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**Abstract:** The research on discovery and development of new treatments for cutaneous leishmaniasis has been declared as priority. Using bioinformatics approaches, this study aimed to identify antileishmanial activity in drugs that are currently used as anti-inflammatory and wound healing by such anti-*Leishmania* activity was validated by in vitro and in vivo assays. *In silico* analysis identified 153 compounds from which 87 were selected by data mining of DrugBank database, 22 and 44 were detected by PASS (www.way2drug.com/passonline) and BLAST (http://blast.ncbi.nlm.nih. gov/) alignment, respectively. The majority of identified drugs are used as skin protector, anti-acne, anti-ulcerative (wound healer) or anti-inflammatory and few of them had specific antileishmanial activity. The efficacy as antileishmanial was validated in vitro in 12/23 tested compounds and in all seven compounds that were evaluated in in vivo assays. Notably, this is the first report of antileishmanial activity for adapalene. In conclusion, bioinformatics tools not only can help to reduce time and cost of the drug discovery process but also may increase the chance that candidates identified *in silico* which have a validated antileishmanial activity by combining different biological properties.

**Key words:** Bioinformatic screening, blast, second uses, antileishmanial activity, leishmaniasis.

# **1. Introduction**

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Leishmaniasis is disease resulted after infection with protozoan *Leishmania* parasites. This disease is manifested as ulcers into the skin or mucouses, named as CL (cutaneous) and ML (mucosal leishmaniasis), respectively. A more severe infection known as VL (visceral leishmaniasis) is manifested with damage of vital organs and tissues (liver, spleen and bone marrow) [1]. The disease is spread worldwide being endemic in 99 countries where more than 350 million people are at risk of acquiring infection and 12 million people are infected. Despite the high number of clinical cases, only one offour cases is diagnosed in Latin America [2]. The pentavalent antimonial MA (meglumine antimoniate) and sodium stibogluconate, pentamidine isethionate and miltefosine are the drugs

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of choice for treatment of CL. Although they are still effective, these drugs have significant drawbacks, including systemic toxicity which is associated with high doses and prolonged treatment regimens causing abandon of treatment that affects drug efficacy [1]. Thereof, WHO (World Health Organization) has declared as priority the research on discovery and development of new treatments that would be more accessible, efficient, safer, easily to administer and at reasonable cost to improve the quality of life of patients [3].

Currently, bioinformatic is a strategy that may accelerate discovery of new drug saving experimental resources, especially in terms of in vitro and in vivo assays [4]. Thousands of proteins with different biological and pharmaceutical properties such as molecular targets [5], inhibitors [6], second uses [7] and target-ligand or target-drug interactions [8] registered in databases can be analyzed by

bioinformatic tools, either individually or simultaneously. Thus, the use of virtual screening of millions of compounds on protein structure targets allows the selection of the most promising drug candidates [9-11]. Furthermore, the known proteome of three *Leishmania* species [12] have allowed the construction of complex interaction networks named interactomes [13] which could be useful in prediction of essential proteins that can be used as targets for the identification of drugs acting on those essential proteins [14, 15]. The identified molecules (drugs) can then be evaluated in vitro and in vivo systems using the appropriated model of disease or clinical condition. Considering that in CL, an effective drug should not only be able to kill *Leishmania* parasite but also regulate immune factors that participate in the resolution of the infection stimulating wound healing, using bioinformatic tools this study aimed to identify antileishmanial compound by combining different pharmacological properties in registered drugs. The validation of antileishmanial potential was validated b*y* in vitro and in vivo assays.

# **2. Experimental Methods**

# *2.1 In Silico Identification of Drugs with Potential Antileishmanial Activity*

DrugBank data base (www.drugbak.ka) that contains information about 7,759 approved and experimental drugs was filtered by data mining to identify drugs used as anti-inflammatory, or to treat ulcers and other skin conditions. The structures of the selected compounds in DrugBank were compared using the software PASS (www.way2drug.com/passonline) [16] against anti-protozoal compounds and those most similar is selected. The cutoff was set as the score given for drugs commonly used in treatment of leishmaniasis and other diseases caused by protozoan parasites such as *Plasmodium*, *Trypanosoma cruzi* and *Toxoplasma gondii.* In addition, an alignment of the *Leishamnia* proteins with the DrugBank targets was performed using BLAST (http://blast.ncbi.nlm.nih. gov/) [16];

then, the targets that showed the highest similarity with *Leishmania* proteins were selected and a list of the corresponding targets of selected compounds was obtained. Compounds with potential anti-*Leishmania* activity were selected according to an affinity cutoff higher than 0.8.

# *2.2 Cell Lines*

Human U-937 promonocytes (CRL1593.2™) and HepG2 hepatocytes (HB-8065™) were obtained from the ATCC® (American Type Culture Collection Manassas, VA, USA) and cultured in standard conditions at 37  $\degree$ C, 5% CO<sub>2</sub>, with change of medium every three days until use. U-937 cells were cultured in RPMI (Roswell Park Memorial Institute) 1640 (Sigma-Aldrich, St Louis MO, USA) with 10% FBS (fetal bovine serum) (Gibco, Life technologies Gaithersburg MD, USA) and 1% antibiotics (10,000 units penicillin and 10 mg/mL streptomycin) (Sigma-Aldrich). HepG2 cells were maintained in DMEM (Dulbecco's modified eagle medium) (Sigma-Aldrich) with 5% FBS and 1% antibiotics. In turn, macrophages of hamsters were derived from peritoneal mononuclear cells from three healthy donors (previously stimulated with 0.4% thyoglycolate). Cells were isolated from EDTA (ethylene diamine tetra aceticacid) anticoagulated exudated using Ficoll-Hypaque 1.077 (Sigma-Aldrich) according to manufacturer's instruction. After lysis of red blood cells with water and 3.6% sodium chlorate solution and centrifugation, supernatant was discarded. Mononuclear cells were counted and resuspended in RPMI 1640 supplemented with 10% FBS and 1% antibiotics at  $5 \times 10^5$  cells/mL. One hundred µL were dispensed into each well of 96-well culture cell plate and incubated at 37 °C, 5%  $CO<sub>2</sub>$  during 24 h to allow adherence and transformation into macrophages [17].

## *2.3 Parasites*

*Leishmania (V) panamensis* transfected with the GFP (green fluorescent protein) (MHOM/CO/87/UA140-pIR-eGFP) was used.

Parasites were cultured as promastigotes at 26 °C in biphasic medium which consist in a solid phase of modified NNN (Novy-MacNeal-Nicolle) medium and a liquid phase of PBS (phosphate buffer saline) plus glucose, pH 6.9. In turn, intracellular amastigotes were obtained after infection of U-937 cells with promastigotes as follows: U-937 cells were dispensed in 24-well plates at 300,000 cells/well and treated with 1.0 µM of PMA (phorbol myristate acetate) (Sigma-Aldrich) for 48 h at 37 °C. Then, cells were infected with promastigotes in stationary growth phase (day 5) at a ratio of 30:1 promastigotes/cell and incubated 3 h at 34 °C in 5%  $CO<sub>2</sub>$ . Cells were washed twice with PBS to eliminate extracellular (free) parasites and 1.0 mL fresh RPMI-1640 was added into each well; plates were incubated again at 34  $\mathcal{C}$  and 5%  $CO<sub>2</sub>$  to allow intracellular differentiation to amastigotes. After 24 h of infection, cells were ready to use in antileishmanial assays as described below (shown in 2.6 section).

# *2.4 Compounds*

Adapalene, azelaic acid, Salicylhydroxamic acid, Docosanol, Alendronate, Phenylbutazone, Propantheline, Eucalyptol, Nepafenac, T198765, Fludrocortisone, Bepridil, Pranlukast, Imatinib and Amphotericin B were acquired from Sigma-Aldrich. Homatropine Methylbromide, Bentoquantam, Diclofenac, Dapsone, Carbenoxolone, Pantoprazole, Pamidronate and Primaquine were purchased in Santa Cruz Biotechnology Inc. (Santa Cruz, CA, USA). MA was purchased from Sanofi-Aventis (Bogota, Colombia). Marimasmat was obtained from Calbiochem (Merck Millipore Corporation, Darmstadt, Germany).

# *2.5 In Vitro Cytotoxicity Assay*

Cytotoxicity of compounds was determined in mammalian U-937 and HepG2 cells according to the effect on the cell growth determined by MTT microenzimatic method, as described by others [18]. In turn, cytotoxicity in haPM was assessed using alamarBlueR assay (Thermo Scientific Waltham, MA, USA) as described elsewhere [19]. Briefly,  $2.0 \times 10^4$ U-937 or  $2.5 \times 10^4$  HepG2 cells in 200 µL corresponding culture medium were dispensed into each well of 96-well tissue culture plate. Then, 100 µL/well of each compound at the corresponding dilution (200, 100, 50, 25, 12.5 and 6.25  $\mu$ L/mL) were added and plates were incubated at 37  $\degree$ C, 5% CO<sub>2</sub>.

In MTT assay, after 72 h of incubation 20 μL of MTT (Sigma-Aldrich) were added to each well and plates were incubated at 37  $\degree$ C, 5% CO<sub>2</sub> during 3h. Reaction was stopped by adding 100 μL/well of 50% isopropanol solution with 10% sodium dodecyl sulfate and 30 min incubation. The concentration of formazan was determined at 570 nm in a spectrophotometer (Varioskan Flash Multimode Reader, Thermo Scientific) and the intensity of color was registered as O.D (optical densities). In turn, in alamarBlueR assay, after 72 h of incubation plates were centrifuged, supernatant was discarded and, 100  $\mu$ L of 1/10 alamar Blue-RPMI 1640 mixture (v/v) was added into each well. Plates were incubated 90 minutos at 37 °C, 5%  $CO<sub>2</sub>$  and dark. The intensity of fluorescence was detectes at 530 nm excitation and 590 nm emission in a spectrophotometer (Varioskan Flash Multimode Reader) and the intensity of fluorescence was registered as R.F.U (relative fluorescence unit).

Cells treated with amphotericin B (standard antileishmanial drug) and doxorubicin were used as control for cytotoxicity (positive control) while cell incubated in absence of any compound or drug were used as control for growth cell (negative control). Determinations were done by triplicate in at least two independent experiments.

Cytotoxicity was determined according to the percentages of viability and cell growth inhibition obtained for each compound, amphotericin B, doxorubicin or medium alone. Percentages of viability were calculated using Eq.  $(1)$ , as follows: % viability = (O.D. of treated cells)/(O.D. of control cells)  $\times$  100,

where the O.D. of the control cells corresponds to 100% viability. In turn, the percentage of cell growth inhibition is calculated using the Eq. (2) as follows: % cell growth inhibition  $= 100 %$  viability. The results are expressed as  $LC_{50}$  (lethal concentration 50). That corresponds to the concentration of drug that gives the half-maximal inhibition of the cell growth. The  $LC_{50}$ was calculated by the Probit method [20] and degree of cytotoxicity of each product was graded according to the  $LC_{50}$  values, using the own scale: Highly cytotoxicity:  $LC_{50}$  < 50 µg/mL; Moderate cytotoxicity  $LC_{50}$  > 50 to < 200 µg/mL and potential non cytotoxicity:  $LC_{50} > 200 \mu g/mL$ .

## *2.6 In Vitro Antileishmanial Activity*

The effect of compounds against intracellular amastigotes of *L. panamensis* was evaluated by flow cytometry using the methodology described [21, 22]. After 24 h of infection of U-937 cells, culture medium was replaced by fresh RPMI-1640 medium containing each compound at any of four serial dilution base four (starting at a concentration not exceeding the  $LC_{50}$ determined previously). Infected and treated cells were maintained at 34 °C, 5%  $CO<sub>2</sub>$ . After 72h cells were removed from the bottom plate with a trypsin/EDTA (ethylenediaminetetraacetic-acid disodium salt) (250 mg) solution and centrifuged at 1.100 rpm, 10 min at 4  $^{\circ}$ C; the supernatant was discarded and cells were washed with 1 mL of cold PBS and centrifuged again at 1.100 rpm, 10 min at 4 °C, supernatant was discarded and cells were suspended in 500 μL of cold PBS. Cells were analyzed in an argon laser flow cytometer (Cytomics FC 500 MPL Beckman Coulter, Brea, CA, USA) reading at 488 nm of excitation and 525 nm of emission. Infected cells were determined according the positive events for green fluorescence (parasites).

Infected cells exposed to amphotericin B and MA were used as control of antileishmanial activity (positive control) while infected cells incubated in culture RPMI-1640 medium alone were used as control of infection (negative control). Each concentration was tested in triplicate in two independent experiments. Antileishmanial activity was determined according to reduction (inhibition) of parasites in each experimental condition calculated according to the Eq. (3) as follows: % infection =  $\frac{8}{6}$ infected and treated cells/% infected and untreated cells)  $\times$  100. In turn, the percentage of inhibition was calculated using Eq. (4), as follows: % inhibition  $=$ 100 − % infection. The antileishmanial activity was expressed as the  $EC_{50}$  calculated by the Probit method as described above [20]. The  $EC_{50}$  corresponds to the concentration of drug that gives the half-maximal inhibition of the intracellular parasites.

The degree of antileishmanial activity was established as convenience according to the  $EC_{50}$ values, using the following our own scale: activity:  $EC_{50}$  < 20 µg/mL, moderate activity:  $EC_{50}$  > 20 to < 70  $\mu$ g/mL; and potential non activity: EC<sub>50</sub> > 50 μg/mL. The TI (therapeutic index) or SI (selectivity index) was calculated by dividing the cytotoxicity and the antileishmanial activity, using the Eq.  $(5)$ : TI =  $CL_{50}/CE_{50}$ .

## *2.7 In Vivo Leishmanicidal Response*

The most in vitro active compounds were then tested in vivo to evaluate their therapeutical response in the hamster (*Mesocricetus auratus*) model for CL [23]. Briefly, previously anesthetized (ketamine 40 mg/kg and xylazine 5 mg/kg) hamsters were inoculated in the dorsal skin with promastigotes of *L. panamensis*  $(5 \times 10^8 \text{ parasites}/100 \text{ µL PBS})$ . Twelve experimental groups ( $n = 5$  each) consisting of males and females, were formed. The compound and concentration tested were: adapalene 1% (group A), alendronate 4% (group B), alendronate 10 mg/kg/day (group C), azelaic acid 4% (group D); bentoquantam 5% (group E); bepridil 2.3% (group F); propanteline bromide 0.5% (group G); salicylhydroxamicacid 4% (group H) and MA, 120 mg/kg/day (group I). Doses were selected as convenience.

Treatments were initiated immediately after development of a typical ulcer (4-6 weeks post infection). Treatment were administered topically (40 mg per dose), orally  $(20 \mu L)$  per dose) or intramuscularly (100 μL per dose) once every day during two weeks with exception of MA that was administered during 10 days. Animal welfare was supervised daily during the study. Areas of the ulcer and body weight were measured every two weeks from the beginning of treatments to the end of the study (three months after completion of treatment). The overall time points of evaluation were: pretreatment day (D0), end of treatment (D14) and post treatment days 30, 60 and 90 (PTD30, PTD60 and PTD90, respectively). At the end of the study, hamsters were humanely sacrificed and after necropsy, liver and kidney biopsies were taken for histopathological studies. A sample of the ulcer was also taken to determine parasite load by limiting dilution as described below.

The effectiveness of each treatment was assessed comparing the lesion sizes prior to and after treatments. Treatment outcome at the end of study was recorded as *cure* (healing of 100% area and complete disappearance of the lesion); *improvement* (reducing the size of the lesion in > 30% of the area); *failure* (increasing the size of the lesion) or *relapse* (reactivation of lesion after initial cure). To compare the effectiveness among groups of treatments an arbitrary score was assigned to each treatment outcome:  $3 =$  cure,  $2 =$  improvement,  $1 =$  relapse and  $0 =$  failure.

The toxicity of treatments was evaluated by comparingthe blood levels of ALT (alanine amino transferase), BUN (blood urea nitrogen) and creatinine using commercially available kits (Biosystems, Spain) as described by others [24]. At days D0 and day 8 of treatment (D8), blood was drawn from the hearth and serum was separated by centrifugation at 5,000 g for 2-3 min. The serum was stored at -80 °C until use. Toxicity of treatments was also determined by post-mortem necropsy and histological changes in liver and kidney. Severity of histological changes was also graded as severe, moderate or mild. Lastly, the number of living *L. panamensis* parasites in infected tissues was determined by serial dilutions of the skin homogenates incubated at 26 °C. After 10-14 days, plates were read microscopically and the number of viable parasites was determined as described [25].

# *2.8 Ethical Aspects*

The Ethics Committee for Animal Research of the University of Antioquia approved all procedures involving the uses and care of animals (Act 65, 2010).

# **3. Results and Discussion**

*In silico* analysis identified 153 compounds from which 87 were selected by data mining of DrugBank database, 22 were detected by PASS analysis and 44 were detected by BLAST analysis of *Leishmania* gene targeting (Fig. 1). Among the 87 drugs from DrugBank four are used as skin protector, two are anti-acne, 17 are anti-ulcerative or wound healer and 64 are anti-inflammatory (Table 1, supplementary material). On the other hand, among 22 compounds identified by prediction of the antiparasite activity based on PASS structure, four of them had specific antileishmanial activity and 18 with activity against other protozoan parasites such as *Trypanosoma*, *Toxoplasma*, *Plasmodium*, coocidia, *Thrichomona*, *Histomona*, *Babesia*, and amoebas (Table 2 supplementary material). Finally, among 44 compounds identified as potential inhibitors of proteins (hypothetic valor confirmed) previously identified in *L. major*, *L. infantum* or *L. braziliensis* genome, five compounds are used as antibacterial, six are anti-inflammatory, four are antiprozoal, four are antitumor or anti-neoplasic and 14 compounds are used as anti-viral, anti-fungal, anti-anginal or anti-hypertensive, bone anti-resorption and others. The last 11 compounds are still in experimental phases (Table 3, supplementary material).



**Fig. 1** *In silico* **strategy. DrugBank data base was filtered by data mining to identify drugs used as anti-inflammatory, or to treat ulcers and other skin conditions. Then, the structures of the selected compounds in DrugBank were compared using the software PASS against anti-protozoal compounds and those most similar was selected. Finally, an alignment of the**  *Leishamnia* **proteins with the DrugBank targets was performed using BLAST. Dotted lines represent reference values.**





Table 1 to be continued B00102 Becaplermin Platelet-derived growth factor receptor beta, P09619 Platelet-derived growth factor receptor alpha, P16234 Alpha-2-macroglobulin, P01023 DB01014 Balsalazide Peroxisome proliferator-activated receptor gamma, P37231 Prostaglandin G/H synthase 2, P35354 Prostaglandin G/H synthase 1, P23219 Arachidonate 5-lipoxygenase, P09917 NADPH azoreductase, Q9FAW5 DB00585 Nizatidine Histamine H2 receptor, P25021 DB00725 Homatropine methylbromide Muscarinic acetylcholine receptor M2, P08172 Muscarinic acetylcholine receptor M1, P11229 Muscarinic acetylcholine receptor M4, P08173 Muscarinic acetylcholine receptor M5, P08912 Muscarinic acetylcholine receptor M3, P20309 DB00863 Ranitidine H2 receptor, P25021 DB00927 Famotidine H2 receptor, P25021 DB01129 Rabeprazole Potassium-transporting ATPase alpha chain 1, P20648 DB03467 Naringenin HTH-type transcriptional regulator TtgR, Q9AIU0 DB08806 Roxatidine acetate Histamine H2 receptor, P25021 DB00213 Pantoprazole Potassium-transporting ATPase alpha chain 1, P20648 DB00338 Omeprazole Potassium-transporting ATPase alpha chain 1, P20648 DB00670 Pirenzepine Muscarinic acetylcholine receptor M1, P11229 DB00782 Propantheline bromuro Muscarinic acetylcholine receptor M1, P11229 DB00448 Lansoprazole Potassium-transporting ATPase alpha chain 1, P20648 Anti-inflammatory DB00741 Hydrocortisone Glucocorticoid receptor, P04150 Annexin A1, P04083 DB01260 Desonide Glucocorticoid receptor, P04150 DB02266 Flufenamic Acid Prostaglandin G/H synthase 2, P35354 Prostaglandin G/H synthase 1, P23219 Aldo-keto reductase family 1 member C3, P42330 Androgen receptor, P10275 DB02478 9alpha-Fluorocortisol Mineralocorticoid receptor, P08235 Glucocorticoid receptor, P04150 Androgen receptor, P10275 DB04652 (11-beta)-11,21-dihydroxy-pregn-4-en e-3,20-dione Mineralocorticoid receptor, P08235 Corticosteroid 11-beta-dehydrogenase isozyme 1, P28845 Nuclear receptor coactivator 1, Q15788 DB00812 Phenylbutazone Prostaglandin G/H synthase 2, P35354 Prostacyclin synthase, Q16647 Prostaglandin G/H synthase 1, P23219 DB00991 Oxaprozin Prostaglandin G/H synthase 1, P23219 Prostaglandin G/H synthase 2, P35354 DB01130 Prednicarbate Glucocorticoid receptor, P04150 DB00223 Diflorasone Glucocorticoid receptor, P04150 DB00253 Medrysone Glucocorticoid receptor, P04150 DB00547 Desoximetasone Glucocorticoid receptor, P04150 DB00846 Flurandrenolide Glucocorticoid receptor, P04150 DB00896 Rimexolone Glucocorticoid receptor, P04150 DB01380 Cortisone acetate Glucocorticoid receptor, P04150 DB01384 Paramethasone Glucocorticoid receptor, P04150

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Table 1 to be continued

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Table 1 to be continued



DB00953	Rizatriptan	5-hydroxytryptamine receptor 1D, P28221 5-hydroxytryptamine receptor 1B, P28222 5-hydroxytryptamine receptor 1F, P30939		
DB00998	Frovatriptan	5-hydroxytryptamine receptor 1D, P28221 5-hydroxytryptamine receptor 1B, P28222		
DB01025	Amlexanox	Protein S100-A12, P80511 Protein S100-A13, O99584 Interleukin-3, P08700 Fibroblast growth factor 1, P05230		
DB01234	Dexamethasone	Glucocorticoid receptor, P04150 Nuclear receptor subfamily 0 group B member 1, P51843 Annexin A1, P04083 Nitric oxide synthase, inducible, P35228		
DB00250	Dapsone	Inactive dihydropteroate synthase 2, P0C0X2 Dihydropteroate synthase 1, P0C0X1		
DB01097	Leflunomide	Dihydroorotate dehydrogenase (quinone), mitochondrial, Q02127 Aryl hydrocarbon receptor, P35869 Protein-tyrosine kinase 2-beta, O14289		

Table 1 to be continued

After *in silico* analysis arepresentative sample of 15% of identified compounds was selected to validating their antileishmanial activity by in vitro assays (Table 4). Ten compounds (43.5%) were selected based on the possibility to target specific proteins in *Leishmania* spp, eight compounds (34.8%) were selected based on their antiprotozoal activity (including antileishmanial), four compounds (17.4%) were selected based on their properties as anti-inflammatory, wound healing or skin protector and one compound (4.3%) was selected because was able to target a specific protein in *Leishmani*a spp and also had antiprotozoal activity.

The cytotoxic effect of selected compounds was assessed in human macrophages (U-937), haPM (hamster's peritoneal macrophages) and human hepatic cells (HepG2). Results are summarized in Table 4. The authors observe fludrocortisone, bepridil, salicylhydroxamic acid, docosanol, pranlukast, marimastat, phenylbutazone, diclofenac, carbenoxolone, and nepafenac were cytotoxic to U-937 but not cytotoxic to haPM. Contrary, homatropine methylbromide and pamidronate were cytotoxic to haPM but non cytotoxic to U-937. Azelaic acid, propantheline, eucalyptol, bentoquatam, dapsone and pantoprazole, were not cytotoxic to U-937 neither to haPM. Adapalene, T198765, imatinib, alendronate,

primaquine, amphotericin B and doxorribosin were cytotoxic to U-937 ad haMP. Adapalene, T198765, imatinib, diclofenac, dapsone, carbenoxolone, pantoprazole, pamidronate, primaquine and amphotericin B were cytotoxic to HepG2.

Seven of 23 (30.4%) compounds (Adapalene, T198765, bepridil, aalicylhydroxamic acid, phenylbutazone, bentoquatam, primaquine) showed high antileishmanial activity with  $EC_{50} < 20 \mu g/mL$ ; other three compounds (Azelaic acid, propantheline, nepafenac) showed moderate antileishmanial activity with  $EC_{50} > 20$  y < 50 µg/mL. The remaining compounds (Alendronate, carbenoxolone, fludrocortisone, docosanol, pranlukast, marimastat, imatinib, homatropine methylbromide, eucalyptol, diclofenac, dapsone, pantoprazole and pamidronate) were not active against intracellular amastigotes of *L. panamensis* with  $EC_{50} > 50$  (Table 5). Bentoquantam, adapalene, primaquine, salycilhydroxamic acid, alendronate and carbenoxolene and nepafenac had TI also named IS (index of selectivity) higher than 1.0. The most selective compound was bentoquantam with a TI higher than 74 followed by Adapalene and Primaquine with  $TI > 5.0$  (Table 5).

Adapalene, bepridil, azelaic Acid, salicylhydroxamic acid, alendronate, phenylbutazone, propantheline bromure and bentoquatam were tested in vivo because they showed activity against *L. panamensis* in vitro. Response to each treatment is summarized in Fig. 2.

At PTD30, 40% of cure was observed in hamsters of group bentoquantam 5% while only 20% of cure was observed in hamsters treated with adapalene 1%, alendronate (4% topical and oral formulations) and propanteline bromide 0.5%. Improvement of the lesion, with reduction between 52.4% and 84.3%, was obtained in 80% of hamsters when they were treated with azelaic acid 4% and propanteline bromide 0.5%.

Treatment with topical Alendronate 1% only produced improvement in 20% of hamsters. In turn, treatment with intralesional MA produce cure in 100%

of animals in this group (Table 6). At PTD90, an increase from 20% to 60% in the cure was observed for adapalene 1%, alendronate (topic 4% and oral), bepridil 2.3% and propanteline bromide 0.5% and from 0% to 40% in hamsters treated with azelaic acid (Table 6). Treatment with topic salicylhydroxamic acid only produced improvement with reduction of lesion size ranking from 56% and 95%.Animals treated with adapalene, bentoquantam, bepridil, propantheline bromide, azelaic acid and salicylhydroxamic acid that did not cure had 20,420, 17,492, 5,050, 3,341, 4,374 and 9,478 parasites/mg, respectively. Differences were no statistically significant ( $p > 0.05$ ).

**Table 2 List of drugs with antiprotozoal activity detected** *in silico* **according to PASS structure.**

<b>Medicamento</b>	Pa	Pi		
Propantheline				
Anti-Leishmania	0.459	0.033		
Antiprotozoal	0.280	0.099		
Phenylbutazone				
Anti-Leishmania	0.439	0.048		
Anti-Toxoplasma	0.340	0.183		
Anti-Coccidia	0.237	0.067		
Homatropine methylbromide				
Anti-Leishmania	0.417	0.072		
Antiprotozoal	0.355	0.067		
Eucalyptol				
Anti-Leishmania	0.413	0.076		
Anti-Plasmodium	0.663	0.003		
Anti-Coccidia	0.261	0.052		
Pirenzepine				
Anti-Amoeba	0.302	0.074		
Anti-Trichomona	0.245	0.094		
Medrysone				
Anti-Amoeba	0.340	0.046		
Anti-Trichomona	0.279	0.051		
Anti-Leishmania	0.274	0.252		
Cortisone acetate				
Anti-Trichomona	0.271	0.059		
Anti-Amoeba	0.249	0.126		
Fludrocortisone				
Anti-Trichomona	0.219	0.149		



Table 2 to be continued

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Code <b>DB/CID</b>	Drug	<b>Target</b>	Pa
Antibacterial			
	Norfloxacin	LinJ14.1250 enolase (429 aa)	0.598
DB01059/CID000004539		LinJ30.2220 hypothetical protein (180 aa)	0.500
		LinJ15.1220 mitochondrial DNA topoisomerase II (1236 aa)	0.416
DB01165/CID000004583	Ofloxaxin	LinJ14.1250 enolase (429 aa)	0.633
		LinJ30.2220 hypothetical protein (180 aa)	0.498
	Oxacillin	LinJ33.2040 DNA polymerase delta catalytic subunit (1032 aa)	0.476
DB00713/CID000004607		LinJ15.1410proliferative cell nuclear antigen (293 aa)	0.475
DB00607/CID000008982	Nafcillin	LinJ26.0120 adenine phosphoribosyltransferase (237 aa)	0.486
DB08798/CID000012894	Sulfamoxole	LinJ28.3060 glutamate dehydrogenase (452 aa)	0.499
Anti-inflammatory			
	Thiamine	LinJ30.11104-methyl-5(beta-hydroxyethyl)-thiazole monophosphate synthesis protein (196 aa) 0.810	
		LinJ34.2770 putative pyruvate/indole-pyruvate carboxylase (583 aa)	0.789
		LinJ36.1010 dihydrolipoamide acetyltransferase precursor (463 aa)	0.599
DB00152/CID000001130		LinJ36.5900 selenophosphate synthetase (398 aa)	0.582
		LinJ27.0650 cysteine desulfurase (440 aa)	0.479
		LinJ36.3300 2-oxoglutarate dehydrogenase E1 component (1012 aa)	0.464
		LinJ18.1370 pyruvate dehydrogenase E1 component alpha subunit, putative (378 aa)	0.404
		LinJ27.0520 2-oxoglutarate dehydrogenase subunit (1006 aa)	0.402
	Indomethacin	LinJ17.0280 cystathionine beta-synthase (359 aa)	0.590
DB00328/CID000003715		LinJ12.0100 ornithine decarboxylase, putative (707 aa)	0.565
		LinJ14.1450 myo-inositol-1-phosphate synthase (417 aa)	0.470
		LinJ17.1520 myo-inositol-1(or 4)-monophosphatase 1, putative (287 aa)	0.405
DB00282/CID000004673	Pamidronate	LinJ35.1590 farnesyl pyrophosphate synthase (362 aa)	0.923
DB00687/CID000031378	Fludrocortisone	LmjF.01.0070 hypothetical protein, conserved	No reported
		LmjF.04.0570 hypothetical protein, conserved	No reported
DB00210/CID000060164	Adapalene	LinJ.27.2040 hypothetical protein, conserved	No reported
DB00580/CID000119607	Valdecoxib	LinJ06.0630 carbonic anhydrase family protein (306 aa)	0.604
Antiprotozoal			
DB00916/CID000004173	Metronidazole	LinJ04.0580 spermidine synthase, putative (300 aa)	0.447
DB00738/CID000004735	Pentamidine	LinJ12.0100 ornithine decarboxylase, putative (707 aa)	0.513
		LinJ34.0950 p-glycoprotein (1341 aa)	0.511

**Table 3 List of drugs detected** *in silico* **with activity against putative target in** *Leishmania.*



















Note: aa: amino acid; NAD<sup>+</sup>: Nicotinamide adenine dinucleotide (oxidized form); NADH: Nicotinamide adenine dinucleotide (reduced form).





Note: Data represent the mean ± SD.







Table 5 to be continued

Data represent the mean ± SD.









<sup>a</sup> Route of administration; t: topic; o: oral; i.m: intramuscular; PTD: post-treatment day.

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Table 7 continued

<sup>a</sup> DrugBank database; <sup>b</sup> PASS structure; <sup>c</sup> BLAST and STITCH.

On the other hand, no, significant changes in body weight of hamsters was observed in any group of treatment (Fig. 1). In addition, serum levels of ALT measured atTD8 were in the range of normal values while creatinine levels were slightly decreased in animals treated with alendronate and bentoquantam and BUN was increased in animals treated with adapalene, bepridil and meglumine antimoniate (Fig. 2). Histological alterations attributable to treatment were not also observed in animals treated with any of these compounds. In contrast, hamsters treated with MA induced moderate to severe cloudiness, vacuolar and fat degeneration, karyomegaly, bi-nucleation and pigmentation, in liver and, mild to moderate vacuolar and fat degeneration and bi-nucleation in kidney.

Overall, this work was focused on the identification of compounds that could be converted in candidates to potential drugs to treat CL using as strategy computational analysis of biological and biochemical properties of different drugs, specifically, antiparasite, anti-inflammatory and anti-ulcerative or wound healing activities but also the ability to target hypothetical or constitutive *Leishmania* proteins. In total 153 compounds were identified. Among these, four (2.6%) are used as skin protector, two compounds (1.3%) are anti-acne, 17 compounds (11.1%) are anti-ulcerative or wound healer, 64 (41.8%) are anti-inflammatory, 18 compounds (11.8%) show predicted antiprotozoal activity, four compounds (2.6%) have antileishmanial activity and 44 compounds (28.7%) that may inhibit specific conserved or hypothetical therapeutic target reported in *Leishmania* species.

The antileishmanial activity of 23 compounds (15% of identified by computational analysis) was tested in vitro. Twelve compounds  $(52.2\%)$  showed high  $(EC_{50})$  $<$  20  $\mu$ g/mL) or moderate ( $>$  20  $\mu$ g/mL to  $<$  70  $\mu$ g/mL)

activity. The most active compounds were anti-inflamatory (adapalene, phenyl brutazone and nepafenac), anti-acne, anti-ulcerative/wound healing (propanteline, azelaic acid and carboxolene), anti-protozoa (salicylhydroxamic acid and primaquine), skin protector (bentoquatam), anti-anginal (bepridil) bone-anti-resoption (alendronate) and one compounds that still is experimental (T198765). The therapeutic potential was validated in seven compounds that were evaluated in vivo. Adapalene, alendronate, azelaic acid, bentoquantam, bepridil, propanteline and salicylhydroxamic acid were able to induce cure or improvement of lesion of hamsters at the scheme tested here. Because these seven compounds showed antileishmanial activity both in vitro and in vivo, these results demonstrate that the in vitro and in vivo assays are well correlated. The antileishmanial activity of all these drugs could be explained by the fact that they are able to targetproteins presents in trypanosomatids including *Leishmania* or because their antiprotozoal activity based on chemical structure. Thus for example, Salicylhydroxamic acid inhibits the respiratory chain in *T. brucei brucei* and *T. vivax* [26].

Bepridil may block caltractin, a putative protein present in *L. braziliensis*, *L. major* and *L. infantum*. Recently was demonstrated the *in vitro* activity of bepridil against promastigotes of *L. major*, *L. chagasi* (syn. *L. infantum*), *L. braziliensis* and *L. amazonensis*, and intracellular amastigotes of *L. chagasi* [27]. Unfortunately, the compound was not effective in hamster with experimental VL, maybe due to a poor biodistribution of the formulation tested. Alendronatemay block human farnesyl pyrophosphate synthase, an enzyme of mevalonic acid pathway present in osteoclast and macrophages of bone tissues [28, 29]. This enzyme is also present in *L. donivani* and *L. major* and has been validated as a target for antileishmanial therapy using phosphonates as inhibitors of farnesyl pyrophosphate synthase [29, 30]. However, this is the first report of antileishmanial activity of alendronate. On the other hand, adapalene may target LinJ.27.2040, a hypothetic protein conserved in *L. infantum*. In addition, adapalene may modulate the immune response induced by *Leishmania* through interaction with nuclear receptors and affectation of gene transcription [31]. Notably, although adapalene was effective there are no reports of antileishmanial effect in the literature.

In turn, azelaic acid target various putative and-like proteins such as 3-oxo-5-alpha-steroid 4-dehydrogenase-like protein (LmjF.17.1100 and LinJ.17.1200), mitochondrial structure specific endonuclease I (SSE-1), putative (LmjF.21.1660, LinJ.21.2020 and LbrM.21.1950) and mitochondrial DNA polymerase I protein C, putative (LbrM.14.0890). Azelaic acid is widely used as a therapeutic agent in dermatology because its bactericidal activity [32-34]. However, the mechanism of this activity remains to be confirmed. Lastly, the antileishmanial activity of bentoquantam and propantheline bromide is not clear. Probably they may help to healing of damaged skin.

# **4. Conclusions**

Bioinformatics tools not only can help to reduce time and cost of the drug discovery process but also may increase the chance that candidates identified *in silico* have a validated antileishmanial activity by combining different biological properties. In addition, focusing the search in molecules that have been approved as drugs, the possibility that the drug to be discarded during preclinical evaluation phase is also reduced. Furthermore, the drugs identified for a novel use can be modified or optimized to improve efficiency in a different pattern of illness, and in this particular case, the leishmaniasis, running as potential therapy forward for the treatment of leishmaniasis due to its low toxicity compared to the current treatment option.

The authors present here a strategy to identify second uses in commercially available drugs. As showed, the strategy has proven effective in finding









**Fig. 3 Levels of ALT, creatinine and BUN in Serum in studied groups comparison of ALT (a), creatinine (b) and BUN (c) levels in serum of treatment groups receiving Ad, Al-t, Al-o, Aa, Bq, Be, Pb, Sa and MA. Data are shown as mean ± SD. No significant difference was seen between groups (P > 0.05).**

potential drug candidates for leishmaniasis; however, this strategy can be approached for finding drug candidates for any human clinical condition. A caveat could be the lack of information about protein targets and mechanisms of action.

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