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Full Length Research Paper

Anti-*candida* biofilm properties of Cameroonian plant extracts

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Candida infections can be superficial, invasive or disseminating. The virulence of Candida species has been attributed to several factors, including the promotion of hyphae and biofilm formation, adherence to host tissues, and response to environmental changes and morphogenesis. Resistance to many clinically used antifungal agents has led to the need to identify new compounds and drugs for therapeutic use. Therefore, the objective of this study was to evaluate the anti-candida and anti-biofilm activities of some Cameroonian plant extracts against Candida albicans and Candida glabrata. The biofilm biomass of C. albicans and C. glabrata was quantified using the violet crystal protocol. A microbroth dilution method was used to determine the minimum inhibitory concentrations (MICs), and a biofilm enumeration assay was employed to determine the minimum biofilm inhibition concentrations (MBICs) and minimum biofilm eradication concentrations (MBECs) of the extracts. The absorbance value of the biofilm biomass of C. albicans was 0.14±0.01 and that of C. glabrata was 0.51±0.06. Eugenia uniflora and Terminalia mantaly aqueous leaf extracts showed MICs of 0.3125 and 0.625 mg/mL for C. glabrata, while the MICs for C. albicans were 10 and 0.625 mg/mL, respectively. The MBIC and MBEC of C. glabrata of E. uniflora aqueous leaf extracts were 0.125 and 0.5 mg/mL, respectively, and 0.45 and >1.8 mg/mL, respectively for T. mantaly. The results of this study demonstrated the in vitro anti-biofilm potential of T. mantaly and E. uniflora aqueous leaf extracts against Candida biofilm. Nonetheless, further analyses of a larger number of Candida isolates and plant extracts are needed to validate these findings.

Key words: Anti-candida, anti-biofilm, Eugenia uniflora, Terminalia mantaly.

INTRODUCTION

Candida species are the most common fungal pathogens in humans and the causative agents of superficial and

systemic candidiasis, giving rise to severe morbidity in millions of individuals worldwide (Ruhnke, 2014; Silveira-

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Author(s) agree that this article remain permanently open access under the terms of the <u>Creative Commons Attribution</u> <u>License 4.0 International License</u> Gomes et al., 2011; Pfaller and Diekema, 2007). The incidence of infections is increasing among compromised patient groups such as cancer patients on chemotherapy, patients receiving broad-spectrum antibiotic treatment, and HIV-infected individuals (Neeta and Uttamkumar 2011; Ye et al., 2004). Vaginal candidiasis is quite common in women and approximately 75% present this infection once in their lifetime. C. albicans is the most prevalent fungal pathogen in humans. Mucosal infections of Candida albicans are often benign, but systemic infections are usually fatal (Al-Ahmadey and Mohamed 2014; Foxman et al., 2013). Although C. albicans is the most frequent cause of infection, non-albicans species infections are on the rise (Mohandas and Ballal, 2011). Thus, Candida glabrata was reported to be the second most common agent of vaginal candidiasis; however, the increasing incidence of cases of vaginal candidiasis caused by non- c. albicans species has not yet been well established (Al-Ahmadev and Mohamed. 2014: Esmaeilzadeh et al., 2009). In the Littoral Region of Cameroon (Nylon District Hospital), the prevalence of oral and vaginal candidiasis in 2012 was 52.6 and 29.7%, respectively (Njunda et al., 2012). The prevalence of oral candidiasis among HIV patients in the study population of the Mutengene Baptist Hospital in the South West Region in 2013 was 66.7% (Njunda et al., 2013). It has been reported that the mortality rate of invasive infections is 40% (Klevay et al., 2009; Pfaller and Diekema, 2007; Bertagnolio et al., 2004) and C. albicans is estimated to be responsible for 50-60% of the cases of invasive candidiasis (Perlroth et al., 2007; Pfaller and Diekema, 2007).

One of the factors contributing to the virulence of Candida is the formation of surface attached microbial communities known as biofilms (Seneviratne et al., 2008). Biofilm formation helps the microorganisms evade host defenses, exist as a persistent source of infection and develop resistance against antifungal agents. The resistance of biofilm forming Candida spp. to antifungal agents represents a major challenge especially in the design of therapeutic and prophylactic strategies (Golia et al., 2011). Aside from increasing the resistance to the available antifungal compounds, the toxicity of some of these compounds is high (Shreaz et al., 2011; Georgopapadakou and Walsh, 1994). Some major antifungals are limited to a few chemical classes such as Amphotericin B, a polyene fungicidal agent that has been implicated in hepatotoxicity and nephrotoxicity, coupled with decreasing efficacy (Pan et al., 2009; Dismukes, 2000; Arthington-Skaggs et al., 2000). Hence, the need for inexpensive, effective and less toxic antifungals is imperative.

Medicinal plants have been the major health care measure of resource-poor populations worldwide (Duraipandiyan and Ignacimuthu, 2011; Tharkar et al., 2010). According to the WHO, 80% of the world's population uses natural remedies and traditional medicines (WHO, 2001, 2003). This is particularly common in Africa, as well as in most low-income countries, where a high proportion of the population still resorts to traditional medicine for primary health care. Cameroon has a rich biodiversity, with ~8,620 plant species (Mbatchou, 2004; Earth Trends, 2003), some of which are commonly used in the treatment of several microbial infections (Kuete and Efferth, 2010). Some plant extracts have demonstrated positive response during pharmacological investigations (Suresh et al., 2010; Patel and Coogan, 2008).

Therefore, the main objective of the present study was to evaluate the anti-candida biofilm properties of several plant extracts by determining the minimum inhibitory concentrations (MIC), minimum biofilm inhibition and minimum biofilm eradication concentrations (MBEC).

MATERIALS AND METHODS

Plant material and extraction

Leaves, twigs, stem bark and stems of different plants were collected at Mount Kalla in Yaoundé (Central region) and Dschang (West region) Cameroon on the 11th of September 2011 and 2014, and voucher specimens were deposited at the National Herbarium of Cameroon, Yaoundé. The plant parts were individually dried at room temperature and then ground to fine powder. Five hundred grams (500 g) of each sample were macerated with regular stirring in 2 L of 95% ethanol or distilled water for 72 h. The filtrate was evaporated using a rotary evaporator (Rotavapor BÜCHI 011). The plant residues were dried and macerated in distilled water for 72 h and the filtrate dried at room temperature (25-28°C) using a fan. The extraction yields were calculated as percentage relative to the starting plant material.

Biofilm quantification

The biofilm forming ability was assessed by quantification of total biomass by violet crystal (VC) staining. Thus, after washing, biofilms were fixed with 200 μ l of methanol 99%, which was removed after 15 min. The microtitre plates were allowed to dry at room temperature, and 200 μ l of VC (1% v/v) were added to each well and incubated for 5 min. The wells were then gently washed with sterile, ultra-pure water and 200 μ l of acetic acid (33% v/v) were added to release and dissolve the stain. The absorbance of the solution obtained was read in triplicate in a microtitre plate reader (Bio-Tek Synergy HT, Izasa, Lisbon, Portugal) at 590 nm. The experiment was repeated three times (Silva et al., 2009).

Screening of plants extracts for MICs

Two clinical *Candida* isolates (*C. albicans* and *C. glabrata*) were collected from patients with vaginal candidiasis in the Hospital Clinic of Barcelona. The inoculum of each yeast isolate and strain was prepared from a 2-day-old culture on Sabouraud Dextrose Agar (SDA) at 37°C. The suspension was adjusted to 1 x 10^3 cells/mL using yeast nitrogen base (YNB) medium from 0.5 McFarland standards. The broth micro-dilution method was used to assess yeast susceptibility to extracts using YNB medium supplemented

with 5% glucose.

Briefly, each extract (200 mg/mL in 5% DMSO) was serially diluted in YNB supplemented with 5% glucose in 96-well plates. Eighty microlitres of inoculum standardized at 1×10^3 colony forming units (CFU)/mL was added to each well to achieve a final volume of 230 µL. The final concentrations tested ranged between 0.039 and 40 mg/mL for the crude extracts. The positive control consisted of microorganisms growing without extract. After 48 h of incubation at 37°C, the MIC was determined as the lowest concentration of the crude extract in the broth medium that inhibited visible growth of the microorganisms tested. All tests were performed in duplicate. Wells without inoculum or extract were included in each plate to control background sterility and growth. The extracts with the greatest activity were chosen to continue the experimental part of the work.

Determination of the MBIC and MBEC using the Calgary protocol

The isolates were cultured overnight in SDA medium. After preparation of 0.5 McFarland in broth medium, 200 μ L were added to each well of a flat-bottom 96-well microtitre plate (MBEC TM Biofilm Inoculator Innovotech product panel P and G panel lot: 14040004).

For the MBIC, flat-bottom microtitre plates containing two-fold dilutions of plant extract in 150 μ l of YNB per well (antibiotic challenge plate) were used. The plant extracts included *Eugenia uniflora* aqueous leaf extract (1-0.125 mg/mL) and *Terminalia mantaly* aqueous leaf extracts (1.8-0.225 mg/mL) in *C. glabrata*, and (3.6-0.45 mg/mL) in *C. albicans*. Eighty microlitres of a subculture adjusted to 1x10³ CFU/mL was added to all the wells, except for those of the negative control, covered with the pegs lid inthe biofilm growth plate, and incubated for 18-20 h at 37°C.

For the MBEC, *Candida* biofilms were formed by immersing the pegs of the cover lid into this biofilm growth plate, followed by incubation at 37°C for 20 h-24 h without shaking. The peg lids were rinsed three times in sterile water, placed onto new flat-bottom microtitre plates containing two-fold dilutions of plant extract in 150 µl of YNB per well (antibiotic challenge plate), and incubated for 18-20 hours at 37°C. The plant extracts included *E. uniflora* aqueous leaf extract (1-0.125 mg/mL) and *T. mantaly* aqueous leaf extracts (1.8-0.225 mg/mL) in *C. glabrata*, and (3.6-0.45mg/mL) in *C. albicans*.

After antibiotic incubation, the peg lids were washed three times with sterile water and placed into extract-free YNB fresh medium in a new flat-bottom microtitre plate (biofilm recovery plate). To transfer the biofilms from the pegs to the wells, each plate was sonicated at room temperature for 20 min (using a Bransonic 220; BransonCo., Shelton, Conn.). The peg lid was discarded and replaced by a standard lid. The sonicated culture media of each well of the microtitre plate was spread on YNB agar plates and incubated at 37°C for 24 h. Adequate biofilm growth for the positive control wells was defined as the number of colonies obtained after 24 h of incubation. The positive control contained microorganisms and culture medium, and the negative control included only medium. The results were expressed as the number of CFU counted in each extract concentration and per strain.

Phytochemical screening of *E. uniflora and T. mantaly* aqueous leaf extracts

Phytochemical analysis was done to identify the different components responsible for the activities observed according to the protocols described by Igwe (2004), Trease and Evans (1996) and Sofowora (1982).

RESULTS AND DISCUSSION

Plant extracts

The plant extracts used in the experiments were obtained as defined in the materials and methods section. Table 1 describes the plant collection site and date, and the extraction solvent used.

Biofilm quantification

The average value of *C. albicans* and *C. glabrata* biofilm was 0.14 ± 0.01 and 0.51 ± 0.06 , respectively, and 0.13 ± 0.02 for the negative control. Therefore, *C. albicans* was not considered in the biofilm inhibition studies.

Determination of the MIC

The aqueous leaf extracts of *E. uniflora* and *T. mantaly* showed the best MIC in *C. glabrata* with values ranging from 0.3-0.5 to 0.625-1 mg/mL, respectively. However, only the aqueous leaf extract of *T. mantaly* revealed the best activity in *C. albicans,* showing a MIC of 0.625 to 1.8 mg/mL. These extracts were selected for the determination of the MBIC and MBEC of the strains (Table 2).

Effect of *E. uniflora* and *T. mantaly* aqueous leaf extracts on biofilm inhibition and eradication in *C. glabrata*

Figure 1 shows the inhibition of biofilm formation of both extracts. *T. mantaly* aqueous leaf extract inhibited biofilm formation of *C. glabrata* at a concentration of 0.45 mg/mL, while *E. uniflora* aqueous leaf extract presented inhibition at a concentration of 0.125 mg/mL.

In *C. glabrata,* the MBEC of the *E. uniflora* aqueous leaf extracts ranged from 0.5-1 mg/mL. However, the eradication activity of the aqueous *T. mantaly* leaf extract was detected at concentrations >1.8 mg/mL (Figure 2).

Phytochemical studies

The different components presented in both extracts were flavonoids, saponins, tannins, glucosides, phenol, steroids, triterpenes and anthraquinones, among others. However, contrary to what was expected, anthocyanin was absent (Table 3).

DISCUSSION

Candida species are important opportunistic fungal

Table 1. Plant collection site and date, and extraction solvent.

Plant	Plant name and identification number			Extraction solvents			
number		Plant parts	Date and place of collection	Distilled water	Ethanol		
1	<i>Eremomastax speciosa</i> No. HNC/136984	Leaves	2 August 2014 Dschang (West Region-Cameroon)	ES aqueous leaf	ESleaf EtOH		
2	<i>Hisbiscus noldeae</i> No 9977SRFCAM	Leaves	2 August 2014 Dschang (West Region-Cameroon)	HN aqueous leaf	HN leaf EtOH		
3	<i>Piper umbellatum</i> No 10391SRFCAM	Leaves Seeds	2 August 2014 Dschang (West Region-Cameroon)	PU aqueous leaf; PU aqueous seeds	PU leaf EtOH		
4	Polyathia longifolia No	Twigs	14 July 2014 Mont kalla (Centre Region-Cameroon)	PL aqueous twigs			
5	Uvariondendron calophyllum 28734/SFR/CAM	Leaves, stem, stem bark and twigs	11 September 2011 Mont kalla (Centre Region-Cameroon)	UCI aqueous, UCst aqueous, UCtr aqueous, UCtw aqueous, UCst H20	UCtw EtOH, UCst EtOH,		
6	Vernonia amadalyna No 35809HNC	Leaves	7 September 2014 Dschang (West Region Cameroon)	Bitter leaf aqueous	Bitter leaf EtOH		
7	Eugenia uniflora No 34063HNC	Leaves	7 September 2014 Yaoundé (Centre Region-Cameroon)	F aqueous leaf	F leaf EtOH		
8	<i>Psidium Guava</i> No 2884/SRFK/	Leaves	7 September 2014 Yaoundé (Centre Region-Cameroon)	Guava aqueous leaf	Guava leaf EtOH		
9	<i>Dacryodes edulis</i> No 64929/HNC	Leaves	7 September 2014 Yaoundé (Centre Region-Cameroon)	Plum aqueous leaf	Plum leaf EtOH		
10	<i>Mangifera indica No</i> 57347HNC	Leaves	7 September 2014 Yaoundé (Centre Region-Cameroon)	Mango aqueous leaf			
11	<i>Eryngium foetidium</i> No 17442/SRF/CAM	Leaves	7 September 2014 Yaoundé (Centre Region-Cameroon)	P aqueous leaf			
12	Terminalia mantaly 64212/HNC	leaves and stem bark	7 September 2014 Yaoundé (Centre Region-Cameroon)	TeMsb aqueous, TMI aqueous	TM leaf EtOH		
13	<i>Terminalia catappa</i> 51244/HNC	Leaves	7 September 2014 Yaoundé (Centre Region-Cameroon)	TCI aqueous			

pathogens due to the increasing occurrence of infections by these fungi, especially in patients with cancer, diabetes and HIV (Hamza et al., 2006). However, the antifungal agents used in the treatment of Candida infections and in biofilms can select drug-resistant microbes (Agarwal et al., 2008). The ability of these microorganisms to form biofilm together with the acquisition of new antimicrobial resistance, has led to new problems in treating infections caused by this pathogen. Thus, the WHO has recommended the evaluation of the effectiveness of plants against resistant

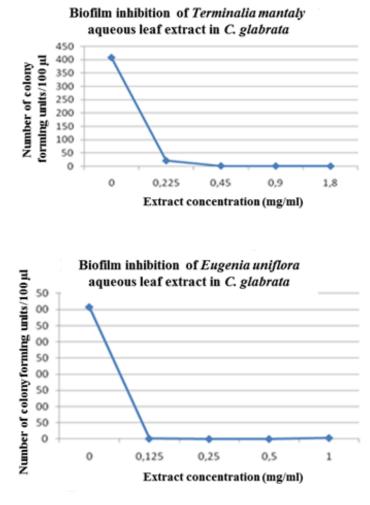


Figure 1. Biofilm inhibition concentration of *E. uniflora* and *T. mantaly* aqueous leaf extract in *C. glabrata.*

pathogens (Eisenberg et al., 1993). In this regard, new agents affecting the growth of biofilm-associated C. albicans and C. glabrata are greatly needed (Alviano et al., 2005). The present study was, therefore, carried out in order to evaluate the anti-biofilm activity of some Cameroonian plant extracts. Moreover, the exploration of additional natural resources for new antifungal agents with anti-biofilm activity could possibly reveal new antifungal agents with different modes of action or which affect different sites in Candida cells. This study summarizes the activity of the different extracts against C. albicans and C. glabrata in both the planktonic and biofilm state. This study's results show that the MIC of all the extracts ranged from 0.3 to >40 mg/mL, with the aqueous leaf extracts of E. uniflora and T. mantaly showing the best activity. Few studies have evaluated the antimicrobial activity of these extracts. The ethanoic extract of E. uniflora has antimicrobial activity against Staphylococcus epidermidis and Staphylococcus aureus,

with MICs of 52 and 250 μ g/mL, respectively (Bernardo et al., 2015). However, no assays using *Candida* species have been carried out. Other species within the genera Eugenia, such as *Eugenia dysenterica*, have shown antimicrobial activity against several *Candida* species with MICs ranging between 125 and 500 μ g/mL (Correia et al., 2016). These values are similar to those found in the present study using *E. uniflora*.

Plants are used in local communities worldwide for the treatment of various diseases. *E. uniflora* has been used in the traditional medicine of some African countries to treat various ailments such as wounds, skin diseases, dysentery and fever. In Brazil, *E. uniflora* leaf infusion is used as an antipyretic, astringent and also for treating several stomach problems. In Surinam, the *E. uniflora* leaf decoction is drank as a cold remedy and as an antipyretic in combination with lemongrass (Auricchio and Bacchi, 2003; Wagner et al., 1999; Morton, 1987; Stone, 1970). Likewise, *T. mantaly* leaf is taken as a decoction

Plant extracts	C. albicans MIC (mg/ml)	C. glabrata MIC (mg/ml)				
Guava aqueous leaf	>40	>40				
Plum aqueous leaf	20	10				
HN aqueous leaf	>40	>40				
F aqueous leaf	10	0.3125				
Bitter aqueous leaf	40	40				
PL aqueous twigs	40	>40				
ES aqueous leaf	10	5				
UCI aqueous	5	20				
UCst aqueous	20	10				
UCtr aqueous	20	5				
PU aqueous leaf	>40	5				
P aqueous leaf	10	10				
PU aqueous seeds	10	40				
Mango aqueous leaf	40	40				
UCtw aqueous	10	5				
TCI aqueous	>40	40				
TeMsb aqueous	>40	0.3125				
UCst H20	20	20				
Guava leaf EtOH	>40	>40				
ES leaf EtOH	>40	>40				
Bitter leaf EtOH	>40	>40				
UCst EtOH	>40	>40				
F leaf EtOH	>40	20				
HN Leaf EtOH	>40	>40				
TM leaf EtOH	>40	5				
PU leaf EtOH	>40	>40				
UCtw EtOH	>40	>40				
TMI aqueous	0.625	0.625				

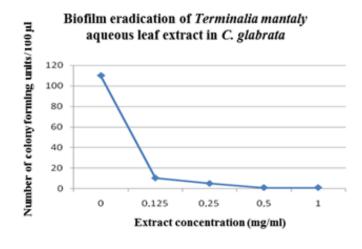
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ES aqueous leaf: Eremomastax speciosa aqueous leaf extract; ES leaf EtOH: Eremomastax speciosa ethanoic leaf extract; HN leaf aqueous; Hisbiscus noldeae aqueous leaf extract; PU aqueous leaf: Piper umbellatum aqueous leaf extract; PU aqueous seeds: Piper umbellatum aqueous seeds extract; PU leaf EtOH: Piper umbellatum ethanoic leaf extract; PL aqueous twigs: Polyathia longifolia aqueous twigs extract; UCI aqueous: Uvariondendron calophyllum aqueous leaf extract; UCst aqueous, UCst H20: Uvariondendron calophyllum aqueous stem extract; UCtr aqueous: Uvariondendron calophyllum aqueous trunk extract; UCst EtOH: Uvariondendron calophyllum ethanoic stem extract; UCtw EtOH: Uvariondendron calophyllum ethanoic twigs extract; Bitter leaf aqueous: Vernonia amadalyna aqueous leaf extract; Bitter leaf EtOH: Vernonia amadalyna ethanoic bitter?? leaf extract; F leaf aqueous: Eugenia uniflora aqueous leaf extract; F leaf EtOH: Eugenia uniflora ethanoic leaf extract; Guava leaf aqueous: Psidium Guava aqueous leaf extract, Guava leaf EtOH: Psidium Guava ethanolic leaf extract; Plum leaf aqueous: Dacryodes edulis aqueous leaf extract; Mango aqueous leaf: Mangifera indica aqueous leaf extract; P aqueous leaf: Eryngium foetidium aqueous leaf extract; TMI aqueous: Terminalia mantaly aqueous leaf extract; TeMsb aqueous: Terminalia mantaly aqueous stem bark extract; TM leaf EtOH: Terminalia mantaly ethanoic leaf extract; TCl aqueous: Terminalia catappa aqueous leaf extract.

and infusion in the treatment of many ailments such as gastroenteritis, arterial hypertension, diabetes, dental affections and cutaneous and genital infections (Coulibaly, 2006).

The MBICs and MBECs of these extracts were also

determined. The results obtained showed that *T. mantaly* aqueous leaf extract inhibited biofilm formation of *C. glabrata* at a concentration of 0.45 mg/mL and was able to eradicate this biofilm at a concentration >1.8 mg/mL. On the other hand, *E. uniflora* aqueous leaf extract



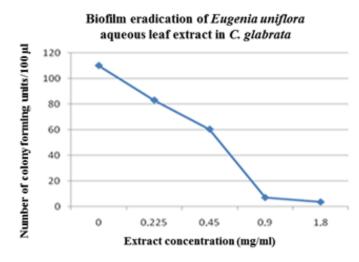


Figure 2. Biofilm eradication concentration of *E. uniflora* and *T. mantaly* aqueous leaf extract in *C. glabrata.*

Table 3. Phytochemical screening of aqueous leaf extracts of *T. mantaly* and *E. uniflora*.

Extracts	Alkaloids	Flavonoids	Saponins	Tannins	Glucosides	Phenols	Steroids	Triterpenes	Anthocyanines	Anthraquinones
Terminalia mantaly aqueous leaf Eugenia uniflora aqueous leaf		+	+	+	+	+	+	+	-	+
		+	+	+	+	+	+	+	-	+

+ Present, - absent.

inhibited biofilm formation of *C. glabrata* at a concentration of 0.125 mg/mL and eradicated mature biofilm at a concentration of 0.5 mg/mL. To the authors'

knowledge, there is no previous study on the anti-biofilm activity of these plants. These activities could be due to the presence of tannins, steroids, triterpenes, flavonoid glucosides, saponins and anthraquinones in the *E. uniflora* extracts as has been suggested previously (Fiúza et al., 2008; Lorenzi and Matos, 2002). The presence of these components could act individually or in combination to produce the effects observed at the respective concentrations. Indeed, each of these constituents has a specific mode of action on the microbial strain. Thus, for example, tannins can act as antiseptic and antimicrobial agents and have antihaemorrhagic, antidiarrhoeic and wound-healing properties (Simões et al., 2004). On the other hand, terpenoids have been reported to have the ability to interfere with biofilm formation without disrupting cellular growth (Hertiani et al., 2010; Skindersoe et al., 2008).

Conclusion

The results of this study show that the studied extracts have antimicrobial activity and inhibit biofilm formation at the concentrations tested, suggesting that the bioactive compounds of these extracts are responsible for these activities. However, further studies are needed to verify which protein is inhibited and what chemical compounds in the extract are responsible for the activity observed. These compounds could be good candidates for the development of new anti-candida antibiotics, and tests with these compounds against other pathogenic microorganisms would also be of interest.

Conflict of Interests

The authors have not declared any conflict of interests.

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REFERENCES

- Agarwal V, Lal P, Pruthi V (2008). Prevention of *Candida albicans* biofilm by plant oils. Mycopathologia 165:13-19.
- Al-Ahmadey ZZ, Mohamed SA (2014). Vulvovaginal candidiasis: Agents and its virulence factors. Microbiol. Res. Int. 2:28-37.
- Alviano WS, Mendonca-Filho RR, Alviano DS, Bizzo HR, Souto-Padron T, Rodrigues ML, Bolognese AM, Alviano CS, Souza MMG (2005). Antimicrobialactivity of *Croton cajucara* Benth linalool-richessential oil on artificial biofilms and planktonicmicroorganisms. Oral Microbiol. Immunol. 20:101-105.
- Arthington-Skaggs BA, Warnock DW, Morrison CJ (2000). Quantitation

of *Candida albicans* ergosterol content improves the correlation between in vitro antifungal susceptibility test results and *in vivo* outcome after fluconazole treatment in a murine model of invasive candidiasis. Antimicrob. Agents Chemother. 44:2081-2085.

- Auricchio MT, Bacchi EM (2003). *Eugenia uniflora* L."brazilian cherry" leaves: pharmacobotanical, chemicaland pharmacological properties. Rev. Inst. Adolfo Lutz 62:55-61.
- Bernardo TH, Sales Santos Veríssimo RC, Alvino V, Silva Araujo MG, Evangelista Pires dos Santos RF, Maurício Viana MD, de Assis Bastos ML, Alexandre-Moreira MS, de Araújo-Júnior JX (2015). Antimicrobial analysis of an antiseptic made from ethanol crude extracts of *P. granatum* and *E. uniflora* in wistar rats against *Staphylococcus aureus* and *Staphylococcus epidermidis*. Sci. World J. 2015.
- Bertagnolio S, de Gaetano DK, Tacconelli E, Scoppettuolo G, Posteraro B, Fadda G, Cauda R, Tumbarello M (2004). Hospital-acquired candidemia in HIV-infected patients. Incidence, risk factors, and predictors of outcome. J. Chemother. 16:172-178.
- Correia AF, Silveira D, Fonseca-Bazzo YM, Magalhães PO, Fagg CW, da Silva EC, Gomes SM, Gandolfi L, Pratesi R, de Medeiros Nóbrega YK (2016). Activity of crudeextracts from Brazilian cerrado plants against clinically relevant *Candida*species. BMC Complement. Altern. Med. 16(1):1.
- Coulibaly K (2006). Evaluation of the antifungal activity of extracts of bark of commercial species, category P1 the forest of Mopri, Tiassalé (Southern Ivory Coast). Memory Master in Tropical Ecology, Plant Option, University of Cocody-Abidjan, Department of Bioscience. pp. 23-25.
- Dismukes WE (2000). Introduction to antifungal drugs. Clin. Infect. Dis. 30:653-657.
- Duraipandiyan V, Ignacimuthu S (2011). Antifungal activity of traditional medicinal plants from Tamil Nadu, India. Asian Pac. J. Trop. Biomed. 1(2): S204-S215.
- Earth Trends (2003). Evolution of Cameroon Protected Areas (1995-2008). Washington DC: World Resource Institute; 2003.
- Eisenberg DM, Kesseler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL (1993). Unconventional medicinein the United States: Prevalence, costs, and patterns of use. N. Engl. J. Med. 328:246-252.
- Esmaeilzadeh S, Omran SM, Rahmani Z (2009). Frequency and etiology of vulvovaginal candidiasis in women referred to Gynecological Center in Babol, Iran. Int. J. Fertil. Steril. 3:74-77.
- Fiúza TS, Sabóia-Morais SMT, Paula JR, Tresvenzol LMF, Pimenta FC (2008). Evaluation of antimicrobial activity of the crude ethanol extract of *Eugenia uniflora* leaves. J. Basic Appl. Pharm. Sci. 29:245-250.
- Foxman B, Muraglia R, Dietz JP, Sobel JD, Wagner J (2013). Prevalence of recurrent vulvovaginal candidiasis in 5 European countries and the United States: results from an internet panel survey. J. Low. Genit. Tract Dis.17:340-345.
- Georgopapadakou NH, Walsh TJ (1994). Human mycoses: Drugs and targets for emerging pathogens. Science 264:371-373.
- Golia S, Hittinahalli V, Sangeetha KT, Vasudha CL (2012). Study of biofilm formation as a virulence marker in Candida species isolated from various clinical specimens. J. Evol. Med. Dental Sci. 1:1239-1246.
- Hamza JM, Beukel JP, Matee IN, Moshi MJ, Mikx HM, Selemani HO, Mbwambo ZH, Van der Ven AM, Verweij PE (2006). Antifungal activity of some Tanzanian plants used traditionally for the treatment of fungal infections. J. Ethnopharmacol. 108:124-132.
- Hertiani T, Edrada-Ebel R, Ortlepp S, van Soest RWM, de Voogd NJ, Wray V, Hentschel U, Kozytska S, Muller WEG, Proksch P (2010). From anti-fouling to biofilm inhibition: New cytotoxic secondary metabolites from two Indonesian Agelas sponges. Bioorg. Med. Chem. 18:1297-1311.
- Igwe D (2004). Phytochemical Analysis of *Tetrapleura tetraptera*(Aidan tree), a Master's Degree Project Submitted to the Department of Biochemistry / Biotechnology, Ebonyi State University, Abakaliki, Unpublished.
- Klevay MJ, Horn DL, Neofytos D, Pfaller MA, Diekema MJ (2009). Initial treatment and outcome of *Candida glabrata* versus *Candida albicans*

bloodstream infection Diagn. Microbiol. Infect. Dis. 64:152-157.

- Kuete V, Efferth T (2010). Cameroonian medicinal plants: Pharmacology and derived natural products. Front. Pharmacol. 1:1-19.
- Lorenzi H, Matos FJA (2002). Plantas medicinais no Brasil: nativas e exóticas. Nova Odessa, SP: Instituto Plantarum. 350-1.
- Mbatchou GPT (2004). Plant diversity in Central African rain forest: Implications for biodiversity and conservation in Cameroon. Wageningen University, Department of Plant Sciences: PhD thesis.
- Mohandas V, Ballal M (2011). Distribution of Candida Species in Different Clinical Samples and Their Virulence: Biofilm Formation, Proteinase and Phospholipase Production: A Study on Hospitalized Patients in Southern India. J. Global Infect. Dis. 3:4-8.
- Morton J (1987). Fruits of Warm Climates. Published by Julia F. Morton. Distributed by creative Resource systems, inc. Box 890, Winterville, N.C. 28590.
- Neeta S, Uttamkumar B (2011). Effect of sulphaphenazole on pathogenic microorganism *Klebsiella aerogenes*. Int. J. Biol. 2:106-110.
- Njunda Anna L, Dickson S, Nsagha, Assob Jules CN, Kamga Henri L, Pride Teyim (2012). *In vitro* antifungal susceptibility patterns of *Candida albicans* from HIV and AIDS patients attending the Nylon Health District Hospital in Douala, Cameroon. J. Public Health Africa 3(1):2.
- Njunda Longdoh A, Assob Jules CN, Nsagha Shey D, Kamga Henri LF, Ndellejong Ejong C, Kwenti Tebit E (2013).Oral and urinary colonisation of *Candida* species in HIV/AIDS patients in Cameroon. Basic Sci. Med. 2:1-8.
- Pan C, Chen J, Lin T, Lin C (2009). *In vitro* activities of three synthetic peptides derived from epinecidin-1 and an anti-lipopolysaccharide factor against *Propionibacterium acnes*, *Candida albicans*, and *Trichomonas vaginalis*. Peptides 30:1058-1068.
- Patel M, Coogan MM (2008). Antifungal activity of the plant *Dodonaea* viscosa var. angustifolia on *Candida albicans* from HIV-infected patients. J. Ethnopharmacol. 118:173-176.
- Perlroth J, Choi B, Spellberg B (2007). Nosocomial fungal infections: epidemiology, diagnosis, and treatment. Med. Mycol. 45:321e46.
- Pfaller MA, Diekema DJ (2007). Epidemiology of invasive candidiasis: a persistent public health problem. Clin. Microbiol. Rev. 20:133e63.
- Ruhnke M (2014). Antifungal stewardship in invasive Candida infections. Clin. Microbiol. Infect. 6:11-8.
- Seneviratne CJ, Jin L, Samaranayake LP (2008). Biofilm lifestyle of Candida: a mini review. Oral Dis. 14:582-590.
- Shreaz S, Bhatia R, Khan N, Ahmad SI, Muralidhar S, Basir SF, Manzoor N, Khan LA (2011). Interesting anticandidal effects of anisic aldehydes on growth and proton-pumping-ATPase-targeted activity. Microb. Pathogenesis 51(4):277-284.
- Silva S, Henriques M, Martins A, Oliveira R, Williams D, Zeredo JA (2009). Biofilms of non- *Candida albicans* species: quantification, structure and matrix composition. Med. Mycol. 47:681-689.

- Silveira-Gomes F, Dayse-Nogueira S, Tavares do Espírito-Santo EP, de Oliveira Souza N, Mendes-Pinto T, Marques-da-Silva SH (2011). Differentiation between *Candida albicans* and *Candida dubliniensis* using hypertonic Sabouraud broth and tobacco agar.Ver. Soc. Bras. Med. Trop. 44:457-460.
- Simões CMO, Schenkel EP, Gosmann G, JCP Mello, Mentz LA, Petrovick PR (2004). Pharmacognosy: the plant to the drug. 5. ed. rev. ampl. Florianopolis Ed UFSC. Porto Alegre: UFRGS Ed. pp. 519-535.
- Skindersoe M, Ettinger-Epstein P, Rasmussen T, Bjarnsholt T, de Nys R, Givskov M (2008). Quorum sensing antagonism from marine organisms. Mar. Biotechnol. 10:56-63.
- Sofowora A (1982). Medicinal plants and traditional medicine in Africa. John Wiley and sons LTD; 1982.
- Stone BC (1970). The flora of Guam: A manual for the identification of the vascular plants of the island. Micronesica 6:659.
- Suresh M, PK R, Panneerselvam A, Dhanasekaran D, Thajuddin N (2010). Anti-mycobacterial effect of leaf extract of Centella asiatica (Mackinlayaceae). Res. J. Pharm. Technol. 3(3):872-6.
- Tharkar PR, Tatiya AU, Shinde PR, Surana SJ, Patil UK (2010). Antifungal activity of *Glycyrrhiza glabra* Linn. and *Emblica officinalis* Gaertn. by direct bioautography method. Int. J. Phar. Tech. Res. 2:1547-1549.
- Trease GE, Evans WC (1996). A textbook of Pharmacognosy. 14th Edition, Bailliere Tindall Ltd, London. pp. 60-75.
- Wagner WL, Herbst DR, Sohmer SH (1999). Manual of the Flowering Plants of Hawai'i. University of Hawai'l Press.
- World Health Organisation (WHO) (2001). Traditional medicine strategy: 2002–2005. Geneva.
- World Health Organisation (WHO) (2003). Traditional medicine. Fact sheet No 134.Geneva.