

# Antibacterial activity of seed kernel extracts of seven mangoes (*Mangifera indica*) cultivars native to Indonesia against MDR-*Pseudomonas aeruginosa* isolated from wounds

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**Abstract.** Prastiyanto ME, Darmawati S, Mukaromah AH. 2022. In vitro evaluation of the antibacterial activity of seed kernel extracts of seven mangoes (*Mangifera indica*) cultivars native to Indonesia against MDR-*Pseudomonas aeruginosa* isolated from wounds. *Biodiversitas* 23: 5629-5637. *Pseudomonas aeruginosa* is the most common bacterium causing wound infections, with the most common solution being antibiotics. However, excessive and inappropriate use of antibiotics will lead to the emergence of multi-drug resistant (MDR) bacterial strains. Therefore, natural ingredients are needed as alternative antibacterial agents. This study aimed to determine the antibacterial activity of seed kernel extracts from seven cultivars of mango (*Mangifera indica*) from Indonesia, i.e., Cengkir, Kopyor, Golek, Kweni, Avocado, Arumanis, and Manalagi, against MDR-*P. aeruginosa* bacteria isolated from wounds. The agar well diffusion method was carried out to determine the inhibition zone, and the microdilution method was used to determine the MIC and MBC values. The results showed that the seed kernel extracts of seven cultivars of mangoes had antibacterial activity against MDR-*P. aeruginosa*. Of the seven mango cultivars, Kweni cultivar seed kernel extracts demonstrated the lowest MIC and MBC values of  $\geq 0.75$  mg/mL and  $\geq 12.5$  mg/mL. This study concludes that Kweni cultivar seed kernel extracts have the potential to be developed as agents of anti-MDR-*P. aeruginosa* causes wound infection.

**Keywords:** *Mangifera indica*, MDR, *Pseudomonas aeruginosa*, seeds, wounds

## INTRODUCTION

A wound is a condition in which the extracellular matrix (ECM) is damaged, resulting in the loss of the skin's protective function, with or without damage to underlying tissues (muscle, bone, and blood vessels). Wounds are caused by trauma to the skin from sharp objects or collisions. Wounds are also instigated by lacerations of membranes, most commonly the skin. Microorganisms can invade and multiply through an open wound (Nasser et al. 2018). In chronic wounds, bacteria are associated with multiple species, causing virulent tissue damage. *Pseudomonas*, *Staphylococcus*, *Enterobacter*, *Peptoniphilus*, *Stenotrophomonas*, *Serratia*, and *Finexgoldia* are commonly found in wounds (Rahim et al. 2016). A previous study by Puca et al. (2021) reported that the wound samples examined contained Gram-negative bacteria (57%) and Gram-positive bacteria (36.6%). The Gram-positive bacteria include *Staphylococcus aureus* (79.4%), while the Gram-negative bacteria comprise *Escherichia coli* (20.7%), *Pseudomonas aeruginosa* (40.2%), *Acinetobacter baumannii/haemolyticus* (9.5%), and *Proteus mirabilis* (11.2%). *P. aeruginosa* is the most commonly found among the Gram-negative bacteria that

infect wounds. *Pseudomonas aeruginosa* is an opportunistic pathogenic bacteria widely distributed in nature (Moradali et al. 2017). These bacteria can form biofilms on wounds, a major public health concern. Biofilms are communities or colonies of bacteria that grow together on the extracellular matrix (ECM), a fundamental structural component of the bacterial community that serves as a protective barrier (Ma et al. 2009). *Pseudomonas aeruginosa* colonization can result in acute skin or wound infections (Bassetti et al. 2018). The bacteria are known to infect wounds (Smolle et al. 2018). The mortality rate of patients with wounds infected with *P. aeruginosa*, particularly MDR bacteria, is higher than that of patients with uninfected wounds (Branski et al. 2009).

Antibiotics are commonly used to treat wounds. Common antibiotics used in wound care include macrolides,  $\beta$  lactams, tetracycline, fluoroquinolones, and aminoglycosides (Tzaneva et al. 2016). Antibiotics play a role in suppressing bacterial growth, but overuse of antibiotics causes systemic damage (Everts 2017). In addition, excessive and uncontrolled antibiotic use resulted in MDR bacterial strains. Therefore, alternative antibacterial sources from natural ingredients are needed. Natural antibacterial sources comprise marine

microorganisms (Prastiyanto et al. 2022), lactic acid bacteria (Lestari et al. 2019), mushrooms (Prastiyanto et al. 2020a), fruit (Prasnto et al. 2020c), seeds (Prastiyanto 2021), and latex (Prastiyanto et al. 2020b). Plants are the most common and potential antibacterial agents from natural sources of antibacterial agents (Prastiyanto et al. 2021), one of which is mango.

Mango (*Mangifera indica* L.) belongs to the *Anacardiaceae* family of the order *Sapindales*, an economically important tropical fruit plant, a source of traditional medicine (Kumar et al. 2021; Ghosh et al. 2022). In 2018, the global mango production was 55.4 million tonnes, with India, China, Thailand, and Indonesia leading the production (Kumar et al. 2021). There are over 1000 mango cultivars available worldwide, but only a few are traded.

Mango cultivars from various countries have been reported to have antibacterial properties. For example, a previous study showed that the Malaysian Chokanan mango seed methanol extract had antibacterial activity against Methicillin-Resistant *Staphylococcus aureus* (MRSA) and *Escherichia coli* (Kaur et al. 2010). Another study showed that ethanol and methanol extracts of Sudanese mango seed cultivars had good inhibitory activity against almost all tested strains, i.e., *Bacillus cereus*, *Citrobacter freundii*, *Escherichia coli*, *Listeria monocytogens*, *Mycobacterium senegalense*, *Salmonella typhi*, *Shigella flexneri*, *Staphylococcus aureus*, *Yersinia enterocolitica* (El-Gied et al. 2012). However, there has been limited research on the antibacterial properties of Indonesian mango cultivars. This present study attempted to fill the research gap by evaluating the antibacterial activity of seven mango cultivars (Cengkir, Kopyor, Golek, Kweni, Avocado, Arumanis, and Manalagi) originated from Indonesia against MDR *P. aeruginosa* isolated from wounds.

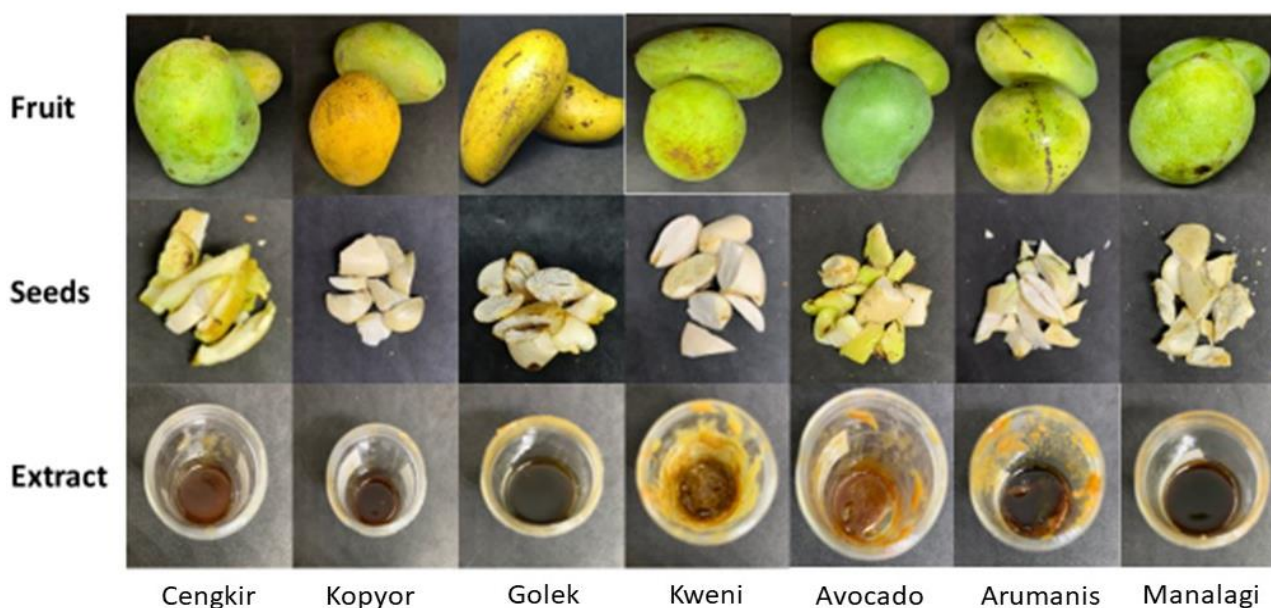
## MATERIAL AND METHODS

### Collection and extraction of mango seeds

Seeds of mango cultivars of Cengkir, Kopyor, Golek, Kweni, Avocado, Arumanis, and Manalagi, were collected from local markets (Semarang, Central Java, Indonesia) (Figure 1). First, the mango seeds were washed and sun-dried for seven days. Then, the dried seeds were soaked in a 96% ethanol solution at a 1:3 ratio at room temperature for 24 hours. The ethanol solvent was changed every 24 hours until the solution became clear, indicating that the bioactive components had been extracted in ethanol. The supernatant was filtered using Whatman paper No. 1, and the filtrate was concentrated with a rotary evaporator at 40°C.

### Isolation of *Pseudomonas aeruginosa* from wounds

*Pseudomonas aeruginosa* isolates were obtained from wound samples from patients at Tugurejo Hospital in Semarang, Indonesia. The bacteria were cultured using MacKonkey agar media and incubated at  $35 \pm 2^\circ\text{C}$  for 24 hours. The colonies were non-lactose fermenters selected using positive catalase and oxidase testing. Vitek®MS was used for bacterial identification and susceptibility testing (Prastiyanto 2021). The following antibiotics used as positive controls were AMP (Ampicillin), TZP (Piperacillin-tazobactam), SAM (Ampicillin-sulbactam), CAZ (Ceftazidime), CFZ (Cefazolin), FEP (Cefepime), CRO (Ceftriaxone), ATM (Aztreonam), TGC (Tigecycline), MCA (Amikacin), CIP (Ciproflox), MEM (Meropenem), and GEN (Gentamicin). MDR-*P. aeruginosa* determination was based on the Clinical Laboratory Standard Institute (CLSI) of M100-S25 (CLSI 2020).



**Figure 1.** Fruit, seeds, and extracts of seven mango cultivars

## The anti-MDR activity against *Pseudomonas aeruginosa* from mango seed extracts

### Agar well diffusion

Agar well diffusion assay was used to evaluate the antibacterial activity of mango seed extracts against MDR-*P. aeruginosa* (Prastiyanto 2021). MDR-*P. aeruginosa* isolates from patient wounds were cultured on a blood agar plate and then incubated for 24 hours at  $35 \pm 2^\circ\text{C}$ . All bacterial isolates were standardized with 0.5 McFarland ( $1.5 \times 10^8$  CFU/mL). Each isolate was inoculated on Muller Hilton agar (MHA) media using a sterile cotton swab, 10 minutes incubation. The MHA media was perforated using a cork borer (0.5 cm in diameter). Four holes were made for each concentration (0.1 mg/mL, 1 mg/mL, 10 mg/mL, and 100 mg/mL). The extract was dissolved in Dimethyl sulfoxide (DMSO). Then, 100  $\mu\text{L}$  of the extract was added to each well, followed by incubation at a temperature of  $35 \pm 2^\circ\text{C}$  for 16-20 hours. The antibiotics used were Ampicillin (AMP) (10  $\mu\text{g}$ ), ceftriaxone (CTR) (30  $\mu\text{g}$ ), Tigecycline (TGC) (15  $\mu\text{g}$ ), Nitrofurantoin (NIT) (300  $\mu\text{g}$ ), Trimethoprim (TMP) (25  $\mu\text{g}$ ), Gentamicin (GEN) (10  $\mu\text{g}$ ), Meropenem (MEM) (10  $\mu\text{g}$ ), and Ciprofloxacin (CIP) (5  $\mu\text{g}$ ).

### Minimum Inhibitory Concentration (MIC)

The microdilution method used Mueller Hilton Broth (MHB) media added with 0.05% 2,3,5-Triphenyltetrazolium chloride on a microwell plate to determine the MIC (Prastiyanto 2021). First, MHB (100  $\mu\text{L}$ ) was added to each well, and 100  $\mu\text{L}$  of the extract was supplemented to the first well, then serial dilutions were made up to the 12<sup>th</sup> well. After that, 10  $\mu\text{L}$  of MDR *P. aeruginosa* was added to each well, then incubated for 18-20 hours at  $35 \pm 2^\circ\text{C}$ . The MIC value was observed by the presence of the color change on the microwell plate. The lowest MIC value of the extract was indicated as the best antibacterial activity.

### Minimum Bactericidal Concentration (MBC)

Wells on MIC were subcultured on Blood Agar Plate (BAP) media and then incubated at  $35 \pm 2^\circ\text{C}$  for 16-20 hours. The MBC value was determined by observing the growth of bacteria on BAP media. The MBC value was determined as the lowest concentration at which MDR-*P. aeruginosa* is unable to grow (Prastiyanto 2021).

### Phytochemical screening of the extract

Phytochemical analysis (triterpenoids, steroids, flavonoids, alkaloids, phenolates, tannins, and saponins) of the crude extracts of mango seeds was carried out using previously described methods (Eve et al. 2020).

## RESULTS AND DISCUSSION

### MDR-*Pseudomonas aeruginosa* from wound

MDR-*P. aeruginosa* bacteria were isolated from the wounds and tested for their susceptibility to several antibiotics. The susceptibility test showed that the isolated bacteria were MDR *P. aeruginosa* (Figure 2) because it

was resistant to at least three or more classes of antibiotics. MDR-*P. aeruginosa* strain #1 showed resistance to penicillins (Ampicillin, Piperacillin-tazobactam, and Ampicillin-sulbactam), cephalosporins (Ceftazidime, Ceftriaxone, and Cefazolin), Monobactam (Aztreonam), carbapenems (Meropenem), aminoglycosides (Amikacin), fluoroquinolones (Amikacin), (ciprofloxacin) and glycylicycline (Tigecycline). The MDR-*P. aeruginosa* strain #2 was resistant to the following classes of antibiotics: penicillins (Piperacillin-tazobactam and Ampicillin-sulbactam), cephalosporins (Ceftriaxone and Ceftazidime), Monobactam (Aztreonam), carbapenems (Meropenem), aminoglycosides (Amikacin), fluoroquinolones (ciprofloxacin) and glycylicycline (Tigecycline). MDR-*P. aeruginosa* strain #3 was resistant to the following antibiotics: penicillins (Ampicillin-sulbactam, Ampicillin, and Piperacillin-tazobactam), cephalosporins (Ceftriaxone, Ceftazidime, and Cefazolin), Monobactam (Aztreonam), carbapenems (Meropenem), aminoglycosides (Amikacin), fluoroquinolones (ciprofloxacin) and glycylicycline (Tigecycline). MDR-*P. aeruginosa* strain #4 was resistant to cephalosporins (Ceftriaxone, Ceftazidime, and Cefazolin), Monobactam (Aztreonam), carbapenems (Meropenem), aminoglycosides (Gentamicin, Amikacin), fluoroquinolones (ciprofloxacin) and glycylicycline (Tigecycline). *Pseudomonas aeruginosa* is a bacterium commonly found in wounds (Nagoba et al. 2013).

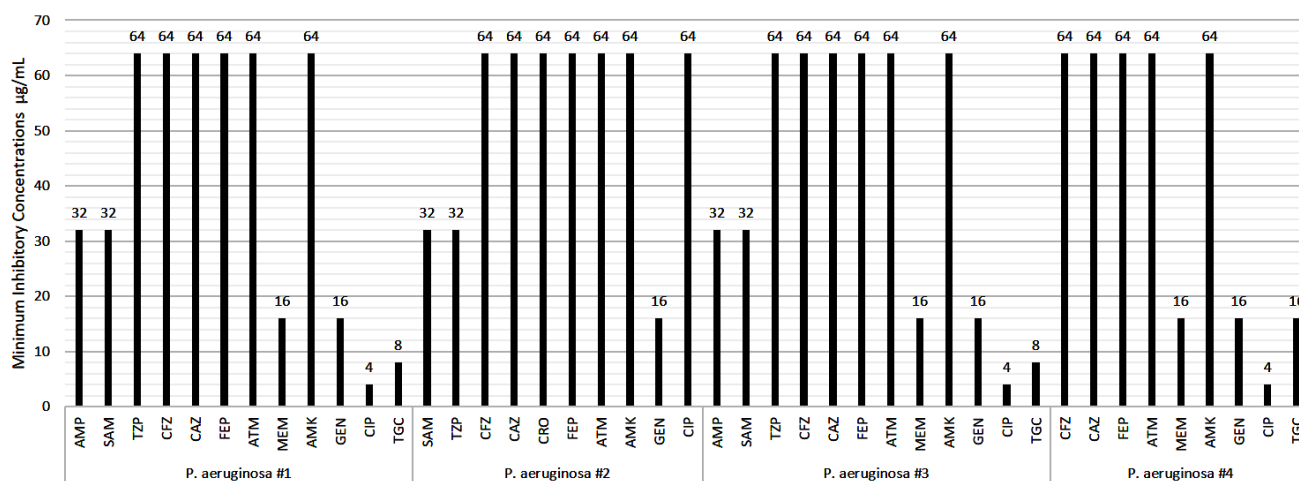
The results of this study revealed that four bacterial isolates from the wound samples containing *P. aeruginosa* were resistant to penicillin, cephalosporin, monobactam, and carbapenem; therefore, *P. aeruginosa* produced extended-spectrum beta-lactamase (ESBL). In addition, the four isolated strains were carbapenem-resistant *P. aeruginosa* (CRPA) strains. ESBL-*P. aeruginosa* is the main cause of wound infection (Ullah et al. 2009).

### Extract yields

The yield of ethanol extract from seven cultivars of mangoes (Cengkir, Kopyor, Golek, Kweni, Avocado, Arumanis, and Manalagi) was presented in Table 1. The extract yield of the Kweni cultivar was higher than the other six cultivars, indicating that the Kweni cultivar contained phytochemicals (with relatively polar constituents) that are more soluble in ethanol. In addition, ethanol solvent produced extracts with better antibacterial potential than other solvents (Prastiyanto et al. 2020c).

**Table 1.** The extract yields of seed kernel of seven cultivars of mango (*Mangifera indica*)

Cultivar	Yield (%)
Cengkir	11.86
Kopyor	25.35
Golek	28.31
Kweni	33.87
Alpukat	31.33
Arumanis	23.51
Manalagi	22.22



**Figure 2.** Susceptibility test of several antibiotics against *P. aeruginosa* isolated from wounds. AMP: Ampicillin; SAM: Ampicillin-sulbactam; TZP: Piperacillin-tazobactam; CFZ: Cefazolin; CAZ: Ceftazidime; CRO: Ceftriaxone; FEP: Cefepime; ATM: Aztreonam; MCA: Amikacin; MEM: Meropenem; CIP: ciprofloxacin, GEN: Gentamicin; TGC: Tigecycline

### The antibacterial activities assay

#### Agar well diffusion assay

The antibacterial activity of the extract of mango seed kernels was evaluated using the agar well diffusion assay method against MDR-*P. aeruginosa* from wounds. The results showed that the extracts of seven mango cultivars had inhibitory zones (Figure 3), indicating the presence of antibacterial activity against MDR-*P. aeruginosa*. The inhibitory zones of mango seed extracts at concentrations of 0.1 mg/mL, 1 mg/mL, 10 mg/mL, and 100 mg/mL against four MDR-*P. aeruginosa* isolates from wound samples and *P. aeruginosa* ATCC 9027 were presented in Figure 4. This figure showed that seven mango seed extracts had antibacterial activity against MDR-*P. aeruginosa* wound isolates and the antibacterial activity from the extract of seven mango cultivars against MDR-*P. aeruginosa* was directly proportional to the extract concentrations. The inhibition zone of extracts at a concentration of 0.1 mg/mL ranging from  $6.0 \pm 0.0$  mm to  $11.90 \pm 0.16$  mm. The inhibition zone of extracts at a concentration of 1 mg/mL ranging from  $11.00 \pm 0.0$  mm to  $17.30 \pm 0.19$  mm, while a concentration of 10 mg/mL had the diameter of the inhibition ranging from  $18.00 \pm 0.11$  mm to  $28.20 \pm 0.16$  mm. Extract concentration of 100 mg/mL had the diameter of the inhibition zone ranging from  $19.75 \pm 0.43$  mm to  $30.63 \pm 0.39$  mm. *Pseudomonas aeruginosa* isolates had no inhibitory zones to the following antibiotics: ceftriaxone (CTR) (30 µg), Ampicillin (AMP) (10 µg), Tigecycline (TGC) (15 µg), Nitrofurantoin (NIT) (300 µg), Trimethoprim (TMP) (25 µg), Gentamicin (GEN) (10 µg), Meropenem (MEM) (10 µg), and ciprofloxacin (CIP) (5 µg). Extracts of seven mango cultivars had wider inhibitory zones than the control antibiotics.

The results of the antibacterial activity by the agar well diffusion assay showed that seed extracts of the seven mango cultivars (Cengkir, Kopyor, Golek, Kweni, Avocado, Arumanis, and Manalagi) had the potential as antibacterial agents against 4 MDR-*P. aeruginosa* bacteria isolated from wounds. The inhibitory zone of these extracts

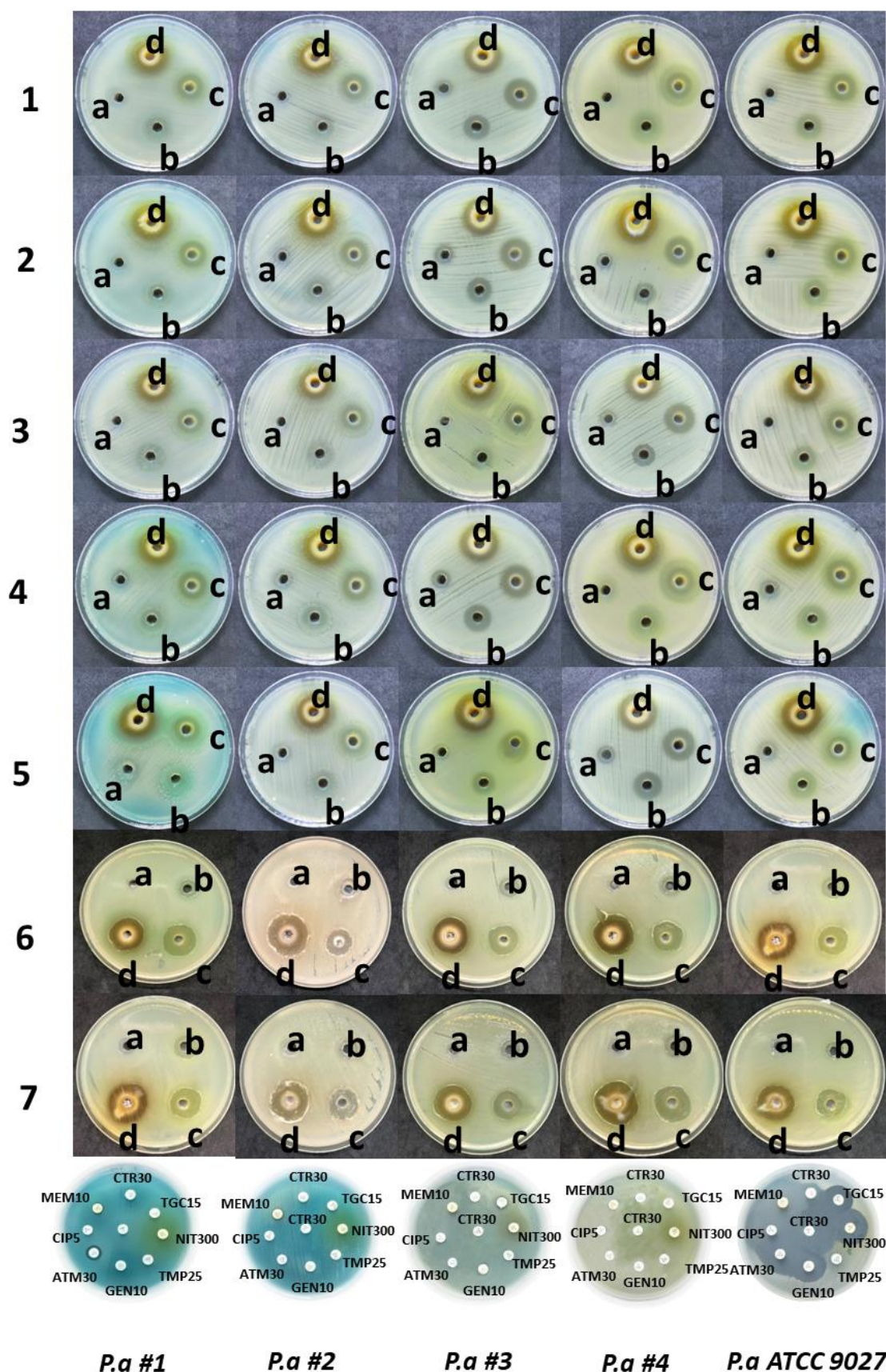
ranges from  $6.00 \pm 0.00$  mm to  $30.63 \pm 0.39$  mm, which is larger than previous studies. The inhibition zone diameter of mango seed kernel extract of Apple and Sabine cultivars from Kenya against *Escherichia coli* at a concentration of 100% ranges from 19.3 and 17.3 mm (Mutua et al. 2017). The study on Julie mango and John mango cultivars from Makurdi, Nigeria, against *P. aeruginosa* showed that the hexane extract of Julie mango cultivar seeds at a concentration of 100 mg/mL showed a diameter of inhibition of  $6.67 \pm 0.58$ . In comparison, extract hexane of John mango cultivars at a concentration of 100 mg/mL showed a diameter of  $7.76 \pm 01.00$  mm against *P. aeruginosa* (Mutua et al. 2017).

Another study reported that mango seed methanol extract from Sudan at a concentration of 5 mg/mL had an inhibition zone of 6 mm against *P. aeruginosa* ATCC 27853 (El-gied et al. 2012). In addition, the MDR strain of *P. aeruginosa* was used in this study, while the previous study used the standard strain. The ethanol extract was more likely to be chosen as a solvent in the further study because methanol is risky due to its high toxicity.

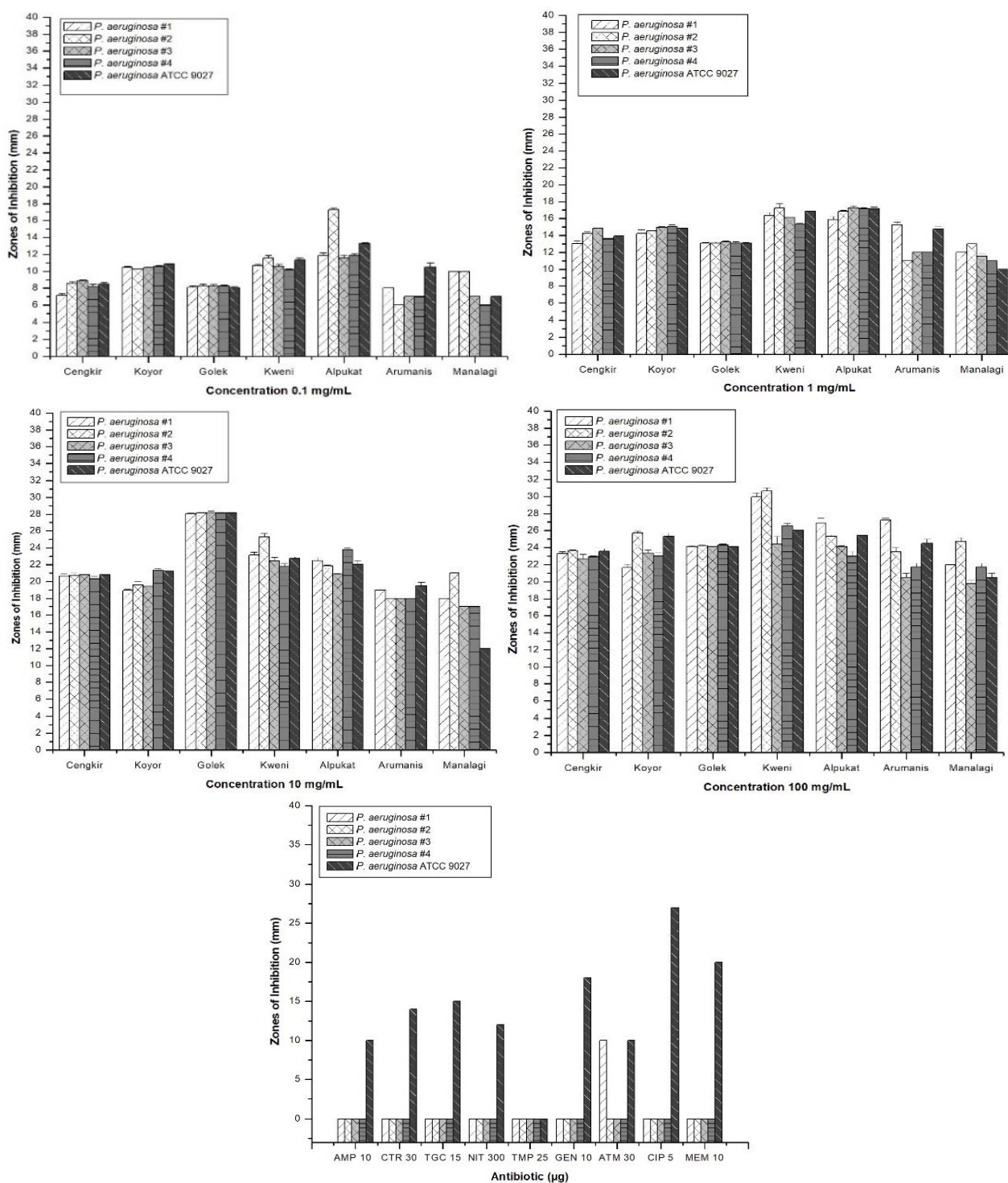
#### Determination of Minimum Inhibitory Concentration (MIC) and Minimum Bactericidal Concentration (MBC)

The microdilution method using a microwell plate was used to determine the MIC and MBC values (Prastianto 2021). The pathogenic bacteria can be in direct contact with the extract in the dilution assay, so it does not depend on the diffusion properties of the material and media being tested (Estrela et al. 2001). In the serial micro dilutions, the MIC value was determined as the extract's lowest concentration, which had antibacterial properties. In this study, the MIC and MBC values of seed kernel extract from seven mango cultivars ranged from  $\geq 0.75$  to  $\geq 25$  mg/mL dan  $\geq 12.5$  to  $\geq 50$  mg/mL, respectively (Table 2). It is the first study that evaluates the antibacterial activity of seed kernel extracts of mango cultivars native to Indonesia against MDR-*P. aeruginosa* isolated from wound, as well as qualitative screening for phytochemical content.





**Figure 3.** The inhibition zones of the extracts of seed kernels of seven mangoes (*Mangifera indica* L) cultivars; 1: Cengkir, 2: Kopyor, 3: Golek, 4: Kweni, 5: Avocado, 6: Arumanis, 7: Manalagi (mg/mL) against MDR *Pseudomonas aeruginosa* (P.a); a: 0.1 mg/mL, b: 1 mg/mL, c: 10 mg/mL, d: 100 mg/mL; Ampicillin (AMP) (10 µg), ceftriaxone (CTR) (30 µg), Tigecycline (TGC) (15 µg), Nitrofurantoin (NIT) (300 µg), Trimethoprim (TMP) (25 µg), Gentamicin (GEN) (10 µg), Meropenem (MEM) (10 µg), and Ciprofloxacin (CIP) (5 µg)



**Figure 4.** The diameters of the inhibition zones of seed kernels extracts of seven mangoes (*Mangifera indica*) cultivars from Indonesian

**Table 2.** The MIC and MBC values of seed kernel extracts of seven mangoes (*Mangifera indica*) cultivars against MDR-*P. aeruginosa*

MDR- <i>P. aeruginosa</i>	Seed kernel extracts of seven mangoes ( <i>Mangifera indica</i> . L) cultivars													
	Cengkir		Kopyor		Golek		Kweni		Avocado		Arumanis		Manalagi	
	MIC	MBC	MIC	MBC	MIC	MBC	MIC	MBC	MIC	MBC	MIC	MBC	MIC	MBC
1	≥1.56	≥50	≥12.5	≥25	≥1.56	≥25	≥0.75	≥12.5	≥1.56	≥25	≥25	≥50	≥1.56	≥50
2	≥1.56	≥50	≥12.5	≥25	≥1.56	≥25	≥0.75	≥12.5	≥1.56	≥25	≥25	≥50	≥1.56	≥50
3	≥1.56	≥50	≥12.5	≥25	≥1.56	≥25	≥0.75	≥12.5	≥1.56	≥25	≥25	≥50	≥1.56	≥50
4	≥1.56	≥50	≥12.5	≥25	≥1.56	≥25	≥0.75	≥12.5	≥1.56	≥25	≥25	≥50	≥1.56	≥50
ATCC	≥1.56	≥50	≥12.5	≥25	≥1.56	≥25	≥0.75	≥12.5	≥1.56	≥25	≥25	≥50	≥1.56	≥50



The seed kernel extracts of the Kweni mango cultivar demonstrated better antibacterial activity than the other six mango cultivars, as indicated by lower MIC value against MDR-*P. aeruginosa* strains (Table 2). A previous study by Dzutam and Kuete (2017) reported that ethanol mango leaves extract had Antibacterial activities against *P. aeruginosa* PA01 and *P. aeruginosa* PA124 with a MIC value of 1.024 mg/mL. In this study, it was shown that the extracts of seed kernels of the Kweni mango cultivar had better antibacterial activity against MDR-*P. aeruginosa* with lower MIC and MBC values ( $\geq 0.75$  mg/mL and  $\geq 12.5$  mg/mL).

Another study reported the Antibacterial potential of seed extracts of the Fahlun mango cultivar from Thailand against MRSA had an inhibitory zone of  $10.61 \pm 1.25$  mm to  $16.85 \pm 1.94$  mm at a concentration of 0.625 mg/disc to 5.00 mg/disc, with a MIC value of  $0.47 \pm 0.00$  mg/disc and MBC value of  $1.83 \pm 0.79$  mg/mL (Jiamboonsri et al. 2011). These results revealed that the antibacterial activity of mango seed extract was more effective against Gram-positive (MRSA) than Gram-negative (MDR-*P. aeruginosa*). These results align with studies by Mutua et al. (2017) that mango kernel extract has better growth inhibition against *S. aureus* than *Escherichia coli*. It relates to tannins and flavonoid content in the extract. The differences in the ability to inhibit the growth of Gram-negative and Gram-positive bacteria are due to the differences in their cell walls. According to Huang et al. (2018), the low susceptibility of Gram-negative toward antibacterial agents is due to the presence of lipopolysaccharide in the membrane, which makes it more resistant.

#### *The qualitative phytochemical screening of the seed extract of seven mango cultivars*

The phytochemical screening of the ethanol extract of seven mango cultivars includes the contents of triterpenoids, steroids, flavonoids, alkaloids, phenolics, tannins, and saponins (Table 3). The results revealed that all seven mango cultivars' seed extracts contained flavonoids, alkaloids, phenolics, tannins, and saponins, but no steroids were detected in the extracts. Furthermore, triterpenoid compounds were only found in Kweni cultivars. A study by Somkuwar and Kamble (2013) showed the ethanol extract of mango seed kernels contained alkaloids, saponins, tannins, and flavonoids. Meanwhile, another study by El-gied et al. (2012) showed that the ethanol extracts of mango seeds contained saponins, triterpenes, and steroids but did not contain tannins or alkaloids. The geographic location of growth strongly influences differences in the phytochemical content of mango seed extracts. Yadav et al. (2022) highlighted that the geographical location of growth affects its phytochemical content.

This study did not evaluate the antibacterial activity of any phytochemical content of the extract against the test bacteria. However, based on previous studies, several phytochemicals have Antibacterial activity. For example, flavonoid and phenolic compounds have potent antibacterial properties. The flavonoid compounds inhibit the formation of bacterial cell walls and cause cell lysis (Royani et al. 2022). Mango seeds have been reported to have a large number of phenolic families. Polyphenols found in mango seeds include cyanidin, mangiferin gallate, homomangiferin, isomangiferin, isomangiferin gallate, and rhamnetin 3-O galactoside/glucoside (Tirado-kulieva et al. 2021).

This study revealed that mango seed extract contains tannins; the most abundant tannin derivatives in mango are gallotannins (Kim et al. 2021). Galotannins extracted from mango seed kernels have antibacterial activity against *S. aureus* and *E. coli* (Engels et al. 2009). The compounds trap proteins on the bacterial surface, causing cell dysfunction (Luís et al. 2014). Alkaloids are one of the largest and most diverse phytochemical groups with antibacterial properties. Plants with high alkaloid content exhibit effective antibacterial properties. Alkaloids extracted from *Callistemon citrinus* leaves showed antibacterial activity against *P. aeruginosa* (ATCC 27853). The mode of action of alkaloids as antibacterial was by inhibiting ATP-dependent transport of compounds across bacterial cell membranes (Mabhiza et al. 2016). Saponins were also found in all mango cultivars. The mechanism of saponins as antibacterials is to lower the surface tension of bacterial cells, which results in increased permeability and cell leakage, which cause the release of intracellular compounds (Khan et al. 2018).

Terpenoids belong to the class of lipid compounds. Mangoes have been reported to contain several terpenoids, including terpinolene, ocimene, careen, myrcene, or limonene (Hernández-Sánchez et al. 2001). Of the seven cultivars of mangoes, Kweni showed positive results of terpenoid compounds. According to Lalel et al. (2003), terpenoid compounds are responsible for the aroma of mangoes. Therefore, it was identified that the Kweni cultivar had a strong aroma among the tested mango cultivars. The study did not identify the inhibition mechanism of terpenoid derivatives against pathogenic bacteria. However, previous studies reported that terpenoids could inhibit two important processes for bacterial survival and hinder oxygen uptake and oxidative phosphorylation of bacteria (Griffin et al. 1999). Because *P. aeruginosa* is an obligately aerobic bacterium, oxygen absorption is critical for producing energy for growth. Furthermore, oxidative phosphorylation is the process that causes cellular respiration in the cytoplasmic membrane. Thus, the interaction of terpenoids alters cellular respiration, resulting in the release of oxidative phosphorylation in bacteria (Zengin and Baysal 2014).

**Table 3.** Phytochemical content of seven mango cultivars from Indonesia

Seed Extract	Phytochemical test						
	Triterpenoids	Steroids	Flavonoids	Alkaloids	Phenolics	Tannins	Saponins
Cengkir	-	-	+	+	+	+	+
Kopyor	-	-	+	+	+	+	+
Golek	-	-	+	+	+	+	+
Kweni	+	-	+	+	+	+	+
Avocado	-	-	+	+	+	+	+
Arumanis	-	-	+	+	+	+	+
Manalagi	-	-	+	+	+	+	+

In conclusion, the results of the susceptibility test of *P. aeruginosa* bacteria from wound samples to antibiotics have ascertained that all of the bacteria are MDR-*P. aeruginosa* strains. The antibacterial activity in-vitro results against MDR-*P. aeruginosa* isolated from wounds showed evidence that all seven mango cultivars' seed kernel extracts have Antibacterial activity against MDR-*P. aeruginosa*. The seed extracts of the Kweni mango cultivar demonstrated greater antibacterial activity than the other six cultivars tested. Thus, seed kernel extracts of Kweni mango cultivars might be the most effective sources of antibacterials.

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