**Bactericidal activity of ZnO nanoparticles-anti TB drugs combination towards H37Rv**

**strain and multidrug-resistant isolates of *Mycobacterium tuberculosis* via SufB splicing**

**inhibition**

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**Abstract**

Tuberculosis (TB) remains a significant global health threat, claiming millions of lives

annually. Despite advancements in treatment, the emergence of drug-resistant strains has

hindered effective TB control. The current management for TB is prolonged with severe side

effects, leading to poor patient compliance. Metal-based nanoparticles are shown to manage

drug-sensitive TB when combined with anti-TB drugs. However, mycobactericidal potential

of nanoparticles towards drug-resistant TB is not confirmed yet. This work explores the

bactericidal potential of Zinc Oxide Nanoparticles (ZnONPs, 40 nm) in managing both drug-

sensitive and drug-resistant TB in combination with anti-TB drugs. It was found that ZnONPs

inhibit generation of active SufB protein via splicing inhibition, an essential event for

*Mycobacterium tuberculosis* (*Mtb*) survival. While TEM and UV-visible spectroscopy

identified NPs~protein interaction, SEM visualised extensive membrane damage in H37Rv and

multidrug-resistant (MDR) *Mtb* cells. Alamar blue assay and spread plate method detected

minimum inhibitory concentration and minimum bactericidal concentration of ZnONPs

towards H37Rv strain and MDR *Mtb* isolates. *In vitro* studies identified a combination with

ZnONPs that reduced effective doses for anti-TB drugs towards H37Rv and MDR *Mtb* isolates.

A correlation to splicing inhibition was made by performing Alamar blue assay in SufB intein-less microbe, *Mycobacterium smegmatis*. A similar drug combination, attenuated the mycobacterial load, inflammation in the spleen & lungs, and protected against *Mtb* induced splenomegaly in infected mice. Thus, ZnONPs can be used as potent additive in anti-TB regimen to manage drug-susceptible and drug-resistant TB, addressing challenges such as prolonged therapy, drug toxicity and poor patient compliance.

**Keywords:** *Mycobacterium tuberculosis* H37Rv**;** SufB Intein; splicing regulation; ZnONPs; NPs/anti-TB drug combination; Drug-resistant TB

**Running title:** ZnONPs exhibit bactericidal activity towards MDR *Mtb*

**Number of Figures:** 8

## 1. Introduction

Tuberculosis (TB) is one of the leading causes of death worldwide, ranking among the top ten deadliest diseases globally, and is the single most lethal infectious agent, surpassing even HIV/AIDS [1,2]. However, efforts to combat TB are often impeded by several challenges, including absence of an effective vaccine, the complexities of treatment regimens, and the rapid emergence of drug-resistant *Mycobacterium tuberculosis* (*Mtb*) strains [3,4]. Moreover, prolonged therapy can lead to the phenomenon of cross-resistance, where bacteria become resistant to multiple drugs by exploiting shared mechanisms of action [5]. The standard treatment for drug-susceptible and drug-resistant TB spans approximately 6 months and over 18 months, respectively. The intricacy of these regimens, along with drug-induced side effects, often leads to poor patient compliance, worsening the current situation due to the emergence of new drug-resistant strains [6]. Hence, there is an urgency to develop next-generation strategies to mitigate the limitations and enhance the accessibility of TB management .

One promising approach to control TB could be targeting the intein splicing, which is a critical intracellular process that enables *Mycobacterium tuberculosis* (*Mtb*) survival and persistence by generating essential proteins [7,8]. Inteins are intervening polypeptides co-translated within the host precursor proteins and self-excised through protein splicing to generate active protein [9]. Given, that several human pathogens harbour inteins within vital proteins, and intein splicing is critical for their survival, the regulation of splicing can function as a promising target for developing anti-microbial drugs especially towards drug-resistant organisms. *Mtb* SufB, which is an Fe-S cluster assembly protein represents a notable example among mycobacterial proteins, for its significance in disease pathogenesis [10,11]. The SUF system as a whole is required for metalloprotein biogenesis and plays an important role in mycobacterial survival during iron limitation including oxidative and nitrosative stresses within infected macrophages [12,13].

In recent years, the synergistic integration of nanotechnology and medicine has emerged as a popular and diverse approach, particularly for the development of anti-microbial compounds. The convergence of these disciplines has demonstrated significant potential in addressing various challenges associated with bacterial infections [14–16]. Further, the interaction between nanoparticles and proteins holds significant importance in various areas of contemporary biomedical research, particularly in the fields of nanomedicine and nano diagnostics [17–21]. When nanoparticles interact with proteins, they form a protein corona, which alters the biological activity of the bound protein. This phenomenon has profound implications for understanding the behaviour of nanoparticles within biological environments and their potential applications in drug delivery, diagnostics, and therapeutics [22–29].

Thus, nanotechnology is gaining popularity as the cornerstone of modern research and therapeutics. This frequently involves metal-based NPs like ZnONPs that offer varied uses in emerging applications such as antimicrobial, anti-inflammatory, anti-tumour, and in wound

healing [30–35]. ZnONPs exhibit superior bioactivity, primarily due to their small size, and

increased surface area to volume ratio [36]. ZnONPs are also preferred as efficient drug delivery

vehicles for various diseases including cancer, because of their safety, stability, and low cost

[36,37].

Previous research have shown the bacteriostatic effects of ZnONPs towards both drug-sensitive

and extensively drug-resistant (XDR) *Mtb* strains at concentrations equal to or higher than 1

µg/ mL [38]. The same study has also determined 4 µg/mL as the inhibitory concentration of

ZnONPs against the multidrug-resistant (MDR) strain of *Mtb*. Another work has reported the

bactericidal role of ZnONPs - Se against *Mtb* BCG and H37Rv strains [39]. The antimicrobial

mechanisms for ZnONPs effects are mostly attributed to a cumulative effect of cell membrane

disruption, ROS production, release of toxic $Zn^{2+}$ ions, and toxicity induced by their

photocatalytic action [40]. Although ZnONPs are known to exhibit potent antimicrobial and

fungicidal activity towards different microbes [41], their bactericidal potential on drug-resistant

*Mtb* strains are not shown till date. In a different context, inhibitory effects of divalent metal

ions such as $Zn^{2+}$, and $Cu^{2+}$ on the splicing of various intein containing precursor proteins were

explored extensively, but studies showing intein splicing attenuation in presence of metal-

based NPs is missing till date [8,42–47].

Current study addresses the following questions: 1) Whether ZnONPs can regulate

*Mycobacterium tuberculosis (Mtb)* SufB intein splicing and N-terminal cleavage reactions? 2)

Since intein splicing generates a functional SufB protein that is critical for mycobacterial

survival, whether ZnONPs mediated regulation of SufB splicing can affect the viability of

whole cell *Mtb?* 3) Importantly*,* if, the viability of both drug-sensitive and drug-resistant strains

of *Mtb* are influenced by ZnONPs?  Next, 4) what is the minimum effective concentration of

ZnONPs for the observed effect?  5) Whether ZnONPs combination can reduce the required

dosage of existing anti-TB drugs to control both drug-sensitive and drug-resistant *Mtb*

infection? 6) Whether ZnONPs exhibit a bacteriostatic or bactericidal effect towards drug-

sensitive and drug-resistant *Mtb* strains*?* 7) Can ZnONPs protect against the effects of *Mtb*

infection in an animal model?

In this work, ZnONPs (40 nm) activity on the splicing and N-terminal cleavage reactions of

the *Mycobacterium tuberculosis* (*Mtb*) SufB precursor protein was examined. Initial

cytotoxicity evaluation via MTT assay indicated that ZnONPs are biocompatible towards

HEK293T cells (human embryonic kidney cell lines), up to a concentration of 50 µg/ml,

consequently rest of the experiments were performed within this limit. UV-Vis spectroscopy

confirmed ZnONPs ~ SufB interaction, further visualised by Transmission Electron

Microscopy (TEM), which identified protein "corona" formation around the ZnONPs.

Additional experiments like Dynamic Light Scattering (DLS), and zeta potential confirmed

ZnONPs-*Mtb* SufB interaction. Next, ZnONPs over varied concentration range (0.5 µg/ml-50

µg/ml) significantly inhibited the splicing and N-terminal cleavage reactions of *Mtb* SufB

precursor protein as shown by *in vitro* protein refolding assay. SDS-PAGE and Western blot

analyses visualized and confirmed the splicing and cleavage products. Further, Alamar blue

assay and spread plate method detected anti-mycobacterial activity of ZnONPs with a

minimum inhibitory concentration (MIC) / minimum bactericidal concentration (MBC) of 5

µg/ml/17 µg/ml and 14 µg/ml/23 µg/ml towards H37Rv strain (drug-sensitive) and multidrug-

resistant (MDR) *Mtb* isolates respectively. In a comparative study, we also observed a

reduction in the effective dose of anti- TB drugs INH/RIF and LFX/MXF in combination with

ZnONPs that could efficiently kill H37Rv strain and multidrug-resistant (MDR) *Mtb* isolates

respectively. The observed activity was correlated to splicing inhibition by performing Alamar

blue assay in SufB intein-less microbe *Mycobacterium smegmatis*. Scanning Electron

Microscopy (SEM) demonstrated mycobactericidal activity of ZnONPs towards both drug-

sensitive and drug-resistant *Mtb* (H37Rv) strains. Finally, infected mice model study revealed

that ZnONPs in combination with anti-TB drugs can effectively reduce mycobacterial load in

the lungs and spleen. The observed effects were noticed when ZnONPs was administered as a

solo therapy or in combination with a reduced dose of RIF compared to previously

recommended amount of RIF. Likewise, the same combination of ZnONPs - RIF, not only

attenuated the inflammation in lungs and spleen, but also provided resistance to splenomegaly

in the infected mice. Therefore, we suggest the use of ZnONPs as a promising adjunctive

therapy along with standard anti-TB drugs to combat both drug-sensitive and multidrug-

resistant *Mtb* infections, by inhibiting the splicing of an essential protein, *Mtb* SufB. This

approach may not only mitigate the toxicity associated with conventional and contemporary

anti-TB regimens but also potentially reduce the duration of therapy, thereby enhancing patient

compliance.

**2. Materials and Methods**

*2.1 ZnO nanoparticles*

ZnONPs ($\geq$ 40 nm) were procured from Sigma Aldrich (Product #721077).

*2.2 MTT Assay* [48–50]

The cytotoxic effects of ZnONPs were evaluated using the MTT (3-[4,5-dimethylthiazol-2-yl]-

2,5-diphenyltetrazolium bromide) assay over a period of 72h. HEK239T cells ($10^4$ cells/well)

[Product # HEK239T (Human embryonic kidney cell line, ATCC (CRL-3216)] were seeded in

Dulbecco's Modified Eagle Medium (DMEM, Gibco, Invitrogen-2562497) in a 96-well plate

(200 µl per well) and allowed to adhere for 24 hours at 37°C in 5% $CO_2$ incubator.

Subsequently, varying concentrations of ZnONPs (5 µg/ml, 14 µg/ml, 17 µg/ml, 23 µg/ml

µg/ml, 26 µg/ml, 50 µg/ml, 100 µg/ml, 150 µg/ml)  were added, followed by incubation at

37°C in 5% $CO_2$ incubator for 72 hours. HEK239T cells ($10^4$ cells/well) incubated in absence

of nanoparticles was considered as the control for 100% viable cell growth. DMEM culture

medium alone was used as blank control. 20 µl of MTT (EZcount$^{TM}$ MTT cell assay kit, Himedia-CCK003) solution (5 mg ml$^{-1}$ in incomplete medium) was added to each well and incubated for 3h to facilitate formation of purple formazan crystals under standard culture conditions. Next, MTT solution was discarded, and the crystals were solubilized by gently stirring on orbital shaker for 30 minutes. After solubilization, the absorbance (570 nm) of each well was measured by using the ELISA plate reader (Bio Teck Epoch Microplate Spectrophotometer). The percentage of cell viability was calculated using the following formula.

$$\% \; of \; Cell \; viability = \frac{optical \; density \; (OD570) test \; sample - optical \; density \; (OD570) blank \; control}{OD570 \; growth \; control - OD570 \; blank \; control} \times 100$$

*2.3 UV Visible spectroscopy* [51–53]

Purified *Mtb* SufB precursor protein was refolded in presence of different concentrations of ZnONPs (0.5 µg/ml, 26 µg/ml, and 50 µg/ml)  as explained in section 2.7 for *in vitro* refolding assay. Then, the treated samples were analyzed via UV-Visible spectroscopy (UV-1800 Shimadzu) over the visible region of the spectrum (200-800 nm). To account for potential buffer-nanoparticle interactions, control samples included refolding buffer (20 mM sodium phosphate, 0.5 M NaCl, 0.5 M arginine, and 8 M urea) alone and the buffer with 50 µg/ml of nanoparticles incubated under the same conditions. The nanoparticle-treated buffer served as a blank for baseline correction. The absorbance results were analyzed by plotting absorbance versus wavelength using OriginPro 8.5 (Version 8.5, OriginLab Corporation, Northampton, MA, U.S.A.).

*2.4 Quantification of NPs-bound proteins via Bradford assay* [54–56]

The quantification of adsorbed protein was conducted using the Bradford assay. *Mtb* SufB precursor protein was renatured *in vitro* both in presence  and absence various concentrations of ZnONPs (0.5 µg/ml, 26 µg/ml, and 50 µg/ml) for 4 hours, as mentioned in section 2.7. Next,

the protein-NPs mixture was centrifuged at 13,000 rpm for 30 minutes, at 4°C, to separate the

protein-bound nanoparticles. Then, the pellet containing the protein ~ NPs was resuspended in

100 μl of 1×PBS and analysed using Bradford reagent to quantify the amount of adsorbed

proteins. Control samples included nanoparticles in 1×PBS and test proteins resuspended in

1×PBS.

*2.5 TEM Analysis* [57,58]

*Mtb* SufB precursor protein-ZnONPs interaction was analysed by Transmission Electron

Microscope (Jeol JEM-1400) for visualising protein corona formation. *Mtb* SufB precursor

protein was overexpressed, purified and refolded with 50 μg/ml of ZnONPs as mentioned in

section 2.7. The protein-ZnONPs complex was collected via centrifugation (13,000 rpm for 30

minutes) at $4^0$C, washed twice with  phosphate buffer saline (1×PBS) and the supernatant was

discarded. Then the pellet (protein-ZnONPs complex) was resuspended and fixed with 100 μl

of  2.5% glutaraldehyde in 1×PBS for 1 hr. Finally, 5 μl of solution (ZnONP-complex) was

placed onto the carbon-coated copper grid and imaged under TEM with an acceleration voltage

of 120 Kv.

*2.6 Purification of overexpressed proteins*

The details of the plasmids used in this study are provided elsewhere [7]. The *Mtb* SufB wild

type precursor, and *Mtb*  SufB splicing inactive double mutant (C1A/N359A) (splicing negative

control), all carrying an N-terminal 6X His tag, were overexpressed in BL21 (DE3) *E. coli* cells

via IPTG (500 μM, sigma 367-93-1) induction. The cells were resuspended in lysis buffer

(20mM sodium phosphate, 0.5M NaCl, pH 7.4) and lysed using a tip sonicator (Sonics vibra

cell VCX-130) [59].  The cell lysate was centrifuged at 16,500xg for 20 minutes at 4°C and the

supernatant was discarded. The collected IB materials were washed thrice via centrifugation in

lysis buffer, solubilized in 8 M urea (Merck, 1084870500) buffer (lysis buffer, 8M urea, 10

mM imidazole (MP–biochemicals-288-32-4), and centrifuged at 16,500xg for 20 minutes at 4°C to collect the supernatant. The solubilized proteins were purified using a Ni-NTA affinity column (Ni-NTA His trap, HP GE healthcare life sciences- 17524802) [60–64]. Before sample application, the columns were equilibrated with binding buffer (20 mM sodium phosphate, 0.5 M NaCl, 8 M urea, 10 mM imidazole), and after loading the samples, the columns were washed several times (15 column volumes) with the wash buffer (20 mM sodium phosphate, 0.5M NaCl, 8M urea, 40 mM imidazole). Finally, the test proteins were eluted in elution buffer (20mM sodium phosphate, 0.5M NaCl, 500 mM imidazole, 8 M Urea, pH 7.4) and quantified using Bradford's assay.

*2.7 In vitro protein refolding and splicing analysis via SDS gradient PAGE*

Denatured test proteins (2.5 µM) in 8M urea buffer were renatured in a refolding buffer containing 20 mM sodium phosphate, 0.5 M NaCl, 0.5 M L-Arginine (A5006 Sigma Aldrich), and 2 mM TCEP-HCl (Sigma-51805-45-9). Protein refolding was performed for 4 hours at 25ºC [59–64] in the presence and absence of ZnO nanoparticles (ZnONPs) over a varied concentration range (0.5 µg/ml to 50 µg/ml). For the 0-hour sample, protein sample was collected before initiation of the refolding, followed by immediate addition of the loading dye (0.1% bromophenol blue, 50% glycerol, β-mercaptoethanol, 10% SDS, tris, pH 6.8) and rapid freezing at -20ºC. After 4h of protein renaturation, rest of the samples were collected, loading dye was added, samples were boiled at 95ºC for 5 minutes. Then protein products were resolved through 5~10% gradient SDS-PAGE gel. The protein bands were visualized by staining with Coomassie brilliant blue R-250 (Catalogue no #112553, Sigma-Aldrich), and densitometric analysis was performed using the GelQuant.Net biochemical solutions software. The splicing and cleavage efficiencies were calculated as the percentage ratio of the total splicing product (LE and I) over the total proteins (LE+I+P) and the total N-terminal cleavage product (NE+NC) over the total proteins (NE+NC+P), respectively. 0-hour splicing and cleavage product values

224 were subtracted from respective sample values for baseline corrections. The results were

225 analysed using one-way ANOVA and plotted using GraphPad Prism version 5.01 for

226 Windows, GraphPad Software, San Diego, CA, U.S.A., www.graphpad.com.

*2.8 Western blot analysis* [8]

For Western blot analysis, an anti-His antibody was utilized to confirm the presence of splicing

and N-terminal cleavage products. The test proteins were transferred from the 5-10% SDS-

PAGE to the PVDF membrane (Millipore, IPVH 00010) at a voltage of 10V, overnight at 4ºC.

Subsequently, the blot was blocked with 5% skim milk and incubated overnight at 4ºC. Then,

the membrane was washed once with 1× TBST (Tris-buffered saline with Tween-20) followed

by incubation with a primary anti-His antibody (abgenex-32-6116) at 1:5000 dilution

overnight at 4ºC. In the next step, the membrane was washed thrice for 5 minutes, with 1×TBST

and incubated with a secondary antibody (anti-mouse, abgenex 11-301) at a dilution of 1:6000,

for 6 hours at 25ºC. To enhance detection of the N-extein band, a higher dilution of the primary

antibody (1:2500) and secondary antibody (1:4000) were used. Finally, the blots were washed

with 1× TBST and developed using Enhanced Chemiluminescence Substrate (ECL) (abcam,

ab65628) to visualize the protein bands and images were captured using in-house

ImageQuant$^{TM}$ LAS 500 facility (GE Healthcare).

*2.9 Anti-mycobacterial study*

*2.9.1 Preparation of Mtb cells* [65]

Different mycobacterial cells [Drug sensitive H37Rv (ATCC-27294), H37Ra (ATCC-25177),

*M.sm* (ATCC-19420) and clinically isolated MDR *Mtb* isolates obtained from National

Reference Laboratory (NRL), ICMR-Regional Medical Research Centre (RMRC-ICMR),

Bhubaneswar, India] were grown in Middlebrook 7H9 broth (Merck-M0178) supplemented

with Middlebrook oleic acid, albumin, dextrose, and catalase (OADC) (Himedia-FD018). CFU

calculations were made by matching the turbidity of inoculum with McFarland standard

(Himedia- R092)  against a black background. $10^6$ CFU of mycobacterial cells were used for

subsequent experiments.

*2.9.2 Alamar blue assay* [66–68]

$10^6$ CFU of mycobacterial cells were incubated with different concentrations of ZnONPs (0.5

ug/ml to 50 ug/ml) in 96-well microtiter plates. For a comparative study, cells were also

incubated with  anti- TB drugs Isoniazid (INH), Rifampicin (RIF), Moxifloxacin (MXF), and

Levofloxacin (LFX)  to evaluate their activity towards H37Rv strain and multidrug-resistant

(MDR) *Mtb* isolates. The plates were sealed and incubated at 37ºC for 14 days.  Later, 10%

(v/v) solution of Alamar Blue reagent (SRL-42650) was added to each well and the plates were

incubated at 37ºC for 24 hours. The anti-mycobacterial efficacy of each compound was

evaluated based on the observed colour change. Live cells were identified by transition of

colour from blue to pink whereas dead cells remained blue. The minimum inhibitory

concentration (MIC) for ZnONPs and anti-TB drugs were determined as the lowest

concentration at which cell viability was inhibited partially, resulting in a purple colour.

*2.9.3 Spread plate method to determine Minimum Bactericidal Concentration (MBC)* [69]

Mycobacterial cells at $10^6$ CFU were incubated with different concentrations of ZnONPs (0.5

μg/ml to 50 μg/ml) for 14 days in 96 well microtiter plates. Then, sample (1:1000  dilution)

from each well was evenly spread onto respective 7H10 agar (Himedia- M199) plate using a

sterile spreader. The plates were incubated at 37ºC for 21days to grow mycobacterial colonies.

Subsequently, colonies were counted by colony counting method and MBC was determined as

the lowest concentration of the test compounds at which no colony growth was visualised on

the respective agar plates. Controls plates included mycobacterial cells without NPs treatment.

*2.9.4 Scanning Electron Microscopic (SEM) analysis* [70]

$10^6$ CFU of mycobacterial cells were incubated with different concentrations (0.5 μg/ml,17

ug/ml, 26 μg/ml, and 50 μg/ml) of ZnONPs in 7H9 broth medium for 7 days. Then, cells were

harvested, fixed with 2.5% glutaraldehyde, and dehydrated with a series of ethanol treatment

(30%, 60%, 70%, 80%, and 90%). Finally, cells were treated with 100% ethanol for 30 min.

Then gold-palladium particles were sputtered over the mycobacterial cells by an automated

sputtering machine and visualized via SEM (Hitachi, S-3400N), CIF, OUAT, Bhubaneswar.

*2.9.5 Animal experiments* [66]

Female BALB/c mice, aged 6 to 8 weeks and weighing each 25 ± 2 g, were used for the study.

Mice were randomly divided into three groups, each consisting of 6 to 8 mice. The animals

were injected intravenously with 5 x $10^6$ colony-forming units (CFU) of *Mycobacterium*

*tuberculosis* (strain H37Ra) over a period of 4 days. Subsequently, ZnONPs were orally

administered to the infected mice at different concentrations (26 and 50 μg/ml) for 7 days post-

infection. Rifampicin alone, given orally at a dose of 15 mg/kg to the infected mice was used

as a positive control, while mice who were given oral 1×PBS served as the negative control.

After 18 days of infection, the mice were euthanized under 5% inhaled isoflurane anaesthesia

(Sigma-792632), followed by cervical dislocation. Then, their lungs and spleen were isolated

and processed for histopathological examination and estimation of mycobacterial load via CFU

analysis. A portion of the lung was fixed in 4% paraformaldehyde for 48 hours and then

embedded in paraffin to prepare sections for haematoxylin and eosin staining. Next, lung and

spleen homogenates in 1×PBS were plated onto Middlebrook 7H11 agar, supplemented with

OADC (Himedia-FD018) and BBL MGIT PANTA antibiotics (Catalogue #245114, BD,

United States), to quantify the bacterial burden. Culture plates were incubated for 3 to 4 weeks

at 37°C, followed by calculation of CFU by colony counting methods.

 *2.10 Statistical analysis*

For each method, numerical data from three to six independent sets of experiments were

analysed using GraphPad Prism 6.0 (La Jolla, CA, United States) and are presented as mean ±

1 standard deviation or standard error of the mean. Statistical significance between different

groups was assessed using one-way ANOVA, with significance denoted by $p < 0.05$. Specific

p-values of <0.05, <0.01, <0.001, and <0.0001 were indicated as *, **, ***, and ****,

respectively.

**3. Results and discussions**

*3.1 ZnONPs interact with Mtb SufB precursor protein*

Previous studies have reported interaction of nanoparticles with biological molecules such as

proteins and DNA [71]. Before examining the role of ZnONPs on the splicing activity, we

evaluated possible interaction between ZnONPs and *Mtb* SufB precursor protein. Through a

combination of analytical techniques such as UV-visible spectroscopy, Bradford analysis, and

transmission electron microscopy (TEM), we have evaluated ZnONPs~protein binding activity

(Figure 1).

Initially, cytotoxicity of the ZnONPs was assessed via MTT assay using human embryonic

kidney cell line, HEK239T cells, since potentially harmful NPs are mostly excreted by kidney

through urine [72–74]. It was demonstrated that up to a concentration of 50 µg/ml, ZnONPs

exhibited no cytotoxicity against HEK239T cells (Figure S1, Supplementary Information).

This is further supported by a prior research which has shown similar results [75]. Consequently,

we decided to explore SufB interaction with various ZnONPs concentrations up to this limit

(0.5, 26, and 50 µg/ml). UV–Visible spectra for both the *Mtb* SufB precursor protein and

ZnONPs-SufB complexes were recorded by scanning over the visible range (200 to 800 nm),

as depicted in Figure 1A. Buffer alone and buffer along with nanoparticles (50 µg/ml) were

used for baseline correction and as the reference blank respectively. An observable broadening

and blue shift were differentiated in the absorbance spectra of the *Mtb* SufB protein following

interaction with increasing concentrations of ZnONPs, when compared to the spectra of protein

solubilised in buffer alone. This observation suggests the binding of ZnONPs with the *Mtb*

SufB precursor protein over test concentration range.

To further validate such interaction, we utilized Bradford assay, where *Mtb* SufB precursor

protein was refolded along with varying concentrations of ZnONPs (0.5, 26, and 50 μg/ml),

causing adsorption of proteins onto the NPs surface. After isolating ZnONPs-protein

complexes, quantification of bound proteins was done using Bradford assay. As illustrated in

Figure 1B, an increase in nanoparticle concentration correlated with a proportional increase in

the bound proteins. This result further supported the interaction between ZnONPs and *Mtb*

SufB protein.

The formation of a protein corona on NPs surfaces was investigated through TEM analysis, as

shown in Fig 1C. While standalone ZnONPs exhibited discrete distribution [1C(i)], NPs (50

μg/ml)-treated protein sample displayed a distinct feature. A thin, transparent layer encasing

the NPs was evident in the treated sample (yellow arrows) as seen in the Figures 1C(ii and iii).

This is indicative of the protein corona formed on the surface of the ZnONPs upon interaction

with the *Mtb* SufB protein [76].

DLS measurements demonstrated a significant increase in hydrodynamic diameter following

interaction of ZnONPs (26 μg/ml and 50 μg/ml) with *Mtb* SufB compared to controls (Buffer;

Buffer with *Mtb* SufB; Buffer with ZnONPs) (Figure S2A, Table S1, Supplementary

Information)[77]. Concomitant zeta potential analysis revealed a charge inversion from +5.1 mV

(bare ZnONPs) to -4 mV for the ZnONPs-SufB complex (Figure S2B, Table S1,

Supplementary Information)[77,78]. This transition from net positive to net negative surface

charge suggests a protein-nanoparticle binding event. Therefore, the observed changes in both

hydrodynamic size and surface charge distribution shows evidence for ZnONPs-SufB interaction.

The comprehensive assessment involving UV-visible spectroscopy, Bradford analysis, DLS, zeta potential analysis and TEM, successfully indicated the binding activity and protein corona formation following ZnONPs interaction with *Mtb* SufB.

**Figure 1. Evaluation of ZnONPs interaction with *Mtb* SufB. A)** UV–Visible spectroscopy: *Mtb* SufB precursor protein was treated with ZnONPs (0.5 µg/ml, 26 µg/ml, 50 µg/ml), and sample absorbance was measured by scanning over 200–500 nm wavelength. **B)** Bradford Assay: Denatured test proteins were renatured *in vitro* in the presence of varied ZnONPs concentration for a period of 4 hrs at $25^0$C. Then, test samples were processed, and the concentration of adsorbed protein was determined using Bradford reagent. **C)** TEM Analysis: Images showing. (i) discrete ZnONPs and (ii) protein corona formation on the surface of ZnONPs aggregates after interaction with *Mtb* SufB (yellow arrows). The inset focuses on the protein shell around the ZnONPs.

*3.2 ZnONPs inhibit generation of functional SufB protein*

The SUF system provides an unique pathway for [Fe-S] cluster biosynthesis and *Mtb* survival during intracellular stress like iron deprivation [79]. In such environments, the functionality of the SUF complex relies exclusively on the splicing of *Mtb* SufB precursor to generate active SufB protein [13]. Hence, splicing regulation under such physiological stress can lead to potential anti-TB drug development strategies by influencing mycobacterial cell viability. Although metals are known inhibitors of intein splicing [42,45,46], NPs mediated splicing inhibition has not been reported yet. Further, higher reactivity of nanoparticles in a biological system has prompted us to evaluate ZnONPs and *Mtb* SufB interactions with possible effects on SufB precursor splicing.

*In vitro* splicing assay was conducted both in the presence and absence of ZnONPs, as detailed in the methods section. Since, MTT assay demonstrated that HEK239T cells (human embryonic kidney cell lines) were tolerant to ZnONPs up to a concentration of 50 µg/ml (Figure S1, Supplementary Information), splicing efficiency was evaluated using NPs concentrations up to this limit. Figure 2A illustrates different structural domains of *Mtb* SufB precursor protein; N-extein (29.9 kDa), Intein (40.2 kDa), and C-extein (25.8 kDa). The details of *Mtb* SufB splicing and N- terminal cleavage reactions are published elsewhere [7]. SufB precursor undergoes splicing reactions to generate ligated exteins (LE), and intein (I), whereas N-terminal cleavage reactions yield N-terminal cleavage product (NC, 65.2 kDa), and N-extein (NE) (Figure 2A). Figures 2B(i) and 2B(ii) depict the concentration-dependent inhibition of these reactions by ZnONPs, providing crucial insights into their biological role.

The samples were analyzed through gradient SDS-PAGE, and the bands were quantified using the GelQuant.NET software. Our findings indicated a substantial inhibition of *Mtb* SufB precursor splicing ($p<0.0001$) over all the test concentration range, with discernible effects commencing at a ZnONPs concentration of 0.5 µg/ml. Remarkably, a complete inhibition of

splicing was observed at a concentration of 47 µg/ml [Figures 2B(ii) and C(i)]. These findings suggest that ZnONPs exert a dose-dependent inhibition of splicing in *Mtb* SufB precursor protein which could lead to critical consequences such as loss of functionality of this protein in a cellular environment.

Similarly, the N-terminal cleavage reaction of *Mtb* SufB precursor was notably inhibited ($p < 0.0001$) in the presence of ZnONPs. A reduction in the cleavage activity was observed at the minimal tested concentration of 0.5 µg/ml, culminating in a complete inhibition at a concentration of 26 µg/ml [Figures 2B(i) and C(ii)]. Thus, ZnONPs exert a potent inhibitory effect on the *Mtb* SufB splicing and N-terminal cleavage reactions, underscoring their potential interference with SufB-associated cellular processes. These findings also highlight the significant biological implications of ZnONPs on *Mtb* survival within host cells. To substantiate these findings, we performed western blot analysis to validate identity of protein products (Figure S3, Supplementary Information), which further confirmed the inhibitory role of ZnONPs on the splicing and N-terminal cleavage reactions of SufB. Additional intermediate concentrations of ZnONPs were used to check the robustness of such effects on the splicing and cleavage activity of the precursor protein (Figure S4, Supplementary Information).

Current research presents evidence that ZnONPs interact with the *Mtb* SufB precursor protein, leading to a concentration-dependent inhibition of both splicing and N-terminal cleavage reactions. These findings also emphasize on the notable impact ZnONPs could have on the essential cellular processes linked to *Mtb* SufB protein, and their potential implications in biological systems. Specifically, it calls for further exploration into the influence of ZnONPs on SufB splicing, correlating this process to the growth and viability of *Mtb*.

Figure 2. Effect of ZnONPs on *Mtb* SufB precursor splicing and N-terminal cleavage reactions. (A) Schematic diagram representing different structural domains of *Mtb* SufB precursor protein and splicing & N-terminal cleavage reactions of the precursor protein generating different protein products. (B) Products from *in vitro* protein refolding experiment were resolved through 5–10% gradient SDS-PAGE. ($T_0$): splicing and cleavage reactions at 0 h, (UT): untreated protein sample; and Lanes 4- 13 show protein products induced by varied concentrations ZnONPs: (i) (0.5 µg/ml -26 µg/ml)

(ii) (29 µg/ml to 50 µg/ml), Lane 14 (SI): Splicing inactive SufB double mutant (Cys1Ala/Asn359Ala)

is used as a negative control for splicing, Lane 15: ZnCl$_2$ (2 mM) was used as a positive control, since

it is a known inhibitor of *Mtb* SufB splicing reactions [8]. **(C)** Line plots showing the quantitative results

of splicing and N-terminal cleavage reaction inhibition. Values were extracted from Figure 2(B) and

plotted after densitometric analyses using GelQuant.Net biochemical solutions. 0h splicing, and

cleavage values were subtracted from each sample as baseline correction. The red arrow and blue arrow

denote complete inhibition of SufB splicing and N-terminal cleavage reactions by ZnONPs at

concentrations of 47 µg/ml and 26 µg/ml, respectively. Error bars represent (±1) SEM from (n=3) three

independent sets of experiments (p<0.0001). P: precursor, NC: N-terminal cleavage product, LE: ligated

extein, I: intein, and NE: N-extein.

*3.3 ZnONPs inhibit the growth and viability of Mycobacterial cells*

Since ZnONPs were shown to interact with the SufB precursor protein, and caused inhibition

of protein splicing, it was imperative that this may retard the growth and viability of *Mtb* by

blocking the generation of an essential protein SufB. Both H37Rv cells and MDR *Mtb* isolates,

were cultured in a nutrient medium along with various concentrations (0.5 µg/ml~50 µg/ml) of

ZnONPs, as discussed in the methods section. The test concentration range for the ZnONPs

were chosen based on their activity range as outlined in Figures 2B and 2C. Further, up to a

concentration of 50 µg/ml, ZnONPs exhibited no cytotoxicity against HEK239T cells (Figure

S1, Supplementary Information). Besides, ZnONPs at a concentration of ≥50 µg/ml was also

found to be toxic for human cells, elucidated by earlier research [80].

We performed Alamar blue assay, a well-established metric for cell viability, which yielded

data on the inhibitory roles of ZnONPs on the growth and survival of H37Rv and MDR *Mtb*

cells. The Alamar blue dye, initially blue, undergoes reduction in viable cells, resulting in a

colour change to pink, whereas persistence of the blue colour indicates lack of viable cells [81].

ZnONPs at 0.5 µg/ml and 2 µg/ml did not have any effect H37Rv cells. 5 µg/ml was identified

as the minimum inhibitory concentration (MIC) for ZnONPs at which H37Rv cells turned

purple due to partial loss of cell viability (Figure 3A). A complete loss of cell viability, and

retention of blue colour was noted at a concentration of 17 µg/ml of ZnONPs.

**Figure 3. Alamar blue assay to determine the minimum inhibitory concentrations (MIC) of ZnONPs towards H37Rv *Mtb* cells. (A)** Mycobacterial cells were incubated in a 96 well plate, in presence of varied concentrations (0.5 to 50 µg/ml) of NPs for 14 days, followed by addition of Alamar Blue reagent. Further incubation at 37ºC for 24 hours, led to colour change in the wells. MIC of ZnONPs was identified as 5 µg/ml where transition of blue to purple colour occurred suggesting partial loss of cell viability among the cells. Persistence of blue colour correlating to complete loss of viable cell population was seen at 17 µg/ml of ZnONPs. Pink cells refer to healthy viable cells resisting inhibitory effect of ZnONPs. **(B)** Comparison of the activity of first line anti-TB drugs; INH & RIF and varied concentration of ZnONPs. All the cells were rendered non-viable (blue) at a concentration of 17 µg/ml for the NPs, 2 µg/ml for RIF, 0.5 µg/ml for INH, and at respective higher concentrations. The MIC for RIF & INH as shown in this study coincided with the known values of 1 and 0.1 µg/ml respectively [82]. Synergistic activity of ZnONPs and anti-TB drugs; **(C)** RIF & **(D)** INH. 10[6] CFU of bacterial cells were grown in presence of varied concentrations of ZnONPs and Drugs. A combination

of RIF (0.5 µg/ml)+ ZnONPs (11 µg/ml) & RIF (1 µg/ml)+ ZnONPs (5 µg/ml)  successfully yielded non-viable cells (blue). Likewise, INH (0.05µg/ml) + ZnONPs (11 µg/ml) & INH (0.1 µg/ml) + ZnONPs (5 µg/ml) combinations resulted in non-proliferating cells (blue). Red stars- complete loss of viability & Yellow stars- partial loss of viable cells (purple) at a lower concentration of NPs. DS: Drug sensitive H37Rv *Mtb*, RIF: Rifampicin, INH: Isoniazid.

Next, a comparative study was conducted to assess the efficacy of ZnONPs in tandem with first-line  anti-TB drugs such as Rifampicin (RIF) and Isoniazid (INH) for which the Minimum Inhibitory Concentrations (MICs) and Minimum bactericidal Concentrations (MBC) are well-documented [82,83]. RIF and INH, at known MICs of 1 µg/ml and 0.1 µg/ml respectively, resulted in partial loss of mycobacterial cell viability (purple colour) in  the respective wells.  There was a complete loss of viable cell population (blue colour) at 2 µg/ml of RIF, and 0.5 µg/ml of INH, comparable to the activity of ZnONPs at 17 µg/ml (Figure 3B).  All the cells were rendered non-viable at concentrations higher than these values.

Figures 3C and 3D depict the synergistic activity of ZnONPs  and first line anti-TB drugs; RIF & INH. A combination of RIF (0.5 µg/ml) + ZnONPs (11 µg/ml) & RIF (1 µg/ml) + ZnONPs (5 µg/ml)  successfully yielded non-viable cells (blue). Likewise, INH (0.05 µg/ml) + ZnONPs (11 µg/ml) & INH (0.1 µg/ml) + ZnONPs (5 µg/ml) combinations resulted in non-proliferating cells (blue). Thus, both RIF and INH at their respective MIC and half reduced MIC values could completely abolish mycobacterial cell viability when added together with ZnONPs. These results emphasize on the diminution in effective concentration for the conventional anti-TB drugs (INH & RIF) in a combination with ZnONPs.

MIC values of ZnONPs towards multidrug-resistant (MDR) *Mtb* isolates were found to be higher at 14 µg/ml (Figure 4A). The MBC values for the ZnONPs [17 µg/ml for drug-sensitive H37Rv and 23 µg/ml for multidrug-resistant (MDR) *Mtb* isolates] were further confirmed through agar spread plate method as shown in Supplementary Information (Figure S5,

Supplementary Information). Although MDR cells were rendered nonviable at 20 µg/ml of

ZnONPs (Figure 4A), based on the data obtained from agar spread plate method (Figure S5,

Supplementary Information), for the remaining experiments 23 µg/ml was considered as the

MBC for ZnONPs towards MDR *Mtb* cells.

In the case of MDR isolates, the anti-TB drugs Moxifloxacin (MXF) and Levofloxacin (LFX),

with known MICs of 0.0625 µg/ml and 0.125 µg/ml respectively[84,85], were compared with the

activity of the ZnONPs (Figure 4B). There was a complete loss of viable cell population (blue

colour) at LFX (0.25 µg/ml) / MXF (0.125 µg/ml) and their activity was comparable to the

effect of ZnONPs at 23 µg/ml (MBC) (Figure 4B). All the cells were rendered non-viable (blue)

at concentrations higher than these values for the test compounds. Thus, the antimycobacterial

activity of ZnONPs towards MDR *Mtb* isolates was comparable to that of anti-TB drugs MXF

and LFX at their respective MIC and higher values. This underscores the potential of ZnONPs

as a potent alternative for managing *Mtb* infections

Next, the synergistic activity of ZnONPs along with LFX and MXF was evaluated towards

MDR *Mtb* isolates (Figures 4C and 4D). A combination of LFX (0.0625 µg/ml)+ ZnONPs (17

µg/ml) and LFX (0.125 µg/ml)+ ZnONPs (11 µg/ml) resulted in non-viable cells (blue). A

similar observation was made for, MXF (0.031 µg/ml) + ZnONPs (17 µg/ml) and MXF (0.0625

µg/ml)+ ZnONPs (11 µg/ml) combinations towards the viability of MDR cells.

Thus, both LXF and MXF at their respective MIC and half reduced MIC values could

completely abolish mycobacterial cell viability when added together with ZnONPs. In toto,

these results suggest that ZnONPs exhibit anti-mycobacterial properties against both H37Rv

and MDR *Mtb* cells, indicating their potential utility as a supportive therapy in the fight against

TB.

On the whole, from the results of *in vitro* splicing and Alamar blue assays, ZnONPs-mediated

inhibition of mycobacterial growth could be attributed to splicing attenuation induced by

interactions between ZnONPs and *Mtb* SufB precursor protein. By targeting essential proteins like the splicing of SufB, ZnONPs are likely to disrupt vital cellular processes in the mycobacteria, leading to growth inhibition and loss of cell viability. To further correlate these events, Alamar blue assay was performed to examine the effect of ZnONPs (0.5 ug/ml to 50 ug/ml) on the growth and viability of *Mycobacterium smegmatis* (*M. sm*), in which SufB polypeptide chain lacks an intein sequence (Figure S6, Supplementary Information) [86]. Live viable cells (pink) (Figure S6, Supplementary Information), indicated no effect of ZnONPs (0.5 μg/ml to 50 μg/ml) on *M. sm* viability, possibly due to lack of regulatory influence on SufB splicing and cleavage reactions. This provided further evidence to support loss of *Mtb* cell viability (alamar blue assay) as a result of ZnONPs mediated inhibition of *Mtb* SufB splicing and cleavage reactions, although additional mechanisms such as NPs-mediated membrane damage cannot be ruled out.

Furthermore, our investigation into combinatorial therapy, integrating lower effective concentrations of known anti-TB drugs alongside ZnONPs, revealed a notable inhibitory effect on the growth and viability of *Mycobacterium tuberculosis* (*Mtb*) cells. Particularly noteworthy was the complete loss of cell viability observed at concentrations half of the MIC values for the individual drugs along with a reduced effective concentration for the NPs (Figures 3C, 3D, 4C, and 4D). As shown in Figure 3C, when the concentration for RIF was reduced to 0.5 μg/ml (half of MIC), along with 11 μg/ml of ZnONPs, this led to no observable viable growth of H37Rv *Mtb*. Similarly, INH at a concentration of 0.05 ug/ml (half of MIC) completely blocked viability of mycobacterial cells in presence of lower dose of ZnONPs (11 μg/ml) (Figure 3D). In another approach, when RIF and INH were added at their respective MIC (1 μg/ml and 0.1 μg/ml respectively), in presence of MIC of ZnONPs (5 μg/ml), no viable cells were observed (Figures 3C, 3D). Similarly, in the case of MDR cells, when LFX and MXF were added at their MIC (0.125 and 0.0625 μg/ml respectively)[84,85], a reduction for ZnONPs

MIC occurred from 14 ug/ml to 0.5 ug/ml, with no growth observed at 11 µg/ml (Figures 4C,

4D).

This strategy demonstrates the potential to achieve significant inhibition of H37Rv as well

MDR *Mtb* cells at markedly lower concentrations of conventional anti-TB drugs, with the

potential to mitigate the cytotoxic effects associated with prolonged drug administration. The

observed synergy between lower doses of existing drugs and ZnONPs presents a promising

avenue for enhancing the efficacy of TB management while minimizing potential adverse

effects.

**Figure 4. Alamar blue assay to determine the MIC of ZnONPs towards MDR *Mtb* cells.**
**(A)** Mycobacterial cells were incubated in a 96 well plate, in presence of varied concentrations (0.5 to
50 µg/ml) ZnONPs for 14 days, followed by addition of Alamar Blue reagent. Further incubation at
37ºC for 24 hours, led to colour change in the wells.  MIC of ZnONPs was identified as 14 µg/ml where

transition of blue to purple colour occurred suggesting partial loss of cell viability among the cells. In

contrast, persistence of a blue colour due to complete loss of viable cell population was seen at 23 μg/ml

of ZnONPs. Pink cells refer to healthy viable cells resisting inhibitory effect of ZnONPs. **(B)**

Comparison of the activity of anti-TB drugs; Levofloxacin (LFX) & Moxifloxacin (MXF) and varied

concentration of ZnONPs. All the cells were rendered non-viable (blue) at a concentration of 23 μg/ml

for the ZnONPs and in presence of  LFX (0.25 μg/ml), MXF (0.125 μg/ml) and at higher concentration.

The MIC for LFX & MXF as shown in this study coincided with the known values of 0.125 and 0.0625

μg/ml respectively [84,85]. Synergistic activity of ZnONPs  and anti-TB drugs; **(C)** LFX & **(D)** MXF. $10^6$

CFU of bacterial cells were grown in presence of varied concentrations of ZnONPs and the drugs. A

combination of LFX (0.0625 μg/ml) + ZnONPs (17 μg/ml) & LFX (0.125 μg/ml) + ZnONPs (11 μg/ml)

successfully yielded non-viable cells (blue). Likewise, MXF (0.031 μg/ml) + ZnONPs (17 μg/ml) &

MXF (0.0625 μg/ml) + ZnONPs (11 μg/ml) combinations resulted in non-proliferating cells (blue). Red

stars- complete loss of viability & Yellow stars- partial loss of viable cells (purple) at a lower

concentration of NPs. MDR: Multidrug-resistant, LFX: Levofloxacin, MXF: Moxifloxacin.

*3.4 ZnONPs exhibit bactericidal effects on drug-sensitive and MDR Mtb* cells

Current work validated the interaction between ZnONPs and *Mtb* SufB, which influenced cell

viability, and this can be attributed to the production of a non-functional SufB protein via

splicing inhibition, a vital component for *Mtb* survival [11,13]. The observed decrease in viability

could also be associated with a cumulative effect of mycobacterial membrane damage activity

induced by ZnONPs [40]. To substantiate this hypothesis, we performed a scanning electron

microscopy (SEM) analysis, employing various ZnONPs concentrations; a lower concentration

of 0.5 μg/ml, two effective concentrations of 17 and 23 μg/ml (MBC for ZnONPs towards

H37Rv and MDR *Mtb* cells), and 50 μg/ml, the upper limit for toxicity. These concentrations

were selected to cover the effective range of ZnONPs for *in vitro* splicing studies, and MBC

values identified by Alamar blue assay & spread plate method.

Treatment with ZnONPs at a concentration of 0.5 μg/ml induced minor alterations in the

bacterial morphology. However, exposure to concentrations of 17 μg/ml, 23 μg/ml, and 50

μg/ml led to extensive membrane disruption, cell-fusion, and cytoplasmic leakage

accompanied by a complete loss of cellular morphology (Figures 5A and 5B). Thus, SEM

analysis offers substantial evidence of the membrane-damaging activity of ZnONPs towards

H37Rv and MDR *Mtb* isolates. This uniform activity of ZnONPs against both drug-sensitive

and MDR *Mtb* cells validates our previous observations on antimycobacterial effectiveness

detected via Alamar blue assay. This result is particularly significant in the context of MDR-

TB, where conventional antibiotic treatments encounter substantial obstacles.

**Figure 5. SEM analysis displaying bactericidal role of ZnONPs on *Mycobacterium***

***tuberculosis (Mtb)* cells (A)** H37Rv **(B)** MDR *Mtb* isolates. Control (untreated) mycobacterial cells

were uniform looking, without any changes in the cell morphology or any evidence of membrane

damage. Mild alterations in cellular morphology were noted for both H37Rv, and MDR *Mtb* cells in

presence of 0.5 µg/ml of ZnONPs. Dose dependent increase in the severity of cell membrane damage,

cell fusion, loss of cellular architecture, were identified among the **(A)** H37Rv and **(B)** MDR *Mtb*

isolates, across rest of the ZnONPs test concentration range (17 µg/ml, 23 µg/ml , and 50 µg/ml)

(outlined by yellow circles). MDR: Multidrug-resistant *Mtb*

*3.5 ZnONPs rescue Mtb induced changes in infected mice model*

So far, *in vitro* data from this work suggested potent mycobactericidal activity of ZnONPs

against H37Rv and MDR *Mtb* isolates, possibly by inhibiting the splicing of essential protein

*Mtb* SufB, leading to loss of viability and membrane damage. To further assess this activity in

*in vivo* setting, we conducted experiments in mice model.

The utilization of *Mtb* H37Ra (H37Rv attenuated strain)-infected mice serves as an established

*in vivo* model to evaluate TB infection [87]. Both H37Ra and H37Rv *Mtb* strains are inhibited

by similar concentrations of anti-TB drugs as suggested by an earlier work [88]. Hence, the

efficacy of ZnONPs-drug combination and recovery from the infection was further tested in

H37Ra-infected mice.

BALB/6 mice were infected with *Mtb* H37Ra; 1×PBS (placebo), ZnONPs, and drug (RIF)

administration commenced four days post-infection and continued for a total of seven days,

with mice sacrificed on day 18 post-infection for subsequent histopathological and bacterial

burden analysis (experimental design elucidated in Figure 6A). Administration of RIF dosages

is based on earlier works published elsewhere [89–91]. Our findings revealed a strong anti-*Mtb*

effect of ZnONPs, as evidenced by the analysis of the gross morphology of spleen,

histopathological analysis and bacterial burden assay.

A significant splenomegaly was observed in the infected mouse which had received 1×PBS as

a placebo following infection with H37Ra strain [92–96]. Resistance to this morphological effect

was observed in infected mice, receiving RIF (15 mg/kg) alone, ZnONPs (26 and 50 µg/ml),

RIF (10 mg/kg) + ZnONPs (26 µg/ml), and RIF (10 mg/kg) + ZnONPs (50 µg/ml). The

splenomegaly following H37Ra infection in the aforementioned experimental groups was

rescued significantly when ZnONPs was given as a solo treatment at concentration of 26 µg/ml,

and 50 µg/ml. Further, the efficacy of RIF at 15 mg/kg was similar to a combination containing

a reduced dosage of RIF at 10 mg/kg along with ZnONPs (26 µg/ml, and 50 µg/ml), where a

complete rescue from splenomegaly was seen; comparable to the normal sized spleen in healthy

cage control mouse (Figure 6B). Likewise, a substantial reduction in mycobacterial load in

lungs and spleen were observed in similarly treated mice groups, emphasizing the superior anti-

TB activity of the ZnONPs/RIF combination (Figures 6C and 6D). Bacterial loads were

equivalently attenuated when RIF was administered solo at 15 mg/kg or in combination (RIF

10 mg/kg + ZnONPs 26 µg/ml or RIF 10 mg/kg + ZnONPs 50 µg/ml) at a lower concentration.

This highlights the synergistic activity of these anti-*Mtb* compounds displaying a higher

potential to manage mycobacterial infection.

**Figure 6. *In vivo* antimycobacterial effects of ZnONPs in H37Ra infected mice model. (A)**
Schematic representation of the experimental design in BALB/c mice (n = 6 in each group). Mice were
infected with H37Ra; 1×PBS (placebo), NPs and drug administration commenced four days post-
infection and continued for a total of seven days, with mice sacrificed on day 18th post-infection. **(B)**
Significant splenomegaly was noticed in the infected mouse which had received 1×PBS only. This was
not observed in the infected mice, who were given RIF (15 mg/kg) alone, and combinations of RIF (10
mg/kg) + ZnONPs (26 µg/ml), and RIF (10 mg/kg) + ZnONPs (50 µg/ml), where the spleen size was
comparable to the normal sized spleen in healthy cage control mouse. The splenomegaly was partially
rescued in mice who had received ZnONPs (26 or 50 µg/ml) alone. Bacterial burden in the **(C)** lungs,
and **(D)** spleen of the infected mice was determined by plating the organ lysate on the 7H10 plates after
treatment with ZnONPs or 1×PBS for 7 days. Significant reduction in mycobacterial loads was
observed in mice groups treated with a combination of RIF (10 mg/kg) + ZnONPs (26 µg/ml), and RIF
(10 mg/kg) + ZnONPs (50 µg/ml), emphasizing the superior anti-TB activity of the ZnONPs- RIF

combination as compared to RIF alone. Data are presented as mean ± 1 SD (p>0.0001) from values

obtained from (n=6) mice.

Next, histopathological examination of infected lungs and spleen tissues provided additional

evidence for the anti-mycobacterial efficacy of ZnONPs. Lungs sections from cage control

healthy mice displayed clear lung fields without any evidence of inflammation [Figure 7A(a)].

Infected mice group administered with 1×PBS displayed distinct pathological changes in the

lungs with noticeable inflammatory infiltrates, indicative of infection induced immune

response [Figure 7A(b)] [97]. When administered individually, ZnONPs (26 µg/ml), ZnONPs (50

µg/ml), and RIF (15 mg/kg) caused a partial reduction in inflammatory cells within the lungs

[Figures 7A(c), (d), and (e)]. On the contrary, mice treated with a combination of ZnONPs (26

µg/ml) + RIF (10 mg/kg) and ZnONPs (50 µg/ml) + RIF (10 mg/kg)  respectively,

demonstrated no inflammatory infiltrations, suggesting  their superior anti-mycobacterial

action ([Figures 7A(f), and (g)].

Similarly, inflammatory changes were noted within the white pulp of the infected splenic

tissue, which is a critical component of the organ's immune function [98]. Healthy mice from the

cage control group exhibited normal spleen histology with clear differentiation into white and

red pulps [Figure 7B(a)] [99] whereas, infected mice treated with 1×PBS, depicted rich

inflammatory infiltrates obscuring normal spleen histology [Figure 7B(b)] [100]. A partial

reduction in inflammation was observed, along with a restoration of the white and red pulp

structures in the spleen of the mice treated with ZnONPs (26 µg/ml), and ZnONPs (50 µg/ml),

respectively [Figures 7B(c), and (d)]. Notably, in the mice group that received RIF (15 mg/kg)

alone or combination therapy [ZnONPs (26 µg/ml) + RIF (10 mg/kg) and ZnONPs (50 µg/ml)

+ RIF (10 mg/kg)], there were no inflammatory infiltrations, and distinct white and red pulp

structures were evident ([Figures 7B(e), (f), and (g)]. Hence, the efficacy of the combinatorial

approach with a reduced dose of RIF (10 mg/kg) was similar to RIF solo therapy at a higher

concentration (15 mg/kg).

**Figure 7. Histopathology of lungs and spleen from H37Ra infected mice (H37Rv attenuated strain), comparing the efficacy of ZnONPs, RIF, and ZnONPs-RIF combinations. (A)** Lungs sections are stained by H&E staining and processed for visualization by microscopy. **(a)** Histology of

uninfected lungs in healthy control mice. **(b-e)** represent tissue sections from infected mice who have received different solo treatments, **(b)** 1×PBS exhibiting prominent aggregates of inflammatory cells; **(c)** 26 ug/ml of ZnONPs, **(d)** 50 ug/ml of ZnONPs , and **(e)** RIF 15 mg/kg displaying partial reduction in immune cells infiltrates; **(f)** RIF (10 mg/kg) + ZnONPs (26 ug/ml), and **(g)** RIF (10 mg/kg) + ZnONPs (50 ug/ml) represent no inflammatory changes and restoration of normal lungs histology. **(B)** Tissue sections from spleen are stained by H&E staining and processed for visualization by microscopy. **(a)** Histology of spleen in uninfected healthy control mice showing well differentiated white and red pulp structures. **(b-e)** represent tissue sections from infected mice who have received different solo treatments; **(b)** 1×PBS exhibiting heavy immune cell aggregates obliterating white and red pulps; **(c)** 26 ug/ml of ZnONPs, **(d)** 50 ug/ml of ZnONPs, are displaying partial rescue from inflammatory infiltrates; **(e)** RIF 15 mg/kg**, (f)** RIF (10 mg/kg) + ZnONPs (26 ug/ml), and **(g)** RIF (10 mg/kg) + ZnONPs (50 ug/ml)**,** either of these treatments when given to infected mice, restored normal spleen histology with no evidence of inflammation. Images represent different experimental groups of mice visualized under 10X magnification. H&E- Hematoxylin and eosin staining; RIF- Rifampicin

These observations support a potential therapeutic effect of the ZnONPs against *Mycobacterium tuberculosis* (*Mtb*). A concurrent mode of action combining, SufB splicing inhibition by ZnONPs along with inhibition of bacterial RNA polymerase due to RIF, and ZnONPs mediated membrane damage, possibly facilitates complete resolution of inflammation restoring normal spleen and lung histology [101]. Taken together, these findings provide a strong foundation for further investigation into the mechanisms underlying the *in vivo* anti-mycobacterial activity of ZnONPs towards drug-sensitive as well as MDR TB. Additionally, long-term studies evaluating the safety and sustained efficacy of ZnONPs will be crucial for assessing their potential as a viable therapeutic option.

**4. Conclusion**

One of the major milestones of the United Nations Sustainable Development Goals (SDGs) is to end TB by 2030 [102]. Besides aiming for accessible patient care with attenuated hospitalization rate, WHO also calls for "adoption to innovations" in TB management [2]. The escalating challenge of drug-resistant TB, necessitates the exploration of novel therapeutic strategies such as nanomedicine. Current work investigates into the mycobactericidal role of

the ZnONPs against both H37Rv *Mtb* strain and MDR *Mtb* isolates, by blocking generation of

crucial SufB protein via intein splicing inhibition .

**Figure 8. Schematic diagram illustrating the proposed mechanism for higher efficacy of combination therapy in managing drug-susceptible and MDR TB, contrasting with conventional drug therapy.** ZnONPs and RIF/INH or MXF/LFX combination exhibits superior therapeutic potential possibly via a dual approach: targeting the mycobacterial viability by splicing regulation to inhibit generation of essential protein SufB, further supported by the potent antimycobacterial action of anti-TB drugs. Multidrug-resistant (MDR), Rifampicin (RIF), Isoniazid (INH), Moxifloxacin (MXF), Levofloxacin (LFX).

A series of *in vitro* experiments, encompassing Bradford assays, UV-Visible spectroscopy, DLS, zeta potential, and Transmission Electron Microscopy (TEM), have collectively substantiated the interaction between the ZnONPs and the SufB protein. The Alamar Blue assay and Scanning Electron Microscopy (SEM) analysis further elucidated the bactericidal effects of the ZnONPs on H37Rv and MDR *Mtb* cells, which was correlated to the inhibitory effects of the ZnONPs on splicing and cleavage reactions of SufB precursor protein. Thus ZnONPs and the SufB protein interaction induced a significant alteration in the *Mtb* viability possibly due to loss of protein's biological activity. While SEM confirmed extensive mycobacterial membrane damage, the Alamar blue assay highlighted the superior efficacy of

a combination therapy (ZnONPs-INH/RIF & ZnONPs-LFX/MXF), where the effective dosage of the anti-TB drugs were reduced by half towards both drug-sensitive strain and MDR *Mtb* isolates [82–85]. Next, *in vivo* experiments in infected mice model, validated substantial anti-mycobacterial activity of ZnONPs-RIF combination against the *Mtb* H37Ra strain.

In the current study, histopathological examination of infected lungs and spleen tissues (H&E staining) has provided evidence for the anti-inflammatory efficacy of ZnONPs (Figure 7). These results provided insight into the extent of inflammation and immune cell recruitment, which are the key indicators of the host immune response during *Mtb* infection and management [103-105]. When administered individually, ZnONPs (26 µg/ml), ZnONPs (50 µg/ml), and RIF (15 mg/kg) caused a partial reduction in inflammatory cells within the infected lungs & spleen. On the contrary, mice treated with a combination of ZnONPs (26 µg/ml) + RIF (10 mg/kg) and ZnONPs (50 µg/ml) + RIF (10 mg/kg), demonstrated no inflammatory cell infiltrations, suggesting their superior anti-inflammatory action (Figure 7). The observed reduction in inflammatory cells in the ZnONPs + RIF treated mice group suggests a favourable anti-inflammatory and anti-mycobacterial effect [106,107].

These collective findings underscore the potential of ZnONPs as a promising additive along with existing anti-TB drugs in the fight against tuberculosis. Herein, we propose a dual mode of action for this ZnONPs-based combinatorial approach: ZnONPs can significantly influence mycobacterial viability by complete blockage of splicing and cleavage reactions to inhibit generation of essential protein SufB, further supported by the potent antimycobacterial action of anti-TB drugs (Figure 8). Since eukaryotes such as humans lack intein sequences, and microbial intein sequences resist mutations, targeted drug development strategy aiming splicing regulation of critical proteins have been proposed as novel mechanisms to manage drug-resistant infections [108]. Current study also highlights the reduction in the effective dosage for the anti-TB drugs in combination with ZnONPs, that will address caveats such as drug

toxicity. However, further research and clinical trials will be essential to validate the safety and

efficacy of ZnONPs as a potential supportive treatment option for the infected patients.

This study's uniqueness lies in its innovative approach that demonstrated bactericidal efficacy

against both drug-sensitive and MDR *Mtb* isolates, as a significant improvement over earlier

research. Furthermore, the inhibition of SufB splicing by ZnONPs provides a new mechanism

for managing TB, distinct from existing treatments. Additionally, the reduced dose of RIF/INH

and MXF/LFX when combined with ZnONPs may lead to fewer adverse effects and improved

patient compliance, especially addressing concerns during extended treatment periods (as in

case of disseminated TB). Moreover, the potential toxicity of ZnONPs can be further

eliminated by obtaining NPs via green synthesis routes [109,110]. Howbeit, future research should

focus on clinical trials to validate these findings and explore the long-term benefits and safety

of this combinatorial approach. Current study addresses the growing issue of drug-resistant TB

by exploring a new therapeutic approach that can have a significant contribution to the field of

TB research and management. Higher efficacy along with lower drug dosage and probable

shorter treatment duration may have a positive impact on the overall health cost, facilitating

global effort to fight against TB.

**Author contributions**

Deepak Kumar Ojha: Conceptualization, Resources, Data curation, Formal Analysis,

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Ashwaria Mehra: Resources, Data curation, Funding acquisition, Validation, Methodology,

Writing—review & editing; Sunil Swick Rout: Resources, Data curation, Software, Validation,

Visualization; Sidhartha Giri: Resources, Validation, review & editing; Sasmita Nayak:

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Project administration, Writing—review & editing.

**Conflicts of interest**

There are no conflicts to declare

**Data Availability**

The data underlying the present article are available in the article and in its online Supplementary Information.

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**Ethics Statement**

The animal study was reviewed and approved/recommended by the IAEC of Kalinga Institute of Industrial technology Deemed to be University (KIIT-DU), Bhubaneswar, Odisha. (Approval No. KSBT/IAEC/2023/2/14.2)

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**Abbreviations**

Ab, antibody; ANOVA, Analysis of Variance; CC , C-terminal cleavage product; IB , inclusion bodies; IPTG, isopropyl β-d-1-thiogalactopyranoside; I, intein; CC, C-terminal cleavage; P, precursor; LE, ligated extein; MDR, multidrug resistant; DS, Drug sensitive ; DR, Dug resistance; *Mtb*, *Mycobacterium tuberculosis*; NC, N-terminal cleavage product; NE, N-extein; Ni-NTA, nickel-nitrilotriacetic acid; PAGE, polyacrylamide gel electrophoresis; PVDF, polyvinylidene fluoride; SI, splicing inactive; SDS, sodium dodecyl sulfate; SEM, Scanning Electron Microscope; SUF, Mobilization of Sulphur; TB, Tuberculosis; TCEP.HCl, tris 2-carboxyl ethyl phosphine. Hydrochloric acid; TNB, 2-nitro-5-thiobenzoic acid; UV–Vis, UV–visible spectroscopy; WT, wild-type; NP, Nanoparticle; ZnO, zinc oxide; H&E; Hematoxylin and eosin.

**References**

D. R. Silva, F. C. de Queiroz Mello and G. B. Migliori, *Jornal Brasileiro de Pneumologia*, 2020, **46**, e20200027.

Geneva: World Health Organization. Global tuberculosis report 2023., Global tuberculosis report 2023, https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023, (accessed 2 July 2024).

K. J. Seung, S. Keshavjee and M. L. Rich, *Cold Spring Harb Perspect Med*, DOI:10.1101/cshperspect.a017863.

A. Prasanna and V. Niranjan, *Bioinformation*, 2019, **15**, 261–268.

S. N. Goossens, S. L. Sampson and A. Van Rie, *Clin Microbiol Rev*, DOI:10.1128/CMR.00141-20.

K. H. Alzahabi, O. Usmani, T. K. Georgiou, M. P. Ryan, B. D. Robertson, T. D. Tetley and A. E. Porter, 2021, preprint, DOI: 10.1042/ETLS20190154.

S. Panda, A. Nanda, N. Sahu, D. K. Ojha, B. Pradhan, A. Rai, A. R. Suryawanshi, N. Banavali and S. Nayak, *Biosci Rep*, DOI:10.1042/BSR20212207.

S. Panda, A. Nanda, S. S. Nasker, A. Mehra, D. K. Ojha, P. S. Mohanty and S. Nayak, *Clin Sci*, DOI:10.1042/CS20230307.

O. Novikova, P. Jayachandran, D. S. Kelley, Z. Morton, S. Merwin, N. I. Topilina and M. Belfort, *Mol Biol Evol*, DOI:10.1093/molbev/msv271.

10    F. Wayne Outten, 2015, preprint, DOI: 10.1016/j.bbamcr.2014.11.001.

11    G. Huet, M. Daffé and I. Saves, *J Bacteriol*, 2005, **187**, 6137–6146.

12    H. K. Chahal, Y. Dai, A. Saini, C. Ayala-Castro and F. W. Outten, *Biochemistry*,
DOI:10.1021/bi901518y.

13    G. Huet, J. P. Castaing, D. Fournier, M. Daffé and I. Saves, *J Bacteriol*, 2006, **188**, 3412–3414.

14    K. W. Jayawardana, H. S. N. Jayawardena, S. A. Wijesundera, T. De Zoysa, M. Sundhoro and
M. Yan, *Chemical Communications*, DOI:10.1039/c5cc04251h.

15    P. V Mohanan, V. G. Reshma, S. Syama, S. Sruthi, S. C. Reshma and N. S. Remya, *Curr Drug*
*Metab*, DOI:10.2174/1389200218666170925122201.

16    M. Vallet-Regí, B. González and I. Izquierdo-Barba, 2019, preprint, DOI:
10.3390/ijms20153806.

17    A. C. Anselmo and S. Mitragotri, *Bioeng Transl Med*, DOI:10.1002/btm2.10003.

18    G. T. Tietjen and W. M. Saltzman, *Sci Transl Med*, DOI:10.1126/scitranslmed.aad6645.

19    A. Gallud, H. Líbalová and B. Fadeel, *Nanomedicine*, DOI:10.2217/nnm.15.79.

20    T. Sun, Y. S. Zhang, B. Pang, D. C. Hyun, M. Yang and Y. Xia, 2014, preprint, DOI:
10.1002/anie.201403036.

21    J. N. BARRY and A. A. VERTEGEL, *Nano Life*, DOI:10.1142/s1793984413430010.

22    S. J. Park, 2020, preprint, DOI: 10.2147/IJN.S254808.

23    S. R. Saptarshi, A. Duschl and A. L. Lopata, *J Nanobiotechnology*, DOI:10.1186/1477-3155-
11-26.

24    D. Peer, J. M. Karp, S. Hong, O. C. Farokhzad, R. Margalit and R. Langer, 2007, preprint, DOI:
10.1038/nnano.2007.387.

25    K. K. Jain, 2005, preprint, DOI: 10.1016/j.cccn.2005.03.014.

26    Y. Barenholz, 2012, preprint, DOI: 10.1016/j.jconrel.2012.03.020.

27    X. Hou, T. Zaks, R. Langer and Y. Dong, 2021, preprint, DOI: 10.1038/s41578-021-00358-0.

28    J. Theron, J. A. Walker and T. E. Cloete, 2008, preprint, DOI: 10.1080/10408410701710442.

29    A. Gogos, K. Knauer and T. D. Bucheli, *J Agric Food Chem*, DOI:10.1021/jf302154y.

30    J. Mou, Z. Liu, J. Liu, J. Lu, W. Zhu and D. Pei, *Drug Deliv*,
DOI:10.1080/10717544.2019.1571121.

31    C. Pushpalatha, J. Suresh, V. S. Gayathri, S. V. Sowmya, D. Augustine, A. Alamoudi, B. Zidane,
N. H. Mohammad Albar and S. Patil, *Front. Bioeng. Biotechnol*, 2022, DOI:
10.3389/fbioe.2022.917990.

32    X. Li, C. Yuan, Q. Chen, Q. Xue, J. Mou and P. Wang, *Med Oral Patol Oral Cir Bucal*, 2023,
**28**, e487–e495.

33    Y. Wang, H. Hua, W. Li, R. Wang, X. Jiang and M. Zhu, *J Dent*, 2019, **80**, 23–29.

34    C. Petchthanasombat, T. Tiensing and P. Sunintaboon, *J Colloid Interface Sci*, 2012, **369**, 52–
57.

35  E. M. El-Diasty, M. A. Ahmed, N. Okasha, S. F. Mansour, S. I. El-Dek, H. M. A. El-Khalek and
M. H. Youssif, *Rom J Biophys*, 2013, **23**, 191–202.

36  S. Raha and M. Ahmaruzzaman, *Nanoscale Adv*, 2022, **4**, 1868-1925, DOI:
10.1039/d1na00880c.

37  S. Jha, R. Rani and S. Singh, 2023, preprint, DOI: 10.1007/s10904-023-02550-x.

38  M. Heidary, S. Z. Bostanabad, S. M. Amini, A. Jafari, M. G. Nobar, A. Ghodousi, M.
Kamalzadeh and D. Darban-Sarokhalil, *Infect Drug Resist*, DOI:10.2147/IDR.S221408.

39  W. Lin, S. Fan, K. Liao, Y. Huang, Y. Cong, J. Zhang, H. Jin, Y. Zhao, Y. Ruan, H. Lu, F. Yang,
C. Wu, D. Zhao, Z. Fu, B. Zheng, J. F. Xu and J. Pi, *Front Cell Infect Microbiol*,
DOI:10.3389/fcimb.2022.1074533.

40  A. J. Caron, I. J. Ali, M. J. Delgado, D. Johnson, J. M. Reeks, Y. M. Strzhemechny and S. M.
McGillivray, *Front Microbiol*, 2024, **15**, 1394078.

41  S. V. Gudkov, D. E. Burmistrov, D. A. Serov, M. B. Rebezov, A. A. Semenova and A. B.
Lisitsyn, 2021, preprint, DOI: 10.3389/fphy.2021.641481.

42  P. Sun, S. Ye, S. Ferrandon, T. C. Evans, M. Q. Xu and Z. Rao, *J Mol Biol*,
DOI:10.1016/j.jmb.2005.09.039.

43  B. W. Poland, M. Q. Xu and F. A. Quiocho, *Journal of Biological Chemistry*,
DOI:10.1074/jbc.275.22.16408.

44  L. Zhang, Y. Zheng, Z. Xi, Z. Luo, X. Xu, C. Wang and Y. Liu, *Mol Biosyst*,
DOI:10.1039/b903144h.

45  P. Van Roey, B. Pereira, Z. Li, K. Hiraga, M. Belfort and V. Derbyshire, *J Mol Biol*,
DOI:10.1016/j.jmb.2006.12.050.

46  S. Panda, A. Nanda, S. S. Nasker, D. Sen, A. Mehra and S. Nayak, 2021, preprint, DOI:
10.1016/j.biochi.2021.03.006.

47  D. Woods, S. Vangaveti, I. Egbanum, A. M. Sweeney, Z. Li, V. Bacot-Davis, D. S. Lesassier,
M. Stanger, G. E. Hardison, H. Li, M. Belfort and C. W. Lennon, *mBio*,
DOI:10.1128/mBio.01403-20.

48  R. Afarin, F. Ahmadpour, M. Hatami, S. Monjezi and S. Igder, *Heliyon*, 2024, **10**, e31925.

49  Q. Lin, Y. Jing, C. Yan, X. Chen, Q. Zhang, X. Lin, Y. Xu and B. Chen, *Int J Nanomedicine*,
2024, **Volume 19**, 5381–5395.

50  B. Naiel, M. Fawzy, A. E. D. Mahmoud and M. W. A. Halmy, *Sci Rep*, 2024, **14**, 13459.

51  A. Nanda, S. S. Nasker, A. K. Kushwaha, D. K. Ojha, A. K. Dearden, S. K. Nayak and S. Nayak,
*Front Bioeng Biotechnol*, DOI:10.3389/fbioe.2021.773303.

52  E. Suhartono, I. Thalib, I. Aflanie, Z. Noor and R. Idroes, in *IOP Conference Series: Materials
Science and Engineering*, 2018, vol. 350.

53  P. K. Grzyska, R. P. Hausinger and D. A. Proshlyakov, *Anal Biochem*, 2010, **399**, 64–71.

54  J. Saikia, M. Yazdimamaghani, S. P. Hadipour Moghaddam and H. Ghandehari, *ACS Appl
Mater Interfaces*, DOI:10.1021/acsami.6b09950.

G. Su, H. Jiang, B. Xu, Y. Yu and X. Chen, *Mol Pharm*, DOI:10.1021/acs.molpharmaceut.8b00612.

A. M. Clemments, C. Muniesa, C. C. Landry and P. Botella, *RSC Adv*, 2014, **4**, 29134–29138.

A. Nanda, S. S. Nasker, A. K. Kushwaha, D. K. Ojha, A. K. Dearden, S. K. Nayak and S. Nayak, *Front Bioeng Biotechnol*, 2021, **9**, 773303.

A. Sasidharan, J. E. Riviere and N. A. Monteiro-Riviere, *J Mater Chem B*, 2015, **3**, 2075–2082.

K. Friedel, M. A. Popp, J. C. J. Matern, E. M. Gazdag, I. V. Thiel, G. Volkmann, W. Blankenfeldt and H. D. Mootz, *Chem Sci*, DOI:10.1039/C8SC01074A.

L. Zhang, Y. Zheng, B. Callahan, M. Belfort and Y. Liu, *Journal of Biological Chemistry*, DOI:10.1074/jbc.M110.171124.

K. V. Mills, B. M. Lew, S. Q. Jiang and H. Paulus, *Proc Natl Acad Sci U S A*, DOI:10.1073/pnas.95.7.3543.

K. V. Mills and H. Paulus, *Journal of Biological Chemistry*, DOI:10.1074/jbc.M011149200.

J. P. Gangopadhyay, S. qin Jiang and H. Paulus, *Anal Chem*, DOI:10.1021/ac020756b.

H. Chan, C. S. Pearson, C. M. Green, Z. Li, J. Zhang, G. Belfort, A. Shekhtman, H. Li and M. Belfort, *Journal of Biological Chemistry*, DOI:10.1074/jbc.M116.747824.

K. Punjabi, S. Mehta, R. Chavan, V. Chitalia, D. Deogharkar and S. Deshpande, *Front Microbiol*, DOI:10.3389/fmicb.2018.02207.

W. Zhou, B. Yang, Y. Zou, K. Rahman, X. Cao, Y. Lei, R. Lai, Z. F. Fu, X. Chen and G. Cao, *Front Microbiol*, DOI:10.3389/fmicb.2021.658637.

E. M. Longhin, N. El Yamani, E. Rundén-Pran and M. Dusinska, *Frontiers in Toxicology*, DOI:10.3389/ftox.2022.981701.

C. Mahendra, M. N. Chandra, M. Murali, M. R. Abhilash, S. B. Singh, S. Satish and M. S. Sudarshana, *Process Biochemistry*, DOI:10.1016/j.procbio.2019.10.020.

S. Sharma, E. Gelman, C. Narayan, D. Bhattacharjee, V. Achar, V. Humnabadkar, V. Balasubramanian, V. Ramachandran, N. Dhar and N. Dinesh, *Antimicrob Agents Chemother*, DOI:10.1128/AAC.03205-14.

S. Panda, T. K. Rout, A. D. Prusty, P. M. Ajayan and S. Nayak, *Advanced Materials*, DOI:10.1002/adma.201702149.

L. Abarca-Cabrera, P. Fraga-García and S. Berensmeier, 2021, preprint, DOI: 10.1186/s40824-021-00212-y.

C. Eisner, H. Ow, T. Yang, Z. Jia, E. Dimitriadis, L. Li, K. Wang, J. Briggs, M. Levine, J. Schnermann and M. G. Espey, *J Appl Physiol*, DOI:10.1152/japplphysiol.01068.2011.

G. Yan, Y. Huang, Q. Bu, L. Lv, P. Deng, J. Zhou, Y. Wang, Y. Yang, Q. Liu, X. Cen and Y. Zhao, *J Environ Sci Health A Tox Hazard Subst Environ Eng*, DOI:10.1080/10934529.2012.650576.

A. M. Florea, F. Splettstoesser and D. Büsselberg, *Toxicol Appl Pharmacol*, DOI:10.1016/j.taap.2007.01.022.

R. V.G. and M. P.V., *Colloids Surf B Biointerfaces*, DOI:10.1016/j.colsurfb.2017.05.069.

M. Kokkinopoulou, J. Simon, K. Landfester, V. Mailänder and I. Lieberwirth, *Nanoscale*, DOI:10.1039/c7nr02977b.

E. L. Han, S. Tang, D. Kim, A. M. Murray, K. L. Swingle, A. G. Hamilton, K. Mrksich, M. S. Padilla, R. Palanki, J. J. Li and M. J. Mitchell, *Nano Lett*, DOI:10.1021/ACS.NANOLETT.4C05186/SUPPL_FILE/NL4C05186_SI_001.PDF.

B. Baral, B. Panigrahi, A. Kar, K. D. Tulsiyan, U. Suryakant, D. Mandal and U. Subudhi, *Mol Ther Nucleic Acids*, 2023, **33**, 493–510.

G. Huet, M. Daffé and I. Saves, *J Bacteriol*, DOI:10.1128/JB.187.17.6137-6146.2005.

V. Valdiglesias, A. Alba-González, N. Fernández-Bertólez, A. Touzani, L. Ramos-Pan, A. T. Reis, J. Moreda-Piñeiro, J. Yáñez, B. Laffon and M. Folgueira, *Int J Mol Sci*, DOI:10.3390/ijms241512297.

B. N. Patil and T. C. Taranath, *Int J Mycobacteriol*, DOI:10.1016/j.ijmyco.2016.03.004.

S. S. Hakkimane, V. P. Shenoy, S. L. Gaonkar, I. Bairy and B. R. Guru, *Int J Nanomedicine*, 2018, **13**, 4303–4318.

M. Getahun, H. M. Blumberg, G. Ameni, D. Beyene and R. R. Kempker, *PLoS One*, 2022, **17**, e0274426.

H. Zheng, W. He, W. Jiao, H. Xia, L. Sun, S. Wang, J. Xiao, X. Ou, Y. Zhao and A. Shen, *BMC Infect Dis*, 2021, **21**, 1–6.

Q. Sun, K. Cheng, X. Liao, W. Zhao, C. Wang, C. Wang, J. Yan, L. Dong, F. Wang, G. Jiang, H. Huang, Z. Guo and G. Wang, *J Med Microbiol*, 2024, **73**, 001825.

F. B. Perler, *Nucleic Acids Res*, DOI:10.1093/nar/30.1.383.

N. Kumari, R. Sharma, J. Ali, G. Chandra, S. Singh and M. Y. Krishnan, *Tuberculosis*, DOI:10.1016/j.tube.2024.102479.

M. T. Heinrichs, R. J. May, F. Heider, T. Reimers, S. K. B. Sy, C. A. Peloquin and H. Derendorf, *Int J Mycobacteriol*, DOI:10.4103/ijmy.ijmy_33_18.

J. E. M. De Steenwinkel, R. E. Aarnoutse, G. J. De Knegt, M. T. Ten Kate, M. Teulen, H. A. Verbrugh, M. J. Boeree, D. Van Soolingen and I. A. J. M. Bakker-Woudenberg, *Am J Respir Crit Care Med*, DOI:10.1164/rccm.201207-1210OC.

I. M. Rosenthal, R. Tasneen, C. A. Peloquin, M. Zhang, D. Almeida, K. E. Mdluli, P. C. Karakousis, J. H. Grosset and E. L. Nuermberger, *Antimicrob Agents Chemother*, DOI:10.1128/AAC.00912-12.

H. M. Blumberg, W. J. Burman, R. E. Chaisson, C. L. Daley, S. C. Etkind, L. N. Friedman, P. Fujiwara, M. Grzemska, P. C. Hopewell, M. D. Iseman, R. M. Jasmer, V. Koppaka, R. I. Menzies, R. J. O'Brien, R. R. Reves, L. B. Reichman, P. M. Simone, J. R. Starke and A. A. Vernon, *Am J Respir Crit Care Med*, 2003, **167**, 603–662.

B. Pottakkat, A. Kumar, A. Rastogi, N. Krishnani, V. K. Kapoor and R. Saxena, *Gut Liver*, DOI:10.5009/gnl.2010.4.1.94.

D. A. Lestari, N. Rahadiani and R. A. Syaiful, *Int J Surg Case Rep*, DOI:10.1016/j.ijscr.2021.105966.

94 Y. Tojo, S. Yanagisawa, E. Miyauchi and M. Ichinose, 2018, preprint, DOI:
10.1016/j.ijid.2017.12.009.

95 L. Kremer, J. Estaquier, I. Wolowczuk, F. Biet, J. C. Ameisen and C. Locht, *Infect Immun*,
DOI:10.1128/IAI.68.7.4264-4273.2000.

96 A. Masumi, K. Mochida, K. Takizawa, T. Mizukami, M. Kuramitsu, M. Tsuruhara, S. Mori, K.
Shibayama, K. Yamaguchi and I. Hamaguchi, *Inflamm Regen*, DOI:10.1186/s41232-016-0024-
3.

97 A. Nava, A. C. Hahn, T. H. Wu and T. F. Byrd, *Front Immunol*,
DOI:10.3389/fimmu.2022.1017540.

98 S. M. Lewis, A. Williams and S. C. Eisenbarth, 2019, preprint, DOI:
10.1126/sciimmunol.aau6085.

99 B. S. Steiniger, *Immunology*, DOI:10.1111/imm.12469.

100 S. M. Szczepanek, J. T. McNamara, E. R. Secor, P. Natarajan, L. A. Guernsey, L. A. Miller, E.
Ballesteros, E. Jellison, R. S. Thrall and B. Andemariam, *American Journal of Pathology*,
DOI:10.1016/j.ajpath.2012.07.034.

101 W. Wehrli, *Rev Infect Dis*, DOI:10.1093/clinids/5.Supplement_3.S407.

102 United Nations, The Sustainable Development Goals Report 2023,
https://unstats.un.org/sdgs/report/2023/, (accessed 2 July 2024).

103 B. Jee, Central European Journal of Immunology, 2020, 45, 99–103,
DOI:10.5114/ceji.2020.94711.

104 F. Rahman, Front Immunol, 2024, 15, 143790, DOI:10.3389/fimmu.2025.1560113.

105 B. Singh, I. Pahuja, P. Yadav, A. Shaji, S. Chaturvedi, A. Ranganathan, V. P. Dwivedi and G.
Das, J Infect Dis, 2024, 229, 1509–1518, DOI: 10.1093/infdis/jiad460.

106 F. E. A. Hayford, R. C. Dolman, R. Blaauw, A. Nienaber, C. M. Smuts, L. Malan and C. Ricci,
Respir Res, 2020, 21, 1–14, DOI: 10.1186/s12931-020-01488-9.

107 V. M. Kroesen, M. I. Gröschel, N. Martinson, A. Zumla, M. Maeurer, T. S. van der Werf and C.
Vilaplana, Front Immunol, 2017, 8, 280326, DOI: 10.3389/fimmu.2017.00772.

108 H. Paulus, *Frontiers in Bioscience-Landmark*, 2003, **8**, 1157–1165.

109 R. Álvarez-Chimal and J. Ángel Arenas-Alatorre, in *Green Chemistry for Environmental*
*Sustainability - Prevention-Assurance-Sustainability (P-A-S) Approach*, 2023.

110 J. Iqbal, B. A. Abbasi, T. Yaseen, S. A. Zahra, A. Shahbaz, S. A. Shah, S. Uddin, X. Ma, B.
Raouf, S. Kanwal, W. Amin, T. Mahmood, H. A. El-Serehy and P. Ahmad, *Sci Rep*,
DOI:10.1038/s41598-021-99839-z.

1131