

Antimalarial Drugs Used in the Management of Viral Infections-A Perspective

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Abstract

Antimalarial drugs are antiparasitic agents which are naturally derived from plants used in the treatment of malaria. There are various classes of antimalarial drugs seen. They are Artemisinin derivatives, aryl-amino alcohols, aminoquinolines and antimicrobial drugs. The mechanism of action of antimalarial drugs is to prevent the polymerisation of heme which results in the death of the parasite. Antimalarials are also used in the treatment and prophylaxis of viral infections which is being discussed in this review. Around 40 articles from Pubmed, Google scholar which are relevant to the topic are taken and discussed. The articles which don't fall into the criteria are excluded. The points from the article are taken and discussed. The review methods, the different classes of drugs like artemisinin derivatives, aryl-amino alcohols, aminoquinolines and antimicrobial drugs are also discussed. The antimalarial drugs are widely used in the prophylaxis and treatment of various existing and emerging viral infections. Newer viral infections have no resistance against antimalarial drugs which proves to be very useful.

Keywords: Antimalarials, parasites, viral infections, resistance

Introduction

Antimalarial drugs are anti-parasitic agents which are naturally derived from plants used in the treatment of malaria. There are various class of antimalarial drugs seen. They are Artemisinin derivatives, aryl-amino alcohols, aminoquinolines and antimicrobial drugs. The mechanism of action is to prevent the polymerisation of heme which results in the death of the parasite. Artemisinin derivatives are the most effective of antimalarial drugs. Artemisinin derivatives used in vitro are proven to be effective against human cytomegalovirus.¹ Artemisinin and Artesunate have been proven to be used for the treatment of Hepatitis B

and C infections. Dihydroartemisinin is effective against bovine viral diarrhoea virus.² Quinine sulphate tested invitro is proven to have been effective against dengue virus.

Mefloquine is also proven to be effective against Zika virus infections. Quinine which is derived from barks of Cinchona trees are proven to be effective against Swine flu. Previous research articles are taken into account. One of the studies about artemisinin used invitro against hepatitis B production is taken. The result of this study shows that the combination of artesunate and lamivudine shows synergistic effects against the infection.³ Another study about the usage of chloroquine against influenza prevention in a randomised placebo trial is taken. The result however shows that chloroquine is not effective and alternate drugs are required for the treatment of influenza.⁴

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Recently, hydroxychloroquine is being recommended for the prophylaxis and treatment of COVID-19 or coronavirus infection which is a global epidemic in recent days. SARS coronavirus which causes

acute respiratory obstruction in the past have been treated with chloroquine with combinations of antiviral drugs.⁵ The aim of this review is to study the characteristics of antimalarial drugs used in the management of various viral infections.

Materials and Methods

Review Methods

About 40 articles are chosen for this review. The articles which are taken are chosen based on the relevancy to the topic. The articles which are in other languages are excluded and the articles which are not related to the topic are excluded. The data for the review was extracted based on the characteristics of the article.⁶

Artemisinin Derivatives

Artemisinin derivatives are drugs which are derived from a plant called

Artemisia annua, a herb. These drugs are safe, well tolerated with lower potency in lower or normal dosage but high potency in larger dosages. The main derivatives discussed here are artemisinin and artesunate.⁷ Artemisinin is a semisynthetic derivative which is poorly soluble. Artemisinin is proven to be effective against hepatitis B and C infections in vitro. Artemisinin is activated by iron molecules which dissolves to free radical formation.⁸

Artesunate which is another derivative has the highest activity and is effective against herpes simplex viruses. It is taken by intravenous route for the protocol treatment of malaria. Artesunate is also involved in the inhibition of human immunodeficiency virus replication and hence seen in antiretroviral therapy in the treatment of Acquired Immune Deficiency Syndrome.⁹ Artesunate has a synergistic action with antiviral drugs like maribavir, lamivudine, ganciclovir, foscarnet, cidofovir, letermovir etc.^{10,11} Artesunate is effective against Epstein-Barr virus infection in low micromolar ranges and acts on epithelial cells and lymphocytes.¹²

Aryl- Amino Alcohols

The important drugs in this classification are quinine sulphate and mefloquine. Quinine sulphate is the oldest drug in existence used in treating malaria.¹³ Quinine sulphate in micromolar range and not in toxic doses

have reduced the number of plaques formed and also in Herpes Simplex Virus-1 in vitro.¹⁴ Quinine sulphate is also said to be effective in the treatment of dengue virus infections.

Mefloquine combined with mirtazapine acts on the 5-HT_{2A} serotonin receptor. It inhibits the entry of JCPyV into glial cells preventing the diffusion and the infection of oligodendrocytes.¹⁵⁻¹⁸ Mefloquine is widely used in the prophylaxis of mild to moderate malaria.¹⁹ Lumefantrine with combination with artemether is called CoArtem commercially. It is used in treatment of non severe malaria.

Aminoquinolines

The important drugs in this classification are chloroquine and hydroxychloroquine. Chloroquine has low toxicity and high tolerance and is used as an antiviral drug. Chloroquine is used in combination with antiviral drugs to produce synergistic effects.²⁰ Chloroquine is also used in the treatment of amoebiasis, systemic and discoid lupus erythematosus, sarcoidosis, porphyria cutanea tarda and in decreasing the symptoms for rheumatoid arthritis.²¹ Hydroxychloroquine is used in the treatment of RNA virus infections. It is also used in the treatment of lupus erythematosus and rheumatoid arthritis.²² Hydroxychloroquine goes by the commercial name Planequil.

Anti- Microbial Drugs

The drugs seen here are atovaquone, doxycycline and sulfonamides. Atovaquone is an antimalarial drug used in pregnant women. Atovaquone is an analogue of ubiquinone and is used to treat a very serious lung infection called Pneumocystis pneumonia.²³ Doxycycline is a semisynthetic tetracycline used in the combination treatment of malaria along with quinine.²⁴ Sulfonamides are a group of drugs that are prescribed to treat urinary tract infections, bacterial meningitis, bronchitis, eye and ear infections etc.^{25,26} Recent studies have demonstrated the activity of sulfonamides as they act on latent herpes viruses, Epstein-Barr virus and Kaposi sarcoma virus.^{27,28}

Discussion

In this review, we discussed the previous articles related to antimalarial drugs used in the management

of viral infections. We have evaluated the drug actions of artemisinin derivatives, aryl- amino alcohols, aminoquinolines and other antimicrobial drugs.

Artemisinin derivatives such as artemisinin and artesunate are taken into account. They produce synergistic actions when combined with other antiviral drugs and are effective against hepatitis B and C and also inhibit the replication of human immunodeficiency virus. Aryl- amino alcohols such as quinine sulphate and mefloquine are earlier derived drugs which are effective in treatment of Herpes simplex virus-1 and Zika virus infections.^{29,30} Quinine sulphate might cause a condition that affects the heart rhythm by QT prolongation in the electrocardiogram readings.³¹ Mefloquine should not be taken with hydroxychloroquine as it increases the risk for occurrence of seizures.³²⁻³⁴

Aminoquinolines such as chloroquine and hydroxychloroquine has low toxicity, high tolerance and hence used in the anti- retroviral regimen therapy. Hydroxychloroquine and diabetes drugs taken together will cause hypoglycemia.³⁵ Hydroxychloroquine should not be taken with other cardiac drugs as it causes dangerous cardiac arrhythmias.³⁶ Other antimicrobial drugs like atovaquone, doxycycline and sulfonamides are used in the treatment of Epstein-Barr virus and Kaposi sarcoma virus infections.³⁷ The complications like hepatic inflammation and fibrosis are caused due to chronic viral deposition.³⁸ Sulfonamides antimicrobials can be combined with trimethoprim to make them bactericidal.^{39,40} Other natural agents like Acacia species have less toxicity and good efficacy.^{41,42} The main drawback of antimalarial drugs is their efficacy. The efficacy of these drugs are declined due to the emergence of drug resistant organisms. It can be corrected by usage of nanoparticles for targeted drug delivery and thus rendering excellent efficacy.⁴³

The limiting factors of usage of antimalarials are the usage of older drugs. Different dosages given for each infection, ongoing trials on the usage of drugs are also considered to be a drawback. The uncertainty of the adverse effects of the drugs on healthy individuals should be considered. Recently, hydroxychloroquine is recommended in the prophylaxis and treatment of COVID-19 or coronavirus infections. SARS coronavirus in the early 2000's was treated back then with a

combination of chloroquine with antiviral drugs.⁴⁴

Conclusion

The antimalarial drugs are widely used in the prophylaxis and treatment of various existing and emerging viral infections. Newer viral infections have almost no resistance against antimalarial drugs which proves to be very useful. Newer antimalarial drugs with a wide spectrum against viral infections might bring favourable results.

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References

1. Stuehler C, Stüssi G, Halter J, Nowakowska J, Schibli A, Battegay M, et al. Combination therapy for multidrug-resistant cytomegalovirus disease. *Transpl Infect Dis.* 2015 Oct;17(5):751–5.
2. Lakshmi T, Krishnan V, Rajendran R, Madhusudhanan N. *Azadirachta indica*: A herbal panacea in dentistry - An update. *Pharmacogn Rev.* 2015 Jan;9(17):41–4.
3. Romero MR, Efferth T, Serrano MA, Castaño B, Macias RIR, Briz O, et al. Effect of artemisinin/artesunate as inhibitors of hepatitis B virus production in an 'in vitro' replicative system. *Antiviral Res.* 2005 Nov;68(2):75–83.
4. Paton NI, Lee L, Xu Y, Ooi EE, Cheung YB, Archuleta S, et al. Chloroquine for influenza prevention: a randomised, double-blind, placebo controlled trial. *Lancet Infect Dis.* 2011 Sep;11(9):677–83.
5. Al-Hazmi A. Challenges presented by MERS corona virus, and SARS corona virus to global health [Internet]. Vol. 23, *Saudi Journal of Biological Sciences.* 2016. p. 507–11. Available from: <http://dx.doi.org/10.1016/j.sjbs.2016.02.019>
6. Sharma P, Mehta M, Dhanjal DS, Kaur S, Gupta G,

- Singh H, et al. Emerging trends in the novel drug delivery approaches for the treatment of lung cancer. *Chem Biol Interact.* 2019 Aug 25;309:108720.
7. Haladyj E, Sikora M, Felis-Giemza A, Olesińska M. Antimalarials – are they effective and safe in rheumatic diseases? [Internet]. Vol. 56, *Reumatologia/Rheumatology.* 2018. p. 164–73. Available from: <http://dx.doi.org/10.5114/reum.2018.76904>
 8. Das AK. Anticancer Effect of AntiMalarial Artemisinin Compounds. *Ann Med Health Sci Res.* 2015 Mar;5(2):93–102.
 9. Gwitira I, Murwira A, Mberikunashe J, Masocha M. Spatial overlaps in the distribution of HIV/AIDS and malaria in Zimbabwe. *BMC Infect Dis.* 2018 Nov 27;18(1):598.
 10. Ikeda KM, Das S, Strong M, Mirsattari SM, Leung A, Steven D, et al. Diagnosis of Inclusion. *Can J Neurol Sci.* 2015 Mar;42(2):138–43.
 11. Efferth T. Beyond malaria: The inhibition of viruses by artemisinin-type compounds [Internet]. Vol. 36, *Biotechnology Advances.* 2018. p. 1730–7. Available from: <http://dx.doi.org/10.1016/j.biotechadv.2018.01.001>
 12. Dai R, Xiao X, Peng F, Li M, Gong G. Artesunate, an anti-malarial drug, has a potential to inhibit HCV replication. *Virus Genes.* 2016 Feb;52(1):22–8.
 13. Ashwini S, Ezhilarasan D, Anitha R. Cytotoxic Effect of *Caralluma fimbriata* Against Human Colon Cancer Cells [Internet]. Vol. 9, *Pharmacognosy Journal.* 2017. p. 204–7. Available from: <http://dx.doi.org/10.5530/pj.2017.2.34>
 14. Michels LR, Maciel TR, Nakama KA, Teixeira FEG, de Carvalho FB, Gundel A, et al. Effects of Surface Characteristics of Polymeric Nanocapsules on the Pharmacokinetics and Efficacy of Antimalarial Quinine. *Int J Nanomedicine.* 2019 Dec 31;14:10165–78.
 15. Perumalsamy H, Sankarapandian K, Veerappan K, Natarajan S, Kandaswamy N, Thangavelu L, et al. In silico and in vitro analysis of coumarin derivative induced anticancer effects by undergoing intrinsic pathway mediated apoptosis in human stomach cancer. *Phytomedicine.* 2018 Jul 15;46:119–30.
 16. Nambirajan A, Suri V, Kataria V, Sharma MC, Goyal V. Progressive multifocal leukoencephalopathy in a 44-year old male with idiopathic CD4+ T-lymphocytopenia treated with mirtazapine and mefloquine. *Neurol India.* 2017 Sep;65(5):1061–4.
 17. Kurmann R, Weisstanner C, Kardas P, Hirsch HH, Wiest R, Lämmle B, et al. Progressive multifocal leukoencephalopathy in common variable immunodeficiency: mitigated course under mirtazapine and mefloquine. *J Neurovirol.* 2015 Dec;21(6):694–701.
 18. Clifford DB, Nath A, Cinque P, Brew BJ, Zivadinov R, Gorelik L, et al. A study of mefloquine treatment for progressive multifocal leukoencephalopathy: results and exploration of predictors of PML outcomes. *J Neurovirol.* 2013 Aug;19(4):351–8.
 19. Yoshida T, Kawamoto M, Togo M, Kohara N, Ito T, Nakamichi K, et al. Progressive multifocal leukoencephalopathy developing after liver transplantation showing marked neurological symptom improvement and arrest of further deterioration of imaging findings: A case report. *J Neurol Sci.* 2015 Dec 15;359(1-2):1–3.
 20. Al-Bari MAA. Chloroquine analogues in drug discovery: new directions of uses, mechanisms of actions and toxic manifestations from malaria to multifarious diseases. *J Antimicrob Chemother.* 2015 Feb 17;70(6):1608–21.
 21. Mehta M, Deeksha, Tewari D, Gupta G, Awasthi R, Singh H, et al. Oligonucleotide therapy: An emerging focus area for drug delivery in chronic inflammatory respiratory diseases. *Chem Biol Interact.* 2019 Aug 1;308:206–15.
 22. Ezhilarasan D. Oxidative stress is bane in chronic liver diseases: Clinical and experimental perspective. *Arab J Gastroenterol.* 2018 Jun;19(2):56–64.
 23. Nixon GL, Moss DM, Shone AE, Lalloo DG, Fisher N, O'Neill PM, et al. Antimalarial pharmacology and therapeutics of atovaquone. *J Antimicrob Chemother.* 2013 May;68(5):977–85.
 24. Rothan HA, Bahrani H, Mohamed Z, Teoh TC, Shankar EM, Rahman NA, et al. A combination of doxycycline and ribavirin alleviated chikungunya infection. *PLoS One.* 2015 May 13;10(5):e0126360.
 25. Supuran C. Special Issue: Sulfonamides [Internet]. Vol. 22, *Molecules.* 2017. p. 1642. Available from:

- <http://dx.doi.org/10.3390/molecules22101642>
26. Karthiga P, Rajeshkumar S, Annadurai G. Mechanism of Larvicidal Activity of Antimicrobial Silver Nanoparticles Synthesized Using *Garcinia mangostana* Bark Extract [Internet]. Vol. 29, *Journal of Cluster Science*. 2018. p. 1233–41. Available from: <http://dx.doi.org/10.1007/s10876-018-1441-z>
 27. Angius F, Piras E, Uda S, Madeddu C, Serpe R, Bigi R, et al. Antimicrobial sulfonamides clear latent Kaposi sarcoma herpesvirus infection and impair MDM2-p53 complex formation. *J Antibiot*. 2017 Aug;70(9):962–6.
 28. D'Alessandro S, Scaccabarozzi D, Signorini L, Perego F, Ilboudo DP, Ferrante P, et al. The Use of Antimalarial Drugs against Viral Infection [Internet]. Vol. 8, *Microorganisms*. 2020. p. 85. Available from: <http://dx.doi.org/10.3390/microorganisms8010085>
 29. Balasubramanian A, Teramoto T, Kulkarni AA, Bhattacharjee AK, Padmanabhan R. Antiviral activities of selected antimalarials against dengue virus type 2 and Zika virus. *Antiviral Res*. 2017 Jan;137:141–50.
 30. Barrows NJ, Campos RK, Powell ST, Prasanth KR, Schott-Lerner G, Soto-Acosta R, et al. A Screen of FDA-Approved Drugs for Inhibitors of Zika Virus Infection. *Cell Host Microbe*. 2016 Aug 10;20(2):259–70.
 31. Sano Y, Nakano Y, Omoto M, Takao M, Ikeda E, Oga A, et al. Rituximab-associated progressive multifocal leukoencephalopathy derived from non-Hodgkin lymphoma: neuropathological findings and results of mefloquine treatment. *Intern Med*. 2015 Apr 15;54(8):965–70.
 32. Marois I, Cloutier A, Meunier I, Weingartl HM, Cantin AM, Richter MV. Inhibition of influenza virus replication by targeting broad host cell pathways. *PLoS One*. 2014 Oct 21;9(10):e110631.
 33. Sun W, He S, Martínez-Romero C, Kouznetsova J, Tawa G, Xu M, et al. Synergistic drug combination effectively blocks Ebola virus infection. *Antiviral Res*. 2017 Jan;137:165–72.
 34. Nevin RL. A serious nightmare: psychiatric and neurologic adverse reactions to mefloquine are serious adverse reactions. *Pharmacol Res Perspect* [Internet]. 2017 Aug;5(4). Available from: <http://dx.doi.org/10.1002/prp2.328>
 35. Ashwini S, Anitha R. Antihyperglycemic Activity of : An Approach. *Pharmacogn Mag*. 2017 Oct;13(Suppl 3):S499–504.
 36. Latif DAS, Latif AS. Computational Study of Oseltamivir, Chloroquine, Hydroxy Chloroquine, Ribavirin and Kaletra against Lysosomal Protease of COVID19 [Internet]. Vol. 24, *International Journal of Psychosocial Rehabilitation*. 2020. p. 1170–6. Available from: <http://dx.doi.org/10.37200/ijpr/v24i5/pr201792>
 37. Dongala T, Ettaboina SK, Katari NK. A Novel RP-HPLC-DAD Method Development for Anti-Malarial and COVID-19 Hydroxy Chloroquine Sulfate Tablets and Profiling of In-Vitro Dissolution in Multimedia [Internet]. Available from: <http://dx.doi.org/10.21203/rs.3.pex-880/v2>
 38. Ezhilarasan D, Sokal E, Najimi M. Hepatic fibrosis: It is time to go with hepatic stellate cell-specific therapeutic targets. *Hepatobiliary Pancreat Dis Int*. 2018 Jun;17(3):192–7.
 39. Rajeshkumar S, Agarwal H, Venkat Kumar S, Lakshmi T. Brassica oleracea Mediated Synthesis of Zinc Oxide Nanoparticles and its Antibacterial Activity against Pathogenic Bacteria [Internet]. Vol. 30, *Asian Journal of Chemistry*. 2018. p. 2711–5. Available from: <http://dx.doi.org/10.14233/ajchem.2018.21562>
 40. Rajeshkumar S, Kumar SV, Ramaiah A, Agarwal H, Lakshmi T, Roopan SM. Biosynthesis of zinc oxide nanoparticles using *Mangifera indica* leaves and evaluation of their antioxidant and cytotoxic properties in lung cancer (A549) cells. *Enzyme Microb Technol*. 2018 Oct;117:91–5.
 41. Ezhilarasan D, Lakshmi T, Nagaich U, Vijayaragavan R. Acacia catechu ethanolic seed extract triggers apoptosis of SCC-25 cells [Internet]. Vol. 13, *Pharmacognosy Magazine*. 2017. p. 405. Available from: http://dx.doi.org/10.4103/pm.pm_458_16
 42. Lakshmi T, Ezhilarasan D, Vijayaragavan R, Bhullar SK, Rajendran R. ethanolic bark extract induces apoptosis in human oral squamous carcinoma cells. *J Adv Pharm Technol Res*. 2017

Oct;8(4):143–9.

43. Menon S, Ks SD, R S, S R, S VK. Selenium nanoparticles: A potent chemotherapeutic agent and an elucidation of its mechanism. *Colloids Surf B Biointerfaces*. 2018 Oct 1;170:280–92.
44. Kuljic-Kapulica N, Srdic B, Mijatov-Ukropina L, Stojic-Dzunja L. SARS coronavirus: A new dilemma [Internet]. Vol. 58, *Medicinski pregled*. 2005. p. 43–6. Available from: <http://dx.doi.org/10.2298/mpns0502043k>