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Research Article

Anogeissus leiocarpus: A Potential Inhibitor of Some Extended Spectrum β-Lactamase Bacteria

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Abstract

The plant of *Anogeissus leiocarpus* is widely used for medicinal purposes by Kashere people in Gombe State, Nigeria. To provide scientific barking for its utilization, ten different concentrations of ethanolic stem bark extract were prepared and tested on *E. coli, K. pneumoniae, P. aeruginosa* and *S. typhi* ESBLs bacteria, using standard procedure and phytochemical components of the plant extract was also determined using GC-MS. The results obtained indicate an antibacterial activity at varying concentrations w/v and zones of inhibition diameter (ZID) ranging from 15.67 ± 0.57 mm to 17.00 ± 1.00 mm with a significance difference (p < 0.05) across bacteria tested. Minimum inhibitory concentration (MIC) were between $66.67 \pm 23.1 \text{ mg/L}$ to $16.67 \pm 5.77 \text{ mg/L}$. Minimum Bactericidal Concentration and Minimum Bacteriostatic Concentration were between $266.67 \pm 2.38 \text{ mg/L}$ to $106.67 \pm 46.19 \text{ mg/L}$ and $266.67 \pm 92.37 \text{ mg/L}$ to $80.00 \pm 0.00 \text{ mg/L}$ respectively. The MBC/MIC ratio was bacteriostatic for *E. coli* (0:53) and *S. typhi* (7:1) while bactericidal for *K. pneumonia* (4:1) *P. aeruginosa* (3:1). Twenty five compounds were identified with Myristoleic acid; Z-7-Tetradecenal; 4,5-Dimethyl-4-Hexen-3-one; 1,15-Hexadecadiene and Linoleoyl chloride as most abundant. A more in depth assessment of *A. leiocarpus* should be carried out to isolate bioactive individual compounds responsible for specific antibacterial activity.

Keywords: Bioactive; ESBLs; Bactericidal; Fatty Acid; Herbal

Introduction

In Nigeria, as in many other countries, the importance of natural products as an alternative source of medicines cannot be overestimated due to the large number of people living in rural areas. This is believed to be due to the plant's ability to prevent and treat some common diseases [1], particularly before and during Nigerian colonial times. This can be seen in the current orientation of traditional medicine worldwide, in addition to the persistent antibiotic resistance to synthetic drugs [2]. The antimicrobial resistance (AMR) phenotype has recently emerged as one of the most important factors in the fight against infectious diseases, with some of the newer drugs of some known and easy-to-treat bacterial infectious agents, such as *E. coli, Klebsiella* spp. and some other species of enterobacteriaceae [3-5]. This bring about the need to offer alternative or solution to AMR crisis [3,6]. The plant (*A. leiocarpus*)

parts are used to cure coughs, and the powdered bark is sometimes rubbed to reduce toothache that is normally applied to the gums, while the crushed root is used to treat wounds and ulcers, in some communities it is used as an anti-helmintic [7]. The disease treatment sources currently available in Kashere still have strong support from traditional medicine, regardless of the presence of federal university and two community health centers, whose major depriving factor to primary health care remains affordability. Consequently, the root, stem bark, and leaves are widely used to treat skin infections such as wounds, boils, and sores, as well as diarrhea, worm infection, and toothache.

In light of this claim by traditional healers, an ethanol extract from the stem bark of *A. leiocarpus* was tested on some of the bacterial isolates normally associated with such diseases. The antibacterial activity on the producers of β -lactamase (ESBL) with an extended spectrum, was determined and possible antimicrobial compounds identified.

Material and Methods Preparation of plant material

The stem bark of *A. leiocarpus* of the family Combretaceae was collected in the Kashere area and identified in the Department of Biological Sciences of the Faculty of Sciences of the Federal University of Kashere, Gombe. About 50 g of the dried and powdered material was subjected to ethanolic extraction in Soxhlet extractor for 74 hours at 60°C. Extracts were filtered, concentrated and dried using desiccator [8].

Test organisms

Bacterial isolates were collected from Bayero University Microbiology Laboratory in Kano, Kano State, Nigeria, and were confirmed using cultural and biochemical profiles and tested for Extended Spectrum β -Lactamase Production (ESBL) using the Double Disc Synergy Test [9,10].

Standardization of inocula

The concentration for the inoculation was adjusted using a standard equivalent 5% McFarland cell concentration [11]. For each sample, 3 pure colonies were taken from Mueller Hinton (MH) agar and suspended in 4 ml of NaCl in a tube and mixed to homogenize until properly adjusted to the McFarland 0.5 standard.

Antibacterial assay

The antibacterial assay was performed by the Kirby Bauer method (agar disk diffusion) (using two-fold serial dilution techniques). Number 1 Whatman filter paper discs of 6 mm diameter were prepared, sterilized and filled with 0.2 ml with 10 different concentrations of 320, 160, 80, 40, 20, 10, 5, 2.5, 1.3 and 0.63 63 (w/v) respectively [12]. Plates were each inoculated with bacterial isolates and there after inoculated with extract impregnated paper discs and allowed to stand for 30 minutes before incubating for 18 h at 37°C, zones of inhibition were observed and recorded according to the CLSI guideline [13]. The minimum inhibitory concentration was measured by preparing 10 different concentrations of 0.63-320 mg/ml of the extract in Müller-Hinton broth (MHB) by two-fold serial dilution. One ml of standardized inocula of each bacterium was added and incubated at 37°C for 18-24 hours. Visible increases in the turbidity of the samples were observed compared to un-inoculated MHB [14,15].

GC-MS preparation and identification of compounds

Extract was analyzed by GC-MS machine (GCMS-QP2010 Plus Shimadzu, Japan). The data were obtained on an Elite-1(100% Dimethyl poly siloxane) column (30 0.25 mm 1µmdf), a total running time of 36 minutes was observed [16]. Compounds were identified and GC-MS interpreted in accordance with National Institute Standard and Technology (NIST05s.LIB) database. The molecular weight, name and chemical formulae of compounds from the extract were determined. The spectra of compounds (unknown) were compared with spectra in the database of NIST library Version (2005), Software.

Results

Test organisms

All bacterial isolate were confirmed to be Extended Spectrum β -Lactmase.

Disc diffusion zones of inhibition

The active concentrations vary for *K. pneumonia* (46.67 ± 30.55 mg/Disc), *P. aeruginosa* (2.93 ± 1.89 mg/Disc) and *S. typhi* (5.83 ± 3.82 mg/Disc) but not significance at (p < 0.05), while that of *E. coli* (267.67 ± 92.38 mg/Disc) was statistically significant at p < 0.05. The zones of inhibition ranged from 15.67 ± 0.57 mm to 17.00 ± 1.00 mm and were statistically significant as contained in the table 1 below.

 Table 1: Concentrations and Zones of inhibition diameter for

Mean standard deviation							
Bacteria	Concentrations (mg/Disc)	Sig (P < 0.05)	ZID (mm)	Sig (P < 0.05)			
E. coli	267.67± 92.38	.038	16.67 ± 1.15	.002			
K. pnuemoniae	46.67 ± 30.55	.118	16.33 ± 0.57	.000			
P. aeruginosa	2.93 ± 1.89	.115	15.67 ± 0.57	.000			
S. typhi	5.83 ± 3.82	.118	17.00 ± 1.00	.001			

Anogeissus leiocarpus Stem bark extract.

The MIC, MBC and MBCs

Minimum Inhibitory Concentrations (MIC) observed ranged from 16.67 ± 5.77 mg/L to 66.67 ± 23.1 mg/L, and were statistically significance only for *E. coli* and *S. typhi* (p < 0.05). MBC and MBCs were not observed across concentrations used for *E. coli*. The MBC and MBCs for *K. pneumonia* was 266.67 ± 2.38 each and statistically significant at P < 0.05, the result of *P. aeruginosa* (106.77 ± 46.19 mg/L and 80.00 ± 00 mg/L) and *S. typhi* (106.67 ± 46.19 mg/L and 106.67 ± 46.19mg/L) for MBC and MBCs respectively and were not statistically significant as shown in table 2.

Table 2: Antibacterial results of *Anogeissus leiocarpus* Stem barkextract on ESBLs Bacteria.

	Mean standard deviation								
Bacteria	MIC (mg/L)	Sig (P < 0.05)	MBC (mg/L)	Sig (P < 0.05)	MBCs (mg/L)	Sig (P < 0.05)			
E. coli	53.33 ± 23.1	.057	0	0	0	0			
K. pnue- moniae	66.67 ± 23.1	.038	266.67 ± 2.38	.038	266.67 ± 92.37	.038			
P. aerugi- nosa	40.00 ± 0.00	0	106.77 ± 46.19	.057	80.00 ± 00	0			
S. typhi	16.67 ± 5.77	.038	106.67 ± 46.19	.057	106.67 ± 46.19	.057			

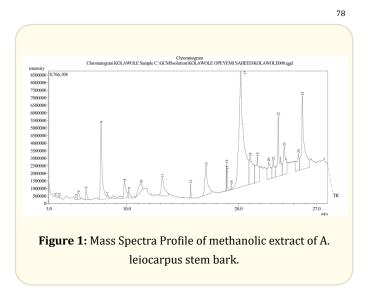
GC-MS results

The results indicated the presence of twenty five compounds (phytochemical constituents) most of which are fatty acids and their derivatives. The retention time, molecular weight and chemical formula of the identified compounds were identified as indicated below. Myristoleic acid was the most abundant compound present in the stem bark extract, followed by Z-7-Tetradecenal; 4,5-Dimethyl-4-Hexen-3-one and 1, 15-Hexadecadiene in order of decreasing quantity. Other bioactive compounds identified were Lineoleoyl chloride, alpha.-D-Galactopyranoside, Aliphatic aldehydes, stearic acid and palmitic acid derivatives.

Table 3: Phytocompounds identified from the ethanol's extract ofA. leiocarpus stem bark.

S/N	R/T	Area %	M/W	Compound Name	Nature of com- pound	Chemi- cal formula
1	3.625	0.18	114	Caprolactone	Fatty aldehyde	$C_{6}H_{10}O_{2}$
2	3.920	0.12	126	Butylcyclopen- tane	Alkane	C ₉ H ₁₈
3	5.433	0.26	124	2-Propionyl- furan	Ketone	C ₇ H ₈ O ₂
4	5.654	0.63	126	1-(6-Oxabicy- clo[3.1.0]hex- 1-yl) ethanone	Ketone	C ₇ H ₁₀ O ₂
5	6.337	0.82	144	3,5-Dihydroxy- 6-methyl-2,3- dihydro-4H- pyran-4-one		C ₆ H ₈ O ₄
6	7.693	9.43	126	4,5-Dimethyl- 4-Hexen-3-one	Ketone com- pound	C ₈ H ₁₄ O
7	8.258	0.14	150	Cumic alcohol	Benzyl Alcohol	C ₁₀ H ₁₄ O
8	9.793	2.10	164	betaD-Ri- bopyranoside, methyl	Suger	C ₆ H ₁₂ O ₅
9	10.187	0.70	140	Cyclopentane, 1-methyl-3-(2- methylpropyl)	Alkane	C ₁₀ H ₂₀

				1		
10	11.276	1.99	342	alphaD-Glu- copyranoside, .betaD-fruc- tofuranosyl	Glycoside	C ₁₂ H ₂₂ O ₁₁
11	13.183	3.59	194	alphaD-Ga- lactopyrano- side, methyl	Glycoside	C ₇ H ₁₄ O ₆
12	15.715	0.49	270	Pentadecanoic acid, 14-meth- yl-, methyl ester	Fatty acid ester	C ₁₇ H ₃₄ O ₂
13	17.098	4.73	256	n-Hexadecano- ic acid	Palmitic acid	$C_{16}H_{32}O_{2}$
14	18.927	0.89	294	Linolelaidic acid, methyl ester	Fatty acid ester	C ₁₉ H ₃₄ O ₂
15	18.986	0.75	296	11-Octadec- enoic acid, methyl ester	Fatty acid ester	C ₁₉ H ₃₆ O ₂
16	19.352	0.20	298	Stearic acid, methyl ester	Fatty acid ester	$C_{19}H_{38}O_2$
17	20.222	32.90	338	Myristoleic acid	Fatty acid	C ₁₄ H ₄₂₆ O ₂
18	21.058	6.31	222	1,15-Hexa- decadiene	Fatty acid	C ₁₆ H ₃₀
19	21.708	4.32	624	Glycerin 1,3-distearate	Stearic acid	C ₃₉ H ₇₆ O ₅
20	22.716	3.28	337	<i>cis</i> 13-Docose- namide	Fatty acid amide	C ₂₂ H ₄₃ NO
21	23.121	2.09	158	1-Decanol	Fatty alcohol	C ₁₀ H ₂₂ O
22	23.577	6.12	298	Linoleoyl chloride	Fatty acid	C ₁₈ H ₃₁ ClO
23	24.112	4.31	330	Glycerol 1-palmitate	Fatty acid	$C_{19}H_{38}O_4$
24	25.379	2.60	236	cis,cis-7,10,- Hexadecadi- enal	Aliphatic aldehyde	$C_{16}H_{28}O$
25	25.73	11.04	210	Z-7-Tetradece- nal	Fatty aldehyde	C ₁₄ H ₂₆ O



Discussion

The plant (A. leiocarpus) is said to contain many biologically active compounds including alkaloids, anthraquinones, phenolics and glycosides and is said to have antibacterial, hepatoprotective, anthelmintic, antifungal, leishmanicidal and antiplasmodial antioxidant potential [17-21]. The average inhibition of 16.42 mm observed A. leiocarpus across isolates agrees with the findings of other studies. For example Sani and Aliyu, [22] had reported A. leiocarpus activity against E. coli (12 mm to 16 mm) and (9 mm to 14 mm) for S. aureus respectively. Similarly, leaf extract have been reported to be active against *P. aeruginosa* and *K. pneumonia* [23], and Mann and colleagues [18] reported high antimicrobial activity of A. leiocarpus leaves, root and stem bark extract against S. aureus versus several other were tested together, though this study did not confirm the MRSA or ESBLs status of the isolates used. The observed mean active concentration variation between isolates tested may be influenced by the differences in the cell membrane structure of each bacterial species and the phytochemical constituents of the extract [24,25]. Part of the concentration-dependent gradient inhibitory activity of aldehydes, ketones and fatty glycosides, particularly in gram-negative bacteria (E. coli, K. pneumonia and S. typhi), may have been influenced by their potency and the presence of double bonds, the chain length of the group enal [26-32]. Long chain fatty acids such as n-Hexadecanoic acid, linoleoyl chloride, glycerol 1 palmitic and cis 13-Docosenamide acid have been reported to inhibit the growth of gram-positive bacteria at

lower concentrations, whereas methyl esters generally decrease activity and sucrose esters increase activity [33]. For example, *E. coli* and other gram-negative bacteria were observed to be sensitive from 5 mg/L and above [33-37] effects that can be attributed to the fatty acid components of the plant. In particular, stearic acid was reported to inhibit the growth of *E. coli* and *P. aeruginosa* [34].

Linoleic and oleic acids have been reported to exhibit selective antibacterial activity by being active against B. subtilis and S. aureus and no activity against *E. coli*, *P. aeruginosa*, *K. pneumoniae* [33,36]. Other researchers have reported inhibition of S. aureus (MRSA) of linolenic acid, linolenic acid and fatty acid ester forms [38,39] [40]. Similarly, Giamarellos and colleagues [41] reported the susceptibility of *E. coli* into gamma-linolenic acid at a concentration of 1 mgL 5 mgL. Lineoleoyl chloride has great potential as potent antimicrobial agent due to its cleansing properties, amphipathic properties, creation of temporary or permanent pores, disruption of the electron transport chain, disruption of oxidative phosphorylation pathways and inhibition of enzymatic activity and cell lysis [42-46]. A. leiocarpus as a natural bioactive compound, easily available and containing beneficial properties [1] can be recommended for the treatment of systemic as well as localized infections [7,22] as is currently the practice in most of northern Nigeria.

Conclusion

Potential *A. leiocarpus* as a candidate drug should be studied further, occurs naturally, is available in most rural communities in northern Nigeria [1,7,22], can be used affordably by our rural people to address availability accessibility and affordability of primary health care.

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