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A review of natural drugs in the treatment of multidrug resistance microbes

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Abstract

The supreme danger to the life of humans is the microorganisms that are resistant to conventional drugs and cause several life-threatening diseases. Out of them, some are more terrifying as they are resistant to modern antibiotics and cause more complications than normal bacteria and other microorganisms. The resistance among various microbial species (infectious agents) to different antimicrobial drugs has emerged as a cause of public health threats all over the world at a terrifying rate. Due to the pacing advent of new resistance mechanisms and decrease in efficiency of treating common infectious diseases, it fails in microbial response to standard treatment, leading to prolonged illness, higher expenditures for health care, and an immense risk of death. Almost all the capable infecting agents (e.g., bacteria, fungi, viruses, and parasites) have employed high levels of multidrug resistance (MDR) with enhanced morbidity and mortality; thus, they are referred to as superbugs. although the development of MDR is a natural phenomenon, the inappropriate use of antimicrobial drugs, inadequate sanitary conditions, inappropriate food handling, and poor infection prevention, and control practices contribute to the emergence of and encourage the further spread of MDR. Considering the significance of MDR, so to counter the problem we decided to find a solution for this threat and a study should be made to find a proper drug for combating the multidrug-resistant Bacteria. **Keywords:** Multidrug-resistant, Antibiotics, Herbal drugs, Essential oil

Introduction

Any organism resistant to one or more classes of antimicrobials is termed multidrug resistance. The aggregation of genes often causes multidrug resistance in bacteria and other microbes, with every gene coding for resistance to every single drug, on R plasmids. The building of resistance genes on an R plasmid is achieved by a mechanism that is provided by transposons, integrons, and ISCR elements. The other mechanism of multidrug resistance is the basic pumping of drugs by multidrug efflux pumps. The Resistant-nodulation-division superfamily pumps in gram-negative bacteria are specifically important because they are

generally coded by chromosomal genes and can be overexpressed easily and because some of them can pump out most of the antibiotics that are currently in use.

Drug resistance is currently recorded for all types of infectious agents. This can restrain the action of antimicrobials. Resistance can occur due to mutation or gene transfer. Multidrug resistance is a vital issue in medical and agricultural advancements. In medicine, the exposure of resistance to multiple drugs usually utilized in therapy is a major hurdle in the treatment of several tumors as well as of various diseases such as tuberculosis, malaria, and other bacterial and fungal infections which often complicate major disabling syndromes like AIDS. In agriculture, the control of resistance of plant pathogens towards natural plant toxins of defense and towards common fungicides, as well as the development of parasite-toxins-resistant crops are economically important. Penicillin was discovered in 1928 followed by many other antibiotics. We presently underestimate that any infectious disease can be cured by antibiotic therapy. Antibiotics and their use had a powerful impact on the life of bacteria. Through a joint initiative by the European Centre for Disease Prevention and Control (ECDC) and the Centre for Disease Control and Prevention (CDC) an international expert group comes together to create a uniform international terminology with which to describe obtained resistant profiles in *Staphylococcus aureus (methicillin-resistant)*, Enterococcus spp., Enterobacteriaceae, Pseudomonas aeruginosa and Acinetobacter spp., these all bacteria are found responsible for infection and susceptible to multidrug resistance. These antibiotics are for humans, animals, and fish, and this resulted in the selection of pathogenic bacteria that are resistant to multiple drugs. Around 500,000 species of plants have been calculated on earth and out of them only 1-10% are utilized as foods by animals and humans. Plants have been another source of medicine for fighting against diseases since earlier times. About 50% of all pharmaceutical products distributed in the United States are of plant origin. The use of natural products derived from plants in medical treatments is gaining more attention due to its potential efficiency and no side effects. Plants are a natural and rich source of precious secondary metabolites. For example, quinines, terpenoids, alkaloids, polyphenols, tannins, and flavonoids are used by plants as a protection mechanism against microorganism predation, herbivores, and insects. Some of the herbs and species that are being used by humans to season foods could give useful medicinal compounds. Multidrugresistant strains of mycobacterium tuberculosis pose a major threat to universal health. WHO estimates that in 2018, there were new cases of about half a million rifampicin-resistant TB identified universally, of which the larger number have multidrug-resistant tuberculosis which is a form of tuberculosis that is resistant to the two very powerful anti-TB drugs. Isoniazid is a prodrug used in tuberculosis in its first line treatment which works as oxidation by a catalase peroxidase KatG, leading to the formation of an isonicotinoyl radical that then reacts with NAD(H) and forms a functioning metabolite known as the INH-NADH adduct. Multidrugresistant TB requires treatment courses that are longer, not more effective, and very expensive than those for TB which is non-resistant. Less than 60% of multidrug-resistant TB are successfully cured which were treated.

Antimicrobial resistance

Antimicrobial resistance is a general health and development threat. To attain long-lasting development goals needs urgent multi-sector action. It includes antibiotics, antivirals, antifungals, and antiparasitic and they are the drugs used to prevent and cure infections in humans, animals, and plants.

Antimicrobial resistance occurs when bacteria, viruses, fungi, and parasites change with time and afterward don't respond to drugs making infections hard to treat and building up the risk of disease spread, severe illness, and ultimately death. As a result of resistance to drugs antibiotics and other antimicrobial drugs become ineffective and infections become difficult to treat and sometimes even impossible to treat.

Treatment of MDR

Infection with multidrug resistance *Acinetobacter baumannii* shows a significant expansion in mortality compared to those with multidrug-resistant *Pseudomonas aeruginosa*. Phytochemicals, like essential oils, could be a possible solution to combat multidrug-resistant bacteria. The antimicrobial efficacy of several essential oils such as *Eucalyptus camaldulensis* oil has been known for many years. It is traditionally used to prepare herbal remedies by aborigines in Australia, indicating the plant's antimicrobial properties. *Eucalyptus camaldulensis* leaf extracts have recently been proven to be vital against multidrug-resistant bacteria; including *A. baumannii* likewise its essential oil is accounted to be a good antimicrobial agent against both gram-negative and gram-positive bacteria. The essential oil obtained from this is safer for use when administered alone with a maximal adult oral dose of 300-600 mg and a maximal dermal application level of 5-20%.

Across Australia dried kino was also prepared by mixing fresh kino with water and subsequently dehydrated and they are used in the same way as fresh but previously were softened in water. The small leaves are used as a smoke bath. The smoking medicine was used for fever, flu, cold, and general sickness.

Therapy of herbal drug in combination with antibiotic

Plant products proved as more favorable or challenging antimicrobials even though the antimicrobial activity is lighter than commercially available antibiotics. Essential oils have been used for many years as a curative potential. Herbal drugs are used in combination with antibiotics with amplified activity against bacterial infection. Herbal drugs may act with more energy than drugs to kill microbes, herbs may destroy the enzymes that are produced by bacteria to destroy antibiotics, and herbal drugs may hamper the action of efflux pumps making bacteria unable to remove antibiotics from their body. This combination theory can be used as another therapy against bacterial infections in veterinary and human medicine. It is very important to know the various types of side effects that occur due to the use of different drug combinations. This combined therapy has many advantages which include treatment of mixed infection, or infection caused by specific causative organisms, to enhance antimicrobial activity, stopping the need for long-term antibiotic use, and preventing exposure to multidrug-resistant bacteria. There is one more benefit of using combination therapy which is the use of combination therapy provides a better chance that at least one drug will be

effective in case of intra-abdominal infections that are usually caused by multiple organisms with a variety of aerobic and anaerobic bacteria. Antimicrobial agents such as cephalosporin of the third generation with the drug metronidazole can be used as a possible treatment option in these cases and it can be more costeffective sometimes than a single agent.

Herbs as antimicrobial

Herbs have been used for many years as food additives and traditional medicine against many infectious agents. The most used herbs that have antimicrobial properties are garlic, black cumin, cinnamon thyme, cloves, mustard, etc. According to WHO herbs can be the best source for a variety of drugs. So it is very important to study herbs in a better way to understand their properties, safety, and efficiency.

Multidrug-resistant microorganisms have been liable for no. of infectious plagues and represent a genuine danger to worldwide wellbeing. There is a prerequisite of earnest exploration here as powerful treatments are absent for these multidrug-resistant microorganisms combined with diminished number of antimicrobial medications in the drug pipeline to treat these contaminations. Resistant of gram-positive microbes, methicillin-resistant Staphylococcus aureus, multidrug-resistant Pseudomonas aeruginosa and multidrug-resistant tuberculosis keep on being the most hazardous, however more as of late there has been expanding reports of vanomycin-resistant Staphylococcus aureus contaminations. For profoundly resistant gram negative microscopic organisms, vanomycin-resistant Enterococci multidrug-safe carbapenemase-producing Klebsiella pneumoniae and multidrug-resistant *Acinetobacter baumannii* are significant as these microorganisms are regularly just powerless to more established antimicrobial specialists, for example, the polymyxins that have a higher unfavorable function profile.

Plant essential oils in the treatment of multidrug-resistant bacteria:

Anti-microbial obstruction is recorded to be a difficult issue that influences the decision of appropriate antimicrobial treatment and builds the likelihood of unfavorable contamination outcomes. One of the proposed techniques to adapt to multidrug-resistant (MDR) microbes is the utilization of elective antibacterial medicines, which incorporate common antimicrobial substances, for example, plant essential oils (EOs). This topic means to survey distributed examinations on the movement of essential oils and their constituents against MDR microbes and to define viewpoints for what's to come. As a rule, distributed investigations show that essential oils can be utilized as successful disinfectants against numerous species, including Multidrug-resistant microorganisms, for example- resistant isolates of *Pseudomonas aeruginosa*, vancomycin-resistant enterococci, methicillin-resistant Staphylococcus aureus, Klebsiella pneumoniae, etc. certain essential oils may potentiate the viability of anti-microbials against MDR microscopic organisms; Essential oils can be synergistic with bacteriophages; and polymeric nanoparticles can be utilized for the conveyance of essential oils and upgrade of their action at the site of disease.

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Silver nanoparticles; the powerful nano weapon against multidrug-resistant bacteria

In the current situation, biomedical &pharmaceutical areas are confronting the difficulties of nonstop expansion in the multidrug-resistant (MDR) human pathogenic microorganisms. Re-emergence of Multidrug-resistant microorganisms is encouraged by drug as well as anti-microbial resistance, which is an acquired method of microorganisms for their endurance and multiplication in awkward conditions. Multidrug-resistant bacterial infections lead to huge increases in mortality, morbidity, and cost of delayed treatment. In this way, improvement, modification, or looking for antimicrobial compounds having bactericidal potential against MDR microscopic organisms is a priority for the research. Silver as different compounds and Bhasma's have been utilized in Ayurveda to treat a few bacterial diseases since time of immemorial. As a few pathogenic microbes are creating anti-biotic resistance, silver nanoparticles are the new hope to treat them. This paragraph examines the bactericidal capability of silver nanoparticles against the MDR microscopic organisms. This multiactional phenomenon can be utilized for the treatment and anticipation of drug-resistant microorganisms. When an individual is infected with MDR microscopic organisms, it is not easy to cure the person, the person needs to invest their time in the medical clinic and requires a numerous therapy of broad-spectrum anti-infection agents, which are less successful, more poisonous, and more costly. Along these lines, advancement of or adjustment in antimicrobial compounds to improve bactericidal potential is a needed territory of exploration in this present scenario. Nanotechnology gives a good platform to alter and build up the significant properties of metal as nanoparticles having promising applications in diagnostics, biomarkers, cell marking, and contrast operators for natural imaging, antimicrobial specialists, drug conveyance frameworks, and nano drugs for the treatment of different infections. Subsequently, analysts are moving towards nanoparticles as a rule and silver nanoparticles specifically to tackle the issue of the rise of multidrug-resistant microbes.

HERBAL	ACTIVE	THERAPEUTIC	THERAPEUTIC USE
DRUG	CONSTITUENTS	ACTION	
Ocimum	Eugenol, urosolic acid	Analgesics, anti-	Against enteric
sanctum		inflammatory, antipyretic,	organisms and
		immunomodulatory,	pathogenic microbes.
		Antibacterial	
Cinnamomum	Cinnamaldehyde, 2-	Antimicrobial	Foodborne pathogens,
cassia	Hydroxy		Skin infection
	Cinnamaldehyde		
Curcuma	Curcumin	Antimicrobial, Anti-	Detoxification,
longa		inflammatory, Anti-	Insecticidal, wound
		neoplastic	healing
Piper nigrum	Piperine, Penta-dienyl-	Antimicrobial (Anti-	Asthma, Toxins
	piperidine	Mycobacterial)	
<i>Thymus</i>	Thymol and carvacrol	Antibacterial, Anticandidal,	Digestive disorders
vulgaris		Antioxidant	6
Withania	Withanolides,	Analgesic, Anti-	Alzheimer's disease,
somnifera	Withaferins, Dimeric-thio	inflammatory,	Arthritis
	withanolides	Antimicrobial, anti-tumor	
Azadirachta	Nimbin, Azadirachtin,	Antibacterial, Anti-malarial,	To treat skin
indica	gedunin, gallic acid	Anti-leprotic, Anti-	conditions, dental tartar
		tuberculosis	and caries, endometritis
Allium sativum	Allin, allicin, allyl	Antibacterial	MDR pathogens
and Allium	sulfides		causing nosocomial
сера			infections
Syzgium	Eugenol, Eugenol	Antibacterial, Anti-	Periodontal problems
aromaticum	acétate, α& β	inflammatory, Analgesic	
	caryophyllene		
Zingiber	6,8,10-gingerol,	Analgesis, Anti-	Helicobacter pylori
officinale		inflammatory, Antipyretic,	infection

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	6- shogaol	antimicrobial	
Morinda	Anthraquinones	Anti-inflammatory,	Anti-cancer, sickle cell
citrifolia	glycosides, flavonoids,	Antimicrobial, Antioxidant,	anemia.
	Iridoids	Anti-helminthic,	
		Immunomodulating	

Conclusion:

Currently, the pharmaceutical and biomedical sectors are facing difficult challenges due to the continuous increase of multi-drug-resistant bacteria and other microbes. These microbes could multiply even in uncomfortable environments, making them essential but also dangerous. The infections caused by these bacteria not only increase the rate of mortality but also the costs of treatments. However, silver nanoparticles and natural plants and herbs offer a ray of hope for people. Silver nanoparticles are a multi-action weapon used for the prevention and cure of multi-drug-resistant bacteria and other microbes. On the other hand, the use of natural plants and different herbs has been widely accepted in the medicinal and healthcare industries. The extracts obtained from natural products are used as they are accepted in the community as a preventive and curative measure. The different plant-based secondary metabolites are also used as a source of antibiotic resistance. Therefore, plants, different drugs, and natural products are considered preventive and curative measures for multi-drug-resistant bacteria.

REFERENCES

- 1. De Lencastre H, Oliveira D, Tomasz A. Antibiotic-resistant *Staphylococcus aureus*: a paradigm of adaptive power. Curr.Opin. Microbiol. 2007; 10:428–35.
- 2. Livermore DM. The need for new antibiotics. Clin. Microbiol. Infect. 2004;10(Suppl 4):1–9.
- Hooper DC. Mechanisms of action and resistance of older and newer fluoroquinolones. Clin. Infect. Dis. 2000;31(Suppl 2): S24–28.
- Weisblum B. Erythromycin resistance by ribosome modification. Antimicrob. Agents Chemother. 1995; 39:577–85.
- Poehlsgaard J, Douthwaite S. The bacterial ribosome as a target for antibiotics. Nat. Rev. Microbiol. 2005; 3:870–81.
- Huovinen P, Sundström L, Swedberg G, Sköld O. Trimethoprim and sulfonamide resistance. Antimicrob. Agents Chemother. 1995; 39:279–89.
- Davies J, Wright GD. Bacterial resistance to aminoglycoside antibiotics. Trends Microbiol. 1997; 5: 234–40.
- 8. Wright GD. Aminoglycoside-modifying enzymes. Curr.Opin. Microbiol. 1999; 2:499–503.
- 9. Shaw KJ, Rather PN, Hare RS, Miller GH. Molecular genetics of aminoglycoside resistance genes and familial relationships of the aminoglycoside-modifying enzymes. Microbiol. Rev. 1993; 57:138–63.

- Benveniste R, Davies J. Aminoglycoside antibiotic-inactivating enzymes in actinomycetes similar to those present in clinical isolates of antibiotic-resistant bacteria. Proc. Natl. Acad. Sci. USA. 1973; 70:2276–80.
- Över U, Gür D, Ünal S, Miller GH. The changing nature of aminoglycoside resistance mechanisms and the prevalence of newly recognized resistance mechanisms in Turkey. Clin. Microbiol. Infect. 2001; 7:470–78.
- Datta N, Kontomichalou P. Penicillinase synthesis controlled by infectious R factors in Enterobacteriaceae. Nature. 1965; 208:239–41.
- Vu H, Nikaido H. Role of β-lactam hydrolysis in the mechanism of resistance of a β-lactamaseconstitutive *Enterobacter cloacae* strain to expanded-spectrum β-lactams. Antimicrob. Agents. Chemother. 1985; 27:393–98.
- Jacoby GA, Medeiros AA. More extended-spectrum β-lactamases. Antimicrob. Agents Chemother. 1991; 35:1697–704.
- Bonnet R. Growing group of extended-spectrum β-lactamases: the CTX-M enzymes. Antimicrob. Agents Chemother. 2004; 48:1–14.
- Barlow M, Reik RA, Jacobs SD, Medina M, Meyer MP, et al. High rate of mobilization for *bla*_{CTX-Ms}. Emerg. Infect. Dis. 2008;14: 423–28.
- Queenan AM, Bush K. Carbapenemases: the versatile β-lactamases. Clin.Microbiol. Rev. 2007; 20:440– 58.
- 18. Robicsek A, Strahilevitz J, Jacoby GA, Macielag M, Abbanat D, et al. Fluoroquinolone-modifying enzyme: a new adaptation of a common aminoglycoside acetyltransferase. Nat. Med. 2006; 12:83–88.
- 19. Spratt BG. Resistance to antibiotics mediated by target alterations. Science. 1994; 264:388–93.
- 20. Kuroda M, Ohta T, Uchiyama I, Baba T, Yuzawa H, et al. Whole genome sequencing of meticillinresistant *Staphylococcus aureus*. Lancet. 2001; 357:1225–40.
- 21. Connell SR, Tracz DM, Nierhaus KH, Taylor DE. Ribosomal protection proteins and their mechanism of tetracycline resistance. Antimicrob. Agents Chemother. 2003; 47:3675–81.
- 22. Robicsek A, Jacoby GA, Hooper DC. The worldwide emergence of plasmid-mediated quinolone resistance. Lancet Infect. Dis. 2006; 6:629–40.
- Levy SB. Active efflux mechanisms for antimicrobial resistance. Antimicrob. Agents Chemother. 1992; 36:695–703.
- 24. Tamura N, Konishi S, Yamaguchi A. Mechanisms of drug/H⁺ antiport: complete cysteine-scanning mutagenesis and the protein engineering approach. Curr.Opin. Chem. Biol. 2003; 7:570–79.
- 25. Harder KJ, Nikaido H, Matsuhashi M. Mutants of *Escherichia coli* that are resistant to certain β-lactam compounds lack the *ompF* porin. Antimicrob. AgentsChemother. 1981; 20:549–52.
- 26. Achouak W, Heulin T, Pages JM. Multiple facets of bacterial porins. FEMS Microbiol.Lett. 2001; 199:1-7.
- 27. Marshall CG, Lessard IA, Park I, Wright GD. Glycopeptide antibiotic resistance genes in glycopeptideproducing organisms. Antimicrob. AgentsChemother. 1998; 42:2215–20.

- D'Costa VM, McGrann KM, Hughes DW, Wright GD. Sampling the antibiotic resistome. Science. 2006; 311:374–77.
- Abu-Shanab B, Adwan G, Jarrar N, Abu-Hijleh A, Adwan K. Antibacterial activity of four plant extracts used in Palestine in folkloric medicine against methicillin-resistant *Staphylococcus aureus*. Turk J Biol. 2006; 30:195–198.
- Adwan G, Abu-Shanab B, Adwan K. Antibacterial activities of some plant extracts alone and in combination with different antimicrobials against multidrug resistant *Pseudomonas aeruginosa* strains. Asian Pac J Trop Med. 2010; 3:266–269.
- 31. Ajaiyeoba EO, Ashidi JS, Okpako LC, Houghton PJ, Wright CW. Antiplasmodial compounds from *Cassia siamea* stem bark extract. Phytother. Res. 2008; 22:254–255.
- Akinyemi KO, Oladapo O, Okwara CE, Ibe CC, Fasure KA. Screening of crude extracts of six medicinal plants used in South-West Nigerian unorthodox medicine for anti-methicillin resistant *Staphylococcus aureus* activity. BMC Complement Altern Med. 2005; 5:6–12.
- 33. Bag A, Bhattacharyya SK, Bharati P, Pal NK, Chattopadhyay RR. Evaluation of antibacterial properties of Chebulicmyrobalan (fruit of *Terminaliachebula* Retz.) extracts against methicillin resistant *Staphylococcus* aureus and trimethoprim-sulphamethoxazole-resistant uropathogenic *Escherichia coli*. Afr J Plant Sci. 2009; 3:25–29.
- Banzouzi JT, Soh PN, Mbatchi B, Cavé A, Ramos S, Retailleau P, Rakotonandrasana O, Berry A, Benoit-Vical F. *Cogniauxiapodolaena*: bioassay-guided fractionation of defoliated stems, isolation of active compounds, antiplasmodial activity and cytotoxicity. Planta Med. 2008; 74:1453–1456.
- 35. Bidlack WR, Omaye ST, Meskin MS, Topham DKW (2000) Phytochemicals as bioactive agents.CRC press, Boca Raton, FL, USA. 5. Giamperi L, Fraternale D, Ricci D (2002) He in vitro action of essential oils on dijerent organisms. J Essential Oil Res 14: 312-318.
- 36. Girouard YC, Maclean IW, Ronald AR, Albritton WL (1981) Synergistic Antibacterial Activity of Clavulanic Acid and Amoxicillin Against f8- Lactamase-Producing Strains of Haemophilusducreyi. Antimicrob Agents Chemother 20: 144-145.
- 37. Chin NX, Neu NM, Neu HC (1986) Synergy of sulbactam and ampicillin against methicillin-resistant staphylococci. Drugs Exp. Clin. Res 12: 939-42.
- Jung R, Husain M, Choi MK, Fish DN (2004) Synergistic activities of moxifloxacin combined with piperacillin-tazobactam or cefepime against *Klebsiella pneumonia*, *Enterobacter cloacae*, and *Acinetobacter baumannii* clinical isolates. Antimicrob Agents Chemother 48:1055-1057.
- Levinson W, Jawetz E (2002) Medical microbiology and immunology: Examination and board review (7th edn.) Lange Medical Books/ McGraw-Hill, New York.
- 40. Kumar S, Singh BR (2013) An overview of mechanisms and emergence of antimicrobials drug resistance. Adv.Anim Vet Sci 1:7-14.
- 41. Dhama K, Tiwari R, Chakraborty S, Saminathan M, Kumar A, et al. (2014) Evidence-based antibacterial potentials of medicinal plants and herbs countering bacterial pathogens especially in the era of emerging drug resistance: An integrated update. Int J Pharmacol. 10: 1-43.

- B.A., Lawal, T.O., Olaleye, S.B., 2006.Antimicrobial and gastroprotective activities of Eucalyptus camaldulensis (Myrtaceae) crude extracts.J.Biol.Sci.6 (6), 1141–1145.
- Akin, M., Aktumsek, A., Nostro, A., 2010. Antibacterial activity and composition of the essential oils of Eucalyptus camaldulensis Dehn and MyrtuscommunisL. Growing in NorthernCyprus. Afr. J. Biotechnol.9,531–535.
- 44. Dukic, N., Simin, N., Stankovic Nedeljkovic, N., Knezevic, P., 2014.Synergistic effect of Myrtus community. Essential oil and conventional antibiotics against multi-drug resistant Acinetobacter baumannii wounds isolates. Phytomed.21,1666–1674.
- 45. Ashraf, M., Ali, O.,Anwar,F.,Hussain,A.I.,2010.Composition of leaf essential oil of Eucalyptus camaldulensis. AsianJ. Chem.22(3),1779–1786.
- Dunlop,P.J., Brophy,J.J., Jackson, J.F., 1996. Volatileleafoilsofsome South-western and southern Australian species of the genus Eucalyptus Part VII-subgenus symphyomyrtus, section exsertaria. Flav. Fragr. J. 11, 35–41.
- 47. Talbot, G.H., Bradley, J.S., Edwards Jr, J.E., Gilbert, D., Rice, L.B., Scheld, M., Spellberg, B., Bartlett, J., 2009. BadBugs, No Drugs: NoESKAPE! An Update from the Infectious Diseases Society of America (IDSA Report on Development Pipeline CID). 48;, pp. 1–12.
- Bourassa, C., Ngassapa, O., Runyorob, D.K.B., Chinou,I.B.,2004.Chemicalcom- position and in vitro antimicrobial activity of the essential oil soft wo Helichrysum species from Tanzania. Z. Naturforschung59c,368–372.
- 49. Bren, 52. L.J., Gibbs, N.L., 1986. Relationships between flood frequency, vegetation and topography in a river red gum forest. Aust. Res. 16, 357–370.
- Brooker, M.I.H., Connors, J.R., Slee, A.V., Duffy, S., 2002.EUCLID: Eucalyptus of Southern Australia (CDRom). CSIRO Publishing, Collingwood. Thegenus Eucalyptus. In: Coppen, J.J.W.(Ed.), Eucalyptus.Taylor&Francis, London, p.147-150.
- Bukar, R., Edwards, J.R.,2005.Overview of nosocomial infections caused by gram negative bacilli. Clin. Infect. Dis.41,848–854.
- 52. Barku V.Y.A, Opoku-broaden Y, Dzotsi E.Y (2012) isolation and pharmacological activities of alkaloids from *Cryptolepiss sanguinolent* (lindl) schlt.int res j Biochem.bioinform. 2:58–61.
- 53. Basu S, Ghosh A, Hazra, B. (2005) evaluation of the antibacterial activity of ventilagomadra spatanagaertn, *Rubia cordifolia* linn. and lantana camaralinn.: isolation of emodin and physcion as active antibacterial agents. phytother res 19:888–894.
- 54. Becker JVW, Van der merwe M, Van Brummelen AC, Pillay P, Crampton BG, Mmutlane EM, Parkinson C, Van Heerden FR, crouch nr, Smith PJ, Mancama DT, Maharaj VJ (2011) in vitro antiplasmodial activity of Decoma anomala sub sp. gerardia (Asteraceae): identification of its main active constituent, structure-activity relationship studies and gene expression profiling. Malar j 10:295-299.
- 55. Bickii J, Tchouya GR, Tchouankeu JC, Tsamo E (2007) the antiplasmodial agents of the stem bark of *Entandrophragma angolense* (Meliaceae). Afr. j. tradit. complement altern med 4:135–139.

- 56. Birdi T, D'Souza D, Tolani M, Daswani P, Nair V, Tetali P, Carlos toro J, Hoffner S (2012) assessment of the activity of selected Indian medicinal plants against mycobacterium tuberculosis: a preliminary screening using the micro plate a Lamar blue assay.Eur j med plants 2:308–323.
- 57. Borris RP (1996) Natural products research: perspectives from a major pharmaceutical company. j ethnopharmacology 51:29–38.
- Boucher HW, Talbot GH, Bradley JS, Edwards JE, Gilbert D, Rice LB, Scheldt M, Spielberg B, Bartlett J (2009) Bad bugs, no drugs: no eskape! an update from the Infectious Diseases Society of America. clin infect dis 48:1–12.
- Buenz EJ, Bauer BA, Schnepple DJ, Wahner-roedler DL, Vandell AG, Howe CL (2007) A randomized phase i study of *atuna racemosa*: a potential new anti-mrsa natural product extract.j ethnopharmacol. 114:371–376.
- 60. Cao MR, Tits M, Ange not LM, Frederick M (2011) 17-o-acetyl,10- hydroxycorynantheol, a selective antiplasmodial alkaloid isolated from strychnos usambarensis leaves. Planta. Med. 77:2050–2053.
- Cha JD, Moon SE, Kim Jy, Jung EK, Lee YS. (2009) antibacterial activity of sophora flavanone G isolated from the roots of sophora flavescens against methicillin-resistant *Staphylococcus aureus*. phytother. res. 23:1326–1331.
- 62. Chan BC, Lau CB, Lui SL, Jolivet C, Ganem Elbaz C, Litaudon M, Reiner NE, Gong H, See RH, Fung KP, Leung PC (2011) synergistic effects of baicalein with ciprofloxacin against nor an over-expressed methicillin-resistant *Staphylococcus aureus* (MRSA) and inhibition of MRSA pyruvate kinase. *J ethnopharmacol*. 137:767–773.
- 63. Chanda S, Vyas BRM, Vaghasiya Y, Patel H. (2010) global resistance trends and the potential impact of methicillin-resistant *Staphylococcus aureus* (MRSA) and its solutions, 2nd series. in: Mendez-villas a(ed) current research, technology, and education topics in applied microbiology and microbial biotechnology. formatex, Spain, pp 529–536.
- 64. Cheplogoi PK, Mulholland DA, Coombes PH, Randrianarivelojosia M (2008) an azole, an amide and a limonoid from *Vepris uguenensis* (rutaceae). phytochemistry 69:1384–1388.