

Antibacterial Activity of Aqueous and Ethanoic Extracts of *Garcinia kola* on *Enterobacter braakii* and *Citrobacter cloacae*

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ABSTRACT

Citrobacter and *Enterobacter* infections are among diseases of public health concern. This study sought to evaluate the possible antimicrobial activity of aqueous and ethanolic extracts of *Garcinia kola* on the two test organisms. Collected plant materials were extracted and tested on the isolates following standard microbiological practices. *Citrobacter clocae* was inhibited more than *E. braakii* at all levels of the aqueous extracts. Similar effect was produced in ethanolic extracts except 20mg and 60mg where higher ZIs were recorded in *E. braakii*. Generally, higher ZIs (>10mm) were observed on *C. clocae* in both aqueous and ethanolic extracts than on *E. braakii*. Aqueous extract had more inhibitory effect on *Citrobacter clocae* than the ethanolic extracts. Ciprofloxacin antibiotic gave higher inhibitory effect on *C. cloaca* than the bitter cola extracts. Bitter cola extracts showed inhibitory properties on the two test organisms under different extracts. *Citrobacter cloaca* was susceptible to both aqueous and ethanolic extracts of bitter cola at all levels of treatments. *Enterobacter braakii* tend to be more resistant to the plant extract than the other test organism due to the low zone of inhibition observed especially under aqueous extract of bitter cola. Comparatively, aqueous bitter cola extract had more inhibitory effect on *Citrobacter clocae* than the ethanolic extracts but ethanolic extracts had more inhibitory effect on *Enterobacter braakii* than the aqueous extract. Thus, when properly optimized in pharmacological research, bitter cola could be explored as a cheap source of antimicrobial agent in the treatment of bacterial infections.

Key words: Antibiotics, *Citrobacter*, *Enterobacter*, *Garcinia kola*, Inhibition

INTRODUCTION

Garcinia kola commonly known as bitter kola is a dicotyledonous plant belonging to the family of plants called Guttiferae. In Nigeria, it is common in the South Western States and Edo State (Otor, *et al.*, 2001). It plays an important role in African ethnomedicine and traditional ceremonies. It is commonly called “Agbilu” in Igbo land and “Namijin goro” in Hausa lands and “Orogbo” in Yoruba lands of Nigeria (Adegboye *et al.*, 2008). Medicinal plants have been used for the treatment of several human diseases over the century and have been very important in the health care delivery of every nation at one stage or the other (Oluma *et al.*, 2004). There are physical or chemical agents that either kill or inhibit the growth of microorganisms. They could be in form of physical or chemical agents such as temperature, radiations, waves, disinfectants,

antiseptics, synthetic chemotherapeutic agents, antibiotics and phytotherapeutic agents (compounds derived from plants with medicinal value). They are widely employed to reduce microbial load on animate and inanimate surfaces or in the cure of diseases associated with microorganisms mostly bacteria and fungi. The action of these agents could be either irreversibly inhibiting the growth of bacteria and be termed “bactericidal” or reversibly inhibiting the growth of a microorganism due to continuous contact with the agent and being referred to as being “bacteriostatic” (Rajesh and Rattan, 2008).

For a long while chemotherapeutic agents have been used to combat microbial diseases but even they are becoming less effective as on an alarming rate (Dengat and Shalom, 2010). The emergence of antimicrobial resistance has become a common phenomenon and it is threatening (Maxwell *et al.*, 2000), or has threatened the efficacy of chemotherapeutics (Abiola and Bamidele, 2015). Microorganisms that develop antimicrobial resistance are sometimes referred to as “superbugs (Greenwood, 2007). As a result, the medicines become ineffective and infections persist in the affected body system, increasing the risk of spread to other individuals. The development of multiple antibiotic resistant organisms has constituted a global problem as far as treatment of some infectious diseases is concerned and infectious diseases still remain significant causes of morbidity and mortality in man especially in the developing countries. Drug reaction and side effects, increased risk of malignancy and the adulteration of drugs (Greenwood, 2007) have joined antimicrobial resistance to further reduce the overall effectiveness of chemotherapeutics in the fight against microbes.

Recent research has focused on natural plant product as alternatives to the existing drugs for disease remedy in developing countries (Aiyegoro *et al.*, 2007). Plant derived medicines have been part of traditional health care in most parts of the world for ages and there is increasing interest in them as sources of agents to fight microbial diseases (Mohana *et al.*, 2008; Ajayi and Akintola, 2010). In many parts of the world, including Nigeria, herbal medicine practitioners are still consulted as a first choice in the treatment of ailments, due to the fact that traditional medicine blends readily with the socio-cultural life of the people, and the fact that orthodox medicine are more expensive to procure and some orthodox pharmaceutical preparations are many times faked (Amuse *et al.*, 2011). There is a vast array of medicinal plants that could be used singly or in combination with other medicinal plants to confer synergistic effects in the treatment of ailments or even serve as principal raw material for the production of other conventional medicines (Tahir and Khan, 2012).

A good example is the bitter kola (*Garcinia-kola*), a tropical plant of the African continent which has been the subject of investigation as a potential source of numerous antimicrobial compounds (Madubunyi, 2015). Despite having been referred to as the wonder plant because almost every part of it can be used for medicinal purpose (Han *et al.*, 2005), the seeds are by far the most important products of the plant and they are at amongst the most traded non-timber forest products (Dranca and Oroian, 2016). When chewed, they have a bitter astringent and resinous taste, somewhat resembling that of raw coffee bean (Hutchinson and Danktur, 2004) with slight residual sweetness (Mshui, 2000). The seed of *Garcinia kola* is edible and it is very much valued in Nigerian homes as a substitute for the true kola nuts (*Cola nitidatis*). *Citrobacter* and *Enterobacter* infections are among diseases of public health concern. Treatment is difficult due to

the highly resistant nature of the organisms to antibiotics. This study sought to evaluate the possible antimicrobial activity of aqueous and ethanolic extracts of *Garcinia kola* on *Enterobacter braakii* and *Citrobacter cloacae*.

MATERIALS AND METHOD

Collection of plant materials

The plant materials used for this study were the seeds of *Garcinia kola* (bitter kola nuts). They were obtained from the Juma'at mosque in Hausa quarters located in Gboko metropolis of Gboko, Benue State

Preparation and extraction of plant materials

Plant materials collected were washed under running tap water after the husks have been removed. The washed plant materials were air-dried under shade for two weeks. The dried plant materials were pulverized mechanically using mortar and pestle. The plant materials were extracted following procedures described by Sanyoku (2018). Absolute ethanol were used to soak the pulverized plant materials. The mixture were allowed to stand for 72 hours with intermittent shaking. After 72 hours the mixture were filtered and the filtrate was dried using water bath. The dried filtrate were reconstituted using 10% v/v ethanol as a solubility agent. The concentration of the filtrate were in five different concentrations viz: 100mg, 80mg, 60mg, 40mg and 20mg per mL,

Test organisms

The test organisms for this study were *Citrobacter cloacae*, and *Enterobacter braakii*. The stock culture maintained in McConkey agar was obtained from the Bacteriology Department of National Veterinary Research Institute, Jos, Plateau State.

Preparation of inoculum

A loopful of each test organism were taken and sub-cultured in test tubes containing 10ml of McConkey broth. The test tubes were incubated at 37°C for 24hours. The broth were standardized using sterile normal saline to obtain a population of 10⁸ cfu/mL.

Experimental design

Five different concentrations of the plant extracts were prepared using 10% v/v ethanol as the solvent. 10% v/v ethanol were used as the negative control and ciprofloxacin; an antibiotic were used as the positive control. The experiments was carried out in triplicates. A plate inoculated with a single test organism was tested with a single concentration three times.

Antimicrobial activity of *Garcinia kola* on test organisms

To test the antimicrobial activity of *Garcinia kola* against the test organisms, disc diffusion technique was applied following the Kirby-Bauer method as described by Prescott *et al.*, (2005). Following their description, circular discs cut from filter paper were sterilized in hot air oven for 60 minutes. The sterilized discs was impregnated with the plant extracts and the controls by

soaking the discs in different concentrations of the plant extracts and the respective controls. 1 mL of each test organism were placed on already prepared media plates (McConkey agar were used) and spread evenly. Sensitivity discs containing either the plant extracts or the controls were placed on the agar plate using sterile forceps. The plates were labeled properly. The plates were incubated at 37°C for 48 hours. The incubated plates were observed for possible zones of inhibition. The zones of inhibitions were measured and recorded.

Statistical Analysis

The data collected from this study was subjected to Chi square and T-test analysis using the Minitab software (version 16) at 95% confidence limit. Data were presented in tables and graphs.

RESULTS AND DISCUSSION

Table 1 gives the results of qualitative tests of *Citrobacter clocae* susceptibility by aqueous bitter cola extracts from three different culture plates. Only one out of three plates (33.3%) showed visible signs of bacterial inhibition at 20mg and 40mg of aqueous bitter cola extracts. Inhibitions were observed in two of the three plates (66.7%) using 80mg and 100mg of the treatment. All the three culture plates (100%) showed visible signs of *C. clocae* inhibition under 60mg of aqueous bitter cola extracts. Table 2 shows the exact measurements of zones of inhibition (ZIs) of *Citrobacter clocae* of aqueous bitter cola extracts in three culture plates. In Plate 1, the ZIs were 12mm and 14mm at 60mg and 80mg treatment concentrations respectively. In Plate 2, the ZIs were 10mm in both 80mg and 100mg of treatment. In Plate 3, the ZIs were 15mm at 40mg and 100mg of treatment. Therefore, 20mg aqueous bitter cola extracts gave the lowest ZI (10mm) while 40mg and 100mg each gave the highest ZIs (15mm). All observed ZIs values were below those of the control values of Ciprofloxacin (20mm) and Ethanol (16mm).

Table 3 gives the results of qualitative tests of *Citrobacter clocae* susceptibility by ethanolic bitter cola extracts from three different culture plates. Only one out of three plates (33.3%) showed visible signs of bacterial inhibition at 20mg and 60mg of ethanolic extracts. Inhibitions were observed in two of the three plates (66.7%) using 40mg and 80mg of the treatment. All the three culture plates (100%) showed visible signs of *C. clocae* inhibition under the highest concentration of 100mg of the ethanolic extracts. Table 4 shows the exact measurements of zones of inhibition (ZIs) of *Citrobacter clocae* of ethanolic bitter cola extracts in three culture plates. In Plate 1, the ZIs were 12mm and 15mm at 80mg and 100mg of treatments respectively. In Plate 2, the ZI was 14mm at 100mg while Plate 3 recorded ZIs of 12mm and 13mm at 80mg and 100mg of treatments respectively. The overall result showed that, 20mg and 60mg had the lowest inhibitory power (7mm and 6mm respectively) followed by 40mg with ZI of 10mm. At higher concentration of the ethanolic extracts, zones of inhibition increased to 12mm at 80mg and also 15mm at 100mg. However, all observed ZIs values were below those of the control values of Ciprofloxacin (20mm) and Ethanol (16mm).

The effects of the two extracts used are compared in Table 5. All plates showed signs of *Citrobacter clocae* inhibition in 60mg of aqueous extracts and 100mg of ethanolic bitter cola extracts. Aqueous extracts at 40mg and 100mg gave the highest ZIs (15mm) while 100mg of ethanolic extracts gave the highest ZI (15mm). Table 6 gives the results of qualitative tests of

Enterobacter braakii susceptibility by aqueous bitter cola extracts from three different culture plates. None of the plates showed signs of *E. braakii* at 20mg, 40mg and 100mg of aqueous bitter cola extracts. Only one out of three plates (33.3%) showed visible signs of bacterial inhibition at 60mg and 80mg of the treatment. Table 7 gives the exact measurements of zones of inhibition (ZIs) of *Enterobacter braakii* in aqueous bitter cola extracts in three culture plates. In Plate 1, the ZIs were 6mm and 5mm at 60mg and 80mg treatment concentrations respectively. In Plate 2 and 3, there was no inhibition. Therefore, ZI was Zero at 20mg, 40mg and 100mg of aqueous bitter cola extracts while the highest ZI of 6mm was recorded in 60mg of treatment. The observed differences among the five treatment levels as regard the highest zones of inhibition recorded are statistically significant ($\chi^2 = 16.72$, $P=0.002$, $P<0.05$). All observed ZIs values were far below those of the control values of Ciprofloxacin (20mm) and Ethanol (10mm).

Table 8 gives the results of qualitative tests of *Enterobacter braakii* susceptibility by ethanolic bitter cola extracts from three different culture plates. None of the plates showed signs of *E. braakii* at 80mg of ethanolic bitter cola extracts. At least one out of the plates showed signs of inhibition in other concentrations while all plates (100%) showed observable signs of inhibitions at 100mg of the treatment concentration. Table 9 gives the exact measurements of zones of inhibition (ZIs) of *Enterobacter braakii* in ethanolic bitter cola extracts in three culture plates. In Plate 1, the ZI was Zero in all treatment concentrations except at 100mg with 6mm ZI. In Plate 2, ZIs were 10mm at 20mg and 7mm at 100mg of extracts. In plates 3, ZIs were 8mm at 20mg and 40mg of extracts while other concentrations gave lower ZIs. Therefore, the highest ZI of 10mm was recorded in 20mm ethanolic treatment followed by 8mm recorded in 40mg of treatment. All observed ZIs values were below the Ciprofloxacin (20mm) value. However, 20mg of ethanolic bitter cola had the same effect as the Ethanol control as both gave 10mm ZIs. Table 11 compares the zones of inhibition of the two test bacteria (*Citrobacter clocae* and *Enterobacter braakii*) under the two types of bitter cola extracts. *Citrobacter clocae* was inhibited more than *E. braakii* at all levels of the aqueous extracts. Similar effect was produced in ethanolic extracts except 20mg and 60mg where higher ZIs were recorded in *E. braakii*. Generally, higher ZIs (>10mm) were observed on *C. clocae* in both aqueous and ethanolic extracts than on *E. braakii*. Aqueous extract had more inhibitory effect on *Citrobacter clocae* than the ethanolic extracts.

The present results have also shown that susceptibility of microorganisms to plant products used depend on the type of microorganism tested, the extract concentrations and methods of extraction used. For example *Citrobacter cloaca* was susceptible to both aqueous and ethanolic extracts of bitter cola at all levels of treatments. Ciprofloxacin antibiotic gave higher inhibitory effect on *C. cloaca* than the bitter cola extracts. This could be due to the refined nature of the drug which must have been well formulated and optimized in the laboratory to ascertain the right quantity needed to produce the desired inhibitory effects. This is not to under estimate the inhibitory power of bitter cola. The plant material when optimized could give better results. The most fundamental outcome established in this work is the fact the plant material tested had inhibitory properties on *Citrobacter cloaca*. All aqueous and ethanolic treatment levels are inhibitory. At higher concentration of the ethanolic extracts, zones of inhibition increased although aqueous extracts gave higher zones of inhibition in all concentrations except at 100mg that produced the same inhibition zone as ethanolic extract. As some level of microbial resistance was observed in

some plates, proper formulation and processing of bitter cola may likely yield desired effects on *C. cloaca*.

Enterobacter braakii tend to be more resistant to the plant extract than the other test organism due to the low zone of inhibition observed especially under aqueous extract of bitter cola. Susceptibility improved a little with the use of ethanolic extracts possible because ethanol in itself is a disinfectant that kills microorganisms. It is therefore likely than bitter cola in itself may not be sufficient alone to kill *Enterobacter braakii*. According to Barber *et al.* (2003), microbes in the presence of an antibiotic are either killed or they survive or if they carry the resistance genes. These survivors will replicate and their progenies will quickly become the dominant type throughout the microbial population (Barber *et al.*, 2003). Comparatively, aqueous bitter cola extract tested in this work had more inhibitory effect on *Citrobacter clocae* than the ethanolic extracts but ethanolic extracts had more inhibitory effect on *Enterobacter braakii* than the aqueous extract. The later microorganism (*Enterobacter braakii*) is more resistant to bitter cola than the former (*Citrobacter clocae*). A major problem in the treatment of many ailments of bacterial origin is the occurrence of antibiotic resistance (Zella and Israel, 2013).

Results have shown that natural plant products are medicinal in nature by possessing antibacterial properties. Present report is consistent with previous investigations on the use of natural plant products to treat microbial infections (Aladesanmi *et al.*, 2007; Balogun and Owoseeni, 2013; Ikotun *et al.*, 2017). The antibacterial efficacy of bitter cola reported in this work is in conformity with other reports where many underutilized Nigerian plants that possess useful medicinal properties should be explored (Rafia *et al.*, 2012; Nwakaeze *et al.*, 2014). The presence of pathogenic bacteria capable of causing human infections has been documented in food, fruits, water, air and other media (Hassan *et al.*, 2006; Abdullahi and Abdulkareem, 2010). These opportunistic pathogens pose serious public health risks. It has been argued that antimicrobial resistance is less common with natural products compared to synthetic drugs (Zella and Israel, 2013). Moreover, natural plant products are cheaper and more accessible. Thus, when property optimized in pharmacological research, bitter cola could be explored as a cheap source of antimicrobial agent in the treatment of bacterial infections.

Table 1: Qualitative Susceptibility Test of aqueous Bitter Cola Extracts on *Citrobacter clocae*

Concentration	Plate 1	Plate 2	Plate 3	Overall Plates Result
20mg	Resistant	Resistant	Susceptible	33.3% susceptibility
40mg	Resistant	Resistant	Susceptible	33.3% susceptibility
60mg	Susceptible	Susceptible	Susceptible	100% susceptibility
80mg	Susceptible	Susceptible	Resistant	66.7% susceptibility
100mg	Resistant	Susceptible	Susceptible	66.7% susceptibility

Table 2: Measurement of Zones of Inhibition of aqueous Bitter Cola Extracts on *Citrobacter clocae*

Concentration	Zones of Inhibition (mm) in Plate 1	Zones of Inhibition (mm) in Plate 2	Zones of Inhibition (mm) in Plate 3	Highest Zones of Inhibition (mm) recorded
20mg	0	0	10	10
40mg	0	0	15	15
60mg	12	7	7	12
80mg	14	10	0	14
100mg	0	10	15	15

(χ^2 @ 4df= 1.4, P=0.840, P>0.05).

Ciprofloxacin control= 20mm Zones of Inhibition

Ethanol control= 16mm Zones of Inhibition

Table 3: Qualitative Susceptibility Test of Ethanolic Bitter Cola Extracts on *Citrobacter clocae*

Concentration	Plate 1	Plate 2	Plate 3	Overall Plates Result
20mg	Resistant	Resistant	Susceptible	33.3% susceptibility
40mg	Susceptible	Susceptible	Resistant	66.7% susceptibility
60mg	Resistant	Susceptible	Resistant	33.3% susceptibility
80mg	Susceptible	Resistant	Susceptible	66.7% susceptibility
100mg	Susceptible	Susceptible	Susceptible	100% susceptibility

Table 4: Measurement of Zones of Inhibition of Ethanolic Bitter Cola Extracts on *Citrobacter clocae*

Concentration	Zones of Inhibition (mm) in Plate 1	Zones of Inhibition (mm) in Plate 2	Zones of Inhibition (mm) in Plate 3	Highest Zones of Inhibition (mm) recorded
20mg	0	0	7	7
40mg	10	5	0	10
60mg	0	6	0	6
80mg	12	0	12	12
100mg	15	14	13	15

(χ^2 @ 4df = 5.4, P=0.249, P>0.05)

Ciprofloxacin control= 20mm Zones of Inhibition

Ethanol control= 16mm Zones of Inhibition

Table 5: Comparative Effects of Aqueous and Ethanolic Bitter Cola Extracts on *Citrobacter clocae*

Concentration	Qualitative Plates Result	Overall Result (%)	Qualitative Plates Result	Overall Result (%)	Highest Zones of Inhibition (mm) recorded	Highest Zones of Inhibition (mm) recorded
	Aqueous extracts		Ethanolic extracts		Aqueous extracts	Ethanolic extracts
20mg	33.3% susceptibility		33.3% susceptibility		10	7
40mg	33.3% susceptibility		66.7% susceptibility		15	10
60mg	100% susceptibility		33.3% susceptibility		12	6
80mg	66.7% susceptibility		66.7% susceptibility		14	12
100mg	66.7% susceptibility		100% susceptibility		15	15

T-test (aqueous.ethanolic) =1.68, P=0.145, P>0.05)

Ciprofloxacin control= 20mm Zones of Inhibition

Ethanol control= 16mm Zones of Inhibition

Table 6: Qualitative Susceptibility Test of Aqueous Bitter Cola Extracts on *Enterobacter braakii*

Concentration	Plate 1	Plate 2	Plate 3	Overall Plates Result
20mg	Resistant	Resistant	Resistant	0% susceptibility
40mg	Resistant	Resistant	Resistant	0% susceptibility
60mg	Susceptible	Resistant	Resistant	33.3% susceptibility
80mg	Susceptible	Resistant	Resistant	33.3% susceptibility
100mg	Resistant	Resistant	Resistant	0% susceptibility

Table 7: Measurement of Zones of Inhibition of Aqueous Bitter Cola Extracts on *Enterobacter braakii*

Concentration	Zones of Inhibition (mm) in Plate 1	Zones of Inhibition (mm) in Plate 2	Zones of Inhibition (mm) in Plate 3	Highest Zones of Inhibition (mm) recorded
20mg	0	0	0	0
40mg	0	0	0	0
60mg	6	0	0	6
80mg	5	0	0	5
100mg	0	0	0	0

χ^2 @4df= 16.72, P=0.002, P<0.05)

Ciprofloxacin control= 20mm Zones of Inhibition

Ethanol control= 10mm Zones of Inhibition

Table 8: Qualitative Susceptibility Test of Ethanolic Bitter Cola Extracts on *Enterobacter braakii*

Concentration	Plate 1	Plate 2	Plate 3	Overall Plates Result
20mg	Resistant	Susceptible	Susceptible	66.7% susceptibility
40mg	Resistant	Resistant	Susceptible	33.3% susceptibility
60mg	Resistant	Resistant	Susceptible	33.3% susceptibility
80mg	Resistant	Resistant	Resistant	0% susceptibility
100mg	Susceptible	Susceptible	Susceptible	100% susceptibility

Table 9: Measurement of Zones of Inhibition of Ethanolic Bitter Cola Extracts on *Enterobacter braakii*

Concentration	Zones of Inhibition (mm) in Plate 1	Zones of Inhibition (mm) in Plate 2	Zones of Inhibition (mm) in Plate 3	Highest Zones of Inhibition recorded (mm)
20mg	0	10	8	10
40mg	0	0	8	8
60mg	0	0	7	7
80mg	0	0	0	0
100mg	6	7	5	7

χ^2 @4df= 8.9, P=0.063, P>0.05

Ciprofloxacin control= 20mm Zones of Inhibition

Ethanol control= 10mm Zones of Inhibition

Table 10: Comparative Effects of Aqueous and Ethanolic Bitter Cola Extracts on *Enterobacter braakii*

Concentration	Qualitative Overall Plates Result (%)	Qualitative Overall Plates Result (%)	Highest Zones of Inhibition recorded (mm)	Highest Zones of Inhibition recorded (mm)
	Aqueous extracts	Ethanolic extracts	Aqueous extracts	Ethanolic extracts
20mg	0% susceptibility	66.7% susceptibility	0	10
40mg	0% susceptibility	33.3% susceptibility	0	8
60mg	33.3% susceptibility	33.3% susceptibility	6	7
80mg	33.3% susceptibility	0% susceptibility	5	0
100mg	0% susceptibility	100% susceptibility	0	7

Ciprofloxacin control= 20mm Zones of Inhibition

Ethanol control= 10mm Zones of Inhibition

Table 11: Comparative Zones of Inhibition of Aqueous and Ethanolic Bitter Cola Extracts on *Citrobacter clocae* and *Enterobacter braakii*

Concentration	Aqueous extracts		Ethanolic extracts	
	<i>Citrobacter clocae</i>	<i>Enterobacter braakii</i>	<i>Citrobacter clocae</i>	<i>Enterobacter braakii</i>
20mg	10	0	7	10
40mg	15	0	10	8
60mg	12	6	6	7
80mg	14	5	12	0
100mg	15	0	15	7
Ciprofloxacin(C1)	20	20	20	20
Ethanol (C2)	16	10	16	10

CONCLUSION

Bitter cola extracts showed inhibitory properties on the two test organisms under different extracts. *Citrobacter clocae* was susceptible to both aqueous and ethanolic extracts of bitter cola at all levels of treatments. *Enterobacter braakii* tend to be more resistant to the plant extract than the other test organism due to the low zone of inhibition observed especially under aqueous extract of bitter cola. Comparatively, aqueous bitter cola extract had more inhibitory effect on *Citrobacter clocae* than the ethanolic extracts but ethanolic extracts had more inhibitory effect on *Enterobacter braakii* than the aqueous extract. Thus, when properly optimized in pharmacological research, bitter cola could be explored as a cheap source of antimicrobial agent in the treatment of bacterial infections.

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