

ANTIFUNGAL EFFECT OF THREE ESSENTIAL OILS AND NYSTATIN ON CANDIDA ALBICANS STRAINS: AN IN VITRO STUDY

Sara Ahmed Mahmoud* and Soad Abdelmoniem Abdelmoniem*

ABSTRACT

Background: Oral candidiasis is a common opportunistic infection that is presented in infants and young children. *Candida albicans* are the main causative species in oral candidiasis. Essential oils with their bioactive components were introduced to help in the treatment of oral candidiasis with minimal drawbacks.

Aim: To assess the antifungal effect of Moringa oleifera, Grape seeds, Tea tree, and Nystatin on *Candida Albicans* Strains in an in-vitro study.

Methods: Thirty-two samples were divided into four equal groups (n=8). Agar diffusion test was used in this study. Agar plates were inoculated with *Candida Albicans* suspensions, wells were made and filled with the Moringa, Grape seeds, tea tree oils, and nystatin. The agar plates were incubated at 37 °C and zones of inhibition around wells were measured after 24 hours, and 48 hours.

Results: There was a statistically significant difference between inhibition zone (mm) values of different oils ($p < 0.001$) after 24 hours, and 48 hours. The highest value of inhibition zone was observed in the Tea tree oil group while the lowest value was reported in Grape seed oil group.

Conclusion: Tea tree and Moringa oils showed promising antifungal activity while Grape seed showed minimal antifungal activity against *Candida albicans*. The herbal extracts can be used in the future treatment of fungal infections with minimal side effects.

KEYWORDS: Antifungal, Essential oils, Grape seeds, Moringa, Tea tree.

INTRODUCTION

Oral thrush (oral candidiasis) is a common opportunistic infection that may affect any child. It is caused by an overgrowth of the fungus *Candida albicans* (*C. albicans*) which is a normal commensal of the oral cavity and generally causes no problems in healthy children. Oral candidiasis is

characterized by local discomfort, dysgeusia, and dysphagia. Its clinical presentation reveals a creamy white lesion, which adheres to whole parts of the oral mucosa like tongue, palate, gingiva, buccal mucosa, and oropharyngeal areas. These creamy white patches are easily scrapped and rubbed off resulting in bleeding and pain^{1,2}.

* Associate Professor of Pediatric Dentistry & Dental Public Health- Faculty of Dentistry- Cairo University

Nystatin is rated as the primary line of treatment for uncomplicated oral candidiasis for several years³. The topical application of nystatin is the recommended route of administration in dentistry, as it is not absorbed from the gastrointestinal tract when the oral route is employed. In developing countries, nystatin has a crucial role within the prophylaxis of oral and systemic candidiasis in full-term and premature newborns and infants⁴.

The worldwide increase of the incidence of microbial infections, and the increased nystatin resistance in some cases caused a rise within the importance to find other antifungal agents to exchange the existed drugs, widen the range of activity against *C. albicans*, and improve the effectiveness of treatment against oral candidiasis^{5,6}.

Herbal medicine has been used for several years in some countries of the globe. Natural products can replace synthetic chemical medicine. Plant essential oils provide anti-inflammatory and analgesic properties, have aromatic effects and antimicrobial, and anti-Candidal activities, including *Moringa oleifera*, grape seeds oil, and tea tree oil^{5,7}.

Moringa oleifera Lam. (*syn. Moringa pterygosperma* Gaerthn, *Moringa moringa* Millsp.), is known as a miracle tree⁸. The *Moringa* plant plays an important role in economic, nutritional, and medicinal use. Furthermore, it contains good sources of vitamins, minerals, proteins, and carotenoids in all its parts. Many studies proved the antibacterial, anti-inflammatory, and anti-candidal properties of *Moringa oleifera*^{8,9-12}.

Grape seeds belong to *Vitis vinifera* plant which is from Vitaceae family, the Mediterranean region, central Europe and South West Asia are the native origin². Grape seeds have become popular in recent years as a medical and dental treatment¹³. Grape seed enhances skin wound healing, has antioxidant, antimicrobial, antiviral and anticancer effects². It helps in increasing tooth re-mineralization. Moreover, grape seed oil has revealed antifungal activity against different *Candida* species^{14,15}.

Tea tree oil is that the oil obtained from the Australian native plant *Melaleuca alternifolia*⁶. It has powerful and broad-spectrum antimicrobial activity against a wide range of bacteria, viruses, and fungi, including yeasts. In the medical field, it is used as a topical antiseptic, especially when used in wound disinfection, inhalation therapy, aseptic surgery, dental medicine, and oral cavity rinsing¹⁶.

Studies administrated on the anti-fungal activities of the essential oils are still emerging. Additionally, the clinical use of those plant extracts is not approved by regulatory agencies. Therefore, this study was performed to assess the antifungal effect of *Moringa oleifera*, Grape seeds, Tea tree, Nystatin on *Candida Albicans* Strains in an in-vitro study.

MATERIALS AND METHODS

Study design

The study design was in vitro.

Sample size estimation

During the planning of this study, there was no relevant article in the published literature with the same sample grouping and studied outcome that could be used for sample size calculation. In order to judge the adequacy of the selected sample size, respective effect sizes were calculated and post hoc power analyses were conducted for the acquired data. The calculated effect sizes were all considered large based on Cohen specifications¹⁷, and the calculated power for all intervals were well beyond the target power of 80%. So the chosen sample size of 32 samples was deemed sufficient.

Essential oils preparation

Three essential oils; *Moringa* (*Moringa oleifera* Lam.), Grape seeds (*Vitis vinifera*), and Tea tree (*Melaleuca alternifolia*) were used in this study.

Moringa oil: cold maceration technique^{18,19} was used to derive the extract of moringa leaves, and obtained from the Agriculture Department, Moringa Unit, National Research Centre, Egypt.

Grape seeds oil (International Standard ISO 9235): prepared by the cold-pressing method using hydraulic press machine ²⁰ was used in this study.

Tea tree oil (International Standard ISO 4730): prepared by steam distillation process ²¹ from using Australian tea tree ("Oil of Melaleuca, terpinen-4-ol type").

The three prepared essential oils used in this study were 100% natural products, free from preservatives, free from coloring agents, free from artificial fragrances, and environmentally friendly. The concentration of these oils was expected to be around 99% (one single source and not blended with other natural ingredients or diluents) were used in this study due to unavoidable contamination of environmental humidity.

Test organism

The study was carried out on reference strain the main causative microorganisms in oral candidiasis; *Candida albicans* (ATCC 1023) obtained from the Microbiological Resource Center (MIRCEN), Faculty of Agriculture, Ain Shams University, Egypt. Microorganisms were stored in 10% glycerol brain-heart infusion broth at -80°C until used.

Sample grouping

A total of 32 samples were divided into four equals groups (n=8). Group 1: Moringa oil (leave extract), Group 2: Grape seeds oil, Group 3: Tea tree oil, and Group 4: Nystatin (Control). The antifungal effect of each group was assessed after two-time intervals: 24 hours, and 48 hours.

Antimicrobial assay

The antifungal activity was assessed using agar diffusion test as suggested by Kumar et al. ²². Fresh subculture of microorganism from the stocks was made on Sabouraud's dextrose agar for *Candida albicans* and incubated at 37°C for 18-24 hrs. Microbial suspension was prepared from individual colonies on the fresh subculture agar plate and adjusted

to 0.5 MacFarland standard to be used for inoculation of the test agar ^{23,24}. From microbial suspension (nine hundred microliters) was mixed with 60 ml of the molten soft agar (to ensure even distribution of the microorganism) to which Tween 20 at a level of 0.5% was added to reinforce the oil solubility and so the mixture was poured immediately onto Petri dish. The plates were left for ten minutes to solidify. A sterilized 5 mm cork borer was accustomed make holes. Two hundred microliters of every one of the three essential oils along with nystatin as control were pipetted into the holes. After 24, and 48 hours of incubation at 37°C, the diameter of the expansion inhibition zones (in mm) was measured by a digital caliper at the two outermost points at two intervals time of this in-vitro study. The experiment was repeated eight times in each group ²⁵.

Statistical analysis

Numerical data was represented as mean and standard deviation (SD) values. Shapiro-Wilk's test was used to test for normality. Data showed non-parametric distribution, so they were analyzed using Kruskal-Wallis test followed by Dunn's post hoc test with Bonferroni correction for intergroup comparisons and Wilcoxon signed rank test for intragroup comparisons. The significance level was set at $p < 0.05$ within all tests. Statistical analysis was performed with R statistical analysis software version 4.1.2 for Windows ²⁶.

RESULTS

This study was conducted to assess the antifungal effect of three essential oils proposed for the treatment of oral thrush. The antifungal effect of these oils was assessed after 24, and 48 hours.

Inter-group comparison of the examined essential oils

The results revealed that there was a statistically significant difference between inhibition zone (mm) values of different oils ($p < 0.001$) after both time intervals. The highest value of inhibition zone was

observed in the Tea tree oil group, followed by Moringa oil then Nystatin (control), while the lowest value was found in Grape seed oil group. Post hoc pairwise comparisons between the different groups, showed that the value of Tea tree oil inhibition zone was significantly higher than that of the other groups except for Moringa oil. There was no a statistically significant difference between the inhibition zone values of Moringa oil and Nystatin (control) ($p>0.05$). Moreover, the value of inhibition zone of Grape seed oil group was found to be significantly lower than those of other groups except for Nystatin (control) ($p<0.001$), (Table 1 & Figure 1).

Intra-group comparison of the examined essential oils:

The findings of the present study demonstrated that there was no significant difference between the inhibition zone values measured at both time inter-

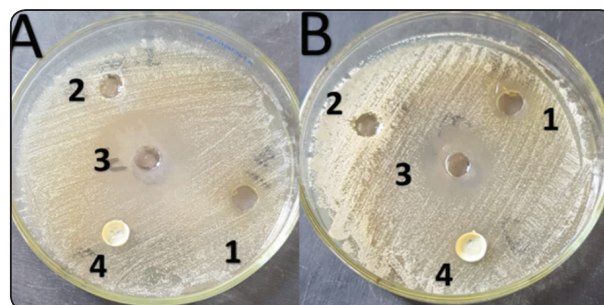


Fig. (1) Agar plates with *Candida albicans* showing the zones of fungal growth inhibition among the tested groups. (A: after 24 hours, B: after 48 hours, 1: Moringa, 2: Grape seed, 3: Tea tree, 4: Nystatin)

vals for all tested materials ($p>0.05$). The recorded inhibition zone values for Moringa and Tea tree oils revealed that the highest values for both oils were observed after 48 hours, followed by 24 hours. While the inhibition zone values for Nystatin (control) were the same after 24 and 48 hours, (Table 1).

TABLE (1): Inter and intragroup comparison of *Candida albicans* inhibition zone (mm) among the tested groups.

Time	Inhibition zone (mm) (Mean \pm SD)				p-value	Eta squared (95% CI)	Power
	Group 1 Moringa oil	Group 2 Grape seed oil	Group 3 Tea tree oil	Group 4 Nystatin (control)			
24 hours	11.75 \pm 2.19 ^{ABa}	0.00 \pm 0.00 ^{Ca}	27.50 \pm 2.67 ^{Aa}	10.00 \pm 0.00 ^{BCa}	<0.001*	0.928 (0.840-0.980)	1.000
48 hours	12.00 \pm 2.62 ^{ABa}	0.00 \pm 0.00 ^{Ca}	28.00 \pm 3.30 ^{Aa}	10.00 \pm 0.00 ^{BCa}	<0.001*	0.927 (0.850-0.970)	1.000
p-value	0.346ns	1ns	0.346ns	1ns			

Different upper and lowercase superscript letters indicate a statistically significant difference within the same horizontal row and vertical column respectively; *significant ($p<0.05$)

Kruskal-Wallis test followed by Dunn's post hoc test with Bonferroni correction for intergroup comparisons

Wilcoxon signed rank test for intragroup comparisons

DISCUSSION

Herbal medicine has been introduced as a possible alternative to traditional drugs because of its competitive price, availability, long-lasting therapeutic effects, and potential effectiveness²⁷.

Thus, this study was carried out to assess the antifungal effect of *Moringa oleifera*, Grape seeds, Tea tree, and Nystatin in an in-vitro study. The antifungal effect was evaluated after 24, and 48 hours, following the Clinical and Laboratory Standards Institute (CLSI) Performance Standards for antifungal susceptibility testing of Yeast and Filamentous Fungi^{28,29}.

In the present study, an agar diffusion test was utilized to evaluate the antifungal effect of the three oils as it is rated as the most frequently used method to assess the antimicrobial potential of essential oils and their components³⁰.

C.albicans. is normal inhabitant of the oral cavity and is commonly found on mucosal surfaces, when immune system impairments occur the colonization of this organism will arise. Therefore, it is important for the clinicians to be aware of the risk factors, early diagnosis, and proper treatment of oral candidiasis, especially in children³¹.

The results of this study revealed that, there was a statistically significant difference between inhibition zone (mm) values of different oils ($p<0.001$) after 24-, and 48-hours. The highest value was found in the Tea tree oil group. The previously reported superior results of Nystatin over Tea tree oil reported by *Lydiawati et al.*⁶ were due to the great dilution of Tea tree oil (5%).

Tea tree oil antimicrobial activity is attributed mainly to terpinen-4-ol, the main bioactive component present in Tea tree oil¹⁶. Tea tree oil and its components increase the permeability of the cell membrane. This could inhibit the growth of *Candida* species. In addition to this mechanism, tea tree oil could also produce membrane lipid bilayers like structure that change the component to make the

membrane intact. These changes lead to inhibition of the growth of *Candida*⁶.

The results of the present study reported that, there was no statistically significant difference between *Moringa* oil and Nystatin (control) groups ($p>0.05$) at the 2 intervals investigations. This comes in agreement with *Isitua, et al.*,¹¹ who showed comparable zones of inhibition. The antifungal activity of the bioactive compounds in *Moringa* leaves, against *C. albicans* was proved by previous studies^{10,11,32}.

Despite the popularity of grape seed oil as an antifungal agent¹⁴, the results of this study demonstrated that the value of the inhibition zone of Grape seed oil group was lower than Nystatin (control) after 24- and 48-hours assessment with no statistically significant difference ($p>0.05$). The inefficacy of the grape seed oil in this study may be attributed to the different preparation method of the oil, the method used to investigate the antimicrobial property, or the difference in the reference strain of the studied microorganism. These findings are in accordance with *Sherestha et al.*,³³, *Eslami et al.*,² and *Volety et al.*,¹⁵.

CONCLUSION

Teatree and *Moringa* oils showed promising antifungal activity while Grape seed showed minimal antifungal activity against *Candida albicans*. The herbal extracts can be used in the future treatment of fungal infections with minimal side effects.

REFERENCES

1. Vila T, Sultan AS, Montelongo-Jauregui D, Jabra-Rizk MA. Oral Candidiasis: A Disease of Opportunity. *J. Fungi* 2020; 6 (15); 1-28. doi:10.3390/jof6010015
2. Eslami H, Babaei H, Mehrbani SP, Aghazadeh M, Babaei Z, Nezhad SK. Evaluation of antifungal effect of grape seed extract (GSE) on *Candida glabrata* and *Candida krusei*: in vitro study. *Biomed Res- India* 2017; 28 (16): 9163-9170.
3. da Silva RA, Ishikiriyama BLC, Ribeiro Lopes MM, et al. Antifungal activity of Punicalagin – nystatin combinations against *Candida albicans*. *Oral Diseases*. 2020; 00:1–10. DOI: 10.1111/odi.13507

4. Perez-Sayans M, Beiro-Fuentes R, Otero-Rey EM, et al. Efficacy of different formulations of nystatin in an experimental model of oral candidiasis in sialoadenectomized rats. *Journal of Dental Sciences* 2021; 16: 123-130
5. Herman A, Herman AP. Herbal Products and Their Active Constituents Used Alone and in Combination with Antifungal Drugs against Drug-Resistant *Candida* sp. *Antibiotics* 2021; 10: 655-667. <https://doi.org/10.3390/antibiotics10060655>
6. Lydiawati E, Listiawan MY, Murtiastutik D, et al. In Vitro Antifungal Susceptibility Testing of Tea Tree Oil (TTO) 5% Compared with Nystatin against *Candida* sp. as Important Agent of Oral Candidiasis in HIV/AIDS Patients. *Periodical of Dermatology and Venereology* 2020;32(3): 189- 194.
7. Koseki Y, Tanaka R, Murata H. Development of antibacterial denture cleaner for brushing containing tea tree and lemongrass essential oils. *Dent Mater J* 2018;37(4):659–666. DOI: 10.4012/dmj.2017-295.
8. Sujatha B.K, Patel P. Moringa Oleifera – Nature’s Gold. *IJIR* 2017;3(5):1175- 1179.
9. Elgamily H, Moussa A, Elboraey A, et al. Microbiological assessment of Moringa Oleifera extracts and its incorporation in novel dental remedies against some oral pathogens. *J Med Sci.* 2016;4:585-590.
10. Rocha MFG, Alencar LP, Brilhante RSN, et al. Moringa oleifera inhibits growth of *Candida* spp. and *Hortaea werneckii* isolated from *Macrobrachium amazonicum* prawn farming with a wide margin of safety. *Ciência Rural* 2014; 44(12): 2197-2203.
11. Isitua CC, Ibeh IN, Olayinka JN. In Vitro Antifungal Activity of Moringa Oleifera Lam Leaf on Some Selected Clinical Fungal Strains. *Indian J. Appl. Res.* 2016; 6(8): 548- 552.
12. Milla P G, Peñalver R, Nieto G. Health Benefits of Uses and Applications of Moringa oleifera in Bakery Products. *Plants* 2021; 10: 318-335. <https://doi.org/10.3390/plants10020318>
13. Simonetti G, Brasili E, Pasqua G. Antifungal Activity of Phenolic and Polyphenolic Compounds from Different Matrices of *Vitis vinifera* L. against Human Pathogens. *Molecules* 2020; 25: 3748-3770.
14. Eslami H, Babaei H, Mehrbani SP, et al. Evaluation of antifungal effect of grape seed extract (GSE) on *Candida glabrata* and *Candida krusei*: in vitro study. *Biomed Res J* 2018;28(21):9163–9170.
15. Volety S, Shetty PP, Kumar K, Shetty G. Antifungal Effects of Herbal Extracts and Fluconazole on Heat-polymerized Acrylic Denture Base Resin as Denture Cleanser: An In Vitro Study. *J Contemp Dent Pract* 2021; 22 (2): 162-165.
16. Mertas A, Garbusińska A, Szliszka E, Jureczko A, Kowalska M, Król W. The Influence of Tea Tree Oil (*Melaleuca alternifolia*) on Fluconazole Activity against Fluconazole-Resistant *Candida albicans* Strains. *Biomed Res. Int.* 2015; 2015: 1-9. <http://dx.doi.org/10.1155/2015/590470>
17. Cohen J. Statistical power analysis for the behavioral sciences. 1988.
18. Rathi BS, Bodhankar SL, Baheti AM. Evaluation of aqueous leaves extract of *Moringa oleifera* Linn for wound healing in albino rats. *Indian J Exp Biol* 2006; 44: 898-901.
19. Azwanida NN. A Review on the Extraction Methods Use in Medicinal Plants, Principle, Strength and Limitation. *Med Aromat Plants* 2015; 4: 196. doi:10.4172/2167-0412.1000196
20. Çakaloğlu B, Özyurt VH, Ötleş S. Cold press in oil extraction. A review. *Ukrainian Food Journal* 2018; 7 (4):640-654 DOI: 10.24263/2304-974X-2018-7-4-9
21. Huynh Q, Phan TD, Thieu VQQ, Tran ST, Do SH. Extraction and refining of essential oil from Australian tea tree, *Melaleuca alterfornia*, and the antimicrobial activity in cosmetic products *Journal of Physics: Conference Series* 2012; 352: 012053 doi:10.1088/1742-6596/352/1/012053
22. Kumar MM, Pai MB, Subba Reddy V, Mohan Das U. Antibacterial properties of fluoride releasing glass ionomer cements (GICs) and pit and fissure sealants on *Streptococcus mutans*. *Int J Clin Pediatr Dent* 2010; 3:93–96.
23. Remel (2009) McFarland equivalence turbidity standards. Instructions for use. IFU 20410
24. Zapata A, Ramirez-Arcos S. A Comparative Study of McFarland Turbidity Standards and the Densimat Photometer to Determine Bacterial Cell Density. *Curr Microbiol* 2015; DOI 10.1007/s00284-015-0801-2
25. Abdelmoniem S, Moheb DM, Saad D. Comparing the Antimicrobial Activity of Three Essential Oils against Microorganisms Most Commonly Encountered in Necrotic Root Canal Systems. *Egypt. Dent. J.* 2015;60(1):1-6
26. R Core Team (2021). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>.
27. Anushya P, Priya A J, Arivarasu L. Role of Herbal Medicine in Dental Health- A Detailed Review. *EJMCM* 2020; 07(01): 2185-2196

28. CLSI. Performance Standards for Antifungal Susceptibility Testing of Yeast. 1st ed. CLSI supplement M60. Wayne, PA: Clinical and Laboratory Standards Institute; 2017
29. CLSI. Performance Standards for Antifungal Susceptibility Testing of Filamentous Fungi. 2nd ed. CLSI supplement M61. Wayne, PA: Clinical and Laboratory Standards Institute; 2020
30. Elsayed NE, Helmy NA, Sara A. Mahmoud SA, Abdelatif AE. Assessment of the antimicrobial effect of fluoride varnish containing nanosilver and conventional fluoride varnish on oral streptococci: an in-vitro study. *Journal of The Arab Society for Medical Research* 2020; 15:36–41
31. Hua L, Heb C, Zhaoa C, Chena X, Huaa H, Yan Z. Characterization of oral candidiasis and the Candida species profile in patients with oral mucosal diseases. *Microbial Pathogenesis* 2019; 134: 103575-103580 <https://doi.org/10.1016/j.micpath.2019.103575>
32. Gheorghe DC, Niculescu AG, Birca AC, Grumezescu AM. Biomaterials for the Prevention of Oral Candidiasis Development. *Pharmaceutics* 2021; (13): 803-821 <https://doi.org/10.3390/pharmaceutics13060803>
33. Shrestha B. In vitro antimicrobial effects of grape seed extract on peri-implantitis microflora in craniofacial implants. *Asian Pac J Trop Biomed* 2012; 2: 822-825.