

Short Report

## Antifungal Potential of Disulfiram

Seema Khan<sup>1</sup>, Smita Singhal<sup>1</sup>, Tarun Mathur<sup>1</sup>,  
Dilip J. Upadhyay<sup>1</sup>, Ashok Rattan<sup>2</sup>

<sup>1</sup>Department of Infectious Diseases, New Drug Discovery Research, R & D III, Sarhau,  
Sector-18, Ranbaxy Research Laboratories, Gurgaon-122001, India

<sup>2</sup>Medical Microbiologist and Laboratory Director, Caribbean Epidemiology Centre (CAREC), PAHO/WHO,  
16-18 Jamaica Boulevard, Federation Park, St. Clair. Port of Spain, Trinidad

[Received: 16, August 2006. Accepted: 2, February 2007]

### Abstract

Disulfiram, an alcohol antagonistic drug has been on the market since 1949 with 80% bioavailability and an established safety profile. Recently it has been reported as a P-glycoprotein efflux pump modulator. Herein we report its antifungal potential. The MIC<sub>50</sub> and MIC<sub>90</sub> of disulfiram for yeast isolates is 4 and 8  $\mu\text{g/ml}$ , respectively, and the MIC range is 1-16  $\mu\text{g/ml}$  for both fluconazole sensitive and resistant strains. Interestingly, disulfiram also showed fungicidal activity on *Aspergillus* spp. with MIC<sub>50</sub> and MIC<sub>90</sub> of 2 and 8  $\mu\text{g/ml}$ , respectively.

**Key words:** disulfiram, antifungal, fungicidal

### Introduction

Life threatening fungal infections have become increasingly prevalent among immunocompromised patients with human immunodeficiency virus, in cancer transplant recipients and in intensive care units<sup>1-3</sup>). Therapeutic options are often limited by the toxicity of currently available systemic antifungal agents and the emergence of resistance<sup>4-7</sup>). This has prompted the development of new antifungal agents, as well as rediscovery and reengineering of existing molecules and their side activities<sup>8, 9</sup>).

Various mechanisms which contribute to development of resistance in *Candida* are over expression of/or mutations in the target enzymes and overexpression of drug efflux pumps<sup>10, 11</sup>). This medical problem is escalating and there is an urgent need to combat it.

One of the most frequently employed resistance strategies in both prokaryotes and eukaryotes is

the trans membrane-protein-catalysed extrusion of drugs from the cell. P-glycoprotein (P-gp), an ATP driven 170 kd efflux pump, located in plasma membrane is one such example. P-gp can pump out a wide range of cytotoxic drugs, and the high level of resistance is due to its overexpression. To overcome the problem of P-gp mediated efflux, it is important to have chemicals as antichaperones to prevent P-gp maturation and transport. Similar to the P-gp efflux system, there are reports which have demonstrated the presence of an energy dependent drug efflux mechanism in *Candida albicans*<sup>12-14</sup>). According to Prasad *et al.*, the protein encoded by CDR1 gene is thought to encode a drug efflux protein in the ATP binding cassette (ABC) family<sup>15</sup>).

Disulfiram (bis (dimethylthiocarbamoyl) disulfide), an alcohol antagonistic drug has been in clinical use for many years (prescription drug information (PDR)). In a recent study, it has been reported that it acts as a modulator of P-gp<sup>16</sup>). According to Sauna *et al.*, disulfiram inhibits ATP hydrolysis and binds to drug substrate binding sites of multiple ABC transporters, which are associated with drug resistance<sup>16, 17</sup>). Further, it is an attractive agent to combat

---

Corresponding author: Seema Khan

Department of Infectious Diseases, New Drug Discovery  
Research, R & D III, Sarhau,  
Sector-18, Ranbaxy Research Laboratories, Gurgaon-  
122001, India

multidrug resistance. From this study it was concluded that disulfiram can be used as an efflux pump inhibitor to overcome the resistance of azoles, mainly fluconazole resistant *Candida albicans*. Synergy studies were done during the course of which it was found that disulfiram itself has antifungal potential. Recently, Sauna *et al.* have published a review on disulfiram and its possible antifungal potential<sup>17)</sup>. Hence, disulfiram was explored for its antifungal activity against yeast and filamentous fungi.

## Materials and methods

### Fungal strains

All the isolates of fungi tested were maintained in the Mycology Culture Collection of Ranbaxy Research Laboratories, Gurgaon, India. The fungal isolates were comprised of strains from ATCC and clinical isolates obtained from various medical institutions of India. ATCC strains used were *Candida parapsilosis* ATCC 22019, *C. krusei* ATCC 6258, *C. albicans* 24433, *C. albicans* 90028, *C. parapsilosis* 90018, *C.*

Table 1. WHONET analysis of antifungal activity of disulfiram

| All fungal isolates              |        |                   |                   |            |             |
|----------------------------------|--------|-------------------|-------------------|------------|-------------|
| Antibiotic name                  | Number | MIC <sub>50</sub> | MIC <sub>90</sub> | Geom. Mean | MIC Range   |
| Fluconazole                      | 61     | 32                | 256               | 32.736     | 0.25 - 256  |
| Amphotericin B                   | 61     | 0.25              | 0.5               | 0.235      | 0.03 - 1    |
| Itraconazole                     | 61     | 0.5               | 256               | 0.926      | 0.008 - 256 |
| Voriconazole                     | 61     | 0.5               | 32                | 0.595      | 0.008 - 256 |
| Cancidas                         | 61     | 0.5               | 32                | 0.823      | 0.03 - 32   |
| Disulfiram                       | 61     | 4                 | 8                 | 3.49       | 1 - 16      |
| All Yeasts isolates              |        |                   |                   |            |             |
| Fluconazole                      | 48     | 16                | 256               | 18.755     | 0.25 - 256  |
| Amphotericin B                   | 48     | 0.25              | 0.5               | 0.239      | 0.03 - 0.5  |
| Itraconazole                     | 48     | 0.5               | 256               | 1.047      | 0.008 - 256 |
| Voriconazole                     | 48     | 0.5               | 32                | 0.509      | 0.008 - 256 |
| Cancidas                         | 48     | 0.25              | 1                 | 0.379      | 0.03 - 32   |
| Disulfiram                       | 48     | 4                 | 8                 | 3.513      | 1 - 16      |
| All <i>Aspergillus</i> isolates  |        |                   |                   |            |             |
| Fluconazole                      | 13     | 256               | 256               | 256        | 256 - 256   |
| Amphotericin B                   | 13     | 0.25              | 0.5               | 0.223      | 0.06 - 1    |
| Itraconazole                     | 13     | 0.5               | 4                 | 0.587      | 0.125 - 8   |
| Voriconazole                     | 13     | 0.5               | 8                 | 1.055      | 0.125 - 32  |
| Cancidas                         | 13     | 32                | 32                | 14.382     | 0.25 - 32   |
| Disulfiram                       | 13     | 2                 | 8                 | 3.409      | 1 - 16      |
| All <i>Candida</i> isolates      |        |                   |                   |            |             |
| Fluconazole                      | 45     | 16                | 256               | 22.454     | 0.25 - 256  |
| Amphotericin B                   | 45     | 0.25              | 0.5               | 0.238      | 0.03 - 0.5  |
| Itraconazole                     | 45     | 1                 | 256               | 1.228      | 0.008 - 256 |
| Voriconazole                     | 45     | 0.5               | 32                | 0.578      | 0.008 - 256 |
| Cancidas                         | 45     | 0.25              | 1                 | 0.324      | 0.03 - 16   |
| Disulfiram                       | 45     | 4                 | 8                 | 3.591      | 1 - 16      |
| <i>Candida albicans</i> isolates |        |                   |                   |            |             |
| Fluconazole                      | 18     | 256               | 256               | 30.791     | 0.25 - 256  |
| Amphotericin B                   | 18     | 0.125             | 0.25              | 0.145      | 0.03 - 0.5  |
| Itraconazole                     | 18     | 0.032             | 256               | 0.122      | 0.008 - 256 |
| Voriconazole                     | 18     | 0.032             | 128               | 0.118      | 0.008 - 256 |
| Cancidas                         | 18     | 0.25              | 1                 | 0.411      | 0.03 - 16   |
| Disulfiram                       | 18     | 2                 | 4                 | 2.619      | 1 - 8       |
| <i>Candida glabrata</i> isolates |        |                   |                   |            |             |
| Fluconazole                      | 23     | 16                | 32                | 19.758     | 4 - 256     |
| Amphotericin B                   | 23     | 0.25              | 0.5               | 0.308      | 0.06 - 0.5  |
| Itraconazole                     | 23     | 4                 | 256               | 8          | 0.5 - 256   |
| Voriconazole                     | 23     | 1                 | 32                | 1.72       | 0.5 - 128   |
| Cancidas                         | 23     | 0.25              | 0.5               | 0.235      | 0.06 - 1    |
| Disulfiram                       | 23     | 4                 | 4                 | 4.122      | 2 - 16      |

MIC<sub>50</sub>, MIC<sub>90</sub> and MIC range is in  $\mu\text{g/ml}$

Table 2. Antifungal activity of disulfiram ( $\mu\text{g/ml}$ ) against non-*Candida* yeast isolates (n=3)

| Organism                   | FCZ  | ITZ  | VRZ  | AMB  | CAN  | DIS |
|----------------------------|------|------|------|------|------|-----|
| <i>Cr. neoformans</i> I    | 2    | 0.06 | 0.06 | 0.25 | 32   | 1   |
| <i>Cr. neoformans</i> M106 | 0.25 | 0.06 | 0.03 | 0.25 | 32   | 2   |
| <i>H. capsulatum</i>       | 4    | 0.25 | 0.25 | 0.25 | 0.06 | 8   |

*tropicalis* 750, *C. glabrata* 90030, *C. albicans* 36082, *Aspergillus fumigatus* 204304, *A. flavus* 204305 and *A. niger* 16404. All the *Candida* isolates were identified using Germ tube assay and API - ATB ID 32 strips, whereas filamentous fungi were identified by making lactophenol-cotton blue slides and using slide culture techniques.

Yeasts were grown on Sabouraud's dextrose agar (SDA) overnight at 37°C and filamentous fungi were grown on potato dextrose agar (PDA) (both from HiMedia Laboratories Pvt Ltd, Mumbai, India) for 1-2 weeks until spores appeared at 37°C.

#### Antifungal agents

Fluconazole and voriconazole were synthesized in house (Ranbaxy Research Laboratories, Gurgaon, India), itraconazole (M/S Lee Pharma, Hyderabad, India), candidas (Merck & Co, INC, NJ 08889, USA), amphotericin B (Sigma) and disulfiram {"Alcobuse" (TO Pharma) and Chronol (Pravin Pharma India)} were procured commercially. Stock solutions of itraconazole (ITZ), voriconazole (VRZ), amphotericin B (AMB) and disulfiram (DIS) were made in dimethyl sulfoxide (DMSO). Fluconazole (FCZ) and candidas (CAN) were dissolved in distilled water.

#### Antifungal susceptibility testing

MICs for yeasts and filamentous fungi were determined by the broth microdilution method using RPMI-1640 (Hyclone), pH 7.0 as recommended by the CLSI<sup>18, 19</sup>. The MIC endpoint determinations for azole antifungals and amphotericin B were as per CLSI guidelines. However, in the case of candidas, MIC endpoint determination was 100% growth reduction in yeast and 50% growth reduction in filamentous fungi<sup>19</sup>. WHONET software version 5.1 was used for determining MIC<sub>50</sub>, MIC<sub>90</sub>, geometric mean and MIC range.

The MIC and above wells were spotted on drug free medium for each drug and each isolate and minimum fungicidal concentration (MFC) was determined. MFC is the lowest drug concentration which prevents any growth

Table 3. Minimum fungicidal activity of disulfiram ( $\mu\text{g/ml}$ ) against yeasts and *A. fumigatus* isolates

| Organism                          | Disulfiram               |                          |
|-----------------------------------|--------------------------|--------------------------|
|                                   | MIC ( $\mu\text{g/ml}$ ) | MFC ( $\mu\text{g/ml}$ ) |
| <i>C. parapsilosis</i> ATCC 22019 | 16                       | 16                       |
| <i>C. krusei</i> ATCC 6258        | 4                        | 4                        |
| <i>C. albicans</i> ATCC 36082     | 8                        | 8                        |
| <i>C. albicans</i> YO119          | 4                        | 2                        |
| <i>C. albicans</i> 1162           | 8                        | 8                        |
| <i>C. tropicalis</i> ATCC 750     | 16                       | 16                       |
| <i>C. krusei</i> ATCC 766.1       | 2                        | 2                        |
| <i>C. glabrata</i> ATCC 90030     | 4                        | 4                        |
| <i>C. glabrata</i> 1347           | 4                        | 4                        |
| <i>C. glabrata</i> 1348           | 4                        | 4                        |
| <i>Cr. neoformans</i> I           | 2                        | 2                        |
| <i>Cr. neoformans</i> M106        | 1                        | 1                        |
| <i>H. capsulatum</i>              | 32                       | 32                       |
| <i>A. fumigatus</i> 1008          | 8                        | 8                        |
| <i>A. fumigatus</i> 1019          | 8                        | 8                        |

after spotting, and is presented in  $\mu\text{g/ml}$ .

#### Results

Disulfiram was screened for its antifungal potential on a spectrum of fungal isolates comprised of fluconazole sensitive and resistant strains of *C. albicans* and non-*albicans* yeasts (*C. glabrata*, *Histoplasma capsulatum*, *C. krusei*, *C. tropicalis* and *Cryptococcus neoformans*) and filamentous fungi. MIC<sub>50</sub> and MIC<sub>90</sub> of disulfiram for all the 61 tested fungal isolates were 4 and 8  $\mu\text{g/ml}$ , respectively. However, it was found that MIC<sub>50</sub> and MIC<sub>90</sub> of disulfiram is better than the reported standard drugs in the case of fluconazole resistant *C. albicans* (2 and 4  $\mu\text{g/ml}$ ) and fluconazole resistant *C. glabrata* (4 and 4  $\mu\text{g/ml}$ ) (Table 1). Disulfiram was found to be active on cryptococcal strains whereas candidas was inactive (Table 2). Further, azoles are fungistatic in nature whereas disulfiram showed fungicidal activity against the tested fungal cultures (Table 3).

Antifungal potential of disulfiram was tested against 13 *Aspergillus* isolates. Like amphotericin B, disulfiram showed fungicidal potential activity with MIC<sub>50</sub> and MIC<sub>90</sub> of 2 and 8  $\mu\text{g/ml}$ , respectively.

#### Discussion

The alcohol antagonist disulfiram blocks the oxidation of alcohol at the acetaldehyde stage during alcohol metabolism. It has been on the market for more than 50 years with a well-established safety profile and 80%

bioavailability. It is well tolerated in humans and a maximum of 500 mg daily is usually administered in a single dose for one to two weeks (PDR information).

Recently, there has been a report suggesting the role of disulfiram as a P-gp efflux pump modulator<sup>16)</sup>. According to Sauna *et al.*, disulfiram inhibits ATP hydrolysis and binds to drug substrate binding sites of multiple ABC transporters which are associated with drug resistance, and is thus potentially an attractive agent to combat multidrug resistance<sup>16)</sup>.

Azoles are fungistatic in nature. Repeated use of fluconazole leads to development of unresponsiveness. The major mechanism of resistance in azoles is due to efflux of the antifungal agent, disulfiram, an alcohol antagonist, which is well known as a modulator of efflux pumps such as p-glycoprotein and Cdr1p of *C. albicans* should enhance the activity of the tested azoles<sup>16)</sup>. Based on this it was thought that disulfiram might play a role in combating fluconazole resistance in *C. albicans* by inhibiting the drug efflux<sup>16)</sup>. Hence synergy studies with fluconazole and disulfiram against resistant *C. albicans* and *C. glabrata* isolates were carried out. However, since we did not observe any synergy or enhancement in the activity, probably the mode of resistance may have been due to mutation in 14 alpha demethylase. We have not studied the cause of resistance of these isolates although it was observed that disulfiram itself had significant antifungal potential.

Various fungal pathogens were screened and, as mentioned above, disulfiram showed fungicidal activity with MIC<sub>50</sub> and MIC<sub>90</sub> of 4 and 8  $\mu\text{g/ml}$ , respectively. Unlike candidas, which is only cidal for yeasts, it was fungicidal for all the tested fungal isolates.

Disulfiram, well established as an alcohol antagonist, has additional potential as an antifungal agent, which merits further research.

### References

- 1) Denning D: Epidemiology and pathogenesis of systemic fungal infection in the immunocompromised host. *J Antimicrob Chemother* **28** (Suppl B): 1-16, 1991.
- 2) Berrouane YF, Herwaldt LA, Pfaller MA: Trends in antifungal use and epidemiology of nosocomial yeast infections in a university hospital. *J Clin Microbiol* **37**: 531-537, 1999.
- 3) Groll AH, Kurz M, Schneider W, Witt V, Schmidt H, Schneider M, Schwabe D: Five-year survey of invasive aspergillosis in a pediatric cancer center. *Epidemiology, management and long-term survival. Mycoses* **42**: 431-442, 1999.
- 4) Ghannoum MA, Rice LB: Antifungal agents: mode of action, mechanism of resistance, and correlation of these mechanisms with bacterial resistance. *Clin Microbiol Rev* **12**: 501-517, 1999.
- 5) Kontoyiannis DP, Lewis RE: Antifungal drug resistance of pathogenic fungi. *Lancet* **359**: 1135-1144, 2002.
- 6) Sanglard D, Odds FC: Resistance of *Candida* species to antifungal agents: molecular mechanisms and clinical consequences. *Lancet Infect Dis* **2**: 73-85, 2002.
- 7) Sterling TR, Merz WG: Resistance to amphotericin B: emerging clinical and morphological patterns. *Drug Resist Updates* **1**: 161-165, 1998.
- 8) Mehta RT, Hopfer RL, Gunner LA, Juliano RL, Lopez-Berestein G: Formulation, toxicity, and antifungal activity *in-vitro* of liposome-encapsulated nystatin as therapeutic agent for systemic candidiasis. *Antimicrob Agents Chemother* **31**: 1897-1900, 1987.
- 9) Wermuth CG: Selective optimization of side activities: Another way of drug discovery. *J Med Chem* **47**: 1-12, 2004.
- 10) Borges-Walmsley MI, Walmsley AR: The structure and function of drug pumps. *Trends in Microbiol* **9**: 71-78, 2001.
- 11) Nakamura K, Niimi M, Niimi K, Holmes AR, Yates JE, Decottignies A, Monk BC, Goffeau A, Cannon RD: Functional expression of *Candida albicans* efflux pump CDR1p in *Saccharomyces cerevisiae* strain deficient in membrane transporters. *Antimicrob Agents Chemother* **45**: 3366-3374, 2002.
- 12) Albertson GD, Niimi M, Cannon RD, Jenkinson HF: Multiple efflux mechanisms are involved in *Candida albicans* fluconazole resistance. *Antimicrob Agents Chemother* **40**: 2835-2841, 1996.
- 13) Maesaki S, Marichal P, Hossain MA, Sanglard D, Vanden Bossche H, Kohno S: Synergic effects of tacrolimus and azole antifungal agents against azole-resistant *Candida albicans* strains. *J Antimicrob Chemother* **42**: 747-753, 1998.
- 14) Sanglard D, Kuchler K, Ischer F, Pagani JL, Monod M, Bille J: Mechanisms of resistance to azole antifungal agents in *Candida albicans* isolates from AIDS patients involve specific multidrug transporters. *Antimicrob Agents Chemother* **39**: 2378-2386, 1995.
- 15) Prasad, R., De Wergifosse, P., Goffeau, A., Balzi, E: Molecular cloning and characterization of a novel gene of *Candida albicans*, CDRI, conferring multiple resistance to drugs and

- antifungals. *Curr Genetics* **27**: 320–329. 1995.
- 16) Sauna ZE, Xiang-Hong P, Krishnamachary N, Tekle S, Ambudkar SV: The molecular basis of the action of disulfiram as a modulator of the multidrug resistance-linked ATP binding cassette transporters MDR1 (ABCB1) and MRP1 (ABCC1). *Mol Pharmacol* **65**: 675–684, 2004.
  - 17) Sauna ZE, Shukla S, Ambudkar SV: Disulfiram, an old drug with new potential therapeutic uses for human cancers and fungal infections. *Mol Biosyst* **1**: 127–134, 2005.
  - 18) National Committee for Clinical Laboratory Standards. Reference method for broth dilution antifungal susceptibility testing of yeasts. Approved standard. Document M27-A. National Committee for Clinical Laboratory Standards., Wayne, Pa18. 1997.
  - 19) National Committee for Clinical Laboratory Standards. Reference method for broth dilution antifungal susceptibility testing of conidia-forming filamentous fungi. Proposed Standard. Document M38-A. National Committee for Clinical Laboratory Standards, Wayne, Pa.18, 2001.