

Utilization of Methylglyoxal in Manuka Honey to Reduce *S. aureus* Colonisation in the Nasal Vestibule
Julian Ketel, Waiariki Institute of Technology, New Zealand
A Webber Training Teleclass

Utilization of methylglyoxal in Manuka honey to reduce *S. aureus* colonisation in the nasal vestibule

Julian Ketel
Waiariki Institute of Technology
New Zealand

Hosted by Jane Barnett
jane@webbertraining.com

 **15** YEARS TELECLASS EDUCATION

www.webbertraining.com April 13, 2016

2 Acknowledgements

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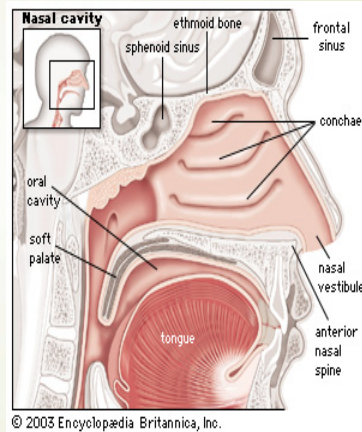
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Introduction

- ▶ Preventing infection/ bacteraemia by *Staphylococcus aureus*/MRSA
- ▶ Nasal carriage and infection
- ▶ Honey, methylglyoxal, and Manuka Cyclopower™
- ▶ Results of study so far and “building beyond”

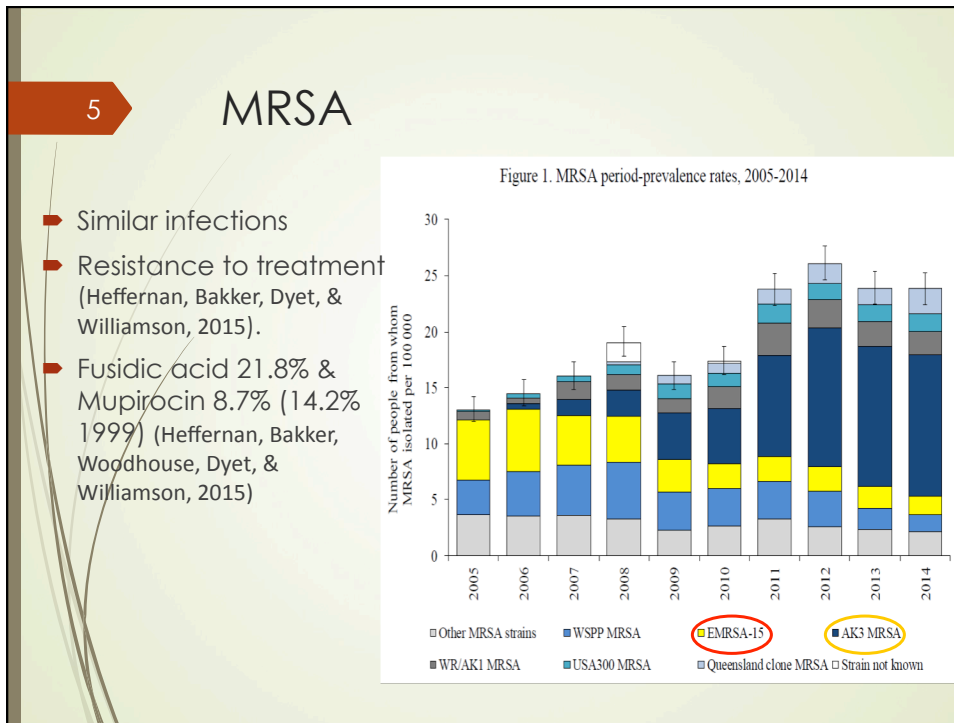


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Nasal Carriage and Infection

- ▶ Link initially identified in 1931 by Danbolt (Wertheim et al., 2005)
- ▶ A sample of papers since then:
 - ▶ Tulloch (1954) – nasal carriage and skin lesions
 - ▶ White (1963) – correlation between carriage volume and infection
 - ▶ Solberg (1965) – nasal carriage and dispersal to hands/environment
 - ▶ von Eiff, Becker, Machka, Stammer, & Peters, (2001) – nasal carriage and bacteremia
 - ▶ Stenehjelm and Rimland (2013) – nasal carriage risk factor for MRSA infection

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6 Infection with *S. aureus*

- What does this really mean to you?
- Boils, 'school sores', impetigo, carbuncles, purulent pimple?
- Morbidity?
- Mortality?

<https://classconnection.s3.amazonaws.com/781/flashcards/517781/jpg/faruncle1305035917619.jpg>

<http://howshealth.com/wp-content/uploads/2013/02/Carbuncle-back-of-neck.jpg>

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Pre-antibiotic era Consequences

(Skinner & Keefer, 1941)

CASE 47.—A boy aged 8 was well until six days before death, when he became acutely ill with high, irregular fever and pain in the groin. There were no localized signs of infection, but a culture of the blood was positive for staphylococci. Death occurred two days after admission to the hospital (fig. 3).
 Necropsy showed military abscesses of the myocardium, spleen and pancreas, without any other lesions.

CASE 13.—In a man aged 46, who had a carbuncle on the back of the neck, a chill suddenly developed, with a high, remittent fever and signs of bronchopneumonia and stupor. The course of his illness was one of progressive failure, with death occurring six days after the onset of the infection.
 Necropsy showed a carbuncle of the neck and multiple abscesses of the brain, liver and kidneys.

CASE 44.—In a boy aged 14 the signs of acute osteomyelitis of the right tibia developed, with high, remittent fever and bacteremia. Foci of osteomyelitis subsequently developed in the humerus and metatarsal bones, and the blood stream was cleared of bacteria. The foci of osteomyelitis were drained, and the patient recovered after an illness of three hundred and twenty-eight days (fig. 5).

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Honey – what is it?

- Nectar from plants (usually floral).
 - 25mg nectar in crop/honey stomach
 - Gland secretion – enzymes
 - Transfer to house bee → honeycomb
 - Sucrose to fructose and glucose
 - Evaporation of water
 - Honey in 1-3 days.

(Ball, 2007)

<http://www.daviddarling.info/encyclopedia/B/bee.html>

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Honey - history

- ▶ pre Christian, Bible, Koran (Zumla & Lulat, 1989; Molan, 1992).
- ▶ van Ketel (1892) – first scientific reference to lack of growth on agar plates.
- ▶ Sackett (1919) – honey as a carrier of intestinal disease, growth inhibited, so unlikely to be a carrier.
- ▶ Dold, Du, and Dziao, (1937) – identify 'inhibine' = hydrogen peroxide.



<http://www.aloelf.com/wp-content/uploads/2010/06/bees-egypt-hieroglyphs.jpg>

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Honey - activity

- ▶ Osmotic effect
- ▶ Acidity (pH 3.9)
- ▶ Hydrogen peroxide
- ▶ Bee defensin-1
- ▶ Methylglyoxal – Slow conversion, within manuka honey, of dihydroxyacetone in the nectar of Manuka (*L. scoparium*).

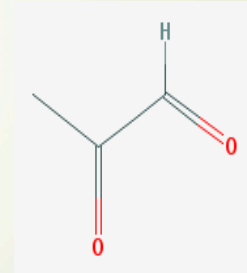


<http://images.wisegeek.com/manuka-bush.jpg>

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Methylglyoxal (MGO)

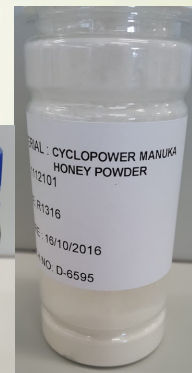
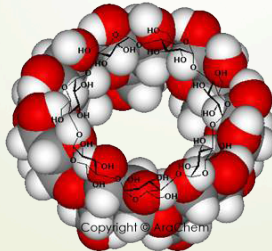
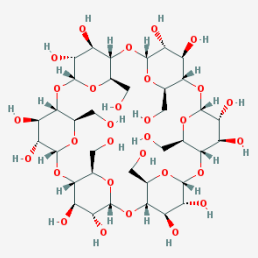
- Non-peroxide activity of Manuka identified as methylglyoxal, by Adams et al., (2008).
- Appears to inhibit/affect DNA, RNA, and protein synthesis (Krymkiewicz, Dieguez, Rekart, & Zwaig, 1971).
- MGO aka UMF component of Manuka honeys.



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Manuka Cyclopower™ (MCP)

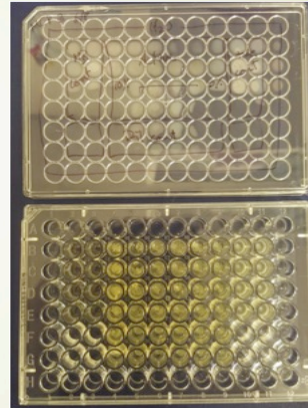
- MGO can be readily degraded, stabilising possible
- Manuka honey mixed with α -cyclodextrin (45%/55%), forms an off white powder.
- α -cyclodextrine molecule contains the MGO in the hydrophobic centre (Swift, Chepulic, Uy, & Radcliff, 2014).



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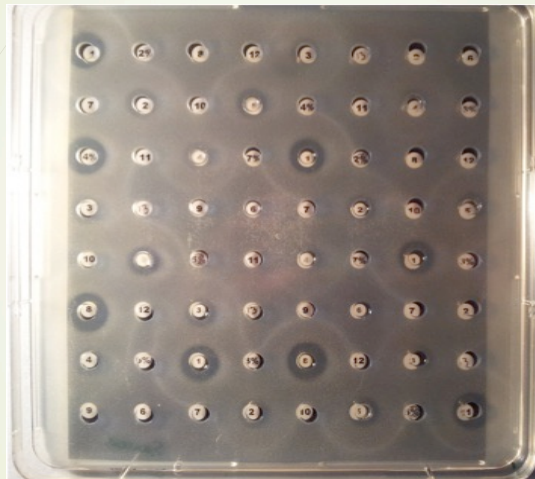
Experiment – Overall aim

- To identify if Manuka cyclopower™ could be made into a cream for use in the nasal vestibule/anterior nares
- To compare a sample of Manuka cyclopower™ with the source honey.

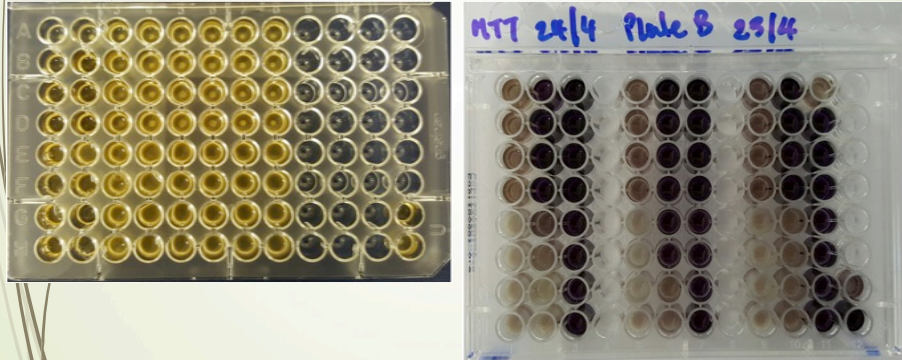


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Exp 1 – Zones of Inhibition




15 Experiment – MTT assay



The image displays two 96-well microplates used for an MTT assay. The left plate shows a color gradient from yellow to dark brown, indicating varying levels of bacterial growth. The right plate is labeled "MTT 24/4 Plate B 29/4" and shows a similar color gradient, with the top row appearing darker than the bottom row.

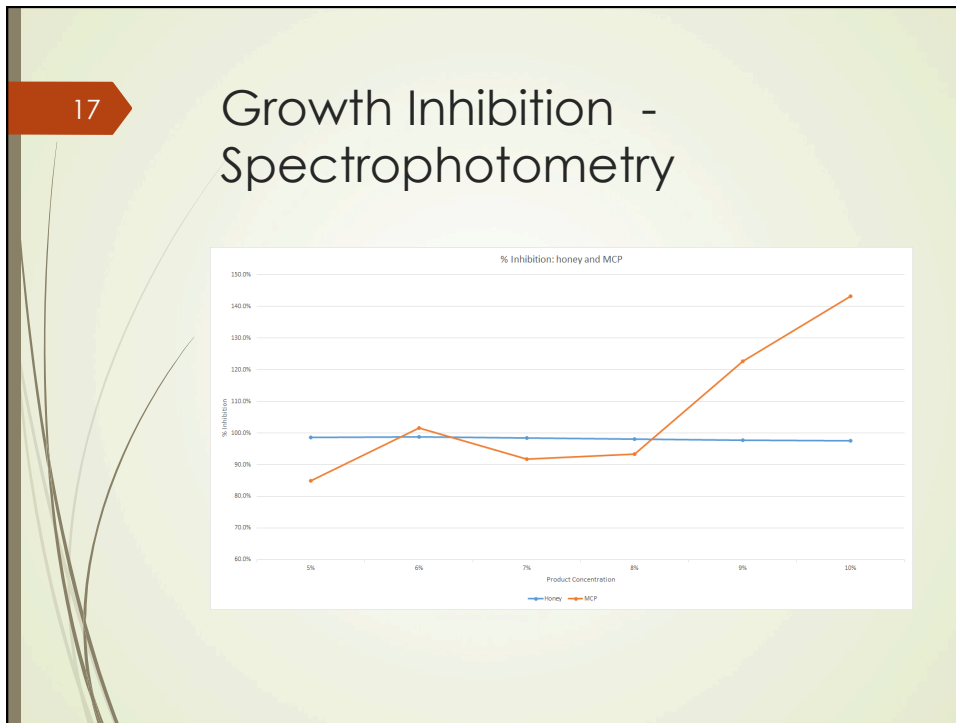
16 Growth Inhibition - Spectrophotometry

- Before and after incubation readings



The image shows a 96-well microplate with handwritten labels and a color gradient. The labels include "15 control", "16", "17", "18", "19", "20", "21", "22", "23", "24", "25", "26", "27", "28", "29", "30", "31", "32", "33", "34", "35", "36", "37", "38", "39", "40", "41", "42", "43", "44", "45", "46", "47", "48", "49", "50", "51", "52", "53", "54", "55", "56", "57", "58", "59", "60", "61", "62", "63", "64", "65", "66", "67", "68", "69", "70", "71", "72", "73", "74", "75", "76", "77", "78", "79", "80", "81", "82", "83", "84", "85", "86", "87", "88", "89", "90", "91", "92", "93", "94", "95", "96". The color gradient is from yellow to dark brown, indicating varying levels of bacterial growth.

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Where to next?

- Consolidate/Repeat Data
- Further *invitro/invivo* work. Animal studies
 - What activity on mucous membranes?
 - Possible additional topical options?
- Clinical trial
- Other roles for MCP

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So where does this leave IPC?

- "Infection control refers to a range of practices and procedures designed to minimise the risk of spreading infections, especially in hospitals and health care facilities"
(Controller and Auditor-General, 2003)
- What and How we Do

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Personal Thoughts

IP & C

Why - e.g. monitoring/surveillance activities

How - e.g. evidence base

Doing

Organism

Susceptibility

Reservoir

Entry

Exit

Transmission

Examples: The Physics of flying Feces
 Jim Gauthier: 9 November 2006
 Behaviour & Infection Control
 Prof. Andreas Voss: 8 February 2012

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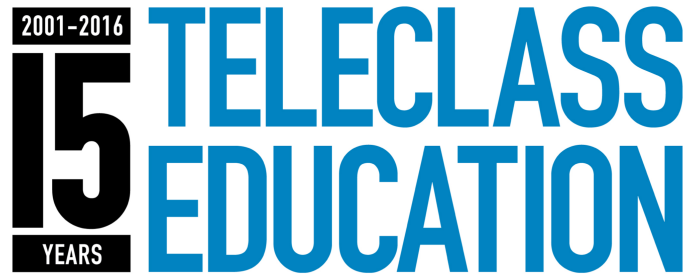
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- April 20 (Free WHO Teleclass ... Europe)
THE CORE COMPONENTS FOR INFECTION PREVENTION AND CONTROL PROGRAMS AND ACTION PLAN
 Julie Storr, World Health Organization, Geneva
 Sponsored by the World Health Organization
- April 26 (Free British Teleclass Denver Russell Memorial Teleclass Lecture)
INFECTION PREVENTION – IT'S NOT JUST WASHING HANDS
 Dr. Peter Hoffman, Public Health England
- April 28 (Free Teleclass)
INFECTION PREVENTION AND CONTROL WITH ACCREDITATION CANADA QMENTUM PROGRAM
 Chingiz Amirov, Canadian Journal of Infection Control
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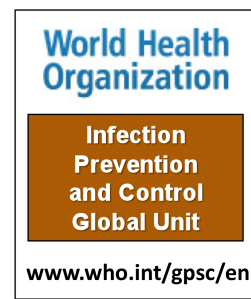
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