1 High Activity of Selective Essential Oils against Stationary Phase Borrelia burgdorferi 2 Jie Feng¹, Shuo Zhang¹, Wanliang Shi¹, Nevena Zubcevik², Judith Miklossy³, and 3 Ying Zhang¹* 4 5 1 Department of Molecular Microbiology and Immunology, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD 21205, USA 6 2 Department of Physical Medicine and Rehabilitation, Harvard Medical School, 7 8 Spaulding Rehabilitation Hospital, Charlestown, MA, 02129, USA 9 3 International Alzheimer Research Centre, Prevention Alzheimer International 10 Foundation, Martigny-Croix, Switzerland 11 12 * Corresponding author: Ying Zhang; Email: yzhang@jhsph.edu 13 14 **KEYWORDS:** Borrelia burgdorferi, persisters, biofilm, essential oils, carvacrol 15 **RUNNING TITLE:** High anti-persister activity of certain essential oils against B. 16 17 burgdorferi 18 19 ABSTRACT 20 Although the majority of patients with Lyme disease can be cured with the standard 2-4 week 21 antibiotic treatment, about 10-20% of patients continue to suffer from post-treatment Lyme 22 disease syndrome (PTLDS). While the cause for this is debated, one possibility is due to 23 persisters not killed by the current Lyme antibiotics. It has been reported that essential oils have antimicrobial activities and some have been used by patients with persisting Lyme 24

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disease symptoms. However, the activity of essential oils against the causative agent Borrelia burgdorferi (B. burgdorferi) has not been carefully studied. Here, we evaluated the activity of 34 essential oils against B. burgdorferi stationary phase culture as a model for persisters. We found that many essential oils had varying degrees of activity against B. burgdorferi, with top 5 essential oils (oregano, cinnamon bark, clove bud, citronella, and wintergreen) at a low concentration of 0.25% showing more activity than the persister drug daptomycin. Interestingly, some highly active essential oils were found to have excellent anti-biofilm ability as shown by their ability to dissolve the aggregated biofilm-like structures. The top 3 hits, oregano, cinnamon bark and clove bud, completely eradicated all viable cells without regrowth in subculture. Carvacrol was found to be the most active ingredient of oregano oil showing excellent activity against B. burgdorferi stationary phase cells, while p-cymene and α-terpinene had no apparent activity. Future studies are needed to characterize and optimize the active essential oils in drug combinations in vitro and in vivo for improved treatment of persistent Lyme disease. **IMPORTANCE** There is a huge need for effective treatment of patients with Lyme disease who suffer from PTLDS. Recent in vitro and in vivo studies suggest that B. burgdorferi develops persisters that are not killed by the current Lyme antibiotics as a possible contributor to this condition. Although essential oils are used by patients with Lyme disease with variable improvement in symptoms, their anti-borrelia activity has not been carefully studied. Here we found that not all essential oils have adequate anti-borrelia activity and identified some highly potent essential oils (oregano, cinnamon bark, clove bud) that have even higher anti-persister

and anti-biofilm activity than the persister drug daptomycin. Carvacrol was found to be the most active ingredient of oregano oil and have the potential to serve as a promising oral persister drug. Our findings may have implications for developing improved treatment of persisting Lyme disease.

INTRODUCTION

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Lyme disease, which is caused by Borrelia burgdorferi (B. burgdorferi) sensu lato complex species, is the most common vector-borne disease in the United States with an estimated 300,000 cases a year (1). The infection is transmitted to humans by tick vectors that feed upon rodents, reptiles, birds, and deer, etc. (2). In the early stage of Lyme disease, patients often have localized erythema migrans rash that expands as the bacteria disseminate from the cutaneous infection site via blood stream to other parts of the body. Late stage Lyme disease is a multi-system disorder which can cause arthritis and neurologic manifestations (1). While the majority of Lyme disease patients can be cured if treated early with the standard 2-4 week doxycycline, amoxicillin, or cefuroxime therapy (3), at least 10-20% of patients with Lyme disease have lingering symptoms such as fatigue, muscular and joint pain, and neurologic impairment even 6 months after the antibiotic treatment - a set of symptoms called Post-Treatment Lyme Disease Syndrome (PTLDS) (4). While the cause of PTLDS is unknown, several possibilities may be involved, including autoimmune response (5), immune response to continued presence of antigenic debris (6), tissue damage as a result of Borrelia infection and inflammation, co-infections (7), as well as persistent infection due to B. burgdorferi

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persisters that are not killed by the current antibiotics used to treat Lyme disease (8-10). Various studies have found evidence of B. burgdorferi persistence in dogs (11), mice (8, 9), monkeys (10), as well as humans (12) after antibiotic treatment, however, viable organisms are very difficult to be cultured from the host after antibiotic treatment. In log phase cultures (3-5 day old), B. burgdorferi is primarily in motile spirochetal form which is highly susceptible to current Lyme antibiotics doxycycline and amoxicillin, however, in stationary phase cultures (7-15 day old), increased numbers of atypical variant forms such as round bodies and aggregated biofilm-like microcolonies develop (13, 14). These atypical forms have increased tolerance to doxycycline and amoxicillin when compared to the growing spirochetal forms (13-16). In addition, that the active hits from the round body persister screens (17) overlap with those from the screens on stationary phase cells (13) indicates the stationary phase culture contains overlapping persister population and can be used as a relevant persister model for drug screens to identify agents with antipersister activity. Using these models, we identified a range of drugs such as daptomycin, clofazimine, anthracycline antibiotics, and sulfa drugs with high activity against stationary phase cells enriched in persisters through screens of FDA-approved drug library and NCI compound libraries (13, 18). Essential oils are concentrated volatile liquid that are extracted from plants. It has been reported in the literature that essential oils have antimicrobial activities (19) and anecdotal reports from the internet suggest some essential oils may improve symptoms for patients with persistent Lyme disease symptoms. However, the activity of essential oils against the causative agent *B. burgdorferi* has not been properly studied. Here, we evaluated a panel of essential oils for activities against *B. burgdorferi* stationary phase cells, and found that not all essential oils used by patients with Lyme disease have the same activity against *B. burgdorferi*, with oregano, cinnamon bark, and clove bud having among the highest antipersister activity in vitro.

RESULTS

Evaluation of essential oils for activity against stationary phase *B. burgdorferi*. We evaluated a panel of 34 essential oils at four different concentrations (1%, 0.5%, 0.25% and 0.125%) for activity against a 7-day old *B. burgdorferi* stationary phase culture in the 96-well plates with control drugs for 7 days. Consistent with our previous studies (13, 20), daptomycin control was shown to have high activity against the *B. burgdorferi* stationary phase culture, with a dose-dependent increase in killing activity resulting in a near total clearance of *B. burgdorferi* cells at the 40 μM concentration (Figure 1). Five essential oils (bandit, oregano, clove bud, geranium bourbon and cinnamon bark) at 1% concentration showed more activity against the stationary phase *B. burgdorferi* culture than 40 μM daptomycin with the plate reader SYBR green I/PI assay (Table 1). We found some essential oils have autofluorescence which severely interfered with the SYBR Green I/PI plate reader assay, but we were able to identify and resolve this issue present in some samples by fluorescence microscopy. As we previously described (21), we directly calculated the green

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(live) cell ratio of microscope images using Image Pro-Plus software, which could eliminate the background autofluorescence. Using SYBR Green I/PI assay and fluorescence microscopy, we additionally found 18 essential oils that showed more or similar activity against the stationary phase B. burgdorferi at 1% concentration compared to the 40 µM daptomycin, which could eradicate all live cells as shown by red (dead) aggregated cells (Table 1; Figure 1A). At 0.5% concentration, 7 essential oils (oregano, cinnamon bark, clove bud, citronella, wintergreen, geranium bourbon, and patchouli dark) were found to have higher or similar activity against the stationary phase B. burgdorferi than 40 µM daptomycin by fluorescence microscope counting after SYBR Green I/PI assay (Table 1; Figure 1B). However, bandit thieves oil, while having good activity at 1%, had significantly less activity at 0.5% and lower concentrations (Table 1). Among the effective hits, 5 essential oils (oregano, cinnamon bark, clove bud, citronella, and wintergreen) still showed better activity than 40 µM daptomycin at 0.25% concentration (Table 1; Figure 1C). Eventually, oregano, cinnamon bark, and clove bud were identified as the most active essential oils because of their remarkable activity even at the lowest concentration of 0.125%, which showed similar or better activity than 40 µM daptomycin (Table 1; Figure 1D). To further compare the activity of these active essential oils and find whether they could eradicate stationary phase B. burgdorferi at lower concentrations, we evaluated 6 essential oils (oregano, cinnamon bark, clove bud, citronella, geranium bourbon, and wintergreen) at even lower concentrations at 0.1% and 0.05%. We noticed that oregano could not wipe out stationary phase B. burgdorferi at 0.05% concentration as shown by some residual green

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aggregated cells (Table 2, Figure 2), despite oregano showed strong activity sterilizing all the stationary phase B. burgdorferi cells at above 0.1% concentration (Tables 1 and 2). Carvacrol as a highly potent active ingredient of oregano oil against stationary phase B. burgdorferi. To identify active ingredients of the oregano essential oil, we tested three major constituents (22), carvacrol, p-cymene and α -terpinene on the stationary phase B. burgdorferi. Interestingly, carvacrol showed similar high activity against B. burgdorferi as oregano essential oil either at 0.1% (6.5 μM) or 0.05% (3.2 μM) concentration (Table 2 and Figure 2h). Meanwhile we also found carvacrol was very active against replicating B. burgdorferi, as shown with a very low MIC of 0.16-0.31 μg/mL. By contrast, p-cymene and α-terpinene did not have activity against the stationary phase B. burgdorferi (Table 2 and Figure 2i and j). Thus, carvacrol could be one of the most active ingredients in oregano oil that kill stationary phase *B. burgdorferi*. Subculture studies to evaluate the activity of essential oils against stationary phase B. burgdorferi. To confirm the activity of the essential oils in killing stationary phase B. burgdorferi, we performed subculture studies in BSK-H medium as described previously (14). To validate the activity of these essential oils, samples of essential oil treated cultures were subjected to subculture after removal of the drugs by washing followed by incubation in fresh BSK medium for 21 days. According to the essential oil drug exposure experiments (Table 2), we used subculture to further confirm whether the top 6 active essential oils (oregano, cinnamon bark and clove bud, citronella, geranium bourbon, and wintergreen) could eradicate the stationary phase B. burgdorferi cells at 0.1% or 0.05% concentration. At 0.1% concentration, the subculture results were consistent with the above drug exposure results. We did not find any regrowth in samples of three top hits, oregano, cinnamon bark and clove bud (Figure 3Ab-d). However, citronella, geranium bourbon and wintergreen could not completely kill the stationary phase B. burgdorferi with many spirochetes being visible after 21-day subculture (Figure 3Ae-g). Subculture also confirmed the activity of carvacrol by showing no spirochete regrowth in the 0.1% carvacrol treated samples. In p-cymene and α-terpinene subculture samples, we observed growth even in 0.1% concentration samples. At 0.05% concentration, we observed no spirochetal regrowth after 21-day subculture in the oregano and cinnamon bark treated samples (Figure 3Bb, c), despite some very tiny aggregated microcolonies were found after treatment (Figure 2Bb, c). Although the clove bud showed better activity than the cinnamon bark at 0.05% concentration (Table 2), interestingly, clove bud could not sterilize the B. burgdorferi stationary phase culture, as they all had visible spirochetes growing after 21-day subculture (Figure 3Bc, d). Additionally, 0.05% citronella, geranium bourbon and wintergreen could not kill all B. burgdorferi since many viable spirochetes were observed in the 21-day subculture (Figure 3Be-g). Remarkably, 0.05% carvacrol sterilized the B. burgdorferi stationary phase culture as shown by no regrowth after 21-day subculture (Figure 3Bh).

DISCUSSION

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bactericidal activity against on multidrug resistant Gram-negative clinical isolates (23). In this study, we tested 34 essential oils from different plants on non-growing stationary phase B. burgdorferi as a model of persister drug screens. We were able to identify 23 essential oils that are more active than 40 µM daptomycin at 1% concentration, 3 of which, i.e. oregano, clove bud and cinnamon bark, highlighted themselves as having a remarkable activity even at a very low concentration of 0.125% (Table 1). Among them oregano and cinnamon bark essential oil had the best activity as shown by completely eradicating B. burgdorferi even at 0.05% concentration. In a previous study, oregano essential oil was found to have antibacterial activity against Gram-positive and Gram-negative bacteria (22). Here, for the first time, we identified oregano essential oil as having a highly potent activity against stationary phase B. burgdorferi. We tested three major ingredients of oregano essential oil (carvacrol, p-cymene and α -terpinene) on B. burgdorferi, and found carvacrol is the major active component, which showed similar activity as the complete oregano essential oil (Figures 2 and 3). In addition, we noted that oregano essential oil can dramatically reduce the size of aggregated biofilm-like microcolonies compared to the antibiotic controls (Figure 1). After treatment with 0.25% oregano essential oil, only some dispersed tiny red aggregated cells were left in the culture (Figure 1C). Interestingly, we observed that amount and size of aggregated biofilm-like microcolonies of B. burgdorferi dramatically reduced with increasing concentrations of oregano oil, as aggregated biofilm-like structures vanished after treatment with 0.5% or 1% oregano essential oil. When we reduced the concentration of oregano essential oil to 0.05%, it could not eradicate stationary phase B. burgdorferi (residual viability 56%, Figure 2Bb) but the size of aggregated microcolonies decreased significantly. By

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contrast, daptomycin could kill the aggregated biofilm-like microcolonies of B. burgdorferi as shown by red aggregated microcolonies but could not break up the aggregated microcolonies even at the highest concentration of 40 µM (Figure 1A). It has been shownthat carvacrol and other active compositions of oregano essential oil could disrupt microbial cell membrane (19). Future studies are needed to determine whether oregano essential oil and other active essential oils have similar membrane disruption activity and could destroy the aggregated biofilm structures of *B. burgdorferi*. We also noted that some essential oils such as oregano and cinnamon bark had relatively high residual viability percentage (Table 2) at low concentration of 0.05% but their treated B. burgdorferi cells did not grow in the subculture study (Table 2; Figure 3Bb, c). We speculate that these essential oils could dissolve the dead B. burgdorferi cells presumably due to their high lipophilicity. The reduction of number of dead red cells by the essential oil made the residual viability percentage increase, although the amount of live cells obviously decreased as well (Figure 2Ab-d, Bb-c). In addition, these essential oils may also permanently damage or inhibit the growth of B. burgdorferi during the treatment, such that even in the fresh medium, the residual B. burgdorferi cells still could not regrow. Meanwhile, we found that at a high concentration (above 1%) lemongrass or oregano essential oil showed apparent high residual viability percentage by the SYBR Green I/PI plate assay, compared with the microscopy counting data (Table 1, Figure 1A). This may be caused by strong autofluorescence of these essential oils that severely interfere with the SYBR Green

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I/PI assay. We studied the emission spectral of lemongrass essential oil using Synergy H1 multi-mode reader and found lemongrass essential oil emits the strongest autofluorescence. The peak fluorescence of lemongrass essential oil is at 520 nm that overlaps with the green fluorescence of SYBR Green I dye (peak is at 535 nm). The strong autofluorescence caused the abnormal residual viability percentage (above 100% in Table 1) using SYBR Green I/PI plate assay. We also found oregano essential oil emits autofluorescence at 535 nm, which pushed the green/red fluorescence ratio higher than their true values (Table 1). However, we were able to solve this problem by using fluorescence microscopy as a more reliable measure to confirm the results of SYBR Green I/PI plate reader assay (13, 21). Additionally, we found cinnamon bark and clove bud essential oils showed excellent activity against B. burgdorferi. Cinnamon bark essential oil eradicated the stationary phase B. burgdorferi even at 0.05% concentration (Table 2) while clove bud essential oil showed sterilization at 0.1% or above concentration. Extractions of cinnamon bark and clove bud have been used as flavors for food processing. Based on this discovery, effective oral regimens with low side effect may be developed to fight against Lyme disease in future studies. In a previous study, it has been found that volatile oil from Cistus creticus showed growth inhibiting activity against B. burgdorferi in vitro (24) but its activity against stationary phase bacteria enriched in persisters was not evaluated. In this study, we tested six Citrus plants (Citrus bergamia, Citrus sinensis, Citrus limonum, Citrus aurantifolia, Citrus racemosa,

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Citrus reticulata) on the stationary phase B. burgdorferi culture and found bergamot (Citrus bergamia) had high activity (residual viability 12%) at 1% concentration but the other Citrus essential oils did not show good activity against B. burgdorferi compared with clinically used doxycycline, cefuroxime or ciprofloxacin (Table 1). Although we found several essential oils (oregano, cinnamon bark, clove bud) that have excellent sterilizing activity against B. burgdorferi stationary phase cells in vitro (Table 1), the effective dose that will show equivalent activity in vivo is unknown at this time largely because the active ingredients in the active essential oils and the pharmacokinetic profile of the active ingredients are not all known. Future studies are needed to identify the active ingredients of the active essential oils and determine their effective dosage in vivo. Identification of active components or active component combinations from essential oils may help to eliminate the quality difference of natural products. However, we were able to identify carvacrol as the most active ingredient in oregano essential oil, and its pharmacokinetics has been studied as a feed addition in pigs (25) and topical oil in cattle (26). In the rat model, the calculated LD50 of carvacrol is 471.2 mg/kg (27). We noticed that the 0.05% of carvacrol used here, which is equivalent to 0.48 µg/mL or 3.2 µM and completely eradicated B. burgdorferi stationary phase cells in subculture (Figure 3), is lower than the peak plasma concentration (3.65 µg/mL) in the swine study (25). These findings favor the application of carvacrol in future treatment studies. Importantly, carvacrol seems to be more active than daptomycin, the most active persister drugs against B. burgdorferi (13, 14). In this study, 0.1% carvacrol (6.4 µM) showed much higher activity (2% residual

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viability) than 5 μM daptomycin (45% residual viability) (Table 1 and 2). In addition, 0.05% carvacrol (3.2 µM) could eradicate B. burgdorferi stationary phase cells with no regrowth in subculture, but 10 µg/mL daptomycin (6.2 µM), by contrast, could not completely kill B. burgdorferi stationary phase cells as shown by regrowth in subculture (14). Furthermore, carvacrol showed remarkable activity against not only stationary phase B. burgdorferi but also log phase replicating cells with very low MIC (0.16-0.31 µg/mL). However, there is limited safety information on carvacrol in humans. In mice, carvacrol has been given at 40 mg/kg daily for 20 days with no apparent toxicity (28). However, carvacrol and other active components of essential oil showed certain cytotoxicity (IC₅₀ of carvacrol was 200-425 μM) (29, 30) on mammalian cells and genotoxic activity in vivo (even the lowest dose of 10 mg/kg) (31). In addition, it is well known that some effective drugs identified in vitro may fail when tested in vivo. Thus, adequate animal studies are needed to confirm the safety and efficacy of the active essential oils in *in vivo* setting before human studies. In summary, we found that many essential oils had varying degrees of activity against stationary phase B. burgdorferi. The most active essential oils are oregano, cinnamon bark, and clove bud, which seem to have even higher activity than the persister drug daptomycin. A particularly interesting observation is that these highly active essential oils had remarkable biofilm-dissolving capability and completely eradicated all stationary phase cells with no regrowth. In addition, carvacrol was found to be the most active ingredient of oregano with high activity against B. burgdorferi stationary phase cells. Future studies are needed to test whether carvacrol could replace the persister drug daptomycin in drug combinations against more resistant biofilm-like structures and for treating persistent borrelia infections in animal models and in patients.

MATERIALS AND METHODS

Strain, media and culture techniques. Low passaged (less than 8 passages) *B. burgdorferi* strain B31 5A19 was kindly provided by Dr. Monica Embers (15). The *B. burgdorferi* B31 strain was grown in BSK-H medium (HiMedia Laboratories Pvt. Ltd.) and supplemented with 6% rabbit serum (Sigma-Aldrich, St. Louis, MO, USA). All culture medium was filter-sterilized by 0.2 µm filter. Cultures were incubated in sterile 50 ml conical tubes (BD Biosciences, California, USA) in microaerophilic incubator (33°C, 5% CO₂) without antibiotics. After incubation for 7 days, 1 ml stationary-phase *B. burgdorferi* culture (~10⁷ spirochetes/mL) was transferred into a 96-well plate for evaluation of potential anti-persister activity of essential oils (see below).

Essential oils and drugs. A panel of essential oils was purchased from Plant Therapy (ID, USA), Natural Acres (MO, USA), or Plant Guru (NJ, USA). Carvacrol, p-cymene, and α-terpinene were purchased from Sigma-Aldrich (USA). Essential oils were added to *B. burgdorferi* cultures to form aqueous suspension by vortex. Immediately the essential oil aqueous suspension was serially diluted to desired concentrations followed by addition to *B. burgdorferi* cultures. Doxycycline (Dox), cefuroxime (CefU), (Sigma-Aldrich, USA) and daptomycin (Dap) (AK Scientific, Inc, USA) were dissolved in suitable solvents (32, 33) to

form 5 mg/ml stock solutions. The antibiotic stocks were filter-sterilized by 0.2 µm filter and stored at -20°C. Microscopy. The B. burgdorferi cultures were examined using BZ-X710 All-in-One fluorescence microscope (KEYENCE, Inc.). The SYBR Green I/PI viability assay was performed to assess the bacterial viability using the ratio of green/red fluorescence to determine the live:dead cell ratio, respectively, as described previously (13, 34). This residual cell viability reading was confirmed by analyzing three representative images of the bacterial culture using epifluorescence microscopy. BZ-X Analyzer and Image Pro-Plus software were used to quantitatively determine the fluorescence intensity. Evaluation of essential oils for their activities against B. burgdorferi stationary phase **cultures.** To evaluate the essential oils for possible activity against stationary phase B. burgdorferi, aliquots of the essential oils or drugs were added to 96-well plate containing 100 μL of the 7-day old stationary phase B. burgdorferi culture to obtain the desired concentrations. In the primary essential oil screen, each essential oil was assayed in four concentrations, 1%, 0.5%, 0.25% and 0.125% (v/v) in 96-well plate. The active hits were further confirmed with lower 0.1% and 0.05% concentration; all tests were run in triplicate. All the plates were incubated at 33°C and 5% CO₂ without shaking for 7 days when the residual viable cells remaining were measured using the SYBR Green I/PI viability assay and epifluorescence microscopy as described (13, 34).

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Antibiotic susceptibility testing. To qualitatively determine the effect of essential oils in a high-throughput manner, 10 µl of each essential oil from the pre-diluted stock was added to 7-day old stationary phase B. burgdorferi culture in the 96-well plate. Plates were sealed and placed in 33°C incubator for 7 days when the SYBR Green I/ PI viability assay was used to assess the live and dead cells as described (13). Briefly, 10 μ l of SYBR Green I (10,000 \times stock, Invitrogen) was mixed with 30 µl propidium iodide (PI, 20 mM, Sigma) into 1.0 ml of sterile dH₂O. Then 10 µl staining mixture was added to each well and mixed thoroughly. The plates were incubated at room temperature in the dark for 15 minutes followed by plate reading at excitation wavelength at 485 nm and the fluorescence intensity at 535 nm (green emission) and 635 nm (red emission) in microplate reader (HTS 7000 plus Bio Assay Reader, PerkinElmer Inc., USA). With least-square fitting analysis, the regression equation and regression curve of the relationship between percentage of live and dead bacteria as shown in green/red fluorescence ratios was obtained. The regression equation was used to calculate the percentage of live cells in each well of the 96-well plate. The standard microdilution method was used to determine the MIC of carvacrol, based on inhibition of visible growth of B. burgdorferi by microscopy. Carvacrol was added to B. burgdorferi cultures (1 \times 10⁴ spirochetes/mL) to form aqueous suspension by vortex. The carvacrol suspension was two-fold diluted from 0.5% (4.88 μg/mL) to 0.008% (0.08 μg/mL). All experiments were run in triplicate. B. burgdorferi culture was incubated in 96-well microplate at 33 °C for 7 days. Cell proliferation was assessed using the SYBR Green I/PI assay and BZ-X710 All-in-One fluorescence microscope (KEYENCE, Inc.).

Subculture studies to assess viability of the of essential oil-treated *B. burgdorferi* organisms. A 7-day old *B. burgdorferi* stationary phase culture (500 µl) was treated with essential oils or control drugs for 7 days in 1.5 ml Eppendorf tubes as described previously (14). After incubation at 33 °C for 7 days without shaking, the cells were collected by centrifugation and rinsed with 1 ml fresh BSK-H medium followed by resuspension in 500 µl fresh BSK-H medium without antibiotics. Then 50 µl of cell suspension was transferred to 1 ml fresh BSK-H medium for subculture at 33 °C for 20 days. Cell proliferation was assessed using SYBR Green I/PI assay and epifluorescence microscopy as described above.

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Table 1. Effect of essential oils on a 7-day old stationary phase *B. burgdorferi* ^a.

Essential oils and control drugs	Plant	Residual viability (%) ^b				
		1%	0.5%	0.25%	0.125%	
Daptomycin		22%°	37% ^d	44% ^e	45% ^f	
Cefuroxime		55% °	63% ^d	71% ^e	77% ^f	
Doxycycline		70% °	69% ^d	77% ^e	88% ^f	
Oregano	Origanum vulgare	6% (0%)	64% (0%)	67% (0%)	65% (0%)	
Clove Bud	Syzygium aromaticum L	6% (0%)	24% (0%)	22% (0%)	39% (20%)	
Cinnamon Bark	Cinnamomum zeylanicum	16% (ND ^g)	18% (ND)	21% (0%)	36% (24%)	
Citronella	Cymbopogon winterianus	26% (0%)	27% (0%)	35% (25%)	79% (66%)	
Wintergreen	Gaultheria procumbens	103% (5%)	114% (10%)	104% (20%)	104% (70%)	
Geranium Bourbon	Pelargonium graveolens	9% (0%)	28% (0%)	41% (66%)	77% (72%)	
Patchouli Dark	Pogostemon cablin	26% (0%)	55% (0%)	68% (66%)	76%	
Basil	Ocimum basilicum	60% (5%)	70% (30%)	71% (70%)	76%	
Lavender	Lavendula officianalis	27% (0%)	65% (40%)	70%	78%	
Clary Sage	Salvia sclarea	26% (0%)	70% (45%)	77%	79%	
Cedarwood Atlas	Cedrus atlantica	23% (0%)	69% (47%)	76%	79%	
Lemongrass	Cymbopogon citratus	93% (ND ^g)	77% (48%)	73%	72%	
Bandit "Thieves"	Synergy blend	0 ^h (0%)	40% (50%)	72%	76%	
Lemongrass	Cymbopogon flexuosus	67% (ND ^g)	74% (50%)	72%	82%	
Spearmint	Mentha spicata	33% (0%)	84% (50%)	82%	84%	
Tea Tree	Melaleuca alternifolia	31% (0%)	78% (55%)	81%	76%	
Ginger	Aingiber officinalis	65% (0%)	71% (55%)	71%	77%	
Marjoram (Sweet)	Origanum marjorana	22% (0%)	71% (60%)	74%	76%	
Peppermint	Mentha piperita	28% (0%)	78% (60%)	77%	81%	
Bergamot	Citrus bergamia	62% (12%)	74% (63%)	74%	83%	

Breathe	Synergy blend	32% (18%)	74% (66%)	74%	74%
Cajeput	Melaleuca cajeputi	36% (0%)	77% (66%)	75%	76%
Ylang Ylang	Cananga odorata	56% (5%)	77% (70%)	76%	79%
Anise Star	Illicium verum hook	34% (33%)	73%	76%	78%
Stress Relief	Synergy blend	36% (55%)	77%	77%	77%
Cypress	Cupressus sempervirens	66%	72%	74%	74%
Orange (Sweet)	Citrus sinensis	70%	70%	72%	75%
Eucalyptus	Eucalyptus globus	59%	72%	72%	75%
Lemon	Citrus limonum	72%	76%	75%	77%
Lime	Citrus aurantifolia	73%	76%	75%	77%
Rosemary	Rosmarinus officinalis	64%	75%	75%	80%
Pink Grapefruit	Citrus racemosa	75%	79%	78%	81%
Tangerine	Citrus reticulata	73%	81%	79%	85%
Frankincense	Boswellia serrata	81%	85%	94%	94%

- ^a A 7-day old *B. burgdorferi* stationary phase culture was treated with essential oils or
- 371 control drugs for 7 days.
- ^bResidual viable *B. burgdorferi* was calculated according to the regression equation
- and ratios of Green/Red fluorescence obtained by SYBR Green I/PI assay (34).
- Residual viability calculated by fluorescence microscope is shown in brackets. Bold
- type indicates the essential oils that had better or similar activity compared with 40
- 376 μM daptomycin used as the active persister-drug control.
- 377 CActivity was tested with 40 μM control antibiotics.
- ^dActivity was tested with 20 μM control antibiotics.
- ^eActivity was tested with 10 μM control antibiotics.
- ^fActivity was tested with 5 μM control antibiotics.

- 381 ^gAutofluorescence of essential oil is too strong to be observed under fluorescence
- 382 microscope.

^hValues are below the 70% isopropanol killed all-dead control.

Table 2. Comparison of essential oil activity against stationary phase *B. burgdorferi* with 0.1% and 0.05% (v/v) treatment and subculture^a.

	0.1% Essential oil		0.05% Essential oil		
	Treatment ^b	Subculture ^c	Treatment	Subculture ^c	
Drug free control	95%	+	95%	+	
Daptomycin+Doxycyc line+Cefuroxime ^d	18% ^d	_ d	N/A	N/A	
Oregano	60% (8%)	-	68% (56%)	-	
Cinnamon Bark	62% (55%)	-	66% (66%)	-	
Clove Bud	57% (33%)	-	68% (77%)	+	
Citronella	78% (70%)	+	77% (82%)	+	
Geranium Bourbon	74% (70%)	+	85% (80%)	+	
Wintergreen	90% (77%)	+	94% (85%)	+	
Carvacrol	55% (2%)	-	60% (55%)	-	
p-cymene	66% (72%)	+	73% (83%)	+	
α-terpinene	70% (77%)	+	77% (85%)	+	

a A 7-day old stationary phase *B. burgdorferi* was treated with 0.05% or 0.1 % essential oils or their ingredients for 7 days when the viability of the residual organisms was assessed by subculture.

bResidual viable percentage of *B. burgdorferi* was calculated according to the regression equation and ratio of Green/Red fluorescence obtained by SYBR Green I/PI assay as described (13). Direct microscopy counting was employed to rectify the results of the SYBR Green I/PI assay. Residual viability calculated by fluorescence microscopy is shown in brackets. Viabilities are the average of three replicates.

- 395 "-" indicates growth in subculture; "-" indicates no growth in subculture.
- 396 ^dActivity was tested with 5 μg/mL antibiotic combination.

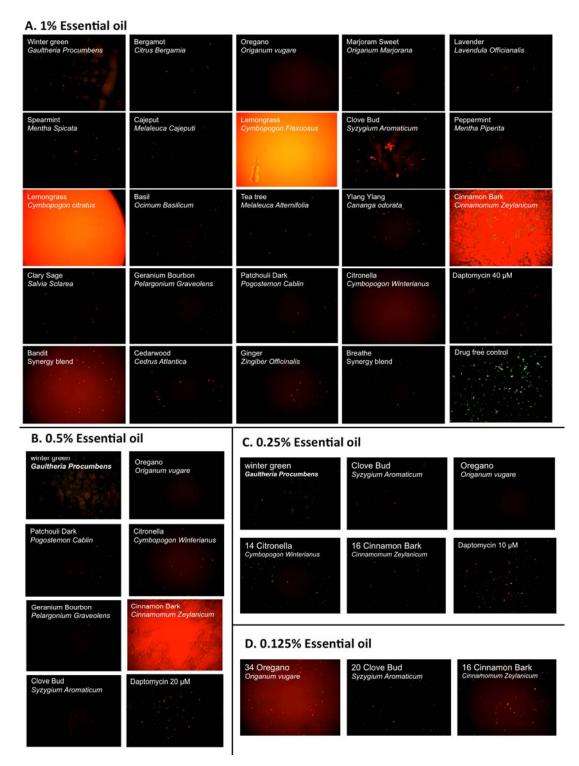


FIG 1. Effect of essential oils on the viability of stationary phase *B. burgdorferi*. A 7- day old *B. burgdorferi* stationary phase culture was treated with essential oils at different concentrations (v/v), 1% (A), 0.5% (B), 0.25% (C), and 0.125% (D) for 7

- days followed by staining with SYBR Green I/PI viability assay and fluorescence
- 402 microscopy.

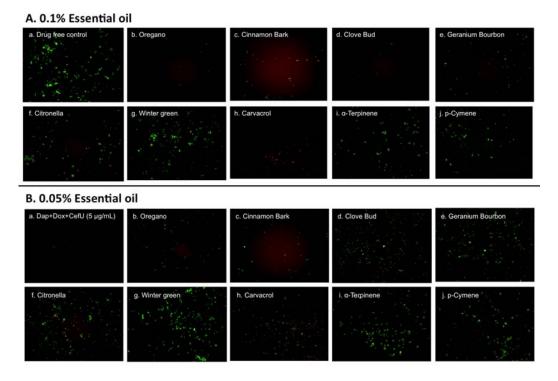


FIG 2. Effect of active essential oils or their ingredients on stationary phase B. burgdorferi. A B. burgdorferi stationary phase culture (7-day old) was treated with 0.1% (A) or 0.05% (B) essential oils (labeled on the image) or the ingredients (carvacrol, α -terpinene or p-cymene) of oregano for 7 days followed by staining with SYBR Green I/PI viability assay and fluorescence microscopy.

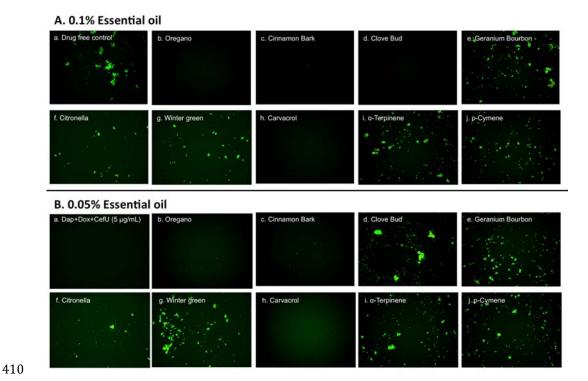


FIG 3. Subculture of *B. burgdorferi* after treatment with essential oils. A *B. burgdorferi* stationary phase culture (7-day old) was treated with the indicated essential oils at 0.1% (A) or 0.05% (B) for 7 days followed by washing and resuspension in fresh BSK-H medium and subculture for 21 days. The viability of the subculture was examined by SYBR Green I/PI stain and fluorescence microscopy.

REFERENCES

- 418 1. CDC. 2015. Lyme Disease. http://www.cdc.gov/lyme/. Accessed 9/13/2015.
- 2. Radolf JD, Caimano MJ, Stevenson B, Hu LT. 2012. Of ticks, mice and men: understanding the dual-host lifestyle of Lyme disease spirochaetes. Nat Rev Microbiol 10:87-99.
- 421 3. Wormser GP, Dattwyler RJ, Shapiro ED, Halperin JJ, Steere AC, Klempner MS, Krause PJ,
- Bakken JS, Strle F, Stanek G, Bockenstedt L, Fish D, Dumler JS, Nadelman RB. 2006. The
- Clinical Assessment, Treatment, and Prevention of Lyme Disease, Human Granulocytic
- Anaplasmosis, and Babesiosis: Clinical Practice Guidelines by the Infectious Diseases
- 425 Society of America. Clin Infect Dis 43:1089-134.
- 426 4. CDC. 2015. Post-Treatment Lyme Disease Syndrome.
- 427 http://www.cdc.gov/lyme/postLDS/index.html. Accessed 9/13/2015.
- 5. Steere AC, Gross D, Meyer AL, Huber BT. 2001. Autoimmune Mechanisms in Antibiotic Treatment-Resistant Lyme Arthritis. J Autoimmun 16:263-8.
- 430 6. Bockenstedt LK, Gonzalez DG, Haberman AM, Belperron AA. 2012. Spirochete antigens
- persist near cartilage after murine Lyme borreliosis therapy. J Clin Invest 122:2652-60.
- 432 7. Swanson SJ, Neitzel D, Reed KD, Belongia EA. 2006. Coinfections Acquired from *Ixodes*433 Ticks. Clin Microbiol Rev 19:708-27.
- 434 8. Hodzic E, Feng S, Holden K, Freet KJ, Barthold SW. 2008. Persistence of Borrelia
- *burgdorferi* following antibiotic treatment in mice. Antimicrob Agents Chemother 52:1728-36.
- 437 9. Hodzic E, Imai D, Feng S, Barthold SW. 2014. Resurgence of Persisting Non-Cultivable 438 Borrelia burgdorferi following Antibiotic Treatment in Mice. PLoS One 9:e86907.
- 439 10. Embers ME, Barthold SW, Borda JT, Bowers L, Doyle L, Hodzic E, Jacobs MB, Hasenkampf
- 440 NR, Martin DS, Narasimhan S, Phillippi-Falkenstein KM, Purcell JE, Ratterree MS, Philipp
- 441 MT. 2012. Persistence of Borrelia burgdorferi in Rhesus Macaques following Antibiotic
- Treatment of Disseminated Infection. PLoS One 7:e29914.
- 443 11. Straubinger RK, Summers BA, Chang YF, Appel MJ. 1997. Persistence of Borrelia
- 444 burgdorferi in Experimentally Infected Dogs after Antibiotic Treatment. J Clin Microbiol
- 445 35:111-6.
- 446 12. Marques A, Telford SR, 3rd, Turk SP, Chung E, Williams C, Dardick K, Krause PJ,
- 447 Brandeburg C, Crowder CD, Carolan HE, Eshoo MW, Shaw PA, Hu LT. 2014. Xenodiagnosis
- 448 to Detect Borrelia burgdorferi Infection: A First-in-Human Study. Clin Infect Dis 58:937-
- 449 45.
- 450 13. Feng J, Wang T, Shi W, Zhang S, Sullivan D, Auwaerter PG, Zhang Y. 2014. Identification of
- 451 Novel Activity against *Borrelia burgdorferi* Persisters Using an FDA Approved Drug
- 452 Library. Emerg Microb Infect 3:e49.
- 453 14. Feng J, Auwaerter PG, Zhang Y. 2015. Drug Combinations against Borrelia burgdorferi
- 454 persisters In Vitro: Eradication Achieved by Using Daptomycin, Cefoperazone and
- Doxycycline. PLoS One 10:e0117207.
- 456 15. Caskey JR, Embers ME. 2015. Persister Development by Borrelia burgdorferi Populations
- 457 *In Vitro*. Antimicrob Agents Chemother 59:6288-95.
- 458 16. Sharma B, Brown AV, Matluck NE, Hu LT, Lewis K. 2015. Borrelia burgdorferi, the
- 459 Causative Agent of Lyme Disease, Forms Drug-Tolerant Persister Cells. Antimicrob

- 460 Agents Chemother 59:4616-24.
- 461 17. Feng J, Shi W, Zhang S, Sullivan D, Auwaerter PG, Zhang Y. 2016. A Drug Combination
- Screen Identifies Drugs Active against Amoxicillin-Induced Round Bodies of *In Vitro Borrelia burgdorferi* Persisters from an FDA Drug Library. Front Microbiol 7:743.
- 464 18. Feng J, Weitner M, Shi W, Zhang S, Sullivan D, Zhang Y. 2015. Identification of Additional
- Anti-Persister Activity against *Borrelia burgdorferi* from an FDA Drug Library. Antibiotics 4:397.
- 467 19. Nazzaro F, Fratianni F, De Martino L, Coppola R, De Feo V. 2013. Effect of Essential Oils on Pathogenic Bacteria. Pharmaceuticals (Basel) 6:1451-74.
- 469 20. Feng J, Weitner M, Shi W, Zhang S, Zhang Y. 2016. Eradication of Biofilm-like Microcolony
- Structures of *Borrelia burgdorferi* by Daunomycin and Daptomycin but not Mitomycin C
- in Combination with Doxycycline and Cefuroxime. Front Microbiol 7:62.
- 472 21. Feng J, Shi W, Zhang S, Zhang Y. 2015. Identification of new compounds with high activity
- against stationary phase *Borrelia burgdorferi* from the NCI compound collection. Emerg
- 474 Microbes Infect 4:e31.
- 475 22. Bejaoui A, Chaabane H, Jemli M, Boulila A, Boussaid M. 2013. Essential Oil Composition
- and Antibacterial Activity of *Origanum vulgare* subsp. *glandulosum* Desf. at Different
- 477 Phenological Stages. J Med Food 16:1115-20.
- 478 23. Sakkas H, Gousia P, Economou V, Sakkas V, Petsios S, Papadopoulou C. 2016. In vitro
- antimicrobial activity of five essential oils on multidrug resistant Gram-negative clinical
- isolates. J Intercult Ethnopharmacol 5:212-8.
- 481 24. Hutschenreuther A, Birkemeyer C, Grotzinger K, Straubinger RK, Rauwald HW. 2010.
- Growth inhibiting activity of volatile oil from Cistus creticus L. against Borrelia
- 483 *burgdorferi* s.s. *in vitro*. Pharmazie 65:290-5.
- 484 25. Michiels J, Missotten J, Dierick N, Fremaut D, Maene P, De Smet S. 2008. In vitro
- 485 degradation and *in vivo* passage kinetics of carvacrol, thymol, eugenol and *trans*-
- definition of the gastrointestinal tract of piglets. J Sci Food Agric 88:2371-
- 487 2381.
- 488 26. Mason SE, Mullen KA, Anderson KL, Washburn SP, Yeatts JL, Baynes RE. 2017.
- 489 Pharmacokinetic analysis of thymol, carvacrol and diallyl disulfide after intramammary
- and topical applications in healthy organic dairy cattle. Food Addit Contam Part A Chem
- 491 Anal Control Expo Risk Assess doi:10.1080/19440049.2017.1285056:1-10.
- 492 27. Azizi Z, Ebrahimi S, Saadatfar E, Kamalinejad M, Majlessi N. 2012. Cognitive-enhancing
- 493 activity of thymol and carvacrol in two rat models of dementia. Behav Pharmacol 23:241-
- 494 9.
- 495 28. Fabbri J, Maggiore MA, Pensel PE, Denegri GM, Gende LB, Elissondo MC. 2016. In vitro
- 496 and *in vivo* efficacy of carvacrol against *Echinococcus granulosus*. Acta Trop 164:272-279.
- 497 29. Melusova M, Slamenova D, Kozics K, Jantova S, Horvathova E. 2014. Carvacrol and
- 498 rosemary essential oil manifest cytotoxic, DNA-protective and pro-apoptotic effect
- having no effect on DNA repair. Neoplasma 61:690-9.
- 500 30. Stammati A, Bonsi P, Zucco F, Moezelaar R, Alakomi HL, von Wright A. 1999. Toxicity of
- 501 Selected Plant Volatiles in Microbial and Mammalian Short-Term Assays. Food Chem
- 502 Toxicol 37:813-23.
- 503 31. Azirak S, Rencuzogullari E. 2008. The *In Vivo* Genotoxic Effects of Carvacrol and Thymol

504 in Rat Bone Marrow Cells. Environ Toxicol 23:728-35. 505 32. Wikler MA, National Committee for Clinical Laboratory S. 2005. Performance Standards 506 for Antimicrobial Susceptibility Testing: Fifteenth Informational Supplement. Clinical 507 and Laboratory Standards Institute, Wayne, PA. 508 The United States Pharmacopeial Convention. 2000. The United States Pharmacopeia, 33. 509 24th ed, Philadelphia, PA. 510 34. Feng J, Wang T, Zhang S, Shi W, Zhang Y. 2014. An Optimized SYBR Green I/PI Assay for 511 Rapid Viability Assessment and Antibiotic Susceptibility Testing for Borrelia burgdorferi. 512 PLoS One 9:e111809. 513 514