



Study on *Acacia polyacantha* for Controlling the Multi Drug Resistance in *Enterobacteriaceae*

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ABSTRACT

Background: The study carried out on the clinical samples possessing human bacterial pathogens possess drug resistance under *in vitro* conditions and further tested for the synergistic activity of *Acacia polyacantha* and antibiotics for better control. **Aims and Objectives:** Clinically isolated bacterial species were tested for their susceptibility against the thirty four antibiotics and determined for the antibiotic resistance using Kirby-Bauer method. Further several extracts of *A. polyacantha* were tested under synergistic study to select the best scored plant extract inhibiting maximum strains especially of *E. coli* and *Proteus* species in presence of antibiotics. **Results and Discussion:** Reduced zone of inhibition highlighted the present antibiotic resistance. In contrast, synergistic action of *A. polyacantha* methanolic extract of bark and leaf proved best in increasing the susceptibility in strains which showed prior resistance to antibiotics. **Conclusion:** Bacterial pathogens increasing in resistance and according to study combinational therapy may avert the cause of resistance if used carefully as evident with *A. polyacantha* extracts which improved the susceptibility even in those antibiotics which have showed complete resistance in *E. coli* and *Proteus* species.

KEYWORDS: *Acacia polyacantha*; Clinical sample; Drug resistance; Enterobacteriaceae.

INTRODUCTION

As per definition, Enterobacteriaceae comprises of *Escherichia*, *Klebsiella*, *Enterobacter*, *Proteus*, *Providencia*, and *Serratia* species.¹ Enterobacteriaceae are inhabitants of the intestinal flora and important pathogens in both nosocomial and community settings. Enterobacteriaceae distributes easily between humans by physical contact as well as by contaminated food and water; they also acquire genetic material through horizontal gene transfer, mostly mediated by plasmids and transposons.^{2,3} Resultant, enterobacteriaceae family members are the leading cause of bloodstream infections, urinary tract infections (UTIs), various intra-abdominal infections and hospital acquired pneumonias. The prevalence of extended-spectrum beta-lactamases (ESBLs) producing enterobacteriaceae made carbapenem, a broad-spectrum antimicrobial agent became a preferred drug in the treatment of multi-drug-resistant (MDR) enterobacteriaceae. In recent years, several reports about the emergence of even carbapenem resistant *Enterobacteriaceae* (CRE) become an alarming threat to public health. In any epidemic area, the prevalence of CRE varies between 24.7% and 29.8%^{4,5} puts up a serious question in front of the medical treatments. The emergence of CRE is a real threat to patients, mainly to those who are suffering, with various underlying diseases, medical interventions or complex infections.⁶

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Since many years, plants have been a precious source of natural products for maintaining human health. The use of plant compounds for pharmaceutical purposes has gradually increased. As per World Health Organization⁷ medicinal plants would be the finest source to obtain herbal drugs. About 80% population in developed countries uses traditional medicine, which has compounds derived from medicinal plants. Therefore, medicinally important plants should be investigated to better understand their properties, safety and efficiency.⁸ The antimicrobial properties of compounds obtained from *Parthenum argentatum* against *Candida albicans*, *Torulopsis*, *Hansemula*, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa* was detected.^{9,10} Likewise, antimicrobial activity from *Mikania triangularis*, known as “thin leaf guaco”, was tested against five genera of bacteria and it showed activity against *Bacillus cereus*, *E. coli*, *P. aeruginosa*, *S. aureus* and *S. epidermidis*.¹¹ Present study investigated the synergistic action of *A. polyacantha* extract and antibiotics against resistant Enterobacteriaceae to find out the potential of combinational therapy.

MATERIALS AND METHODS

Clinical Sample Collection

Human clinical samples of patients hospitalized in clinics of Nagpur with different ailments such as surgical wound, pneumonia, urinary tract infection, bacteraemia and respiratory infections have been considered under the study were sampled in sterile sampling bottles and labeled.

Isolation of Enterobacteriaceae

The clinical samples enriched on nutrient broth were further inoculated on the differential as well as selective medias such as Macconkey agar, Eosin Methylene Blue agar (EMB agar), Salmonella and Shigella agar (SS agar), Nutrient agar (NA), Bismuth and Sulfite agar (BSA), for the particular isolation of *Escherichia* sp., *Enterobacter* sp., *Klebsiella* sp., *Proteus* sp., *Shigella* sp., and *Salmonella* sp.

Antibiotic Susceptibility Test

The bacterial species identified as *Escherichia* sp., *Enterobacter* sp., *Klebsiella* sp., *Proteus* sp., *Shigella* sp., and *Salmonella* sp. were investigated for the susceptibility against the thirty four drugs using Kirby-Bauer method highlighted in Table 1.

Table 1: Standard antibiotic zone size interpretative chart as per CLSI activity on Enterobacteriaceae

Sr.No.	Antibiotics	Symbol	Resistant	Intermediate	Sensitive
1	Trimethoprim	TR	10	11-15	16
2	Tigecycline	TGC	10	11-15	16
3	Ofloxacin	OF	12	13-15	16
4	Kanamycin	K	13	14-17	18
5	Rifampicin	RIF	17	18-20	21
6	Sulphafurazole	SF	12	13-16	17
7	Cefepime	CPM	14	15-17	18
8	Cefuroxime	CXM	14	15-17	18
9	Chloramphenicol	C30	12	13-17	18
10	Cefazolin	CZ	14	15-17	18
11	Nalidixic acid	NA	13	14-18	19
12	Co-Trimoxazole	COT	10	11-15	16
13	Nitrofurantoin	NIT	14	15-16	17
14	Minocycline	MI	14	15-18	19
15	Tobramycin	TOB	12	13-14	15
16	Neomycin	N	12	13-16	17
17	Amoxycylav	AMC	13	14-17	18
18	Cefixime	CFM	15	16-18	19
19	Colistin	CL	10	-	11
20	Ampicillin	AMP	13	14-16	17
21	Carbenicillin	CB	19	20-22	23
22	Tetracycline	TE	14	15-18	19
23	Ciprofloxacin	CIP	15	16-20	21
24	Imipenem	IPM	13	14-15	16
25	Netillin	NET	12	13-14	15
26	Ceftriaxone	CTR	13	14-20	21
27	Ceftazidime	CAZ	14	15-17	18
28	Meropenem	MRP	13	14-15	16
29	Cefotaxime	CTX	14	15-22	23
30	Gentamicin	GEN	12	13-14	15
31	Norfloxacin	NX	12	13)-16	17
32	Amikacin	AK	14	15-16	17
33	Cefoperazone	CPZ	15	16-20	21
34	Piperacillin/ Tazobactam	PIT	17	18-20	21

Plant Extracts Preparation

In an order to control the increasing resistance against antibiotics, combined therapy of Ayurveda and Allopathic treatment proved to be effective against Enterobacteriaceae. In a view plant, *Acacia polyacantha* leaves and bark were air dried and powdered. About 25g were used in extraction process by suspending into 100 ml of polar and nonpolar solvents such as petroleum ether, chloroform, acetone, methanol and water to obtain the plant extracts, when treated under hot and cold extraction protocols using soxhlet apparatus and maceration process respectively.

For hot extraction, weighed 25 g dry plant powder filled in the Soxhlet thimble and refluxed with 100 ml of given solvent for 24 hours. Solvent were allowed to pass through in a sequence with increasing polarity such as petroleum ether followed by, chloroform, acetone, methanol and lastly by water. Before every solvent extraction, the material inside of the thimble was exposed to air and allowed complete evaporation of earlier solvent which has got absorbed in plant material. After 24 hrs of reaction, accumulated 55-60ml of solvent was recovered from round bottom flask. The solvent then exposed to evaporation at room temperature, until highly concentrated extract remained in the flask. Obtained concentrate was then diluted by adding the 50 ml of same extraction solvent and stored in a refrigerator till use.

In Cold extraction, weighed 25 g of dry plant powder were kept suspended in nylon cloth (400 mesh size) in 100 ml of aforementioned solvents in 250 ml stoppered conical flask. The flask kept rotary at 150 rpm in B.O.D incubator preset at 25°C for 24 hours of incubation. During cold extraction, same solvent based extraction, concentration and dilution protocol was followed as mentioned in hot extraction.

Based on the extractions, in total 20 different extracts were prepared and they were abbreviated such as:

- Hot Acacia Bark Petroleum ether extract (HABPE),
- Hot Acacia Bark Chloroform extract (HABCL),
- Hot Acacia Bark Acetone extract (HABAT),
- Hot Acacia Bark Methanol extract (HABME),
- Hot Acacia Bark Water extract (HABW),
- Hot Acacia Leaf Petroleum ether extract (HALPE),
- Hot Acacia Leaf Chloroform extract (HALCL),
- Hot Acacia Leaf Acetone extract (HALAT),
- Hot Acacia Leaf Methanol extract (HALME),
- Hot Acacia Leaf Water extract (HALW),
- Cold Acacia Bark Petroleum ether extract (CABPE),
- Cold Acacia Bark Chloroform extract (CABCL),
- Cold Acacia Bark Acetone extract (CABAT),
- Cold Acacia Bark Methanol extract (CABME),
- Cold Acacia Bark Water extract (CABW),

- Cold Acacia Leaf Petroleum ether extract (CALPE),
- Cold Acacia Leaf Chloroform extract (CALCL),
- Cold Acacia Leaf Acetone extract (CALAT),
- Cold Acacia Leaf Methanol extract (CALME),
- Cold Acacia Leaf Water extract (CALW).

Inoculum development

A loopful of culture from slants was inoculated into the screw cap tube containing 5ml sterile nutrient broth and incubated at 37°C for 24hrs. Again loopful of culture from same broth was transferred to fresh 5ml of sterile nutrient broth and incubated at 37°C for 6-8 hrs. Turbidity was adjusted according to 0.5 McFarland standards which were then used as inoculums which correspond to size of 1.5×10⁸ CFU/ml.

Synergistic Assay of Plant Extract and Antibiotics

Based on the antibiotic resistance results, bacterial species shown more than 75% (25 drugs) antibiotic resistance were considered further in the synergistic control. Pipetted 100 µl of plant extract mixed with molten Hi-sensitivity test agar (15 ml) set at 50-55°C and then plated. Resistant isolates were inoculated at 1.5 x 10⁶ CFU/ml as per MacFarland scale and allowed to soak for 10 minutes. The antibiotic discs were placed and plates were firstly transferred for one hour in a refrigerator for uniform extract diffusion and then to an incubator preset at 37°C for 24 hours incubation. After incubation, the comparative change in the zone of inhibition recorded along with untreated group where extract was not added in media and analyzed for the extract based effective inhibition for each drug.

RESULTS

Prevalence of Bacterial species

The 525 clinical samples collected from hospitals were processed for the isolation of available bacterial species. After analysis, it has been recorded that a typical pattern of bacterial flora was available in each type of samples and those have been represented in Table 2.

Table 2: Number of bacterial species isolated from given sources

Samples/Species	<i>E. coli</i>	<i>Klebsiella sp.</i>	<i>Proteus sp.</i>
Urine	81	34	17
Blood	0	2	0
Sputum	3	4	0
Pus	5	0	4
Stool	5	0	5
Samples/Species	<i>Shigella sp.</i>	<i>Salmonella sp.</i>	<i>Enterobacter sp.</i>
Urine	0	0	10
Blood	1	11	0
Sputum	9	0	0
Pus	0	0	0
Stool	0	0	0

Antibiotic Resistance in Isolates

Based on the Kirby-Bauer method, clinical isolates showed increased drug resistance as calculated in percentage (%). The percentage resistance was divided into four parts and used further to grouping the isolates as given below (Table 3):

Table 3: Grouping of bacterial isolates as per percent Antibiotic resistance

Culture	Groups			
	1-25%	26-50%	51-75%	76-100%
<i>E. coli</i>	3	18	44	13
<i>Klebsiella sp.</i>	8	9	9	10
<i>Proteus sp.</i>	9	10	2	5
<i>Enterobacter sp.</i>	3	5	1	1
<i>Salmonella sp.</i>	5	6	0	0
<i>Shigella sp.</i>	1	6	3	0

In 78 *E. coli* strains existing antibiotic resistant was recorded. Based on the results, the percent resistance varies with each *E. coli* strain with the minimum resistance of 14.7% to the maxima of 91.17%. These 78 strains were further grouped where, three isolates shown 1-25%; eighteen isolates shown 26-50%; forty four isolates shown 51-75% and thirteen isolates have shown 76-100% resistance pattern showed the trend towards maximum antibiotic resistance (Table 3).

In 36 *Klebsiella sp.*, a percent resistance minimum was 5.88% and surprisingly maxima up to 100% for the thirty four antibiotics tested. In strain grouping, eight isolates shown 1-25%; nine isolates with 26-50%; nine isolates with 51-75% and ten isolates with 76-100% antibiotic resistance pattern. In *Klebsiella sp.* alone one strain showed 100% antibiotic resistance i.e. to all 34 antibiotics which is posing concern in front of the public health (Table 3).

In 26 *Proteus sp.*, a minimum percent resistance recorded to 8.82% to the maximum of 91.17% for the antibiotics. In strain grouping, nine isolates shown 1-25%; ten isolates shown 26-50%; two isolates shown 51-75% and five isolates shown 76-100% antibiotic resistance pattern (Table 3).

In 10 *Enterobacter sp.*, a minimum percent resistance was 8.82% to the maximum of 79.4% for the antibiotics. In a strain grouping, three isolates shown 1-25%; five isolates shown 26-50%; one isolates shown 51-75% and one isolates classified in 76-100% resistance group (Table 3).

In 10 *Shigella sp.*, a minimum resistance percent recorded was 8.82%, with the maximum of 49.99% for the tested antibiotics. In strain grouping, one isolate shown 1-25%; six isolates shown 26-50%; three isolates shown 51-75% and none isolates with 76-100% resistance (Table 3).

In 11 *Salmonella* sp., five isolates shown 1-25%; six isolates shown 51-75% and no isolates were classified in 51-75% and 76-100% resistance (Table 3).

Synergistic action of Antibiotics and Plant extracts

Even though study investigated the antibiotic resistance in six species mentioned earlier; synergistic activity of antibiotics and plant extracts was investigated with *E. coli* and *Proteus* species only as given below:

E. coli

The *E. coli* isolates possessing antibiotic resistant have shown the increased susceptibility with all the extracts when tested in combination with antibiotics. Prominently methanolic extracts of both hot and cold preparations of *A. polyacantha* leaves and bark produced maximum zone of inhibition in combinational testing. Comparatively, hot methanolic extracts of bark scored maximum zone of inhibition with an average of 25 ± 7 mm and doubles the inhibition compared to antibiotics treatment recorded as 15 ± 7 mm as highlighted in reference Table 4.

Additionally, methanolic hot extract of *A. polyacantha* bark also showed increased zone of inhibitions with all antibiotics against *E. coli* which was prior showing resistance. This indicated that available active phyto-chemicals in the bark methanolic extracts probably controlling the resistance and resultant inhibited the *E. coli* growth in presence of antibiotics.

The overall control by each plant extract with antibiotics was also calculated by sum of all the zone of inhibition obtained in each extract group. On that basis, the decreasing inhibition capabilities were recorded with *A. polyacantha* bark extracts as follows:
 HABME>CABME>HABPE>HABCL>HABAT>CABAT>CABW>CABPE>CABCL>HABOCL>HABOPE> Standard.

Also, the leaf extract of *A. polyacantha* has shown similar trend up to certain extend and the overall decreasing inhibition with extracts was highlighted as follows:
 HALME> CALME>HALPE>HALCL> CALAT>HALAT> CALPE> CALW >CALCL> HALW>HALAT>HALOPE> Standard.

Apart from methanolic extracts, other extracts have also shown the potent inhibition capability against *E. coli* as it was evident from calculated increased cumulative inhibition recorded in millimeter (mm), where HALME and HABME extracts scored best in overall sum of zone of inhibition when compared with other low scored groups.

Based on the group analysis, in bark the number of times highest

zone of inhibition obtained in every extract group was counted and from that, it was apparent that with the given antibiotics, HABME scored highest (271 times) followed by CABME (51 times). In leaves extract also, HALME scored (156 times) highest followed by CALME (78 times).

Table 4 : Representative synergistic activity of Bark extract along with Antibiotics showing increasing growth inhibition against *E. coli* U1311

Antibiotic	PIT	COT	T	CTX	K	MI	AK	CIP	TR	OF	RIF	NX	CPZ	NA	CFM	GEN	CPM	TE	IPM	NET	CXM	CZ	AMP	CTR	MRP	CB	AMC	C	Total Zone of inhibition (mm)
Standard	NI	NI	13	NI	NI	NI	NI	10	NI	10	NI	NI	NI	NI	NI	NI	NI	NI	10	15	NI	NI	NI	NI	10	NI	NI	10	89
CABPE	12	NI	19	NI	22	20	21	24	NI	27	12	23	17	19	NI	19	NI	24	37	16	18	NI	NI	28	NI	NI	26	384	
CABCL	12	16	18	15	18	22	19	27	NI	18	12	20	17	18	NI	20	NI	25	38	14	19	NI	NI	22	NI	NI	25	426	
CABAT	11	13	17	10	24	21	17	25	NI	21	17	26	17	17	NI	20	NI	21	39	19	19	14	NI	22	NI	29	28	454	
CABME	14	11	17	14	20	22	22	27	NI	24	15	26	NI	15	18	NI	NI	24	36	19	18	NI	NI	25	NI	28	22	431	
CABW	NI	NI	17	13	20	19	20	27	NI	24	13	25	16	19	20	NI	NI	25	40	25	24	NI	NI	24	NI	11	22	423	
HABPE	NI	16	20	13	22	23	21	30	NI	22	12	23	15	17	NI	21	NI	24	40	15	17	NI	NI	25	NI	25	25	433	
HABOPE	12	14	18	16	15	17	17	24	10	23	15	24	20	17	NI	21	NI	29	26	22	NI	NI	11	18	NI	28	28	413	
HABCL	12	18	21	16	21	23	21	28	10	28	16	24	17	21	NI	20	NI	25	33	23	14	NI	NI	22	NI	NI	28	474	
HABOCL	NI	17	18	17	20	19	18	25	NI	24	13	21	17	16	NI	17	NI	21	34	17	19	14	NI	20	NI	10	23	436	
HABAT	11	NI	14	NI	18	18	18	25	NI	25	14	23	17	16	NI	20	NI	23	39	16	20	NI	NI	22	NI	24	24	387	
HABME	10	NI	22	NI	20	19	26	27	NI	28	12	23	16	15	NI	20	NI	25	33	18	20	NI	NI	26	NI	26	26	404	
HABW	NI	10	15	NI	16	NI	18	25	NI	18	12	23	14	14	NI	18	NI	NI	28	18	16	17	NI	12	NI	14	14	334	
Max Inhibition	14	18	22	17	24	23	26	30	10	28	17	26	20	21	20	21	NI	29	40	25	24	17	NI	14	NI	11	29		

Note: Inhibition in millimeter

Proteus sp.

The *Proteus* species also showed the susceptibility against all the extracts but any particular extract not shown the dominance in inhibition as it was there in earlier methanolic extract of *E. coli*. The variations in the zone of inhibition recorded when tested with combinations of antibiotics and extracts alone where, maximum zone of 44 ± 12 mm was recorded in Bark extract and 42 ± 12 mm was in leaves extract of *A. polyacantha*.

Among the bark extracts, CABME has shown the sum of maximum zone of inhibition calculated from all the groups of antibiotics followed by HABCL. The overall decreasing inhibition with extracts was highlighted as follows:

CABME>HABCL>HABPE>HABME>CABAT>CABPE>CABCL>CABW>HABAT>HABOPE>HABOCL>HABW> Standard

In the leaves extracts, CALW has shown the maximum sum of inhibition followed by HALCL. The overall decreasing inhibition with extracts was highlighted as follows:

CALW>HALCL>HALME>CALAT>HALPE>CALME>CALPE>CALCL>HALAT>HALOCL>HALW>HALOPE>Standard

In bark extracts, the number of times highest zone of inhibition recorded in CABW (31 times) followed by CABAT (23times). In leaves extract also, CALW scored (33 times) highest followed by two extracts HALCL and HALME (18 times).

DISCUSSION

Developing resistance against antibiotics in bacterial species was attempted to control by synergistic action of the plant *A. polyacantha*. The extracts of *A. polyacantha* bark and leaves increased antibiotic susceptibility *in vitro* against *E. coli* and *Proteus sp.* Among them, hot and cold methanolic extract of bark showed maximum growth inhibiting activity and not only that both of these extracts increased susceptibility towards antibiotics to help in overcoming resistance when used in combination. Likewise, for cold extract group, bark methanolic extract proved to be effective and water extract of leaves proved to be superior in increasing susceptibility against antibiotics. This surely remarked the success of synergistic action against the pathogens. Earlier also, many studies highlighted similar success of plant extracts where plant based product's antimicrobial properties recorded for great implication in therapeutic treatments. In last thirty years, a number of studies with several plants have been conducted to prove such efficiency.¹²⁻¹⁸

As per earlier study, *A. polyacantha* contain many secondary metabolites such as saponins, catechic tannins, alkaloids, anthocyanins,

leuco anthocyanin, coumarins, sterols flavonoids, anthraquinones and terpenes.^{19,20}

It has been learnt that with the emergence of multidrug-resistant pathogens, treatment with combinations of antibacterial has become everyday practice.²¹ To develop more valuable chemotherapeutic agents for treating microbial infections, combination therapy becomes a significant strategy as its synergistic interactions can potentially increase efficacy, treat faster, decrease toxicity, avoid the emergence of resistance, and offer broader-spectrum of activity than monotherapy treatments.²²

CONCLUSION

Study highlighted the use of *A. polyacantha* plant extracts effectively controlled the resistance demonstrated in the *E. coli* and *Proteus* species. The presence of multidrug resistance was also recorded in Enterobacteriaceae which could also be controlled by using the combinational therapy as recorded in our study.

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