



Over antibiotics, is there any hope for new alternatives?

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In recent years, the interest in natural products and plant extracts is growing; and recommended as an alternative source of medication, not only in developing countries, but also in developed countries either. Synthetic drugs are still dominated in modern medicine, most of the synthetic drugs have serious side effects. In particular, the antibiotics that became a real dilemma, and gradually fail in front of infectious diseases. So, why physicians until now rely on these antibiotics? And is there any competitor alternative?

I think that this is because modern medicine does not believe in the effectiveness of traditional medicine and consider it as an inferior or primitive form of healthcare systems. Undoubtedly, the discovery of antibiotics in the 1950s was one of the greatest remedies that man has attained; this miraculous drug saved millions of lives from some dangerous infectious diseases, but we forget that microbes have flexible metabolic power able to acquire, mutate and adapt with such antibiotics of limited capacity. Recently, modern medicine totally depends on antibiotics, not only in the treatment of infectious diseases, but also in different branches of medicine like surgery, dentistry, organ transplantation, chemotherapy, among others. Yet this miraculous drug witness a dramatic collapses all over the world and failed to treat infectious diseases, threaten the life of all humanity as never before, because we are not only suffering from outbreaks of antibiotic-resistant pathogens, but also from the emerging of superbugs which are highly resistant to almost all classes of antibiotics.

This threat is much dangerous than wars, famine and natural disasters such as hurricanes, floods, earthquakes, tornadoes and volcanic eruptions. In this year, the WHO has published a list of a global priority pathogens of antibiotic-resistant bacteria of urgent need for new alternative treatment, classified there into three categories; critical (*Acinetobacter baumannii*, *Pseudomonas aeruginosa* and *Enterobacteriaceae*), high (*Enterococcus faecum*, *Staphylococcus aureus*, *Helicobacter pylori*, *Campylobacter*, *Salmonella* spp. and *Neisseria gonorrhoeae*), medium (*Streptococcus pneumoniae*, *Haemophilus influenzae* and *Shigella* spp.), while *Mycobacterium tuberculosis* was excluded from this list because it was already a globally established priority. This reflects how bad the situation is, particularly if compare it with the 1960s and beyond, the golden age of antibiotics where most of these pathogens were under control. And worse, the pharmaceutical companies may drop out production of new antibiotics if there is no encouraging revenue. Who wants to invest in production of highly costly, time consuming (many years under clinical testing phases) and short-term drug?

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