

# A Overview of Pharmacological Activities of Mebendazole as a potential Anthelmintic drug

Mr. Kempegowda N<sup>1\*</sup>, Mr. Shashidhar B V<sup>1</sup>, Dr. Mamatha G C<sup>1</sup>, Mr. MD Sabbir Ahamed<sup>1</sup>, Ms. Kusuma R<sup>1</sup>, Mr. Nikhil Kumar B<sup>1</sup>, Mr. Shigwan Sahil Rajesh<sup>1</sup>, Mr. Mrinmoy Deb<sup>1</sup>  
*Assistant Professor<sup>1\*</sup>, Department of Pharmaceutics Harsha College of Pharmacy*  
 129/47/1, Kambayyanapalya, Thyamagondlu Road, Nelamangala, Bengaluru-562123

**ABSTRACT:** Mebendazole is a broad-spectrum antibiotic belongs to benzimidazole group, is partially insoluble in water and other organic solvents. Mebendazole is a medication that is mostly used to treat helminthic infections, including as roundworms, which are treated by inhibiting microtubule polymerization, hookworm and pinworm by inhibits glucose uptake and glycogen synthesis in worm. Additionally, this medication is used to treat Severe acute respiratory infections (SARS-CoV) and to treat filariasis, toxocariasis, benign tumors, and malignant tumors. Mebendazole has poor bioavailability. Only about 17-20% of the dose reaches the systemic circulation after oral administration due to incomplete absorption and extensive first-pass metabolism. Mebendazole exerts its pharmacodynamics activity primarily by inhibiting microtubule polymerization in the parasite by binding to  $\beta$ -tubulin. Thus its effectiveness against all these conditions shows significant outcomes when administered accurately.

**KEYWORDS:** Mebendazole, helminthics, tumors, benzimidazole.

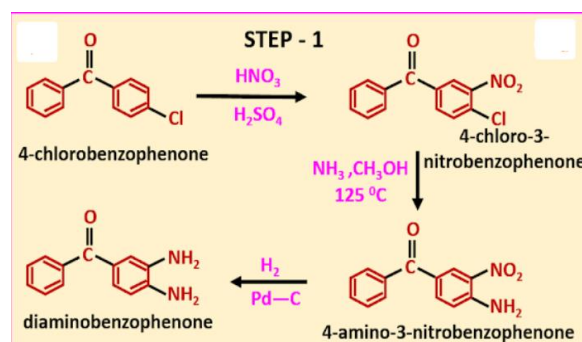
## 1. INTRODUCTION

In human beings and animals ascarasis, hookworm infections, taeniasis, enterobiasis, hymenolepiasis, and Enterobius vermicularis are known to cause infections<sup>1,2,3,4,5</sup>. Hence the drug Mebendazole was chosen to treat these conditions and also it is known as an anti-worm medication which is given first to people in 1971<sup>6</sup>. Mebendazole is a synthetic derivative of benzimidazole, a carbamate esteramine<sup>7</sup>. Numerous research on mebendazole's antihelmintic activities against different nematodes, trematodes, cestodes, and even protozoans have been conducted since the drug was initially used to treat a number of intestinal helminth species in humans<sup>8,9</sup>. Mebendazole has a lot of potential for treating hydatid illnesses and capillary asthenia among its non-administered uses<sup>10</sup>. Mebendazole works by preventing the parasite from absorbing glucose, which immobilizes and kills it<sup>11,12</sup>. ethylbenzene (MBZ) has demonstrated preclinical efficacy in treating a number of malignancies,

including thyroid, colon, breast, pancreatic, multiform glioblastoma, and melanoblastoma.<sup>13,14,15</sup>.

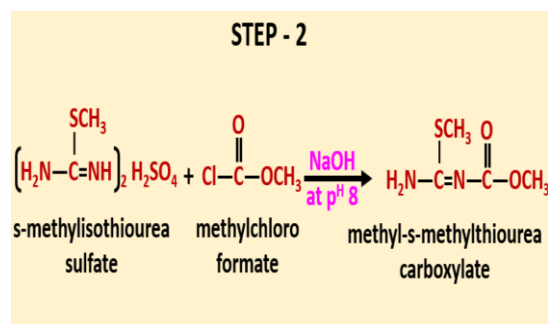
## 2. SYNTHESIS OF MEBENDAZOLE

First step:



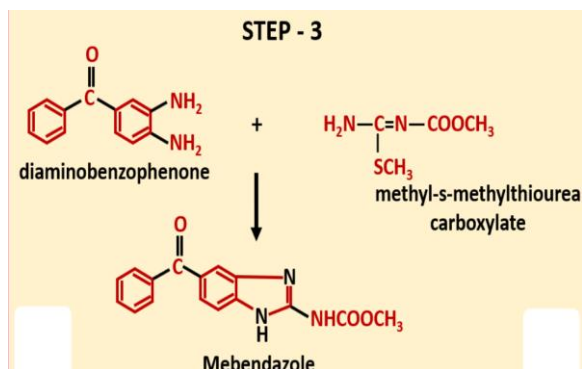
In the first step, 4-chlorobenzophenone reacted with mixed acid ( $\text{HNO}_3 + \text{H}_2\text{SO}_4$ ), as a result 4-chloro-3-nitrobenzene is formed. Now 4-chloro-3-nitrobenzophenone reacted with ammonia in presence of methanol as a result 4-amino-3-nitrobenzophenone is produced. The nitro group present at 3 in 4-amino-3-nitrobenzophenone is reduced by hydrogen in presence of palladium on carbon as a result diaminobenzophenone is formed.

Second step:



In this step, s-methylisothiurea sulphate and methylchloroformate reacted in the presence of NaOH and forms methyl-s-methylthiurea carboxylate.

Third step:



In this last step diaminobenzophenone and methyl-s-methylthiourea carboxylate reacted each other and forms Mebendazole.

### 3. VARIOUS MARKETED DOSAGE FORMS OF MEBENDAZOLE

1) Oral suspension:



Fig 1: Marketed dosage forms of Mebendazole drops and suspension

2) Tablets:



Fig 2: Marketed dosage forms of Mebendazole tablet

### 4. PHARMACOLOGY OF DRUG IN VARIOUS DISEASES

Causative agents & Disease name	MOA	References
Roundworms (Ascariasis, cestodes)	<ul style="list-style-type: none"> <li>Mebendazole binds to tubulin, a protein in microtubules, and inhibits microtubule polymerization.</li> <li>This disrupts the worms cytoskeleton, causing paralysis and death.</li> </ul>	16,17,18
Wipworm (Trichuriasis)	<ul style="list-style-type: none"> <li>Mebendazole damages the worms cuticle and causes muscle contraction.</li> <li>This leads to expulsion of the worm from the intestine.</li> </ul>	6,19,20
Pinworm (Enterobiasis), Hookworm, Hymenolepiasis	<ul style="list-style-type: none"> <li>Mebendazole inhibits glucose uptake and glycogen synthesis in worm.</li> <li>This leads to energy depletion, paralysis, and death.</li> </ul>	21,22
Benign tumors	<ul style="list-style-type: none"> <li>Mebendazole inhibits formation of blood vessels that feeds the tumor.</li> <li>It also induce apoptosis means cell death in tumor cells.</li> </ul>	23
Malignant tumors (Glioblastoma, Breast cancer, Lung cancer, Ovarian cancer)	<ul style="list-style-type: none"> <li>Mebendazole inhibits cell division and proliferation as well as apoptosis and angiogenesis.</li> <li>It also targets the tumor microenvironment, reducing inflammation and immune suppression.</li> </ul>	13,14,24

Toxocariasis	▪ Mebendazole may disrupt critical cellular functions, such as DNA replication or protein synthesis, causing metabolic dysfunction and parasite death.	30,31
Filariasis	▪ Mebendazole inhibiting the production of microtubule via binding to colchicine binding site of beta tubulin and thereby blocking polymerization of tubulin dimer in the intestinal cells of parasites.	25,26
Metastatic adrenocortical carcinoma	▪ Drug also inhibited the growth of these tumor cells in nude mice and reduced their invasive properties.	27,28
SARS-CoV	▪ Inhibition of viral penetration , uncoating ,nucleic with synthesis ,integration of viral dna genome,maturation and exit from host cells.	32

## 5. PHARMACOKINETIC ACTIVITY OF MEBENDAZOLE

### a) ABSORPTION:

The bioavailability of mebendazole is generally reported to be less than 10%, indicating poor oral absorption. When taken with fatty meals, the absorption can be enhanced however it is highly variable<sup>33</sup>.

### b) DISTRIBUTION:

Mebendazole is extensively disseminated throughout the body following absorption. It is about 90-95% protein bound and has a strong affinity for plasma proteins. The drug's main effects are felt in the liver, bile, and intestinal wall, where it tends to concentrate.

### c) METABOLISM:

The liver extensively metabolizes mebendazole through first-pass metabolism. Oxidation is the main metabolic route, which is followed by the synthesis of hydroxyl and carboxy metabolites. 2-amino-5(6)-bezoylbenzimidazole, the primary metabolite, is not active<sup>34</sup>.

### d) EXCRETION:

Bile and feces are the main organs where mebendazole and its metabolites are eliminated; urine only excretes a small fraction (5-10%) of it. Mebendazole has a half-life of between 2.5 to 5.5 hours<sup>35</sup>.

## 6. PHARMACODYNAMIC ACTIVITY OF MEBENDAZOLE

Mebendazole exerts its pharmacodynamic activity primarily by inhibiting microtubule polymerization in the parasite by binding to  $\beta$ -tubulin, which disrupts the nematode's cytoskeleton, causing nutrient

malabsorption, starvation and reproductive failure. Consequently, the worms cannot maintain their structure or reproduce effectively, resulting in their death and clearance from the host<sup>36</sup>.

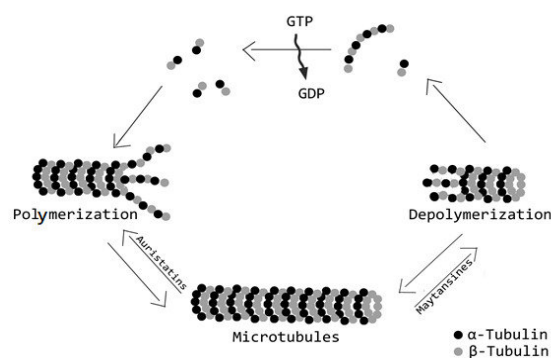


Fig 3: Schematic representation of Inhibition of Microtubulin

## 7. CONCLUSION

Mebendazole is described as a highly versatile broad-spectrum drug that is effective both as an anti-parasitic and anti-cancer agent. This article highlights its usefulness in treating various conditions, including:

- 1) Nematode infestations
- 2) Tissue and intestinal helminthiasis
- 3) Some protozoal infections

It also emphasizes the safety of Mebendazole when used at recommended doses for different ailments. The authors refer to it as "very safe" under these conditions, suggesting a favourable risk-benefit profile for its intended uses.

## REFERENCES

- [1] Keiser J, Utzinger J. The drugs we have and the drugs we need against major helminth

- infections. *Adv Parasitol.* 2010;73:197–230. doi: 10.1016/S0065-308X(10)73008-6.
- [2] Soukhathammavong PA, Sayasone S, Phongluxa K, Xayaseng V, Utzinger J, Vounatsou P, Hatz C, Akkhavong K, Keiser J, Odermatt P. Low efficacy of single-dose albendazole and mebendazole against hookworm and effect on concomitant helminth infection in Lao PDR. *PLoS Negl Trop Dis.* 2012;6:e1417. doi: 10.1371/journal.pntd.0001417.
- [3] Chai JY, Hong ST. Chemotherapy of intestinal nematode infections. *J Korean Soc Chemother.* 1985;3:119–129
- [4] Steinmann P, Utzinger J, Du ZW, Jiang JY, Chen JX, Hattendorf J, Zhou H, Zhou XN. Efficacy of single-dose and triple-dose albendazole and mebendazole against soil-transmitted helminths and *Taenia* spp.: a randomized controlled trial. *PLoS One.* 2011;6:e25003. doi: 10.1371/journal.pone.0025003.
- [5] Keystone JS, Murdocch JK. Mebendazole. *Ann Intern Med.* 1979;91:582–586. doi: 10.7326/0003-4819-91-4-582.
- [6] Brugmans JP, Theinpont DC, Wijngaarden IV, Vanparijs OF, Schuermans VL, Lauwers HL. Mebendazole in enterobiasis. Radiochemical and pilot clinical study in 1,278 subjects. *JAMA.* 1971;217:313–316. doi: 10.1001/jama.1971.03190030039008.
- [7] Al-Karmalawy AA, Khattab M. Molecular modelling of mebendazole polymorphs as a potential colchicine binding site inhibitor. *New Journal of Chemistry.* 2020;44(33):13990–6.
- [8] Pene P, Mojon M, Garin JP, Coulaud JP, Rossignol JF. Albendazole: a new broad spectrum anthelmintic. Double-blind multicenter clinical trial. *Am J Trop Med Hyg.* 1982;31:263–266. doi: 10.4269/ajtmh.1982.31.263.
- [9] Pawluk SA, Roels CA, Wilby KJ, Ensom MHH. A review of pharmacokinetic drug-drug interactions with the anthelmintic medications albendazole and mebendazole. *Clin Pharmacokinet.* 2015;54:371–383. doi: 10.1007/s40262-015-0243-9.
- [10] KEYSTONE JS, MURDOCH JK. Drugs five years later: Mebendazole. *Annals of Internal Medicine.* 1979 Oct 1;91(4):582–6.
- [11] Chai JY, Jung BK, Hong SJ. Abendazole and mebendazole as anti-parasitic and anti-cancer agents: an update. *The Korean Journal of Parasitology.* 2021 Jun;59(3):189
- [12] Theodorides VJ, Gyurik RJ, Kingsbury WD, Parish RC. Anthelmintic activity of albendazole against liver flukes, tapeworms, lung and intestinal roundworms. *Experientia.* 1976;32:702–703. doi: 10.1007/BF01919842.
- [13] Meco D, Attinà G, Mastrangelo S, Navarra P, Ruggiero A. Emerging perspectives on the antiparasitic mebendazole as a repurposed drug for the treatment of brain cancers. *International Journal of Molecular Sciences.* 2023 Jan 10;24(2):1334.
- [14] Zhang L, Dratver MB, Yazal T, Dong K, Nguyen A, Yu G, Dao A, Dratver MB, Duhachek-Muggy S, Bhat K, Alli C. Mebendazole potentiates radiation therapy in triple-negative breast cancer. *International Journal of Radiation Oncology\* Biology\* Physics.* 2019 Jan 1;103(1):195–207.
- [15] KEYSTONE JS, MURDOCH JK. Drugs five years later: Mebendazole. *Annals of Internal Medicine.* 1979 Oct 1;91(4):582–6.
- [16] World Health Organization. WHO Model Prescribing Information: Drugs Used in Parasitic Diseases. 2nd ed. World Health Organization; Geneva, Switzerland: 1995. pp. 1–146.
- [17] Moser W, Schindler C, Keiser J. Efficacy of recommended drugs against soil transmitted helminths: systematic review and network meta-analysis. *BMJ.* 2017;358:j4307. doi: 10.1136/bmj.j4307.
- [18] Chai JY, Sohn WM, Hong SJ, Jung BK, Hong S, Cho S, Park JB, Kim IS, Kim S, Lee KH, Jeoung HG, Htoon TT, Tin HH. Effect of mass drug administration with a single dose of albendazole on *Ascaris lumbricoides* and *Trichuris trichiura* infection among schoolchildren in Yangon Region, Myanmar. *Korean J Parasitol.* 2020;58:195–200. doi: 10.3347/kjp.2020.58.2.195.
- [19] Pene P, Coulaud JP, Soula G, Rossignol JF, Monges P, Chaudet H. Le Zentel® dans traitement des helminthiases intestinales en Afrique de l'Ouest. *Méd Afr Noire.* 1982;29:43–48.
- [20] Soula G, Stopathis RM. Le Zentel® dans le traitement des nématodoses intestinales en République Centrafricaine. *Méd Afr Noire.* 1982;29:29–32.

- [21] Horton J. Albendazole: a review of anthelmintic efficacy and safety in humans. *Parasitology*. 2000;121(suppl):113–132. doi: 10.1017/s0031182000007290.
- [22] Cho SY, Ahn YR, Ryang YS, Seo BS. Evaluation of anthelmintic treatment on *Enterobius vermicularis* infection in highly endemic population by prolonged observation. *Korean J Parasitol*. 1977;15:100–108. doi: 10.3347/kjp.1977.15.2.100.
- [23] Tamura R. Drug repositioning for refractory benign tumors of the central nervous system. *International Journal of Molecular Sciences*. 2023 Aug 20;24(16):12997.
- [24] Elayapillai S, Ramraj S, Benbrook DM, Bieniasz M, Wang L, Pathuri G, Isingizwe ZR, Kennedy AL, Zhao YD, Lightfoot S, Hunsucker LA. Potential and mechanism of mebendazole for treatment and maintenance of ovarian cancer. *Gynecologic oncology*. 2021 Jan 1;160(1):302-11.
- [25] Study of the use of antinematode drugs, mebendazole and pyrantel, in galicia (spain) from 2016 to 2020 Vázquez-Prieto S, Vaamonde A, Paniagua E. Study of the use of antinematode drugs, mebendazole and pyrantel, in galicia (spain) from 2016 to 2020. *Journal of Parasitology Research*. 2022;2022(1):7792006.
- [26] A review of neglected tropical diseases: filariasis Chandy A, Thakur AS, Singh MP, Manigauha A. A review of neglected tropical diseases: filariasis. *Asian Pacific journal of tropical medicine*. 2011 Jul 1;4(7):581-6.
- [27] Dobrosotskaya IY, Hammer GD, Schteingart DE, Maturen KE, Worden FP. Mebendazole monotherapy and long-term disease control in metastatic adrenocortical carcinoma. *Endocrine practice*. 2011 May 1;17(3):e59-62.
- [28] Martarelli D, Pompei P, Baldi C, Mazzoni G. Mebendazole inhibits growth of human adrenocortical carcinoma cell lines implanted in nude mice. *Cancer chemotherapy and pharmacology*. 2008 Apr;61:809-17.
- [29] Zaha O, Hirata T, Kinjo F, Saito A. Strongyloidiasis-progress in diagnosis and treatment. *Internal medicine*. 2000;39(9):695-700.
- [30] Magnaval JF. Comparative efficacy of diethylcarbamazine and mebendazole for the treatment of human toxocariasis. *Parasitology*. 1995 Jun;110(5):529-33.
- [31] BEKHTI A. Mebendazole in toxocariasis. *Annals of internal medicine*. 1984 Mar 1;100(3):463-.
- [32] Ahmed M, Farag A, Wang P, Boys IN, Eitson JL, Ohlson MB, Fan W, McDougal MB, Schoggins JW, Sadek H. Identification of atovaquone and mebendazole as repurposed drugs with antiviral activity against SARS-CoV-2 (version 5).
- [33] Mc Evoy GK. ed. AHFS: drug information 88. Bethesda, Md.: American Society of Hospital Pharmacists. 1988. 2222 .
- [34] Goldsmith RS. Clinical pharmacology of the anthelmintic drugs: mebendazole. (In Katzung, BG ed. *Basic & clinical pharmacology*. 1998, 662-880.
- [35] Reynolds JEF. *Martin the extra pharmacopoeia*. 29th ed. London: The Pharmaceutical Press. 1989, 1896.
- [36] Jornet, D.; Bosca, F.; Andreu, J.M.; Domingo, L.R.; Tormos, R.; Miranda, M.A. Analysis of mebendazole binding to its target biomolecule by laser flash photolysis. *J. Photochem. Photobiol. B* 2016, 155, 1–6.