

#### WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

# ii. Antimicrobial resistance, Immune response by microorganisms, Sterilization and disinfection

Controlling infectious diseases hinges on three major concepts: (1) Antimicrobial Resistance (AMR), (2) Immune responses to microbes, and (3) Sterilization & disinfection techniques. Below is a comprehensive overview of each, integrating key points from modern biomedical science.

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# Antimicrobial Resistance (AMR)

#### **Definition**

- **Antimicrobial Resistance (AMR)** is the ability of microorganisms (bacteria, viruses, some parasites) to withstand the effects of antimicrobials (antibiotics, antivirals, antimalarials) that once were effective against them.
- Poses a critical threat to global health, food security, and economic development, potentially rendering routine infections untreatable.

#### **Mechanisms of Resistance**

#### 1. Intrinsic Resistance

- Natural trait of a microbe, e.g., an outer membrane limiting antibiotic permeability or intrinsic efflux pumps that expel drugs.
- Example: **Pseudomonas aeruginosa** intrinsically resistant to many antibiotics due to low outer membrane permeability.

#### 2. Acquired Resistance

- Microbes gain resistance via mutations or horizontal gene transfer (transformation, transduction, conjugation).
- $\circ$  Genes may encode  $\beta$ -lactamases (penicillin inactivation), modified targets (altered PBPs), or efflux pumps.

# **Contributing Factors**

## 1. Environmental

o Antibiotic use in agriculture, livestock feed, and improper disposal driving resistant strains in soil/water.

#### 2. Drug-Related

o Overuse/misuse of antimicrobials, prescribing broad-spectrum agents unnecessarily.

# 3. Patient-Related

o Incomplete antibiotic courses, self-medication, cross-infection in hospitals.

# 4. Physician-Related

o Diagnostic uncertainties, prescribing antibiotics "just in case," or lacking rapid diagnostic tools.

# **Immune Response by Microorganisms**

# **Host Defense: Innate and Adaptive Immunity**

# 1. Innate Immunity

- **Immediate**, non-specific defense including skin barriers, mucous membranes, **phagocytes** (macrophages, neutrophils), **NK cells**, and complement proteins.
- $\circ\,$  Inflammation is a hallmark response to local infection or injury.

#### 2. Adaptive Immunity

 Antigen-specific response, involving B cells (antibody production) and T cells (cell-mediated cytotoxicity or helper functions).

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• Memory T/B cells confer long-lasting immunity post-infection or vaccination.

# **Microbial Survival and Pathogenicity**

#### 1. Immune Evasion Strategies

- Altered surface antigens, secretion of toxins that disable immune cells, intracellular hiding (e.g., Mycobacterium tuberculosis in macrophages).
- o Viruses like HIV attack immune cells (CD4+ T cells), crippling adaptive immunity.

# 2. Tissue Injury and Disease

- Partly from direct microbial toxins, but often from **host immune** overreaction (e.g., cytokine storms, granuloma formation).
- Balancing an effective immune response without excessive inflammation is key to resolving infection with minimal tissue damage.

# **Sterilization and Disinfection**

# **Definitions and Importance**

## 1. Sterilization

- o Complete elimination or destruction of **all** forms of microbial life (including spores).
- Essential for surgical instruments, culture media. Methods: **Autoclaving** (steam under pressure), dry heat, chemical sterilants (ethylene oxide).

#### 2. Disinfection

- Destruction of most pathogenic microbes (excluding spores) on inanimate objects.
- o Techniques: Boiling, chemical disinfectants (e.g., chlorinated compounds, iodophores), or UV radiation.

# **Types of Disinfection**

#### 1. Concurrent Disinfection

- o Immediately neutralizing pathogens as soon as they leave an infected source.
- Example: Disposing contaminated fluids during infectious patient care.

#### 2. Terminal Disinfection

- o Thorough cleaning after a patient's discharge or death to ensure the environment is pathogen-free.
- Common in hospital isolation wards.

## 3. Precurrent (Prophylactic) Disinfection

- o Preventive measures, e.g., water chlorination, pasteurization of milk.
- Minimizes disease spread before an outbreak occurs.

## **Common Disinfectants**

## 1. Dettol (Chloroxylenol)

Widely used antiseptic, moderate spectrum, requires adequate contact time (≥15 minutes).

## 2. lodophores (Povidone-Iodine)

o Sustained release of free iodine, non-irritant, used in wound cleaning and preoperative skin prep.

#### 3. Bleaching Powder

- Effective chlorinated lime (1–3% solutions) for general disinfection.
- Key in outbreak control (e.g., for contaminated surfaces, latrines).

# **Summary and Integration**

- 1. **AMR** demands **judicious antibiotic usage**, improved diagnostics, infection control, and antibiotic stewardship programs.
- 2. **Immune Response** shapes disease outcome—both protective and potentially injurious if hyperactivated. Microbes evolved evasion tactics, necessitating vaccination, immunomodulators, and supportive therapies.
- 3. **Sterilization and Disinfection** remain fundamental in preventing nosocomial infections, controlling outbreaks, and achieving microbial control in surgical or laboratory settings.

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In **Ayurvedic** contexts, infection control parallels  $dh\bar{u}pana$  (fumigation), external cleansing, and an emphasis on immunity ( $vy\bar{a}dhik$ ; amatva). Merging these classical measures with advanced modern methods fosters a **multilayered** approach to infection prevention and safe healthcare environments.

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