Short Communication

Bactericidal effects of essential oils from clove, lavender and geranium on multi-drug resistant isolates of Pseudomonas aeruginosa

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Abstract

The inhibitory effects of essential oils including clove, lavender and geranium extracted from Eugenia caryophyllata, Lavandula officinalis and Pelargonium graveolens on multi-drug resistant isolates of Pseudomonas aeruginosa were investigated. The main constituents of clove, lavender and geranium oil were eugenol (80-90%), 1,8-cineol (13%) and citronellol (45%) respectively. Clove had the most effective essential oil against P. aeruginosa. A combination consisting of clove, lavender and geranium oils at a ratio of 3:1:1 showed the most inhibitory effect (32-64 µg/ml) and strong synergy with gentamicin. The essential oils from clove, lavender and geranium exhibited bactericidal activity against multi-drug resistant strains of P. aeruginosa and may be alternatives compounds against these strains in the future.

Keywords: Essential oils; Clove; Lavender; Geranium; Pseudomonas aeruginosa; Antimicrobial agents.

Pseudomonas aeruginosa is one of the major causes of serious infections in burn patients, resulting in mortality as high as 50% (Cohen, 1992; Lari et al., 2000; Shahcheraghi et al., 2003). This bacterium also causes opportunistic infections in different organs leading to diseases such as, bacteremia, and endocarditis. Resistance to different antibiotics is a major therapeutic problem in treatment of infections by this organism. In the last decade, resistance to the new generation of antibiotics within the population of P. aeruginosa has increased. The emergence of multi-drug resistant bacteria including P. aeruginosa strains has raised the needs for new antimicrobial drugs (Santos et al., 1995).

Essential oils are the concentrated, hydrophobic liquids containing volatile aromatic compounds from plants. They possess a wide spectrum of pharmacological activities. The antimicrobial effects of essential oils have been documented and used in herbal medicine in many countries (Schilcher, 1998; Cowan, 1999; Schilcher, 2002; Longbottom et al., 2004; Sonboli et al., 2005).

Antibacterial effects of hydrous, methanolic and ethanolic extracts of clove, cinnamon, sage, thyme and rosmarinus on Gram-positive and Gram-negative bacteria had previously been investigated (Cowan, 1999). The results showed that all of these plants had antibacterial action on methicillin-resistant Staphylococcus aureus (MRSA) and Bacillus subtilis (Cowan, 1999), but they were weakly active against Gram-negative bacteria such as P. aeruginosa and enteropathogenic Escherichia coli (Shanab et al., 2004). With the exception of P. aeruginosa, the essential oil of Grammosciadium platycarpum with its major components, linalool (70%) and limonene (10%), displayed strong to intermediate antibacterial activity against Gram positive and Gram negative bacteria (Sonboli et al., 2005). Similarly, the minimum inhibitory concentration (MIC) for the essential oil of tea tree oil against P. aeruginosa was found to be much higher (%2 ≤ MIC < 8%) than that against other bacteria.

Gram-negative bacteria are more resistant to antibiotics than the Gram-positive bacteria due to the permeability barrier provided by the cell wall or to the mem-

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brane accumulation mechanism (Shanab et al., 2004). Geranium, clove and lavender possess antimicrobial activities against a wide range of microorganisms (Santos et al., 1995; Nascimento et al., 2000; Shanab et al., 2004). However, their bactericidal effects on P. aeruginosa strains have not yet been recognized.

To investigate the in vitro bactericidal effect of geranium, clove and lavender oils on P. aeruginosa, 10 isolates (isolates number 513-516, 502, 581, 584, 586 and 594) that were cultured from burn patients were used in this study. P. aeruginosa type strain ATCC 9027 was used as control in all experiments. The clinical isolates were multi resistant to gentamicin, ciprofloxacin and ceftazidime. The phenotypic characteristics of the clinical isolates have been reported elsewhere (Shahcheraghi et al., 2003).

The essential oils were extracted from the appropriate plants by steam distillation (Guenther, 1982). Lavender oil (L) extracted from the flower of Lavandula (Lavandula officinalis) is yellowish or yellow-green in colour with a pleasant aroma and contains 1,8-cineol (13%). Geranium oil (G) was extracted from Pelargonium graveolens. It is a colorless or green-blue liquid with a floral aroma. The major fractions of this oil are citronellol (45%) and geraniol (10-12%) (Guenther, 1982). Clove oil (C) was extracted from the dried flower buds of Eugenia caryophyllata. It has a warm, strong, spicy smell and the oil is colorless to pale yellow with a medium to watery viscosity.

Antibacterial activities of the essential oils against P. aeruginosa were determined by the disk diffusion and macrobroth dilution assays as recommended by National Committee for Clinical Laboratory Standards (NCCLS, 2000; NCCLS, 2001). The isolates were inoculated onto Mueller-Hinton agar (MHA) and the disks impregnated with the essential oils were placed on the inoculated plates. C, L and G were tested separately and in combinations at different ratios (1:2, 2:1, 1:1, 2:2:1, 1:2:1, 1:3:1). In brief, the surfaces of plates containing the MHA were swabbed with suspension of isolate adjusted to 0.5 McFarland (approximately 10^8 CFU/ml). The McFarland turbidity standard was prepared by adding 0.5 ml of 0.048 mol/l barium chloride (1.173 g BaCl2. 2H2O; 1.175% w/v) to 99.5 ml of 0.18 mol/l (0.36 N; 1% v/v) H2SO4 (NCCLS, 2001). The blank disks, 6 mm in diameter (Pad-Tan Teb, Tehran, Iran) were impregnated with 20 µl of each essential oil at a concentration of 100 mg/ml. Negative control was prepared using the same solvents (DMSO) employed to dissolve the essential oils. Dimethyl sulfoxide (DMSO) had no antimicrobial effect (Kontoyiannis et al., 2003, Shahidi Bonjar 2004, Baris et al., 2006). All the plates were incubated at 37ºC for 24 h. Antibacterial activity was assessed by measuring the inhibitory zones around the disks (Table 1). The MICs were determined by the macrobroth dilution method using 2-fold dilutions of essential oils ranging from 4 to 512 µg/ml (NCCLS, 2001). The sizes of the inocula were adjusted to 10^5 CFU/ml and inoculated tubes were incubated at 37ºC for 18 h (NCCLS, 2001). The MBCs of the oils were determined by plating 100 µl from each tube used for determining MIC and observed for any growth after 2 days of incubation.

The inhibitory zones of the 10 clinical strains were smaller than those of the reference strain. Shanab and

<table>
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<tr>
<th>Strains</th>
<th>Inhibitory effects of essentials oils and their combinations (millimeters)</th>
<th>Synergy</th>
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<tbody>
<tr>
<td>513</td>
<td>18</td>
<td>13.6</td>
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<tr>
<td>514</td>
<td>12.5</td>
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<td>516</td>
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<td>589</td>
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<td>586</td>
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C: Clove oil, G: Geranium oil, L: Lavender oil, Gen: Gentamicin.

Table 1. Antibacterial activity and synergy of clove, geranium and lavender oils with gentamicin against different strains of P. aeruginosa determined by the disk diffusion method.
colleagues (2004) reported that the ethanolic extract of clove inhibited the growth of *P. aeruginosa* (MIC 781 µg/ml). This was also confirmed by the results of this study. However, in our study the clove oil inhibited the growth of *P. aeruginosa* at concentrations between 93.75 to 187.5 µg/ml. This study also demonstrated that clove oil possessed bactericidal activity at concentrations between 187.5 to 375 µg/ml. Therefore, the clove essential oil extracted by steam distillation showed more activity than ethanolic extraction and may have therapeutic value.

Combination of clove, lavender and geranium at a ratio of 3:1:1 showed the best inhibitory effect on both the reference strain and clinical isolates of *P. aeruginosa* (MIC=32-64 µg/ml). However, differences between the MICs and minimal bactericidal concentrations (MBCs) of different oils were found when they were tested on the reference strain separately (Table 2).

To determine the synergistic effect with gentamicin, the essentials oils were added to the disks containing this antibiotic (gentamicin 10 µg/disk, Himedia Laboratories Pvt Limited, Mumbai, India) (Muroi and Kubo, 1996). The combination of clove, lavender and geranium oils at a ratio of 3:1:1 showed the most inhibitory effect (32-64 µg/ml) and strong synergy with gentamicin (Table 1).

The MBCs of the essential oils (3:1:1) for the reference strain did not differ from those of the clinical isolates and varied from 64-128 µg/ml (Tables 2 and 3).

Lavender oil is more effective against Gram-negative than Gram-positive bacteria. So, the use of lavender and clove oil as herbal drugs may be an alternative choice for the treatment of infections caused by Gram-negative bacteria such as the multi-drug resistant *P. aeruginosa*. Experimental studies with animals are needed to confirm our findings in vivo.

**Acknowledgements**

We thank N. Kazempour, M. Hosseini and Z. Haghhighizadeh for their technical assistance, and are very grateful to Mr. Hejazi for his financial support of the project.

**References**


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