



Study of the Effect of Carob (*Ceratonia siliqua L.*) Extract Activity as Antibiotic from UTI

Iman Fadhil Abdul-Hussein
College of Biotechnology
University of Al-Qasim Green

Submission Track

Received : 2/5/2017

Final Revision : 31/6/2017

Keywords

Ceratonia siliqua L., *E. Coli*, Antibacterial Activity, Ampicillin, Gentamicin, Amikacin, Clindamycin Drugs, Agar Diffusion Method.

Corresponding

iman.f@biotech.uoqasim.edu.iq

Abstract

Escherichia coli bacterial cells have been collected and selected from (30) patients (most found strain) in urine samples 25 (83.3 %) suffering from infection of urinary tract laid down in Hashimiyah teaching hospital, Babylon during a period from November 2016 to February 2017.

The isolated strain diagnosis is confirmed with Vitek 2 system apparatus which perform to identify species level of *Escherichia coli* isolates. To evaluate the antimicrobial action of the ethanol extract of Carob (*Ceratonia siliqua L.*) pods only as well as in mixture with certain drugs (64 µg /ml ampicillin, 32 µg /ml gentamicin, 128 µg /ml amikacin, 8 µg /ml clindamycin.) as the wide usage antibiotics in the treatment of UTI bacterial infections which has led to the emergence and spread of resistant strains. Many studies show that the efficacy of antimicrobials can be improved by combining them with crude plant extracts. The antimicrobial activity of the ethanol extract of pods of Carob (*Ceratonia siliqua L.*) alone as well as in mixture with some standard antimicrobials has been evaluated using well diffusion method which demonstrates an in-vitro antibacterial activity of the tested extracts against *E. Coli* bacteria. A combination of the tested extracts (concentration 100%, 50%) with antibacterial has increased the activity of the tested antimicrobials. The results reveal the importance of Carob plant extracts when associated with antibiotics to regulator resistance *E. Coli* bacteria developed as a danger to human health.

Introduction

The bacterial resistance to the known antibacterial agents had become a serious global problem for instance, bacterial infections are liable for 90% of infections located in health care services offerings and 70% of the bacterial infections had been proof against at minimum one antibiotic (1)

Resistance mechanisms may additionally consist of the manufacturing of drug inactivating enzymes, efflux pumps and target-site or outer membrane modifications. Resistance to multiple drugs is typically the result of the mixture of various mechanisms in

single isolate or the action of of a single potent resistance mechanisms (14). As a result, new antibacterial agents or combinations are desperately wanted. *Ceratonia siliqua L.* is a leguminous evergreen tree which is native to the mediterranean location. It belongs to family fabaceae and to the caesalpinioideae sub-family (15). It is far referred to as carob, algarroba, locust bean, locust tree, st. john's bread and in arabic is kharroub (16,17). The primary phytochemicals detected in *ceratonia siliqua L.* are polyphenols which include condensed and hydrolysable tannins, phenolic



acids, flavonoids, and flavonoidal glycosids suggesting a capacity antibacterial and cytotoxic activities (18). Carob pods are a conventional part of the weight loss program inside the Mediterranean place and carob sauce is a general thirst-quencher in many countries including Egypt (19). The greatest communal bacterial agent concerned in causation of UTIs is *Escherichia Coli* (20). Because of this, the aim of present study is to investigate the bacterial growth inhibitory effect of (*Ceratonia siliqua L.*) plant extracts alone and in combination with some traditional antimicrobial drugs (64 µg /ml ampicillin, 32 µg /ml gentamicin, 128 µg /ml amikacin, 8 µg /ml clindamycin) in order to enhance the potential antimicrobial activity of these antibiotics against *Escherichia coli* isolates

as most found bacteria in UTI using carob aqueous extract.

Materials and Methods:

Bacterial strain:

Bacterial cells of *Escherichia Coli* have been collected and selected from 30 patients (most found strain) in urine samples 25 (83.3 %) suffering from infection of urinary tract whom Fallen asleep in Hashimiyah teaching hospital, Babylon during a period from November two thousand sixty to February two thousand seventy.

Isolation and diagnosis of bacterial strain:

A- After bacterial detection from urine samples, the most popular bacteria that cause urinary tract infection are diagnosis by culturing on suitable bacterial media which reveals in table (1)

Table (1):Characteristic of *Escherichia Coli* on different culture media

	Blood agar base media	MacConkey media	Eosin Methylene Blue media
<i>Escherichia Coli</i>	Cells appear as small size, Gram negative reactions with partial hemolysis ability	cells as small, pink colour with lactose fermented ability.	colonies appear with green metallic sheen

B-the diagnosis is confirmed by Vitek₂ system which performed to identify species level for *E. coli* isolates.

Carob Extract Preparation:

This is accomplished by using maceration approach in which pods of carob have been shaded dried and beaten first by means of hand then via mechanical blender to offer finely grounded powder. 500gm of powder become macerated with 80% ethanol solution for 6 hrs. with continuous stirring by magnetic stirrer. After filtration the extract with Millipore 0.45 filter paper, it has changed into dried and give dark crimson, gummy residue. Residual extract becomes dissolved in water then fractionated by using separated funnel using organic solvent (ethyl acetate 3%) to boom

polaries. The extract has turned into lyophilized and stored for similarly use (21).

Antibacterial Activity: -

The antimicrobial actions of *C. siliqua* extract have been evaluated by means of agar-well diffusion assay (22). Microorganism (0.5 ml) of 1×10^6 CFU/ml (0.5 McFarland turbidity) are put in pure petri dishes then twenty ml_s of heated and cooled (45°C) of Muller Hinton media is supplementary to whole petri dishes. The prepared plats were rotated slowly to make certain uniform distribution of the microorganisms after which they are allowed to solidify on a flat surface. after solidification,



3 equidistant and circular wells of 10 mm diameter are cautiously punched by the usage of a sterile cork borer. Each sample (5mg/ml) is turned into implemented as triplicate. For prediffusion of the extract to occur; the plates are allowed to stand for one hour then incubated in a single day at 37°C. Finally the plates are observed and zones of inhibition are documented (2).

The Minimum Inhibitory Concentration (MIC) of Bacterial- Minimum inhibitory concentrations (MIC) have been applied by way of broth dilution technique in culture tubes with a few modification. In the tube dilution assay, the extract to start with organized at 50 mg/ml then standard bacterial suspension and specific concentration of extract (100%,75%,50%,25%) had been add to the tubes containing 1.9 ml muller-hinton broth.

Inoculation with (0.1) ml of suspension containing 10^7 CFU/ml of bacterium were applied for each tubes and incubated at 37°C° for twenty-four hours. Tubes are observed for noticeable growth or absence growth in each dilution of tested bacteria. Turbidity indicates a growth of bacteria and MIC which the lowermost concentrations where no growth is visually observed (3).

Determination of the Minimum Inhibitory Concentration (MIC) of Bacterial-Extract-Antibiotics solution:

The initial attention of used antibiotics on this search, 64 µg /ml for ampicillin - 32µg /ml of gentamicin, 128 µg /ml of Amikacin, finally 8µ g /ml for clindamycin as the wide usage antibiotics in the treatment of UTI bacterial infections .Same volumes of the combination (E. coli and extract) combination and antibiotics have been prepared after which diluted in moller- hinton broth to the equal dilution ratio as above. (4). Incubation for overnight at 37°C, is performed for each tubes then examined for the seen growth or absence boom(turbidity) has been determined.

Result and Discussion

Antibacterial activity: -

The end result of the conducted experiment the usage of water carob pods extract with disc diffusion approach with specific concentration against *E.coli*; reveal that maximum antibacterial activity become in (100%, and 50)% which exhibited the largest inhibition (diameter of the inhibition region > 25 mm)towards *E. coli* as show in figure:(1):



Figure (1) Antimicrobial action of carob extract pods on (Muller Hinton) media

Antimicrobial action of most common drugs against *E. coli* in UTI were determined also by diffusion method. The drugs were(64µg /ml for ampicillin,32µg /ml for gentamicin,128µg /ml

for amikacin, and 8µg /ml for clindamycin.) all of these drugs were effective against expect clindamycin where the isolated strain of *E.coli* exhibit an resistance ,the inhibition zone



diameters was (8.2mm,7. 8mm,5.5mm,0mm) as shown blow in the figure (2):

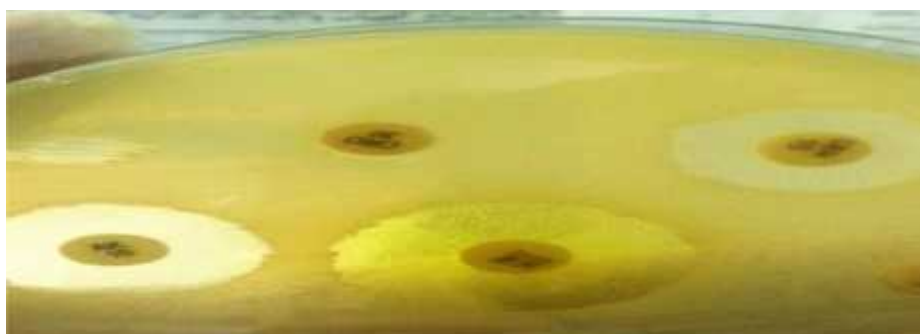


figure (2): Antibiotic Activity of Tested Drugs Against *E. coli* .

After incubation period (24hrs), Minimum Inhibitory Concentration was determined by observing turbidity of tested tubes by naked eye. Turbidity refer to growth of bacteria. MIC is determined as the lowermost concentration of antimicrobial that will prevent

noticeable growth of microorganisms after incubation period for overnight . (5) .In this study, MIC values of carob extracts are compared in comparison with some commonly antibiotics used in the current study. Table (2,3,4) and figure (3,4)

Table (2): MIC of The Tested Extracts Against *E.coli*:

Tested bacteria	MIC of Bacteria-Carob- Extract solution
<i>E.coli</i>	4

Table (3): The MIC of The Used Antibiotics Against *E.coli*:

Tested Bacteria	MIC of bacteria-antibiotics		
	Ampincillin	Gentamicin	Amikacin
<i>E.coli</i>	6	8	5

Table (4): The MIC of Combinations of Carob-Antibiotics Against *E.coli*:

Tested bacteria	MIC of Carob –Antibiotics		
<i>E.coli</i>	Ampicillin	Gentamicin	Amikacin
		5	4

In table (2,3,4): illustrates the values MIC for each extract and antibiotic separately as well as the values MIC of extract and antibiotic together respectively. The current results

shows synergistic outcome for the two component (tested antibiotics and pods extract)

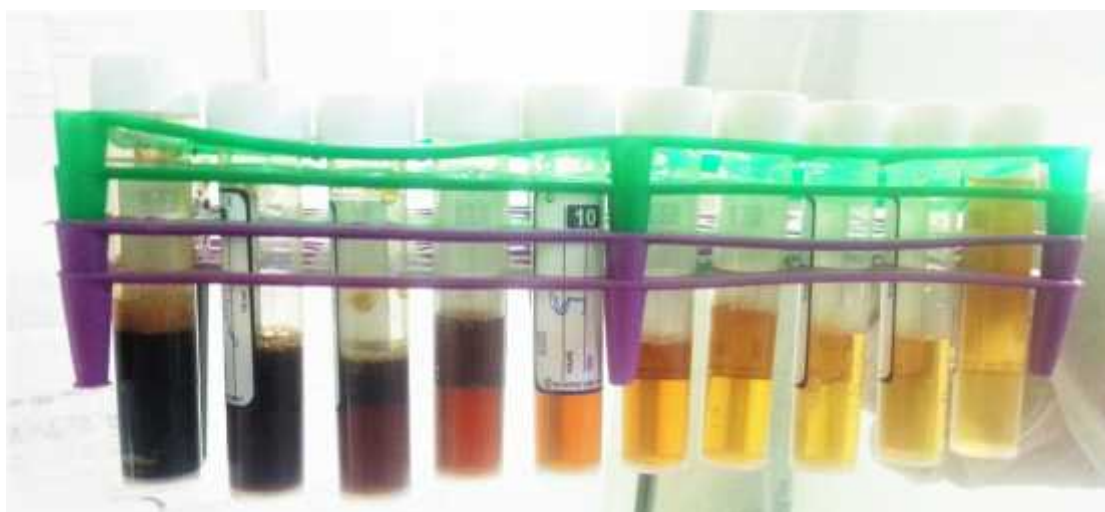


Figure (4):MIC of Antibiotic and bacterial_ extract.

Currently, because of the dramatic failures of synthetic antibiotics to overcome the developing resistant pathogens, medicinal plants emerge as alternative source for new accepted antibacterial agents(6). It is known that phytochemical compounds of medicinal plants like flavonoids, alkaloids, phenols, glycosides, sterols, saponins have curative properties (7). The strong antibacterial activity of *Ceratonia siliqua* L. preparations and synergistic effect within antibiotics may be related to its gradient of flavonoids and tannins. Flavonoids as well as phenolic compounds are present in different quantities in most vascular plants (8).They are a subject

of medical research, have pharmacological benefits, including antioxidant, anti-inflammatory, ant allergic, hepatoprotective, antiviral, antimicrobial and ant carcinogenic activities(9)(10) . Quercetin, apigenin and (-)-epigallocatechin are recorded as inhibitors for DNA and RNA synthesis. In other hands , flavanones, quercetin as well as catechins are described to pose inhibitory action on cytoplasmic membrane function. This could illustrate the synergism exhibited by *Ceratonia siliqua* L. extracts and fractions with antibiotics (11) rutin,,Naringin as well as apigenin are Carob flavonoids has stated antimicrobial action(12). It was found also that



Ceratonia siliqua shows an increase in the antimicrobial activity of the tested antimicrobials against the tested microorganisms as the zones of inhibition in antibiotic/plant extract plates are in the range of 1-39 mm wider than the zones of inhibition in the control plates (containing antibiotics without the plant extract) depending on the species of bacteria which in agreement with the results obtained by Bijen and Tuba and Ben Hsouna *et al.*, who have reported that methanol extract of *Ceratonia siliqua* shows strong action on, *Escherichia coli* (13).

CONCLUSION

The results show that plant extracts increase the therapeutic activity of the tested antimicrobials against the tested *E. Coli*.

References:

1. Umberto Quattro chi FLS. CRC World Dictionary of Plant Name. Vol. I, Boca Raton, London, New York, Washington, D. C.: CRC Press 2000.
2. Abdallah EM. Plants: An alternative source for antimicrobials. *J Appl Pharma Sci* 2011; 1: 16-20.
3. Andrews, J.M. Determination of minimum inhibitory concentrations, *Journal of chemotherapy*, (2001). 48,(1):5-16.
4. Batlle I, Tous J. Carob tree. *Ceratonia siliqua* L. Promoting the conservation and use of underutilized and neglected crops. Rome, Italy: Gatersleben/International Plant Genetic Resources Institute 1997; Vol. 17.
5. Bijen K, Tuba M. Antimicrobial and Cytotoxic Activities of *Ceratonia siliqua* L. Extracts. *Turk J Biol* 2002; 26: 197-200.
6. Esimone CO, Adiukwu MU, Okonta JM. Preliminary Antimicrobial Screening of the Ethanolic Extract from the Lichen *Usnea subfloridans* (L). *IJPRD* 1998; 3: 99-102.
7. Gorbach SL, Bartlett JG, Balcklow NR. Urinary tract. In: Gorbach SL, Bartlett JG, Balcklow NR, editors. *Infectious diseases*. Philadelphia: Lippincott Williams & Wilkins Publishers; 2004. p. 861-81.
8. Güven, K., Yücel, E., Çetintas, F.: Antimicrobial activities of fruits of *Crataegus* and *Pyrus* species. *Pharmaceutical Biology*, 2006; 44:79-83.
9. Jung, H.A.; Su, B.N.; Keller, W.J.; Mehta, R.G.; Kinghorn, D. Antioxidant xanthenes from the pericarp of *Garcinia mangostana* (Mangosteen). *J. Agric. Food Chem.* 2006, 54, 2077–2082.
10. Livermore DM. Multiple mechanisms of antimicrobial resistance in *Pseudomonas aeruginosa*: our worst nightmare? *Clin Infect Dis* 2002; 34: 634-40
11. Mallikharjuna PB, Rajanna LN, Seetharam YN, Sharanabasappa GK. Phytochemical Studies of *Strychnos potatorum* L.f.- A Medicinal Plant. *E-J Chem* 2007; 4: 510-18.
12. Manach C, Williamson G, Morand C, Augustin SA, Rémésy C. Bioavailability and bioefficacy of polyphenols in humans. 1st edition, 2009.
13. Naghmouchi S, Khouja M L, Romero A, Tous J, Boussaid M. Tunisian carob (*Ceratonia siliqua* L.) populations: Morphological variability of pods and kernel. *Scientia Horticulture* 2009; 121: 125-30.
14. Najafi S, Sanadgol N, Nejad BS, Beiragi MA, Sanadgol E. Phytochemical screening and antibacterial activity of *Citrullus colocynthis* (Linn.) Schrad against *Staphylococcus aureus*. *J Med Plant Res* 2010; 4: 2321-25.
15. Narayana KR, Reddy MS, Chaluvadi MR, Krishna DR. Bioflavonoids Classification, Pharmacological, Biochemical Effects and Therapeutic



- Potential. Indian J Pharmacol 2001;33:2-16.
16. Owen RW, Haubner R, Hull WE, Erben G, Spiegelhalder B, Bartsch H, Haber B. Isolation and structure elucidation of the major individual polyphenols in carob fibre. Food Chem Toxicol 2003; 41: 1727-38.
17. Pothitirat, W.; Chomnawang, M.T.; Gritsanapan, W. Free radical scavenging and anti-bacne activities of mangosteen fruit rind extracts prepared by different extraction methods. Pharm. Biol.2010, 48, 182–186.
18. Taleb-Contini SH, Salvador MJ, Watanabe E, Ito IY, Oliveira D.C.R. Antimicrobial activity of flavonoids and steroids isolated from two Chromolaena species. Brazilian J Pharma Sci 2003; 39: 403-408.
19. Tim Cushnie TP, Lamb AJ. Antimicrobial activity of flavonoides. Int J Antimicrob Agents 2005; 26: 343-56.
20. Tim Cushnie TP, Lamb AJ. Antimicrobial activity of flavonoides. Int J Antimicrob Agents 2005; 26: 343-56.
21. Vector B.K,Wafaa,A.M,2014, preliminary phytochemical screening and evaluation antioxadative activity of Iraq species hyprecum in vitro, Int.Res. J.Pharm,(5) ,(5).
22. Willis JC, Airy Shaw HK. A Dictionary Of The Flowering Plants And Ferns. 8th ed. 1985, Cambridge, London, New York, New Rochelle, Melbourne, Sydney: Cambridge University Press 1985; 225

دراسة تأثير المستخلص الكحولي المعزولة لنبات (Ceratonia siliqua) كمضاد حيوي ضد بكتريا الاشرية القولونية من اخماج الجهاز البولي

ايمان فاضل عبد الحسين

كلية التقانات الإحيائية |

تم عزل وتشخيص (30) عينة من بكتريا الاشرية القولونية من مرضى راقدين في مستشفى الهاشمية التعليمي والذين يعانون من اخماج في الجهاز البولي للفترة من تشرين الثاني 2016 إلى تم عزل وتشخيص البكتريا اعتمادا الصفات المظهرية بعد زراعتها على الاوساط المناسبة وتم تأكيد هذا التشخيص باستعمال نظام الفايك 2 الذي يقوم بالتشخيص على مستوى النوع لبكتريا الاشرية القولونية .

قد تم تحديد الفعالية المضادة للمستخلص الكحولي لبذور الخروب ضد بكتريا الاشرية القولونية المعزولة لوحده وكذلك عند دمجه مع مضادات حيوية قياسية مستعملة لمعالجة اخماج الجهاز البولي شملت (الأميسيلين 64 / ، جنتاميسين 32 | أميكاسين 128 | أمل ، الكلينداميسين 8 | أمل). كذلك تمت المقارنة بينهما على اساس اقل تركيز مثبت لنمو بكتريا الاشرية نيه. وأظهرت هذه الدراسة أن فعالية المضادات الحيوية المذكورة يمكن تحسينها من خلال دمجها مع المستخلص النباتي الخام (تركيز 100%) والتركيز (50%). وكشفت الدراسة ايضا عن أهمية مستخلص الخروب عندما يرتبط مع المضادات الحيوية للسيطرة على البكتيريا المقاومة التي يمكن أن تصبح خطرا على صحة الإنسان .

الكلمات المفتاحية : Ceratonia siliqua L ، بكتريا القولون ، مضاد حيوي ، اميسيلين ، جنتاميسين ، اميكاسين ، كلينداميسين ، طريقة انتشار الاكار .