



ChemTech

International Journal of ChemTech Research

CODEN (USA): IJCRGG, ISSN: 0974-4290, ISSN(Online):2455-9555
Vol.10 No.7, pp 862-866, 2017

Anti-tubercular Evaluation of *Acalypha indica* Linn. Fractions Against H37Rv Strain

Wadhah Ahmed Al-Baadani¹, N. D. Satyanarayan*, S. P. Soul Shekhar

Department of Pharmaceutical Chemistry, Kuvempu University, Post Graduate Centre, Kadur-577548, Chikmagalur Dt. Karnataka State, India

Abstract : Tuberculosis (TB) is a major global health problem caused by *Mycobacterium tuberculosis* (*M.tb*). The present investigation deals with the anti-tubercular activity of different fractions of methanol extract of *Acalypha indica* against *Mycobacterium tuberculosis* H37Rv strain at different concentrations (0.8 µg/ml to 100 µg/ml) by Microplate Alamar Blue assay (MABA) method. The results revealed that ethyl acetate fraction (F1) and aqueous fraction (F3) of *A. indica* methanol extract have exhibited sensitivity at 100 µg/ml concentration when compared with the standard pyrazinamide. However, n-butanol fraction (F2) has shown resistivity even at 100 µg/ml concentration. The test results indicate the presence of active ingredients in ethyl acetate and aqueous fractions but not in n-butanol fraction of *A. indica*.

Keywords : Pyrazinamide, in vitro, MABA, *Mycobacterium tuberculosis*, Euphorbiaceae.

Introduction

Tuberculosis is a major public health problem caused by *Mycobacterium tuberculosis*, a leading cause of death worldwide and produces serious health complications^{1,2}. In 2015 WHO estimated that 10.4 million new TB cases global reported, of which 5.9 million are men, 3.5 million are women and 1.0 million are children³. New cases around 60% accounted from six countries; India, Indonesia, China, Nigeria, Pakistan, and South Africa³. The quantity of TB deaths can be reduced with a timely diagnosis and correct treatment. Moreover, delay in the treatment gives rise to multidrug resistant tuberculosis (MDR-TB), which does not react to first-line drugs. MDR-TB strains are resistant to the regularly used anti-tubercular drugs like isoniazid and rifampicin⁴. Recently about 5% of new cases of tuberculosis are due to MDR strains, with more than half from China and India. It was also estimated that there are 50,000 cases of extensively drug-resistant tuberculosis (XDR-TB), which does not react to second-line drugs⁵. Thus, there is an urgent need to search for newer anti-tuberculosis agents, which are safe, effective and affordable. Medicinal plants provide a valuable source of compounds for identifying and optimizing new drug leads^{6,7}. India has a unique wealth of medicinal plants with huge traditional knowledge of use of herbal medicine for curing several diseases^{8,9}. Earlier studies revealed that only few plants have shown anti-TB activity such as *Salvia hypargeia*, *Euclea natalensis*¹⁰⁻¹⁴.

Acalypha indica Linn. (Family Euphorbiaceae) is a common annual shrub grown throughout India as a weed. It is an erect, herbaceous plant and can grow up to 100 cm in height. It has been traditionally used for diuretic, anthelmintic, respiratory problems, rheumatoid arthritis, to cure scabies and other skin infections¹⁵. The previous studies reported that *A. indica* has investigated for different pharmacological activities such as anti-inflammatory^{16,17}, anti-bacterial^{18,19}, anti-fungal²⁰, hepatoprotective²¹, anthelmintic²², anti-fertility²³, anti-ulcer activity²⁴, antioxidant and anticancer activity²⁵.

The chemical investigation of *A. indica* revealed the presence of β -sitosterol and its β -D-glucoside were isolated from the leaves and twigs of *A. indica*^{26,27}. Potassium brevifolincarboxylate, 1-O-galloyl- β -D-glucose, 1,2,3,6-tetra-D-galloyl- β -D-glucose, corilagin, geraniin, acaindinin, acetylgeraniin A, euphormisin M2, repandusinic acid A, and chebulagic acid, as well as two flavonoid glycosides quercetin 3-O- β -D-glucoside and rutin²⁸. Chrysin, and galangin were isolated from the whole plant extract²⁹. Acalphin, acyanogenic glycoside was also isolated from the same plant³⁰. Kaempferol glycosides, mauritianin, clitorin, nicotiflorin and biorobin isolated from the flowers and leaves of *A. indica*³¹. Based on the literature survey of *A. indica*, the phytochemicals such as phenolics and flavonoids are important components of the plant and some of their biological activities could be imputed to the presence of these constituents. In view of the above biological activities of *A. indica*, no systematic anti-tubercular study has been carried out even though earlier report indicated the anti TB potential of the aqueous extract³². In our previous study, the crude extracts of *A. indica* have shown activity against *M. tuberculosis* H37Rv strain³³. Hence, in the present study we made further work to systematically predict the anti-tubercular potential of various fractions of methanol extract of *A. indica* on drug resistant strain and further take up the study to isolate the active ingredient responsible for the activity.

Materials and Methods

Chemicals

The chemicals and reagents used for investigation were of analytical grade. Diastase, Almar blue reagent, and chemicals used were from Hi Media, Mumbai, India.

Plant material

Whole plant of *A. indica* was collected in the month of Jun 2015 around Kadur town of Chikmagalur Dist., Karnataka state, India. The collected plant was authenticated with voucher specimen no. KUYLK4411 at the Herbarium, Department of Botany, Kuvempu University, Shankaraghatta, Shimoga Dist. Karnataka State, India.

Preparation of extracts

The collected plant materials was cleaned to remove dirt from the roots and washed thoroughly with water to get rid of dust and soil particles and immediately sprayed with ethanol to cease enzymatic degradation of secondary metabolites. The shade dried plant material (100 gm) was chopped into smaller fragments of 1-2 inches and subjected for successive extraction with n-hexane, dichloromethane and methanol in soxhlet extractor for 72 h. The solvents were removed under reduced pressure and controlled temperature of 40-50 °C using a rotary evaporator. The yield of the extracts was found to be n-hexane (3.5 gm), dichloromethane (2.8 gm), and methanol (12 gm), respectively.

Fractionation using various solvents

5gm of methanolic extract was taken in a 100ml separating funnel with 50ml of ethyl acetate and the contents were shaken vigorously for around 5 minutes time interval and kept for half an hour for separation. Ethyl acetate soluble fraction F1 was collected separately and the solvent was evaporated using rotary evaporator under reduced pressure and controlled temperature of 45 ± 5 °C. Insoluble fraction was retained in the separating funnel and to this, 50ml of n-butanol was added and similar procedure was repeated as ethyl acetate fraction. Butanol soluble fraction F2 was collected separately and the solvent was evaporated. The insoluble fraction of methanol extract was finally dissolved in water and designated as F3. All the fractions were stored at -20°C until further use³⁴.

Anti-tubercular activity by MABA method

The anti-tubercular activity of the fractions (F1, F2 and F3) is carried out on *M. Tuberculosis* H37Rv strain, by microplate alamar blue assay (MABA) method. In comparison with the BACTEC and fluorometric MABA methods, visual MABA is an inexpensive alternative, providing identical and rapid results without the use of specialized equipment. In addition to the above mentioned merits, visual MABA method was adopted for the screening of test extracts. The minimum inhibitory concentration (MIC) was defined as the lowest drug concentration that prevented a colour change from blue (no growth) to pink (growth) and the drug pyrazinamide

drug was used as positive standard for comparison. The procedure involves by taking 200 μ l of sterile deionized water and was introduced into all outer perimeter wells of sterile 96 well plates to avoid evaporation of medium in the test wells during incubation. The 96 well plate received 100 μ l of the 7H9 Middlebrook broth and serial dilution of compounds were made directly on plate. The final concentrations of the fractions tested were of 0.8 to 100 μ g/ml. Plates were covered and sealed with parafilm and incubated at 37°C for 5 days. After incubation, 25 μ l of freshly prepared 1:1 mixture of Alamar Blue reagent and 10 % Tween-80 was added to the plate and incubated for 24 h. After incubation, the change in colour was observed³⁵.

Results

Anti-tubercular activity of fractions

The result for anti-tubercular activity by different fractions of methanol extract of *A. indica* on *M. tuberculosis* revealed that ethyl acetate and aqueous fractions exhibited sensitivity at 100 μ g/ml whereas n-butanol fraction was resistant. The analysis was carried out by MABA method as shown in Table 1.

Table 1. Anti-TB activity of various fractions of *A. indica*.

Sl. No.	Samples	Concentration in μ g/ml							
		100	50	25	12.5	6.25	3.12	1.6	0.8
1	F1	S	R	R	R	R	R	R	R
2	F2	R	R	R	R	R	R	R	R
3	F3	S	R	R	R	R	R	R	R

F1: ethyl acetate fraction of methanol extract of *A. indica*, F2:n-butanol fraction of methanol extract of *A. indica*, F3:aqueous fraction of methanol extract of *A. indica*.

Resistivity (R). Sensitivity (S).

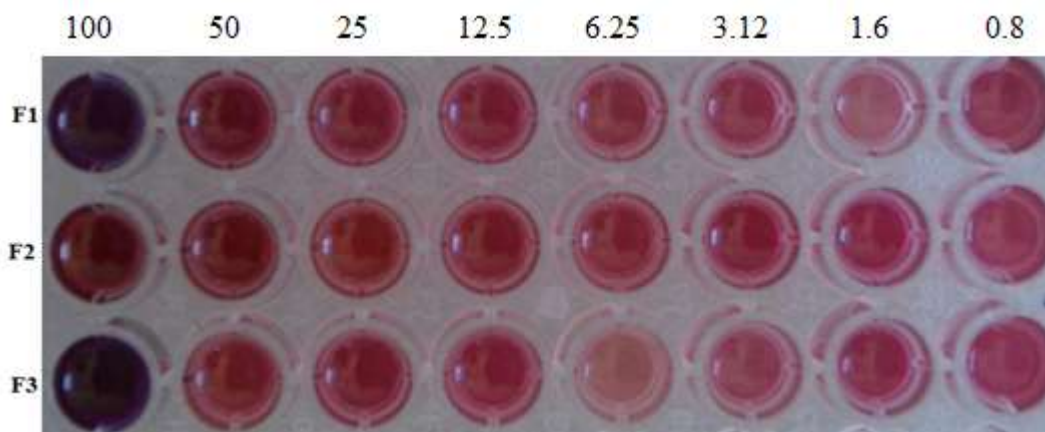


Fig. 1. Anti-TB result of F1: *A. indica* ethyl acetate fraction, F2: *A. indica* n-butanol fraction and F3 :*A. indica* aqueous fraction with concentration in μ g/ml.

Discussion

The current study is to assess the anti-tubercular potential of different solvent fractions of methanol extract of *A. indica*. The ethyl acetate and aqueous fraction (F1 and F3) has shown sensitivity at 100 μ g/ml concentration when compared with standard pyrazinamide at 3.125 μ g/ml while n-butanol fraction (F2) has not shown any sensitivity even at 100 μ g/ml concentration as shown in the Table 1 and Fig 1. The above activity generated by F1 and F3 may be due to the presence of phytochemicals in the fractions viz flavonoids, alkaloids, saponins and steroids. Fractions F1 and F3 have shown moderate activity may be due to flavonoids and saponins because polyphenols are known to effect on microbial metabolism and growth, based on concentration of active compounds³⁶. Flavonoids show activity by damaging cytoplasmic membrane with the generation of hydrogen peroxide, inhibition of nucleic acid synthesis and inhibition of ATP synthase³⁷. This might be the reason for

mechanism of action of saponins and flavonoids present which may inhibit *M. tuberculosis*. Hence, the further study of ethyl acetate and aqueous fractions will be carried out to separate the phytochemical responsible for the anti-TB activity. Our earlier report on anti-TB activity by *A. indica* indicated that the methanol extract was found to be active at lower concentration, whereas the fractions generated have not found to be as active as the crude extract. This might be because of synergistic effect due to the presence of many phytochemicals in the crude methanol extract compared with the fraction. Further separation of individual compounds from the fractions of F1 and F3 will through some light in dictating the compound which actually has considerable degree of anti-TB activity against H37Rv strain.

Conclusion

The present investigation conclude that the ethyl acetate and aqueous fractions of methanol extract of *A. indica* have shown anti-tubercular activity when compared with n-butanol fraction at different concentrations, which may be due to the presence of phytochemicals in the fractions. Hence, the inhibition might have performed by one or combination of phytochemicals which can be considered for further fractionation and isolation of the active ingredients responsible for anti-tubercular activity.

Acknowledgement

The authors are thankful to the authorities of Kuvempu University, for providing necessary facilities to carry out the present work and also are thankful to Dr. K. G. Bhat, Department of Microbiology and Molecular Biology, Maratha Mandal's Institute of Dental Sciences and Research, Belagavi, for anti-TB activity. One of the authors, Wadhah Ahmed is thankful to IBB University, Yemen for carrying out Ph.D. programme.

Conflict Of Interest

No conflict of interest

References

1. Jordao L, Vieira OV. Tuberculosis: New aspects of an old disease. *Int J Cell Biol.*, 2011: 1-13.
2. Thaiss WM, Thaiss CC, Thaiss CA. Recent developments in the epidemiology and management of tuberculosis - new solutions to old problems. *Infect Drug Resist.*, 2012, 5: 1-8.
3. WHO. Global tuberculosis report, 2016. http://www.who.int/tb/publications/global_report/en/
4. Lawn SD, Zumla AI. Tuberculosis. *Lancet*, 2011, 378: 57-72.
5. Jimenez-Arellanes A, Meckes M, Ramirez R, Torres J, Luna-Herrera J. Activity against multidrug resistant *Mycobacterium tuberculosis* in Mexican plants used to treat respiratory diseases. *Phytother Res.*, 2003, 17: 903-908.
6. Newman DJ, Cragg G M, Snader KM. The influence of natural products upon drug discovery. *Nat Prod Rep.*, 2000, 17: 215-234.
7. Newman DJ, Cragg GM, Snader KM. Natural products as sources of new drugs over the period 1981-2002. *J Nat Prod.*, 2003, 66: 1022-1037.
8. Heinrich M, Gibbons S. Ethnopharmacology in drug discovery: an analysis of its role and potential contribution. *J Pharm Pharmacol.*, 2001, 53: 425-432.
9. Grange JM, Snell N. Activity of bromhexine and ambroxol, semi-synthetic derivatives of vasicine from the Indian shrub *Adhatoda vasica*, against *Mycobacterium tuberculosis* in vitro. *J Ethnopharmacol.*, 1996, 50: 49-53.
10. Gupta KC, Chopra IC. Anti-tubercular action of *Adhatoda vasica* (N. O. Aganthacea). *Indian J Med Res.*, 1954, 42: 355-358.
11. Gautam R, Saklani A, Jachak SM. Indian medicinal plants as a source of antimycobacterial agents. *J Ethnopharmacol.*, 2007, 110: 200-234.
12. Newton SM, Lau C, Wright CW. A review of antimycobacterial natural products. *Phytother Res.*, 2000, 14: 303-322.
13. Ulubelen A, Evren N, Tuziaci E, Johansson C. Diterpenoids from the root of *Salvia hypergeia*. *J Nat Prod.*, 1988, 51: 1178-1183.

14. Lall N, Meyer JJ. Inhibition of drug-sensitive and drug-resistant strains of *Mycobacterium tuberculosis* by diospyrin, isolated from *Euclea natalensis*. J Ethnopharmacol., 2001, 78:213-216.
15. Krishnaiah D, Devi T, Bono A, Sarbatly R. Studies on phytochemical constituents of six Malaysian medicinal plants. J Med Plants Res., 2009, 3(2):67-72.
16. Muzammil MS, Manikandan M, Jafar A, Sakthivel P, Geetha S, Malarkodi R. Anti-inflammatory studies on *Acalypha indica* L. leaves by membrane stabilization. Indian J Nat Prod Res., 2014, 5(2):195-197.
17. Godipurge SS, Biradar JS, Mahurkar N. Phytochemical and pharmacological evaluation of *Acalypha indica* Linn. in experimental animal models. Int J Pharmacognosy and Phytochem Res., 2014, 6(4):973-979.
18. Jayakumari M, Maheswari K, Subashree M, Umamaheswari M, Mala P, Sevanthi T, et al. Antibacterial potential of *Acalypha indica* against human pathogens. Int J Current Res., 2010, 1(1):1-4.
19. Durga KD, Karthikumar S, Jegatheesan K. Isolation of potential antibacterial and antioxidant compounds from *Acalypha indica* and *Ocimum basilicum*. African J Plant Sci., 2010, 4(5):163-166.
20. Kurandawad JM, Lakshman HC. Diversity of the endophytic fungi isolated from *Acalypha Indica* Linn - A Promising medicinal plant. Int J Sci Res Pub., 2014, 4(4):1-7.
21. Suresh Kumar SV, Vijaya Kumar C, Vishnu Vardhan A. Hepatoprotective activity of *Acalypha indica* Linn against thioacetamide induced toxicity. Int J Pharm Pharm Sci., 2013, 5(4):356-359.
22. Ranju G, Niranjan S, Saroj Kumar P, Vishesh Kumar P, Shailendra Kumar P. In vitro anthelmintic activity of *Acalypha indica* leaves extracts. Int J Res Ayurveda Pharm., 2011, 2(1):247-249.
23. Hiremath SP, Rudresh K, Badami S, Patil SB, Patil SR. Post-coital anti-fertility activity of *Acalypha indica* L. J Ethnopharmacol., 1999, 67(3):253-258.
24. Manjulatha K. Comparative study of leaves and roots ethanolic extracts of *Acalypha indica* on peptic ulcers induced by physical and chemical agents in rodents. VRI Phytomedicine, 2013, 1(1):19-25.
25. Sanseera D, Niwatananum W, Liawruanggrath B, Liawruanggrath S, Baramée A, Trisuwan K, et al. Antioxidant and anticancer activities from aerial parts of *Acalypha indica* Linn. CMU J Nat Sci., 2012, 11(2):157-168.
26. Raj J, Sing KP. *Acalypha indica*. CRRH quarterly bulletin, 2000, 22:1-6.
27. Talapatra B, Goswami S, Talapatra SK. Acalyphamide, a new amide and other chemical constituents of *Acalypha indica* Linn. Indian J Chem., 1981, 20B: 974-977.
28. Ying-Tsun M, Chuang JI, Lin J, Hsu F. Phenolic from *Acalypha indica*. J Chin Chem Soc., 1997, 44: 499-502.
29. Hiremath SP, Rudresh K, Badami S. Flavonoids of *Acalypha indica* Linn. Indian J Heterocycl Chem., 1998, 8(2):163-164.
30. Nohrstedt A, Kant JD, Wray V. Acalyphin, a cyanogenic glucoside from *Acalypha indica*. Phytochemistry, 1982, 21(1):101-105.
31. Nahrstedt A, Hungeling M, Peterleit F. Flavonoids from *Acalypha indica*. Fitoterapia, 2006, 77: 484-486.
32. Gupta R, Thakur B, Singh P, Singh HB, Sharma VD, Katoch VM, et al. Anti-tuberculosis activity of selected medicinal plants against multi-drug resistant *Mycobacterium tuberculosis* isolates. India J Med Res., 2010, 131:809-813.
33. Satyanarayan ND, Al-Baadani WA, Soul Sheker SP, Harishkumar S. Anti-tubercular activity of various solvent extracts of *Acalypha indica* L. against drug susceptible H37Rv strain. World J Pharm Pharm Sci., 2016, 5(8):957-965.
34. Mahesh AR, Ranganath MK, Harish Kumar D. Enrichment of flavonoids from the methanolic extract of *Boerhaavia diffusa* roots by partitioning technique. Res J Chem Sci., 2013, 3(1):43-47.
35. Lourenco MC, Souza MV, Pinheiro AC, Ferreira ML, Goncalves RS, Nogueira TC, et al. Evaluation of anti-tubercular activity of nicotinic and isoniazid analogues. ARKIVOC, 2007, 15:181-191.
36. Alberto MR, Farias ME, Nadra MC. Effect of gallic acid and catechin on *Lactobacillus hilgardii* 5w growth and metabolism of organic compounds. J Agric Food Chem., 2001, 49: 4359-4363.
37. Tamba Y, Ohba S, Kubota M, Yoshioka H, Yamazaki M. Single GUV method reveals interaction of tea catechin (-) epigallocatechin gallate with lipid membranes. Biophys J., 2007, 92: 3178-3194.
