

## Phytochemical Properties and Antimicrobial Activity of Some Selected Methanolic Leaf Extract of *Jathropa multifida* (Coral Plant), *Curcuma longa* (Turmeric) And *Citrus lemon* against Oral Pathogenic Microbes in Nigeria

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### Abstract

The aim of this study was to determine the phytochemical composition and antimicrobial activity of *Jathropa multifida*, *Curcuma longa* and *Citrus lemon* (Lemon juice) on dental pathogens. Antibiotic susceptibility against dental pathogens was determined by disc diffusion method. Methanolic extraction of the phytochemical constituents of the plant were analysed as well as its antagonistic activity against some dental pathogens by agar well diffusion methods. The Minimum Inhibitory Concentration (MIC) and Minimum Bactericidal Concentration (MBC) was determined. Data were analyzed using ANOVA at  $\alpha_{0.05}$ . *Streptococcus mutans* and *Streptococcus pneumonia* were found to be resistant to almost all the antibiotics used with the exception of Gentamycin that was sensitive with 18.00mm zone of inhibition to both organisms, while *Staphylococcus aureus* was

resistant to Nitrofurantoin and Ampicillin. On the other hand, *Candida tropicalis* and *Candida albicans* were resistant to Metronidazole. Of all the three medicinal plants used *Citrus lemon* juice demonstrated highest antimicrobial activity with 25mm zone of inhibition against *Streptococcus mutans* and the least was 15 mm zone of inhibition against *Candida albicans*. *Curcumin longa* leaf extract inhibited *Streptococcus mutans* with  $21 \pm 0.00$ mm zone of inhibition while the least ( $15 \pm 0.00$  mm) zone of inhibition was against *Candida tropicalis*. *Jathropa multifida* inhibited *Staphylococcus aureus* with  $21 \pm 0.01$ mm zone of inhibition. All the plant extract had MIC of  $32 \mu\text{g/ml}$  against *Streptococcus mutans* while MBC of *Curcuma longa* and that of (*Jathropa multifida*) Coral plant were  $16.00 \mu\text{g/ml}$  against *Streptococcus mutans*. In all the extracts there were presence of Alkaloid's value ranges between  $23 \pm$  to  $74.10 \pm 0.00$  and had the Flavonoid's within  $350.10$  to  $401.70 \pm 0.01$  Phenols  $1508.60$ , Tannins  $580$  to  $490.00 \pm 0.00$ , Terpenoids, Phytate and Saponin in varying quantities. Plant extracts used in this study exhibited a remarkable antimicrobial activity against dental pathogens.

## Introduction

Oral hygiene is vital to general well-being and represents the characteristic of life as well as an individual [1]. Different species of microorganisms occupy the dental cavity, of which only very few has been identified (*Streptococcus mutans*) and many of these species have been implicated in oral infection [2]. Despite advancement in the medical sciences, plants are still thought to be a vital source of different drugs in various regions around the globe [3]. The practice of herbal products had become promising technique in treating common oral microbial infections [4]. Therefore, herbal mouthwash of origin is thought to be reducing assembly of pathogenic groups of microbes in the mouth and can serve as a substitute in patients with the tooth, gum [5]. or odontitis challenges [5].

As a result of this, majority of drugs are obtained from various plants, and numerous others are extracted from prototype components gotten from many species of plants. More than two million standard health professionals use more than 7500 species of plants which have curative potentials and medicinal value [6]. The drugs from plants are contributive and defensive in its approach in which the World Health Organization in 2007 reported that community health expenditure specific to dental care was 5-10 Tooth decay and oral infections treatment are likely to be very expensive that people have to struggle for throughout their lifetime.

Natural plant products are used even to correct numerous oral infections. In Burkina Faso, West Africa, more than 62 species of plants belong to 29 families documented to cure oral infections [7]. It is supposed that quarter of recommended drugs contains constituents taken from the plants in industrialized countries [8]. To cure many human diseases, plants were used, and knowledge about these plants is widespread all over the world which has been serving humanity from the time immemorial. These conventional systems are alive today over a large area of the world. About 80% of people from progressing countries rely on this system to cure human diseases [9]. Asian countries have used traditional medicine to correct much oral disease for more than 2000 years [10].

Anaerobic Gram-negative bacteria such as *Actinobacillus*, *Porphyromonas gingivalis*, *Fusobacterium* and *Prevotella* have been associated with periodontal diseases which leads to the case of oral infections [11].

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Increased bacteria resistance to antibiotics, adverse effects of some antibacterial agents currently used in dentistry, financial considerations in developing countries, several agents that are commercially accessible can alter oral microbiota and have undesirable side-effects such as tooth colouring, vomiting and irritations [12]. Therefore, there is a need for substitute that are easily accessible with minimal effort in prevention and treatment that are safe, effective and easily affordable most especially in developing nations [12].

As a result of this, those living in the rural areas, would resort to seeking relief via traditional herbs that has gone through scientific investigations in treating dental infections and its management of human diseases. Therefore, the aim of this study was to determine the phytochemical composition and antimicrobial activity of *Coral plant*, *Curcumin longa*, and *Citrus lemon* (Lemon juice) on dental pathogens.

## Materials and Methods

### Collection of Samples

The plant material of (*Jathropa multifida*), *Curcumin longa*, and *Citrus lemon* (Lemon juice) were all collected within the premises of Ogun State College of Health Technology Ilese ijebu, Nigeria where they were growing naturally. The authentication of the plant was done at the Department of Botany and microbiology Olabisi Onabanjo University ago iwoye, Ogun State. The indicator organisms (*Streptococcus mutans*, *Streptococcus pneumoniae*, *Staphylococcus aureus*, *Candida tropicalis* and *Candida albican*) used in this work were from Department of Medical Laboratory Science, Ogun State College of Health Technology Ilese ijebu, the organisms were initially isolated and identified from Dental samples.

### Preparation and Sterilization of Media

The media used in this study are Nutrient Agar (NA), Nutrient broth and Muller- Hinton Agar (MHA). The agars were weighed according to manufacturers' specification. The media were autoclave at 121°C for 15mins before commencement of all laboratory work.

### Culture Preservation

The pure cultures of the isolates were sub-cultured into maintenance medium. It was then incubated at 37°C; the stock culture was stored at 4°C for subsequent use.

### Antibiotic Susceptibility Testing of the Indicator Organisms

Antibiotic susceptibility test for each bacteria pathogen was performed using the disc diffusion method. Actively growing culture (0.1ml) containing  $1 \times 10^6$ cfu/ml of each bacterium pathogen used was introduced into Petri dishes and 20ml of molten agar (Muller- Hinton Agar - MHA) added. The antibiotic sensitivity discs (Abtek Biological Ltd) consisting of different antibiotics namely Augmentin (30µg), Gentamycin (10µg), ofloxacin (5µg), Tetracycline (10µg), Metronidazole (10µg), Ampiclause (10µg), Ampicilline (10µg), Nalidixic (30µg), Cotrimoxazole (25µg), Amoxyline (30µg), Nitrofuratoin (300 µg), Ceflazidine (30µg) and Cefuroxime (30µg) were placed on the solidified agar surface. The plates were incubated aerobically at 37°C

for 24 h. After this period, the diameter of the zone of inhibition of each disc was measured. The zone of inhibition corresponded to the antibiotic activity of each disc [14]. Resistance was defined by the absence of a zone of inhibition. The relative susceptibility of each isolate to each antibiotic was shown by a clear zone of inhibition.

### **Preparation of Leaf Extracts**

Twenty grams of each of the dried grounded leaves was weighed separately using weighing balance. This was transferred into conical flasks containing 80 ml of methanol. The different mixtures were placed on a mechanical shaker and allowed to macerate for 24 h, filtration was done using sterile filter cloth and the filtrate collected. The total filtrate collected was evaporated to dryness by pouring into sterile stainless plate and was kept in hot air oven at 50° C until whole moisture evaporates completely leaving powder behind [13].

### **Antimicrobial Susceptibility Studies of Plant Leaves Extracts by Agar Well Diffusion**

This was carried out to determine the effects of methanolic leaves extract of selected plants against dental indicator organisms by methods described by [13]. A standardized inoculum of 0.5 McFarland standard containing  $1.0 \times 10^6$  cfu/ml was introduced onto the surface of sterile agar plates (MHA), and a sterile glass spreader was used for even distribution of inoculums. Well was dug on each of the plate with a sterile 6 mm diameter cork borer, 100 $\mu$ L of the crude extracts were introduced into the wells, allowed to stand at room temperature for about 30 mins. The standardized drugs gentamycin and Cotrimoxazole were used as positive control and DMSO solution only as negative control. The plates were incubated aerobically at 37° C and examined for zone of inhibition after 24 h. Each zone of inhibition was measured with a ruler and compared with the control in accordance to the method of [14,15].

### **Minimum Inhibitory Concentration (MIC) And Minimum Bacteriocidal Concentration (MBC) Of Plant Leaves Extracts by Tube Technique**

Doubling dilution of 256 $\mu$ g/ml of antibiotics solution was made in 1ml volume of broth to 0.125 $\mu$ g/ml. One row of the test was inoculated with 0.02ml of 1 in 100 dilution of the overnight broth culture of the test organism of 0.5 McFarland standard equivalent to 0.1ml actively growing culture containing  $1.0 \times 10^6$  cfu/ml of each bacterium pathogen used. The test was incubated aerobically at 37°C for 24 h. Two control tubes were maintained for each test batch which include tube containing extracts together with the growth medium without inoculum (antibiotic control) and the tube containing the growth medium, physiological saline with the inoculums (organism control). MIC was determined as the lowest concentration of the extracts with no visible growth (no turbidity) when compared with the control tubes. The MBC was determined by sub-culturing the test dilution on fresh solid medium (MHA) and further incubated at 37°C for 18 - 24 h. The lowest concentration of MIC tubes with no visible bacterial growth on solid medium was regarded as MBC as described by [15].

## Phytochemical Screening of the Leaves of the Plant Samples

Phytochemical analysis was carried out to determine the quantity of alkaloids, flavonoids, phenols, steroids, tannins, and terpenoids present in the extracts using standard methods [16-18].

## Statistical Analysis

One-way analysis of variance (ANOVA) was worked out to find out the significance of the treatments. The treatments were separated by least significance different (LSD) at P 0.05 level.

## Results

This study centers on selected medicinal plants extract (*Coral plant*, *Curcumin longa*, and *Citrus lemon* (Lemon juice) as a curative measure against oral pathogenic fungi and bacteria.

Table 1 Shows antibiotics susceptibility test of the indicator organisms obtained from dental samples. Different antibiotics such as Augmentin, Tetracycline, Ofloxacin, Gentamycin, Cotrimoxazole, Ampicillin, Nalidixic, Cotrimoxazole, Nitrofurantoin, Metronidazole and Ampiclavate were used. Augmentin showed 20.10mm zone of inhibition against *Staphylococcus aureus*. Gentamycin and Cotrimoxazole inhibited *Staphylococcus aureus* with 20.00 mm zone of inhibition while Ampicillin had 9.00mm zone of inhibition against the same organisms. Augmentin, tetracycline and Cotrimoxazole had 12.00mm zone of inhibition against *Streptococcus mutans*. Ampiclavate had 7.00mm zone of inhibition against *Streptococcus mutans* which was the least although, Gentamycin showed 18.00mm zone of inhibition against *Streptococcus mutans* and *Streptococcus pneumoniae*. Metronidazole had 10mm and 12mm zone of inhibition against *Candida tropicalis* and *Candida albicans* respectively while other antibiotics had no effect on *Candida tropicalis* and *Candida albicans*.

**Table 1:** Susceptibility of the dental pathogens to Antibiotics

Organisms	Antibiotics used ( $\mu$ g)/zone of inhibition (mm)								
	Aug 30	Tet 10	Ofi 5	Gent 10	Cot 25	Amp 30	Nit 30	Metro10	Ampiclavate 10
<i>Streptococcus mutans</i>	12.00	12.00	13.00	18.00	12.00	9.00	8.10	NA	7.00
<i>Streptococcus pneumo</i>	12.40	11.30	12.00	18.00	11.20	8.50	9.00	NA	10.20
<i>Staphylococcus aureus</i>	20.10	19.50	19.00	20.00	20.00	0.00	10.00	NA	9.00

<i>Candida tropicalis</i>	NA	NA	NA	NA	NA	NA	NA	12.00	NA
<i>Candida albican</i>	NA	NA	NA	NA	NA	NA	NA	10.00	NA

key: Zone of inhibition: Sensitive  $\geq 20$ mm, Intermediate between 15-19mm,  $\leq$ Resistance Less than 14 mm. Aug -Augmentin., Tet – tetracycline., Ofl – Ofloxacin, Gent – Gentamycin, cot -cotrimoxazole, Amp- Ampicillin, Nit – Nitrofurantoin, metro – Metronidazole and Amp- amp NA clause and NA- Not Applicable.

Table 2 shows antagonistic activity of medicinal plants extract against the bacterial and fungi indicator organisms. (Lemon juice) Citrus lemon has the highest zone of inhibition (25mm) against *Streptococcus mutans*, closely followed by (Turmeric) *Curcuma longa* which has 21mm zone of inhibition against *Streptococcus mutans* while (lemon juice) Citrus lemon had 15mm as the zone of inhibition against *Candida albican*. (Turmeric) *Curcuma longa* has 21mm zone of inhibition against *Streptococcus mutans*, followed by 18mm zone of inhibition against *Staphylococcus aureus* while the lowest zone of inhibition was 15mm against *Candida tropicalis*.

**Table 2:** Antagonistic activity of plant extract against selected oral diseases pathogens

Organism	Tumeric	Lemon Juice	Jathropha multifida
<i>Streptococcus mutans</i>	21±0.00	25±0.00	16±0.00
<i>Streptococcus pneumoniae</i>	17±0.00	21±0.10	18±0.00
<i>Staphylococcus aureus</i>	18±0.58	18±0.00	21±0.01
<i>Candida albican</i>	16±0.02	15±0.01	17±0.00
<i>Candida tropicalis</i>	15±0.00	16±0.01	16±0.00

(*Jathropha multifida*) Coral plant had 21±0.01mm zone of inhibition against *Staphylococcus aureus* followed by 18±0.00mm zone of inhibition against *Streptococcus pneumoniae* while the lowest zone of inhibition of 16±0.00mm was against *Candida tropicalis*.

The Minimum Inhibitory Concentration (MIC) and Minimum Bactericidal Concentration (MBC) of the three different species of plant extract were investigated against selected oral diseases pathogens (Table 3). All the plant extract had MIC of 32µg/ml against *Streptococcus mutans* while MBC of *Curcuma longa* and that of (*Jathropha multifida*) Coral plant were 16.00µg/ml against *Streptococcus mutans* while (lemon juice) Citrus lemon had MBC of 32.00µg/ml against *Streptococcus mutans*. All the plant extract except (*Jathropha multifida*) Coral plant had MIC and MBC of 64.00µg/ml against *Streptococcus pneumoniae* while (*Jathropha multifida*) Coral plant had MBC of 32µg/ml. *Curcuma longa* and (lemon juice) Citrus lemon had equal value of MIC (128.00µg/ml) against *Staphylococcus aureus* while that of (*Jathropha multifida*) Coral plant against *Staphylococcus aureus* was 64.00µg/ml. The MIC and MBC of the three plants extract against *Candida albican* was 32.00µg/ml with the exception of *Curcuma longa* that had MBC of 8.00µg/ml. The MIC and MBC all the plant extract was 32µg/ml against *Candida tropicalis* with the exception of MBC of *Jathropha multifida* Coral plant and (lemon juice) Citrus lemon that had 8.00µg/ml against *Candida tropicalis*.

**Table 3:** Minimum Inhibitory Concentration (MIC) and Minimum Bacteria Concentration (MBC) of plant extract against selected oral diseases pathogens

Test Organism	MIC ( $\mu\text{g/ml}$ ) /MBC ( $\mu\text{g/ml}$ )	Tumeric	Lemon Juice	<i>Jathropha multifida</i>
<i>Streptococcus mutans</i>	MIC	32.00	32.00	32.00
	MBC	16.10	32.00	16.00
<i>Streptococcus pneumoniae</i>	MIC	64.00	64.00	64.00
	MBC	64.00	64.00	32.00
<i>Staphylococcus aureus</i>	MIC	128.00	128.00	64.00
	MBC	64.00	128.00	64.00
<i>Candida albican</i>	MIC	32.00	32.00	32.00
	MBC	8.00	32.00	32.00
<i>Candida tropicalis</i>	MIC	32.00	32.00	32.00
	MBC	32.00	8.00	8.00

The phytochemicals constituents of selected plants extract were alkaloids, Flavonoids, Phenols, Tannins, Terpenoids, Saponins and phytate which were all present in substantial quantities in the methanolic extract of the plant as shown in Table 4. Phenol's content of (*Jathropha multifida*) Coral plant was  $1650.40 \pm 0.10 \text{mg/kg}$ , that of (*Lemon juice*) *Citrus lemon* was  $1601.20 \pm 0.00 \text{mg/kg}$  while *Curcuma longa* had  $1508.60 \pm 0.01 \text{mg/kg}$ . Coral plant had the highest Alkaloid content of  $74.10 \pm 0.01\%$ , followed by (*Lemon juice*) *Citrus lemon* ( $50.20 \pm 0.00\%$ ) and the lowest of  $23.00 \pm 0.00\%$  in *Curcuma longa*. *Curcuma longa* had  $580.00 \pm 0.1 \text{mg/kg}$  of Tannins, followed by (*Lemon juice*) *Citrus lemon* which had  $520.10 \pm 0.00 \text{mg/kg}$  and (*Jathropha multifida*) Coral plant had  $490 \pm 0.00 \text{mg/kg}$  of Tannins.

**Table 4:** Quantity of active ingredient present in the selected plants extracts

Phytochemicals	(Tumeric) <i>Curcuma longa</i>	(Lemon juice) <i>Citrus lemon</i>	( <i>Jathropha multifida</i> ) Coral plant
Alkaloid (%)	$23.00 \pm 0.00$	$50.20 \pm 0.00$	$74.10 \pm 0.01$
Flavonoid (mg/kg)	$401.70 \pm 0.01$	$398.90 \pm 0.01$	$350.10 \pm 0.00$
Phenols (mg/kg)	$1508.60 \pm 0.01$	$1601.20 \pm 0.00$	$1650.40 \pm 0.10$
Tannins (mg/kg)	$580.00 \pm 0.1$	$520.10 \pm 0.00$	$490.00 \pm 0.00$
Terpenoids (mg/kg)	$300.80 \pm 0.00$	$280.00 \pm 0.00$	$260.10 \pm 0.00$
Phytate (mg/kg)	40.01	60.00	74.00
Saponin (%)	50.01	65.00	74.00

## Discussion

The use of old-style medicine and plants that are medicinal as a substitute therapy for the treatment of microbial infections in most developing countries is a major basis for the maintenance of good health. Three different plant species were investigated in this study namely, (Turmeric) *Curcumin longa*, (Lemon juice) *Citrus lemon* and (*Jathropha multifida*) Coral plant using methanol for the extraction in order to evaluate their antibacterial activity against dental pathogens such as *Streptococcus mutans*, *Streptococcus pneumoniae*, *Staphylococcus aureus*, *Candida albican*, and *Candida tropicalis*.

Most of the pathogens used in this study were multidrug resistant to antibiotics. The pathogens were observed to be resistant to more than three antibiotics used in this research. Bacterial resistance is the ability of pathogens to prevent antibiotic bactericidal or bacteriostatic effect [19]. Excessive and unintentional usage of antibiotic contributed to resistance development in bacteria [20]. Resistance of these antibiotic could be due to extrachromosomal genes which can be transferred through plasmid, transposon, transduction, transformation and integron [21]. Resistance of antibiotic such as Augmentin, Tetracycline, Ofloxacin, Gentamycin, Cotrimoxazole, Ampicillin, Nalidixic, Nitrofurantoin, Metronidazole and Ampiclavate may also occur via mutation that change arbitrarily by certain physical or chemical factor [22,23].

Significant effect of antagonistic activity of *Curcuma longa*, (Lemon juice) *Citrus lemon* and (*Jathropha multifida*) Coral plant against dental pathogen reveal that it is more active than the commercially sold antibiotic which agreed with the research findings of [24] and [25] who demonstrated the methanolic extracts of thyme to be more suppressing and inhibitory against food pathogens. More so the extracts could bind to membrane proteins by hydrophobic and hydrogen bonding of the pathogens and thus changing the permeability of the membranes leading to their death [25]. The Minimum Inhibitory Concentration (MIC) and Minimum Bactericidal Concentration (MBC) had close similarity with disc diffusion result. This result aligns with Bartelt *et al.*, [26] who reported that MIC and MBC interrelated with agar diffusion method. However, MIC result could help a physician in choosing from among a group of similar drugs for treatment.

The phytochemicals such as alkaloids, Flavonoids, Phenols, Tannins, Terpenoids, Saponins and phytate were all present in considerable amounts in the methanolic extract of the plant and shows promising antimicrobial effect [27]. These findings aligned with the research of Ramona Barbieri *et al.* [28] who showed that these phytochemicals are capable to affect multiple target site against the pathogens. The research shows that all plants extracts were potentially active in suppressing microbial growth of dental with variable potency [29]. The phytochemical components detected in the present study have been documented by other researchers for different antibacterial properties [30,31]. This study was also in agreement with the findings of other researchers who showed that phytochemical constituents were reported to be responsible for many antimicrobial activities of different plant species [32,33]. Flavonoids and tannins have been reported to be synthesized by plants in response to microbial infections and are good antibacterial agents [34].

## Conclusion

Medicinal plants use in this research possess antimicrobial compounds that inhibited dental pathogens. The presence of phytochemicals such as alkaloids, Flavonoids, Phenols, Tannins, Terpenoids, Saponins and



phytate suggested the usefulness of plants in drug production with better healing capacity for various dental infections and can therefore serve as antimicrobial agents in new drug formulation and recommended as an alternative medicine for management of various dental infections.

## Bibliography

1. Xia, J. S., Guo, D. L., Zhang, Y., Zhou, Z. N., Zeng, F. D. & Hu, C. J. (2000). Inhibitory effects of dauricine on potassium currents in guinea pig ventricular myocytes. *Acta Pharmacologica Sinica.*, 21(1), 60-64.
2. Allan Radaic Yvonne Kapila, L. (2021). The oralome and its dysbiosis: New insights into oral microbiome-host interactions computational and structural. *Biotechnology Journal*, 19, 1335-1360.
3. Abayomi Sofowora, Eyitope Ogunbodede & Adedeji Onayade (2013). The Role and Place of Medicinal Plants in the Strategies for Disease Prevention. *Afr J Tradit Complement Altern Med.*, 10(5), 210-229.
4. Lamster, I. (1992). Host mediators in gingival crevicular fluid: Implications for the pathogenesis of periodontal disease. *Crit Rev Oral Biol Med.*, 3(1-2), 31-60.
5. Abayomi Sofowora, Eyitope Ogunbodede & Adedeji (2013). The role and place of medicinal plants in the strategies for Disease Prevention. *Afr J Tradit Complement Altern Med.*, 10(5), 210-229.
6. Agbor A. M., Naidoo, S. & Mbia, A. M. (2011). The role of traditional healers in tooth extractions in Lekie Division, Cameroon. *Journal of Ethnobiology and Ethnomedicine.*, 7(15).
7. Runyoro, D. K. B., Ngassapa, O. D., Matee, M. I. N., Joseph, M. J. & Moshid (2006). Medicinal plants used by Tanzanian traditional healers in the management of Candida infections. *Journal of Ethnopharmacology*, 106(2), 158-165.
8. Willett, W. C. & Leibel, R. L. (2002). Dietary fat is not a major determinant of body fat. *American Journal of Medicine*, 113(Suppl. 9B), 47-59S.
9. Martins Ekor (2013). The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. *Front Pharmacol.*, 4, 177.
10. Kah Yan How, Keang Peng Song & Kok Gan Chan (2016). Porphyromonas gingivalis: An Overview of Periodontopathic Pathogen below the Gum Line. *FrontMicrobiol.*, 7, 53.
11. Susanne Kraemer, A., Arthi Ramachandran & Gabriel Perron, G. (2019). Antibiotic pollution in the environment. microbial ecology to public policy. *Microorganisms*, 7(6), 180.
12. Norrby, S. R. (1992). Future trends in antibiotic therapy. *Scand J Infect Dis.*, Suppl 83, 41-45.

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13. Orji, O. U., Ibiam, U. A., Aja, P. M., Uraku, A. J., Ezeani, N. & Alum, E. U. (2015). Hepatotoxic effects of aqueous extract of *Psychotria microphylla* leaves on *Clarias gariepinus* juveniles. *Journal of Pharmacy and Biological Sciences*, 10(4), 60-68.
14. Akinyemi, K. O., Oluwa, O. K. & Omomigbehin, E. O. (2006). Antimicrobial activity of crude extracts of three medicinal plants used in south-west Nigerian folk medicine on some food borne bacterial pathogens. *African Journal of Traditional, Complementary and Alternative Medicines*, 3(4), 13-22.
15. Udu-ibiam, O. E., Ogbu, O., Ibiam, U. A. & Nnachi, A. U. (2015). Synergistic Antibacterial Activity of *Pleurotus* species (Mushroom) and *Psychotria microphylla* (Herb) against some Clinical Isolates. *British Journal of Pharmaceutical Research*, 7(1), 1-8.
16. Harborne, J. B. (1973). *Phytochemical Methods: A Guide to Modern Technique of Plant Analysis*. Chapman and Hall, London, 113.
17. Trease, G. E. & Evans, W. C. (1989). *Textbook of Pharmacognosy*. 12<sup>th</sup> Edition. Balliere Tindall and Company Publisher, London (Pp. 343-383).
18. AOAC (1980). *Official Method of Analysis of the AOAC 15th edn*, Benjamin Franklin Washington DC, (Pp. 23-34).
19. Munita, J. M. & Arias, C. A. (2016). Mechanisms of antibiotic resistance. *Microbiology spectrum*, 4(2), 10.
20. Heba Takleef Majeed & Ahmed Abduljabbar Jaloob Aljanaby (2019). Negative Bacteria Isolated from Patients Infected with Urinary Tract Infections in Al-Najaf City, Iraq. *Avicenna Journal of Medical Biotechnology*, 11(2), 192-201.
21. Jabuk, S. I. A., jabuk, N. A. G., AL-Harmoosh, R. A. & Hussien, R. S. (2017). Isolation and Identification of antibiotic producing bacteria from soil in Babylon province. *Euphrates Journal of Agriculture Science / Second Veterinary Conference*, 304-310.
22. Aljanaby, A. A. J., Adam, R. W., Al-Labban, H. M. Y. & Kadhim, I. N. (2019). Synthesis, characterization, and antibacterial activity of some new pyrimidine derivatives from chalcone derivatives. *Drug Invention Today*, 11(7), 1732-1739.
23. Mohammad Ahangarzadeh rezaee & Babak abdinia (2015). Etiology and antimicrobial susceptibility pattern of pathogenic bacteria in children subjected to UTI. A Referral Hospital-Based Study in Northwest of Iran. *Medicine (Baltimore)*, 94(39), 1606-1620.
24. Burt, S. (2004). Essential oils: their antibacterial properties and potential applications in foods—a review. *Int. J. Food Microbiol.*, 94(3), 223-253.
25. Liu, Q., Meng, X., Li, Y., Zhao, C. N., Tang, G. Y. & Li, H. B. (2017). Antibacterial and antifungal activities of spices. *Int. J. Mol. Sci.*, 18(6), 1283.

26. Bartelt, Genschow, E., Wagner, J. & Hahn, H. (2003). Comparism of broth microdilution, ETest, and agar dilusion method for antibiotic susceptibilty testing of Camplibacter jejunii and Camplobacter coli. *J Clin. Microbiol.*, 41(3), 1062-1068.
27. Adegoke Caleb Oladele, Adeleke Adekola Olumayowa & Ogunbanwo Samuel Temitope (2020). Phytochemical and antimicrobial activity of ethnomedicinal leaf extract of selected plants in Nigeria. *World Journal of Advanced Research and Reviews*, 07(01), 253-262.
28. Ramona Barbieri, ErikaCoppo, AnnaMarchese, MariaDaglia, EduardoSobarzo-Sánchez Seyed, Fazelnabavi & Seyed Mohammad (2017). Phytochemicals for human disease: An update on plant-derived compounds antibacterial activity. *Microbiological Research*, 196, 44-68.
29. Ibrahim, T. A. & Fagbohun, E. D. (2012). Phytochemical and Nutritive Quality of Dried Seeds of Buchholzia coriacea. *Greener Journal of Physical Sciences*, 2(5), 185-191.
30. Ajani, E. O. (2015). Evaluation of the acute and sub-acute toxicity effects of ethanolic leaves extract of lagenaria brevifolia (Bitter gourd) on hepatic and renal function of rats. *European Journal of Medicinal Plants*, 5(2), 210-219.
31. Chinyere, M. O., Malachy, C. U., Charity, C. E., Ugochukwu, O. & Chika, P. E. (2017). Antibacterial evaluation of ethanolic leaf extract of gongronema latifolium benth on MDR bacteria from clinical specimens. *Clinical Biotechnology and Microbiology*, 1(4), 156-164.
32. Iwu, M. W., Duncan, A. R. & Okunji, C. O. (1999). New Antimicrobials of Plant Origin. In: Perspectives on New Crops and New Uses. J. Janick (Ed). ASHS Press. *Alexandria, V.A.*, 457-462.
33. Adetunji, C. O., Olaniyi, O. O. & Ogunkunle, A. T. (2013). Bacterial Activity of Crude Extracts of Vernonia amygdalina on Clinical Isolates. *Journal of Microbiology and Antimicrobials*, 5(6), 60-64.