

1 **Antiviral activity of plant juices and green tea against SARS-CoV-2 and influenza virus *in vitro***

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16 **Running title:** Green tea and juices against viruses

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18 **Keywords:** COVID-19, vaccinia virus, adenovirus, transmission, oral rinses, green tea (*Camellia*

19 *sinensis*), black chokeberry (*Aronia melanocarpae*), pomegranate (*Punica granatum*), elderberry

20 (*Sambucus nigra*), phytomedicine

21

22 **Abstract**

23 Respiratory viruses initially infect the naso- and oropharyngeal regions, where they amplify, cause  
24 symptoms and may also be transmitted to new hosts. Preventing initial infection or reducing viral  
25 loads upon infection might soothe symptoms, prevent dissemination into the lower airways, or  
26 transmission to the next individual. We here analyzed the potential of plant derived products to  
27 inactivate SARS-CoV-2 and influenza virus. We found that black chokeberry (*Aronia melanocarpa*)  
28 juice, pomegranate (*Punica granatum*) juice, and green tea (*Camellia sinensis*) have virucidal activity  
29 against both viruses, suggesting that oral rinsing may reduce viral loads in the oral cavity thereby  
30 lowering virus transmission.

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## 32 **Background**

33 Respiratory viruses such as influenza viruses and coronaviruses pose a significant threat to global  
34 health and are a substantial social, economic and healthcare burden, recently exemplified by the  
35 coronavirus disease 2019 (COVID-19) pandemic caused by severe acute respiratory syndrome  
36 coronavirus 2 (SARS-CoV-2) [1]. For SARS-CoV-2, the long incubation period of up to 14 days,  
37 subclinical course and high transmissibility before onset of symptoms has led to unprecedented spread  
38 around the globe [1,2]. Respiratory viruses initially infect the upper airways, both the naso- and  
39 oropharyngeal areas, where they amplify, cause respiratory symptoms [3] and spread to new hosts.  
40 Recent studies suggest gargling with commercial oral rinses may reduce virus spread and potentially  
41 infection [4,5]. Several natural products also have direct antiviral activity or may ameliorate symptoms  
42 of respiratory infections. Pomegranate (*Punica granatum*) [6] and black chokeberry (*Aronia*  
43 *melanocarpa*) [7] extracts have been shown to be antivirally active against influenza viruses *in vitro*,  
44 elderberry syrup (*Sambucus nigra*) showed improved symptom relief in influenza patients [8], and a  
45 meta-analysis showed that gargling green tea (*Camellia sinensis*) lowered incidences of influenza  
46 infections [9]. Natural products with a broad-spectrum antiviral activity would therefore be highly  
47 useful to reduce spread of respiratory viruses in the population, as they are inexpensive and rapidly  
48 deployable. Here, we evaluated the *in vitro* virucidal activity of green tea and herbal juices with  
49 prospective use as oral rinses against the enveloped respiratory viruses, SARS-CoV-2 and influenza A  
50 virus (IAV) and the naked adenovirus type 5 (AdV5). We found that influenza A virus is highly  
51 susceptible to inactivation by all tested substances. SARS-CoV-2 was less affected, however,  
52 inactivated by chokeberry juice and sensitive to green tea and pomegranate juice. AdV5 was resistant  
53 to most products, but viral titers were reduced by chokeberry juice. These findings underline the  
54 potential of common plant derived food products to contribute to the prevention of enveloped  
55 respiratory virus infections and diseases, where chokeberry juice was the most potent natural product  
56 tested herein.

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## 60 **Methods**

### 61 *Herbal substances:*

62 Green tea (Bio-Grüntee Japan Sencha Tee-Gschwendner Nr. 700; pH 4.46) was prepared by infusing 3  
63 g of leaves with 0.1 g ascorbic acid (Sigma Aldrich) for 4 min in 300 ml freshly boiled water under  
64 gentle movement, followed by filtration. Black chokeberry juice (Bio-Aronia Direktsaft Fa. Aronia  
65 original L2719; pH: 3.69), pomegranate juice (Satower Granatapfelsaft Direktsaft klar; pH: 2.99), and  
66 elderberry juice (Satower Fliederbeersaft; pH: 4.13) with valid best before date were kept refrigerated  
67 until use.

### 68 *Cell culture*

69 Vero E6 (*Cercopithecus aethiops* derived epithelial kidney) cells were grown in Dulbecco's modified  
70 Eagle's medium (DMEM, Gibco) which was supplemented with 2.5% heat-inactivated fetal calf  
71 serum (FCS), 100 units/ml penicillin, 100 µg/ml streptomycin, 2 mM L- glutamine, 1 mM sodium  
72 pyruvate, and 1x non-essential amino acids. Madin Darby canine kidney cells (MDCK) and A549  
73 (adenocarcinomic human alveolar basal epithelial) cells were grown in minimal essential medium with  
74 Earle's salts (EMEM; Biochrom AG, Berlin, Germany) supplemented with 1% non-essential  
75 aminoacids (Biochrom AG, Berlin, Germany), 10% FCS. BHK-21 (*Mesocricetus auratus* kidney)  
76 cells were grown in DMEM (CCPro) with 10% FCS. For experiments, cells were seeded in medium  
77 containing 2% FCS. Cells were incubated at 37°C in a 5% CO<sub>2</sub> humidified incubator.

### 78 *Virus test strains and cultivation*

79 Virus was propagated by inoculation of respective target cells and culturing until strong cytopathic  
80 effect was visible. The supernatant was then harvested, centrifuged to deplete cellular debris, aliquoted  
81 and stored at -80°C as virus stocks. Modified vaccinia virus Ankara (provided from the Institute of  
82 Animal Hygiene and Veterinary Public Health of the University Leipzig) was passaged on BHK-21  
83 cells (provided by Friedrich Löffler institute), influenza A virus A/H1N1/Brisbane/59/2007 (Novartis

84 Vaccines and Diagnostics GmbH & Co. KG) on MDCK cells (ATCC), adenovirus type 5, strain  
85 adenoid 75 (kindly provided by Prof. Sauerbrei, University of Jena, Jena, Germany) on A549 cells  
86 (ATCC) and SARS-CoV-2 BetaCoV/France/IDF0372/2020 (obtained through European Virus  
87 Archive global) on Vero E6 cells (ATCC).

### 88 *Infection assays*

89 To determine the virucidal activity of the herbal substances, they were mixed with the respective virus,  
90 incubated for a specified contact time at room temperature, and the remaining infectivity determined  
91 by tissue culture infectious dose 50 (TCID<sub>50</sub>) endpoint titration. This quantitative suspension test as  
92 described in EN 14476 [10] was performed for Modified vaccinia virus Ankara (MVA), influenza A  
93 virus (IAV) and adenovirus type 5 (AdV5) by incubating the respective virus with chokeberry,  
94 elderberry, or pomegranate juice, green tea, or buffer as control. Briefly, the efficacy of the tested  
95 products was examined as an 80% solution in the presence of 10% interfering substance (5% (w/v)  
96 BSA Fraction V (Sigma Aldrich), 0.4% (w/v) Mucin bovine Glandula submandibularis Type I-S  
97 (Sigma Aldrich), 5% (w/v) yeast extract (Sigma Aldrich)). SARS-CoV-2 was analyzed in 90%  
98 product. After the specified contact time, the test mixture was serially diluted 10-fold and titrated onto  
99 a 96 microtiter plate containing a confluent monolayer of the respective target cells in sextuplicates  
100 and the cells cultured until strong CPE was visible. IAV infected cells were additionally  
101 immunostained. Cells were then examined with a light microscope, the infected wells counted, and  
102 TCID<sub>50</sub> calculated according to Spearman-Kaerber. If the cytotoxicity of the compound succeeded the  
103 lower limit of quantification (LLOQ), the titer was adjusted accordingly. The virucidal activity was  
104 determined by the difference of the logarithmic titer of the virus control minus the logarithmic titer of  
105 the virus incubated with the substance to test.

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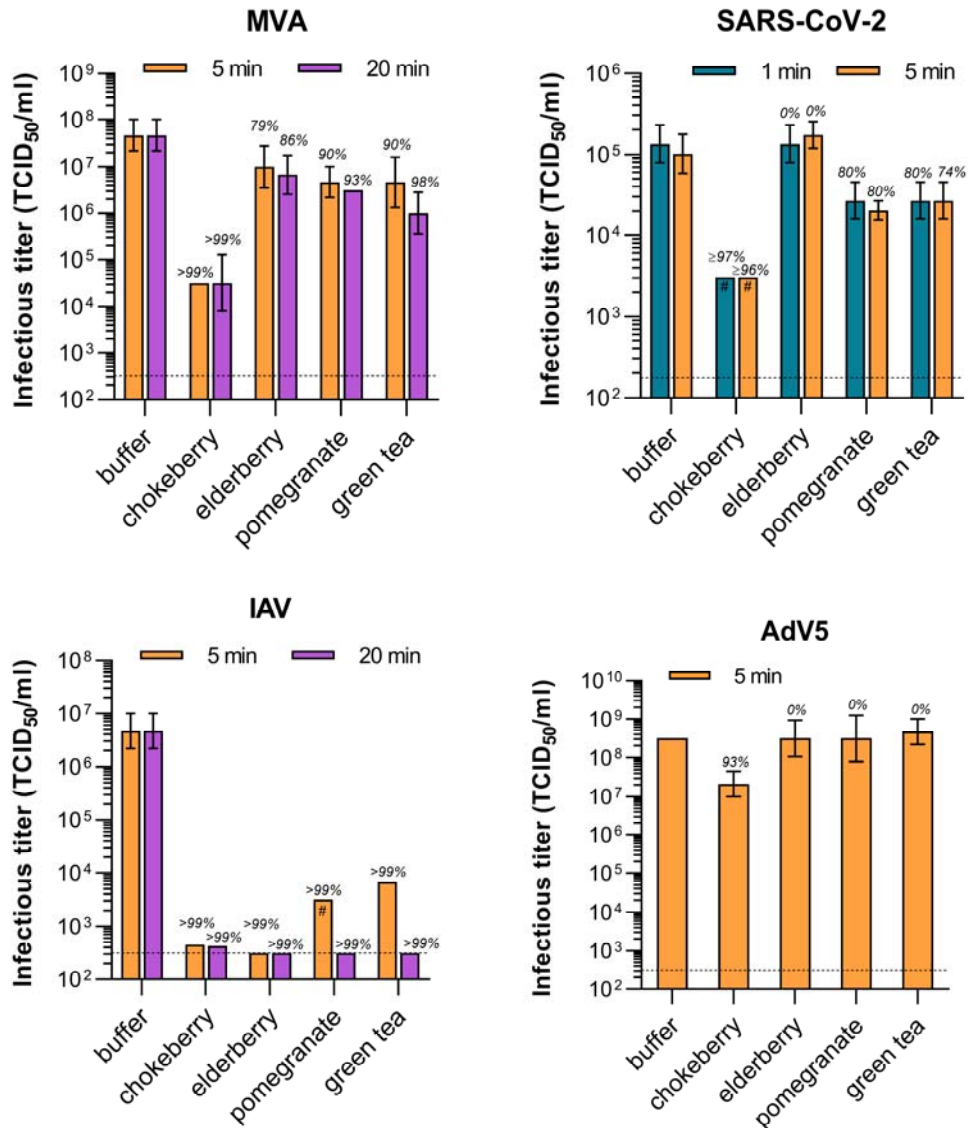
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## 111 **Results**

112 To assess the virucidal potential of four plant-derived products, we performed a quantitative  
113 suspension test using MVA (EN 14476 [10]) which is a resilient surrogate virus that is used for the  
114 validation of virucidal disinfectants against all enveloped viruses according to the European Guidance  
115 on the Biocidal Products Regulation [11]. While no reduction in viral titer was observed upon  
116 incubation with control buffer, 5-minute incubation with chokeberry juice, elderberry juice,  
117 pomegranate juice, or green tea yielded a 3.17, 0.67, 1.0 or 1.0  $\log_{10}$  decrease in infectivity,  
118 respectively (Figure 1, Table 1), indicating that the tested products are generally active against  
119 enveloped viruses. An incubation time of 20 minutes was only marginally more potent, suggesting a  
120 rapid acting antiviral effect. We then analyzed the two respiratory enveloped viruses responsible for  
121 the “swine flu” in 2009/2010 and the ongoing COVID-19 pandemic, IAV and SARS-CoV-2,  
122 respectively, as well as AdV5 as a naked control virus. A 5-minute incubation with chokeberry juice  
123 yielded most potent antiviral activities and inactivated IAV, SARS-CoV-2 and also AdV5 to 99.99%,  
124 96.98%, and 93.23%, respectively (Figure 1, Table 1). IAV was most susceptible to all products and  
125 infectivity reduced >99% by elderberry juice, pomegranate juice and green tea. SARS-CoV-2 titers  
126 were reduced approximately 80% by pomegranate juice and green tea already after 1-minute  
127 incubation, however, unaffected by elderberry juice, corresponding to the results obtained with the  
128 more resistant surrogate MVA. The naked AdV5 was resistant to three out of four products, however,  
129 susceptible to chokeberry juice (Figure 1, Table 1). In summary, IAV is highly susceptible to all  
130 analyzed products, whereas SARS-CoV-2 can be efficiently inactivated by chokeberry juice and is to a  
131 lower level affected by pomegranate juice or green tea.

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134 **Figure 1: Virucidal activity of natural products against MVA, IAV, SARS-CoV-2 and AdV5.**

135 MVA, IAV (A/H1N1/Brisbane/59/2007), SARS-CoV-2 (BetaCoV/France/IDF0372/2020), or AdV5  
 136 (adenoid 75) were incubated with the plant derived products for indicated contact times before serial  
 137 titration and inoculation of target cells. Viral titers were determined by monitoring cytopathic effect  
 138 and calculated as tissue culture infectious dose 50 (TCID<sub>50</sub>) according to Spearman-Kaerber. The  
 139 lower limit of quantification (LLOQ) is defined by limit of titration (dotted line) or cytotoxicity of the  
 140 compound (#). Error bars indicate standard deviation and italics above corresponding bars the decrease  
 141 of titers compared to control.

142 **Table 1: Antiviral activity of natural products against MVA, IAV, SARS-CoV-2 and AdV5.**

143 Log<sub>10</sub> reduction factor and antiviral activity of chokeberry, elderberry, pomegranate juice and green  
 144 tea against MVA, IAV, SARS-CoV-2 and AdV5 after indicated contact times. MVA, Modified  
 145 vaccinia virus Ankara; IAV, influenza A virus (A/H1N1/Brisbane/59/2007); SARS-CoV-2, severe  
 146 acute respiratory syndrome coronavirus 2 (BetaCoV/France/IDF0372/2020); AdV5 adenovirus type 5  
 147 (adenoid 75).

<b>virus</b>	<b>contact time (min)</b>		<b>control</b>	<b>chokeberry</b>	<b>elderberry</b>	<b>pomegranate</b>	<b>green tea</b>
<b>MVA</b>	<b>5</b>	titer	7.67 ± 0.33	4.50 ± 0.00	7.00 ± 0.45	6.67 ± 0.33	6.67 ± 0.54
		log <sub>10</sub> reduction factor		3.17	0.67	1.00	1.00
		infectivity reduction (%)		99.93	78.62	90.00	90.00
	<b>20</b>	titer	7.67 ± 0.33	4.50 ± 0.60	6.83 ± 0.42	6.50 ± 0.00	6.00 ± 0.45
		log <sub>10</sub> reduction factor		3.17	0.84	1.17	1.67
		infectivity reduction (%)		99.93	85.55	93.24	97.86
<b>IAV</b>	<b>5</b>	titer	6.67 ± 0.33	2.66 ± 0.0	≤ 2.5 ± 0.0	≤ 3.5 ± 0.0	3.83 ± 0.0
		log <sub>10</sub> reduction factor		4.01	≥ 4.17	≥ 3.17	2.84
		infectivity reduction (%)		99.99	≥ 99.99	≥ 99.93	99.86
	<b>20</b>	titer	6.67 ± 0.33	2.63 ± 0.0	≤ 2.5 ± 0.0	≤ 2.5 ± 0.0	≤ 2.5 ± 0.0
		log <sub>10</sub> reduction factor		4.04	≥ 4.17	≥ 4.17	≥ 4.17
		infectivity reduction (%)		99.99	≥ 99.99	≥ 99.99	≥ 99.99



<b>SARS-CoV-2</b>	<b>1</b>	titer	$5.13 \pm 0.23$	$\leq 3.49 \pm 0.00$	$5.13 \pm 0.23$	$4.43 \pm 0.23$	$4.43 \pm 0.23$
		log <sub>10</sub> reduction factor		$\geq 1.64$	0	0.70	0.70
		infectivity reduction (%)		$\geq 97.71$	0	80.05	80.05
<b>SARS-CoV-2</b>	<b>5</b>	titer	$5.01 \pm 0.24$	$\leq 3.49 \pm 0$	$5.24 \pm 0.16$	$4.31 \pm 0.12$	$4.43 \pm 0.23$
		log <sub>10</sub> reduction factor		$\geq 1.52$	0	0.70	0.58
		infectivity reduction (%)		$\geq 96.98$	0	80.05	73.70
<b>AdV5</b>	<b>5</b>	titer	$8.50 \pm 0.00$	$7.33 \pm 0.33$	$8.50 \pm 0.47$	$8.50 \pm 0.60$	$8.67 \pm 0.33$
		log <sub>10</sub> reduction factor		1.17	0	0	0
		infectivity reduction (%)		93.24	0	0	0

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150 **Discussion**

151 We examined and compared the virucidal activities of four natural beverages on a surrogate and three  
152 respiratory viruses and found that chokeberry juice, green tea and pomegranate juice reduced  
153 infectious titers of enveloped viruses with chokeberry juice being most efficient. The tested food  
154 products showed the highest antiviral efficacy against IAV, with  $\geq 4 \log_{10}$ , which corresponds to the  
155 effectiveness of typical disinfectants. The high susceptibility of IAV (H1N1), which is also a  
156 representative of influenza B and other influenza strains with regard to chemical stability, indicates  
157 low resilience of this virus family. SARS-CoV-2 behaved similar to the European model virus for  
158 enveloped viruses, MVA, and proved to be more resilient. Nevertheless, chokeberry juice inactivated  
159 >96% infectivity and pomegranate juice and green tea reduced titers, however, to a lesser extent.  
160 Notably, activity against MVA is prerequisite for validation of general disinfectant property of  
161 chemicals according to the European Chemicals Agency [11] and suggestive of broad activity against  
162 all enveloped viruses. As expected, the non-enveloped adenovirus, was less susceptible to the tested  
163 products, however, was also affected by the very potent chokeberry juice. Generally, differences in  
164 contact times did not have a strong influence on the efficiency of inactivation suggesting a rapid acting  
165 antiviral effect.

166 The antiviral activities of the plant products can be based on an acidic pH that may directly inactivate  
167 virus particles or by (poly-)phenols such as catechins, tannins or flavonoids that can act on viral and  
168 cellular proteins [12,13]. For example, pomegranate polyphenols were shown to inhibit influenza  
169 viruses by acting on virion surface glycoproteins and causing structural damage to the virion [14].  
170 Similarly, green tea catechins have been shown to destroy the virion structure and *epigallocatechin*  
171 *gallate* aggregates virus particles to prevent their interaction with target cells [15]. Catechins not only  
172 act on the virus particles but have additionally been shown to prevent fusion by interfering with  
173 endosome acidification and viral enzymes. For theaflavin-3,3'-digallat computer modelling suggested  
174 that it might prevent SARS-CoV-2 infection by interacting with its cellular receptor angiotensin  
175 converting enzyme 2 (ACE2) [13,15]. Of note, the composition of natural food products may vary  
176 between batches, which might affect their antiviral efficiency. Nevertheless, the composition of

177 various antivirally active components, acting by different mechanisms, represents a potent mix  
178 interfering with virus infection.

179 Since viral replication, symptoms and transmission occur in the naso- and oropharyngeal area,  
180 reducing viral titers as early as possible might represent a proactive strategy to prevent infection,  
181 dissemination, disease, and spread. The herbal products are common and available food preparations  
182 that could be applied as convenient “oral rinses”. Antiseptic oral rinses containing membrane-  
183 damaging agents (i.e. ethanol, chlorhexidine, cetylpyridinium chloride, hydrogen peroxide and  
184 povidone-iodine) are used in various private or clinical situations for prophylactic and therapeutic  
185 purposes and have further been applied in the context of viral infections [4,5]. In contrast to these  
186 chemical preparations, green tea and herbal juices can be applied more frequently and may be simply  
187 swallowed. Gargling tea, tea extracts or plant juice followed by drinking has already been shown to  
188 lower the incidence of influenza virus infections, viral loads and symptoms [8,9]. Similarly, antivirally  
189 active plant products such as chokeberry [7] or pomegranate [6] juice might be translated into  
190 “clinical” use against influenza viruses and SARS-CoV-2.

191 In the case of SARS-CoV-2, the virus may be passed before symptom onset, which is particularly  
192 treacherous. Oral rinsing and gargling with the tested juices and tea are largely unproblematic in long-  
193 term use and might be a suitable pre- and postexposure prophylaxis against SARS-CoV-2 during the  
194 current COVID-19 pandemic for any individual but especially those with high risk of infection or  
195 severe disease including healthcare workers, elderly, or immunocompromised. Additionally, the  
196 possibility of swallowing the “oral rinse” is practical in many situations such as during a flight, train  
197 or car ride, in day-care centres or schools and can even be part of a healthy diet. Furthermore, it would  
198 be helpful to reduce the risk of transmission in school classes and children by using nutritionally  
199 valuable and healthy food products instead of aggressive disinfectants or obstructive measures.

200 Thus, the administration of chokeberry juice, pomegranate juice or green tea may offer a possibility to  
201 minimize the spread of enveloped respiratory viruses, ease symptoms and potentially contribute to  
202 disease prevention and clinical investigation of their benefits is warranted.

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