

**Borneo Journal of Pharmacy** Vol 4 Issue 3 August 2021 Page 184 – 191 http://journal.umpalangkaraya.ac.id/index.php/bjop/article/view/2418 DOI: https://doi.org/10.33084/bjop.v4i3.2418 e-ISSN: 2621-4814

#### Research Article

# Effectiveness of *Oxalis corniculata* L. Ethanol Extract against Mono-Species of Biofilm *Staphylococcus aureus*

Hasyrul Hamzah 1\*💿

Khalish Arsy Al Khairy Siregar 10

Ari Nurwijayanto<sup>2</sup>

Retno Wahyuningrum 300

Seftika Sari 40

<sup>1</sup>Department of Pharmacy, Universitas Muhammadiyah Kalimantan Timur, Samarinda, East Kalimantan, Indonesia

<sup>2</sup>Balai Taman Nasional Gunung Merapi, Sleman, Special Region of Yogyakarta, Indonesia

<sup>3</sup>Department of Pharmacy, Universitas Sembilanbelas November Kolaka, Kolaka, Southeast Sulawesi, Indonesia

<sup>4</sup>Department of Pharmacy, Sekolah Tinggi Ilmu Farmasi Riau, Pekanbaru, Riau, Indonesia

\*email: hh241@umkt.ac.id

Keywords: Biofilm Calincing Oxalis corniculata Staphylococcus aureus

## Abstract

Inappropriate administration of antibiotics can cause resistance to bacteria. Staphylococcus aureus is one of the strong biofilm-forming bacteria that cause antibiotic resistance. Calincing (Oxalis corniculata L.) leaves have excellent antibacterial activity, but their antibiofilm activity against S. aureus has not been reported until now. Currently, the discovery of new antibiofilm against S. aureus biofilms is significant to prevent the impact of infections caused by biofilms. This study was intended to determine the effectiveness of the ethanol extract of O. corniculata leaves in inhibiting and eradicating S. aureus biofilm formation. Planktonic testing, inhibition, and biofilm eradication activity were carried out using the microtiter broth method. Antibiofilm activity of O. corniculata leaves against S. aureus biofilm was analyzed by calculating the minimum concentration of biofilm inhibitor (MBIC<sub>50</sub>) and minimum biofilm eradication concentration (MBEC<sub>50</sub>). Data were analyzed using the Statistical Package for the Social Sciences (SPSS) with a 95% confidence level. Oxalis corniculata leaves showed inhibitory activity on the formation of the tested S. aureus biofilm. The ethanol extract of 1% O. corniculata leaves gave 76.23±0.01% antibacterial activity of S. aureus and 71.32±0.01% of mid-phase antibiofilm activity, and 69.33±0.01% maturation phase. The results also prove that the ethanolic extract of O. corniculata leaves can eradicate S. aureus biofilm formation. Therefore, the ethanol extract of O. corniculata leaves can be developed as a new antibiofilm against *S. aureus*.

Received: July 8<sup>th</sup>, 2021 Accepted: August 18<sup>th</sup>, 2021 Published: August 30<sup>th</sup>, 2021



© 2021 Hasyrul Hamzah, Khalish Arsy Al Khairy Siregar, Ari Nurwijayanto, Retno Wahyuningrum, Seftika Sari. Published by Institute for Research and Community Services Universitas Muhammadiyah Palangkaraya. This is an Open Access article under the CC-BY-SA License (http://creativecommons.org/licenses/by-sa/4.0/). DOI: https://doi.org/10.33084/bjop.v4i3.2418

#### **INTRODUCTION**

*Staphylococcus aureus* is a clinically relevant pathogen due to antibiotic resistance and the increasing use of medical devices<sup>1</sup>. *Staphylococcus aureus* is non-motile, nonsporing, facultatively anaerobic, catalase-positive, and oxidase-negative. *Staphylococcus aureus* thrives at a temperature of 6.5-46°C with a pH of 4.2-9.3<sup>2</sup>. Symptoms of infection with this bacterium are stomach cramps, vomiting, and severe diarrhea. *Staphylococcus aureus* can cause various diseases, ranging from minor skin infections, poisoning, and systemic infections<sup>3</sup>. A previous study reported that *S. aureus* infection had a mortality rate of 25%<sup>4</sup>.

Currently, *S. aureus* is a serious health problem, which has increased the bacteria's resistance to various antibiotics (multi-drug resistance). Inappropriate administration of antibiotics can cause bacterial resistance, in which *S. aureus* can adapt to its environment and cause resistance to antibiotics<sup>5</sup>. *Staphylococcus aureus*  resistance to the penicillin class of antibiotics has reached 80%<sup>6</sup>. Methicillin and vancomycin antibiotics have caused resistance to *S. aureus*, such as Methicillin Resistance *S. aureus* (MRSA) and Vancomycin Resistance *S. aureus* (VRSA)<sup>7,8</sup>. Patients with these infections are often given antibiotic therapy such as cloxacillin, dicloxacillin, and erythromycin in its management<sup>9</sup>.

One of the factors that complicate the treatment of *S. aureus* infection is the ability of these bacteria to form biofilms<sup>10</sup>. Biofilm is a collection of microbial cells irreversibly attached to a surface and encased in a self-produced matrix of extracellular polymer substance (EPS), accompanied by an increase in the number of phenotypes such as climate change and gene transcription from planktonic cells or free cells<sup>11</sup>. Biofilm is one of the severe health problems related to infection prevention. Biofilms are part of the defense of microorganisms and are relatively difficult to eradicate with antibiotics; therefore, pathogenic organisms in the form of biofilms can endanger human health<sup>12,13</sup>.

Various efforts have been made to fight antibiotic resistance due to biofilm formation, one of which is the use of herbal ingredients as the basis of treatment<sup>14</sup>. Along with public awareness of the negative impact of synthetic drugs, the use of traditional medicinal plants continues to increase, so that people begin to switch from synthetic drugs to traditional medicines from natural ingredients. The application of traditional medicine has many advantages and very practical to make at home, as an alternative medicine for the community, including in Indonesia, which has abundant natural wealth in medicinal plants<sup>15</sup>. One of the plants from Indonesia that can be processed into herbal medicine to treat infections is calincing or *Oxalis corniculata* L.

*Oxalis corniculata* is reported to have antibacterial activity, especially from the leaves<sup>16-18</sup>. Empirically in Kalimantan, people use the leaves as a medicine for stomach aches,

canker sores, and coughs<sup>16</sup>. Several previous reports found that the ethanolic extract of the *O. corniculata* herb could inhibit *Escherichia coli* and *S. aureus*<sup>19,20</sup>. However, no studies have reported the profound antibiofilm activity of this plant. Therefore, this study aimed to determine the activity of *O. corniculata* leaves extract, which can inhibit the growth of *S. aureus* biofilms.

#### MATERIALS AND METHODS

#### Materials

The material used in this study was O. corniculata leaves (Figure 1), collected from the National Park of Mount Merapi, Yogyakarta. The plant was determined at the Faculty of Biology, Universitas Gadjah Mada. Other materials were standard biofilm-forming S. aureus isolate (ATCC 25923), chloramphenicol, 1% DMSO, NaCl, McFarland standard 0.5, sterile distilled water, Brain Heart Infusion (BHI) media, phosphate buffer saline (PBS) solution, and crystals violet 1%. The instrument used in this study were Laminar Air Flow, incubator (IF-2B) (Sakura, Japan), micropipette Pipetman (Gilson, France), multichannel micropipette (Socorex, Switzerland), microplate flat-bottom polystyrene 96 well (Iwaki, Japan), microtiter plate reader (Optic Ivymen System 2100-C, Spain), spectrophotometer UV Genesys 10 UV Scanning, 335903 (Thermo Scientific Spectronic, US), autoclave (Sakura, Japan), and analytical balance (AB204-5, Switzerland).



Figure 1. Oxalis corniculata L. plant

#### Methods

#### **Bacterial** strains

*Staphylococcus aureus* was grown within 24 hours at 37°C in BHI media. The optical density (OD) 600 of the microbial culture was adjusted to 0.1 (equivalent to the McFarland standard  $0.5 - 1.5 \times 10^8$  CFU/ml) and then diluted in a new growth medium to 0.01 OD<sub>600</sub>.

#### Antibacterial test

An antibacterial test was carried out using the microdilution method. The test was carried out on microtiter plate flat-bottom polystyrene 96 wells with a series of levels of test compounds: 1, 0.5, 0.25, and 0.125% w/v. The control used was chloramphenicol 1% w/v. Growth control in the form of a microbial suspension and solvent control adjusted to the solvent of the test compound. The microplate wells were inserted BHI media and bacterial suspension, then incubated at 37°C for 24 hours. Microplate absorbance reading process using a microplate reader at a wavelength of 595 nm.

Test of inhibition of biofilm formation mid-phase and maturation-phase using the microbroth dilution method

A 96-well flat-bottom polystyrene microtiter plate was used to assess the effect of the test isolates on the formation of mono-species *S. aureus* biofilms<sup>21</sup>. About 100 L of media containing ethanol extract of *O. corniculata* leaves with a series of concentrations was added to each well. A medium without microbial growth was used as a control medium, and a microbial suspension was used as a negative control. A microbial suspension was used as a positive control, given 1% chloramphenicol w/v. The plates were then incubated at 37°C for 24 hours to form the mid-phase biofilm and 48 hours to form the maturation phase biofilm.

Next, the plate was washed using distilled water three times and dried at room temperature for five minutes to remove the remaining water. A total of 125 L of 1% crystal violet solution was added to each well to color the formed biofilm (both dead cells and live cells, which were also components of the biofilm), then incubated at room temperature. After incubation, the microplate was washed with running water three times to remove the remaining crystal violet, and 200 L of 96% ethanol was added to each well to dissolve the formed biofilm. The OD readings were carried out with a microplate reader at a wavelength of 595 nm. The OD value was then used to calculate the percent inhibition in **Formula 1**. The sample level that could inhibit at least 50% biofilm formation was considered Minimal Biofilm Inhibition Concentration (MBIC<sub>50</sub>)<sup>21,22</sup>.

 $\%_{inhibition} = \frac{(OD_{negative control average} - OD_{test sample average})}{OD_{negative control average}} \times 100...[1]$ 

# Staphylococcus aureus biofilm eradication activity from O. corniculata leaves

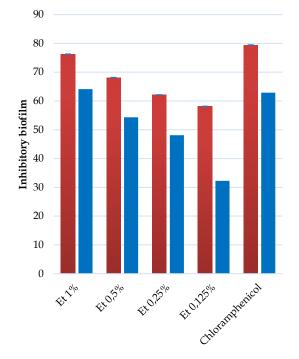
Tests for biofilm eradication (degradation) were almost similar to biofilm inhibition, but the processing time differed. The biofilm degradation test takes five days, while the biofilm inhibition takes about 1-2 days, depending on the inhibition desired. The biofilm was inoculated with a microtiter plate. After incubation at 37°C for 48 hours, the plates were washed with 150 L of sterile distilled water three times to remove nonadherent cells. A total of 100 L of media containing ethanol extract of O. corniculata leaves with a series concentration was added to each well that had been washed, then reincubated at 37°C for 48 hours. Chloramphenicol at a concentration of 1% w/v were used as positive controls. After incubation, the plates were washed three times with 200 mL of sterile PBS to remove adhering cells. Biofilm eradication was quantified with 125 L 1% crystal violet solution into each well, then incubated at room temperature for 15 minutes. After incubation, the microplate was washed with PBS, and 200 L of 96% ethanol was added to each well to dissolve the formed biofilm. The OD readings were carried out with a microplate reader at a wavelength of 595 nm<sup>16</sup>.

#### Statistical methods

Statistical analysis was performed using ANOVA and normality test performed using the Shapiro–Wilk, with a p-value of 0.05 or less. The data were analyzed using the Statistical Package for the Social Sciences (SPSS).

#### **RESULTS AND DISCUSSION**

Antibacterial activity of O. corniculata extract against S. aureus The ethanolic extract of O. corniculata leaves produced antibacterial activity of 76.23 $\pm$ 0.01% (\*P <0.05) at a concentration of 1% w/v, and the control chloramphenicol was higher by 79.42 $\pm$ 0.01% (\*P <0.05), as shown in **Figure 2**. These results indicate that 50% ethanol extract of O. corniculata leaves could reduce the growth of S. aureus bacteria. This result was supported by previous research, which states that the inhibitory power of O. corniculata leaves was extreme to reduce bacterial growth with a concentration level of 40%<sup>17</sup>.



**Figure 2.** Antibacterial activity with concentration variants within 24 hours and eradication activity of *O. corniculata* leaves extract against *S. aureus* biofilm, ANOVA with p <0.05. Red: Antibacterial activity phase; Blue: Degradation phase

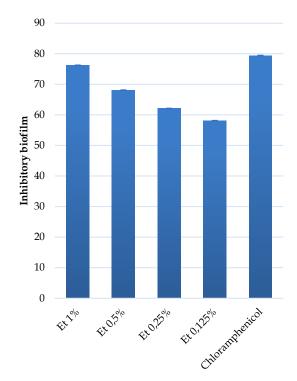
This inhibitory potential was found in the juice and decoction of *O. corniculata* leaves, and other studies have found the best concentration of ethanol extract of *O. corniculata* leaves to inhibit the growth of *S. aureus* with a concentration of 10% with an average inhibition zone diameter of 10.4 mm and the average inhibition zone diameter was 8.69 mm<sup>18</sup>. Besides that, previous studies reported that *O. corniculata* leaves could suppress the development of several bacteria, including *S. aureus, Salmonella typhi, Vibrio sp.*, and *E. coli*. This activity was due to the active chemical compound in diethyl ether extract<sup>23</sup>.

## Oxalis corniculata extract activity against S. aureus biofilm in the middle phase (24 hours)

The ethanol extract of *O. corniculata* leaves 1% w/v gives antibiofilm activity of *S. aureus* in the middle phase (24 hours) of 71.32±0.05% (\*P <0.05). In contrast, chloramphenicol was 69.32±0.05% (\*P <0.05). In the middle phase of the biofilm, the activity of the ethanol extract of *O. corniculata* leaves decreased slightly compared to its antibacterial activity. These results indicate that the decrease in antibacterial activity was caused by forming the *S. aureus* biofilm community with a solid and complex EPS matrix structure that synergizes. This process causes the activity of *O. corniculata* leaves to be unable to penetrate the EPS biofilm of cells *S. aureus*, resulting in reduced effectiveness as presented in **Figure 3**.

Biofilms are composed of microbial cell chains and EPS, which make up 50 to 90% of the total organic carbon in biofilms<sup>24</sup>. Changes in bacterial phenotype from planktonic to biofilm form increase the production of *S. aureus* toxin<sup>25</sup>. The EPS matrix in the biofilm can help cells survive longer by providing a protective layer against antibiotics<sup>26</sup>.

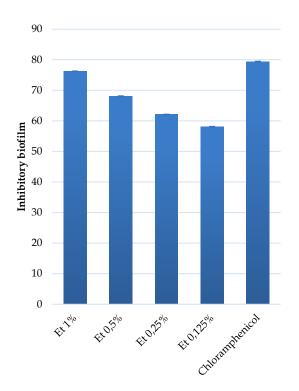




**Figure 3.** Oxalis corniculata leaves extract activity against *S. aureus* biofilm in the middle phase, with ANOVA p <0.05

# Oxalis corniculata extract activity against S. aureus biofilm in the maturation phase (48 hours)

The results provide evidence that 1% ethanol extract of O. corniculata leaves provides the antibiofilm activity of S. aureus at the 48-hour phase of 69.33% (\*P<0.05). In contrast, chloramphenicol was 67.21±0.05% (\*P<0.05), as shown in Figure 4. These results showed decreased activity compared to its activity against antibacterial and antibiofilm in the middle phase. In this phase, the biofilmforming microbes are already attached to the substrate so that the ethanol compound of O. corniculata leaves is more difficult to kill the biofilm than in the middle phase. Microbes form a strong biofilm and matrix EPS defense system in the maturation phase and establish a cell communication mechanism called quorum sensing<sup>27</sup>. This result is by the statement of Hamzah et al.28, who said that it is difficult to kill and destroy bacteria that form biofilms in the maturation phase of antibiotics.



**Figure 4.** Oxalis corniculata leaves extract activity against *S. aureus* biofilm in the maturation phase, with ANOVA p <0.05

# *Eradication activity of O. corniculata leaves extract against S. aureus biofilm*

The EPS matrix in the biofilm could help microorganism cells survive more extended than in planktonic conditions to help the microcortium of various species of microorganisms in the degradation process<sup>29</sup>. For *S. aureus* biofilm eradication activity, the general graphic pattern of antibiofilm activity decreased as the inhibitory concentration decreased. The best activity was produced at a concentration of 1% w/v, with an eradication activity of 64.1±0.05% (\*P <0.05), and the lowest biofilm eradication activity of 32.23±0.05% (\*P <0.05). In contrast, chloramphenicol was 62.89±0.05% (\*P <0.05), as presented in Figure 2.

At a concentration of 1% w/v, the ethanol extract had the highest eradication activity, but its activity was not the same as that of the antibacterial. This was since the EPS matrix produced by *S. aureus* was already very thick and abundant, so that the *O. corniculata* leaves extract was

unable to kill the biofilm protected by the EPS matrix. In addition to the EPS matrix produced, the biofilm group in this phase was neatly structured, and nutritional adequacy was always maintained, causing the effectiveness of the *O. corniculata* leaves extract to only penetrate the outside, and this also indicates that a very high dose was needed compared to the dose given to antibacterial<sup>24</sup>.

The mechanism in this phase is by forming a network of highly structured cells and synergizing between microbes in forming biofilms to produce a complete and thick composition of EPS and nutrients<sup>30,31</sup>. The more EPS produced, the thicker and complex the defense is made so that the *S. aureus* biofilm that is formed is very difficult to penetrate by antibiotics. These findings indicate that *O. corniculata* leaves extract ethanol can be developed as an antibiofilm agent. Further research can be conducted to determine the composition of the components of *O. corniculata* leaves and the mechanism of action of the ethanol extract of *O. corniculata* leaves.

### CONCLUSION

Ethanol extract from *O. corniculata* leaves can inhibit the growth of *S. aureus* biofilm and may be developed as a candidate for new antibiofilm agents against *S. aureus*.

## ACKNOWLEDGMENT

The authors would like to thank the Universitas Muhammadiyah Kalimantan Timur and the Faculty of Pharmacy, Universitas Muhammadiyah Kalimantan Timur, Samarinda, Indonesia, for the facilities and research permits that have been granted.

### **AUTHORS' CONTRIBUTION**

Hasyrul Hamzah: Research coordinator, validation of methods and results across all tests, and article writing.

Khalish Arsy Al Khairy Siregar: antibiofilm testing and article writing. Ari Nurwijayanto: sampling and plant determination. Retno Wahyuningrum: data analysis and article writing. Seftika Sari: antibacterial testing and article writing.

#### DATA AVAILABILITY

None.

#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

#### REFERENCES

- de los Santos RI, Zunino PM, Gil AD, Laport A, Hirigoyen DJ. Antibiotic resistance of Staphylococcus aureus associated with subclinical and clinical mastitis in Uruguay during an eight-year period. Austral J Vet Sci. 2017;49(3):191-4. doi:10.4067/S0719-81322017000300191
- Becker K, Heilmann C, Peters G. Coagulase-Negative Staphylococci. Clin Microbiol Rev. 2014;27(4):870-926. doi:10.1128/CMR.00109-13
- Tong SYC, Davis JS, Eichenberger E, Holland TL, Fowler Jr VG. Staphylococcus aureus Infections: Epidemiology, Pathophysiology, Clinical Manifestations, and Management. Clin Microbiol Rev. 2015;28(3):603-61. doi:10.1128/CMR.00134-14
- Wenzel RP, Edmond MB. The impact of hospitalacquired bloodstream infections. Emerg Infect Dis. 2001;7(2):174-7. doi:10.3201/eid0702.010203
- Aslam B, Wang W, Arshad MI, Khurshid M, Muzammil S, Rasool MH, et al. Antibiotic resistance: a rundown of a global crisis. Infect Drug Resist. 2018;11:1645-58. doi:10.2147/IDR.S173867
- Chambers HF, DeLeo FR. Waves of resistance: Staphylococcus aureus in the antibiotic era. Nat Rev Microbiol. 2009;7(9):629-41. doi:10.1038/nrmicro2200
- Garoy EY, Gebreab YB, Achila OO, Tekeste DG, Kesete R, Ghirmay R, et al. Methicillin-Resistant Staphylococcus aureus (MRSA): Prevalence and Antimicrobial Sensitivity Pattern among Patients – A Multicenter Study in Asmara, Eritrea. Can J Infect Dis

Med Microbiol. 2019;2019:8321834. doi:10.1155/2019/8321834

- Cong Y, Yang S, Rao X. Vancomycin resistant Staphylococcus aureus infections: A review of case updating and clinical features. J Adv Res. 2020;21:169-76. doi:10.1016/j.jare.2019.10.005
- Raut S, Bajracharya K, Adhikari J, Pant SS, Adhikari B. Prevalence of methicillin resistant Staphylococcus aureus in Lumbini Medical College and Teaching Hospital, Palpa, Western Nepal. BMC Res Notes. 2017;10:187. doi:10.1186/s13104-017-2515-y
- 10. Bhattacharya M, Wozniak DJ, Stoodley P, Hall-Stoodley L. Prevention and treatment of Staphylococcus aureus biofilms. Expert Rev Anti Infect Ther. 2015;13(12):1499-516. doi:10.1586/14787210.2015.1100533
- 11. Di Martino P. Extracellular polymeric substances, a key element in understanding biofilm phenotype. AIMS Microbiol. 2018;4(2):274-88. doi:10.3934/microbiol.2018.2.274
- 12. Gebreyohannes G, Nyerere A, Bii C, Sbhatu DB. Challenges of intervention, treatment, and antibiotic resistance of biofilm-forming microorganisms. Heliyon. 2019;5(8):e02192. doi:10.1016/j.heliyon.2019.e02192
- Jamal M, Ahmad W, Andleeb S, Jalil F, Imran M, Nawaz MA, et al. Bacterial biofilm and associated infections. J Chin Med Assoc. 2018;81(1):7-11. doi:10.1016/j.jcma.2017.07.012
- Gupta PD, Birdi TJ. Development of botanicals to combat antibiotic resistance. J Ayurveda Integr Med. 2017;8(4):266-75. doi:10.1016/j.jaim.2017.05.004
- 15. Yuan H, Ma Q, Ye L, Piao G. The Traditional Medicine and Modern Medicine from Natural Products. Molecules. 2016;21(5):559. doi:10.3390/molecules21050559
- Hamzah H, Rasdianah N, Nurwijayanto A, Nandini E. Aktivitas Ekstrak Etanol Daun Calincing terhadap Biofilm Candida Albicans. Jurnal Farmasetis. 2021;10(1):21-28. doi:10.32583/farmasetis.v10i1.1319
- 17. Winastri NLA, Muliasari H, Hidayati E. Aktivitas Antibakteri Air Perasan Dan Rebusan Daun Calincing (Oxalis corniculata L.) Terhadap Streptococcus mutans. Berita Biologi. 2020;19(2):223-30. doi:10.14203/beritabiologi.v19i2.3786

- Misharanum M, Almunawwarah SD, Helwati H, Maysarah H, Sadli S. Antimicrobial Activity Jangjingki (Oxalis corniculata L.) Against The Growth Of Staphylococcus Aureus, Escherichia Coli, and Candida Albicans. J Pharm Sci. 2021;4(1):1-11. doi:10.36490/journal-jps.com.v4i1.58
- Wijaya A. Uji Antibakteri Ekstrak Etanol Herba Calincing (Oxalis corniculata L) Terhadap Escherichia Coli dan Staphylococcus Aureus. Jurnal Ilmiah Kesehatan Iqra. 2020;8(1):19-24. doi:10.1234/jiki.v8i1.170
- 20. Golbarg H, Moghaddam MJM. Antibacterial Potency of Medicinal Plants including Artemisia annua and Oxalis corniculata against Multi-Drug Resistance E. coli. Biomed Res Int. 2021;2021:9981915. doi:10.1155/2021/9981915
- Pierce CG, Uppuluri P, Tummala S, Lopez-Ribot JL. A 96 well microtiter plate-based method for monitoring formation and antifungal susceptibility testing of Candida albicans biofilms. J Vis Exp. 2010;21(44):2287. doi:10.3791/2287
- 22. Pratiwi SUT, Lagendijk EL, Hertiani T, De Weert S, Cornellius AM, van den Hondel JJ. Antimicrobial Effects of Indonesian Medicinal Plants Extracts on Planktonic and Biofilm Growth of Pseudomonas aeruginosa and Staphylococcus aureus. Int J Pharm Pharm Sci. 2015;7(4):183-91.
- 23. Herwin H, Nuryanti S. Skrining Aktivitas Antimikroba Ekstrak Herba Belimbing Tanah (Oxalis corniculata L.) secara KLT-Bioautografi dan Difusi Agar. As-Syifaa: Jurnal Farmasi. 2012;4(1):74-81. doi:10.33096/jifa.v4i1.145
- Sharma D, Misba L, Khan AU. Antibiotics versus biofilm: an emerging battleground in microbial communities. Antimicrob Resist Infect Control. 2019;8:76. doi:10.1186/s13756-019-0533-3
- 25. Paharik AE, Horswill AR. The Staphylococcal Biofilm: Adhesins, regulation, and host response. Microbiol Spectr. 2016;4(2):0022-2015. doi:10.1128/microbiolspec.VMBF-0022-2015
- 26. Yin W, Wang Y, Liu L, He J. Biofilms: The Microbial "Protective Clothing" in Extreme Environments. Int J Mol Sci. 2019;20(14):3423. doi:10.3390/ijms20143423
- 27. Preda VG, Săndulescu O. Communication is the key: biofilms, quorum sensing, formation and prevention. Discoveries. 2019;7(3):e100. doi:10.15190/d.2019.13

- Hamzah H, Pratiwi SUT, Hertiani T. Efficacy of Thymol and Eugenol Against Polymicrobial Biofilm. Indones J Pharm. 2018;29(4):214-21. doi:10.14499/indonesianjpharm29iss4pp214
- 29. Limoli DH, Jones CJ, Wozniak DJ. Bacterial Extracellular Polysaccharides in Biofilm Formation and Function. Microbiol Spectr. 2015;3(3):0011-2014. doi:10.1128/microbiolspec.MB-0011-2014
- 30. Hamzah H, Hertiani T, Pratiwi SUT, Nuryastuti T. Efek Saponin Terhadap Penghambatan Planktonik dan Mono-Spesies Biofilm Candida albicans ATCC 10231 pada Fase Pertengahan, Pematangan dan Degradasi. Majalah Farmaseutik. 2021;17(2):198-205. doi:10.22146/farmaseutik.v17i2.54444
- 31. Pratiwi SUT, Hamzah H. Inhibition and Degradation Activity of (Sapindus rarak seeds) ethanol extract against polymicrobial biofilm. Res J Pharm Tech. 2020;13(11):5425-30. doi:10.5958/0974-360X.2020.00947.6