



Received on 13 March 2020; received in revised form, 10 June 2020; accepted, 28 June 2020; published 01 March 2021

ANTIMYCOBACTERIAL SCREENING OF SELECTED MEDICINAL PLANTS USING MTT AND THE MICROPLATE RESAZURIN ASSAY

K. D. Jethva^{*}, D. R. Bhatt and M. N. Zaveri

K. B. Institute of Pharmaceutical Education and Research, Nr. Gh-6 Circle, Sector-23, Gandhinagar - 382023, Gujarat, India.

Keywords:

M. smegmatis, Medicinal plants, Antimycobacterial activity, MTT assay, Microplate Resazurin Assay

Correspondence to Author:

Khushboo Jethva

Lecturer,
K. B. Institute of Pharmaceutical Education and Research, Nr. Gh-6 Circle, Sector-23, Gandhinagar - 382023, Gujarat, India.

E-mail: khushi_198984@yahoo.com

ABSTRACT: Tuberculosis holds one of the top places on the list of the main cause of death in India. At times, the patients fail to respond to treatment with anti-Tb drugs, drug resistance being one of the reasons. The increasing incidence of MDR and XDR-TB highlights the urgent need to search for newer anti-Tb drugs. For last many years, plants have beneficial activity in a different types of diseases producing in human beings. As per WHO calculation about 80% of the world's inhabitants problem should treat by medicinal herbal drugs for their primary health care. So, the present aim to carry out the evaluation of the anti-mycobacterial activity of selected eleven medicinal plants. Three different extracts were prepared and evaluated for their antimycobacterial activity against *Mycobacterium smegmatis* using MTT and Microplate Resazurin assay. Isoniazid was used as a standard drug. The percentage for anti-mycobacterial *smegmatis* activity among tested eleven medicinal plants, an aqueous extract of *Cocculus hirsutus* and *Leptedinia reticulata* shows potent antimycobacterial activity. Thus, its result supports the uses of these plants in traditional medicine and can be further studied using more specific methods for antimycobacterial activity.

INTRODUCTION: Tuberculosis (TB) is an ancient disease and it is among the world's most deadly epidemics. Like any other infectious disease, TB can happen to anyone and spares no age, sex, and nationality^{1, 2}. Several strains of *Mycobacterium tuberculosis* are the common cause of this deadly infectious disease³. This disease is endemic in every country in the world, and death due to TB is more common when compared to other bacterial disease⁴. It is unfortunate that more than 75% of TB cases are found in adults⁵.

An unprecedented decision was taken in 1993 by WHO to declare TB as a public health emergency⁶, and it is the first disease that has ever been declared as a global emergency by WHO⁷. In order to combat TB, chemotherapy is used, which is the modern TB treatment.

Since no new antimycobacterial drugs have been introduced into the market since 1967. Moreover, up to 50 million people are infected with drug-resistant forms of TB, with about 500,000 cases of multidrug-resistant TB a year worldwide⁸. Even though there are currently new lead compounds being characterized for TB treatment⁹, they are challenged by poor accessibility, high costs, long treatment regimen, and low adherence owing to the toxicity of second-line drugs. The newly commercialized drug is likely to be exhausted with the emerging resistance, emphasizing the

<p>QUICK RESPONSE CODE</p> 	<p>DOI: 10.13040/IJPSR.0975-8232.12(3).1537-45</p> <p>This article can be accessed online on www.ijpsr.com</p> <p>DOI link: http://dx.doi.org/10.13040/IJPSR.0975-8232.12(3).1537-45</p>
---	---

imperative continuous search, identification, and characterization of more compounds for antimycobacterial drugs¹⁰. Medicinal plants have been used for centuries as non-exhaustive sources of metabolites for drug development and as an alternative remedy for treating human diseases, as they contain numerous active constituents of therapeutic value¹¹⁻¹⁴.

Rational chemistry, while essential to the development of many modern pharmaceuticals, often serves better to refine the chemical blueprints isolated from natural product screens than to devise entirely new molecular backbones. The enormous diversity of plant-derived compounds therefore makes them one of the most promising reservoirs of potentially novel antimycobacterial molecules¹⁵.

M. smegmatis is commonly used in work on the *Mycobacterium* genus due to its being a "fast grower" and non-pathogenic. *M. smegmatis* is commonly used in work on the *Mycobacterium* genus due to its being a "fast grower" and non-

pathogenic. This species shares more than 2000 homologous genes with *M. tuberculosis* and shares the same peculiar cell wall structure of *M. tuberculosis* and other mycobacterial species. The *M. smegmatis* strain is hypertransformable, and is now the work-horse of *mycobacterial genetics*. Furthermore, it is readily cultivatable in most synthetic or complex laboratory media, where it can form visible colonies in 3-5 days. These properties make it a very attractive model organism for *M. tuberculosis* and other mycobacterial pathogens. *M. smegmatis* mc²155 is also used for the cultivation of mycobacteriophage¹⁶.

By taking into consideration of all the above points our aim of this research work is to evaluate antimycobacterial activity of selected eleven medicinal plants and their different extract using two quantitative *in-vitro* assays. The names of all selected plants are given in following **Table 1**. There are two *in-vitro* assays performed MTT assay and RESAZURIN assay (microplate resazurin assay).

TABLE 1: LIST OF SELECTED PLANTS FOR THE EVALUATION OF ANTIMYCOBACTERIAL ACTIVITY

S. no.	Common name	Biological source	Family	Part used
1	Amla ¹⁷	<i>Emblica officinalis</i>	<i>Euphorbiaceae</i>	Fruits
2	Baheda ¹⁸	<i>Terminalia bellerica</i>	<i>Combretaceae</i>	Fruits
3	Harde ¹⁹	<i>Terminalia chebulla</i>	<i>Combretaceae</i>	Fruits
4	Ashwagandha ²⁰	<i>Withania somnifera</i>	<i>Solanaceae</i>	Roots
5	Nagarmoth ²¹	<i>Cyperus rotundus</i>	<i>Cyperaceae</i>	Rhizomes
6	Rasna ²²	<i>Alpinia galanga</i>	<i>Zingiberaceae</i>	Rhizomes
7	Tulsi ²³	<i>Oscimum sanctum</i>	<i>Liliaceae</i>	Leaves
8	Vasaka ²⁴	<i>Adhatoda vasica</i>	<i>Acanthaceae</i>	Leaves
9	Long pepper ²⁵	<i>Piper longum</i>	<i>Piperaceae</i>	Fruits
10	Kharkhodi ²⁶	<i>Leptedinia reticulata</i>	<i>Asclepiadaceae</i>	Roots
11	Vevadi ²⁷	<i>Cocculus hirsutus</i>	<i>Menispermaceae</i>	Whole herb

MATERIALS AND METHODS:

Plant Collection and Authentication: Dried plant materials of nine selected plants [Fruits of *Emblica officinalis*, fruits of *Terminalia bellerica*, fruits of *Terminalia chebulla*, roots of *Withania somnifera*, rhizomes of *Cyperus rotundus*, rhizomes of *Alpinia galanga*, leaves of *Oscimum sanctum*, leaves of *Adhatoda vasica* and fruits of *Piper longum*] out of eleven selected plants were procured from Ayurvedic store of Gandhinagar and fresh plant material of two selected plants [roots of *Leptedinia reticulata* and the whole herb of *Cocculus hirsutus*] out of eleven selected plants were collected from Dhandhiya village of Rajkot district, Gujarat, India.

Preparation of Plant Extract:

Preparation of Alcoholic, Hydroalcoholic and Aqueous Extracts of the Selected Plants: 100 gm of the powder of the eleven selected plants *i.e.*, fruits of *Emblica officinalis*, fruits of *Terminalia bellerica*, fruits of *Terminalia chebulla*, roots of *Withania somnifera*, rhizomes of *Cyperus rotundus*, rhizomes of *Alpinia galanga*, leaves of *Oscimum sanctum*, leaves of *Adhatoda vasica* and fruits of *Piper longum*, roots of *Leptedinia reticulata* and the whole herb of *Cocculus hirsutus* were taken to prepare its different extracts. Three different extracts, *i.e.*, alcoholic, hydroalcoholic (30:70 water: alcohol) and aqueous extracts, were

prepared by maceration of the raw material of selected plants for 48 h in respective solvents. It was then refluxed for about 1 h with occasional shaking consecutively three times and filtered. The filtrates were pooled and concentrated to dryness, percentage yield was calculated. The prepared extracts were labeled and stored in an airtight container for further use.

Antimycobacterial Activity Tests:

Procurement and Culturing of *M. smegmatis*

Freeze Dried Culture: The *M. smegmatis* (MTCC 6) freeze-dried culture was procured from Microbial Type Culture Collection and Gene bank (MTCC), Chandigarh, India.

***M. smegmatis* Culture Preparation:** The *M. smegmatis* (MTCC 6) strain was used. 10 ml of Middlebrook 7H9 broth supplemented with 10% oleic acid-albumin-dextrose-catalase and 0.2% of glycerol culture was inoculated with 0.4-0.6 ml of *M. smegmatis* in a 50 ml conical tube. The culture was grown to mid-log phase on the wheel at 37 °C, until bacterial culture shows growth is equal to 0.5 McFarland standards dilution. This resulted in a culture with approximately 1.5×10^8 Cfu/ml.

To check the purity of prepared culture, Ziehl-Neelsen staining was performed for the confirmation of acid-fast bacilli. Then, 100µl of this culture was used to set up the assay plates, with each well containing 10^4 Cfu.

The antimycobacterial activities of the different extracts of the eleven plants were tested using the different *in-vitro* antimycobacterial assays. Two different antimycobacterial assays were performed to evaluate the potential of different extracts of eleven selected medicinal plants.

MTT Assay:

Principle of MTT Assay: This assay is based on the assumption that dead bacteria or their products do not reduce tetrazolium. The principle involved is the cleavage of tetrazolium salt 3-(4, 5 dimethyl thiazole-2-yl)-2, 5-diphenyl tetrazolium bromide (MTT) into a blue-colored product (formazan) by mitochondrial enzyme succinate dehydrogenase. The numbers of bacteria were found to be proportional to the extent of formazan production by the bacteria used is insoluble in aqueous solutions.

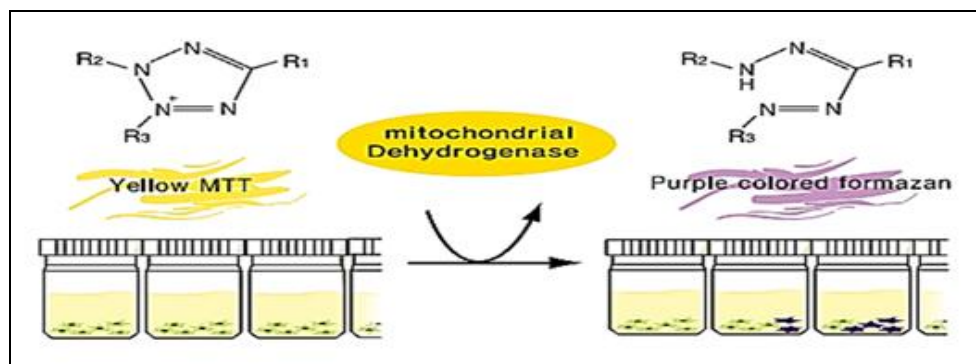


FIG. 1: PRINCIPLE OF MTT ASSAY

Chemicals and Instruments: Middlebrook 7H9 Broth (HiMedia), Middlebrook ADC Growth Supplements (HiMedia), Zeihl- carbol fusin dye, Methylene blue, MTT Reagent (3-[4,5-dimethyl-thiazole-2-yl]- 2, 5- diphenyltetrazolium bromide) (HiMedia), Trypsin-EDTA solution, 70% (v/v) Iso-Propyl alcohol, Dimethyl sulfoxide, Bio-safety cabinet II, Autoclave, Research Centrifuge (Eltrek), Incubator, Reagent Bottle Screw Cap- 500ml (Tarson), Reagent Bottle Srew Cap- 250 (Tarson), ELIZA reader, Digital Weigh Balance, 96 well plate flat-bottom, Inverted microscope, Micro-pipettes.

Prior to MTT Assay: Middlebrook 7H9 Broth Base with added enrichment is recommended for cultivation and sensitivity testing of *Mycobacterium* species. Suspend 2.35 gm in 450 ml distilled water. Add either 1 ml glycerol. Heat if necessary to dissolve the medium completely. Sterilize by autoclaving at 15 lbs pressure (121 °C) for 10 min. Cool to 45°C or below and aseptically add contents of 1 vial of Middlebrook oleic acid-albumin-dextrose-catalase (OADC supplements) Growth Supplement. Mix well before dispensing. 7H9 broth supplemented with 10% oleic acid-albumin-dextrose-catalase (OADC supplements) and 0.2%

of glycerol culture was inoculated with 0.4-0.6 ml of *M. smegmatis* in a 50 ml conical tube. The culture was grown to mid-log phase on the wheel at 37 °C, until bacterial culture shows growth is equal to 0.5 McFarland standards dilution. This resulted in a culture with approximately 1.5×10^8 Cfu/ml. To check the purity of the prepared culture, Ziehl-Neelsen Stain was performed for the confirmation of acid-fast bacilli. Then, 100 µl of this culture was used to set up the assay plates, with each well containing 10^4 Cfu.

MTT Assay: This assay is based on the assumption that dead bacteria or their products do not reduce tetrazolium. The assay depends both on the number of bacteria present and on the mitochondrial activity. The principle involved is the cleavage of tetrazolium salt 3-(4, 5 dimethyl thiazole-2-yl)-2, 5-diphenyl tetrazolium bromide (MTT) into a blue color product (formazan) by mitochondrial enzyme succinate dehydrogenase. The numbers of bacteria were found to be proportional to the extent of formazan production by the bacteria used. The bacterial suspension was trypsinized, and the bacterial count was adjusted to 1.0×10^5 bacteria/ml Middlebrook 7H9 broth supplemented with oleic acid-albumin-dextrose-catalase. To each well of the 96 well microtitre plate, 0.1 ml of the diluted bacterial suspension (approximately 10,000 bacteria) was added. After 24 h, when a partial monolayer was formed, the supernatant was flicked off; wash the monolayer once with medium and 100, 500, and 1000 µl of different concentration of plant extracts was added on to the partial monolayer in microtitre plates. The plates were then incubated at 37 °C for 3 days in 5% CO₂ atmosphere, and microscopic examination was carried out, and observations were noted every 24 h interval. After 72 h, the drug solutions in the wells were discarded, and 50 µl of MTT in PBS was added to each well. The plates were gently shaken and incubated for 3 h at 37 °C in 5% CO₂ atmosphere. The supernatant was removed, and 100 µl of DMSO was added, and the plates were gently shaken to solubilize the formed formazan.

The absorbance was measured using a microplate ELIZA reader at a wavelength of 540 nm. The experiments were performed thrice, and the results were obtained by calculating the mean absorbance of the triplicate wells. The percentage growth

inhibition was calculated using the following formula, and the concentration of the test drug needed to inhibit cell growth by 50% (IC₅₀) values is generated from the dose-response curves for each cell line²⁸.

$$\% \text{ Growth Inhibition} = 100 - \frac{\text{Mean OD of individual test group} \times 100}{\text{Mean \% Growth Inhibition}}$$

Trypan Blue Dye Exclusion Technique: The aliquot of 10 µl of the trypsinized bacterial suspension was taken in a micro-centrifuge tube, and 1:1 mixture of the bacterial suspension was prepared by adding 10 µl of the 0.4% trypan blue dye solution. It was gently mixed and kept at room temperature for about 5 min. Prior to use, the hemocytometer and the coverslip were washed with 70% (v/v) isopropyl alcohol and were allowed to air-dry. Fifteen microlitres of cell suspension and trypan blue dye mixture were applied to the edge of the chamber between the coverslip and the V-shaped groove in the chamber. It was allowed to sit for 1-2 min, and then the bacteria were counted for their cell viability and total cell count. This assay was based on the assumption that the dead bacteria will stain blue and viable bacteria are colorless²⁹. The following formula calculated the percentage growth inhibition.

$$\% \text{ Growth Inhibition} = 100 - \frac{\text{Total Cells} - \text{Dead Cells} \times 100}{\text{Total Cells}}$$

As in the last step of the procedure of MTT assay, the supernatant was removed, and 100 µL of DMSO was added; the plates were gently shaken to solubilize the formed formazan. In this step, there may be chances of to flow of bacteria with the supernatant liquid as bacteria did not have an adherent ability. To overcome this problem in the antimycobacterial assay, another advanced new antimycobacterial assay was performed to evaluate antimycobacterial activity.

The Microplate Resazurin (Resazurin) Assay:
Principle of Microplate Resazurin Assay: Microplate Resazurin Assay work as a viability indicator through the conversion of RESAZURIN to RESORUFIN. Resazurin, a non-fluorescent indicator dye, is converted to highly red fluorescent resorufin *via* reduction reactions of metabolically viable organisms. The amount of fluorescence produced is proportional to the number of living organisms.

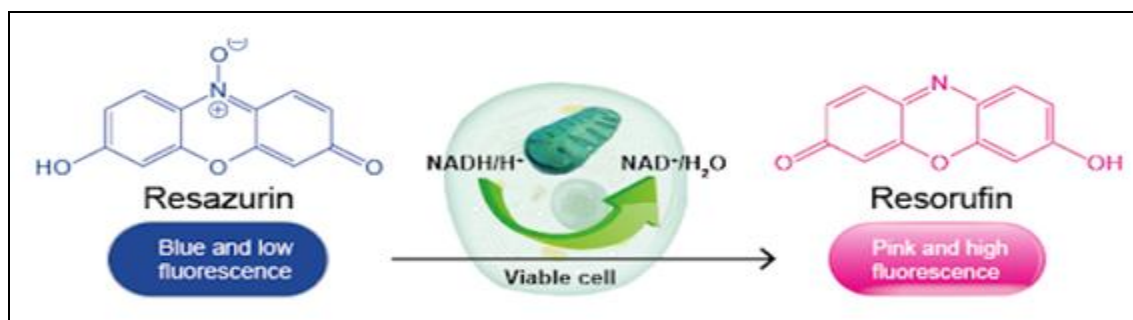


FIG. 2: GRAPHICAL REPRESENTATION OF PRINCIPLE OF MICROPLATERESAZURIN ASSAY

The quantitative *in-vitro* antimycobacterial activity of different extracts of selected plants was done in 96 microtiter plates using the Resazurin reagent as an indicator of bacterial viability. Working solutions of the tested extracts were diluted in Middlebrook 7H9 broth supplemented with oleic acid-albumin-dextrose-catalase to obtain the final sample concentrations that ranged from 1000 μ g/ml to 100 μ g/ml. Isoniazid was dissolved in dimethyl sulfoxide and used as a positive control drug at 50 μ g/ml as the starting concentration, and extracts/drug-free medium with strain suspensions were used as the negative control. One hundred microliters of 7H9 broth was added into all wells of the 96 well plates, and 100 μ l of the different concentration of plant extracts was introduced to the wells in and mixed thoroughly. Then, 100 μ l of the inoculum was introduced into the corresponding wells. The final volume in each well was 200 μ l. Each extract concentration was assayed in triplicate. Each microplate was then sealed with the optical sealing tape and incubated for 48 h at 37 °C. After the incubation period, 32.5 μ l of Alamar blue dye was added to each well. The plates were then reincubated for 4 h at 37 °C in the dark. The experimental results were computerized using the ELIZA microplate reader at 600nm for data analysis^{30, 31}.

The minimal inhibitory concentration (MIC) results were presented as the mean value. The lowest concentration that resulted to 90% inhibition was defined as the MIC. The MIC values determined by this method were cross-checked using the broth

dilution methods. The blue color in the well was scored as “no mycobacterial growth,” and a pink color was scored as “growth occurrence”.

RESULTS:

Plant Collection and Authentication: The procured material of selected plants was authenticated by a taxonomist and further authenticated by comparing the microscopy with reported literature. Herbarium specimens of selected plant materials were deposited at Pharmacognosy department, K.B.I.P.E.R., Gandhinagar. Plant authentication numbers of selected medicinal plants are shown in **Table 2**.

TABLE 2: PLANT AUTHENTICATION NUMBERS OF SELECTED MEDICINAL PLANTS

Plant name	Plant part used	Herbarium sheet number
<i>Emblca officinalis</i>	Fruit	PH/15/001
<i>Terminalia bellerica</i>	Fruit	PH/15/002
<i>Terminalia chebulla</i>	Fruit	PH/15/003
<i>Withania somnifera</i>	Roots	PH/15/004
<i>Cyperus rotundus</i>	Rhizomes	PH/15/005
<i>Alpinia galanga</i>	Rizomes	PH/15/006
<i>Oscimum sanctum</i>	Leaf	PH/15/007
<i>Adhatoda vasica</i>	Leaf	PH/15/008
<i>Piper longum</i>	Fruit	PH/15/009
<i>Leptedinia reticulata</i>	Roots	PH/15/010
<i>Cocculus hirsutus</i>	Whole plant	PH/15/011

Percentage Yield of Selected Medicinal Plant Extract: Alcoholic, 70% hydroalcoholic, and aqueous extracts were prepared to screen its anti-tubercular activity using a different model. % yield of prepared extracts are shown in **Table 3**.

TABLE 3: PERCENTAGE YIELD OF PREPARED EXTRACTS OF SELECTED MEDICINAL PLANTS

S. no.	Name of the plant	% yield of extracts		
		Alcoholic extract	Hydro-alcoholic extract	Aqueous extract
1	<i>Emblca officinalis</i>	44.38%	52.92%	63.52%
2	<i>Terminalia bellerica</i>	42.46%	55.16%	66.68%
3	<i>Terminalia chebulla</i>	45.08%	50.58%	46.56%
4	<i>Withania somnifera</i>	08.91%	15.32%	24.16%

5	<i>Cyperus rotundus</i>	08.28%	10.47%	15.46%
6	<i>Alpinia galanga</i>	08.26%	05.92%	06.63%
7	<i>Oscimum sanctum</i>	17.87%	21.10%	28.21%
8	<i>Adhatoda vasica</i>	13.30%	28.56%	36.26%
9	<i>Piper longum</i>	21.52%	40.78%	45.76%
10	<i>Leptedinia reticulata</i>	08.80%	9.40%	10.39%
11	<i>Cocculus hirsutus</i>	16.00%	23.48%	30.12%

In-vitro Antimycobacterial Screening: The present study was conducted to investigate the antimycobacterial activity of three different extracts of eleven selected plants against *Mycobacterium smegmatis*.

MTT Assay: The results of the MTT viability assay performed against *Mycobacterium smegmatis*. The mean absorbance values following 48 h of treatment with the selected plant extract

were found to be significantly inhibiting the *Mycobacteria* as compared with antimycobacterial positive standard Isoniazid, as shown in Graph 2. On the basis of this assay, *Adhatoda vasica*, *Alpinia galana* and *Oscimum sanctum* show good antimycobacterial activity. And the extract of *Cocculus hirsutus* and *Leptedinia reticulata* shows significant antimycobacterial activity against *Mycobacterium smegmatis*.

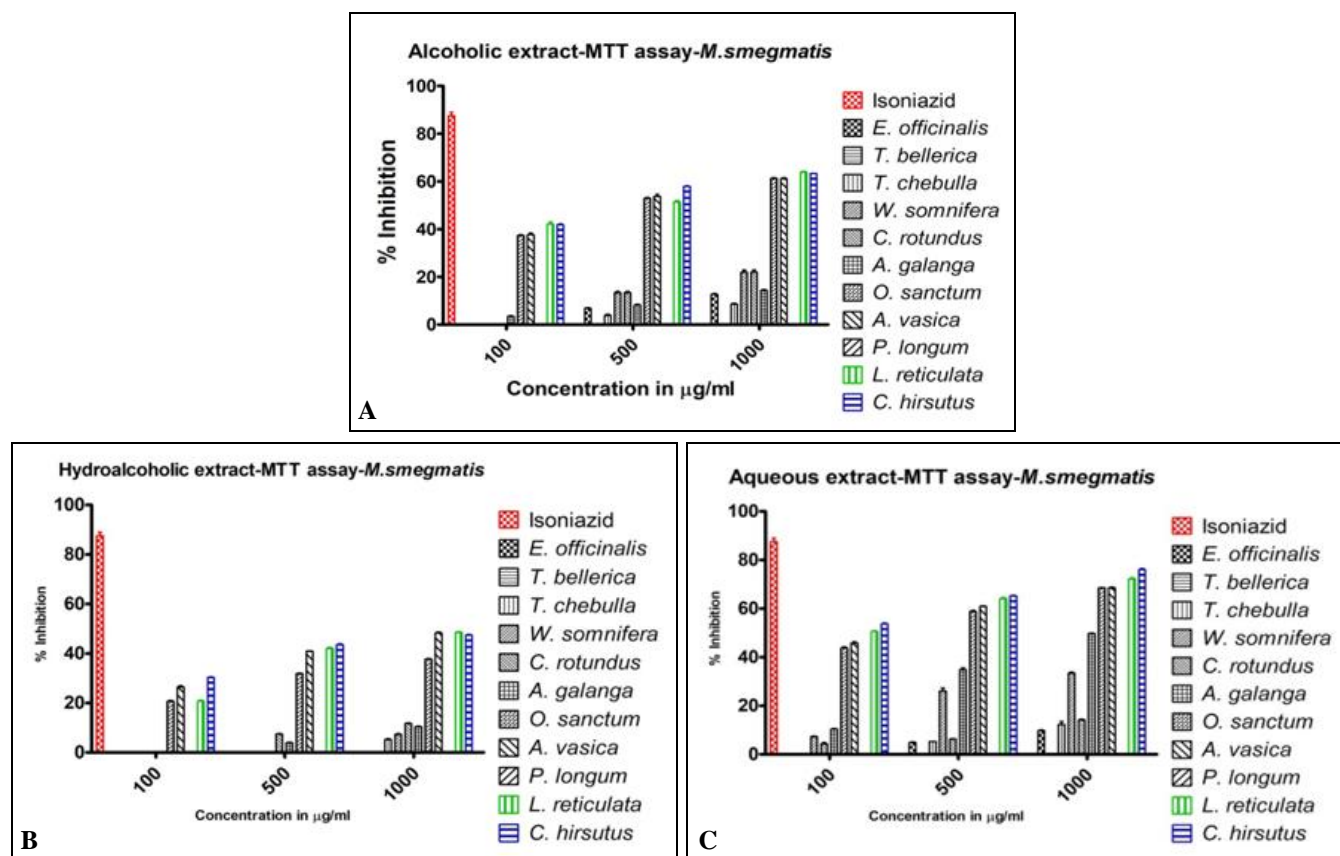


FIG. 3: PERCENTAGE INHIBITION OF THE ALCOHOLIC (A), HYDROALCOHOLIC (B) AND AQUEOUS (C) EXTRACTS OF THE SELECTED PLANTS AGAINST *M. SMEGMATIS* VIA MTT ASSAY. Results are presented as mean ± SD from at least three times (n=3). Statistical analysis of data was carried out by one-way ANOVA followed by Tukey *post hoc* test using GraphPad Prism for Windows (version 5). Values of $p < 0.05$ were considered significant.

The Microplate Resazurin Assay: Crude plant extracts did not show an enhanced reduction of Resazurin as compared to the media control. Out of eleven selected plants, *Emblica officinalis*, *Terminalia bellerica*, *Terminalia chebulla*, *Withania somnifera*, *Cyperus rotundus*, *Piper*

longum showed no anti-*M. smegmatis* activity, while aqueous extracts of *Cocculus hirsutus*, *Leptedinia reticulata* *Adhatoda vasica*, *Alpinia galanga*, and *Oscimum sanctum* showed significant activity against *M. smegmatis*.

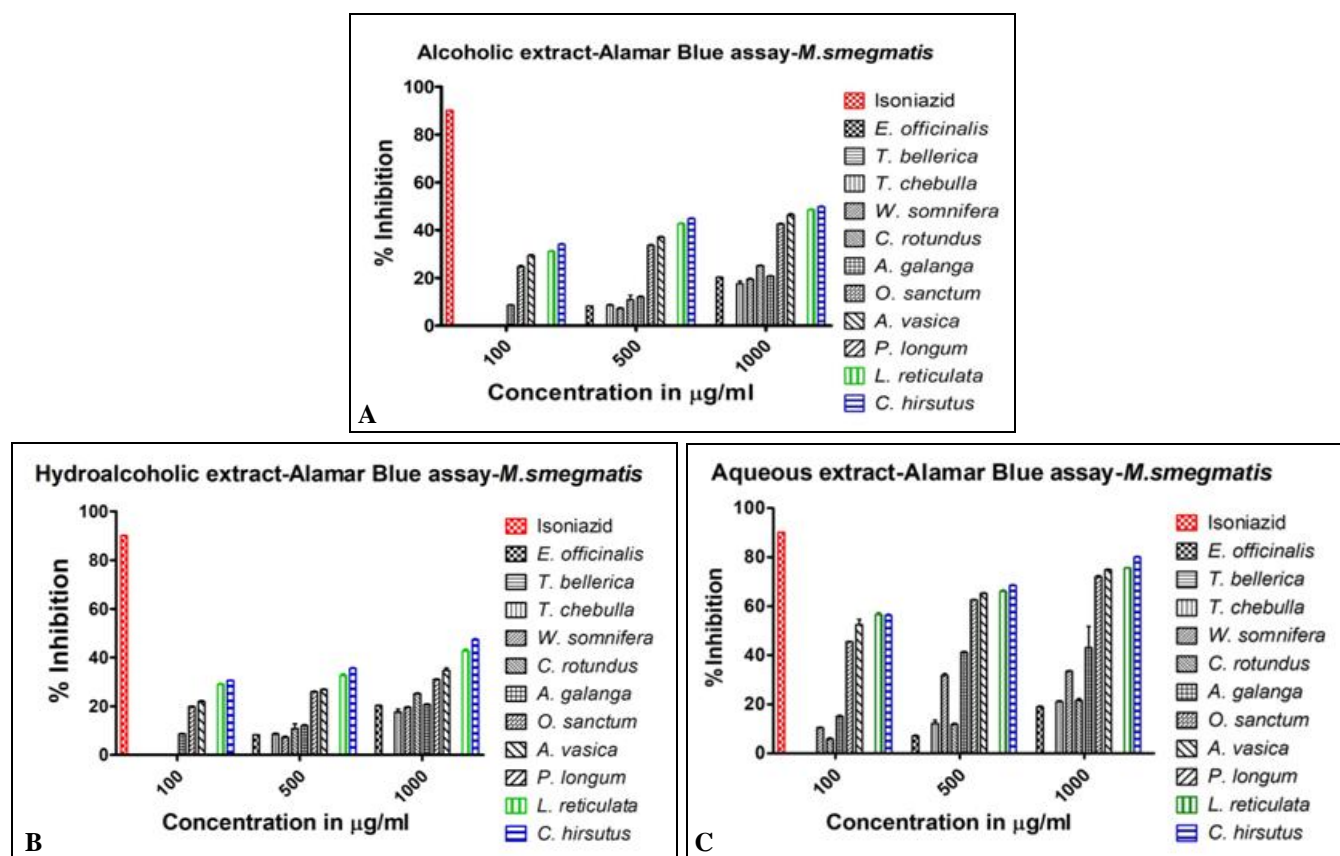


FIG. 4: PERCENTAGE INHIBITION OF ALCOHOLIC, HYDROALCOHOLIC AND AQUEOUS EXTRACTS OF THE SELECTED PLANT AGAINST *M. SMEGMATIS* VIA MICROPLATE RESAZURIN ASSAY. Results are presented as mean \pm SD from at least three times ($n=3$). Statistical analysis of data was carried out by one-way ANOVA followed by Tukey *post hoc* test using GraphPad Prism for Windows (version 5). Values of $p < 0.05$ were considered significant.

DISCUSSION: Tuberculosis has been a major health problem for developing countries, including India. The increasing resistance of the disease to first and second-line drugs has demanded the need for a new search for antimycobacterial agents that could be effective, efficient, non-toxic, and cost-effective³².

There has been no antimycobacterial drug introduced in the past 30 years, and the rapid acquisition of drug resistance to the existing drugs necessitates the development of new, effective, and affordable antimycobacterial drugs³³.

Plant-derived antimycobacterial compounds belong to an exceptionally wide diversity of classes, including terpenoids, alkaloids, peptides, phenolics and coumarins. Hence medicinal plants remain an important resource to find new therapeutic agents³⁴.

In this study, there are eleven ethnomedicinal plants selected on the basis of a literature survey were evaluated for their antimycobacterial activity against *M. smegmatis*. Prior to testing, selected

plants were each extracted using three different solvents *i.e.*, alcoholic, hydro-alcoholic, and aqueous. The highest percentage yield of extract was in polar solvents. It is therefore not surprising that traditional healers use mostly water for extraction processes³⁵. There were two antimycobacterial assays performed to evaluate antimycobacterial activity of different extracts of selected eleven medicinal plants *i.e.*, MTT assay and RESAZURIN assay.

The MTT assay is based on the assumption that dead bacteria or their products do not reduce tetrazolium. The numbers of bacteria were found to be proportional to the extent of formazan production by the bacteria used is insoluble in aqueous solutions³⁶. The MTT assay employed in this study provides preliminary data as evidence that the aqueous extracts of *Oscimum sanctum* (68.54%), *Adhatoda vasica* (68.14%), *Leptedinia reticulata* (71.26%), and *Cocculus hirsutus* (76.96%) shows a satisfactory percentage of inhibition against *M. smegmatis*.

The RESAZURIN ASSAY is a non -radiometric, rapid, high-throughput assay that allows for the detection of bacterial activity with a high degree of confidence³⁷. The results obtained showed that aqueous extracts of, *Oscimum sanctum*, *Adhatoda vasica*, *Leptedinia reticulata* and *Cocculus hirsutus* shows strong antimycobacterial activity as compared to MTT assay. On the basis of result from these four different extracts of plants, aqueous extract of *Cocculus hirsutus* shows 80.26% and *Leptedinia reticulata* shows 75.38% percentage of *Mycobacterial* inhibition against *M. smegmatis*. The results were comparable to those of the standard drug Isoniazid.

CONCLUSION: In conclusion, with increasing rates of tuberculosis worldwide and the rise of MDR-TB and XDR-TB, there is a need for novel antimycobacterial agents. Using the MRA as a screening tool, this study assessed the antimycobacterial properties of traditional medicinal plants. The aqueous extracts of *Leptedinia reticulata* and *Cocculus hirsutus* were found to exhibit very strong antimycobacterial activity. This study serves to validate traditional knowledge. The current growing literature on botanical sources identified as providing important novel antimycobacterial compounds. The antimycobacterial activity of the plant extracts investigated in this study was evaluated against the *M. smegmatis* strain of *Mycobacteria*, as the assays were performed in a biosafety containment level 2 setting. The results obtained indicate that it would be relevant to continue our investigations of *Leptedinia reticulata* and *Cocculus hirsutus*, and further studies using the virulent *M. tuberculosis* H₃₇Rv strain are currently underway.

ACKNOWLEDGEMENT: The authors are thankful to the Department of Science and Technology for providing DST-INSPIRE FELLOWSHIP.

CONFLICTS OF INTEREST: None

REFERENCES:

1. Adaikkappan P, Kannapiran M and Anthonisamy A: Antimycobacterial activity of *Withania somnifera* and *Pueraria tuberosa* against *Mycobacterium tuberculosis* H₃₇Rv. J Acad Indus Res 2012; 1(4): 153-56.
2. Sabran SF, Mohamed M, Bakar A and Fadzelly M: Ethnomedical knowledge of plants used for the treatment

- of tuberculosis in Johor, Malaysia. Evidence-Based Complementary and Alternative Medicine 2016: 1-12.
3. Akintola AO, Kehinde AO, Adebisi OE and Ademowo OG: Anti-tuberculosis activities of the crude methanolic extract and purified fractions of the bulb of *Crinum jagus*. Nigerian Journal of Physiological Sciences 2013; 28(2): 135-40.
4. Hunter RL, Olsen MR, Jagannath C and Actor JK: Multiple roles of cord factor in the pathogenesis of primary, secondary, and cavitary tuberculosis, including a revised description of the pathology of secondary disease. Annals of Clinical & Laboratory Science 2006; 36(4): 371-86.
5. Itah AY and Udofia SM: Epidemiology and Endemicity of Pulmonary Tuberculosis (PTB) in Southeastern Nigeria. Southeast Asian Journal of Tropical Medicine & Public Health 2005; 36(2): 317-23.
6. Abdallah TM and Ali AA: Epidemiology of tuberculosis in Eastern Sudan. Asian Pacific Journal of Tropical Biomedicine 2012; 2(12): 999-1001.
7. Palomino JC: Molecular detection, identification and drug resistance detection in *Mycobacterium tuberculosis*. FEMS Immunology & Medical Microbiol 2009; 56(2): 103-11.
8. WHO, Global TB control report: epidemic levelling off, 1211 Geneva 27, Switzerland, World Health Organization 2007.
9. Chaisson RE and Martinson NA: Tuberculosis in Africa combating an HIV-driven crisis. New England Journal of Medicine 2008; 358(11): 1089-92.
10. Skeiky YA and Sadoff JC: Advances in tuberculosis vaccine strategies. Nature Reviews Microbiology 2006; 4(6): 469-76.
11. Deepa R, Manjunatha H, Krishna V and Kumara SB: Evaluation of antimicrobial activity and antioxidant activity by electrochemical method of ethanolic extract of *Pterocarpus marsupium* Roxb bark. Journal of Biotechnology & Biomaterials 2014; 4(1): 1.
12. Guirado E, Arcos J, Knaup R, Reeder R, Betz B, Cotton C, Patel T, Pfaller S, Torrelles JB and Schlesinger LS: Characterization of clinical and environmental *Mycobacterium avium* spp. isolates and their interaction with human macrophages. PloS One 2012; 7(9): e45411.
13. Paolo Jr WF and Nosanchuk JD: Tuberculosis in New York city: recent lessons and a look ahead. The Lancet Infectious Diseases 2004; 4(5): 287-93.
14. Ruskin RS, Priya K and Gopukumar S: Evaluation of phytochemical, antibacterial and anti-cancerous activity of *Cissus quadrangularis* from South Western Ghats regions of India. Int J Pharm Sci Rev Res 2014; 28(1): 12-5.
15. Brennan PJ and Nikaido H: The envelope of mycobacteria. Annual Review of Biochemistry 1995; 64(1): 29-63.
16. King GM: Uptake of carbon monoxide and hydrogen at environmentally relevant concentrations by mycobacteria. Application of Environmental Microbiology 2003; 69(12): 7266-72.
17. The Wealth of India: A Dictionary of Indian Raw Materials and Industrial Products. New Delhi: Council of Scientific and Industrial Research 2002: 1023-26.
18. Gupta AK: Quality Standards of Indian Medicinal Plants Vol 1, Indian Council of Medical Research (ICMR), New Delhi 2003.
19. The Wealth of India: A Dictionary of Indian Raw Materials and Industrial Products. New Delhi Publications and Information Directorate: CSIR 1982: 1068-1072.
20. Nadkarni KM: Indian Materia Medica. Popular Prakashan Pvt. Ltd. Bombay. I: 1982: 1292-94.

21. Quality standard of Indian medicinal plants, medicinal plant unit, Indian council of medical research, New Delhi, *Cyperus rotundus* 2005; 1: 89.
22. Gupta, A: Quality Standards of Indian Medicinal Plants. Vol-1, Indian Council of Medical Research (ICMR), New Delhi 2003; 29-33.
23. Panday CN, Raval SS, Mali S and Salvi H: Medicinal plants of Gujarat - species description and medicinal use, *Oscimum sanctum* 2005: 229.
24. Quality standards of Indian medicinal plants, vol II. New Delhi: Indian Council of Medical Research (ICMR) 2005: 276-79.
25. Kirtikar KR and Basu BD: Indian Medicinal Plants, 2nd ed., Lalit Mohan Basu Publications, Allahabad 1933; 2131-33.
26. Kirtikar KR, Basu BD: Indian Medicinal Plants, Bishen Singh Mahendra Pal Singh, Dehradun, 2nd Edn, *Leptedinia reticulata* 1998; 7: 2246-47.
27. Kirtikar KR and Basu BD: Indian Medicinal Plants, Sri Satguru Publication, New Delhi, 3rd revised enlarged edition, *Cocculus hirsutus* 2002, 120.
28. Unnikrishnan MC and Kuttan R: Cytotoxicity of extracts of spices to cultured cells. *Nutr Canc* 1988; 11(4): 251-57.
29. Jeyaraj M, Arun R, Sathishkumar G, Ali DM, Rajesh M and Sivanandhan G: An evidence on G2/M arrest, DNA damage and caspase mediated apoptotic effect of biosynthesized gold nanoparticles on human cervical carcinoma cells (HeLa). *Mat Res Bull* 2014; 52: 15-24.
30. Jethva KD, Bhatt DR and Zaveri MN: Antimycobacterial screening of selected medicinal plants against *Mycobacterium tuberculosis* H37Rv using agar dilution method and the microplateresazurin assay. *International Journal of Mycobacteriology* 2020; 9(2): 150.
31. Webster D, Lee TD, Moore J, Manning T, Kunimoto D, LeBlanc D, Johnson JA and Gray CA: Antimycobacterial screening of traditional medicinal plants using the microplateresazurin assay. *Canadian Journal of Microbiology* 2010; 56(6): 487-94.
32. Kirimuhuza C, Waako P, Joloba M and Odyek O: The anti-mycobacterial activity of *Lantana camara* a plant traditionally used to treat symptoms of tuberculosis in South-western Uganda. *African Health Sci* 2009; 9: 40.
33. Gautam R, Saklani A and Jachak SM: Indian medicinal plants as a source of antimycobacterial agents. *Jornal of Ethnopharmacology* 2007; 110(2): 200-34.
34. Mmushi T, Masoko P, Mdee L, Mokgotho M, Mampuru L and Howard R: Antimycobacterial evaluation of fifteen medicinal plants in South Africa. *Afr J Tradit Complement Altern Med* 2010; 7(1): 34-39.
35. Masoko P and Nxumalo M: Validation of anti-mycobacterial plants used by traditional healers in the three districts of the limpopo province (South Africa). *Evidence Based Compl and Alt Med* 2013: 1-7.
36. Pesaramellikartik, *International research journal of pharmacy*, evaluation of antibacterial activity of drug 2012; 3(8).
37. Postnikov EB, Lavrova AI, Khalin AA, Dogonadze MZ and Manicheva OA: Spectrophotometric vs. colorimetric analysis of mycobacterium tuberculosis population growth curves in resazurin assay. *Computations and Data Analysis: from Nanoscale Tools to Brain Functions* 2019; 11067: 110670L.

How to cite this article:

Jethva KD, Bhatt DR and Zaveri MN: Antimycobacterial screening of selected medicinal plants using mtt and the microplate resazurin assay. *Int J Pharm Sci & Res* 2021; 12(3): 1537-45. doi: 10.13040/IJPSR.0975-8232.12(3).1537-45.

All © 2013 are reserved by the International Journal of Pharmaceutical Sciences and Research. This Journal licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License.

This article can be downloaded to **Android OS** based mobile. Scan QR Code using Code/Bar Scanner from your mobile. (Scanners are available on Google Playstore)