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<u>Sciences</u>

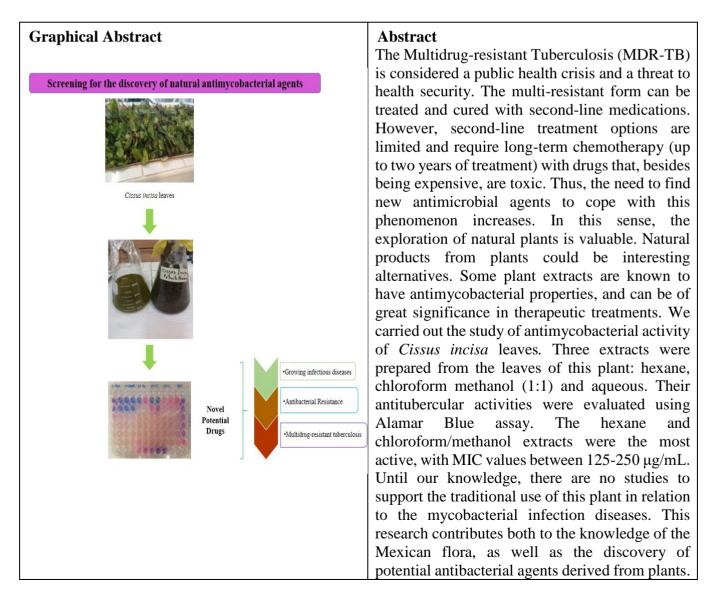
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Antimycobacterial activity of extracts from *Cissus incisa* leaves on multi-drug resistant strain

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Introduction

A growing number of infections, such as pneumonia, tuberculosis, septicemia, gonorrhea or foodborne diseases, are increasingly difficult to treat, as antibiotics are losing effectiveness. The MDR-TB is considered a public health crisis and a threat to health security. It is caused by a strain that does not respond to treatment with Isoniazide and Rifampicin, the two most effective first-line anti-TB drugs available. This multi-resistant form can be treated and cured with second-line medications. However, second-line treatment options are limited and require long-term chemotherapy (up to two years of treatment) with drugs that, besides being expensive, are toxic. In some cases, even more worrying levels of drug resistance can be achieved. Ultra-resistant tuberculosis (XDR-TB) is a more severe form of drug-resistant tuberculosis caused by bacteria that do not respond to the most effective second-line anti-TB drugs, leaving many patients with no other treatment options. Although the global incidence of TB is decreasing by approximately 2% per year, this rate is considered slow, according to the World Health Organization's estimations [1, 2, 3].

The aim of this study was to evaluate the antimycobacterial activity of three extracts from the leaves of *C. incisa*, a specie used into traditional Mexican medicine.

Materials and Methods (optional)

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Results and Discussion

Strains tested	MIC (μg/mL)					
	Hexane Extract	CHCl ₃ /MeOH Extract	Aqueous Extract	Isonizide	Rifampicin	Ethambutol
Mt-G122 <i>M. tuberculosis</i>	250	250	500	> 50	> 50	50

Conclusions

This is the first time that the *C. incisa* has been studied to evaluate its antimycobacterial properties. The chloroform/methanol and hexane extracts were active on the G122 strain (MIC=250 μ g/mL) which is very valuable. The potential of *C. incisa* on resistant strains needs to be explored, as it is essential to find compounds that shorten or contribute to the treatment of MDR *M. tuberculosis* and extremely drug resistant tuberculosis (XDR-TB) in the face of growing phenomenon of bacterial resistance.

References

[1] WHO. Resistance to antibiotics. <u>http://who.int/mediacentre/factsheets/antibiotic-resistance/es/</u>. (Accessed 4 June 2020).

[2] Silva, C.; Bermúdez, V.; Arraiz, N.; Bermúdez, F. Front-line medicines used in the treatment of tuberculosis. *Arch. Venez. Farmacol. Ter*, 2007, 26 (1).

[3] WHO. Tuberculosis. Descriptive note. http://origin.who.int/mediacentre/factsheets/fs104/es/ (Accessed 4 June 2020).