

# Study on the Presence of R- Plasmids Inclinal Isolates from Various Clinical Samples: With Special Reference to Antibiotics

Sunil Kumar Suman<sup>1\*</sup> Dr. Komal Lata<sup>2</sup>

<sup>1</sup> Research Scholar of OPJS University, Churu, Rajasthan

<sup>2</sup> Associate Professor, OPJS University, Churu, Rajasthan

**Abstract – Antimicrobial resistance is a major contemporary public health threat. Strategies to contain antimicrobial resistance have been comprehensively set forth, however in developing countries where the need for effective antimicrobials is greatest implementation has proved problematic. A better understanding of patterns and determinants of antibiotic use and resistance in emerging economies may permit more appropriately targeted interventions. A large population, high burden of infectious disease and relatively unrestricted access to medication, is an excellent case study of the difficulties faced by emerging economies in controlling antimicrobial resistance. There is a tension between the need to use antibiotics to prevent adverse outcomes from infection, and a consequence of their use, which is antibiotic (treatment) resistant infection. Actions taken to control the spread of antibiotic resistant microbes, and constraints on the use of antibiotics both give rise to ethical tensions. In this paper we study about the emerging bacterial resistance to antibiotics.**

-----X-----

## I. INTRODUCTION

Antimicrobial resistance is the capacity of a microorganism to survive and recreate within the sight of antibiotic dosages that were beforehand thought compelling against them. It is characterized as microorganisms that are not hindered by generally achievable fundamental grouping of an operator with typical measurements plan as well as fall in the base inhibitory fixation ranges. Numerous drug resistance is characterized as the resistance to at least two drugs or drug classes. Procurement of resistance to one antibiotic giving resistance to another antibiotic, to which the life form has not been uncovered, is called cross resistance.

Antibiotic resistance is a genuine general medical problem and it is a noteworthy outcome of exorbitant and nonsensical utilization of antibiotics. Antibiotic-safe contaminations are exceptionally hard to treat and there are high odds of repeat.

The greater part of the anti-microbial creating microorganisms detailed so far have a place with bacteria, actinomycetes and organisms. Since all endeavors to change growths have flopped up until this point, probably because of the disappointment of the changing rule to enter the beneficiary cells or because of some other factor which meddles in' some way with the mix of contributor DMA with the

beneficiary genome, endeavors were confined to bacteria and Actinomycetes, except for penicillin and griseofulvin, essentially every one of the anti-infection agents, utilized as a part of chemotherapy to-day, are of actin-omycete or bacterial starting point.

In the examinations depicted in this proposal, endeavors were made to see if the property of anti-microbial creation can be exchanged by hereditary change starting with one living being then onto the next. An expansive number of bacterial and actinomycete strains have been utilized for this reason. While, as far as the competitor knows, no critical consideration has been paid to bacteria in this regard, there are a couple of reports concerning.

Antibiotics have for quite some time been viewed as the "enchantment shot" that would end irresistible sickness. In spite of the fact that they have enhanced the soundness of endless quantities of people and creatures, numerous antibiotics have additionally been losing their adequacy since the start of the antibiotic period. Bacteria have adjusted barriers against these antibiotics and keep on developing new protections, even as we grow new antibiotics. As of late, much consideration has been given to the expansion in antibiotic obstruction. As more microbial species and strains end up safe, numerous infections have turned out to be hard to treat, a

marvel as often as possible credited to both unpredictable and unseemly utilization of antibiotics in human drug. Be that as it may, the utilization of antibiotics and antimicrobials in raising nourishment creatures has additionally contributed fundamentally to the pool of antibiotic safe organisms internationally and antibiotic safe bacteria are currently found in extensive numbers in for all intents and purposes each biological community on earth.

## **II. ANTIBIOTIC ADVANCEMENT**

With a specific end goal to grasp the issue of antibiotic opposition as it exists today, it is helpful to comprehend the history and advancement of the two antibiotics and antibiotic obstruction. Antimicrobial medications have by and large been grouped into two classes, one incorporates the manufactured medications, for example, the sulfonamides and the quinolones, and the second, antibiotics, integrated by microorganisms. Lately, expanding quantities of semi-engineered drugs have been created which are concoction subordinates of antibiotics, along these lines obscuring the qualification amongst manufactured and characteristic antibiotics.

## **III. INHIBITORS OF PROTEIN COMBINATION**

There are numerous sorts of antibiotics that repress bacterial protein combination. These medications exploit basic contrasts between bacterial ribosomes and eukaryotic ribosomes

The aminoglycoside antibiotics are a gathering whose instrument of activity isn't totally comprehended. The three noteworthy gatherings of aminoglycosides are the streptomycins, neomycins, and kanamycins. These medications enter bacterial cells by a functioning transport that includes quinones that are truant in anaerobes and streptococci, subsequently barring these organisms from the range of activity. Streptomycins act by official to the 30S ribosomal subunit. Kanamycins and neomycins tie to both the 50S subunit and to a site on the 30S subunit not the same as that of streptomycin (100). Activity including commencement buildings and cell film proteins that add to cell demise assumes a role in the activity of these antibiotics, yet this is inadequately comprehended).

## **IV. INHIBITORS OF NUCLEIC ACID SYNTHESIS:**

The sulfonamides and the diaminopyrimidines ought to be examined together, in that both just in a roundabout way hinder nucleic corrosive union by repressing folate union. Folate is a coenzyme vital for the combination of purines and pyrimidines. Albeit the two kinds of medications are helpful all alone, they show a synergistic impact when consolidated. Sulfonamides are as of now not utilized regularly in pharmaceutical,

but rather the mix medicate trimethoprim-sulfamethoxazole is once in a while utilized as a part of the treatment of urinary tract diseases. Sulfonamides fill in as a simple of p-aminobenzoic corrosive. Along these lines, they aggressively restrain an early advance in folate union. Diaminopyrimidines, of which trimethoprim is the most widely recognized, repress dihydrofolate reductase, the catalyst that catalyzes the last advance in folate union (100).

There are a few obstruction instruments microorganisms utilize against every one of the counter folate drugs. For instance, sulfonamides are rendered ineffectual by finished production of p-aminobenzoic corrosive or production of a changed dihydropteroate synthetase. The substrate for dihydropteroate synthetase is p-aminobenzoic corrosive, and the adjusted frame has a much lower liking for sulfonamides than for p-aminobenzoic corrosive. Trimethoprim obstruction can likewise come about because of a few systems, e.g., over-production of dihydrofolate reductase or production of a modified, tranquilize safe shape can prompt opposition.

## **V. OBJECTIVES OF THE STUDY**

The specific objectives of the study are–

1. To identify and survey antibiotic resistance and presence of R- plasmids in clinical isolates from various clinical samples like pus, urine, stool, blood, sputum, suction catheter tips, vaginal swabs, body fluids etc.
2. To determine the sensitivity profile of the isolated organisms against 12 different classes of antibiotics and short list the organism(s) showing multidrug resistance.
3. To prepare the plasmid profile of the most resistant isolate(s).
4. Elimination of antibiotic resistance plasmids from shortlisted clinical isolate(s) using standard curing agent of herbal origin.
5. To study the genetic determinants of the multidrug resistance. To achieve the aforesaid objectives, the materials used and methods/protocols followed will be described in the thesis.

## **VI. RESEARCH METHODOLOGY**

### ***Clinical sample collection***

Different clinical samples like blood, sputum, pee, suction catheter tips, Foley's catheter tips, throat swabs, vaginal swabs, body liquids and stool and so forth were gathered from patients of different private healing centers, nursing homes and Intensive care

units and adjacent territories. These samples were gathered for isolation of multi drug safe creatures from patients experiencing typhoid, the runs, post careful contaminations, healing facility acquired diseases, urinary tract contaminations, septicemia and so on. The samples were gathered in clean wide mouth autoclavable poly propylene compartments and culture tubes with sterile swab sticks in appropriate aseptic conditions. For introduce consider, add up to 1200 clinical samples were gathered. Ideally site particular samples were gathered in sterile holders marked with patient's name, date, accumulation time and place. Table 1 delineates the diverse sorts of clinical samples utilized for the isolation of pathogens.

**Table1**

**Various types of clinical samples used for isolation of pathogenic organisms**

S. No.	Class of clinical samples	Specific type of clinical samples
1	Blood	Blood
2	Body fluids	Ascitic fluid, cerebrospinal fluid, pleural fluid, peritoneal fluid, semen etc.
3	Pus	Pus from abscess, wound swab, nasal swabs, ear pus, discharge from sinuses, discharge from post operative wounds etc.
4	Respiratory secretions	Sputum, bronchoalveolar lavage (BAL), tracheal secretions, endotracheal secretions, throat swabs, suction catheter tips etc.
5	Stool	Stool and anorectal swabs
6	Urogenital specimens	Urine, vaginal swabs, cervical swabs etc.

#### **Specific collection process of clinical samples**

Inability to disconnect the causative creature from its source isn't really the blame of lacking/broken culture systems; it as often as possible outcomes from defective example gathering or transport procedures. Thus, the accumulation of clinical example assumes vital part in isolation of the causative specialist. At whatever point conceivable the samples were gathered before antimicrobial agents have been

directed. To manage the finding of suppurative diseases of wounds, skin, ulcers, sinuses, respiratory tracts, urinary tract contaminations, contaminations of profound destinations and the locales which are available to sully, legitimate example gathering techniques assume an essential part. To abstain from deceiving determination and mix-up in deciding the powerful dosage of antibiotics against the pathogens following the best possible recommended test particular gathering convention therefore winds up basic. In exhibit examination, every one of the precautionary measures were taken and every one of the methods were taken after distinctly and are portrayed herewith in subtle elements.

#### **► Blood**

Roughly 8 – 10 ml of blood will gathered by venipuncture utilizing clean dispensable syringe (10 ml, Dispovan) and needle (22 No. Dispovan). In the wake of supplanting the needle with new clean one, it will embedded through elastic liner of the container top and the blood test will apportioned in to Thioglycolate Broth medium/Brain Heart Infusion medium (BHI, Hi-Media, India) and kept for brooding at 37°C in the hatchery.

#### **► Body fluids**

Body liquid examples comprised of ascitic, cerebrospinal, plural, peritoneal fluids and semen. These samples were straightforwardly gotten from the counseling Physicians and Surgeons of different nursing homes, as these samples are to be gathered by experienced medicinal officer (Surgeons, Anesthetists, Physicians and Radiologists) under strict aseptic conditions.

#### **► Pus**

Pus samples from different injuries including post agent sores, abscesses, copies, conjunctival swabs, ear discharge and discharge of sinuses were taken. The samples were gathered by contacting the tainted territory with a sterile cotton swab and quickly setting it in a sterile test tube (15 mm X 150 mm, Borosil). Normally two swabs of every patient were taken. One will utilized for coordinate minuscule examination and the other will utilized for culture thinks about.

#### **► Stool**

Perfect, clean wide mouth compartments with spoon inside were utilized for stool example gathering. If there should arise an occurrence of babies, anorectal swabs were gathered with a sterile cotton swab and promptly set in a sterile test tube.

### Isolation of pathogens

The readymade got dried out culture media plans were suspended in refined water with proper focus and subjected to cleansing in autoclave at 121°C and 15 psi weight for 20 min. The disinfected liquid culture media will permitted to chill off up to 45°C and apportioned in sterile glass Petri dishes (90 mm breadth, Borosil) aseptically and permitted to harden. These newly arranged Petri dishes with culture media were utilized for vaccination of separate clinical samples. For getting the disengaged provinces of the pathogens streak plate technique will take after. The immunized plates were hatched at 37°C for 24 hrs in the hatchery.

### Antibiotic resistance profile

Antibiotic affectability testing (AST) intends to decide the defenselessness of a disengage to a scope of potential antibiotics, so as to set up the base inhibitory fixation (MIC) for an antibiotic. MIC is the most reduced grouping of antibiotic at which a separate can't create obvious development after medium-term hatching. The antibiotic affectability testing will performed by plate strategy. The antibiotic circles utilized as a part of the present investigation were secured from Hi-media, and are recorded.

### Disc sensitivity method

The antibiotic resistance for the chose multidrug safe pathogenic culture will controlled by circle dispersion technique as depicted by Kirby and Bauer (1966). Cell thickness of a medium-term developed unadulterated culture will changed in accordance with 10<sup>6</sup> cells/ml and spread plated on Mueller Hinton agar plates to make a garden of bacteria. The circles impregnated with various groupings of antibiotic were set on to the surface of the immunized agar plate. Each circle will pushed down to guarantee finish contact with the agar surface. The situation of the plates ought to be dispersed equally with the goal that they are no nearer than 24 mm from focus to focus. Plates were brooded at 4°C for 1 hr for the pre-dissemination of antibiotics from circle. The plates were then brooded at 37°C. Following 16 to 18 long periods of brooding, each plate will inspected. A reasonable roundabout zone of restraint in the prompt region of a circle showed defenselessness to that antibiotic. The zones of hindrance around the antibiotic circles were estimated. The outcomes were recorded as whether the living being is helpless (S), transitionally vulnerable (IS), or safe (R) to that antibiotic. The way of life were then allocated as safe or touchy by alluding to the maker's understanding.

## VII. CONCLUSION

Dynamic strains can be made to create two antibiotic substances as demonstrated by antimicrobial spectra. Transformant strains had gained the properties of the

benefactor strain not only in connection to antibiotic production yet in addition morphological and physiological attributes. Now and again certain highlights of the transformants were not quite the same as both the giver and the beneficiary and confirmations have been, acquired that the dynamic principle(s) elabo- appraised by the transformant may not be indistinguishable with that of the contributor strain. How this can be accomplished involves hypothesis at present and further experiments are required to give a decisive answer. One fascinating plausibility is that incorpor- ation of certain genetic attributes may Im prompt the development of specific metabolites whichAincorporated in or are used for the biosynthesis of the antibiotic molecules making it1 artificially and biologically not quite the same as the benefactor or the beneficiary antibiotic, As a representation of this point say might be made of crafted by Ballio et al (1960) that when adipic corrosive is added to the aging juices of a variation of *Penicillium chrysogenum* Wis 51—20 another kind of penicillin-(4-Carboxy ,n-butyl)- penioillin which hinders primarily Gram negative bacteria not at all like customary penicillin is delivered, probably because of joining of the-dicarboxic corrosive into the side chain.

## REFERENCES

1. **Aarestrup, F. M.** 1999. Association between the consumption of antimicrobial agents in animal husbandry and the occurrence of resistant bacteria among food animals. *Int. J. Antimicrob. Agents* 12: pp. 279-285.
2. **Bager, F., F. M. Aarestrup, M. Madsen, and H. Wegener.** 1999. Glycopeptide resistance in *Enterococcus faecium* from broilers and pigs following discontinued use of avoparcin. *Microb. Drug Resis.* 5: pp. 53-56.
3. **Casewell, M., C. Friis, E. Marco, P. McMullin, and I. Phillips.** 2003. The European ban on growth-promoting antibiotics and emerging consequences for human and animal health. *J. Antimicrob. Chemother.* 52: pp. 159-161.
4. **Daane, L. L., J. A. Molina, E. C. Berry, and M. J. Sadowsky.** 1996. Influence of earthworm activity on gene transfer from *Pseudomonas fluorescens* to indigenous soil bacteria. *Appl. Environ. Microbiol.* 62: pp. 515-521.
5. **Everest, P., J. Wain, M. Roberts, G. Rook, and G. Dougan.** 2001. The molecular mechanisms of severe typhoid fever. *Trends Microbiol.* 9: pp. 316- 320.



6. **Falkow, S. (ed.).** 1975. Infectious Multiple Drug Resistance. Pion Limited, London.
7. **Gagliardi, J. V., and J. S. Karns.** 2000. Leaching of *Escherichia coli* 0157:H7 in diverse soils under various agricultural management practices. Appl. Environ. Microbiol. 66: pp. 877-883.
8. **Halling-Sørensen, B., S. N. Nielsen, P. F. Lanzky, F. Ingerslev, H. C. Lützhøft, and S. E. Jørgensen.** 1998. Occurrence, fate and effects of pharmaceutical substances in the environment- A review. Chemosphere 36: pp. 357-393.
9. **Iversen, A., I. Kühn, A. Franklin, and R. Möllby.** 2002. High prevalence of vancomycin-resistant Enterococci in Swedish sewage. Appl. Environ. Microbiol. 68: pp. 2838-2842.
10. **Jacobs-Reitsma, W., C. Kan, and N. Bolder.** 1994. The induction of quinolone resistance in *Campylobacter* in broilers by quinolone treatment. Lett. Appl. Microbiol. 19: pp. 228-231.
11. **Kelley, T. R., O. C. Pancorbo, W. C. Merka, and H. M. Barnhart.** 1998. Antibiotic resistance of bacterial litter isolates. Poult. Sci. 77: pp. 243- 247.
12. **L'Abée-Lund, T. M., and H. Sorum.** 2001. Class 1 integrons mediate antibiotic resistance in the fish pathogen *Aeromonas salmonicida* worldwide. Microb Drug Resis. 7: pp. 263-272.
13. **Makarova, K. S., L. Aravind, Y. I. Wolf, R. L. Tatusov, K. W. Minton, E. V. Koonin, and M. J. Daly.** 2001. Genome of the extremely radiation-resistant bacterium *Deinococcus radiodurans* viewed from the perspective of comparative genomics. Microbiol. Mol. Biol. Rev. 65: pp. 44- 79.
14. **Netherwood, T., R. Bowden, P. Harrison, A. G. O'Donnell, D. S. Parker, and H. J. Gilbert.** 1999. Gene transfer in the gastrointestinal tract. Appl. Environ. Microbiol. 65: pp. 5139-5141.



**Sunil Kumar Suman\***

Research Scholar of OPJS University, Churu, Rajasthan

---

**Corresponding Author**