

EVALUATION OF THE ANTIBACTERIAL ACTIVITY AND TOXICITY PROPERTIES  
OF *FUNTUMIA ELASTICA* (Preuss) Stapf. (TSN 30176), USED IN TRADITIONAL  
MEDICINE IN NIGERIA

**ABSTRACT**

**Background:** The urgent need for new and novel antibacterial chemotherapy to combat the worrisome emergence of antimicrobial resistance necessitated the exploration of medicinal plants such as *Funtumia elastica*. This study was designed to evaluate the antibacterial activity, acute and sub-acute toxicity studies of *Funtumia elastica* which is used in the ethnomedical treatment of infections.

**Methods:** The leaves and stem bark of *F. elastica* were collected, pulverized, extracted using Soxhlet extractor and evaluated phytochemically. Antibacterial activities and Minimum Inhibitory Concentrations (MIC) of the crude extracts were investigated on clinical isolates using agar well diffusion. Bioactive fractions of the dichloromethane extract were obtained through column chromatography and thin layer chromatography. Acute and subacute toxicity studies were evaluated on the dichloromethane extract (DCM) using female Swiss albino mice.

**Results:** The leaves contain tannins, flavonoids, alkaloids, steroids, saponins, and glycosides while the stem contains tannins and steroids. The hexane extracts lack activities while DCM and ethylacetate extracts of *F. elastica* were found to have some degree of activities on tested clinical isolates. Bioactivity guided fractionation of the DCM extract yielded only fraction 2 been active on the clinical isolates at 3.5625mg/ml. There were no signs of acute toxicity at the maximum dose of 5000mg/kg body weight. Biochemical parameters showed no

significant changes in the liver enzymes, this infers that the extract might not have any negative impact on the liver with regards to metabolism.

**Conclusion:** The moderate antibacterial activities of *Funtumia elastica* extracts justified its ethnomedicinal uses and potential to furnish new antimicrobials.

**KEY WORDS:** *Funtumia elastic*, ethnomedicine, Phytochemistry, Bioactivity, Toxicity.

## INTRODUCTION

The use of medicinal plant in treatment of sickness and disease is dated back to ancient times, and it is still being used in the 21<sup>st</sup> century (Apkuaka and Ezem, 2011; Jamshidi-Kia *et al.*, 2017). Medicinal plants have been tagged a reservoir for phytochemicals in the production of drugs. Although they are mostly consumed wholly, research has proven that this act could have some deleterious effects on humans (Ahn, 2017). There has been a rapid emergence of resistant bacteria occurring worldwide thus, antimicrobial resistance and its wider implications present the world with a growing healthcare crisis (Hamdani *et al.*, 2020). Hence there is urgent need to look into medicinal plants for new and effective antimicrobials (Vaou *et al.*, 2021).

*Funtumia elastica* (Preuss) commonly called “Ire” in Yoruba land Southwest Nigeria (Ajao *et al.*, 2022), belongs to the family Apocynaceae. Members of this family are native to the Europe, Asia, Africa, Australia and America. Many species of the Apocynaceae family are found in the tropical forest, but some grow on temperate regions as perennial herbs. Preliminary phytochemical screening has revealed that *F. elastica* bark contains hydrolysable tannins, sapogenetic glycosides, steroids, and saponins (Ma'mag *et al.*, 2021), while the leaves contain hydrolysable tannins, flavonoids, starch, and alkaloids with the

tannin content of the leaves and stem bark being 2.4% and 1.3% w/w (relative to the dried material), respectively (Agyare *et al.*, 2012).

Decoction of the leaf of *Funtumia elastica* has been found to specifically inhibit the growth of many moulds, including *Aspergillus* sp, *Penicillium* sp, *Candida* sp, as well as the fungi that cause ring worm (Anand *et al.*, 2020). Its Antiplasmodial and antileishmanial inhibitory activity has as well been reported (Ma'mag *et al.*, 2021). It is also reportedly used in the treatment of wounds (Adekunle and Ikumapayi 2006). Burkill, (1995) has documented that ethanolic extract of *F. elastica* (Preuss) is traditionally used to treat whooping cough, inflammatory diseases such as asthma, blenorhea and painful menstruation. The scientific scrutiny of *Funtumia elastica* is as a result of the need to look for other sources of novel antimicrobial agents particularly from medicinal plants based on ethno-pharmacological information (Vaou *et al.*, 2021). The present study, was, therefore, designed to evaluate antibacterial activity of fractions from the crude extract of *Funtumia elastica* as well as to assess its acute and subacute toxicity.



**Figure 1** *Funtumia elastica* trees (Source: Author`s work)

## **MATERIALS AND METHODS**

### **Collection, identification and Extraction of Plant Materials.**

*Funtumia elastica* was collected from University of Ibadan Botanical garden. The plant was earlier identified and authenticated at the herbarium of Federal Research Institute of Nigeria

(FRIN), Ibadan with voucher number FHI 112304. The plant parts (leaves and stem bark) were air-dried under shade at ambient temperature, pulverized into fine powder. The pulverized plant materials were weighed and subjected to exhaustive Soxhlet extraction with distilled ethanol. Extract were collected, concentrated and dried under reduced pressure using rotary evaporator (Xian Ltd, China) at 45°C, weighed and stored at room temperature before use. A 200g of each part of the crude extract was dissolved in a mixture 450ml of ethanol and 150ml of distilled water and was partitioned with Hexane, Dichloromethane and Ethyl acetate according to the polarity.

### **Animal stock**

Female Swiss albino mice aged 6-7 weeks, weighing 25-30 g were used. The animals were fed on grower feed with free access to water under standard conditions of light (12 h light, 12 h dark), humidity and temperature.

### **Phytochemical screening**

Phytochemical screening was carried out to detect the presence of secondary metabolites such as anthraquinones, tanins, saponins, alkaloid, phlobatanins, and steroids, cardiac glycosides, reducing sugar, phenol, glycosides and resins using methods described by Harborne (1973).

### **Test Microorganisms**

Strains of clinical isolates of *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Acinetobacter baumannii* and *Klebsiella spp* were gotten from Clinical Microbiology Laboratory University College Ibadan.

### **Antimicrobial Susceptibility Test**

The agar cup diffusion technique was adopted using the method of (Adeniyi *et al.*, 1996). Each organism was sub-cultured in Tryptic Soy Broth (TSB) overnight, to have them in their log phase of growth. A volume of 0.1ml of each organism from the overnight culture was added to 9.9ml of sterile distilled water to give a 1 in 100 dilution. This was properly mixed to measure homogeneity

Using a sterile 1ml pipette, 0.2ml of this dilution was withdrawn, introduced into 20ml molten Mueller Hinton agar at 45°C and was poured into sterile Petri dish (8.5cm diameter). The plate was allowed to set and surface aseptically dried of all moisture. A sterile cork-borer of 6 mm diameter was used to bore equidistant wells on the agar and a 0.2ml volume of the extracts of various concentrations introduced into their respective wells. The positive (Gentamicin 10µg) and negative controls (20% DMSO) were also introduced in their respective wells. The plates were then allowed to stand on the bench for an hour to allow for pre-diffusion of extracts and controls. The plates were incubated at 37°C for 24 hours, after which zones of inhibitions were measured. All tests were performed in duplicates.

### **Determination of Minimum Inhibitory Concentration (MIC)**

Minimum inhibitory concentrations (MICs) were performed with modifications of agar dilution method as previously explained (Adeniyi *et al.*, 2004). Two milliliter (2ml) of each of the reconstituted extracts fractions, prepared to give concentrations of 200 mg/ml, 100 mg/ml, 50 mg/ml and 25 mg/ml, were added to 18ml of molten Mueller-Hinton agar and shaken by rolling it between palms. The properly mixed agar and extract was poured into sterile Petri dishes, allowed to solidify and the surface dried in sterile oven to remove moisture. A loopful of overnight culture of each test bacterial isolate was streaked on the surface of the agar. The plates were appropriately incubated for 24hours at 37°C and examined for the presence or absence of growth. The lowest concentration that prevented

growth of a bacterial isolate was taken as the minimum inhibitory concentration (MIC). All tests were performed in duplicates.

#### **Determination of Minimum bactericidal concentration (MBC) of crude extract and fractions of *Funtumia elastica*.**

The method of Adeniyi *et al*, (2000) was used with some modification. The graded concentrations employed in the MIC with no observable growth on plate, a 0.5ml of test bacterial was added in a test tube of nutrient broth and incubated at 37°C for 18- 24hrs. To a freshly prepared Muller Hilton agar, samples were taken and streaked out to define the lowest concentration of the extract essential towards the eradication of the bacteria. The failure of the organisms to grow on transference to the media is an indication of kill. The lowest of all the tested concentration that inhibited bacterial growth subsequently after incubation was documented as the minimum bactericidal concentration (MBC). Assay was done in duplicates.

#### **Acute toxicity studies**

The method of Lorke (1983), was adopted in determining the acute toxicity of the most active fraction of the extracts *Funtumia elastic*, via oral administration. The study was carried out in three phases. In the first phase, three mice were administered 10, 100 and 1000mg/kg body weight of the extract orally (via a cannula), respectively. The mice were observed for signs of adverse effects and death for 24 hours. In the second phase of the study, the procedure was repeated using another set of three mice given 1500, 2000 and 2500mg/kg body weight of the extract respectively. The mice were also observed for signs of toxicity and mortality for 14 days. Based on the results gotten from the second phase, 3000mg/kg body weight and 5000mg/kg body weight of the extract were administered to another set of two mice in the third phase. The mice were observed for signs of toxicity and mortality for the first 4 hours and thereafter daily for 14 days.

### **Sub-acute toxicity studies of most active fraction of the extract of *Funtumia elastica***

The method of Aniagu *et al.*, (2005), was employed in the sub-acute toxicity study of crude Dichloromethane leaf extract of *Funtumia elastica*. Thirty (30) mice were selected by stratified randomization and divided into six groups of five mice each. Group one, two, three, four and five were administered 25, 50, 100, 200 and 400mg/kg body weight of the crude Dichloromethane leaf extract of *Funtumia elastica* respectively for 28 days. The sixth group was administered 5% DMSO in water used for dissolving the extract as control group. The first day of dosing was taken as D0 whereas the day of sacrifice was designated as D28. The feed intake of the mice in each group was measured once daily over the 28 days period. After sacrifice, heparinized blood sample were taken for hematological examination. The serum from non-heparinized blood was carefully collected for blood chemistry and analysis. All organs were preserved in 10% formal saline solution for histological examination. The effects of the sub-chronic administration of the crude extract for 28 days on the mice were investigated.

### **Chromatographic Methods**

#### **Column chromatography of most active crude extract**

The most active extract was further purified by subjecting it to column chromatography of height, length and internal diameter 95cm by 54cm by 2cm respectively. The one hundred and fifty grams (150g) silica gel was packed wet with *n*-Hexane on the column clamped in a vertical position. As solid phase settles down, the column is gently tapped with a spatula until required height was attained. The sample (10g) was dissolved in a volatile *n*-Hexane and mixed with a little silica gel to form slurry. Gradient elution was carried out starting from least polar solvent (that is 100% *n*- Hexane, *n*-Hexane/Ethylacetate, 100% Ethylacetate, Ethylacetate/Dichloromethane, 100% Dichloromethane, Dichloromethane/methanol and

100% Methanol). Sub-fractions were obtained and pooled based on their thin layer chromatography (TLC) profiling.

### **Thin Layer Chromatography.**

The dissolved fractions of the column chromatography were spotted on TLC pre-coated silica gel adsorbent plate activated in an oven at a temperature of 110°C for about an hour, with the aid of capillary tubes at a distance of 1cm from the base. The spots were equidistant from each other and were allowed to dry on the plates and were subsequently placed in a tank saturated with different solvent system such as *n*-Hexane: Ethylacetate, *n*-Hexane: Dichloromethane etc, at different ratios. The plates were developed using ascending techniques and the developed plates were brought out of the tanks, solvent front marked, before drying the plates. Then using ultraviolet lamp ( $\lambda_{\text{max}}$  of 254 and 365 nm), the compound was clearly observed and marked. Their retardation factors ( $R_f$ ) were obtained using the formula:

$$R_f = \frac{\text{Distance moved by the sample}}{\text{Distance of the solvent front}}$$

### **Contact bioautography**

The fractions gotten from column chromatography were spotted on TLC plate and using appropriate solvent system were developed to separate the phyto-chemicals. The developed TLC plate were placed in a Petri dish and cooled molten agar that has been seeded with the organism of interest were poured on them and were allowed to solidify. The plates were incubated at 37°C for 24hrs. Zones of inhibition were observed, for a clearer observation, the plates were sprayed with tetrazolium salt and re-incubated for 24hour at 37°C. Clear white

zones, against a purple background indicated that the plant extract has antimicrobial activity against the test organism.

### **Statistical analysis.**

Results were expressed as mean value  $\pm$  standard deviation (S.E.M). Statistical analysis was evaluated using one way analysis of variance, followed by a post hoc Newman-Keuls multiple comparison test. All statistical analysis was done using Prism software version 8 (Graph pad prism software Inc. San Diego, USA). Statistical difference at level  $P < 0.05$  were considered significant.

## **RESULTS**

Dichloromethane fractions consistently gave the highest yield both in the leaves and stem-bark extracts, while the least percentage yield was recorded in the aqueous fraction for the leaves, and n-Hexane for the stem-bark respectively (Table 1). The preliminary phytochemical screening of *Funtumia elastica* leaf and stem bark revealed that the leaves contain tannins, flavonoids, alkaloids, steroids, saponins, and glycosides while the stem contains tannins and steroids (Table 2). The test organisms were susceptible to Ofloxacin, Gentamicin, ciprofloxacin and Nitrofurantoin but are resistant to Augmentin, Cefotaxime and Ceftazidime (Table 3). The dichloromethane and ethylacetate fractions of ethanolic crude extract of *Funtumia elastica* leaves and bark exhibited different degrees of activities while the aqueous and n-hexane fractions showed no activity on the tested pathogenic organisms (Table 4). The minimum inhibitory concentrations (MIC) of the four (4) partitioned extracts (dichloromethane leaves, dichloromethane bark, ethylacetate leaves and ethylacetate bark) on the test organisms ranged between  $< 3.125$  mg/ml to  $> 25$  mg/ml (Table 5). The minimum bactericidal concentrations of the various fractions of the leaves and stem-bark extracts of *Funtumia elastica*, shows that values ranged between the MIC and 2 X MIC values for each organism (Table 6). Bioactivity guided fractionation showed that *Staphylococcus aureus* ATCC 29213

was most susceptible to the chromatographic fraction 2 out of nine from Dichloromethane fraction of the leaves extract of *F. elastic* (Table 7).

A significant increase was seen in the packed cell volume (PCV) and hemoglobin concentrations as well as red blood cell and white blood cell count (Table 8). Table 9 shows that there were no significant alterations in the serum ALT, AST, and ALP and other biochemical parameters analyzed at various doses of the extract after 28 days administration on the animal models. The histological evaluation of effects of Dichloromethane extract of *Funtumia elastica* on liver tissues of the experimental animals using hematoxylin and eosin, reveals mild diffuse vacuolar degeneration of hepatocytes (Figure 1). However, the histological evaluation of the effects of Dichloromethane extract of *Funtumia elastica* on kidney tissues using hematoxylin and eosin staining, shows no visible lesions (Figure 2).

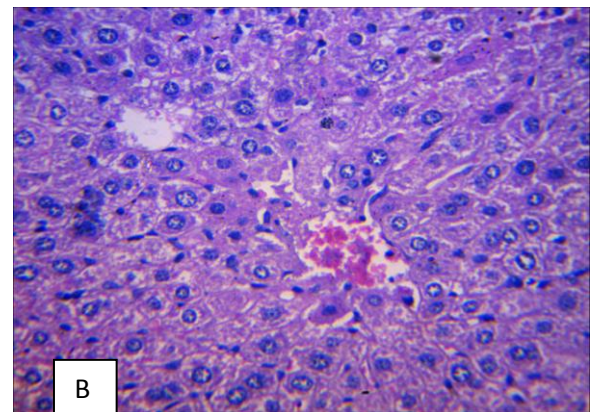
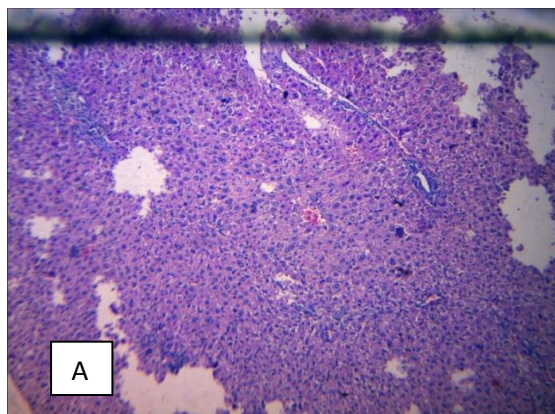
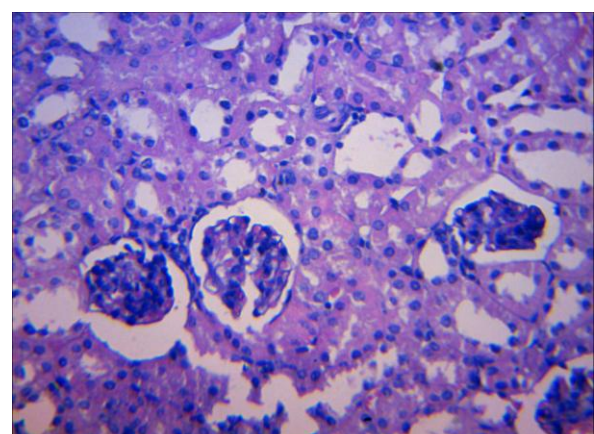
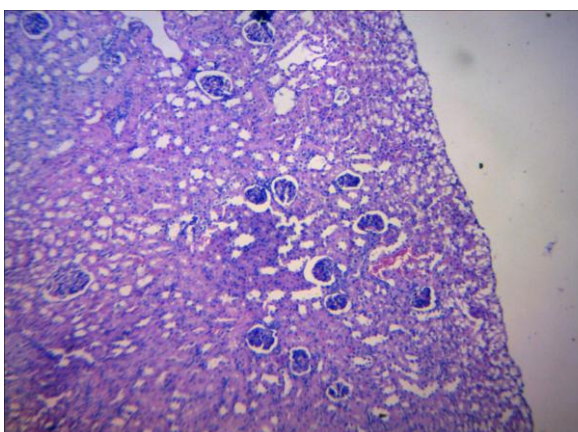


Figure 1: Histological evaluation of effects of Dichloromethane extract of *Funtumia elastica* using hematoxylin and eosin staining on liver tissues of control in the acute toxicity study in mice. A = X100 magnification; B = X400 magnification.



A

B

**Figure 2:** Histological evaluation of effects of Dichloromethane extract of *Funtumia elastica* using hematoxylin and eosin staining on kidney tissues of control in the acute toxicity study in mice. A = X100 magnification; B = X400 magnification.

## DISCUSSIONS

The test organisms are susceptible to Ofloxacin, Gentamicin, ciprofloxacin and Nitrofurantoin but are resistant to Augmentin, Cefotaxime and Ceftazidime. If these organisms are resistant to second and third generation Cephalosporin, there is a need for alternative antibiotics for treatment (Gashe *et al.*, 2018). The dichloromethane and ethylacetate fractions of ethanolic crude extract of *Funtumia elastica* exhibited different degrees of activities while the aqueous and *n*-hexane fractions showed no activity on the pathogenic organisms. This may be due to the fact that these mid-polar solvents have greater capacities to pull the bioactive compounds from the crude extract during partitioning than the extremely polar and non-polar solvents (Essien *et al.*, 2020). This finding is in agreement with that reported by Adekunle and Ikumapayi (2006), who found the extremely polar aqueous fractions of the same plant non-active against some fungal species. The minimum inhibitory concentrations (MIC) of the four (4) partitioned crude extracts (dichloromethane leaves, dichloromethane bark, ethylacetate leaves and ethylacetate bark) against the test organisms ranges between <3.125 mg/ml to 25 mg/ml. Though Osei-Djarbeng *et al.*, (2010) reported MIC ranges of 0.5 mg/mL to 2 mg/mL for the Ethyl-acetate fraction of extract of the same plant against related bacterial strains, the small differences observed could be attributed to strain susceptibility variation amongst the pathogens. The extracts were found to be most effective against *S. aureus* ATCC 29218, *S. aureus* ATCC 6571 and *P. aeruginosa* ATCC 27853 with the MIC range of <3.125 to 6.25 mg/ml but were found to be least effective against *E. coli* ATCC 35218, *P. aeruginosa* (strain P2) and *P. aeruginosa* (strain P4) with the MIC range of 12.5 mg/ml to 25mg/ml. Frempong *et al.*, (2021), reported that the extracts of the same plant used in their study, was most active against *E. coli* and *Candida albicans*, but least active against *P. aeruginosa*. It is interesting to note that *S. aureus* ATCC 29213 was the most susceptible to all the

fractions with the MIC value of <3.125 mg/ml except for ethylacetate leaf extract where it had MIC value of 6.25 mg/ml. Again this pattern of susceptibility which was replicated in the sub-fraction of the dichloromethane fraction agrees with Osei-Djarbeng *et al.* (2010), who reported that *S. aureus* NCTC 7447, showed the highest susceptibility in all the fractions of the extracts tested in their study. This could be as a result of the mechanism of action of the bioactive compound(s) in this fraction or the ability of the pathogen to take up sufficient bioactive concentration of the compound(s) into its system. *Pseudomonas aeruginosa* (strain P2) and *Escherichia coli* (strain 1) did not show any significant susceptibility to the ethylacetate leaf and bark even at the highest concentration tested. This might not be unconnected to the absence of the bioactive compound(s) present in other fractions of the extracts; or the organism's ability to resist the mechanisms of action of these extracts. This is however not surprising since *P. aeruginosa* is notorious for resisting antimicrobial agents (Agyare *et al.*, 2013; Kunz Coyne *et al.*, 2022). The antibacterial susceptibility testing of different fractions of the dichloromethane leaf revealed activity at fraction 2, with *S. aureus* being the most susceptible as pointed out earlier.

A significant increase was seen in the packed cell volume (PCV) and hemoglobin concentrations as well as red blood cell and white blood cell count. This indicates a potential hematopoietic potential of the dichloromethane extract with varying increases in the doses. This goes along to support a study (Akah *et al.*, 2009) which found out those medical and / or medicinal compounds and drugs have been shown to alter physiological range of hematological parameters. Platelet count was seen to reduce as the dose of the extract increases, reflecting a possible dose-dependent effect on the bleeding clotting system (Agyare *et al.*, 2013).

From this study, various biochemical parameters were assessed in validating the toxicity of *Funtumia elastica* in various systems of the body, using animal models: Alkaline phosphatase (ALP), Alanine amino transferase (ALT), Aspartate aminotransferase (AAT),

Bilirubin, Albumin and Globulin activities were measured in the serum to evaluate potential pathological effects of *Funtumia elastica* on the liver. However, no alterations were seen in the serum ALT, AST, and ALP of various doses of the extract after 28 days administration. These enzymes are used to assess possible damage to the liver (Fahmy *et al.*, 2014). Findings from this study indicate that the extract may not have any negative impact on the functionality of the liver with regards to metabolism. Serum albumin, bilirubin and globulin showed no significant changes in all doses. This indicates that the extract may not have any effect on the state of the liver (Fahmy *et al.*, 2014).

## **CONCLUSION**

The results obtained from the antimicrobial activities of *Funtumia elastica* leaves and bark show that the plant extracts have antibacterial properties and that can yield effective compound for the formation of a new and novel antibiotics, since they inhibited the growth of the tested pathogenic organisms. The effect on hematological parameters shows that *Funtumia elastica* could be a good candidate for blood-normalizing and immune-boasting supplements. Further work is ongoing to isolate and characterize the actual bioactive compounds.

**Authors' contributions:** This work was a result of collaborative efforts among all the authors. The study's design was conceptualized by BAA, while BCI and WEI were responsible for performing the experiments supervised by BAA. The statistical analysis and result interpretation were handled by BAA, BCI, WEI and COI. Additionally, BAA, BCI and COI contributed to the comprehensive

literature review. The manuscript draft was composed by BCI and COI, and subsequent proofreading was carried out by BAA, BCI, COI and WEI. The final manuscript was reviewed and endorsed by all authors.

**Competing interests:** The authors declare that they have no competing interests.

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Table 1: Yield and characteristics of crude extract of *Funtumia elastica*

| Sample           | Weight of extract (g) | %Yield | Characteristic features    |
|------------------|-----------------------|--------|----------------------------|
| Leaves           |                       |        |                            |
| <i>n</i> -Hexane | 29.588                | 17.93  | Coffee brown oily extract  |
| Dichloromethane  | 88.263                | 53.49  | Dark brown powdery extract |

|                              |                  | Ethylacetate                         | 25.699 | 15.57                                   | Deep coffee gummy extract  |
|------------------------------|------------------|--------------------------------------|--------|---|----------------------------|
| <b>Secondary Metabolites</b> |                  | <i>Funtumia elastica</i><br>(Leaves) |        | <i>Funtumia elastica</i><br>(Stem-bark) |                            |
| Bark                         | Aqueous          | 21.357                               |        | 12.94                                   | Dark greenish extract      |
|                              | <i>n</i> -Hexane | 26.759                               |        | 12.68                                   | Greasy brown extract       |
|                              | Dichloromethane  | 44.257                               |        | 20.97                                   | Dark brown gummy extract   |
|                              | Ethylacetate     | 61.2                                 |        | 29                                      | Dark brown extract         |
|                              | Aqueous          | 78.78                                |        | 37.33                                   | Light brown crispy extract |

Table 2. Preliminary phytochemical screening of *Funtumia elastica* leaf and stem bark

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|              |   |   |
|--------------|---|---|
| Tannins      | + | + |
| Flavonoid    | + | - |
| Alkaloids    | + | - |
| Steroids     | + | + |
| Saponins     | + | - |
| Carbohydrate | + | - |
| Glycoside    | + | - |

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Key: + = Positive, - = Negative

**Table 3:** Anti-biogram of tested pathogenic organisms

**Diameter zones of inhibition (in mm)**

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|       | SA    | SA   |          |          |    |    |     |    |    |     |         |         |
|-------|-------|------|----------|----------|----|----|-----|----|----|-----|---------|---------|
| DRUGS | 29213 | 6571 | EC 35218 | PA 27853 | 9A | 4B | 12B | P2 | P4 | EC1 | EC23922 | ACENI 1 |

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|            |    |    |    |    |    |    |    |    |    |   |    |    |
|------------|----|----|----|----|----|----|----|----|----|---|----|----|
| <b>AUG</b> | 16 | -  | -  | -  | -  | -  | -  | -  | -  | - | -  | -  |
| <b>OFL</b> | 11 | -  | 24 | -  | 18 | 20 | 24 | 24 | 25 | - | 18 | -  |
| <b>CXM</b> | 17 | 11 | 11 | -  | -  | -  | -  | -  | -  | - | -  | -  |
| <b>GEN</b> | 18 | 13 | 17 | 15 | 17 | 15 | -  | 24 | 12 | - | -  | -  |
| <b>CTX</b> | -  | -  | -  | -  | -  | -  | -  | 9  | -  | - | -  | -  |
| <b>CAZ</b> | -  | -  | -  | -  | -  | -  | -  | -  | -  | - | -  | -  |
| <b>CPR</b> | 21 | 27 | 27 | 31 | -  | 16 | -  | 26 | 35 | - | 19 | 24 |
| <b>NIT</b> | 20 | 25 | 26 | -  | 25 | 30 | 20 | 26 | -  | - | 28 | 21 |

**Key:**

SA 29213 *Staphylococcus aureus*

SA6571- *Staphylococcus aureus*

EC 3528 - *E. coli* ATCC35218

PA 27853 – *P. aeruginosa*

9A *E. coli*

4B - *E. coli*

12B – *K. pneumoniae*

P2 – *P. aeruginosa*

P4 – *P. aeruginosa*

EC1- *E. coli*

EC 23922- *E. coli*

ACENI 1- *A. baumannii*

AUG= Augumentin

OFL= Ofloxacin

CXM= Cefuroxim

GEN= Gentamicin

CTX= Cefotaxime

CAZ= Cefotaxidime

CPR= Ciprofloxacin

NIT= Nitrofuratoin

**Table 4:** Antibacterial activities of different fractions of *F. elastica* leaves and bark extracts

| DIAMETER ZONES OF INHIBITION (in mm) |          |                   |                    |
|--------------------------------------|----------|-------------------|--------------------|
| DCM LEAVES                           | DCM BARK | EHTYLACETATE BARK | EHTYACETATE LEAVES |

|                | 25        | 12.5      | 6.25      | 3.125     | 25        | 12.5.     | 6.25      | 3.125    | 25        | 12.5      | 6.25     | 3.125    | 25        | 12.5.     | 6.25     | 3.125    | Gent      | DMSO     |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|----------|----------|-----------|-----------|----------|----------|-----------|----------|
|                | mg/mL     | mg/mL     | mg/mL     | mg/mL     | mg/mL     | mg/mL     | mg/mL     | mg/mL    | mg/mL     | mg/mL     | mg/mL    | mg/mL    | mg/mL     | mg/mL     | mg/mL    | mg/mL    | 10µg/mL   | 20%      |
| <b>PA27853</b> | <b>10</b> | <b>8</b>  | <b>7</b>  | <b>-</b>  | <b>8</b>  | <b>7</b>  | <b>-</b>  | <b>-</b> | <b>13</b> | <b>11</b> | <b>9</b> | <b>-</b> | <b>15</b> | <b>12</b> | <b>7</b> | <b>-</b> | <b>-</b>  | <b>-</b> |
| <b>SA29213</b> | <b>23</b> | <b>21</b> | <b>19</b> | <b>17</b> | <b>20</b> | <b>17</b> | <b>10</b> | <b>8</b> | <b>15</b> | <b>13</b> | <b>8</b> | <b>7</b> | <b>15</b> | <b>13</b> | <b>7</b> | <b>-</b> | <b>18</b> | <b>-</b> |
| <b>SA6571</b>  | <b>25</b> | <b>22</b> | <b>18</b> | <b>14</b> | <b>22</b> | <b>20</b> | <b>16</b> | <b>9</b> | <b>14</b> | <b>12</b> | <b>7</b> | <b>-</b> | <b>16</b> | <b>11</b> | <b>-</b> | <b>-</b> | <b>19</b> | <b>-</b> |
| <b>EC35218</b> | <b>15</b> | <b>8</b>  | <b>-</b>  | <b>-</b>  | <b>13</b> | <b>7</b>  | <b>-</b>  | <b>-</b> | <b>12</b> | <b>-</b>  | <b>-</b> | <b>-</b> | <b>12</b> | <b>-</b>  | <b>-</b> | <b>-</b> | <b>18</b> | <b>-</b> |
| <b>EC23922</b> | <b>15</b> | <b>11</b> | <b>7</b>  | <b>7</b>  | <b>15</b> | <b>11</b> | <b>7</b>  | <b>-</b> | <b>11</b> | <b>-</b>  | <b>-</b> | <b>-</b> | <b>14</b> | <b>12</b> | <b>-</b> | <b>-</b> | <b>18</b> | <b>-</b> |
| <b>P4</b>      | <b>-</b>  | <b>-</b>  | <b>-</b>  | <b>-</b>  | <b>7</b>  | <b>-</b>  | <b>-</b>  | <b>-</b> | <b>10</b> | <b>-</b>  | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b>  | <b>-</b> | <b>-</b> | <b>15</b> | <b>-</b> |
| <b>ACINE1</b>  | <b>16</b> | <b>9</b>  | <b>7</b>  | <b>-</b>  | <b>8</b>  | <b>7</b>  | <b>-</b>  | <b>-</b> | <b>10</b> | <b>-</b>  | <b>-</b> | <b>-</b> | <b>14</b> | <b>12</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> |
| <b>4B</b>      | <b>16</b> | <b>9</b>  | <b>7</b>  | <b>-</b>  | <b>11</b> | <b>9</b>  | <b>7</b>  | <b>7</b> | <b>10</b> | <b>-</b>  | <b>-</b> | <b>-</b> | <b>11</b> | <b>9</b>  | <b>-</b> | <b>-</b> | <b>17</b> | <b>-</b> |
| <b>12B</b>     | <b>13</b> | <b>11</b> | <b>10</b> | <b>8</b>  | <b>9</b>  | <b>8</b>  | <b>-</b>  | <b>-</b> | <b>10</b> | <b>8</b>  | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b>  | <b>-</b> | <b>-</b> | <b>17</b> | <b>-</b> |
| <b>9A</b>      | <b>-</b>  | <b>-</b>  | <b>-</b>  | <b>-</b>  | <b>-</b>  | <b>-</b>  | <b>-</b>  | <b>-</b> | <b>15</b> | <b>12</b> | <b>7</b> | <b>-</b> | <b>10</b> | <b>8</b>  | <b>8</b> | <b>-</b> | <b>21</b> | <b>-</b> |
| <b>P2</b>      | <b>12</b> | <b>10</b> | <b>9</b>  | <b>8</b>  | <b>10</b> | <b>8</b>  | <b>-</b>  | <b>-</b> | <b>-</b>  | <b>-</b>  | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b>  | <b>-</b> | <b>-</b> | <b>16</b> | <b>-</b> |
| <b>EC1</b>     | <b>16</b> | <b>13</b> | <b>8</b>  | <b>7</b>  | <b>14</b> | <b>11</b> | <b>8</b>  | <b>-</b> | <b>-</b>  | <b>-</b>  | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b>  | <b>-</b> | <b>-</b> | <b>17</b> | <b>-</b> |

**Key:** PA27853 - *Pseudomonas aeruginosa*

4B – *Escherichia coli*

12B – *Klebsiella pneumoniae*

SA29213 – *Staphylococcus aureus*

9A- *Escherichia coli*

SA6571- *Staphylococcus aureus*

EC35218 - *Escherichia coli*

P2-*Pseudomonas aeruginosa*

EC1- *Escherichia coli*

DCM- Dichloromethane

EC23922 – *Escherichia coli*

DMSO- Dimethylsulfoxide

P4 - *Pseudomonas aeruginosa*

ACINE1 – *Acinetobacter baumannii*

EC35218 - *Escherichia coli*

**Table 5:** Minimum Inhibitory Concentration of the fractions of the plant extracts against the test bacterial isolates

| <b>Organisms</b>                         | <b>Dichloromethane leaf (mg/mL)</b> | <b>Ethyl acetate leaf (mg/mL)</b> | <b>Dichloromethane bark (mg/mL)</b> | <b>Ethyl acetate bark (mg/mL)</b> |
|--|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| <i>Staphylococcus aureus</i> ATCC 29213  | 3.125                               | 6.25                              | 3.125                               | 6.25                              |
| <i>Staphylococcus aureus</i> ATCC 6571   | 3.125                               | 12.5                              | 3.125                               | 6.25                              |
| <i>Escherichia coli</i> ATCC 35218       | 6.25                                | 25                                | 12.5                                | 25                                |
| <i>Escherichia coli</i> ATCC 23922       | 3.125                               | 12.5                              | 6.25                                | 25                                |
| <i>Escherichia coli</i>                  | >25                                 | 6.25                              | >25                                 | 12.5                              |
| <i>Escherichia coli</i>                  | 6.25                                | 12.5                              | 3.125                               | 25                                |
| <i>Escherichia coli</i>                  | 3.125                               | >25                               | 6.25                                | >25                               |
| <i>Klebsiella pneumonia</i>              | 3.125                               | >25                               | 12.5                                | 12.5                              |
| <i>Pseudomonas aeruginosa</i> ATCC 27853 | 6.25                                | 6.25                              | 12.5                                | 6.25                              |
| <i>Pseudomonas aeruginosa</i>            | >25                                 | >25                               | 25                                  | 25                                |
| <i>Pseudomonas aeruginosa</i>            | 12.5                                | >25                               | 12.5                                | >25                               |
| <i>Acinetobacter baumannii</i>           | >25                                 | 12.5                              | 12.5                                | 25                                |

**Table 6:** Minimum Bactericidal Concentration (MBC) (mg/mL) of *Funtumia elastica* fractions

| Organisms<br>Samples | PA    | SA    | SA    | EC    | EC    | ACINE |      |       |       |      |    |       |
|----------------------|-------|-------|-------|-------|-------|-------|------|-------|-------|------|----|-------|
|                      | 27853 | 29213 | 6571  | 35218 | 23922 | P4    | 1    | 4B    | 12B   | 9A   | P2 | EC1   |
| DCM                  |       |       |       |       |       |       |      |       |       |      |    |       |
| LEAVES               | 12.5  | 3.125 | 3.125 | 25    | 6.25  | 50    | 12.5 | 12.5  | 3.125 | 50   | 25 | 3.125 |
| DCM BARK             | 25    | 3.125 | 3.125 | 25    | 12.5  | 50    | 25   | 3.125 | 25    | 50   | 25 | 12.5  |
| E.A BARK             | 12.5  | 3.125 | 12.5  | 50    | 50    | 50    | 50   | 50    | 25    | 25   | 50 | 50    |
| E.A LEAVES           | 12.5  | 12.5  | 25    | 50    | 25    | 50    | 25   | 25    | 50    | 12.5 | 50 | 50    |

**Key:**

PA 27853- *Pseudomonas aeruginosa*

SA 29213- *Staphylococcus aureus*

SA 6571- *Staphylococcus aureus*

EC 35218 – *Escherichia coli*

EC 23922 – *Escherichia coli*

P4- *Pseudomonas aeruginosa*

ACINE 1- *Acinetobacter baumannii*

4B – *Escherichia coli*

12B – *Klebsiella pneumoniae*

9a – *Escherichia coli*

P2 – *Pseudomonas aeruginosa*

EC1 – *Escherichia coli*

**Table 7:** Antibacterial activities of Fraction 2 of Dichloromethane fraction leaves extract of *F. elastica* against some bacterial isolates

| Organisms                     | Diameter zone of inhibition (mm) |                |                |                |               |                |  | Gent<br>10µg/mL | DMSO<br>20% |
|-------------------------------|----------------------------------|----------------|----------------|----------------|---------------|----------------|--|-----------------|-------------|
|                               | 6.25<br>mg/mL                    | 3.125<br>mg/mL | 1.625<br>mg/mL | 0.781<br>mg/mL | 0.39<br>mg/mL | 0.195<br>mg/mL |  |                 |             |
| <i>Staphylococcus aureus</i>  |                                  |                |                |                |               |                |  |                 |             |
| ATCC 29213                    | 20                               | 15             | 10             | -              | -             | -              |  | 12              | -           |
| <i>Escherichia coli</i> ATCC  |                                  |                |                |                |               |                |  |                 |             |
| 23922                         | 14                               | 12             | -              | -              | -             | -              |  | 10              | -           |
| <i>Pseudomonas aeruginosa</i> |                                  |                |                |                |               |                |  |                 |             |
| ATCC 27853                    | 14                               | 12             | -              | -              | -             | -              |  | 15              | -           |

Key: DMSO- Dimethylsulfoxide. Gent.- Gentamycin.

**Table 8:** Effect of sub-acute toxicity of Dichloromethane leaves extract of *F. elastic*, on haematological indices in mice.

| Parameters                 | Control      | 25mg/kg       | 50mg/kg       | 100mg/kg      | 200mg/kg     |
|----------------------------|--------------|---------------|---------------|---------------|--------------|
| PCV (%)                    | 45.67 ± 0.33 | 51.33 ± 0.67* | 55.33 ± 2.67* | 47.33±0.67    | 49±1         |
| Hemoglobin (g/dl)          | 15.07 ± 0.13 | 17.40 ± 0.21* | 18.40 ± 0.3*  | 15.83±0.03*   | 16.63±0.07*  |
| RBC(mil/mm <sup>3</sup> )  | 7.36 ± 0.30  | 8.57 ±0.01*   | 8.42 ± 0.07*  | 8.07 ± 0.1*   | 8.39±0.02*   |
| WBC(mm <sup>3</sup> )      | 4697±46.7    | 4250±50       | 5027 ±367     | 3507±256.7*   | 4400 ± 100   |
| Platelet(mm <sup>3</sup> ) | 132350±1650  | 123268±1268   | 195680±6053*  | 95000±5000*   | 115000±5000  |
| Lymphocytes (%)            | 73±0.67      | 78.0 ± 1.0    | 79.0 ±3.53    | 76.0 ± 1.0    | 74.67 ± 0.33 |
| Neutrophils (%)            | 23.67 ± 0.67 | 21.67 ± 0.33  | 17.67 ± 1.33  | 24.67 ± 1.67* | 19.67 ± 1.33 |
| Monocytes (%)              | 2.17 ± 0.17  | 1.17 ± 0.17*  | 0.93 ± 0.07*  | 1.13 ± 0.13*  | 1.83 ± 0.17  |
| Eosinophil (%)             | 1.17 ± 0.17  | 0.83 ± 0.33   | 2.83 ± 0.17*  | 0.83 ±0.17*   | 1.83 ±0.17   |

Data are expressed as Mean ± SEM (n=3). Comparisons were made using one-way ANOVA followed by post-hoc Newman-Keuls test. \*P< 0.05 when compared with control.

**Key:** PCV= Packed Cell Volume; WBC= White blood cell ; RBC= Red blood cell

**Table 9:** Effect of sub-acute toxicity of Dichloromethane leaves extract of *F. elastica* on serum

biochemical parameters

| Parameters          | Control     | 25mg/kg     | 50mg/kg     | 100mg/kg    | 200mg/kg   | 400mg/kg   |
|---------------------|-------------|-------------|-------------|-------------|------------|------------|
| Total Protein(g/dl) | 6.4± 0.21   | 5.93 ± 0.56 | 6.33 ± 0.17 | 5.6 ± 0.70  | 5.6± 0.70  | 6.1±0.10   |
| Albumin(g/dl)       | 2.5 ± 0.1   | 2.47 ± 0.13 | 2.37 ± 0.13 | 2.43 ± 0.13 | 2.37±0.13  | 2.33±0.17  |
| Globulin(g/dl)      | 4.0 ± 0.1   | 3.7 ± 1.2   | 3.7 ± 0.3   | 3.47 ± 0.07 | 3.9±0.2    | 3.6±0.1    |
| A-G Ratio           | 0.53±0.03   | 0.67± 0.03  | 0.57 ± 0.03 | 0.47 ± 0.03 | 0.53± 0.07 | 0.3±0.1    |
| AST(μl)             | 41.67±1.67  | 37.33±0.67  | 34.67±2.33  | 35.33±0.67  | 35.0±2.0   | 33.67±2.33 |
| ALT(μl)             | 30.33±1.33  | 27.67±0.67  | 26.33±0.67  | 26.0 ±2.0   | 26.33±2.67 | 24.0±1.0   |
| ALP(μl)             | 89.0 ± 1.0  | 94.3 ± 3.67 | 99.0 ± 3.0  | 81.67±0.67  | 91.0±3.0   | 91.33±4.67 |
| BUN (mg/dl)         | 16.07±0.27  | 15.23±0.37  | 15.03±0.47  | 15.03±0.57  | 15.93±0.07 | 16.27±0.03 |
| Creatinine(mg/dl)   | 0.53 ± 0.07 | 0.43 ± 0.07 | 0.47 ± 0.03 | 0.4 ± 0.1   | 0.5±0.1    | 0.47±0.03  |

Data are expressed as Mean ± SEM (n=3). Comparisons were made using one-way ANOVA followed by post-hoc Newman-Keuls test. \*P< 0.05 when compared with control.

**Key:**

A-G Ratio = Albumin-Globulin Ratio

BUN = Bilirubin

AST = Aspartate transaminase

ALT = Alanine transferase, ALP = Alkaline phosphatase