

### ACKNOWLEDGEMENT

In the name of Allah, the most Gracious and Merciful

First and foremost, I would like to express my deepest gratitude to my supervisors, Dr. Mudiana Muhamad and Dr. Sharaniza Abdul Rahim for believing in me to carry out this project. For their excellent guidance, patience, knowledge, and support throughout the research I truly appreciate it. Thank you for giving me the chance to discover the wonders of research. Your passion has inspired me a lot.

Besides, I am very grateful to all the staffs who willingly shared their knowledge and expertise throughout my attachment in IMMB.

To all my lovely friends, my earnest gratitude for your endless support and wishes. To KM, Fiza and Athirah, the nights we spent working together, is the memory I will never be able to forget. I truly appreciate Zulaikha and Azidah for their warmth and enthusiasm throughout the journey.

A heartfelt thank-you to my parents and

and to my brothers and sisters for their love and for more reasons I could ever name. I could never do this without you. You are my strength and the reason for me to carry on.

Thank you.

### ABSTRACT

Dengue has been a global burden particularly to countries in tropical and subtropical region for several decades. Dengue virus infection is one of the most important arthropod-borne disease worldwide, with an estimated 50 million cases per year and 2.5 billion people are living in area with high risk of infection.

Dengue has a wide spectrum of clinical presentation. It may present asymptomatically, undifferentiated febrile illness (viral syndrome), dengue fever (DF), or in more severe cases it may feature as dengue haemorrhagic fever (DHF) including dengue shock syndrome (DSS). Patients with dengue may develop high grade fever with headache, maculopapular rash, myalgia, arthralgia, retoorbital pain and bleeding through orifices.

The effort in dengue control includes vector control and the most recent effort is the search for antiviral agents. Every step of the viral life cycle is a potential target for antiviral intervention. Non-structural proteins, NS3 and NS5 have been considered as the target for antiviral drugs. The interest of using natural product as an antiviral drugs has been growing dramatically especially in low income countries.

This study was based on the previous findings of the inhibitory properties of pinostrobin towards DENV2. Pinostrobin is a bioactive compound of *Boesenbergia Rotunda* plant which was found to inhibit DENV2 replication. We managed to establish the inhibitory activity of pinostrobin towards DENV2 *in vitro*. At concentration below than MNTD, pinostrobin showed a strong inhibition towards

# **TABLE OF CONTENTS**

1.0 INTRODUCTION	
GENERAL INTRODUCTION	
1.1 Dengu	e distribution and transmission15
1.2 Dengue fever : Clinical manifestations and treatment19	
1.3.1	Dengue Fever
1.3.2	Dengue Haemorrhagic Fever19
1.4 Dengue virus	
1.4.1	Structural and non- structural protein
1.4.2 VI	RAL LIFE CYCLE
1.5 Manag	gement of dengue
1.5.1 AI	NTIVIRAL
1.6 Aims o	of the study28
1.6.1	BOESENBERGIA ROTUNDA
2.0 MATERIALS AND METHODS	
2.1 Materials	
2.1.1	Cell lines and virus stock
2.1.2 Chemicals and reagents for protein extraction and separation	
2.1 Me	thods
2.1.1	Experimental design
2.1.2	Screening of inhibitory activity of purified natural product, pinostrobin40
2.1.3	Protein separation and detection42
3.0 RESULTS	
3.1 Validation of cell vialbility and morphology	
3.2 Virus titration of virulence	
3.2.1	Cytophatic effect
3.2.2	Plaque assay47
3.3 Cyt	otoxicity screening of pinostrobin47

## **1.0 INTRODUCTION**

### **GENERAL INTRODUCTION**

Dengue diseases impose global health burden particularly to countries in tropical and subtropical region. Dengue virus infection is one of the most important arthropod-borne diseases worldwide with an estimated 50 million cases per year and 2.5 billion people living in area with high risk of infection (WHO 2012). Management of dengue is deprived in most countries and no existing model for predicting an outbreak in endemic regions is available (Romano et al., 2010).

Dengue is transmitted by the bite of infected female *Aedes* mosquito primarily of the *Aegypti* and *Albopictus* species which are widely distributed especially in tropical and subtropical region. The arthropod-borne disease is caused by dengue virus; a RNA virus of Flaviviridae family. The dengue virus exists as four antigenically distinct dengue viral serotypes; dengue virus type-1 (DENV1), dengue virus type-2 (DENV2), dengue virus type-3 (DENV3) and dengue virus type-4 (DENV4). It is an enveloped protein, consists of three structural proteins (capsid (C) protein, envelope (E) protein, and the membrane (prM) protein) and seven non structural proteins (NS1, NS2A, NS2B, NS3, NS4A, NS4B, NS5). Infection by one serotype provides long-life protection, but provides only a short time cross protective immunity against the other serotype causing secondary infection symptoms. This imposes major challenge in the development of a vaccine that can induce protective response against all four dengue virus serotypes. To date, there is no vaccine available for dengue.

The pathogenesis of dengue is still poorly understood because of lack of suitable animal model. However, researchs had shown liver involvement during dengue virus

13