



Research Article

The work is licensed under



Experimental Assessment of Combined Antimicrobial Effect of Lactic Acid Bacteria and Clove Oil against *Escherichia coli*

Nancy Maurya

Department of Microbiology, College of Life Sciences, Cancer Hospital Campus, Gwalior (M.P.)-474009, India

*Corresponding Author: Nancy Maurya, Department of Microbiology, College of Life Sciences, Cancer Hospital Campus, Gwalior (M.P.)-474009, India

Received: 18 September 2017 Revised: 10 October 2017 Accepted: 14 October 2017

ABSTRACT

There has been an increasing threat to the efficacy of antibiotics as more and more pathogens are developing anti-microbial drug resistance. Alternatives are required to be developed for therapeutic purposes so that use of antibiotics can be restricted and their activity can be conserved. The present study is based on the use of combination of Lactic acid bacteria and clove oil against one of the commonest entero- and uro-pathogen, *E.coli* in order to check the anti-microbial activity of the two in a synergistic way. This study is an attempt to look for the possibility of increased anti-microbial activity of lactic acid bacteria and clove oil against *E.coli*, when they are used in combination.

Keyword: Lactic acid bacteria; *E.coli*; Clove oil; antimicrobial activity; anti-microbial resistance

INTRODUCTION

Escherichia coli is a well-known ubiquitous entero- and uro-pathogen that is constantly evolving as antibiotic resistant species. According to a recent cross-sectional study done by Purwar et. al. (2016), enter-pathogenic *E.coli* is one of the two most frequently isolated pathogens among diarrheal patients in India [1]. *E.coli* has also been recently identified as the most common microbe causing Urinary Tract Infection (UTI) and Laboratory Confirmed Blood-Stream Infection (LCBI) in a recently done active surveillance of health care associated infections among neuro-surgical patients at AIIMS, New Delhi [2]. An even more serious observation was that all the isolates were multi-drug resistant [2]. *E.coli* has also been found to be one of the most common

pathogenic agents isolated from device associated-hospital associated infections in a study done in a tertiary care multi-disciplinary intensive care unit of a teaching hospital in eastern India [3]. The gravity of the problem is continuously increasing as a decline in sensitivity towards antibiotics has been observed. A recent example is a report from a tertiary care hospital of North-Eastern Karnataka which shows that a significant number of UTIs had been there due to multi-drug resistant *E.coli* along with continuous decrease in its sensitivity pattern towards different antibiotics [4]. Not only human, but animals have also been affected by the antibiotic resistant strains of *E.coli* [5,6]. Considering the global status, there is dissemination of extended spectrum β -lactamases (ESBLs), broad spectrum

β -lactamases, plasmid mediated AmpC and carbapenemases hosted by Enterobacteriaceae clones and *P.aeruginosa* with fewer therapeutic options [7,8].

Need for alternative of antibiotics was felt quite many years ago to decrease their usage and to preserve their activity. Few approaches have been successful also, though partially. Prophylaxis with PGG glucan (an immunomodulator) in combination with antibiotics has been shown to exhibit increased protection against *E.coli* as compared to antibiotics alone [9]. Antimicrobial peptides like Ib-AMP1 have also been promising alternatives [10]. Restrictive policy on use of antibiotics has also been a fair strategy so that inappropriate use of antibiotics can be avoided [11]. Natural product like cranberry (*Vaccinium macrocarpon*) is reported to decrease recurrent urinary tract infections and hence help reducing antibiotic usage [12]. Live attenuated vaccines can be developed using non-pathogenic *E.coli* [12]. Many *lactobacilli* species are used since long as probiotics and antagonism of some *lactobacilli* is known to be quite pronounced towards some pathogenic and opportunistic bacteria like enteropathogenic *Escherichia, shigellae, proteus, staphylococci* [13]. A combination of an antibiotic with Lactobacilli (*Lactobacillus acidophilus*-LA-5) and Bifidobacterium is reported to block *in vitro* attachment of uro-pathogenic bacteria to uro-epithelial cells and found to reduce the incidence of febrile urinary tract infections [12]. Ouwehand et. al. (2010) had also reported that some essential oils exhibit the advantage of inhibiting the growth of potential pathogens of the intestine while only moderately influencing the beneficial members of intestinal microflora [14]. Hawrelak et. al. (2009) suggested that the minimum inhibitory concentrations of some essential oils against pathogenic bacteria are lesser in comparison to those for probiotic bacteria [15]. Moritz et. al. (2012) reported that clove essential oil exhibits only sub-lethal effect on *Lactobacillus rhamnosus* [16]. A strategy based on these observations can be applied against *E.coli* using a combination of probiotic bacteria with other anti-microbial agents like essential oils. Moreover, there have been evidences for antagonistic activities of lactic acid bacteria against *E.coli*. For instance, Genis et. al. (2016) reported that few species of lactic acid bacteria could modulate *E.coli* and the bovine

endometrial cells' inflammation [17]. Another evidence is the inhibitory activity of Lactic acid bacilli (*Lactobacillus lactis*) against shiga toxin producing *E.coli* [18, 19] that is thought to result mainly due production of organic acids by lactic acid bacteria [19]. Bacteriocins produced by the probiotic bacteria are also known to act against pathogenic agents. Shipradeep et. al. (2012) have also proposed the possibility of successful use of combinations of probiotic bacteria and essential oil based on the facts that MICs of many essential oils are higher for probiotic bacteria than those of pathogenic agents and secondly, pathogens do not have any enzymatic activity to inactivate essential oils [20]. Thus, a well optimized combination of an essential oil and probiotic bacteria can be effective against pathogenic *E.coli* [21].

The present work aims to experimentally analyze whether it is feasible to use a combination of clove essential oil and lactic acid bacteria (*Lactobacillus sporogenes*) against *E.coli*, along with assessing an enhancement (if any) of the antimicrobial property of the combination. For this, two approaches have been used-

Low concentration approach: Lactic acid bacteria were allowed to grow in presence of such a concentration of clove oil in which it can survive for defined time (1 hr) and then use the conditioned medium 1 (CM1) against *E.coli* to check its antimicrobial effect;

High concentration approach: Since lactic acid bacteria cannot survive high concentrations of clove oil, they were first allowed to grow in nutrient broth for 24 hrs and then after separation from broth by centrifugation and filtration, clove essential oil at definite higher concentrations were added in it (conditioned medium 2 = CM2) for use against *E.coli*.

MATERIALS AND METHOD

Media for culture of *E.coli* and Lactic acid bacteria were purchased from HiMedia. Stains and chemicals were obtained from Spectrachem and HiMedia. The clove oil used in the study was the commercially available itra. All glassware used in the study was sterilized and all procedures were performed aseptically.

The *E.coli* was isolated from sewage water collected from areas surrounding College of Life

Science, Gwalior and Cancer Hospital, Gwalior. Confirmation of *E.coli* was done by its Gram's staining, metallic green sheen bearing colonies on EMB medium and standard biochemical tests like IMViC, motility and catalase. Well isolated pure colonies were preserved as slants.

For obtaining pure culture of the Lactic acid bacilli, commercially available tablets were purchased (Sanzyme (P) Ltd). A single tablet was aseptically dissolved in 5 ml of autoclaved distilled water. The solution (300 μ l) was immediately inoculated in eugonic medium by spread plate method. After 24 hrs of incubation, growth of the Lactic acid bacilli was observed in the form of small white circular colonies. The obtained colonies were Gram stained and tested for catalase activity and motility. Slants were prepared for preservation.

Determination of %age concentration of clove oil in which Lactic acid bacilli can survive for 1 hour: Solutions with various %age concentration of clove oil (5%, 2.5%, 1%, 0.5%, 0.25% and 0.1%) were prepared in sterile nutrient broth by dissolving the stock solution (prepared in DMSO) in it. Lactic acid bacilli (1×10^5 CFU/ml) were inoculated in each clove oil-broth solution in separate culture tubes and incubated for 1 hour at 37 °C, in aerobic conditions. The solutions were then spread plated in duplicate (300 μ l per petridish) on nutrient agar and incubated for 24 hrs at 37 °C, in aerobic conditions. Broth with equivalent DMSO content corresponding to each solution of clove oil were also inoculated with lactic acid bacilli and were incubated and plated in duplicate in the same way as the clove oil-broth solutions. These broth cultures of lactic acid bacilli with only DMSO (no clove oil) acted as controls for respective test solutions. In 0.1%, 0.25% and 0.5% concentrations, no adverse effect on the growth of lactic acid bacteria was observed while the rest three sets did not show any growth of lactic acid bacteria. This led to the conclusion that lactic acid bacteria were unaffected by low concentration of the clove oil (1 hr incubation) but under increased clove oil concentrations, they could not survive even for 1 hour.

Determination of combined antimicrobial activity of clove oil and Lactic acid bacteria against *E.coli*

Low Concentration Approach: Lactic acid bacilli (1×10^5 CFU/ml) were inoculated in 0.5%, 0.25% and 0.1% clove oil containing nutrient broth tubes in duplicates and were incubated for 1 hour at 37 °C, in aerobic conditions. All the tubes were centrifuged at 2000 rpm for 5 minutes. Supernatant from each tube was collected separately leaving behind the pellet. The supernatants were passed twice with bacterial filter to remove any bacteria resulting in CM1 with three different concentrations (0.5%, 0.25% and 0.1%) of clove oil. All the supernatants were checked for their antibacterial activity against *E.coli* by well diffusion method [22, 23]. Broth with only Lactic acid bacteria incubated for 1 hr (with no clove oil) acted as negative control after centrifugation and filtration.

High Concentration Approach: This approach is based on the method used by Lee et. al (2013) to obtain cell free supernatants however, with required modifications as per the need of the experiment [24]. Lactic acid bacilli (1×10^5 CFU/ml) were inoculated in nutrient broth tubes in duplicates and were incubated for 24 hours at 37 °C, in aerobic conditions. All the tubes were centrifuged at 2000 rpm for 5 minutes after incubation. Supernatant from each tube was collected separately leaving behind the pellet. The supernatants were passed twice with bacterial filter to remove any bacteria. Clove oil in three different concentrations (10%, 5% and 2.5%) was added in the supernatant in well marked separate tubes (in duplicate). All the supernatants were checked for their antibacterial activity against *E.coli* by well diffusion method. Broth with only respective clove oil concentrations (10%, 5% and 2.5%) acted as controls after centrifugation and filtration.

RESULTS AND DISCUSSION

Lactic acid bacteria cannot survive high range concentrations but remain unaffected in lower range concentrations of clove essential oil for 1 hour: Lactic acid bacteria were incubated with both high (10%, 5%, 2.5% and 1%) and low (0.5%, 0.25% and 0.1%) concentrations of clove oil for 1 hr. Their growth was totally inhibited in

the higher concentration range showing that these concentrations caused killing of the treated bacteria. Those incubated with lower range concentrations were not significantly

inhibited showing that they could survive low concentration clove oil for at least one hour (Table 1).

Table 1: Determination of optimum concentration of clove oil in broth which does not affect Lactic acid bacteria during 1hr incubation

S.No.	Concentration of clove oil	Avg. No. of CFUs of Lactic acid bacteria obtained
1	10%	None
2	5%	None
3	2.5%	None
4	1%	None
5	0.5%	1.81×10^5
6	0.25%	3.10×10^5
7	0.1%	3.30×10^5
8	Control (No clove oil)	3.32×10^5

CM1 did not inhibit E.coli growth: Lactobacilli produce many anti-microbial substances such as hydrogen peroxide, organic acids and bacteriocins [25]. Following the low concentration approach it was expected that the CM1 could have some secreted products of the lactic acid bacteria grown in it for 1 hour. Combination of the secreted products and clove oil (0.5%, 0.25% and 0.1%) were expected to have enhanced antimicrobial activity towards *E.coli*.

Such speculation was based on the study done by Palmer et. al. (1998) according to which essential oils including that of clove were found to be bacteriostatic for 5 major food pathogens including *E.coli* at concentration as low as 0.075% or less [26]. However, in the present study, no such effect was observed as indicated by no zones of inhibition obtained in any of the three low concentrations (Figure 1).

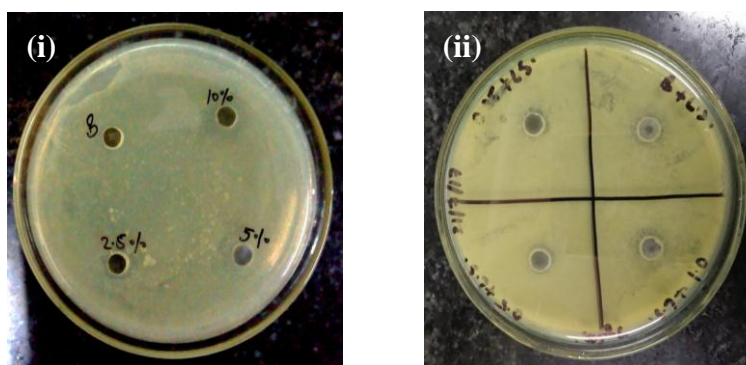


Fig.1: Representative nutrient agar plates showing no effect on growth of *E.coli* treated with CM1 (Low concentration approach) using well diffusion method: Control plate (i) and treated plate (ii).

CM2 showed slightly enhanced anti-microbial effect against E.coli: It was already experimentally proved that lactic acid bacteria could not survive high range concentrations of clove oil and hence in the high concentration approach, clove oil was added after incubating the lactic acid bacteria in the broth for 24 hrs. This approach was expected to yield better results as the concentrations of clove oil used were higher (10%, 5% and 2.5%) and the lactic acid bacteria was incubated for longer time in broth allowing them to produce more secretions. The antimicrobial activity of CM2 was higher (slightly though) than that of respective “Only-clove oil containing” counterparts (Figure 2, Table 2). Observation of only slightly increased activity may be due to use of cell free supernatant without concentrating it, as per the method followed by Lee et. al. (2013) [24].

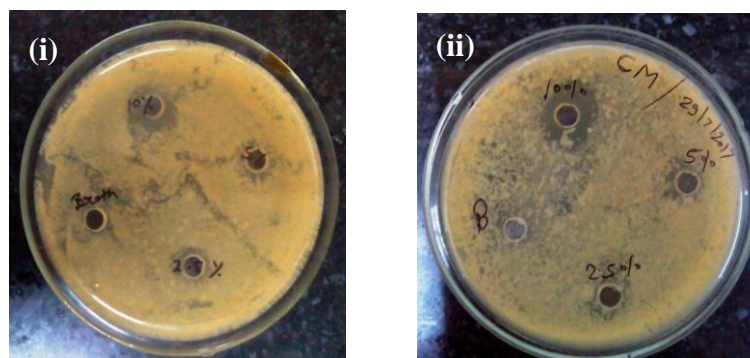


Fig.2: Demonstration of combined antimicrobial activity of clove oil and lactic acid bacteria against *E.coli* using high concentration approach by well diffusion method: Broth with only-clove oil (i) and CM2 (ii)

Table 2: Antimicrobial effect of combined treatment of high range concentrations of clove oil with broth in which lactic acid bacteria were incubated for 24 hrs against *E.coli*

Set	Concentration of Clove oil used	Zone of Inhibition observed		Average
		1 st Attempt	2 nd Attempt	
Control: Only clove oil	10%	15mm	16mm	15.5mm
	5%	12mm	11mm	11.5mm
	2.5%	Diffused	Diffused	-
	B (Only broth)	No zone	No zone	-
Treated: Broth in which Lactic acid bacteria were grown for 24 hrs + Clove oil	10%	18mm	17mm	17.5mm
	5%	13mm	11mm	12mm
	2.5%	Diffused	Diffused	-
	B (Only broth)	No zone	No zone	-

CONCLUSION

It can be concluded from the present preliminary work that no antimicrobial activity is exhibited by low range clove oil combined with lactic acid bacteria against *E.coli*. Visible enhancement of antimicrobial effect is observed only in high range concentration of clove oil combined with broth incubated with lactic acid bacteria. Further experimental studies involving higher range concentrations of the clove oil combined with broth incubated with lactic acid bacteria for longer time (more than 24 hrs) are expected to yield significantly better results. Concentrating the cell free supernatants can also enhance the antibacterial activity of the combinational treatment.

ACKNOWLEDGEMENT

Author acknowledges Prof. Archana Shrivastav, HOD, Department of Microbiology, College of Life Sciences, Cancer Hospital Campus, Gwalior, M.P.

CONFLICT OF INTEREST

The author confirmed that there is no conflict of interest for this research paper.

REFERENCES

1. Purwar S, Bhattacharya D, Metgud SC, Kumar D, Chitambar SD, Roy S. A cross sectional study on aetiology of diarrhoeal disease, India. *Indian J Med Microbiol* 2016; 34(3): 375-379.

2. Agarwal R, Mohapatra S, Rath GP, Kapil A. Active Surveillance of Health Care Associated Infections in Neurosurgical Patients. *J Clin Diagn Res* 2017; 11(7):DC01-DC04.
3. Khan ID, Basu A, Kiran S, Trivedi S, Pandit P, Chatteraj A. Device-Associated Healthcare-Associated Infections (DA-HAI) and the caveat of multiresistance in a multidisciplinary intensive care unit. *Med J Armed Forces India*.2017; 73(3):222-231.
4. Kulkarni SR, Peerapur BV, Sailesh KS. Isolation and Antibiotic Susceptibility Pattern of *Escherichia coli* from Urinary Tract Infections in a Tertiary Care Hospital of North Eastern Karnataka. *J Nat Sci Biol Med* 2017; 8(2):176-180.
5. Srivani M, Reddy YN, Subramanyam KV, Reddy MR, Rao TS. Prevalence and antimicrobial resistance pattern of Shiga toxigenic *Escherichia coli* in diarrheic buffalo calves. *Vet World* 2017; 10(7):774-778.
6. Brower CH, Mandal S, Hayer S, Sran M, Zehra A, Patel SJ, Kaur R, Chatterjee L, Mishra S, Das BR, Singh P, Singh R, Gill JPS, Laxminarayan R. The Prevalence of Extended-Spectrum Beta-Lactamase-Producing Multidrug-Resistant *Escherichia Coli* in Poultry Chickens and Variation According to Farming Practices in Punjab, India. *Environ Health Perspect* 2017; 125(7):077015.
7. Sundsfjord A, Simonsen GS, Haldorsen B, Lundblad EW, Samuelsen O. Broad-spectrum beta-lactamases in Gram-negative bacteria. *Tidsskr Nor Laegeforen* 2008; 128(23):2741-2745.
8. Livermore DM, Mushtaq S, Warner M, Zhang JC, Maharjan S, Doumith M, Woodford N. Activity of aminoglycosides, including ACHN-490, against carbapenem-resistant Enterobacteriaceae isolates. *J Antimicrob Chemother* 2011; 66(1):48-53.
9. Tzianabos AO, Cisneros RL. Prophylaxis with the immunomodulator PGG glucan enhances antibiotic efficacy in rats infected with antibiotic-resistant bacteria. *Ann N Y Acad Sci* 1996; 797:285-287.
10. Wu WH, Di R, Matthews KR. Antibacterial Mode of Action of Ib-AMP1 Against *Escherichia coli* O157:H7. *Probiotics Antimicrob Proteins* 2013; 5(2):131-141.
11. García-Tello A, Gimbernat H, Redondo C, Arana DM, Cacho J, Angulo JC. Extended-spectrum beta-lactamases in urinary tract infections caused by Enterobacteria: understanding and guidelines for action. *Actas Urol Esp* 2014; 38(10):678-684.
12. Tewary K, Narchi H. Recurrent urinary tract infections in children: Preventive interventions other than prophylactic antibiotics. *World J Methodol* 2015; 5(2):13-19.
13. Gorskaia EM, Liz'ko NN, Lentsner AA, Bondarenko VM, Sokolova KIa, Likhacheva AIu. Biological characteristics of strains of lactobacilli, promising for use as eubiotics. *Zh Mikrobiol Epidemiol Immunobiol* 1992; (3):17-20.
14. Ouwehand AC, Tiihonen K, Kettunen H, Peuranen S, Schulze H, Rautonen N. *In vitro* effects of essential oils on potential pathogens and beneficial members of the normal microbiota *Veterinarni Medicina* 2010(2): 71-78.
15. Hawrelak JA, Cattley T, Myers SP. Essential oils in the treatment of intestinal dysbiosis: a preliminary *in vitro* study. *Alt Med Rev* 2009; 14(4): 380-384.
16. Moritz CMF, Rall VLM, Saeki MJ, Júnior AF. Inhibitory effect of essential oils against *Lactobacillus rhamnosus* and starter culture in fermented milk during its shelf-life period. *Braz J Microbiol* 2012; 43(3): 1147-1156.
17. Genís S, Bach À, Fàbregas F, Arís A. Potential of lactic acid bacteria at regulating *Escherichia coli* infection and inflammation of bovine endometrium. *Theriogenology* 2016; 85(4):625-637.
18. Katie R. Kirsch, Tamra N. Tolen, Jessica C. Hudson, Alejandro Castillo, Davey Griffin, and T. Matthew Taylor. Effectiveness of a Commercial Lactic Acid Bacteria Intervention Applied to Inhibit Shiga Toxin-Producing *Escherichia coli* on Refrigerated Vacuum-Aged Beef. *Int J Food Sci* 2017:8070515
19. Brashears MM, Durre WA. Antagonistic action of *Lactobacillus lactis* toward *Salmonella* spp. and *Escherichia coli* O157:H7 during growth and refrigerated storage. *J Food Prot* 1999; 62(11):1336-1340.

-
20. Shipradeep, Karmakar S, Sahay Khare R, Ojha S, Kundu K, Kundu S. Development of Probiotic Candidate in Combination with Essential Oils from Medicinal Plant and Their Effect on Enteric Pathogens: A Review. *Gastroenterol Res Pract* 2012; 2012:457150.
 21. Maurya N, Shrivastav A. Lactobacilli and clove essential oil against menace of E.coli: a possible solution for antibiotic resistance. *World J Pharm Res* 2017; 6(8):650-661.
 22. Shaheen AY, Sheikh AA, Rabbani M, Aslam A, Bibi T, Liaqat F, Muhammad J, Rehmani SF. Antibacterial activity of herbal extracts against multi-drug resistant *Escherichia coli* recovered from retail chicken meat. *Pak J Pharm Sci.* 2015; 28(4):1295-1300.
 23. Mathabe MC, Nikolova RV, Lall N, Nyazema NZ. Antibacterial activities of medicinal plants used for the treatment of diarrhoea in Limpopo Province, South Africa. *J Ethnopharmacol* 2006; 105(1-2): 286-293.
 24. Lee JS, Chung MJ, Seo JG. *In Vitro* Evaluation of antimicrobial activity of lactic acid bacteria against *Clostridium difficile*. *Toxicol Res* 2013; 29(2): 99-106.
 25. Dembélé T, Obdržálek V, Votava M. Inhibition of bacterial pathogens by lactobacilli. *Zentralbl Bakteriol* 1998; 288(3):395-401.
 26. Palmer AS, Stewart J, Fyfe L. Antimicrobial properties of plant essential oils and essences against five important food-borne pathogens. *Lett Appl Microbiol* 1998; 26: 118-122.

Cite this article as:

Nancy Maurya. Experimental Assessment of Combined Antimicrobial Effect of Lactic Acid Bacteria and Clove Oil against *Escherichia coli*. *J Pharm Chem Biol Sci* 2017; 5(3):246-252