

Original Research Article

Evaluation of Antibacterial Activity of Zobo and Bay leaf Extracts on Enteropathogenic Bacteria

ABSTRACT

Aim: The antibacterial activity of Bay leaf (*Laurus nobilis* L.) and Zobo leaf (*Hibiscus sabdariffa* L.) extracts on enteropathogenic bacteria was investigated

Study design: the study utilized well in agar diffusion to investigate the antimicrobial properties of the extracts.

Place and Duration of Study: Department of Microbiology, Rivers State University and the study was carried out in August, 2018 to October, 2018.

Methodology: Faecal samples were collected from a medical laboratory and inoculated on eosin methylene blue and mannitol salt agar plates for *Escherichia coli* *E. coli* and *Staphylococcus aureus* *S. aureus* using standard microbiological techniques. The bacterial isolates were subjected to biochemical and molecular (PCR) identification so as to ascertain the distinctiveness of the isolates. Hot water and absolute alcohol were used as the extracting solvents. Concentrations of the extracted solvents was tested against *E. coli* and *S. aureus* using the well in agar method. **Results:** The result showed that both hot aqueous and alcoholic extracts of Bay leaf (*Laurus nobilis*) showed no sensitivity against the tested bacteria, whereas the extracts of hot dry aqueous and alcohol of Zobo leaf (*Hibiscus sabdariffa*) showed remarkable zones of inhibition against the tested bacteria. The zones of inhibition in the dry hot aqueous extract of zobo leaf with concentrations of 0.25 µg/ml, 0.125 µg/ml and 0.063 µg/ml were 31.3±0.1, 25.6±1.2 and 10.0±0.0, respectively. The minimal inhibitory concentration of the dry hot aqueous of zobo extract was observed at 0.063 µg/ml for *Escherichia-E. coli*, while zones of inhibition of 33.3±0.0, 30.1±0.3, 17.2±1.0 and 15.0±0.1 mm were recorded from the dry alcoholic extract of zobo leaf on *Escherichia-E. coli* given similar concentrations and the MIC was observed at the 0.031 µg/ml concentration. The result also showed that out of the four concentrations of the dry hot aqueous extract, only the 0.25 µg/ml concentration was able to show 14.2±0.0 mm inhibition on *Staphylococcus-S. aureus*, while the concentrations of 0.25 µg/ml and 0.125 µg/ml were the only two concentrations of the dry alcohol that showed levels of sensitivity with zone diameters of 29.3±1.0 and 25.2±0.0, respectively.

Conclusion: The plant extracts of zobo leaves which displayed remarkable activity at fairly-low concentrations could be recommended for use against similar bacteria. Thus, investigation and adoption of plant extracts in modern medicine should be encouraged as this may be the break through needed to combat the ever-increasing resistance to commonly used antibiotics.

Keywords: antimicrobial properties, *Laurus nobilis*, *Hibiscus sabdariffa*, enteropathogenic bacteria

1. INTRODUCTION

For decades, plants have been the mainstay of traditional medical practice and have remained an inestimable source of natural health products for humans, particularly in the last

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19 few decades, with more thorough researches having been carried out to explore natural
20 therapies [1,2]. The use of herbs in the treatment of diseases has become widespread and is
21 increasingly achieving popularity worldwide not only due to their continuous usage in
22 developing countries for primary health care of the poor, but also in societies where
23 conventional medicine is prevalent in their health care system [3,4]. Approximately eighty
24 percent of the world's population practises herbal medicine, which may explain the constant
25 rise in the annual global market value of these herbal remedies estimated at over US \$60
26 billion currently [5,6]. Presently, the use of medicinal plants alongside western medicine is of
27 great significance in the Nigerian health care system, a type of health care referred to as
28 "herbalism" [7]. Due to the constant rise in sophistication across the world, it is essential to
29 refer to herbal medical practice as alternative or complimentary medicine, so as to appeal to
30 large populations of people regardless of their cultures and/or religions [8].
31 Medicinal plants contain certain substances which possess the healing properties known as
32 "phytochemicals" [9]. Phytochemicals are non-nutritive, biologically active chemical
33 compounds occurring naturally in these plants, which confer the characteristic colour, aroma
34 and flavour to them and in some cases, constitute their natural defence mechanisms [10,11].
35 Phytochemicals are chiefly categorized into two broad groups namely: primary constituents
36 and secondary metabolites [12]. Primary constituents include proteins, amino acids,
37 common sugars and chlorophyll, whereas, secondary constituents include glycosides,
38 alkaloids, phenolic compounds, flavonoids, saponins, essential oils, tannins and terpenoids
39 ([12]. At present, many countries have shown a stepwise increase in their employment of
40 phytochemicals for pharmaceutical uses [3]. It has been reported by the World Health
41 Organization (WHO) that medicinal plants would serve as the best source of varieties of
42 drugs [13]. Nearly eighty percent of individuals, particularly in developed countries, engage
43 in traditional medicine, which makes use of compounds gotten from medicinal plant parts [3].
44 Recently, numerous studies have been conducted in various countries to demonstrate the
45 efficiency and significance of various crude plant extracts and phytochemicals of known
46 antimicrobial characteristics in modern therapeutic care [14]. Hence, many plants have found
47 usefulness in medical practice by virtue of their respective antimicrobial properties which are
48 conferred upon them by the secondary metabolites they synthesize [14]. Due to the
49 constantly rising incidence of new and re-emerging infectious diseases, there is a pressing
50 need to find new antimicrobial agents with varying chemical structures and newer
51 mechanisms of action [15]. This is also necessitated by some of the adverse side effects
52 associated with certain antibiotics as well as the increasing development of resistance to the
53 antibiotics currently in use [15]. As such, necessary actions must be taken to prevent
54 excessive and unnecessary intake of antibiotics, to better comprehend the various genetic
55 antibiotic resistance mechanisms and to enable further researches in the development of
56 newer drugs [16]. There are various means of treating and controlling the infections caused
57 by Multi-Drug Resistant (MDR) bacteria. One of such means is by isolating active
58 phytochemicals in plants that can help stop the transmission of infection [3]. Thus, the aim of
59 this study is to investigate the antibacterial activity of zobo and bay leaf extracts commonly
60 used in Nigeria against some human enteropathogenic bacteria.

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2. MATERIAL AND METHODS

2.1 Sample Collection

Bay leaf (*Laurus nobilis* L.), and Zobo leaf (*Hibiscus sabdariffa* L.) were bought from the Rumuokoro Slaughter Market which is one of the major markets in Port Harcourt City Local Government Area, Rivers State. The samples were taken to the Botany Department of the Rivers State University for identification before being taken to the Microbiology Laboratory for preparation.

2.1.1 Preparation of Samples

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71 The plant samples were shade dried at room temperature (30-35 °C) for eight (8) days. After
72 which, they were pulverized into fine powder using a mortar and pestle which has been
73 sterilized using ethanol (99.9 %) and cotton wool.
74

75 **2.1.2 Extraction of extract**

76 Hot distilled water and ethanol were used for extraction. For the hot distilled water extraction,
77 fifty grams (50g) of the powdered samples were transferred in to sterile beakers containing
78 ~~200ml~~ 200mL each of sterile distilled water (which was sterilized by autoclaving at 121 °C for
79 15 minutes) and labelled accordingly. While in the ethanol extraction, fifty grams (50g) of the
80 powdered samples were transferred into sterile conical flasks containing 200ml ethanol
81 (99.9%). The samples were swirled and allowed to stand for 72 hours. Both samples were
82 sieved using filter paper. The filtrates obtained were evaporated to dryness using the water
83 bath and the residues were stored in sterile containers for further use.
84

85 **2.1.3 Test for Sterility of Extracts**

86 The sterility of the extracts was determined by streaking them on MacConkey and nutrient
87 agar plates. plates were later incubated for 24-48 hours at 37 °C. The absence of microbial
88 growth after incubation showed that the extracts were not contaminated (i.e. were sterile)
89 [17].
90

91 **2.1.4 Preparation of Various Concentrations from the Extracts**

92 The extracts were diluted into four (4) concentrations (0.25 µg/mL to 0.031µg/mL) using the
93 two-fold dilution method described by Obire and Ogbonna [18]. One gram of extract was
94 diluted into 2mL of the sterile diluent and a step-wise 2-fold dilution was carried out to
95 achieve the required concentrations.
96

97 **2.4 Microbiological Analysis**

98 **2.4.1 Isolation and Identification**

99 Twenty stool samples were collected in sterile bottles from a medical laboratory and
100 transferred to the Microbiology Laboratory of the Rivers State University for analysis. The
101 stool samples were analyzed according to the methods described by Cheesbrough [19]. The
102 stool samples were moistened in normal saline and were streaked on the surface of Eosin
103 methylene blue (EMB) agar and Mannitol salt agar (MSA) plates and incubated at 37 °C for
104 24 hours. Discrete colonies on the respective plates were isolated and streaked on fresh
105 nutrient agar plates until pure isolates were obtained and preserved in agar slants. Isolates
106 were identified by their colonial morphology microscopy, biochemical test and molecular
107 methods.
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110 **2.4.2 Characterization of bacterial isolates**

111 The bacterial isolates were characterized using the methods described by Cheesbrough [19]
112 and further confirmation of isolates was done using the Bergy's manual of determinative
113 bacteriology. The biochemical tests adopted include catalase, motility, sugar fermentation,
114 citrate utilization, oxidase, MRVP and Indole. Further confirmation of the isolates was carried
115 out using molecular (genomic) characterization.
116

117 **2.5 Antimicrobial Susceptibility Test of the Extracts**

118 The Well in agar diffusion method was used. The standardized inoculum was swabbed on
119 the surface of the Mueller-Hinton agar plates and were allowed to dry. A sterile 6mm well
120 borer was used to bore holes on the surface of the seeded plates. The holes were bored in
121 such a way that each hole did not get to the bottom of the agar so as to prevent leakage.
122 The already prepared extracts at different concentrations were then transferred into the

123 holes, after which plates were incubated at 37 °C for 18-24 hours without inverting the
 124 plates.

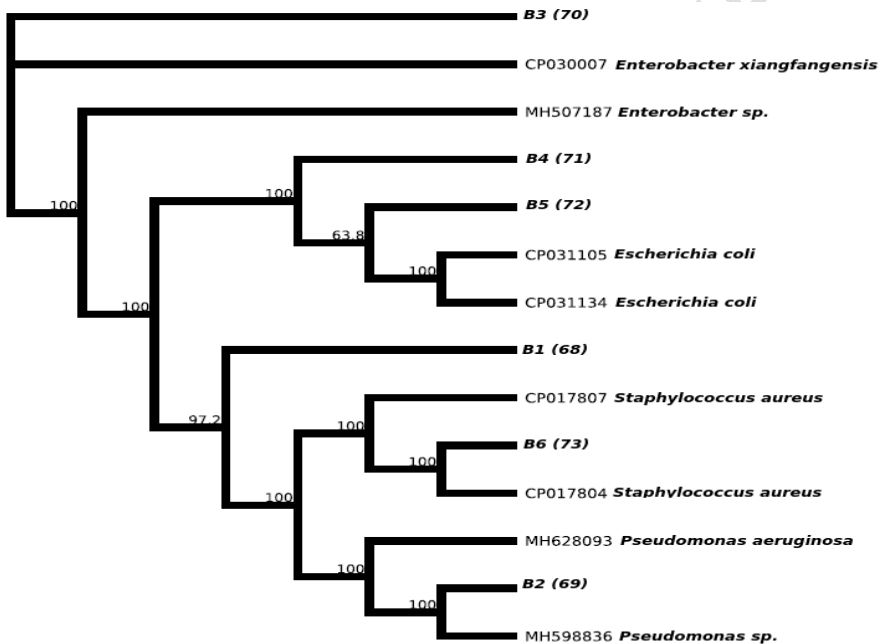
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126 **3. RESULTS AND DISCUSSION**

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128 After the mega blast for the search of highly similar sequences of the already obtained 16S
 129 rRNA sequences from the NCBI data base, the 16S rDNA of the isolates showed a
 130 percentage similarity to other species at 99%. The evolutionary distances which was
 131 computed with the Jukes-Cantor method were in agreement with the phylogenetic placement
 132 of the 16s rDNA of the isolates as presented in Fig. 1. Four bacterial isolates belonging to
 133 *Escherichia-E. coli*, *Enterobacter xiangfengensis*, *Pseudomonas aeruginosa* and
 134 *Staphylococcus-S. aureus* were identified. The percentage yield of the plant extract using the
 135 different solvents are presented in Table 1.

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141 Fig 1: Phylogenetic tree showing the evolutionary distance between the bacterial isolates

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143 **Table 1: Percentage yield of crude extracts**

Medicinal plant	Extracting solvent	Type of extract	Colour of extract	of	Weight of macerated sample	of	Weight of extract	of	Percentage yield of extract (%)
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(g)						
Bay leaf	Hot water	DHA	Light green	50	5.2	10.4
	Alcohol	DA	Light green	50	4.91	9.82
Zobo leaf	Hot water	DHA	Red	50	5.0	10
	Alcohol	DA	Red	50	5.1	10.2

144 DHA: dry hot aqueous, DA: dry alcohol

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146 **Table 2: Zones of inhibition (mm) of the different extracts of Bay leaf**

Bacterial isolates	Type of extract	Inhibitory zone diameters(mm) at Various concentrations of extracts				MIC ($\mu\text{g/ml}$)
		0.25 $\mu\text{g/ml}$	0.125 $\mu\text{g/ml}$	0.063 $\mu\text{g/ml}$	0.031 $\mu\text{g/ml}$	
<i>Escherichia-E. coli</i>	DHA	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0
<i>Escherichia-E. coli</i>	DA	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0
<i>Staphylococcus-S. aureus</i>	DHA	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0
<i>Staphylococcus-S. aureus</i>	DA	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0

147 DHA: dry hot aqueous, DA: dry alcohol

148

149 **Table 3: Zones of inhibition (mm) of the different extracts of Zobo leaf**

Bacterial isolates	Type of extract	Inhibitory zone diameters(mm) at Various concentrations of extracts				MIC ($\mu\text{g/ml}$)
		0.25 $\mu\text{g/ml}$	0.125 $\mu\text{g/ml}$	0.063 $\mu\text{g/ml}$	0.031 $\mu\text{g/ml}$	
<i>Escherichia-E. coli</i>	DHA	31.3 \pm 0.1	25.6 \pm 1.2	10.0 \pm 0.0	0.0 \pm 0.0	0.063
<i>Escherichia-E. coli</i>	DA	33.3 \pm 0.0	30.1 \pm 0.3	17.2 \pm 1.0	15.0 \pm 0.1	0.031
<i>Staphylococcus sp.</i>	DHA	14.2 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.25
<i>Staphylococcus sp.</i>	DA	29.3 \pm 1.0	25.2 \pm 0.0	0.0 \pm 0.0	0.0 \pm 0.0	0.125

150 DHA: dry hot aqueous, DA: dry alcohol

151

152 **Susceptibility of the test organisms to *Laurus-L. nobilis***

153 The susceptibility of the antimicrobial activity of Bay leaf is presented in Table 2. The result
 154 showed that both the dry hot aqueous and dry alcohol extracts of *Laurus-L. nobilis*
 155 demonstrated no inhibitory activity on the test organisms. Thus, the findings in this study do
 156 not agree with previous studies which has demonstrated the antimicrobial property of bay
 157 leave extracts (*Laurus-nobilis*) on *E. coli*, *Staphylococcus sp.*, *Salmonella sp.*, *Pseudomonas*
 158 *sp.*, *Shigella sp.* and *Klebsiella* [20-24].

159

160 **Susceptibility of the test organisms to Zobo leaf (*Hibiscus. sabdariffa*)**

161 The result of the zones of inhibition of the Zobo leaf (*Hibiscus-sabdariffa*) extract is
 162 presented in Table 3. From the results, both dry hot aqueous and dry alcoholic extracts of
 163 *Hibiscus-H. sabdariffa* both demonstrated remarkable inhibitory activity on the growth of the
 164 test bacterial isolates. For the dry hot aqueous extracts, the zones of inhibition in the extract
 165 concentrations of 0.25 $\mu\text{g/ml}$, 0.125 $\mu\text{g/ml}$ and 0.063 $\mu\text{g/ml}$ were 31.3 \pm 0.1,

166 | 25.6±1.2 and 10.0±0.0 respectively for *Escherichia-E. coli*. The least concentration which
167 | represented the MIC was noted in the 0.063 µg/ml. whereas higher zones of inhibition
168 | were recorded from the alcoholic extract on *Escherichia-E. coli* given similar concentrations
169 | and the MIC was observed at the 0.031 µg/ml concentration. The result also showed that
170 | out of the four concentrations of the dry hot aqueous extract, only the 0.25 µg/ml
171 | concentration was able to show 14.2±0.0 mm inhibition on *Staphylococcus aureus*, while the
172 | concentrations of 0.25 µg/ml and 0.125 µg/ml were the only two concentrations of the
173 | dry alcohol that showed levels of sensitivity with zone diameters of 29.3±1.0 and 25.2±0.0,
174 | respectively. The antimicrobial activities of zobo leaf extracts have been reported by
175 | previous studies [25-30]. In the study of Salem *et al* [25], it was shown to inhibit *S. aureus*, *K.*
176 | *pneumoniae* and *E. coli*, at minimum concentrations ranging from 0.30 to 1.30±0.2mg/ml
177 | for the three organisms. In the study done by Higginbotham *et al* [31], *E. coli* and *S. aureus*
178 | were inhibited at concentrations of both 40 and 60mg/ml, while in the study carried out by
179 | Al-Hashimi [30], aqueous and ethanolic extracts of *H. sabdariffa* caused growth inhibition of
180 | *E. coli*, *S. aureus* and *P. aeruginosa*, with inhibitory zone diameters ranging within 17 and
181 | 46mm for all three organisms. Results from the study of Saeidi *et al* [26] showed that *H.*
182 | *sabdariffa* extracts inhibited growth of *E. coli*, *Shigella sp.* and *S. aureus* at concentrations of
183 | 1.25-20mg/ml, while the study of Nwaiwu *et al* [28] showed that it inhibited *Salmonella*
184 | *sp.*, *Shigella sp.* and *Enterobacter sp.* each at 200mg/ml. Results similar to those
185 | obtained from this study were also seen in that of Panaitescu and Lengyel [27] in which *H.*
186 | *sabdariffa* extracts were found to inhibit growth in *E. coli*, *S. typhi*, *K. pneumoniae* and *S.*
187 | *aureus* used in the study. Inhibitory concentrations were 4, 10, 20 and 100% respectively,
188 | while inhibitory zone diameters ranged within 0.1 and 5.0mm. The work of Jantrapanukorn *et*
189 | *al* [29] showed that it caused inhibition in *S. typhi*, *S. paratyphi A*, *S. flexneri*, *S. boydii*, *S.*
190 | *dysenteriae* and *S. sonnei* at a minimum concentration of 3.125mg/ml. The results of this
191 | study also agreed with those of Sekar *et al* [32], [33], [34] in which *E. coli*, *P. aeruginosa*, *S.*
192 | *aureus*, *S. enterica* and *K. pneumoniae* were all inhibited.

193 194 **4. CONCLUSION**

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196 The emergence and re-emergence of antibiotic-resistant organisms has become a serious
197 problem in clinical practice due to the fact that some common antibiotics in use no longer
198 demonstrate any significant effects on these organisms. This research was carried out in a
199 bid to discover novel means of combating this public health scourge, as medicinal plants
200 apparently offer promising solutions to this problem. Interestingly, the plant extracts of zobo
201 leaves displayed remarkable activity at fairly-low concentrations, whereas extracts of bay
202 leaf were completely not sensitive against the bacterial isolates. This means that in the
203 nearest future, these common medicinal plants will have a place in modern medical practice.
204

205 **COMPETING INTERESTS**

206
207 No competing interest exist between authors
208
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