

**An-Najah National University**

**Faculty of Graduate Studies**

**Novel cationic water-soluble polynitrogen/copper (II)  
complexes as a new antimicrobial therapy**

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**Dedication**

I dedicate my thesis to my beloved wife Dana Bdair. To my precious, my little handsome angel, Jad. To my parents Rabah and Heyam Amer. My brothers and sisters. To my parents in law lecturer Sami and Eman Bdair. To my brothers and sisters in law. To a special person Khalid Amin Abu-Khater.

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أنا الموقع أدناه، مقدم الرسالة التي تحمل العنوان:

**Novel cationic water soluble polynitrogen/copper (II)  
complexes as a new antimicrobial therapy**

أقر بأن ما شملت عليه هذه الرسالة إنما هو نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه  
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**Declaration**

The work provided in this thesis, unless otherwise referenced, is the  
researcher's own work, and has not been submitted elsewhere for any other  
degree or qualification.

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## List Of Abbreviation

|                    |  |
|--------------------|--|
| <i>K.pneumonia</i> | <i>Klebsiellapneumoniae</i>                        |
| <i>K.variicola</i> | <i>Klebsiellapneumoniae</i>                        |
| <i>E. coli</i>     | <i>Escherichia coli</i>                            |
| EPEC               | Eenteropathogenic <i>E.coli</i>                    |
| EHEC               | Enterohemorrhagic <i>E. coli</i>                   |
| EAEC               | Enteraggregative <i>E. coli</i>                    |
| ETEC               | Enterotoxigenic <i>E. coli</i>                     |
| EIEC               | Enteroinvasive <i>E. coli</i>                      |
| HC                 | Haemorrhagic colitis                               |
| HUS                | HaemolyticUraemic Syndrome                         |
| Stx                | Shiga toxin  |
| STEC               | <i>E. coli</i> serotypes that produce Shiga toxins |
| <i>P.</i>          | <i>Proteus</i>                                     |
| <i>S.aureus</i>    | <i>Staphylococcus aureus</i>                       |
| UTI                | urinary tract infections                           |
| MIC                | Minimum Inhibitory Concentration                   |
| MBC                | Minimum Bactericidal Concentration                 |
| C1                 | Complex one  |
| C2                 | Complex two  |
| C3                 | Complex three                                      |
| C4                 | Complex four                                       |
| C5                 | Complex five                                       |
| C6                 | Complex six  |
| TSB                | Trypticase soy broth                               |
| MHA                | Muller Hinton agar                                 |
| Cm                 | Centimeter   |
| Mm                 | millimeter   |
| Mg                 | Milligram  |
| µg                 | Microgram  |
| g                  | Gram   |
| ml                 | Millileter   |
| µl                 | Microleter   |

|        |  |
|--------|--|
| °C     | °Celsius                                       |
| CN(30) | Cephalexin (30)                                |
| Cu     | Copper   |
| dipn   | Dipropylenetriamine                            |
| UV     | Ultra Violet                                   |
| En     | Ethylenediamine                                |
| pn     | Propylenediamine                               |
| TG     | Thermogravimetry                               |
| en     | Ethylenediamine                                |
| EV     | ElementarVario                                 |
| TG     | Thermogravimetry                               |
| DTA    | differential thermal analysis                  |
| TA     | Thermal analyses                               |
| RT     | room temperature                               |
| API20  | Analytical profile index20                     |
| CLSI   | The Clinical and Laboratory Standard Institute |

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**Abstract**

The six dicationic water soluble copper(II) complex1, complex2 complex3, complex4, complex5 and complex6, of general formula  $[CuNNN(NN)]Br_2$  [NNN = triamine and NN is *chda* = 1,2-diamiocyclohexane or *Me2pn* = 2,2dimethyl-1,3diamino propane] were prepared under ultrasonic mode with very good yield. These complexes were characterized by elemental microanalysis, UV-visible and IR spectroscopy.

It was found that four complexes (complex1, complex3, complex4, complex5) of the six complexes have a high antimicrobial activity against *Klebsiella*, *Escherichia coli*, *Proteus* and *Staphylococcus aureus*. Complex2 have a little antimicrobial activity. Complex6 have not any antimicrobial activity at any kind of the used bacteria, this could be because the complex is unstable.

The antibiotic Cephalexin was used as a standard to compare the antibacterial activity of the six complexes against the bacteria. Cephalexin used as antibacterial drug to kill Gram-positive and Gram-negative bacteria. The antibacterial activity of the complexes1,3,4,5 against the bacteria were better than Cephalexin. Also the complexes 1,3,4,5 showed a high antimicrobial activity against *Klebsiella* compared with Cephalexin

that have not any antibacterial activity against this kind of bacteria, which encourages to use these complexes as a topical treatment instead of Cephalexin.

# **Chapter One**

## **Introduction**

## 1. Introduction

### 1.1 General Background

Bacteria are living organisms that have only one cell. Under a microscope, they look like balls, rods, or spirals. They are so small that a line of 1,000 could fit across a pencil eraser. Most bacteria won't hurt you - less than 1 percent of the different types make people sick. Many are helpful. Some bacteria help to digest food, destroy disease-causing cells, and give the body needed vitamins. Bacteria are also used in making healthy foods like yogurt and cheese. Infectious bacteria can make you ill. They reproduce quickly in your body. Many give off chemicals called toxins, which can damage tissue and cause sickness. Examples of bacteria that cause infections include *Staphylococcus aureus*, *Klebsiella pneumonia*, *Proteus*, and *Escherichia coli*[1].

The human health effects caused by waterborne, airborne, milk borne, and soil borne transmission vary in severity from mild gastroenteritis to severe and sometimes fatal diarrhea, dysentery, hepatitis and typhoid fever. Contaminated water can be the source of large outbreaks of disease, including cholera, dysentery and cryptosporidiosis; for the majority of waterborne pathogens, however, there are other important sources of infection, such as person to person contact and food [1].

Antibiotic therapy is one of the most important therapies used for fighting infectious diseases and has tremendously enhanced the health aspects of

human life since its introduction. Despite the advancements in this therapy, we still live in an era where incidents of antibiotic resistant infections are alarmingly on rise [2]. The significance role of antibiotics in nature remains unfounded due to the responses of bacteria through the manifestation of various forms of resistance following the introduction of a new antibiotic for clinical use. The most important factor influencing the emergence and spread of antibiotic resistance is the excessive bacterial exposure to antibiotics [3]. Indiscriminate and over use of antibiotics causes selective pressure, allowing only the fittest genotype to thrive. Despite of the fact that evolution is inevitable, the intensive use of antimicrobial agents in the community, hospital and agriculture is undeniably responsible for fuelling this crisis. Today, bacteria, which are resistant not only to a single drug but simultaneously to many drugs are rampantly spread in the community and clinically due to the improper use of antibiotics in the past decade[3, 4].

## **1.2 Microbial Strains (Bacterial Strains)**

### **1.2.1 *Klebsiella***

The *Klebsiella* genus consists of diverse organisms that are capable of colonizing and causing disease in humans and animals or existing as endophytes that colonize plants. *Klebsiella pneumoniae* isolates associated with human disease have been linked to pneumonia, meningitis, bacteremia, and urinary tract infections[5]. Additional *Klebsiella* species capable of nitrogen fixation have been isolated from the roots of plants, where they occur in a mutualistic relationship as endophytes[6, 7].

The *Klebsiella* genus originally included the species *Klebsiella planticola*, *Klebsiella terrigena* and *Klebsiella ornithinolytica*, which have been recently described as a new genus, *Raoultella*[8]. Furthermore, there are phylogenetically and phenotypically diverse *K.pneumoniae* isolates that likely represent distinct species, such as the recently described *Klebsiella variicola* [9]. This highlights the fact that the nomenclature and identification of *Klebsiella* species are complex. For the purposes of this study, the *Klebsiella* species investigated are the human disease-associated *K.pneumoniae* and the nitrogen-fixing *Klebsiella* species typified as *K.variicola*. *K.pneumoniae* was previously thought of predominantly as a community-acquired agent of infection but recently has become more prevalent as a nosocomial pathogen of infections such as pneumonia, meningitis, septicemia, and urinary tract infections [5, 10, 11].

### **1.2.2 *Escherichia coli***

*Escherichia coli* (*E.coli*) is a rod-shaped, Gram-negative bacterium found in high numbers in the gut of warm-blooded animals. For over 100 years, it has been used to detect faecal contamination in water and as an indicator of waterborne disease risk[12]. *E.coli* and other members of the coliform group remain the most widely used microbial indicators of water safety globally. Despite its documented limitations as an indicator of health risk, *E.coli* is not normally present in waters that are not faecally contaminated [13]. *E.coli* strains that cause diarrhea in humans have been divided into different pathotypes according to their virulence

attributes and the mechanisms involved in the disease process[14, 15].Five major groups of intestinal pathogenic strains have been established, such as enteropathogenic *E. coli* (EPEC),enterohemorrhagic *E. coli* (EHEC), enteroaggregative *E. coli* (EAEC), enterotoxigenic *E.coli* (ETEC) and enteroinvasive *E.coli* (EIEC).While EPEC is a major cause of infantile diarrhea in the developing world, EHEC is associated with foodborne outbreaks in the developed world and can cause bloody diarrhea, haemorrhagic colitis (HC) and the HaemolyticUraemic Syndrome (HUS) due to the elaboration of Shiga toxin (Stx). More than 400 *E.coli* serotypes that produce Shiga toxins (STEC) have been described[16]. A small number of these have been to have a crucial to be role in severe disease such as HC and HUS in humans. A classification scheme has been established to group STEC strains into the five seropathotype groups A-E depending on the severity of disease, the incidence of human infections and the frequency of their involvement in outbreaks[17]. *E.coli* 0157:H7 is one of hundreds strains of the *E.coli*, a bacterium that is belonged to the to the *Enterobacteriaceae*family. It was recognized in 1982 as a human pathogen. *E.coli* 0157:H7 is gram negative, facultative anaerobic, rod shaped bacterium and have the ability of adaptation for long time and survival in disinfection process. Most *E.coli* strains are harmless and can be lived in the intestines of healthy humans and animals, but *E.coli* 0157:H7 strain can cause severe illness due to toxin production and outbreak associated bloody diarrhea. The cell wall contains the "O" antigen, and the "H" represents flagellar antigen. It is most common as a causative agent of (HUS)[18].

### 1.2.3 *Proteus* (*P*)

Gram-negative bacteria of the genus *Proteus* belong to the Enterobacteriaceae family. These microorganisms were described by Hauser in 1885 and originally had two species *P.mirabilis* and *P.vulgaris*. The biochemical classification of the genus *Proteus* has been changing. Currently, the genus consists of five species *P.mirabilis*, *P.vulgaris*, *P.penneri*, *P.hauseri*, and *P.myxofaciens*, as well as three unnamed *Proteus* genome species 4, 5, and 6[19]. *Proteus* bacilli are widely distributed in the natural environment, where they are involved in decomposing organic matter of animal origin. They are also present in the intestines of humans and animals[20] and are opportunistic pathogens, which, under favorable conditions, cause mainly wound and urinary tract infections (UTI)[21]. Their importance in rheumatoid arthritis has also been shown[22]. *Proteus* rods are a frequent cause of UTI in patients with a urinary catheter in place or with structural and/or functional abnormalities in the urinary tract or who have had surgical intervention in the urogenital system. Strains of *P. mirabilis* cause UTI with the highest frequency among the *Proteus* species, including complicated infections and infections in long catheterized patients. In addition, *Proteus* bacteria may be associated with nosocomial infections[23] and can cause hematogenous and ascending infections, the latter being more common for these microorganisms. *Proteus* bacteria are dimorphic being able to display two types of behavior. When grown in liquid media they are motile, peritrichously flagellated short rods called 'swimmer cells'. When transferred to a solid medium, the

short rods differentiate into elongated forms called ‘swarmer cells’, which are multinucleated, non-septated, and highly flagellated. Populations of swarmer cells can migrate in a coordinated way on solid media and then disintegrate into short rods. This process is cyclic and is known as the swarming phenomenon or swarming growth. Both morphologically and physiologically, different short swimmer rods and swarmer cells are important for pathogenesis, although their significance in particular stages of infection remains to be clarified[24].

#### **1.2.4 *Staphylococcus aureus* (S.aureus)**

*Staphylococcus aureus* is a Gram-positive human pathogen of increasing significance, mainly due to its high incidence and the increasing spread of antibiotic resistances[25]. *S.aureus* has advanced to a main problem in hospital settings since effective treatment options for infections caused by this pathogen are limited[26]. Multiple virulence factors allow *S.aureus* to cause a broad spectrum of infectious diseases, ranging from superficial abscesses of the skin to severe diseases such as endocarditis, osteomyelitis, toxic shock syndrome or sepsis. Furthermore, *S. aureus* is particularly important in healthcare settings, where it is causing up to 40% of nosocomial infections. Vancomycin and related antibiotics form the drugs of last resort against resistant strains. Therefore, the recent emergence of vancomycin/methicillin-resistant *S.aureus* strains represents a major threat for the health care system, requiring the development of new therapeutic options against *S.aureus* infections[25].

### **1.3 Cephalexin Antibiotic**

Cephalexin is the first generation of cephalosporins, this medication is active against gram-positive cocci, including staphylococci and streptococci. Also this drug has minimal activity against gram-negative cocci, enterococci, methicillin-resistant *S.aureus*, and most gram-negative rods [27]. Its mechanism of action is by preventing bacteria from forming their cell wall, and so bacteria cannot be able to survive and stop the spread of infection in the body [28].

### **1.4 Copper and Copper II Complexes as Antimicrobial Agent**

Copper sulfate is a fungicide used to control bacterial and fungal diseases of fruit, vegetable, nut and field crops. Some of the diseases that are controlled by this fungicide include mildew, leaf spots, blights and apple scab. It is used in combination with lime and water as a protective fungicide, referred to as Bordeaux mixture, for leaf application and seed treatment. It is also used as an algacide, an herbicide in irrigation and municipal water treatment systems, and as a molluscicide, a material used to repel and kill slugs and snails. Copper sulfate is a naturally occurring inorganic salt and copper is an essential trace element in plant and animal nutrition [29,30,31,32,33].

Copper is one of 26 essential trace elements occurring naturally in plant and animal tissue. The usual routes by which humans receive toxic

exposure to copper sulfate are through skin or eye contact, as well as by inhalation of powders and dusts [33].

Danish bacterial isolates from livestock so far have not or have only to a limited degree developed resistance to antimicrobial compounds commonly used for disinfection. Acquired copper resistance was only found in enterococci. There were large differences in the intrinsic susceptibility of the different bacterial species to these compounds, and *Salmonella* especially seems intrinsically less susceptible than the other bacterial species, which might have human health implications[34].

Lactic acid, in combination with copper sulfate, could be used to inhibit the growth of pathogens. Natural ingredients, such as lactic acid and low dose of copper ions, can be used to improve the safety of food products[35].

Mixed-ligand copper (II) complexes with nitrogen-amino ligand have been investigated in pharmaceutical field due to their anticancer, antioxidant and antimicrobial potential [36-48].

Amine-Copper(II) complexes exhibit prominent antimicrobial and anticancer potential activity by inducing apoptosis [47-51]. In general, redox-active agents that damage DNA in vitro are thought to exhibit apoptotic activities in live cells by inducing oxidative stress and/or DNA damage [52].

Triamine ligands with tridentate N-donor ligands are suitably placed for forming two 5 or 6-membered chelate metal complexes [53, 54]. Although

metal complexes with such tridentate amine ligands have been thoroughly investigated, only one example combining both bidentate and tridentate amine for preparation of mononuclear  $[\text{Cu}(\text{II})/\text{triamine}/\text{diamine}]2\text{X}$  complexes have been isolated and characterized by X-ray single crystal diffraction up to date [54]. The authors have recently investigated the spectroscopic and the biological activity of  $[\text{Cu}(\text{dipn})(\text{N-N})]_2\text{Br}$  [dipn = dipropylenetriamine, N-N = ethylenediamine (en) and propylenediamine (pn)] [54]; the structure of  $[\text{Cu}(\text{dipn})(\text{pn})]\text{Br}_2$  was resolved by X-ray single crystal analysis. Herein, it is reported the synthesis and the spectroscopic properties of two new dicationic copper (II) complexes of general formula  $[\text{Cu}(\text{dien})(\text{NN})]\text{Br}_2$  complexes.

### **1.5 The aim of the study**

1. To screen the antibacterial properties of a range of new copper (II) complexes with different ligand.
2. To compare their performance against multidrug resistant bacteria strains.

# **Chapter Two**

## **Materials and Methods**

## **2. Materials and Methods**

### **2.1 Chemical Material**

Chemical complexes were prepared in the chemical laboratory of An-Najah National University under the supervision of Prof. Ismail warad and his team [54]. The prepared complexes were solid blue powder in 6 vials named complex 1 to complex 6 and ready to be used in the study.

### **2.2 General Synthesis of The Desired [copper (II) L1L2] Br<sub>2</sub> Complexes**

An ethanolic solution (10 mL) of 1,2diaminocyclohexan ligand (1.5 mmol) and 2,2dimethyl-1,3diamino propane ligand (1.5 mmol) were mixed together and added drop-wise to CuBr<sub>2</sub> (1.5 mmol), dissolved in 10 mL of (50%) ethanol. The resulting reaction mixture was stirred for 30 min. The reaction mixture was subjected to ultrasound waves for 5–20 min until the blue precipitates appeared. The solid was filtered and carefully washed with dichloromethane, then dried under vacuum.

### **2.3 General procedure for complexes (1-2) synthesis**

1 mmol of CuBr<sub>2</sub>·2H<sub>2</sub>O was dissolved in 20 ml of methanol, 1 mmol of triamine and 1 mmol diamine mixture dissolved in 2 ml of methanol then added to the Cu(II) solution. The mixture was left under stirring and ultrasound waves for about 30 min until the solution turned to deep blue. The solvents were then removed under vacuum and the remaining solid

was washed with isopropanol, dichloromethane and then dried under vacuum. Crystals of 2 suitable for X-ray diffraction structural analysis were obtained by slow evaporation of water from the solution of the complexes.

## **2.4 Physical Measurements**

Microanalyses (C, H, N) were performed using an ElementarVario EL analyzer. The FT-IR spectra ( $4000\text{--}400\text{ cm}^{-1}$ ) were obtained using a Perkin–Elmer 621 spectrophotometer with KBr discs. Thermal analyses, thermogravimetry (TG) and differential thermal analysis (DTA) were carried out with TA Instruments SDT-Q600 in air. Electronic spectra were recorded in water at room temperature (RT) on Pharmacia LKB-Biochrom 4060 spectrophotometer. The electrochemical properties of the complex 1 were investigated by cyclic voltammetry in DMF solutions containing 0.1 M of TBAPF<sub>6</sub> as supporting electrolyte. Cyclic voltammograms were recorded at different scan rate 0.1V vs Ag/AgCl.

## **2.5 Preparation of Dried Filter Paper Discs**

Whatman filter papers are used to prepare discs approximately 6 mm in diameter, which are placed in a Petri dish and sterilized in a hot air oven or by autoclaving. To each disk add 50  $\mu\text{l}$  of chemical complexes and wait until all disks become dried [55].

## 2.6 Preparation of Mueller-Hinton Agar

Mueller-Hinton agar was prepared using a commercially available dehydrated base according to the manufacturer's instructions. Immediately after autoclaving, it was allowed to cool in a 45 to 50°C water bath. Then it was used to prepare the plastic, flat-bottomed petri dishes on a level, horizontal surface to give a uniform depth of approximately 4 mm. The agar medium was allowed to cool to room temperature and it was stored in a refrigerator (2 to 8°C) [56].

## 2.7 Antimicrobial Assays

The invitro antibacterial activities of new copper complexes were evaluated against four selected bacteria clinical isolates, which includes three Gram negative bacteria; *Proteus*, *Escherichia coli* and *Klebsiella pneumonia* and one a Gram-positive bacterium *Staphylococcus aureus*. The isolates were obtained from the research laboratory of the science faculty at Najah University, and their identities were confirmed by gram stain, catalase, coagulase for *staphylococcus aureus*, and by gram stain and API20 E for *Escherichia coli*, *Proteus*, and *Klebsiella pneumonia*.

The susceptibility of each bacterium isolate to copper complex were tested by disk diffusion susceptibility test (Bauer-Kirby) and quantitative dilution susceptibility tests [69].

## 2.8 Disk Diffusion Assay

In disk diffusion method, few colonies from the tested bacterium, which were cultured for 18 hours at 35°C, were used to inoculate 5ml of trypticase soy broth (TSB) and the broth turbidity will be adjusted to 0.5 MacFarland standard (which is approximately equal to  $1.5 \times 10^8$  CFU/ml). Then a sterile swab was dipped into the standardized broth and used to streak the surface of Muller Hinton agar (MHA) to obtain uniform inoculums for each of *Staphylococcus aureus*, *Proteus*, *Escherichia coli*, and *Klebsiella pneumoniae*. Within 15 minutes of inoculation, a sterile filter paper disk (6mm in diameter) containing 50 µl of different concentration of copper complex that has been prepared previously[70]. which was dried previously in hot air oven, were placed onto the surface of inoculated plate. The plate was incubated at room temperature for 30 minutes to allow diffusion of copper complex to agar before incubated at 35°C for 18 hours for *Staphylococcus aureus*, *Proteus*, *Escherichia coli*, and *Klebsiella pneumoniae*. After that, the plate was examined for development of complete inhibition zone around the disk, and the zone was measured to the nearest whole millimeter. Cephalexin and distilled water were used as positive and negative control, respectively[57].

## 2.9 Minimum Inhibitory Concentration (MIC)

MIC is the lowest concentration of drug that inhibits the growth of microorganisms[58]. The agar dilution method was used for testing MIC as the following. For each chemical complex a serial dilution was prepared in

sterile distilled water to achieve a decreasing concentration ranging from 20 to 5mg/ml in labeled sterile tubes. Sterile tips were used to bore well in the presolidified MHA plates. Then the plates were inoculated with bacteria that adjusted previously to 0.5 McFarland standard. After that 50µl from each dilution was added into the wells. All plates were incubated at 37°C for 24 hrs. MIC was determined as the lowest concentration of a chemical complex shows a clear zone of inhibition [59].

### **2.10 Minimum Bactericidal Concentration (MBC)**

To determine the concentration of drug that inhibits at least 99.9% of the bacterial colonies. An aliquot of 100 µl from the tube showing MIC were inoculated into a MHA antibiotic free plate. Then plates were incubated at 37C for 24hrs. Each plate was examined for the growth of a bacterium and determined the concentration of the complex at which 99.9% of bacteria were killed [60].

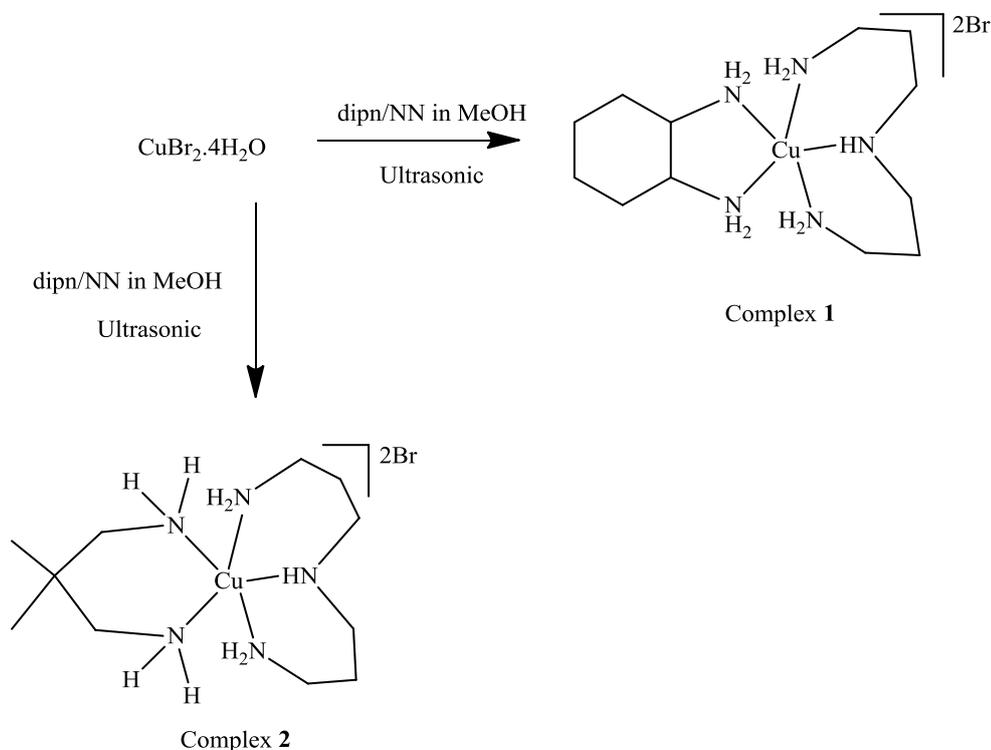
## **Chapter Three**

### **Result, Discussion and Conclusion**

### 3. Resulta nd discussion

#### 3.1 Synthesis of complexes 1-2

Mixed triamine-diamine ligand copper(II) complexes of the general formula  $[\text{Cu}(\text{dien})(\text{NN})]\text{Br}_2(1-2)$  were synthesized in good yields under open ultrasonic atmosphere. The reaction can be easily monitored by eye sight, due to the colour change from brown to blue upon addition of the N-donor ligands. These complexes were characterized using elemental analysis and spectral methods. Based on water solubility and conductivity, these complexes appeared to be dicationhalide salt. The X-ray crystal structure of complex2 confirmed such suggestion and showed a distorted square pyramidal geometry Cu(II) dication ion [54].



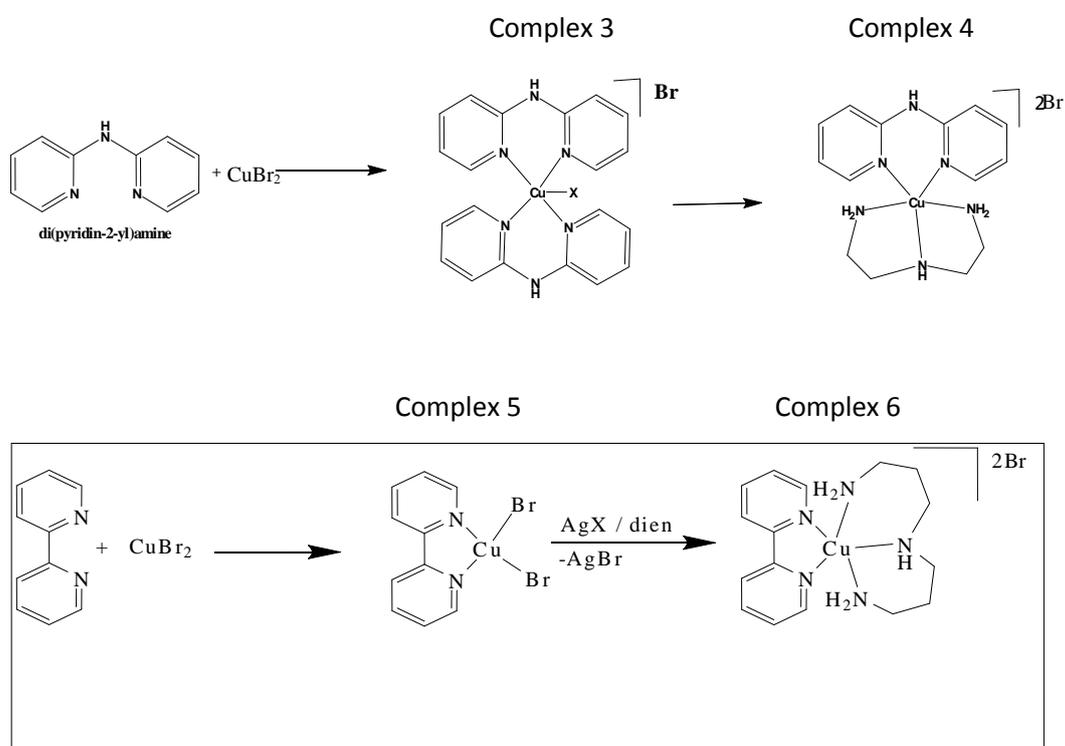
**Scheme 3.1** Synthesis of desired complexes (1-2).

Complex 1:  $\text{CuBr}_2 \cdot 4\text{H}_2\text{O}$  with 1,2-diaminocyclohexane.

Complex 2:  $\text{CuBr}_2 \cdot 4\text{H}_2\text{O}$  with 2,2-dimethyl-1,3-diaminopropane.

### 3.2 Synthesis of complexes 3-6

This family of Cu(II) complexes were prepared in chemistry lab [70]. The structure and the complexes table are represented in Scheme 3.2.

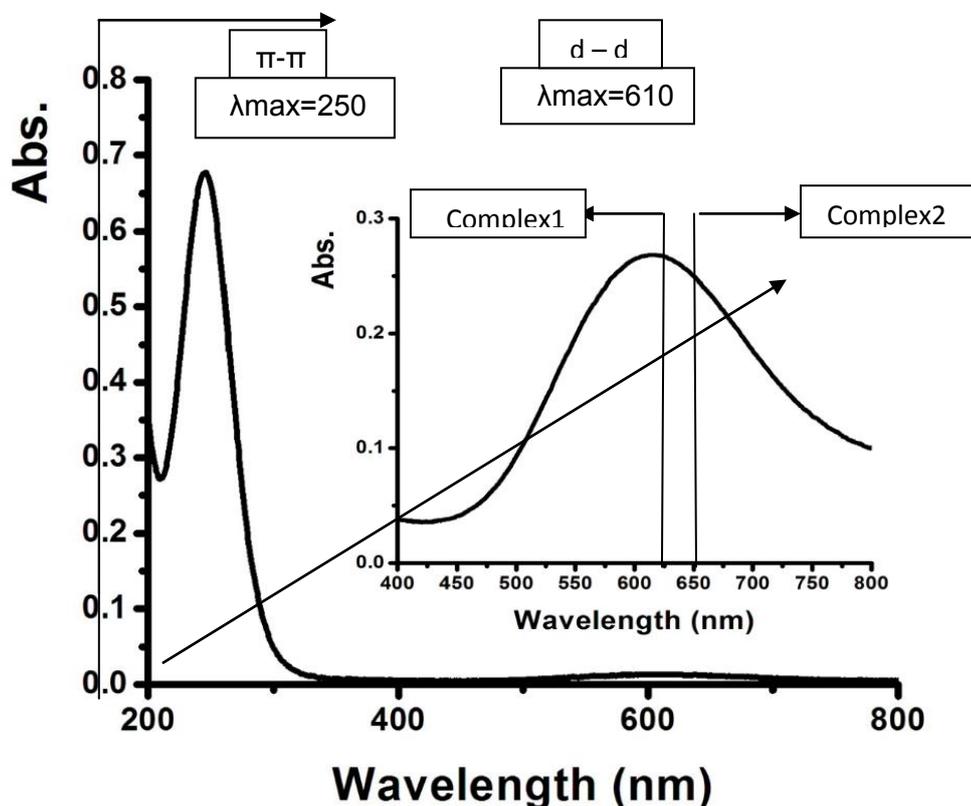


Scheme 3.2 Synthesis of desired complexes (3-6)

### 3.3 Visible and ultraviolet spectral data

The electronic absorption spectra behaviours for the desired complexes were measured in distilled water at room temperature. The spectra of the two complexes in water exhibit high intense  $\pi$  to  $\pi$  electron transitions in the UV region, around 250 nm (for complex1) 255 nm (for complex2),

along with a low intensity d to d electron transitions band around 610 nm (for complex1) and 625 nm (for complex2), as seen in Fig. 3.3.



**Figure 3.1** UV-Vis spectrum of complex 2 dissolved in water at RT.

### 3.4 IR Spectral investigation

Several main peaks were detected due to function group vibrations. Peaks at  $\sim 3380\text{cm}^{-1}$  and  $1480\text{ cm}^{-1}$ , assigned, to  $\nu_{(\text{O-H})}$  and  $\nu_{(\text{bend})}$ , respectively, are the characteristic bands of  $\text{H}_2\text{O}$ , which indicates the existence of molecular lattice water. The three bands at  $3100\text{--}3340$  and  $1500\text{--}1600\text{ cm}^{-1}$  assigned to  $\nu_{\text{s}}(\text{N-H})$ ,  $\nu_{\text{as}}(\text{N-H})$  and  $\nu(\text{N-H})$ , respectively, are shifted to wave numbers lower than those encountered in the free ligand, confirming the coordination of the N-donor groups with copper [61, 62]. The strong bands at around  $2800\text{--}2900\text{ cm}^{-1}$  are indexed to the stretching vibration of C-H of

CH<sub>2</sub> in the dien and CH<sub>3</sub>-group of Me<sub>4</sub>en diamine ligands [63]. The appearance of a broad bands at ~ 500-600 cm<sup>-1</sup> may be attributed to  $\nu_{(\text{Cu-N})}$  bond vibrations [64, 65]. Bands that appear in the ~ 250-290 cm<sup>-1</sup> region were assigned to the  $\nu_{(\text{Cu-Br})}$  vibration [66].

IR spectrum of C1 and C2 are given in Fig. 3.4.

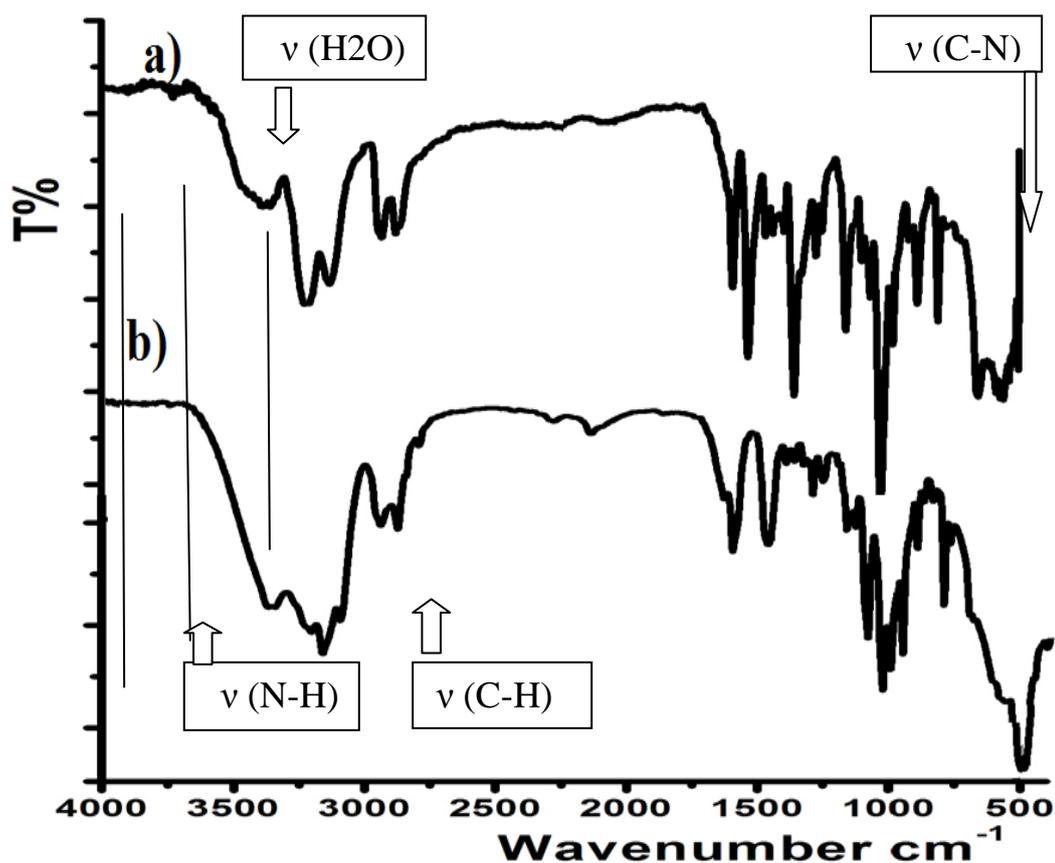


Figure 3.2 FT-IR spectrum of the Complex 1 a) and Complex 2 b).

### 3.5 [Cu (dien) NN ]Br<sub>2</sub>(1)

Yield 90%, M.p. = 140 °C. MS m/z 465.2 [M<sup>+</sup>] Calculated: C, 18.64; H, 5.47; N, 18.11. Found C, 18.31; H, 5.25; N, 18.02%, IR (KBr, vcm<sup>-1</sup>): 3360 ( $\nu_{\text{H}_2\text{O}}$ ), 3380 and 3280 and 3120 ( $\nu_{\text{N-H}}$ ), 2930 ( $\nu_{\text{C-H}}$ ), 1580 ( $\nu_{\text{N-H}}$ ), 1160 ( $\nu_{\text{N-C}}$ ), 540 ( $\nu_{\text{Cu-N}}$ ). UV-Vis in water: 250 and 605 nm.

### 3.6 [Cu(dien)Me<sub>2</sub>pn]Br<sub>2</sub>(2)

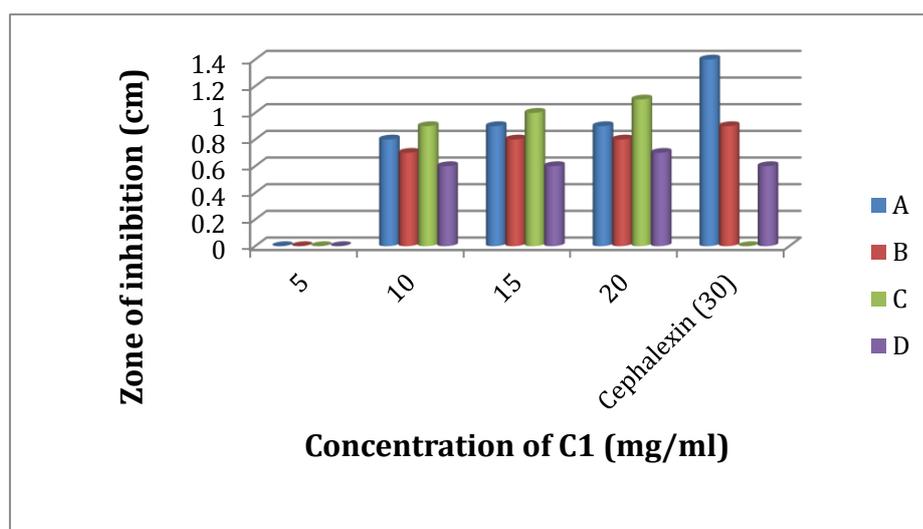
Yield 85%, M.p. = 145 °C. MS m/z 282.2 [M<sup>+</sup>] for C<sub>10</sub>H<sub>29</sub>Br<sub>2</sub>CuN<sub>5</sub>  
 Calculated: C, 27.13; H, 6.60; N, 15.82. Found C, 27.02; H, 6.44; N, 15.38%, IR (KBr, vcm<sup>-1</sup>): 3380 (ν<sub>H<sub>2</sub>O</sub>), 3340, 3270 and 3120, (ν<sub>H-N</sub>), 2920 (ν<sub>C-H</sub>), 1560 (ν<sub>N-H</sub>), 1180 (ν<sub>N-C</sub>), 505 (ν<sub>Cu-N</sub>). UV–Vis in water: λ<sub>max</sub> 255 and 625 nm.

### 3.7 Antimicrobial assay/C1

**Table 3.1** Antimicrobial activity (cm inhibition zone diameter) of C1 at different concentrations (mg/ml).

| C1              | A   | B   | C   | D   |
|-----------------|-----|-----|-----|-----|
| 5               | 0.0 | 0.0 | 0.0 | 0.0 |
| 10              | 0.8 | 0.7 | 0.9 | 0.6 |
| 15              | 0.9 | 0.8 | 1.0 | 0.6 |
| 20              | 0.9 | 0.8 | 1.1 | 0.7 |
| Cephalexin (30) | 1.4 | 0.9 | 0.0 | 0.6 |

(A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.



**Figure 3.3** The effect of the complex C1 on different strains of bacteria.

(A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

In order to evaluate the antimicrobial activity of the chemical compound, the synthesized C1 was tested against several microbial strains (*E.coli*, *S.aureus*, *K.pneumoniae*, *proteus*). The highest activity of C1 was against *klebsiella pneumonia* with inhibition zone of 1.1 cm. The same complex exhibited moderate activity against *E.coli*, *Staphylococcus aureus* and *Proteus*; with inhibition zones of 0.9, 0.8 and 0.7 cm, respectively. Weak activity of the tested compound was observed against *Proteus* with inhibition zone 0.7 cm (Table 3.7). C1 was able to target Gram positive and Gram-negative bacteria indicating a broad-spectrum antimicrobial activity for this C1. Such broad-spectrum activity could be mediated by targeting essential steps in microbial growth or by causing metabolic toxicity [67].

### 3.7.1 Minimum inhibitory concentration (MIC)

**Table 3.2 Minimum inhibitory concentration (MIC) of synthesized C1 against growth of bacteria expressed in mg/mL.**

|                                | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------|----------|----------|----------|----------|
| <b>C1</b>                      | 10       | 10       | 10       | 10       |
| <b>Zone of inhibition (cm)</b> | 0.8      | 0.7      | 0.9      | 0.6      |

A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D): *Proteus*.

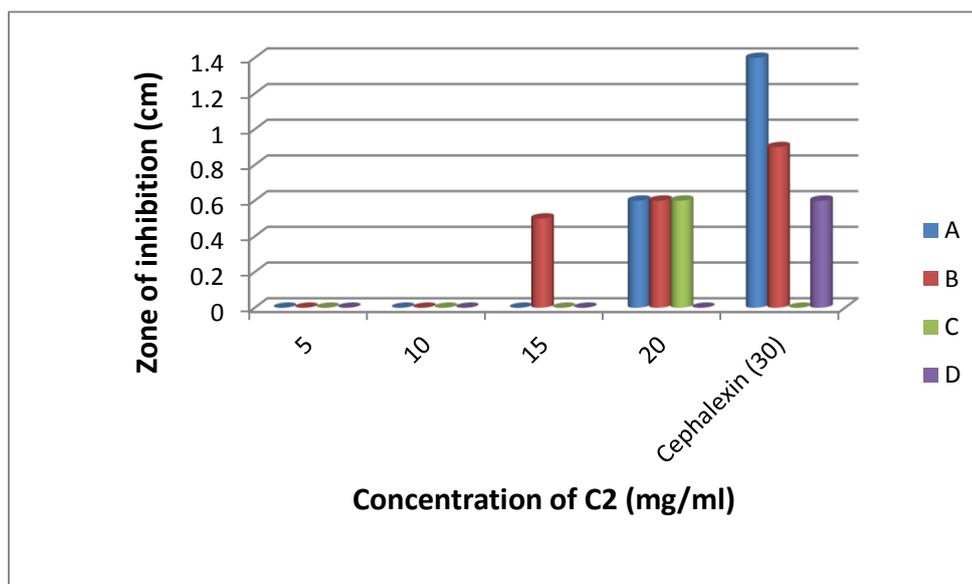
Table 3.7.1 shows the MICs against the bacterial strains. C1 has higher antibacterial activity against *klebsiella pneumonia* (zone of inhibition 0.9 cm), while the activity of C1 is lower against *Proteus* (zone of inhibition 0.6 cm). But C1 shows promising results as broad-spectrum antibacterial agents.

### 3.8 Antimicrobial assay/C2

**Table 3.3 Antimicrobial activity (cm inhibition zone diameter) of C2 at different concentrations.**

| C2                     | A   | B   | C   | D   |
|------------------------|-----|-----|-----|-----|
| 5                      | 0.0 | 0.0 | 0.0 | 0.0 |
| 10                     | 0.0 | 0.0 | 0.0 | 0.0 |
| 15                     | 0.0 | 0.5 | 0.0 | 0.0 |
| 20                     | 0.6 | 0.6 | 0.6 | 0.0 |
| <b>Cephalexin (30)</b> | 1.4 | 0.9 | 0.0 | 0.6 |

(A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.



**Figure 3.4**The effect of the complex C2 on different strains of bacteria.

(A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

In order to evaluate the antimicrobial activity of the chemical compound, the synthesized C2 was tested against several microbial strains (*E.coli*, *S.aureus*, *K.pneumoniae*, *proteus*). The highest activity of C2 was against *K.pneumonia* and *S.aureus* with inhibition zone of 0.6 cm. The same complex has no effect against *E.coli*, and *Proteus* (Table 3.8).

### 3.8.1 Minimum inhibitory concentration (MIC).

**Table 3.4 Minimum inhibitory concentration (MIC) of synthesized C2 against growth of bacteria expressed in mg/mL.**

|                               | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b>  |
|-------------------------------|----------|----------|----------|-----------|
| <b>C2</b>                     | 20       | 15       | 20       | No effect |
| <b>Zone of inhibition(cm)</b> | 0.6      | 0.5      | 0.6      | 0.0       |

A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

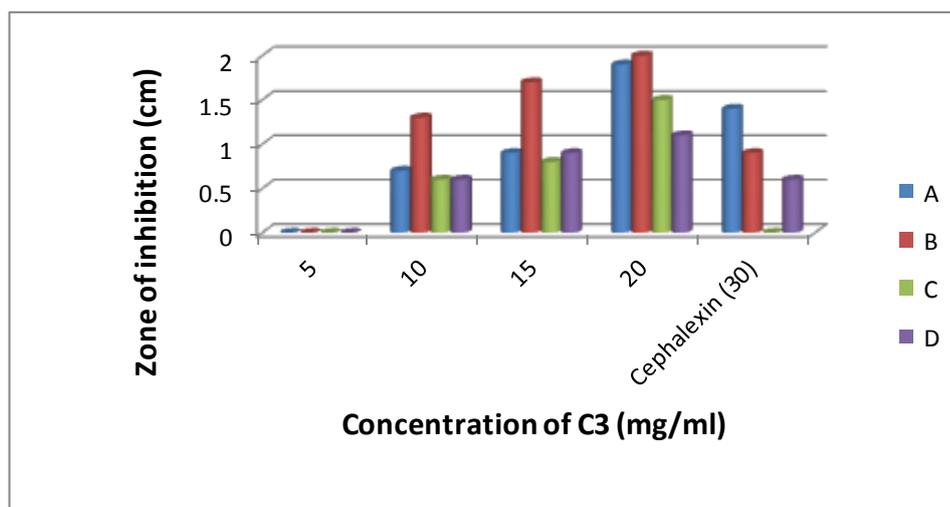
Table 3.8.1 shows the MICs against the bacterial strains. C2 has higher antibacterial activity against *Staphylococcus aureus* (MIC is 15 mg/ml with zone of inhibition 0.5 cm) , while the activity of C2 is lower against *klebsiella pneumonia* and *E.coli* (MIC is 20 mg/ml with zone of inhibition 0.6 cm), in contrast, C2 has no effect on *Proteus*.

### 3.9 Antimicrobial assay/C3

**Table 3.5 Antimicrobial activity (cm inhibition zone diameter) of C3at different concentrations.**

| <b>C3</b>              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|------------------------|----------|----------|----------|----------|
| <b>5</b>               | 0.0      | 0.0      | 0.0      | 0.0      |
| <b>10</b>              | 0.7      | 1.3      | 0.6      | 0.6      |
| <b>15</b>              | 0.9      | 1.7      | 0.8      | 0.9      |
| <b>20</b>              | 1.9      | 2.0      | 1.5      | 1.1      |
| <b>Cephalexin (30)</b> | 1.4      | 0.9      | 0.0      | 0.6      |

(A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.



**Figure 3.5** The effect of the complex C3 on different strains of bacteria.

(A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

In order to evaluate the antimicrobial activity of the chemical compound, the synthesized C3 was tested against several microbial strains (*E.coli*, *S.aureus*, *K.pneumoniae*, *proteus*). The highest activity of C3 was against *Staphylococcus aureus* with inhibition zone of 2.0 cm. The same complex exhibited moderate activity against *E.coli*; *k.pneumoniae* and *Proteus*; with inhibition zones of 1.9, 1.5 and 1.1 cm, respectively. Weak activity of the tested compound was observed against *Proteus* with inhibition zone 1.1 cm (Table 3.9). C3 was able to target Gram positive and Gram-negative bacteria indicating a broad-spectrum antimicrobial activity for this C3. Such broad-spectrum activity could be mediated by targeting essential steps in microbial growth or by causing metabolic toxicity [67].

### 3.9.1 Minimum inhibitory concentration (MIC).

**Table 3.6 Minimum inhibitory concentration (MIC) of synthesized C3 against growth of bacteria expressed in mg/mL.**

|                               | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|-------------------------------|----------|----------|----------|----------|
| <b>C3</b>                     | 10       | 10       | 10       | 10       |
| <b>Zone of inhibition(cm)</b> | 0.7      | 1.3      | 0.6      | 0.6      |

A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

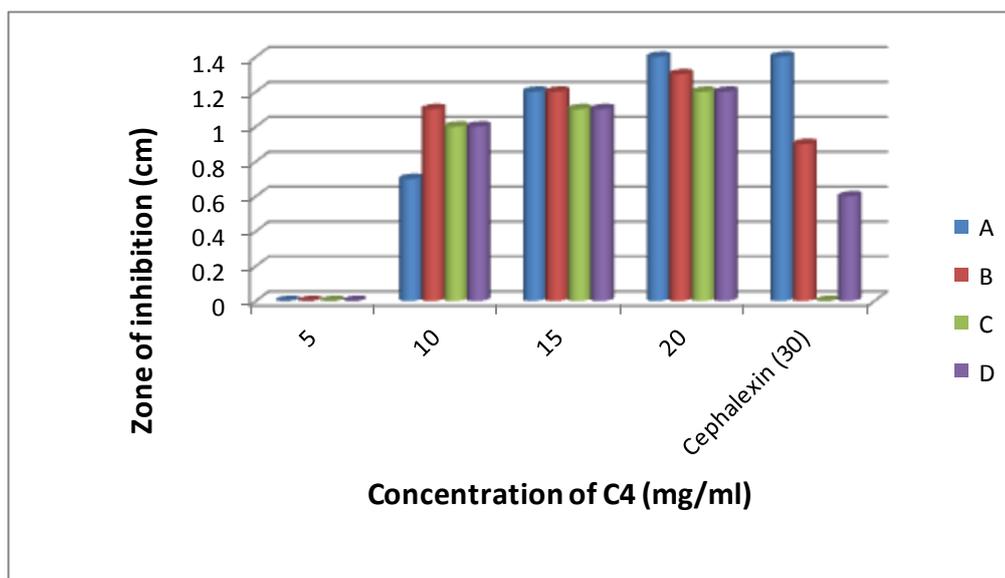
Table 3.9.1 shows the MICs against the bacterial strains. C3 has higher antibacterial activity against *Staphylococcus aureus* (zone of inhibition 1.3 cm) , while the activity of C3 is lower against *klebsiella pneumonia* and *Proteus* (zone of inhibition 0.6 cm). But C3 show promising results as antibacterial agents.

### 3.10 Antimicrobial assay/C4

**Table 3.7 Antimicrobial activity (cm inhibition zone diameter) of C4 at different concentrations.**

| <b>C4</b>              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|------------------------|----------|----------|----------|----------|
| <b>5</b>               | 0.0      | 0.0      | 0.0      | 0.0      |
| <b>10</b>              | 0.7      | 1.1      | 1.0      | 1.0      |
| <b>15</b>              | 1.2      | 1.2      | 1.1      | 1.1      |
| <b>20</b>              | 1.4      | 1.3      | 1.2      | 1.2      |
| <b>Cephalexin (30)</b> | 1.4      | 0.9      | 0.0      | 0.6      |

(A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.



**Figure 3.6** The effect of the complex C4 on different strains of bacteria.  
 (A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

In order to evaluate the antimicrobial activity of the chemical compound, the synthesized C4 was tested against several microbial strains (*E.coli*, *S.aureus*, *K.pneumoniae*, *proteus*). The highest activity of C4 was against *E.coli* with inhibition zone of 1.4 cm. The same complex exhibited moderate activity against *Staphylococcus aureus*; *Klebsiella pneumonia* and *Proteus*; with inhibition zones of 1.3, 1.2 and 1.2 cm, respectively. Weak activity of the tested compound was observed against *klebsiella pneumonia* and *Proteus* with inhibition zone 1.2 cm (Table 3.10). C4 was able to target Gram positive and Gram-negative bacteria indicating a broad-spectrum antimicrobial activity for this C4. Such broad-spectrum activity could be mediated by targeting essential steps in microbial growth or by causing metabolic toxicity [67].

### 3.10.1 Minimum inhibitory concentration (MIC).

**Table 3.8 Minimum inhibitory concentration (MIC) of synthesized C4 against growth of bacteria expressed in mg/mL.**

|                               | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|-------------------------------|----------|----------|----------|----------|
| <b>C4</b>                     | 10       | 10       | 10       | 10       |
| <b>Zone of inhibition(cm)</b> | 0.7      | 1.1      | 1.0      | 1.0      |

A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

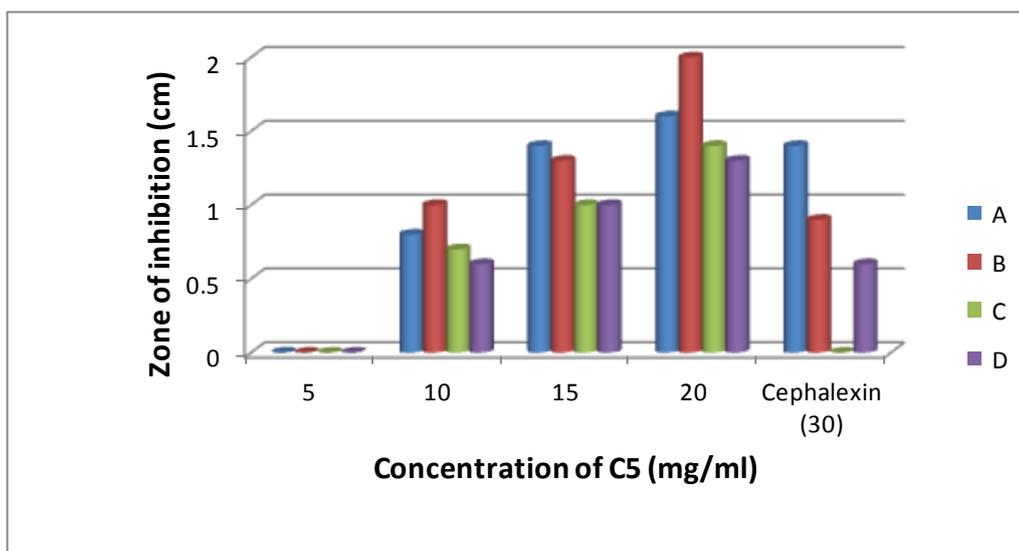
Table 3.8.1 shows the MICs against the bacterial strains. C4 has higher antibacterial activity against *Staphylococcus aureus* (zone of inhibition 1.1 cm) , while the activity of C4 is lower against *E.coli*(zone of inhibition 0.7 cm). But C4 show promising results as antibacterial agents.

### 3.11 Antimicrobial assay/C5

**Table 3.9 Antimicrobial activity (cm inhibition zone diameter) of C5 at different concentrations.**

| <b>C5</b>              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|------------------------|----------|----------|----------|----------|
| <b>5</b>               | 0.0      | 0.0      | 0.0      | 0.0      |
| <b>10</b>              | 0.8      | 1.0      | 0.7      | 0.6      |
| <b>15</b>              | 1.4      | 1.3      | 1.0      | 1.0      |
| <b>20</b>              | 1.6      | 2.0      | 1.4      | 1.3      |
| <b>Cephalexin (30)</b> | 1.4      | 0.9      | 0.0      | 0.6      |

(A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.



**Figure 3.7** The effect of the complex C5 on different strains of bacteria. (A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

In order to evaluate the antimicrobial activity of the chemical compound, the synthesized C5 was tested against several microbial strains (*E.coli*, *S.aureus*, *K.pneumoniae*, *proteus*). The highest activity of C5 was against *S.aureus* with inhibition zone of 2 cm. The same complex exhibited moderate activity against *E.coli*, *K.pneumonia* and *Proteus*; with inhibition zones of 1.6, 1.4 and 1.3 cm, respectively. Weak activity of the tested compound was observed against *Proteus* with inhibition zone 1.3 cm (Table 3.11). C5 was able to target Gram positive and Gram-negative bacteria indicating a broad-spectrum antimicrobial activity for this C5. Such broad-spectrum activity could be mediated by targeting essential steps in microbial growth or by causing metabolic toxicity [67].

### 3.11.1 Minimum inhibitory concentration (MIC).

**Table 3.10 Minimum inhibitory concentration (MIC) of synthesized C5 against growth of bacteria expressed in mg/mL.**

|                               | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|-------------------------------|----------|----------|----------|----------|
| <b>C5</b>                     | 10       | 10       | 10       | 10       |
| <b>Zone of inhibition(cm)</b> | 0.8      | 1.0      | 0.7      | 0.6      |

A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

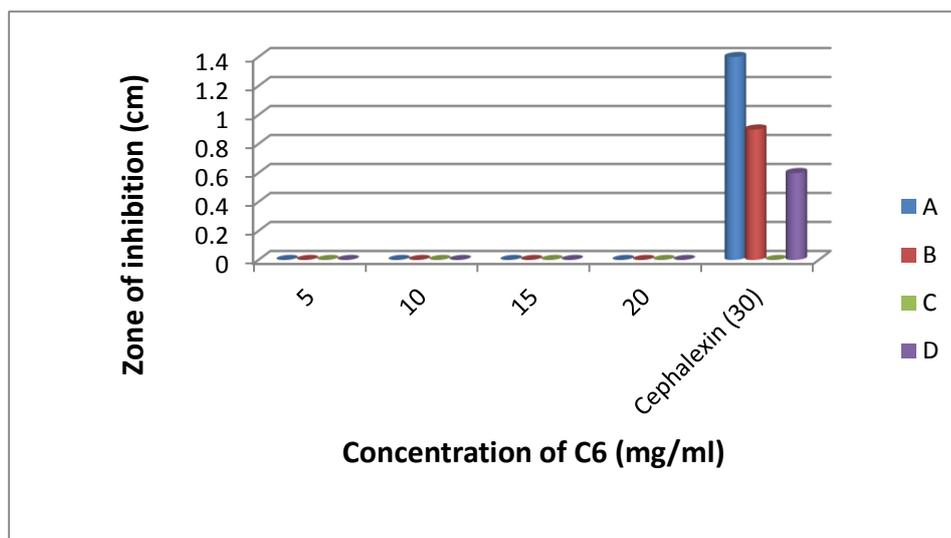
Table 3.11.1 shows the MICs against the bacterial strains. C5 has higher antibacterial activity against *Staphylococcus aureus* (zone of inhibition 1.0 cm), while the activity of C5 is lower against *Proteus* (zone of inhibition 0.6 cm). But C5 show promising results as antibacterial agents.

### 3.12 Antimicrobial assay/C6

**Table 3.11 Antimicrobial activity (cm inhibition zone diameter) of C6 at different concentrations.**

| <b>C6</b>              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|------------------------|----------|----------|----------|----------|
| <b>5</b>               | 0.0      | 0.0      | 0.0      | 0.0      |
| <b>10</b>              | 0.0      | 0.0      | 0.0      | 0.0      |
| <b>15</b>              | 0.0      | 0.0      | 0.0      | 0.0      |
| <b>20</b>              | 0.0      | 0.0      | 0.0      | 0.0      |
| <b>Cephalexin (30)</b> | 1.4      | 0.9      | 0.0      | 0.6      |

(A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.



**Figure 3.8** The effect of the complex C6 on different strains of bacteria.

(A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

In order to evaluate the antimicrobial activity of the chemical compound, the synthesized C6 was tested against several microbial strains (*E.coli*, *S.aureus*, *K.pneumoniae*, *proteus*). C6 has no effect at any of the bacterial strains (Table 3.12).

### 3.13 Minimum Inhibitory Concentration of The Best Two Copper II Complexes.

The minimum inhibitory concentration of the best two copper II complexes was determined using broth microdilution method. The applied protocol was similar to that of CLSI [68]. Briefly, C3&C5, were dissolved in 100% Ethanol to achieve a concentration of 1000  $\mu\text{g/ml}$ . These solutions were serially diluted (2-fold) 10 times with nutrient broth (HIMEDIA, India). Well number 11 was considered negative control of bacterial growth, while well number 12 contained nutrient broth only and was the positive control of bacterial growth. The achieved 10 concentrations of C3&C5 were 0.97, 1.95, 3.90, 7.81, 15.62, 31.25, 62.5, 125, 250 and 500  $\mu\text{g/ml}$ . Overnight

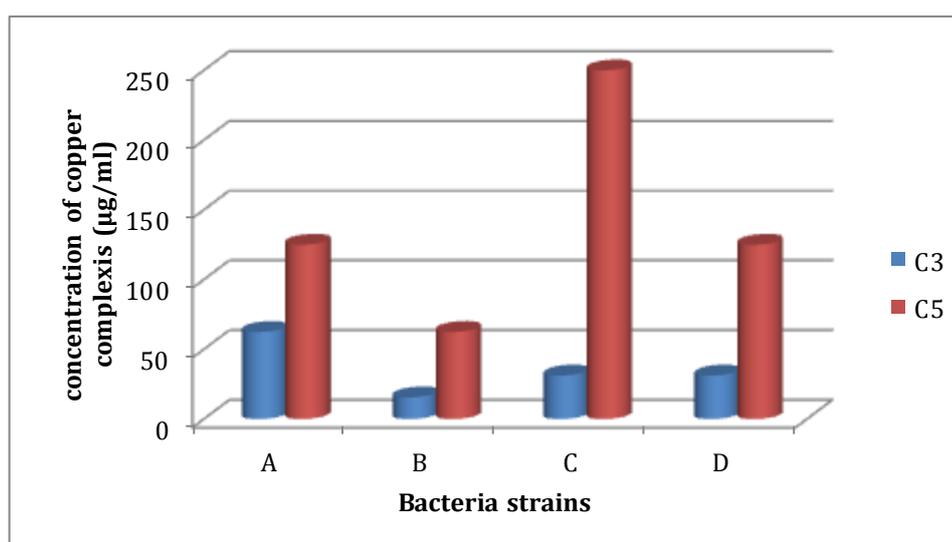
grown bacterial isolates were applied to all wells except negative control. The final standard bacterial concentration in each well was adjusted to  $1\mu\text{l}$  of  $5\times 10^7$  (CFU/ml) of each. After inoculation of bacteria, the plates were covered and incubated at  $37\text{ }^\circ\text{C}$  for 24 hours. Broth microdilution method was performed in duplicate for each isolate.

The lowest compound concentration (highest dilution) that inhibited the growth of tested microorganisms and did not show any visible growth in the test media was considered as minimum inhibitory concentration MIC.

**Table 3.12 Minimum inhibitory concentration (MIC) of synthesized C3&C5 against growth of bacteria expressed in  $\mu\text{g}/\text{mL}$ .**

| Compound | A    | B     | C     | D     |
|----------|------|-------|-------|-------|
| C3       | 62.5 | 15.62 | 31.25 | 31.25 |
| C5       | 125  | 62.5  | 250   | 125   |

(A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.



**Figure 3.9** Minimum inhibitory concentration (MIC) of synthesized C3&C5 against growth of bacteria expressed in  $\mu\text{g}/\text{mL}$ .

A):*E.coli*; (B):*Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

Table 3.13 shows the MICs against the bacterial strains. The compound C3 has higher antibacterial activity against the studied microorganisms while the activity of C5 is lower. But both compounds show promising results as antibacterial agents. C3 and C5 were able to target Gram positive and Gram-negative bacteria indicating a broad-spectrum antimicrobial activity for this both complexes. This broad-spectrum activity could be happened by targeting essential steps in microbial growth or by causing metabolic toxicity. Although both compounds show an effective results as antibacterial agents[67].

**Table 3.13 Minimum Bactericidal Concentration (MBC) of synthesized complexes 1&2 against growth of bacteria expressed in  $\mu\text{g/mL}$ .**

| <b>Compound</b> | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|-----------------|----------|----------|----------|----------|
| <b>M3</b>       | 125      | 31.25    | 62.5     | 62.5     |
| <b>M5</b>       | 250      | 125      | 500      | 250      |

(A):*E.coli*; (B): *Staphylococcus aureus*; (C):*klebsiella pneumonia*; (D):*Proteus*.

### 3.14 Conclusion

The six dicationic water soluble copper (II) complex1, complex2 complex3, complex4, complex5 and complex6, of general formula  $[\text{CuNNN}(\text{NN})]\text{Br}_2$  [NNN = triamine and NN is *chda* = 1,2-diaminocyclohexane or *Me2pn* = 2,2dimethyl-1,3diamino propane] were prepared under ultrasonic mode with very good yield. These complexes were characterized by elemental microanalysis, UV-visible and IR spectroscopy, thermal and electrochemical techniques. The antibacterial activity of the complexes1,3,4,5 against the bacteria were better than Cephalexin, unlike complex 2 that showed a little antimicrobial activity and complex 6 that have not any antimicrobial activity. Also the complexes 1,3,4,5 showed a high antimicrobial activity against *Klebsiella* compared with Cephalexin that have not any antibacterial activity against this kind of bacteria, which encourages to use these complexes as a topical treatment instead of Cephalexin.

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جامعة النجاح الوطنية

كلية الدراسات العليا

تحضير معقدات نحاس أيونية مبتكرة واستخدامها كمضادات للبكتيريا المقاومة  
للمضادات الحيوية

إعداد

معاذ رياح جمال عامر

إشراف

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قدمت هذه الأطروحة استكمالاً لمتطلبات الحصول على درجة الماجستير في العلوم الحياتية  
بكلية الدراسات العليا، في جامعة النجاح الوطنية، في نابلس - فلسطين.

2016

ب

تحضير معقدات نحاس أيونية مبتكرة واستخدامها كمضادات للبكتيريا المقاومة للمضادات

الحيوية

إعداد

معاذ رباح جمال عامر

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الملخص

تم تحضير ستة معقدات من النحاس الثنائي الذائب في الماء المركب 1، المركب 2، المركب 3، المركب 4، المركب 5 والمركب 6 ذو الصيغة العامة  $[CuNNN (NN)] Br_2 [NNN = triamine \text{ and } NN \text{ is } chda = 1,2\text{-diamiocyclohexane or } Me_2pn = 2,2\text{dimethyl-}1,3\text{diamino propane}]$  باستخدام الأشعة فوق الصوتية بحاصل جيد. هذه المعقدات تم تحليلها بواسطة التحليل الأولي، امتصاص الاطيف الضوئية، الأشعة تحت الحمراء. تم تقييم نشاط هذه المعقدات ضد أنواع مختلفة من البكتيريا وهي *Klebsiella, Escherichia aureus coli, Proteus, Staphylococcus*.

ووجد أن أربعة مركبات من الستة مركبات لها نشاط عالي وواعد وهي المركبات 1،3،4،5 والمركب 2 كان له تأثير قليل في قتل البكتيريا، أما المركب 6 لم يكن له أي تأثير يذكر على البكتيريا وقد يكون السبب في ذلك أن هذا المركب غير مستقر. تم استخدام مضاد حيوي وهو السيفاليكسين كمييار لتتم مقارنة فعالية المركبات على قتل المركبات، ويستخدم هذا المضاد كدواء لقتل البكتيريا من نوع Gram+ و Gram-. وبشكل عام المركبات 1،3،4،5 كان تأثيرها أفضل من السيفاليكسين في قتل البكتيريا على الرغم من أنه تم استخدامها بتركيز أقل من السيفاليكسين. ولوحظ أيضا أن المركبات 1،3،4،5 لها تأثير عالي في قتل البكتيريا من نوع *Klebsiella* مقارنة بالسيفاليكسين الذي لا يوجد له أي فعالية في قتل هذا النوع من البكتيريا مما قد يشجع على استخدامه كبديل موضعي لهذا المضاد.

