

## Evaluation Of Bactericidal Efficacy Of Polyherbal Extract From Three Different Medicinal Plants

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### ABSTRACT

Traditional healers right that their remedy is inexpensive and more active than modern medicine. In developing countries low incomes people such as farmer's from segregated village people for the medicine of infectious diseases. In recent years the use of herbal medicines for the prevention and cure of diseases has tremendously increased in the recent years. They are believed to be safe and free from serious adverse reactions. Polyherbal therapy is made used in Ayurvedic, Chinese and Unani medicines, yet scientific evidence of their therapeutic benefits are still lacking. Antimicrobial activity in combination gives a synergistic and boosted inhibition against pathogenic bacteria and fungi and thus leading towards developing more potent drugs. The existing study was assumed to evaluate the antimicrobial potential of polyherbal extract from medicinal plants such as *Areca catechu*, *Acalypha indica* and *Piper betel* against the microorganism.

**Keywords:** *modern medicine, polyherbal extract, pathogens, bacteria and fungi*

### 1. INTRODUCTION

Oral health has a great impact on the overall health and well being of an individual. Maintenance of oral health is particularly challenging in people with special needs. (Satcher 2000) Dental caries, also known as tooth cavities and tooth decay is the condition that describes holes or other structural damage in the tooth. Caries is a unique multifactorial infectious disease. A group of phenotypically similar bacteria known as mutants streptococci, has been implicated as the chief component responsible for the initiation and the development of dental caries (Loesche, 1986).

Dental caries is a pathological process depending on source etiologic factors, which cause the destruction of the dental tissues and produces local and general complications. Dental caries is caused by action of acids on the enamel surface. The acid is produced by sugar in foods and drinks when it reacts with the bacteria present in the dental biofilm (plaque) on the tooth surface.

Demineralization occurs by the acid produced which removes calcium and phosphate from the enamel.

### **Role of Microorganisms and Dental plaque**

*Streptococcus mutans* a gram-positive coccus (round bacterium) in the human oral cavity is a significant contributor to tooth decay (Loesche,1996). The acidic environment created by this process causes the highly mineralized tooth enamel to be vulnerable to decay. *S. mutans* is one of a few specialized organisms equipped with receptors that improve adhesion to the surface of teeth using sucrose as a substrate to form a sticky polysaccharide ( Ryan, 2004).However, other sugar like glucose, fructose, lactose digested by *S. mutans*, produce lactic acid which is the end product.

*Lactobacillus* spp. plays a vital role in the development of dental caries. Although effective methods are known for the prevention and management of dental caries, still it lacks its position.The dental caries is still increasing amongst school-age children. *Streptococcus mutans* and *Lactobacillus* spp. are the most common pathogens isolated from human dental plaque are considered as the major etiologic agents of caries. Initiation of dental caries is by *S. mutans* and progression is by *Lactobacillus* spp. . In addition, risk factors such as host susceptibility, age, dietary habits socioeconomic and oral hygiene status have been associated with increased incidence of dental caries in human population.

### **Herbal extracts on oral health care**

The Areca nut ,a seed of the *Areca catechu* grows in the tropical Pacific, Asia and parts of east Africa. Dried form of the Arecanut strengthens gums, sweetens the breath, eliminate bad taste and act as dentifrices. It has been reported that Arecanut exerts a direct antimicrobial effect against oral bacteria including *Streptococcus mutans*,*Streptococcus salivarius*, *Candida albicans* and *Fusiform nucleatum*(Shwetha et al.,2017

An Anting-anting (*Acalypha indica*) plant is a species of plant having catkin type of inflorescence. This plant is traditionally used to treat dysentery, diarrhoea, malnutrition, and malarial (Arisandi et al, 2008). The ethyl acetate extract of Anting-anting was reported as an anti-bacterial against *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Bacillus cereus*, *Streptococcus faecalis*, and *Pseudomonas aeruginosa*(Govindarajan et al, 2008). Oral and dental disease which is one of the health problem is highly correlated to bacteria. On the tooth surface, bacteria makes solid biofilm called as plaque. Dental plaque adheres to the teeth and consists of many species microbe, salivary polymers and microbial extracellular products. The most common bacteria play a role in the formation of plaque is *Streptococcus mutans* (Tarigan,1990).

Piper betel belonging to the piperaceae family is one of the precious medicinal herbs.Betel leaves are very nutritive and contain substantial amount of vitamins and minerals (Pradhan et

al.,2013). Widespread use of drugs is leading to the development of resistance against them in the pathogen and also the side effects associated with them is urging people not to use them. Therefore there is a constant and urgent need to develop new antimicrobial drugs for the treatment of infectious disease from medicinal plant. Here with we reveal, antibacterial screening of crude extracts and polyherbal extract of three medicinal plants, and their extract fractions were carried out for different assay and reported.

## 2. MATERIALS AND METHODS

### Bacterial Culture

One ml of frozen LAB (*Lactobacillus* sp.) cultured in 20 ml MRS broth with pH 6.2, while *Streptococcus* sp. in M17 broth with pH 6.9, respectively, at 37 °C for 24 hours. 1 ml of LAB culture sub-cultured in MRS broth overnight and cells were harvested using a centrifuging at 14,000g for 5 min (Sorvall RC6 PLUS, Thermo-electron Corporation, Asheville, NC, USA). The cell pellet washed with saline solution (0.85% NaCl) was re-suspended using 0.85% NaCl to a final optical density (O.D.) of 0.4 at 600 nm measured with a spectrophotometer (Ultrospec 3100 Pro, Biochrom Ltd. England). The cell suspension was used as the inoculum for the growth curve experiments. (En Yang et al ,2012).

### Antibacterial test

The antibacterial test against *Streptococcus mutans* and *Lactobacillus* was performed using disc-diffusion method. The disc diffusion method was adopted to assess the antibacterial activity of the prepared extract. A loop full of bacterial stock suspensions was thoroughly mixed with 100 ml of sterile nutrient agar and kept for overnight incubation. 0.1ml of overnight culture of *Streptococcus mutans* and *Lactobacillus* sp was spread on the surface of the disc and was placed in MHA medium and MRS medium respectively . The disc's were filled with extract of various concentrations of about 1000µl, 750µl, 500µl and a antibiotic chlorhexidine as a control. After 24 hours at 37 °C , the agar plates were examined for the zone of inhibition and the zones were measured in millimeters. The zones were measured, averaged and the mean values were tabulated.(Dinesh et al, 2016).

### Minimum Bactericidal Concentrations (MBC) on *Streptococcus mutans* and *Lactobacillus*

Dilutions and inoculations were prepared in the same manner as for the determination of MIC. The control tube without plant extract is immediately sub cultured (Before incubation) along with the tubes with plant extract at 37°C overnight. The MIC of the control organism was to check the drug concentrations. The growth was compared with control which is the original inoculum. If similar number of colonies exists it indicates bacteriostatic only. Partial or slow bactericidal activity indicates a reduced number of colonies and if no growth then the whole inoculum is killed. The highest dilution showing at least 99% inhibition is taken as Minimum Bactericidal Concentrations (MBC). (Dinesh et al, 2016).

### 3. RESULTS AND DISCUSSION

*In vitro* antibacterial activity of *Areca catechu*, *Acalypha indica*, *Piper betel* and combination (PAA) of all the three plant extracts assessed by determining the inhibition zone diameter is given in figure 1 consequently. The analysis of the all the plant extracts showed a positive inhibitory activity against the *Streptococcus mutans* and *Lactobacillus*. No strain in this study showed a resistance to these extracts. The inhibitory zone significantly increased in a dose dependent manner. The methanolic extract of PAA (Poly herbal compounds) turned out to be the most effective for its bactericidal activity against *Streptococcus mutans* and *Lactobacillus*. The widest zone of inhibition with a diameter of 12mm was observed in case of PAA (Poly herbal compounds) extract, followed by the extract of *Areca catechu* with the zone of inhibition extending upto 9mm. Among the *Streptococcus mutans* the PAA (Poly herbal compounds) extracts showed a higher activity (Fig 1,2,3).

In case of *Lactobacillus* the extract of PAA (Poly herbal compounds) extract showed a higher activity. From this investigation it was observed that PAA (Poly herbal compounds) extracts at a concentration of 1000 µl/mL inhibited. It has been reported that the phenolic nature *Areca catechu* extract may be responsible for inhibiting bacterial growth (Graph 1,2,3,4).

In dilution method, the Minimum Inhibitory Concentration for *Streptococcus mutans* by *Areca catechu*, *Acalypha indica*, *Piper betel* was 15.6 µg/mL (Fig 12,13,14) and for the polyherbal combination (PAA) was 7.2 µg/mL (Fig 15) respectively. (Table 13 & Graph 5).

The analysis extracts of PAA against *Lactobacillus* showed a minimum inhibitory concentration were at 7.2 µg/mL and that of *Areca catechu*, *Acalypha indica* and *Piper betel* were at 15.6 µg/mL respectively. The Minimum Bactericidal Concentration for *Streptococcus mutans* by *Areca catechu* was 62.5 µg/mL, *Acalypha indica* was 15.6 µg/mL, *Piper betel* was 125 µg/mL and for the polyherbal combination (PAA) was 7.2 µg/mL respectively.

Oral health is essential for overall health. Several oral diseases and conditions count for most of the oral diseases burden that includes dental caries, periodontitis etc., might be due to the micro organisms like *Streptococcus* and *Lactobacillus*. To evidently prove the plant extracts biological activity against the oral pathogens, *Streptococcus mutans* and *Lactobacillus* antibacterial activity was carried out. The maximum zone of inhibition was found in the combination plant extracts of *Areca catechu*, *Acalypha indica* and *Piper betel*. Minimum Inhibition Concentration (MIC) was performed to arise the lowest concentration of an antimicrobial ingredient and to evaluate the antimicrobial efficacy of various compound by measuring the effect of decreasing concentration of plant extracts of *Areca catechu*, *Acalypha indica*, *Piper betel* and PAA which inhibits the microbial strain of *Streptococcus mutans* and *Lactobacillus* growth. The strain of *Streptococcus mutans* as an MIC of 15.6 µg/mL for *Areca catechu* and an MIC of 15.6 µg/mL for *Acalypha*

*indica* and that of 15.6 µg/mL for *Piper betel* and that of 7.2 µg/mL for PAA. The strain of *Lactobacillus* has an MIC of 62.5 µg/mL for *Areca catechu* and an MIC of 15.6 µg/mL for *Acalypha indica* and that 125 µg/mL for *Piper betel* and that of 7.2 µg/mL PAA.

As Minimum Bactericidal Concentration (MBC) of an antibacterial agent is necessary for screening a drug efficiency the methanolic extracts of *Areca catechu*, *Acalypha indica*, *Piper betel* and PAA were subjected to minimum bactericidal concentration as it a tool to simultaneously evaluate multiple antimicrobial agent for potency. The MBC of *Areca catechu*, *Acalypha indica*, *Piper betel* were 15.6 µg/mL and PAA were 7.2 µg/mL and various concentration such as ,62.5 µg/mL, 31.2 µg/mL, 15.6 µg/mL and 7.2 µg/mL respectively against *Streptococcus mutans* and *Lactobacillus* was 62.5 µg/mL, 15.6 µg/mL, 125 µg/mL and 7.2 µg/mL respectively . The *Streptococcus mutans* and *Lactobacillus* was found to be susceptible for PAA extract.

#### 4. CONCLUSION

The plant extracts were considered as suitable candidates for antibacterial drug discovery. This combination in antimicrobial activity gives a synergistic and advanced inhibition against pathogens and thus foremost towards developing more potent drugs. Habitually used polyherbal creations offer new hope to cracking the microbial resistance issue. These poly-herbal mixtures for clinical and *in vivo* trials against respective diseases need attention. The ability of these therapies to inhibit the organisms is a sign that they are a potential broad-spectrum antimicrobial agent.

**Figure 1: Antibacterial activity of *Areca catechu***

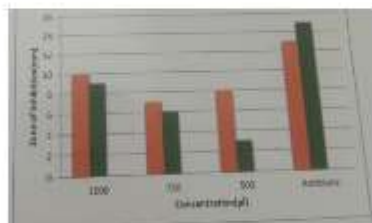


Zone of Inhibition of <i>Acalypha indica</i> Methanol extract		
Concentrations (µl)	<i>S. mutans</i>	<i>Lactobacillus</i> sp.
1000	10mm	9mm
750	7mm	6mm
500	5mm	3mm
Antibiotic	13mm	15mm

**Figure 2: ANTIBACTERIAL ACTIVITY OF *Acalypha indica***



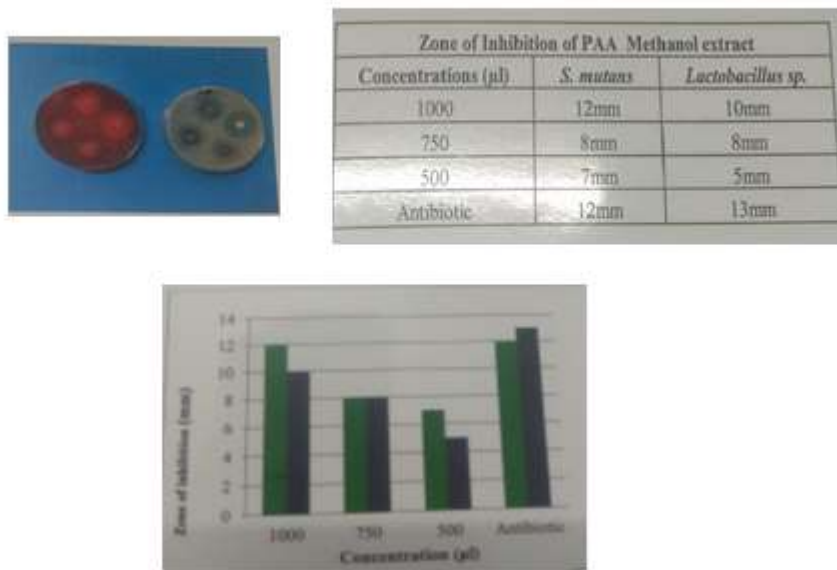
Zone of Inhibition of <i>Acalypha indica</i> Methanol extract		
Concentrations (µl)	<i>S. mutans</i>	<i>Lactobacillus</i> sp.
1000	10mm	9mm
750	7mm	6mm
500	5mm	3mm
Antibiotic	13mm	15mm



**Figure 3: Antibacterial activity of *piper betel***



**Figure 4: Antibacterial activity of PAA**



**Figure 4 Minimum of Inhibitory Concentration (MIC) on *Areca catechu*, *Acalypha indica*, *Piper betel* and PAA extract against the *Streptococcus mutans***



**Minimum of Inhibitory Concentration (MIC) on *Areca catechu*, *Acalypha indica*, *Piper betel* and PAA extract against the *Streptococcus mutans***



## FUNDING

No funding sources

## CONFLICT OF INTEREST

The authors declare no conflict of interest.



## ACKNOWLEDGMENTS

The encouragement and support from Meenakshi Academy of Higher Education and Research, Chennai, Tamil Nadu, India is gratefully acknowledged for providing the laboratory facilities to carry out the research work.

## REFERENCES

1. A.A.Catherine, H.Deepika, P.S.Negi, Antibacterial activity of eugenol and peppermint oil in model food systems, *J.Essent.oil Res* 24 (5) (2012)
2. Amyes S et al. *Antimicrobial Chemotherapy: Pocketbook*. CRC Press, 1996.
3. Arisandi Y, Andriani. 2008. *KhasiatTanamanObat*. Jakarta (ID): PustakaBukuMurah
4. AsihTriastuti, BambangHernawanNugroho, Aburizal Al Adawy 2015 TOOTH PASTE FORMULATION FROM BETEL NUTS (*Areca catechu* L.) EKSTRACT AND ITS ANTI-BACTERIAL ACTIVITY AGAINST *Streptococcus mutans*Pharmaceutical Biology Division, Pharmacy Department, Universitas Islam Indonesia Pharmaceutical Technology Division, Pharmacy Department, Universitas Islam Indonesia
5. Asma A. Faden, Evaluation of Antibacterial Activities of Aqueous and Methanolic Extracts of *Areca catechu* against Some Opportunistic Oral Bacteria. *Biosciences Biotechnology Research Asia*, September 2018. Vol. 15(3), p. 655-659.
6. Azmahani A, Somchti MN, Rosyilah AR. 2002. *In Vitro* Anti Bakterial and Anti FungalBalajiKaveti, Lisa Tan, Sarnnia, Tan Sin Kuan, MirzaBaig, Antibacterial activity of *Piper betel* leaves. *International Journal of Pharmacy Teaching & Practices* 2011, Vol 2, Issue 3, 129 – 132.
7. Chopra RN, Nayar SL, chopra IC, *Glossary of Indian medicinal plants*, CSIR, New Delhi, 1956, PP.194. Colak H, Corul T, Dulgergi CT, Dalli M, Hamidi MM. Early child hood caries update: A review of causes, diagnosis and treatments. *J Nat SciBiOl*
8. Conner D.E. Davidson P.T. Branen A.L Naturally occurring compounds. In *Antimicrobialsinfoods*.Marecl Dekker; New York: 1993. pp. 441–468.
9. Cowan M.M. Plant products as antimicrobial agents. *Clin.Microbiol. Rev.* 1999;12:564–582.
10. D.C. Mohana, S. Thippeswamy, k. Manjunath, R.U. Abhishek, Antioxidant properties of some selected Indian medicinal plants; their correlation with total phenolic contents, *International journal of Green pharm* 7(2) (2013) 117.
11. D.pradhan, K.A. Suri, D.K. pradhan, P.Biswasroy, Golden heart of nthe nature; piper betel L., *J. pharma cog. Phytochem* 1(6) (2013) 147-167.
12. Deans, S.G. and M.T. Baratta, 1998. Antimicrobial and Antioxidant properties of some essential oils. *Flau. Fragrance*, 13: 235-244
13. Dinesh M.D, Anjana. J. C, Neethu George1 NithyaJayan, Sharannya Mohan, Meenatchisundaram.S . Anti- Cariogenic Activity of Piper Betel Leaf Extracts Against

*Streptococcus Mutans* and *Streptococcus Oralis* By in Vitro .Received; 15 November 2016.

14. En Yang, Lihua Fan, Jinping Yan, Yueming Jiang, Craig Doucette, Sherry Fillmore, and Bradley Walker Influence of culture media, pH and temperature on growth and bacteriocin production of bacteriocinogenic lactic acid bacteria
15. Franco FE, Amoroso P, Marin JM, Ávila FA. Detection of *Streptococcus mutans* and *Streptococcus sobrinus* in dental plaque samples from Brazilian preschool children by Polymerase Chain Reaction. *Braz Dent J.* 2007;18:329–333.
16. French GL (2006). "Bactericidal agents in the treatment of MRSA infections--the potential role of daptomycin". *J. Antimicrob. Chemother.* **58** (6): 1107–17.
17. Govindarajan M, Jabanesan A, Reetha D, Amsath R, Pushpanathan T, dan Samidurai K. 2008. Antibacterial Activity of *Acalyphaindica* L. *Eur Rev Med Pharmacol Sci.* 12:299-302.
18. Hoceini A, Khelil N, Ben-Yelles I, Mesli A, Ziouani S, Ghellai L, Aissaoui N, Nas F, Arab M. 2016, Caries-related factors and bacterial composition of supragingival plaques in caries free and caries active Algerian adults. *Asian Pac J Trop Biomed*;6(8):720–6.
19. Hoshino T, Fujiwara T, Kawabata S (2012). "Evolution of cariogenic character in *Streptococcus mutans*: horizontal transmission of glycosyl hydrolase family 70 genes". *Scientific Reports*. 2:518. Bibcode:2012NatSR...2E.518H. doi:10.1038/srep00518 . PMC 3399136. PMID 22816041.
20. Javed, M., Chaudhry, S., Butt, S., Ijaz, S., Asad, R., Awais, F., and Khan, A., "Transmission of *Streptococcus mutans* from Mother to Child." Review Article. *Pakistan and Oral Dental Journal* vol 32, No.3, n.d. Web. 24 Jul 2013.
21. Jose M , Cyriac MB, Vidya P, Varghese I, Shantaram M, , Antimicrobial properties of *Areca catechu* (areca Nut) husk extracts against common oral pathogens, *International Journal of Research in Ayurveda and Pharmacy*, 3, 2011, 81-84.
22. Kim J. Marshal M.R. Wei C. Antibacterial activity of some essential oil components against five food borne pathogens. *J. Agric. Food Chem.* 1995;4:2839–2845.
23. Klein JP, Scholler M (December 1988). "Recent advances in the development of a *Streptococcus mutans* vaccine". *European Journal of Epidemiology.* 4 (4): 419–25.
24. L.W.Foo, E.Salleh, S.N.H. Mamat, Extraction and qualitative analysis of piper *Lakshmi* BS, Naidu KC, *Annals of Biological Research*, 2010 1(2), 128-134.
25. Lingappa A, Nappalli D, Sujatha GP, Shiva Prasad S. *Areca nut: to chew or not to chew?* *e-Journal of Dentistry*, July - Sep 2011;1(3): 46-50.
26. Loesche WJ (1996). "Ch. 99: Microbiology of Dental Decay and Periodontal Disease". In Baron S; et al. (eds.). *Baron's Medical Microbiology* (4th ed.). University of Texas Medical Branch. ISBN 978-0-9631172-1-2. PMID 21413316.
27. Loesche, W. J. (1986). "Role of *Streptococcus mutans* in Human Dental Decay." *Microbiological Reviews* 50(4): 353-380.

28. M ArifurRahman, Papeya Sultana, M Sahidul Islam, M Toslim Mahmud, M Mamun Or Rashid and FoysalHossen, Comparative Antimicrobial Activity of *Areca catechu* Nut Extracts using different Extracting Solvents. Bangladesh J Microbiol, Volume 31, Number 1&2, June-December 2014, pp 19-23.
29. Möller IJ, Pindborg JJ, Effendi I. The relation between betel chewing and dental caries. Scand J Dent Res 1977 Jan; 85(1):64-70.
30. Moses J, Rangeeth BN, Gurunathan D. Prevalence of dental caries, socio-economic old school going children of chidambaram status and treatment needs among 5 to 15 year old school going children Of Chidambaram. J ClinDign Res. 2011;5:146–151.
31. Muruganandam L, Anantha Krishna, Jashwanth Reddy, G.S. Nirmala, optimization studies on extraction of phytocomponents from betel Resource-Efficient Technologies 3(2017) 385-393.
32. Nelson Anthikat RR, Michael A. (2009). Study on the areca nut for its antimicrobial properties. *J Young Pharmacists*, 1, 42-56.
33. Nicolas GG, Lavoie MC (January 2011). *Streptococcus mutans* and oral streptococci in dental plaque. Canadian Journal of Microbiology. 57 (1): 1–20.
34. Nigam P and Srivastava AB. Betel chewing and dental decay. Fed Oper Dent.1990 Aug; 1(1): 36-8.
35. Okada M, Soda Y, Hayashi F. Longitudinal study of dental caries incidence associated with *Streptococcus mutans* and *Streptococcus sobrinus* in pre-school children. J Med Microbiol. 2005;54:661–665.
36. Petersen PE. World Oral Health Report: Continuous im-provement of oral health in the 21st century--the approach of the WHO Global Oral Health Programme. Community Dent Oral Epidemiol. 2003; 31: 23-24
37. Prabu N. Antimicrobial Effect of chewing Tamboolam (betel leaves and its combinations) by testing saliva of volunteers. Indian journal of applied research. 2013 Feb; 3(2): 290-2.
38. Reena R Nelson Anthikat, Michael A. Study on the Areca Nut for its Antimicrobial Properties J Young Pharm Vol 1 / No 1; 42-44.
39. Ryan KJ, Ray CG, eds. (2004). Sherris Medical Microbiology (4th ed.). McGraw Hill. ISBN 978-0-8385-8529-0
40. Sarkar A, Sen R, Saha P, Ganguly S, Mandal G, Chatterjee M (2008). An ethanolic extract of leaves of Piper betle (Paan) Linn mediates its antileishmanial activity via apoptosis. Parasitol. Res. 102(6):1249-55.
41. Satcher, S. G. 2000 A Report of the Surgeon General; U.S. Department of Health and Human Services: Oral Health in America: Washington, D. C.
42. Selvamani S, Balamurugan S. Phytochemical screening and GC-MS analysis of acetone leaf extract of *Acalypha indica* (Linn.). Int J Res Stud Biosci 2015;3:229-232.
43. Shah PM (2005). The need for new therapeutic agents: what is in the pipeline? Clinical Microbiol Inf. 11:36-42.

44. Shwetha HR, ChitanyaBabu N, Prakruthi BV, Arecanut as an Elixir for Dental caries?. IOSR Journal of Dental and Medicinal Sciences (IOSR – JDMS). Vol 16, Issue 3 Ver.XI(March. 2017), pp 36 – 40
45. Tarigan R. 1990. *Karies Gigi*. Jakarta (ID): Hipokrates.p.17, 41-46.
46. Thomas VJ, Rose FD (1924). "Ethnic differences in the experience of pain". Social Science & Medicine. 32 (9): 1063–6.
47. Udoye CI, Aguwa E, Chukezie R, Ezeokenwa M, Jerry-Oji O, Okpaji C: Prevalence and distribution of caries in the 12–15-year urban school children in Enugu, Nigeria.*J Dent Sci* 2009.,7(2).
48. Verma A, Kumar N, Ranade SA (2004). Genetic diversity amongst landraces of a dioeciousvegetatively propagated plant, betel vine (*Piper betle* L). *J. Biosci.* 29: 319–328.
49. Vijaya K, Ananthan S, Nalini R. Antibacterial effect of theaflavin, polyphenon 60 (*Camellia sinensis*) and *Euphorbia hirta* on *Shigella* spp.—a cell culture study. *J Ethnopharmacol.* 1995;49:115–118.
50. Zhang S, Liu J, Lo EC, Chu C. Dental caries status of Bulang preschool children in Southwest China. *BMC Oral Health.* 2014;14:2–7