

Evaluation on the Effectiveness of LesTani™
in Oil Palm Estates (A Field Trial)

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ABSTRACT

This research project was conducted at two sites; SPL Research Laboratory 1 in UMS and Sawit Kinabalu Sdn Bhd's Langkon Estate at Kota Marudu, Sabah. This research project was carried out from March 2011 to December 2011. It took approximately nine months. Observation period for this field trial is five months (July 2011 to December 2011). The objectives of this project are to validate the effectiveness of LesTani™ in controlling Basal Stem Rot (BSR) in oil palm estates and determine the suitable concentration of the LesTani™ to be used in suppressing the disease severity of BSR in field. Four concentrations of LesTani™ were tested; 0.4 g a.i, 0.8 g a.i, 1.2 g a.i and 1.6 g a.i. Each concentration of LesTani™ tested was consisted of four replicates with one palm for each replicate. Infected palms with similar BSR disease intensity, age, soil topography and condition were selected for the trial. There were two controls in the trial. The controls were the healthy palms with no treatment and palms infected by *G. boninense* but not treated with any treatment. The assessments on the effectiveness of LesTani™ were based on the isolation of fungus on *Ganoderma* Selective Medium (GSM), ergosterol content from infected tissues and Colony Forming Unit (CFU). Completely Randomized Design (CRD) was chosen as the experimental design for this field trial. One-Way ANOVA was calculated at 5% significance level by using SPSS 17.0 (Statistical Package for Social Science software) for the data analysis. Data was subjected to analysis variance, differences was compared using a Tukey test at a significance of $P < 0.05$. For the isolation of fungus on *Ganoderma* Selective Medium (GSM), the fungi which were successfully grew on the GSM after 15 days were identified as *G. boninense*. While for the Colony Forming Unit (CFU), there was no colony of *G. boninense* form on the GSM after observation for one month. In this study, no ergosterol was found in healthy palms but in contrast ergosterol were detected in infected tissues before and after the treatments of varies concentration of LesTani™. The control (infected palms; without treatment) resulted on significantly higher mean score of ergosterol ($0.6395 \mu\text{g g}^{-1}$) at $p < 0.05$ compared to palms treated with different concentration of LesTani™. LesTani™ (0.4 g a.i) had the lowest mean score of ergosterol, followed by LesTani™ (1.2 g a.i), LesTani™ (0.8 g a.i) and LesTani™ (1.6 g a.i). This indicated that all of the different concentrations of LesTani™ reduced the ergosterol content in bole tissues of infected palms. Although LesTani™ with 0.4 g a.i had the lowest amount of ergosterol ($-0.4379 \mu\text{g g}^{-1}$) but there was no significant difference between this treatment with other concentrations; 0.8 g a.i, 1.2 g a.i and 1.6 g a.i at $p < 0.05$. LesTani™ with different concentration were found effective with no significant among them suggesting the lowest concentration of 0.4 g a.i maybe chosen for future application in order to reduce the cost production of LesTani™ for marketing purpose.

PENILAIAN KE ATAS KEBERKESANAN LESTANI™ DALAM MENGAWAL REPUT PANGKAL BATANG (RPB) (PERCUBAAN LADANG)

ABSTRAK

Projek penyelidikan ini telah dijalankan di dua tempat; Makmal Penyelidikan SPL 1 di UMS dan Ladang Langkon Sawit Kinabalu Sdn Bhd di Kota Marudu, Sabah. Projek penyelidikan ini bermula dari Mac 2011 sehingga Desember 2011. Ia mengambil masa kira-kira sembilan bulan. Tempoh pemerhatian untuk percubaan bidang ini ialah lima bulan (Julai 2011 sehingga Desember 2011). Objektif projek ini adalah untuk mengesahkan keberkesanan LesTani™ dalam mengawal Reput Pangkal Batang (RPB) di ladang-ladang kelapa sawit dan menentukan kepekatan LesTani™ yang sesuai digunakan untuk mengawal penyakit RPB di ladang-ladang kelapa sawit. Empat kepekatan LesTani™ telah diuji, iaitu 0.4 g a.i, 0.8 g a.i, 1.2 g a.i dan 1.6 g a.i. Setiap kepekatan LesTani™ diuji ke atas empat replikasi pokok kelapa sawit. Pokok kelapa sawit yang sama dari segi keseriusan penyakit RPB, umur dan topografi tanah telah dipilih untuk tujuan projek penyelidikan ini. Terdapat dua kawalan dalam projek penyelidikan ini. Kawalan pertama ialah pokok kelapa sawit yang sihat tanpa sebarang rawatan. Manakala kawalan kedua ialah pokok kelapa sawit yang dijangkiti oleh *G. boninense* dan tanpa menerima sebarang rawatan. Penilaian ke atas keberkesanan LesTani™ adalah berdasarkan pengasingan fungi di atas *Ganoderma* Selektif Medium (GSM), kandungan ergosterol dalam tisu batang pokok kelapa sawit dan Unit Pembentukan Koloni (CFU). Reka bentuk eksperimen yang digunakan dalam projek penyelidikan ini ialah *Completely Randomized Design* (CRD). Data kuantitatif yang telah direkodkan dianalisis menggunakan analisis statistik *Analysis of Variance* (ANOVA) satu hala pada angka bererti 0.05 melalui *Statistical Package for the Social Sciences* (SPSS) versi 17. Bagi pengasingan fungi di atas *Ganoderma* Selektif Medium (GSM), fungi yang berjaya tumbuh di atas GSM telah dikenal pasti sebagai *G. boninense*. Manakala bagi Unit Pembentukan Koloni (CFU), tiada koloni *G. boninense* tumbuh di atas GSM setelah pemerhatian selama satu bulan. Dalam kajian ini, tiada ergosterol ditemui di pokok kelapa sawit yang sihat tetapi sebaliknya ergosterol telah dikesan di dalam tisu batang pokok kelapa sawit yang dijangkiti oleh penyakit RPB sebelum dan selepas rawatan LesTani™. Kawalan (pokok yang dijangkiti dan tanpa menerima sebarang rawatan) menghasilkan skor min ergosterol yang ketara lebih tinggi ($0.6395 \mu\text{g g}^{-1}$) pada $p < 0.05$ berbanding dengan pokok yang dirawat dengan kepekatan LesTani™ yang berbeza. LesTani™ dengan 0.4 g a.i mempunyai skor min yang terendah, diikuti dengan LesTani™ 1.2 g a.i, 0.8 g a.i dan 1.6 g a.i. Ini menunjukkan bahawa semua kepekatan LesTani™ berjaya menurunkan kandungan ergosterol dalam tisu-tisu batang pokok yang berpenyakit. Walaupun LesTani™ dengan 0.4 g a.i mempunyai jumlah yang ergosterol terendah ($-0.4379 \mu\text{g g}^{-1}$), tetapi terdapat tiada perbezaan yang signifikan antara rawatan ini dengan kepekatan lain seperti 0.8 g a.i, 1.2 g a.i dan 1.6 g a.i pada $p < 0.05$. Sehubungan dengan itu, semua LesTani™ dengan kepekatan berbeza adalah berkesan dalam mengawal RPB. Perbezaan signifikan yang tidak ketara di kalangan kepekatan LesTani™ yang berbeza mencadangkan kepekatan terendah sebanyak 0.4 g a.i mungkin dipilih untuk aplikasi masa depan untuk mengurangkan kos pengeluaran LesTani™ bagi tujuan pemasaran.