

# The Antimicrobial Effect of Some Herbal Extract on Endodontic Infection

Fatima Malik Abood \* Luma Jasim Witwit \*\*

\* Faculty of Dentistry, Babylon University, Babylon Province \*\* Faculty of Dentistry/ Babylon University

## Abstract:

Aim: Evaluation the inhibitory effect of the extracts from of Ginger (Zingiber officianale) and Green Tea on bacteria isolated from endodontic canal.

**Method:** The agar well diffusion test was used to evaluate the antibacterial effect of extract against oral bacteria collected from root canal infection, which diagnosed in laboratory by culturing on enriched and selective media and by biochemical test.

**Result:** the most common isolated bacteria were Lactobacillus spp.(37.5)%, Viridance Streptococcus(25)%, Staphylococcus spp. (7.5)%, P.intermedia (17.5)%. And the inhibitory effect of some herbal extract against these bacteria were showed that ginger oil were most effective on isolated bacteria than amoxicillin and green tea compared with distal water used as control.

Conclusions: wide antimicrobial spectrum of most extracts against oral bacteria so can be used for the irrigation and treatment of infected endodontic canal.

Key wards: Herbal Extract, Ginger (Zingiber officianale), Green Tea, Endodontic infection.

### **INTRODUCTION:**

Possible root channel achievement incorporates the entire removal of microorganism from the root channel and set up the three dimensional of the channel. It has been notable that microorganisms in the root channel are in charge of mash and per radicular infections. The expectation of the root waterway treatment is to take out microorganisms from the root canal with a specific end goal to give fitting condition to tissue recuperating [1, 2].

Several types of microorganisms have been disconnected and recognized in tainted root channel, including yeasts, S. mutans, S. aureus, E. coli and watched that both glycolic and alcoholic concentrates of ginger appropriate antimicrobial and antifungal action for dentistry, conceivably adding to the treatment of maladies caused by these microorganisms exhibit in the oral cavity [3, 4].

Furiga *et al.*,[5] shown conceivable utilization of green tea as antiplaque in dental wellbeing since it keeps the grip of *S.mutans*, *P. gingivalis*, and *S. sobrinus*. In light of the fact that the plaque arrangement starts when microbes holds fast to the surface of the tooth and makes a glycocalyx layer and this layer contains a glucan that mediates the constancy to the tooth. These glucans are shaped by glucosyltransferases from sucrose.

Past powerful examination by Nyfors *et al.*, [6] revealed polyphenols found in tea have been brilliant to hinder the development of the accompanying pathogenic microbes: *S. aureus, S. typhi, S. typhimurium, S. flexnier,* Streptococcus, Lactobacillus, Actinomyces, *S. salivarius, S. mitis* and *V. chlorae.* Taylor et al [7] illuminated that green tea restrains the development and adherence of microscopic organisms, for example, Prevotella spp. also, *P. gingivalis* which are convoluted in periodontal ailment and halitosis that is associated with this contamination was lessened by the catechinsof green tea when they freshened up the methyl mercaptan.

Concerning ginger (Zingiber officinale) is a remedial home grown that has been ordinarily utilized everywhere throughout the-world, since artifact, for a wide exhibit of irrelevant sicknesses including joint pain, issues sore throats, strong hurts, clogging, spewing, hypertension, dementia, fever and irresistible maladies. Ali *et al.*,[8] Proposed for antimicrobial effort of ginger brand it coordinate utilized as a part of treatment of bacterial contaminations, Additionally it is generally economical because of their casual accessibility, normally worthy and very much acknowledged by the a great many people [9, 10].

### MATERIALS AND METHODS:

thirty Samples were taken from root canals by paper point 40 mm; 18 male and 12 female, the general population from 30-to 45 years admitted to endodontic office, school of dentistry/Babylon college, the example developed on blood agar plates and MRS plate at that point hatched vigorously and anaerobically at 37C for 24-72 hr., with 10% CO2. At that point subjected to recognizable proof per the social properties, for example, dark pigmented settlements, tiny examination, for example, container and biochemical tests, for example, catalase, indole, and anti-infection (vancomycin) sensitivity(30µg) [11].

## Antibacterial in vitro analysis using well diffusion test.

The agar well dissemination procedure was utilized for the assurance of antibacterial action of concentrates against microscopic organisms confined from endodontic channels to assessed its consequences for the disengaged microorganisms. Loopfull growth from microscopic organisms was immunized into fluid media brooded at 37 °C for 18 hours. The microorganisms suspensions were weakened with ordinary saline. Modify the turbidity and contrast with container of McFarland-with yield a normal suspension-containing  $1.5 \times 10$  8 CFU/cm. Muller-Hinton agar was vaccinated with 0.1ml of microorganism matter .Using stopper borer wells were framed on the way of life media. At that point, 0.1ml of half concentrates were extra to exhausts, they were hatched at 37 - C for-24 hrs. The exercises of concentrates were dissuade mined by measure the distance across of restraint zone in mm [11].

 
 Table 1: No. and percentage of bacteria isolated from patients with root canal infection.

Oral Bacteria	No. (%)
Lactobacillus spp.	15(37.5)%
Viridance Streptococcus	10(25)%
Staphylococcus spp.	3(7.5)%
P. intermedia	7(17.5)%
Other bacteria	5(12.5)%
Total no.	40(100)%

#### **RESULT AND DISCUSSION**

The consequence displayed the proportion of bacteria isolated from- root canal infection 15(37.5) % of isolate revealed positive culture of Lactobacillus spp., 10(25) % Viridance streptococcus, 3(7.5) % Staphylococcus spp., 7(17.5) % P.intermedia where as other bacteria revealed 5(12.5) % as shown in table (1). While the inhibition zone of amoxicillin (25mcg) on isolated bacteria

which revealed no effect on Lactobacillus spp. but was effected on other bacteria with inhibition zone (10,13,8)mm on the other studied bacteria. Whereas ginger (oil) show (19) mm to amoxicillin and (12,18,8) mm to isolated bacteria. Whereas green tea(oil) revealed(15,8,8,10)mm to the same isolated bacteria. These inhibition zones were compared with distilled water as control as shown in figure 2,3,4 and 5.

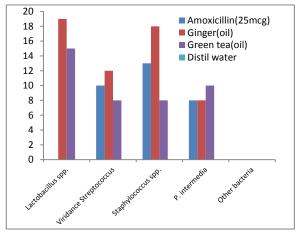


Figure 1: Antibacterial activity of ginger, green tea and amoxicillin against bacterial isolates

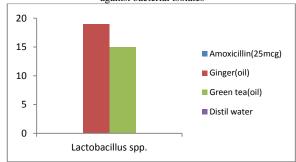


Figure 2: Antibacterial activity of ginger, green tea and amoxicillin against lactobacillus spp.

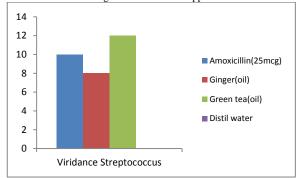


Figure 3: Antibacterial activity of ginger, green tea and amoxicillin against viridance streptococcus.

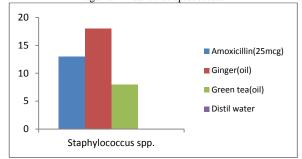
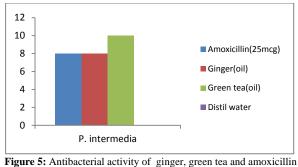


Figure 4: Antibacterial activity of ginger, green tea and amoxicillin against Staphylococcus isolates



against P. intermedia isolates

Microorganisms and their results exhibit in root canal with necrotic pulp attack the periapical tissues, advancing fiery response and subsequent tissue annihilation [12]. The present investigation was done to decide the antimicrobial effort of amoxicillin (25mcg), ginger (oil) and green tea (oil) on a few microscopic organisms detached from root waterway disease. The consequence of disconnection and finding of microbes from root waterway gathered examples uncovered distinctive percent and types of microorganisms: Lactobacillus spp.( 37.5%), Viridance streptococcus(2.5%), (7.5) % Staphylococcus spp., 7(17.5) % P.intermedia where as other microscopic organisms revealed(12.5)% This seems to be concur with the aftereffects ofpast investigations demonstrating 69% facultative an aerobics and 70% Gram positive microorganisms in the tainted root-channels [13,14].

The two most predominant species among the gathered examples were Peptostreptococcus and Streptococcus spp. Dark pigmented microscopic organisms including Prevotella and Porphyromonas spp. were additionally found in essential pulpal diseases. These outcomes match with the discoveries of past investigations [15,16].

On other hand, the inhibitory impact of ginger oil (Z.officinale) was likewise decided against considered microbes and demonstrated high restraint impact. The outcomes run in accordance with Lantz et al., [17] and Jung et al., [18]. Who showed antimicrobial impact of ginger oil against oral microorganisms were utilized as irrigants for counteractive action and treatment of the endodontic disease, its impact have a place with 6-Gingerol that restrain the creation of prostaglandins E2, interlukin-1t cyclooxygenase-2 and nitric oxide fortified by LPS. Ali et al., [8] exhibited that ginger is a capable cancer prevention agent and considered a safe phytotherapic tranquilize, with noncritical reactions. Likewise Gregio et al., [4] showed that ginger is rich in unstable oils, Girgerol and Shogaol, which display pain relieving, mending, and calming properties and antimicrobial movement. Nevertheless polyphenols of green tea removes (GTEs) contain catechin have been accounted for that GTEs have astounding mitigating,- cancer prevention agent and hostile to cancer-causing impacts in various creature tumors, cell culture frameworks, and epidemiological investigations [19]. This concurs with display examine. Dynamic materials with helpful physiological impacts as cancer prevention agent movement, calming and radical rummaging properties are altogether valuable qualities influencing it to fitting for intra-channel water system [20]. It has been likewise utilized as a chelator operator [21]. Accessibility, moderateness, low harmfulness and long timeframe of realistic usability are a portion of the other great attributes of green tea as a cleaning specialist .

In the same time the investigation was demonstrated direct impact of amoxicillin (25mcg) contrast and natural concentrate, this concurs with past examination which is indicated increment protection of microorganisms to regular anti-infection agents, which included penicillin, erythromycin and amoxicillin. This is in affirmation with the announcement of Wood [22] who had assessed the anti-infection affectability example of pathogenic microorganisms over a traverse of 20yrs .And he expressed that there is a nonstop decrease in the sensitivities of the microbes secluded to the a large portion of the antiinfection agents utilized as a part of dental practice. Gradually and relentlessly safe strains of a wide range of microorganisms experienced in dental practice are developing. amoxicillin has been recommended much of the time in dental practice, therefore the safe strains have developed as delineated in the present examination.

# **CONCLUSIONS:**

Under the constraints and states of this examination, it could be Concluded that Medicinal herbs may offer another wellspring of antibacterial operators for utilize therapeutic plants are common antimicrobial specialists and may be utilized as a part of the advancement of a root waterway irrigants, which may be more secure than other substance mixes utilized as a part of the endodontic treatment

#### **REFERENCES:**

- 1- Babaji P., Jagtap K., Lau H., Bansal N., Thajuraj S., and Priti S. Comparative evaluation of antimicrobial effect of herbal root canal irrigants (Morinda citrifolia, Azadirachta indica, Aloe vera) with sodium hypochlorite: An in vitro study. Journal of International Society of Prevention and Community and Dentistry.2016, 6(3): 196-199.
- 2- Saha S, Nair R, Asrani H. Comparative evaluation of Propolis, metronidazole with chlorhexidine, calcium hydroxide and *Curcuma longa* extract as intracanal medicament against *E. faecalis* — An *in vitro* study. J Clin Diagn Res. 2015; 9:ZC19–21.
- 3- Axelrod, M., Berkowitz, S., Dhir, R., Gould, V., Gupta, A., Li, E., Park, J., Shah, A., Shi, K., Tan, C. and Tran, M. M.The inhibitory effects of green tea (Camellia sinensis) on the growth and proliferation of oral bacteria.2009.
- 4- Gregio AMT, Fotes ESM, Rosa EAR, Simeoni RB, Rosa RT. Antimicrobial action of Zingiber officinal front of oral microbiota. Rev Est Biol 2006;28:61-66.
- 5- Furiga A, Lonvaud-Funel A, Dorignac G, Badet C. In Vitro antibacterial and anti- adherence effects of natural polyphenolic compunds on oral bacteria, Journal of Applied Microbiology 2008; 105: 1470-1476.
- 6- Nyfors S, Syrjanen R, Kononen E. Impact of antimicrobial exposure and β-lactamase-producing bacteria on salivary β-lactamase activity in infancy. Intenational Journal of Antimicrobial Agents: 2004; 24 (5) 463-467.
- 7- Taylor PW, Hamilton-Miller J, Stapleton PD. Antimicrobial properties of green tea catechins. Food Sci Technol Bull. [serial on the Internet]. 2005 [cited 2010 July 27]; 210.

- 8- Ali BH, Blunden G, Tanira MO and Nemmar A. Some phytochemical, pharmacological and toxicological properties of ginger (Zingiber officinale Roscoe): A review of recent research. Food Chem. Toxicol., 2008; 46(2): 409-420.
- 9- Tan BKH and Vanitha J. Immunomodulatory and Antibacterial Effects of Some Traditional Chinese Medicinal Herbs: A Review. Curr. Med. Chem., 2004; 11(11):1423-1430.
- ICMR Bulletin. Ginger: It's Role in Xenobiotic Metabolism. Accessed on (29/08/2010).
- NCCLS (National Committee for Clinical Laboratory Standards). Methods for dilution antimicrobial susceptibility tests of bacteria that grow aerobically. Approved Standard M100-S12. Wayne. PA, NCCLS.2000.
- 12- Nair PNR.Pathogenesis of apical periodontitis and the causes of endotonic failures.Crit Rev Oral Biol Med 2004 Nov 1;15(6):348-3811.
- 13- Schleifer KH, Kilpper-balz R. Transfer of streptococcus faecalis and streptococcus faecium to the genus enterococcus nom. rev. as enterococcus faecalis comb. nov. and enterococcus faecium comb. nov. Int J Syst Bacteriol. 1984;34:31â€'34.
- 14- Ryan K, Ray CG. Sherris Medical Microbiology: An Introduction to Infectious Diseases. New York: McGraw-Hill Medical; 2004. 294-5.
- 15- Murray PR, Baron EJ, Pfaller MA, Tenover FC, Yolken RH. Manual of Clinical Microbiology. 7th ed. Washington, DC: ASM Press; 1999. 264-82, 283-305.
- 16- Baron EJ, Peterson LR, Finegold SM. Bailey & Scott's Diagnostic Microbiology. 9th ed. St. Louis: C.V. Mosby; 1994. 370.
- 17- Lantz RC, Chen GJ. Sarihan M, Solyom AM, Jolad SD, Timmermann BN. The effect of extracts from ginger rhizome on inflammatory mediator production. Phytomedicine.2007 Feb;14 (2-3):123-128.
- 18- Jung HW, Yoon CH, Park KM, Han HS, Park YK. Hexane fraction of zingibries rhizome crudus extract inhibits the production of nitric oxide and proinflammatory cytokines in LPS- stimulated BV, microbial cells via the NF-Kappa B Pathway Food Chem Toxicol 2009 Jun;47(6):1190-1197.
- 19- Elbling L, Weiss RM, Teufelhofer O, Uhl M, Knasmueller S, Schulte-Hermann R, *et al.* Green tea extract and (-)-epigallocatechin-3-gallate, the major tea catechin, exert oxidant but lack antioxidant activities. FASEB J 2005;19:807-9.
- 20- Sinha DJ, Sinha AA. Natural medicaments in dentistry. Ayu. 2014;35(2):113-8.
- 21- Lahijani S, Raoof Kateb H, Heady R, Yazdani D. The effect of German chamomile (Marticaria recutita L) extract and tea tree (Melaleuca alternifolia L) oil used as irrigants on removal of smear layer: a scanning electron microscopy study. International endodontic journal. 2006;39(3):190–5.
- 22- Wood : twenty years of antibiotic sensitivity testing of dental infections.Part- II.Review (1961-1986). Aust. Dent. J., 1988;33(6):505-510.