INTRODUCTION

There is an increase in the prevalence of *P. aeruginosa* in wound cases compared to the previous years. It is seen that *P. aeruginosa* mediated infections are commonly seen at any site where moisture tends to accumulate as in case of weeping cutaneous wounds. In an Indian study it was seen that the prevalence rate of *P. aeruginosa* was 32% of all the pathogens isolated from wound infections. Infections caused by *P. aeruginosa* is associated with highest patient mortality rate and are difficult to eradicate from infected tissues or blood because these bacteria possess virulence and have limited susceptibility to antimicrobials. In hospitalized patients exposed to numerous antimicrobial agents, the intrinsic and acquired resistance of this organism undoubtedly confers on it a selective advantage and allows for colonization and subsequent infection.

An example of the adaptive capacity of *P. aeruginosa* is the development of multiple drug resistance (MDR), which creates an increasing number of difficult therapeutic problems. The definition of multi drug resistance is not standardized in many of the studies published on this topic. Different agents within antimicrobial classes are selected as standards for resistance within each class, and the number of agents required for a strain to be classified as MDRP is not always specified within these studies. MDRPA strain was defined as an isolate intermediate or resistant to at least three drugs of the following classes: β-lactams- cephalosporins (ceftazidime, cefepime,), carbapenem- (imipenem), aminoglycosides (gentamicin, tobramycin, amikacin ), and fluoroquinolones (ciprofloxacin,levofloxacin). For the purpose this study along with the afore mentioned antibiotics,isolates resistant/intermediate to netilmicin, ofloxacin, levofloxacin and gatifloxacin are also being considered for the definition of MDRPA. Scientific community is in search of a novel and effective drug against this opportunistic bacterial pathogen. Plants are rich in a wide variety of secondary metabolites, such as tannins, terpenoids, alkaloids, and flavonoids, having *vitro* to have antimicrobial properties. Hence search for substances with antimicrobial activity in plants is a frequent phenomena. Many of the clinically proven drugs were initially used in the form of a crude extract in traditional systems of medicine. Medicinal plants are now being reassessed as models for antimicrobial agents. In fact past twenty years have seen a lukewarm approach in the field of antibiotic development by agencies. The general idea that plant based medicines are both safe and effective in long run combined with highlighting of overuse and misuse of antibiotics, makes plant based medicine increasingly interesting for the consumers these days. In view of this the present study was initiated to evaluate the prevalence of multiple drug resistance among *P. aeruginosa* isolates obtained from wound infections and the antipseudomonal efficacy of water and cold ethanolic extracts of selected phyto ingredients used in ayurvedic formulations.

MATERIALS AND METHODS

Plant material and extraction

Leaves of *Pimenta dioica* (L.) Merr., whole plant of *Piper longum* L., fruit of *Piper nigrum* L. roots of *Premna latifolia* Roxb., *Pseudarthria viscida* (L.) Wight & Arn., *Sida cordifolia* L *Solarum angiui* Lam. var. *angiui*, seeds of *Psoralea corylifolia* L and the *rind of Punica granatum* L. were used. The part of the plant was selected based on the medicinal importance and use in the preparation of ayurvedic formulations. The plant materials were collected from forest regions in Pathanamthitta district, Kerala, India. The plant species was confirmed using a referral herbaria and a
voucher specimen was preserved in the Department of Botany, University of Kerala, Kariyavattam Campus, Tiruvananthapuram. The plant parts, free of diseases were cut into pieces and dried under shade. After powdering 40 g of the powder was soaked, boiled in 400 mL distilled water for three hours. Cold ethanolic extract was obtained by mixing 40 g of the powder in 200 mL of absolute ethanol and kept on a rotary shaker overnight at 200 rpm, room temperature. Later the decoction and ethanol soluble contents were filtered, centrifuged and dried under reduced pressure in a rotary evaporator to obtain residue of crude extract. This crude extract was used for the antimicrobial study.

**Isolation and Identification of P. aeruginosa**

During April to November 2011, 36 Pseudomonas isolates were obtained from wound infections at the Department of Microbiology SCB, Medical College Hospital, Cuttack, Orissa. Among the 36 pseudomonas isolates obtained, 23 were confirmed as *P. aeruginosa*. The samples included pus and tissues. Sampling and handling of the ulcers were carried out according to standard procedures. The lesion was cleansed and debrided before obtaining specimens for culture. If an open wound was involved, tissue specimens were obtained from the debrided base (whenever possible) by means of curettage (scraping with a sterile dermal curette or scalpel blade) or biopsy (bedside or operative). Swabbing was avoided in case of undrained ulcers or wound drainage. When swabbing was carried out in case of debrided wound base a swab designed for culturing aerobic and anaerobic organisms was used and rapidly transported it to the laboratory. Purulent collection as well as specimen from an area of cellulitis was done by needle aspiration. After collection the specimen was immediately transferred to the Microbiology lab in sterile container and culturing was immediately carried out. Sample was inoculated on 5% blood, MacConkey and cetrimide agar plates and were incubated at 37°C for 18 h. Identification was done based on colony characteristics, pyocyanin production (bluish green pigment), gram staining, motility, oxidase, indole, methyl red, Voges Proskauer, citrate utilization tests and oxidative reaction and growth in Hugh Leifson medium.

**Sterility checking of the water extracts**

The water extract of the plant materials (100mg each) was dissolved in dimethyl sulfoxide (DMSO) and a loopful of these solutions were streaked on nutrient agar and Sabouraud dextrose agar (SDA) plates. NA plates were filtered, centrifuged and dried under red light in a rotary evaporator to obtain residue of crude extract. This crude extract was used for the antimicrobial study.

**Evaluation of antibacterial activity of plant extracts**

**Antibacterial activity of the extracts was evaluated by agar well diffusion.** 18hrs nutrient broth cultures of two MDR isolates were evaluated in the study. 100 µg of the water extracts were thoroughly mixed in 100% dimethyl sulfoxide (DMSO). Wells of standard size (6mm) were incised at specified distances in Mueller-Hinton agar and the broth cultures were swabbed on separate agar plates. 0.1 ml of the extracts were added into separate wells. Also 0.1ml of ciprofloxacin and imipenem at 100µg/ml concentration and amikacin at 300µg/ml was loaded into wells and 0.1 ml DMSO served as control. After incubation at 37ºC for 24 hrs, diameter of zone of inhibition was measured. From the disc diffusion test an isolate showed resistance to all antibiotics except amikacin and imipenem was codified as Ps1 and another isolate extended resistance to all antibiotics except amikacin which was codified as Ps2 were selected for evaluation in the well diffusion method. *P. aeruginosa* ATCC 27853 was used as control strain.

**Determination of minimum inhibitory concentration (MIC)**

18 hrs Mueller Hinton broth culture of Ps1 and Ps2 isolates were selected for the evaluation of MIC. Assay was performed in 96-well microtitre plates. Extracts were dissolved in DMSO and diluted with Mueller Hinton broth to a concentration of 10mg/ml - 1mg/ml. Further 1:2 serial dilutions were performed by addition of culture broth to reach particular concentrations. Imipenem was also serially diluted with broth. Inoculum density of the test organisms was adjusted to that of 0.5 Mc Farland standard (10 µL, 1x 10⁸ CFU/ml). Broth was dispensed into wells of micro-titre plate followed by addition of the extract and inoculum. Extracts were serially diluted into each of the wells. Total volume of the assay system in each well was kept 200 µL. A DMSO control was included in all assays. Plates were incubated at 35 ºC for 16-20 h and read at 600 nm in a plate reader (BIORAD 680). MIC was recorded as the lowest concentration at which no growth was observed. Triplcates were done.

**RESULTS AND DISCUSSION**

Percentage of resistance exhibited by *P. aeruginosa* isolates is summarized as follows:

cefazidime (Ca) 82.6% > gentamicin (G) 82.6% > tobramycin (Tb) 73.9% > cefepime (Cpm) > 69.6% = ofloxacin (Of) 69.6% > levofloxacin (Le) 65.2% > ciprofloxacin (Cf) 56.5% > amikacin (Ak) 34.8% > netromycin (Nt) 38.2% > imipenem (I) 26% > gatifloxacin (Gf) 21.7%. 69.6 % showed resistance to three or more antibiotic classes. (Figure-1)}
Antibiotics evaluated: gentamicin (G), tobramycin (Tb), netromycin (Nt), amikacin (Ak), ceftazidime (Ca), cefipime, (Cpm), imipenem (I), ciprofloxacin (Cf), ofloxacin (Of), levofloxacin(Le) and gatifloxacin(Gf).

It was noted that out of the 23 isolates obtained, 16, (69.6%) were MDRPA and the Figure 2 shows the incidence of MDRPA and non MDRPA among the wound isolates of P. aeruginosa.

Figure 2: Incidence of MDRPA among the clinical isolates of P. aeruginosa

Even after four days of incubation no colonies were seen on both NA and SDA plates streaked with the different plant extracts.

Table 1: Well diffusion method: diameter of zone of inhibition around well loaded with extracts and antibiotic solutions

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<th>Isolate</th>
<th>Diameter of zone of inhibition (mm)</th>
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<td>P. granatum extract</td>
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<td>Water</td>
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<td>Ps 1</td>
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<td>2</td>
<td>Ps 2</td>
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<td>3</td>
<td>P. aeruginosa 27853</td>
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Two isolates were selected for evaluating the antibacterial activity of extracts i.e., an isolate showing resistance to all the antibiotics except amikacin and imipenem (Ps.1) and other isolate showing resistance to all antibiotics except amikacin (Ps.2).

Zone of growth inhibition exhibited by Ps.2 around wells loaded with plant extracts and antibiotic solutions. (Agar well diffusion method)


In the well diffusion method, zone of growth inhibition was observed only around the wells loaded with the water and ethanolic extracts of P. granatum, as well as imipenem and amikacin in case of Ps 1. No zone of inhibition was seen around wells loaded with the extracts of P. dioica, P. longum, P. nigrum, P. latifolia, P. viscida, S. cordifolia, S. anguiivi and P. corylifolia.

In case of Ps 1 no zone of inhibition was seen around the wells loaded with imipenem where as zones were seen around the wells loaded with both the extracts of P. granatum and amikacin (The result of the well diffusion method is showed in table 2.)

The MIC of the extracts were evaluated by micro tube broth dilution and the average values for MIC were 200 μg/ml for both the extracts of P. granatum.

The reason behind the frequent presence of P. aeruginosa mediated infections in hospitalized patients is likely multifactorial, as this pathogen has potential for metabolizing a broad range of compounds for the generation of energy. Hence it often contaminates intravenous solutions, hospital equipment, and even disinfectants. Such taint has led to epidemics in which many patients have been infected with a single strain that originated primarily from a single source and the entry of such strains to wounds. Antimicrobial agents with reliable antipseudomonal activity that are commonly prescribed are limited to only a few agents in three major pharmacological classes; β-lactams, fluoroquinolones (FQs) and aminoglycosides. The isolates showed sensitivity to the third generation cephalosporin ceftazidime and fourth generation cefipime in an ascending order when turned from third to fourth generations and this high degree of resistance to the extended-spectrum cephalosporins viz ceftazidime and cefipime highlights the ability to produce an acquired extended spectrum β-lactamase (ESBL).

The administration of an inappropriate dosage of beta-lactam antibiotic or the regular administration of an aminoglycoside in combination with a β-lactam, provides optimal conditions for the selection and persistence of multidrug resistant P.
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and pre pubertal condition administration of antibiotics has In certain pathophysiological conditions such as pregnancy are useful in the process of wound healing are

were resistant to amikacin, the present drug of choice. This study points to the descending efficacy of amikacin as an antipseudomonal agent. Imipenem was most effective, followed by gatifloxacin and amikacin. Almost 26% of isolates were resistant to imipenem belonging to the carbapenem group, known for their broad spectral activity and stability to hydrolysis by most β-lactamases. The carbapenems have been the drug of choice for treatment of infections caused by resistant gram-negative bacilli, especially extended spectrum β-lactamase (ESBL) producers.14 and the present study shows the emergence of carbapenemase producing/ other associated virulent factors carrying strains among wound isolates. Resistance extended to fluoroquinolones as ciprofloxacin could be associated to its wide spread prescribing practice.

The present study invariably proved that MDR among P. aeruginosa isolates from wounds are increasing as 69.6% isolates are MDRPA. The antipseudomonal β-lactams - such as ceftazidime, cefepime and the carbapenems represent a major weapon against Pseudomonas infections.8,9,10 Since their introduction, carbapenems have been among the most powerful antibiotics for treating serious infections caused by Gram-negative nosocomial pathogens, including Pseudomonas aeruginosa. But the emergence of strains containing beta-lactamases with carbapenem-hydrolyzing activity is of major clinical concern.

Therefore, acquired resistance to these agents constitutes a major challenge for antipseudomonal chemotherapy, especially when it is associated with resistance to other classes of drugs viz., aminoglycosides/ fluoroquinolones.12 In our study 69.6% of isolates were resistant to at least 3 antibiotics making them MDRPA and it is a matter of concern as reported mortality rates in adults with MDRPA range from 20% to 70%, depending on patient- and infection related factors.9 It was showed that antimicrobial resistance, especially to ceftazidime or imipenem, adversely affected outcome in patients with P. aeruginosa bacteremia.

Medicinal plants are accessible, affordable and appropriate source of primary health care for almost two- third population of our country.21 Antimicrobial compounds from plants have great therapeutic potential due to lesser side effects as compared with synthetic drugs, also little chance of development of resistance. Research showed that plants produce secondary metabolites which are naturally toxic to bacteria or inhibit their enzymes.22 Also plants have been found to synthesize compounds that are useful in the process of wound healing.

In certain pathophysiological conditions such as pregnancy and pre pubertal condition administration of antibiotics has got adverse effects24,25 thereby justifying the search for antipseudomonal agents in plant resources.

It was interesting to note that extracts of only one plant, i.e., P. granatum out of the nine plants evaluated in this study showed antipseudomonal activity, underscoring the aspect that antipseudomonal agents are not very commonly seen among plants. Studies proved that pomegranate has an array of activities like bactericidal, antifungal, antiviral, immune modulatory, stimulant, astringent, laxative, diuretic and has curative effect on cardiovascular diseases, diabetes, diarrhea, bronchitis, bleeding disorders, fever, inflammation, AIDS, malaria, prostate cancer, denture stomatitis, male infertility, Alzheimer’s disease, obesity and infant brain ischemia.

Both the extracts showed similar MIC values. Since the hot water extract showed the antibacterial activity, it can be deduced that antibacterial principles in these extracts are water soluble and are heat resistant, underlining ease of preparation and administration. A thorough literature survey showed that our study is the pioneering one in the antibacterial activity of these plant extracts against MDRPA from wound isolates. The wound healing property 28 along with the antipseudomonal activity against MDRPA makes P. granatum an attractive model for the development of alternatives to the available antipseudomonal agents.

CONCLUSION
This study invariably proved that MDRPA is prevalent among wound isolates and there is an increase in the incidence of MDRPA compared to the previous years. Eventhough imipenem is the effective drug of choice, resistance to imipenem is increasing in recent years. Resistance to cephalosporins underline the prevalence of ESBL gene pool among these isolates. Amikacin was an effective antipseudomonal agent in the past years, this result highlights the importance of controlling the use of this antibiotic in hospitals because of the emerging resistance. The resistance exhibited to fluoroquinolones draws special interest as previous reports emphasized on the association of fluoroquinolone resistance and cross resistance to other antipseudomonal agents in clinical use. Evidently interpretive analysis of antibiotic susceptibility tests is essential for a satisfactory understanding of the action of antibacterial agents.

The search for new antimicrobial agents against MDR bacteria is a continuing process. Hence exploration of the plant biodiversity for the development of antipseudomonal principles against MDRPA holds prime significance and underscores the applications using scientific standardization and clinical studies. The essential principle is to offer competent and patient friendly drugs.

REFERENCES
for antimicrobial disk susceptibility tests; Approved standard -9th Ed. Supplement M2 – A9, 26(1).


21. Hartlalka A. Medicinal and aromatic plants- problems and prospects; Recent Advances in Medicinal Plants Research: Vision 21st Century. Recent advances in medicinal plants research. Satish serial publishing house, Bombay, India, 2005


