Use of herbs and medicinal plants in dentistry: a review

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(Submitted: 29 October 2016 - Revised version received: 29 December 2016 - Accepted: 07 January 2017 - Published online: Spring 2017)

Objectives This study reviews herbs and medicinal plants in dentistry and discusses their biological activities, benefits and side effects. **Review of Literature** In this review, the PubMed, Medline and Google Scholar databases were electronically searched for relevant articles and books in English using the keywords "medicinal plant", "herb", "phytotherapy", "dentistry" and "pediatric".

Conclusion Medicinal herbs have long been an inseparable part of treatment of various diseases. Today, the range of applications of these plants is not limited to medical treatment and various types of medicinal plants are used in various fields including dentistry. Increased interest in medicinal plants is mainly due to less side effects compared to those of synthetic drugs and they are often favored for use in children.

Keywords plants, medicinal, phytotherapy, pediatric dentistry

Introduction

The use of medicinal plants has a long history in medical and dental practice and they have long been used worldwide.¹ Anti-inflammatory, antibacterial and antioxidant properties of plants as well as their biocompatibility explain the people's growing interest in the use of herbal medications.²

Today, more than 90% of school children and a large proportion of adults have dental caries in many parts of the world.3 This indicates the need for improved diagnostic and therapeutic procedures in dentistry, especially in children. On the other hand, misuse and overuse of antibiotics are increasing. Use of synthetic drugs, especially in children, can have adverse effects such as liver complications.⁴ A study conducted on irrigating solutions showed that chlorhexidine (CHX) causes tooth discoloration, creates a burning sensation in the mouth and results in loss of taste.⁵ Sodium hypochlorite can cause allergy and tissue toxicity and calcium hydroxide cannot efficiently remove bacteria from the dentinal tubules. ^{2,6,7} Moreover, not all people have access to synthetic drugs and thus, they may use herbal medicines as alternatives. Evidence shows that 65-80% of people in developing countries use medicinal plants for their treatment.8 In 2007, a study conducted in the United States showed that 12% of children in the US used alternative medicine, and 5% used plant-based treatments.9 Many people also prefer herbal remedies, and ask for guidance and advice in this regard from their physicians. 10

Since different plants have different compositions and effects, we aimed to review a number of medicinal plants used in dentistry, especially pediatric dentistry, and discuss their benefits and side-effects to promote proper use of medicinal herbs in treatment of oral conditions in children.

Materials and Methods

The PubMed, Medline and Google Scholar databases were electronically searched for relevant articles and books published in English using the keywords "medicinal plant", "herb", "phytotherapy", "dentistry" and "pediatric".

Overview of the Use of Plants in Dentistry

Before the main discussion, we provide an overview of the use of plants in various fields of dentistry. For example, in periodontics, aloe vera (medicinal aloe) is used for reducing gingival bleeding and gingival inflammation, ^{11,12} Azadirachta indica (neem) is used for reducing plaque index, ¹³ Pistacia atlantica (mastic tree) is used for its activity against gingival microorganisms ¹⁴ and Salvadora persica (mustard tree) is used for improving gingivalhealth. ¹⁵

In endodontics, *Camellia sinensis* (green tea), ⁶*Morinda citrifolia* (Indian mulberry) ¹⁶ and propolis ¹⁷ can be used as irrigating solutions. For pulp capping, propolis can be named. ¹⁸ Plants that have been studied as intracanal medicaments include *Arctium lappa* (greater burdock). ¹⁹ *Curcuma longa* (turmeric) can be used for endodontic retreatment for dissolving and softening of gutta-percha. ²⁰

In oral and maxillofacial surgery, Ankaferd Blood Stopper® made of *Glycyrrhiza glabra* (licorice), *Vitis vinifera* (grape vine), *Alpinia officinarum* (lesser galangal), *Thymus vulgaris* (common) and *Urtica dioica* (common nettle) can be used to decrease bleeding and SaliCept patch made of aloe vera can be used to decrease the incidence of alveolar osteitis.²¹

Various types of lesions can occur in the mouth. In order to find a cure for them, various medicinal plants have been studied. For example, for the treatment of aphthous ulcers, aloe vera can accelerate healing of ulcers and reduce pain. ²² For the treatment of viral lesions such as herpetic lesions, *Melissa officinalis* (lemon balm) can be used to decrease cytopathic effect of herpes simplex virus (HSV) type II²³ and *Mentha piperita* (peppermint) can be used for its high virucidal activity against HSV-1 and HSV-2. ²⁴ For treatment of *Candida albicans*, *Coriandrum sativum* (coriander) can be used. ²⁵ For the treatment of lichen planus, aloe vera ²⁶ and *Portulaca oleracea* (little hogweed) can be named. ²⁷

Plants are the basis of many dental materials. For example, *Cinnamomum camphora* (camphor tree) is used in camphorated monochlorophenol, an intracanal medicament; *Gelidium amansii* (agar agar) is used in agar impression material, *Laminariadigitata* (Oarweed) is used in alginate impression material, *Syzygium*

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aromaticum (clove) is used in zinc oxide eugenol cement endodontic sealer, Citrus limon (lemon) is used in citric acid periodontal root conditioning and *Palaquium gutta* is used in gutta-percha endodontic filling material.²¹

Table 1 presents an overview of a number of plants used in dentistry and their biological properties.

Phytotherapy in Pediatric Dentistry

Since many people believe that medicinal plants are safer than invasive methods and chemical drugs and have fewer side effects, the tendency to use medicinal plants for children has increased. Some of the properties of plants used for this purpose are reviewed.

Prevention of Dental Caries

High rates of decay besides the high costs of treatment highlight the need for caries prevention. For this reason, the use of anti-bacterial materials and fluoride-containing substances is important. Studies have shown that some plants can increase the sensitivity of microorganisms by using secondary metabolites. Moreover, some of them can inhibit bacterial growth and their acid production, inhibit the adhesion of bacteria to the teeth and inhibit the synthesis of exopolysaccharide for prevention of dental decay. 62-64 For example, some of these plants are mentioned below:

1. *Allium sativum* (garlic): Garlic reinforces the immune system, reduces blood pressure and decreases cholesterol synthesis in the liver. This plant can be used for

- treatment of asthma, arthritis, atherosclerosis and circulatory and digestive problems. Its fresh oil, raw cloves and odorless extract are used. ^{20,30} Research shows that allicin is responsible for its antibacterial properties. The plant inhibits the growth of *Streptococcus mutans* and reduces its acid production. It also increases the secretion of saliva and can be effective for prevention and treatment of dental caries. ^{32,65}
- 2. Azadirachta indica: Neem reduces the frequency of early caries and reverses its process to the same extent as chlorhexidine by decreasing the count of *Streptococcus mutans*. ²¹It has antibacterial properties and is a biocompatible antioxidant. It is effective against *Enterococcus faecalis* and *Candida albicans*. ³⁷It has been shown that this plant can inhibit the growth of *Streptococcus mutans*, *Streptococcus mitis*, *Streptococcus sanguinis* and *Streptococcus salivarius*. ⁶⁶In another study, it was shown that the gel containing neem significantly decreased the plaque index and bacterial count. ¹³
- 3. Camelliasinensis: Green tea is anti-cancer,⁶⁷ anti-oxidant, anti-inflammatory and free radical inhibitor. It is considered to be safe.⁴³ Due to its disinfectant and deodorant activities, green tea can also be effective in reducing oral malodor.⁶⁸ It has antimicrobial properties via inhibition of gyrase enzyme.⁶⁹ Flavonoids found in it cause antibacterial activity against cariogenic bacteria. It contains fluoride that is effective in preventing cavities.⁶ Miller et al. showed that compounds of these plants, especially

	activities of medicinal plants		
Herbs	Biological activities	Herbs	Biological activities
Allium sativum ^{20,30-}	Antibiotic, antibacterial, antifungal, hypotensive, antithrombotic, immune regulatory function, hypocholesterolemic, anti-caries	Melaleuca alternifolia (tea-tree) ^{28,29}	Antibacterial, antifungal, anti- inflammatory
Aloe vera ^{26,34,35}	Antibacterial, antioxidant, antifungal, antiviral, anti-inflammatory	Melissa officinalis ^{23,33}	Sedative, anxiolytic, hypnotic, antiviral
Arctium lappa ¹⁹	Antibacterial, antifungal, diuretic, antioxidant, anxiolytic, platelet anti-aggregating, HIV-inhibitory action	Morinda citrifolia16	Antimicrobial
Azadirachta	Antioxidant, antifungal, antibacterial, antimicrobial	Passiflora incarnate ³⁶	Sedative, anxiolytic
Camellia sinensis ^{40–43}	Antimicrobial, antibacterial, anti-cariogenic, antioxidant, anti-inflammatory	Propolis ^{38,39}	Antimicrobial, cytostatic, antioxidants, anesthetic, anti-inflammatory, antifungal, Antibacterial, antiviral, anti-carcinogenic, antithrombotic, immunomodulatory
Carum carvi ⁴⁵	Antihistaminic, antiseptic, antimicrobial, expectorant, spasmolytic, diuretic	Punica granatam (pomegranate)44	Antibacterial
Citrus aurantium (orange) ^{47,48}	Antimicrobial	Ricinnus communis (castor bean)46	Antimicrobial
Commipho ra	Antiseptic	Rosmarinus officinalis (Rosemary) ⁴⁹	Antibacterial, antifungal
Coriandru m	Antifungal	Sanguinaria canadensis ^{51,52}	Antibacterial, antiplaque
Echinacea ⁵⁴	Stimulates immune response	Salvadora persica53	Antimicrobial
Equisetum ⁵⁵	anti-inflammatory, antipyretic, anti-bleeding	Salvia officinalis ⁴⁵	Anti-inflammatory, antibacterial, antifungal, antiviral
Matricaria chamomilla³6	Anti-inflammatory	Syzygium aromaticum ^{56,57}	Antioxidants, antibacterial, ano- dyne effect, anti-cariogenic
Mentha piperita ^{45,59-}	Carminative, analgesic, antimicrobial, muscle-relaxing action	Valeriana officinalis ^{36,58}	Tranquilizing and sedative

simple catechins in it, are responsible for anti-cariogenic properties of this plant. For example, it has anti-bacterial effects against *S. mutans*, *S. salivarius* and *E. coli*, ⁷⁰ it inhibits adhesion of bacteria to tooth by inhibition of glucosyl transferase and inhibits sticky glucan biosynthesis and also bacterial and human amylase enzyme. Some studies have shown that regular consumption of tea can effectively decrease the incidence and severity of dental caries. ⁴²

- 4. *Curcuma longa*: Turmeric is antioxidant, anti-inflammatory and antimutagenic. Its mouthwash causes a rapid reduction of pain. When rubbed on the aching tooth, it relieves pain. The paste contains turmeric, mustard and salt and is useful for reducing gingivitis and periodontitis. ⁵⁵ Turmeric has strong antibacterial properties against *S. mutans* biofilm and is as effective as CHX. So it can be effective in preventing dental caries. ²¹
- 5. *Menthapiperita*: In the past, peppermint used to treat stomach, intestinal and muscle conditions and improve blood circulation. Today, it is also used to treat conditions such as colic, fever, nausea and diarrhea. Menthol and methyl acetate are among its other constituents. In dentistry, it can be applied topically to relieve dental pain, and as mouthwash for reducing inflammation of the gums. ⁵⁵In one study, the antimicrobial activity of *M. piperita* and *Rosmarinus officinalis* essential oils and CHX against *S. mutans* and *Streptococcus pyogenes* was investigated; the results showed that the antimicrobial activity of peppermint was good. ⁶⁰ Another study showed that its oil locally had virucidal properties againstherpes simplex viruses (HSV-1 and HSV-2). ²⁴
- 6. Pistacia atlantica: This plant is from Pistacia species. Different parts of the plant including resin, leaves, fruit, and aerial part can be used for therapeutic purposes. For example, its resin, which is also known in Iran as Saqqez, can be used as mouth freshener, antiseptic and gum tissue strengthener and is available in the form of chewing gum for gastrointestinal disorders, and motion sickness treatment. In one study, it was shown that mouthwash containing this plant can act effectively against gingival microorganisms. Another study showed that this plant extract can have antibacterial effects on *S. mutans* and *S. mitis*.
- 7. *Propolis*: This resin mixture is collected by honeybees from plant sources.31 It has antimicrobial, anti-inflammatory, healing, anesthetic, cytostatic and cariostatic properties and can also improve the immune system.⁷⁴ A study showed that *Propolis* can effectively decrease plaque accumulation. 75 Other studies have shown that *Propolis* can interfere in growth and adhesion of S. mutans and its glucosyl transferase activity. Thus, it has anti-caries properties. It is worth mentioning that more studies are needed to assess the quality and safety of the substance. $^{76}\mbox{Due}$ to its antimicrobial properties against E. faecalis, studies evaluated its efficacy in endodontic treatment as irrigant and intracanal medicament.^{2,16} It also has potential for use as pulp-capping agent. 18 It is available in various forms such as tablet, gel and mouthwash.77
- 8. *Syzygium aromaticum*: Clove has antiseptic, antioxidant and antiemetic properties. It can be used for treatment of

oral, pulmonary, gastrointestinal and blood circulation problems. Chewing clove reduces bad breath. Rubbing the oil on the gums and teeth can reduce pain. ^{55,56} Its extract can reduce water-insoluble glucan synthesis and thus can have anti-caries property. ⁵⁷

Storage Media for Avulsed Teeth

In case of occurrence of avulsion, it is important to use a suitable storage medium for the avulsed tooth until its replantation in dental office. Some of these media include milk, saliva, and Hank's balanced salt solution (HBSS). 78,79 Some plants can be used for preparation of such media as follows:

- 1. *Camellia sinensis*: Green tea extract can be used as a storage medium for avulsed teeth. It has been as efficient as the HBSS for keeping PDL cells alive.⁶⁷
- 2. Cocos nucifera (coconut): one study showed that skimmed and whole milk, followed by natural coconut water and HBSS were effective for keeping PDL fibroblasts viable.⁸⁰
- 3. *Morus rubra* (red mulberry): Studies have shown that the juice of red mulberry with concentration of 2.5% and 4% had superior efficacy compared to HBSS at 3, 6, and 12 hours. Its 4% extract had equal efficacy to HBSS at 24 hours. Thus, it is suitable as a medium. 81
- 4. Salvia officinalis (garden sage): Its constituents include alpha and beta-thujone, camphor, cineole, rosmarinic acid, tannins and flavonoids. In modern herbal medicine in Europe, this plant is recommended for treatment of sore throat, inflammation of the gums and mouth. Its oil has antibacterial, antifungal, and antiviral properties. ⁴⁵ The extract can be used as storage medium. This medium can maintain the viability of the periodontal ligament of the avulsed tooth and its 2.5% concentration is the most effective. ⁸² Sage and chamomile tea can be used before dental treatment to reduce stress. ⁵⁵
- Propolis: Invitro studies on dogs have shown that the survival rate of PDL cells in propolis is similar to milk.
 Another study showed that it was appropriate to keep the avulsed toothin propolis, as a medium, for up to 6 hours.⁸³

Endodontic Treatment in Primary Teeth

In many cases, the primary teeth should be maintained during the primary and mixed dentition period for the purpose of space maintenance. Also, preserving the integrity of primary teeth is important for development of permanent teeth.^{84,85}

Endodontic treatment is the last option to maintain the primary teeth. Zinc oxide eugenol, iodoform-based pastes and calcium hydroxide can be used for endodontic treatment of primary teeth. So Vital pulpotomy is another modality, which involves applying a medicament over the residual radicular pulp tissue to promote healing. Formocresol, calcium hydroxide, glutaraldehyde, enriched collagen solution, ferric sulfate and mineral trioxide aggregate can be used for pulpotomy.

A study showed that using a mixture of zinc oxide powder and aloe vera gel for endodontic treatment of primary teeth yielded good clinical and radiographic success. §6 Another study showed that propolis and mineral trioxide aggregate are more biocompatible than formocresol and ferric sulfate. §9 In vital pulpotomy of primary molar, it was seen that formocresol and Ankaferd Blood Stopper® were successful as pulp dressing inprimary molars at 12-month follow-up. 90 It has been shown

that *A. sativum* oil has stronger effects than formocresol on the infected pulp of primary non-vital molars. ⁹¹ Of course, more research is needed in this area.

Oral Mouth Rinse

Mouthwashes are efficient and convenient for use to improve oral hygiene. *Salvia officinalis, M. piperita,* menthol, *Matricaria chamomilla* (chamomile), *Commiphora myrrha* (myrrh), *Carum carvi* (caraway seed), *S. aromaticum* and *Echinacea purpurea* (purple coneflowers)⁹⁴ are plant compounds that can be used as mouth rinse to reduce gingival index.⁹²

The following plants are also used in mouth rinses. It should be noted that each of these oral rinses has therapeutic

effects as well as side effects of its own: *Aloe vera*, ^{12,35} *A. indica*, ²¹ *C. longa*, ⁵⁵ *Echinacea*, ⁵⁴ *M. chamomilla*, ⁹³ *M. piperita*, ⁹⁴ *Pistacia atlantica*, ¹⁴ *propolis*, ⁷⁷ *Sanguinaria canadensis*, ^{95,96} *S. officinalis*, ⁹⁷ *S. persica*, ¹⁵ *C. carvi*, *C. myrrha*, *Stellaria media* (chickweed), *Sambucus* (elderberry), *Hydrastis canadensis* (goldenseal), *Equisetum* (horsetail), *Calendula officinalis* (common marigold), violet, *Achillea millefolium* (yarrow). ⁴⁵

Sedative and Anti-anxiety Activity

Control and reduction of fear and anxiety in patients is one of the most important points that dentists should consider in their practice. This is especially important in children. Chemical

Table 2. Constituents of medicinal plants				
Constituents	Properties	Example		
Alkaloids	Analgesic	Indian mulberry		
Allicin	Antibacterial	Garlic		
Anthraquinine	Antibacterial	Aloe vera		
Carotenoids	Antimicrobial, antioxidant	Orange		
Catechins	Antimicrobial	Indian mulberry		
Flavonoids	Antioxidant, anticancer, anti-inflammatory, antiviral	Green tea, Indian mulberry		
Fluoride	Cavity prevention	Green tea		
Phenols	Analgesic, antimicrobial, anti-inflammatory	Thyme		
Tannins	Anti-inflammatory, antimicrobial	Sage		
Terpenoids and Essential oils	Antimicrobial	Indian mulberry		

Herbs	Adverse effects		
1. Allium sativum ¹⁰⁴	Contact dermatitis		
2. Carum carvi ⁴⁵	Avoid using it in children under 2 years old; skin and mucosal membrane irritation if accompanied by Umbelliferae family		
3. <i>Echinacea</i> ^{104,105}	Allergic reactions, gastrointestinal discomfort		
4. Melaleuca alternifolia ¹⁰⁴	Contact dermatitis		
5. Matricaria	Allergic conjunctivitis, interaction with warfarin		
6. Mentha piperita ^{45,94,108}	Burning sensation and gastrointestinal upset, interferes with iron absorption; avoid applying its oil on face in children and infants.		
7. Melissa officinalis ^{33,104}	Contact dermatitis, diarrhea, nausea, elevated intraocular pressure, sleep disorders, headache, fatigue, synergistic effect with alcohol and barbiturates		
8. Passiflora incarnate ^{36,109}	Vasculitis in insomnia patients; use with caution with CNS depressants, phenelzine and stimulants		
9. Pistacia atlantica ¹¹⁰	Cytotoxic/genotoxic effects		
10. Sanguinaria Canadensis ^{45,111}	Leukoplakia, diarrhea, stomach pain, distorted vision, paralysis, fainting, edema, glaucoma, heart disease, miscarriage, unsafe in children and pregnant or lactating women		
11. Ricinnus communis ¹¹²⁻¹¹⁴	Asthma, contact dermatitis, laxative effect, nausea, vomiting, colic		
12. Rosmarinus officinalis ⁴⁵	Avoid during pregnancy, iron deficiency		
13. Thymus vulgaris ⁴⁵	Skin and mucous membrane sensitivity, dizziness, vomiting, spasmodic cough especially in young children		
14. V. officinalis ^{36,115}	Gastrointestinal discomfort, dizziness, headache, extra-sedation, interaction with sedatives		

agents such as oral benzodiazepines and nitrous oxide-oxygen inhalation are used for this purpose. $^{\rm 98}$

Plants with sedative and anti-anxiety properties include $Melissa\ officinalis, ^{33}\ Passiflora\ incarnata\ (purple\ passion-flower)^{36} and <math>V.officinalis$ (valerian). $^{58}More$ studies are needed on their use in dentistry.

Constituents of Plants used in Dentistry

Several studies have been done on the molecular structure of plants. However, due to their complex structure, it is difficult to explain the precise molecular mechanisms behind their properties. Table 2 shows some of the constituents of medicinal plants and some of their properties. 620,21,45,99,100

Adverse Effects

Side effects and toxicity of medicinal plants can be discussed in general, and specifically for each plant and depend on factors such as their chemical composition, contaminants and adulterants. Also, some plants can have synergistic effects on each other. One of the important points is how plants are named in different geographic areas; this means that a plant can have different names in different regions, which can cause a lot of problems. 101,102

Another point is the concentration of active components in a plant, which can vary based on part of the plant used, the harvesting time of plant, weather and soil conditions. That makes the dose of active components variable and unpredictable. This

is more important in children because of their small body size and lower capacity of detoxification. It is important to note that children are different from adults in absorption, digestion, metabolism and excretion of substances. On the other hand, since their liver is still developing, they have different detoxification capacity compared to adults. Thus, it is important to assess the side effects and toxicity of plants for use in children. ¹⁰³ Table 3 summarizes some of the side effects of herbs and their interactions with synthetic drugs.

Conclusion

Due to the side effects and disadvantages of synthetic drugs, the use of medicinal plants is increasing considering their low cost, availability and biocompatibility. Further studies on types of suitable medicinal plants, their use and dosage are required especially in children to know more about their toxicity and possible side effects.

Acknowledgment

None.

Conflict of Interest

None. n

References

- Palombo EA. Traditional medicinal plant extracts and natural products with activity against oral bacteria: potential application in the prevention and treatment of oral diseases. Evid Based Complement Alternat Med. 2011;2011:680354.
- Oncag O, Cogulu D, Uzel A, Sorkun K. Efficacy of propolis as an intracanal medicament against Enterococcus faecalis. Gen Dent. 2006;54:319–322.
- Petersen PE, Bourgeois D, Ogawa H, Estupinan-Day S, Ndiaye C. The global burden of oral diseases and risks to oral health. Bull World Health Organ. 2005;83:661–669.
- 4. Zimmerman HJ. Hepatotoxicity: the adverse effects of drugs and other chemicals on the liver. Lippincott Williams & Wilkins; 1999:392.
- Murray PE, Farber RM, Namerow KN, Kuttler S, Garcia-Godoy F. Evaluation of Morinda citrifolia as an endodontic irrigant. J Endod. 2008;34:66–70.
- Prabhakar J, Senthilkumar M, Priya MS, Mahalakshmi K, Sehgal PK. Evaluation
 of antimicrobial efficacy of herbal alternatives (Triphala and green tea
 polyphenols), MTAD, and 5% sodium hypochlorite against Enterococcus faecalis
 biofilm formed on tooth substrate: an *in vitro* study. J Endod. 2010;36:83–86.
- Mohammadi Z. Sodium hypochlorite in endodontics: an update review. Int DentJ. 2008;58:329–341.
- Calixto J. Efficacy, safety, quality control, marketing and regulatory guidelines for herbal medicines (phytotherapeutic agents). Braz J Med Biol Res. 2000;33:179–189.
- Barnes PM, Bloom B, Nahin RL. Complementary and alternative medicine use among adults and children: United States, 2007. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics Hyattsville, MD; 2008.
- Kemper KJ, Cassileth B, Ferris T. Holistic pediatrics: a research agenda. Pediatrics. 1999;103:902–909.
- George D, Bhat SS, Antony B. Comparative evaluation of the antimicrobial efficacy of Aloe vera tooth gel and two popular commercial toothpastes: An invitro study. Gen Dent. 2009;57:238–241.
- 12. KaimJ, GultzJ, DoL, Scherer W. An invitro investigation of the antimicrobial activity of an herbal mouthrinse. J Clin Dent. 1998;9:46–48.
- Pai MR, Acharya LD, Udupa N. Evaluation of antiplaque activity of Azadirachta indicaleafextractgel—a6-weekclinicalstudy. J Ethnopharmacol. 2004;90: 99–103.
- Arami S, Mojaddadi M, Pourabbas R, Chitsaz M, Delazar A, Mobayen H. The Effect of Pistacia atlantica Var. mutica Mouthwash on Dental Plaque Bacteria and Subgingival Microorganisms: a Randomized and Controlled Triple-blind Study. Drug Res (Stuttg). 2015;65:463–467.

- Khalessi A, Pack A, Thomson W, Tompkins G. An in vivostudy of the plaque control efficacy of Persica: a commercially available herbal mouthwash containing extracts of Salvadora persica. Int Dent J. 2004;54:279–283.
- Kandaswamy D, Venkateshbabu N, Gogulnath D, Kindo A. Dentinal tubule disinfection with 2% chlorhexidine gel, propolis, morinda citrifolia juice, 2% povidone iodine, and calcium hydroxide. Int Endod J. 2010;43:419–423.
- Kayaoglu G, Ömürlü H, Akca G, Gürel M, Gençay Ö, Sorkun K, et al. Antibacterial activity of Propolis versus conventional endodontic disinfectants against Enterococcus faecalis in infected dentinal tubules. JEndod. 2011;37:376–381.
- Parolia A, Kundabala M, Rao N, Acharya S, Agrawal P, Mohan M, et al. A comparative histological analysis of human pulpfollowing direct pulp capping with Propolis, mineral trioxide aggregate and Dycal. Aust Dent J. 2010;55:59–64.
- Pereira JV, Bergamo DCB, Pereira JO, França SdC, Pietro RCLR, Silva-Sousa YTC. Antimicrobial activity of Arctium lappa constituents against microorganisms commonly found in endodontic infections. Braz Dent J. 2005;16:192–196.
- Sinha DJ, Sinha AA. Natural medicaments indentistry. Ayu. 2014;35: 113–118.
- 21. Hotwani K, Baliga S, Sharma K. Phytodentistry: use of medicinal plants. J Complement Integr Med. 2014;11:233–251.
- Babaee N, Zabihi E, Mohseni S, Moghadamnia AA. Evaluation of the therapeutic effects of Aloe vera gel on minor recurrent aphthous stomatitis. Dent Res J (Isfahan). 2012;9:381–385.
- 23. Mazzanti G, Battinelli L, Pompeo C, Serrilli A, Rossi R, Sauzullo I, et al. Inhibitory activity of Melissa officinalis L. extract on Herpes simplex virus type 2 replication. Nat Prod Res. 2008;22:1433–1440.
- Schuhmacher A, Reichling J, Schnitzler P. Virucidal effect of peppermint oil on the enveloped viruses herpes simplex virus type 1 and type 2 in vitro. Phytomedicine. 2003;10:504–510.
- Furletti V, Teixeira I, Obando-Pereda G, Mardegan R, Sartoratto A, Figueira G, et al. Action of Coriandrum sativum L. essential oil upon oral Candida albicans biofilm formation. Evid Based Complement Alternat Med. 2011;2011:1–9.
- Choonhakarn C, Busaracome P, Sripanidkulchai B, Sarakarn P. The efficacy of aloe vera gel in the treatment of oral lichen planus: a randomized controlled trial. Br J Dermatol. 2008;158:573–577.
- Agha-Hosseini F, Borhan-Mojabi K, Monsef-Esfahani HR, Mirzaii-Dizgah I, Etemad-Moghadam S, Karagah A. Efficacy of purslane in the treatment of orallichen planus. Phytother Res. 2010;24:240–244.

- Koh K, Pearce A, Marshman G, Finlay-Jones J, Hart P. Teatree oil reduces histamine induced skin inflammation. Br J Dermatol. 2002;147:1212–1217.
- 29. 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. Int Endod J. 2006;39:190–195.
- 30. Lawson LD. Garlic: a review of its medicinal effects and indicated active compounds. Blood. 1998;179:62.
- Kamat S, Rajeev K, Saraf P. Role of herbs in endodontics: An update. Endodontology. 2011;23:96–100.
- 32. DenYY, Chiu HC, Wang YB. Effects of Garlic Extract on Acid Production and Growth of Streptococcus mutans. J Food Drug Anal. 2009;17:59–63.
- Kennedy DO, Little W, Scholey AB. Attenuation of laboratory-induced stress in humans after acute administration of Melissa officinalis (Lemon Balm). Psychosom Med. 2004;66:607–613.
- Blitz J, Smith JW, Gerard JR. Aloe vera gel in peptic ulcer therapy; Preliminary report. J Am Osteopath Assoc. 1963;62:731–735.
- 35. SchererW, GultzJ, LeeSS, KaimJ. The ability of an herbal mouthrinse to reduce gingival bleeding. J Clin Dent. 1998;9:97–100.
- Groppo FC, Bergamaschi Cde C, Cogo K, Franz-Montan M, Motta RH, de Andrade ED. Use of phytotherapy in dentistry. Phytother Res. 2008;22:993–998.
- 37. Bohora A, Hegde V, Kokate S. Comparison of the antibacterial efficiency of neem leaf extract and 2% sodium hypochlorite against E. faecalis, C. albicans and mixed culture an *in vitro* study. Endodontology. 2010;22:8–12.
- Koo H, Rosalen PL, Cury JA, ParkYK, Bowen WH. Effects of compounds found in propolis on Streptococcus mutans growth and on glucosyltransferase activity. Antimicrob Agents Chemother. 2002;46:1302–1309.
- Koo H, Cury JA, Rosalen PL, Ambrosano G, MB au, Ikegaki M, et al. Effect of a mouthrinse containing selected propolis on 3-day dental plaque accumulation and polysaccharide formation. Caries Res. 2002;36:445–448.
- Taylor PW, Hamilton-Miller JM, Stapleton PD. Antimicrobial properties of green tea catechins. Food Sci Technol Bull. 2005;2:71–81.
- 41. Zhang J, Kashket S. Inhibition of salivary amylase by black and green teas and their effects on the intraoral hydrolysis of starch. Caries Res. 1998;32:233–238.
- Hamilton-Miller JM. Anti-cariogenic properties of tea (Camellia sinensis). J Med Microbiol. 2001:50:299–302.
- Pujar M, Makandar SD. Herbal usage in endodontics-A review. Int J Contemp Dentist. 2011;2.
- Menezes SM, Cordeiro LN, Viana GS. Punica granatum (pomegranate) extract is active against dental plaque. J Herb Pharmacother. 2006;6:79–92.
- Taheri JB, Azimi S, Rafieian N, Zanjani HA. Herbs in dentistry. Int Dent J. 2011;61:287–296.
- Ferreira CM, Rosa OPdS, TorresSA, Ferreira FBdA, Bernardinelli N. Activity of endodontic antibacterial agents against selected anaerobic bacteria. Braz Dent.J. 2002:13:118–122.
- 47. Oyama KON, Siqueira EL, Santos MD. *Invitro* study of effect of solvent on root canal retreatment. Braz Dent J. 2002;13:208–211.
- Hansen MG. Relative efficiency of solvents used in endodontics. J Endod. 1998;24:38–40.
- 49. Huhtanen C. Inhibition of Clostridium botulinum by spice extracts and aliphaticalcohols. J Food Prot. 1980;43:195–196.
- Dolara P, Corte B, Ghelardini C, Pugliese AM, Cerbai E, Menichetti S, et al. Local anaesthetic, antibacterial and antifungal properties of sesquiterpenes from myrrh. Planta Med. 2000;66:356–358.
- Hannah J, Johnson J, Kuftinec M. Long-term clinical evaluation of toothpaste and oral rinse containing sanguinaria extract in controlling plaque, gingival inflammation, and sulcular bleeding during orthodontic treatment. Am J Orthod Dentofacial Orthop. 1989;96:199–207.
- 52. Eley B. Antibacterial agents in the control of supragingival plaque: a review. Br Dent J. 1999;186:286–296.
- Almas K. The antimicrobial effects of extracts of Azadirachta indica (Neem) and Salvadora persica (Arak) chewing sticks. Indian J Dent Res. 1999;10:23–26.
- Modarai M, Silva E, Suter A, Heinrich M, Kortenkamp A. Safety of herbal medicinal products: Echinacea and selected alkylamides do not induce CYP3A4 mRNA expression. Evid Based Complement Alternat Med. 2009;2011:22.
- Charantimath S, Oswal R. Herbal therapy in dentistry: a review. Innov J Med Health Sci. 2011:1:1–4.
- Khan R, Islam B, Akram M, Shakil S, Ahmad AA, Ali SM, et al. Antimicrobial activity of five herbal extracts against multi drug resistant (MDR) strains of bacteria and fungus of clinical origin. Molecules. 2009;14:586–597.
- Rahim ZH, Khan HB. Comparative studies on the effect of crude aqueous (CA) and solvent (CM) extracts of clove on the cariogenic properties of Streptococcus mutans. J Oral Sci. 2006;48:117–123.

- 58. Houghton PJ. The scientific basis for the reputed activity of Valerian. J Pharm Pharmacol. JPharm Pharmacol. 1999:51:505–512.
- Göbel H, Schmidt G, Dworschak M, Stolze H, Heuss D. Essential plant oils and headache mechanisms. Phytomedicine. Phytomedicine. 1995;2: 93–102.
- Rasooli I, Shayegh S, Taghizadeh M, Astaneh SDA. Phytotherapeutic prevention of dental biofilm formation. Phytother Res. 2008;22:1162–1167.
- Blumenthal M BW, Goldberg A. The complete commission E Monographs: Therapeutic guide to herbal medicines. Boston: Integrative medicine communicationa. 1998:180–182.
- Singh J, Kumar A, Budhiraja S, Hooda A. Ethnomedicine: use in dental caries. Braz J Oral Sci. 2007;6:1308–1312.
- Jeon JG, Rosalen P, Falsetta M, Koo H. Natural products in caries research: current (limited) knowledge, challenges and future perspective.
 Caries Res. 2011:45:243–263.
- Hemaiswarya S, Kruthiventi AK, Doble M. Synergism between natural products and antibiotics against infectious diseases. Phytomedicine. 2008:15:639–652.
- Bachrach G, Jamil A, Naor R, Tal G, Ludmer Z, Steinberg D. Garlicallicin as a potential agent for controlling oral pathogens. J Med Food. 2011;14:1338– 1342
- PrashantG, Chandu G, Murulikrishna K, Shafiulla M. The effect of mango and neem extract on four organisms causing dental caries: Streptococcus mutans, Streptococcus salivavius, Streptococcus mitis, and Streptococcus sanguis: An in vitro study. Indian J Dent Res. 2007:148–151.
- 67. Hwang JY, Choi SC, Park JH, Kang SW. The use of green tea extract as a storage medium for the avulsed tooth. J Endod. 2011;37:962–967.
- Lodhia P, Yaegaki K, Khakbaznejad A, Imai T, Sato T, Tanaka T, et al. Effect of green tea on volatile sulfur compounds in mouth air. J Nutr Sci Vitaminol (Tokyo). 2008;54:89–94.
- Gradišar H, Pristovšek P, Plaper A, Jerala R. Green tea catechins inhibit bacterial DNA gyrase by interaction with its ATP binding site. J Med Chem. 2007;50:264–271.
- Rasheed A, Haider M. Antibacterial activity of Camellia sinensis extracts against dental caries. Arch Pharm Res. 1998 21:348–352.
- Bozorgi M, Memariani Z, Mobli M, Salehi Surmaghi MH, Shams-Ardekani MR, Rahimi R. Five Pistacia species (P.vera, P.atlantica, P.terebinthus, P. khinjuk, and P. lentiscus): a review of their traditional uses, phytochemistry, and pharmacology. Scientific World J. 2013;2013:219815.
- Pourreza M, Shaw JD, Zangeneh H. Sustainability of wild pistachio (Pistacia atlantica Desf.) in Zagros forests, Iran. For Ecol Manage. 2008;255:3667– 3671.
- Roozegar MA, Jalilian FA, Havasian MR, Panahi J, Pakzad I. Antimicrobial effect of Pistacia at lanticale af extract. Bioinformation. 2016;12:19–21.
- Ahuja V, Ahuja A. Apitherapy-A sweet approach to dental diseases. Part II: Propolis. JOAOR. 2011;2:1–8.
- Bhat N, Bapat S, Asawa K, Tak M, Chaturvedi P, Gupta V, et al. The antiplaque efficacy of propolis-based herbal toothpaste: A crossover clinical study.
 J Nat Sci Biol Med. 2015; 6:364–368.
- Libério SA, Pereira ALA, Araújo MJA, Dutra RP, Nascimento FR, Monteiro-Neto V, et al. The potential use of propolis as a cariostatic agent and its actions on mutans group streptococci. J Ethnopharmacol. 2009;125:1–9.
- 77. Steinberg D, Kaine G, Gedalia I. Antibacterial effect of propolis and honey on oral bacteria. Am J Dent. 1996;9:236–239.
- Gomes MCB, Westphalen VPD, Westphalen FH, Silva Neto U, Fariniuk LF, Carneiro E. Study of storage media for avulsed teeth. Braz J Dent Traumatol. 2009:1:69–76.
- Malhotra N. Current developments in interim transport (storage) media in dentistry: an update. Br Dent J. 2011;211:29–33.
- Souza B, Lückemeyer D, Reyes-Carmona J, Felippe W, Simões C, Felippe M. Viability of human periodontal ligament fibroblasts in milk, Hank's balanced salt solution and coconut water as storage media. Int Endod J. 2011;44: 111–115.
- 81. Özan F, Tepe B, Polat ZA, Er K. Evaluation of *in vitro* effect of Morus rubra (red mulberry) on survival of periodontal ligament cells. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2008;105:e66-e69.
- OzanF, Polat Z, Tepe B, Er K. Influence of storage media containing Salvia officinalis on survival of periodontal ligament cells. J Contemp Dent Pract. 2008;9:17–24.
- Mori GG, Nunes DC, Castilho LR, Moraes IGd, Poi WR. Propolis as storage media for avulsed teeth: microscopic and morphometric analysis in rats. Dent Traumatol. 2010;26:80–85.
- Brothwell DJ. Guidelines on the use of space maintainers following premature loss of primary teeth. J Can Dent Assoc. 1997;63:753–766.

- da Costa C, Almeida I, Locks A, da Costa FL. Clinical comparative study of the effects of two types of mandibular space-regaining devices. Gen Dent. 2002;51:120–126.
- Khairwa A, Bhat M, Sharma R, Satish V, Maganur P, Goyal AK. Clinical and radiographic evaluation of zinc oxide with aloe vera as an obturating material in pulpectomy: An in vivo study. J Indian Soc Pedod Prev Dent. 2014:32:33–38.
- 87. Bahrololoomi Z, Moeintaghavi A, Emtiazi M, Hosseini G. Clinical and radiographic comparison of primary molars after formocresol and electrosurgical pulpotomy: a randomized clinical trial. Indian J Dent Res. 2008;19:219–223.
- PengL, YeL, Guo X, Tan H, Zhou X, Wang C, et al. Evaluation of formocresol versus ferric sulphate primary molar pulpotomy: a systematic review and meta-analysis. Int Endod J. 2007;40:751–757.
- 89. Al-Haj Ali SN. *Invitr*otoxicity of propolis incomparison with other primary teeth pulpotomy agents on human fibroblasts. J Investig Clin Dent. 2016;7:308–313.
- 90. Yaman E, Görken F, Pinar Erdem A, Sepet E, Aytepe Z. Effects of folk medicinal plant extract Ankaferd Blood stopper® in vital primary molar pulpotomy. Eur Arch Paediatr Dent. 2012;13:197–202.
- 91. Mohammad SG, Baroudi K. Assessment of the potential of Allium sativum oil as a new medicament for non-vital pulpotomy of primary teeth. J Int Soc Prev Community Dent. 2015;5:314–320.
- Pistorius A, Willershausen B, Steinmeier EM, Kreislert M. Efficacy of subgingival irrigation using herbal extracts on gingival inflammation.
 J Periodontol. 2003;74:616–622.
- 93. Srivastava JK, Pandey M, Gupta S. Chamomile, a novel and selective COX-2 inhibitor with anti-inflammatory activity. Life Sci. 2009;85:663–669.
- Göbel H, Schmidt G, Soyka D. Effect of pepper mint and eucalyptus oil preparations on neurophysiological and experimental algesimetric headache parameters. Cephalalgia. 1994;14:228–234.
- 95. Southard GL, ParsonsGL, Thomas GL, Woodall I, Jones B. Effect of sanguinaria extract on development of plaque and gingivitis when supragingivally delivered as a manual rinse or under pressure in an oral irrigator. J Clin Periodontol. 1987;14:377–380.
- 96. Tenenbaum H, Dahan M, Soell M. Effectiveness of a sanguinarine regimen after scaling and root planing. J Periodontol. 1999;70:307–311.
- 97. Blumenthal MBW, Goldberg A et al. (editors). The Complete German Commission E Monographs: therapeutic guide to herbal medicines.

- Austin: American Botanical Council and Boston: Integrative Medicine Communications. 1998:198.
- Ganzberg S, Pape RA, Beck FM. Remifentanil for use during conscious sedation in outpatient oral surgery. J Oral Maxillofac Surg. 2002;60:244–250.
- Levand O, Larson HO. Some chemical constituents of Morinda citrifolia. Planta Med. 1979;36:186–187.
- 100. Suryawanshi JAS. An overview of Citrus aurantium used in treatment of various diseases. African J Plant Sci. 2011;5:390–395.
- 101. Siegel RK. Kola, ginseng, and mislabeled herbs-reply. JAMA. 1977;237:25.
- Carson CF, Riley TV. Toxicity of the essential oil of Melaleuca alternifolia or teatree oil. J Toxicol Clin Toxicol. 1995;33:193–194.
- Woolf AD. Herbal remedies and children: do they work? Are they harmful? Pediatrics. 2003:112:240–246.
- West I, Maibach HI. Contact urticaria syndrome from multiple cosmetic components. Contact Dermatitis. 1995;32:121.
- Huntley AL, Thompson Coon J, Ernst E. The safety of herbal medicinal products derived from Echinacea species. A systematic review. Drug Saf. 2005;28:387–400.
- Subiza J, Subiza JL, Alonso M, Hinojosa M, Garcia R, Jerez M, et al. Allergic conjunctivitis to chamomile tea. Ann Allergy. 1990;65:127–132.
- Segal R, Pilote L. Warfarin interaction with Matricaria chamomilla. CMAJ. 2006;174:1281–1282.
- 108. Kligler B, Chaudhary S. Peppermint oil. Am Fam Physician. 2007;75:1027–1030.
- Smith GW, Chalmers TM, Nuki G. Vasculitis associated with herbal preparation containing passiflora extract. Br J Rheumatol. 1993;32:87–88.
- Rahbar Saadat Y, Barzegari A, Zununi Vahed S, Saeedi N, Eskandani M, Omidi Y, et al. Cyto/Genotoxic Effects of Pistacia atlantica Resin, a Traditional Gum. DNA Cell Biol. 2016;35:261–266.
- Eversole L, Eversole G, Kopcik J. Sanguinaria-associated oral leukoplakia: comparisonwith other benign and dysplastic leukoplakic lesions. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2000;89:455–464.
- Panzani R, Johansson S. Results of skin test and RAST in allergy to a clinically potent allergen (castor bean). Clin Exp Allergy. 1986;16: 259–266.
- 113. Di Berardino L, Della Torre F. Side effects to castor oil. Allergy. 2003;58:826.
- Burdock GA, Carabin IG, Griffiths JC. Toxicology and pharmacology of sodium ricinoleate. Food Chem Toxicol. 2006;44:1689–1698.
- Ang-Lee MK, Moss J, Yuan CS. Herbal medicines and perioperative care. JAMA. 2001;286:208–216.

How to cite:

Nazemi Salman B, Vahabi S, Mohebbi Rad M, and Bayat N. Use of Herbs and Medicinal Plants in Dentistry: A Review. J Dent Sch. 2017;35(2):58-64.