

ALCOHOLIC EXTRACT OF ALOE VERA AS ANTIBACTERIAL AGENT AGAINST THE GRAM-POSITIVE BACTERIA STAPHYLOCOCCUS AUREUS IN MEDANI CITY - GEZIRA STATE – SUDAN - 2018**Dr. Yasir Hakim^{*1}, Dalia Hamza², A.KH Khalil³, Faiez Yousif⁴, Abubaker Siddiq⁵, Abdalla Khalid⁶**

¹Assistant Professor of Pathology with MD Pathology, Head Unit of Microbiology, Department of Basic Medical Science, College of Medicine, Dar Al Uloom University, Riyadh, Kingdom of Saudi Arabia & Sennar University, Sudan.

²Plant Pathology Center, University of Gezira, Sudan.

³Head Unit of Biochemistry, Department of Basic Medical Science, College of Medicine, Dar Al Uloom University, Riyadh, Kingdom of Saudi Arabia.

^{4,5}Anatomy and Histology Unit, Department of Basic Medical Science, College of Medicine, Dar Al Uloom University, Riyadh, Kingdom of Saudi Arabia.

⁶Microbiology Unit, Department of Basic Medical Science, College of Medicine, Dar Al Uloom University, Riyadh, Kingdom of Saudi Arabia.

***Corresponding Author: Dr. Yasir Hakim**

Assistant Professor of Pathology with MD Pathology, Head Unit of Microbiology, Department of Basic Medical Science, College of Medicine, Dar Al Uloom University, Riyadh, Kingdom of Saudi Arabia & Sennar University, Sudan.

Article Received on 05/04/2018

Article Revised on 26/04/2018

Article Accepted on 16/05/2018

ABSTRACT

The plant *Aloe vera* was used historically as a topical to heal wounds, various skin conditions and orally as a laxative. The Gram-positive bacterium *Staphylococcus aureus* is considered to be the most pathogenic species of the genus *Staphylococcus*, being implicated in both community-acquired and nosocomial infections. The present investigation was undertaken at the University of Gezira, Center of Plant Pathology, during the year 2018. The aim of the study was to investigate the effect of *Aloe vera* on *Staphylococcus aureus* as antibacterial activity of aqueous and alcoholic extracts of *Aloe vera* on inhibiting the growth of the *Staphylococcus aureus* against a known Antibiotics (Gentamycin) as appositve control. Three concentrations of alcoholic extracts of *Aloe vera* and the Gentamycin, (25, 50 and 100%) were tested. The alcoholic suspensions of the dried *Aloe vera* extracts were screened for their anti-*Staphylococcus aureus* activity using the agar-disc diffusion method. The results obtained indicated that the different concentrations of alcoholic extract of *Aloe vera* at all its concentrations showed an inhibitory effect against the *Staphylococcus aureus* but The highest inhibition zone did not exceed 14.5 mm at the higher concentration (100 %). However, the other concentrations (25 and 50 %) showed inhibition zones of 5.9 and 9.4 mm, respectively. For the positive control (Gentamycin), the highest inhibition zone 16.5 mm was obtained with the higher concentration (100 %). The other concentrations (25 and 50 % showed inhibition zones of 7.75 and 6 mm, respectively. The study recommended that, further research should be done to clearly identify the active ingredients of *Aloe vera* and their other antimicrobial activities.

KEYWORDS: *Aloe Vera*, Antimicrobial activities, Gentamycin, *Staphylococcus aureus*.**INTRODUCTION**

Staphylococcus aureus poses an important problem in hospitals, nursing homes, and other health care settings. Serious infections due to these organisms currently necessitate the use of non - β -lactam antibacterial therapy (Hackbarth and Chambers, 1989). Many hospital acquired MRSA strains are only susceptible to vancomycin (Fitzgerald *et al.*, 2001). Thus, there are strong concerns about the possible development and spread of vancomycin resistance in MRSA. Some vancomycin-resistant MRSA strains have been reported since 1996 (El-Jakee *et al.*, 2014; ALian *et al.*, 2012). Some necrosis poisons cases occur by strong acids as

H₂SO₄, it affects skin created necrosis or burns and these allow for bacteria growth. H₂SO₄ is one form of strong poison, because the poison's symptoms appear after five minutes from application on skin. If possible, treatment by Na₂CO₃ as antidote for H₂SO₄, but the necrosis caused by bacterial infection should be treated use drugs. The main constituents of *Aloe Vera* gel are mucopolysaccharides (glucomannans, polymannoses, about 10% of total solids), enzymes, anthranoids, lignin, saponins, vitamins, amino acids (almost 50% of the total amount consisting of 8 of the 10 essential amino acids) and minerals (quantities not given). Total solids are in the range of 1.3 to 2%, the rest being water (Vinson *et*

al., 2005). *Aloe Vera* gel is obtained either from hand-filleted leaves of *Aloe barbadensis* or, by cold processing of the whole leaf, in which case the product usually also contains appreciable quantities of the latex material and anthranoids. The anthranoids in whole leaf extracts of *Aloe Vera* can however, be reduced to levels below 10mg/kg in the product (Reynolds and Dweck, 1999; Lee *et al.*, 2000; Hu *et al.*, 2003). Oliver (Oliver, 2012) indicates that *Aloe Vera* gel is used in veterinary medicine topically to promote wound healing on general skin wounds in all animals. It has also been recommended as a teat-dip in lactating cows, by intra mammary administration for (adjuvant) treatment of mastitis or high somatic cell counts, and by oral route in all food producing species as adjuvant treatment for a number of afflictions (ranging from anemia to infertility, mastitis and shock (Hu *et al.*, 2003; Oliver, 2012). Medicinal plants according to the World Health Organization (WHO) defines them as herbal preparations made by introducing plant materials to extraction, fractionation, purification, concentration, or other physical or biological processes, which may be produced as a basis for herbal products or for immediate consumption. In human medicine *Aloe Vera* gel is used topically to promote wound healing. Oral use as a general tonic for a number of indications, where scientific proof is outstanding, has also been described. *Aloe Vera* gel is also widely used in cosmetics (Ramachandra and Rao, 2008; Subramanian *et al.*, 2006; Saravanan *et al.*, 2010; Kedarnath *et al.*, 2012). Moreover, *Aloe Vera* has ulcerogenic activity (Sai *et al.*, 2014)

OBJECTIVES

1. To test the antimicrobial effects of *Aloe vera* on alcohol and Antibiotic (control) leaf extracts on *Staphylococcus aureus*.
2. To determine the effect of *Aloe vera* leaf extract different concentration on *Staphylococcus aureus*

MATERIALS AND METHODS

Staphylococcus aureus

It was obtained from the microbiological laboratory of the Department of Pathology Medical lab, Faculty of Medicine, University of Gezira, Wad Medani, Sudan during the period from January, 2018.

Aloe vera plant

Were obtained from the University of Gezira fields during February to January, 2018.

Methods

Preparation of Nutrient agar

This was a general-purpose cultured medium for bacteria. It was obtained in a dehydrated form. The constituent of the medium were beef extract, yeast extract, peptone, sodium chloride and agar. It was prepared according to the manufacturer's instruction by suspending 28g in one liter distilled water. The medium

was allowed to boil until it was completely dissolved. The pH of medium was adjusted to pH 7.4±0.2 and then the medium was sterilized in an autoclave at 121°C (115b/in²) for 15 min (Harrigan, 1998).

Preparation of the crude extracts

Aloe vera leaf extract to prepare crude extract of fresh *Aloe vera* whole leaves were washed with distilled water, chopped into small pieces, air-dried and ground into powder. The *Aloe vera* mixed with 80% concentration of ethanol. The pulp ethanol mix was then centrifuged at 3000rpm for 10 minutes and the supernatant collected was allowed to evaporate over a dry oven. The gelatinous extract thus prepared was weighed using distilled water, serial dilutions of 25g/75ml, 50g/50ml and 100mg (w/v) were made in order to obtain 25%, 50% and 100% concentrations, respectively.

Preparation of test organism

The nutrient agar were mixed well and poured on the sterile petri plates. The agar media on petri plates were allowed to set for few minutes. nutrient agar plates were inoculated with respective bacteria (*S.aureus*), and then incubated at 37° C for overnight. Each time, a fresh bacterial culture was prepared.

Antimicrobial agent

The antibacterial agent Gentamycin was dissolved in distilled water. Further dilutions were made using the same solvent according to CLSI document M100-S18. Gentamycin was used in the concentrations 25%, 50% and 100%.

Antibacterial activity

Antibacterial activity was measured using paper disc diffusion method, (Method of Saba *et al.*, 2011) was followed

The following steps were involved in paper disc diffusion method. The normal agar were mixed well and poured on the sterile petri plates. The agar media on petri plates were allowed to set harden for few minutes. nutrient agar plates were inoculated with respective bacteria. The small autoclaved discs of Whatmann filter paper were used. The test organism was spread on the petri plates by using sterilized glass spreader. During paper-disc diffusion method, the sterile discs were dipped in the different crude extracts of medicinal plants and antibiotic drugs with the help of sterilized forceps and placed on the Petri plates. Distilled water was used as a control to check the comparison of antibacterial activity with different crude extracts of medicinal plants. The petri plates were sealed with para film. Then, the petri plates were left at room temperature for 30 minute, to allow the diffusion of the test sample and then incubated at 37° C for overnight. The diameter of the zones of inhibition were measured in cm.

Statistical analysis

The obtained data was statistically analyzed by computer software MSTATC according to analysis of variance

(ANOVA); Duncan's Multiple Range Test was used for mean separation.

RESULTS

1. Two days post inoculation

Ethanol extract of *Aloe vera* at all concentrations shows an inhibitory effect against the *Staphylococcus aureus*. The highest inhibition zone obtained was 14.5 mm with

the concentration of 100 % Concentrations of 25 and 50 % showed an inhibition zones of 5.9 and 9.4 mm, respectively. Control (Gentomycin) extract of *Aloe vera* at all concentrations shows an inhibitory effect against the *Staphylococcus aureus*. The highest inhibition zone obtained was 16.5 mm with the concentration of 100 % Concentrations of 25 and 50 % showed an inhibition zones of 7.75 and 6 mm, respectively.

Table 1: Effect of different Concentration of alcoholic extracts of Aloe vera and Antibiotic on inhibition (mm) of Staphylococcus aureus using disc method at two days post inoculation.

Treatments	Concentration %	Inhibition zones(mm)			Mean
		R1	R2	R3	
Ethanol	25	7.5	6	5.8	5.9
	50	10	9	9.8	9.4
	100	16	14	15	14.5
Gentamycin	25	6.5	8.5	7	7.75
	50	9	7	5	6
	100	17	15	18	16.5

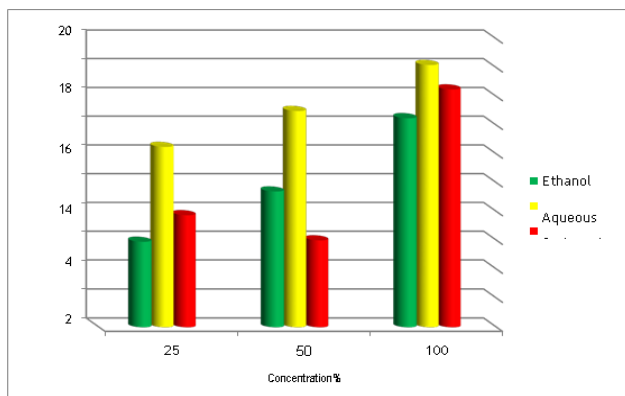


Figure 1: Effect of different Concentration of alcoholic extracts of Aloe vera and Antibiotic on inhibition (mm) of Staphylococcus aureus using disc method at two days post inoculation.

2. Three days post inoculation

The results depicted in Tabl (2) and Figure (2) indicate that the Ethanol extract of *Aloe vera* at all concentrations shows an inhibitory effect against the *Staphylococcus aureus*. The highest inhibition zone obtained was 12.5 mm with the concentration of 100 % Concentrations of 25 and 50 % showed an inhibition zones of 5 and 9 mm, respectively. Control (gentamycin) extract of *Aloe vera* at all concentrations shows an inhibitory effect against the *Staphylococcus aureus*. The highest inhibition zone obtained was 16 mm with the concentration of 100 % Concentrations of 25 and 50 % showed an inhibition zones of 5.95 and 5 mm, respectively.

Table 2: Effect of different Concentration of alcoholic extracts of Aloe vera and Antibiotic on inhibition (mm) of Staphylococcus aureus using disc method at three days post inoculation.

Treatments	Concentration %	Inhibition zones(mm)			Mean
		R1	R2	R3	
Ethanol	25	7	5	5	5
	50	9	9	9	9
	100	14	13	12	12.5
Gentamycin	25	5	7.3	6.6	5.95
	50	8	6	5	5
	100	16	15	17	16

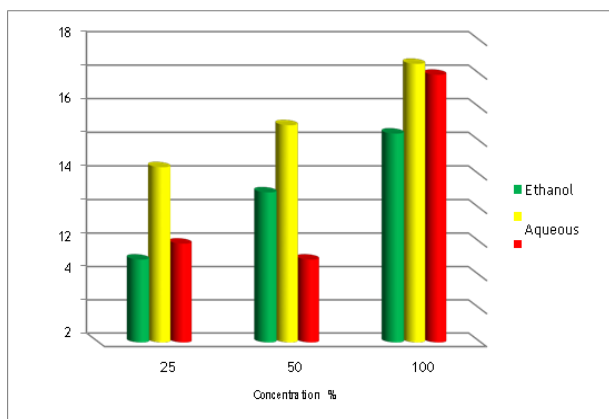


Figure 2: Effect of different Concentration of aqueous and alcoholic extracts of *Aloe vera* and Antibiotic on inhibition (mm) of *Staphylococcus aureus* using disc method at three days inoculation.

3. Four days post inoculation

The results depicted in (Table 3 and Figure 3) indicate that the Ethanol extract of *Aloe vera* at all concentrations shows an inhibitory effect against the *Staphylococcus aureus*. The highest inhibition zone obtained was 10 mm with the concentration of 100% Concentrations of 25 and 50 % showed an inhibition zone of 3.5 and 8 mm, respectively.

Control (Gentomycin) extract of *Aloe vera* at all concentrations shows an inhibitory effect against the *Staphylococcus aureus*. The highest inhibition zone obtained was 14 mm with the concentration of 100 % Concentrations of 25 and 50 % showed an inhibition zones of 4.5 and 4.5 mm, respectively.

Table 3: Effect of different Concentration of alcoholic extracts of *Aloe vera* and Antibiotic on inhibition (mm) of *Staphylococcus aureus* using disc method at four days post inoculation.

Treatments	Concentration%	Inhibition zones(mm)			Mean
		R1	R2	R3	
Ethanol	25	5	3	4	3.5
	50	8	9	7	8
	100	12	10	10	10
Gentamycin	25	3.5	5	4	4.5
	50	7	5	4	4.5
	100	15	13	15	14

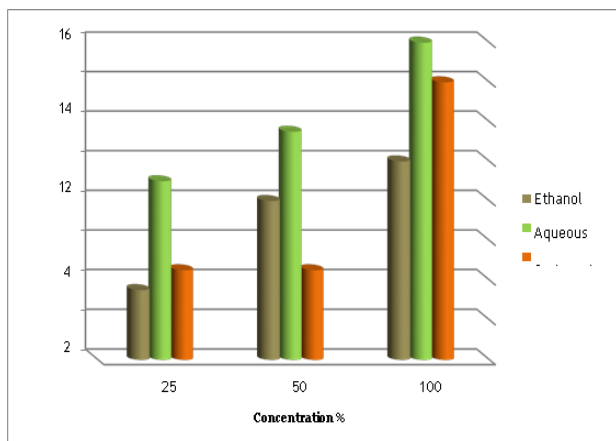


Figure 3: Effect of different Concentration of aqueous and alcoholic extracts of *Aloe vera* and Antibiotic on inhibition (mm) of *Staphylococcus aureus* using disc method at four days post inoculation.

DISCUSSION

This study showed that aqueous extract phase of *Aloe vera* gave better results compared to the ethanolic and antibiotic phase of the same extract at this study at all concentration tested .

The ethanolic extract shows lower action compared to the aqueous and antibiotic extract (resuspension) as antimicrobial agents. This may be due to little diffusion

properties of the extract in the agar or because fresh plants contain active substances which may be affected or attributed by the used solvent.

The antimicrobial activity of the extracts and their potency was quantitatively assessed by the presence or absence of inhibition zone and zone diameter. Only alcoholic extract was found to be a better solvent for extraction of antimicrobially active substances compared to water and hexane (Ahmad *et al.*, 1998).

The results of the antibacterial activity of different concentration preparations of *Aloe vera* gel compared with antibiotics, Gentamycin. It was found that all the concentration preparations of *Aloe vera* gel exhibited reasonably good inhibitory activities compared with the standard reference antibiotics with the preserved gel being more potent compared with all others. (Subramanian *et al.*, 2006) In other studies, the most effective antibiotic for gram positive is Vancomycin than Gentamycin (Hoeger., 2004). also observed remarkable antibacterial activities with ethanolic extracts of *Aloe vera* gel even at low concentrations compared with the standard antibiotics and support the view. *Aloe vera* is a potent antimicrobial agent compared with the conventional antibiotics. The results of the study by Coopoosamy and Magwa., (2007) also revealed that lowest concentrations of ethyl acetate and ethanol crude extracts of Aloe excels resulted in complete inhibition of

visible growth of pathogenic bacteria compared with the control antibiotics, chloramphenicol and streptomycin sulfate other experiment conducted with petroleum ether extract exhibited significant antibacterial activity against *Pseudomonas aeruginosa*, *Salmonella typhi*, *Klebsiella pneumoniae*, *Proteus vulgaris*, *Escherichia coli* and moderate activity against *Staphylococcus aureus* and *Bacillus subtilis*. The chloroform, methanol and ethanol extracts exhibited moderate antibacterial activity against all the seven types of bacteria. The aqueous extract exhibited least antibacterial activity against all the seven types of bacteria (Gavimath *et al.*, 2008).

Their study results showed that the methanol gel extract preparation had stronger retardation effect on gram positive test organisms (*S. aureus*, and *S. epidermidis*) as compared to the gram negative bacteria (*E. coli*, *K. pneumoniae*, *P. aeruginosa*, *P. vulgaris* and *P. mirabilis*). Similar results were documented, in an earlier study, (Agarry and Olaleye., 2005). where the gram-positive test organisms were found to be more susceptible to the sterile *Aloe vera* gel preparation and the antimicrobial susceptibility testing of *Aloe vera* gel has a greatest inhibitory effect on the *S. aureus* with 18.0 mm diameter of zone of inhibition. Results of the present research also correlates with the earlier findings by Kaithwas *et al.* (2008) as well as studies conducted by Mangena. (1999) where it was demonstrated that the *Aloe vera* gel being rich in a wide variety of secondary metabolites, such as polysaccharides, anthraquinone glycosides, glycoproteins, gamma-linolenic acid, prostaglandins which was found to be very effective against Gram positive in particular against *S. aureus*

The ethanol and aqueous extracts were active in inhibiting the growth of *Escherichia coli* *Staphylococcus aureus* and *Candida albicans* though *Candida albicans* had the least zone of inhibition. This result conformed to the result of investigators on similar studies such as Johnson *et al.*, (2012; Joshua *et al.* (2010). On other study, it was observed that the ethanolic extracts had a significantly higher antimicrobial activity than the aqueous extract this difference is attributed to the solubility of the active component in different solvents. (Karou *et al.* (2007), This result disagree the findings of Anani *et al.* (2000), It was observed that different isolates exhibited varying degree of resistance to the ethanolic extract of the *Sida acuta*. This result did not supports the findings of Anani *et al.* (2000), who noted that methanolic extract of *Sida acuta* had a significant activity on *S. aureus*, *E. coli*, *B. subtilis* and *Mycobacterium phlei* and against no inhibition effect recorded on *Streptococcus faecalis* and *Klebsiella pneumoniae*. Similar results were obtained by Rajakaruna *et al.* (2002), Saganuwan and Gulumbe (2006) with methanolic extract of *Sida acuta*. This difference in susceptibility can be attributed to two factors, the inherent resistant factor of the different species of the isolates and the previous exposure of the organism to other antimicrobial drugs.

Although the ethanolic extracts produced some inhibitory effects on the clinical isolates, the aqueous extracts were observed to produce high inhibitory effects. This confirmed the report of Okwu and Josiah., (2006) who reported that the aqueous best solvent for extraction over ethanol when working with plants of medicinal importance.

Finally, it was observed that the highest concentration of the aqueous and ethanolic extract of the plant has significant effect on the bacteria isolates. They had liger zone of inhibition compared to the antibacterial agents used as control. Similar result was reported by Adeleke *et al.* (2006).

REFERENCES

1. Agarry OO, Olaleye MT, Bello-Micheal CO., Comparative activities of Aloe vera gel and leaf. African Journal of Biotechnology, 2005; 4(12): 1413-1414.
2. Ahlawat KS & Khatkar BS Processing, food applications and safety of aloe vera products: a review. J Food Sci Technol, 2011; 48(5): 525–33.
3. Ahmad, J., Mehmood, Z. and Mohammad, F., Screening of some Indian medicinal plants for their antimicrobial properties. Journal of Ethnopharmacology, 1998; 62: 183-193.
4. ALian, F, Rahimi., E, Shakerian, A, Momataz, H, Riah M and Momeni M, A Antimicrobial resistance of staphylococcus aerus isolated from bovine ,sheep and goat raw milk .Global veterinaria, 2012; 8: 111 - 114.
5. Anderson LA, Phillipson JD. Herbal medicines, A Guide for Healthcare professionals, Pharmaceutical press, London, 1996.
6. Argudin MA, Mendoza MC, Rodicio MR Food poisoning and Staphylococcus aureus enterotoxins. Toxins, 2010; 2(7): 1751–1773.
7. Asao T, Kumeda Y, Kawai T, Shibata T, Oda H, Haruki K, Nakazawa H, Kozaki S An extensive outbreak of staphylococcal food poisoning due to low-fat milk in Japan: Estimation of enterotoxin A in the incriminated milk and powdered skim milk. Epidemiology and Infection, 2003; 130: 33–40.
8. Aydin A, Sudagidan M, Muratoglu K. Prevalence of staphylococcal enterotoxins, toxin genes and genetic relatedness of foodborne Staphylococcus aureus strains isolated in the Marmara region of Turkey. International Journal of Food Microbiology, 2011; 148: 99–106.
9. Boudreau MD, Beland FA, Nichols JA, Pogribna M. Toxicology and carcinogenesis studies of a noncolorized whole leaf extract of Aloe barbadensis Miller (Aloe vera) in F344/N rats and B6C3F1 mice (drinking water study). Natl Toxicol Program Tech Rep Ser, 2013; 577(577): 1–266.
10. PMID: 24042237. CDC Summary of notifiable diseases - United States, 2010. Morbidity and Mortality Weekly Report, 2012; 59(53): 1–111.
11. Channe Gowda D, Neelisiddaiah B, Anjaneyalu YV

- Structural studies of polysaccharides from Aloe vera. *Carbohydr Res*, 1979; 72: 201–5.
12. Committee of Experts on Cosmetic Products Aloe extracts with anthraquinones. Active ingredients used in cosmetics: safety survey. Strasbourg, France: Council of Europe Publishing, 2008; 9–27.
 13. Coopoosamy RM, Magwa ML., Traditional use, antibacterial activity and antifungal activity of crude extract of Aloe excelsa. *African Journal of Biotechnology*, 2007; (20): 240-2410.
 14. Cosmetic Ingredient Review Expert Panel Final report on the safety assessment of AloeAndongensis Extract, Aloe Andongensis Leaf Juice,aloe Arborescens Leaf Extract, Aloe Arborescens Leaf Juice, Aloe Arborescens Leaf Protoplasts, Aloe Barbadosis Flower Extract, Aloe Barbadosis Leaf, Aloe Barbadosis Leaf Extract, Aloe Barbadosis Leaf Juice,aloe Barbadosis Leaf Polysaccharides, Aloe Barbadosis Leaf Water, Aloe Ferox Leaf Extract, Aloe Ferox Leaf Juice, and Aloe Ferox Leaf Juice Extract. *Int J Toxicol*, 2007; 26(1): 1–50.
 15. Dal’Belo SE, Gaspar LR, Maia Campos PM Moisturizing effect of cosmetic formulations containing Aloe vera extract in different concentrations assessed by skin bioengineering techniques. *Skin Res Technol*, 2006; 12(4): 241–6.
 16. Davidson PM, Taylor TM Chemical preservatives and natural antimicrobial compounds. Ch 33 In: Doyle MP, Beuchat LR (eds) *Food microbiology: Fundamentals and frontiers*. 3rd ed, ASM Press, Washington D.C., 2007; 713–745.
 17. Dentali S “Nondecolorized” essential qualifier for NTP aloe vera study material. *Toxicol Sci*, 2013; 133(2): 342.
 18. EFSA The European Union summary report on trends and sources of zoonoses, zoonotic agents and foodborne outbreaks in 2010. *EFSA Journal*, 2012; 10(3): 2597.
 19. EFSA The European Union summary report on trends and sources of zoonoses,zoonotic agents and foodborne outbreaks in2011. *EFSA Journal*, 2013; 11(4): 3129.
 20. El-Jakee, S, A. Marouf, ., Nagwa S. Ata, Eman H. Abdel-Rahman, Sherein I. Abd El-Moez, A.A. Samy and 2Walaa E. El-Sayed. Rapid Method for Detection of Staphylococcus aureus Enterotoxins in Food, *Global Veterinaria*, 2014; 11: 335-341.
 21. Elsohly MA, Gul W, Avula B, Khan IA Determination of the anthraquinones aloe-emodin and aloin-A by liquid chromatography with mass spectrometric and diode array detection. *J AOAC Int*, 2007; 90(1): 28–42,
 22. EMA Community herbal monograph on Aloe barbadensis MILLER and on Aloe (various species, mainly Aloe ferox MILLER and its hybrids). London, UK: European Medicines Agency. EMA, 2006.
 23. Community herbal monograph on Aloe barbadensis MILLER and on Aloe (various species, mainly Aloe ferox MILLER and its hybrids). London, UK: European Medicines Agency. Eur Ph; European Pharmacopoeia, 2008.
 24. European pharmacopoeia. 7.0. Strasbourg, France: European Directorate for the Quality of Medicines & HealthCare. Evenson ML, Hinds MW, Berstein RS, Bergdoll MS Estimation of human dose of staphylococcal enterotoxin A from a large outbreak of staphylococcal food poisoning involving chocolate milk. *InternationalJournal of Food Microbiology*, 1988; 7: 311–316.
 25. FDA (2012) Bad bug book: Foodborne pathogenicmicroorganisms and natural toxins handbook, 2nd ed. US Food and Drug Administration, Silver Spring, p. 8792. [http://www.fda.gov/Food/FoodborneIllnessContaminants/Causes Of Illness Bad Bug Book/ucm2006773.htm](http://www.fda.gov/Food/FoodborneIllnessContaminants/CausesOfIllnessBadBugBook/ucm2006773.htm). Accessed 27 March, 2013.
 26. Femenia A, Sanchez E, Simal S, Rosselló C Compositional features of polysacchardies from Aloe vera (Aloe barbadensis Miller) plant tissues. *Carbohydr Polym*, 1999; 39(2): 109–17. doi:10.1016/S0144- 8617(98)00163-5.
 27. Figueroa G, Navarrete P, Caro M, Troncoso M, Faundez G Carriage of enterotoxigenic Staphylococcus aureus in food handlers. *Revista Medica De Chile*, 2002; 130(8): 859–864.
 28. Fitzgerald, J.R., Sturdevant, D E., Mackie, S.M Gill and S.R., Musser, J.M, Evolutionary genomics of Staphylococcus aurous: insights into the origin of methicillin-resistant strains and the toxic shock syndrome epidemic. *Proceeding of the Natural Academic Science*, 2001; 98: 8821-8826.
 29. Foster T, Staphylococcus, in: Baron (Ed.), *Medical Microbiology*, University of Texas Medical Branch at Galveston, Texas, 1996.
 30. Gavimath, C.C., Ramachandra, Y.L., Padmalatha Rai, S., Sudeep, H.V., Sujana, P.S., Ganapathy and Kavitha, B. T. Antibacterial activity of Aegle marmeles Correa leaves extract, *Asian Journal of Bioscience*, 2008; 3(2): 333-336.
 31. Gaze JE The effect of oil on the heat resistance of Staphylococcus aureus. *Food Microbiology* 2:277–283. Grindlay D & Reynolds T (1986). The Aloe vera phenomenon: a review of the properties and modern uses of the leaf parenchyma gel. *J Ethnopharmacol*, 1985; 16(2-3): 117–51. doi:10.1016/0378-8741(86)90085-1PMID:3528673.
 32. Hackbarth, C. J., and Chambers, H. F, Methicillin-resistant staphylococci: detection methods and treatment of infections. *Antimicrobial. Agents Chemother*, 1989; 33: 995 -999.
 33. Hall G, Kirk MD, Becker N, Gregory JE, Unicomb L, Millard G, Stafford R, Lalor K Estimating foodborne gastroenteritis, Australia. *Emerging Infectious Diseases*, 2005; 11(8): 1257–1264.
 34. Hamman JH Composition and applications of Aloe vera leaf gel. *Molecules*, 2008; 13(8): 1599–616. doi:10.3390/molecules13081599PMID:18794775.
 35. Harrigan, W.F., *Laboratory Methods in Food Microbiology*. Academic Press, San Diego. Hatakka

- M, Bjorkroth KJ, Asplund K, Maki-Petays N, Korkeala HJ (2000) Genotypes and enterotoxicity of *Staphylococcus aureus* isolated from the hands and nasal cavities of flight catering employees. *Journal of Food Protection*, 1998; 63(11): 1487–1491.
36. Howard BJ and Kloos WE, *Staphylococci.*, in: Howard BJ, Klass J, J RS, Weissfeld AS, and Tilton RC (Eds.), *Clinical and Pathogenic Microbiology*, Mosby, Washington, 1987; 231-234.
 37. Hu, Y., J. Xu and Q. Hu, Evaluation of antioxidant potential of Aloe vera (*Aloe barbadensis* Miller) extracts. *Journal Agriculture. Food Chemistry*, 2003; 51: 7788-7791.
 38. ICMSF *Staphylococcus aureus*. Ch 17 In: *Microorganisms in food 5: Microbiological specifications of food pathogens*. Blackie Academic and Professional, London, 1996; 299–333.
 39. Jehan Bakht, Amjad Islam and Mohammed Shafi antimicrobial potentials of *eclipta alba* by well diffusion method., *Pak. J.Bot.*, 2011; 43: 169-174.
 40. Joseph B & Raj SJ Pharmacognostic and phytochemical properties of Aloe vera Linn—an overview. *International Journal of Pharmaceutical Sciences Review and Research*, 2010; 4: 106–110.
 41. JP XVI, *The Japanese Pharmacopoeia The Japanese Pharmacopoeia. 16th ed. English Version*, Tokyo, Japan: Ministry of Health, Labour and Welfare. Kaithwas G, Kumar A, Pandey H, (2008). Investigation of comparative antimicrobial activity of Aloe vera gel and juice. *Pharmacology online*, 2011; 1: 239-243.
 42. Kedarnath, N.K., Surekh.a, Ramesh. S, Mahantesh S. Pand Patil C.S, Phytochemical screening and antimicrobial activity of Aloe vera L. *World Research Journal of Medicinal & Aromatic Plants*, 2012; 1: 11-1.
 43. Kennedy J, Blair IS, McDowell DA, Bolton DJ An investigation of the thermal inactivation of *Staphylococcus aureus* and the potential for increased thermo tolerance as a result of chilled storage. *Journal of Applied Bacteriology*, 2005; 99: 1229–1235.
 44. Kitai S, Shimizu A, Kawano J, Sato E, Nakano C, Kitagawa H, Fujio K, Matsumura K, Yasuda R, Inamoto T Prevalence and characterization of *Staphylococcus aureus* and enterotoxigenic *Staphylococcus aureus* in retail raw chicken meat throughout Japan. *The Journal of Veterinary Medical Science*, 2005; 67(3): 269– 274.
 45. Kloos WE and Bannerman TL. Update on clinical significance of coagulase-negative staphylococci. *Clinical Microbiology Reviews*, 1994; 7[1]: 117-140.
 46. Kloos WE and Lambe DWJ, *Staphylococcus.*, in: Barlows A, Hausler WJ, Hermann KL, Isenberg HD, and Shadomy HJ (Eds.), *Manual of Clinical Microbiology*, ASM, Washington D.C, 1991; 222-237.
 47. Kluytmans J, van BelKum A, and Verbrugh H. Nasal carriage of *Staphylococcus aureus*: epidemiology, underlying mechanisms, and associated risks. *Clinical Microbiology Reviews*, 1997; 10[3]: 505-520.
 48. Lachenmeier K, Kuepper U, Musshoff Fet al. Quality control of Aloe vera beverages. *Electronic Journal of Environmental, Agricultural and Food Chemistry*, 2005; 4: 1033–1042.
 49. Lee, K., S. Weintraub and B. Yu, Isolation and identification of a phenolic antioxidant from Aloe barbadensis. *Free Radical Biology and Medicine Journal*, 28: 261-265. Leon L (2003). The medicinal plant Aloe. *Ganzheitliche Tiermedizin*, 2000; 17: 138–143.
 50. Lim E, Lopez L, Borman A, Cressey P, Pirie R. Annual report concerning foodborne disease in New Zealand 2011. Ministry for Primary Industry, New Zealand. <http://www.foodsafety.govt.nz/science-risk/human-health-surveillance/foodborne-diseaseannual-reports.htm>. Accessed 11 April, 2013.
 51. Liu GY, Essex A, Buchanan JT, Datta V, Hoffman HM, Bastian JF, Fierer J, and Nizet V. *Staphylococcus aureus* golden pigment impairs neutrophil killing and promotes virulence through its antioxidant activity. *T. The Journal of Experimental Medicine*, 2005; 202[2]: 209-215.
 52. Mandal G & Das A Structure of the D-galactan isolated from Aloe barbadensis Miller. *Carbohydr Res*, 1980; 86(2): 247–57.
 53. Mangena T., Comparative evaluation of the antimicrobial activities of essential oils of *Artemisia afra*, *Pteronia incana* and *Rosmarinus officinalis* on selected bacteria and yeast strains. *Letent. Applied Microbiology*, 1999; 28(4): 291-296.
 54. Montville TJ, Matthews KR *Food microbiology: An introduction*. 2nd ed, ASM Press, Washington D.C. NCCAM (2012). Aloe vera. Bethesda (MD): National Center for Complementary and Alternative Medicine, 2008.
 55. Available from: <http://nccam.nih.gov/health/aloevera>, accessed 5 June.
 - Nema V, Agrawal R, Kamboj DV, Goel AK, Singh L (2007) Isolation and characterization of heat resistant Enterotoxigenic *Staphylococcus aureus* from a food poisoning outbreak in Indian subcontinent. *International Journal of Food Microbiology*, 2014; 117: 29–35.
 56. Newton LE Aloes in habitat. In: Reynolds T, editor. *Aloes: the genus Aloe*. Boca Raton (FL), USA: CRC Press; pp. 3–14. Ni Y, Turner D, Yates KM, Tizard I Isolation and characterization of structural components of Aloe vera L. leaf pulp. *Int Immunopharmacol*, 2004; 4(14): 1745–55.
 57. NLM (2012). Products that contain active ingredient - Aloe vera. Dietary supplements labels database. United States National Library of Medicine. Available from: <http://www.dslid.nlm.nih.gov/dslid/>; accessed 5 June, 2014.
 58. Normanno G, La Salandra G, Dambrosio A, Quaglia NC, Corrente M, Parisi A, Santagada G, Firinu A, Crisetti E, Celano GV Occurrence, characterization

- and antimicrobial resistance of enterotoxigenic *Staphylococcus aureus* isolated from meat and dairy products. *International Journal of Food Microbiology*, 2007; 115: 290–296.
59. O'Neil MJ, Heckelman PE, Koch CB et al. *The Merck Index - An Encyclopedia of Chemicals, Drugs, and Biologicals*. 14th Ed. Version 14.6. Whitehouse Station (NJ), USA: Merck & Co., Inc. Oliver, G., 2012.
 60. Aloe Vera Gel Research Review An overview of its clinical uses and proposed mechanisms of action. *Natural medical journal*, 4: 120-133.
 61. Oz Food Net Monitoring the incidence and causes of diseases potentially transmitted by food in Australia: Annual report of the Oz Food Net Network, (2010). *Communicable Diseases Intelligence*, 2012; 36(3): E213–E241.
 62. OzFoodNet Quarterly report, 1 July to 30 September (2011). *Communicable Diseases Intelligence*, 2012; 36(2): E188–E195.
 63. Park YI, Jo TH Perspectives of industrial application of Aloe vera. In: Park YI, Lee SK, editors *New Perspectives on Aloe*. New York (NY), USA: Springer Science+Business Media, 2006; 191–200.
 64. Peacock SJ, de Silva I, and Lowy FD. What determines nasal carriage of *Staphylococcus aureus*? *Trends in microbiology*, 2001; 9[12]: 605-610.
 65. Pelley RP, Martini WJ, Liu DQ et al. Multiparameter analysis of commercial “Aloe vera” materials and comparison to *Aloe barbadensis* Miller extracts. *Subtropical Plant Science*, 1998; 50: 1–14.
 66. Pellizzoni M, Molinari GP, Lucini L Stability of the main Aloe fractions and Aloe-based commercial products under different storage conditions *Agrochimica*, 5:288–296. Pinchuk IV, Beswick EJ, Reyes VE (2010) *Staphylococcal enterotoxins*. *Toxins*, 2011; 2: 2177–2197.
 67. Plata K, Rosato AE, and Wegrzyn G. *Staphylococcus aureus* as an infectious agent: overview of biochemistry and molecular genetics of its pathogenicity. *Acta Biochimica Polonica*, 2009; 56[4], 597-612.
 68. Raj HD, Bergdoll MS Effect of enterotoxin B on human volunteers. *Journal of Bacteriology*, 1969; 98(2): 833– 834.
 69. Ramachandra, C and Rao P, Processing of Aloe vera leaf gel: a review. *American journal of Agricultural and Biological Sciences*, 2008; 3: 502-510.
 70. Ray C and Ryan KJ, *Sherris Medical Microbiology: An Introduction to Infectious Diseases*, 2003. Crossley KB and Archer GL, *The Staphylococci in Human Disease*, Churchill Livingstone, 1997.
 71. Reynolds T Aloe chemistry. In: Reynolds T, editor. *Aloes: The genus Aloe*. 38th Ed. Boca Raton (FL), USA: CRC Press, 2004; 39–74.
 72. Reynolds, T and A. Dweck, Aloe Vera leaf gel: a review update. *Journal Ethnopharmacol*, 1999; 68: 3-37.
 73. Rodríguez ER, Martín JD, Romero CD Aloe vera as a functional ingredient in foods. *Crit Rev Food Sci Nutr*, 2010; 50(4): 305–26.
 74. Saba Irshad, Muneeba Butt and Hira Younus, “In-vitro antibacterial of *Aloe barbadensis* Miller (*Aloe vera*)”, *International research journal of pharmaceuticals*, 2011; 01(02): 59-64.
 75. Saccù D, Bogoni P, Procida G Aloe exudate: characterization by reversed phase HPLC and headspace GC-MS. *J Agric Food Chem*, 2001; 49(10): 4526–30.
 76. Groom QJ & Reynolds T Barbaloin in aloe species. *Planta Med*, 1987; 53(4): 345–8.
 77. Saravanan, P., Ramya .V, Sridhar .H, Balamurugan .V and Umamaheswari S, Antibacterial activity of *Allium sativum* L. on pathogenic bacterial strains. *Global Veterinaria*, 2010; 4: 519-522.
 78. Sehgal I, Winters WD, Scott M, Kousoulas K An in vitro and in vivo toxicologic evaluation of a stabilized aloe vera gel supplement drink in mice. *Food Chem Toxicol*, 2013; 55: 363–70.
 79. Seo KS, Bohach GA *Staphylococcus aureus*. Ch 22 In: Doyle MP, Beuchat LR (eds) *Food microbiology: Fundamentals and frontiers*. 3rd ed, ASM Press, Washington D.C., 2007; 493–518.
 80. Shao A, Broadmeadow A, Goddard G, Bejar E, Frankos V Safety of purified decolorized (low anthraquinone) whole leaf *Aloe vera* (L) Burm. f. juice in a 3-month drinking water toxicity study in F344 rats. *Food Chem Toxicol*, 2013; 57: 21–31.
 81. Simon SS, Sanjeev S Prevalence of enterotoxigenic *Staphylococcus aureus* in fishery products and fish processing factory workers. *Food Control*, 2007; 18(12): 1565–1568.
 82. Steenkamp V & Stewart MJ Medicinal applications and toxicological activities of Aloe products. *Pharmaceutical Biology*, 2007; 45(5): 411–20. doi:10.1080/13880200701215307.
 83. Steenkamp V & Stewart MJ Medicinal applications and toxicological activities of Aloe products. *Pharmaceutical Biology*, 2007; 45(5): 411–20.
 84. Stewart CM *Staphylococcus aureus* and staphylococcal enterotoxins. Ch 12 In: Hocking AD (ed) *Foodborne microorganisms of public health significance*. 6th ed, Australian Institute of Food Science and Technology (NSW Branch), Sydney, 2003; 359–380.
 85. Subramanian S, Kumar DS, Arulselvan P, Senthikumar GP., In vitro antibacterial and antifungal activities of ethanolic extract of Aloe vera leaf gel. *Journal of Plant Science*, 2006; 1(4): 348-355.
 86. Subramanian, S., D. Sathish. Kumar and P. Arulselvan, Wound healing potential of Aloe vera leaf gel studied in experimental rabbits. *Asian Journal Biochemistry*, 2006; 1: 178-185.
 87. Talarico F, Roccia E, Nero Id Prevalence of enterotoxigenic *Staphylococcus* in foodhandlers in the province of Catanzaro (Italy). *Igiene Moderna*, 1997; 107(2): 137–142.
 88. Ulbricht C, Armstrong J, Basch E, Basch S, Bent S, Dacey Cet al. An evidence-based systematic review

- of Aloe vera by the natural standard research collaboration. *J Herb Pharmacother*, 2007; 7(3-4): 279–323.
89. Vinson, J., H. Al kharrat and L. Andreoll, Effect of Aloe Vera preparations on the human bioavailability of vitamins C and E. *Phytomedicine Journal*, 2005; 12: 760-765.
 90. Wertheim HFL, Melles DC, Vos MC, van Leeuwen W, van BelKum A, Verbrugh HA, and Nouwen JL. The role of nasal carriage in *Staphylococcus aureus* infections. *The Lancet Infectious Diseases*, 2005; 5[12]: 751- 762.
 91. WHO Aloe and Aloe vera gel. WHO Monographs on selected medicinal plants. Geneva, Switzerland: World Health Organization, 1999; 33–49. (available from <http://apps.who.int/medicinedocs/en/d/Js2200e/5.html>).
 92. Wilkinson BJ, Biology, in: Crossley KB and Archer GL (Eds.) *The Staphylococci in Human Diseases*. Churchill Livingstone, London, 1997; 1-38.
 93. Yaron A. Characterization of Aloe vera gel before and after autodegradation, and stabilization of the natural fresh gel. *Phytother Res*, 1993; 7(7): 11.