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A Review on Antibiotic Resistance in Bacteria

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Abstract: *Antibiotics are miracle cures for fighting microorganisms. Treatment for bacterial illnesses is now available thanks to antibiotics. When antibiotics were first developed in the 1900s, it was believed that humanity had defeated microorganisms, but researchers have discovered that antibiotic resistance is rising at a concerning rate. Unfortunately, societal and economic circumstances, as well as the abuse and misuse of antibiotics in recent decades, have spread the emergence of antibiotic-resistant bacteria. Both humans and animals are universally at risk from the emergence and spread of antibiotic-resistant bacteria, which is typically unavoidable.*

Furthermore, several studies found a link between antibiotic resistance and a higher risk of prolonged hospital stays and mortality, underscoring the significant clinical and financial costs of this phenomenon. At least 7000000 people worldwide currently pass away each year as a result of antimicrobial resistance. By 2050, the World Health Organization projects that this number could reach 10 million, underscoring the seriousness of the health issue. The world health organization coined the phrase "No action today, no cure tomorrow" in 2011 in response to the alarming epidemiological data, in order to quickly implement a new strategy to improve the use of currently available drugs and accelerate the introduction of new ones through a new phase of research involving private and public institutions. This review's objectives are to describe, the methodology to identify the resistant bacteria, their mechanisms of resistance, issues brought on by antibiotic-resistant bacteria, potential solutions, and future advancements. The information from the literature implies that there is still little knowledge about the prevalence of antibiotic resistance. Therefore, educating patients and the general public is crucial to combat antibiotic resistance.

Keywords: *Antibiotics, Antibiotic-Resistance Bacteria, Antimicrobial Resistance, WHO, Microorganisms, Methodology*

I. INTRODUCTION

The drugs known as antibiotics agents are utilized to treat bacterial diseases. They are among the most often prescribed prescriptions to patients and they have played essentially added to the ascent in the future that was seen in the last part of the twentieth 100 years (Qiao *et al.*, 2018). Anti-microbials have been utilized to treat infections for a long time. Be that as it may, numerous microbes have created protection from various antimicrobial specialists. Irresistible sicknesses are as of now a huge reason for dreariness all through the world. Even though it is commonly difficult to forestall anti-toxin opposition in microscopic organisms which is a worldwide danger to the two people and creatures that should be managed in the most potential proficient strategies (Wanda, 2018). One of the greatest risks confronting current medication is anti-infection obstruction. More than 2,000,000 sicknesses and 23,000 fatalities are ascribed to anti-infection-safe organic entities every year in the US, as per gauges. Previously, measuring the recurrence of opposition-giving changes happening in vitro has been the primary focal point of the preclinical assessment of novel drugs. To the place where a few mixtures may hypothetically be "Resistant to development," substances with low or non-existent unconstrained obstruction transformation rates are believed to be impervious to the advancement of opposition in vivo. Clinical outcomes, tragically, are not as encouraging [Nour *et al.*, 2018]. The conflict against irresistible illnesses was believed to be over until the last part of the 1950s, yet sadly, over the most recent 30 years, the increasing paces of antibiotic resistance bacteria have shown how misleading that conviction was [Alexandria, 2004]. Antibiotic resistance bacteria was assigned as the most dangerous to worldwide general well-being by the WHO in 2011 because of the disrupting reality that the deficiency of already viable medications in the mix with the sluggish disclosure of new anti-infection agents undermines a period of irresistible hopeless illnesses after the revelation of new anti-toxins. In 2008, the European Board welcomed the European Commission to advance collaboration between the Commission, the offices, and the US against Antimicrobial resistance [Alanis, 2005]. In a report delivered in 2014, the WHO guessed that constantly 2050, anti-microbial safe sicknesses would be liable for 10 million passing and \$100 billion in monetary misfortunes [Giancarlo, 2016].

II. METHODOLOGY

Anti-microbial opposition checking strategies are in vitro systems used to recognize anti-toxin obstruction in individual bacterial detaches normalized is no normalized technique for anti-toxin helplessness testing, rules exist in the English Society for antimicrobial chemotherapy and in the Public Board for clinical research facility standards [Andrews, 2008]. Research center-based recognizing techniques can decide the vulnerability of an isolate against any remedial up-and-comers. Vulnerability testing can be performed utilizing agar plate dispersion, weakening strategy, stock weakening procedure, agar weakening, mechanized instrument, and sub-atomic techniques. Among these strategies, the disk diffusion method and dilution methods are the two most usually utilized tests in labs for actually looking at anti-microbial obstruction of microorganisms [Shimles, 2020].

A. Disk-Diffusion Method

A method includes putting channel paper circles impregnated with drugs on an agar plate that has been immunized to the conversion with the objective life form (Patel, 2012). The Kirby-Bauer anti-toxin test is one more name for this procedure. Here, the medication diffuses radially through the agar, its fixation diminishes with expanding distance from the circle, and this makes a round zone of development restraint around the plate, whose width is contrarily corresponding to the minimum effective concentration (MIC). What's more, just quickly developing organic entities can be tried utilizing this method (Jones *et al.*, 2001). The zone's measurement uncovers the disconnect vulnerability and the rate at which the medication diffuses through the agar medium. The consequences of the circle dissemination test are "subjective," and instead of a MIC, a class of vulnerability is gotten from the test (Jorgensen and Turnidge, 2015). Utilizing a caliper's ruler, the width of the zone of development hindrance is estimated and kept in millimeters (Tendecia and Lila, 2004).

B. Dilution Method

Agar dilution and stock dilution are the two most famous methods for deciding the negligible convergence of anti-microbial specialists that kill or hinder the development of microorganisms. At the point when quantitative techniques are required for microorganisms with a variable development rate, weakening strategies are utilized (Balouri *et al.*, 2016).

- 1) *Broth Dilution Technique*: This procedure includes presenting the confine to a scope of antimicrobial specialist fixations in a stock medium. Miniature titer testing is a helpful method for doing microdilution on testing, which utilizes 0.05 to 0.1ml. 0.1ml of standard test tubes are utilized for the stock volume in large-scale weakening trials (Pierce and Dennis, 2010). A culture container of non-specific stock medium gets fluctuating groupings of the anti-infection. For 16 to 24 hours, tubes are hatched in the most ideal climate for the test microorganism. By utilizing plating counting or spectro-photometry, the effect of an anti-infection could be surveyed. (Wiegand *et al.*, 2008)
- 2) *Agar Dilution Technique*: This strategy is commonly ready in Petri-dishes and has the advantage of permitting the testing of different life forms on each plate (Lalitha, 2004). In the option of adding antimicrobial specialists to the agar medium, inoculum can likewise be rapidly and at the same time applied to the agar surfaces. This testing included palatable and repeatable outcomes. Most of the non-critical life forms developed agreeably during this testing, which additionally included reproducible outcomes. Agar weakening testing is regularly not done in routine clinical labs, yet rather in local reference labs or examination labs that need to test a ton of disengages (Luber *et al.*, 2003)

C. Molecular Method

Exploration and reference research facilities for stock utilize a ton of sub-atomic procedures. Hybridization and PCR procedures have been around for some time, however entire genome sequencing and framework helped laser desorption ionization-season of flight (MALDI-TOF) mass spectrometry are moderately new (Anjum *et al.*, 2017). Antimicrobial responsiveness testing, the sub-atomic portrayal that underlies a particular phenotypic outcome, is presently an urgent part of numerous clinical examinations concerning bacterial diseases in two people and creatures.

III. MECHANISM OF ANTIBIOTIC RESISTANCE

Different Gram-positive and Gram-negative microorganisms with human and creature starting points have fostered various anti-microbial opposition systems because of the revelation of anti-infection agents and the ensuing expansion in their utilization (Dzidic *et al.*, 2008). Some numerous microbe genera or species are normally impervious to a specific anti-infection. This could occur at the objective site or the bacterial porousness level to the particular anti-infection. (Dancer *et al.*, 1997). Concentrates on the instrument's fundamental obstruction are continuous, and because constant microbes can persevere, they are basically to fault for the improvement of anti-infection resistance (Wellington *et al.*, 2013).

Table: 1 Examples of antibiotic resistance mechanism

ANTIBIOTICS	INHERENT RESISTANCE	MECHANISM OF ACTION
Penicillin's	<i>Pseudomonas</i> species	Inhibition of cell wall synthesis
Cephalosporin's	<i>Enterococcus</i> species	Inhibition of bacterial membrane components
Tetracycline	<i>Pseudomonas</i> species	Alteration of protein synthesis
Dactinomycin	<i>Staphylococcus aureus</i>	Alteration of bacterial nuclear DNA

Endeavors are right now being made to foster new medications, yet on the other side, treatment is as of now troublesome because of the fast development of medication opposition. One of the world's greatest issues as to general well-being is the rise of anti-infection obstruction (Gold and Moellering, 1996).

The vitally 4 kinds of protection from anti-microbial are:

- 1) *Natural Resistance(Intrinsic Structural)*: This kind of resistance isn't connected with the utilization of anti-infection agents and is brought about by the underlying elements of microscopic organisms. It emerges because of intrinsic opposition or microorganisms that don't contain the objective anti-toxins underlying parts. Model: Vancomycin, for example, is normally impervious to Gram-negative microbes since it can't go through their external film (Yuce, 2001).
- 2) *Acquired Resistance*: The hereditary cosmetics of microscopic organisms have changed, which is the reason for this obstruction. This sort of opposition is principally brought about by chromosome design or additional chromosomes (plasmid, transposon, and so on). Changes in the creating unconstrained bacterial chromosome are the wellspring of chromosomal resilience. This sort of change could occur because of specific physical and compound variables. This causes an adjustment of the design of the bacterial cells, which changes the objective of the medication or diminishes the porousness of the bacterial dry. Model: Streptomycin, erythromycin, and so forth can foster obstruction against these kinds (Jawetz *et al.*, 1995). Extrachromosomal opposition is reliant upon the extrachromosomal hereditary components that can be communicated in different ways, like plasmids, transposons, and integron elements. Enzymes that are idle anti-microbial are normally created by plasmid qualities. Opposition qualities and plasmids can move bacterial hereditary material utilizing the transduction, change, formation, and interpretation instruments, individually (Salih and Ali, 2013).
- 3) *Cross Resistance*: These microorganisms that are impervious to one prescription are likewise impervious to different drugs that have something very similar or a comparable component of the activity. Anti-infection agents with comparative underlying similitudes are more probable to display this condition; erythromycin-lincomycin is one model (Mayer *et al.*, 1995).
- 4) *Multidrug Resistance*: Bacterial strains that are impervious to the anti-infection agents being utilized to treat them. The particular anti-infection is presently not viable for destroying or controlling microorganisms. Microscopic organisms might create multi-drug obstruction through one of two components. These sorts of opposition are welcomed by the collection of a few qualities, expanded articulation of the qualities that control multidrug efflux siphons, enzymatic inactivation, changes by the objective's design, and so on((Nikaido, 2009).

IV. VARIOUS MECHANISMS OF ANTIBIOTIC RESISTANCE

The capacity of microorganisms to guard themselves against anti-toxins by using different components will be fundamental for settling the emergency. There are a few general classes where anti-infection opposition instruments (Ali *et al.*, 2018) and (Welson, 2014).

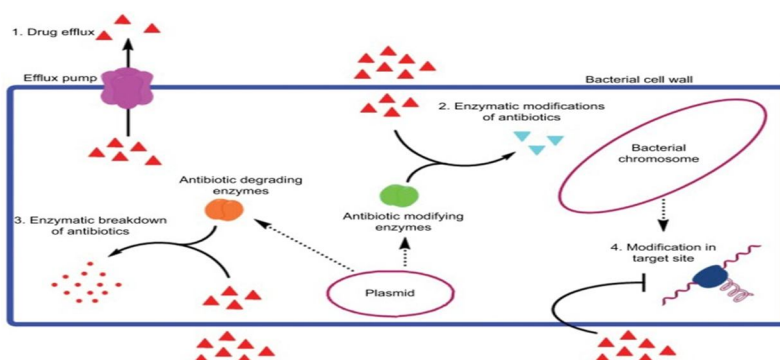


Figure 1: Various mechanisms of antibiotic resistance

A. Efflux Pumps

Bacterial efflux siphons have a huge impact on drug obstruction. These proteins sort out as carriers to move unsafe substances of the cell and into the general climate. They expel a wide assortment of anti-toxins onto the living being's surface. Accordingly, the sicknesses welcomed by these microbes are trying to treat them (Giedraitiene *et al.*, 2011). Genes for efflux siphons can be procured or natural. The MFS, RND, MATE, and SMR families are moved by a proton thought process force that is interceded by the counterflow of protons (Lomovskaya and Watkins, 2001).

B. Enzymatic Modification or Antibiotic Inactivation

The most completely concentrated obstruction instrument is this one. The most significant catalysts are beta-lactamase, acetyltransferase, esterases, and aminoglycoside-changing proteins. Albeit a couple of beta-lactamase assortments are boundless, there are 200 portrayed assortments. Gram-positive microbes' beta-lactamases are discharged extracellularly, while gram-negative microscopic organisms are discharged intracellularly with the periplasmic space. The four perhaps lactam rings shared by penicillins, carbapenems, and so forth are separated by beta-lactamase (Bush *et al.*, 1995). Microbes use processes like gathering move, redox response, and enzymatic hydrolysis to deliver anti-infection agents dormant. The chemicals are often discharged by the microorganisms, delivering the anti-infection agents incapable before they arrive at the microscopic organisms they are planned to treat. Following that, the medication's underlying changes are intervened by compounds, delivering an adjusted anti-microbial incapable.

C. Target Modification

The anti-microbial can't tie the microscopic organism's cell appropriately when the objective site is adjusted. Microscopic organisms found a method for changing the objectives of antimicrobial specialists through this component. The staphylococcal component of differently modifying penicillin-restricting protein, which is the objective of beta-lactam anti-microbial, is an exemplary illustration of medication target change (Davies and Davies, 2010).

D. Mutation

A modification in the quality that quality codes for can result from an unconstrained change in the quality's DNA grouping. At least one of the amino acids that the base pair codes for may change because of a solitary base pair change, which will modify the protein or cell structure. Base changes welcomed by exogenous specialists now and again bring about transformations in the prokaryotic genomes. Blunders, erasures, additions, and duplications in DNA polymerase (Martinez and Baquero, 2000).

V. FACTORS THAT FOCUS ON THE SPREAD OF ANTIBIOTIC RESISTANCE BACTERIA

The spread of safe microscopic organisms in the more extensive local area has been seen lately, which has expanded both the populace in danger and the number of safe contaminations. Generally, the issue of rising anti-infection obstruction was thought to essentially influence medical clinics and care offices (Mulvey and Simor, 2009). While many elements add to the spread of anti-microbial opposition, one of the primary guilty parties is the abuse and maltreatment of anti-infection agents in clinical settings.

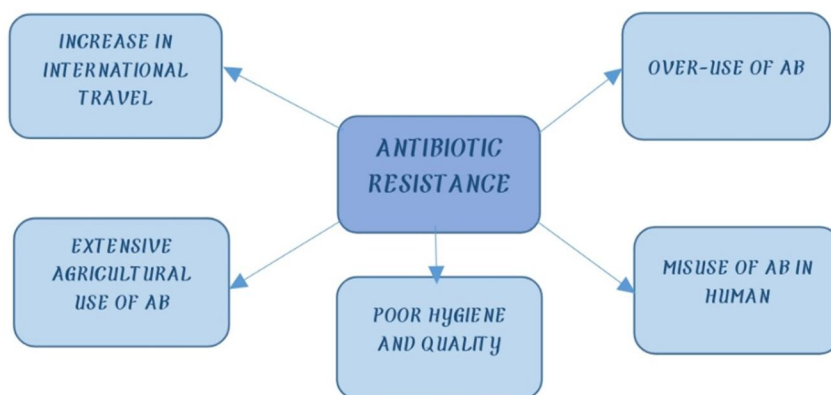


Figure 2: Factors that focus on the spread of Antibiotic resistance bacteria

A. Use of Antibiotics [overuse and misuse]

As per gauges, 40-80% of anti-microbial agents utilized in creatures and 20-50% in people are pointless and genuinely questionable (Li and Webster, 2018). One of the essential drivers of the beginning of anti-toxin opposition is believed to be the unseemly utilization of anti-microbials. The expression "abuse" alludes to the over-the-top and much of the time superfluous utilization of anti-microbials. It additionally incorporates unseemly remedies, self-medicine, the utilization of bad-quality anti-infection agents, and an expansion in global travel (Komalafe, 2003). Anti-toxin obstruction creates and spreads rapidly because of boundless doctor abuse of anti-infection agents, particularly in escalated care units (Struelens, 1998). Patients' mentalities, the utilization of anti-microbials without medicine, their wilful negligence of their physician's instructions, and the measurements of medicines recorded in the item qualities outline can all prompt anti-toxin abuse (Liu, 2020).

B. Antibiotics of Poor Quality

Which is now and again disposed of without names or given as opposed to annihilated in non-industrial countries, are kept at explicit temperatures, and are exposed to unforgiving ecological circumstances, all of which advance the development and spread of anti-infection safe bacteria (Gustafsson and Wide, 1981).

C. Agriculture use of Antibiotics

The natural microbiome is affected by the utilization of anti-infection agents in agribusiness. Up to 90% of anti-microbials regulated to domesticated animals are discharged in the pee and excrement, where they are then broadly scattered through manure, groundwater, and surface overflow. Furthermore, this training raises the extent of safe versus vulnerable microorganisms, changing the natural biology by presenting ecological microorganisms to development restraining specialists (Bartlett *et al.*, 2013).

D. Increase in International Travel

Individuals might be presented to safe organisms in a single nation and carry them to another, where the opposition can then spread, because of the emotional expansion in global travel as of late. *Neisseria gonorrhoea*-safe strains, which began in Asia and the Philippines and have since spread worldwide, act as a delineation. (WHO fact sheet, 1998).

VI. SOLUTION AND FUTURE DEVELOPMENT

The developmental race has for quite some time been profoundly worried about disease control. Lessening the utilization of anti-toxins and the burden on right now accessible specialists, making new anti-microbials, or making non-anti-microbial treatment plans are the three answers to the issue of bacterial opposition. Instruction is essential for diminishing anti-microbial use, trailed by help from the general population and clinical local area (Karen *et al.*, 2014).

A. Public Education

Current realities about how significant microbes are to human existence and well-being, the idea of anti-microbials, and the ensuing meaning of utilizing them dependably should be spread the word for the overall population. One phenomenal illustration of schooling is the recently sent-off skillet European e-Bug program. Concerns brought up by kids and their folks regarding the improvement of anti-toxin obstruction (Lecky *et al.*, 2011).

B. New Antibiotics

A few new specialists are being created, including two new classes of anti-infection agents: oxazolidinones and evernimomycins. The improvement of another anti-toxin might require a decade and cost a few hundred million pounds (Zurenko *et al.*, 1996). Anti-microbial safe bacterial downpours have been an issue for the drug business and medical care frameworks for over 50 years. It is urgent to keep a constant flow of new underlying classes of anti-microbials that are unaffected by laid out or known instruments of opposition (Tally and DeBruin, 2003).

C. Alternatives to Antibiotics

For the treatment of bacterial contaminations utilizing techniques other than conventional anti-microbials, numerous procedures are being investigated. Solid new methodologies in the advancement of these specialists are being created by microbial genome sequencing, combinational science, and further developed techniques for evaluating antimicrobial movement (Chopra *et al.*, 1996). The production of immunizations, phage treatment, adjuvants, and immune stimulants, hostile to harmful medicines, probiotics, and their blends are among the others (Alekshun and Levy, 2004).

D. Complementary and Alternative Medicine

Throughout the course of recent years, there has been an ascent in customer interest in corresponding and elective medication. As per ongoing measurements, a huge part of individuals in created nations has utilized correlative and elective medication something like once in the previous year (Leach, 2004). Utilizing fewer anti-infection agents is something that reciprocal and elective medication can assist with. From one perspective, safe correlative and elective medication medicines can be utilized to help the body's inherent capacity to mend itself (Teut and Linde, 2013). Generally speaking, there is an abundance of master information regarding the utilization of correlative and elective medication to treat irresistible sicknesses, yet there is a lack of clinical preliminary-based logical proof. 61 Cochrane audits on correlative and elective medication medicines for specific contaminations are accessible at this moment. In any case, the degree of proof presently accessible is deficient because of the low quality of the clinical preliminaries on reciprocal and elective medication medicines for diseases that have been checked. In any case, a few examinations and observational examinations do show empowering and positive results (Hamre *et al.*, 2005).

A formalized, viable rule for suitable anti-infection endorsement ought to be made and continued to forestall the abuse and abuse of anti-infection agents. Current control procedures can be upgraded by the making of fast and effective sub-atomic analytic strategies for the identification and epidemiological observation of obstruction qualities of anti-infection-safe microorganisms. Obstruction should be tended to with productive techniques (Laxminarayan *et al.*, 2013). Subsequently, reasonable utilization of anti-toxins, vaccination, training, research, the formation of novel anti-toxins, strategy, guidelines, checking of anti-toxin obstruction, and the utilization of anti-infection agents all have a critical impact in the administration of anti-infection opposition.

VII. CONCLUSION

Although bacterial disease is as yet a significant general well-being worry all over the planet, the effect of anti-toxins over the most recent 50 years has been very wonderful. The choice of anti-toxin obstruction components by microscopic organisms is similarly great. The obstruction instruments portrayed here are pretty much as different as the microscopic organisms themselves, and there are logically more opposition components out there that we have not yet distinguished. The viewpoint for fighting microorganisms might seem grim. In 2010, the Irresistible Sicknesses Society of America mentioned that 10 novel anti-microbial agents be endorsed by the FDA by 2020. In 2016, eight medications were endorsed, yet only one of them was an original anti-toxin. Anti-toxin obstruction is a complex, steadily changing issue that is often challenging to get a handle on. Thus, it has never been more critical to comprehend the systems of anti-microbial opposition to restricting the spread of obstruction. While growing new anti-toxins is significant, systems to forestall irresistible sicknesses through inoculation or other general well-being estimates will continuously be more achievable.

REFERENCES

- [1] Qiao M, et al. "Review of Antibiotic Resistance in china and its Environment." *Environmental International* (2018):160-172.
- [2] Wanda C Reyaert. "An overview of the antimicrobial resistance mechanisms of bacteria." *AIMS Microbiology* (2018): 482-502.
- [3] Nour Ghaddar, Mona hashemidahaj, Branden L. "Access to high - impact mutations constrains the evolution of antibiotic resistance in soft agar." *Scientific Reports* (2018): 17023:10.1038/S41598-108-34911-9.
- [4] Alexandria. "Bad Bugs,No Drugs:As Antibiotic Discovery Stagnates:A public health crisis brews." *Infectious Disease Society of America* (2004).
- [5] Alani's A. "Resistance to antibiotics:are we in the post-antibiotic era?" *Arch Med Res* (2005): 36(6):697-705.
- [6] Giancarlo Scarafile. "Antibiotic resistance:current issues and future strategies." *Reviews in health care* (2016): 7(1):3-16.
- [7] J.M. Andrews. "BSAC standardized disc susceptibility testing method." *Journal of Antimicrobial Chemotherapy* (2008): 256-278.
- [8] Shimels Tikuye Yalew. "Reveiw on antibiotic Resistance:Resistance Mechanism,Methods of Detection, and its Controlling Strategies." *Biomedical,Journal of Science and Technical Research* (2020).
- [9] Patel RM. "The guiding Principle on Antimicrobial Susceptibility Testing ." *Bulletin of Pharmaceutical Research* (2012): 146-53.
- [10] Jones RN, Ballow CH and Biedenbach DJ. "Multi-laboratory assessment of the linezolid spectrum of activity using the Kirby-Bauer disk diffusion method:Report of the Zyvox Antimicrobial Potency Study(ZAPS) in the United States." *Diagnostic Microbiology and Infectious Disease* (2001): 56-66.
- [11] Jorgensen JH, Turnidge JD. "Susceptibility Test Methods: Dilution and Disk Diffusion Methods." *Eleventh edition American Society of Microbiology* (2015): 1253-1273.
- [12] Tendecia EA and Lila Ruangpan. "Laboratory Manual of Standardized Methods for Antimicrobial Sensitivity Tests for Bacteria Isolated from Aquatic Animals and Environment." *Southeast Asian Fisheries Development Center Aquaculture Department* (2004).
- [13] Balouiri M, Sadiki M , lbsouda SK. "Methods for in vitro evaluating antimicrobial activity 6(2)." *Journal of Balouiri M, Sadiki M , lbsouda SK. "Methods for in vitro evaluating antimicrobial activity 6(2)." Journal of Pharmaceutical Analysis* (2016): 71-79.
- [14] Pierce Hendry SA, Dennis j. "Bacterial culture and antibiotic susceptibility testing 32(7)." *Compendium Continuing Education for Veterinarians* (2010).
- [15] Wiegand I, Hilpert K , Hancock REW. "Agar and broth dilution methods to determine the minimal inhibitory concentration (MIC) of antimicrobial substances 3(2)." *Nature Protocols* (2008): 163-75.

- [16] Lalitha MK. "Manual of Antimicrobial Susceptibility Testing." *perform.stand.Antimicrob.Test Twelfth Informational Suppl* (2004): 454-456.
- [17] Lubner P, Bartelt E, Genschow E, Wanger J, Hahn H. "Comparison of broth microdilution, E Test, and agar dilution methods for antibiotic susceptibility testing of *Campylobacter jejuni* and *Campylobacter coli*: 41(3)." *J Clin Microbiol* (2003): 1062-8.
- [18] Anjum MF, Zankari E, Hasman H. "Molecular Methods for Detection of Antimicrobial Resistance:5(6)." *Microbiol Spectrum* (2017).
- [19] Dzidic S, Suskovic J, Kos B. "Antibiotic Resistance Mechanisms in Bacteria: Biochemical and Genetic Aspects:46(1)." *Food Technology and Biotechnology* (2008): 11-21.
- [20] Dancer SJ, Shears P, Platt DJ. "Isolation and characterization of coliforms from glacial ice and water in Canada's High Arctic 82(5)." *Journal of Applied Microbiology* (1997): 597-609.
- [21] Wellington EMH et al., "The role of the natural environment in the emergence of antibiotic resistance in Gram-negative bacteria 13(2)." *The Lancet Infectious Diseases* (2013): 155-165.
- [22] Gold HS and Moellering RC. "Antimicrobial -drug resistance 335(19)." *The New England Journal Of Medicine* (1996): 1445-53.
- [23] Yuce A. "Antimikrobik ilaclarla direnc kazanma mekanizmalari: 14(2)." *KLIMIK. Dergisi* (2001): 41-46.
- [24] Jawetz E, Melnick JL, Adelberg EA. *Medical Microbiology* 24th edition. LANGE, 1995.
- [25] Salih C, Ali PD. "Antibiotics and the mechanisms of resistance to antibiotics: 21(4)." *Medical Journal Of Islamic World Academy of Sciences* (2013): 138-142.
- [26] Mayer KH, Opal SM, Medeiros AA. "Mechanisms of antibiotic resistance ." In *principles and Practice of Infectious Diseases* (1995): 212-225.
- [27] Nikaido H. "Multidrug Resistance In Bacteria: 78." *Annual Review of Biochemistry* (2009): 119-46.
- [28] Ali J, Rafiq QA, Ratcliffe E. "Antimicrobial Resistance Mechanisms and Potential Synthetic Treatments: 4(4)." *Future Science OA* (2018): 2017-0109.
- [29] Welson DN. "Ribosome-Targeting Antibiotics and Mechanisms of Bacterial Resistance: 12(1)." *Nature Reviews Microbiology* (2014): 35-48.
- [30] Giedraitiene A, Vitkauskienė A, Naginiene R, Pavilionis A. "Antibiotic Resistance Mechanisms of Clinically Important Bacteria:47(3)." *Medicina (Kaunas)* (2011): 137-46.
- [31] Lomovskaya O, Watkins W. "Inhibition of Efflux Pumps as a Novel Approach to Combat Drug Resistance in Bacteria: 3(2)." *J.Mol.Microbiol. Biotchnol.* (2001): 225-36.
- [32] Bush K, Jacoby GA, Medeiros AA. "A Functional Classification Scheme for beta-lactamases and its correlation with molecular structure: 39(6)." *Antimicrob agents Chemother* (1995): 1211-33.
- [33] Davies J, Davies D. "Origins and evolution of antibiotic resistance :74(3)." *Microbiology and molecular biology reviews* (2010): 417-433.
- [34] Martinez JL, Baquero F. "Mutation Frequencies and antibiotic resistance: 44(7)." *Antimicrobial agents and Chemotherapy* (2000): 1771-7.
- [35] Mulvey MR, Simor AE. "Antimicrobial resistance in hospital: How concerned should we be? :180(4)." *CMAJ: Canadian medical association journal* (2009): 408-415.
- [36] Li B, Webster TJ. "Bacterial antibiotic resistance: New challenges and opportunities for implant- associated orthopedic infections :36(1)." *Journal of orthopedic Research* (2018): 22-32.
- [37] Komalafe OO. "Antibiotic resistance in bacteria- an emerging public health problem :5(2)." *MALAWI MED JOURNAL* (2003): 63-67.
- [38] Struelens MJ. "The epidemiology of antimicrobial resistance in hospital acquired infections: problems and possible solutions :317(7159)." *British Medical journal* (1998): 652-654.
- [39] Liu J. "Tackling the global non- prescription use of antibiotics :20(2)." *Lancet Infectious diseases* (2020): 169-170.
- [40] Gustafsson LL, Wide K. "Marketing of absolute antibiotics in central America :1(8210)." *Lancet* (1981): 31-3.
- [41] Bartlett JG, Gilbert DN, Spellberg B. "Seven ways to preserve the miracle of antibiotics :56(10)." *Clinical Infectious Disease* (2013): 1445-50.
- [42] "Antimicrobial Resistance." WHO fact sheet NO.194 (1998): 3.
- [43] Karen B, Patrice C, et al., "Tackling antibiotic resistance: 9(12)." *Nature reviews. Microbiology* (2011): 894-896.
- [44] Lecky DM, Clodna AMM, et al., "Development of an educational resource on microbes, hygiene and prudent antibiotic use for junior and senior school children: 66(5)." *Journal of antimicrobial chemotherapy* (2011): 23-31.
- [45] Zurenko GE, Yagi BH, et al., "In vitro activities of U-100592 and U- 100766, Novel oxazolidinone antibacterial agents: 40(4)." *Antimicrobial agents and chemotherapy* (1996): 839-845.
- [46] Tally FP, DeBruin MF. "Development of daptomycin for Gram-positive infections :46(4)." *Journal of antimicrobial chemotherapy* (2000): 523-526.
- [47] Chopra I, Hodgson J, Metcalf B, Poste G. "New approaches to the control of infections caused by antibiotic-resistance bacteria. An industry perspective: 275(5)." *JAMA network* (1996): 401-403.
- [48] Alekshun M, Levy SB. "Targeting virulence to prevent infection: To kill or not to kill ? Drug discovery today: 1(4)." *Therapeutic strategies* (2004): 483-489.
- [49] Leach MJ. "Public, nurse and medical practitioner attitude and practice of natural medicine :10(1)." *Complementary therapies in nursing and midwifery* (2004): 13-21.
- [50] Teut M, Linde K. "Scientific case research in complementary and alternative medicine- A review: 21(4)." *Complementary therapies in medicine* (2013): 388-395.
- [51] Hamre HJ, Fischer M, Heger M, et al., "Anthroposophic v/s conventional therapy of acute respiratory and ear infections: A prospective outcomes study: 117(7-8)." *Wiener Klinische Wochenschrift* (2005): 256-268.
- [52] Laxminarayan R, Duse A, Watal C, et al., "Antibiotic resistance- The need for global solutions: 13(12)." *Lancet Infectious Diseases* (2013): 1057-1098.



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