ORIGINAL ARTICLE

PROPOLIS AS AN ANTIBACTERIAL AGENT AGAINST CLINICAL ISOLATES OF MDR-ACINETOBACTER BAUMANNII

Abdul Hannan, Alia Batool, Muhammad Usman Qamar, Fizza Khalid
Department of Microbiology, University of Health Sciences, Lahore-Pakistan

Background: Multidrug resistant (MDR) Acinetobacter baumannii has emerged as an important health care problem. The organism is now identified as an important nosocomial pathogen particularly in the intensive care settings. The therapeutic options to treat this pathogen are limited; thus it needs testing for alternatives, like those of plant origin or natural products. Propolis is one of such products which have been tested against this organism.

Methods: A. baumannii (n=32) were collected from Fatima Memorial Hospital, Lahore. The isolates were identified on the basis of their morphology, cultural characteristics and biochemical profile. The susceptibility of the isolates to various antimicrobials was evaluated as per Kirby-Bauer disc diffusion method according to (CLSI 2010). An ethanolic extract of propolis was prepared by the ultrasonic extraction method and its antibacterial activity was evaluated by the agar well diffusion technique. Minimum inhibitory concentration (MIC) was also determined by the agar dilution technique. Results: The isolates were found to be resistant to most of the commonly used anti-acinetobacter antimicrobials; doxycycline however was the exception. Propolis from Sargodha (EPS) and Lahore (EPL) showed zones of inhibition of 21.8±.29 mm and 15.66±.18 mm respectively. MIC ranges of EPS and EPL similarly was from 1.5–2.0 mg/ml and 4.0–4.5 mg/ml respectively. Conclusion: It is clear that EPS has potential edge of activity as compared to EPL. Nevertheless the potential efficacy of propolis must be subjected to pharmaceutical kinetics and dynamics to precisely determine its potential antimicrobial usefulness.

Keywords: MDR Acinetobacter baumannii; Propolis; MIC

INTRODUCTION

Multi-drug resistant (MDR) Acinetobacter baumannii are rapidly emerging pathogens in health care setting where it causes infections such as, bacteraemia, pneumonia, meningitis, urinary tract infection and wound infections. These are also responsible for high morbidity and mortality particularly in immunocompromised and hospitalized patients and rank at fourth among the most frequent nosocomial pathogens causing pneumonia particularly in intensive care units.

According to Infectious Diseases Society of America (IDSA), these organisms are on the hit list of six top priority dangerous drug-resistant organisms due to its propensity to develop drug-resistance. During the last decade these have emerged as multi-drug resistant (MDR) and threatening to become a pan-drug resistant. Centres for Disease Control and Prevention (CDC) has defined MDR-Acinetobacter spp., as those organisms that produce resistance to at least one agent in three or more antimicrobial classes, namely β-lactams, aminoglycosides, carbapenems and fluoroquinolones.

The increasing incidence of MDR-A. baumannii is a prime example of disparity between unmet medical needs and the current antimicrobial research. Therefore, there is an urgent need for new antimicrobial agents or natural products which can be effective against highly resistant pathogens. Propolis (bee glue) is one of the compounds that are dark colour natural resinous material collected by honeybees (Apis mellifera). It has been reported to exert a broad spectrum of biological functions, including anticancer, anti-inflammatory, antioxidant, antifungal and as antibacterial.

The most significant active constituents of propolis are aromatic acids; phenolic compounds especially flavonoids (flavones, flavonols, and flavonones) and phenolic acids.

The antimicrobial properties of propolis are mainly due to the flavonones pinocembrin, flavonoles galangin and the caffeic acid phenethyl ester. Studies have demonstrated that inhibitory effect of propolis on organisms depends on synergism of these compounds.

In Pakistan, propolis is being produced alongside honey in commercial apiaries. According to our knowledge no data has been published regarding the antimicrobial activity of propolis against Gram-negative organisms so far. The present study was conducted to determine the antibacterial activity of Pakistani propolis against clinical isolates of MDR-A. baumannii.
MATERIAL AND METHODS

Prior to start this study, approval was obtained from the Ethical Committee, University of Health Sciences, Lahore, Pakistan. Thirty-two clinical isolates of A. baumannii; tracheal aspiration n=20, endotracheal tubes n=09, wound swabs n=03 were obtained from the Department of Microbiology, Fatima Memorial Hospital, Lahore.

These isolates were confirmed on the basis of their morphology, cultural characteristics and API 20NE (Biomeureix France). Antibiotic susceptibility profile was performed using Kirby-Bauer disc diffusion method according to Clinical Laboratory Standard Institute (CLSI) 2010 guidelines. Antibiotics used were piperacillin (100µg), piperacillin-tazobactam (100/10µg), tetracycline (30µg), amikacin (30µg), cefotaxime (30µg), imipenem (10µg), ciprofloxacin (5µg), cotrimoxazole (25µg), tigecycline (30µg) and doxycycline (30µg) were tested. Interpretation of resistance against the bacteria was done according to CLSI guidelines. Statistical analysis was done using SPSS 16.0.

Two varieties of Apis mellifera bee propolis; one propolis from Sargodha (EPS) and other from Lahore (EPL) were procured from NARC Islamabad, Pakistan. Both were dark brown colour had hard consistency. The plant origin of EPS was from Shisham (Dalbergia sissoo) and Sumbul (Ferula moschata) while EPL was from Litchi chinensis. The crude propolis was obtained in pieces. These pieces were further dehydrated at 45°C for 5 minutes. The Ultrasonic Extraction (UE) was carried out using a 300 W ultrasonic bath. Propolis was placed in an Erlenmayer flask with the corresponding amount of solvent, i.e., 95% ethanol. It was treated with ultrasound at 25°C for 30 minutes.

After extraction, the mixture was centrifuged at 8000g to obtain the supernatant. The supernatant was named the EPS and EPL. The extracts thus were stored in amber coloured bottles at 4°C till use.

EEPs were screened against isolates of MDR-A. baumannii by agar well diffusion assay. A. baumannii (ATCC 19606) was used as the quality control. The isolates were adjusted to 0.5 McFarland standards and lawn on Mueller Hinton (MH) agar. The EEPs were separately diluted in ethanol to achieve concentrations of 30%, 15%, 7.5%, 3.75% and 1.875%. Agar plates with 20ml of MH were prepared and wells were cut with a 9 mm sterile borer.

The wells were filled with undiluted and serial dilutions in quantities of 120 µl. The plates were incubated overnight at 35°C. Clear zone ≥12 mm was considered as inhibition. Phenol 6% and ethanol 95% was used as positive control and negative control respectively. Duplicate plates were prepared in this way. This procedure was performed in duplicate.

MIC was determined by agar dilution method using multi-inoculator (M AST, UK). EEPs were mixed separately in MH agar at 50°C to achieve the desired gradient concentrations from 0.5 mg/ml to 1.0mg/ml through 30 mg/ml. The grids of multi-inoculator were filled with 500 µl of each 0.5 McFarland standard bacterial suspensions. Two control plates were also set up in parallel. The positive control plate contained the inoculation of bacteria without any extract while the sterility control contained un-inoculated MH agar plate. All the plates were incubated overnight at 35°C. Triplicate plates were prepared in this way.

RESULTS

All the 32 MDR-A baumannii showed 100% resistance to the commonly used antibiotics including imipenem; most effective drug was doxycycline (Figure-1).

Zone size of inhibition was inversely proportional to the increase in the dilution of EEPs. Overall the EPS showed a higher sensitivity as compared to EPL. At 30% concentration of EPS zone of inhibition was 21.8±29 mm while at 15% concentration it was 19.5±0.5 mm. At 30% EPL concentration demonstrated 15.66±2.18 mm zone of inhibition while at 15% concentration it was 14.5±0.84 mm (Table-1).

Over all MIC of EPS had better antibacterial activity as compared to EPL (p-value <0.001). All the MDR-A. baumannii were inhibited at the concentration of 2.0 mg/ml and 4.5 mg/ml of EPS and EPL respectively. Table-2 shows the MIC of EPS; MIC50 was 1.5 mg/ml, MIC90 and MIC100 was 2.0 mg/ml. Whereas the MIC of EPL; MIC50 was 4.0 mg/ml, MIC90 and MIC100 was 4.5 mg/ml.

Figure-1: Describes the overall susceptibility pattern of MDR-A. baumannii that shows resistance against commonly used antibiotics.
DISCUSSION

Emergence and spread of MDR-A. baumannii is a matter of great concern and now is in fact becoming a global public health problem. Most of the MDR-A. baumannii demonstrated resistance against broad range of antibiotics in this study. These findings are in accordance with the previous studies from Malaysia, Saudi Arabia, Iran and Pakistan. The high rate of resistance in our setup could be due to the irrational use of antibiotics, broad range of empirical therapy and substandard infection control practices.

As per our knowledge there is no such data published on the antibacterial activity of propolis against MDR- A. baumannii so far. In this study all the tested MDR-A. baumannii isolates were susceptible to EEPs on agar well diffusion plate. Comparing these two extracts, EPS had better antibacterial activity than EPL. However, there are certain studies conducted on EEP activity against Gram-positive as well as other Gram-negative bacteria around the world. Studies from Brazil and Bulgaria documented that even low concentration EEP had a better activity. Whereas Malaysian propolis is effective at higher concentration. These variations could be due to the difference in quality or types, chemical composition and geographical location of the propolis.

In this study, MDR isolates were inhibited at 2.0 mg/ml of EPS and at 4.5mg/ml of EPL as compared to ATCC strain, illustrating that some type of resistance may exist in MDR isolates. But in contrast to this observation both MDR isolates and ATCC strain was inhibited within the same range (1.5–4.5 mg/ml). It might be due to the difference in mechanism of action of propolis because antibiotics have a single mode of action and it is 1000-fold easier to develop resistance against antibacterial drugs. On the other hand EEP has multiple mechanisms due to its various constituents that give their effects simultaneously. This showed that EEP was equally effective against MDR and ATCC strain.

In the present study, the MIC range of 50, 90 and 100 isolates was different to EPS (1.5–2.0 mg/ml) and EPL (4.0–4.5 mg/ml). Overall EPS has a better MIC as compared to EPL. According to our knowledge there is no data available on MIC of these EEP against MDR- A. baumannii so far. However a Turkish study reported the MIC of EEP was 3.7–281 µg/ml against Acinetobacter lowfi, P. aeruginosa and C. albicans. Similarly an Iranian study also reported the MIC of EEP was equally effective against MDR and ATCC strain.

In this study, MDR isolates were inhibited at 2.0 mg/ml of EPS and at 4.5mg/ml of EPL as compared to ATCC strain, illustrating that some type of resistance may exist in MDR isolates. But in contrast to this observation both MDR isolates and ATCC strain was inhibited within the same range (1.5–4.5 mg/ml). It might be due to the difference in mechanism of action of propolis because antibiotics have a single mode of action and it is 1000-fold easier to develop resistance against antibacterial drugs. On the other hand EEP has multiple mechanisms due to its various constituents that give their effects simultaneously. This showed that EEP was equally effective against MDR and ATCC strain.

In the present study, the MIC range of 50, 90 and 100 isolates was different to EPS (1.5–2.0 mg/ml) and EPL (4.0–4.5 mg/ml). Overall EPS has a better MIC as compared to EPL. According to our knowledge there is no data available on MIC of these EEP against MDR- A. baumannii so far. However a Turkish study reported the MIC of EEP was 3.7–281 µg/ml against Acinetobacter lowfi, P. aeruginosa and C. albicans. Similarly an Iranian study also reported the MIC of EEP was equally effective against MDR and ATCC strain.

The most probable explanation to this is in the differences in composition of propolis, methodology adopted for determination of MIC, other variables such as pH, components of medium, size of inoculum, and length of incubation. One of the disadvantages in
assessing antibacterial activity of unknown substance is lack of standardization in techniques being used giving unreliable results. It is very important to develop guidelines for all procedures adopted in evaluating antibacterial activity of propolis and analyse extracts of propolis of different regions for the actual ingredient which is responsible for their antibacterial activity. Since this organism is MDR, in fact becoming PDR, so the reported antimicrobial activity is of relevance. The present study regarding susceptibility of A. baumannii to EEP demonstrates the potential antibacterial activity of propolis on this pathogen with a possibility of its addition to the armamentarium against MDR- A. baumannii.

CONCLUSION

We conclude that the EPS was found to be a better inhibitory agent against the isolates of MDR- A. baumannii as compared to EPL. It is worth describing that EEP might be utilized as anti A. baumannii agent after determining its pharmacokinetics and pharmacodynamics.

ACKNOWLEDGMENTS

We are grateful to the University of Health Sciences, Lahore, Pakistan Council of Scientific and Industrial Research (PCSIR) and National Agricultural Research Council (NARC), Islamabad for their support for this research project.

REFERENCES


Address for Correspondence:
Dr. Alia Batool, Department of Microbiology, University of Health Sciences, Lahore-Pakistan.
Email: dralia110@gmail.com