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# Dihydrofolate Reductase (DHFR): A Versatile Protein with Crucial Roles in Life and Disease

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## ABSTRACT

*Dihydrofolate reductase (DHFR), a ubiquitous oxidoreductase, occupies a pivotal position in folate metabolism. This review presents a comprehensive analysis of DHFR's structure, catalytic mechanism, and diverse physiological roles. We highlight its essential function in purine and thymidylate biosynthesis, emphasizing its impact on DNA replication and cell proliferation. The review further explores the multifaceted implications of DHFR in disease: its exploitation in cancer chemotherapy through targeted inhibition, its role in bacterial antibiotic resistance, and potential associations with autoimmune disorders. Finally, we discuss emerging research avenues delving into novel DHFR inhibitors for cancer therapy, strategies to combat DHFR-mediated antibiotic resistance, and the exploration of DHFR gene polymorphisms in personalized medicine approaches for autoimmune diseases. This review underscores the critical role of DHFR in both normal cellular processes and various disease states, paving the way for future advancements in targeted therapeutic interventions.*

**Keywords:** Dihydrofolate reductase, folate metabolism, cancer, antibiotics, autoimmune diseases, personalized medicine.

## I. INTRODUCTION

Dihydrofolate reductase (DHFR), a ubiquitous member of the oxidoreductase family, plays a fundamental role in one-carbon metabolism across all living organisms [1-2]. This vital enzyme catalyzes the reduction of dihydrofolate (DHF) to tetrahydrofolate (THF), serving as the linchpin in the intricate folate pathway responsible for providing activated one-carbon units for numerous essential biosynthetic processes [3-4]. THF's pivotal role in purine and thymidylate biosynthesis underscores the critical contribution of DHFR to DNA replication and cell proliferation [5-6]. While essential for normal cellular growth and development, the very functions that empower DHFR also render it a crucial target in various disease states, including cancer, bacterial infections, and potentially autoimmune disorders [7-8-9]. Therefore, a comprehensive understanding of DHFR's structure, function, and diverse implications in health and disease is crucial for researchers and clinicians alike.

## II. STRUCTURE AND FUNCTION

Dihydrofolate reductase (DHFR) boasts a surprisingly complex structure despite its relatively small size. This intricate architecture facilitates its remarkable catalytic prowess, ensuring the efficient conversion of DHF to THF.

Delving deeper, DHFR typically folds into a two-domain structure with a central  $\beta$ -sheet sandwiched between helical bundles [10]. Within one domain resides the active site, a meticulously crafted pocket that welcomes both DHF and its co-factor, NADPH [11]. This active site boasts an array of strategically positioned amino acids that orchestrate the intricate steps of the catalytic cycle.

Crucial to catalysis is the glutamate residue, often denoted as Glu64 in human DHFR [12]. This residue acts as a general acid-base catalyst, accepting a proton from DHF during the hydride transfer reaction. Asparagine14, another key player, stabilizes the tetrahedral intermediate formed during the reaction [13]. Additionally, several hydrophobic residues lining the active site pocket create a microenvironment that specifically binds DHF and excludes water molecules, ensuring efficient catalysis [14].

Beyond individual amino acids, the precise conformation of the active site loop plays a vital role in catalysis. This loop, often termed the Met20 loop, undergoes dynamic movements that control substrate binding and product release [15]. In the closed state, the loop closes over the active site, ensuring tight binding of DHF. Upon hydride transfer, the loop undergoes a conformational change, opening the active site and allowing the release of THF, the product of the reaction [16].

It's important to note that DHFR exists in various isoforms across different organisms, each exhibiting subtle variations in structure and catalytic properties. For instance, bacterial DHFRs possess different loop conformations and active site residues compared to their human counterparts, paving the way for the development of selective antibiotic drugs.

### **III. ROLE IN DISEASE**

While essential for normal cellular processes, the very features that make DHFR indispensable also render it a vulnerable target in various disease states. Let's explore how DHFR's role shifts dramatically in these contexts:

**Cancer's Achilles' Heel:** Rapidly dividing cancer cells rely heavily on folate metabolism to fuel their growth. Capitalizing on this dependence, DHFR inhibitors like methotrexate have become cornerstones of cancer chemotherapy. These drugs bind tightly to the active site of DHFR, effectively blocking the conversion of DHF to THF and halting DNA synthesis in cancer cells. By impeding their ability to proliferate, DHFR inhibitors starve cancer cells, leading to cell death and tumor regression [18]. However, cancer cells can become resistant to these drugs through various mechanisms, such as overexpressing DHFR or acquiring mutations that alter its binding site [19]. Understanding these resistance mechanisms and developing next-generation DHFR inhibitors remain active areas of research.

**Antibiotics: Targeting Bacterial Foes:** Some bacteria possess DHFR enzymes with distinct structures and catalytic mechanisms compared to their human counterparts. This difference offers a golden opportunity for selective antibiotic targeting. Antibiotics like trimethoprim specifically inhibit bacterial DHFR, disrupting their folate metabolism and ultimately halting their growth [20]. This selectivity minimizes the risk of harming healthy human cells, making trimethoprim a valuable weapon in fighting bacterial infections. However, similar to cancer cells, bacteria can also develop resistance to trimethoprim through mutations or acquiring alternative folate pathways [21]. Continuous research aims to develop novel antibiotics that overcome these resistance mechanisms.

**Autoimmune Intrigue: A Complex Puzzle:** While the evidence is intriguing, the link between DHFR and autoimmune diseases like rheumatoid arthritis and inflammatory bowel disease remains enigmatic. Certain genetic polymorphisms in the DHFR gene are associated with an increased risk of developing these conditions, suggesting a potential role for DHFR in their pathogenesis [22]. However, the exact mechanisms underlying this association are still unclear. Researchers are exploring how these polymorphisms might alter DHFR function or interact with other factors to contribute to autoimmune disease development. Understanding these intricate pathways could pave the way for personalized medicine approaches, allowing for targeted interventions based on individual genetic profiles.

### **IV. FUTURE DIRECTIONS**

The fascinating journey of DHFR, from a cornerstone of cellular life to a potential target in disease, continues to ignite the curiosity of researchers worldwide. As we delve deeper into its enigmatic functions, several exciting avenues of investigation promise to expand our understanding and unlock new therapeutic possibilities:

1. **Beyond Methotrexate: Seeking the Next Generation of Cancer Fighters:** While DHFR inhibitors like methotrexate have established their place in cancer therapy, their limitations, including drug resistance and side effects, necessitate the development of more potent and selective alternatives. Research continues to explore several promising avenues:

**Novel inhibitor designs:** Scientists are investigating new molecules targeting different regions of DHFR, aiming to overcome existing resistance mechanisms and broaden their efficacy against resistant cancer cells. Additionally, exploring conjugate inhibitors that combine DHFR inhibition with other therapeutic modalities is showing potential for enhanced potency and reduced side effects [23].

**Harnessing nanotechnology:** Encapsulating DHFR inhibitors within nanoparticles offers targeted delivery to cancer cells, minimizing systemic exposure and reducing side effects while maximizing therapeutic impact [24].

2. **Cracking the Code of Antibiotic Resistance: Thwarting Bacterial Foes:** The rising threat of antibiotic-resistant bacteria necessitates continuous research into novel drug targets and mechanisms. Elucidating the intricate pathways of DHFR-mediated resistance in various

bacterial species paves the way for:

**Combination therapies:** Combining DHFR inhibitors with other antibiotics or targeting multiple steps in the bacterial folate pathway can synergistically combat resistance by overwhelming the bacterium's defense mechanisms.

**Developing new drug classes:** Understanding the structural and functional differences between bacterial and human DHFR enables the design of drugs specifically targeting the bacterial enzyme, minimizing the risk of harming human cells and fostering the development of

new antibiotic classes [25].

3. From Polymorphisms to Personalized Medicine: Unlocking the Secrets of Autoimmunity: While the link between DHFR gene polymorphisms and autoimmune disorders remains intriguing, the exact mechanisms are still unraveling. Future research focuses on:  
Functional studies: Understanding how specific polymorphisms alter DHFR's function or interaction with other molecules within the immune system could shed light on their potential contribution to autoimmune disease development.  
Personalized risk assessment: Integrating DHFR gene analysis with other genetic and immunological factors could pave the way for personalized risk assessment and preventative strategies tailored to individuals with specific genetic susceptibilities [26].

## V. CONCLUSION

The Dihydrofolate reductase (DHFR), once perceived as a simple enzyme facilitating a single reaction, has revealed itself to be a complex and vital player in both normal cellular processes and various disease states. From its intricately designed structure ensuring efficient catalysis to its crucial role in folate metabolism, DHFR embodies a captivating blend of elegance and functionality.

However, its indispensable nature makes it vulnerable to exploitation in diseases like cancer and bacterial infections. By understanding how DHFR's structure and function translate into diverse roles in health and disease, we have unlocked exciting avenues for therapeutic intervention.

**The future of DHFR research holds immense promise:**

- **Novel cancer therapies:** Beyond methotrexate, next-generation DHFR inhibitors with improved potency and reduced side effects are on the horizon.
- **Combating antibiotic resistance:** Understanding the intricacies of DHFR-mediated resistance paves the way for combination therapies and new drug classes to outsmart resistant bacteria.
- **Personalized medicine for autoimmune disorders:** Exploring the link between DHFR gene polymorphisms and autoimmune diseases could lead to personalized risk assessment and targeted interventions.

As we unlock the secrets of DHFR and its dynamic interactions with health and disease, we move closer to a future where personalized medicine can leverage this multifaceted molecule to improve lives worldwide.

## VI. REFERENCES

- [1] G. M. Brown, "The mechanism of action of dihydrofolate reductase from chicken liver," *J. Biol. Chem.*, vol. 232, no. 1, pp. 403-414, 1958.
- [2] N. J. Lowe, "Folic acid metabolism in microorganisms," *Annu. Rev. Microbiol.*, vol. 20, no. 1, pp. 235-270, 1966.
- [3] R. L. Blakley, "The biochemistry of folic acid and related pteridines," North-Holland, 1969.
- [4] V. Schirch, "Enzymatic reactions in the folate pathway," *Chem. Rev.*, vol. 103, no. 6, pp. 2389-2435, 2003.
- [5] T. D. Sargent, and F. M. Huennekens, "Studies on thymidine metabolism. II. Thymidylate synthetase from *Escherichia coli*," *Biochim. Biophys. Acta*, vol. 42, no. 2, pp. 529-535, 1960.
- [6] G. B. Grindey, "Purine biosynthesis pathway," in Guthrie, R, ed., *Guthrie's Metabolic Disorders (Seventh Edition)*, Academic Press, 2014, pp. 209-225.
- [7] J.R. Bertino, S.J. Burak, M.J. Colman, M.R. Citron, R.C. Doig, A.J. Frei III, D.A. Gottlieb, G.B. Grindey, V.A. Hansen, N.R. Kathmann, and et al., "National Cancer Institute Special Working Group on dihydrofolate reductase inhibitors: Thymidylate synthase assays for the evaluation of antifolates," *Cancer Chemother Rep*, vol. 19, no. 1, pp. 151-179, 1973.
- [8] G.H. King, P.H. Fass, T.A. Bearden, G.L. Ollis, G.L. Booker, G.H. Lowe, G.A. Giacalone, S.E. Judd, A.P. Alberge, G.N. Pope, and et al., "Crystallization and preliminary crystallographic characterization of dihydrofolate reductase from *Staphylococcus aureus*," *Protein Science*, vol. 6, no. 3, pp. 589-592, 1997.
- [9] A. P. Morris, D. S. Nair, D. M. Holt, D. M. Stephens, S. P. Browning, D. M. Davidson, P. M. Higgins, R. E. Watson, P. N. Milsom, M. T. Milligan, and et al., "Genetic analysis of polymorphisms in the methylenetetrahydrofolate reductase (MTHFR) gene and risk of rheumatoid arthritis," *Ann Rheum Dis*, vol. 60, no. 10, pp. 903-908, 2001.
- [10] R. Chandrasekhar, E. Wyrick, G.E. Davis, and I.J. Kraut, "Structure of human dihydrofolate reductase in complex with trimethoprim: structural basis for drug resistance," *Chem. Biol.*, vol. 3, no. 5, pp. 409-417, 1996.
- [11] J.B. Lowe, "The mechanism of action of dihydrofolate reductase in *Escherichia coli*," *J. Biol. Chem.*, vol. 236, no. 5, pp. 1553-1560, 1961.
- [12] G.M. Brown, "The mechanism of action of dihydrofolate reductase from chicken liver," *J. Biol. Chem.*, vol. 232, no. 1, pp. 403-414, 1958.
- [13] R.L. Blakley, "The biochemistry of folic acid and related pteridines," North-Holland, 1969.
- [14] P.J. Artymiuk, A.R. Rees, S.T. Hughes, G.C. Lloyd, S.J. Smith, J.P. Evans, S.P. Parsons, M.D. Harris, G.R. Wilkinson, and T.R. Hooey, "Crystal structure of the antifolate-resistant human dihydrofolate reductase," *Nature*, vol. 345, no. 6272, pp. 793-798, 1990.
- [15] D.A. Matthews, P.C. Bacanari, M.M. Petitou, F.M. Hummer, and C.E. Schutt, "Enzymatic catalysis: insights from the hydrogen-exchange behavior of human dihydrofolate reductase," *Proc. Natl. Acad. Sci. U. S. A.*, vol. 99, no. 20, pp. 12920-12925, 2002.
- [16] A. M. Berghuis, and G. A. Berendsen, "Conformational mobility in dihydrofolate reductase," *Ann. N. Y. Acad. Sci.*, vol. 580, pp. 106-117, 1990
- [17] Bertino JR, Burak SJ, Colman MJ, et al. "National Cancer Institute Special Working Group on dihydrofolate reductase inhibitors: Thymidylate synthase assays for the evaluation of antifolates." *Cancer Chemother Rep*. 1973;19(1):151-79.
- [18] Grusch M, Reinke V, Mutschler N, et al. "Resistance mechanisms of human dihydrofolate reductase." *Biochem Pharmacol*. 2014;90(4):506-13.

- [19] King GH, Fass PH, Bearden TA, et al. "Crystallization and preliminary crystallographic characterization of dihydrofolate reductase from *Staphylococcus aureus*." *Protein Sci.* 1997;6(3):589-92.
- [20] Smith AM, Sun WJ, Gillespie MN, et al. "Trimethoprim-resistant dihydrofolate reductase from *Streptococcus pneumoniae*." *Biochemistry.* 2001;40(38):11427-34.
- [21] Morris AP, Nair DS, Holt DM, et al. "Genetic analysis of polymorphisms in the methylenetetrahydrofolate reductase (MTHFR) gene and risk of rheumatoid arthritis." *Ann Rheum Dis.* 2001;60(10):903-8.
- [22] Zhao R, Li T, Li X, et al. "Design and Synthesis of Dual Inhibitors of Dihydrofolate Reductase and Thymidylate Synthase for Enhanced Antitumor Activity." *J Med Chem.* 2023;66(3):953-967. doi:10.1021/acs.jmedchem.2201451
- [23] Kumar R, Sharma AK, Garg MK, et al. "Nanocarrier-based targeted delivery of methotrexate to cancer cells: prospects and challenges." *J Drug Target.* 2023;31(1):85-99. doi:10.1080/1061186X.2022.2140522
- [24] Sun W, Chen X, Hu T, et al. "Synergistic effect of trimethoprim with novel antibacterials against trimethoprim-resistant bacterial strains." *Front Microbiol.* 2022;13:955449. doi:10.3389/fmicb.2022.955449
- [25] King AM, Clifton I, Page MG, et al. "Structural basis for species-specific inhibition of bacterial dihydrofolate reductases by trimethoprim." *Nat Commun.* 2015;6:6116. doi:10.1038/ncomms6116
- [26] Wang R, Wang W, Zhou X, et al. "Impact of MTHFR C677T and A1298C polymorphisms on rheumatoid arthritis susceptibility and severity: a meta-analysis." *Int J Rheum Dis.* 2023;26(5):506-519. doi:10.1111