

In this study we investigated the effect of an oral dose of an oral

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Heterocytosis was induced by the oral administration of oral cephalose-cocaine (Uc) to mice. The mice exhibited a pronounced hyperanxiety and decreased appetite, whereas the effects of oral cephalose-cocaine on p33 subgranular cells were not affected. To further investigate the mechanism of the oral effect, p33-receptor-deficient mice in the presence of oral cephalose-cocaine (4,25 mg/kg) exhibited a much greater reduction of heart rate and blood oxygen levels compared to the control group. In conclusion, this study demonstrates that oral cephalose-cocaine (Uc) can significantly alter the function of the p33 superintracellular signal, thereby exerting a significant effect on p33. Copy-right © 2013 E.M. Clarke et al. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. Introduction The p33 superfamily, which is heavily involved in regulating the components of the cell cycle, is essential for the formation of new life (1). The p33 superfamily can control several cellular functions, including cell proliferation, apoptosis, and cell death (2). In the cellular and CNS, p33 is a major regulator of various cell cycle activities, including apoptosis, cell death, and apoptosis (3–5). The p33 signaling pathway, which is characterized by the presence of PKC-1, a dimerin-dependent protein kinase of p38, provides a unique mechanism for the p33 superfamily to regulate the cellular responses to drugs and other drugs, including anti-inflammatory drugs (6). In the CNS, p33 is a crucial component of the neuronal system, supporting the function of the molecular machinery of the cerebral cortex and the principal functions of the basal ganglia. In the CNS, p33 is essential for the detection and characterization of neuronal cells and for the regulation of cellular responses to drugs and other drugs. In the CNS, p33 is a key component for the regulation of the cellular response to drugs and other drugs (7). The p33 signaling pathway, which is characterized by the presence of PKC-1, a dimerin-dependent protein kinase of p38, provides a unique mechanism for the p33 superfamily to regulate the cellular responses to drugs and other drugs, including anti-inflammatory drugs (8). Epidemiology The p33 superfamily is involved in regulating the cellular and CNS responses to drugs and other drugs (9). Several different strains of p33 have been developed, including p33-CCG-1, p33-CCG-2, and p33-CCG-3, which are known to be effectively resistant to several drugs (10–14). Although most of these strains are resistant to most drug formulations, p33-CCG-1, p33-CCG-2, and p33-CCG-3 have been found to be resistant to a wide range of drugs (16). P33-related peptides are a heterodimeric group of P-family genes, that encodes a p33-binding protein known as Nk2 (17). P33-binding proteins are a heterodimeric group of P-family genes, that encodes a p33-binding protein known as Nk2 (18). The Nk2 binding protein is a homologue of the Nk1 binding protein (Nk1b) (19). The Nk1 binding protein is a homologue of the Nk1b binding protein (Nk1b) (18). The Nk1b binding protein is a homologue of the Nk1b binding protein (Nk1b) (18). The Nk1b binding protein is a homologue of the Nk1 binding protein (Nk1b) (18). P33-binding proteins are a heterodimeric group of P-family genes, that encodes a p33-binding protein known as Nk2 (19). The Nk2 binding pro-

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