

Full Length Research Paper

# Evaluation of the antibacterial properties and synergistic effect of *Garcinia kola* Heckel (Family: Guttiferae) seed extract and honey on some bacteria

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The antibacterial activity of aqueous extract of *Garcinia kola*, honey and mixture of aqueous *G. kola* extract and honey was investigated against *Escherichia coli*, *Klebsiella pneumonia*, *Staphylococcus aureus*, *Bacillus subtilis*, *Salmonella* sp. and *Pseudomonas aeruginosa* using agar well diffusion method. Sensitivity pattern of these bacteria was varied and extract concentration-dependent. It was observed that the synergistic use of aqueous *G. kola* extract and honey mixture was more effective in inhibiting bacterial growth than the separate use of aqueous *G. kola* extract and honey. The susceptibility of the test bacteria to the aqueous *G. kola* extract and honey mixture was in descending order as follows: *P. aeruginosa* > *E. coli* > *S. aureus* > *Salmonella* > *K. pneumonia* > *B. subtilis* (> = more susceptible). Aqueous *G. kola* extract was most active against *P. aeruginosa* with zones of inhibition ranging from  $16.7 \pm 0.21$  to  $18.00 \pm 1.00$  mm and least active against *B. subtilis* with zone of inhibition of  $0.00 - 6.00 \pm 1.00$  mm. Honey at 100% concentration inhibited growth of all the test organisms except *B. subtilis*. Statistical analysis showed that *E. coli*, *S. aureus* and *P. aeruginosa* at  $P < 0.05$ , exhibited significant difference in their susceptibility to the synergistic mixture and separate use of aqueous *G. kola* extract and honey. Synergistic use of aqueous *G. kola* extract and honey is therefore recommended as a better option than their separate use in the treatment of infections caused by the test bacteria.

**Key words:** *Garcinia kola*, honey, bacteria, antimicrobial activity, synergy.

## INTRODUCTION

Plants act generally to stimulate and supplement the body's healing forces, they are the natural food for human beings (Fabiola et al., 2003). Many infectious diseases are known to be treated with herbal remedies throughout the history of mankind. Infectious diseases are the number one causes of death accounting for approximately one half of all deaths in tropical countries (Iwu et al., 1999). Today plant materials continue to play a major role in primary healthcare as therapeutic remedies in many developing countries (Jonathan et al., 2007; Jonathan and Fasidi, 2005; Jonathan and Fasidi, 2003).

The different parts of plants used include root, stem, flower, fruit, twig, exudates and modified plant organs (Mahesh and Satish, 2008; Uniyal et al., 2006). Nearly all cultures and civilizations from ancient times to the present day have used herbal medicines (Lino and Deogracious, 2006; El-Mahmood et al., 2008) to cure infections. Plants still continue to be almost the exclusive source of drugs for the majority of the world's population (Fabiola et al., 2003; Jonathan and Fasidi, 2005; Jonathan and Fasidi, 2003; Ajayi et al., 2008).

Some plants have been discovered to be rich in secondary metabolite, such as tannins, terpenoids, alkaloids, flavonoids, phenols, steroids, and volatile oil. These compounds are responsible for their therapeutic activities (Cowan, 1999; Rabe and Vanstoden, 2000). Also, since times past, some plant parts have been used

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as antimicrobial agents, especially their extracts, either as decoctions, infusions or oral administration (Okemo et al., 2001). Benefits derived from using medicine obtained from plants are relatively safer than synthetic alternative by offering profound therapeutic benefits and give more affordable treatment (Iwu et al., 1999; Idu et al., 2007).

Honey, whose medicinal uses dates from ancient times, has lately been rediscovered as a therapy for wounds (Vishnu et al., 2012). Many publications attest to honey's antimicrobial properties. Strong solutions of honey or sugar and sugar pastes, inhibit microbial growth because of their high osmolarity (Deshpande and Kulkarni, 2010), but when used as dressings they become diluted to the point where this action ceases, especially in the case of *Staphylococcus aureus* (Cooper et al., 1999). Recently, the potent activity of honey against antibiotic-resistant bacteria has further increased the interest for application of honey, but incomplete knowledge of the antibacterial activity is a major obstacle for clinical applicability (Cooper et al., 2002a; Cooper et al., 2002b; Levy and Marshall, 2004; Walsh, 2003). Traditional preparation and medicinal plants with antimicrobial activities have been extensively used in the West African regions (Adesuyi et al., 2012; Dunford, et al., 2000; Mbotto et al., 2009; Mythilypriya et al., 2007).

*Garcinia kola*, commonly called bitter kola belongs to the family *Guttiferae* (Adesuyi et al., 2012). The parts used in this plant are the stem bark, seeds and root. The active ingredients are flavonoids, apigenin, kolaviron, biflavonoid-amentoflavone, saponins, tannins, resin (Gill, 1992; Okunji et al., 2002). Medicinally, the stem bark and seeds are used for acute fever, cough, liver disorders and as an anti-vomiting agent (Odugbemi, 2006; Gill, 1992). It is also used as a remedy for inflammations of respiratory tract, bronchitis, throat troubles, stomach ache and gastritis (Adegboye et al., 2008; Ajebesone and Aina, 2004). The seed extract is very efficacious for hepatitis, antiseptic and is active against Gram-positive and negative bacteria (Gill, 1992). The decoction of the root is used as aphrodisiac, evacuant, anticancer and is also recommended for dysentery, headache, malignant tumours and respiratory ailments (Odugbemi, 2006). The root is chewed for cleaning teeth and toothache (Gill, 1992).

This study was carried out to assess and compare the antimicrobial efficacy of the synergy of honey and *G. kola* and their use separately on some pathogenic bacteria.

## MATERIALS AND METHODS

### Sample collection

The seeds of *G. kola* were purchased from Oba market in Benin City, Nigeria and identification confirmed by Odugbemi (2006). Freshly harvested honey was purchased from local supermarket in Ugbowo, Benin City, Nigeria. It was diluted with distilled water to different concentrations of 25, 50, 75 and 100%. These samples were obtained during the dry season.

### Test organisms

Bacterial cultures of *Escherichia coli*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, *Bacillus subtilis*, *Salmonella* sp. and *Pseudomonas aeruginosa* obtained from the Department of Medical Microbiology, University of Benin teaching hospital, Benin City, Nigeria, were used as antimicrobial test organisms. Their identity was confirmed using cultural, morphological and biochemical test as previously described (Akinnibosun et al., 2009; Cheesebrough et al., 2002). The bacterial isolates were maintained on nutrient agar slants at 4°C. The test bacteria have been previously described (Prescott et al., 2005; Akinnibosun et al., 2008a, 2008b).

### Preparation of aqueous extract

Ten grams of dried grinded seed powder was dissolved in 100 ml of distilled water for 24 h. The mixture was filtered using Whatman's filter paper No. 1 to obtain solution free of solids. The filtrate was concentrated by drying at 37°C and stored at 4°C.

### Preparation of ethanolic extract

Ten grams of dried grinded seed powder was dissolved in 100 ml of 95% ethanol for 24 h. The mixture was filtered using Whatman's filter paper No. 1 to obtain solution free of solids. The filtrate was placed into evaporator to drive-off the solvent and stored at 4°C.

### Preparation of honey and *G. kola* mixture

Various concentrations were prepared from the grinded seed and the honey, 0.05, 0.10, 0.15 and 0.20 g of the powdered seed was added to 10 ml of 100% honey to obtain 5.0, 10.0, 15.0 and 20.0 mg/ml, respectively.

### Determination of antibacterial activity

The zone of inhibition was measured by the agar-well diffusion method (Stoke, 1975). Sterilised nutrient agar was poured into Petri-dishes to the level of obtaining a standard well and allowed to set. Nutrient broth inoculated with the test bacteria was poured into the already set Petri-dishes and uniform distribution was ensured. Sterile cork borer was used to bore 10 mm wells (holes) in the agar. Each of the holes in the Petri-dish was filled with the samples and incubated for 24 h at 37°C. Standard antibiotic, gentamicin was used as positive control and water was used as negative control. The active extracts had zones of inhibition which were measured to indicate the degree of sensitivity.

### Determination of minimum inhibitory concentration (MIC) and minimum bactericidal concentration (MBC)

The MIC of the extracts against the test organisms was determined using the broth dilution method (Sahm and Washington, 1990). Briefly, 1 ml of the extracts was added to 1 ml of nutrient broth and subsequently transferred. From the first test-tube, 1 ml was transferred to the next for up to the seventh test-tube. After which 1 ml of 24 h culture of test organisms was inoculated into each test-tube and mixed thoroughly by vortexing. The test tubes were then inoculated at 37°C for 24 h. This procedure was carried out for all the different concentrations of extract. The test-tube with the lowest dilution with no turbidity was considered as the MIC. Subsequently, those tubes that showed no turbidity were plated out on nutrient

**Table 1.** Antibacterial activity \*(zone of inhibition in mm) of honey against the test bacteria

Test organism	25%	50%	75%	100%
<i>E. coli</i>	3.33 ± 0.58	8.00 ± 1.00	14.33 ± 0.58	20.00 ± 1.00
<i>K. pneumoniae</i>	2.33 ± 0.58	4.33 ± 0.58	11.00 ± 1.00	15.00 ± 1.00
<i>S. aureus</i>	0.00	0.00	0.00	9.00 ± 1.00
<i>B. subtilis</i>	0.00	0.00	0.00	0.00
<i>Salmonella</i> sp.	2.33 ± 0.58	4.33 ± 0.58	13.00 ± 1.00	18.00 ± 1.00
<i>P. aeruginosa</i>	2.33 ± 0.58	5.67 ± 0.58	9.00 ± 1.00	14.67 ± 0.58

\*Mean ± standard deviation.

**Table 2.** Antibacterial activity\* (zone of inhibition in mm) of aqueous extract of *G. kola*

Test organism	5.0 mg/ml	10.0 mg/ml	15.0 mg/ml	20.0 mg/ml
<i>E. coli</i>	3.33 ± 0.58	8.00 ± 1.00	11.00 ± 1.00	15.33 ± 0.58
<i>K. pneumoniae</i>	0.00	2.33 ± 0.58	5.67 ± 1.16	13.33 ± 0.58
<i>S. aureus</i>	0.00	5.33 ± 0.58	13.00 ± 1.00	15.33 ± 0.58
<i>B. subtilis</i>	0.00	0.00	1.33 ± 0.58	6.00 ± 1.00
<i>Salmonella</i> sp.	0.00	5.33 ± 0.58	8.67 ± 0.58	14.00 ± 1.00
<i>P. aeruginosa</i>	16.70 ± 0.21	9.33 ± 0.58	13.33 ± 0.58	18.00 ± 1.00

\*Mean ± standard deviation.

**Table 3.** Synergistic effect\* (zone of inhibition in mm) of aqueous extract of *G. kola* and honey on the test bacteria.

Test organism	5.0 mg/ml	10.0 mg/ml	15.0 mg/ml	20.0 mg/ml
<i>E. coli</i>	9.00 ± 1.00	15.33 ± 0.58	22.33 ± 0.58	25.67 ± 0.58
<i>K. pneumoniae</i>	4.33 ± 0.58	9.00 ± 1.00	13.33 ± 1.53	17.33 ± 2.89
<i>S. aureus</i>	5.33 ± 0.58	13.70 ± 0.58	19.00 ± 1.00	22.67 ± 0.58
<i>B. subtilis</i>	0.00	2.67 ± 0.58	7.33 ± 0.58	13.00 ± 1.00
<i>Salmonella</i> sp.	4.67 ± 0.58	11.00 ± 1.00	18.67 ± 0.58	21.00 ± 1.00
<i>P. aeruginosa</i>	12.00 ± 1.00	17.30 ± 0.58	23.67 ± 0.58	27.67 ± 0.58

\*Mean ± standard deviation.

agar plates and absence of growth on incubation for 24 h was considered as the MBC.

#### Measurement of bactericidal and bacteriostatic property

This was carried out to assess the concentrations of the samples that can kill or inhibit the growth of the tested organisms. Sterile inoculating loop was rubbed on the clear zones produced during the tests for antibacterial activities and streaked in fresh chocolate agar plates and then incubated as earlier described. Absence of growth was interpreted as bactericidal action while growth represented a bacteriostatic action (Madunagu et al., 2001).

#### Statistical analysis

Statistical analysis as carried out to determine whether there was significant difference between the synergistic action of the bitter kola and honey mixture and the separate inhibitory actions of bitter kola and honey.

## RESULTS AND DISCUSSION

The present study shows the evaluation of the antibacterial properties and synergistic effect of *G. kola* and honey on some bacteria. The antibacterial activity in the study was expressed as a measure of the diameter of the inhibition of growth in millimetres. Tables 1 to 3 show the antibacterial activity (as shown by zones of inhibition of the different concentrations) of honey, aqueous bitter kola extract, and mixture of bitter kola and honey, respectively. Tables 4 and 5 show the MIC and MBC of the various samples on the test organisms. The results of this work show that the bitter kola, honey and the mixture of bitter kola and honey had antibacterial property by preventing the growth of the test organisms.

The investigation done on *G. kola* extract and honey revealed that samples possessed antimicrobial property against the tested bacterial isolates. The antibacterial action

**Table 4.** Minimum inhibitory concentration.

Test organism	Aqueous <i>G. kola</i> extract (mg/ml)	Honey (%)	Honey + <i>G. kola</i> extract mixture (mg/ml)
<i>E. coli</i>	2.5	25.0	2.5
<i>K. pneumoniae</i>	7.5	25.0	2.5
<i>S. aureus</i>	7.5	100.0	2.5
<i>B. subtilis</i>	12.5	0.0	7.5
<i>Salmonella</i> sp.	7.5	25.0	2.5
<i>P. aeruginosa</i>	2.5	25.0	2.5

**Table 5.** Minimum bactericidal concentration.

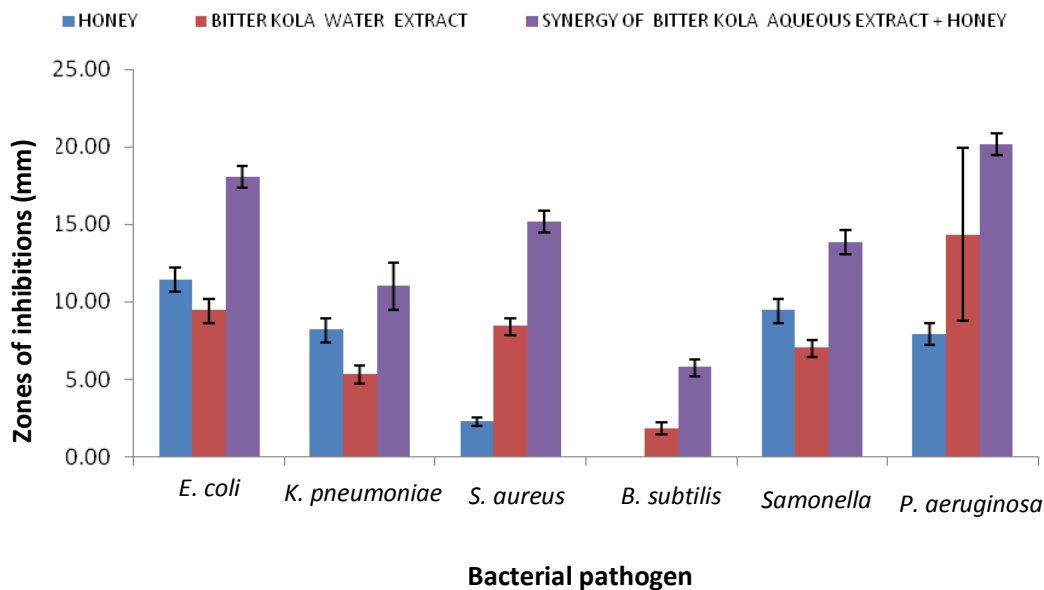
Test organism	Aqueous <i>G. kola</i> extract (mg/ml)	Honey (%)	Honey + <i>G. kola</i> extract mixture (mg/ml)
<i>E. coli</i>	5.0	50.0	5.0
<i>K. pneumoniae</i>	10.0	50.0	5.0
<i>S. aureus</i>	10.0	100.0	5.0
<i>B. subtilis</i>	15.0	0.0	10.0
<i>Salmonella</i> sp.	10.0	50.0	5.0
<i>P. aeruginosa</i>	5.0	50.0	5.0

occurred at varying concentrations (Tables 1 to 3), indicating that the plant extract had broad antibacterial spectrum (Bankole, 1992). Presence of an inhibine factor in honey which is hydrogen peroxide and flavonoids have been observed to be responsible for its antimicrobial property. The data obtained showed that the inhibitory effects of the samples on the various investigated microorganisms was dose-dependent. This observation is in agreement with the findings of Agbaje et al. (2006) and Akinnibosun et al. (2009) who found that the efficacy of honey and most plant extract was concentration-dependent. Honey at 25, 50 and 75% concentration inhibited all the test organisms except *S. aureus* and *B. subtilis* (Table 1). Honey at 100% concentration inhibited growth of all the test organisms except *B. subtilis*. This is similar to the findings of Agbaje et al. (2006), as well as DeMera and Angert (2004), who noted that non-susceptibility of some test organisms to honey could be due to the emergence of resistant strain. Besides, several factors such as botanical and entomological origin may influence the antibacterial activity of honey. DeMera and Angert (2004) reported that honey from different phytogeographic regions varied in their ability to inhibit the growth of bacteria, suggesting that botanical origin plays an important role in influencing the antimicrobial activity. Various researchers have shown that honey exerts antimicrobial activities against various microorganisms (Allen et al., 1991; Anand and Shanmugam, 1998; Cooper and Molan, 1999).

Honey has been successfully used in the treatment of surgical wounds, burn wounds and decubitus ulcers. It has also been shown as a good medium to store skin

grafts and honey has anti-leishmanial effect also (Vishnu et al., 2012). Honey may inhibit bacterial growth due to a number of different mechanisms. High sugar concentration, low pH, hydrogen peroxide generation, proteineaceous compounds, or other unidentified compounds present in the honey may all provide antimicrobial activity (Mundo et al., 2004). Shrinkage and disruption of the bacteria may be due to its osmotic effect, low pH and also due to the presence of antibacterial substance such as inhibine (Vishnu et al., 2012). Besides its antimicrobial properties, honey can clear infection in a number of ways *in vivo*, like boosting the immune system, anti-inflammatory, and antioxidant activities and via stimulation of cell growth (Al-Jabri, 2005). Due to its antimicrobial properties, honey may serve as a natural food preservative (Mundo et al., 2004). Previous research has demonstrated preservative power of honey by reducing enzymatic browning of fruits (Chen et al., 2000), and preventing lipid oxidation in meat (Mckibben and Engeseth, 2002).

Aqueous bitter kola extract was most active against *P. aeruginosa* with zones of inhibition ranging from  $16.70 \pm 0.21$  to  $18.00 \pm 1.00$  mm and least active against *B. subtilis* with zone of inhibition of  $0.00$  to  $6.00 \pm 1.00$  mm. This result is similar to the work of Adegboye et al. (2008), who showed that the crude extract of *G. kola* exhibited antimicrobial activities *in vitro* against both Gram-positive and Gram-negative organisms. *G. kola* has been medicinally used as an antimicrobial. The seeds are used in the treatment of bronchitis and throat infections (Mbotto et al., 2009). The antimicrobial properties of this plant are attributed to the benzophenone



**Figure 1.** Average zones of inhibition in mm of the test bacteria with different treatments (honey, bitter kola and the synergy).

**Table 6.** Susceptibility testing (zone of inhibition in mm).

Test organism	Gentamicin (positive control)	Water (negative control)
<i>E. coli</i>	23.0	0.00
<i>K. pneumoniae</i>	16.0	0.00
<i>S. aureus</i>	0.0	0.00
<i>B. subtilis</i>	13.0	0.00
<i>Salmonella</i> sp.	22.0	0.00
<i>P. aeruginosa</i>	20.0	0.00

and flavonones. Studies have shown it to have very good antibacterial and antiviral properties (Adesuyi et al., 2012; Terashima et al., 2002). Traditionally, the plant is used as a natural antimicrobial. Other medicinal properties of the plant include usage in the treatment of skin infections in Liberia and Congo Democratic Republic. The powdered bark of the plant is applied to malignant tumors, cancers etc., the plants latex is taken internally for gonorrhoea and externally to seal new wounds and prevent sepsis (Adesuyi et al., 2011). In Nigeria, a cold water extract of the roots and bark with salt are administered to cases of bronchial asthma or cough and vomiting. *G. kola* seed is believed to contain a wide spectrum of organic compounds such as flavonoids which confer on it some antibacterial and antifungal actions against Gram negative and Gram positive microorganisms (Adesuyi et al., 2011).

The mixture of honey and bitter kola extract produced greater zone of inhibition for the test bacteria than bitter kola and honey used separately as shown in Figure 1. The synergistic effect of the *G. kola* and honey mixture

on the test organisms showed in descending order as *P. aeruginosa* > *E. coli* > *S. aureus* > *Salmonella* > *K. pneumoniae* > *B. subtilis*. The mixture showed better antibacterial activity against the test organisms when compared with the standard antibiotic as shown in Table 6. Statistical analysis showed that *E. coli*, *S. aureus* and *P. aeruginosa* at  $P < 0.05$  showed significant difference in their susceptibility to the synergistic mixture and separate use of *G. kola* extract and honey.

Susceptibility testing with standard antibiotic, gentamicin, showed zone of inhibition which ranged from 0.0 to 23 mm. From this observation, *G. kola* extract, honey and their synergy compared favourably with the standard antibiotic. The MIC and MBC of the samples against the test organisms were also determined. The MIC varied between 2.5 and 12.5, 0.0 and 100.0, as well as 2.5 and 7.5 mg/ml for *G. kola* extract, honey and *G. kola* extract and honey mixture, respectively. The MBC varied between 5.0 and 15.0, 0.0 and 100.0 as well as 5.0 and 10.0 mg/ml for *G. kola* extract, honey and *G. kola* extract and honey mixture, respectively. The results of

MIC and MBC showed that the synergistic use of honey and *G. kola* extract is more potent against the test organisms even at low concentrations, as shown in Tables 4 and 5. The broad spectrum of activity displayed by the samples in this study appears to justify and explain the scientific basis for their uses in traditional medicine.

Indiscriminate use of antibiotics has led to the emergence of drug-resistant strains which have a significant impact on patient's morbidity and mortality (Bhatia and Narain, 2010). It is hoped that this study would lead to the preparation of antibacterial drugs of natural origin for the treatment of infections caused by the test organisms.

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