

Bioinformatics of *blaTEM-1* and *blaSHV* genes of herbal pretreated-*Klebsiella pneumoniae*

ABSTRACT

Background: Consumption of herbal products end up interacting with the gut microbiota which *K. pneumoniae* is a key player. **Aim:** This study investigated the effect of some herbal drugs on the beta-lactamase genes, specifically *blaSHV* and *blaTEM*, present in a key gut pathogen *K. pneumoniae*. **Methods:** The study adopted an experimental approach. Two strains of *K. pneumoniae* were subject to treatment in four herbal medicines (Goko bitters, Goko alcoholic bitter, Ruzu bitter, and Beta cleanser). The resistant genes, *blaSHV* and *blaTEM*, were amplified using polymerase chain reaction on both plasmid and chromosomal DNA. These genes were also sequenced, and pre mutations were evaluated. **Results:** The PCR amplicon revealed the presence of the *blaSHV* gene under herbal drug conditions, with bands at 477 bp, including ATCC and clinical strains treated with alcoholic bitters, Ruzu bitters, and control conditions. The *blaTEM* gene was detected only in the condition of the clinical strain, marked by a band at 867 bp. Plasmid DNA analysis further confirmed the presence of *blaSHV* in clinical strains treated with Goko alcoholic bitters and Goko bitters, while *blaTEM* was observed in strains treated with Goko alcoholic bitters, Goko bitters, and Ruzu bitters. Sequence alignments of the *blaSHV* and *blaTEM-1* genes revealed various nucleotide substitutions, ranging from single nucleotide polymorphisms (SNPs) to length variations, when compared to closely related beta-lactamase genes. Mutation analysis indicated that herbal treatments, particularly Goko bitters, induced the highest mutation rates in both *blaSHV* (11%) and *blaTEM* (10%), with frameshift and point mutations. Conversely, non-herbal medicine-treated conditions exhibited fewer mutations. **Conclusion:** These findings suggest that herbal drugs treated conditions exhibit a condition that promotes the alteration of genes. It may also be responsible for the migration of genes from chromosome to plasmid.

Key words: Plasmid, Resistant genes, mutation, herbal medicine, bioinformatics.

1. INTRODUCTION

For nearly a century, beta-lactam antibiotics have been vital in fighting bacterial infections, revolutionizing how we treat these diseases. However, their widespread use has led to antibiotic resistance, a serious threat to global health (Muteeb et al., 2023). This resistance makes these key medications less effective, endangering patients and straining healthcare systems. To combat this menace, we need to better understand how resistance to these antibiotics develops and spreads, particularly focusing on beta-lactamases, the enzymes that deactivate these antibiotics (Salam et al., 2023).

Since beta-lactams were first introduced, bacteria, especially those in the gut, have significantly increased, becoming incredibly numerous and diverse (Bush and Jacoby, 2010). This constant evolutionary struggle between antibiotics and bacteria has resulted in many resistance mechanisms, with beta-lactamase production being a major one. These bacterial enzymes

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down the core structure of beta-lactam antibiotics, making them have no effect on pathogens (Baquero et al., 2021). This breakdown is a key factor in beta-lactam resistance, making it harder to treat infections caused by resistant bacteria. The fact that these enzymes are so diverse and adaptable, with new versions constantly appearing, makes the problem worse (Uddin et al., 2021, Uddin et al., 2022).

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The discovery of the first beta-lactamase genes, *blaSHV-1* and *blaTEM-1*, in *K. pneumoniae* in the 1960s was a turning point in the history of antibiotic resistance (Liakopoulos et al., 2016). The *blaSHV-1* was initially found in *K. pneumoniae*, while *blaTEM-1*, also in *K. pneumoniae*, spread rapidly because it's located on mobile genetic elements like plasmids which allow bacteria to easily share genetic material (Liakopoulos et al., 2016). The discovery of *blaSHV-2* in *K. pneumoniae* from an ICU patient showed how serious the problem was becoming (Li et al., 2022). *blaSHV-2* can break down a wide range of beta-lactams including penicillins, third-generation cephalosporins, and monobactams, so it was classified as an extended-spectrum beta-lactamase (ESBL) (Zhang et al., 2021). Another important beta-lactamase gene, *blaTEM-3*, also carried on plasmids, is active against many beta-lactams (Dameanti, 2023). These initial discoveries were crucial for understanding the complex mechanisms behind beta-lactam resistance.

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In the 1990s, ESBL-producing *K. pneumoniae* became a major threat in hospitals, leading to significant outbreaks and making treatment very difficult. ESBL prevalence rose to high levels, with some regions reporting that up to 40% of *K. pneumoniae* isolates from hospitals produced these enzymes (Navon-Venezia et al., 2017). During this time, *K. pneumoniae* commonly carried *blaTEM* and *blaSHV* beta-lactamases (Chong et al., 2011), with many new versions spreading worldwide (Liakopoulos, 2016). The rapid spread of these ESBLs limited treatment options, often leaving doctors with few effective antibiotics. This highlights the urgent need for new strategies to fight the growing problem of antibiotic resistance.

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There is a rise in antibiotic resistance which is becoming more prominent in developing nations such as Nigeria which has been reported by many studies (Mbada et al., 2015, Aagaard et al., 2018, Monsi et al., 2018, Orokor et al., 2025). However, due to the financial implications of conventional antibiotics, most low-and-middle income earners in Nigeria adopt locally produced antimicrobial agents. Besides, recent studies are demonstrating the use of traditional herbal medicine to treat resistant pathogens (Xue et al., 2023). The effect of these locally produced antimicrobials on bacterial resistance development is yet to be investigated. These drugs are only tested for their ability to kill the agent of interest without understanding the untoward effect on other flora within the human system. The observation from previous studies that exposures to previously sensitized to antibiotic results in the acquisition of resistance to that class serves as the basis for the choice of exposure factors in this research (Monsi et al., 2019, Monsi et al., 2021).

Bioinformatics is now essential for studying how resistance genes like *blaTEM-1* and *blaSHV-1* evolve and spread in *K. pneumoniae* (Rozwandowicz et al., 2018). This provides valuable information about how resistance spreads and how new variants emerge. Research on the interaction between herbal drug pretreatments and *K. pneumoniae* could reveal how these compounds affect gene expression, mutation rates, and resistance, potentially leading to new ways to combat beta-lactamase-mediated resistance (Sun et al., 2021). Investigating how sub-inhibitory antibiotic concentrations contribute to resistance evolution is also important, as it helps us understand how low-level exposure contributes to the selection and spread of resistant strains.

strains (Martinez, 2008). These diverse research approaches are crucial for developing strategies to combat the increasing threat of antibiotic resistance.

This study aims to investigate the bioinformatics characteristics of *bla*TEM-1 and *bla*SH in *K. pneumoniae* pretreated with herbal drugs. Through sequence analysis this research to provide insights into the genetic adaptations and potential therapeutic implications of based interventions against resistant *K. pneumoniae* strains.

2. MATERIALS AND METHODS

2.1 Materials

2.1.1 Herbal medicines

Locally made drugs used in this study (Beta cleanser [Bet], Goko alcoholic bitters [Gal bitters [Gob], Evacuation solution [Eva], Danko solution [Dan], Ruzu bitters [Ruz], and a herbal mixture [Ruz]) were purchased from Mile 3 market, Port Harcourt, Rivers State, while antibiotics (ceftriaxone, gentamycin, piperacillin/tazobactam and ciprofloxacin) were purchased.

2.1.2 Bacteria strains

The study used a combination of laboratory and clinical strains of *K. pneumoniae*. The laboratory strain used was *K. pneumoniae* WCDM 0097 purchased from Sigma (Kingdom). A clinical strain was obtained from the River State University Clinic and confirmed by performing a polymerase chain reaction amplification of 16S rRNA.

2.2 Exposure Studies

An overnight bacterial culture at an optical density (OD) of 0.5 was diluted by a ten-fold dilution from the overnight culture concentration to 10^9 in TSB medium. This final dilution is equivalent to 10^2 CFU/ml when enumerated on TSA. Five different concentrations of locally made drugs were obtained by serial dilution of locally made drugs in TSB medium with the overnight bacteria broth as diluents. The final concentrations of the antibacterial agents in the first to fifth Bijou bottle were 100%, 50%, 25%, 12.5% and 6.25%, respectively. These different concentrations were then plated in a 24-well plate (**Figure 1**).

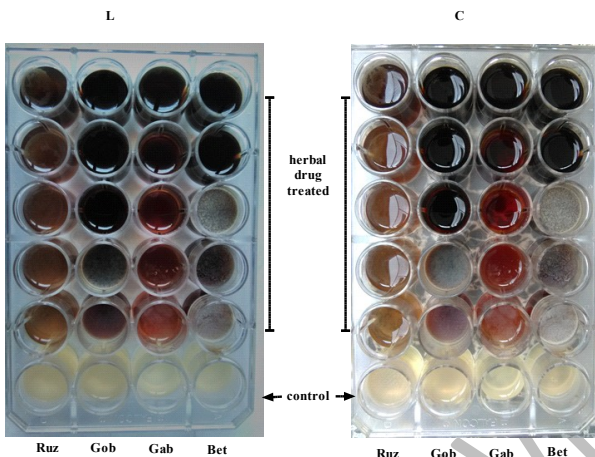


Figure 1. Pattern of the plating of bacteria cultures

2.3 Genomic DNA extraction

For optimal performance, **add beta-mercaptoethanol** (user supplied) to the Fungal/Bacterial DNA Binding Buffer to a final dilution of 0.5% (v/v) i.e., 500 µl per 100 ml. A wet weight of 50-100 mg of *K. pneumoniae* colonies that have been resuspended in up to 200 µl (phosphate buffered saline) was added into a ZR Bashing Bead Lysis Tube. Lysis Solution 750 µl was added to the tube. This was secured in a bead beater fitted with a 2 ml tube assembly (Disruptor Genie) and processed at 12,000 rpm for 5 minutes. The ZR Bashing Bead Lysis Tube was spun at 10,000 rpm for 1 minute. Supernatant (400 µl) was transferred to a Zymo-Spin™ IV Spin Filter (orange top) in a Collection Tube and **centrifuge** at 7,000 rpm for 1 minute. The base of the Zymo-Spin™ IV Spin Filter was snapped off prior to use. **Add** of Fungal/Bacterial DNA Binding Buffer to the filtrate in the Collection Tube from above. **Eight hundred microlitre** of the mixture from the above step was added to a Zymo-Spin™ IIC Column in a Collection Tube and **Centrifuged** at 10,000 rpm for 1 minute. The flow through was discarded from the Collection Tube and the above step was repeated. Two hundred microlitres of DNA Pre-Wash Buffer were added to the Zymo-Spin™ IIC Column in a new Collection Tube and centrifuged at 10,000 rpm for 1 minute. Five hundred microlitres of Fungal/Bacterial Wash Buffer were added to the Zymo-Spin™ IIC Column and centrifuged at 10,000 rpm for 1 minute. The Zymo-Spin™ IIC Column was transferred to a clean 1.5 ml microcentrifuge tube and 100 µl (25 µl minimum) DNA Elution Buffer was added directly to the column and centrifuged at 10,000 rpm for 30 seconds to elute the DNA.

2.4 Plasmid DNA extraction

Overnight bacterial culture of 0.5-5 ml in a clear 1.5 ml tube was spun at 12,000 rpm for 2 minutes and the supernatant discarded. Two hundred and fifty microlitres of ZymoPURE™ (Red) was added to the bacterial cell pellet and resuspended completely by vortexing. **Fifty microlitres** of ZymoPURE™ P2 (Green) was added and immediately and gently inverted the tube 6-8 times; no vortexing was involved. The reaction was allowed to proceed at **room temperature** for 2-3 minutes. Cells are completely lysed when the solution appears clear.

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and viscous and 250 µl of ice cold ZymoPURE P3 (Yellow) was added and mixed thorough inversion but was not vortex. The tube was inverted an additional 3-4 times after the turned completely yellow. Complete neutralization is indicated by the sample turn yellowish precipitate. The lysate was incubated on ice for 5 minutes and centrifuged 5 minutes at 16,000 rpm. Six hundred microliters of the supernatant of the centrifuged lysate was aliquoted into a clean 1.5 ml Eppendorf tube. Care was taken in order not to disturb the pellet so that cellular debris was not transferred into the new tube. To the clear lysate, 2 µl ZymoPURE Binding Buffer was added and mixed by inverting the capped tube 8 times. A Zymo-Spin II-P Column was placed in a collection tube and the clear lysate was transferred to the Zymo-Spin II-P Column. The Zymo-Spin II-P/Collection tube assembly was incubated at room temperature for 2 minutes and centrifuged at 5,000 rpm for 1 minute. The flow through was discarded and 800 µl of Zymo-PURE Wash 1 was added to the Zymo-Spin II-P column and spun at 5,000 rpm for 1 minute. The flow through was discarded and 800 µl Zymo-PURE Wash 2 was added to the Zymo-Spin II-P column and spun at 5,000 rpm for 1 minute. The flow through was discarded and 200 µl of Zymo-PURE Wash 2 was added to the Zymo-Spin II-P column and centrifuged at 5,000 rpm for 1 minute. The flow through was discarded and the Zymo-Spin II-P column was spun at 12,000 rpm for 1 minute to remove any residual wash buffer. The Zymo-Spin™ II-P column was transferred into a clean 1.5 ml eppendorf tube and 25 µl of ZymoPURE™ Elution buffer was added to the column matrix. The sample was incubated at room temperature for 2 minutes and then centrifuged at 12,000 rpm for 1 minute. The eluted DNA was stored at ≤ -20°C. The entire procedure of plasmid extraction was performed at room temperature (25°C).

Comment [a18]: Genes *blaSHV*

2.5 Amplification of Resistance Genes *blaSHV* and *blaTEM-1*

Primers (Table 1) were designed based on the most conserved sequences at the ends of the *blaSHV* and *blaTEM-1* genes in *Klebsiella*. These were used to amplify resistant genes from the *Klebsiella* strains. The PCR mixture used contained 1× PCR buffer (50 mM KCl, 10 mM Tris-HCl [pH 8.3]), 2.5 mM MgCl₂, 200 µM deoxynucleoside triphosphate, 1.0 U Taq polymerase (TaKaRa Biotechnology [Dalian] Co. Ltd., China), 10 nM each primer, and 1 µl of the DNA template in a final volume of 50 µl. PCR conditions were as follows: initial denaturation at 95°C for 5 minutes; 35 cycles of 94°C for 30 seconds, 50°C for 30 seconds, and 72°C for 1 minute; and a final extension at 72°C for 5 minutes. An aliquot (2 µl) of PCR products was run on an agarose gel to check for amplified fragments.

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Table 1. Primers Used for *K. pneumoniae* 16S rRNA Gene, TEM-1 and SHV Amplification

Gene	Forward Primer	Reverse Primer
<i>blaTEM-1</i>	ATGAGTATTCAACATTTCCG	CTGACAGTTACCAATGCT
<i>blaSHV</i>	CCGCAGCCGCTTGAGCAAA	GCTGGCCGGGTAGTGGTGTC
16S rRNA	AGAGTTTGATCCTGGCTCAG	GGTACCTTGTACGACTT

2.5.1 Preparation Of 1.0% Agarose Gel

One gram of agarose powder was added to 100 ml of TBE (Tris Base, Boric Acid, EDTA) running buffer and heated in a microwave for 3 minutes for complete dissolution of the agarose. The solution was allowed to cool to 56°C and 2 µl of ethidium bromide (EB) was added.

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It is normally 1 µg/ml

solution was cast in a mould with the gel comb properly inserted. The agarose gel was to solidify for 45 minutes at room temperature.

2.5.2 Agarose Gel Electrophoresis

Ten microlitres of DNA ladder (molecular marker) mixed with loading dye were loaded in well of the solidified gel immersed in TBE buffer in Gel electrophoresis chamber. Whole load PCR master mix was used and 10 µl of PCR products (amplicon) were loaded in each well of agarose gel. The reaction was performed at 90 volts for 60 minutes. Gel was viewed under a UV documentation system with UV trans-illuminator.

2.6 Sequencing of the PCR amplified products

PCR products were purified using EXOSAP-IT (Ambion, CA) prior to bi-directional sequencing. Purified products were injected on the ABI3500XL analysers (Applied Biosystems) with a 384-well array, using POP7.

2.7 Ethical Consideration

Collection of samples of *Enterobacteriaceae* microorganisms were performed in accordance with the ethical recommendations of the Ethical Committee under the jurisdiction of the Rivers State Ministry of Health in Port Harcourt of Nigeria.

2.8 Data Analysis

All experiments were performed at least in duplicate and on at least two independent occasions. Results were presented as mean ± SD where necessary. Where appropriate, statistical analyses were performed using an unpaired t test in which a two-tailed *P*-value was calculated (GraphPad Prism Software Version 5.03, San Diego, CA). Statistical significance was as a *P*-value of less than 0.05 at 95% confidence interval. Initially nucleotide sequences were observed and corrected manually in Chromas-Lite, Version 2.1.1. Geneious version 9.0.5 was used to analyze the sequence data generated.

3. RESULTS

3.1 Amplification of *bla*TEM-1 and *bla*SHV in *K. pneumoniae* isolates exposed to herbal drugs

The amplicons of the *bla*SHV and *bla*TEM genes of the beta-lactamase family are shown in **Figures 2-4**. The electrophoretic patterns of the PCR products revealed that the presence of the *bla*SHV gene was found in five conditions of herbal drugs (**Figure 2**). For genomic DNA amplification templates, *K. pneumoniae* strain ATCC in beta cleanser and control conditions demonstrated the presence of the *bla*SHV gene on the chromosome with bands at 477 bp. On the other hand, the clinical strain demonstrated the presence of the *bla*SHV on Goko alcoholic bitters, Ruzu bitters and control conditions. For genomic DNA amplification only the condition of the clinical strain demonstrated visible a band at 867 bp which signifies the detection of the *bla*TEM gene (**Figure 3**). However, conditions: clinical Beta cleanser, Goko alcoholic bitters, control ATCC, and ATCC beta cleanser showed faint bands that appeared as smears across the agar. For the plasmid detection of beta-lactamase (**Figure 4**), the gene was present in the clinical strain of *K. pneumoniae* treated in Goko alcoholic bitters conditions with a band size of 477 bp which are shown on the left side of the gel. While the *bla*TEM-1 gene was present in the clinical strains of *K. pneumoniae* treated in Goko alcoholic bitters, Goko bitters, and Ruzu bitters which are shown on the right side of the gel with a band size at 867 bp.

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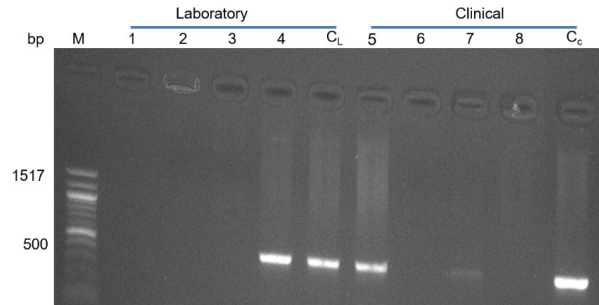


Figure 2. PCR amplification products of *blaSHV* gene in *K. pneumoniae* exposed to herbal (caption truncated). Lane M: DNA ladder (molecular marker). Keys: 1 - ATCC Gab, 2 - ATCC Gob, 3 - ATCC Ruz, 4 - ATCC Bet, C_L- ATCC control, 5- clinical Gab, 6 clinical Gob, 7- clinical Ruz, 8- clinical Bet and C_C-clinical control.

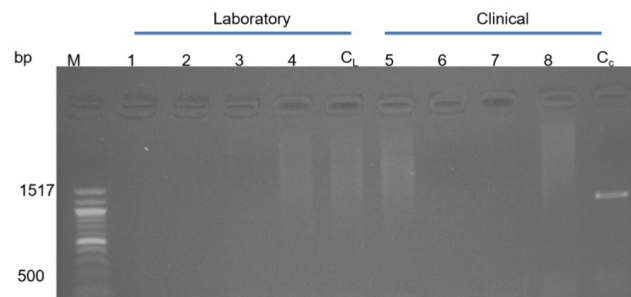


Figure3. Amplification products of *blaTEM-1* gene of *K. pneumoniae*. M is a 100-1517 bp DNA ladder (molecular marker). Keys: 1 - ATCC Gab, 2 - ATCC Gob, 3 - ATCC Ruz, 4 - ATCC Bet, C_L control, 5 - clinical Gab, 6 clinical Gob, 7 - clinical Ruz, 8 - clinical Bet and C_C - clinical control.

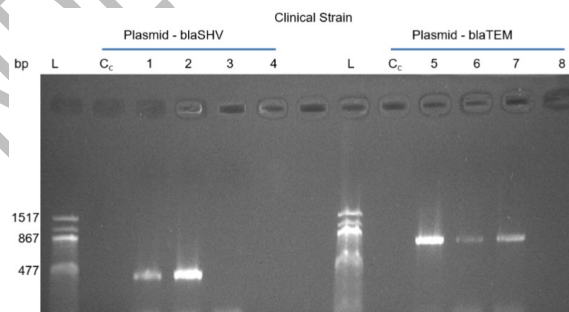


Figure 4. Amplification of plasmid *blaTEM-1* and *blaSHV* genes in clinical *K. pneumoniae*. 1517 bp DNA ladder (molecular marker). Keys: 1 - clinical Gab, 2 clinical Gob, 3 - clinical Ruz, 4 - clinical Bet and C_C - clinical control, 5 - clinical Gab, 6 clinical Gob, 7 - clinical Ruz, 7 - clinical Bet.

3.2 Analyses of nucleotide sequence alignment *blaSHV* and *blaTEM-1* Genes

Appendices 1 to 8 show the alignment of nucleotide sequences of *blaSHV* and *blaTEM-1* genes in *K. pneumoniae* with genes closely related to the beta-lactamase genes. The most sequenced genes had nucleotide substitutions in the beta-lactamase genes. These range from single nucleotide substitution (also known as single nucleotide polymorphism [SNP]) to several length nucleotide substitutions. The resistance genes were compared to several related genes. Dots represent nucleotides conserved in all gene sequences while dash gaps that have been inserted to generate optimal sequence alignment. Summarized in Table 2 are the number and types of mutations observed in the beta-lactamase gene in *K. pneumoniae* clinical and laboratory strains exposed to different herbal medicines. The highest number of mutations were noted in the GOB condition (11%) in the *blaSHV* gene of the clinical isolate and laboratory *K. pneumoniae* treated in Ruzu bitters *blaTEM* (10%). Both conditions showed frameshift and point mutations. The lowest mutations observed were noted in no medicine-treated conditions.

Table 2. Number and types of mutations beta-lactamase in genes

Isolate	Resistant genes	Mutations n (%)	Nucleotides range
Clinical control	<i>blaSHV</i>	1 (1.3%) (Point)	80 (1-80)
Laboratory control	<i>blaSHV</i>	-	- (60-110)
Clinical GAB	<i>blaSHV</i>	-	- (160-310)
Clinical GOB	<i>blaSHV</i>	11 (11%) (Frameshift/Point)	100 (1-100)
Clinical Ruz	<i>blaSHV</i>	5 (7.1%) (Frameshift/Point)	70 (70-140)
Laboratory GAB	<i>blaTEM</i>	11 (7.9%) (Point)	140 (10-150)
Laboratory GOB	<i>blaTEM</i>	9 (10.6) (Point)	85 (1-85)
Laboratory Ruz	<i>blaTEM</i>	10 (10%) (Frameshift/Point)	100 (1-100)

3. DISCUSSION

Gram-negative pathogens possess complex resistance gene regulatory systems that allow rapid adaptation to several environmental signals that have not yet been studied (Bhargava et al., 2019, Manisha et al., 2024). The *blaSHV* and *blaTEM* genes encode 204 and 75 amino acid long polypeptides respectively. The alignment of nucleotide sequences of the *blaSHV* and *blaTEM* genes in *K. pneumoniae* with closely related beta-lactamase genes revealed significant genetic variability, primarily in the form of single nucleotide polymorphisms (SNPs) and nucleotide substitutions in all *K. pneumoniae* isolates exposed to the herbal drugs. The beta-lactamase genes are common genes widely known to be associated with resistance in the beta-lactamase class of antibiotics especially in gram-negative bacteria (Pishtwan and Nascimento et al., 2020, Rocha et al., 2022). These SNPs were mostly found in herbal medicine-treated conditions except for one of the controls. This finding is consistent with previous studies that reported mutations in beta-lactamase genes as a mechanism for antibiotic resistance (Nascimento et al., 2020, Rocha et al., 2022). The observed nucleotide substitutions, including both point mutations and frameshift mutations, suggest that these genetic changes may contribute to the evolution of resistance against beta-lactam antibiotics in *K. pneumoniae*.

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The highest mutation frequency was recorded under the GOB condition (11%) in the gene of the clinical isolate, while the *bla*TEM gene exhibited a 10% mutation rate in *K. pneumoniae* exposed to Ruzu bitters. The occurrence of both frameshift and point mutations under these conditions suggests that exposure to certain herbal medicines may induce genetic alterations, potentially impacting beta-lactamase expression and function (Kumarasamy et al., 2010). This aligns with previous research highlighting the role of environmental and selective pressures in shaping resistance determinants in bacterial populations (Monsi et al., 2018, Anga et al., 2020). Their studies demonstrated that when there is a change in the environmental condition of a pathogen, such as exposure to herbal drugs, *S. aureus* and *E. coli* showed alteration in some virulent genes. This implies that pathogenic bacteria can adapt to environmental changes and alter the gene expression that will promote their pathogenicity.

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Since *K. pneumoniae* commonly reside in the gut which makes it to be exposed to these drugs become sensitized. This indicates that herbal drugs act as a stressor that alters the sequence of the beta-lactamase gene. These polymorphisms seen in some of the herbs under treatment conditions could be responsible for these mutational changes for the bacteria to survive through natural selection. This is because according to the principle of natural selection, when an organism is in an environment or condition that is harsh, they survive by exhibiting adaptive changes such as production of new virulence factors, alteration of binding sites and migration from the region of high exposure, all of which could be detrimental to the host. In addition, our study agrees with an *in vitro* study by Webber *et al.*, (2015) on the effect of biocide on *Salmonella*. Their study demonstrated that mutations were detected in three genes (*fabI*, *ramR*, and *gyrA*) after exposure to biocide.

Conversely, the lowest mutation rates were observed in non-herbal medicine-treated controls, indicating a reduced selective pressure in the absence of external compounds. These results suggest that exposure to herbal medicines may contribute to genetic modifications in resistance genes, warranting further investigation into the molecular mechanisms driving these changes. Future studies should explore the functional consequences of these mutations on beta-lactamase activity and their potential clinical implications.

A noteworthy observation in our study is that beta-lactamase was present on the chromosome or plasmid DNA or both. A proposed phenomenon to this observation is that of the *bla*TEM-1 and *bla*SHV to act as transposable genetic elements. This study shows that resistance inducement due to herbal drugs exposure could either be chromosomal or plasmid-mediated. The chromosomal-mediated resistance has previously been reported for fluoroquinolones due to amino acid substitution in DNA gyrase gene (Jacoby, 2009). Domokos *et al.*, 2018 identified several genes (*qnrB*, *qnrS*, *qnrC* and *qnrD*) to be responsible for fluoroquinolone resistance. Similar substitutions were noted in this current study.

However, resistance to beta-lactam antibiotics is not limited to mutations in beta-lactamase enzymes. A report has revealed that efflux pumps located on the membrane of most Gram-negative bacteria cause resistance. Their main function is to remove antibiotics and other toxic substances from within the bacterial cell. Mutations of these proteins have been identified as responsible for the resistance of *Enterobacteriaceae* to beta-lactam drugs (Ogboluet *et al.*, 2018).

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5. CONCLUSION

Herbal medication has the potential of inducing bacterial resistance through migration of the beta-lactamase gene from chromosome to plasmid and vice versa. The observation of mutations in the beta-lactamase gene in exposed isolates implies this could alter the enzymatic activity based on the exposed conditions.

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REFERENCES

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