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ANTIBIOGRAM ANALYSIS OF MODIFIED DRUGS AGAINST PATHOGENIC MICROORGANISMS

Kumar D¹, Prakash S²

¹ RR Institute of Modern Technology, Lucknow, UP, India.

²Integral University, Lucknow, UP, India.

*Corresponding Author: Dhananjay kumar

Email ID: pallavi.mrdls@gmail.com

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ABSTRACT

Medicines or drugs are the chemical substances which causes the change in organism's physiology by consuming it. People are facing lots of problems by consuming it as side effects, and the disease causing agents are also showing the resistivity against respective drugs. Ampicillin and Paracetamol are not able show antimicrobial activity but after modifications it was found that the Ampicillin and Paracetamol of 4:1 ratio showing the best results. After changing the pH, pH 7 enhances the activity of drug. The modified drug inhibits the maximum growth when the formulation is done at 37°C

Keywords: Synthetic drug, Antimicrobial activity, Chlamydia, Mycobacteria, Paracetamol, Herbal drug.

INTRODUCTION

The host cells are attacked by the intracellular microorganisms in order to reproduce themselves [1]. Either they are protected from entering cells or can be identified oreradicated once they have done so [2]. There are number of pathogenic microbes which can freely replicate in the cells for examples the mycobacteria which replicate in cellular vesicles, viruses, some bacterial species which belongs to Chlamydia and Rickettsia as well as Listeria species[3]. The entry of virus in the cells can be prevented by using antibodies for neutralization, because the production depends on the TH2 cells [4]. Specific cytotoxic T-cell recognizes and kills the cell [5]. Pathogen specific TH1 cells are used to eliminate the macrophages [5]. Many microbial pathogens secrete the toxins which neutralize the antibodies and cause diseases [6].

Medicines are used for the treatment of various diseases and infections to improve our health. Medicines or drugs are the chemical substances which causes the change in organisms physiology by consuming it **[7,8]**. While taking medicines there are several risks of unwanted side effects, reactions with foods, alcohols or other medicines which may

be taking with it **[9]**. Few medicines are not safe for consumption during pregnancy **[10]**. Regular taking medicines for the respective disease, the disease causing agents become resistive, by which further no better results of medicines or drugs will be obtained **[11]**. For this different drugs are required **[12]**.At

wastage of money, time, efforts etc. **[11,13]**. For reducing the risks of medicines and increasing the effects of medicines or drugs, there are several modifications on respective drugs are performing **[14,15]**. These modifications are done by adding different substitute's n formulation or by making different compositions of drugs with herbal or synthetic drugs.

present era the microorganisms are also

capable for survive in the presence of various

antimicrobial agents by gaining resistivity,

hence the medication by these drugs are all

METHODOLOGY

Sample collections:

Marketed medicines were purchased from the medical shops near MRD LifeSciences Pvt. Ltd. Lucknow.

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Preparation of microbial strains:

We used bacterial strains *Pseudomonas aeruginosa* (*Pa*), *Styphyllococus aureus* (*Sa*), *Klebsiella pneumoniae* (*Kp*), available at the MRD LifeSciences as my test pathogens. Initially we use the pre-cultured plates of pathogens, streaked them in Agar plates and revive them. The revived culture worked as a source for the pathogens broth.

Preparation of modified drugs:

It was prepared by mixing two different medicines in various compositions **[16]**. The pH (4, 7, 9, 11) and temperature (room temperature, 37°C, 4°C, 60°C) was changed for the modification to enhancing the antibacterial properties **[17]**.

Antibacterial susceptibility test:

The test is performed by using agar well diffusion method **[18]**, where sterilized nutrient agar plates were prepared and then 50 μ l pathogens were spread to it. After spreading the medicines, modified drugs were loaded to the wells and incubated at 37°C for 24 hours.

Minimum inhibitory concentration (MIC) test:

The drug was serially diluted in sterilized nutrient broth **[19]** by taking 10mg concentration and then the test pathogens were inoculated to the broth. The optical density was checked at 620 nm after the incubation of 24 hours at 37°C **[20]**.

RESULTS

Sample collections and preparations:

The medicine samples were collected from medical shop near to the MRD LifeSciences and then dissolved in the sterilized distilled water by making 100 mg / ml stock solution. Then these stock solutions were used for further analysis by making dilutions.

Table 1: The collected medicines

S no	Medicine name
1.	Ceptax
2.	Ampicillin
3.	Penicillin
4.	Zefu
5.	Azasite
6.	Ciprofloxacin
7.	Paracetamol
8.	Naproxen
9.	Amoxicillin
10.	Diclofenac

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11.	Aceclofenac
12.	Aciloc
13.	l brufen



Figure 1: Collection of the medicines from the medical shop near to MRD LifeSciences.

Antibacterial susceptibility test:

The antibacterial property of the medicines were checked against the *Pseudomonas aeruginosa(Pa)*, *Styphyllococus aureus (Sa)* and*Klebsiella pneumoniae(Kp)*,

Table 2: Antibacterial susceptibility test of themedicines against the test pathogens.

Medicines	Zone of inhibition (mm)		
	Кр	Ра	Sa
Ceptax	32.5	27	31
Ampicillin	0	0	0
Penicillin	24.5	23	24.5
Zefu	25	19.5	24

Azasite	31	30	21
Ciprofloxacin	36	32	40.5
Paracetamol	11.5	14.5	12.5
Naproxen	16	25	0
Amoxicillin	14.5	19.5	21
Diclofenac	12.5	13.5	13
Aceclofenac	0	0	0
Aciloc	21.5	20.5	18.5
Ibrufen	18.5	21	8

Where,	Кр=	Κ	pneumoniae,	Pa=	Ρ.
aerugino	sa, Sa=	= S. (aureus		

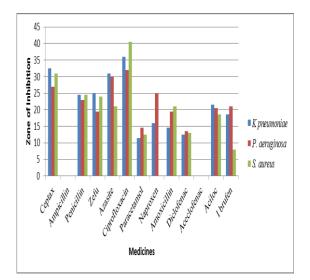
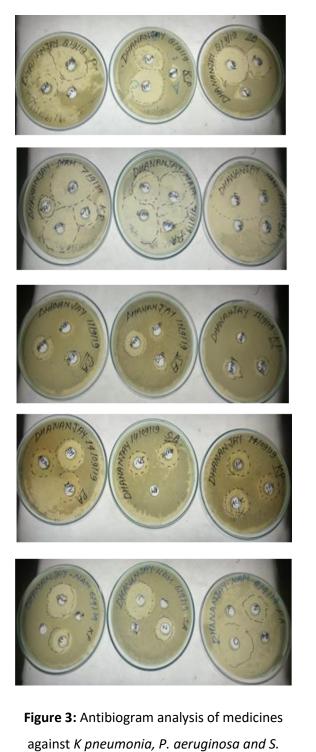


Figure 2: Above graph represent the result of analysis of medicines in which shown different result of all extracts against three different pathogens.



aureus

Table 3: Antibiogram analysis of modifieddrugs

Ratios	Zone	of in	hibition		
Natios		UI IN			
	(mm)	1	1		
	Кр	Ра	Sa		
Combination of Ampicillin and					
Paracetamol					
1:1	0	15	0		
ratio					
1:4	17	12	0		
ratio					
4:1	22	26.5	25		
ratio					
Effects of pH on 4:1 ratio					
Effects	от рн	01 4:1	Tatio		
combinat	•				
	ion of				
combinat	ion of				
combinat Paracetar	ion of nol	Ampicilli	in and		
combinat Paracetar pH 4	ion of nol	Ampicilli	in and		
combinat Paracetar pH 4 pH 7	ion of nol 23	Ampicilli 0 28.5	in and 0 25		
combinat Paracetar pH 4 pH 7 pH 9	ion of nol 23 11.3 16.9	Ampicilli 0 28.5 13.2 12.5	n and 0 25 14.3 18		
combinat Paracetar pH 4 pH 7 pH 9 pH 11	ion of nol 23 11.3 16.9 tempera	Ampicilli 0 28.5 13.2 12.5 ture on 4	n and 0 25 14.3 18 :1 ratio		
combinat Paracetar pH 4 pH 7 pH 9 pH 11 Effects of	ion of nol 23 11.3 16.9 tempera ion of	Ampicilli 0 28.5 13.2 12.5 ture on 4	n and 0 25 14.3 18 :1 ratio		
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combinat Paracetar pH 4 pH 7 pH 9 pH 11 Effects of combinat Paracetar 37° C	ion of nol 23 11.3 16.9 tempera ion of nol 21	Ampicilli 0 28.5 13.2 12.5 ture on 4 Ampicilli 27.1	in and 0 25 14.3 18 :1 ratio in and 19.9		

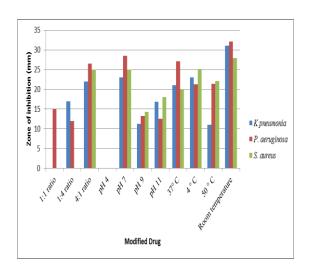


Figure 4: Graphical representation of the modified drugs against the test pathogens.

Minimum inhibitory concentration test:

Table 4: Minimum inhibitory concentrationtest of the modified drug.

Modified	MIC value (mg / ml)
drug	
K pneumonia	17
P. aeruginosa	13
S. aureus	18.5

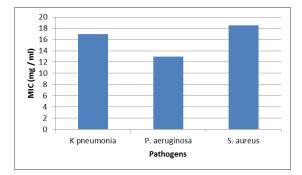


Figure 5: graphical representation of the minimum inhibition concentration of the modified drug against the pathogens



Figure 6: Minimum inhibition concentration test of modified drugs against *K pneumonia, P. aeruginosa and S. aureus.*

DISCUSSION

The medicines were purchased and collected from the medical shops near to MRD LifeSciences Pvt. Ltd. Lukcnow. Then these medicines were dissolved in the sterilized water or buffer by making 100mg / ml concentration of it. Antimicrobial activity of these drugs was done against the test bacterial pathogens such as *K pneumonia*, *P. aeruginosa and S. aureus* by using agar well diffusion method.

As a result it was found that the ampicillin is not able to inhibit the growth of pathogens and paracetamol was also inhibiting the growth in lowest amount which was defined by the measurement of zone of inhibition of respective medicines against the pathogens. For enhancing the activities of these medicines further modification was performed by making the combinations in different ratios, then changing the pH and temperature for the best combination. As a result it was found that the Ampicillin and paracetamol of 4:1 ratio showing the best results. After changing the pH , pH 7 enhances the activity of drug. The modified drug inhibits the maximum growth when the formulation is done at 37°C.

CONCLUSION

It was concluded that the new modified drug was able to inhibit the test microbial growth. Further the herbal products can also be added to the modified drug for enhancing the activity without showing any side effects.

REFERENCES

[1] Bhavsar, A. P., Guttman, J. A., & Finlay, B.B. (2007).Manipulation of host-cell pathways

by bacterial pathogens. *Nature, 449*(7164), 827-834.

[2] Vallet-Gely, I., Lemaitre, B., &Boccard, F. (2008).Bacterial strategies to overcome insect defences. *Nature Reviews Microbiology*, *6*(4), 302-313.

[3] JanewayJr, C. A., Travers, P., Walport, M., &Shlomchik, M. J. (2001). Infectious agents and how they cause disease. In *Immunobiology: The Immune System in Health and Disease. 5th edition*. Garland Science.

[4] Halstead, S. B., Mahalingam, S., Marovich, M. A., Ubol, S., &Mosser, D. M. (2010). Intrinsic antibody-dependent enhancement of microbial infection in macrophages: disease regulation by immune complexes. *The Lancet infectious diseases*, *10*(10), 712-722.

[5] Cho, S., Mehra, V., Thoma-Uszynski, S., Stenger, S., Serbina, N., Mazzaccaro, R. J., ...& Bloom, B. R. (2000). Antimicrobial activity of MHC class I-restricted CD8+ T cells in human tuberculosis. *Proceedings of the National Academy of Sciences*, *97*(22), 12210-12215.

[6] Bebbington, C., &Yarranton, G. (2008). Antibodies for the treatment of bacterial infections: current experience and future prospects. *Current opinion in biotechnology*, *19*(6), 613-619.

[7] H.P., Rang; M.M, Dale; J.M., Ritter; R.J.,
Flower; G., Henderson (2011). "What is
Pharmacology". *Rang & Dale's pharmacology* (7th ed.). Edinburgh: Churchill
Livingstone, 1.

[8] Atanasov, A. G., Waltenberger, B., Pferschy-Wenzig, E. M., Linder, T., Wawrosch, C., Uhrin, P., ...&Rollinger, J. M. (2015). Discovery and resupply of pharmacologically active plant-derived natural products: A review. *Biotechnology advances*, *33*(8), 1582-1614.

[9] Alomar, M. J. (2014). Factors affecting the development of adverse drug reactions. *Saudi pharmaceutical journal*, *22*(2), 83-94.

[10] Sawalha, A. F. (2015). Consumption of prescription and non-prescription medications by pregnant women: a cross sectional study in Palestine. *IUG Journal of Natural Studies*, *15*(2).

[11] Meads, M. B., Gatenby, R. A., & Dalton,W. S. (2009). Environment-mediated drug

resistance: a major contributor to minimal residual disease. *Nature reviews cancer*, *9*(9), 665-674.

[12] Drusano, G. L. (2004). Antimicrobial pharmacodynamics: critical interactions of bug and drug'. *Nature Reviews Microbiology*, *2*(4), 289-300.

[13] Magiorakos, A. P., Srinivasan, A., Carey, R. B., Carmeli, Y., Falagas, M. E., Giske, C. G., ... & Paterson, D. L. (2012). Multidrugresistant, extensively drug-resistant and pandrug-resistant bacteria: an international expert proposal for interim standard definitions for acquired resistance. *Clinical microbiology and infection*, *18*(3), 268-281.

[14] Chou, T. C. (2006). Theoretical basis, experimental design, and computerized simulation of synergism and antagonism in drug combination studies. *Pharmacological reviews*, *58*(3), 621-681.

[15] Lettieri, J., & Fung, H. L. (1978). Improved pharmacological activity via pro-drug modification: comparative pharmacokinetics of sodium gamma-hydroxybutyrate and gamma-butyrolactone. *Research communications in chemical pathology and pharmacology*, *22*(1), 107-118.

[16] Puolakka, K., Kautiainen, H., Möttönen, T., Hannonen, P., Korpela, M., Julkunen, H., ...&Hakala, M. (2004). Impact of initial aggressive drug treatment with a combination of disease-modifying antirheumatic drugs on the development of work disability in early rheumatoid arthritis: a five-year randomized followup trial. *Arthritis & Rheumatism: Official Journal of the American College of Rheumatology*, *50*(1), 55-62.

[17] Katritzky, A. R., Hall, C. D., El-Gendy, B. E. D. M., &Draghici, B. (2010). Tautomerism in drug discovery. *Journal of computer-aided molecular design*, *24*(6-7), 475-484.

[18] Holder, I. A., & Boyce, S. T. (1994). Agar well diffusion assay testing of bacterial susceptibility to various antimicrobials in concentrations non-toxic for human cells in culture. *Burns*, *20*(5), 426-429.

[19] Hannan, P. C. (2000). Guidelines and recommendations for antimicrobial minimum inhibitory concentration (MIC) testing against veterinary mycoplasma species. *Veterinary research*, *31*(4), 373-395.

[20] Lambert, R. J. W., & Pearson, J. (2000). Susceptibility testing: accurate and reproducible minimum inhibitory concentration (MIC) and non-inhibitory concentration (NIC) values. *Journal of applied microbiology*, *88*(5), 784-790.