Potential of Chinese Petai Leaf Extract (Leucaena Leucocephala) in Inhibiting the Growth of Candida Albicans (Laboratory Study on Leucorrhoea Culture)

by Suhartono Suhartono

Submission date: 26-May-2021 07:30PM (UTC+0700)

Submission ID: 1594543280

File name: 721-Article_Text-1576-1-10-20200813.pdf (298.28K)

Word count: 3143
Character count: 17848



International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

ISSN:2347-6567

IJAMSCR IVolume 7 I Issue 3 I Jul - Sep - 2019 www.ijamscr.com

Research article Medical research

Potential of Chinese Petai Leaf Extract (Leucaena Leucocephala) in Inhibiting the Growth of Candida Albicans (Laboratory Study on Leucorrhoea Culture)

Nova Roza^{1*}, Supriyana², Suhartono³

- ¹Poltekkes Kemenkes Semarang / Semarang, Indonesia
- ² Poltekkes Kemenkes Semarang / Semarang, Indonesia
- ³FKM Universitas Diponegoro / Semarang, Indonesia
- * Corresponding author: Nova Roza Email: novaroza19@gmail.com

ABSTRACT

Background

Leukore is an illustration of excess secretion from intercourse and the problem most often complained of by women at reproductive age. If not treated at an early stage it can become chronic and lead to PID (Pelvic Inflammatory Diseases) which can cause difficulties in obtaining offspring. Leukore caused by candida albicans and experienced by 75% of women of reproductive age experience vulvovaginal candidiasis. Flukonazole antifungi from the azole group, which inhibit 14- α -sterol demethylase, but C. Albicans is resistant to azole, needs another artenative. Chinese petai leaves (Leucaena Leucocephala) are plants that overcome microbial diseases, which contain alkaloids, tannins, saponins, phenols, flavonoids which have the potential to be antifungal bacteria.

Objective

To analyze the compounds of Chinese petai leaf extract (Leucaena leucocephala) of various concentration variants in inhibiting the growth of Candida albicans.

Methods

True experiment with post test only control group design, using a completely randomized design.

Results

The flavonoid compounds of Chinese petai leaf extract concentration of 20%, 60% at 100% have an average inhibitory power to the growth of albicans candida is 8.7 mm, 12.26 mm, 16.06 mm. The results of the post test showed a significant difference between 20% flavonoids with 60% falvonoid and 100% flavonoids and 60% flavonoids with 100%, there were significant differences (P <0.05).

Conclusions and recommendations

Flavonoid compounds from Chinese petai leaf extract have the potential as an alternative treatment for vaginal discharge caused by Candida albicans.

Keywords: Chinese petai, Candida Albicans, Leukorea

INTRODUCTION

Whitish (leucorrhoea) is a general term commonly used to describe excessive secretion expenditure from intercourse and one of the problems most often complained of by women at reproductive age and / or sexually active [1][2].

When the condition changes to pathology, vaginal secretions can be accompanied by a rash around the genital area, burning sensations, itching, low-back pain, unpleasant odors and discoloration of the discharge into yellowish, greenish, or mixed with blood [1][3][4]. Pathological leucorrhoea usually signifies ongoing reproductive tract infections[1][5]. Abnormal conditions in the female reproductive organs if not treated at an early stage can become chronic and lead to PID (Pelvic Inflammatory Diseases), which can cause difficulties in obtaining offspring[2][3]. The prevalence of infertility in Indonesia is more than 20%, where 40% of these figures are cases of infertility in women, one of which is caused by PID due to untreated pathological leucorrhoea[6].

The three most common diseases associated value heleucorrhoea are bacterial vaginosis (replacement of normal vaginal flora with overgrowth of anaerobic, myco-plasma, and Gardnerella vaginalis), Trichomoniasis (caused by Trichomonas vaginalis) and Candidiasis (usually caused by Candida albicans)[7]. Candida albicans is one of the four main pathogenic fungi that causes most cases of severe fungal disease and is the main agent that causes mucosal infections[8][9].

Although the medical world continues to progress and modernize, the incidence of fungal infections has actually increased, especially infections caused by Candida species. 75% of reproductive-age women experience Vulvovaginal candidiasis (VVC) at least once during their etime, almost half of them will experience recurrence, and 5-8% have several episodes each year[7].

The most commonly used antifungi to treat most Candida albicans infections is fluconazole, an antifungal of the azole group. Azole inhibits $14-\alpha$ -sterol demethylase which is an enzyme involved in biosynthesis of ergosterol sterol membranes and disrupts the integrity of the cell membrane of Candida albicans. Fluconazole is preferred because of its low toxicity and is available in oral

preparations. However, this therapy is undergoing challenges because now Candida albicans is starting to be resistant to fluconazole[10][11].

In another study, Nasrollahi et al (2015) examined women who experienced recurrent VVC. The results show that 94% of recurrent VVC events are caused by Candida albicans which is resistant to fluconazole. The results of these studies recommend the need to seek other therapeutic alternatives to overcome VVC problems[12][13][14].

About 80% of the world's population in developing countries to treat primary health depends on traditional medicines. While in modern medicine, today nearly 25% are based on medicines derived from plants[15]. Chinese petai plants (Leucaena leucocephala) are one of the plants commonly used to treat microbial diseases[16][17]. From the phytochemical tes sesults, Chinese petai leaves are known to contain carbohydrates, tannins, saponins, flavonoids, quinones, glycosides, terpenoids, phenols, coumarins, proteins, phytosteroids, alkaloids, oils and fats, and resins[18][19].

Mohammed et al (2015) examined the potential antifungal compounds of flavonoids glycoside in Chinese petai leaves. The results of the study showed that Chinese petai leaf extract with the main compounds of flavonoid glycosides had moderate inhibition on the growth of Candida albicans[20].

Flavonoids, phenols, alkaloids, saponins and tannins are compounds that are thought to have the potential as antifungi, among compounds contained in Chinese petai leaves[21]. Flavonoids have antifungal potential because they can interfere with cell metabolism by inhibiting nutrient transport, forming complex compounds against extracellular protein compounds that disrupt membrane integrity and cell walls. Meanwhile, which can denaturate protein bonds in cell membranes so that the cell membrane becomes lysis and can penetrate into the cell nucleus is the way the phenol compounds work[22].

The workings of these compounds are similar to the way fluconazole works where the growth of Candida albicans is inhibited by disturbing the permeability of its cell wall[21] [22]. Therefore, researchers were interested in knowing the potential of Chinese petai leaf extract in inhibiting the growth of Candida albicans.

Study Objectives

Analyzing the flavonoid content of Chinese petai leaf extract (Leucaena leucocephala) wit 4 a concentration of 100%, 60%, 20% in inhibiting the growth of Candida albicans

METHODS

This study is a true experiment with post test only control group design using a completely randomized design (CRD).

Data Analysis

The data analysis used is the normality test using Shapiro Wilk to see whether the description obtained is normally distributed with a value of p> 0.05. The data obtained are normally distributed so

that the One Way ANOVA test is performed to see whether there is significance or difference between treatment groups. Furthermore, a follow-up test was carried out in the form of a Post Hoc test to find out which treatment groups gave different effects.

RESULT

The inhibition of Chinese petai leaves (Flavonoids) with various concentrations on the growth of Candida Albican.

The research results of the potential of Chinese petai leaf extract (Flavonoids, Phenol, Saponin, Alkaloid and Tanin) on the growth inhibition of candida albicans with various concentrations obtained the following results:

Table 1 Diameter of inhibition zone

Treatment	Obstacles zone (mm)			Mean
	Replica			_
	1	2	3	
Flavonoid compounds 20%	8,9	8,5	9,0	8,7
Flavonoid compounds 60%	11,9	12,4	12,5	12,26
Flavonoid compounds 100%	16,2	15,9	16,1	16,06

From table 1 shows that

 The inhibition of flavonoid compounds with a concentration of 20% to the growth of albicans candida

The inhibition zone of the flavonoid compound with a concentration of 20% on the growth of the first candida albicans measurement of 8.9 mm was replicated to the second 8.5 mm and the third replication was 9.0 mm and the average inhibition zone was 8.7 mm. This shows that the flavonoid compound with a concentration of 20% is not able to inhibit the growth of albicans candida

 The inhibition of flavonoid compounds with a concentration of 60% to the growth of albicans candida

The inhibition zone of the flavonoid compound with a concentration of 60% on the growth of the first albicans candida measurement 11.9 mm was second replicated

12.4 mm and the third replication 12.5 mm was obtained by the inhibition zone average of 12.26 mm. This shows that the flavonoid compound with a concentration of 60% can inhibit the growth of candida albicans in the weak category

 The inhibition of flavonoid compounds with a concentration of 100% to the growth of albicans candida

The inhibition zone of the flavonoid mpound with a concentration of 100% on the growth of the candida albicans, the first measurement of 16.2 mm was replicated at the second 15.9 mm and the third replication was 16.1 mm, the average inhibition zone was 16.06 mm This shows that flavonoid compounds with a concentration of 100% can inhibit the growth of candida albicans in the medium category

The inhibition of albicans candida growth between groups

Table 2 One Way ANOVA Test Results Power of inhibiting the growth of Candida Albicans

	Average ± SD	P
Flavonoid 20%	$8,76 \pm 0,321$	000,0
Flavonoid 60%	$12,10 \pm 0,608$	
Flavonoid 100%	$16,06 \pm 0,152$	

Table 2 shows that all compounds have a significant difference in the inhibitory growth of candida albicans with (p <0.05).

Table 3 Data Comparison Results Between Treatment Groups

	Mean difference	IK 95%		P
		Min	Max	
Flavonoid 20 VS Flavonoid 60%	-3,333	-4,585	-2,081	0,000
Flavonoid20%VSFlavonoid100%	-7,300	-8,552	-6,047	000,0
flavonoid 60%VSflavonoid100%	-3,966	-5,219	-2,714	0,000

From table 3, the comparison of candida albicans growth inhibition power in each group can be seen that there is a significant difference between 20% flavonoids and 60% phalvonoid and 100% flavonoids and 60% flavonoids with 100%. showed that there were significant differences (P <0.05)

DISCUSSION

Mechanism of flavonoid content of Chinese petai leaf extract (Leucaena leucocephala) with a concentration of 20%, 60%, 100% in the process of inhibiting the growth of Candida Albicans.

The results showed that after exposure to Chinese petai leaves (Leucaena leucocephala) flavonoids for 24 hours which were divided into 3 concentrations namely 20% did not have inhibition while the concentration of 60% had a weak inhibition and 100% concentration had moderate inhibition of the growth of Candida Albicans. Table 4.2 shows the concentration of 20% has an average inhibition zone of 8.7 mm, a concentration of 60% has an average inhibition zone of 12.6 mm and a concentration of 100% has an average inhibition zone of 16.06 mm.

Theoretically, Chinese petai leaf extract (Leucaena leucocephala) begins to provide inhibitory effects at concentrations of 60% and 100% through the mechanism of action to inhibit the function of the cytoplasmic membrane and

energy metabolism of albicans candida mushroom

Previous research stated that the flavonoid glycoside compound in Chinese petai leaves has the potential as an antifungal. The results of his research showed that Chinese petai leaf extract with the main compounds of flavonoid glycosides had moderate inhibition on the growth of Candida albicans[20]. In other studies, flavonoid compounds in plant extracts have a inhibitory effect on the growth of C. albicas[23][24].

Flavonoids have a broad spectrum in inhibiting the growth of C. albicans. Although the inhibitory strength of the flavonoid compounds in Chinese petai leaves has antifungal potential because it can interfere with cell metabolism by inhibiting nutrient transport, forming complex compounds against extracellular protein compounds that interfere with the integrity of membranes and cell walls with high concentration and as long as possible work of flavonoid compounds which are groups of compounds that have a basic skeletal structure C6-C3-C6. Each part of C6 is a zone ring used with C3 atoms. Flavonoids are found in plants and products related to propolis and honey. In the leaf section, flavonoids are useful as a physiological function of plants, which is to guard against fungi and radiation. Flavonoids are useful in photosynthesis, energy transfer, performance of growth hormones, control of respiration, and morphogenesis. Flavonoids are divided into 14 classes that are distinguished by their basic forms, such as flavones, isoflavones, and flavonols. The potential of flavonoids is thought to be a treatment of infection and bacteria, toxic and diuretic. Flavonoids are the largest group of phenols which denaturate proteins and function as antibacterial and antifungal genes [25][26]. Flavonoids can cause damage to the cytoplasmic membrane by reducing the fluidity of the membrane, causing leakage, and producing hydrogen peroxide. The working system of flavonoids in inhibiting nucleic acid synthesis is by inhibiting topoisomerase. The antibacterial mechanism is inhibited by inhibiting ATP synthesis. Flavonoids are effective in inhibiting the growth process of candida albicans by damaging the fungal cell walls. Flavonoids complex with fungal cell walls can cause damage to hydrogen bonds in cell wall proteins[26]. Based on previous research, flavonoid glyco-side extract from Chinese ptai leaves (Leucaena leucocephala) showed significant antimicrobial activity against Gram negative bacteria E. Coli, Sa onella typhimurium and Pseudomonas, moderate activity against grampositive bacteria and C. albicans, and weak activity as antifungal against Mucar miehei and negative activity against other fungi tested[20].

CONCLUSIONS

Flavonoid compounds in petai leaf extract of China (Leucaena Leucocephala) concentration of 20% did not have inhibitory power, concentration of 60% had a weak inhibition, and a concentration of 100% had a moderate inhibitory power. The increase in concentration from 60% to 100% is more effective 51.6% (2-fold) because the content of the bioactive flavonoid compounds is getting bigger. Flavonoid compounds in Chinese petai leaf extract (Leucaena Leucocephal) inhibit the growth of candida albicans adhesion stage by inhibiting protein proliferation and fungal respiration (inhibiting cyclooxygenase and lipookigenase).

Recommendation Future

Further research is needed, namely Chinese petai leaf extract in inhibiting candida albicans cells using a microscope.

REFERENCES

- [1]. Wibowo N, Irwinda R, Frisdiantiny E, Karkata M, Mose J, Chalid M. Pedoman Nasional Pelayanan Kedokteran Diagnosis Dan Tatalaksana Pre-Eklampsia. Jakarta: Perkumpulan Obstetri dan Ginekologi Indonesia Himpunan Kedokteran Feto Maternal, 2016.
- [2]. Anas MN. Hubungan Lingkar Lengan Atas (LILA) Ibu Hamil dengan Angka Kejadian Preeklampsia di RS. PKU Muhammadiyah Surakarta: Universitas Muhammadiyah Surakarta, 2013.
- [3]. Wafiyatunisa Z, Rodiani R. Hubungan Obesitas dengan Terjadinya Preeklampsia. J Jurnal Majority. 5(4), 2016, 184-90.
- [4]. Isral GN, Afriwardi A, Sulastri D. Hubungan aktivitas fisik dengan kadar nitric oxide (NO) plasma pada masyarakat di Kota Padang. J Jurnal Kesehatan Andalas. 3(2), 2014.
- [5]. Denantika O, Serudji J, Revilla G. Hubungan Status Gravida dan Usia Ibu terhadap Kejadian Preeklampsia di RSUP Dr. M. Djamil Padang Tahun 2012-2013. J Jurnal Kesehatan Andalas.
- [6]. Rahmayanti R. Faktor-faktor risiko maternal yang berhubungan dengan kejadian preeklampsia berat pada ibu di RSUP DR M Djamil Padang tahun 2010. J Padang: Fakultas Keperawatan Universitas Andalas. 2011.
- [7]. Adiba S. Strategy of Building Medical and Health Library Networking Through Ministry in Indonesia. 2017.
- [8]. Robledo-Colonia AF, Sandoval-Restrepo N, Mosquera-Valderrama YF, Escobar-Hurtado C, Ramírez-Vélez R. Aerobic exercise training during pregnancy reduces depressive symptoms in nulliparous women: a randomised trial. J Journal of physiotherapy. 58(1), 2012, 9-15.
- [9]. Zavorsky GS, Longo LD. Exercise guidelines in pregnancy. J Sports Medicine. 41(5), 2011, 345-60.
- [10]. Vinter CA, Jensen DM, Ovesen P, Beck-Nielsen H, Jørgensen J. The LiP (Lifestyle in Pregnancy) study: a randomized controlled trial of lifestyle intervention in 360 obese pregnant women. J Diabetes care. DC_111150, 2011.
- [11]. Nascimento S, Surita F, Parpinelli M, Siani S, e Silva JP. The effect of an antenatal physical exercise programme on maternal/perinatal outcomes and quality of life in overweight and obese pregnant women: a randomised clinical trial. J BJOG: An International Journal of Obstetrics. 118(12), 2011, 1455-63.

- [12]. Taufik M, Chakim N, Fajriyah NN. Tekanan Darah Ibu Hamil Primigavida Sebelum dan Sesudah melakukan Olahraga Jalan Kaki Selama Sepuluh Menit. J Jurnal Ilmiah Kesehatan. 6(1), 2014.
- [13]. Barakat R, Pelaez M, Cordero Y, Perales M, Lopez C, Coteron J, et al. Exercise during pregnancy protects against hypertension and macrosomia: randomized clinical trial. J American journal of obstetrics gynecology. 214(5), 2016, 649. e1-. e8
- [14]. Prawirohardjo S. Fisiologi Kehamilan, Persalinan, Nifas, dan Bayi Baru Lahir. J Ilmu Kebidanan 4th ed Jakarta: PT Bina Pustaka Sarwono Prawirohardjo. 2008, 174-87
- [15]. Tengah DKPJJSDKPJT. Profil Kesehatan Kabupaten dan Kota di Jawa Tengah Tahun 2015. 2016.
- [16]. RIA. Asuhan kebidanan kehamilan. Sekolah tinggi ilmu kesehatan mitra akademik, husada tahun. 2010.
- [17]. Mediarti D, Sulaiman S, Rosnani R, Jawiah J. Pengaruh Yoga Antenatal Terhadap Pengurangan Keluhan Ibu Hamil Trimester III. J Jurnal Kedokteran Kesehatan: Publikasi Ilmiah Fakultas Kedokteran Universitas Sriwijaya. 1(1), 2014, 47-53.
- [18]. D'Souza V, Rani A, Patil V, Pisal H, Randhir K, Mehendale S, et al. Increased oxidative stress from early pregnancy in women who develop preeclampsia. J Clinical Experimental Hypertension. 38(2), 2016, 225-32
- [19]. Sukarmin S, Nurachmah E, Gayatri D. Penurunkan Tekanan Darah Pada Pasien Hipertensi Melalui Brisk Walking Exercise. J Indonesian Journal of Nursing. 16(1), 2016, 33-9.
- [20]. Puspitasari DR, Setyabudi MT, Rohmani A. Hubungan Usia, Graviditas Dan Indeks Massa Tubuh Dengan Kejadian Hipertensi Dalam Kehamilan. J Jurnal Kedokteran Muhammadiyah. 2(1), 2013.
- [21]. Kotarumalos SS. Difference Quantity Sleep, Blood Pressure And Level Norepinephrine In Pregnant Woman With Several Preeclampsia Who Getting Conservative Treatment In Vip Wards And Ordinary Wards, J Journal Nursing Care Biomolecular, 3(1), 2018, 15-20.
- [22]. Deshmukh A, Kumar G, Kumar N, Nanchal R, Gobal F, Sakhuja A, et al. Effect of Joint National Committee VII report on hospitalizations for hypertensive emergencies in the United States. J The American journal of cardiology. 108(9), 2011, 1277-82.
- [23]. De Oliveira Filho Aa, De Oliveira Hmbf, De Sousa Jp, Et Al. In Vitro Anti-Candida Activity and Mechanism Of Action Of The Flavonoid Isolated From Praxelis Clematidea Against Candida Albicans Species. *Journal of Applied Pharmaceutical Science*. 6, 2016, 066-9.
- [24]. Peralta Ma, Da Silva Ma, Ortega Mg, Cabrera Jl and Paraje Mg. Antifungal Activity of A Prenylated Flavonoid From Dalea Elegans Against Candida Albicans Biofilms. *Phytomedicine*. 22, 2015, 975-80.
- [25]. Septian Ba and Widyaningsih Td. Peranan Senyawa Bioaktif Minuman Cincau Hitam (Mesona Palustris Bl.) Terhadap Penurunan Tekanan Darah Tinggi: Kajian Pustaka [In Press Juli 2014]. Jurnal Pangan Dan Agroindustri. 2, 2014, 198-202.
- [26]. Fatimah Ia. Pengaruh Ekstrak Flavonoid Rendah Nikotin Limbah Daun Tembakau Kasturi (Nicotiana Tabacum L.) Terhadap Pertumbuhan Mikroba Rongga Mulut. 2016.

How to cite this article: Nova Roza, Supriyana, Suhartono. Potential of Chinese Petai Leaf Extract (Leucaena Leucocephala) in Inhibiting the Growth of Candida Albicans (Laboratory Study on Leucorrhoea Culture). Int J of Allied Med Sci and Clin Res 2019; 7(3): 688-694.

Source of Support: Nil. Conflict of Interest: None declared.

Potential of Chinese Petai Leaf Extract (Leucaena Leucocephala) in Inhibiting the Growth of Candida Albicans (Laboratory Study on Leucorrhoea Culture)

ORIGINALITY REPORT

SIMILARITY INDEX **INTERNET SOURCES** **PUBLICATIONS**

STUDENT PAPERS

PRIMARY SOURCES

id.scribd.com

Internet Source

Neil S. Skolnik. "Sexually Transmitted Diseases Treatment Guidelines, 2006", Current Clinical Practice, 2007

Publication

Rajeev Kumar, Priyanka Sharma, Aditi Bamal, Sushma Negi, Savita Chaudhary. "A safe, efficient and environment friendly biosynthesis of silver nanoparticles using Leucaena leucocephala seed extract and its antioxidant, antimicrobial, antifungal activities and potential in sensing", Green Processing and Synthesis, 2017

Publication

4

Christine Natasya, Mourent Miftahullaila, Sopan Sinamo, Nurul Nurul, Janice Griselda. "PENGARUH WAKTU PERENDAMAN PLAT RESIN AKRILIK DALAM PERASAN MURNI

BAWANG PUTIH TERHADAP JUMLAH KOLONI CANDIDA ALBICANS", Jurnal Kedokteran dan Kesehatan: Publikasi Ilmiah Fakultas Kedokteran Universitas Sriwijaya, 2020

Publication

5	www.ncbi.nlm.nih.gov Internet Source	<1%
6	Ane-Anyangwe, L, HD Meriki, SP Silum, FR Nsongomanyi, and D Zofou. "Antifungal susceptibility profiles and risk factors of vaginal candidiasis amongst female university students in southwest region, Cameroon", African Journal of Clinical and Experimental Microbiology, 2015. Publication	<1%
7	link.springer.com Internet Source	<1%
8	repository.unej.ac.id Internet Source	<1%
9	Virk, Abinash, Robert Orenstein, Lynn Estes, John Wilson, and Abinash Virk. "Infectious Diseases", Mayo Clinic Internal Medicine Review Eighth Edition, 2008.	<1%

Exclude quotes Off Exclude matches Off

Exclude bibliography On