Inhibitory Effect of Probiotic Bacteria Isolated from Camel Milk on Clinical Strains of Drug-Resistant *Helicobacter pylori*

ABSTRACT

Background and Objectives: *Helicobacter pylori* is the most common cause of gastritis and ulcer worldwide. Treatment of such infections may lead to failure due to drug resistance. This study aimed to investigate the antimicrobial effects of bacteria present in camel milk on the growth of drug-resistant clinical isolates of *H. pylori*.

Methods: In this cross-sectional study, biopsy samples from 75 patients with digestive symptoms were transferred to laboratory in transport medium containing homogeneous compounds. In order to isolate *H. pylori*, urease-positive biopsies were promptly cultured in brucella agar enriched with defibrinated sheep blood and fetal calf serum. Disk diffusion agar test was used to evaluate antibiotic susceptibility and agar well diffusion method was applied to study the antagonistic effect of probiotics isolated from camel milk on the *H. pylori* isolates.

Results: The frequency of *H. pylori* isolates was 42.7%. The highest rate of resistance was observed against metronidazole (56.3%). In addition, the rate of resistant to amoxicillin, ciprofloxacin, and clarithromycin and tetracycline was 31.3%, 18.8%, 15.6%, respectively. *Lactobacillus plantarum* (59.3%) was more frequent than other *Lactobacillus* species. *L. plantarum, Lactobacillus fermentum* and *Lactobacillus casei* showed favorable inhibitory effects against the *H. pylori* isolates, but *L. plantarum* (with inhibition zone diameter of 20.3 mm) showed the highest inhibitory effect.

Conclusion: Considering the increasing rate of drug resistance and the inhibitory effect of probiotics isolated from milk, health providers recommend that promoting consumption of probiotic food seems beneficial for the general population and those suffering from gastrointestinal disorders.

Keywords: *Helicobacter pylori*, Drug resistance, Camel, milk, Probiotics.

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INTRODUCTION

Today, Helicobacter pylori is one of the most common causes of gastric infections and ulcers in the world, and 40-50% of humans have been affected by this bacterium. According to the World Health Organization, H. pylori is recognized as a type 1 carcinogen (1-3). The bacterium is abundant in the gastric mucosa of carriers and can continue its growth by penetrating into the mucin layer. It can also infect gastric mucosa for decades in spite of acquired immune responses, inflammation and the continuous alternation of gastric epithelial cells (2).

H. pylori is a curved, gram-negative, motile and non-spore-forming bacterium with 4-6 polar flagella. The bacterium grows under microaerophilic conditions. High humidity and temperature of 35-37 °C are the optimal growth conditions. Most strains require 3-5 days and sometimes 7 days of incubation (1). Since the bacteria are located under the protecting mucin layer, only antibiotics that could reach beneath the mucous membrane are effective (4). Amoxicillin, tetracycline, metronidazole and clarithromycin along with piperacillin (10 µg), ciprofloxacin (5 µg), metronidazole and clarithromycin (2 µg) and vancomycin and trimethoprim, and then incubated in microaerophilic conditions (10% CO₂) at 37 ºC for 5-6 days. The medium was enriched with 7% fetal calf serum and defibrinated sheep blood. Next, the suspected colonies grown on the medium were confirmed based on morphology, Gram staining and positive urease, catalase, and oxidase reaction.

Antibiotic susceptibility testing was performed by the agar disk diffusion method (Kirby-Bauer method) using metronidazole (5 µg), amoxicillin (30 µg), ciprofloxacin (5 µg), tetracycline (10 µg) and clarithromycin (2 µg) disks purchased from Mast Co., UK. In this test, 100 µl of bacterial suspension equal to 3
McFarland standard of \( H. \) pylori resistant to antibiotics was prepared, and then spread on brucella blood agar (Merck, Germany). Wells (about 6 mm in diameter) were created in the medium using sterile Pasteur pipette and 100 ul of the upper bacterial suspension isolated from milk was poured into the wells. The plates were incubated at 37 \(^\circ\)C for 48 hours under microaerophilic conditions. Next, the diameter of inhibition zone was measured and recorded in millimeters. Each step of the tests was repeated three times. In addition, \( L. \) mesenteroides PTCC1663 standard strain was used for comparison. Chi-Square and paired t-test were used in SPSS (version 20) for data analysis. Statistical significance level was set at 0.05.

RESULTS

\( H. \) pylori isolates were obtained from adolescents (age range: 20-59 years, mean age: 35±8.2 years, Male/Female: 1:1.7). Of the gastric biopsy specimens taken from patients, 32 (42.7%) cases were found to be \( H. \) pylori. These cases were from patients with gastritis (75%), peptic ulcers (19%) and gastric cancer (6%) (Figure 1).

The \( H. \) pylori isolates were most susceptible to amoxicillin and clarithromycin and most resistant against metronidazole (Table 1).

The majority (96.3%) of lactic acid isolates belonged to \( L. \) plantarum species. Among these, \( L. \) plantarum was the most frequent isolate (59.3%) and the other strains were \( L. \) fermentum and \( L. \) casei (Table 2).

Figure 1- Prevalence of gastrointestinal complications in patients
The growing antibiotic-resistant *H. pylori*. The average diameter of inhibition zone was 21.3, 19.21 and 17.2 mm for *L. plantarum*, *L. fermentum* and *L. casei*, respectively, which confirmed the inhibitory effect of these probiotics on the resistant strains of *H. pylori* (Figure 2). However, Lactococci had not inhibitory effects on the resistant *H. pylori* strains.

Table 1 - Frequency distribution of antibiotic resistance among *H. pylori* isolates

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Susceptible No</th>
<th>Susceptible %</th>
<th>Resistant No</th>
<th>Resistant %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin</td>
<td>22</td>
<td>68.8</td>
<td>10</td>
<td>31.3</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>14</td>
<td>43.8</td>
<td>18</td>
<td>56.3</td>
</tr>
<tr>
<td>Tetracycline</td>
<td>27</td>
<td>84.4</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>27</td>
<td>84.4</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>26</td>
<td>81.3</td>
<td>6</td>
<td>18.8</td>
</tr>
</tbody>
</table>

Table 2 - Relative and absolute abundance of lactic acid bacteria isolated from camel milk samples

<table>
<thead>
<tr>
<th>Lactic bacteria</th>
<th>Absolute abundance</th>
<th>Relative abundance</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>L. plantarum</em></td>
<td>16</td>
<td>59.3%</td>
</tr>
<tr>
<td><em>L. fermentum</em></td>
<td>7</td>
<td>25.9%</td>
</tr>
<tr>
<td><em>L. casei</em></td>
<td>3</td>
<td>11.1%</td>
</tr>
<tr>
<td><em>Lactococcus</em></td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27</td>
<td>100%</td>
</tr>
</tbody>
</table>

The antagonistic effect of bacteriocins generated by lactobacilli was evaluated after 3-5 days of incubation. Measurement of the inhibition zone indicated the complete susceptibility of drug-resistant *H. pylori* isolates to lactobacilli in laboratory conditions (Table 3). Inhibition zone was formed upon introduction of *L. plantarum*, *L. fermentum* and *L. casei* to the growing antibiotic-resistant *H. pylori*. The average diameter of inhibition zone was 21.3, 19.21 and 17.2 mm for *L. plantarum*, *L. fermentum* and *L. casei*, respectively, which confirmed the inhibitory effect of these probiotics on the resistant strains of *H. pylori* (Figure 2). However, Lactococci had not inhibitory effects on the resistant *H. pylori* strains.

Table 3- Comparison of growth and inhibition of *H. pylori* strains when exposed to different probiotics

<table>
<thead>
<tr>
<th>Lactobacilli</th>
<th><em>H. pylori</em> 3×10^5^cfu/ml</th>
<th>Average</th>
<th>SD</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>L. plantarum</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistant</td>
<td>1.17</td>
<td>0.209</td>
<td></td>
<td>Not significant</td>
</tr>
<tr>
<td>Sensitive</td>
<td>1.20</td>
<td>0.168</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>L. fermentum</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistant</td>
<td>0.89</td>
<td>0.271</td>
<td></td>
<td>Not significant</td>
</tr>
<tr>
<td>Sensitive</td>
<td>0.77</td>
<td>0.257</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>L. casei</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistant</td>
<td>0.187</td>
<td>0.023</td>
<td></td>
<td>Not significant</td>
</tr>
<tr>
<td>Sensitive</td>
<td>0.174</td>
<td>0.028</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 2- The antimicrobial effect of *Lactococcus* (1), *L. plantarum* (2), *L. casei* (3) and *L. fermentum* (4) on growth of *H. pylori*

**DISCUSSION**

*H. pylori* is regarded as one of the most common causes of gastrointestinal infections worldwide. About 40-50% of the world’s population is affected by this bacterium (8). *H. pylori* can also cause gastric diseases such as chronic gastritis, peptic ulcer, gastric cancer and lymphoma of mucosa-associated lymphoid tissue (10). In the present study, 42.7% of the strains were identified as *H. pylori*. This indicates the high resistance of *H. pylori* strains to most commonly used antibiotics. In our study, 18.8% of the strains were resistant to ciprofloxacin, which is less than the rates reported by studies in Germany (11), Portugal (12), France (13) and Spain (14). Given that ciprofloxacin is used as the second-line therapy for treatment of *H. pylori*, the high resistance rate observed against this antibiotic

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raises concern about the efficacy of the drug. The dissimilarities in the degree of antibiotic resistance in the mentioned studies could be due to differences in the methods used in these studies. The resistance rate of *H. pylori* to clarithromycin has been divergent in various studies. For instance, the rate of clarithromycin resistance was reported to be up to 20% in Portugal (12), Saudi Arabia (15), South Korea (16), China (17) and Iran (18), while it has been reported to be 58% in Germany (11) and 32% in Italy (19). In a study carried out by Mohammadi et al. (18) in Iran, resistance to clarithromycin was reported to be 17%, which is similar to our findings. According to Selgrade and Salfringer (20), clarithromycin should be used with extra care in areas where rate of resistance is over 20%. In Iran, Naghshvar et al. reported that all isolates were susceptible to amoxicillin (30), while a study in China stated that the rate of amoxicillin resistance was 71% (17). We found that 31.3% of the isolates were resistant to amoxicillin, which was lower than the previous reports from other countries. However, study of Falsafi reported that 42% of *H. pylori* isolates were amoxicillin-resistant (21).

In the present study, 56.3% of the *H. pylori* isolates were resistant to metronidazole, which was lower than the results obtained by Mohammadi et al. (18). The rate of metronidazole resistance in Saudi Arabia (15) and China (17) was close to our study, which could be due to the regional distribution of resistance to antibiotics. The rate of resistance to tetracycline was around 15.6% in our study, while the rate of resistance to this antibiotic was no more than 5% in Italy (19), Saudi Arabia (15) and South Korea (16). However, the rate of tetracycline resistance has been reported to be up to 50% in China (17). Our results indicated that the rate of resistance to metronidazole and amoxicillin was very high in this region. Concerning the increasing rate of resistance to the antibiotics, which is currently used against *H. pylori*, it seems that finding effective alternative antimicrobial compounds is a necessity. Moreover, determining susceptibility and drug resistance patterns of this bacterium prior to initiation of therapy is advisable.

It has been demonstrated that lactobacilli and/or their metabolites are effective in preventing infections or delaying *H. pylori* colonization in gastric mucosa.

In a study on the antagonistic effect of *L. casei* on *H. pylori* and *salmonella*, it was revealed that *L. casei* inhibited the expression of *H. pylori* flagellin genes A and B, which ultimately prevented from bacterial movement and resulted in morphology change to coccoid form (22). In the present study, most lactobacilli isolated from the milk of dromedary were related to *L. plantarum*, *L. fermentum* and *L. casei*.

In a study conducted in Morocco, 37.7% and 25.8% of strains isolated from the dromedary milk were lactobacilli and lactococci, respectively (23). We found that the *H. pylori* isolates resistant to all five antibiotics were susceptible to bacteriocins of lactobacilli isolated from camel milk. Similar to our study, Heidari et al. confirmed the antibacterial effect of bacteriocin produced by *Lactobacillus* isolates from diaries on 10 pathogenic bacteria using well diffusion assay (24). Another study has also confirmed the inhibitory effect of bacteriocin produced by lactobacilli isolates from milk on *H. pylori* (25). Khonafari et al. studied the production of Lactocins by probiotic strains in local yogurt samples. The results of this study showed the isolation of 21 strains of lactic acid bacteria. Production of antimicrobial combinations by strains in the logarithmic phase of their growth and their antimicrobial effects were also observed (26). Mojgani et al. confirmed the inhibitory properties of bacteriocin produced by *L. acidophilus* isolates from cheese samples in Karaj (Iran) against some pathogenic bacteria (27). In another study, leuconostocs, lactobacilli and enterococci were the most frequent lactic acid bacteria present in milk of Iranian dromedary (28). However, we found *L. plantarum* as the most frequent species. A study in 2015 investigated the in vitro antagonistic effects of *L. casei* on antibiotic-resistant *H. pylori* and confirmed the susceptibility of this pathogen to *Lactobacillus* (29).

Given the similarity with our findings, it should be noted that we isolated lactobacilli strains from camel milk and investigated the species resistant to multiple antibiotics.

**CONCLUSION**

Based on the results, it can be concluded that the rate of resistance to selective antimicrobial agents used for treatment of gastritis is increasing. Given the
high resistance of *H. pylori* isolates to antibacterial agents and the inhibitory effects of lactic acid bacteria, the addition or presence of lactobacilli in fermented foods such as camel milk could have protective effects against infections that are caused by *H. pylori*. Thus, it is recommended to promote the consumption of such products to help improve public health.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.


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