IN VITRO ACTIVITY OF SCHINUS TEREBINTHIFOLIUS (BRAZILIAN PEPPER TREE) ON CANDIDA TROPICALIS GROWTH AND CELL WALL FORMATION

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ABSTRACT
The aim of this study was to evaluate the in vitro antifungal activity of Schinus terebinthifolius (Brazilian pepper tree) tincture on planktonic Candida tropicalis (ATCC 40042), which is a microorganism associated to oral cavity infections. Minimum Inhibitory Concentration (MIC) and Minimum Fungicidal Concentration (MFC) were determined through the microdilution technique. Possible action of the tincture on fungal cell wall formation was also studied by adding an osmotic protector (0.8M sorbitol) to the microplates. Nystatin was used as standard control and tests were performed in triplicate. S. terebinthifolius was found to have MIC and MFC values of 625 µg/mL on the strain assayed, whereas nystatin showed MIC and MFC of 6.25 µg/mL. Results suggest that S. terebinthifolius tincture acts on fungal cell walls, since the sorbitol test indicated a MIC of 1.250 µg/mL. It may be concluded that S. terebinthifolius has potential in vitro antifungal activity against C. tropicalis strains, and probably acts by inhibiting fungal cell wall formation.

Key-words: Candida tropicalis - Anacardiaceae - natural products.

INTRODUCTION
Candida species are commonly found in the oral cavity of healthy individuals. These yeasts usually inhabit the host as saprophytic microorganisms, establishing an ecological balance in the oral microbiota. Changes in such balance and the presence of predisposing factors result in the disruption of organic integrity and the modification of the yeast-like conformation into a fusiform shape, which is pathogenic and causes candidiasis¹-³.

Oral candidiasis may be caused by different species of the genus Candida, including C. albicans, C. tropicalis, C. glabrata, C. krusei, C. parapsilosis, and C. guilliermondii⁴. Mycotic studies have drawn attention to the increasing importance of non-albicans species, especially C. tropicalis, as a pathogenic microorganism that is responsible for several diseases in human beings. C. tropicalis has been described as the major cause of candidiasis induced by non-albicans species, and...
has frequently been found in samples from the oral cavity of HIV+ patients, showing oropharyngeal candidiasis in 18% of patients wearing prosthesis, but present in healthy individuals as well5.

Considering the group of non-albicans species, C. tropicalis has become an emerging worldwide pathogen. The major factors responsible for such emergence are: (1) increasing use of antifungal agents; (2) increasing number of immunocompromised individuals; (3) prolonged use of catheters; (4) use of broad-spectrum antibiotics; and (5) complications in the treatment of subclinical underlying conditions along with intolerance to antifungal drugs. In addition, drug resistance in immunocompromised patients who survive longer has been increasing together with mortality rate6.

Taking into account the resistance of Candida genus yeasts to current antifungal agents, it may be inferred that studies searching for new plant antifungal compounds are increasingly relevant. It is possible to observe the antibiotic potential of plant species, and consequently, the feasibility of applying them to the prevention and treatment of fungal diseases7.

Schinus terebinthifolius is a small to medium-sized tree widely present in many continents, including America, Africa and Oceania8. It is native to South America, especially Brazil, Paraguay and Argentina, and commonly known as beach-, white- or red-pepper tree, among other designations. It belongs to Anacardiaceae family and is well known for its astringent, antiseptic and anti-inflammatory activities according to folk medicine and use in cosmetic formulations9.

The Brazilian pepper tree has also shown an anti-ulcer effect, and is used as an antiseptic and in the treatment of stomatitis. Those properties are owed to its stabilizing effect on the membrane and anticholinergic and anti-histaminic action10.

The aim of this study is to evaluate the antifungal activity of S. terebinthifolius tincture (Brazilian pepper tree) on Candida tropicalis, establishing a possible mechanism of antimicrobial action.

MATERIALS AND METHODS

Research Center

Microbiological assays were performed at the Oral Microbiology Laboratory of the Nucleus of Tropical Medicine, Center for Health Sciences, Federal University of Paraiba, Joao Pessoa, Brazil.

Fungal strain and preparation of inoculum

The Candida tropicalis strain (ATCC 40042) was provided by the National Institute of Quality Control in Health at Oswaldo Cruz Foundation (NIQCH). The yeast was routinely grown in Sabouraud dextrose agar plates incubated at 35°C for 24h from stock cultures in SDB-glycerol and stored at 4 oC during the procedures. In the antimicrobial trial, fungal inoculum was standardized to approximate-ly 5.0 x 10⁶ CFU/ml according to the 0.5 McFarland turbidity range (CLSI Clinical and Laboratory Standards Institute - NCCLS).

Study product

The study product was a tincture from the stem bark of Schinus terebinthifolius, which was provided by a compounding pharmacy in Joao Pessoa, Paraiba, Brazil. The product, detailed in Table 1, met all required specifications concerning quality control according to the technical survey provided by the supplier.

Determination of the Minimum Inhibitory Concentration (MIC)

The MIC determination of the S. terebinthifolius tincture was performed by the microdilution technique proposed by Ellof (1998)11, using 96-well U-bottom microtiter plates (ALAMAR®, Diadema, Sao Paulo, Brazil). Initially, 100 µL of Sabouraud dextrose Broth (SDB, HIMEDIA®, Sao Paulo, Brazil) doubly concentrated were placed in each well on the plates. Then 100 µL of the S. terebinthifolius tincture were added at an initial concentration of 5,000 µg/mL. Serial dilutions were prepared from these concentrations by taking 100 µL from the most concentrated well and placing it in the following well. Concentrations then ranged from

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5,000 µg/mL to 39 µg/mL. Finally, 10 µL aliquots of inoculum were placed into the wells of each column. At the same time, yeast viability was checked and yeast susceptibility verified by using powdered nystatin at an initial concentration of 100 µg/mL, ranging up to 0.78 µL/mL.

Tests were performed in triplicate, and the plates were incubated at 35°C for 48 hours. The MIC of the tincture on the yeast strain was determined visually. The formation or non-formation of cell clusters (“buttons”) at the bottoms of the wells was considered. MIC was taken as the lowest concentration of the study product capable of producing visible inhibition of the growth of the yeast strain used in the microbiological assay.

**RESULTS**

Table 2 shows the MIC and MFC of *S. terebinthifolius* tincture on *Candida tropicalis*. MIC was considered as the lowest product concentration capable of inhibiting fungal growth, whereas MFC was the lowest concentration capable of eliminating the fungus.

Table 3 shows the MIC values of the *S. terebinthifolius* tincture in presence or absence of sorbitol (osmotic protector/O.8M) on *C. tropicalis*. This study shows *S. terebinthifolius* might act upon fungal cell wall synthesis.

**DISCUSSION**

Plants represent a substantial source of biologically active natural products, many of which have been used as models for the synthesis of a number of drugs. In Brazil, there are about 100,000 plant species cataloged, but only 8% have been studied chemically, and it is estimated that only 1,100 species have been assessed as regards therapeutic properties.

Traditional, folk or popular usages are not enough for ethical validation of medicinal plants as safe and effective drugs, i.e., medicinal plants do not differ from any other synthetic xenobiotic. Their recommendation or the official authorization for use must be based on experimental evidence, which attests that the risks to which users are exposed are outweighed by the expected benefits. Their use must be previously validated, i.e., their expected action must be proven and their potential toxicity to humans must be evaluated, as required for any drug.

Brazil has been involved in establishing guidelines for using medicinal plants or drugs, meeting safety standards...
requirements and considering the policy established for the rational use of drugs\textsuperscript{15}.

The findings of our research are of great importance because the *Candida* species evaluated has been indicated as pathogenic in cases of oral candidiasis, especially in immunocompromised patients\textsuperscript{16,17}.

The susceptibility of strains of *C. albicans*, *C. tropicalis* and *C. krusei* to nystatin was evaluated in the study by Alves and Cury (1992)\textsuperscript{18}. They found MIC and MFC values ranging from 0.5 to 8.0 µg/mL and 8 to 64.0 µg/mL, respectively. These data were similar to what was found in this study, wherein nystatin had MIC and MFC values of 6.25 µg/mL against *C. tropicalis*.

Freires et al. (2011)\textsuperscript{19} studied the action of 10% *S. terebinthifolius* tincture on *C. tropicalis* by means of the disc diffusion test. They found mean zones of inhibition measuring 25.32 mm promoted by the tincture, compared to 33.32 mm corresponding to the control (nystatin).

A study by Alves et al. (2009)\textsuperscript{20} using the agar diffusion method found in vitro antifungal activity of *S. terebinthifolius* hydroalcoholic extract against *C. albicans*, with MIC of 1:8. On *C. tropicalis* and *C. krusei*, MIC was 1:16.

Nevertheless, in the abovementioned studies\textsuperscript{19,20} antifungal activity was assayed by solid medium diffusion method, which differs from this study, in which microdilution was used, hampering comparisons between studies.

The hydroalcoholic extract of Brazilian pepper was found to have a healing effect on cystotomies in rats\textsuperscript{21}. Soares et al. (2007)\textsuperscript{22} demonstrated effective in vitro action of the tincture at 20% in the decontamination of toothbrushes contaminated with *Streptococcus mutans*. These findings highlight the anti-inflammatory and antimicrobial properties of *S. terebinthifolius* established in the literature.

A recent study\textsuperscript{23} evaluated the anti-inflammatory and healing effects of the hydroalcoholic extract of *S. terebinthifolius* at 30% orabase. To do so, 60 Wistar rats were submitted to electrically produced sores on the skin and back. By means of macroscopic and microscopic examination, the authors showed that if the product was used daily, it had both anti-inflammatory and healing activity.

MIC values of the *S. terebinthifolius* tincture in presence or absence of sorbitol against *C. tropicalis* were also recorded, suggesting that sorbitol protects cells from the tincture’s inhibitory effects, once changes occurred in the MIC of the product under evaluation. The control using sorbitol guaranteed the reliability of the results and methods employed since the strain was capable of growing in presence of sorbitol and absence of the experimental product. These outcomes suggest that the antifungal activity of *S. terebinthifolius* tincture somehow involves its direct interaction with the fungal cell wall.

The test with sorbitol performed in this study, is based on the extent and capacity of the damage that substances with antifungal activity have on the components of the fungal cell wall. If the product acts somehow on fungal cell wall, it will cause cellular lysis in absence of an osmotic stabilizer. This assay therefore compares the MIC of antifungal agents in absence and presence of 0.8 M sorbitol, which is, as mentioned above, an osmotic protector used to stabilize fungal protoplasts\textsuperscript{24}.

According to findings of this research, *S. terebinthifolius* may have a mechanism of action on fungal cell wall, since tincture MIC was 625 µg/mL in absence of sorbitol, and 1,250 µg/mL in its presence, proving that *S. terebinthifolius* activity was reduced in presence of sorbitol, which hampered the effect of the test product against fungal cell wall. Protection with sorbitol is a test that has a wide range of possibilities, detecting not only agents which interfere with the synthesis of cell wall polymers and surrounding areas, but also regulatory mechanisms involved in these processes, which are complementary to microscopic observation of malformations detected in fungal strains analyzed previously\textsuperscript{25}.

This study used stem bark because it is the part used in most studies testing antimicrobial and anti-inflammatory activities\textsuperscript{19,22,20}. *S. terebinthifolius* bark contains numerous chemical compounds, such as flavonoids, tannins, and triterpenes. These constituents are considered to be responsible for the antibacterial, antifungal and anti-inflammatory action, making the plant widely used in the treatment of infectious and inflammatory diseases\textsuperscript{27}. Tannins have the ability to precipitate proteins from surface cells of tissues and mucous membranes, creating a protective layer (tannin complex / protein) on the damaged skin or mucosa, in addition to having high antimicrobial activity\textsuperscript{28}. Flavonoids have proven anti-inflammatory and antioxidant activity\textsuperscript{29}, and triterpenes have an anti-inflammatory property as they act as phospholipase A2 competitive inhibitors\textsuperscript{30}. 

The clinical efficacy of *S. terebinthifolius* tincture was tested to treat denture stomatitis. Authors selected 18 users of removable prostheses diagnosed with denture stomatitis type II and presence of candidiasis associated with prosthesis, confirmed by clinical and mycological examinations. All patients were instructed to sanitize the prosthesis using a brush and dentifrice, and then apply the product on the palatal mucosa and prosthesis surface 3 times daily for 15 consecutive days. They concluded that the tincture was effective in the treatment of denture stomatitis, providing remission of the inflammatory process and infection by *Candida* spp. Their results were similar to the traditional therapy for this disease. Nevertheless, this clinical trial refers to the need for further studies researching the long-term success of the therapy with this plant.

It is worth noting that this study is an initial assessment of the determination of the antifungal activity of *S. terebinthifolius* tincture, which points to the need for other pre-clinical trials, including toxicological evaluation.

The findings of this study allow the continuity of research on *S. terebinthifolius*, in view of its potential antifungal activity against *C. tropicalis* and thus applicability in the medical/dental fields. Accordingly, it is shown to be an alternative for the treatment of oral candidiasis that may overcome the shortcomings of the synthetic agent (i.e. Nystatin) regarding cost, substantivity, treatment extension, adverse effects and above all, microbial resistance. Clinical studies are suggested to further research the advantageous effects of *S. terebinthifolius* on the treatment of superficial candidiasis.

Given the above, *Schinus terebinthifolius* (Brazilian pepper tree) has *in vitro* antifungal activity (fungistatic and fungicidal) against *Candida tropicalis*, and probably acts by inhibiting fungal cell wall formation.

**REFERENCES**


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