

Poster Title

The antibacterial activity of "Satureja Hortensis" extract and essential oil against oral bacteria

Introduction

Dental caries and periodontal diseases are two of the most important infectious diseases in the community at present.[1,2] Accumulation of microbial plaque on tooth surfaces is one of the first stages of caries process and periodontal diseases.[3] Different mechanical and chemical plaque control techniques have been introduced. However, many individuals do not properly use mechanical plaque control techniques.[4,5] In 2002, emphasis was put on the use of mouth rinses by the International Association for Dental Research as an adjunct to control plaque.[6] Due to their side effects, including a change in taste and formation of stains on the teeth, and also the presence of chemical agents such as alcohol, preservatives, and synthetic pigments, many patients are not interested in the long term use of chemical mouth rinses.[7-9] Therefore, in recent years, the idea of the use of herbal agents with antibacterial effects in the formulation of mouth rinses has drawn some attention to minimize complications.

Aims

The aim of this study was to determine the antibacterial effects of Satureja hortensis extract and its essential oil (EO) on Streptococcus salivarius, Streptococcus sanguis, and Streptococcus mutans as important bacteria in early supragingival dental plaque formation.

Methods

In this in vitro study, different concentrations of S. hortensis extract and its EO were prepared using double dilution method. The disc diffusion method was used to determine antibacterial activity. Based on these measurements, the minimal inhibitory concentration value was reported for each bacterium. Antibiotics used as positive controls in this study were erythromycin (15 µg) and tetracycline (30 µg). t-test and ANOVA were used for statistical analysis (P < 0.05).

Results

Aqueous and methanolic extract did not show significant antibacterial activity, but the EO significantly inhibited the growth of the test bacteria compared to positive control (P < 0.05). High concentrations of EO processed greater antimicrobial effects against three oral bacteria than other low concentrations (P < 0.0001). For S. mutans, the inhibition effect of tetracycline 30 µg was similar with 50% (P = 0.789) and 25% (P = 0.158) dosages of the EO. For S. salivarius, the effect of tetracycline 30 µg was similar to 50% dosages of the EO (P = 0.122). For S. sanguis, the effect of erythromycin 15 µg was lower than 50% (P = 0.0006) and 25% (P = 0.003) dosages of the EO. The inhibition effects of all concentrations of EO were higher for S. sanguis. S. salivarius and S. sanguis are more sensitive than S. mutans to S. hortensis EO.

Table 1- Average of inhibition zone of bacteria

	Microorganism	Dosage of essential oil (%)						Negative control (-)	Positive control (+)
		1.5625	3.125	6.25	12.5	25	50		
Average of inhibition zone (mm)	Streptococcus mutans	--	--	13.3	15.3	18	20.3	-	20
	Streptococcus salivarius	--	11.5	12.16	16.3	19.16	23.3	-	26
	Streptococcus sanguis	--	11.3	17	18.6	22	28.83	-	17

Negative control: Dimethyl sulfoxide

Positive control: Tetracycline 30 Kg/disc for mutans and salivarius, Erythromycin 15 Kg/disc for sanguis.

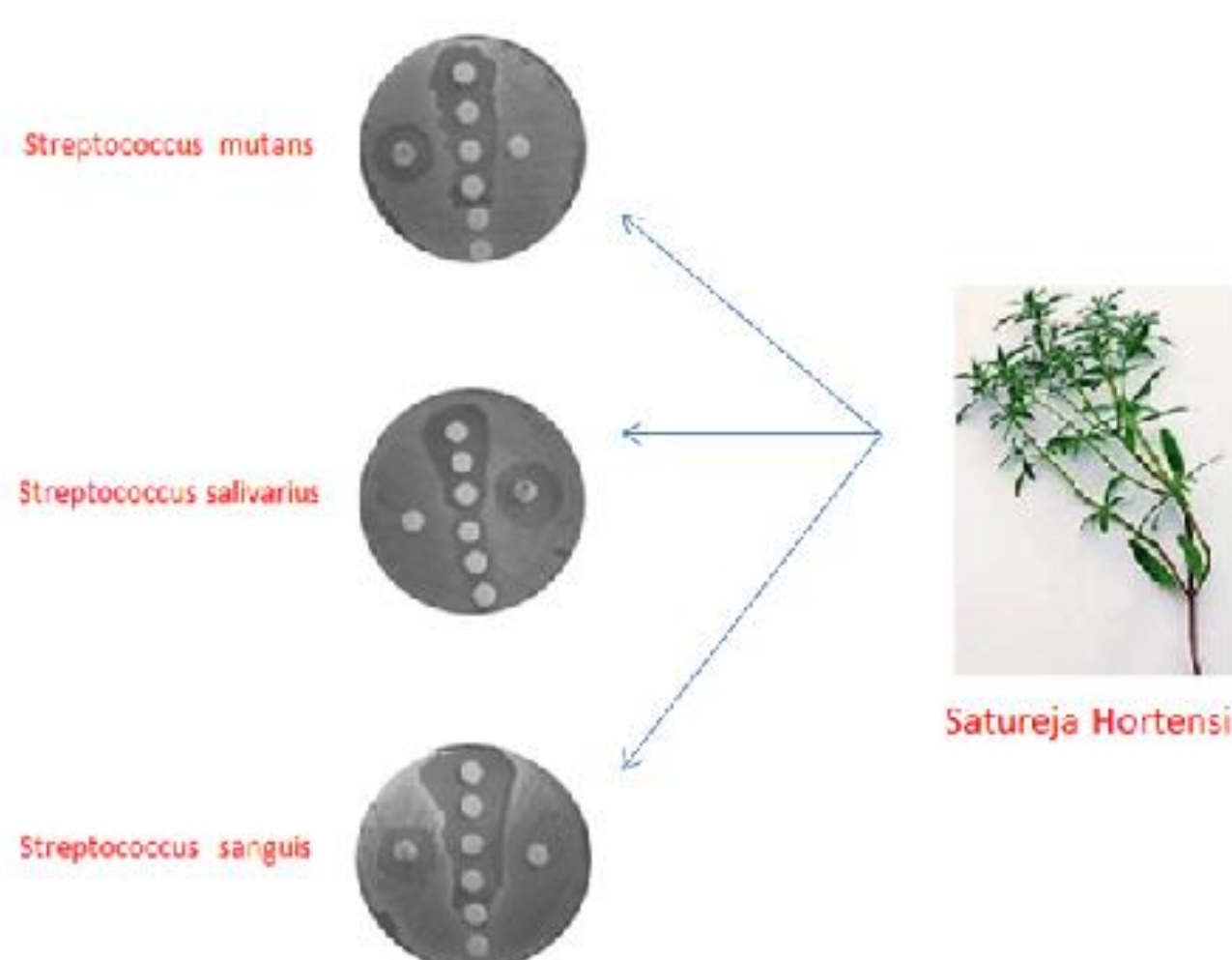


Table 2- MIC values of Satureja hortensis essential oil against oral bacteria

Microorganism	PTCC	MIC (%)
Streptococcus mutans	1683	3.125
Streptococcus salivarius	1448	1.5625
Streptococcus sanguis	1449	1.5625

Conclusion

Due to the strong antibacterial effect of S. hortensis EO on the oral bacteria growth, it can be served as herbal mouth rinse, while to confirm this antibacterial effect, further clinical studies are necessary.

Sana Dibazar, Post graduate student of conservative dentistry, Jundishapour University of Medical Sciences, Ahwaz, Iran

Leila Golpasand hagh, Assistant Professor of Periodontology, Jundishapour University of Medical Sciences, Ahwaz, Iran



References

1. Lamster IB. Antimicrobial mouthrinses and the management of periodontal diseases. Introduction to the supplement. J Am Dent Assoc 2006;137 Suppl 11:5S-9S.
2. MarcenesW, Kassebaum NJ, Bernabé E, FlaxmanA, Naghavi M, Lopez A, et al. Global burden of oral conditions in 1990-2010: A systematic analysis. J Dent Res 2013;92:592-7.
3. Zaura E, Keijsers BJ, Huse SM, Crielaard W. Defining the healthy "core microbiome" of oral microbial communities. BMC Microbiol 2009;9:259.
4. López-Jornet P, Plana-Ramon E, Leston JS, Pons-Fuster A. Short-term side effects of 0.2% alcohol-free chlorhexidine mouthrinse in geriatric patients: A randomized, double-blind, placebo-controlled study. Gerodontology 2012;29(4):292-8.
5. Barnett F. Prevention of sports-related dental trauma: The role of mouthguards. Pract Proced Aesthet Dent 2003;15:391-4.
6. DeVore L. The rinse cycle new research supports the benefits of adjunctive therapy with mouthrinses. RDH 2002;22:82-3
7. McCoy LC, Wehler CJ, Rich SE, Garcia RI, Miller DR, JonesJA, et al. Adverse events associated with chlorhexidine use: Results from the department of veterans affairs dental diabetes study. J Am Dent Assoc 2008;139:178-83.
8. Haffajee AD, Yaskell T, Socransky SS. Antimicrobial effectiveness of an herbal mouthrinse compared with an essential oil and a chlorhexidine mouthrinse. J Am Dent Assoc 2008;139:606-11.
9. Mor-Reinoso C, Pascual A, Nart J, Quirynen M. Inhibition of de novo plaque growth by a new 0.03 % chlorhexidine mouth rinse formulation applying a non-brushing model: A randomized, double blind clinical trial. Clin Oral Investig 2016;20:1459-67.

Contact information

Email:sana.dibazar@yahoo.com

Tell:+989143020158