



AREVIEW: “A REVIEW ON ANTIBIOTICS RESISTANCE”

Nilam Arun Patil, Tushar Gaikwad

Late Narayandas Bhavandas Chhabada Institute of pharmacy, Raigaon, Satara, Shivaji University, Kolhapur, Maharashtra, India

Telephone no: +918999486877, +919922228112

Gmail: nilampatil020000@gmail.com, comtushargaikwad22@gmail.com

ABSTRACT:-

Infections caused by antibiotic-resistance germs are difficult and sometimes impossible to treat. Antibiotic resistance does not mean the body is becoming resistant to the antibiotic; it is that bacteria have become resistant to the antibiotic designed to kill them. Penicillin, the first commercialized antibiotic, was discovered in 1928 by Sir Alexander Fleming. Ever since, there has been discovery and acknowledgment of resistance alongside the discovery of new antibiotics. In this article, we also include the need for novel tools which help to reduce or prevent antibiotic resistance. Antibiotic resistance happens when germs like bacteria and fungi develop the ability to defeat the drug designed to kill them. That means the germs are not killed and continue to grow.

Keywords - Antibiotics, Antibiotic Resistance, Antimicrobial Resistance

DEFINITION:

Antibiotics are chemical agents that prevent bacterial growth by stopping the bacterial cell from dividing (bacteriostatic) or by killing them (bactericidal). The terms antibiotic and antimicrobial are often used interchangeably but are not synonymous. Antibiotics are substances of microbial origin (such as penicillin) while “antimicrobial” refers to any substance including synthetic compounds which destroys microbes. Mechanism of action of antibiotics: In order to appreciate the mechanisms of resistance, it is important to understand how antimicrobial agents act. One of the most common mechanisms of action is targeting the cell wall, which is present in bacteria (prokaryotic cells) but absent in humans (eukaryotic cells).

Antibiotic Resistance

Antibiotic resistance is the ability of a bacterium or other microorganisms to survive and reproduce in the presence of antibiotic doses that were previously thought effective against them. The origin of antibiotic resistance genes is unclear; however, studies using clinical isolates collected before the introduction of antibiotics demonstrated susceptibility, although

conjugative plasmids were present. The main four types of resistance to antibiotics develop

1. Natural (Intrinsic) resistance
2. Acquired resistance
3. Cross-resistance
4. Multi-drug resistance and pan-resistance

1. Natural (Intrinsic, Structural) resistance:

This kind of resistance is caused by the structural characteristics of bacteria and it is not associated with the use of antibiotics. It has no hereditary property.

2. Acquired resistance:

As a result of changes in the genetic characteristics of bacteria, an acquired resistance occurs due to its not being affected by the antibiotics it has been responsive to before.

3. Cross-resistance:

Some microorganisms which are resistant to a certain drug, that acts with the same or similar mechanism and also resistant to other drugs. This condition is usually observed in antibiotics whose structures are similar: such as resistance between erythromycin, neomycin-kanamycin or resistance between

cephalosporin and penicillin.

4. Multi-drug resistance and pan-resistance:

Multidrug-resistant organisms are usually bacteria that have become resistant to the antibiotics used to treat them. This means that a particular drug is no longer able to kill or control the bacteria. Contact with its target.

Multiple antibiotic resistances:

R-plasmids possess regions with the resistance genes and resistance to a number of different antibiotics that can be mediated by the same R-factor and is known as multiple antibiotic resistances.

MECHANISMS OF RESISTANCE BY ANTIBIOTICS GROUP

Resistance to Beta-lactam antibiotics:

Beta-lactam antibiotics are a broad class of antibiotics; include penicillin's, cephalosporin's (namely, first-generation, second-generation, third generation, fourth-generation and fifth generations), monobactams and the carbapenems. A1. Beta-lactamases As a result of studies molecular level 4 classes (A, B, C, D) of beta-lactamase enzymes described. A, C and D beta-lactamases which function as zinc ion metalloenzymes.

a. Class A beta-lactamases:

Gram positive and Gram negative bacteria are often plasmid or Transposon. Usually capable of inducible Gram-negative bacteria TEM, ESBL (the number is 50) are included in this group.

b. Class B beta-lactamases:

Stenotrophomonas maltophilia, *Bacteroides fragilis*, *Aeromonas* and *Legionella* detectable species, enzymes which hydrolyze carbapenems as well as penicillin and cephalosporin.

c. Class C beta-lactamases:

Mainly parts cephalosporin (cephalosporins). Usually found on Gram-Negative bacteria and localized to chromosome.

d. Class D beta-lactamases:

Oxacillin degrading enzymes (Oxacillins). Gram-positive cocci of *S. aureus* type that induced by beta-lactamases. Plasmids and transposons are usually movable and can be transferred by conjugation of staphylococcus.

A2. The development of resistance in Penicillin-binding proteins (PBP) into change:

Target of beta-lactam antibiotics, peptidoglycan synthesis in the cell membrane which is responsible for penicillin-binding proteins (PBP). PBPs serboxy peptidase and trans peptidase enzymes.

A3. Change in membrane proteins: Porin channels' change induced by gram-negative bacteria resistance. For example, *P. aeruginosa* with a dedicated channel protein in Opr D registration may develop resistance to carbapenems. B. Aminoglycoside group antibiotics resistance

B1. Enzymes that change the structure of aminoglycoside:

In aerobic gram-negative bacteria the most important mechanism in the development of resistance to aminoglycosides is enzymatic inactivation. It plays a role in resistance to aminoglycosides modifying enzymes.

B2. Preventing the passage of the drug to cytoplasm: Anaerobic bacteria, then a mechanism responsible for resistance to aminoglycoside.

B3. Changes in the ribosomal target: Especially important for streptomycin resistance. Caused by mutations in ribosomal protein S12 30S sub-unit is not connected to the target streptomycin.

C. Tetracycline Resistance

C1. Prevention of drug uptake into the cells and the active pump systems:

Reduction in membrane permeability as a result of the spontaneous chromosomal mutation in bacteria as a result of the uptake of the drug in preventing the development of resistance.

C2. Ribosomal Protection: The second important mechanism that leads to resistance to tetracycline. The genes found on bacteria such as *Campylobacter*, *Mycoplasma*, *Urea plasma* and *Bacteroides* genus. They are plasmid and chromosomal origin.

D. Macrolide, Lincosamide, Streptogramin (MLS) groups Macrolide, Lincosamide, Streptogramin (MLS) group's antibiotics resistance Because Gram-negative bacteria is impermeable to these antibiotics which have hydrophobic outer membranes, Gram-negative bacteria are naturally resistant to MLS group antibiotics.

NEED OF NOVEL TOOLS :Back in 1940 when Alexander Fleming discovered penicillin, it came out as a wonder drug. This drug was widely used for various infections. In 1940, it was observed by the two members, who were apart of penicillin discovery, that there exists an enzyme called penicillinase, from a same strain of bacteria from which penicillin was observed.

LIMITATIONS OF EXISTING APPROACHES:

The only existing approaches are that of antibiotics. The modern era of antibiotics began with the discovery of penicillin in 1928. Since then, antibiotics have been the backbone of treating several infections and saving millions of lives.

Table 1. List of effective and ineffective antibiotics against disease-causing bacteria.

UPCOMING TRENDS:

Several scientists have developed many novel theories that would help to kill microbes without the use of antibiotics. This will preclude antibiotic and antimicrobial agents. Many novel theories described in this review have been tested *in vitro* and the inherent bacterial properties have been confirmed.

Nanotechnology:

The unanticipated threat of antibiotic resistance demands the development of novel drugs and strategies for battling antibiotic resistance. New developments in nanotechnology to produce engineered nanoparticles with coveted physicochemical properties have been utilized as the new outlook of defence against MDR microbes.

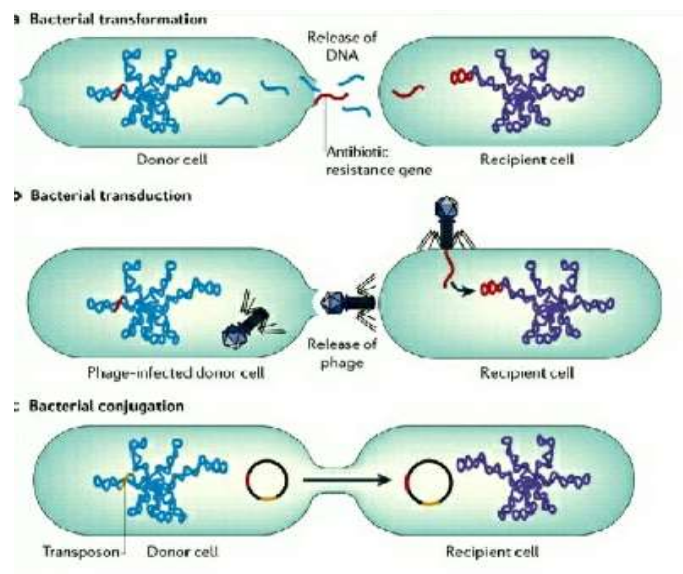


Fig. 1. Horizontal gene transfer. Resistance gene being transferred from one bacterium to another bacterium, antibiotic inactivation.

Gold nanoparticles also exhibit antibacterial activity by two ways: It inhibits ATP synthase activities and decreases the ATP level which leads to decrease in metabolism and hence change in membrane potential. B. ENZYMES Researchers have discovered bacteria-killing enzymes that could successfully supersede the traditional antibiotics. These enzymes are obtained from bacteriophages which infect the bacteria and kill them. One such enzyme available in the market is Staphfect.

T.M.C. HERBAL ALTERNATIVES:

Medicinal plants have many traditional uses. These plants are composite sources for active ingredients which can act as anti-infectious agents. The microbial infections are the primary cause of death in the developed and developing countries.

D.PROBIOTICS APPROACH: Food and Agriculture Organization of United Nation (FAO) and World Health Organization (WHO) define probiotics as "live organisms which when administered in adequate amounts confer health benefits on the host". Probiotics may function in these three ways:

1. They reduce the chances of antibiotic triggered super infections in the urinary tract and gut.
2. Form an antibacterial substance which disrupts biofilms formed by bacteria, making it easier for antibiotics to kill.

CONCLUSION:

Antibiotics are extensively used both on human and animal health

Practice in developed and developing countries. There are many antibiotics they get resist by the bacteria because of insufficient amount or concentration of antibiotic.

Antibiotic resistance is a major problem in the clinical practice today in

The emergence of multiple drug resistance to several types of antimicrobial agent. It develops by different ways such as antibiotic inactivation, modification of target site, efflux or transport of antibiotic and soon.

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