

Investigating the Synergy between Paraben Derivatives and the Antibiotics of Penicillin and Erythromycin

Kaelyn Jefferson

April 30, 2018

Faculty Advisor: Dr. Andrew Yeagley

A senior honors thesis submitted in partial fulfillment
of the requirements for the degrees of
Bachelor of Science
in
Chemistry and Biology

Department of Chemistry and Physics
Longwood University 201 High Street, Farmville, VA 23909

Committee Members: Christian Melander (NC State), Sarah Porter (Longwood
University), and Amorette Barber (Longwood University)

Table of contents

Abstract.....	4
Introduction.....	6
Chapter 1 : Antibiotics	6
Chapter 2 : Phenols and Parabens	13
Chapter 3 : General Bacterial Resistance	20
Chapter 4 : Bacterial Resistance Towards Penicillin, Erythromycin, and Phenols.....	29
Chapter 5 : Experimental Techniques	32
Chapter 6 : Synergy.....	35
Chapter 7 : How to test for Synergism.....	39
Experimental.....	42
Results.....	45
Discussion.....	49
Conclusion.....	51
References.....	53

List of Tables

Table 1: MIC Values of Parabens from Bergquist, et. al.....	19
Table 2: MIC and sum of FIC values obtained from combination of parabens with penicillin.....	47
Table 3: MIC and sum of FIC values obtained from combination of parabens with erythromycin.....	48

List of Figures

Figure 1: Variations between Gram-positive and Gram-negative bacteria.....	7
Figure 2: Bactericidal mechanisms acting on the cell membrane.....	8
Figure 3: Small molecule targets within the central dogma of molecular biology.....	9
Figure 4: Penicillin structure.....	10
Figure 5: Erythromycin structure.....	11
Figure 6: Translation mechanism of ribosomes.....	11
Figure 7: Generic phenol and phenolate structure.....	13
Figure 8: Paraben interactions with the cell membrane.....	14
Figure 9: The types of osmotic conditions are known as hypertonic, hypotonic, and isotonic states.....	15
Figure 10: Generic paraben structure.....	16
Figure 11: 3,5-substituted parabens synthesized in Berquist, et. al.....	18
Figure 12: Timeline of antibiotic resistance.....	21
Figure 13: Factors leading to bacterial resistance.....	22
Figure 14: Drug concentration varies over time when administered.....	24
Figure 15: The number of antibacterial drug approvals recorded by the CDC in five-year intervals from 1980-2014.....	26
Figure 16: Mechanism of resistance through modified PBP.....	30
Figure 17: Beta lactamase mechanism.....	30
Figure 18: Example agar plates evaluated by agar disk diffusion method.....	33
Figure 19: The two approaches of serial dilution known as macrodilution and microdilution.....	34
Figure 20: Structures of propyl gallate, octyl gallate, and, oxacillin.....	37
Figure 21: Structures of gallic acid, vanillic acid and erythromycin.....	38
Figure 22: Sample checkerboard assay to test the synergy between two antibiotics.....	39
Figure 23: Checkerboard assay example plate.....	43

Figure 24: Example plate for MIC and FIC calculations.....45

Abstract

Bacterial resistance has been a threat to our antibiotics, decreasing their effectiveness against many human diseases. In 2010, the World Health Organization made a public call to action urging researchers to find new antibiotics before the year of 2020, showing society's vulnerability to evolving bacterial strains. Thus, it's critical to find an approach to maintaining antibiotic control over bacteria. A current approach has shown that phenolic compounds have proven to work synergistically against bacteria with penicillin and erythromycin antibiotics. In an analogous way, the work herein attempts to use the phenol derivatives known as parabens in combination with the antibiotics penicillin and erythromycin against *S. aureus*. This approach consists of the checkerboard assay by evaluation with the Lorian method to obtain fractional inhibitory concentration (FIC) values. This study concluded that the combination of a polyphenol containing paraben and penicillin and additionally, polyphenol and butyl-iodo parabens with erythromycin showed synergistic effectiveness against *S. Aureus*. Thus, from this research there is potential to further investigate combinations of antibacterial compounds to obtain more effective antibiotics to target emerging strains of resistant bacteria encountered in hospital facilities.

Dedication

My senior honors research thesis is dedicated to
Longwood University's faculty in the chemistry department,
specifically Dr. Andrew Yeagley for allowing me this opportunity to implement lab
techniques and research abilities as an undergraduate and build such
a strong foundation to expand upon within pharmacy school.

Chapter 1: Antibiotics

Bacteria are known to be single-celled living organisms that have an enormous impact in our daily lives, either aiding us, such as the bacteria living on or within our body, or harming us by causing infection. Bacteria are classified as prokaryotes, which contain information in circular units of DNA called plasmids and smaller sections called chromosomes. In addition to a fast replication process leading to quick transfer of their genetic material, bacteria can pass an identical copy of their information within plasmids to other bacterial cells. Antibiotics were created to target harmful strains of bacteria from invading and destroying their host organism, most notably human pathogens.¹

Using antibiotics to inhibit bacteria from growing is made complicated by the differences between bacterial strains; most important is the variation in their cell wall design. Two known categories are Gram-positive and Gram-negative bacteria shown in Figure 1. Gram-positive bacteria are characterized by a thick cell wall made up of a combination of sugars and peptides called peptidoglycans with an inner cell membrane. Gram-negative bacteria are instead made up of a thin peptidoglycan layer that is located between an inner and outer cell membrane. These cell wall differences influence the effectiveness of antibiotics, as most antibiotics need to cross the bacterial cell wall to prevent bacterial cell functions.²

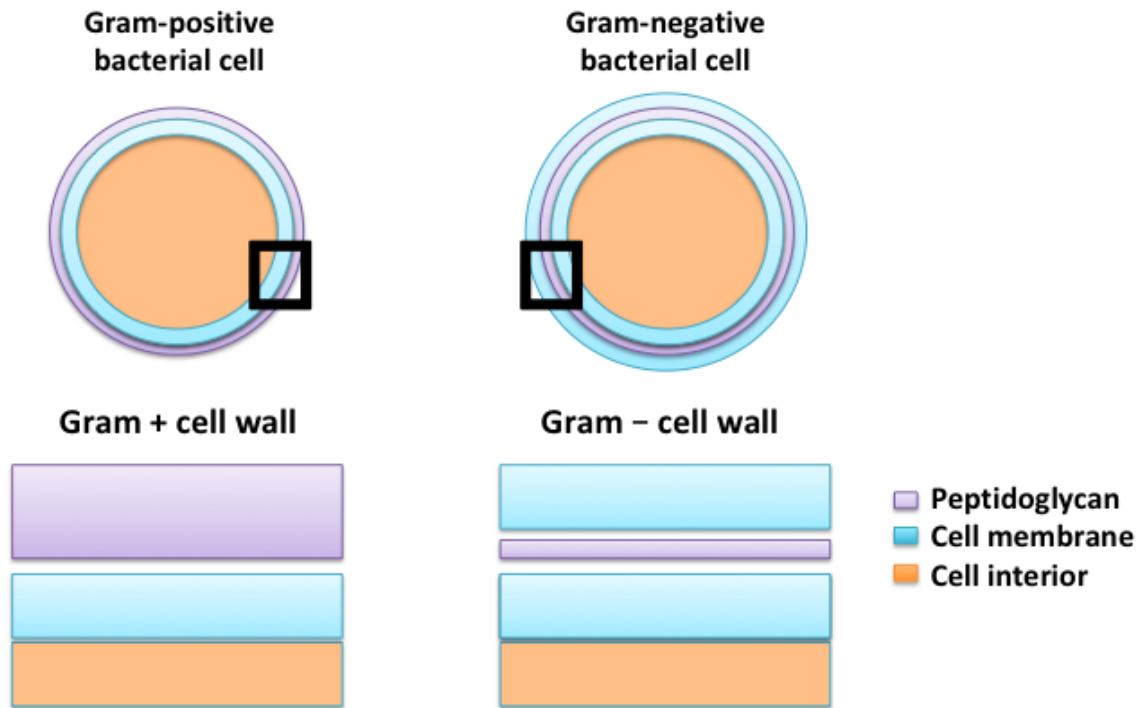


Figure 1: Variations between Gram-positive and Gram-negative bacteria. Gram-positive bacteria are characterized by a thick peptidoglycan wall; Gram-negative bacteria have a thin peptidoglycan wall surrounded by two cell membranes.

Antibiotics are used to prevent bacterial functions such as cell wall synthesis, DNA replication, RNA transcription and protein synthesis. They are classified into two categories of bactericidal and bacteriostatic depending on the mechanism of preventing bacterial growth. Bactericidal antibiotics are known to cause bacterial cell death. Bacteriostatic antibiotics inhibit the growth of bacteria, allowing the bacteria to remain in a stationary phase of growth, and thus do not result in cell death. With bacteriostatic mechanisms, removal of the bacteria requires some other mechanism of cell death, such as a healthy immune system.³

erythromycin. It is possible, however, for bacteriostatic antibiotics to lead to bactericidal action at higher concentrations; this is also true for erythromycin.

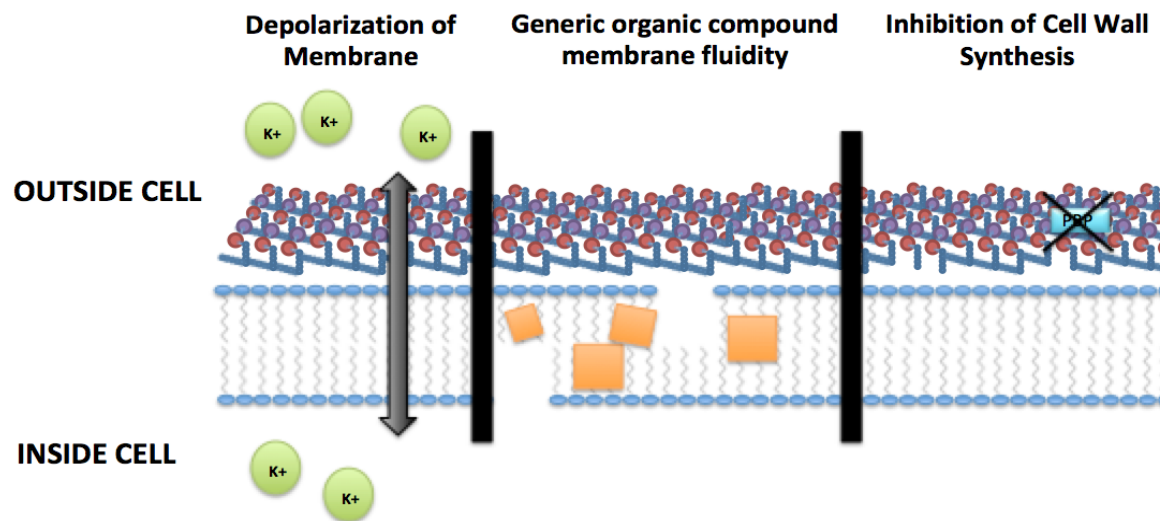


Figure 2: Bactericidal mechanisms acting on the cell membrane. These mechanisms include a) depolarization of the membrane, b) generic organic compounds affecting membrane fluidity, and c) disruption of the cell wall synthesis.

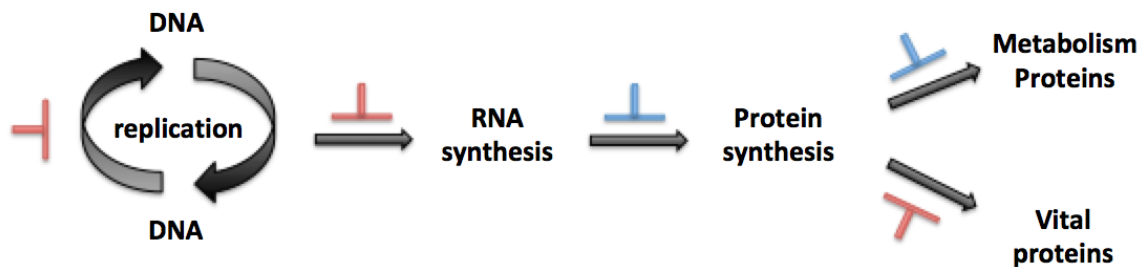


Figure 3: Small molecule targets within the central dogma of molecular biology. Bacteriostatic mechanisms work by prevention of protein synthesis, which could work by way of preventing previous steps in both inhibiting DNA synthesis and RNA synthesis. Red inhibition is by bactericidal mechanism; Blue inhibition is by bacteriostatic mechanism.

For this study, penicillin was used as a representative bactericidal antibiotic.

Penicillin is one of the oldest known antibiotics belonging to the beta-lactam family,

References

1. Davies, J. and Davies, D. Origins and Evolution of Antibiotic Resistance. *Microbiol. Mol. Biol. Rev.* **2010**, 74, 417-433.
2. Schneider T, and Sahl HG. An oldie but a goodie: Cell wall biosynthesis as antibiotic target pathway. *Int. J. Med. Microbiol.* **2010**, 300, 161–169.
3. Clatworthy, A., et al. *Nat. Chem. Biol.* **2007**, 3(9), 541-548.
4. Fleming A. On antibacterial action of culture of penicillium, with special reference to their use in isolation of B. influenzae. *Br. J. Exp. Pathol.* **1929**, 10, 226–236.
5. Wise, E. M., and Park, J. T. Penicillin: its basic site of action as an inhibitor of a peptide cross-Linking reaction in cell wall mucopeptide synthesis. *Proc. Natl. Acad. Sci. U.S.A.* **1965**, 54 (1), 75–81.
6. Kohanski, M. A.; Dwyer, D. J.; Hayete, B.; Lawrence, C. A.; Collins, J. J. A Common Mechanism of Cellular Death Induced by Bactericidal Antibiotics. *Cell.* **2007**, 130(5), 797–810.
7. Tortora, G. J.; Funke, B. R.; Case, C. L. *Microbiology: an introduction*; Pearson: Boston, **2016**.
8. Cook, A.M. Phenolic disinfectants. *J. Pharm. Pharmacol.* **1960**, 12, 19T-28T.
9. Harvey, P.W. Parabens, oestrogen-icity, underarm cosmetics and breast cancer: a perspective on a hypothesis. *J. Appl. Toxicol.* **2003**, 23, 285-288.
10. Heipieper, H.-J.; Keweloh, H.; Rehum, H.-J. Influence of phenols on growth and membrane permeability of free and immobilized *Escherichia coli*. *Appl. Environ. Microb.* **1991**, 57, 1213-1217.
11. Ma, Y.; Marquis, R. E. Irreversible paraben inhibition of glycolysis by *Streptococcus mutans* GS-5. *Lett. Appl. Microbiol.* **2008**, 23, 329-333.
12. Nes, Ingolf F.; Eklund, Trygve. The effect of parabens on DNA, RNA and protein synthesis in *Escherichia coli* and *Bacillus subtilis*. *J. Appl. Microbiol.* **1983**, 54, 237-242.
13. Campos, F.M.; Couto, J.A.; Figueirdo, A.R.; Toth, I.V.; Rangel, A.O.S.S.; Hogg, T.A. Cell Membrane damage induced by phenolic acids on wine lactic acid bacteria. *Int. J. Food Microbiol.* **2009**, 135, 144-151.
14. Bergquist, B.; Jefferson, K.; Kintz, H.; Barber, A.; Yeagley, A. Disconnecting the Estrogen Receptor Binding Properties and Anti- microbial Properties of Parabens Through 3,5-Substitution. *J. Med. Chem.* **2017**, 9, 1-7

15. Nes, I. F.; Eklund, T. The effect of parabens on DNA, RNA, and protein synthesis in *Eschericia coli* and *Bacillus subtilis*. *J. Appl. Microbiol.* **1983**, *54*, 237-242.
16. Fukahori, M.; Akatsu, S.; Sato, H.; Yosuyanagi, T. Relationship between Uptake of p-Hydroxybenzoic Acid Esters by *Eschericia coli* and Antibacterial Activity. *Chem. Pharm. Bull.* **1996**, *44*, 1567-1570.
17. Anderson, F. Final Amended Report on the Safety Assessment of Methylparaben, Ethylparaben, Propylparaben, Isopropylparaben, Butylparaben, Isobutylparaben, and Benzylparaben as used in Cosmetic Products. *Int. J. Toxicol.* **2008**, *27*, 1-82.
18. Darbre, P.D.; Harvey, P.W. Paraben esters: review of recent studies of endocrine toxicity, absorption, esterase and human exposure, and discussion of potential human health risks. *J. Appl. Toxicol.* **2008**, *28*, 561-578.
19. Richards, A. Production of Penicillin in the United States (1941-1946). *Nature.* **1964**, *201*, 441-445.
20. Center for Global Development. *Mapping Factors that Drive Drug Resistance (with a Focus on Resource-Limited Settings): A First Step Towards Better Informed Policy.* **2008**.
21. Graham, P.L. *Introduction to Medicinal Chemistry*; Oxford, 2013.
22. Chuc, T. and Tomson, G. “Doi moi” and private pharmacies: a case study on dispensing and financial issues in Hanoi, Vietnam. *Eur. J. Clin.Pharmacol.* **1999**, *55*, 325–332.
23. ID Physicians Call for 10 New Antibiotics by 2020. March 16, 2010.
24. Sukkar, E. Why are there so few antibiotics in the research and development pipeline? *Pharm. J.* **2013**, *291*, 520.
25. Murthy, N. Staving Off Superbugs—The Battle Against Antibiotic Resistance. Medill- Northwestern University. <http://chicago-mosaic.medill.northwestern.edu/antibiotic-resistance-superbugs/> (accessed February 23, 2018). [Data from CDC-2013].
26. Centers for Disease Control and Prevention, Office of Infectious Disease Antibiotic resistance threats in the United States, 2013. Apr, 2013. <http://www.cdc.gov/drugresistance/threat-report-2013>. (accessed February 22, 2018).
27. Enright, M. The evolutionary history of methicillin-resistant *Staphylococcus aureus* (MRSA). *P. Natl. Acad. Sci. U.S.A.* **2002**, *99*, 7687-7692.
28. Aloush, V., et al. Multidrug-Resistant *Pseudomonas aeruginosa*: Risk Factors and Clinical Impact. *Antimicrob. Agents Chemother.* **2006**, *50*, 43-48.
29. Shaikh, S., et al. Antibiotic resistance and extended spectrum beta-lactamases: Types, epidemiology and treatment. *Saudi Journal of Biological Sciences*, **2015**, *22*, 90-101.
30. Boeckel, T., et al. Global antibiotic consumption 2000 to 2010: an analysis of national pharmaceutical sales data. *The Lancet*, **2014**, *14*, 742-750.
31. Fernandez, L. and Hancock, R. Adaptive and Mutational Resistance: Role of Porins and Efflux Pumps in Drug Resistance. *Clin. Microbiol. Rev.*, **2012**, *25*, 661-681.

32. Malouin, F. and Bryan, L. Modification of Penicillin-Binding Proteins as Mechanisms of β -Lactam Resistance. *Antimicrob. Agents Chemother.* **1986**, *30*, 1-5.
33. Shaikh, S., et al. Antibiotic resistance and extended spectrum β -lactamases: Types, epidemiology and treatment. *Saudi. J. Biol. Sci.* **2014**, *22*, 90-101.
34. McDonnell G., and Russell, A.D. Antiseptics and Disinfectants: Activity, Action, and Resistance. *Clin. Microbiol. Rev.* **1999**, *12*, 147-179.
35. Balouiri, M., et al. Methods for in vitro evaluating antimicrobial activity: A review. *Int. J. Anal., Pharm. Biomed. Sci.* **2016**, *6*, 71-79.
36. Jorgensen, J. and Ferraro, M. Antimicrobial susceptibility testing: a review of general principles and contemporary practices. *Clin. Infect. Dis.* **2009**, *49*, 1749–1755.
37. Nijs, A., et al. Comparison and evaluation of Osiris and Sirscan 2000 antimicrobial susceptibility systems in the clinical microbiology laboratory. *J. Clin. Microbiol.* **2003**, *41*, 3627–3630.
38. Kreger, B., Craven, D., and McCabe, W. Gram-negative bacteremia IV Re-evaluation of clinical features and treatment in 612 patients. *Am. J. Med.* **1980**, *68*, 344–355.
39. CLSI, Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria that Grow Aerobically, Approved Standard, 9th ed., CLSI document M07-A9. Clinical and Laboratory Standards Institute, 950 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087, USA, 2012.
40. Antibiotic antagonism and synergy. *The Lancet.* **1978**, *312*, 80-82.
41. R.S. Reis, I. Neves, S.L.S. Lourenço, et al., Comparison of flow cytometric and alamar blue tests with the proportional method for testing susceptibility of *Mycobacterium tuberculosis* to Rifampin and Isoniazid, *J. Clin. Microbiol.* **2004**, *42*, 2247–2248.
42. Kohanski, M., Dwyer, D., and Collins, J. How antibiotics kill bacteria: from targets to networks. *Nat. Rev. Microbiol.* **2010**, *8*, 423-435.
43. Jacques, A. Antibiotic synergy and antagonism. *Med. Clin. North Am.* **2000**, *84*, 1391-1403.
44. Shibata, H., et al. Triple Combinations of Lower and Longer Alkyl Gallates and Oxacillin Improve Antibiotic Synergy against Methicillin-Resistant *Staphylococcus aureus*. *Antimicrob. Agents Chemother.* **2009**, *53*, 2218–2220.
45. Oh, E., and Jeon, B. Synergistic anti-*Campylobacter jejuni* activity of fluoroquinolone and macrolide antibiotics with phenolic compounds. *Front. Microbiol.* **2015**, *6*, 1-7.
46. Antimicrobial Synergy Study - Checkerboard Testing
<http://emerypharma.com/services/antimicrobial-synergy-study-checkerboard-testing/> (accessed Apr 17, 2017).
47. Amsterdam, D. *Antibiotics in Laboratory Medicine Sixth Edition*. Wolters, Kluwer, **2015**.