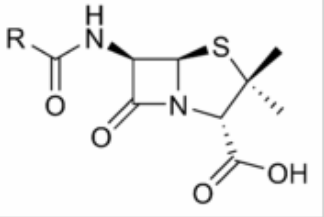
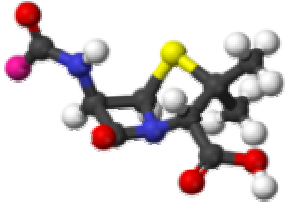


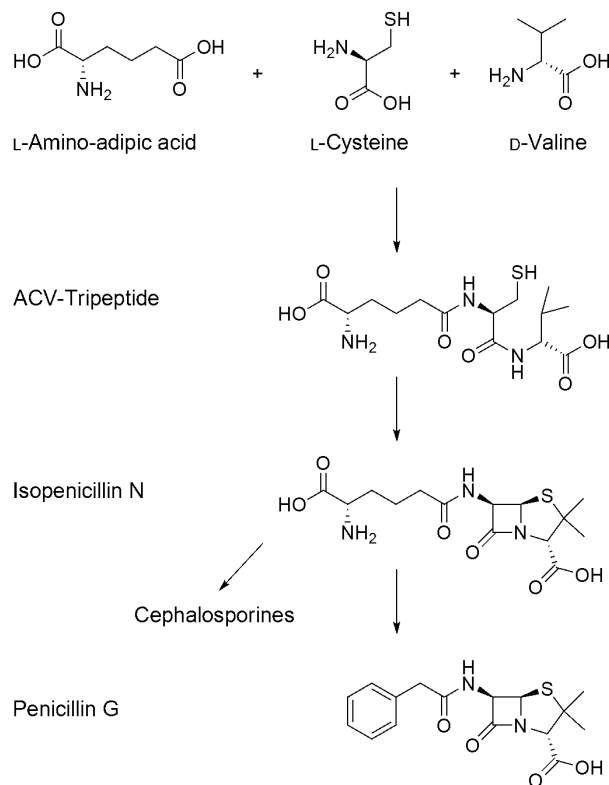
Penicillin

Introduction:

Penicillin is a group of antibiotics derived from *Penicillium* fungi. Penicillin antibiotics are historically significant because they were the first drugs that were effective against many previously serious diseases such as tuberculosis, syphilis, and staphylococcus infections. Penicillin V is an antibiotic belonging to the penicillin group of drugs. It works by interfering with the formation of the bacteria's cell wall while it is growing, weakening the wall and killing the bacteria. The molecular formula of it is $R-C_9H_{11}N_2O_4S$, where R is a variable side chain with its structural formula as shown below.

	
<p>Penicillin core structure. "R" is variable group.</p>	<p>Penicillin core structure, in 3D. Purple is variable group.</p>

Penicillin-biosynthesis



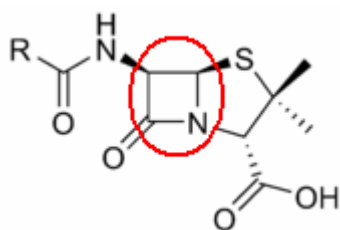
Stages of development:

-Lead compound discovery

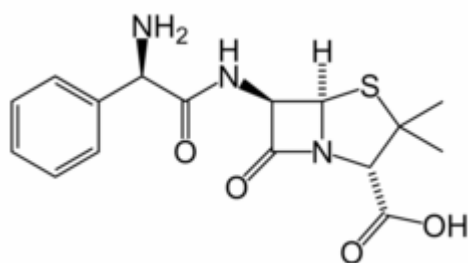
The discovery of penicillin is attributed to Scottish scientist Alexander Fleming in 1928. On September 28 1928, Fleming noticed a petri dish containing *Staphylococcus* plate culture he had mistakenly left open, which was contaminated by blue-green mould. There was a halo of inhibited bacterial growth around it. Fleming concluded that the mould was releasing a substance that was repressing the growth and lysing the bacteria. He grew a pure culture and discovered that it was a *Penicillium* mould, now known to be *Penicillium notatum*. This principle later leads to medicines that could kill certain types of disease-causing bacteria inside the body.

-Molecular modification

Penicillins are characterized by a structural feature known as a Beta-Lactam ring



This four-membered ring makes the molecule thermodynamically unstable, thus accounting for the trouble that scientists had when working on it in the beginning of this century. This ring is also easily hydrolyzed in the presence of acid; therefore Penicillin derived from natural sources needs to be modified during manufacturing for oral administration, so that it will not be destroyed in the stomach.



(Ampicillin)

-Formulation development

There are various routes of administration of penicillin. Each route requires different types of formulation. Each of them has different advantages and disadvantages.

Benzylpenicillin, commonly known as **penicillin G**, is the gold standard penicillin. Penicillin G is typically given by a parenteral route of administration (not orally) because it is unstable in the hydrochloric acid of the stomach. Because the drug is given parenterally, higher tissue concentrations of penicillin G can be achieved than is possible with phenoxymethylpenicillin. These higher concentrations translate to increased antibacterial activity.

Phenoxymethylpenicillin, commonly known as **penicillin V**, is the *orally active* form of penicillin. It is less active than benzylpenicillin, however, and is appropriate only in conditions where high tissue concentrations are not required.

Procaine benzylpenicillin (rINN), also known as **procaine penicillin**, is a form of penicillin which is a combination of benzylpenicillin and the local anaesthetic agent procaine. Following deep intramuscular injection, it is slowly absorbed into the circulation and hydrolysed to benzylpenicillin — thus it is used where prolonged low concentrations of benzylpenicillin are required.

This combination is aimed at reducing the pain and discomfort associated with a large intramuscular injection of penicillin. It is widely used in veterinary settings.

Benzathine benzylpenicillin (rINN) is a form of penicillin also known as **benzathine penicillin**. It is slowly absorbed into the circulation, after intramuscular injection, and hydrolysed to benzylpenicillin *in vivo*. It is the drug-of-choice when prolonged low concentrations of benzylpenicillin are required and appropriate, allowing prolonged antibiotic action over 2–4 weeks after a single IM dose. It is marketed by Wyeth under the trade name *Bicillin L-A*.

-Safety test and human trials

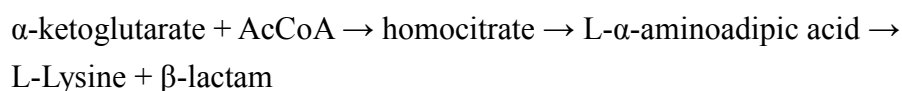
Penicillin can cause allergy independent of the used dose. Therefore, patients should receive a test before use. In 1930 Cecil George Paine, a pathologist at the Royal Infirmary in Sheffield, attempted to use penicillin to treat sycosis barbae but was unsuccessful, probably because the drug did not penetrate the skin deeply enough. Moving on to ophthalmia neonatorum, he achieved the first recorded cure with penicillin, on November 25, 1930. He then cured four additional patients of eye infections, failing to cure a fifth. In 1939, Australian scientist Howard Florey and a team of researchers made significant progress in showing the bactericidal action of penicillin. Their attempts to treat humans failed due to insufficient volumes of penicillin, but they proved it harmless and effective on mice. And in WWII, penicillin is widely used to help injured soldier. On March 14, 1942 the first patient was treated for streptococcal septicemia with U.S.-made penicillin produced by Merck & Co.

-Approval for marketing

When the drug has passed all the phases of the clinical research, the pharmaceutical company of penicillin needs to make a formal application to the regulatory authority for approving the use of the drug in the market. The application must include results and analyses from the tests of the drug on both animals and humans, as well as a description of how the drug was manufactured. The application must provide sufficient information for the regulatory authority to make several critical decisions, including whether the drug is safe and effective and whether its benefits outweigh its risks, whether the drug's labelling information is appropriate, and whether the manufacturing methods used to make the drug are adequate for ensuring purity and integrity of the drug.

Production

Penicillin is a secondary metabolite of fungus *Penicillium* that is produced when growth of the fungus is inhibited by stress. It is not produced during active growth. Production is also limited by feedback in the synthesis pathway of penicillin.



The by-product L-Lysine inhibits the production of homocitrate, so the presence of exogenous lysine should be avoided in penicillin production.

The penicillium cells are grown using a technique called fed-batch culture, in which the cells are constantly subject to stress and will produce plenty of penicillin. The carbon sources that are available are also important: glucose inhibits penicillin, whereas lactose does not. The pH and the levels of nitrogen, lysine, phosphate, and oxygen of the batches must be controlled automatically.

Penicillin is effective against many gram-positive bacteria (see Gram's stain), including those that cause syphilis, meningococcal meningitis, gas gangrene, pneumococcal pneumonia, and some staphylococcal and streptococcal infections. Most gram-negative bacteria are resistant to the antibiotic, but some, such as the bacteria that cause gonorrhea, are susceptible, and others are responsive to high penicillin concentrations or to only certain classes of penicillins. Tuberculosis bacteria, protozoans, viruses, and most fungi are not affected by penicillin. The class of penicillins that includes ampicillin and amoxicillin with clavulanate (Augmentin) is active against gram-positive and gram-negative bacteria such as *Haemophilus influenzae* and *Escherichia coli*. All penicillins act by interfering with synthesis of the cell wall. It is relatively non-toxic to the host (or patient) and it is effective against a wide variety of organisms including fungi.

Penicillins are usually very safe. However, it may have bad effects. The greatest risk is an allergic reaction, which can be severe. Common adverse drug reactions ($\geq 1\%$ of patients) associated with use of the penicillins include diarrhea, hypersensitivity, nausea, rash, neurotoxicity, urticaria, and superinfection (including candidiasis). Infrequent adverse effects (0.1–1% of patients) include fever, vomiting, erythema, dermatitis, angioedema, seizures (especially in epileptics), and pseudomembranous colitis.

Pain and inflammation at the injection site is also common for parenterally administered benzathine benzylpenicillin, benzylpenicillin, and, to a lesser extent, procaine benzylpenicillin.

Although the drug, penicillin has some side effects, its benefits still outweigh its risks.

Reference:

<http://en.wikipedia.org/wiki/Penicillin>

<http://www.drugs.com/penicillin.html>

<http://inventors.about.com/od/pstartinventions/a/Penicillin.htm>

<http://www.chemcases.com/pheno/pheno17.htm>

<http://www.answers.com/topic/penicillin>