Sensitivity of artemisinin towards different stages of development of the malaria parasite, *Plasmodium falciparum*

Mohd-Zamri, N.H., Mat-Desa, N.W. and Abu-Bakar, N.*

School of Health Sciences, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia

*Corresponding author e-mail: natashaa@usm.my

Received 27 February 2017; received in revised form 11 June 2017; accepted 12 June 2017

Abstract. Artemisinin-based combination therapies (ACTs) serve as a first line of defence against malaria infection. The success of malaria treatment depends closely on the timing of action and the target of this drug. The early inhibitory effect of artemisinin associated with the integrity and pH of the digestive vacuole (DV) of the malaria parasite was investigated. Using the malaria SYBR Green I based-fluorescence assay, artemisinin showed activity against the chloroquine-sensitive strains of 3D7 and D10 higher than that against the chloroquine-resistant strain of Dd2. A significant inhibition of parasite growth with marked changes in parasite morphology was seen following treatment with 0.2-60 times the IC₅₀ value of artemisinin for a period of 4 hours was observed at mid ring, late trophozoite and late schizont stages. The drug had no obvious alterations in the distribution of a pH-sensitive probe, LysoSensor Blue labelling of the DV even at the highest concentration examined. Using a ratiometric pH probe, SNARF-1-dextran, the DV pH of treated trophozoites remained acidic, suggesting the loss of DV pH is probably not the mode of action of artemisinin that causes parasite killing.

INTRODUCTION

Malaria treatment currently relies on artemisinin-based combination therapies (ACTs) to kill P. falciparum, which caused about 429 million deaths in 2015 (World Health Organization, World Malaria Report, 2016). Artemisinin and its derivatives clear *P. falciparum* infections rapidly and are active against parasites resistant to quinoline and antifolate classes of antimalarial drugs (Dondorp *et al.*, 2010). There is no significant toxicity observed in the field (Rijken et al., 2008), despite the fact that neurotoxicity (Nontprasert et al., 2000) and embryo lethality or malfunction (Clark et al., 2004) were demonstrated in animals treated with higher doses of artemisinin.

Despite their high efficacies, artemisinin and its derivatives have short half-lives *in vivo* (~1-4 hours) (Eastman & Fidock, 2009), which have an impact on their therapeutic profile and clinical use. Artemisinin is associated with a high risk of recrudescence when used for 3 days in monotherapy treatments and therefore has been used with a longer half-life drug to increase compliance and reduce treatment time (Nosten & White, 2007). Therefore, greater understanding of the mechanism of action of artemisinin will aid the rational design of more potent analogues (Muraleedharan & Avery, 2009) and allow the prediction of potential resistance mechanism (Dondorp *et al.*, 2009).

The precise mechanism of action of artemisinin is however still debated. The activation of its endoperoxide pharmacophore, which generates radical intermediates that react with susceptible parasite targets, has been proposed as the initial key step in the mechanism of action of artemisinin (O'Neill *et al.*, 2010). Previous

studies suggested the catalytic role of hemoglobin-derived heme (Meunier & Robert, 2010) or ferrous iron (Abu Bakar, 2016; Haynes et al., 2007), suggesting the parasite ingestion and digestion of hemoglobin are necessary for artemisinin activity. Klonis et al. (2011) showed the timing of action of artemisinin coincides with the onset of hemoglobin ingestion during the late ring or early trophozoite stage. The digestive vacuole (DV), which is the major site of hemoglobin digestion, has been implicated as a potential target of artemisinin (del pilar Crespo et al., 2008; Krishna et al., 2004). Other studies reported the ironindependent activation of artemisinin (Haynes et al., 2010) by directly inhibiting the parasite calcium ATPase (*Pf*ATP6) (Krishna et al., 2010). Components of the mitochondrial electron transport chain of Saccharomyces cerevisiae had also been shown to be susceptible to artemisinin (Li et al., 2005).

In this study, we sought to investigate the timing of action of artemisinin by determining the inhibitory effect of this drug on intraerythrocytic development of the malaria parasite. In vitro fluorescence-based assays were performed using a nucleic acid intercalating dye, SYBR Green I that detects the presence of malarial DNA in infected erythrocytes as a measure of parasite growth and inhibition by the drug. High molecular weight dextran-linked fluorescent markers in resealed erythrocytes were employed that permitted simultaneously analysis of the effects of artemisinin on hemoglobin uptake (TMR-dextran) and pH of endocytic structures and DV (SNARF-1-dextran or LysoSensor Blue DND-192).

MATERIALS AND METHODS

Materials

Artemisinin was purchased from Sigma-Aldrich. SYBR Green I (10,000x in DMSO), tetramethylrhodamine-dextran (TMRdextran, 10 kDa), 5'(and 6')-carboxy-10dimethylamino-3-hydroxy-spiro[7H-benzo[c] xanthene-7,1'(3H)-isobenzofuran]-3'-onedextran (SNARF-1-dextran, 10 kDa) and LysoSensor Blue DND-192 were from Invitrogen, Life Technologies.

P. falciparum cultures

Chloroquine-sensitive (3D7 and D10) and resistant strains (Dd2) of P. falciparum were cultured using O⁺ type human erythrocytes and pooled serum in complete culture medium (CCM) containing GlutaMAX I and HEPES in RPMI 1640 (GIBCO BRL, Invitrogen) supplemented with 0.25% Albumax, hypoxanthine (0.21 mM, Sigma), 45% glucose (Sigma) and 50 mg/mL gentamicin (Duopharma) (Trager & Jensen, 1976). For synchronization, cultures (~5% parasitemia, mainly ring stage) were treated with 5% D-sorbital at room temperature for 10 minutes and then allowed to mature for 24 hours (Lambros & Vanderberg, 1979). Synchronized mature stage parasites were harvested on a VarioMACS magnetic separation system (Miltenyi Biotec) or on a Percoll gradient (Miao & Cui, 2011) to above 95% purity as assessed by counting Giemsastained thin blood smears.

Assessment of the antimalarial activity of artemisinin

In a standard 48-hour drug sensitivity assay, 96-well plates containing triplicates of two-fold serial dilutions of artemisinin in CCM were prepared before being added into plates containing synchronized cultures of ring stage parasites (2% hematocrit, 1% parasitemia) (Desjardin et al., 1979). Parasites were incubated at 37°C in a box filled with malaria gas mix or in a candle jar for 24 hours. Parasites were supplemented with fresh CCM and appropriate drug concentrations, and incubated for additional 24 hours. Samples were collected for assessment of parasite growth and parasitemia by adding 20 µL of 20x SYBR Green I solution (Vossen et al., 2010). After 30 minutes incubation, the fluorescence signal was measured using excitation and emission wavelengths of 485 and 530 nm, respectively by a microplate reader (Bio-Rad, USA).

Synchronized parasites (3D7) at different stages (2% hematocrit, 1% parasitemia) were treated with artemisinin at various concentrations (4, 16, 163, 250 and 1000 nM) for 4 hours to mimic the *in vivo* effect of a short half-life artemisinin. The range of drug concentrations was based on the *in vitro* IC₅₀ value of artemisinin obtained using a 48-hour drug sensitivity assay. The SYBR Green I profile (parasite growth) was monitored by comparing treated and untreated (controls) parasites. The morphology of treated and untreated parasites in Giemsa-stained thin blood smears was assessed by light microscopy.

Analysis of pH of the digestive vacuole

Resealed erythrocytes were prepared in the presence of 50 µM TMR-dextran or SNARF-1-dextran and inoculated with synchronized mature stage parasites (Abu Bakar et al., 2010). Parasites (3D7) at different stages grown in resealed erythrocytes containing TMR-dextran were treated with artemisinin $(1 \mu M)$ for 4 hours. Erythrocytes co-labelled with TMR-dextran and LysoSensor Blue DND-192 were imaged using the FITC and DAPI filter cubes in an epifluorescence microscope (Olympus BX41). The effect of artemisinin (16, 32 and 64 nM) on the pH of endocytic compartments and DV of the parasites (D10) in SNARF-1-dextran-containing resealed erythrocytes was also determined by confocal microscopy at 37°C. SNARF-1dextran was excited at 514 nm and the yellow (580-635 nm) and red (>635 nm) fluorescence were detected using the avalanche photodiode detectors (APDs) of a Confocor3 system.

RESULTS AND DISCUSSION

The sensitivity of different parasite stages to artemisinin

The malaria SYBR Green I-based fluorescence (MSF) assay was used to examine the effect of artemisinin on *P. falciparum* growth at different intraerythrocytic stages. Since mature erythrocytes do not contain DNA and cannot synthesize any RNA, the binding of SYBR Green I is specific for malarial DNA in intraerythrocytic stages of the parasite development (Bennet *et al.*, 2004). The method is accurate, reliable, requires less sophisticated equipment, and involves a single processing step than that of the radioactive substrate incorporation assay (Desjardin *et al.*, 1979; Elabbadi *et al.*, 1992) or the colorimetric enzyme-linked immunosorbent assay (ELISA) (Druilhe *et al.*, 2001; Noedl *et al.*, 2002).

In this study, the malaria parasites were treated with artemisinin and their respective 50% inhibitory concentrations (IC₅₀s) were determined by using the MSF assay. Artemisinin inhibited 3D7, D10 and Dd2 parasite growth with the IC_{50} values of 17.05±0.93, 15.00±4.00 and 25.01±2.33 nM, respectively (Figure 1). The value for the 3D7 strain is slightly lower than that reported previously for the same strain using the [³H]hypoxanthine incorporation-based assay (Duraisingh et al., 2000). The previous study proved the MSF assay produced IC_{50} values for malaria laboratory strains treated with chloroquine, mefloquine and quinine comparable to the standard histidine-rich protein 2 capture ELISA method (Bacon et al., 2007). The study also demonstrated the ability of the MSF assay to determine the drug IC_{50} s from fresh clinical isolates.

Next, we modeled parasite responses to drug exposure at levels that might be expected to be achieved in patients. Tightly synchronized 3D7 parasites at different stages were treated with 0.2–60 times the IC_{50} value of artemisinin for a period of 4 hours (the period of clinical exposure). The increasing level of DNA and RNA during parasite development allows the use of MSF assay to examine parasite growth. Changes were observed in the SYBR Green I labelling profile (Table 1), revealing the different sensitivity of the parasites towards artemisinin treatments at different stages. The drug exhibited its antimalarial action as early as at mid ring stage with markedly low SYBR Green I fluorescence intensity compared to controls, indicating the inhibition of parasite growth. Artemisinin also had a significant effect on the growth of the late trophozoite and late schizont stage parasites. It is possible that such a broad stage sensitivity of the drug might disrupt the biochemical processes of the parasite,



Figure 1. In vitro growth inhibition assay of 3D7, D10 and Dd2 parasite strains with artemisinin.

Stages	Mean (SD)					
	Control	IC_{20}^{*}	IC_{50}^{*}	IC_{70}^{*}	$\mathrm{IC_{80}}^*$	IC_{100}^{*}
Early ring	100.00	80.24	64.53ª	53.01°	44.33°	27.21 ^d
	(0.00)	(17.24)	(3.33)	(14.57)	(4.79)	(14.62)
Mid ring	100.00	58.27°	35.78°	32.31 ^d	35.23°	17.39 ^d
	(0.00)	(15.60)	(15.06)	(18.82)	(16.82)	(10.30)
Late ring	100.00	66.67 ^b	74.36	73.92	62.97 ^a	53.72°
	(0.00)	(8.94)	(11.88)	(2.93)	(7.16)	(11.43)
Early trophozoite	100.00	73.84 ^a	61.54ª	61.06 ^b	40.73°	23.10 ^d
	(0.00)	(6.78)	(12.16)	(6.71)	(16.70)	(1.40)
Mid trophozoite	100.00	71.42 ^a	51.70 ^b	51.75 ^b	26.57 ^d	17.15 ^d
	(0.00)	(11.09)	(7.71)	(17.90)	(17.94)	(10.03)
Late trophozoite	100.00	65.39ª	47.16°	48.00°	35.19°	32.65 ^d
	(0.00)	(7.58)	(7.59)	(4.85)	(8.64)	(8.08)
Early schizont	100.00	91.62	59.38ª	58.65 ^b	48.88°	33.38 ^d
	(0.00)	(5.53)	(17.03)	(9.21)	(13.44)	(2.25)
Late schizont	100.00	90.89	73.88	39.97 ^b	20.06 ^d	9.84 ^d
	(0.00)	(6.01)	(25.51)	(2.02)	(3.75)	(1.73)

Table 1. Mean relative fluorescence intensity of SYBR Green I after 4-hour artemisinin treatments against different parasite stages

*One-way ANOVA test (p value < 0.05).

Dunnett's C post hoc: The mean of relative fluorescence intensity of SYBR Green I between untreated and treated parasites with artemisinin at IC_{20} , IC_{50} , IC_{70} , IC_{80} and IC_{100} for all parasite stages were statistically significance by (p < 0.05). The significance differences are indicated as follow: ^a(p ≤ 0.05), ^b(p ≤ 0.01), ^c(p ≤ 0.001), ^d(p ≤ 0.0001).

thereby causing its death. Moreover, a recent proteomics study revealed 120 protein targets of artemisinin, many of which were involved in crucial biological processes in the parasite (Wang *et al.*, 2015). Since hemoglobin metabolism is a vast process occurring in the parasite, heme or ferrous iron derived from the heme biosynthesis at ring (Abu Bakar *et al.*, 2010; Xie *et al.*, 2016) and trophozoite stages (Klonis *et al.*, 2011; Wang *et al.*, 2015) is thought to be responsible for the drug activation. Morphology of the 3D7 parasites at different stages was observed upon artemisinin treatments for 4 hours (Figure 2). Control parasites appeared to be morphologically normal (right panels) (n = 30; three experiments). No morphological changes were observed when early ring stage parasites (n = 30; three experiments) were treated with artemisinin. This is expected as the actively heme metabolizing stages have been implicated in activating artemisinin (Abu Bakar *et al.*, 2010, Klonis *et al.*,



Figure 2. Morphology of 3D7 parasites treated with artemisinin at 0.2-60x its IC_{50} value for 4 hours. Scale bar: 5 µm

2011; Wang et al., 2015). The majority of artemisinin-treated mid and late ring stage parasites (n = 30; three experiments) stopped their progression to late rings and early trophozoites, respectively. This was evidenced by the decrease in size and the contracted, pyknotic appearance of the rings, showing inhibition of the progression to mature stages. The effect of artemisinin on the trophozoites was much more pronounced than the ring stage parasites, consistent with an enhanced hemoglobin degradation flux. The treated trophozoites (n = 30; three)experiments) were observed smaller and denser while untreated trophozoites underwent nuclear division to become schizonts as evidenced by a marked punctate appearance in the parasite cytoplasm. It is evident that artemisinin had a rapid action and its antimalarial activity was against all parasite stages, mainly directed to trophozoites. These findings agreed with the findings published in literature (Björkman & Bhattarai, 2005; Krishna et al., 2004, Yang et al., 2016).

The effect of artemisinin on DV pH

Resealed cells were proved to be able to support parasite growth and maturation (Mohd-Zamri et al., 2017; Abu Bakar et al., 2010). In this study, resealed erythrocytes containing TMR-dextran, an endocytic marker, were inoculated with mature stage parasites (3D7) and treated with 60 times the IC_{50} value of artemisinin (1 μ M) for 4 hours. At the mid ring stage, the fluorescence intensity of TMR-dextran in the endocytic structures of control and treated parasites was intense and intact (Figure 3A-B, green arrow). No significant alteration in the distribution of the LysoSensor Blue labeling of the DV (Figure 3B, yellow arrow) was observed following artemisinin treatment, indicating no damage to the integrity of the DV membrane. To further investigate the effect of artemisinin on the pH of the DV as well as endocytic compartments, a ratiometric pH indicator, SNARF-1-dextran, was incorporated into resealed erythrocytes. The ratio of the fluorescence intensities at two emission wavelengths can be used to estimate the pH of the cellular compartments where the SNARF-1-dextran is located. Late ring and mid trophozoite stage parasites (D10) developing in these cells were treated with 1-4 times the IC₅₀ value of artemisinin for 4 hours and observed by live cell confocal microscopy (Abu Bakar *et al.*, 2010). The look-up table generated (Figure 4) shows acidic compartments with pH values <6 (R_{ry} values <0.8) appear green, whereas neutral to basic compartments (R_{ry} values >1.2) appear blue-purple.

SNARF-1-dextran accumulated within the endocytic compartments of control late ring stage parasites and appeared green in the R_{rv} image, indicating that these compartments are acidic (Figure 4A). These endocytic compartments represent the early endocytic compartments of the ring stage parasites (Abu Bakar et al., 2010; Hanssen et al., 2010; Mohd-Zamri et al., 2017). In treated late ring stage parasites, however, the compartments remained acidic with pH values <6. The similar results were observed in treated mid trophozoites with the extra-DV compartments (white arrowheads) adjacent to the prominent DV were both remained acidic (Figure 4B). In contrast, the redistribution of the LysoSensor Blue from the DV to punctate structures following artemisinin treatment was reported by del Pilar Crespo *et al.* (2008), suggesting a loss of the pH gradient across the DV membrane or restructuring of this compartment. The vacuolar-type proton-pumping ATPase (Vtype H⁺-ATPase) and pyrophosphatase (Vtype H⁺-pyrophosphate) are thought to be responsible for maintaining an acidic DV (Hayashi et al., 2000; Saliba et al., 2003; Spillman et al., 2008). Pyrophosphatase proved to be able to compensate the DV pH sufficiently in case of impaired H⁺-ATPase activity (Moriyama et al., 2003; Saliba et al., 2003). Therefore, changes of DV pH at the therapeutic artemisinin concentrations used in this study might be counteracted by the action of another H⁺-linked secondary transporter. Another study by Elandalloussi et al. (2005) supported the unaffected ATPase activity in the parasite plasma membrane after drug treatment, which might explain the results of our findings.



Figure 3. Analysis of DV pH after treatment with 1000 nM artemisinin for 4 hours The parasites were labeled with LysoSensor Blue for 20 minutes before observed under fluorescence microscope at 100x magnification. (A) The acidic DV of the control and treated parasites appeared as early as at the late ring stage as shown by the LysoSensor Blue labelling (green arrow). (B) No alterations of LysoSensor Blue labelling of the DV following treatments with the highest concentration of artemisinin were observed in both untreated and treated cells. Scale bars: 5 μ m.

In conclusion, mid ring to schizont stage *P. falciparum* were sensitive and susceptible to artemisinin. However, the pH of the DV and small endocytic structures was shown not to be an initiator of inhibition of the parasite growth and changes in parasite morphology. Our findings suggest that the mechanism of action of artemisinin needs to be re-examined and that DV targets should be further re-evaluated. We suggest that the flow

cytometry-based assay could be used for the rapid, simple and quantitative measurement of the DV pH on a large number of cells.

Acknowledgement. The work was supported by the USM Short Term Grant (304/PPSK/61312016), RLKA Fellowship and Postgraduate Fellowship. We acknowledge the generous provision of the USM INFORMM and Craniofacial Laboratory, and La Trobe



Figure 4. pH of endocytic structures and DV analysis after after 4-hour artemisinin treatment The colour at ratio images reflects the R_{ry} value from the look up table. Neutral to basic compartments appear blue-purple ($R_{ry} = >1.2$), whereas compartments with pH values <6 appear green ($R_{ry} = <0.8$). (A) The endocytic compartments of late ring stage parasites (yellow arrowheads) and (B) the DV and extra-DV compartments of mid trophozoite stage parasites (white arrowheads) appeared green (yellow arrowheads), indicating that the compartments remained acidic upon artemisinin treatment. Scale bars: 5 µm.

University, Melbourne. The authors thank Dr. Khairul Mohd. Fadzli Mustaffa, Mrs. Siti Fadilah Abdullah, Prof. Dr. Leann Tilley and Dr. Nick Klonis for technical advice.

REFERENCES

- Abu Bakar, N. (2016). Non-heme (inorganic) iron (II) is a possible activator of artemisinin in *Plasmodium falciparum*infected erythrocytes. *Health and Environment Journal* **7**(1): 25-42.
- Abu Bakar, N., Klonis, N., Hanssen, E., Chan, C. & Tilley, L. (2010). Digestive vacuole genesis and endocytic processes in the early intraerythrocytic stages of *Plasmodium falciparum. Journal of Cell Science* **123**(Pt 3): 441-450.
- Bacon, D.J., Latour, C., Lucas, C., Colina, O., Ringwald, P. & Picot, S. (2007). Comparison of a SYBR Green I based assay with an HRPII ELISA method for *in* vitro antimalarial drug efficacy testing and application to clinical isolates. Antimicrobial Agents and Chemotherapy 51: 1172-1178.
- Björkman, A. & Bhattarai, A. (2005). Public health impact of drug resistant *Plasmodium falciparum* malaria. *Acta Tropica* 94: 163-169.
- Clark, R.L., White, T.E., Clode, S., Gaunt, I., Winstanley, P. & Ward, S.A. (2004). Developmental toxicity of artesunate and an artesunate combination in the rat and rabbit. *Birth Defects Research B. Development and Reproductive Toxicology* **71**: 380-394.

- del Pilar Crespo, M., Avery, T.D., Hanssen, E., Fox, E., Robinson, T.V., Valente, P., Taylor, D.K. & Tilley, L. (2008). Artemisinin and a series of novel endoperoxide antimalarials exert early effects on digestive vacuole morphology. *Antimicrobial Agents and Chemotherapy* **52**(1): 98-109.
- Desjardin, R.E., Canfield, C.J., Haynes, J.D. & Chulay, J.D. (1979). Quantitative assessment of antimalarial activity *in vitro* by a semiautomated microdilution technique. *Antimicrobial Agents and Chemotherapy* **16**(6): 710-718.
- Dondorp, A.M., Nosten, F., Yi, P., Das, D., Phyo,
 A.P., Tarning, J., Lwin, K.M., Ariey, F.,
 Hanpithakpong, W., Lee, S.J., Ringwald,
 P., Silamut, K., Imwong, M., Chotivanich,
 K., Lim, P., Herdman, T., An, S.S., Yeung,
 S., Singhasivanon, P., Day, N.P.,
 Lindegardh, N., Socheat, D. & White, N.J.
 (2009). Artemisinin resistance in *Plasmodium falciparum* malaria. New
 England Journal of Medicine **361**: 455-467.
- Dondorp, A.M., Yeung, S., White, L., Nguon, C., Day, N.P., Socheat, D. & von Seidlein, L. (2010). Artemisinin resistance: current status and scenarios for containment. *Nature Review Microbiology* 8(4): 272-280.
- Druilhe, P., Moreno, A., Blanc, C., Brasseur, P.H. & Jacquier, P. (2001). A colorimetric *in vitro* drug sensitivity assay for *Plasmodium falciparum* based on a highly sensitive double-site lactate dehydrogenase antigen-capture enzymelinked immunosorbent assay. *American Journal of Tropical Medicine and Hygiene* **64**: 233-241.
- Duraisingh, M.T., Roper, C., Walliker, D. & Warhurst, D.C. (2000). Increased sensitivity to the antimalarials mefloquine and artemisinin is conferred by mutations in the pfmdr1 gene of *Plasmodium falciparum. Molecular Microbiology* **36**(4): 955-961.
- Eastman, R.T. & Fidock, D.A. (2009). Artemisinin-based combination therapies: a vital tool in efforts to eliminate malaria. *Nature Review Microbiology* **7**(12): 864-874.

- Eckstein-Ludwig, U., Webb, R.J.I., van Goethem, D.A., East, J.M., Lee, A.G., Kimura, M., O'Neill, P.M., Bray, P.G., Ward, S.A. & Krishna, S. (2003). Artemisinins target the SERCA of *Plasmodium falciparum*. *Nature* **424**(6951): 957-961.
- Elabbadi, N., Ancelin, M.L. & Vial, H.J. (1992). Use of radioactive ethanolamine incorporation into phospholipids to assess *in vitro* antimalarial activity by the semiautomated microdilution technique. *Antimicrobial Agents amd Chemotherapy* **36**: 50-55.
- Elandalloussi, L.M., Adams, B. & Smith, P.J. (2005). ATPase activity of purified plasma membranes and digestive vacuoles from *Plasmodium falciparum*. *Molecular & Biochemical Parasitology* **141**: 49-56.
- Hanssen, G., Knoechel, C., Klonis, N., Abu-Bakar, N., Deed, S., LeGros, M., Larabell, C. & Tilley, L. (2010). Cryo transmission x-ray imaging of the malaria parasite, *P. falciparum. Journal of Structural Biology* 173(1): 161-168
- Hayashi, M., Yamada, H., Mitamura, T., Horii, T., Yamamoto, A. & Moriyama, Y. (2000).
 Vacuolar H⁺-ATPase localized in plasma membranes of malaria parasite cells. *Plasmodium falciparum* is involved in regional acidification of parasitized erythrocytes. *Journal of Biological Chemistry* 275: 34353-34358.
- Haynes, R.K., Chan, W.C., Lung, C.M., Uhlemann, A.C., Eckstein, U., Taramelli, D., Parapini, S., Monti, D. & Krishna, S. (2007). The Fe(II)-mediated decomposition, *Pf*ATP6 binding, and antimalarial activities of artemisone and other artemisinins: the unlikelihood of C-centered radicals as bioactive intermediates. *ChemMedChem* 2(10): 1480-1497.
- Haynes, R.K., Chan, W.C., Wong, H.N., Li, K.Y., Wu, W.K., Fan, K.M., Sung, H.H., Williams, I.D., Prosperi, D., Melato, S., Coghi, P. & Monti, D. (2010). Facile oxidation of leucomethylene blue and dihydroflavins by artemisinins: relationship with flavoenzyme function and antimalarial mechanism of action. *ChemMedChem* 5(8): 1282-1299.

- Klonis, N., Crespo-Ortiz, M.P., Bottova, I., Abu-Bakar, N., Kenny, S., Rosenthal, P.J. & Tilley, L. (2011). Artemisinin activity against *Plasmodium falciparum* requires hemoglobin uptake and digestion. *Proceedings of the National Academy of Sciences* **108**(28): 11405-11410.
- Krishna, S., Uhlemann, A.-C. & Haynes, R.K. (2004). Artemisinins: mechanisms of action and potential for resistance. *Drug Resistance Update* **7**: 233–244.
- Krishna, S., Pulcini, S., Fatih, F. & Staines, H. (2010). Artemisinins and the biological basis for the *Pf*ATP6/SERCA hypothesis. *Trends Parasitology* **26**(11): 517-523.
- Lambros, C. & Venderberg, J.P. (1979). Synchronization of *Plasmodium falciparum* erythrocytic stages in culture. *Journal of Parasitology* **65**(3): 418-420.
- Li, W., Mo, W., Shen, D., Sun, L., Wang, J., Lu, S., Gitschier, J.M. & Zhou, B. (2005). Yeast model uncovers dual roles of mitochondria in the action of artemisinin. *PLoS Genetics* 1(3): e36.
- Meunier, B. & Robert, A. (2010). Heme as trigger and target for trioxane-containing antimalarial drugs. *Account Chemical Research* **43**(11): 1444-1451.
- Miao, J. & Cui, L. (2011). Rapid isolation of single malaria parasite–infected red blood cells by cell sorting. *Nature Protocols* **6**(2): 140-146.
- Mohd-Zamri, N.H., Mat-Desa, N.W. & Abu-Bakar, N. (2017). Preparation and *in vitro* characterization of resealed erythrocytes containing TMR-dextran for determination of hemoglobin uptake and transfer by the malaria parasite. *International Journal of Pharmaceutical Sciences and Research* **8**(3):
- Moriyama, Y., Hayashi, M., Yatsushiro, S. & Yamamoto, A. (2003). Vacuolar proton pumps in malaria parasite cells. *Journal* of Bioenergetics and Biomembranes **35**(4): 367-375.
- Muraleedharan, K.M. & Avery, M.A. (2009). Progress in the development of peroxidebased anti-parasitic agents. Drug Discovery Today **14(**15-16):

- Nontprasert, A., Pukrittayakamee, S., Nosten-Bertrand, M., Vanijanonta, S. & White, N.J. (2000). Studies of the neurotoxicity of oral artemisinin derivatives in mice. *The American Journal of Tropical Medicine and Hygiene* **62**: 409-412.
- Nosten, F. & White, N.J. (2007). Artemisininbased combination treatment of falciparum malaria. *The American Journal of Tropical Medicine and Hygiene* **77**(6 suppl.): 181-192.
- O'Neill, P.M., Barton, V.E. & Ward, S.A. (2010). The molecular mechanism of action of artemisinin – the debate continues. *Molecules* **15**(3): 1705-1721.
- Rijken, M.J., McGready, R., Boel, M.E., Barends, M., Proux, S., Pimanpanarak, M., Singhasivanon, P. & Nosten, F. (2008). Dihydroartemisinin-piperaquine rescue treatment of multidrug-resistant *Plasmodium falciparum* malaria in pregnancy: a preliminary report. *Americal Journal* of Tropical Medicine and Hygiene **78**: 543-545.
- Saliba, K.J., Allen, R.J., Zissis, S., Bray, P.G., Ward, S.A. & Kirk, K. (2003). Acidification of the malaria parasite's digestive vacuole by a H⁺-ATPase and a H⁺pyrophosphatase. *Journal of Biological Chemistry* **278**: 5605-5612.
- Spillman, N.J., Allen, R.J. & Kirk, K. (2008). Acid extrusion from the intraerythrocytic malaria parasite is not via a Na⁺/H⁺ exchanger. *Molecular and Biochemical Parasitology* 162(1): 96-99.
- Trager, W. & Jensen, J.B. (1976). Human malaria parasite in continuous culture. *Science* **193**: 673-675.
- Vossen, M.G., Pferschy, S., Chiba, P. & Noedl, H. (2010). The SYBR Green I malaria drug sensitivity assay: performance in low parasitaemia samples. *American Journal of Tropical Medicine and Hygiene* 82(3): 398-401.
- Wang, J., Zhang, C.-J., Chia, W.N., Loh, C.C.Y., Li, Z., Lee, Y.M., He, Y., Yuan, L.-X., Lim, T.K., Liu, M., Liew, C.S., Lee, Y.Q., Zhang, J., Lu, N., Lim, C.T., Hua, Z.-C., Liu, B., Shen, H.-M., Tan, K.S.W. & Lin, Q. (2015). Haem-activated promiscuous targeting of artemisinin in *Plasmodium*

falciparum. Nature Communications **6**: 10111. DOI: 10.1038/ncomms10111

- World Health Organization (2016). World Malaria Report 2016. Retrieved January, 02, 2017, from http://www.who.int/ malaria/publications/world-malariareport-2016/report/en/.
- Xie, D.Y., Ma, D.M., Judd, R. & Jones, A.L. (2016). Artemisinin biosynthesis in Artemisia annua and metabolic engineering: questions, challenges, and perspectives. Phytochemistry Review 15: 093-1114.
- Yang, T., Xie, S.C., Caob, P., Giannangelo, C., McCawb, J., Creek, D.J., Charmanc, S.A., Klonis, N. & Tilley, L. (2016). Comparison of the exposure time dependence of the activities of synthetic ozonide antimalarials and dihydroartemisinin against K13 wild-type and mutant *Plasmodium falciparum* strains. *Antimicrobial Agents and Chemo*therapy **60**(8): 4501-4510.