**Antimicrobial Activity of Aqueous and Ethanolic Extracts of *Aloe vera***

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**Abstract:** This study evaluated the antimicrobial activities of crude ethanolic and aqueous extracts of *Aloe vera*using standard techniques. Results obtained revealed reasonable antimicrobial activities on the tested organisms to varying zone of inhibitions. The activities however were found to be concentration dependent while no apparent statistical disparity was observed with the different extracting solvents (tvalue = 0.88, p>0.05). The minimum inhibitory dilution of both extracts range from 25-100mg/ml. It can thus be inferred that the tested *Aloe vera*has good antimicrobial properties.

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**Keywords:** Aloe vera, microorganisms, antimicrobial

**Introduction**

Herbal medicine is an alternative form of therapy and has become the mainstream throughout the world due to the growing resistance of pathogens to conventional antibiotics (De Smet, 2002). The screening of plant extracts and plant products for their antimicrobial activity has in most cases involved higher plants, many of which have shown clinical relevance as sources of potential chemotherapeutic agents (Essawi and Srour, 2000; Srinivasan *et al.,* 2001; Hamil *et al.,* 2003; Arias *et al.,* 2004; Shilpi *et al.,* 2006; Van wyk, 2008; Kosalge and Fursule, 2009). However, the realization by scientists that many native shrubs contain several unique chemicals that could provide new benefits to man and its livestocks have triggers their cultivation.

Nigeria has a rich variety of medicinal plants distributed in the different geoecological regions of the country. The plant *Aloe vera* L. Burm. f. (Family *Liliaceae*) is an ancient semi tropical medicinal plant indigenous to Africa, Madagascar and Arabia (Adams *et al*.,2010). This plant has been designated as the legitimate synonym for *A. barbadensis* Mill. According to the International Code of Botanical Nomenclature (Newton, 1979; Grindlay and Reynolds, 1986), *Aloe vera* is one of the approximately 420 species of the genus *Aloe* (Dagne et al., 2010), which is variously classified as belonging to the *Asphodelaceae, Liliaceae*, or *Aloaceae* families. The geographic origin of *Aloe vera* is believed to be in Sudan, with the plant subsequently being introduced in the Mediterranean region and most other warm areas of the world (Makanjuola *et al.,* 2016). This plant has been reported to exhibit a wide range of biological characteristics such as antimicrobial, antifungal, anti-inflammatory, immune stimulant, antiseptic, wound and burn healing, antiulcer, antitumor and antidiabetic activities among other functions with limited information on the inhibitory effect of *Aloe vera* on the strains of micro organisms present in our environment. The present study was therefore, undertaken, to ascertain the antimicrobial potency of *Aloe vera* against the strain of some disease causing microorganisms in our clinical environment

**Materials And Methods**

**Source of plant**

*Aloe vera* specimens were obtained from the Agronomy Unit of Dagwon farm (National Veterinary Research Institute, Vom). The plants were authenticated by the taxonomist at the Department of Botany and Biochemistry, University of Jos, Nigeria.

**Preparation of Plant Materials and Extracts**

The plucked leaves were washed with running tap water and then with distilled water several times. They were then disinfected, weighed using metler’s balance and sliced longitudinally. One kilogram of the fresh leaves was air dried (27oC) on the laboratory table after which they were shredded and preserved in airtight cellophane bags. The shredded leaves were milled into powder form using a warring commercial blender to give 600g. Hundred grams (100g) of each of the powdered plant materials was soaked in 500 ml of ethanol and water for 6h using soxhlet apparatus.

**Phytochemical studies**

Phytochemical tests were carried out to determine the presence of flavonoids, tannins, alkaloids, saponins and anthraquinones using the methods described by Odebiyi and Sofowora (1978).

**Test organisms**

*Escherichia coli, Staphylococcus aureus, Salmonella typhi, Shigella spp, Proteus vulgaris, Pseudomonas aeroginosa, Klebsiella aerogens, Trichophyton mentagraphytes, Candida albican and Cryptococcus neoformans* were obtained from Bacteriology and Dermatophilosis Unit, Division of NVRI, Vom. The isolates identities were further confirmed in our laboratory using standard procedures (Cheesborough, 2005). The isolates were maintained on Tryptone Soy agar (TSA) (Oxoid) and Sabouraud dextrose agar (oxoid) at 4°C for bacteria and fungi respectively.

**Determination of antimicrobial activity**

The medium used was Mueller Hinton agar (Oxoid, U.K). The bacterial inoculum were adjusted to 0.5 McFarland turbidimetric standard and inoculated onto the medium using sterile swabs. For each extract, three replicate plates were prepared against the test organisms. Antimicrobial activity of the ethanolic and aqueous extracts of the plant samples were evaluated by the agar well diffusion method. Using sterile cork-borer of 6 mm diameter, equidistant wells were cut in each of the agar plates, while different concentrations of the extracts, 1000, 750, 250, and 100 mg/ml were introduced into the wells. The plates were left for 2 h at room temperature to allow the extract to diffuse. The solvents used for extraction served as control and was introduced into a separate well as appropriate. Ciprofloxacin /Fluconazole (250/150 mg/ml) was used as standard antimicrobial agent for comparison. The plates were then incubated at 37°C for 24 h. Antimicrobial activity was determined by measurement of zone of inhibition around each well using a pair of calipers (in mm) and read on a meter rule.

**Serial dilution of *Aloe vera* juice**

Twelve sterile tubes were arranged in the rack and 1ml of sabouraud dextrose broth/nutrient broth as appropriate was added to tubes 2 to 12 (except tubes 1 and 11) and 2.0ml of *Aloe vera* juice were put into tube 1. Then, 1.0ml of *Aloe vera* juice was transferred from tube1 to tube 2. Serial doubling dilution was made from tubes 2 to 10 by transferring 1.0ml of the homogeneous tube 2 content to tube 3, and from 3 to 4 and so on to 10 and the remaining 1ml was discarded. Then, 1ml of the *Aloe vera* juice was added to tube 11 (negative control) and 1ml of sabouraud dextrose broth/nutrient broth was added to tube 12 (positive control).

**Determination of minimum inhibitory dilution (MID) of *Aloe vera* juice**

1.0 ml of 0.5 McFarland turbidity of each of the organisms was added to the contents of all the tubes and incubated at 37°C for 7days.

The highest dilution showing no turbidity was defined as the MID.

**Results**

The in vitro antibacterial activity of crude ethanolic and aqueous extracts of *Aloe vera*used locally for the treatment of diseases are presented inTables 1. All the crude plant extracts possess reasonable antimicrobial activities on the tested organisms to varying zones of inhibition. The activities of both ethanolic and aqueous extracts of *Aloe vera* shows no significant statistical variation in terms of efficacy. The activities however were found to be concentration dependent. The activities of the plants were much more enhance at higher concentration especially where there are activities.Both extracts also shows no activity on *Klebsiella aerogenes and Candida albicans* at all the concentrations tested. The highest antimicrobial activities for all the extracts were observed at concentration of 1000mg/ml. Generally, all the crude plant extracts showed broad spectrum activities against Gram positive and Gram negative bacteria. The effect of the different extracting solvents on the antimicrobial activities of the tested plants shows that all solvents were able to extract the active ingredients in the plants and no apparent statistical variation was observed (tvalue = 0.88, p>0.05) as judged by their zones of inhibition on the different organisms. The minimum inhibitory dilution of both extracts also corroborated the findings of the agar well dilution technique.

Table 1**:** In Vitro Antibacterial Activities Of Crude Ethanolic And Aqueous Extracts Of Aloe Vera

|  |  |
| --- | --- |
|  | Concentration of extracts/ Zones of inhibition (mg/ml) |
| Org | 1000 | 750 | 500 | 250 | 100 | 1000 | 750 | 500 | 250 | 100 | 250 | 50 |
| ETHANOLIC EXTRACT | AQUEOUS EXTRACT | CIP | 50% ethanol |
| EC | 26 | 23 | 20 | 15 | 12 | 25 | 21 | 17 | 14 | 11 | 9.2 | 0.00 |
| SA | 28 | 25 | 20 | 15 | 12 | 26 | 22 | 18 | 14 | 9 | 12.4 | 0.00 |
| ST | 24 | 23 | 21 | 17 | 14 | 20 | 18 | 15 | 11 | 9 | 16.0 | 0.00 |
| PA | 32 | 28 | 25 | 22 | 16 | 29 | 26 | 22 | 19 | 14 | 18.0 | 0.00 |
| PV | 24 | 21 | 18 | 12 | 10 | 22 | 20 | 15 | 13 | 9 | 17.6 | 0.00 |
| KA | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 12.4 | 0.00 |
| SS | 30 | 27 | 25 | 22 | 14 | 28 | 25 | 22 | 17 | 9 | 19.4 | 0.00 |
| TM | 30 | 26 | 23 | 18 | 10 | 27 | 25 | 22 | 15 | 10 | 16.9 | 0.00 |
| CA | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 19.0 | 0.00 |
| CN | 26 | 23 | 20 | 17 | 10 | 24 | 21 | 17 | 13 | 10 | 17.3 | 0.00 |
| **Key:** |
| EC *= Escherichia coli, SA = Staphylococcus aureus, ST= Salmonella typhi, PA=Pseudomonas aeruginosa,* |
| PV= *Proteus vulgaris, KA= Klebsiella aerogenes, SS = Shigella species, TM = Trichophyton mentagrophyte, CA= Candida albicans, CN = Cryptococcus neoformans* |

Table 2: Influence of concentration on the antimicrobial activity of *Aloe vera*

Concentrations n Antimicrobial activity

 (Mean±SEM) mm

1000mg/ml 10 22.0±3.76

750mg/ml 10 19.6±3.38

500mg/ml 10 17.2±2.95

250mg/ml 10 9.8±1.74

100mg/ml 10 6.9±0.76

Fvalue = 8.8, P<0.05

Table 3: Influence of solvent of extraction on the antimicrobial activity of *Aloe vera*

Solvent of extraction n Antimicrobial activity

 (Mean±SEM) mm

Ethanolic extract 60 13.7±1.41

Aqueous extract 60 12.1±1.28

tvalue = 0.88, P>0.05

Table 4: Minimum inhibitory dilutions of Aloe vera on the tested pathogens

|  |
| --- |
| Organisms MID(Aqueous) MID(Ethanolic) |
| *Escherichia coli* 100 50 |
| *Staphyloccous aureus* 50 50 |
| *Salmonella typhi* 100 100 |
| *Pseudomonas aeruginosa* 25 25 |
| *Proteus vulgaris* 100 100 |
| *Klebsiella aerogenes* >100 >100 |
| *Shigella spp* 25 25 |
| *Trychophyton mentagrophyte* 25 25 |
| *Candida albicans* >100 >100 |
| *Cryptococcus neoformans* 50 50 |

**Discussion, Conclusion And Recommendation**

The use of plants for treating infectious diseases can be dated back to antiquity. In this study, tested *Aloe vera* displayed very reasonable antimicrobial activities but to varying zones of inhibition. This observation is in consonance with that of Makanjuola *et al.,* (2016) who also documented similar findings. The fact that both Gram positive and Gram negative organisms as well as fungal pathogens were inhibited by these plants is an indication that they possess a broad spectrum based activities. The dependence of the antimicrobial activity on concentration suggest that the molecular weight of the extract that has contact with the micro organisms is more imperative than the diffusion rate through the media. The influence of solvent of extraction on the antimicrobial activities of the tested plants shows no statistical significant disparity on the activities of all the tested plant extracts for the different solvents. This is unexpected as Obi and Onuohia (2000) have earlier reported ethanol as the solvent of choice when extracting plant active ingredients. Their findings however negate that which documented normal hexane as the best for extracting active ingredients of plant (Ijeh *et al.,* 2005; Junaid *et al.,* 2006). These two studies buttressed that, solubilization of required active ingredients in solvent may probably be the major factors influencing the selection of the most appropriate solvent of choice (Agu and Thomas, 2012). The minimum inhibitory dilution shows that the extracts exhibited definite bacteriostatic and fungistatic activities except on for *Klebsiella aerogenes and Candida albicans.* This result signify the probable optimum concentration of such extracts that could inhibit the tested pathogens (Brooks *et al.,* 2001), thereby guiding against abuse such as overuse or under dosage of the tested extracts. The results of the phytochemical screening of the extracts reveal the presence of saponins, tannins alkaloids, flavonoids, glycosides and anthraquinones. These phytochemicals have been shown to possess several biological activities including antimicrobial activity (sofowora, 1993). The flavonoids are mostly recognized for their antioxidant activity while their role in modifying the body reaction to allergens, viruses and carcinogens has also been reported (Balch and Balachi, 2000; Ekam and Ebong, 2007). According to Jiksika *et al*. (1992), alkaloids are organic compounds that contain nitrogen having sedative and analgesic properties. In another studies, the toxigenic effect of this phytochemical was reported (Obochi, 2006; Ekam and Ebong, 2007). According to these studies, such toxic effect is as a result of a stimulatory effect leading to neurological dysfunction. Edeoga (2006) reported that the phytochemical screening and quantitative estimation of the percentage crude yields of chemical constituents of some herbal plants studied showed that the leaves and stems were rich in alkaloids, flavonoids, tannins and saponins which is in collaboration with the result of this study. In conclusion, the results of this study have shown that plant based therapy may just be the lasting panacea to the problem of multi drug resistance in microorganisms especially if selected properly. It can therefore be recommended that proper characterization of the plants active ingredients after fractionation be done in future using bioassay guided principle while elucidation of the most active ingredients can be done first using gas chromatography and then nuclear magnetic resonance.

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