

Haverford College

## Haverford Scholarship

---

Faculty Publications

Biology

---

2006

### Anti-microbial and anti-inflammatory effects of 'Pilotigma reticulatum' leaf extract

A. M. Aderogba

E. K. Okoh

Iruka N. Okeke

*Haverford College*, [iokeke@haverford.edu](mailto:iokeke@haverford.edu)

M. Olajide

Follow this and additional works at: [https://scholarship.haverford.edu/biology\\_facpubs](https://scholarship.haverford.edu/biology_facpubs)

---

#### Repository Citation

Aderogba, AM, Okoh, EK, Okeke IN , Olajide, M and Ogundaini, AO (2006). Antimicrobial and anti-inflammatory effects of *Pilotigma reticulatum* leaf extract. *International Journal of Pharmacology* , 2 (1) 70-74.

This Journal Article is brought to you for free and open access by the Biology at Haverford Scholarship. It has been accepted for inclusion in Faculty Publications by an authorized administrator of Haverford Scholarship. For more information, please contact [nmedeiro@haverford.edu](mailto:nmedeiro@haverford.edu).

## Antimicrobial and Anti-inflammatory Effects of *Piliostigma reticulatum* Leaf Extract

<sup>1</sup>M.A. Aderogba, <sup>1</sup>E.K. Okoh, <sup>2</sup>I.N. Okeke, <sup>2</sup>A.O. Olajide and <sup>2</sup>A.O. Ogundaini

<sup>1</sup>Department of Chemistry, Faculty of Science

<sup>2</sup>Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Nigeria

**Abstract:** This study aimed to evaluate the effectiveness of the extraction method employed in traditional herbal medicine by comparing the antimicrobial and anti-inflammatory activities of the leaf extracts of *Piliostigma reticulatum* and *Piliostigma thonningii*. The suitability of the two species as substitute was also determined. The agar dilution method was employed to compare the activity of crude leaf extracts of the two species against sixty bacterial and fungal isolates selected from diverse genera. The antimicrobial spectra of the extracts from both species were very similar. In 44 (73.3%) of the test strains, MIC values for the two extracts were identical and in 6 (10.0%) the MIC values differed by only one dilution factor. Chlorocresol was used as standard. The crude extract and solvent fractions obtained from the leaf of *P. reticulatum* were evaluated for anti-inflammatory activity using the carrageenan-induced rat paw oedema model. The aqueous fraction at 100 mg kg<sup>-1</sup> produced the highest inhibition of oedema (61.2%), while the crude extract at 100 mg kg<sup>-1</sup> exerted a low anti-inflammatory effect (13.2%). Indomethacin at 5 mg kg<sup>-1</sup> inhibited oedema by 86.2%. This study has established that *P. reticulatum* and *P. thonningii* have similar antimicrobial spectra and anti-inflammatory activity. The traditional extraction method is not effective in extracting the antimicrobial agents from the plants.

**Key words:** *Piliostigma reticulatum*, *Piliostigma thonningii*, Caesalpinaceae, antimicrobial effect, anti-inflammatory activity

### INTRODUCTION

*Piliostigma thonningii* (Schum) Milne Redhead (family: Caesalpinaceae) is used in ethnomedicine in Africa for the treatment of wounds, chronic ulcer, toothache and gingivitis, indications that are all related to infections and inflammation<sup>[1]</sup>. Bioactivity directed fractionation of the leaf extract of *P. thonningii* has led to isolation of some C-methylflavonols that are responsible for both antibacterial and anti-inflammatory activities<sup>[2,3]</sup>. *P. reticulatum* (DC.) Hochst, is the only locally available co-generic species of *P. thonningii*, which is often confused with the latter due to morphological similarity. Both *piliostigma* species are undistinctly used in ethnomedicine<sup>[4]</sup> and a number of similar C-methylflavonols have been reported from *P. reticulatum*<sup>[5]</sup>. In this study, the effectiveness of the extraction method employed in traditional herbal medicine has been investigated by comparing the antimicrobial spectrum and anti-inflammatory activity of the extracts from both species. Whether *P. reticulatum* could be used instead of *P. thonningii* for treating infections and/or inflammations will also be determined. This will assist in herbal drug formulation.

### MATERIALS AND METHODS

**Plant material:** Leaves of *P. reticulatum* and *P. thonningii* were collected in May 1998 at Ikire and the Teaching and Research Farm, Obafemi Awolowo University, Ile-Ife, respectively. Mr. G. Adesakin of the Herbarium section, Faculty of Pharmacy, OAU Ile-Ife, authenticated the plants where voucher specimens were deposited.

**Preparation of the extracts:** The collected plants were air dried for two weeks and powdered. The powdered leaf from *P. reticulatum* and *P. thonningii* were extracted separately with 50% aqueous ethanol at room temperature for 24 h and filtered. Extracts were concentrated under reduced pressure at 40°C. The crude extract from *P. reticulatum* and *P. thonningii* were stored in the refrigerator until required.

The crude extract of *P. reticulatum* was re-suspended in distilled water and extracted with EtOAc and BuOH, successively. The combined organic layers were evaporated to dryness *in vacuo* to afford the EtOAc fraction as a dark brown solid and a butanol fraction.

**Microorganisms:** Bacteria were maintained as frozen stocks in laboratory<sup>[6]</sup>. The strains used included type cultures, archetypal strains and recent clinical isolates. Fungal strains were obtained from the Department of Microbiology, Obafemi Awolowo University, Ile-Ife, Nigeria. Table 1 lists the strains, their sources and their voucher specimen numbers.

**Animals:** Male Wistar rats (weighing 180-200 g) were allotted into groups of five animals each. The animals were acclimatized in the laboratory area for a week, prior

to experiments. The animals were bred and housed in the Animal Holding, Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Nigeria, which was properly ventilated. They were fed on standard diet (Guinea Feeds, Benin City) and water *ad libitum*. The animals were kept in standard animal facility environment, at a temperature between 25 and 29°C (12 h light/12 h dark light cycle).

**Microbiological studies:** Minimum Inhibitory Concentrations (MIC) were determined by the agar dilution method<sup>[7]</sup>. Plate concentrations containing 10,000,

Table 1: Antimicrobial spectra of the crude extract of *P. thoningii* and *P. reticulatum*

| Strain  | Reference or Source | <i>P. thoningii</i><br>( $\mu\text{g mL}^{-1}$ ) | <i>P. reticulatum</i><br>( $\mu\text{g mL}^{-1}$ ) | Chloro-cresol<br>( $\mu\text{g mL}^{-1}$ ) | No. of isolates |
|---|---------------------|--|--|--|-----------------|
| <b>Gram positive bacteria</b>                     |                     |  |  |  |                 |
| <i>Bacillus subtilis</i>                          | NCTC 8236           | 2,500  | 2,500  | $\leq 12.5$                                | 1               |
| <i>Bacillus</i> sp.                               | Environmental       | $\leq 1,250$                                     | 2,500  | $\leq 12.5$                                | 3               |
|   |                     | 2,500  | 2,500  | 50   | 1               |
|   |                     | $\leq 1,250$                                     | 5,000  | 25   | 1               |
| <i>Micrococcus luteus</i>                         | Environmental       | $\leq 1,250$                                     | 5,000  | 25   | 1               |
| <i>Staphylococcus aureus</i>                      | NCTC 6571           | 2,500  | 2,500  | $\leq 12.5$                                | 1               |
| <i>Staphylococcus aureus</i>                      | Clinical            | 10,000   | 10,000   | 100  | 1               |
|   |                     | 2,500  | 5,000  | 50   | 1               |
|   |                     | $\leq 1,250$                                     | 2,500  | 50   | 1               |
|   |                     | $\leq 1,250$                                     | 2,500  | $\leq 12.5$                                | 1               |
|   |                     | $\leq 1,250$                                     | $\leq 1,250$                                       | 100  | 1               |
| <i>Staphylococcus</i> sp.<br>(coagulase negative) | Clinical            | $\leq 1,250$                                     | $\leq 1,250$                                       | 50   | 1               |
| <b>Gram negative bacteria</b>                     |                     |  |  |  |                 |
| <i>Acinetobacter baumannii</i>                    | [9]                 | 10,000   | 10,000   | 100  | 2               |
| <i>Chrysogenum violaceum</i>                      | ATCC                | 2,500  | 5,000  | $\leq 12.5$                                | 1               |
| <i>Escherichia coli</i>                           | NCTC 10418          | 10,000   | 10,000   | 50   | 1               |
| <i>E. coli</i> K-12                               | DH5 $\alpha$        | 10,000   | 5,000  | 50   | 1               |
| Enterogaagregative <i>E. coli</i>                 | [9,10]              | 10,000   | 10,000   | 50   | 6               |
| Enterohaemorrhagic <i>E. coli</i> O157:H7         | [11]                | 10,000   | 10,000   | 50   | 1               |
| Enteropathogenic <i>E. coli</i>                   | [9]                 | 10,000   | 10,000   | 50   |                 |
| Enterotoxigenic <i>E. coli</i>                    | [9]                 | 10,000   | 10,000   | 100  | 2               |
| Faecal <i>E. coli</i>                             | [12,13]             | 10,000   | 10,000   | 50   | 10              |
| <i>Klebsiella pneumoniae</i>                      |                     |  |  |  |                 |
| ssp.  |                     |  |  |  |                 |
| Pneumoniae  | Clinical            | 10,000   | 10,000   | 50   | 2               |
| <i>Proteus vulgaris</i>                           | Clinical            | 10,000   | 5,000  | 50   | 1               |
| <i>Pseudomonas</i>                                |                     |  |  |  |                 |
| <i>aeruginosa</i>                                 | ATCC 10145          | 10,000   | 10,000   | >100                                       | 1               |
| <i>Pseudomonas putida</i>                         | [9]                 | 10,000   | 10,000   | 50   | 1               |
| <i>Pseudomonas</i> sp.                            | Environmental       | 10,000   | 10,000   | 50   | 1               |
|   |                     | 5,000  | 5,000  | 50   | 2               |
| <i>Salmonella</i> Cholerasius                     | Clinical            | 10,000   | 10,000   | 100  | 1               |
| <i>Salmonella</i> Typhi                           | Clinical            | 10,000   | 10,000   | 100  | 1               |
| <i>Salmonella</i> Paratyphi A                     | [9]                 | 10,000   | 10,000   | >100                                       | 1               |
| <i>Shigella</i> sp.                               | Clinical [13]       | 10,000   | 10,000   | 50   | 1               |
| <i>Yersinia enterocolitica</i>                    | Clinical            | 10,000   | 10,000   | 100  | 1               |
| <i>Vibrio cholerae</i> O1                         | [14]                | 5,000  | 5,000  | >100                                       | 1               |
| <i>Vibrio cholerae</i>                            | Clinical [13]       | 2,500  | 10,000   | 50   | 1               |
| <i>Vibrio</i> sp.<br>(non cholerae)               | Clinical [13]       | 10,000   | 5,000  | 100  | 1               |
| <i>E. coli</i> (lactose negative)                 | Clinical            | 10,000   | 5,000  | 50   | 1               |
|   |                     | 10,000   | 10,000   | 100  | 1               |
|   |                     | 10,000   | 10,000   | 100  | 1               |
| <b>Fungi</b>                                      |                     |  |  |  |                 |
| <i>Candida</i>                                    |                     |  |  |  |                 |
| <i>pseudotropicalis</i>                           | NCYC 6              | 5,000  | $\leq 1,250$                                       | >100                                       | 1               |
| <i>Cochlibolus lunatus</i>                        | Micro, OAU          | $\leq 1,250$                                     | 5,000  | $\leq 12.5$                                | 1               |
| <i>Trichoderma</i> sp.                            | Micro, OAU          | $\leq 1,250$                                     | $\leq 1,250$                                       | >100                                       | 1               |

5,000, 2,500 and 1,250  $\mu\text{g mL}^{-1}$  of *P. thonningii* and *P. reticulatum* crude extracts in Iso-sensitest agar (Oxoid, England) were prepared. Plates containing chlorocresol 100.0, 50.0, 25.0 and 12.5  $\mu\text{g mL}^{-1}$  were similarly prepared as a positive control and Isosensitest Agar containing no antimicrobials was used as negative control. Duplicate plates were prepared for each assay.

Bacteria were grown overnight in nutrient broth. The cultures were diluted to a final density of  $2 \times 10^5$  cfu  $\text{mL}^{-1}$  in normal saline and applied to the surface of nutrient agar plates containing dilutions of *P. thonningii*, *P. reticulatum*, chlorocresol or solvent (50% methanol) alone employing a multi-point inoculator. Plates were incubated at  $37^\circ\text{C}$  for 48 h. Inoculum density was verified by viable counts on nutrient agar.

Yeasts were grown on Sabouraud-Dextrose Agar (SDA) slants for 3 days. The slants were washed with 2 mL normal saline and diluted to an inoculum density of  $0.5\text{-}2.5 \times 10^3$  cfu  $\text{mL}^{-1}$ . Filamentous fungi were grown on SDA for seven days after which the growth was washed with 5 mL normal saline and allowed to settle for 5 min. The upper part of the washings (consisting mainly of conidia) was diluted to a concentration of about  $1 \times 10^4$  cfu  $\text{mL}^{-1}$ , which was employed as inoculum. Inoculum counts were verified by viable counts on SDA. When the counts differed by more than 10 fold of the expected count, the assays were repeated. Test plates for fungal determinations were prepared with SDA, the organisms were surface inoculated with a multi-point inoculator and the plates were incubated for 5 days at  $25^\circ\text{C}$ .

All plates were observed for growth and the least dilution completely inhibiting the growth of each organism, was taken as the MIC. Statistical analysis employing a two-tailed Students t-test was used to compare the MICs obtained with *P. thonningii* and *P. reticulatum* extracts.

**Anti-inflammatory activity:** The method used for evaluating anti-inflammatory activity of the crude extract and solvent fractions was based on that described by Winter *et al.*<sup>[6]</sup>. The method measures the rate of the development of oedema following challenge by carrageenan.

The crude extract, ethyl acetate fraction, butanol fraction and aqueous fraction of *P. reticulatum* were suspended in 2.5% Tween 80. The extract and fractions ( $100 \text{ mg kg}^{-1}$ ) were administered intraperitoneally to the groups of rats. Indomethacin ( $5 \text{ mg kg}^{-1}$ , I. p.) was administered to rats in the reference group, while control animals received Tween 80 at a dose of  $10 \text{ mL Kg}^{-1}$ . Thirty minutes after treatment, all the rats were injected 0.1 mL of

1% (w/v) carrageenan into the subplantar tissue of the right hind paw under the subplantar tissue. Measurement of paw volume was carried out using a plethysmometer (Ugo Basile, Italy, Model 7140). Measurements of paw volume of each rat (which was taken as a measure of oedema) were taken just before and at 1, 2, 3, 4 and 5 h after carrageenan injection. Oedema inhibitory activity in each group was determined at the 3rd h following carrageenan injection and was calculated using the formula:

$$\text{Percentage Inhibition} = \frac{(C_3 - C_0) \text{ Control} - (C_3 - C_0) \text{ Treated}}{(C_3 - C_0) \text{ Control}}$$

Where,  $C_3$  = Mean Paw Volume at the 3rd h after carrageenan injection.

$C_0$  = Mean Paw Volume before carrageenan injection.

## RESULTS AND DISCUSSION

**Determination of MICs of the extracts:** The crude *P. reticulatum* and *P. thonningii* extracts showed a broad spectrum of activity at the test concentrations. Sixty strains belonging to diverse genera were employed, all of which grew on the blank plates. The reference standard was chlorocresol. The test strains included Gram positive and Gram negative bacteria as well as yeasts and moulds. The antimicrobial spectra of extracts from the two species were very similar (Table 1).

**Anti-inflammatory activity:** Table 2 shows the effects of crude extract, EtOAc fraction, butanol fraction and aqueous fraction of *P. reticulatum* on carrageenan-induced paw oedema in rats. The paw volumes in all the groups increased from the 1st h and peaked at the 3rd h following carrageenan injection.

In 44 (73.3%) of test strains, the MIC values for the two extracts were identical and in 6 (10.0%) the MIC values differed by only one dilution factor ( $p > 0.05$ , Students t-test). Differences were most commonly found with Gram positive bacteria and fungi. *P. thonningii* appeared slightly more active against Gram positive organisms and moulds; where differences were seen with Gram negative organism *P. reticulatum* was slightly more active. These data are sufficient to provide a rationale for the indistinctly use of both species in ethnomedicine although the MICs against most of the Gram negative organisms and fungi are too high to support the development of the extracts using the traditional extraction method as clinical antimicrobial therapies.

At the 3rd h following carrageenan injection, the mean paw volume of the control rats was  $4.05 \pm 0.20$ ,

Table 2: The effects of the crude extract and some solvent fractions of *Piliostigma reticulatum* on carrageenan-induced rat paw oedema over a 5 h period. Percentage inhibition is given in parenthesis at the 3rd h

| Treatment (s)                         | Time (h)  |           |           |                   |           |           |
|---------------------------------------|-----------|-----------|-----------|-------------------|-----------|-----------|
|                                       | 0         | 1         | 2         | 3                 | 4         | 5         |
| Control (Tween 80)                    | 1.09±0.30 | 2.46±0.19 | 3.29±0.34 | 4.05±0.20         | 3.72±0.24 | 3.18±0.24 |
| Crude (100 mg kg <sup>-1</sup> )      | 1.03±0.24 | 2.04±0.27 | 2.71±0.30 | 3.61±0.12 (13.2%) | 3.30±0.17 | 3.22±0.37 |
| EtOAc (100 mg kg <sup>-1</sup> )      | 1.29±0.25 | 2.16±0.21 | 2.40±0.22 | 2.83±0.25 (48.0%) | 2.57±0.29 | 2.56±0.37 |
| BuOH (100 mg kg <sup>-1</sup> )       | 1.30±0.26 | 2.49±0.27 | 3.16±0.37 | 3.57±0.45 (23.2%) | 3.41±0.38 | 3.37±0.51 |
| Aqueous (100 mg kg <sup>-1</sup> g)   | 1.27±0.23 | 2.11±0.21 | 2.33±0.18 | 2.42±0.26 (61.2%) | 2.34±0.26 | 2.40±0.46 |
| Indomethacin (5 mg mL <sup>-1</sup> ) | 0.93±0.14 | 1.15±0.12 | 1.25±0.13 | 1.35±0.15 (86.8%) | 1.23±0.55 | 1.07±0.16 |

Values are presented as mean±SEM for five rats in each group

whereas it was 3.61±0.12 in the crude extract treated group. Remarkable reductions in mean paw volumes were found with the EtOAc and aqueous fractions treated rats. Indomethacin (5 mg kg<sup>-1</sup>) significantly decreased the paw volumes over the 5 h period. Table 2 at the 3rd h shows the percentage inhibition by the various treatments at the 3rd h (peak oedema period) following carrageenan challenge in the rat paws. The standard drug used (Indomethacin, 5 mg kg<sup>-1</sup>) produced the highest inhibition of oedema formation (86.8%). It was also observed that the aqueous fraction gave the highest inhibition of oedema formation at the 3rd h (61.2%). An appreciable (48%) inhibition was also exhibited by the EtOAc fraction.

In a related study<sup>[15]</sup>, to determine the best extractant for the screening and isolation of antimicrobial components from plants. Of the eight different extractants employed, ethanol and water were scored the lowest on the overall extraction parameters investigated. This is probable because most antimicrobial agents isolated are hardly soluble in water.

This comparative study showed that *P. reticulatum* and *P. thonningii* have similar antimicrobial spectra and anti-inflammatory activity. *P. reticulatum* can substitute for *P. thonningii*. However, the traditional extraction method is not effective in extracting the antimicrobial agents from the plants. It is important to screen the non-polar extracts of the leaf of these plants.

#### ACKNOWLEDGMENTS

The authors are grateful to the International Program in Chemical Sciences (IPICS), Uppsala University Sweden, for financial support.

#### REFERENCES

- Assi, L.A. and S. Guinko, 1991. Plants used in traditional medicine in West Africa. Swiss centre for scientific research in Ivory Coast and Roche Africa Research Foundation, Abidjan, pp: 17-18, 56.

- Ibewuiké, J.C., A.O. Ogundaini, F.O. Ogungbamila, M. Martins, J. Gallard, L. Bohlin and M. Pais, 1996. Piliostigmin, a new phenoxochromone and C-methyl flavonols from *Piliostigma thonningii*. Phytochemistry, 43: 687-690.
- Ibewuiké, J. C., F.O. Ogungbamila, A.O. Ogundaini, I.N. Okeke and L. Bohlin, 1997. Anti-inflammatory and Anti-bacterial activities of C-methyl flavonols from *Piliostigma thonningii*. Phytother. Res., 11: 281-284.
- Burkill, H.M., 1995. The Useful Plants of West Africa. 2nd Edn., Royal Kew Botanical Gardens Kew London, 3: 144-146.
- Aderogba, M.A., E.K. Okoh, A.O. Ogundaini and B.M. Abegaz, 2003. 6-C-Methylquercetin -3, 3, 4-trimethyl ether from the leaves extract of *Piliostigma reticulatum* (DC.) Hochst. Nig. J. Natl. Prod. Med., 07: 37-38.
- Gibson, L. and J. Khoury, 1986. Storage and survival of bacteria by ultrafreeze. Lett. Applied Microbiol., 3: 127-129.
- Murray, P., E. Baron, M. Pfaller, F. Tenover and R. Tenover, Eds. 1995. Manual of Microbiology. 6th Edn., ASM Press. Washington, DC., pp: 1327-1341.
- Winter, C.A., E.A. Risley and C.W. Nuss, 1962. Carrageenan-induced oedema in the hind paw of rat as an assay for antiinflammatory drug. Proc. Soc. Exp. Biol. Med., 111: 544-547.
- Okeke, I.N., A. Lamikanra, H. Steinrück and J.B. Kaper, 2000. Characterization of *Escherichia coli* strains from cases of childhood diarrhea in provincial South-Western Nigeria. J. Clin. Microbiol., 38: 7-12.
- Czeczulin, J., T. Whittam, I. Henderson, F. Navarro-Garcia and J. Nataro, 1999. Phylogenetic analysis of virulence genes in enteroaggregative and diffusely-adherent *Escherichia coli*. Infection and Immunity, 67: 2692-2699.
- O'Brien, A. D., T. A. Lively, T.W. Chang and S.L. Gorbach, 1983. Purification of *Shigella dysenteriae* 1 (Shiga)-like toxin from *Escherichia coli* O157:H7 strain associated with hemorrhagic colitis. The Lancet, II: 573.

12. Levine, M.M., E.J. Bergquist, D.R. Nalin, D.H. Waterman, R.B. Hornick, C.R. Young and S. Sotman, 1978. *Escherichia coli* strains that cause diarrhoea but do not produce heat-labile or heat-stable enterotoxins and are non-invasive. *Lancet*, I: 1119-1122.
13. Okeke, I.N., O. Ojo, A. Lamikanra and J.B. Kaper, 2003. Etiology of acute diarrhea among adults in South-west Nigeria. *J. Clin. Microbiol.*, 41: 4525-4530.
14. Okeke, I.N., A.B. Abudu and A. Lamikanra, 2001. Microbiological investigation of an outbreak of acute gastroenteritis in Niger State, Nigeria. *Clin. Microbiol. Infect.*, 7: 514-516.
15. Eloff, J.N., 1998. Which extractant should be used for the screening and isolation of antimicrobial components from plants. *J. Ethnopharmacol.*, 60: 1-8.