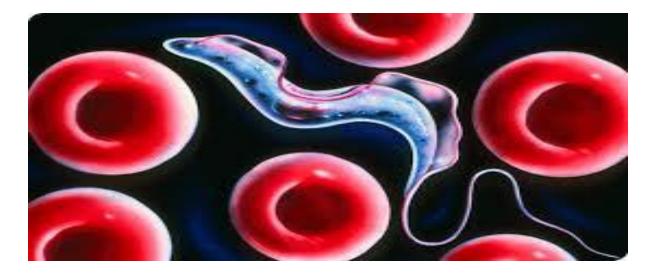
ANTI-PROTOZOAL DRUGS

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PROTOZOAL INFECTIONS

- They include
- 1. Giardiasis
- 2. Trichomoniasis
- 3. Leishmaniasis
- 4. Trypanosomiasis





GIARDIASIS

- Caused by *Giardia lamblia* a flagellate protozoan which lives mostly as a commensal in intestine.
- Invades mucosa and causes diarrhoea.
- DRUGS USED:
- Metronidazole- 200 mg TDS for 7 days
- Tinidazole- 0.6 g daily for 7 days.
- Mepacrine- 100 mg TDS for 5 days (most effective, but has side effects).
- Quiniodochlor- 250 mg TDS for 7 days
- **Furazolidine** a nitrofuran compound-100 mg TDS for 5-7 days.
- Used in bacterial enteritis, food poisoning, bacillary dysentery.
- Excreted in urine in ORANGE colour.
- **Side effects –** mild nausea, headache, dizziness.

TRICHOMONIASIS

- Caused by Trichomonas vaginalis- a flagellate protozoan.
- DRUGS USED:
- 1. ORAL ROUTE:
- Metronidazole- 400 mg TDS for 7 days.
- Tinidazole- 600 mg daily for 7 days. **>90% cure**
- Recurrences can be treated by intravaginal treatment.
- Recurrences may be due to reinfection from male partner who is having infection in seminal vesicles.
- Nimorazole- 2g single dose with meals.
- 2. INTRAVAGINAL ROUTE:
- **Diiodohydroxyquin-** 200 mg inserted intravaginally at bed time for 1-2 weeks.
- **Clotrimazole-** 100 mg inserted highup in vagina night for 6-12 days.
- Hamycin- 4-8 lac U intravaginally for 15 days.
- **Povidone-iodine-** 400 mg inserted in vagina daily-night-2 weeks.

LEISHMANIASIS

- Visceral leishmaniasis (Kala-Azar) caused by *Leishmania donovani*.
- Transmitted by the bite of female sandfly phlebotomus.
- In the fly, the parasite exists in the flagellate extracellular form (promastigote).
- DRUGS USED:
- 1. **ANTIMONIALS** Sodium stibogluconate, Meglumine antimonate
- 2. **DIAMIDINES** Pentamidine
- 3. **OTHERS** Amphotericin-B, Ketoconazole, Allopurinol.
- AMPHOTERICIN-B:
- As like fungi, Leishmania also has higher amonts of ergosterol.
- Highly effective in Kala-azar, used in resistance cases of Sod.stibogluconate.
- High **TOXICITY** and repeated slow I.V infusion rate limits its use.
- Liposomal AMB delivers drug inside liver and spleen cells.
- DOSE: 1st 0.1 mg/kg-increase to 1mg/kg slow i.v infusion-total 20mg/kg. given in alternative days.

ANTIMONIALS

• SODIUM STIBOGLUCONATE:

- Drug of choice for kala azar.
- Water soluble, pentavalent, contains 1/3rd antimony by weight.
- MOA is unclear. –SH dependant enzymes are inhibited and bioenergetics of parasites may be interfered.
- Blocks glycolytic and fattyacid oxidation pathways.
- Rapidly absorbed from site of I.M inj, excreted unchanged in urine.
- WHO recommended a dose of 20 mg/kg daily by I.M or I.V inj for 20-30 days or more.
- Cofirmed cure- when NO parasites are detected in splenic or bone marrow.
- Relapses should be retreated immediately by using the same doses.
- In case of failure, combine with allopurinol or AMB.

• ADVERSE EFFECTS:

- Nausea, vomiting, metallic taste, cough, abdominal pain, stiffness in muscle, mental. ECG changes are rare. Shock is also reported.
- Less toxic than diamidines.

DIAMIDINES

• **PENTAMIDINE**:

- MOA not known. It may interfere with aminoacid transport, disrupts mitochondria and inhibits transformation of amastigotes to promastigotes.
- Drug can be seen in urine for 6-8 weeks. Concentrated in liver and a bit enters into brain tissue.

• ADVERSE EFFECTS:

- Breathlessness, nausea, vomiting, facial flushing, arrhythmia, hypotension. Local irritation.
- Hepatotoxicity, hypocalcemia, acute renal failure.
- Patients may develop Insulin dependant DM (pancreatic β cells).
- **USES:** Visceral and mucocutaneous leishmaniasis.
- Used in antimonial failure cases.
- Pneumocystis carinii pneumonia in AIDS patients- 1st line drug with cotrimoxazole. IM/IV/Inhalation. 300 mg aerosol once for every 4 weeks
- Trypanosomiasis- used before CNS involvement.

TRYPANOSOMIASIS

- > Caused by parasite *Trypanosoma*.
- > Two types:
- 1. AFRICAN trypanosomiasis- SLEEPING SICKNESS caused by T. gambiense transmitted by tse-tse fly.
- 2. SOUTH AMERICAN trypanosomiasis- CHAGAS DISEASE caused by T. cruzi transmitted by blood sucking Reduviid bugs.
- > DRUGS USED:
- > 1. Organic UREALs Suramin sodium

Pentamidine isethionate

> 2. Organic ARSENICALS - Melarsoprol,

Melarsonyl potassium.

- Suramin sodium Organic urea compound. Parasites looses their infectivity. MOA not known. Persists in plasma for 3 months. Painful IM inj. Given Ivly. Doesn't cross BBB. So not useful in encephalitic stage.
- > ADVERSE EFFECTS: shock, chills, fever, photophobia, nephrotoxicity.
- > **DOSE:** 10% sol in dist.water IV 5-7 days 5-6 injections.
- Pentaminidine isethionate- substitute for suramin-3-4 mg/kg 10 doses I.V on alternative days.

ORGANIC ARSENICALS

- MELARSOPROL (MEL-B): (Essential medicine)
- Formerly used in the treatment of Late African Trypanosomiasis (trypanocidal).
- Mechanism of action: mainly acts by disrupting the energy generation in parasite. Drug binds with Sulfhydryl groups in parasite (which are necessary for maintenance of structure of proteins and kinase enzymes action).
- As a result, the protein structure disrupts and kinase function diminishes leading to inhibition of ATP synthesis. As a result, the organism dies.
- **KINETICS:** Fairly well absorbed orally (but not given). Mostly I.V.
- Crosses BBB, rapidly excreted in urine.
- NOT indicated in breast-feeding women.
- As it contains **ARSENIC**, supervised medication is necessary.
- **SIDE EFFECTS:** Convulsions, fever, loss of consciousness, rashes, bloody stools, nausea and vomiting. Also causes encephalopathy and sometimes death.
- Peripheral neuropathy. Pain and inflammation at site of injection. Hepatic dysfunction, arrhythmiasis, arthralgia may also be observed.
- Also used in the treatment of sleeping sickness.
- DOSE: 3.6mg/kg per day for 3 days. Max dose of 180 mg/day.