

Antibacterial efficacy of *Pimenta dioica* (Linn.) Merrill and *Anacardium occidentale* L. against drug resistant urinary tract pathogens

Manasa M¹, Yashoda Kambar¹, Sachidananda Swamy H.C.¹, Vivek M.N.¹, Ravi Kumar T.N.², Prashith Kekuda T.R.^{1*}

¹P.G. Department of Studies and Research in Microbiology, Sahyadri Science College (Autonomous) campus, Kuvempu University, Shivamogga-577203, Karnataka, India. ²P.G. Department of Microbiology, K.M.C, Manipal University, Manipal, Karnataka, India.

ARTICLE INFO

Article history:

Received on: 15/11/2013

Revised on: 09/12/2013

Accepted on: 24/12/2013

Available online: 30/12/2013

Key words:

Pimenta dioica, *Anacardium occidentale*, Urinary tract infection, Agar well diffusion.

ABSTRACT

The aim of the present study was to determine antibacterial effect of leaf and bark extracts of *Pimenta dioica* (Linn.) Merrill (Myrtaceae) and *Anacardium occidentale* L. (Anacardiaceae) against drug resistant clinical isolates of urinary tract infection viz., *Escherichia coli*, *Pseudomonas aeruginosa*, *Klebsiella pneumoniae*, *Staphylococcus aureus* and *Enterococcus faecalis*. Agar well diffusion method was employed to assess inhibitory activity of leaf and bark extracts. Among extracts, bark extract of *P. dioica* and leaf extract of *A. occidentale* exhibited high inhibitory activity. The bark extract of *P. dioica* showed high inhibition of clinical isolates than other extracts. Among bacteria, *E. faecalis* and *K. pneumoniae* were inhibited to high and least extent respectively. The inhibitory potential of extracts could be attributed to the presence of bioactive secondary metabolites. Isolation of inhibitory principles from crude extracts and their inhibitory activity against UTI pathogens are to be carried out.

INTRODUCTION

Urinary tract represents a system that collect, store and release urine and include kidneys, ureters, bladder and urethra. Urinary Tract Infections (UTIs) are infections caused by microorganisms anywhere in the urinary tract. UTIs are one among the most common infections in both community and hospital settings and have been reported in people of all age groups in both sexes. It is more common in females than in males. It forms a serious health problem and affects millions of people worldwide each year. It remains the leading cause of Gram-negative bacteraemia. UTIs are the most common hospital-acquired infections and the common cause of bacteraemia in hospitalized patients (Okonko *et al.*, 2010). UTIs are caused by a number of pathogenic microorganisms. The most common causative agents of UTIs are *Escherichia coli*, *Klebsiella pneumoniae*, *Enterobacter* sp., *Pseudomonas aeruginosa*, *Proteus* sp., *Enterococcus* sp., *Staphylococci* and *Streptococci*. Community acquired infection is caused by *E. coli*, *K. pneumoniae*, *P. mirabilis*, *S. saprophyticus* or *E. faecalis*, while the hospital acquired ones are *E. coli*, *P. aeruginosa*, *Proteus* sp,

Enterobacter sp., *Serratia* sp. or *Enterococcus*. Majority of UTIs are caused by a single bacterial species. Some may be polymicrobial in nature. The relative frequency of the pathogens of UTIs differs depending upon age, sex, catheterization, and hospitalization. Antibiotics are routinely used for the treatment of UTIs.

However, uncontrolled usage of antibiotics has contributed to the emergence of resistant bacterial infections. Due to this, the prevalence of antibiotic resistance among urinary pathogens is increasing worldwide and is creating a serious problem for the treatment of UTIs (Kyabaggu *et al.*, 2007; Amin *et al.*, 2009; Beyene and Tsegaye, 2011; Humayun and Iqbal, 2012; Shifali *et al.*, 2012). Plants have been used as medicine all over the world since long time. Plants, their extracts and the purified compounds have shown to possess a wide range of biological activities. Plants and their components have shown to possess marked antimicrobial activity (Cowan, 1999; Sharma *et al.*, 2009; Vinayaka *et al.*, 2009; Dulger and Dulger, 2012). Many plant species have shown to possess marked inhibitory activity against causative agents of UTIs (Peneira *et al.*, 2004; Sahoo *et al.*, 2008; Sharma *et al.*, 2009; Vogel *et al.*, 2011; Thulasi & Amsaveni, 2011; Dulger and Dulger, 2012; Kannan *et al.*, 2012; Sahu and Sinha, 2013).

* Corresponding Author

Mail id: p.kekuda@gmail.com

In the present study, we determined antibacterial activity of leaf and bark extract of *Pimenta dioica* (Linn.) Merril (Myrtaceae) and *Anacardium occidentale* L. (Anacardiaceae) against five clinical isolates of urinary tract pathogens.

MATERIALS AND METHODS

Collection of plant materials

Leaves and barks of *P. dioica* and *A. occidentale* were collected at a place called Maragalale, Thirthahalli (Taluk), Shivamogga (District), Karnataka (State) during June 2013. The leaves and bark were washed thoroughly, dried under shade and powdered using a blender. The powdered leaf and bark materials were stored in airtight containers.

Extraction

A known quantity (10g) of powdered leaf and bark was transferred to 100ml of methanol (HiMedia, Mumbai), sonicated for 30 minutes and left at room temperature for two days. Later, the extracts were filtered through Whatman No. 1 filter paper, concentrated in vacuum under reduced pressure and dried in the desiccators (Vinayaka et al., 2009).

Test bacteria

In this study, two Gram positive isolates viz., *Staphylococcus aureus* and *Enterococcus faecalis* and three Gram negative isolates viz., *Pseudomonas aeruginosa*, *Escherichia coli* and *Klebsiella pneumoniae* previously isolated from subjects suffering from urinary tract infections were used as test bacteria. Table 1 depicts the resistance of these isolates to various antibiotics.

Table 1: Clinical isolates and antibiotics against which the isolates are resistant.

Isolate	Antibiotic
<i>E. coli</i>	Ampicillin, Norfloxacin, Amoxicillin, Cefuroxime, Cotrimazole, Cefazolin, Aztreonam, Cefpirome, Imipenem
<i>K. pneumoniae</i>	Ampicillin, Norfloxacin, Amoxicillin, Cefuroxime, Cotrimazole, Cefazolin, Aztreonam, Cefoperazone, Imipenem
<i>P. aeruginosa</i>	Gentamycin, Amikacin, Ceftazidime, Ciprofloxacin, Tobramycin
<i>S. aureus</i>	Ampicillin, Gentamycin, Norfloxacin, Penicillin
<i>E. faecalis</i>	Ampicillin, Gentamycin, Norfloxacin, Penicillin

Antibacterial activity of leaf and bark extracts

The efficacy of leaf and bark extracts to inhibit clinical isolates was tested by Agar well diffusion assay. The clinical isolates were grown in sterile Nutrient broth (HiMedia, Mumbai) for 24 hours at 37°C. The broth cultures were aseptically swabbed on sterile Nutrient agar (HiMedia, Mumbai) plates using sterile cotton swabs. Later, wells of 6mm diameter were punched in the inoculated plates using sterile cork borer. 100µl of leaf and bark extracts (25mg/ml of 25% dimethyl sulfoxide [DMSO]) and DMSO (25%, in sterile water) were transferred into labeled wells. The plates were incubated at 37°C for 24 hours and the zone of inhibition was recorded (Vinayaka et al., 2009).

Statistical analysis

The experiment was conducted in triplicates. The results are represented as Mean±Standard deviation.

RESULTS

Result of inhibitory effect of leaf and bark extracts of *A. occidentale* and *P. dioica* is shown in Table 2. Extracts were found inhibitory to all bacterial isolates but to a varied extent. Among extracts of *P. dioica*, bark extract caused higher inhibition of isolates when compared to leaf extract. In case of *A. occidentale*, high inhibitory activity was observed in case of leaf extract than bark extract. Overall, bark extract of *P. dioica* inhibited clinical isolates to high extent than other extracts. Among bacteria, *E. faecalis* and *K. pneumoniae* were inhibited to high and least extent respectively. There was no inhibition of bacteria in case of DMSO (not shown in table).

Table 2: Inhibitory effect of leaf and bark extracts against clinical isolates.

Isolates	Zone of inhibition in cm			
	<i>P. dioica</i>		<i>A. occidentale</i>	
	Leaf extract	Bark extract	Leaf extract	Bark extract
<i>E. coli</i>	1.6±0.10	1.7±0.00	1.4±0.10	1.2±0.10
<i>S. aureus</i>	1.5±0.05	1.8±0.05	1.5±0.05	1.2±0.05
<i>E. faecalis</i>	1.8±0.10	2.0±0.10	1.6±0.00	1.2±0.05
<i>P. aeruginosa</i>	1.8±0.20	1.9±0.10	1.6±0.05	1.3±0.10
<i>K. pneumoniae</i>	1.0±0.05	1.4±0.05	1.4±0.10	1.1±0.05

DISCUSSION

The discovery of antibiotics from microorganisms is one of the most important and significant events in the field of chemotherapy. These antibiotics have revolutionized the field of medicine in many respects and their discovery and subsequent use saved countless people being infected by a number of pathogenic microorganisms. Despite the advancement in the field of chemotherapy, microbial strains resistant to one or more than antibiotics (multidrug resistant) are continuously appearing. Microorganisms such as *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Mycobacterium tuberculosis* and others are among the important antibiotic resistant microorganisms which have developed resistance against a wide range of antibiotics. This alarming situation is imposing the need for search and development of agents or drugs from natural sources. Plants have been used all over the world as drugs and remedies for various types of ailments for centuries. The phytoconstituents present in plants serve as prototype for the development of more effective and less toxic drugs (Sharma et al., 2009; Demain and Sanchez, 2009; Davies and Davies, 2010; Kekuda et al., 2013). Plants and their extracts have shown to possess inhibitory activity against urinary tract pathogens. Peneira et al. (2004) showed antibacterial activity of essential oils extracted from medicinal plants *Ocimum gratissimum*, *Cytopogon citratus* and *Salvia officinalis* against bacteria isolated from urine samples. Sahoo et al. (2008) found antibacterial activity of extracts of *Barringtonia acutangula* (L.) Gaertn against urinary tract infection causing pathogens. Sharma et al. (2009) showed inhibitory activity of extracts of plants such

as *Terminalia chebula*, *Ocimum sanctum*, *Cinnamomum cassia* and *Azadirachta indica* against UTI isolates. Thulasi and Amsaveni (2011) observed antibacterial activity in solvent extracts of *Cassia auriculata* against ESBL producing *E. coli* from UTI patients. Kannan *et al.* (2012) found growth inhibitory activity of Indian seagrasses against UTI causing pathogens. The extract of leaves of *Ballota acetabulosa* was found to possess inhibitory activity against bacteria and *Candida albicans* isolated from UTI (Dulger and Dulger, 2012). In another study, Sahu and Sinha (2013) showed inhibitory efficacy of crude leaf extract of *Cassia tora* against bacteria isolated from UTI patients. In the present study, we observed inhibitory potential of leaf and bark extracts of *P. dioica* and *A. occidentale* against antibiotic resistant pathogens from UTI. Among extracts of plants selected, bark extract of *P. dioica* and leaf extract of *A. occidentale* caused high inhibition of bacteria. Similar inhibitory effect *i.e.*, high inhibitory activity of bark extract than leaf extract of *P. dioica* was observed against clinical isolates of *Staphylococcus aureus* and *Streptococcus mutans* in a previous study (Asha *et al.*, 2013). In another study, Chaithra *et al.* (2013) found higher activity of leaf extract of *A. occidentale* against clinical isolates of *Staphylococcus aureus* and *Streptococcus mutans* than bark extract.

CONCLUSION

The leaf and bark extracts of *P. dioica* and *A. occidentale* were shown to exhibit inhibitory activity against pathogens recovered from UTI. The inhibitory activity could be ascribed to the bioactive principles present in the extracts which are to be purified from the crude extracts. The plants can be the potential candidates for the development of agents active against UTI causing pathogens.

ACKNOWLEDGEMENTS

Authors are thankful to Dr. N. Mallikarjun, Associate Professor and Chairman, P.G. Dept. of Studies and Research in Microbiology and Principal, Sahyadri Science College (Autonomous), Kuvempu University for providing all facilities and moral support to conduct work.

REFERENCES

- Amin M, Mehdinejad M, Pourdangchi Z. Study of bacteria isolated from urinary tract infections and determination of their susceptibility to antibiotics. Jundishapur Journal of Microbiology, 2009; 2(3): 118-123.
- Asha MM, Chaithra M, Kamar Y, Vivek MN, Kekuda PTR. Antibacterial activity of leaf and bark extracts of *Pimenta dioica* (Linn.) Merrill against clinical isolates of *Staphylococcus aureus* and *Streptococcus mutans*. World Journal of Pharmacy and Pharmaceutical Sciences, 2013; 2(5): 3207-3215
- Beyene G, Tsegaye W. Bacterial uropathogens in urinary tract infection and antibiotic susceptibility pattern in Jimma university specialized hospital, southwest Ethiopia. Ethiopian Journal of Health Sciences, 2011; 21(2): 141-146
- Cowan MM. Plant products as antimicrobial agents. Clinical Microbiology Reviews, 1999; 12(4): 564-582
- Chaithra M, Vivek MN, Asha MM, Kamar Y, Kekuda PTR, Mallikarjun N. Inhibitory effect of leaf and bark of *Anacardium*

occidentale against clinical isolates of *Staphylococcus aureus* and *Streptococcus mutans*. Journal of Drug Delivery and Therapeutics, 2013; 3(6): 80-83

Davies J, Davies D. Origins and evolutions of antibiotic resistance. Microbiology and Molecular Biology Reviews, 2010; 74(3): 417-433

Demain AL, Sanchez S. Microbial drug discovery: 80 years of progress. Journal of Antibiotics, 2009; 62: 5-16

Dulger B, Dulger G. Antimicrobial activity of the leaves of *Ballota acetabulosa* on microorganisms isolated from urinary tract infections. Turkish Journal of Pharmaceutical Sciences, 2012; 9(3): 257-262

Humayun T, Iqbal A. The culture and sensitivity pattern of urinary tract infections in females of reproductive age group. Annals of Pakistan Institute of Medical Sciences, 2012; 8(1): 19-22

Kannan RR, Arumugam R, Anantharaman P. Chemical composition and antibacterial activity of Indian seagrasses against urinary tract pathogens. Food Chemistry, 2012; 135(4): 2470-2473

Kekuda PTR, Manasa M, Poornima G, Abhipsa V, Rekha C, Upashe SP, Raghavendra HL. Antibacterial, cytotoxic and antioxidant potential of *Vitex negundo* var. *negundo* and *Vitex negundo* var. *purpurascens*- A comparative study. Science Technology and Arts Research Journal, 2013; 2(3): 59-68

Kyabaggu D, Ejubi F, Olila D. The sensitivities to first-line antibiotic therapy of the common urinary tract bacterial infections detected in urine samples at a hospital in metropolitan Kampala (Uganda). African Health Sciences, 2007; 7(4): 214-222

Okonko IO, Ijandipe LA, Ilusanya AO, Donbraye-Emmanuel OB, Ejemi J, Udeze AO, Egun OC, Fowotade A, Nkang AO. Detection of Urinary Tract Infection (UTI) among pregnant women in Oluyoro Catholic Hospital, Ibadan, South-Western Nigeria. Malaysian Journal of Microbiology, 2010; 6(1): 16-24

Peneira RS, Sumitha TC, Furlan MR, Jorge AO, Ueno M. Antibacterial activity of essential oils on microorganisms isolated from urinary tract infection. Revista de Saude Publica, 2004; 38(2): 326-328

Sahoo S, Panda PK, Mishra SR, Parida RK, Ellaiah P, Dash SK. Antibacterial activity of *Barringtonia acutangula* against selected urinary tract pathogens. Indian Journal of Pharmaceutical Sciences, 2008; 70(5): 677-679

Sahu PR, Sinha MP. Screening of antibacterial activity of crude leaf extracts of *Cassia tora* on UTI pathogens. The Bioscan, 2013; 8(3): 735-738

Sharma A, Chandraker S, Patel VK, Ramteke P. Antibacterial activity of medicinal plants against pathogens causing complicated urinary tract infections. Indian Journal of Pharmaceutical Sciences, 2009; 71(2): 136-139

Shifali I, Gupta U, Mohmood SE, Ahmed J. Antibiotic susceptibility patterns of urinary pathogens in female outpatients. North American Journal of Medical Sciences, 2012; 4(4): 163-169

Thulasi G, Amsaveni V. Antibacterial activity of *Cassia auriculata* against ESBL producing *E. coli* from UTI patients. International Journal of Microbiological Research, 2011; 2(3): 267-272

Vinayaka KS, Swarnalatha SP, Preethi HR, Surabhi KS, Kekuda PTR and Sudharshan SJ. Studies on *in vitro* antioxidant, antibacterial and insecticidal Activity of methanolic extract of *Abrus pulchellus* Wall (Fabaceae). African Journal of Basic and Applied Sciences, 1(5-6); 2009: 110-116.

Vogel NW, Taschetto AP, Dall'agnol R, Weidlich L, Ethur EM. Assessment of the antimicrobial effect of three plants used for therapy of community-acquired urinary tract infection in Rio Grande do Sul (Brazil). Journal of Ethnopharmacology, 2011; 137(3): 1334-1336

How to cite this article:

Manasa M, Yashoda Kamar, Sachidananda Swamy H.C, Vivek M.N, Ravi Kumar T.N, Prashith Kekuda T.R. Antibacterial efficacy of *Pimenta dioica* (Linn.) Merrill and *Anacardium occidentale* L. against drug resistant urinary tract pathogens. J App Pharm Sci, 2013; 3 (12): 072-074.