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Composition and antibacterial activity of essential oil of *Lippia graveolens* H.B.K. (Verbenaceae)

[Composición y actividad antibacteriana del aceite esencial de *Lippia graveolens* H.B.K. (Verbenaceae)]

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Abstract

The essential oil of the aerial parts of *Lippia graveolens* H.B.K. (Verbenaceae) was examined by GC and GC-MS. Nine constituents were identified. Carvacrol, α -terpinyl acetate, m-cymene, thymol and β -pinene were found to be the major components. The oil exhibited antibacterial activity against Gram-positive (*Staphylococcus aureus*; *Staphylococcus epidermidis*, *Bacillus subtilis*, *Sarcina lutea*) and Gram-negative bacteria (*Shigella boydii*, *Vibrio cholerae* No-01, *Vibrio cholerae* (clinical strain), *Vibrio cholerae* (isolated from water), *Vibrio cholerae* Tor, *Escherichia coli*, *Enterobacter agglomerans*, *Enterobacter aerogenes*; *Yersinia enterocolitica*, *Salmonella typhi*).

Keywords: Antibacterial activity; Essential oil; Gastrointestinal diseases; *Lippia graveolens*.

Resumen

El aceite esencial de la parte aérea de *Lippia graveolens* H.B.K. (Verbenaceae) fue analizado por GC y GC-MS. Se determinaron 9 componentes de los cuales carvacrol, α -terpinil acetato, m-cimeno, timol y β -pineno fueron los compuestos mayoritarios. El aceite esencial exhibió actividad antibacteriana en bacterias Gram positivas (*Staphylococcus aureus*; *Staphylococcus epidermidis*, *Bacillus subtilis*, *Sarcina lutea*) y Gram negativas (*Shigella boydii*, *Vibrio cholerae* No-01, *Vibrio cholerae* (aislado de un caso clínico), *Vibrio cholerae* (aislada de agua contaminada), *Vibrio cholerae* Tor, *Escherichia coli*, *Enterobacter agglomerans*, *Enterobacter aerogenes*; *Yersinia enterocolitica*, *Salmonella typhi*).

Palabras Clave: Actividad antibacteriana; Aceite esencial; Enfermedades gastrointestinales; *Lippia graveolens*.

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INTRODUCTION

Since ancient times traditional Mexican medicine has used a wide variety of plants to treat gastrointestinal and respiratory disorders which are particularly prevalent in rural areas of the country. The information obtained from oral and written means is a good option to preserve and improve human health in geographically and culturally isolated communities (Argueta & Cano, 1994; McGaw et al., 2000; Canales et al., 2005, 2006; Hernandez et al., 2005).

Lippia graveolens is a shrub found in America (Rzedowski, 1978). Several species of the genus *Lippia* are used in folk medicine mainly in dermatological, gastrointestinal and respiratory affections (Argueta & Cano, 1994; Pascual et al., 2001). A previous ethnobotanical study in Zapotitlán de las Salinas, Puebla, (México) showed that the local people use infusions of the aerial part of 44 different plant species to treat gastrointestinal and respiratory illnesses (mainly produced by Gram negative and Gram positive bacteria respectively). *L. graveolens* was recognized as being the most important species used (Hernandez et al., 2003). There are some publications about the chemical composition of the essential oil of *L. graveolens* (Compadre et al., 1987; Dominguez et al., 1989; Vernin et al., 2001; Salgueiro et al., 2003; Hernandez et al., 2008). However, only few pharmacological studies have been made. The aim of this work was to investigate essential oil composition of *L. graveolens* and its antibacterial activity.

MATERIALS AND METHODS

Plant material

Aerial parts of *L. graveolens* were collected in July 2001 in Zapotitlán de las Salinas, Puebla. Voucher specimens were deposited in the National Herbarium of Mexico (MEXU) at the Universidad Nacional Autónoma de México, and the herbarium IZTA at the Facultad de Estudios Superiores Iztacala (Voucher n° 26474).

Chemical analysis of essential oil

The essential oil was obtained by steam distillation (1 kg of fresh plant) during 4 h in a Cleavenger-type apparatus. The essential oil was analyzed in a Hewlett Packard 5890-II gas

chromatograph equipped with a DB WAX column (30 m x 0.32 mm). The temperature of the column was programmed from 80 °C to 220 °C at 8 °C/min. The injector and detector temperatures were 225 °C. The gas carrier was He, at a flow rate of 1 mL/min. Peak areas were measured by electronic integration. The relative amount of the individual components was based on the peak areas. GC-MS analysis was performed on a Jeol AX50HA using a 30 m x 0.32 mm capillary column. The temperature of the column and the injector were the same as those from GC. Mass spectra were recorded at 70 eV. The oil components were identified by comparison of their retention indices and mass spectra with the NIST/EPA/NIH Mass Spectral Library.

Antibacterial assay

Fourteen strains of bacteria were used: *Vibrio cholerae* INDRE 206 (isolated from polluted water), *Vibrio cholerae* (clinical strain pertaining to O1 group, Inaba serotype, “El Tor” biotype, and enterotoxin producer), *Vibrio cholerae* CDC V 12, *Escherichia coli* ATCC 25922, *Enterobacter agglomerans* ATCC 27155, *Salmonella typhi* ATCC 19430, *Shigella boydii* ATCC 8700 and *Staphylococcus aureus* ATCC 12398. All the strains tested were maintained in Mueller Hinton Agar and were subcultured every month. *Enterobacter aerogenes* (cephalosporin and ampicillin resistant), *Vibrio cholerae* No-01 (ampicillin resistant), *Staphylococcus epidermidis* (ampicillin, cephotaxim and dicloxacillin resistant), *Sarcina lutea* (cephotaxim and dicloxacillin resistant) and *Bacillus subtilis* (cephalothin, penicillin, cephotaxim and dicloxacillin resistant) were donated by the Laboratory of Microbiology of FES-Cuautitlán, *Yersinia enterocolitica* (ampicillin resistant) was donated by the Clinical Analysis Laboratory of the University Hospital UNAM Campus Iztacala. These strains were maintained in Mueller Hinton agar (Bioxon), submitted to sensitivity tests (multidiscs Bigaux) and were subcultured every month.

The antibacterial activity was measured by the disc-diffusion method (Van der Bergh & Vlietinck, 1991). The microorganisms were grown overnight at 37 °C in 10 ml of Mueller Hinton Broth (Bioxon). The cultures were adjusted with sterile saline solution to obtain turbidity comparable to that of McFarland no. 0.5 standard (Lennette et al., 1987). Petri dishes containing Mueller Hinton agar (Bioxon) were inoculated with these microbial suspensions. Discs of

filter paper (Whatman no. 5) of 5 mm diameter were impregnated with 5 μ L of the essential oil and placed on the agar surface. Discs with 25 μ g (5 μ L) of chloramphenicol (5 mg/mL Sophia Labs, Mexico) were used as positive controls. The plates were incubated overnight at 37 °C and the diameter of any resulting zones of inhibition (mm) of growth was measured. Each experiment was repeated three times.

The estimation of the Minimal Inhibitory Concentration (MIC) and Minimal Bactericidal Concentration (MBC) were carried out by the broth dilution method (Van der Berghe & Vlietinck, 1991). Dilutions of essential oil from 2000-7 μ g/mL were used (essential oil was diluted directly into the broth). Test bacteria culture was used at the concentration of 10⁵ CFU/mL. MIC values were taken as the lowest essential oil concentration that prevents visible bacterial growth after 24 h of incubation at 37 °C, and MBC as the lowest concentration that completely inhibited bacterial growth. Chloramphenicol was used as reference and appropriate controls with no essential oil were used. Each experiment was repeated three times.

The bactericidal kinetic assay was performed by using appropriate concentrations of essential oil (corresponding to ½ MIC, MIC and MBC), in accordance with the method described by Avila et al., 1999 (Avila et al., 1999).

RESULTS

The physicochemical data of the essential oil were as follows: $d^{25} = 0.93$ g/mL, and 1.15% v/w of oil from fresh weight were obtained.

As shown in Table 1, nine compounds of the essential oil of *L. graveolens* were identified by GC/MS analysis representing 94.58%. The main compounds with concentrations higher than 2% as percentage peak area were the monoterpenes: carvacrol (37.84%), α -terpinyl acetate (22.35%), m-cymene (20.42%), thymol (6.72%), β -pinene (2.54%), and the sesquiterpene: isocaryophyllene (2.18%).

All the strains tested were sensitive to the essential oil. Gram-negative bacteria exhibited the biggest inhibition zones.

The results obtained in the evaluation of the antibacterial activity of the essential oil of *L. graveolens* are shown in Table 2.

Table 1. Composition of essential oil of *L. graveolens*.

Compounds	RT	%
α -Thujene	4.51	1.03
β -Pinene	6.13	2.54
m-Cymene	7.30	20.42
α -Terpinyl acetate	8.16	22.35
Linalool	8.79	0.26
Carvacrol	13.98	37.84
Thymol	15.05	6.72
Isocaryophyllene	15.96	2.18
Humulene	16.60	1.24
Total		94.58

Compounds are listed in order of their elution from a DB WAX column.

Figs. 1 and 2 show the effect of the essential oil (in the survival curve) on a Gram-positive bacterium (*S. aureus*) and a Gram-negative bacterium (*V. cholerae* isolated of a clinical strain). Minimum inhibitory concentrations (MIC) had a bacteriostatic effect on the bacterial population of *S. aureus* and *V. cholerae*, while the minimum bactericidal concentrations (MBC) had a lethal effect on bacteria within the first eight hours.

DISCUSSION

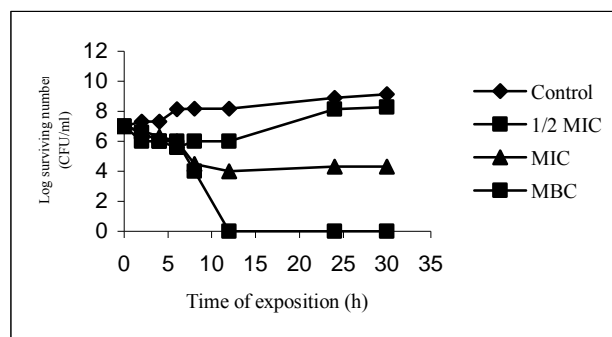
The essential oil of *L. graveolens* (Table 1) is constituted mainly by monoterpenes. The major components are: carvacrol (37.84%), α -terpinyl acetate (22.35%), m-cymene (20.42%), thymol (6.72%), and β -pinene (2.54%). Differences in the yield, components and concentrations compared to those previously reported in the literature for *L. graveolens* collected in other geographic areas could be attributed to some factors such as climate, time of collection, mode of extraction, etc. (Compadre et al., 1987; Dominguez et al., 1989; Vernin et al., 2001; Cimanga et al., 2002; Salgueiro et al., 2003).

The essential oil of *L. graveolens* presented antibacterial activity against the tested strains (Table 2), showing the biggest inhibition zones in the four strains of *V. cholerae*, *S. typhi* and *Y. enterocolitica* (these strains commonly cause gastrointestinal disease).

Table 2. Antibacterial activity of the essential oil of *L. graveolens*.

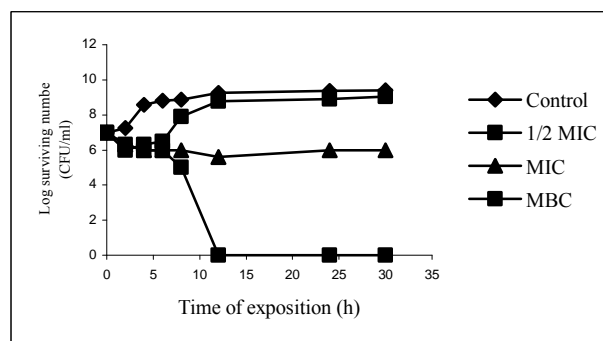
Microorganism	Inhibition zone (mm)		Essential oil	
	Chloramphenicol 25µg	Essential oil	MIC (µg/mL)	MBC (µg/mL)
Sa	18.67 ± 0.58	23.00 ± 0.05	125	250
Se	19.67 ± 2.08	24.67 ± 0.58	62	125
Sl	22.67 ± 0.58	23.67 ± 0.58	7	15
Bs	25.00 ± 1.00	28.67 ± 3.00	125	250
Sb	25.00 ± 1.00	25.00 ± 0.50	7	15
St	27.00 ± 1.00	30.00 ± 0.55	125	250
Ye	15.67 ± 0.58	30.00 ± 0.50	31	62
Eag	25.33 ± 0.58	25.00 ± 0.50	125	250
Vch Indre	24.33 ± 0.58	30.00 ± 0.50	62	125
Vch No 01	24.33 ± 0.58	30.00 ± 0.50	62	125
Vch Tor	22.67 ± 1.53	30.00 ± 0.50	62	125
Vch cc	19.33 ± 0.58	30.00 ± 0.50	62	125
Eae	24.00 ± 1.00	21.00 ± 2.65	125	250
Ec	18.33 ± 1.15	20.33 ± 1.15	125	250

Sa, *Staphylococcus aureus*; Se, *Staphylococcus epidermidis*; Sl, *Sarcina lutea*; Bs, *Bacillus subtilis*; Sb, *Shigella boydii*; St, *Salmonella typhi*; Ye, *Yersinia enterocolitica*; Eag, *Enterobacter agglomerans*; Vch Indre, *Vibrio cholerae* (isolated from water); Vch No-01, *Vibrio cholerae* No-01; Vch Tor, *Vibrio cholerae* CDC V12; Vch cc, *Vibrio cholerae* (clinical strain); Eae, *Enterobacter aerogenes*; Ec, *Escherichia coli*. Chloramphenicol was a positive control

Figure 1. Survival curve of *S. aureus* exposed to essential oil of *L. graveolens*.

The essential oil was added to each experimental culture in zero time. The concentrations used for *S. aureus* were: 62 µg/ml (½ MIC), 125 µg/mL (MIC) and 250 µg/mL (MBC), the control tube did not contain essential oil.

It was observed that *S. lutea* and *S. boydii* presented the lowest values of MIC and MBC. The strains which presented the biggest inhibition zones

Figure 2. Survival curve of *V. cholerae* isolated of a clinical sample exposed to essential oil of *L. graveolens*.

The essential oil was added to each experimental culture in zero time. The concentrations used for *V. cholerae* isolated of a clinical sample were: 31 µg/mL (½ MIC), 62 µg/mL (MIC) and 125 µg/mL (MBC), the control tube did not contain essential oil.

(diffusion method) are not always the most sensitive (values of MIC and MBC were lower) because the size of the inhibition zone does not reflect the

antibacterial effectiveness of a compound, since it is affected by the solubility of the oil, the diffusion range in the agar, the evaporation (it can affect the dose), etc. (Kim et al., 1995; Cimanga et al., 2002).

L. graveolens has been used traditionally to treat various gastrointestinal and respiratory ailments, which may be either Gram negative or Gram positive bacteria, the survival curves were performed on a gastrointestinal (*V. cholerae* isolated of a clinical strain) and a respiratory (*S. aureus*) common pathogens. Comparison of the survival curves for the organisms studied showed that the effect of the essential oil on the bacterial population of *S. aureus* and *V. cholerae* (Figs. 1 and 2) was bacteriostatic at MIC dose, but a bactericidal effect is observed at MBC dose within the first eight hours. This confirms the use of *L. graveolens* to treat Gram negative and Gram positive gastrointestinal and respiratory ailments respectively.

The results suggest that the antibacterial activity showed by the essential oil can be attributed, to a considerable degree, to the existence mostly of carvacrol (37.84%), α -terpinyl acetate (22.35%), thymol (6.72%), and β -pinene (2.54%), which appears to possess similar activities against all of the tested microorganisms. Essential oils rich in phenolic compounds such as carvacrol, thymol, etc. are reported to possess high levels of antimicrobial activity (Knobloch et al., 1985; Juven et al., 1994; Harborne et al., 1995; Kim et al., 1995; Cimanga et al., 2002). In general, the essential oils in bacteria produce membrane damage. In bacteria, the permeabilization of the membranes is associated with loss of ions and reduction of membrane potential, collapse of the proton pump and depletion of the ATP pool (Knobloch et al., 1985; Helander et al., 1998). The essential oils can coagulate the cytoplasm (Ultee et al., 2002). Damage on the cell wall and membrane can lead to the leakage of macromolecules and to lysis (Juven et al., 1994).

CONCLUSION

The present study tends to validate the use in the folk medicine of *L. graveolens* in gastrointestinal and respiratory diseases.

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