

# Development and Preparation of ciprofloxacin Drug Derivatives for Treatment of Microbial Contamination in Hospitals and Environment

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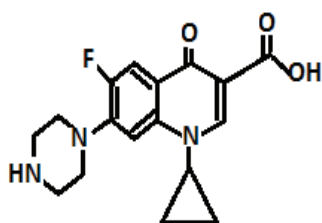
## Abstract

This practical studying involved preparation and development of new medical derivatives of ciprofloxacin drug via series of chemical reactions to preparation new derivatives to resist types of bacteria in hospitals and environment. Various chemical routes have been used to prepare ciprofloxacin derivatives, then all these derivatives reconnoitered with many spectral chemical techniques for instance (FT-IR, H.NMR, C.NMR)–spectrophotometric, then studying of their effects on bacterial pollution.

**Keywords:** Pollution, Bacteria, Ciprofloxacin, Environment.

## Introduction

Ciprofloxacin is cyclopropyl-6-fluoro-4-oxo-7-(piperazin-1-yl)-quinolone-3-carboxylic acid as chemical name<sup>[1]</sup> while the brand names are (Cipro, Ciprobay, Ciproxan, Ciprinol), its formula (C<sub>17</sub>H<sub>18</sub>FN<sub>3</sub>O<sub>3</sub>), it is solid (Zhanel et al 2006, Heidelberg and Holmster. 2013)<sup>[1,2]</sup> powder has faint to light yellow colour with melting<sup>[3,4]</sup> point (255-257 °C)<sup>[5]</sup>.



**Ciprofloxacin**

**Fig.(1):Ciprofloxacin Drug**

Ciprofloxacin medication is a broad-variety

fluoroquinolone antibiotic<sup>[5, 6]</sup> secondhand in the dealing of a wide series (Oliphant C and Green . 2002) of slight to reasonable gram-(positive & negative) toxicities., which is used to indulgence or inhibit (Stevens et al 2005., Osmon et al 2013) certain infections affected through bacteria like gonorrhoea; pneumonia<sup>[8-11]</sup> and toxicities (Vardakas K et al 2008 ., Donaldson P et al 1994) or infection of the skin, bone, joint, stomach<sup>[12-16]</sup> region, and ( Karageorgopoulos et al 2008 ., Chow et al 2012., Stephenson et al 2013)

Prostate ciprofloxacin treatment is likewise used to delight or avoid and inhibit a serious infection that may be extent on tenacity<sup>[17-22]</sup> (Corrao G et al 2006 ., Liu X et al 2017) as portion of a bioterror round) and mouthful<sup>[23-27]</sup> (Bolhuis et al 2001 ., Pommier et al 2010., Goossens et al 2007) anthrax<sup>[28]</sup>.

## Experimental Part

Ciprofloxacin derivatives were inspected and identified thru :FT-IR spectra (FT-IR 8300 Shimadzu) in the range (400-4000) cm<sup>-1</sup> as KBr discs., 1H.NMR–Spectra and C.NMR in DMSO–solvent., in addition to resistance of ciprofloxacin derivatives against microbial pollution in hospitals and environment to improve their effect:

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### Preparation of Ciprofloxacin drug derivative

Preparation and development of Ciprofloxacin drug derivative{1}:

Ciprofloxacin drug developed by this paper thru preparation of its derivative{1} via three components reaction by following many chemical reactions like condensation reactions according to procedures<sup>[29-33]</sup> (Naghah 2016 ,Naghah et al 2015)to vintage precipitation, filtered ,dried and re crystallized to provide ciprofloxacin derivative{1}.

Preparation and development of Ciprofloxacin drug derivative{2}:

Ciprofloxacin drug advanced to new drug by this study thru synthesis of its derivative{2} via azotation reaction, imination reaction ,then formazanation reaction by following many steps according<sup>[29,30]</sup> to procedures(Naghah et al 2015.,Intisar and Nagham 2018)to format precipitation, filtered ,dried and re crystallized to provide ciprofloxacin derivative{2}.

Preparation and development of Ciprofloxacin drug derivative{3}:

Ciprofloxacin drug developed via this work thru preparation of its derivative{3} via three components reaction, cyclization reaction, azotation ,imination reaction ,then formazanation step by following<sup>[29,30]</sup> procedures(Naghah et al 2015.,Intisar and Nagham 2018)to yield precipitation, filtered ,dried and re crystallized to provide ciprofloxacin derivative{3}.

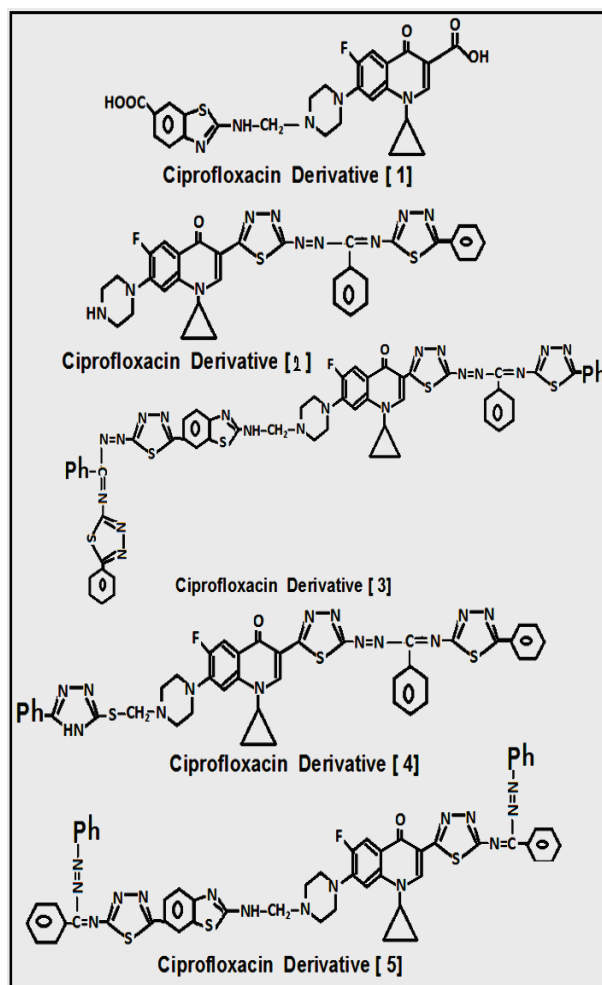
Preparation and development of Ciprofloxacin drug derivative{4}:

Ciprofloxacin drug developed to derivative{4} via imination with formazanation reaction ,then three components reaction with triazole derivative according<sup>[29,30]</sup> to procedures(Naghah et al 2015.,Intisar and Nagham 2018)to give precipitation<sup>[35]</sup>, filtered ,dried and re crystallized to produce ciprofloxacin derivative{4}.

### Preparation and development of Ciprofloxacin drug derivative{5}:

Ciprofloxacin drug developed by this paper thru preparation of its derivative{5} via three components reaction, esterification, cyclization, imination reaction by following many chemical reactions like condensation reactions according<sup>[34-36]</sup> to procedures (Naghah 2016 ,Naghah et al 2015)to vintage precipitation, filtered

,dried and re crystallized to produce ciprofloxacin derivative{5}.



Scheme.1:Preparation of Ciprofloxacin drug Derivatives

## Results and Discussion

The developed ciprofloxacin derivatives studied and identified with multiplicity spectral techniques represented by (FT.IR ,H.NMR ,C.NMR) spectra with microbial tests and bacterial resistance studying:

### Identification via Spectral Techniques :

#### FT.IR-Spectra of Ciprofloxacin Derivatives:

The spectra provided numerous absorption bands at ((C=N) endocycle:1656 ,(CO-O) carbonyl of carboxyl:1710,(NH):3241 ,(CO) carbonyl of chalcone:1666 ,(OH) of carboxyl: (2740-3114),(C-S):794,(C-F):713 ,(CH )aliphatic: 2914 in Cipro-derivative{1},but numerous absorption bands at ((C=N) endocycle: 1642 ,(NH):3200 ,(CO) carbonyl of chalcone: 1698 ,(C-S):781 ,(C-F):745 ,(CH )aliphatic: 2936 ,(C=N) Imine group:1625 ,(CH=CH) of chalcone:3095 ,(N=N):azo group:1480

in Cipro-derivative{2}, various absorption bands at ((C=N) endocycle:1639 ,(NH): 3227 ,(CO) carbonyl of chalcone:1692 ,(C-S):777 ,(C-F):713 ,(CH )aliphatic: 2947 ,(C=N) Imine group: 1615 ,(CH=CH) of chalcone:3086 ,(N=N):azo group:1483 in Cipro-derivative{3}, other absorption bands at ((C=N) endocycle: 1649 ,(NH):3262 ,(CO) carbonyl of chalcone: 1691 ,(C-S):778 ,(C-F):718 ,(CH ) aliphatic: 2912 ,(C=N) Imine group:1611 ,(CH=CH) of chalcone:3087 ,(N=N):azo group:1469 ,(S-CH<sub>2</sub>): 1235 in Cipro-derivative{4}, while other absorption bands at ((C=N)endocycle: 1630 ,(NH):3211 ,(CO) carbonyl of chalcone: 1688 ,(C-S):798 ,(C-F):722 ,(CH) aliphatic: 2973 ,(C=N) Imine group:1618 ,(CH=CH) of chalcone:3099 ,(N=N):azo group:1461 in Cipro-derivative{5}.

#### <sup>1</sup>H-NMR-Spectra of Ciprofloxacin Derivatives:

Our spectra provided new signals point to prepared drug derivatives and formatted<sup>[29, 30]</sup> functional groups (Naghah et al 2015, Intisar and Nagham 2018) in this work, the spectra of all derivatives appeared signal at (2.5) for solvent (DMSO), novel derivative{1} appeared many signals at  $\delta$  (COOH) Protons of carboxyl group:12.10 ,(NH)proton of amine:5.01 ,Protons of aromatic ring:(6.68-7.24),(N-CH<sub>2</sub>-N) protons:3.64 ,(N-CH<sub>2</sub>-CH<sub>2</sub>-N) protons: (2.95-3.46) ,(CH=C-CO) proton of chalcone: (5.49),(CH<sub>2</sub>-CH<sub>2</sub>-CH) protons of three membered ring:(0.83-1.46), but derivative{2} appeared many signals at  $\delta$  (NH)proton of amine:5.12 ,Protons of aromatic ring: (6.93-7.78) ,(N-CH<sub>2</sub>-CH<sub>2</sub>-N) protons: (2.61-3.54) ,(CH=C-CO) proton of chalcone: (5.56),(CH<sub>2</sub>-CH<sub>2</sub>-CH) protons of three membered ring:(0.64-1.52) ,while derivative{3} appeared many signals at  $\delta$  (NH)proton of amine:5.07 ,Protons of aromatic ring:(6.88-7.58),(N-CH<sub>2</sub>-CH<sub>2</sub>-N) protons: (2.75-3.41) ,(CH=C-CO) proton of chalcone: (5.67),(CH<sub>2</sub>-CH<sub>2</sub>-CH) protons of three membered ring:(0.73-1.89),(N-CH<sub>2</sub>-N) protons:3. 82 ,derivative{4} appeared many signals at  $\delta$  (NH)proton of triazole:8.23 ,Protons of aromatic ring:(6.79-7.44),(N-CH<sub>2</sub>-CH<sub>2</sub>-N) protons:(2.60-3.13),(CH=C-CO) proton of chalcone:(5.81) ,(CH<sub>2</sub>-CH<sub>2</sub>-CH) protons of three membered ring:(0.82-1.54),(S-CH<sub>2</sub>-N) protons:3. 98 ,derivative{5} appeared many signals at  $\delta$  (NH)proton of amine:5.00 ,Protons of aromatic ring:(6.84-7.67),(N-CH<sub>2</sub>-CH<sub>2</sub>-N) protons:(2.86-3.57),(CH=C-CO) proton of chalcone: (5.60),(CH<sub>2</sub>-CH<sub>2</sub>-CH) protons of three membered ring:(0.94-1.34),(N-CH<sub>2</sub>-N) protons:3.90 .

**The <sup>13</sup>C-NMR spectral of Derivatives:**Our spectra provided new signals point to prepared drug derivatives and formatted functional groups in this work, at the spectra of all derivatives appeared signal at (40.0) for solvent (DMSO), novel derivative{1} appeared many signals at (172.5) for (C ,carboxyl group COOH), (114.9-148.4) for (C ,Aromatic ring), (193.0) for (C ,carbonyl of Chalcone CO), (100.0 , 107.3) for ( C ,carbons of alkene in chalcone C=CH) , (68.4–73.0) carbons of (N-CH<sub>2</sub>-CH<sub>2</sub>-N) ,(CH<sub>2</sub>-CH<sub>2</sub>-CH)-carbons of cycle: (23.0-20.1) , 42.1:carbon of (N-CH<sub>2</sub>-N) ,but derivative{2} appeared many signals at (154.09) for (C ,imine group C=N), (110.1-132.91) for (C ,Aromatic ring), (190. 0) for (C ,carbonyl of Chalcone CO) , (102.1 , 104.7) for ( C ,carbons of alkene in chalcone C=CH) ,(60.2–73.0) carbons of (N-CH<sub>2</sub>-CH<sub>2</sub>-N),(CH<sub>2</sub>-CH<sub>2</sub>-CH) carbons of cycle: (19.0-30.9) , 44.1: carbon of (N-CH<sub>2</sub>-N) ,While derivative{3} appeared many signals at (159.12) for (C ,imine group C=N), (113.4-124.25) for (C ,Aromatic ring), (196.4 ) for (C ,carbonyl of Chalcone CO), (101.9 , 104.3) for ( C ,carbons of alkene in chalcone C=CH) ,(65.2–71.5) carbons of (N-CH<sub>2</sub>-CH<sub>2</sub>-N) ,(CH<sub>2</sub>-CH<sub>2</sub>-CH)carbons of cycle: ( 15.6-29.3) ,also derivative{4} appeared many signals at (158.7) for (C ,imine group C=N), (113.4 -130.76) for (C ,Aromatic ring), (191.5) for (C ,carbonyl of Chalcone CO) ,(100.6 , 105.2) for (C ,carbons of alkene in chalcone C=CH) , (63.8–78.04) carbons of (N-CH<sub>2</sub>-CH<sub>2</sub>-N) ,(CH<sub>2</sub>-CH<sub>2</sub>-CH)carbons of cycle:(16.08-31.21) , 53.81:carbon of (S-CH<sub>2</sub>-N) ,and the last derivative{5} appeared at (157.22) for (C ,imine group C=N), (117.43-136.08) for (C ,Aromatic ring), (188.91) for ( C ,carbonyl of Chalcone CO) , (101.17 , 103.45) for ( C ,carbons of alkene in chalcone C=CH) ,( 69.78–74.27) carbons of (N-CH<sub>2</sub>-CH<sub>2</sub>-N),(CH<sub>2</sub>-CH<sub>2</sub>-CH)carbons of cycle:(18.66-30.85), 55.61:carbon of (N-CH<sub>2</sub>-N).

#### Selected Bacteria:

**Pseudomonas aeruginosa** is a common encapsulated, Gram-negative, rod-shaped bacterium that canister source of disease in plants and wildlife, involving humans. A species of considerable medical status, P. aeruginosa is a multidrug resistant pathogen renowned for its ubiquity, its intrinsically innovative antibiotic resistance mechanisms, and its connotation with grave infections–hospital-acquired infections like ventilator-associated pneumonia and numerous sepsis syndromes.

**Staphylococcus aureus** is a Gram-positive, round-shaped bacterium that is a member of the Firmicutes, also it is a usual associate<sup>[31,32]</sup> of the microbe(Nagham et al 2015.,Intisar and Nagham 2018) of the frame, regularly institute in the upper respiratory tract and on the skin. It is repeatedly positive for catalase and nitrate reduction and is a facultative anaerobe that can cultivate without the requirement for oxygen.

**Klebsiella pneumoniae** is a Gram-negative, non-motile, encapsulated, lactose-fermenting, facultative anaerobic, rod-shaped bacterium. It seems as a mucoid lactose fermenter on MacConkey agar.

**Escherichia coli:** also known as (E. coli ) is a Gram-negative, facultative anaerobic, rod-shaped, coliform bacterium of the genus Escherichia that is normally originate in the inferior intestine of warm-blooded organisms .The bacterium raises immensely in additional fecal matter below aerobic situations for 3 days, but its facts failure gradually later.

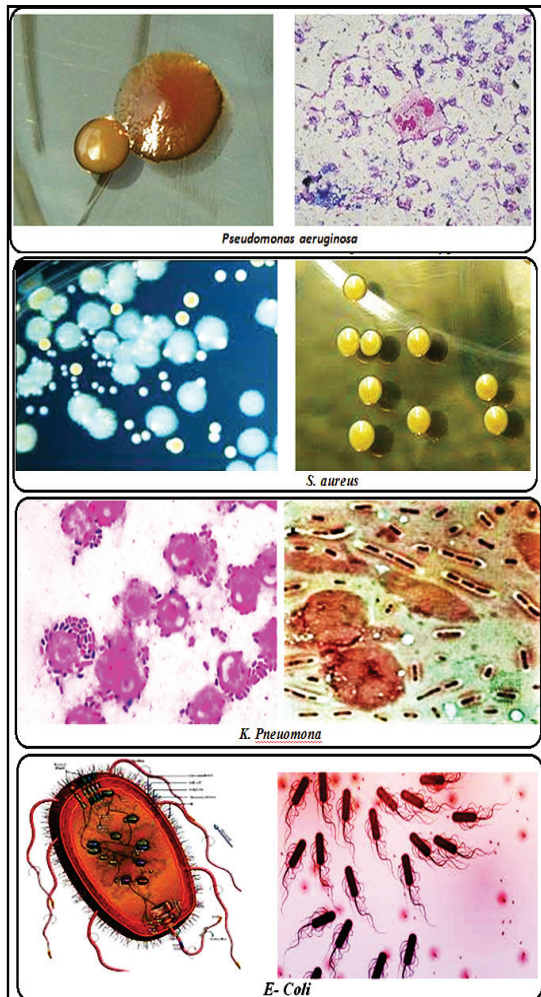


Photo.1: Selected Bacteria

**Microbial Resistance Assay<sup>[35,36]</sup>:**

Microbial tests for prepared ciprofloxacin derivatives have been screened for their antibacterial activities thru agar via following procedures<sup>[35-40]</sup> (Nagham et al 2015.,Intisar and Nagham 2018)The test of bacterial inhibition were done at (three concentrations) (10,15,20 micro gram) concentrations in (DMSO) with bacteria:(K. Pneumona ,S. aureus ,P. aeruginosa ,E-Coli).These bacterial strains were incubated for (24 hr) at temperature (37°C).

The test of resistance of the bacteria<sup>[40-44]</sup> ,which included kinds of bacteria to curtain the biotic activity of confident derivatives against bacteria.,Tables(1 and 2) appears the diameter of inhibition zone(mm) for vehicles chemical considered towards the bacteria.

**TABLE.1: Inhibition test of derivatives in Concentration (15 micro gram)for (+ gram)**

Ciprofloxacin Derivatives	S. aureus
Derivative {1}	+++
Derivative {2}	+++
Derivative {3}	+++
Derivative {4}	+++
Derivative {5}	+++

(+):inhibition(6-9)mm

(++):inhibition(10-14)mm

(+++):inhibition(15-18)mm

**TABLE.2:**Inhibition test of derivatives in

Concentration (15 micro gram)for (- gram)

Ciprofloxacin Derivatives	K. Pneumona	P. aeruginosa	E- Coli
Derivative {1}	++	+	+
Derivative {2}	++	++	+
Derivative {3}	+++	+++	+++
Derivative {4}	+++	++	++
Derivative {5}	+++	+++	+++

(+):inhibition(6-9)mm

(++):inhibition(10-14)mm

**(+++):inhibition(15-20)mm**

The grades in this work appeared that the sensitivity of ciprofloxacin derivatives {5,3} is higher than other derivatives in the inhibition of kind from selected bacteria, thiadiazole ring, formazan group (N=N-C=N) gave high resistance activity to these derivatives against selected bacteria. Ciprofloxacin derivatives are broadly recycled for the cure of numerous types of bacterial pollutions and infection. General, these antibacterial mediators can be measured safe and well accepted drugs. Relative studies have estimated the practice of quinolones in old and younger inhabitants.

There is no recognized cross-resistance among ciprofloxacin and other modules of antimicrobials. Especially the drug has 100 times higher attraction for bacterial DNA gyrase than for mammalian and prevents bacterial DNA gyrase, an enzyme important for DNA replication. The mechanisms of resistance are known by decreasing their binding affinity to quinolones, decreasing the drugs' effectiveness.

**Conclusions**

All ciprofloxacin derivatives appeared good resistance towered bacteria and the sensitivity of ciprofloxacin derivatives {5,3} is higher than other derivatives in the inhibition of kind from selected bacteria.

**Conflict of Interest:** There is no any Conflict of Interest

**Ethical Clearance:** Ethics committee refer that there is no plagiarism and there is no mistakes or wrong results in this work.

**Source of Funding:** Self funding.

**References**

- Zhanel GG, Fontaine S, Adam H, Schurek K, Mayer M, Noreddin AM, Gin AS, Rubinstein E, Hoban DJ, "A Review of New Fluoroquinolones: Focus on their Use in Respiratory Tract Infections". *Treatments in Respiratory Medicine*. 2006,5(6):437–65.
- Heidelbaugh JJ, Holmstrom H, "The perils of prescribing fluoroquinolones". *The Journal of Family Practice*. 2013,62 (4):191–7.
- Oliphant CM, Green GM, "Quinolones: a comprehensive review". *American Family Physician*. 2002,65(3):455–64.
- Fischer, Jnos; Ganellin, C. Robin, *Analogous-based Drug Discovery*. John Wiley & Sons. (2006), p.500.
- Stevens DL, Bisno AL, Chambers HF, Everett ED, Dellinger P, Goldstein EJ, Gorbach SL, Hirschmann JV, Kaplan EL, Montoya JG, Wade JC, "Practice guidelines for the diagnosis and management of skin and soft-tissue infections". *Clinical Infectious Diseases*. 2005,4,(10):1373–406.
- Osmon DR, Berbari EF, Berendt AR, Lew D, Zimmerli W, Steckelberg JM, Rao N, Hanssen A, Wilson WR. "Diagnosis and management of prosthetic joint infection: clinical practice guidelines by the Infectious Diseases Society of America". *Clinical Infectious Diseases*. 2013,56(1): e1–e25.
- Vardakas KZ, Siempos II, Grammatikos A, Athanassa Z, Korbila IP, Falagas ME. "Respiratory fluoroquinolones for the treatment of community-acquired pneumonia: a meta-analysis of randomized controlled trials". *CMAJ*. 2008, 179(12):1269–77.
- Donaldson PM, Pallett AP, Carroll MP. "Ciprofloxacin in general practice". *BMJ*. 1994,308 (6941):1437.
- Karageorgopoulos DE, Giannopoulou KP, Grammatikos AP, Dimopoulos G, Falagas ME, "Fluoroquinolones compared with beta-lactam antibiotics for the treatment of acute bacterial sinusitis: a meta-analysis of randomized controlled trials". *CMAJ*. 2008,178 (7):845–54.
- Chow AW, Benninger MS, Brook I, Brozek JL, Goldstein EJ, Hicks LA, Pankey GA, Seleznick M, Volturo G, Wald ER, File TM. "IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults". *Clinical Infectious Diseases*. 2012,54(8):e72–e112.
- Young H, Palmer H, Winter A. "Ciprofloxacin resistant gonorrhoea: the situation in Scotland and implications for therapy". *SCIEH Weekly Report*. 2011,37,22.
- Ziv A, Masarwa R, Perlman A, Ziv D, Matok I. "Pregnancy Outcomes Following Exposure to Quinolone Antibiotics-a Systematic-Review and Meta-Analysis". *Pharm. Res*. 2008,35(5):109.
- Shin HC, Kim JC, Chung MK, Jung YH, Kim JS, Lee MK, Amidon GL. "Fetal and maternal tissue distribution of the new fluoroquinolone DW-116 in pregnant rats". *Comparative Biochemistry and Physiology. Toxicology & Pharmacology*.

- 2003,136(1):95–102.
14. Choi SH, Kim EY, Kim YJ . “Systemic use of fluoroquinolone in children”. Korean Journal of Pediatrics.2013,56(5):196–201.
  15. Hooper D . “Fluoroquinolones - UpToDate”. UpToDate. Retrieved 26 February 2018.
  16. Linder JA, Huang ES, Steinman MA, Gonzales R, Stafford RS. “Fluoroquinolone prescribing in the United States: 1995 to 2002”. The American Journal of Medicine.2005,118(3):259–68.
  17. Brown KA, Khanafer N, Daneman N, Fisman DN . “Meta-analysis of antibiotics and the risk of community-associated Clostridium difficile infection”. Antimicrobial Agents and Chemotherapy. 2013,57(5):2326–32.
  18. Falagas ME, Matthaïou DK, Vardakas KZ. “Fluoroquinolones vs beta-lactams for empirical treatment of immunocompetent patients with skin and soft tissue infections: a meta-analysis of randomized controlled trials”. Mayo Clinic Proceedings.2006 81,(12):1553–66.
  19. Knottnerus BJ, Grigoryan L, Geerlings SE, Moll van Charante EP, Verheij TJ, Kessels AG, ter Riet G . “Comparative effectiveness of antibiotics for uncomplicated urinary tract infections: network meta-analysis of randomized trials”.Family Practice. 2012,29(6):659–70.
  20. Stephenson AL, Wu W, Cortes D, Rochon PA. “Tendon Injury and Fluoroquinolone Use: A Systematic Review”. Drug Saf.2013, 36(9):709–21.
  21. Saint F, Gueguen G, Biserte J, Fontaine C, Mazeman E. “[Rupture of the patellar ligament one month after treatment with fluoroquinolone]” [Rupture of the patellar ligament one month after treatment with fluoroquinolone]. Revue de Chirurgie Orthopedique et Reparatrice de l’Appareil Moteur (in French).2000,86(5):495–7.
  22. Corrao G, Zambon A, Bertù L, Mauri A, Paleari V, Rossi C, Venegoni M . “Evidence of tendinitis provoked by fluoroquinolone treatment: a case-control study”. Drug Safety. 2006,29(10):889–96.
  23. Gorelik E, Masarwa R, Perlman A, Rotshild V, Abbasi M, Muszkat M, Matok I (October 2018). “Fluoroquinolones and Cardiovascular Risk: A Systematic Review, Meta-analysis and Network Meta-analysis”. Drug Saf.
  24. Liu X, Ma J, Huang L, Zhu W, Yuan P, Wan R, Hong K . “Fluoroquinolones increase the risk of serious arrhythmias: A systematic review and meta-analysis”. Medicine (Baltimore). 2017,96(44):e8273.
  25. Deshpande A, Pant C, Jain A, Fraser TG, Rolston DD . “Do fluoroquinolones predispose patients to Clostridium difficile associated disease?A review of the evidence”. Current Medical Research and Opinion. 2008,24(2):329–33.
  26. Alshammari TM, Larrat EP, Morrill HJ, Caffrey AR, Quilliam BJ, LaPlante KL . “Risk of hepatotoxicity associated with fluoroquinolones: a national case-control safety study”. American Journal of Health-System Pharmacy. 2014,71,(1):37–43.
  27. Iannini PB. “The safety profile of moxifloxacin and other fluoroquinolones in special patient populations”.Current Medical Research and Opinion. 2007,23(6):1403–13.
  28. Mieaad M ,Naghm M Aljamali ,Sabreen AA , Wassan A S .,”Formation of Oxadiazole Derivatives Ligands from Condensation and Imination Reaction with References To Spectral Investigation, Thermal and Microbial Assay”.,Biochem.Cell. Arch.,2018,18,1,pp. 847-853.
  29. Nagham M Aljamali.,”Synthesis and Biological Study of Hetero (Atoms and Cycles) Compounds”,DerPharmaChemica,2016,8,6,40-48.
  30. Nagham M Aljamali.;Intisar O A “Synthesis of Sulfur Heterocyclic Compounds and Study of Expected Biological Activity” ,Research J.Pharm. and Tech.,2015,8,9,1225-1242.
  31. Nagham M Aljamali.;Saher M Jawd.; Zainab M J .;Seena K. “Microbial Studying of (Thiazole ,Oxadiazole, Thiadiazole)–Derivatives on Mouth and Teeth Bacteria”,International Journal of Medical Research and Pharmaceutical Sciences,2016,3,8,30-39.
  32. Owens RC, Ambrose PG . “Antimicrobial safety: focus on fluoroquinolones”. Clinical Infectious Diseases. 2005,41 Suppl 2:S144–57.
  33. R. Baselt, Disposition of Toxic Drugs and Chemicals in Man, 8th edition, Biomedical Publications, Foster City, CA, 2008, pp. 313-315.
  34. Bolhuis MS, Panday PN, Pranger AD, Kosterink JG, Alffenaar JW. “Pharmacokinetic drug interactions of antimicrobial drugs: a systematic review on oxazolidinones, rifamycines, macrolides, fluoroquinolones,and Beta-lactams”.

- Pharmaceutics.2001,3(4):865–913.
35. Nagham M A. “Synthesis and Chemical Identification of Macro Compounds of (Thiazol and Imidazol)”.*Research J. Pharm. and Tech*,2015,8,1,78-84.
  36. Intisar O A, Nuha S S, Zainab M J ,Nagham M Aljamali,”Synthesis of New Organic Compounds Via Three Components Reaction with Studying of (Identification ,Thermal Behavior, Bioactivity on Bacteria of Teeth)”.*Journal of Global Pharma Technology*. 2017;11,9,157-164.
  37. Eman Sh ,Nagham M A.,”New Azo-Thiadiazole Ligands (Preparation, Spectral, Thermal, Biochemical, Physical properties) - Studying”.*Journal of Global Pharma Technology*.2017;11,9,165.
  38. Mideaad M ,Nagham M A ,Nadheema A A .,”Preparation,Spectral Investigation, Thermal Analysis,Biochemical Studying of New(Oxadiazole-Five Membered Ring)-Ligands”.*Journal of Global Pharmacy Technology*,2018;10,1,20-29.
  39. Intisar O A ,Eman Sh , Nagham M Aljamali.,”Synthesis of (Tetrazole, Oxazepine, Azo, Imine) Ligands and Studying of Their(Organic Identification, Chromatography,Solubility,Physical, Thermal Analysis,Bio-Study)”.*Research J. Pharm. and Tech*.2018,11,7.
  40. Mideaad M ,Nagham M A ,Wassan A S, Sabreen A A.,”New Azomethine-Azo Heterocyclic Ligands Via Cyclization of Ester”.*Research J.Pharm. and Tech*.2018, 11,6.
  41. De Sarro A, De Sarro G. “Adverse reactions to fluoroquinolones.an overview on mechanistic aspects”.*Current Medicinal Chemistry*.2001,8(4):371–84.
  42. Haddad A, Davis M, Lagman R . “The pharmacological importance of cytochrome CYP3A4 in the palliation of symptoms:review and recommendations for avoiding adverse drug interactions”. *Supportive Care in Cancer*.2007,15(3):251–7.
  43. Goossens H, Ferech M, Coenen S, Stephens P.”Comparison of outpatient systemic antibacterial use in 2004 in the United States and 27 European countries”. *Clinical Infectious Diseases*.2007,44 (8):1091–5.
  44. Zhang GF, Liu X, Zhang S, Pan B, Liu ML. “Ciprofloxacin derivatives and their antibacterial activities”.*European Journal of Medicinal Chemistry*.2018,146:599–612.