

Research and Reviews: Journal of Microbiology and Biotechnology

Impact of Microbes on Ancestors

Pramoda Earla*

Department of Microbiology, Aditya Degree College [PG Courses], Andhra University, India

Commentary

Received: 07/02/2015
Accepted: 13/03/2015
Published: 18/03/2015

*For Correspondence

Department of Microbiology,
Aditya Degree College [PG
Courses], Affiliated to Andhra
University, Kakinada, 533003,
East Godavari District, Andhra
Pradesh, India. Tel: +91-
7416948660; E-mail:
pramodaearla@gmail.com

Keywords: Botulism, Cholera,
Typhoid, Polio, Measles,
Smallpox, Tuberculosis, Leprosy

ABSTRACT

There are various diseases from ancient times, to which our ancestors got affected and suffered. These diseases were caused by various types of microorganisms and can be considered as ancient diseases. A separate medical branch has evolved to carry out research on various microbes called microbiology. An article entitled "Ancient Diseases-Microbial Impact" has explained the microbial impact on ancestors and expected reasons for getting effected to microbes in ancient period..

INTRODUCTION

There are various diseases from ancient times, to which our ancestors got affected and suffered. These diseases were caused by various types of microorganisms and can be considered as ancient diseases. There might be many reasons for the ancient diseases and some of the reasons include illiteracy and lack of scientific knowledge. Many of the young researchers and eminent scientists got sacrificed their lives as they got affected while working with those pathogens. A separate medical branch has evolved to carry out research on various microbes called microbiology ^[1].

BOTULISM

There are various kinds of ancient diseases and some of the diseases include Botulism, Cholera, Typhoid, Polio, Measles, Smallpox, Tuberculosis, Leprosy, etc ^[1]. Botulism is a Food borne ancient disease, which was caused by gram-positive anaerobic bacterium named Clostridium botulinum. This was named after the scientist Latin Botulus. Van Ermengen cultured Clostridium botulinum for the first time. Botulism is a life-threatening disease caused by exposure to botulinum toxins ^[2,3].

TYPHOID AND CHOLERA

Typhoid is a food and water borne disease caused by gram negative bacterium Salmonella typhi, which can be transmitted through fecal-oral route ^[4,5]. The symptoms of typhoid disease include headache, nausea, epigastric pain and anorexia together with fever ^[6]. Cholera is a waterborne disease, caused by bacterium named Vibrio cholerae. Symptoms include watery diarrhea and vomiting, leads to dehydration which will finally lead to death ^[7]. Cholera remains a leading health problem in many underdeveloped countries with poor access to safe drinking water and proper sanitation ^[8,9].

POLIO

Polio is a communicable disease caused by polio virus. It will spread through human-to-human contact. Mode of transmission is through oral route due to fecal contaminated water or food. We can detect silent poliovirus circulation by sewage surveillance method [10]. It will cause paralysis in essential muscles, which usually controls the body functions like swallowing, heartbeat and respiration [11]. Worldwide polio eradication was already started and oral polio vaccine and inactivated polio vaccine are playing major role in eradication [12,13]. Many regions from the different parts of the world have stopped worrying about polio many of the children are standing on their own by the grace of these eradication programs [14,15].

ANTHRAX

Anthrax is a serious bacterial infection caused by bacterium *Bacillus anthracis* which spreads mainly by inhalation of air. Humans and many animal species are susceptible to this disease. It is a Gram-positive, rod-shaped bacterium which will exist mainly under the soil in the form of resistant spores. Effective treatment and prophylaxis of anthrax disease remains like a challenging task in present world [16-18].

MEASLES

Measles is a highly contagious infectious disease in children, generally spreads through the biological process of respiration [19,20]. Measles virus is an enveloped RNA virus which belongs to the family paramyxovirus [21]. The major manifestations of measles virus are fever and skin eruption which may mimic many diseases and eradication of this disease seems to be more complex [22,23].

SMALLPOX

Smallpox is an infectious disease that has already killed many people all over the world [24]. The causative agents of smallpox disease are either of two virus variants, *Variola major* and *Variola minor* and both of these members belong to the family poxviridae [25]. Poxviruses are single, linear, double-stranded DNA viruses, which can cause diseases in humans [26]. Smallpox virus is having similar homology with the remaining orthopox viruses [27].

TUBERCULOSIS

Mycobacterium tuberculosis is the causative agent of tuberculosis, which is transmitted through aerosol droplets that are deposited in the lungs which become the reservoir of infection [28]. This infection initially occurs in the upper part of lungs [29] and causes pulmonary tuberculosis. It also affects meninges, skin, intestine, lymph nodes, bone, joints, and other tissues of the body [30]. One-third of the world's population has latent-TB and it remains one of the world's top ten leading causes of death as it affects all body parts of all age groups [31-33]. Increase in drug-resistant strains of tuberculosis is increasing the need of better treatments and vaccines [34].

LEPROSY

Leprosy can be regarded as the most transmittable, infectious and long lasting disease among all ancient diseases. It is a chronic and granulomatous disease, mainly caused by two bacteria named *Mycobacterium leprae* and *Mycobacterium lepromatosis*. Leprosy disease can also be called as Hansen's disease [35-40] which was named after the scientist Gerhard Armauer Hansen. These two bacteria mainly infect Schwann cells and skin macrophages in peripheral nerves [41,42]. Some of the symptoms include skin lesions, blurred vision and muscle atrophy [43].

DENGUE FEVER

Dengue fever caused by an RNA virus belongs to the family flaviviridae. Symptoms of this disease include fever, headache, vomiting, rashes with petechial spots, etc. [44-46]. Plague is a zoonotic disease caused by Gram-negative bacterium *Yersinia pestis* and symptoms will include vomiting, nausea, abdominal pain, diarrhea, etc. [47,48]. Malaria is one of the most common parasitic diseases caused by *Plasmodium* species in which we can observe the symptoms like vomiting, headache, fever, etc [49,50].

CONCLUSION

An article entitled “Ancient Diseases-Microbial Impact” has explained the microbial impact on ancestors and expected reasons for getting effected to microbes in ancient period. It has also mentioned some of our eminent scientists who sacrificed their lives for scientific evolution and who have played vital role in microbial research in ancient period. This article briefly explained different types of ancient diseases but failed to explain complete information like transmission, diagnosis, prevention, treatment and precautions for all the diseases which have mentioned in the article.

A new concept ancient disease has taken into consideration for this article and covered almost all the ancient diseases. This article got concluded by mentioning all emerging microbial infections as “Evergreen Challenge” as all the microbial infections are emerging day by day and becoming challenge for all the young researchers and eminent scientists.

REFERENCES

1. Earla P. Ancient Diseases-Microbial Impact. *J Anc Dis Prev Rem* 2014;2:R1-001.
2. HabibiyanNejad Z, Afshari R, et al. Foodborne Botulism in Mashhad from 2003 to 2010. *J Clinic Toxicol* 2011;1:115.
3. Krajina-Andricevic M, Zibar L, et al. Botulism Beyond Radiologic Ileus. *J Clinic Toxicol* 2012;2:128.
4. Haque SS. Antioxidant Status of Formulated Drugs against Typhoid. *Biochem & Anal Biochem* 2011;1:102.
5. Agwu E. Distribution of Community Acquired Typhoid Fever among Febrile Patients Attending Clinics in Bushenyi, Uganda: Case Study of the Year 2005. *J Medical Microbiol Diagnosis* 2011;1:101.
6. Iheukwumere I, Nwachukwu, et al. Manifestations, Mismanagement and Diagnostic Challenges of Malaria and Typhoid Fever. *Malar ChemothCont Elimination* 2013;2:109.
7. Thompson KM, Tebbens RJD, et al. Managing Cholera as a Preventable Global Threat. *J Vaccines Vaccin* 2013;4:183.
8. Pun SB, Maharjan R, et al. An Outbreak of *Vibrio cholerae* in 2012, Kathmandu, Nepal. *Trop Med Surg* 2013;1:115.
9. Haque F, Hossain MJ, et al. Cholera Outbreaks in Urban Bangladesh In 2011. *Epidemiol* 2013;3:126.
10. Shulman LM, Manor Y, et al. Bioterrorism and Surveillance for Infectious Diseases - Lessons from Poliovirus and Enteric Virus Surveillance. *J BioterrBiodef* 2012;S4:004.
11. Hansen C and Sethi R. Polio: Eradicated, But Can It Return? *Air Water Borne Dis* 2012;1:e119.
12. Paul Y. Compassion and Compensation for Polio Cases. *J Vaccines Vaccin* 2013;4:170.
13. Tripp RA. Addressing the Re-emergence of Poliovirus. *J AntivirAntiretrovir* 2014;5:xxxiv-xxxv.
14. Baba MM and Ayivor M. Polio Vaccination in Nigeria: The ‘Good’, the ‘Bad’ and the ‘Ugly’. *J Antivir Antiretrovir* 2012;S15.
15. Zhuo J. The Polio Eradication and Measles Elimination: What We Learnt What Need We Do. *J AntivirAntiretrovir* 2012;4:iv-vii.
16. Narayanan A, Zhou W, et al. Discovery of Infectious Disease Biomarkers in Murine Anthrax Model Using Mass Spectrometry of the Low-Molecular-Mass Serum Proteome. *J Proteomics Bioinform* 2009;2:408-415.
17. Fowler RA, Shafazand S. Anthrax Bioterrorism: Prevention, Diagnosis and Management Strategies. *J BioterrBiodef* 2011;2:107.
18. Chen S, Zeng M. Anthrax Bioterrorism and Current Vaccines. *J BioterrBiodef* 2012;S4:003.
19. Jiatong Z. The Strategy to Further Control and Elimination Measles in China Based on the Analysis of 10 Years Measles Suspects Accumulation in Guangxi. *J AntivirAntiretrovir* 2011;S3.

20. Jiatong Z and Ge Z Measles Control in Guangxi, China: High Risk Counties Selection and its Mass Campaign from 1999-2008. *J AntivirAntiretrovir* 2013;5:021-027.
21. Ariad S, Lazarev I, et al. Measles Virus: Association with Cancer. *J Clin Cell Immunol* 2011;S5:002.
22. Batirel A and Doganay M. Clinical Approach to Skin Eruption and Measles: A Mini Review. *J Gen Pract* 2013;1:118.
23. Homma A, Possas C, et al. Eradication of Smallpox and Prospects for Measles Eradication: Lessons from the Brazilian Experience. *J Vaccines Vaccin* 2012;S3:001.
24. Khan AS, Broderick KE, et al. Safe and Effective Smallpox Vaccine Development Using DNA Vaccines and In vivo Electroporation. *J BioterrBiodef* 2012;S1:010.
25. Hansen JC. Smallpox: New Perspectives Regarding Risk Assessment & Management. *J BioterrBiodef* 2012;S4:002.
26. Buonsenso D, Gargiullo L, et al. Smallpox and Bioterrorism: History and Evaluation of Current State and Medical Knowledge. *J Clinic Res Bioeth* 2011;S3:001.
27. Gaudio J, Brooks T, et al. Likelihood of Smallpox Recurrence. *J BioterrBiodef* 2011;2:106.
28. Mittal R. Mesenchymal Stem Cells: The New Players in the Pathogenesis of Tuberculosis. *J Microbial BiochemTechnol* 2011;3:ii-0.
29. Siddiqui A. Role of Diabetes in prevalence of Tuberculosis. *J Diabetes Metab* 2011;2:170.
30. Pillai L, Pant B, et al. SVM Model for Amino Acid Composition Based Prediction of Mycobacterium tuberculosis. *J ComputSciSystBiol* 2011;4:047-049.
31. Saran R, Das G. Tuberculosis the Ancient Disease Needs Intervention of Modern Tools. *Mycobact Diseases* 2011;1:e103.
32. Rajpal SK, Snehal SW, et al. Mycobacterium Tuberculosis Heat Shock Protein 16 as a Potential Marker for Latent TB: A Preliminary Findings. *J Clin Cell Immunol* 2011;2:115.
33. Saran R, Das G. Tuberculosis the Ancient Disease Needs Intervention of Modern Tools. *Mycobact Diseases* 2011;1:e103.
34. Graves A, Hokey DA. Tuberculosis Vaccines: Review of Current Development Trends and Future Challenges. *J BioterrBiodef* 2011;S1:009.
35. Earla P. (2015) Long Lasting Disease: Leprosy. *J Infect Dis Ther* 2015;3:R1-001.
36. Ganatra SH, Bodhe MN, Tatode PN. (2013) Inhibition Studies of Pyrimidine Class of Compounds on Enoyl-Acp Reductase Enzyme. *J Comput Sci Syst Biol* 2013;6:025-034.
37. Lyrio EC, Campos-Souza IC, et al. Interaction of Mycobacterium leprae with the HaCaT human keratinocyte cell line: New frontiers in the cellular immunology of leprosy. *Exp Dermatol* 2015;
38. Pinheiro RO, Salles JS, et al. Mycobacterium leprae-host-cell interactions and genetic determinants in leprosy: an overview. *Future Microbiol* 2011;6:217-230.
39. Lasry-Levy E, Hietaharju A, et al. Neuropathic Pain and Psychological Morbidity in Patients with Treated Leprosy: A Cross-Sectional Prevalence Study in Mumbai. *PLoS Negl Trop Dis* 2011;5:e981.
40. Idema WJ, Majer IM, et al. CostEffectiveness of a Chemoprophylactic Intervention with Single Dose Rifampicin in Contacts of New Leprosy Patients. *PLoS Negl Trop Dis* 2010;4:e874.
41. Cordeiro TL, Cipriani Frade MA, et al. Postural Balance Control of the Leprosy Patient with Plantar Sensibility Impairment. *Occup Med Health Aff* 2014;2:158.
42. Lockwood DNJ, Suneetha L, et al. Cytokine and Protein Markers of Leprosy Reactions in Skin and Nerves: Baseline Results for the North Indian INFIR Cohort. *PLoS Negl Trop Dis* 2011;5:e1327.
43. Sieni AIA, Layati WZA, et al. Temporal Adverse Effects in Leprosy Saudi Patients Receiving Multi Drug Therapy. *Clin Exp Pharmacol* 2013;3:141.
44. Sanjeev Kumar B, Naik S, et al. Acute Disseminated Encephalomyelitis following Dengue Virus Infection. *J Neuroinfect Dis* 2014;5:139.
45. Miller AS, Wonnacott AC, et al. Dengue Induced Syndrome of Inappropriate Secretion of Anti-Diuretic Hormone. *J Clinic Case Reports* 2012;2:109.
46. Domingues RB, Kuster GW. Diagnosis and Management Neurologic Manifestations Associated with Acute Dengue Virus Infection. *J Neuroinfect Dis* 2014;5:138.
47. Wang W, Liu Y, et al. The Protection Potential of an Alum-Adjuvanted F1 Protein in Dry Powder against Plague in Mice. *J Vaccines Vaccin* 2010;1:105.

48. Olsen M. Teaching Bioterrorism Preparedness with Simulation - The Pneumonic Plague Example. *J Clin Res Bioeth* 2014;5:164.
49. Gholizadeh S. (2013) Malaria Zoonoses and its Future Challenges. *J BacteriolParasitol* 2013;4:e117.
50. Prato M and Giribaldi G. New Perspectives for Adjuvant Therapy in Severe Malaria. *J BacteriolParasitol* 2012;3:e105.