



RESEARCH PAPER

OPEN ACCESS

Exploring antifungal activities of *Rhazya stricta* and *Azadirachta indica* leaves against human black fungus

Nagwa T. Elsharawy^{*1,2}, Afra Mohammed Baghdadi³, Amna A. Saddiq⁴, Ravi Naidu^{5,6}

¹Department of Movement Science & Health, College of Sport Science, University of Jeddah, Jeddah, Saudi Arabia

²Department of Food Hygiene, Faculty of Veterinary Medicine, New Valley University, Egypt

³University of Jeddah, Collage of Science, Department of Biology, Jeddah, Saudi Arabia

⁴University of Jeddah, College of Sciences and Art Khulais, University of Jeddah, Jeddah, Saudi Arabia

⁵Global Centre for Environmental Remediation (GCER), College of Engineering Science and Environment, The University of Newcastle, Callaghan, NSW, Australia

⁶Cooperative Research Centre for Contamination Assessment and Remediation of the Environment (CRC CARE), ATC Building, The University of Newcastle, Callaghan, NSW, Australia

Article published on May 11, 2024

Key words: Leaf extracts, Antimicrobial agents, GC-MS, SARS-CoV-2, Electron microscope, Gas chromatography

Abstract

Mucormycosis or black fungus infection originates from Mucor which belong to Mucorales order of fungi. At present mucormycosis spread vastly attacks human beings. Immunosuppressive glucocorticoid drugs are used widely in SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2). These article aimed to discover antifungal therapies using medicinal plants has increased for the following reasons: 1- The richness of plant flora in Saudi Arabia and the low knowledge in the use of medicinal plants, 2- the 2030 vision of Saudi Arabia's mutual interest in medicinal plants using *Rhazya stricta* and *Azadirachta indica*, were collected during January 2021 from saline soil, Plant Extraction using; methanol (70%), and distilled water, GC-MS analysis, then antifungal activity were examined, and observe the extraction effect on the fungus cell by Electron microscope. Results declared that the aqueous and methanolic leaf extracts of *R. stricta* and *A. indica* possess efficient antimicrobial effects against the test bacterial strains, particularly the methanolic extracts.

*Corresponding Author: Nagwa T. Elsharawy ✉ dr.nagwa2004@yahoo.com

Introduction

Mucormycosis is the third aggressive fungal disease after the candidiasis and aspergillosis (Reid and Lynch, 2020). Mucormycosis or black fungus infection originates from Mucor which belong to Mucorales order of fungi (Riley *et al.*, 2016). Mucorales order has 150 genera and 250 species. They are saprophytic species which grow on dead organic material and few species are parasitic in nature. These types of fungus are also known as black molds because of the presence of black spores. The mycelium is profusely branched aseptate. At present mucormycosis spread vastly attacks human beings. Widespread uses of immunosuppressive drug glucocorticoids in SARS-CoV-2 (severe acute respiratory syndrome coronavirus-2) treatment caused secondary bacterial and fungus infections leads to higher fatality among the COVID-19 (coronavirus disease-2019) patients (Ibrahim *et al.*, 2012; Skiada *et al.*, 2020 and Hernández *et al.*, 2021). SARS-CoV-2 infection damages the lungs and other vital organs (Chakrabarti and Dhaliwal, 2013; Ruhnke *et al.*, 2015; Prakash *et al.*, 2019). Additionally, the immune system of the host may be suppressed due to use of glucocorticoids, an immunosuppressive drug (Roden *et al.*, 2005; Saegeman *et al.*, 2010). To combat the situation of current pandemic COVID-19, the Governments taken strict action by posing the lockdown in different phases, which was a challenge for the society, education, industry, and economy as well (Mehta and Pandey, 2020; Sharma *et al.*, 2021). Presence of black fungus mostly infects sinuses and nose although it can be evident in the lungs. After the common site the spores spread to eyes and brain causing blindness and headache respectively. Black fungus enters the body through skin injury mediated by burnt, cut and scrape. Rhinocerebral (brain & sinus), disseminated mucormycosis, lung mucormycosis, gastrointestinal mucormycosis and cutaneous mucormycosis are the types of mucormycosis (Choudhary, *et al.*, 2021 and Vasudevan *et al.*, 2021).

In the background of the COVID-19 pandemic, an invasive fungus, mucormycosis has also set its foot in,

worsening the scenario. Mucormycosis is an opportunistic angio-fungal infection predominantly occurring in subjects with low immunity, which can turn fatal. It is a severe but uncommon systemic mycosis caused by Mucor or Rhizopus species of Mucoraceae family. This disease, which is most prevalent in the tropical regions, is more pronounced in Asia, leading among them. The sudden rise in cases in the background of COVID-19 due to multitudinous reasons and the high mortality rate, despite appropriate therapies, has created panic among the public as well as the health-care system (Kasimadom, 2021).

Many indoor and outdoor biotic environments, with almost food items, offering all the growth element of Mucorales (Richardson *et al.*, 2020). Outdoor habitat such as soil considered the Mucorales major habitat. *Rhizopus* spp. and *Mucorales* spp. are hydrophilic which required a high moisture for growth (Caetano *et al.*, 2018). A variety of *Mucorales* spp. (*Syncephalastrum*, *Lichtheimia*, and *Rhizopus*) has also been found in food items including; Mucorales-contaminated food items which mainly affected immunocompromised individuals (Richardson, 2009; Mousavi *et al.*, 2018; Chandley *et al.*, 2022).

The medicinal plants discovered new methods of treatment, which have higher economic value and fewer side effects, has become particularly important worldwide (Aware *et al.*, 2022; Jităreanu *et al.*, 2023; Tnah *et al.*, 2019). These valuable biological resources to discover antifungal therapies using medicinal plants has increased for the following reasons: 1- The richness of plant flora in Saudi Arabia and the low knowledge in the use of medicinal plants, 2- the 2030 vision of Saudi Arabia's mutual interest in medicinal plants (Alharbi, 2017).

Rhazya stricta is one of Apocynaceae family and the Rauwolfioideae subfamily. This species is distributed and has been used as a drug to many diseases in; Qatar, India, Pakistan, Afghanistan, Iran, Iraq, and Saudi Arabia (Khan *et al.*, 2016; Fazeli-Nasab *et al.*,

2021). *R. stricta* (known in Saudi Arabia as harmful) is a poisonous, erect shrub small, evergreen, with hairless leaves (Ribeiro-Santos *et al.*, 2018; Shehzad *et al.*, 2018).

R. stricta and *A. indica* metabolites' containing many effective compounds which can be used as treatment a lot of dangerous diseases like; hypertension, syphilis, cancer, rheumatism, skin diseases, sore throat, and fever. Many studies have declared that different parts of *R. stricta* had several phytochemical elements such as flavonoids, terpenes, and alkaloids. Research on *R. stricta*, a plant native to Asia, has shown that it has a number of healing properties. Antimicrobial activity of different concentrations of five solvent extracts, i.e. alkaloids, aqueous, non-aqueous alkaloids, organic alkaloids, organic non-alkaloids and complete aqueous extracts (Mohamed *et al.*, 2023). Raw ethanolic extract of *R. stricta* fruit has antimicrobial activity. Methanolic and chloroform root extracts of *R. stricta* plant have antifungal and antimicrobial activity (Gao *et al.*, 2019; Wu and Shaw, 2022).

From many years ago, neem beneficial properties have been determined which includes its medicinal effects in addition to its agricultural pest control and in traditional medicine. *A. indica* initially sparked interest across the globe because of its potential to be used in farming as a non-toxic infection-control agent. In fact, azadirachtin, one of the most prevalent substances in neem plants, is a biopesticide that is becoming more and more popular (Chaudhary *et al.*, 2017; Pasquoto-Stigliani *et al.*, 2017; Kilani-Morakchi *et al.*, 2021; Wylie *et al.*, 2022).

However, different parts of the neem tree have been used for thousands of years in traditional Indian medicine due to their supposed benefits for various conditions, including dental, antifungal, anticancer, antidermatitic, antipyretic, antacid, antiparasitic, antibacterial, antiviral, antidiabetic, contraceptive, and antidermatitic (Alzohairy, 2016).

Nearly all of *A. indica*'s parts, including the gum, fruits, bark, gum, stem, roots, leaves, flowers, seeds,

and have been utilized as common home cures for ailments in people. Additionally, millions of individuals utilize neem twig chewing sticks for oral hygiene throughout the world (Gupta *et al.*, 2017; Aumeeruddy and Mahomoodally, 2021; Iman *et al.*, 2021; Patil *et al.*, 2021; Singh *et al.*, 2021; Yarmohammadi *et al.*, 2021).

While there are many methods for preventing fungal infections, chemical control is still one of the most important ones because it can reduce the incidence of fungal infections without having to worry about secondary side effects or the development of microbial resistance to the chemicals. To safeguard Corona patients, researchers are looking for naturally occurring antifungal medicines that may be employed. Present article goal to determine the antifungal efficacy of *R. stricta* and *A. indica* leaf extracts against pathogenic fungi that cause the "black fungus" disease *Mucormycosis*.

Material and methods

Plant collection

Leaves of *Rhazya stricta* and *Azadirachta indica* respectively about (1 kilo gram from each plant) were collected during January 2021 from saline soil of Taiba region (latitude: 21.7874726, longitude: 39.1459682) about 17 kilometers from the Red sea. The plant was gathered, labeled, and delivered to the University of Jeddah's College of Science laboratories. There, the leaves were dried, rinsed, and ground using a blender before being sieved through a 1 mm aluminum sieve and kept in labeled, airtight bottles until needed (Mukne *et al.*, 2022).

Plant extraction techniques

Plant Extraction techniques including using solvents: methanol (70%), and water that has been distilled. In a nutshell, 100g of dry powder was extracted using 1000ml and 500ml of solvents through maceration at room temperature for 48 hours for each solvent. Next, each mixture was filtered twice using N°1 whatman paper and filter paper with a porosity of 0.45 µm. Separate drying of the obtained filtrates was done at 50°C in a Laborota 4000 rotary evaporator. Aqueous and aqueous methanol crude extract powder

were utilized to screen for antioxidants, determine the total phenol content, and study phytochemical components (El-Shora and Abd El-Gawad, 2014).

Test fungal organisms

The test fungal organisms in the present study Mucormycosis “black fungus” (Meyen ex Hansen) were collected from Department of microbiology, collage of science, University of Jeddah.

GC-MS analysis

GC-MS analysis About 3 minutes hold period was used with a 35°C initial column temperature. The temperature was programmed to rise by 8°C every minute, with a maximum temperature of 280°C. After injecting 1µl of the sample into the port, it vaporized instantly and down the column. After the sample was inserted into the port during the operation, a 1 ml/min flow of helium was utilized as the carrier gas to move it down the column. The MS spectrum was recorded at 70 eV. After the separation of the columns, FID identified the components and performed further analysis on them. The names, molecular weights, and structures of the compounds were ascertained by matching their spectra with those of recognized compounds in the NIST MS 2.0 structural database.

Antifungal activity examination

Each extract was given a stock solution containing 0.2 g/mL of dimethyl sulfoxide (DMSO) for the antifungal activity testing. The stock was kept at 4C until it was needed, and the extracts were kept at 20C. The agar well diffusion method was utilized to evaluate the fungicidal activity of the extracts using Sabouraud's Dextrose Agar. The extracts were incubated at 28±2°C/7d and the fungal growth was monitored on a regular basis to estimate the minimum inhibitory concentration (MIC) in millimeters (mm). For every clinical isolate, the antifungal activity was replicated twice using two replicates of each plant extract at every test concentration (Zain *et al.*, 2012). The test extracts of desired concentrations (500 ppm, 1000 ppm) in Aqueous and methanolic solvents, each inoculated

with an inoculum of 5 mm diameter of each extract and incubated for seven days (Zohra *et al.*, 2013).

Electron microscope

Samples were processed through an automated tissue processor (Leica EM TP, Leica Microsystems: Austria) and fixed with gluteraldehyd 2.5% and dehydrated with ethanol while being stirred. A CO₂ critical point drier (Model: Audosamdri-815, Tousimis; Rockville, Maryland, USA) is then used to dry the material. Gold sputter coater (SPI-Module, USA) applied to the sample. Using scanning electron microscopy (model: JSM-5500LV; JEOL Ltd – Japan), the sample was examined.

Statistical analysis

SPSS 11.0 for Windows was used for the analysis, and the results were presented as means ± standard error (SE). To determine whether there were any significant differences between the means, multiple comparisons and one-way analysis of variance (ANOVA) were used. At the 5% confidence level, differences in means were regarded as significant. In SPSS 11.0 for Windows, correlations between variables were calculated using the regression model.

Results

Gas chromatography of *Rhazya stricta* and *Azadirachta indica* leaf extracts

Utilizing gas chromatography and mass spectroscopy, the bioactive components of *Rhazya stricta*'s methanolic extract were examined.

My GC-MS Report

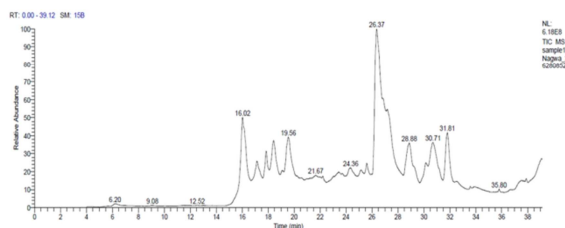


Fig. 1. GC analysis peaks of *Rhazya stricta* leaves methanol extraction (cm)

Table 1. Phytochemical constituents identified within the leaf methanol extract of *Rhazya stricta* by GC-MS analysis

Peak no.	RT	Compound name	Area%	MF	Molecular formula	Molecular weight
1	16.03	Spathulenol	12.80	920	C ₁₉ H ₃₀ O ₂	290
2	17.13	Octadecadiynoic acid, methyl ester	1.53	838	C ₁₂ H ₂₆ OSi	214
3	17.85	1h-3a,7-methanoazulene, Octahydro-3,8,8-trimethyl-6-methylene	2.34	828	C ₁₅ H ₂₄	204
4	18.42	Caryophyllene oxide	4.59	866	C ₁₅ H ₂₄ O	220
5	24.29	Isoaromadendrene epoxide	0.89	852	C ₁₅ H ₂₄ O	220
6	24.36	Heptatriacotanol	0.74	807	C ₃₇ H ₇₆ O	536
7	25.60	Dodecanoic acid,	1.19	763	C ₁₉ H ₃₄ O ₆	358
8	26.34	Heptadecyn	31.71	682	C ₁₇ H ₃₂ O	252
9	26.89	Hexadecenoic acid	0.72	717	C ₁₇ H ₃₂ O ₂	268
10	27.32	Pentadecanoic acid	3.22	763	C ₁₅ H ₃₀ O ₂	242
11	28.87	Octadecatrienoic Acid, 2,3-dihydroxypropyl Ester	10.3	821	C ₂₁ H ₃₆ O ₄	352
12	30.12	Docosatetraenoic Acid, methyl ester	1.56	800	C ₂₃ H ₃₈ O ₂	346
13	30.71	Octadecadienoyl chloride	9.11	835	C ₁₈ H ₃₁ ClO	298
14	31.80	Aspidospermidine	9.30	849	C ₁₉ H ₂₄ N ₂	280
15	37.89	Cyclic butylboronate	0.38	687	C ₂₅ H ₃₄ O ₇	446

Table 2. Phytochemical constituents identified within the leaf methanol extract of *Azadirachta indica* by GC-MS analysis

Peak no.	RT	Compound name	Area%	MF	Molecular formula	Molecular weight
1	15.76	Heptadienal, 2-ethylidene-6-methyl	0.41	713	C ₁₀ H ₁₄ O	150
2	16.06	Heptadienal	1.16	715	C ₁₀ H ₁₄ O	150
3	16.33	Carbonitrile	1.28	715	C ₂₀ H ₂₇ NO ₂	313
4	16.69	Tetradecadiynoate	1.50	755	C ₁₅ H ₂₂ O ₂	234
5	17.53	Heptadecynloxy	1.91	718	C ₂₂ H ₄₀ O ₂	336
6	18.77	Octadecadiynoic acid, methyl ester	6.46	782	C ₁₉ H ₃₀ O ₂	290
7	19.30	Cyclopropanoic acid	0.62	749	C ₂₂ H ₃₈ O ₂	334
8	19.39	Picrotoxin	0.66	756	C ₁₅ H ₁₆ O ₆	292
9	19.69	Octadecatrienoic acid	1.43	765	C ₂₇ H ₅₂ O ₄ Si ₂	496
10	19.95	Pentacosadiynoic acid	0.71	792	C ₂₅ H ₄₂ O ₂	374
11	20.03	Caryophyllene oxide	0.71	778	C ₁₅ H ₂₄ O	220
12	20.23	Epiglobulol	1.75	786	C ₁₅ H ₂₆ O	222
13	20.68	Octadecanal	0.46	720	C ₁₈ H ₃₄ D ₂ O	270
14	20.97	Retinal	2.04	835	C ₂₀ H ₂₈ O	284
15	21.10	Eicosapentaenoic acid	1.09	758	C ₂₀ H ₃₀ O ₂	302
16	23.46	Octadecenoic acid	2.14	793	C ₁₈ H ₃₄ O ₂	282
17	23.90	Hydroxyand rostane	0.23	757	C ₁₉ H ₂₄ O ₃	300
18	23.96	Heptatriacotanol	0.43	780	C ₃₇ H ₇₆ O	536
19	24.31	Aspidospermidine	1.81	769	C ₂₁ H ₂₆ N ₂ O ₂	338
20	25.29	Oxiraneundecanoic acid	3.75	748	C ₁₉ H ₃₆ O ₃	312
21	25.64	Isochiapin	0.81	710	C ₁₉ H ₂₂ O ₆	346
22	26.56	Hexadecanoic acid	4.65	827	C ₁₈ H ₃₆ O ₂	284
23	27.08	Isopropyl palmitate	14.32	824	C ₁₉ H ₃₈ O ₂	298
24	28.56	Cholestan	9.32	826	C ₂₈ H ₄₈ O	400
25	28.98	Eicosenoic acid	0.59	739	C ₂₀ H ₃₈ O ₂	310
26	29.75	Cyclopropanoic acid	11.73	834	C ₂₂ H ₃₈ O ₂	334
27	30.74	Octanoic acid	0.14	845	C ₂₁ H ₃₈ O ₂	322
28	30.90	Cyclopropanoic acid	0.70	803	C ₂₂ H ₃₈ O ₂	334
29	32.50	Docosatetraenoic acid, methyl ester	0.19	787	C ₂₃ H ₃₈ O ₂	346
30	32.60	Eicosatetraenoic acid, methyl ester	0.50	817	C ₂₁ H ₃₄ O ₂	318
31	35.42	Heptadecen	0.64	760	C ₁₈ H ₃₀ O ₂	278
32	36.31	Benzopyran	1.53	717	C ₂₇ H ₃₀ O ₁₆	610

In Fig. 1 and Table 1, the active compounds are displayed together with their molecular weight, retention period, and peak area. The plant extract revealed the existence of several phytochemical

substances with antibacterial properties, including; Spathulenol, Octadecadiynoic, Caryophyllene oxide, Isoaromadendrene epoxide, Heptatriacotanol, Dodecanoic acid, Heptadecyn, Hexadecenoic acid,

Pentadecanoic acid, Octadecatrienoic, Docosatetraenoic Acid, Octadecadienoyl chloride, Aspidospermidine, Cyclic butylboronate. Although the active compounds of *Azadirachta indica* are shown with their retention time, molecular formula, molecular weight and peak area in Fig. 2 and Table 2 as follows; Heptadienal, Carbonitrile, Tetradecadiynoate, Heptadecynyloxy, Octadecadiynoic acid, Cyclopropaneoctanoic acid, Picrotoxin, Octadecatrienoic acid, Pentacosadiynoic acid, Caryophyllene oxide, Epiglobulol, Octadecanal, Retinal, Eicosapentaenoic acid, Octadecenoic acid, Hydroxyandrostane, Heptatriacotanol, Aspidospermidine, Oxiraneundecanoic acid, Isochiapin, Hexadecanoic acid, Isopropyl palmitate, Cholestan, Eicosenoic acid, Cyclopropaneoctanoic acid, Octanoic acid, Docosatetraenoic acid, Eicosatetraenoic acid, Heptadecen, Benzopyran.

My GC-MS Report

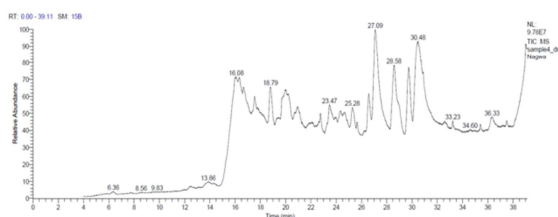


Fig. 2. GC analysis peaks of *Azadirachta indica* leaves methanol extraction (cm)

Table 3. Antifungal assay of *Rhazya stricta* and *Azadirachta indica* extracts against Mucormycosis “black fungus” extract in different solvents (per millimeter)

Solvent	Conc.	<i>Rhazya stricta</i>		<i>Azadirachta indica</i>	
		500 ppm	1000 ppm	500 ppm	1000 ppm
Aqueous	Minimum	00	00	00	00
	Maximum	25	40	12	40
	Mean	15±0.45	20±0.70	8±0.22	18±0.60
Methanol	Minimum	9	12	00	00
	Maximum	28	43	15	25
	Mean	16±0.80	23±0.99	10±0.41	20±0.56

The bioactive analysis of *Rhazya stricta* and *Azadirachta indica* methanolic extracts declared that *Azadirachta indica* contained a lot of active

ingredients than *Rhazya stricta* as it was having more than 32 bioactive compounds and their derivatives while *Rhazya stricta* contained about 15 bioactive compounds only. Although both plants extraction bioactive compounds have an antimicrobial effect, but the richness of *Azadirachta indica* was the main cause that increase its effectiveness against different microorganisms.

Antifungal assay of Rhazya stricta and Azadirachta indica extracts against Mucormycosis “black fungus” extract in different solvents (per millimeter)

Table 3 declared the in vitro inhibitory effect of the water and methanolic extractions in comparison with commercial antifungal as follows; the most effective extraction detected by methanolic extraction of *Rhazya stricta* (16±0.8 and 23±0.99) mm at 500 ppm and 1000 ppm respectively, while, aqueous extractions of *Rhazya stricta* has lower inhibition effect as following (15±0.45 and 20±0.7). although methanolic extraction of *Azadirachta indica* recorded wider inhibition zone than water extraction as following; (10±0.41 mm), (20±0.56 mm) at 500 ppm and 1000 ppm respectively, on the otherside it ranged about (8±0.22 and 18±0.6 mm) at 500 ppm and 1000 ppm respectively of *Azadirachta indica* water extraction.

The results showed the better effect of methanolic extracts than aqueous extractions. Although, 1000 ppm has higher effect than 500 ppm. On the otherhands *Azadirachta indica* has lower effect than *Rhazya stricta*.

The effect of Rhazya stricta and Azadirachta indica extracts on the morphology of normal Mucormycosis “black fungus”

Fig. 3 shows how the typical shape of the Mucormycosis "black fungus" was compared to the altered shape caused by the addition of varying amounts of *Rhazya stricta* and *Azadirachta indica* extracts using images taken using a scanning electron microscope (SEM) at two different magnifications (X5000, X1000). The ovoid "yeast" cells with budding that were indicative of the Mucormycosis "black

fungus" were depicted in Fig. (A). Even though Fig. (B) depicts the fungus cells' and their colonies' altered shapes, this change began with the cells shrinking to take on their typical oval shape. Additionally, the colony's prior cell stacking was lost when Mucormycosis, also known as the "black fungus," was exposed to extracts from *Rhazya stricta* and *Azadirachta indica* at higher concentrations, which caused the cells to deform until their original shape vanished entirely.

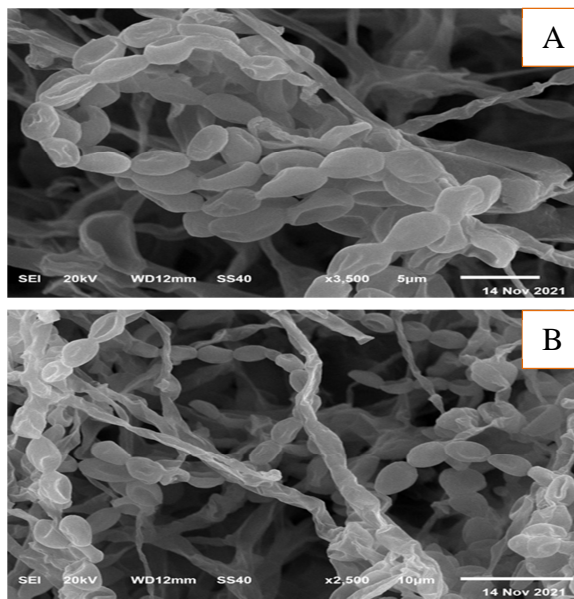


Fig. 3. Scanning electron microscope of antifungal activity of *Rhazya stricta* and *Azadirachta indica* extracts against Mucormycosis "black fungus"; (A) represent the fungal cell at $\times 5000$, (B) represent the fungal cell picture at $\times 1000$

Discussion

Mucormycosis is a deadly agioinvasive infection caused by fungi of the order Mucorales with an incidence that has grown in the last years (Prakash *et al.*, 2019; Skiada *et al.*, 2020), although this number is likely to be severely underestimated (Skiada *et al.*, 2020; Soare *et al.*, 2020). Traditionally, this infection has received scarce attention because of the low number of cases in comparison with other more frequent fungal infections, but the emerge of the SARS-CoV-2 disease (COVID-19) pandemic has increased the incidence of fungal infections, rising the concern about their risks (Sharma and Goel, 2022).

The upsurge in COVID-19-associated mucormycosis with prevalence 50 times higher than the uppermost recorded data (Hussain *et al.*, 2021) has highlighted the unmet need to better understand mucormycosis (Sarkar *et al.*, 2021).

Mucormycosis is a complex fungal infection for several reasons. Despite affecting most frequently individuals with underlying pathologies reducing the immune response, around 19% are immunocompetent patients that have suffered trauma or burn wounds (Roden *et al.*, 2005; Revie *et al.*, 2018). In addition, the clinical presentation is diverse and linked to the underlying pathology with rhino-orbital-cerebral mucormycosis as the most frequent manifestation followed by cutaneous, pulmonary, disseminated, gastrointestinal, and others (Jeong *et al.*, 2019; Muthu *et al.*, 2021).

There are four types of Mucormycosis; Rhinocerebral mucormycosis which considered arare fungal disease which affects the sinuses, nose, and brain (Rapidis, 2009). The sinus's infection spread to the brain. Those persons who have kidney transplantation and uncontrolled diabetes may suffer from rhinocerbral mucormycosis. Some research reaffirms that 9% of rhinocerbral mucormycosis cases found in those patients without any predisposing factors (Spellberg *et al.*, 2005). Symptoms of rhinocerebral mucormycosis are headache and fever. For the treatment of mucormycosis 5mg/ml concentration of Amphotericin B is used (Zhou, *et al.*, 2020). Disseminated mucormycosis is a type of infection commonly affects the brain but when infection spreads through the bloodstream it can affect other parts and organs of the body such as heart, spleen and skin. For the treatment regime is ovuconazole 200 mg/day is utilized to maintain its plasma level above 1000mg/ml (Song *et al.*, 2020). Pulmonary mucormycosis is most common in cancer, organ and stem cell transplant patients. Common traits and symptoms of this disease are high body temperature (>100 °F), chest pain, difficulty in breathing or coughing that produce bloody or dark fluids. For treatment regime liposomal amphotericin B as a

monotherapy is administered in the doses of (2–4 mg·kg⁻¹·d⁻¹) (Mohindra, *et al.*, 2007; Shang *et al.*, 2020). Cutaneous mucormycosis is the skin infection when fungi enter the body through damaged skin (due to surgery, severe burn or any type of skin injury). Symptoms are facial pain, small bubble on the skin filled with serum, skin ulcers, infected skin area turning black, warmth and excessive reddening, swelling around infection. Amphotericin B is the most active drug for cutaneous mucormycosis, with a dose of 5–10 mg/kg/day (Pak *et al.*, 2008). Gastrointestinal mucormycosis is common among young children especially low birth weight and premature infants with age less than 1 month, who have had surgery or on medications that lower the body's ability to fight illness. This disease can affect multiple organs and body parts. Discoloration of nose, blurred vision, abnormal breathing, chest pain, and blood in cough are common symptoms which depend upon the sites of infection in the host's body (Bourgonje *et al.*, 2020).

Antifungal activity of *Rhazya stricta* and *Azadirachta indica* extracts against Mucormycosis "black fungus" viewed the inhibitory effect of *Rhazya stricta* in (I) were (A1) Aqueous extraction at (500 ppm) mean measured about 15±0.45 mm., while (A2) Aqueous extraction at (1000 ppm) measured about 20±0.70 mm, on the other hand (B1) methanolic extraction at (500 ppm) were about 16±0.80 mm, (B2) methanolic extraction at (1000 ppm) detected about 23±0.99 mm. The inhibitory effect of *Azadirachta indica* in (I) were (A1) Aqueous extraction at (500 ppm) mean measured about 8±0.22 mm., while (A2) Aqueous extraction at (1000 ppm) measured about 18±0.6 mm, on the other hand (B1) methanolic extraction at (500 ppm) were about 10±0.41 mm, (B2) methanolic extraction at (1000 ppm) detected about 20 ±0.56 mm. nearly similar results reported by Bashir, *et al.*, (1994) *R. stricta* methanolic fractions demonstrated antifungal activities. Another study revealed that fractionated *R. stricta* methanol and chloroform samples showed antifungal activity (Khan and Khan, 2007). The results are in agreement with Jeong *et al.*, (2019b) were found to have inhibitory effect on

against fungi. The results of Charmaine *et al.* (2005) stated that *A. indica*'s aqueous extracts showed the strongest inhibition against fungus. Beigomi *et al.* (2021) In *in vitro* or *in vivo* experiments, the fungicidal and bactericidal qualities of neem leaf extracts were demonstrated. Ahmed *et al.* (2015) linked the neem organic extract's ability to block the protease activity of dermatophytes to the antifungal qualities of neem extracts. On the other side, Gilani *et al.* (2006) conducted an *in vitro* antifungal investigation by exposing diverse bacteria to methanol-soluble fractions of *Rhazya stricta*.

Recent discoveries about the use of fungal endophytes as a source of antimicrobial compounds have offered alternate strategies for combating pathogen drug resistance, and the ineffectiveness of antifungal activity compounds produced by endophytic fungi has assisted in the prevention of a number of diseases that affect living things (Lamoth *et al.*, 2022; Lax *et al.*, 2021; Mahalaxmi *et al.*, 2021).

Clavatul, chaetomugilin D, guignardic acid, colletotric acid, viridicatul, 7-amino-4-methylcoumarin, altersolanol A, 2-hydroxyl-6 methyl benzoic acid, enfumafungin, xylarenone B, jesterone, fusapyridon A, hypericin, phomopsin A, isopestacin, xylarenic acid, fusaripeptide A, xylarenone A, javanicin, Z-roquefortine C, penitrem A, penijanthe A, fusarithioamide A, pestalone, cryptocandin cryptocin, ecomycins, pseudomycins, pestalosite, and pestalopyrone are a few examples of antifungal compounds produced by endophytic fungi (Martinelli *et al.*, 2021; Emad and Gamal., 2013). Numerous antifungal substances produced by endophytes have been documented, including peptides, phenols, terpenoids, steroids, alkaloids, flavonoids, and quinine (Cowen *et al.*, 2015).

Conclusion

In conclusion, this study has declared that the aqueous and methanolic leaf extracts of *R. stricta* and *A. indica* possess efficient antimicrobial effects against the test bacterial strains, particularly the methanolic extracts. Furthermore, the results pointed

out that the aqueous extract was more potent than the methanolic one in offering inhibition to the microbial enzymes. The pharmaceutical potential of these plants could be due to the presence of biologically active secondary metabolites in their leaf extracts. These results offer important insights into the management of pathogenic microorganisms and food preservation, particularly with regard to *A. indica*. To attain the best application and utilization of *R. stricta* and *A. indica* extractions, more and more study is required.

Nowadays, there is a lot of interest in and promise for agriculture, pharmacology, and medical research about the microbial world of plants. Scientists have been examining the effectiveness of medicinal plants and their possible pharmacological effects in producing the bioactive chemicals that are naturally found in them. Numerous phytochemical components found in medicinal plants have the potential to treat human illnesses.

Recommendation(s)

The current hunt for novel biologically active metabolites from plant endophytes has become more diverse due to the outlook for medicinal substances and the growing need for benign medications. Despite the discovery of bioactive substances and the application of certain therapeutic plants, little is known about the bioactivities of the fungus that is linked to it. Moreover, investigations into the many pharmacological impacts of bioactive substances are still in their early stages. However, as this review study illustrates, reviewing material on their functions can offer ideas about potential studies.

Acknowledgments

This article entitled “Exploring antifungal activities of *R. stricta* and *A. indica* extracts against human Mucormycosis “black fungus” includes the conclusions and outcomes of a study supported by University of Jeddah Grant No. (UJ-21-ICI-8) from the Deanship of Research & Postgraduate Studies.

References

- Ahmad A, Ahad A, Rao AQ, Husnain T.** 2015. Molecular Docking Based Screening of Neem-Derived Compounds with the NS1 Protein of Influenza Virus. *Bioinformation* **11** (7), 359–365. DOI: 10.6026/97320630011359
- Al-Harbi NA.** 2017. Survey of Plant Species of Medical Importance to Treat Digestive Tract Diseases in Tabuk Region, Saudi Arabia. *Journal of King Abdulaziz University* **29**, 51-61. <https://doi.org/10.4197/Sci.29-1.6>
- Alzohairy MA.** 2016. Therapeutics Role of *Azadirachta indica* (Neem) and Their Active Constituents in Diseases Prevention and Treatment. *Evid Based Complement Alternat Med.* 2016:2016:7382506. DOI: 10.1155/2016/7382506.
- Aumeeruddy MZ, Mahomoodally MF.** 2021. Ethnomedicinal Plants for the Management of Diabetes Worldwide: A Systematic Review. *Curr. Med. Chem.* **28** (23), 4670–4693. DOI: 10.2174/0929867328666210121123037
- Aware CB, Patil DN, Suryawanshi SS, Mali PR, Rane MR, Gurav RG, Jadhav JP.** 2022. Natural bioactive products as promising therapeutics: A review of natural product-based drug development. *S. Afr. J. Bot.* **151**, 512–528.
- Bashir AK, Abdalla AA, Hassan ES, Wasfi IA, Amiri MA, Crabb TA.** 1994. Alkaloids with antimicrobial activity from the root of *Rhizya stricta* Decn. growing in United Arab Emirates. *Arab Gulf J. Sci. Res.* **12**, 119–131.
- Beigomi M, Mojahed M, HeydariSadegh B, Dahmardeh N, Rouhani R, Javadian F.** 2021. Evaluation of Antimicrobial Activity of *Rhazya stricta* (Apocynaceae) Extract Prepared with Different Solvents on *Staphylococcus aureus* (Staphylococcaceae) Isolated from Humans. *International Journal of Advanced Biological and Biomedical Research* **9**(3), 241-253.

- Bourgonje AR, Abdulle AE, Timens W.** 2020. Angiotensin-converting enzyme 2 (ACE2), SARS-CoV-2 and the pathophysiology of coronavirus disease 2019 (COVID-19). *J. Pathol.* **251**, 228–248. DOI: 10.1002/path.5471.
- Caetano LA, Faria T, Springer J, Loeffler J, Viegas C.** 2018. Antifungal-resistant Mucorales in different indoor environments. *Mycology* **10**, 75–83. DOI: 10.1080/21501203.2018.1551251.
- Chakrabarti A, Dhaliwal M.** 2013. Epidemiology of mucormycosis in India. *Curr Fungal Infect Rep.* **7**, 287–92.
- Chandley P, Subba P, Rohatgi S.** 2022. COVID-19-Associated Mucormycosis: A Matter of Concern Amid the SARS-CoV-2 Pandemic. *Vaccines (Basel)*. **10(8)**, 1266-73.
- Charmaine Lloyd AC, Menon T, Umamaheshwari K.** 2005. Anticandidal activity of *Azadirachta indica*. *Research Paper* **37(6)**, 386- 389.
- Chaudhary S, Kanwar RK, Sehgal A, Cahill DM, Barrow CJ, Sehgal R.** 2017. Progress on *Azadirachta indica* Based Biopesticides in Replacing Synthetic Toxic Pesticides. *Front. Plant Sci.* **8**, 610.
- Choudhary N, Jain A, Soni R, Gahlot N.** 2021. Mucormycosis: A deadly black fungus infection among COVID-19 patients in India. *Clin Epidemiol Glob Health.* 100900. DOI: 10.1016/j.cegh.2021.100900
- Cowen LE, Sanglard D, Howard SJ, Rogers PD, Perlin DS.** 2015. Mechanisms of Antifungal Drug Resistance. *Cold Spring Harb. Perspect. Med.* **5**, a019752. DOI: 10.1101/cshperspect.a019752
- El-Shora HM, Abd El-Gawad AM.** 2014. Evaluation of allelopathic potential of *Rumex dentatus* root extract and allelochemicals on *Cicer arietinum*. *J. Stress Physiol. Biochem.* **10**, 177-180.
- Emad MA, Gamal EE.** 2013. Screening for antimicrobial activity of some plants from Saudi folk medicine. *Global J. Res. Med. Plants & Indigen. Med.* **2**, 189–197.
- Fazeli-Nasab B, Sayyed R Z, Sobhanizadeh A.** 2021. In Silico Molecular Docking Analysis of α Pinene: An Antioxidant and Anticancer Drug Obtained from *Myrtus communis*. *International Journal of Cancer Management* **14(2)**, e89116. <https://doi.org/10.5812/ijcm.89116>
- Gao Z, Liu Y, Wang X, Wei X, Han J.** 2019. DNA mini-barcoding: A derived barcoding method for herbal molecular identification. *Front. Plant Sci.* **10**, 987.
- Gilani SA, Kikuchi A, Shinwari ZK, Khattak ZI, Watanab KN.** 2006. Phytochemical, pharmacological and ethnobotanical studies of *Rhazya stricta* Decne. *Phytotherapy Research* **21**, 301-307
- Gupta SC, Prasad S, Tyagi AK, Kunnumakkara AB, Aggarwal BB.** 2017. *Neem (Azadirachta indica)*: An Indian Traditional Panacea with Modern Molecular Basis. *Phytomedicine* **34**, 14–20. DOI:10.1016/j.phymed.2017.07.001
- Hernández JL, Buckley CJ.** 2021. Mucormycosis. In: *StatPearls. Treasure Island (FL): StatPearls Publishing.*
- Hussain S, Riad A, Singh A, Klugarová J, Antony B, Banna H.** 2021. Global prevalence of COVID-19-associated mucormycosis (CAM): living systematic review and meta-analysis. *J Fungi* **7**, 985. DOI: 10.3390/jof7110985.
- Ibrahim AS, Spellberg B, Walsh TJ, Kontoyiannis DP.** 2012. Pathogenesis of mucormycosis. *Clin Infect Dis.* **54(Suppl 1)**, S16–22.
- Iman M, Taheri M, Bahari Z.** 2021. The Anticancer Properties of *Neem (Azadirachta indica)* through its Antioxidant Activity in the Liver; its Pharmaceuticals and Toxic Dosage Forms; a Literature Review. *J. Complement Integr. Med.* **19(2)**, 203-211. DOI: 10.1515/jcim-2021-0009.

- Jeong W, Keighley C, Wolfe R, Lee WL, Slavin MA, Chen SCA.** 2019a. Contemporary Management and Clinical Outcomes of Mucormycosis: A Systematic Review and Meta-Analysis of Case Reports. *Int. J. Antimicrob. Agents* **53**, 589–597. DOI: 10.1016/j.ijantimicag.2019.01.002
- Jeong W, Keighley C, Wolfe R, Lee WL, Slavin MA, Kong DCM.** 2019b. The Epidemiology and Clinical Manifestations of Mucormycosis: A Systematic Review and Meta-Analysis of Case Reports. *Clin. Microbiol. Infect.* **25**, 26–34. DOI: 10.1016/J.CMI.2018.07.011
- Jitäreanu A, Trifan A, Mădălina V, Ioana-Cezara C, Mârțu I, Luminița A.** 2023. Current Trends in Toxicity Assessment of Herbal Medicines: A Narrative Review. *Processes* **11**, 1-39.
- Kasimadom K.** 2021. Ayurveda approach to mucormycosis and other fungal infections: A comprehensive review. *Journal of Indian System of Medicine* **9(4)**, 216-222.
- Khan R, Baeshen MN, Saini KS, Bora RS, Al-Hejin AM, Baeshen NA.** 2016. Antibacterial activities of *Rhazya stricta* leaf extracts against multidrugresistant human pathogens. *Biotechnology & Biotechnological Equipment* **30(5)**, 1016-1025. <https://doi.org/10.1080/13102818.2016.1209087>
- Khan S, Khan GM.** 2007. In vitro antifungal activity of *Rhazya stricta*. *Pak. J. Pharm. Sci.* **20**, 279–284.
- Kilani-Morakchi S, Morakchi-Goudjil H, Sifi K.** 2021. Azadirachtin-Based Insecticide: Overview, Risk Assessments, and Future Directions. *Front. Agron.* **3**, 676208. <https://doi.org/10.3389/fagro.2021.676208>
- Lamoth F, Lewis R E, Kontoyiannis DP.** 2022. Investigational Antifungal Agents for Invasive Mycoses: A Clinical Perspective. *Clin. Infect. Dis.* **5**, 27. DOI: 10.1093/cid/ciab1070
- Lax C, Navarro-Mendoza MI, Pérez-Arques C, Navarro E, Nicolás FE, Garre V.** 2021. Stable and Reproducible Homologous Recombination Enables CRISPR-Based Engineering in the Fungus *Rhizopus microsporus*. *Cell Rep. Methods* **1**, 100124. DOI: 10.1016/j.crmeth.2021.100124
- Mahalaxmi I, Jayaramayya K, Venkatesan D, Subramaniam MD, Renu K, Vijayakumar P.** 2021. Mucormycosis: an opportunistic pathogen during COVID-19. *Environ Res.* 2021; 201. DOI: 10.1016/j.envres.2021.111643.
- Martinelli L, Kopilaš V, Vidmar M, Heavin C, Machado H, Todorović Z, Buzas N, Pot M, Prainsack B, Gajović S.** 2021. Face Masks During the COVID-19 Pandemic: A Simple Protection Tool with Many Meanings. *Front. Public Health* **8**, 1-12.
- Mehta S, Pandey A.** 2020. Rhino-orbital mucormycosis associated with COVID-19. *Cureus* **12**, e10726.
- Mohamed M, Bander A, Tarombera M, Mohamed F, Roqayah H, Alaa A, Elsharkawy M.** 2023. The Antibacterial Activity of *Rhazya stricta* Extracts against *Klebsiella pneumoniae* Isolated from Some Soil Invertebrates at High Altitudes. *Molecules* **28(8)**, 3613-20.
- Mohindra S, Mohindra S, Gupta R, Bakshi J, Gupta SK.** 2007. Rhinocerebral mucormycosis: the disease spectrum in 27 patients. *Mycoses* **50**, 290–296. DOI 10.1111/j.1439-0507.2007.01364.x.
- Mousavi B, Costa JM, Arne P, Guillot J, Chermette R, Botterel F, Dannaoui E.** 2018. Occurrence and species distribution of pathogenic Mucorales in unselected soil samples from France. *Med. Mycol.* **56**, 315–321. DOI: 10.1093/mmy/myx051.
- Mukne A, Momin M, Betkar P, Joshi V.** 2022. Standardization of herbal biomolecules. In *Herbal Biomolecules in Healthcare Applications*, 1st ed.; Mandal SC, Nayak AK, Dhara AK, Eds.; Elsevier Academic Press: Cambridge, MA, USA. pp.643–667.

- Muthu V, Rudramurthy SM, Chakrabarti A, Agarwal R.** 2021. Epidemiology and pathophysiology of COVID-19-associated mucormycosis: india versus the rest of the world. *Mycopathologia* **186**, 739–754. DOI: 10.1007/s11046-021-00584-8.
- Pak J, Tucci VT, Vincent AL, Sandin RL, Greene JN.** 2008. Mucormycosis in immunochallenged patients. *J Emerg Trauma Shock* **1(2)**, 106–113. DOI: 10.4103/0974-2700.42203.
- Pasquoto-Stigliani T, Campos EVR, Oliveira JL, Silva CMG, Bilesky-José N, Guilger M.** 2017. Nanocapsules Containing Neem (*Azadirachta indica*) Oil: Development, Characterization, and Toxicity Evaluation. *Sci. Rep.* **7 (1)**, 5929.
- Patil SM, Shirahatti PS, Ramu R.** 2021. *Azadirachta indica* A. Juss (Neem) against Diabetes Mellitus: a Critical Review on its Phytochemistry, Pharmacology, and Toxicology. *J. Pharm. Pharmacol.* **74(5)**, 681-710. DOI:10.1093/jpp/rgab098
- Prakash H, Ghosh AK, Rudramurthy SM, Singh P, Xess I, Savio J.** 2019. A prospective multicenter study on mucormycosis in India: Epidemiology, diagnosis, and treatment. *Med Mycol.* **57**, 395–402.
- Rapidis AD.** 2009. Orbitomaxillary mucormycosis (zygomycosis) and the surgical approach to treatment: perspectives from a maxillofacial surgeon. *Clin Microbiol Infect.* **15(Suppl. 5)**, 98–102. DOI: 10.1111/j.1469-0691.2009.02989.x.
- Reid G, Lynch JP, 3rd, Fishbein MC, Clark NM.** 2020. Mucormycosis. *Semin Respir Crit Care Med.* **41(1)**, 99-114. DOI: 10.1055/s-0039-3401992.
- Revie NM, Iyer KR, Robbins N, Cowen LE.** 2018. Antifungal Drug Resistance: Evolution, Mechanisms and Impact. *Curr. Opin. Microbiol.* **45**, 70–76. DOI: 10.1016/j.mib.2018.02.005
- Ribeiro-Santos R, Andrade M, Sanches-Silva A, de Melo NR.** 2018. Essential oils for food application: natural substances with established biological activities. *Food and Bioprocess Technology* **11(1)**, 43-71.
- Richardson M.** 2009. The ecology of the Zygomycetes and impact on environmental exposure. *Clin. Microbiol. Infect.* **15**, 2–9. DOI: 10.1111/j.1469-0691.2009.02972.x.
- Richardson MD.** 2020. Rautemaa-Richardson R. Biotic Environments Supporting the Persistence of Clinically Relevant Mucormycetes. *J. Fungi.* **6**, 4. DOI: 10.3390/jof6010004.
- Riley TT, Muzny CA, Swiatlo E, Legendre DP.** 2016. Breaking the mold: A review of mucormycosis and current pharmacological treatment options. *Ann Pharmacother.* **50**, 747–57.
- Roden MM, Zaoutis TE, Buchanan WL, Knudsen TA, Sarkisova TA, Schaufele RL.** 2005. Epidemiology and outcome of zygomycosis: A review of 929 reported cases. *Clin Infect Dis.* **41**, 634–53.
- Ruhnke M, Groll AH, Mayser P, Ullmann AJ, Mendling W, Hof H.** 2015. Estimated burden of fungal infections in Germany. *Mycoses* **58**, 22–8.
- Saegeman V, Maertens J, Ectors N, Meersseman W, Lagrou K.** 2010. Epidemiology of mucormycosis: Review of 18 cases in a tertiary care hospital. *Med Mycol.* **48**, 45–54.
- Sarkar S, Gokhale T, Choudhury SS, Deb AK.** 2021. COVID-19 and orbital mucormycosis. *Indian J Ophthalmol.* **69**, 1002–1004. DOI: 10.4103/ijo.IJO_3763_20.
- Shang Y, Pan C, Yang X.** 2020. Management of critically ill patients with COVID-19 in ICU: statement from front-line intensive care experts in Wuhan, China. *Ann. Intensive Care.* **10**, 73. DOI: 10.1186/S13613-020-00689-1.

- Sharma A, Goel A.** 2022. Mucormycosis: risk factors, diagnosis, treatments, and challenges during COVID-19 pandemic. *Folia Microbiol (Praha)* **26**, 1-25.
- Sharma S, Grover M, Bhargava S, Samdani S, Kataria T.** 2021. Post coronavirus disease mucormycosis: A deadly addition to the pandemic spectrum. *J Laryngol Otol.* **135**, 442–7.
- Shehzad A, Qureshi M, Jabeen S, Ahmad R, Alabdall AH, Aljafary MA, Al-Suhaimi E.** 2018. Synthesis, characterization and antibacterial activity of silver nanoparticles using *Rhazya stricta*. *PeerJ* **6**, e6086.
- Singh AK, Singh R, Joshi SR, Misra A.** 2021. Mucormycosis in COVID-19: a systematic review of cases reported worldwide and in India. *Diabetes Metab Syndr.* **15(4)**, 102146. DOI: 10.1016/j.dsx.2021.05.019.
- Skiada A, Pavleas I, Drogari-Apiranthitou M.** 2020. Epidemiology and diagnosis of mucormycosis: An update. *J Fungi (Basel)* **6**, 265.
- Soare AY, Watkins TN, Bruno VM.** 2020. Understanding Mucormycoses in the Age of “Omics.” *Front. Genet.* **11**, 699. DOI: 10.3389/fgene.2020.00699
- Song P, Li W, Xie J, Hou Y, You C.** 2020. Cytokine storm induced by SARS-CoV-2. *Clinica Chimica Acta.* **509**, 280–287. DOI: 10.1016/j.cca.2020.06.017.
- Spellberg B, Edwards Jr. J, Ibrahim A.** 2005. Novel perspectives on mucormycosis: pathophysiology, presentation, and management. *Clin Microbiol. Rev.* **18(3)**, 556–569. DOI: 10.1128/CMR.18.3.556-569.2005.
- Tnah L, Lee S, Tan A, Lee C, Ng K, Ng C, Farhanah ZN.** 2019. DNA barcode database of common herbal plants in the tropics: A resource for herbal product authentication. *Food Control* **95**, 318–326.
- Vasudevan B, Hazra N, Shijith K, Neema Sh, Vendhan S. 2021. Mucormycosis: The Scathing Invader. *Indian J. Dermatol.* **66(4)**, 393–400. DOI: 10.4103/ijd.ijd_477_21
- Wu H-Y, Shaw P-C.** 2022. Strategies for molecular authentication of herbal products: From experimental design to data analysis. *Chin. Med.* **17**, 38.
- Wylie MR, Merrell DS.** 2022. The Antimicrobial Potential of the Neem Tree *Azadirachta indica*. *Front Pharmacol.* **13**, 891535.
- Yarmohammadi F, Mehri S, Najafi N, Salar Amoli S, Hosseinzadeh H.** 2021. The Protective Effect of *Azadirachta indica* (Neem) against Metabolic Syndrome: A Review. *Iran. J. Basic Med. Sci.* **24(3)**, 280–292. DOI: 10.22038/ijbms.2021.48965.11218
- Zain ME, Awaad AS, Al-Outhman MR, El-Meligy RM.** 2012. Antimicrobial activities of Saudi Arabian desert plants. *Phytopharmacol.* **2**, 106-113.
- Zhou Q, Chen V, Shannon CP.** 2020. Interferon- α 2b treatment for COVID-19. *Front. Immunol.* **11**, 1061. DOI: 10.3389/fimmu.2020.01061.
- Zohra M, Fawzia A.** 2013. Fungitoxic effect of natural extracts on mycelial growth, spore germination and aflatoxin B₁ production of *Aspergillus flavus*. *AJCS* **7(3)**, 293-298.