

Review Article

Anti *E. coli* Activity of Herbal Medicines: a Systematic Literature Review

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Abstract

Escherichia coli is the gram negative bacilli of Enterobacteriaceae family that commonly found in intestinal infections and many infections outside the intestine, like urinary tract infections (UTI), cholecystitis, wound infections, meningitis, septicemia, pulmonary infections, and many more. Plants are rich sources of bioactive compounds, hence they can be effective in a wide variety of diseases. The pandemic spread of multidrug-resistant (MDR) bacteria (i.e., extended-spectrum b-lactamase-producing Enterobacteriaceae (ESBLPE). Carbapenemase-producing Enterobacteriaceae (CPE),) threaten healthcare Worldwide. The present review is a report of the most effective medicinal plants against *E. coli*. In this research, the required online database searches were conducted using the key words such as bacteria, *E. coli* and medicinal plants. Databases of Web of Science, PubMed, Scopus, Google Scholar, and ScienceDirect were explored to find and explore related articles. Since the incidence of *E. coli* is high, the aim of this study is to identify and report anti *E. coli* medicinal plants in Iran. The obtained results showed that there were 51 medicinal herbs that could be considered as the main medicinal plants capable of affecting *E. coli*.

Keywords: *E. coli*, plant extracts, herbal plants, antibacterial activity

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Introduction

Escherichia coli is the gram negative bacilli of Enterobacteriaceae family that commonly found in intestinal infections and many infections outside the intestine, like urinary tract infections (UTI), cholecystitis, wound infections, meningitis, septicemia, pulmonary infections and many more (1-3). Also, *E. coli* is one of the most frequent cause of bloodstream infections (BSIs) involving Gram-

negative bacteria (4-9). Bloodstream infections (BSIs) pose a serious problem in clinical settings and high treatment costs (10-12).

In the last two decades, a striking increase in the number of infections caused by antibiotic resistant strains of *E. coli*, has had an important impact on the outcomes of BSIs (13). Multidrug-resistant (MDR) *E. coli* strains, and particularly extended-spectrum β -lactamases (ESBL) producing organisms, not only are endemic in many health care settings but also have

become major causes of community acquired infections (14-16). These organisms are resistant to most of the antimicrobial agents recommended for the treatment of infections caused by *E. coli*, hence these strains make antimicrobial therapy ineffective against these infections (17-20).

Previous studies have indicated that the failure to provide prompt and effective antimicrobial therapy for BSIs caused by ESBL-producing *E. coli* leads to increased mortality and longer hospital stays. Other studies have reported the same findings (13, 21, 22). Indeed, *E. coli* is now the most common cause of BSI in children's specialty hospitals. However, the annual number of cases of *E. coli* BSI increased from 20.3 to 25.3 from 2010 to 2016. The improvement of urinary catheters and management of urinary tract infections (UTI) are the key interventions capable of preventing *E. coli* BSI (23).

ESBLs confer resistance to penicillins and cephalosporins, and have the greatest contributions to resistance to fluoroquinolones, aminoglycosides, and trimethoprim-sulfamethoxazole (24). Therefore, ESBL producing strains are most of the times truly multidrug resistant strains. Both antibiotic resistance and inappropriate empirical therapy are independently associated with increased rates of mortality among individuals with *E. coli* bacteremia (13, 25, 26). MDR pathogens raise a major therapeutic hindrance for clinicians worldwide (27). Therefore, the introduction of new antibacterial compounds with improved activity is necessary (28). Antimicrobial properties of herbs have been documented in ancient literature. Nevertheless, few of them have ever been investigated for their antimicrobial properties. Herbal medication is an alternative therapy for different diseases. Native herbal based medicines are easily available and inexpensive. The effectiveness of some native herbal intervention against *E. coli* has been confirmed in Africa, England and China (29-31).

The significance of traditional medicine has been confirmed for thousands of years. In some Asian and African countries, more than 80% of people use this type of medicine for primary health care. Herbal and botanical based medicines can be thought of as a lucrative business with the capacity to generate billions of dollars in revenue. Currently, more than

100 countries have regulations for herbal medicines (32).

Plants produce a high diversity of secondary metabolites that protect them against many biological threats such as microbial pathogens (33). Moreover, among 3000 types of essential oils, about 300 of them are commercially important and used by flavor and fragrance industries (34). Natural products have been beneficial as good sources of novel drug molecules, and have attracted high consideration in the pharmaceutical industry as well as in human health problems (35).

The present investigation was carried out to study the in vitro antimicrobial activity of medicinal plants used by Iranian people in order to display that the therapeutic properties of some plants used in traditional medicine coincide with laboratory detection.

Materials and Methods

A search of related literature published from 2000 to 2017 was undertaken on Web of Science, PubMed, Scopus, Google Scholar, and ScienceDirect using the key words *E. coli*, Plant extracts, herbal plants, herbal medicines and antibacterial activity. Articles written in English and related to the subject were recorded in this study. Additional citations were identified by reviewing reference lists of relevant articles. We excluded studies which had not control group and also those with minimal importance on the topics and methodological weakness.

Results and Discussion

Dianthus caryophyllus, *Cinnamomum zeylanicum*, *Stachys inflata* Benth, *Heracleum lasiopetalum* Boiss, *Saturja bachtiarica* Bunge, *Thymus daenensis* Celak, *Ziziphora tenuiflora* L., *Echiophora platyloba* L., *Dracocephalum multicaule* Montbr and Auch, *Kelussia odoretascima* Mozff, *Mentha longifolia* Hudson, *Achillea kellalensis* Boiss, *Stachys lavandulifolia* Vahl, *Euphorbia helioscopia* L., *Euphorbia microsciadia* Boiss, *Eryngium billardieri* F, *Nerium oleander* L, *Centaurea cyanus* L, *Lactuca serriola* L, *Berberis integririma* Bunge, *Peganum harmala*, *Datura stramonium* L, *Verbascum speciosum* Schrad, *Apium graveolens* L,

Table 1: In vitro activity of medicinal plants affecting *E. coli*.

Scientific Name	Family Name	Part Used	Result	Ref.
<i>Dianthus caryophyllus</i>	Caryophyllaceae	Whole Plant	Inhibition zone diameter of methanol extracts of this plant was 12 mm by agar well-diffusion bioassay	(36)
<i>Cinnamomum zeylanicum</i>	Lauraceae	Stem Bark	Inhibition zone diameter of methanol extracts of this plant was 14 mm by agar well-diffusion bioassay	(36)
<i>Stachys inflata Benth</i>	Lamiaceae	Aerial parts	Inhibition zone diameter of methanol extract of this plant was 11 mm and diameter inhibition zone of a-Terminal and Linalool were 32 and 27mm respectively and the MIC of methanol extract was 500 mg/ml and MIC of a-Terpineol and Linalool were 500 and 125 mg/ml respectively. Inhibition zone diameter of rifampin and gentamicin were 11 and 20 mm and MIC of these antibiotics were 500 that were used as positive controls	(37)
<i>Heracleum lasiopetalum</i> <i>Boiss</i>	Apiaceae	Fruit	Antibacterial activity of ethanol extract and essential oil were 18 and 17 mm respectively by agar diffusion assay (100 µg/disc) and effect of extract and essential oil on growth bacteria strains were 70.66 and 67.38 respectively (10 mg/ml) by serial dilution assay. MIC of ethanol extract and essential oil were 156.25 and 39 respectively (µg/ml)	(38)
<i>Saturja bachtiarica Bunge</i>	Lamiaceae	Leaves	Antibacterial activity of ethanol extract and essential oil were 22 and 23 mm respectively by agar diffusion assay (100 µg/disc) and effect of extract and essential oil on growth bacteria strains were 77.58 and 76.30 respectively (10 mg/ml) by serial dilution assay. MIC of ethanol extract and essential oil were 156.25 and 39 respectively (µg/ml)	(38)
<i>Thymus daenensis Celak</i>	Lamiaceae	Flowers	Antibacterial activity of ethanol extract and essential oil were 16 and 18 mm respectively by agar diffusion assay (100 µg/disc) and effect of extract and essential oil on growth bacteria strains were 67.02 and 74.55 respectively	(38)

			(10 mg/ml) by serial dilution assay. MIC of ethanol extract and essential oil were 156.25 and 39 respectively ($\mu\text{g/ml}$)	
<i>Ziziphora tenuifolia</i> L.	Lamiaceae	Leaves	Antibacterial activity of ethanol extract was 18 mm by agar diffusion assay (100 $\mu\text{g/disc}$) and effect of extract on growth bacteria strains were 57.48 (10 mg/ml) by serial dilution assay. MIC of ethanol extract was 625 ($\mu\text{g/ml}$)	(38)
<i>Echiochloa platyloba</i> L.	Apiaceae	Stem	Antibacterial activity of ethanol extract was 12 mm by agar diffusion assay (100 $\mu\text{g/disc}$) and effect of extract on growth bacteria strains were 44.43 (10 mg/ml) by serial dilution assay. MIC of ethanol extract was >1000 ($\mu\text{g/ml}$)	(38)
<i>Dracocephalum multicaule</i> .	Lamiaceae	Seed	Antibacterial activity of ethanol extract was 22 mm by agar diffusion assay (100 $\mu\text{g/disc}$) and effect of extract on growth bacteria strains were 70.59 (10 mg/ml) by serial dilution assay. MIC of ethanol extract was 625 ($\mu\text{g/ml}$)	(38)
<i>Kelussia odoretascima</i> Mozff	Apiaceae	Leaves	Antibacterial activity of ethanol extract and essential oil were 10 and 16 mm respectively by agar diffusion assay (100 $\mu\text{g/disc}$) and effect of extract and essential oil on growth bacteria strains were 44.43 and 65.64 respectively (10 mg/ml) by serial dilution assay. MIC of ethanol extract and essential oil were >1000 and 39 respectively ($\mu\text{g/ml}$)	(38)
<i>Mentha longifolia</i> Hudson	Lamiaceae	Flowers	Antibacterial activity of ethanol extract and essential oil were 14 and 17 mm respectively by agar diffusion assay (100 $\mu\text{g/disc}$) and effect of extract and essential oil on growth bacteria strains were 61.94 and 66.81 respectively (10 mg/ml) by serial dilution assay. MIC of ethanol extract and essential oil were >1000 and 156.25 respectively ($\mu\text{g/ml}$)	(38)
<i>Achillea kallelensis</i> Boiss	Asteraceae	Flowers	Antibacterial activity of ethanol extract and essential oil were 21 and 18 mm respectively by agar diffusion assay (100 $\mu\text{g/disc}$) and effect of extract and essential oil on growth bacteria strains were 73.38 and 68.71 respectively (10 mg/ml) by serial dilution assay. MIC of ethanol extract and essential oil were 39 and 39 respectively ($\mu\text{g/ml}$)	(38)

<i>Stachys lavandulifolia</i> Vahl	Lamiaceae	Arial parts	Antibacterial activity of ethanol extract was 13 mm by agar diffusion assay (100 µg/disc) and effect of extract on growth bacteria strains were 41.53 (10 mg/ml) by serial dilution assay. MIC of ethanol extract was >1000 (µg/ml)	(38)
<i>Euphorbia helioscopa</i> L	Euphorbiaceae	Aerial Parts	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)
<i>Euphorbia microsciadia</i> Boiss	Euphorbiaceae	Aerial Parts	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)
<i>Eryngium billardieri</i> F.	Apiaceae	Aerial Parts	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)
<i>Nerium oleander</i> L.	Apocynaceae	Flowering Stem	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)

<i>Centaurea cyanus L</i>	Asteraceae	Total parts	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)
<i>Lactuca serriola L.,</i>	Asteraceae	Aerial parts	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)
<i>Berberis integririma Bunge</i>	Berberidaceae	Leaf and Stem	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)
<i>Peganum harmalaL</i>	Zygophyllaceae	Aerial parts	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)
<i>Datura stramonium L</i>	Solanaceae	Aerial parts	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that	(39)

			indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	
<i>Verbascum speciosum</i> <i>Schrad</i>	Scrophulariaceae	Leaf	In each plate one positive control (gentamycin 0.8 mg/0.2 ml and one negative control (methanol 0.2 ml) were included. Zones of inhibition were measured and antimicrobial activities of the extracts were. expressed in comparison with gentamycin as a positive control that indicated good antimicrobial activity of this plant extract using the disc diffusion method significant	(39)
<i>Apium graveolens</i>	Apiaceae	Leaves	Inhibition zone diameter was 7-9 mm by agar well-diffusion bioassay (2 mg/well)	(40)
<i>Trachyspermum ammi</i>	Apiaceae	Seeds	Inhibition zone diameter was 7-9 mm by agar well-diffusion bioassay (2 mg/well)	(40)
<i>Alhagi maurorum</i> Medik. <i>Syn.A</i> <i>camelorum</i> ; <i>A. pseudalhagi</i>	Leguminosae- Papilionoideae	Stem gum	Inhibition zone diameter was >15mm by agar well-diffusion bioassay (2 mg/well)	(40)
<i>Trigonella foenum-graecum</i>	Leguminosae- Papilionoideae	Seeds	Inhibition zone diameter was >15mm by agar well-diffusion bioassay (2 mg/well)	(40)
<i>Lawsonia inermis</i>	Lythraceae	Leaves	Inhibition zone diameter was >15mm by agar well-diffusion bioassay (2 mg/well)	(40)
<i>Lilium candidum</i>	Liliaceae	Roots	Inhibition zone diameter was 7-9 mm by agar well-diffusion bioassay (2 mg/well)	(40)
<i>Ziziphus ziziphus</i>	Rhamnaceae	Fruit	Inhibition zone diameter was 10-14 mm by agar well-diffusion bioassay (2 mg/well)	(40)
<i>Cuminum cyminum</i>	Umbelliferae	Seeds	Inhibition zone diameter was >15mm by agar well-diffusion bioassay (2 mg/well)	(40)
<i>Rhus coriaria</i>	Anacardiaceae	Fruit	Activity ethanolic extracts in disc and well diffusion assays were 17 and 24 mm respectively. Positive control discs contained 30µg of gentamycin. Zone of inhibition was 17 mm by disc diffusion. MICs of extracts was 0.20 %	(41)

<i>Zataria multi XoraBoiss</i>	Labiatae	Aerial parts	Activity ethanolic extracts in disc and well diffusion assays were 10 and 22 mm respectively. Positive control discs contained 30µg of gentamycin. Zone of inhibition was 17 mm by disc diffusion test. MICs of extracts was 0.40 %	(41)
<i>Funmaria vaillantii</i>	Fumariaceae	Flowers & stems	Zone of inhibition (mm) in agar diffusion test was 11 and MIC (µg/ml) was 125. Tetracycline and gentamicin were used as positive control that zones of inhibition were 16 and 20 mm by agar diffusion test.	(42)
<i>Falcaria vulgaris</i>	Apiaceae	Leaves	Zone of inhibition (mm) in agar diffusion test was 11 and MIC (µg/ml) was 250. Tetracycline and gentamicin were used as positive control that zones of inhibition were 16 and 20 mm by agar diffusion test.	(42)
<i>Prim-ula auriculata</i>	Primulaceae	Leaves	Zone of inhibition (mm) in agar diffusion test was 10.5 and MIC (µg/ml) was 500	(42)
<i>Zataria multiflora Boiss</i>	Labiatae	Aerial parts	Antibacterial activity of ethanol extract was 16 by MIC (mg/ml)	(43)
<i>Quercus brantii</i>		Fruit	Inhibition zone diameter (mm) was 12 and inhibition zone diameter produced by gentamycin was 20	(44)
<i>Artemisia siberi</i>	Asteraceae	Aerial parts	Diameter of inhibitory zone diameter was (mm) 12	(45)
<i>Peganum harmala.</i>	Zygophyllaceae	Seed extract	Diameter of inhibitory zone diameter was (mm) 22 and MIC of seed was 0.625 mg/ml	(46)
<i>Thymus daenensis</i>	Lamiaceae	Aerial parts	15 mg/ml concentration of <i>T. daenensis</i> inhibited <i>E.coli</i> producing ESBL.	(47)
<i>Carum copticum</i>	Apiaceae	Aerial parts	MIC values of <i>C. copticum</i> against <i>E. coli</i> O157:H7 was 0.05 ± 0.002 % (v/v)	(48)
<i>Zataria multiflora Boiss</i>	Lamiaceae	Aerial part	Activity essential oils in disc and well diffusion assays were 19.8 and 19.3 mm respectively. Ciprofloxacin was used as positive control that zones of inhibition were 23.8. Minimum inhibitory concentrations (MICs) extracts was 2.1 (mg/mL)	(49)

<i>Alhagi mamurorum Medik</i>	Mimosoideae	Stem Gum	Inhibition zone diameter was 17 mm by agar well-diffusion method (20 mg ml ⁻¹)	(50)
<i>Apium graveolens</i>	Apiaceae	Leaves	Inhibition zone diameter was 9 mm by agar well-diffusion method (20 mg ml ⁻¹)	(50)
<i>Trachyspermum ammi</i>	Apiaceae	Seeds	Inhibition zone diameter was 17 mm by agar well-diffusion method (20 mg ml ⁻¹)	(50)
<i>Trigonella foenum graecum</i>	papilionoideae	Seeds	Inhibition zone diameter was 18 mm by agar well-diffusion method (20 mg ml ⁻¹)	(50)
<i>Lilium candidum</i>	Liliaceae	Roots	Inhibition zone diameter was 9 mm by agar well-diffusion method (20 mg ml ⁻¹)	(50)
<i>Lawsonia inermis</i>	Lythraceae	Leaves	Inhibition zone diameter was 17 mm by agar well-diffusion method (20 mg ml ⁻¹)	(50)
<i>Ziziphus ziziphus</i>	Rhamnaceae	Fruit	Inhibition zone diameter was 10 mm by agar well-diffusion method (20 mg ml ⁻¹)	(50)
<i>Cuminum cyminum</i>	Umbeliferae	Seeds	Inhibition zone diameter was 17 mm by agar well-diffusion method (20 mg ml ⁻¹)	(50)

Trachyspermum ammi, *Alhagi maurorum* Medik. Syn.A, *camelorum*; *A. pseudalhagi*, *Trigonella foenum-graecum* L, *Lawsonia inermis* L, *Lilium candidum* L, *Ziziphus ziziphus*, *Cuminum cyminum*, *Rhus coriaria* L, *Zataria multiXora* Boiss, *Funmaria vaillantii*, *Falcaria vulgaris*, *Prim-ula auriculata*, *Zataria multiflora* Boiss, *Quercus brantii*, *Artemisia siberi*, *Peganum harmala* L, *Thymus daenensis*, *Carum copticum*, *Zataria multiflora* Boiss, *Alhagi mamurorum Medik*, *Apium graveolens*, *Trachyspermum ammi*, *Trigonella foenum graecum*, *Lilium candidum*, *Lawsonia inermis*, *Ziziphus ziziphus*, and *Cuminum cyminum* are the main medicinal plants that can affect *E. coli*. Additional information about native medicinal plants against *E. coli* was shown in table 1. According to the obtained results, *Saturja bachtiarica* Bunge, *Dracocephalam multicaule*, *Achillea kellalensis* Boiss, *Rhus coriaria*, *Zataria multi Xora* Boiss and *Peganum harmala* are the most important medicinal plants with anti- *E. coli* effect. A lot of studies have revealed that herbal

medicines are good sources of molecules with antioxidant activity and antimicrobial trait which are able to keep the body on cellular oxidation and pathogens. Therefore, classification of various herbal medicines for their antioxidant and antimicrobial potentials is significant. Herbal compounds that are safe and combat pathogens are useful candidates for producing new antimicrobial medicines. Lots of them have been used for long times and by many cultures.

Conclusion

Despite the significance of the information obtained so far concerning the subject, the precise mechanisms peculiar to plant extracts that help them kill *E. coli* are still unknown and require more investigations to be revealed. These medicinal plants might be used for producing new drugs, though, their toxicology assessments are needed for more safe usage of these plants.

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Conflict of Interest

The authors declare that they have no conflict of interest.

References

- Tadesse DA, Zhao S, Tong E, Ayers S, Singh A, Bartholomew MJ, et al. Antimicrobial drug resistance in *Escherichia coli* from humans and food animals, United States, 1950–2002. *Emerging infectious diseases*. 2012;18(5):741.
- Von Baum H, Marre R. Antimicrobial resistance of *Escherichia coli* and therapeutic implications. *International Journal of Medical Microbiology*. 2005;295(6):503-11.
- Croxen MA, Finlay BB. Molecular mechanisms of *Escherichia coli* pathogenicity. *Nature Reviews Microbiology*. 2010;8(1):26-38.
- Javaloyas M, Garcia-Somoza D, Gudiol F. Epidemiology and prognosis of bacteremia: a 10-y study in a community hospital. *Scandinavian journal of infectious diseases*. 2002;34(6):436-41.
- Pedersen G, Schønheyder H, Kristensen B, Sørensen H. Community-acquired bacteraemia and antibiotic resistance. Trends during a 17-year period in a Danish county. *Danish medical bulletin*. 2000;47(4):296-300.
- Pedersen G, Schønheyder H, Sørensen H. Source of infection and other factors associated with case fatality in community-acquired bacteremia—a Danish population-based cohort study from 1992 to 1997. *Clinical microbiology and infection*. 2003;9(8):793-802.
- Gosbell I, Newton P, Sullivan E. Survey of blood cultures from five community hospitals in south-western Sydney, Australia, 1993–1994. *Internal Medicine Journal*. 1999;29(5):684-92.
- Uslan DZ, Crane SJ, Steckelberg JM, Cockerill FR, Sauver JLS, Wilson WR, et al. Age- and sex-associated trends in bloodstream infection: a population-based study in Olmsted County, Minnesota. *Archives of internal medicine*. 2007;167(8):834-9.
- Weinstein MP, Towns ML, Quartey SM, Mirrett S, Reimer LG, Parmigiani G, et al. The clinical significance of positive blood cultures in the 1990s: a prospective comprehensive evaluation of the microbiology, epidemiology, and outcome of bacteremia and fungemia in adults. *Clinical Infectious Diseases*. 1997;24(4):584-602.
- Goto M, Al-Hasan M. Overall burden of bloodstream infection and nosocomial bloodstream infection in North America and Europe. *Clinical Microbiology and Infection*. 2013;19(6):501-9.
- Diekema D, Beekmann S, Chapin K, Morel K, Munson E, Doern G. Epidemiology and outcome of nosocomial and community-onset bloodstream infection. *Journal of Clinical Microbiology*. 2003;41(8):3655-60.
- Takeshita N, Kawamura I, Kurai H, Araoka H, Yoneyama A, Fujita T, et al. Unique characteristics of community-onset healthcare-associated bloodstream infections: a multi-centre prospective surveillance study of bloodstream infections in Japan. *Journal of Hospital Infection*. 2017;96(1):29-34.
- Peralta G, Sanchez MB, Garrido JC, De Benito I, Cano ME, Martínez-Martínez L, et al. Impact of antibiotic resistance and of adequate empirical antibiotic treatment in the prognosis of patients with *Escherichia coli* bacteraemia. *Journal of antimicrobial chemotherapy*. 2007;60(4):855-63.
- Ben-Ami R, Rodríguez-Baño J, Arslan H, Pitout JD, Quentin C, Calbo ES, et al. A multinational survey of risk factors for infection with extended-spectrum β -lactamase-producing Enterobacteriaceae in nonhospitalized patients. *Clinical Infectious Diseases*. 2009;49(5):682-90.
- Rodríguez-Baño J, Alcalá JC, Cisneros JM, Grill F, Oliver A, Horcajada JP, et al. Community infections caused by extended-spectrum β -lactamase-producing *Escherichia coli*. *Archives of internal medicine*. 2008;168(17):1897-902.
- Rodríguez-Baño J, Alcalá J, Cisneros JM, Grill F, Oliver A, Horcajada JP, et al. *Escherichia coli* producing SHV-type extended-spectrum β -lactamase is a significant cause of community-acquired infection. *Journal of antimicrobial chemotherapy*. 2009;63(4):781-4.
- Tumbarello M, Sali M, Trecarichi EM, Leone F, Rossi M, Fiori B, et al. Bloodstream infections caused by extended-spectrum- β -lactamase-producing *Escherichia coli*: risk factors for inadequate initial antimicrobial therapy. *Antimicrobial agents and chemotherapy*. 2008;52(9):3244-52.
- Hyle EP, Lipworth AD, Zaoutis TE, Nachamkin I, Bilker WB, Lautenbach E. Impact of inadequate initial antimicrobial therapy on mortality in infections due to extended-spectrum β -lactamase-producing Enterobacteriaceae: variability by site of infection. *Archives of internal medicine*. 2005;165(12):1375-80.
- Lautenbach E, Patel JB, Bilker WB, Edelstein PH, Fishman NO. Extended-spectrum β -lactamase-producing *Escherichia coli* and *Klebsiella pneumoniae*: risk factors for infection and impact of resistance on outcomes. *Clinical Infectious Diseases*. 2001;32(8):1162-71.
- Lee SY, Kotapati S, Kuti JL, Nightingale CH, Nicolau DP. Impact of extended-spectrum β -lactamase-producing *Escherichia coli* and *Klebsiella* species on clinical outcomes and hospital costs: a matched cohort study. *Infection Control & Hospital Epidemiology*. 2006;27(11):1226-32.
- Schwaber MJ, Navon-Venezia S, Kaye KS, Ben-Ami R, Schwartz D, Carmeli Y. Clinical and economic impact of bacteremia with extended-spectrum- β -lactamase-producing Enterobacteriaceae. *Antimicrobial agents and chemotherapy*. 2006;50(4):1257-62.
- Schwaber MJ, Carmeli Y. Mortality and delay in effective therapy associated with extended-spectrum β -lactamase production in Enterobacteriaceae bacteraemia: a systematic review and meta-analysis. *Journal of Antimicrobial Chemotherapy*. 2007;60(5):913-20.
- Gray J. Epidemiology of *Escherichia coli* bloodstream infections in children. *Journal of Hospital Infection*. 2017;95(4):383-4.
- Paterson DL, Bonomo RA. Extended-spectrum β -lactamases: a clinical update. *Clinical microbiology reviews*. 2005;18(4):657-86.
- Ortega M, Marco F, Soriano A, Almela M, Martínez J, Muñoz A, et al. Analysis of 4758 *Escherichia coli* bacteraemia episodes: predictive factors for isolation of an antibiotic-resistant strain and their impact on the outcome. *Journal of antimicrobial chemotherapy*. 2009;63(3):568-74.
- Rodríguez-Baño J, Picón E, Gijón P, Hernández JR, Cisneros JM, Peña C, et al. Risk factors and prognosis of nosocomial bloodstream infections caused by extended-spectrum- β -lactamase-producing *Escherichia coli*. *Journal of clinical microbiology*. 2010;48(5):1726-31.
- Bag A, Chattopadhyay RR. Synergistic antibiofilm efficacy of a gallotannin 1, 2, 6-tri-O-galloyl- β -D-glucopyranose from *Terminalia chebula* fruit in combination with gentamicin and trimethoprim against multidrug resistant uropathogenic *Escherichia*

- coli biofilms. *PloS one*. 2017;12(5):e0178712.
28. Darabpour E, Bavi AP, Motamedi H, Nejad SMS. Antibacterial activity of different parts of *Peganum harmala* L. growing in Iran against multi-drug resistant bacteria. *EXCLI J*. 2011;10:252-63.
29. Zuo G-Y, Zhang X-J, Yang C-X, Han J, Wang G-C, Bian Z-Q. Evaluation of traditional Chinese medicinal plants for anti-MRSA activity with reference to the treatment record of infectious diseases. *Molecules*. 2012;17(3):2955-67.
30. Adetutu A, Morgan WA, Corcoran O, Chimezie F. Antibacterial activity and in vitro cytotoxicity of extracts and fractions of *Parkia biglobosa* (Jacq.) Benth. stem bark and *Ageratum conyzoides* Linn. leaves. *Environmental toxicology and pharmacology*. 2012;34(2):478-83.
31. Zonyane S, Van Vuuren S, Makunga N. Antimicrobial interactions of Khoi-San poly-herbal remedies with emphasis on the combination; *Agathosma crenulata*, *Dodonaea viscosa* and *Eucalyptus globulus*. *Journal of ethnopharmacology*. 2013;148(1):144-51.
32. WHO. Traditional medicine, WHO, 2010. 2010.
33. Bunsupa S, Yamazaki M, Saito K. Quinolizidine alkaloid biosynthesis: recent advances and future prospects. *Frontiers in plant science*. 2012;3.
34. Raut JS, Karuppaiyl SM. A status review on the medicinal properties of essential oils. *Industrial Crops and Products*. 2014;62:250-64.
35. Alizadeh A, Abdollahzadeh H. Essential oil constituents and antimicrobial activity of *Pycnocycla bashagardiana* Mozaff. from Iran. *Natural product research*. 2017:1-4.
36. Bonjar GS. Antibacterial screening of plants used in Iranian folkloric medicine. *Fitoterapia*. 2004;75(2):231-5.
37. Ebrahimabadi AH, Ebrahimabadi EH, Djafari-Bidgoli Z, Kashi FJ, Mazoochi A, Batooli H. Composition and antioxidant and antimicrobial activity of the essential oil and extracts of *Stachys inflata* Benth from Iran. *Food Chemistry*. 2010;119(2):452-8.
38. Pirbalouti AG, Malekpoor F, Enteshari S, Yousefi M, Momtaz H, Hamed B. Antibacterial activity of some folklore medicinal plants used by Bakhtiari tribal in Southwest Iran. *International Journal of Biology*. 2010;2(2):55.
39. Bazzaz B, Haririzadeh G. Screening of Iranian plants for antimicrobial activity. *Pharmaceutical Biology*. 2003;41(8):573-83.
40. Bonjar S. Evaluation of antibacterial properties of some medicinal plants used in Iran. *Journal of ethnopharmacology*. 2004;94(2):301-5.
41. Fazeli MR, Amin G, Attari MMA, Ashtiani H, Jamalifar H, Samadi N. Antimicrobial activities of Iranian sumac and avishan-e shirazi (*Zataria multiflora*) against some food-borne bacteria. *Food control*. 2007;18(6):646-9.
42. Jaberian H, Piri K, Nazari J. Phytochemical composition and in vitro antimicrobial and antioxidant activities of some medicinal plants. *Food chemistry*. 2013;136(1):237-44.
43. Saei-Dehkordi SS, Tajik H, Moradi M, Khalighi-Sigaroodi F. Chemical composition of essential oils in *Zataria multiflora* Boiss. from different parts of Iran and their radical scavenging and antimicrobial activity. *Food and Chemical Toxicology*. 2010;48(6):1562-7.
44. Khorravi A, Behzadi A. Evaluation of the antibacterial activity of the seed hull of *Quercusbrantii* on some gram negative bacteria. *Pak J Med Sci*. 2006;22(4):429-32.
45. Behmanesh B, Heshmati G, Mazandarani M, Rezaei M, Ahmadi A, Ghaemi E, et al. Chemical composition and antibacterial activity from essential oil of *Artemisia sieberi* Besser subsp. *Sieberi* in North of Iran. *Asian Journal of Plant Sciences*. 2007;6(3):562-4.
46. Darabpour E, Motamedi H, Poshtkoughian Bavi A, Nejad S, Mansour S. Antibacterial activity of different parts of *Peganum harmala* L. growing in Iran against multi-drug resistant bacteria. 2011.
47. Saidi M, Sadeghifard N, Kazemian H, Sekawi Z, Badakhsh B, Friadian S, et al. Ex Vivo Evaluation of *Thymus daenensis* as an Antioxidant and Antibacterial Medicinal Herb. *Drug Research*. 2016;66(12):657-9.
48. Mahmoudzadeh M, Hosseini H, Nasrollahzadeh J, Khaneghah AM, Rismanchi M, Chaves RD, et al. Antibacterial Activity of *Carum copticum* Essential Oil Against *Escherichia Coli* O157:H7 in Meat: Stx Genes Expression. *Current microbiology*. 2016;73(2):265-72.
49. Faezeh F, Salome D, Abolfazl D, Reza ZM. Considering the antibacterial activity of *Zataria multiflora* Boiss essential oil treated with gamma-irradiation in vitro and in vivo systems. *Radiation Physics and Chemistry*. 2015;106:145-50.
50. Shahidi Bonjar G, Aghighi S, Karimi Nik A. Antibacterial and antifungal survey in plants used in indigenous herbal-medicine of south east regions of Iran. *Journal of Biological Sciences*. 2004;4(3):405-12.