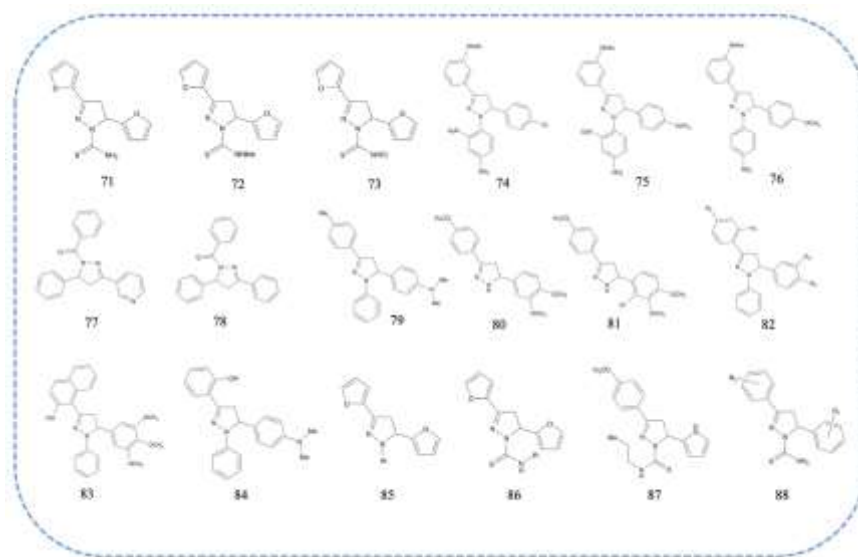


Figure 11. Representative structures of pyrazoline derivatives exhibiting CNS activities including anticonvulsant, antidepressant, and neuroprotective effects.

3.8 Cannabinoid CB₁ receptor antagonists/modulators

Pyrazoline-based ligands have been successfully developed as cannabinoid CB₁ receptor antagonists and modulators, drawing structural inspiration from diaryl frameworks exemplified by rimonabant-like pharmacophores (**Figure 12**) [89–96]. Substituted diaryl pyrazoline carboxamides and related analogues display high CB₁ affinity and subtype selectivity, with several compounds functioning as neutral antagonists or inverse agonists capable of reducing food intake and body weight in vivo. Structural features such as bulky aryl substitution, constrained amide side chains, and lipophilic groups (e.g., adamantane or morpholine moieties) contribute to receptor engagement and pharmacological tuning.

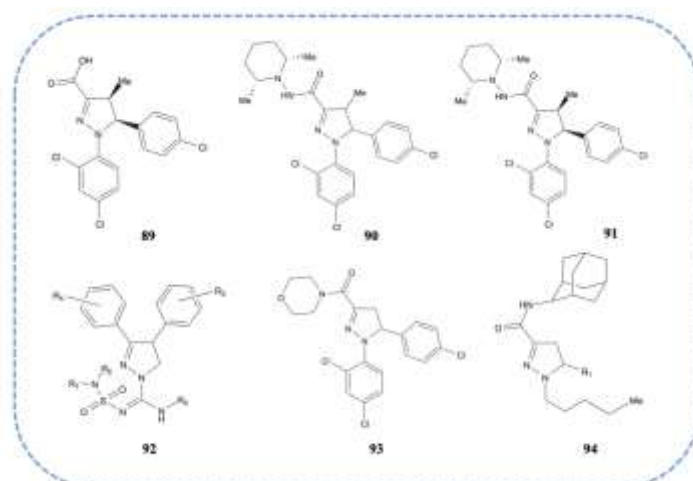


Figure 12. Representative pyrazoline derivatives (89-94) acting as CB₁ receptor antagonists or modulators.

In addition to appetite suppression and metabolic indications, selected pyrazoline derivatives exhibit neuroprotective or neuromodulatory effects, highlighting the scaffold's adaptability within cannabinoid signaling space. Overall, these studies establish pyrazolines as competent CB₁-focused chemotypes capable of delivering high receptor affinity while permitting fine control over functional outcomes.

4. Historical trajectory: dihydropyrazoles as early drug-discovery proof of concept

Pyrazoline chemistry is not just academically “interesting”; it has deep pharmaceutical lineage. Knorr’s discovery of antipyrine (phenazone) in 1883, an early synthetic antipyretic/analgesic, marked a transition toward systematic medicinal chemistry [97]. Subsequent pyrazolinones (aminopyrine, metamizole) refined potency and formulation characteristics, though safety constraints later shaped their clinical fate [101–103]. The mid-century shift to phenylbutazone (pyrazolidinedione) established dihydropyrazole motifs in anti-inflammatory therapy and highlighted the trade-off between efficacy and hematologic/GI risk [98,101,103] (Table 1).

Table 1. Representative Dihydropyrazole-Based Therapeutic Agents

Compound	Year Introduced	Chemical Description	Primary Use / Significance
Antipyrine (Phenazone)	1883	3-Methyl-1-phenyl-2-pyrazolin-5-one	First synthetic antipyretic and analgesic; foundation of synthetic pharmaceuticals
Aminopyrine	1897	N-Dimethylamino derivative of antipyrine	Analgesic/antipyretic; withdrawn for agranulocytosis risk
Metamizole (Dipyrone)	1922	Sulfonated pyrazolinone	Analgesic/antipyretic; restricted in some regions
Phenylbutazone	1949	1,2-Diphenyl-3,5-pyrazolidinedione	Potent NSAID; now mainly veterinary

Celecoxib (Celebrex)	1998	Diaryl-substituted pyrazole (COX-2 inhibitor)	Selective NSAID with reduced GI toxicity
Sildenafil (Viagra)	1998	Pyrazolo[4,3-d]pyrimidin-7-one	PDE-5 inhibitor; erectile dysfunction therapy
Rimonabant (Acomplia)	2006	1,5-Diarylpyrazole (CB ₁ antagonist)	Anti-obesity agent; withdrawn for adverse effects

5. Synthetic accessibility and SAR practicality

Pyrazolines offer a practical advantage in medicinal chemistry due to their straightforward synthesis and amenability to rapid structural diversification. Commonly employed condensation and cyclization reactions between chalcones and hydrazines provide efficient access to 2-pyrazoline frameworks in good yields, enabling the generation of focused analogue libraries and iterative structure–activity relationship (SAR) studies. This synthetic tractability facilitates systematic exploration of substitution patterns and physicochemical parameters, an essential requirement for lead optimization. At the same time, the ease of synthesis necessitates a disciplined approach to scaffold development. Productive advancement of pyrazoline-based programs depends on aligning synthetic diversification with target validation, physicochemical optimization, and mechanism-guided SAR analysis. Emphasis on these factors is critical to distinguishing genuinely optimized leads from structurally redundant analogues generated through nonselective screening strategies.

6. Outlook and conclusion

The studies reviewed herein establish pyrazoles and, in particular, dihydropyrazoles (pyrazolines) as pharmacologically versatile scaffolds with relevance across infectious diseases, inflammatory disorders, oncology, central nervous system indications, and receptor-mediated metabolic pathways. The defining advantage of pyrazolines lies in their partially saturated, three-dimensional architecture, which contrasts with the planarity of aromatic pyrazoles and can enable improved binding complementarity, altered selectivity profiles, and differentiated safety characteristics [9,10]. Historically, pyrazoline- and pyrazolidinedione-based drugs demonstrated the feasibility of synthetic heterocycles as therapeutics; contemporary research extends this legacy into target-driven and multiparameter drug discovery. Within oncology-oriented chemical space, pyrazolines are particularly notable for their mechanistic breadth. Documented examples include inhibition of mitotic kinesin spindle protein (KSP), modulation of GLI-dependent transcriptional signaling, and interference with multidrug resistance via P-glycoprotein regulation [71–76]. These mechanisms underscore the potential of pyrazolines as adaptable platforms for pathway-focused anticancer design. Future progress will depend not on expanding lists of bioactive analogues, but on translating these mechanistic insights into drug-like candidates with demonstrable selectivity, optimized pharmacokinetic properties, and clear therapeutic differentiation.

References

1. Sourav D.; Babu N.; Suneel Babu T.; Bhavyasree R. K.; Kiran S. R.; Sunil K. N.; Reddy K. *Mintage J. Pharm. Med. Sci.* **2016**, *5*, 18–27.
2. Heravi M. M.; Zadsirjan V. *RSC Adv.* **2020**, *10*, 44247–44311.
3. Kabir E.; Uzzaman M. *Results Chem.* **2022**.

4. Marshall C. M.; Federice J. G.; Bell C. N.; Cox P. B.; Njardarson J. T. *J. Med. Chem.* **2024**.
5. Cabrele C.; Reiser O. *J. Org. Chem.* **2016**, 81, 10109–10125.
6. Irannejad H. *Med. Anal. Chem. Int. J.* **2018**, 2(3), 1–6.
7. Siwach A.; Verma P. K. *BMC Chem.* **2021**, 15(1), 12.
8. Kumar K. A.; Jayaropa P. *Int. J. PharmTech Res.* **2013**, 5(4), 1473–1486.
9. Yadav S.; Azad I.; Rahman Khan A.; et al. *Results Chem.* **2024**.
10. Singh G.; Chandra P.; Sachan N. *Int. J. Pharm. Sci. Rev. Res.* **2020**, 65(1), 201–214.
11. Shaaban M. R.; Mayhoub A. S.; Farag A. M. *Expert Opin. Ther. Pat.* **2012**, 22(3), 253–291.
12. Ozdemir A.; Turan-Zitouni G.; Kaplancikli Z. A.; et al. *Eur. J. Med. Chem.* **2007**, 42, 403–409.
13. Abdel-Wahab B. F.; Abdel-Aziz H. A.; Ahmed E. M. *Eur. J. Med. Chem.* **2009**, 44, 2632–2635.
14. Abunada N. M.; Hassaneen H. M.; Kandile N. G.; Miqdad O. A. *Molecules* **2008**, 13, 1011–1024.
15. Bhatt A. H.; Parekh H. H.; Parikh K. A.; Parikh A. R. *Indian J. Chem. B* **2001**, 40, 57–61.
16. Udupi R. H.; Kushnoor A. S.; Bhat A. R. *Indian J. Heterocycl. Chem.* **1998**, 8, 63–66.
17. Bharmal F. M.; Kaneriyia D. J.; Parekh H. H. *Indian J. Heterocycl. Chem.* **2001**, 10, 189–192.
18. Basawaraj R.; Yadav B.; Sangapure S. S. *Indian J. Heterocycl. Chem.* **2001**, 11, 31–34.
19. Desai J.; Nair K. B.; Misra A. N. *Indian J. Heterocycl. Chem.* **2001**, 10, 261–266.
20. Jamode V. S.; Chandak H. S.; Bhagat P. R.; Tambekar D. H. *Indian J. Heterocycl. Chem.* **2003**, 12, 323–326.
21. Karthikeyan M. S.; Holla B. S.; Kumari N. S. *Eur. J. Med. Chem.* **2007**, 42, 30–36.
22. Chimenti F.; Bizzarri B.; Manna F.; et al. *Bioorg. Med. Chem. Lett.* **2005**, 15, 603–607.
23. Mogilaiah K.; Sakram B. *Indian J. Heterocycl. Chem.*
24. Vijayvergiya D.; Kothari S.; Verma B. L. *Indian J. Heterocycl. Chem.* **2003**, 13, 105–110.
25. Waheed A.; Khan S. A. *Indian J. Heterocycl. Chem.* **2001**, 11, 59–62.
26. Stirrett K. L.; Ferreras J. A.; Jayaprakash V.; et al. *Bioorg. Med. Chem. Lett.* **2008**, 18, 2662–2668.
27. Shenoy G. G.; Bhat A. R.; Bhat G. V.; Kotian M. *Indian J. Heterocycl. Chem.* **2001**, 10, 197–200.
28. Zampieri D.; Mamolo M. G.; Laurini E.; et al. *Bioorg. Med. Chem.* **2008**, 16, 4516–4522.
29. Shaharyar M.; Siddiqui A. A.; Ali M. A.; et al. *Bioorg. Med. Chem.*
30. Mamolo M. G.; Zampieri D.; Falagiani V.; et al. *Farmaco* **2001**, 56, 593–599.
31. Ozdemir A.; Turan-Zitouni G.; Kaplancikli Z. A. *Turk. J. Chem.* **2008**, 32, 529–538.
32. Kini S. G.; Bhat A. R.; Bryant B.; et al. *Eur. J. Med. Chem.* **2009**, 44, 492–500.
33. Ali M. A.; Shaharyar M.; Siddiqui A. A. *Eur. J. Med. Chem.* **2007**, 42, 268–275.
34. Babu V. H.; Manna S. K.; Srinivasan S. K. K.; Bhat G. V. *Indian J. Heterocycl. Chem.* **2004**, 13, 253–256.
- Hayat F.; Salahuddin A.; Umar S.; Azam A. *Eur. J. Med. Chem.* **2010**, 45, 4669–4675.
35. Budakoti A.; Bhat A. R.; Athar F.; Azam A. *Eur. J. Med. Chem.* **2008**, 43, 1749–1757.
36. Budakoti A.; Abid M.; Azam A. *Eur. J. Med. Chem.* **2007**, 42, 544–551.
37. Husain K.; Abid M.; Azam A. *Eur. J. Med. Chem.* **2008**, 43, 393–403.
38. Abid M.; Bhat A. R.; Athar F.; Azam A. *Eur. J. Med. Chem.* **2009**, 44, 417–425.
39. Abid M.; Azam A. *Bioorg. Med. Chem.* **2005**, 13, 2213–2220.
40. Asha B.; Mohammad A.; Amir A. *Eur. J. Med. Chem.* **2006**, 41, 63–70.
41. Bhat A. R.; Athar F.; Azam A. *Eur. J. Med. Chem.* **2009**, 44, 426–431.
42. Du X.; Guo C.; Hansell E.; et al. *J. Med. Chem.* **2002**, 45, 2695–2707.
43. Seebacher W.; Belaj F.; Saf R.; et al. *Monatsh. Chem.* **2003**, 134, 1623–1628.

44. El-Sabbagh O. I.; Baraka M. M.; Ibrahim S. M.; et al. *Eur. J. Med. Chem.* **2009**, 44, 3746–3753.
45. Torrens-Jover A. WO2008087030A1 (2008).
46. Yenes-Mínguez S.; Torrens-Jover A. WO2008087029A1 (2008).
47. Yar M. S.; Bakht M. A.; Siddiqui A. A.; et al. *J. Enzyme Inhib. Med. Chem.* **2009**, 24, 876–882.
48. Puig-Basagoiti F.; Tilgner M.; Forshey B. M.; et al. *Antimicrob. Agents Chemother.* **2006**, 50, 1320–1329.
49. Goodell J. R.; Puig-Basagoiti F.; Forshey B. M.; et al. *J. Med. Chem.* **2006**, 49, 2127–2133.
50. Liang P.-H.; Ku C.-C.; Liu H.-K.; et al. KR2010066142A (2010).
51. Barsoum F. F.; Girgis A. S. *Eur. J. Med. Chem.* **2009**, 44, 2172–2179.
52. Coceani F.; Bishai I.; Hynes N.; et al. *News Trends Life Sci.* **1989**, 3, 183–186.
53. Coceani F.; Bishai I.; Lees J.; Sirko S. *Adv. Prostaglandins Thromboxane Res.* **1989**, 19, 394–397.
54. Rotondo D.; Abul H. T.; Milton A. S.; Davidson J. *Eur. J. Pharmacol.* **1988**, 154, 145–152.
55. Barsoum F. F.; Hosni H. M.; Girgis A. S. *Bioorg. Med. Chem.* **2006**, 14, 3929–3937.
56. Amir M.; Kumar H.; Khan S. A. *Bioorg. Med. Chem. Lett.* **2008**, 18, 918–922.
57. Rathish I. G.; Javed K.; Ahmad S.; et al. *Bioorg. Med. Chem. Lett.* **2009**, 19, 255–258.
58. Rani P.; Srivastava V. K.; Kumar A. *Eur. J. Med. Chem.* **2004**, 39, 449–452.
59. Reddy M. V. R.; Billa V. K.; Pallela V. R.; et al. *Bioorg. Med. Chem.* **2008**, 16, 3907–3916.
60. Shoman M. E.; Abdel-Aziz M.; Aly O. M.; et al. *Eur. J. Med. Chem.* **2009**, 44, 3068–3076.
61. Kaplancikli Z. A.; Turan-Zitouni G.; Ozdemir A.; et al. *Eur. J. Med. Chem.* **2009**, 44, 2606–2610.
62. Godoy M. C. M.; Figuera M. R.; Souza F. R.; et al. *Eur. J. Pharmacol.* **2004**, 496, 93–97.
63. Girisha K. S.; Kalluraya B.; Narayana V.; Padmashree P. *Eur. J. Med. Chem.* **2010**, 45, 4640–4644.
64. Yenes-Mínguez S.; Torrens-Jover A. ES2341522A1 (2010).
65. Havrylyuk D.; Zimenkovsky B.; Vasylenko O.; et al. *Eur. J. Med. Chem.* **2009**, 44, 1396–1404.
66. Bhat B. A.; Dhar K. L.; Puri S. C.; et al. *Bioorg. Med. Chem. Lett.* **2005**, 15, 3177–3180.
67. Shaharyar M.; Abdullah M. M.; Bakht M. A.; Majeed J. *Eur. J. Med. Chem.* **2010**, 45, 114–119.
68. Manna F.; Chimenti F.; Bolasco A.; et al. *Bioorg. Med. Chem. Lett.* **2002**, 12, 3629–3633.
69. Kobayashi H.; Dorai T.; Holland J. F.; Ohnuma T. *Cancer Res.* **1994**, 54, 1271–1275.
70. Johnson M.; Younglove B.; Lee L.; et al. *Bioorg. Med. Chem. Lett.* **2007**, 17, 5897–5901.
71. Roecker A. J.; Coleman P. J.; Mercer S. P.; et al. *Bioorg. Med. Chem. Lett.* **2007**, 17, 5677–5682.
72. Rostom S. A. F. *Bioorg. Med. Chem.* **2006**, 14, 6475–6485.
73. Breslin M. J.; Coleman P. J.; Cox C. D.; et al. WO2003079973A2 (2003).
74. He B.; Fujii N.; You L.; et al. Dihydropyrazolecarboxamides targeting GLI proteins in cancer.
75. He B.; Fujii N.; You L.; et al. WO2007067814A2 (2007).
76. Havrylyuk D.; Kovach N.; Zimenkovsky B.; et al. *Arch. Pharm.* **2011**, 344, 514–522.
77. Ozdemir Z.; Kandilci H. B.; Gumusel B.; et al. *Eur. J. Med. Chem.* **2007**, 42, 373–379.
78. Singh S. P.; Chaudhari A.; Barthwal J. P.; Parmar S. S. *J. Pharm. Pharmacol.*
79. Shishikura J.-I.; Inami H.; Kaku H.; et al. WO2001032173A1 (2001).
80. Palaska E.; Aytemir M.; Uzbay I. T.; Erol D. *Eur. J. Med. Chem.* **2001**, 36, 539–543.
81. Prasad Y. R.; Rao A. L.; Prasoona L.; et al. *Bioorg. Med. Chem. Lett.* **2005**, 15, 5030–5034.
82. Chimenti F.; Fioravanti R.; Bolasco A.; et al. *Eur. J. Med. Chem.* **2008**, 43, 2262–2267.
83. Gokhan-Kelekci N.; Koyunoglu S.; Yabanoglu S.; et al. *Bioorg. Med. Chem.* **2009**, 17, 675–689.
84. Gokhan-Kelekci N.; Yabanoglu S.; Kupeli E.; et al. *Bioorg. Med. Chem.* **2007**, 15, 5775–5786.
85. Lensch K.; Fuchs G.; Boning J.; Milech U. *Int. Clin. Psychopharmacol.* **1987**, 2, 165–171.

86. Jayaprakash V.; Sinha B. N.; Ucar G.; Ercan A. *Bioorg. Med. Chem. Lett.* **2008**, 18, 6362–6368.
87. Chimenti F.; Bizzarri B.; Manna F.; et al. *Bioorg. Med. Chem. Lett.* **2005**, 15, 603–607.
88. Martí B. S.; Ramón B. M.; Jordi L. T. EP2314578A1 (2011).
89. Lambert W.; Crouse G.; Sparks T.; Cudworth D. EP2151234A1 (2010).
90. Soler Ranzani L.; Casadevall Pujals G.; Santanach Delisau A. WO2010012437A1 (2010).
91. Vela Hernandez J. M.; Yenes-Mínguez S. WO2009124950A2 (2009).
92. Vela Hernandez J. M.; Yenes-Mínguez S. EP2108643A1 (2009).
93. Lange J. H. M.; van Stuivenberg H. H.; Veerman W.; et al. *Bioorg. Med. Chem. Lett.* **2005**, 15, 4794–4798.
94. Srivastava B. K.; Joharapurkar A.; Raval S.; et al. *J. Med. Chem.* **2007**, 50, 5951–5966.
95. Lange J. H. M.; Zilaout H.; Van Vliet B. J. WO2009037244A2 (2009).
96. Alex J. M.; Kumar R. *J. Enzyme Inhib. Med. Chem.* **2014**, 29, 427–442.
97. Mantzanidou M.; Pontiki E.; Hadjipavlou-Litina D. *Molecules* **2021**, 26(11), 3439.
98. Nehra B.; Kumar M.; Chawla V.; Chawla P. A. *Future J. Pharm. Sci.* **2025**, 11, 75.
99. Kosuge S.; Okuda T. *J. Pharm. Soc. Jpn.* **1954**.
100. Sneader W. *Drug Discovery: A History*; Wiley, 2005; pp 125–126.
101. Metamizole (Dipyrone): Patented 1922; Hoechst AG (Novalgin).
102. Phenylbutazone: Introduced 1949 for arthritis.
103. Celecoxib approved 1998; see [98] and [8].
104. Sildenafil approved 1998; see [8].
105. Rimonabant (EU 2006); see [98] and [8].
106. Ramazani A.; et al. *Curr. Med. Chem.* **2018**, 25, 1787–1807.