Editorial





Need The Preservation of New as Well as old Antibiotics

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It is well known that, World Health Organization termed antimicrobial resistance as "an increasingly serious threat to global public health that requires action across all government sectors and society."1 So, the physicians, seeks new antibiotic for treating multi-drugs resistant infections in daily practice. Facing the increased antimicrobial resistance and the paucity of new antimicrobial agents, it has become clear that new antimicrobial strategies are urgently needed.² The indiscriminate use of antibiotics as well as the development of resistance in microbes is a global phenomenon. It concerns both the World Health Organization (WHO) and individual countries.³ There are documented studies that support, beyond doubt, that restricting the misuse of antibiotics reduces resistance.⁴ Not only this, various broad spectrum antibiotics used in animals in cattle, poultry and fisheries farm for treating infections with wrong indication, irrational dose and duration in maximum cases observed also. The use of fish and meat of these farms for human is now great concern that may cause increasing the development of antibiotic resistance. In summary of some researchers' explanation on development of antibiotic resistance, causes are found that: 1. Unnecessary antibiotics 2. Improper use of antibiotics- a. smaller dose b. less treatment time c. incorrect dosage intervals 3. extending the life of existing antibiotics based on the rational use, to work as little as possible in the selection pressure resistance, and in general all rational use of antibiotics. This means: a. administration of antibiotics, only for documented infection and not the common cold, for example. b. If an antibiotic is administered, it must be completed and not interrupted prematurely. Small doses of antibiotics are easily resistant.5 Indiscriminate use of antibiotics in cattle, poultry farms⁶ and use of antibiotics in poultry as growth promoter (e.g. ciprofloxacin). Antimicrobial-resistant bacteria are common in communities with frequent non-prescription use.7



So, questions arises that, what is to be done in this situation? First of all, irrational and overuse of antibiotics should be stopped. Start antibiotic only if indicated. Always use first line drug. Use microbiology lab. More often, develop culture of culture method, always select narrow spectrum antibiotic. It should not use antibiotic in a non-bacterial conditions, strictly monitore adequate dose, duration of antibiotic course. Strong rules and regulations should be developed against nonprescription antibiotic use. Some researchers suggested that to revisit old antibiotics to ensure that they are used correctly and to their full potential, as well as to determine whether one or several of them can help alleviate the pressure on more recent agents.9 All stakeholders, from healthcare specialists, patients, payers and manufacturers to regulatory agencies and policy makers, need to be involved in creating a roadmap for taking old antibiotics forward and putting them to work again, safely and effectively. The challenge now is to find muchneeded resources-time, finances and people-to fast-track the task of optimizing the use of these potentially life-saving drugs and make them available to everyone in need.

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