

The Potential Activity of Hydroxychavicol against Pathogenic Bacteria

Jangala Jesonbabu¹, Navuru Spandana² and Aruna lakshmi K³

Department of Biotechnology, GITAM University, GIT, Visakhapatnam

Abstract

Hydroxychavicol isolated from Piper betle leaves, showed inhibitory activity against gastrointestinal pathogens. It exhibited inhibitory effect on the entire gastrointestinal pathogens tested (MICs of 200-400 µg/ml) with an MBC, which was twofold greater than the inhibitory concentration. Hydroxychavicol exhibited concentration dependent killing of *Staphylococcus aureus* and *Escherichia coli* to 4 x MIC, that the hydroxychavicol would be a useful compound for the development of antibacterial agents against gastro intestinal pathogens and has great potential for use in treatment of gastrointestinal infections.

Keywords: MIC; Hydroxychavicol; Time killing curve

Introduction

Infectious diseases account for about half of the deaths globally prior to the discovery of antibiotics. Antibiotics play a major role in treating a number of life threatening diseases. But parallel to antibiotic usage, bacterial resistance to antimicrobial agents has been emerged [1]. Therefore due to alarming increase in the rate of infections with antibiotic resistant microorganism and due to side effects of some of synthetic antibiotics there is an increasing interest in medicinal plants as a natural alternate to synthetic drugs [2]. The gastrointestinal tract is a major ecological site for various bacteria that can reach neighbouring sterile sites and cause invasive diseases. Human gastrointestinal tract is an important reservoir of multiple bacteria and there is evidence that it also provides an important source for transmission and dissemination of these organisms [2].

Escherichia coli is found widely in nature, including the intestinal tracts of humans and warm-blooded animals. Disease-causing strains, however, are a frequent cause of both intestinal and urinary-genital tract infections. *E.coli* causes severe cramps and diarrhoea.

SalmoEscherichia coli hogenic bacteria predominately found in the intestinal lumen. Its toxicity is due to an outer membrane consisting largely of lipopolysaccharides (LPS) which protect the bacteria from the environment. In the last 30 years, several reports of outbreaks of *Salmonella* gastroenteritis in hospitalized patients have been published [3-10].

Streptococcus pyogenes is a frequent human pathogens capable of producing a wide variety of infections which range from suppurativesequelae like pharyngitis, impetigo, streptococcal toxic shock-like syndrome (STSS), necrotizing fasciitis to more severe and life-threatening post streptococcal nonsuppurativesequelae like acute rheumatic fever (ARF), acute glomerulonephritis (AGN). In past decade, there has been an increase in reports of serious streptococcal infections and the sequelae worldwide [11]. In India, prevalence of rheumatic heart disease and pharyngitis varies from 1 to 5.4/1,000 [12] and 4.2% to 13.7% [13,14] school-age children respectively, which is comparable to the rates reported from developed countries [15].

Staphylococcus aureus and the coagulase negative *Staphylococcus* species (CoNS) are among the most common causes of mortality and morbidity in the hospital setting worldwide. About nearly 20% of the human population are long-term carriers of *Staphylococcus aureus* causing a range of illnesses such as pimples, impetigo, boils cellulitis folliculitis, carbuncles, scalded skin syndrome, and abscesses

to life threatening diseases like pneumonia, meningitis, osteomyelitis, endocarditis, toxic shock syndrome (TSS), bacteremia, and sepsis. It is still one of the most common causes of nosocomial infections [16], often causing postsurgical wound infections.

Shigellosis still remains a public health problem in most developing countries because of the poverty, poor sanitation, personal hygiene and poor water supply [17]. Literature review shows that about 140 million people suffer from shigellosis with estimated 600,000 deaths per year world-wide [18-20]. It is a major cause of dysentery/diarrhea in children and others. Many of them are hospitalized immediately after the onset of the disease. Though, oral rehydration is the principal means of management, because of the enteroinvasiveness antibacterial treatment may be necessary.

Presently many plant components have been extracted, analysed and are being synthesized in large laboratories for use in pharmaceutical preparations. Piper betel plant which being used in the present investigation is one of the important medicinal plants. The Betel (Piper betel) belongs to the Piperaceae family the betel vine, dioecious creeper represent goodness of wealth in Hindu mythology. In India Piper betleleaves are used for chewing and to improve appetite [21,22]. Many scientific research have been carried out and various beneficial bioactivities were discovered in this plant including antimutagenic, anticarcinogenic, antioxidant, antidiabetic, and anti-inflammatory [23-27].

So far less data about the antibacterial activities of these plants

***Corresponding authors:** Jangala Jesonbabu, Research Schloar, Department of Biotechnology, Arthur Cotton Bhavan, GIT, GITAM, Rushikonda, Visakhapatnam-530045, Andhra Pradesh, India, E-mail: jesonmicro@gmail.com

Navuru Spandana, M.Tech, Department of Biotechnology, Arthur Cotton Bhavan, GIT, GITAM, Rushikonda, Visakhapatnam-530045, Andhra Pradesh, India, E-mail: spandana.sweety@gmail.com

Aruna lakshmi K, Professor, Department of Biotechnology, Arthur Cotton Bhavan, GIT, GITAM, Rushikonda, Visakhapatnam-530045, Andhra Pradesh, India, E-mail: ravikomarraju@rediffmail.com

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were reported. In the present study antibacterial activities of the hydroxychavicol was investigated.

Materials and Methods

Preparation of chloroform extract

Fresh leaves of P.betle (1kg) were washed under running tap water and shade dried for 2days and the leaves were powdered. Ten grams of the powder was subjected to soxhlet apparatus by using a150ml of chloroform as a solvent for 2days. The plant extracts were filtered through what man No.1 filter paper into vials and stored at 4°C for further use.

Bacterial strains and culture condition

The pathogenic bacterial strains were obtained from Sneha Diagnostics Clinical Laboratory, Ongole.

Escherichia coli, *Salmonellatyphi*, *Shigella dysentrie*, *S. aureus*, *S.pyogenes*, *Pseudomonas aeruginosa*. All the gram positive bacteria were maintained on Blood agar before processing and gram negative bacteria maintained on Nutrient agar before to process.

Extraction of Hydroxychavicol by Column chromatography and Thin layer Chromatography

The chloroform extract sample was passed through the column chromatography to separate the compound present in it by using the 1% of methanol in chloroform as eluting solvent and the samples collected at different time intervals were subjected to the thin layer chromatography. The thin layer chromatography showed the detection of hydroxychavicol from the chloroform extract of piper beetle leaves by using methanol and chloroform 1:19 ratio mobile phase and spraying FolinCiocalteu (Phenol) reagent over the silica gel plate for the detection of hydroxychavicol. The fractions containing the pure hydroxychavicol were pooled and the desire compound was crystalized from benzene petroleum ether. And the purity of the hydroxychavicol is estimated by the HPLC and found 98% pure.

Screening for the antibacterial activity of hydroxychavicol

The bacterial cultures were grown in peptone water medium and incubated at 37°C after 6hrs of growth, bacteria were at a concentration of 10⁶ cells/ml were inoculated on the surface of Mueller-Hinton agar plates subsequently, filter paper disc(6mm in diameter) saturated with extract (50µg/ml) was placed on surface of each inoculated plate. To evaluate the efficiency of the methodology, 50µl of the extract was inserted simultaneously in a hole made in newplates. The plates were incubated at 37°C for 24hrs and inhibition zone was observed. Cultured bacteria with halos equal to or greater than 7mm were considered susceptible to the hydroxychavicol. The hydroxychavicol dissolved in 2% DMSO. 2% DMSO served as a negative control. The hydroxychavicol was later tested to determine the Minimal Inhibitory Concentration (MIC) for each bacterial sample.

Determination of Minimum Inhibitory Concentration

The antibacterial studies of hydroxychavicol was analysed by Micro broth dilution assay. The assays were repeated at least three times

Microbroth-dilution assay

The MIC was determined as per the guidelines of Clinical and Laboratory Standards Institute28. All the bacteria used in this study were incubated for 24hrs at 37°C. Bacterial suspensions were prepared by suspending 24hrs grown culture in sterile normal saline. The turbidity

of the bacterial suspensions was adjusted to a McFarland standard of 0.5, which is equivalent to 1.5x10⁸ CFU/ml. The twofold serial dilutions of hydroxychavicol was prepared in Muller Hinton broth, 100µl of the bacterial inoculum was added to each well of the plate, resulting in a final inoculum of 5x10⁵ CFU/ml in the well; final concentration of the compound hydroxychavicol ranged from 1000µg/ml to 100µg/ml. The plates were incubated at 37°C for 24hrs. The minimum concentration of the compound that showed 100% reduction of the original inoculum was recorded as the MIC.

The Minimum Bactericidal Concentration (MBC) was determined by spreading a 100-µl volume on a LB agar plate from the wells showing no visible growth. The plates were incubated at 37°C for 24h. The minimum concentration of compound that showed ≥99.9% reduction of the original inoculum was recorded as the MBC.

Time kill studies against *E.coli* and *S.aureus*

E.coli and *S.aureus* were grown in nutrient broth at 37°C for 24hrs. The turbidity of the suspension was adjusted to 0.5McFarland standard in sterile normal saline, 20µl of this suspension was inoculate 2ml of Nutrient Broth containing increasing concentration of hydroxychavicol ranging from 100 to 1000µg/ml. Dimethylsulfoxide controls were also included in the study. Suspension were incubated at 37°C, and the number of colony forming units (CFU) was determined on Luria Bertani Agar plates using a serial dilution method at various time point [29].

Results

The antibacterial activity of chloroform extract was examined by Agar cup plate method. The chloroform extract of the piper beetle exhibited a potent antibacterial activity towards all the bacteria.

To evaluate the antimicrobial activityof hydroxychavicol, it was examined by the micro broth dilution assay against microorganisms the MIC of the hydroxychavicol range from 800-200µg/ml against tested pathogenic bacteria. *S.aureus* and *S. pyognes* showed potent and broad-spectrum antibacterial activity (i.e 200µg/ml) against hydroxychavicol. *E.coli*, *Salmonellatyphi* and *Shigelladysentriae* showed activity (i.e 400µg/ml) towards a higher concentration of hydroxychavicol. MIC was determined and the results were showed in (Table 1). Hydroxychavicol are effective on gram positive bacteria compare to the gram negative bacteria and activity of hydroxychavicol was not observed in *pseudomonas aeruginosa*.

Minimum Bactericidal Concentration was determined and the concentration for the *S.aureus* and *S.pyogenes* ranges from 400µg/ml and MBC for *E.coli*, *Shigelladysentria*, and *Salmonella typhi* ranges from 800µg/ml.

Time-kill studies

The time-kill kinetics studies were specifically performed against *S. Aureus* and *E.coli* owing to its importance in the initiation of infections. The results of the time-kill studies are shown in (Figure 1). The MIC of hydroxychavicol (200µg/ml) showed a 3-log reduction in growth in10hrs, compared to the untreated control, while 400µg/ml and 800µg/ml reduced the CFU count of *S.aureus* with in short period of time. The results of the time-kill studies are shown in (Figure 2). The MIC of hydroxychavicol (400µg/ml) showed a 3-log reduction in growth in 10hrs, compared to the untreated control, while 400µg/ml and 800µg/ml could reduce the CFU count of *S.aureus*ATCC. The kill kinetics study showed that hydroxychavicol exhibited a time- and concentration-dependent killing effect against *S. aureus* and *E.coli*.

Bacterial strains	MIC µg/ml range	MBC µg/ml range
Staphylococcus aureus	200	400
Streptococcus pyogenes	200	400
Escherichia coli	400	800
Salmonella typhi	400	800
Shigelladysenteriae	400	800
Pseudomonas aeruginosa	-	-

Table 1: Antimicrobial activity of hydroxychavicol against different pathogens.

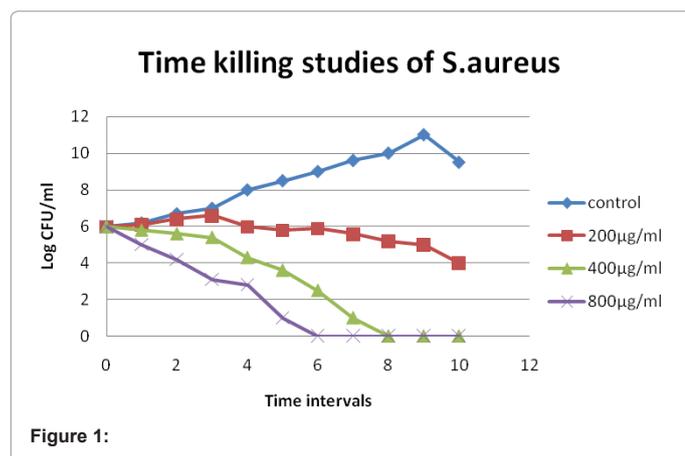


Figure 1:

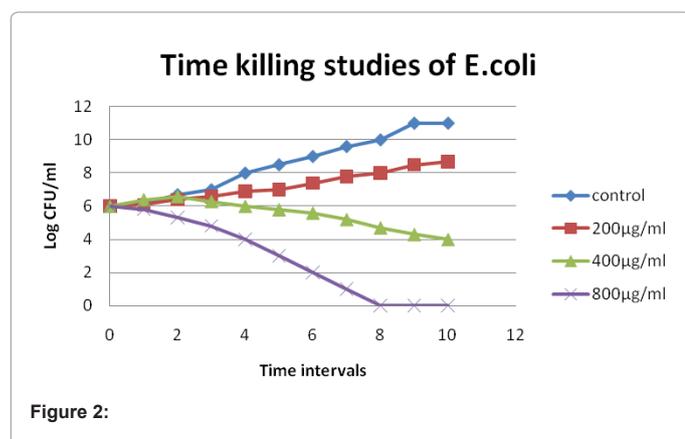


Figure 2:

Discussion

Hydroxychavicol isolated from the piper betel was tested against the pathogenic microbes for its inhibitory effect. Hydroxychavicol demonstrated the bacteriostatic activity and bacteriocidal activity towards five bacterial species except the *pseudomonas aeruginosa*.

In India betle leaves were extensively consumed and hydroxychavicol is one of the major constituents of *Pbetle*. The first preliminary report of antimicrobial activity of Piper betle extract was demonstrated against bacteria³⁰. The antibacterial properties of Piperbetle L. against all the pathogens, *Ralstonia*, *Xanthomonas*, and *Erwinia* and found that the hydroxychavicol present in the plant play a major role for antimicrobial activity. The activity of piperbetle extract on bacteria by using the crude aqueous extract of Piper betle on *streptococcus* mutans and found that the extract causes plasma cell membrane damage and coagulation of the nucleoid³¹. The bacteriostatic effect of Piper betle and *Psidiumguajava* extracts were detected on Dental plaque bacteria and found the activity at 4mg/ml against the *S.mitis*, *S.sanguinis* and less activity against

actinomyces spp [32]. The hydroxychavicol from chloroform extract of piper betle leaves and showed inhibitory activity against oral cavity pathogens [33].

In our study we demonstrated that hydroxychavicol present in the betle leaves has MICs of 200µg/ml for *S.aureus* and *S.pyogenes* for *E.coli*, *Salmonelltyphi* and *Shigelladysenteria* MICs is of 400µg/ml.

Piper betle showed a remarkable antibacterial activity on almost all test organisms except *Pseudomonas aeruginosa*, in accord with Lirio and Chanda and later in our study on the endophytes of the piper betle we identified that the *pseudomonas aeruginosa* is one of the endopyte present in the plant.

Conclusion

Piper betle leaf has a significant antimicrobial activity against broad spectrum of micro organisms (gram postivie bacteria dn gram negative bacteria). Locally available and easily cultivated. The antibacterial activity of hydroxychavicol against *E.coli*, *Shigella dysentrie*, *Salmonella typhi*, *S.aureus* and *S.pyogenes* are reported for the first time. No previous report on the antibacterial activity of these species could be found in the literature. These microbial studies of hydroxychavicol showed the most promising antimicrobial properties indicating the potential for the discovery of new novel drugs from plants. Further phytochemical studies are required to determine the types of active compounds responsible for the antibacterial activity of the piper betle and to development of new formulations are required. This plant could serve as useful sources for new antimicrobial agents.

References

- Raghunath D (2008) Emerging antibiotic resistance in bacteria with special reference to India. J Biosci 33: 593–603.
- Leszczynsk P, Weber-Dabrowska B, Kohutnicka M, Luczak M, Gorecki A, et al. (2006) Successful eradication of Methicillin Resistant Staphylococcus aureus (MRSA) intestinal carrier status in a Healthcare Worker – Case Report. Folia Microbiol 51: 236-238.
- Boyce JM, Havill NL, Otter JA, Adams NM (2007) Widespread environmental contamination associated with patients with diarrhea and methicillin-resistant Staphylococcus aureus colonization of the gastrointestinal tract. Infect Control HospEpidemiol 28: 1142–1147.
- Adler JL, Anderson RL, Boring III JR, Nahmias AJ (1970) A protracted hospital-associated outbreak of salmonellosis due to a multiple-antibiotic-resistant strain of Salmonella indiana. J Pediatr 77: 970-975.
- Borecka J, Hockmannova M, van Leeuwen WJ (1976) Nosocomial infection of nurselings caused by multiple drug resistant strain of Salmonella typhimurium- utilization of a new typing method based on lysogeny of strains. Zentralbl. Bakteriol 1 Abt Orig A 236: 262-268.
- Epstein HC, Hochwald A, Ashe R (1951) Salmonella infections of the newborn infant. J Pediatr 38: 723-731.
- Hirsch W, Sapiro-Hirsch R, Berger A, Winter ST, Mayer G, et al. (1965) Salmonella edinburg infection in children. A protracted hospital epidemic due to a multipledrug-resistant strain. Lancet 2: 828-830.
- Im SWK, Chow K, Chau PY (1981) Rectal thermometer mediated cross-infection with Salmonella wandsworth in a paediatric ward. J Hosp Infect. 2: 171-174.
- Leeder FS (1956) An epidemic of Salmonella panama infections in infants. Ann. N.Y. Acad. Sci. 66: 54-60.
- Rice PA, Craven PC, Wells JG (1976) Salmonella heidelberg enteritis and bacteremia: an epidemic on two pediatric wards. Am. J. Med. 60: 509-516.
- Seals JE, Parrott PL, McGowan JE, Jr Feldman RA (1983) Nursery Salmonellosis: delayed recognition due to unusually long incubation period. Infect. Control 4: 205-208.

12. Efstratiou A (2000) Group A Streptococci in the 1990s. J. Antimicrob. Chemother. 45: 3-12.
13. Capoor MR, Nair D, Deb M, Batra K, Aggarwal P (2006) Resistance to Erythromycin and Rising Penicillin MIC in Streptococcus Pyogenes in India. Jpn. J. Infect. Dis 59: 334-336.
14. Koshi G, Benjamin V (1977) Surveillance of streptococcal infection in children in a South Indian community: a pilot survey. Indian J Med Res 66: 379-388.
15. Koshi G, Jadhav M, Myers RM (1970) Streptococcal pharyngitis in children in Southern India. Indian J Med Res 58: 161-167.
16. Nandi S, Kumar R, Ray P, Vohra H, Ganguly NK (2001) Group A streptococcal sore throat in a periurban population of northern India: a one-year prospective study. Bull World Health Organ; 79: 528-533.
17. Kuper M, Hirsch EB, Tam VH, Houston Infectious Diseases (2009) Significant publications of infectious diseases pharmacotherapy in 2008. Am J. Health Syst. Pharm 66: 1726-1734.
18. Iwalokun BA, Gbenle Go, Smith SI, Ogunledun A, Akinsinde KA, et al. (2001) Epidemiology of shigellosis in Lagos, Nigeria: trends in antimicrobial resistance. J Health PopulNutr 19: 183-190.
19. World Health Organization (1997) Vaccine research and development: New strategies for accelerating Shigella vaccine development. Wkly Epidemiol Rec 72: 73-79.
20. World Health Organization (1998) Diarrhoeal disease due to Shigella disease. In: Vaccine, Immunization and biologicals. Geneva: World Health Organization 1-5.
21. The Wealth of India: Raw Materials; Publications and Information Directorate, CSIR: New Delhi (1969) 8: 84-94.
22. Kirtikar KR, Basu BD (1998) Indian Medicinal Plants, 2nd ed.; Bishen Singh, Mahendra Pal Singh: Dehradun, India. 3: 2131-2133.
23. Amonkar AJ, Nagabhushan M, D'Souza AV, Bhide SV (1986) Hydroxychavicol: A new phenolic antimutagen from betel leaf, Food Chem Toxicol 24: 1321-1324.
24. Padma PR, Lalitha VS, Amonkar AJ, Bhide SV (1989) Anticarcinogenic effect of betel leaf extract against tobacco carcinogens. Cancer Lett 45: 195-202.
25. Dasgupta N, De N (2004) Antioxidant activity of Piper betle L. leaf extract invitro. Food Chem 88: 219-224.
26. Mazura MP, Nuziah H, Rasadah MA, Ling SK (2007) Evaluation of Piperbetle on platelet activating factor (PAF) receptor binding activities. Malaysian Journal of Science 26: 79-83.
27. Arambewela LS, Arawawala LD, Ratnasooriya WD (2005) Antidiabetic activities of aqueous and ethanolic extracts of Piper betleleaves in rats. J Ethnopharmacol 102: 239-245.
28. National Committee for Clinical Laboratory Standards (2001) Methods for antimicrobial susceptibility testing of anaerobic bacteria (5thed) Approved standard M11-A5. National Committee for Clinical Laboratory Standards, Wayne, PA.
29. Eliopoulos GM, Moellering RCJ (1996) Antimicrobial combinations, p. 52-111. In V. Lorian (ed.), Antibiotics in laboratory medicine, 4th ed. Williams and Wilkins Co., Baltimore, MD.
30. Ramji N, Ramji N, Iyer R, Chandrashekar S (2002) Phenolic antibacterial from piper betle in the prevention of halitosis. J Ethnopharmacol 83: 149-152.
31. Nalina T, Rahim ZHA (2007) The Crude Aqueous Extract of Piper betle L. and its Antibacterial Effect towards Streptococcus mutans. American Journal of Biotechnology and Biochemistry 3: 10-15.
32. Fathilah AR, Rahim ZH, Othman Y, Yusoff M (2009) Bacteriostatic effect of Piper betle and Psidiumguajava extracts on dental plaque bacteria. Pak J Biol Sci 12: 518-521.
33. Sharma S, Khan IA, Ali I, Ali F, Kumar M, et al. (2009) Evaluation of the Antimicrobial, Antioxidant, and Anti-Inflammatory Activities of Hydroxychavicol for Its Potential Use as an Oral Care Agent. Antimicrob. Agents Chemother 53: 216-222.