



## Review of new insights into antimicrobial agents

M. J. Dehghan Esmatabadi<sup>1</sup>, A. Bozorgmehr<sup>2</sup>, S. N. Hajjari<sup>2</sup>, A. Sadat Sombolestani<sup>3</sup>, Z. V. Malekshahi<sup>4</sup>,  
M. Sadeghizadeh<sup>1\*</sup>

<sup>1</sup> Department of Molecular Genetics, Faculty of Biological Sciences, Tarbiat Modares University, Tehran, Iran

<sup>2</sup> Department of Neuroscience, Faculty of Advanced Technologies in Medicine, Iran University of Medical Sciences (IUMS), Tehran, Iran

<sup>3</sup> Department of Biology, Isfahan University, Isfahan, Iran

<sup>4</sup> Department of medical Biotechnology, School of Advanced Technologies in Medicine, Tehran University of Medical Sciences, Tehran, Iran

Correspondence to: [sadeghma@modares.ac.ir](mailto:sadeghma@modares.ac.ir)

Received September 13, 2016; Accepted February 20, 2017; Published February 28, 2017

Doi: <http://dx.doi.org/10.14715/cmb/2017.63.2.6>

Copyright: © 2017 by the C.M.B. Association. All rights reserved.

**Abstract:** People have known the bacteria and have used various ways to deal with them, from a long time ago. Perhaps, natural antibiotics with have been the first step in fighting against pathogens. However, several factors, such as dealing with unfamiliar bacteria or emergence of drug-resistant species, have motivated us to discover new antibiotics or even change previous types. In this regard, a variety of natural and synthetic antibiotics with different origins, mechanism of action, structures and functional spectrum, have been developed and used. Some impact on the synthesis of nucleic acids and some affect protein synthesis so destroy bacteria. There is a ring in the structure of most of the antibiotics which gives them special properties. However, despite their numerous advantages, antibiotics also have drawbacks which limit their use in all situations. Therefore, other approaches such as photodynamic therapy (PDT) and antibacterial peptides were considered as alternatives. Photodynamic therapy (PDT) is a treatment that uses photosensitizing agents, along with light, to kill bacteria. The photosensitizing agents only work after they have been activated by certain kinds of light. Antibacterial peptides are a unique and diverse group of molecules which have between 12 and 50 amino acids in general. In this paper, will review three mentioned topics, namely antibiotics, photodynamic therapy and antibacterial peptides and will discuss the advantages and disadvantages of each approach briefly.

**Key words:** Antibiotics; Photodynamic therapy (PDT); Antimicrobial peptides.

### Introduction

Antimicrobial agents have been used for more than 2000 years. There are evidences that ancient Egyptians and Greeks used special molds and plant extracts to control infections. Although, it was not until the later half of the 19th century that microorganisms were found to be responsible for a variety of infectious diseases (1).

Beside antibiotics, Photodynamic therapy (PDT), which was approved by the Food and Drug Administration in 1999 to treat pre-cancerous skin lesions of the face or scalp (2) has emerged in recent years as a non – invasive therapeutic approach for the treatment of various infections (3).

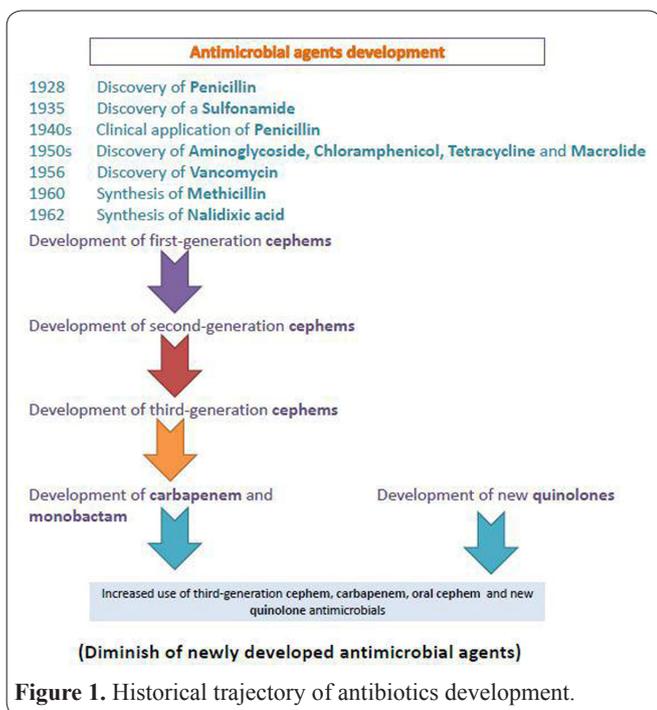
Photodynamic therapy (PDT) is a treatment that uses a drug, called a photosensitizer or photosensitizing agent, and a particular type of light (4). Each photosensitizer is activated by light of a specific wavelength and produce a form of cytotoxic reactive oxygen that kills nearby cells (5). Antimicrobial PDT can easily provide the access to the whole dental root surface and its application in the treatment of periodontal diseases has been studied extensively (6). Also, PDT can inactivate endotoxins such as lipopolysaccharide by decreasing their biological activity (7).

Antimicrobial peptides (AMPs) are some kinds of oligopeptides containing a few to several hundred amino acid residues and have been used against a variety of microorganisms such as viruses, bacteria and parasites (8). Defensin is the most famous Antimicrobial peptides until now. It is believed that in animals, AMPs are the first line of defense against foreign pathogens (9). Overall, more than 5,000

AMPs are known so far of natural or synthetic origins (10). In following chapter, we discuss about these principle antimicrobial agents with more details.

### Antibiotics

The first antimicrobial agent, salvarsan, was synthesized by Ehrlich in 1910 to eradicate syphilis (11). In 1928, Fleming found that penicillium fungi would produce substances that could inhibit the growth of *Staphylococcus aureus* in culture dishes. The compound was named penicillin and came into clinical use in the 1940s (12). In 1935, Domagk developed sulfonamides, the synthetic compounds with a broad limitation range in terms of safety and efficacy (13). In 1940s, streptomycin, an aminoglycoside antibiotic, and thereafter, chloramphenicol, tetracycline, macrolide, and glycopeptide (e.g., vancomycin) were discovered from soil bacteria (14). Following this trend, the quinolone antimicrobial agent, nalidixic acid, was synthesized in 1962 (15). After that,  $\beta$ -lactam antibiotics, a broad class of antibiotics, consisting of all antibiotic agents that contain a  $\beta$ -lactam ring in their molecular structures, were developed and introduced to the pharmaceutical market. This includes penicillin derivatives (penams), cephalosporins (cephems), monobactams, and carbapenems (16). Cepems, including cephalosporins and cephamycins, were developed in the 1960s and bases on their antimicrobial spectra, they are classified several generations (17). Later, Carbapenems were developed as a group of strong effective drugs not only for Gram-positive and Gram-negative bacte-



ria but also anaerobes (18). Following the progress of development of new antimicrobials, Nalidixic acid, as the first quinolone antimicrobial, was developed to target Gram-negative bacteria specifically with poor tissue distribution (19). Entering quinolones antimicrobial drugs to market promised the fact that it goes towards developing more specific drugs with fewer side effects. Trend of development of antibiotics is schematically illustrated in Figure 1.

### Proper and successful antibiotic characteristics

An antibiotic treatment can be considered successful if the antibiotic agent, like other drugs, has some traits such as (20):

- I. It should not have any side effect or its side effect should be slight. On the other hand, it must have selected toxicity.
- II. It should have a broad spectrum effectiveness and can eliminate different bacteria.
- III. It should have proper bioavailability and pharmacokinetics.
- IV. It should be stable enough without loss or change of properties.
- V. It should have an appropriate clearance rate.
- VI. It should be cost-effective and available.

### Antibiotic classification

Antibiotics can be classified based on their origin, mechanism of action, chemical structure and activity spectrum.

Antibiotics can be classified based on their origin, mechanism of action, chemical structure and activity spectrum.

### Origin Classification

Bacteria, fungi, plant are able to produce antibiotics. Some species of genus bacteria produce secondary metabolites with diverse chemical structure. For example, a number of antibiotics are produced by different bacillus spp (21). Most classes of antibiotics derived from natural sources, are assorted as Beta-lactam antibiotics, tetracy-

clines, aminoglycosides and macrolides. On the other side, synthetic antibiotics include sulfa antibiotics, quinolones and oxazolidinones. Many bacterial origin antibiotics inhibit the growth of another bacteria (22).

### Mechanism of action classification

#### *Inhibition of DNA replication*

The quinolones (comprising nalidixic acid and ciprofloxacin) target DNA gyrase (topoisomerase II) and topoisomerase IV (topoIV). They actually trap these enzymes at the DNA cleavage stage and prevent strands from joining again(23). The susceptibility of these targets to quinolones, varies among bacterial species; while topoIV is the primary target of quinolones in gram-positives, DNA gyrase is the primary target and topoIV the secondary target of these drugs in gram-negative bacteria (23). Therefore, the net effect of quinolone treatment is to generate double stranded DNA breaks that are trapped by covalently linked topoisomerases (24). Furthermore, induction of SOS proteins expression following by DNA damages, could be another advantage that enhances the efficiency of this class of antibiotics.

#### *Inhibition of RNA synthesis*

Rifamycin category drugs, are a broad category of semi-synthetic antibiotics. They isolated from the Gram-positive bacterium, *Amycolatopsis mediterranei* (originally *Streptomyces mediterranei*) for the first time(25). Rifamycins bind to the prokaryotic RNA-polymerase enzyme with high affinity and inhibit DNA dependent transcription. The main target area of these drugs, is the subunit located within the channel formed by the polymerase-DNA complex, from which the newly synthesized RNA strand emerges (26). In fact, the nascent RNA strand initialization stage is inhibited by Rifamycins (27).

#### *Inhibition of cell wall synthesis*

$\beta$ -lactams and glycopeptides interfere with specific steps in homeostatic cell wall biosynthesis. Successful treatment with a cell wall synthesis and induce cellular stress responses by changing cell shape and size (28). The goal is achieved by inhibiting the peptide bond formation reaction which is catalyzed by transpeptidases and transglycosylase or through binding with PG units (at the D-alanyl-D-alanine dipeptide) and also blocking the activity (29, 30). It is worth noting that  $\beta$ -lactams are effective in treatment of Gram-positive and Gram-negative infections, whereas glycopeptides are effective only against Gram-positive bacteria due to their low permeability. Antibiotics like Fosfomycin and Bacitracin, inhibit the cell wall synthesis by blocking transport of individual PG units. Lipopeptides like Daptomycin, affect structural integrity via their ability to insert into the cell membrane and induce depolarization (31). All mechanisms that have been discussed here, are involved in a process called 'lytic cell death' in which, overgrowth of cell wall leads to increased pressure inside the cell and its bursting (32). However, it must be noted that the lysis-dependent cell death mechanism is much more complex, involving many active cellular processes (33). In addition to lytic cell death, evidences suggest that there are some non-lytic pathways regulated by bacterial two-component systems (34). For example, the LytSR two-component system can affect cell lysis by regulating autolysin activity in Sta-

phylcococcus aureus (35). So, until now it has become clear that antibiotics can destroy the cell wall of bacteria through lytic, non-lytic or both processes. But another mechanism by which some antibiotics result in the destruction of the bacterial cell, is induction of SOS response. For instance,  $\beta$ -lactams that inhibit Penicillin binding protein 3 (PBP-3), induce filamentation and stimulate the DpiAB two-component system, which can activate the SOS response (36). On the other hand, DNA damaging antimicrobials, such as quinolones, may cause filamentation through induction of the SOS response (37).

### Inhibition of protein synthesis

Macrolides (e.g., erythromycin), lincosamides (e.g., clindamycin), streptogramins (e.g., dalfopristin/quinupristin), amphenicols (e.g., chloramphenicol) and oxazolidinones (e.g., linezolid) inhibit 50S compartment of ribosome (38). Actually, they block either initiation of protein translation (39) or peptidyl-tRNAs translocation, which serves to inhibit the peptidyltransferase reaction that elongates the nascent peptide chain. Several models are proposed to explain the mechanism by which these antimicrobial classes act; including inhibition the access of peptidyl-tRNAs to the ribosome, blocking the peptidyltransferase elongation reaction by steric inhibition, and dissociation of the peptidyl-tRNA (40). Also, it is demonstrated that these classes of antibiotics lose their activity when elongation has progressed beyond a critical length (41). Tetracyclines and aminocyclitols are accounted as 30S ribosome inhibitors by blocking the access of aminoacyl-tRNAs to the ribosome (42) and binding to the 16S rRNA component, respectively (43). Spectinomycins, inhibit elongation factor-catalyzed translocation (44), while aminoglycosides interact with 16S rRNA compartment hence induce conformational alternation of the mRNA-codon complex and its cognate charged aminoacyl-tRNA at the ribosome. It leads to tRNA mismatch promotion that could be followed by protein mistranslation (45). Macrolides, streptogramins, spectinomycin, tetracyclines and chloramphenicol are typically used as ribosome inhibitors, but behave in a species-specific or treatment-specific fashion (46). This must be related to the sequence

differences of the highly conserved ribosomal proteins and RNAs in the variable regions among bacterial species (47). The action mechanism of different types of antibiotics is shown in Figure 2.

## Chemical structure classification

### Beta-lactams

Beta-lactams including a beta-lactam 'ring' that binds to the active site of the bacterial enzymes. This antibiotic contains sub classes included penicillins, cephalosporins, monobactams, carbapenems (48).

Penicillins are constructed by penicillium notatum. Beta-lactam ring in this sub class, includes a nucleus of 6-aminopenicillanic acid (49).

Cephalosporins are produced by cephalosporium acremonium. Beta-lactam ring includes 7-aminocephalosporanic acid nucleus and side chain has 3, 6-dihydro-2H-1, 3-thiazine rings (50).

Monobactams are made by chromobacterium violaceum. This antibiotic just owns Beta-lactam ring (51).

Streptomyces cattleya is the natural origin of carbapenems. The chemical structure of this sub class is similar to the penicillins (52).

### Macrolides

A chemical substance constructed by saccharopolyspora erythraea is macrolides. They are antibiotics with a lacton ring contains 14-16 atoms in their molecule. Macrolides are divided as Erythromycin, Clarithromycin, oleandomycin and Azithromycin. In azalides (azithromycin) the atom of nitrogen is present in a cycle (53).

### Tetracyclines

Tetracyclines are produced by various Streptomyces species. The chemical structure of tetracyclines, comprises 4 hydrocarbon ring. These antibiotics act as an inhibitor of protein synthesis in bacteria need the amino group in position C4 and keto-enolic tautomers in position C1 and C3 of the A ring. The amino group in the C4 position is pivotal for the antibacterial activities. These antibiotics have partially hydrated nucleus of tetracene. Tetracyclines are classified as first generation, second generation and third generation (54).

### Aminoglycosides

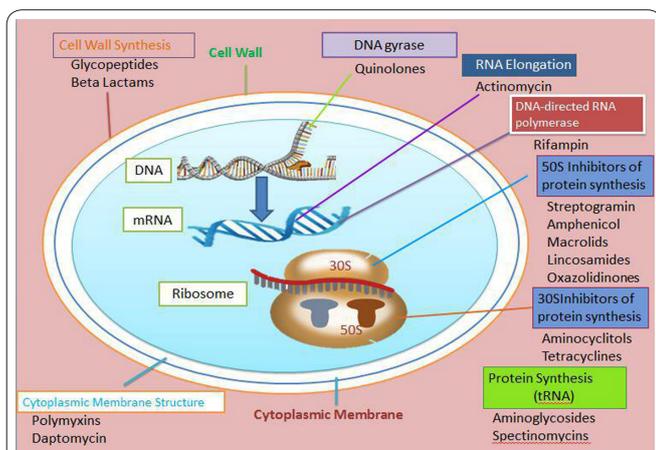
These antibiotics have the cyclohexan structure with OH- and NH<sub>2</sub>-, or guanidino-derivatives and glycoside derivatives with one or certain OH- groups. Some derived from Streptomyces genus or Micromonospora. Example of these antibiotics are streptomycin, kanamycin, gentamicin and neomycin (55).

### Glycopeptides

Glycopeptides are glycosylated cyclic or polycyclic non-ribosomal peptides produced by groups of filamentous actinomycetes. These therapeutics target gram positive bacteria by binding to the acyl-D-Ala-D-Ala terminus to the growing peptidoglycan and then cross-linking peptides within and between peptidoglycan on the outer surface of the cytoplasmic membrane (56).

### Polyenes

Polyenes have differences in the number of conjugated



**Figure 2.** The mechanism of action of different types of antibiotics. Antibacterial action generally falls within one out of four mechanisms, three of which involve the inhibition or regulation of enzymes involved in cell wall biosynthesis, nucleic acid metabolism and repair, or protein synthesis, respectively. The fourth mechanism involves the disruption of membrane structure. Many of these cellular functions targeted by antibiotics are most active in multiplying cells.

carbon-to-carbon double bonds in their molecule, the size of the conjugated ring and the presence or absence of a hexosamine sugar or aromatic moiety in the molecule (57).

### Activity spectrum classification

Depending on the range of susceptible bacterial species, antibiotics are classified as broad-spectrum, intermediate-spectrum, or narrow-spectrum (58). Note that the spectra of activity may change with acquisition of resistance genes, as will be discussed in the next module.

Broad spectrum antibiotics are active against both gram-positive and gram-negative microorganisms.

Narrow spectrum antibiotics have limited activity and are only useful against particular species of microorganisms primarily.

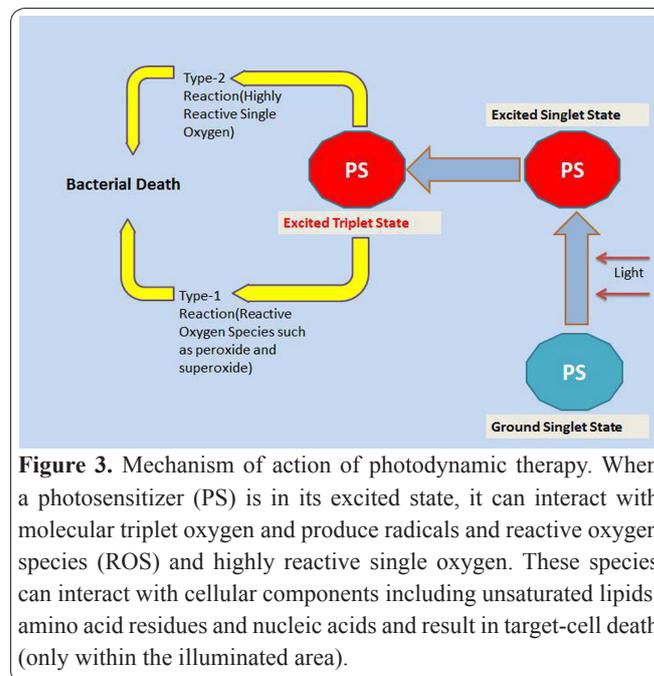
Penicillins are one of the antibacterials that kill bacteria by inhibiting formation of the bacterial cell wall. These antibacterials are effective in treatment of disease in poultry (49). Cephalosporins are beta lactams antibiotics and structurally are similar to penicillins. This antibacterial complex with bacteria cell walls and disrupt the synthesis of the peptidoglycan. Cephalosporins are divided into first, second, third, fourth and fifth generations. Each generation has a broader spectrum of activity than the one before. Cephalosporins include cefazolin (1st generation), cefoxitin (2nd generation), ceftriaxone (3rd generation), cefepime (4th generation) and ceftaroline (5th generation) (53). Aminoglycosides are produced by several species of *Streptomyces*. This agent blocks synthesis of essential protein for growth of the bacteria and used for treatment of anaerobic gram negative bacilli infections. They are useful for treatment staphylococcal and enterococcal infections as well. Example of aminoglycosides are streptomycin, gentamicin, spectinomycin, neomycin and kanamycin (53). Glycopeptides inhibit bacterial cell wall peptidoglycan synthesis. These antibiotics are effective against gram positive cocci including *S.aureus* and *S.epidermidis*. Teicoplanin and vancomycin are two instances of glycopeptides (3-5). Tetracyclines are one of the broad spectrum antibiotics that are effective for treatment of intestinal infections and chlamydial infections (53).

Carbapenems have the broadest spectrum among all beta-lactams. This antibiotic binds to the PBPs just like cephalosporin and penicillin thus preventing the bacterial cell wall synthesis. Carbapenems are effective against many gram-positive bacteria and gram negative bacteria (59).

Activity spectrum of Oxazolidinones encircles gram-positive bacteria (MRSA, penicillin resistant streptococci, VRE). This antibacterial can bind to 50S subunit of ribosome and prevent protein synthesis (60). Polymixins have cyclic peptide with a long hydrophobic chain. They attach to phospholipids of bacteria and disrupt cell membrane. These antibiotics are produced using non-ribosomal peptide synthetase systems in gram-positive bacteria (60). Quinolones are one of the antimicrobials that are effective for treatment of intestinal infections. Quinolones inhibit DNA replication. These antibiotics have been classified in four generations based on their activity spectrum (60).

### Photodynamic therapy (PDT)

Antimicrobial photodynamic therapy (PDT) represents an effective alternative method to inactivate bacteria, fungi,



**Figure 3.** Mechanism of action of photodynamic therapy. When a photosensitizer (PS) is in its excited state, it can interact with molecular triplet oxygen and produce radicals and reactive oxygen species (ROS) and highly reactive single oxygen. These species can interact with cellular components including unsaturated lipids, amino acid residues and nucleic acids and result in target-cell death (only within the illuminated area).

viruses and protozoa (61). PDT is applied through irradiation of the light to an infected tissue that has been exposed to a photo-sensitive dye (PS) which is often derived from pigments such as heme, chlorophyll and bacteriochlorophyll containing tetrapyrrole aromatic nucleus (62). The PS should have relatively high absorption bands ( $>20,000$ – $200,000$   $M^{-1}cm^{-1}$ ), a high yield of excited electronic triplet state, singlet oxygen and low levels of dark toxicity (62). Following the excitation of the PS by visible light into the long-lived triplet state, ROS will be generated through two mechanisms. In type I mechanism, this particular state of the PS interacts with molecular oxygen by electron transfer and forms superoxide anions that may lead to produce more reactive species such as hydroxyl radicals. While in type II mechanism, the PS interacts with molecular oxygen by energy transfer following by singlet oxygen production (63). So, both processes irreversibly alter vital components of cells resulting lethal damage. Mechanism of action of photodynamic therapy is schematically illustrated in Figure 3.

Of course, this point should be kept in mind that PS should selectively be uptaken by bacterial cells and does not operate in the dark (64). PDT mainly damage cell membrane and DNA. Damage to the plasma membrane usually is followed by uncontrolled release of metabolites into and out of the cells and damage to DNA is usually irreversible (65). Some common photosensitizers display anti-microbial photocidal action are listed in Table 1.

The use of PDT to eliminate gram-positive bacteria is fairly easy, because their cell wall is a porous layer. However, due to the existence of an outer wall with a low permeability, elimination of Gram-negative bacteria is a bit more complicated (66). To overcome this difficulty in Gram-negative bacteria, methods such as the use of outer membrane disorganizing agents, photosensitizers with cationic charges and optimization of the chemical structure of PS are proposed (67). Generally, the main advantages of PDT are its specificity, limited side effects, the prevention of infection recurrence and the lack of development of multidrug resistant microorganisms (68). PDT method has been used to eliminate a variety of bacteria such as periodontopathogenic bacterial species (*Porphyromonas gingivalis*, *Fusobac-*

**Table 1.** Common photosensitizers displaying anti-microbial photocidal action with their origins.

Class of compounds	Name	Site of action in prokaryotic cells
Natural products	Furanocoumarin	DNA intercalation
	Perylenequinonoin hypericin	Inhibitor of protein kinase C
	Methylene blue	DNA interaction
Phenothiazines	Toluidine blue	Plasma membrane
	Acridine	DNA interaction
Cyclic tetrapyrroles	Phthalocyanine porphyrine	Membrane/cytosolic sites

terium nucleatum, and *Capnocytophaga gingivalis* (69), endodontic pathogens (*Enterococcus faecalis*) (70), *Propionibacterium acnes* (71), *Proteus mirabilis* and *Pseudomonas aeruginosa* (72).

### Antimicrobial peptides (AMPs)

Antimicrobial peptides (AMPs) are a group of oligopeptides containing a few to several hundred amino acid residues and have been used against a variety of microorganisms such as viruses, bacteria and parasites (8). The first recognized antimicrobial peptide was extracted from soil *Bacillus* bacteria in 1939 by Dubos and Hotchkiss. They found that the extract can protect mice against pneumococcal infections and after closer investigation, it was discovered that active component of the extract is a peptide and named that gramicidin (73). Tyrocidine, another AMP, was discovered in 1941 and found to be detrimental against gram-positive and gram-negative bacteria (74). However, after a while it turned out that tyrocidine is toxic for human blood cells (75). In the same year, another AMP, which later named purothionin, was extracted from the plant *Triticum aestivum* and its damaging effects against fungi and bacteria were proved (76). In later years, AMPs were also extracted from animal sources; for example, defensin was isolated from rabbit leukocytes (77), bombinin from epithelia (78), and lactoferrin from cow milk (79). It is believed that AMPs are the first line of defense against foreign pathogens in animals (9). In addition, it was demonstrated that the human leukocyte lysosomes also contain AMPs (80). Overall, more than 5,000 AMPs are known so far with natural or synthetic origins (10). Some AMPs genes expression is in housekeeping manner, while for others, the gene expression is inducible. For instance, Wang and colleagues demonstrated that the rate of defensin mRNA transcription in rat will be increased following by infection with *Pseudomonas aeruginosa* (81).

It's also known that AMPs are involved in regulation of inflammatory responses in the host during infections. For example, it is found that bacterial lipopolysaccharides can induce the production of AMPs in mammals which, in turn, can modulate the inflammatory response. (82). In contrast, antibiotics may cause severe inflammatory reactions due to lack of immunomodulatory capability (83). It should be noted that the production of AMPs in eukaryotic cells such as lymphocytes (9), phagocytes (84) and epithelial cells (85) has been demonstrated.

### Structure of AMPs

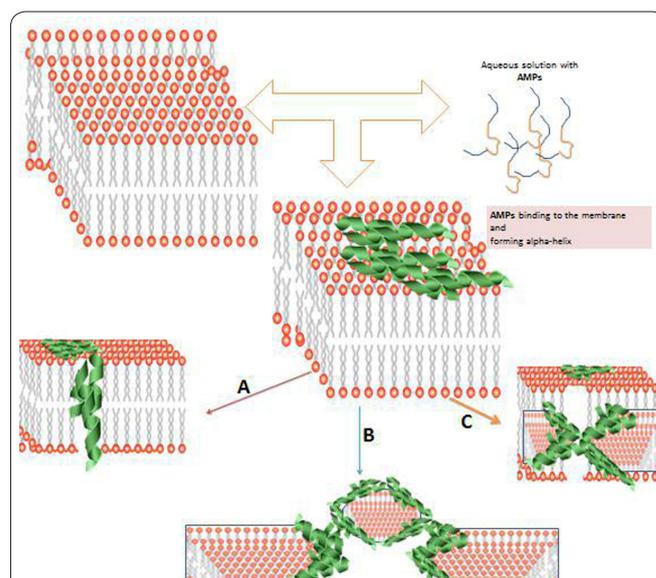
According to the conducted studies so far, AMPs structures are as  $\beta$ -sheet,  $\alpha$ -helix, loop and extended form from which,  $\alpha$ -helix is the most common structure (86). AMPs like magainin, protegrin and coiled indolicin have  $\alpha$ -helix

structures (87). It should be noted that the structure of many AMPs change based on environmental conditions. For example, indolicin has a globular structure in hydrophilic environment and is wedge-shaped in hydrophobic conditions (88).

### Mechanism of action

AMPs specifically target bacterial lipopolysaccharide layer and unlike antibiotics, have fewer side effects for eukaryotic cells (89). In addition, AMPs exert their killing effect much faster than antibiotics and can also increase the effect of antibiotics in a synergic manner. For instance, the combination of ampicillin with nisin Z kill *Pseudomonas fluorescens* with 155-fold lower minimum inhibitory concentration (MIC) (90). Other advantages of AMPs compared to antibiotics are the possibility of chemical synthesis and easily changing the structure to modify their functions (91).

AMPs (cationic AMPs) that target bacterial cell membranes, degenerate the lipid bilayer structure (92) and finally kill bacteria by inhibiting DNA replication and protein synthesis (93). Most AMPs are amphipathic, which means that they have both hydrophilic and hydrophobic faces. This feature gives them the ability to penetrate the cell membrane (94). Also, some of them could create holes in the cell membrane and facilitate the entrance of others (Figure 4).



**Figure 4.** Schematic representation of some action mechanisms of AMPs. (A) Due to the amphipathic structure, AMPs penetrate into the cell perpendicularly. (B) Carpet model. AMPs molecules coat the membrane as their hydrophobic part faces external creating pores in the membrane. (C) Toroidal pore model. In this model, several AMP molecules form the barrel-shaped structure, so that the hydrophobic parts placed outside and the hydrophilic sides placed inside the barrel.

**Table 2.** Antimicrobial peptides structures and the relationship between peptide structure and antibacterial activity.

AMP Structure	Example	Activity Type	Disruption Model
Alpha- helices' peptides	Cecropin	Most alpha-helical AMPs disrupt bacterial membranes by forming amphipathic helix in membranes	Carpet
	Magainin		Barrel slave
Beta-sheet peptides	Pexiganan	Many AMPs with beta-sheet structure exert antimicrobial activity by disrupting bacterial membranes	Toroidal
	Alpha-Defensins		Toroidal
Extended peptides	Protegrin	Most extended AMPs are not active against membrane of pathogens and penetrating across membranes	Interaction with intracellular proteins <sup>b</sup>
	Indolicidin		
Loop peptides	Beta-Defensins	Disrupting bacterial membranes	-
	Bac7		
	Bac5		
	Lactoferricin B		
	Thanatin		
	Bactenecin-1		

Some AMPs are able to kill antibiotic resistant bacteria (95). Antimicrobial peptides have mitogens properties. These properties including ability to stimulated growth of fibroblast and epithelial cells in vitro for antimicrobial activity and preventing microbial infection (96). The main antimicrobial structures along with their functions are shown in Table 2.

### The resistance strategies of microorganisms to Antimicrobial peptides (AMPs)

It is not unbelievable that bacteria utilize various resistance strategies to avoid antimicrobial peptide (97). Some microorganisms change their net surface charges. For instance, *Staphylococcus aureus* transports D-alanine from the cytoplasm to its teichoic acid it means the negative charge is declined by amine groups (98). This bacterium can also modify its anionic membranes via MprF with L-lysine and make it positive (98). *Klebsiella pneumonia* polysaccharide capsule can hinder the interaction of these peptides with membrane (99). *Salmonella* species benefit from another survive strategy. They add myristate to Lipid A with 2-hydroxymyristate that ends to hepta-acylated Lipid A formation by adding palmitate. In this regard, their outer membrane fluidity decreases due to hydrophobic interaction. This interaction can repulse AMPs insertion and pore formation.

A number of gram-negative bacteria, change in their outer membrane proteins (100). Non-typeable *Hemophilus influenzae* carry AMPs inside the cell and deteriorate them. *H. influenzae* convert its membrane in a way that seems to be under attack of AMPs. (101). Other strategies are ATP-binding cassette transporters and the resistance-nodulation cell-division efflux pump which carry out these peptides (102); which are fundamental tools for AMPs resistance. Bacterial proteases can also be beneficial way to eliminate AMPs (103). Gram-negative bacteria can produce outer membrane vesicles which attach to peptides and push them away (104). These vesicles also contain lytic enzymes as proteases and peptidases that can act on extracellular. Cyclic-di-GMP signaling had also been developed in the regula-

tion of *Pseudomonas aeruginosa* resistance to AMPs (105).

Whereas they are variety natural ways of resistance, worries are raised due to the fact that Amps resistance can happen at faster rates than before. It means we should be concerned about their clinical use and also physiological functions. (106). Further researches are essential to decide whether it is worth it or not.

### Conclusion and future perspective

The combat with different kinds of microbial infections alike bacterial, fungal etc., constitutes a huge challenge for medical sciences. The scope and number of anti-microbial agents with different mechanisms is too much but a few of these technics have been executable in medicine until now. So, more studies are required to attain more effective and executable agents. Here, we elaborated on the three famous and applicable anti-microbial mechanisms and described their details.

For many years, people have known bacteria as pathogens and have adopted various ways to deal with them (107). Studies have shown that the use of antibiotics dates back to ancient times. For example, human skeletal remains from ancient Sudanese Nubia dating back to 350–550 CE was found with some traces of Tetracyclines (108). However, several factors have encouraged the development of antibiotics and among them, is the emergence of resistant strains to antibiotics. So, there has to be a constant regeneration of new antibiotics to go after these progressively more resistant bacteria. Today, different antibiotics are in use based on origin, mechanism of action, structure and activity spectrum. Although most antibiotics are extracted from natural origins, some are synthetic or produced by changing natural antibiotics (109). Three basic mechanisms of antibiotic action against bacterial cells are inhibition of cell wall synthesis, inhibition of nucleic acids synthesis and inhibition of protein synthesis (31). Based on their chemical structure, antibiotics are categorized as several classes including  $\beta$ -lactams, Macrolides, Tetracyclines, Aminoglycosides, Glycopeptides and Polyenes (110). Also, based on their activity spectrum, some antibiotics kill Gram-negative bacteria, some deteriorate gram-positive bacteria, and some

kill both (111). In addition to antibiotics, other approaches have been developed and used to eliminate bacteria. Photodynamic therapy or PDT utilizes photosensitizing agents, oxygen and light, to create a photochemical reaction that selectively destroys target cells. Photosensitizing agents are drugs that are administered into the body through topical, oral or intravenous routes. In the body, they concentrate in target cells and only become active when light of a certain wavelength is directed onto the area where the target is. The photodynamic reaction between the photosensitizing agent, light and oxygen kills the target cells (112). Antimicrobial peptides (AMPs) are oligopeptides with five to over a hundred of amino acid residues. AMPs target a broad spectrum of organisms. Historically, they were also known as host defense system's cationic, anionic or amphipathic molecules.

The better understanding of these anti-microbial mechanisms opens up new avenues for progress towards a new invention in targeting infections.

### Acknowledgments

We are indebted to all of those who provided rich insights into the field. Also, we apologize to the colleagues whose work could not be cited due to space limitations.

### References

1. Powers JH. Antimicrobial drug development – the past, the present, and the future. *Clinical Microbiology and Infection* 2004; 10: 23-31.
2. Lui H, Anderson RR. Photodynamic therapy in dermatology. Shedding a different light on skin disease. *Arch Dermatol* 1992; 128: 1631-1636.
3. Kornman KS, Page RC, Tonetti MS. The host response to the microbial challenge in periodontitis: assembling the players. *Periodontol* 2000 1997; 14: 33-53.
4. Vrouenraets MB, Visser GW, Snow GB, van Dongen GA. Basic principles, applications in oncology and improved selectivity of photodynamic therapy. *Anticancer Res* 2003; 23: 505-522.
5. Ochsner M. Photophysical and photobiological processes in the photodynamic therapy of tumours. *J Photochem Photobiol B* 1997; 39: 1-18.
6. Andersen R, Loebel N, Hammond D, Wilson M. Treatment of periodontal disease by photodisinfection compared to scaling and root planing. *J Clin Dent* 2007; 18: 34-38.
7. Komerik N, Wilson M, Poole S. The effect of photodynamic action on two virulence factors of gram-negative bacteria. *Photochem Photobiol* 2000; 72: 676-680.
8. Harris F, Dennison SR, Phoenix DA. Anionic antimicrobial peptides from eukaryotic organisms. *Current Protein and Peptide Science* 2009; 10: 585-606.
9. Radek K, Gallo R, editors. *Antimicrobial peptides: natural effectors of the innate immune system*. Seminars in immunopathology; 2007: Springer.
10. Zhao X, Wu H, Lu H, Li G, Huang Q. LAMP: a database linking antimicrobial peptides. *PLoS One* 2013; 8: e66557.
11. Lloyd NC, Morgan HW, Nicholson BK, Ronimus RS. The composition of Ehrlich's salvarsan: resolution of a century-old debate. *Angew Chem Int Ed Engl* 2005; 44: 941-944.
12. Quirke VM. *History of Penicillin*. eLS: John Wiley & Sons, Ltd; 2001.
13. Batt AL, Snow DD, Aga DS. Occurrence of sulfonamide antimicrobials in private water wells in Washington County, Idaho, USA. *Chemosphere* 2006; 64: 1963-1971.
14. Singh B, Mitchison DA. Bactericidal Activity of Streptomycin and Isoniazid Against Tubercle Bacilli. *Bmj* 1954; 1: 130-132.
15. Emmerson AM, Jones AM. The quinolones: decades of development and use. *J Antimicrob Chemother* 2003; 51 Suppl 1: 13-20.
16. Elander RP. Industrial production of beta-lactam antibiotics. *Appl Microbiol Biotechnol* 2003; 61: 385-392.
17. Garau J, Wilson W, Wood M, Carlet J. Fourth-generation cephalosporins: a review of in vitro activity, pharmacokinetics, pharmacodynamics and clinical utility. *Clinical Microbiology and Infection* 1997; 3, Supplement 1: S87-S101.
18. Papp-Wallace KM, Endimiani A, Taracila MA, Bonomo RA. Carbapenems: past, present, and future. *Antimicrobial agents and chemotherapy* 2011; 55: 4943-4960.
19. Andersson MI, MacGowan AP. Development of the quinolones. *J Antimicrob Chemother* 2003; 51 Suppl 1: 1-11.
20. Walsh C. *Antibiotics: Actions, Origins, Resistance*. 1 ed 2003.
21. Kümmerer K. Antibiotics in the aquatic environment—a review—part I. *Chemosphere* 2009; 75: 417-434.
22. Thenmozhi S, Moorthy K, Sureshkumar B, Suresh M. Antibiotic resistance mechanism of ESBL producing Enterobacteriaceae in clinical field: A review. *Int J Pure Appl Biosci* 2014; 2: 207-226.
23. Drlica K, Zhao X. DNA gyrase, topoisomerase IV, and the 4-quinolones. *Microbiology and Molecular Biology Reviews* 1997; 61: 377-392.
24. Yoshida H, Bogaki M, Nakamura M, Nakamura S. Quinolone resistance-determining region in the DNA gyrase *gyrA* gene of *Escherichia coli*. *Antimicrobial agents and chemotherapy* 1990; 34: 1271-1272.
25. Sharma SK, Sharma A, Kadiravan T, Tharyan P. Rifamycins (rifampicin, rifabutin and rifapentine) compared to isoniazid for preventing tuberculosis in HIV-negative people at risk of active TB. *Cochrane Database Syst Rev* 2013; 7: CD007545.
26. McClure WR, Cech CL. On the mechanism of rifampicin inhibition of RNA synthesis. *Journal of Biological Chemistry* 1978; 253: 8949-8956.
27. Artsimovitch I, Chu C, Lynch AS, Landick R. A new class of bacterial RNA polymerase inhibitor affects nucleotide addition. *Science* 2003; 302: 650-654.
28. Tomasz A. The Mechanism of the Irreversible Antimicrobial Effects of Penicillins: How the Beta-Lactam Antibiotics Kill and Lyse Bacteria. *Annual Review of Microbiology* 1979; 33: 113-137.
29. Tipper DJ, Strominger JL. Mechanism of action of penicillins: a proposal based on their structural similarity to acyl-D-alanyl-D-alanine. *Proceedings of the National Academy of Sciences of the United States of America* 1965; 54: 1133-1141.
30. Kahne D, Leimkuhler C, Lu W, Walsh C. Glycopeptide and Lipoglycopeptide Antibiotics. *Chemical Reviews* 2005; 105: 425-448.
31. Kohanski MA, Dwyer DJ, Collins JJ. How antibiotics kill bacteria: from targets to networks. *Nature reviews Microbiology* 2010; 8: 423-435.
32. McDowell TD, Reed KE. Mechanism of penicillin killing in the absence of bacterial lysis. *Antimicrobial agents and chemotherapy* 1989; 33: 1680-1685.
33. Tomasz A, Albino A, Zanati EVE. Multiple Antibiotic Resistance in a Bacterium with Suppressed Autolytic System. *Nature* 1970; 227: 138-140.
34. Hoch JA. Two-component and phosphorelay signal transduction. *Current Opinion in Microbiology* 2000; 3: 165-170.
35. Brunskill EW, Bayles KW. Identification and molecular characterization of a putative regulatory locus that affects autolysis in *Staphylococcus aureus*. *Journal of Bacteriology* 1996; 178: 611-618.
36. Miller C, Thomsen LE, Gaggero C, Mosseri R, Ingmer H, Cohen SN. SOS response induction by beta-lactams and bacterial defense against antibiotic lethality. *Science* 2004; 305: 1629-1631.
37. Drlica K, Malik M, Kerns RJ, Zhao X. Quinolone-mediated

- bacterial death. *Antimicrobial agents and chemotherapy* 2008; 52: 385-392.
38. Katz L, Ashley GW. Translation and protein synthesis: macrolides. *Chem Rev* 2005; 105: 499-528.
39. Patel U, Yan YP, Hobbs FW, Jr., Kaczmarczyk J, Slee AM, Pompiano DL, et al. Oxazolidinones mechanism of action: inhibition of the first peptide bond formation. *J Biol Chem* 2001; 276: 37199-37205.
40. Menninger JR, Otto DP. Erythromycin, carbomycin, and spiramycin inhibit protein synthesis by stimulating the dissociation of peptidyl-tRNA from ribosomes. *Antimicrobial agents and chemotherapy* 1982; 21: 811-818.
41. Tenson T, Lovmar M, Ehrenberg M. The Mechanism of Action of Macrolides, Lincosamides and Streptogramin B Reveals the Nascent Peptide Exit Path in the Ribosome. *Journal of Molecular Biology* 2003; 330: 1005-1014.
42. Chopra I, Roberts M. Tetracycline Antibiotics: Mode of Action, Applications, Molecular Biology, and Epidemiology of Bacterial Resistance. *Microbiology and Molecular Biology Reviews* 2001; 65: 232-260.
43. Pfister P, Risch M, Brodersen DE, Böttger EC. Role of 16S rRNA Helix 44 in Ribosomal Resistance to Hygromycin B. *Antimicrobial agents and chemotherapy* 2003; 47: 1496-1502.
44. Hancock RE. Aminoglycoside uptake and mode of action--with special reference to streptomycin and gentamicin. I. Antagonists and mutants. *J Antimicrob Chemother* 1981; 8: 249-276.
45. Pape T, Wintermeyer W, Rodnina MV. Conformational switch in the decoding region of 16S rRNA during aminoacyl-tRNA selection on the ribosome. *Nat Struct Biol* 2000; 7: 104-107.
46. Rahal JJ, Simberkoff MS. Bactericidal and Bacteriostatic Action of Chloramphenicol Against Meningeal Pathogens. *Antimicrobial agents and chemotherapy* 1979; 16: 13-18.
47. Roberts E, Sethi A, Montoya J, Woese CR, Luthey-Schulten Z. Molecular signatures of ribosomal evolution. *Proc Natl Acad Sci U S A* 2008; 105: 13953-13958.
48. Konaklieva MI. Molecular targets of  $\beta$ -lactam-based antimicrobials: Beyond the usual suspects. *Antibiotics* 2014; 3: 128-142.
49. Schwalbe R, Steele-Moore L, Goodwin AC. *Antimicrobial Susceptibility Testing Protocols*: CRC Press; 2007.
50. Perez-Inestrosa E, Suau R, Montanez MI, Rodriguez R, Mayorga C, Torres MJ, et al. Cephalosporin chemical reactivity and its immunological implications. *Current opinion in allergy and clinical immunology* 2005; 5: 323-330.
51. Allison D, Nolan R. Influence of growth rate and nutrient limitation on monobactam production and peptidoglycan synthesis in *Pseudomonas aeruginosa*. *Journal of basic microbiology* 1994; 34: 217-224.
52. Wright PM, Seiple IB, Myers AG. The evolving role of chemical synthesis in antibacterial drug discovery. *Angewandte Chemie International Edition* 2014; 53: 8840-8869.
53. Adzitey F. Antibiotic classes and antibiotic susceptibility of bacterial isolates from selected poultry; a mini review. *World Vet J* 2015; 5: 36-41.
54. Fuoco D. Classification framework and chemical biology of tetracycline-structure-based drugs. *Antibiotics* 2012; 1: 1.
55. Konno T, Takahashi T, Kurita D, Muto A, Himeno H. A minimum structure of aminoglycosides that causes an initiation shift of trans-translation. *Nucleic acids research* 2004; 32: 4119-4126.
56. Reynolds PE. Structure, biochemistry and mechanism of action of glycopeptide antibiotics. *European Journal of Clinical Microbiology and Infectious Diseases* 1989; 8: 943-950.
57. Norman AW, Spielvogel AM, Wong RG. Polyene antibiotic-sterol interaction. *Adv Lipid Res* 1976; 14: 127-170.
58. McDonnell G, Russell AD. Antiseptics and disinfectants: activity, action, and resistance. *Clinical microbiology reviews* 1999; 12: 147-179.
59. Bassetti M, Nicolini L, Esposito S, Righi E, Viscoli C. Current status of newer carbapenems. *Current medicinal chemistry* 2009; 16: 564-575.
60. Bassetti M, Merelli M, Temperoni C, Astlean A. New antibiotics for bad bugs: where are we? *Annals of clinical microbiology and antimicrobials* 2013; 12: 1.
61. Wainwright M. Photodynamic antimicrobial chemotherapy (PACT). *Journal of antimicrobial chemotherapy* 1998; 42: 13-28.
62. Sharma SK, Chiang LY, Hamblin MR. Photodynamic therapy with fullerenes in vivo: reality or a dream? *Nanomedicine* 2011; 6: 1813-1825.
63. Castano AP, Demidova TN, Hamblin MR. Mechanisms in photodynamic therapy: part one—photosensitizers, photochemistry and cellular localization. *Photodiagnosis and photodynamic therapy* 2004; 1: 279-293.
64. Hamblin MR, Dai T. Can surgical site infections be treated by photodynamic therapy? *Photodiagnosis and photodynamic therapy* 2010; 7: 134.
65. Schafer M. High sensitivity of *Deinococcus radiodurans* to photodynamically-produced singlet oxygen. *International journal of radiation biology* 1998; 74: 249-253.
66. Bertoloni G, Rossi F, Valduga G, Jori G, Ali H, van Lier JE. Photosensitizing activity of water-and lipid-soluble phthalocyanines on prokaryotic and eukaryotic microbial cells. *Microbios* 1991; 71: 33-46.
67. Sperandio F, Huang Y-Y, R Hamblin M. Antimicrobial photodynamic therapy to kill Gram-negative bacteria. *Recent patents on anti-infective drug discovery* 2013; 8: 108-120.
68. Jori G, Fabris C, Soncin M, Ferro S, Coppellotti O, Dei D, et al. Photodynamic therapy in the treatment of microbial infections: basic principles and perspective applications. *Lasers in surgery and medicine* 2006; 38: 468-481.
69. Pfitzner A, Sigusch BW, Albrecht V, Glockmann E. Killing of periodontopathogenic bacteria by photodynamic therapy. *Journal of periodontology* 2004; 75: 1343-1349.
70. Soukos NS, Chen PS-Y, Morris JT, Ruggiero K, Abernethy AD, Som S, et al. Photodynamic therapy for endodontic disinfection. *Journal of Endodontics* 2006; 32: 979-984.
71. Hongcharu W, Taylor CR, Aghassi D, Suthamjarinya K, Anderson RR, Chang Y. Topical ALA-photodynamic therapy for the treatment of acne vulgaris. *Journal of Investigative Dermatology* 2000; 115: 183-192.
72. Garcez AS, Ribeiro MS, Tegos GP, Núñez SC, Jorge AOC, Hamblin MR. Antimicrobial photodynamic therapy combined with conventional endodontic treatment to eliminate root canal biofilm infection. *Lasers in Surgery and Medicine* 2007; 39: 59-66.
73. Hotchkiss RD, Dubos RJ. Fractionation of the bactericidal agent from cultures of a soil bacillus. *Journal of Biological Chemistry* 1940; 132: 791-792.
74. Dubos RJ, Hotchkiss RD. The production of bactericidal substances by aerobic sporulating bacilli. *The Journal of experimental medicine* 1941; 73: 629-640.
75. Rammelkamp CH, Weinstein L. Toxic effects of tyrothricin, gramicidin and tyrocidine. *The Journal of Infectious Diseases* 1942; 71: 166-173.
76. OHTANI K, OKADA T, YOSHIZUMI H, KAGAMIYAMA H. Complete primary structures of two subunits of purothionin A, a lethal protein for brewer's yeast from wheat flour. *Journal of biochemistry* 1977; 82: 753-767.
77. Hirsch JG. Phagocytin: a bactericidal substance from polymorphonuclear leucocytes. *The Journal of experimental medicine* 1956; 103: 589-611.

78. Kiss G, Michl H. Über das Giftsekret der Gelbbauchunke, *Bombina Variegata* L. *Toxicon* 1962; 1: 33-34.
79. Groves M, Peterson R, Kiddy C. Polymorphism in the red protein isolated from milk of individual cows. 1965;
80. Zeya H, Spitznagel JK. Antibacterial and enzymic basic proteins from leukocyte lysosomes: separation and identification. *Science* 1963; 142: 1085-1087.
81. Bals R, Wang X, Meegalla RL, Wattler S, Weiner DJ, Nehls MC, et al. Mouse  $\beta$ -defensin 3 is an inducible antimicrobial peptide expressed in the epithelia of multiple organs. *Infection and immunity* 1999; 67: 3542-3547.
82. Scott MG, Rosenberger CM, Gold MR, Finlay BB, Hancock RE. An  $\alpha$ -helical cationic antimicrobial peptide selectively modulates macrophage responses to lipopolysaccharide and directly alters macrophage gene expression. *The Journal of Immunology* 2000; 165: 3358-3365.
83. Loppnow H, Libby P, Freudenberg M, Krauss J, Weckesser J, Mayer H. Cytokine induction by lipopolysaccharide (LPS) corresponds to lethal toxicity and is inhibited by nontoxic *Rhodobacter capsulatus* LPS. *Infection and immunity* 1990; 58: 3743-3750.
84. Hancock RE, Scott MG. The role of antimicrobial peptides in animal defenses. *Proceedings of the national Academy of Sciences* 2000; 97: 8856-8861.
85. Ganz T. The role of antimicrobial peptides in innate immunity. *Integrative and comparative biology* 2003; 43: 300-304.
86. Powers J-PS, Hancock RE. The relationship between peptide structure and antibacterial activity. *Peptides* 2003; 24: 1681-1691.
87. Huang Y, Huang J, Chen Y. Alpha-helical cationic antimicrobial peptides: relationships of structure and function. *Protein & cell* 2010; 1: 143-152.
88. Rozek A, Friedrich CL, Hancock RE. Structure of the bovine antimicrobial peptide indolicidin bound to dodecylphosphocholine and sodium dodecyl sulfate micelles. *Biochemistry* 2000; 39: 15765-15774.
89. Hancock RE, Sahl H-G. Antimicrobial and host-defense peptides as new anti-infective therapeutic strategies. *Nature biotechnology* 2006; 24: 1551-1557.
90. Naghmouchi K, Le Lay C, Baah J, Drider D. Antibiotic and antimicrobial peptide combinations: synergistic inhibition of *Pseudomonas fluorescens* and antibiotic-resistant variants. *Research in microbiology* 2012; 163: 101-108.
91. Papo N, Oren Z, Pag U, Sahl H-G, Shai Y. The consequence of sequence alteration of an amphipathic  $\alpha$ -helical antimicrobial peptide and its diastereomers. *Journal of Biological Chemistry* 2002; 277: 33913-33921.
92. Boman H. Antibacterial peptides: basic facts and emerging concepts. *Journal of internal medicine* 2003; 254: 197-215.
93. Brogden KA. Antimicrobial peptides: pore formers or metabolic inhibitors in bacteria? *Nature Reviews Microbiology* 2005; 3: 238-250.
94. Madani F, Lindberg S, Langel Ü, Futaki S, Gräslund A. Mechanisms of cellular uptake of cell-penetrating peptides. *Journal of Biophysics* 2011; 2011:
95. Brumfitt W, Salton MR, Hamilton-Miller JM. Nisin, alone and combined with peptidoglycan-modulating antibiotics: activity against methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant enterococci. *Journal of Antimicrobial Chemotherapy* 2002; 50: 731-734.
96. Murphy CJ, Foster BA, Mannis MJ, Selsted ME, Reid TW. Defensins are mitogenic for epithelial cells and fibroblasts. *Journal of cellular physiology* 1993; 155: 408-413.
97. Brogden KA. Antimicrobial peptides: pore formers or metabolic inhibitors in bacteria? *Nature reviews Microbiology* 2005; 3: 238-250.
98. Peschel A, Otto M, Jack RW, Kalbacher H, Jung G, Gotz F. Inactivation of the *dlt* Operon in *Staphylococcus aureus* Confers Sensitivity to Defensins, Protegrins, and Other Antimicrobial Peptides. *Journal of Biological Chemistry* 1999; 274: 8405-8410.
99. Campos MA, Vargas MA, Regueiro V, Llompart CM, Alberti S, Bengochea JA. Capsule polysaccharide mediates bacterial resistance to antimicrobial peptides. *Infection and immunity* 2004; 72: 7107-7114.
100. China B, N'Guyen BT, de Bruyere M, Cornelis GR. Role of *YadA* in resistance of *Yersinia enterocolitica* to phagocytosis by human polymorphonuclear leukocytes. *Infection and immunity* 1994; 62: 1275-1281.
101. Shelton CL, Raffel FK, Beatty WL, Johnson SM, Mason KM. Sap transporter mediated import and subsequent degradation of antimicrobial peptides in *Haemophilus*. *PLoS pathogens* 2011; 7: e1002360.
102. Nikaido H. Multidrug efflux pumps of gram-negative bacteria. *Journal of Bacteriology* 1996; 178: 5853-5859.
103. Murdoch AD. The Degradation of Human Endothelial Cell-derived Perlecan and Release of Bound Basic Fibroblast Growth Factor by Stromelysin, Collagenase, Plasmin, and Heparanases. *Journal of Biological Chemistry* 1996; 271: 10079-10086.
104. Kulkarni HM, Swamy Ch V, Jagannadham MV. Molecular characterization and functional analysis of outer membrane vesicles from the antarctic bacterium *Pseudomonas syringae* suggest a possible response to environmental conditions. *Journal of proteome research* 2014; 13: 1345-1358.
105. Chua SL, Tan SY, Rybtke MT, Chen Y, Rice SA, Kjelleberg S, et al. Bis-(3'-5')-cyclic dimeric GMP regulates antimicrobial peptide resistance in *Pseudomonas aeruginosa*. *Antimicrobial agents and chemotherapy* 2013; 57: 2066-2075.
106. Habets MG, Brockhurst MA. Therapeutic antimicrobial peptides may compromise natural immunity. *Biology letters* 2012; 8: 416-418.
107. Davies J, Davies D. Origins and evolution of antibiotic resistance. *Microbiology and Molecular Biology Reviews* 2010; 74: 417-433.
108. Bassett EJ, Keith MS, Armelagos GJ, Martin DL, Villanueva AR, editors. Tetracycline-labeled human bone from ancient Sudanese Nubia (AD 350)1980: AAAS.
109. Korzybski T, Kowszyk-Gindifer Z, Kurylowicz W. Antibiotics: origin, nature and properties: Elsevier; 2013.
110. Béahdy J. Recent developments of antibiotic research and classification of antibiotics according to chemical structure. *Advances in applied microbiology* 1974; 18: 309-406.
111. Fischbach MA, Walsh CT. Antibiotics for emerging pathogens. *Science* 2009; 325: 1089-1093.
112. Dougherty TJ, Gomer CJ, Henderson BW, Jori G, Kessel D, Korbelik M, et al. Photodynamic therapy. *Journal of the National Cancer Institute* 1998; 90: 889-905.