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## Comparative Study on the Antimicrobial Activity of Some Selected Medicinal Plants on *Klebsiella pneumoniae* & *Candida albicans*

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**Abstract:** Medicinal plants have been the basis of treatment of various diseases by man over the years and a large portion of the world population are depending on the use of traditional medicine. Medicinal plants are known to be source of bioactive compounds that have therapeutic values, the World Health Organization (WHO) encourages the inclusion of herbal medicine in health care because of the great potential they possess. In this research work five different medicinal plants were subjected to antimicrobial study against *Klebsiella pneumoniae* and *Candida albicans* at different concentrations. The plants were extracted using hexane, ethyl acetate and methanol. The ethyl acetate extract of *Parinari curatellifolia* exhibited better antibacterial activity than the other extracts at all concentrations, having  $26.00 \pm 0.00$  mm zone of inhibition at 100.00 mg/ml concentration. The ethyl acetate and methanol extracts of *Hillieria latifolia* exhibited the highest zone of inhibition against *Candida albicans*, having zone of inhibition value of  $20.00 \pm 0.00$  mm at 100.00 mg/ml concentration. None of the extracts exhibited higher zone of inhibition than the standard drugs used. The study has shown that *Parinari curatellifolia* is a better antimicrobial agent against infections caused by *Candida albicans* and *Klebsiella pneumoniae*.

**Keywords:** Antimicrobial Study, Bioactive Compounds, Medicinal Plants, Therapeutic Values, Zone of Inhibition.

### 1. INTRODUCTION

Medicinal plants are the backbone of traditional medicine, which means more than 3.3 billion people in the less developed countries utilize medicinal plants on a regular basis (Davidson-Hunt, 2000). Medicinal plants are a rich source of antimicrobial agents (Mahesh and Satish, 2008). Medicinal plants are known to be source of bioactive compounds that have therapeutic

values, the World Health Organization (WHO) encourages the inclusion of herbal medicine in health care because of the great potential they possess (Amos et al., 2001). Currently, antimicrobial resistance (AMR) is one of the major threats to global health and factors such as global climatic change, globalization (increased international travel and food importation/exportation), and change in demographics are worsening the crisis (Cheng et al., 2016; Miranda et al., 2013; WHO, 2014). It is estimated that by 2050, the death rate due to AMR will balloon to 10 million lives per year at an expense of one hundred trillion dollars (O'Neill, 2016; De Kraker, 2016).

Each year, pneumonia affects about 450 million people globally and results in about 4 million deaths (Ruuskanem et al., 2011; Lodha et al., 2013). With the introduction of antibiotics and vaccines in the 20<sup>th</sup> century, survival has greatly improved (Ruuskanem et al., 2011). Nevertheless, pneumonia remains a leading cause of death in developing countries, and also among the very old, the very young, and the chronically ill (Ruuskanem et al., 2011; George, 2005). Pneumonia often shortens the period of suffering among those already close to death and has thus been called "the old man's friend" (Eddy, 2005). Candidiasis is a fungal infection caused by a yeast called *Candida*. Some species of *Candida* can cause infection in people; the most common is *Candida albicans*. *Candida* can cause infections if it goes out of control or if it enters deep into the body (for example, the bloodstream or internal organs like the kidney, heart, or brain) (Centers for Disease Control & Prevention, 2020). Invasive candidiasis has become a substantial threat to public health. It affects more than 250,000 people every year and is associated with a mortality rate exceeding 70 % (Pappas et al., 2018; Bassetti et al., 2013; Lai et al., 2008).

## **2. MATERIALS & METHODS**

### **2.1 Plant Collection**

The fresh aerial part of *Annona muricata*, *Heliotropium indicum*, *Hillieria latifolia*, stem part of *Maytenus senegalensis*, seeds of *Parinari curatellifolia* were obtained locally from farmlands in Lagos State and Ogun State, South West, Nigeria. The plant materials were air dried under shade, grinded to coarse powder and stored in a closed air tight container until use.

### **2.2 Preparation of Extracts**

The grinded plant material was sequentially extracted using hexane, ethyl acetate and methanol respectively using the method of maceration at normal room temperature for a period of three days according to Handa et al., 2008. The extract was filtered and then distilled off the extracting solvent by drying it on an evaporating dish under a mild temperature.

### **2.3 Microorganisms**

In this study, one bacteria strain and one fungal strain were used, the bacteria strain was *Klebsiella pneumoniae* where the fungal strain was *Candida albicans*. The bacteria used was a clinical isolate obtained from Medical Microbiological Department of University College Hospital, University of Ibadan, Ibadan, Oyo State Nigeria. Single colony plates of nutrient agar medium of this organism was maintained at 4 °C and sub-cultured on to nutrient broth

for 24 h prior to testing. The fungus was maintained on the prepared sterile Sabouraud dextrose agar medium.

#### 2.4 Antibacterial Activity Assay:

Antibacterial activity of the *Annona muricata*, *Heliotropium indicum*, *Hillieria latifolia*, *Maytenus senegalensis*, *Parinari curatellifolia* extracts were determined by using pour plate method (agar diffusion) on sterile nutrient agar medium. Nutrient agar medium was poured into the sterile petri-plate and the medium was allowed to solidify for about 45 - 60 minutes. Gentamicin (10 µg/ml) was used as positive control while the solvent of extraction was used as the negative control. Using a sterile cork borer of 6 mm diameter, the wells were made according to the number of graded concentration of the sample. In each well, the different graded concentrations of the sample were prepared, this was done in duplicates. The plates were allowed to stay on the bench for 2 h to allow pre-dilution. The plates were incubated uprightly at 37 °C for 18 - 24 h. Then antibacterial activity was determined by measuring the diameter of zone of inhibition (ZI) in millimeter.

#### 2.5 Antifungal Activity Assay

Antifungal activity of the ethyl acetate extract and methanol extract of *Annona muricata*, *Heliotropium indicum*, *Hillieria latifolia*, *Maytenus senegalensis*, *Parinari curatellifolia* were determined by using surface plate method (agar diffusion) on a sterile Sabourand Dextrose Agar. A sterile Sabourand Dextrose Agar was prepared accordingly and aseptically poured into the sterile petri dishes in duplicates and allowed to set properly, 0.2 ml of the diluted organism ( $10^{-2}$ ) was spread on the agar using a sterile cork borer of the 6 mm diameter. Tioconazole (70 %) was used as the positive control while the solvent of extraction was used as the negative control. In each of the well the graded concentrations of the sample were introduced into the wells including the controls. The plates were then left on the bench for 2 h. so as to allow the sample to diffuse properly into the agar. The plates were incubated uprightly in the incubator for 48 h at 26 - 28 °C. The fungi plates were observed after 48 h of incubation and the clear zones of inhibition were measured in millimeter.

### 3. RESULTS & DISCUSSION

Table 1: The Plants Antibacterial Activity Against *K. pneumonia*

S/N	Plant	Extract	Gentamicin	Zone of Inhibition (mm) at Different Concentrations		
				100.00 (mg/ml)	50.00 (mg/ml)	25.00 (mg/ml)
1	Maytenus senegalensis	EAEMS	37.00 ±1.00	17.00 ±1.00	14.00 ±0.00	12.00 ±0.00
		MEMS	37.00 ±1.00	15.00 ±1.00	13.00 ±1.00	10.00 ±0.00
2	Parinari curatellifolia	EAEPC	37.00 ±1.00	26.00 ±0.00	22.00 ±0.00	19.00 ±1.00
		MEPC	37.00 ±1.00	17.00 ±1.00	14.00 ±0.00	12.00 ±0.00

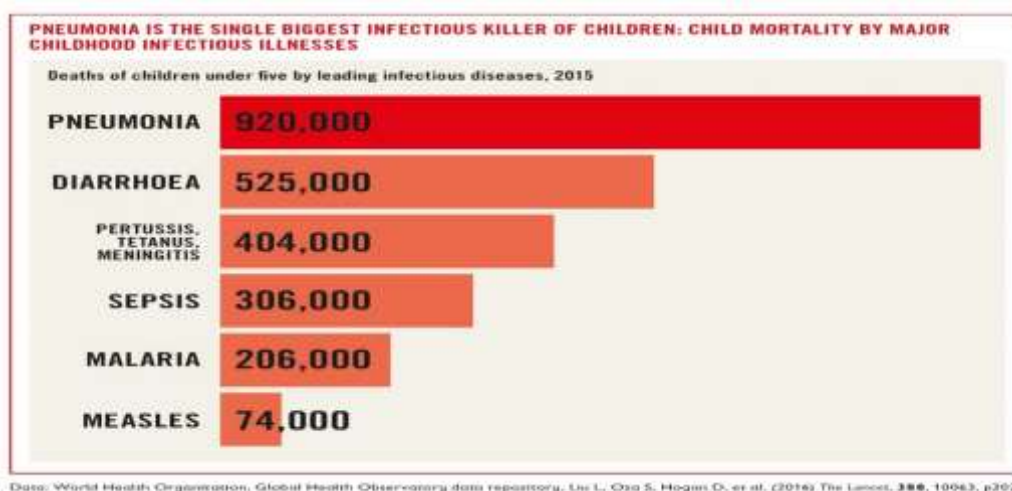
3	Heliotropium Indicum	<b>EAEHI</b>	36.00 ±0.00	14.00 ±0.00	12.00 ±0.00	10.00 ±0.00
		<b>MEHI</b>	37.00 ±1.00	21.00 ± 1.00	18.00 ±0.00	16.00 ±0.00
4	Hillieria Latifolia	<b>EAEHL</b>	38.00 ±0.00	23.00 ±1.00	19.00 ± 1.00	17.00 ±1.00
		<b>MEHL</b>	38.00 ±0.00	25.00 ±1.00	21.00 ±1.00	18.00 ±0.00
5	Annona muricata	<b>EAEAM</b>	38.00 ± 0.00	25.00 ±1.00	21.00 ±1.00	17.00 ±1.00
		<b>MEAM</b>	37.00 ±1.00	21.00 ±1.00	18.00 ±0.00	16.00 ±0.00

**EAEMS** - Ethyl acetate extract of *Maytenus senegalensis*, **MEMS** - Methanol extract of *Maytenus senegalensis*, **EAEPC**- Ethyl acetate extract of *Parinari curatellifolia*, **MEPC** - Methanol extract of *Parinari curatellifolia*, **EAEHI** - Ethyl acetate extract of *Heliotropium indicum*, **MEHI** - Methanol extract of *Heliotropium indicum*, **EAEHL**- Ethyl acetate extract of *Hillieria latifolia*, **MEHL**- Methanol extract of *Hillieria latifolia*, **EAEAM**- Ethyl acetate extract of *Annona muricata*, **MEAM** - Methanol extract of *Annona muricata*

Table 2: The Plants Antifungal Activity Against *Candida albicans*

S/N	Plant	Extract	Tioconazole (70 %)	Zone of Inhibition (mm) at Different Concentrations		
				100.00 (mg/ml)	50.00 (mg/ml)	25.00 (mg/ml)
1	Maytenus senegalensis	<b>EAEMS</b>	28.00 ±0.00	20.00 ±0.00	18.00 ±0.00	16.00 ±0.00
		<b>MEMS</b>	28.00 ±0.00	17.00 ±1.00	14.00 ±0.00	10.00 ±0.00
2	Parinari curatellifolia	<b>EAEPC</b>	28.00 ±0.00	20.00 ±0.00	18.00 ±0.00	16.00 ±0.00
		<b>MEPC</b>	28.00 ± 0.00	17.00 ±1.00	14.00 ±0.00	12.00 ± 0.00
3	Heliotropium indicum	<b>EAEHI</b>	28.00 ±0.00	18.00 ±0.00	16.00 ±0.00	14.00 ±0.00
		<b>MEHI</b>	27.00 ±1.00	18.00 ±0.00	16.00 ±0.00	14.00 ±0.00
4	Hillieria latifolia	<b>EAEHL</b>	27.00 ±1.00	20.00 ±0.00	18.00 ±0.00	16.00 ±0.00
		<b>MEHL</b>	32.00 ±6.00	20.00 ±0.00	18.00 ±0.00	16.00 ±0.00
5	Annona muricata	<b>EAEAM</b>	27.00 ±1.00	19.00 ±1.00	17.00 ±1.00	15.00 ±1.00
		<b>MEAM</b>	28.00 ±0.00	15.00 ±1.00	13.00 ±1.00	10.00 ±0.00

**EAEMS** - Ethyl acetate extract of *Maytenus senegalensis*, **MEMS** - Methanol extract of *Maytenus senegalensis*, **EAEP**- Ethyl acetate extract of *Parinari curatellifolia*, **MEPC** - Methanol extract of *Parinari curatellifolia*, **EAEHI** - Ethyl acetate extract of *Heliotropium indicum*, **MEHI** - Methanol extract of *Heliotropium indicum*, **EAEHL**- Ethyl acetate extract of *Hillieria latifolia*, **MEHL**- Methanol extract of *Hillieria latifolia*, **EAEAM** - Ethyl acetate extract of *Annona muricata*, **MEAM** - Methanol extract of *Annona muricata*



Data: World Health Organization, Global Health Observatory data repository, Liu L, Oso S, Hogan D, et al. (2016) The Lancet, 388, 10063, p2029

Fig. 1: Child Mortality by Major Childhood Infectious Illnesses

### Antimicrobial Activity

The antimicrobial activity of the ethyl acetate extract and methanol extract of five medicinal plants were investigated against *Klebsiella pneumoniae* and *Candida albicans* at different concentrations. The results showed that the antibacterial activity and antifungal activity of the plant extracts are concentration dependent, having better antimicrobial activity at higher concentrations. In Table 1, the ethyl acetate extract of *Parinari curatellifolia* exhibited the highest antibacterial activity against *Klebsiella pneumoniae* in all the concentrations. The ethyl acetate extract of *Heliotropium indicum* exhibited the least antibacterial activity against *Klebsiella pneumoniae*, its zone of inhibition ranged from  $10.00 \pm 0.00$  mm to  $14.00 \pm 0.00$  mm. None of the plant extracts had higher zone of inhibition than the standard drug used (Gentamicin). In Figure 1, it is shown that the highest death of children under five was caused by pneumonia, as reported by the World Health Organization. In Table 2, the results of the antifungal activity of the plant extracts against *Candida albicans* are shown using Tioconazole (70.00 %) as standard drug. The ethyl acetate extracts of *Maytenus senegalensis* and *Parinari curatellifolia* exhibited the same antifungal activity against *Candida albicans* at all concentrations, having their highest zone of inhibition as  $20.00 \pm 0.00$  mm. The methanol extract of *Annona muricata* showed the least antifungal activity against *Candida albicans*, having the lowest zone of inhibition at all concentrations.



#### **4. DISCUSSION**

A large portion of the world population (more than 85.00 %) especially in developing countries according to a World Health Organization (WHO) report depend on traditional systems of medicine for treatment of variety of diseases (WHO, 1993). In this study, the antimicrobial activity (antibacterial and antifungal) of five different medicinal plants were determined and the results compared with standard drugs. In Table 1, the *Parinari curatellifolia* ethyl acetate extract exhibited the highest antibacterial activity against *K. pneumonia* at all concentrations. In Table 2, the ethyl acetate of *Heliotropium indicum* and *Hillieria latifolia* exhibited the same antifungal activity with their respective methanol extracts against *Candida albicans* at all concentrations. *Maytenus heterophylla* and *Maytenus senegalensis* are two African shrubs or trees that go under the common name of spike thorn, which belong to the Celastraceae family. Different plant parts of this species are largely used in traditional medicine for infectious and inflammatory diseases treatment (da Silva et al., 2011). *Maytenus senegalensis* is a synonym of *Celastrus senegalensis* and it has been reported to have antibacterial property (Lindsey et al., 2006; Jain et al., 2008). *Parinari curatellifolia* has various documented uses in ethnomedicine including treatment of wound infections, cancer, pneumonia, fever, bacterial infections, and inflammation (Kraft et al., 2003). The methanolic extract of aerial parts of *H. indicum* has broad spectrum of antibacterial activity against *S. aureus*, *Streptococcus pyogenes*, *S. pneumonia*, *Salmonella typhi*, *Corynebacterium ulcerans*, *E. coli* and *Klebsiella pneumonia* with the zones of inhibition 32.00, 35.00, 30.00, 0.00, 0.00, 28.00, 27.00 mm verified for these bacteria (Oluwatoyin et al., 2011).

*H. latifolia* is used extensively in traditional medicine for the treatment of diseases, especially as an anti-infective, anti-inflammatory and analgesic agent (Schmelze and Gurib-Fakim, 2008). The leaves of *A. muricata* has been found to exhibit a significant inhibition against some selected groups of fungi as *Alternaria solani*, *Alternaria albicans*, *Aspergillus fumigatus* and *Penicillium chrysogenum* (Abubacker and Deepalakshmi, 2013). *A. muricata* leaf extract exhibits a broad spectrum of activity against a panel of bacteria (*B. subtilis*, *Staph. aureus*, *K. pneumonia*, *P. vulgaris*, etc.) responsible for common bacterial diseases like pneumonia, diarrhea, UTIs and skin infections (Gbeassor et al., 1990).

#### **5. CONCLUSION**

These results showed that the plant extracts exhibited antimicrobial activity against *K. pneumonia* and *Candida albicans*, this is due to the presence of active compounds in the plants. Therefore, for further studies it is recommended to isolate and characterize the active compounds responsible for the antimicrobial activity.

#### **6. REFERENCES**

1. G. Cheng, M. Dai, S. Ahmed, H. Hao, X. Wang, and Z. Yuan, "Antimicrobial drugs in fighting against antimicrobial resistance," *Frontiers in Microbiology*, 7: 470, 2016.
2. C. D. Miranda, A. Tello, and P. L. Keen, "Mechanisms of antimicrobial resistance in finfish aquaculture environments," *Frontiers in Microbiology*, 4: 233, 2013.



3. WHO (2014). World Health Organization (WHO), “Antimicrobial resistance: Global report on surveillance.” (Accessed online: 7/9/21).
4. J. O’Neill “Tackling drug-resistant infections globally: Final report and recommendations - The review on antimicrobial resistance,” Wellcome Trust and HM Government; London, UK., 2016. (Accessed online: 7/9/21).
5. M. E. A. De Kraker, J. Stewardson, and S. Harbath, “Will 10 million people die a year due to antimicrobial resistance by 2050?,” *PLoS Med.* 13:e1002184, 2016.
6. Davidson-Hunt, “Ecological ethnobotany: Stumbling toward new practices and paradigms,” *MASA Journal*, 16(1): 1-13, 2000.
7. B. Mahesh and S. Satish, “Antimicrobial activity of some important medicinal plant against plant and human pathogens,” *World Journal of Agricultural Sciences*, 4: 839-843, 2008.
8. O. Ruuskanen E. Lahti, L. C. Jennings, and D. R. Murdoch, “Viral pneumonia,” *Lancet*, 377 (9773): 1264-75, 2011.
9. R. Lodha, S K. Kabra, and R. M. Pandey, “Antibiotics for community-acquired pneumonia in children,” *The Cochrane Database of Systematic Reviews*, 6(6), Article ID: CD004874, 2013.
10. R. B. George, “Chest medicine: Essentials of pulmonary and critical care medicine,” 5<sup>th</sup> Ed. Philadelphia: Lippincott Williams & Wilkins, p. 353, 2005.
11. O. Eddy, “Community-acquired pneumonia: From common pathogens to emerging resistance,” *Emergency Medicine Practice*, 7 (12), 2005.
12. CDC (2020), Centers for Disease Control and Prevention (CDC), “Fungal diseases, candidiasis,” (Accessed online: 16/3/21).
13. P. G. Pappas, M. S. Lionakis, M. C. Arendrup, L. Ostrosky-Zeichner, and B. J. Kullberg, “Invasive candidiasis,” *Nature Reviews Disease Primers*, 4:18026, 2018.
14. M. Bassetti, M. Merelli, E. Righi, A. Diaz-Martin, E. M. Rosello, R. Luzzati, A. Parra, E. M. Treccarichi, M. Sanguinetti, B. Posteraro, J. Garnacho-Montero, A. Sartor, J. Rello, and M. Tumbarello, “Epidemiology, species distribution, antifungal susceptibility, and outcome of Candidemia across five sites in Italy and Spain,” *Journal of Clinical Microbiology*, 51: 4167-72, 2013.
15. C. C. Lai, C. K. Tan, Y. T. Huang, P. I. Shao, P. R. Hsueh, “Current challenges in the invasive fungal infections,” *Journal of Infection Chemotherapy*, 14: 77-85, 2008.
16. K. L. Lindsey, M. Budesinsky, L. Kohout, and J. Van Staden, “Antibacterial activity of maytenonic acid isolated from the root-bark of *Maytenus senegalensis*,” *South African Journal of Botany*, 72(3): 473477, 2006.
17. S. Amos, E. Kolawole, P. Akah, C. Wambebe, and K. Gamaniel, “Behavioral effects of the aqueous extract of *Guiera senegalensis* in mice and rats,” *Phytomedicine*, 8(5): 350-361, 2001.
18. S. S. Handa, S. P. S. Khanuja, G. Longo, D. D. Rakesh, “Extraction technologies for aromatic plants,” 1<sup>st</sup> Edition, No 66, Italy, United Nations for Industrial Development Organization & the International Centre for Science & High Tech., 2008.
19. WHO (1993). World Health Organization, (WHO), “Summary of WHO guidelines for assessment of medicines,” *HerbalGram*, 28: 13-14.



20. G. Da Silva, R. Serrano, and O. Silva, "Maytenus heterophylla and Maytenus senegalensis, two traditional herbal medicines," *Journal of Natural Science, Biology and Medicine*, 2: 59-65, 2011.
21. C. Kraft, K. Jenett-Siems, K. Siems, J. Jakupovic, S. Mavi, U. Bienzle, and E. Eich, "In vitro antiplasmodial evaluation of medicinal plants from Zimbabwe," *Phytotherapy Research*, 17: 123-128, 2003.
22. S. M. Oluwatoyin, N. G. Illeogbulam, and A. Joseph, "Phytochemical and antimicrobial studies on the aerial parts of *Heliotropium indicum* Linn," *Annals of Biological Research*, 2: 129-136, 2011.
23. G. H. Schmelzer, and A. Gurib-Fakim, "Plant resources of tropical Africa: Medicinal plants," Leiden: Backhuys Publishers, p. 237, 2008.
24. M. Gbeassor, A. Y. Kedjagni, K. Koumaglo, C. De Souza, K. Agbo, K. Aklikokou, and K. A. Amegbo, "In vitro antimalarial activity of six medicinal plants," *Phytotherapy Research*, 43, 115-117, 1990.
25. M. Abubacker, and T. Deepalakshmi, "In vitro Antifungal potentials of bioactive compound methyl ester of hexadecanoic acid isolated from *Annona muricata* Linn. (Annonaceae) leaves," *Biosciences Biotechnology Research Asia*, 10(2): 879-884, 2013.
26. N. Jain, M. E. Light, and J. Van Staden, "Antibacterial activity of hairy root cultures of *Maytenus senegalensis*," *South African Journal of Botany*, 74(1): 163-166, 2008.