Antibacterial efficacy of lavandula officinalis extract, sodium hypochlorite and chlorhexidine gluconate solutions as root canal irrigations: A comparative analysis

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Abstract

Introduction: This in vitro study aimed to compare the antimicrobial effect of lavandula - officinalis extract, with sodium hypochlorite (NaOCL) and chlorhexidine gluconate (CHX), as root canal irrigants, on Enterococcus faecalis (EF).

Materials & Methods: Seventy five extracted single-rooted premolars were selected. Root canals were prepared using rotary ProTaper system and were infected with the culture of E. faecalis. Specimens were randomly divided into five groups (n = 15), Group 1, 2: lavandula extracts (0.26 and 0.52 mg/mL), Group 3: 2.5%NaOCL, Group 4: 2%CHX, Group 5: Normal Saline. Irrigation was performed for each group for 5, 10 and 15 min. The viable bacteria obtained by collecting the canal dentin chips. Data analysis was performed with Kruskal-Wallis and Mann-Whitney u tests.

Results: The mean number of viable bacteria was significantly reduced after 5 min exposure to lavandula solutions (p<0.05). A significant difference also existed between different times in the NaOCL group, being significant between 5 and 15 min (p<0.05), but there was no significant difference between different times in the CHX group. Comparison of the mean number of viable bacteria between different groups at different exposure times revealed that the difference between lavandula and NaOCL solutions with CHX was significant at 5 and 10 min (p<0.05), however, no statistically significant difference was observed between lavandula solutions and NaOCL.

Conclusion: lavandula extract was effective in killing of EF. Further studies are necessary to fully understand its other properties such as tissue solubility, removal of smear layer and impact on dentin structure.

Keywords: Chlorhexidine gluconate, Enterococcus faecalis, Lavandula, Root canal irrigants, Sodium hypochlorite


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Introduction

Studies have demonstrated the role of bacteria and their products as the major factor in development of the pulp and periapical diseases. Enterococcus faecalis is the most frequently observed bacteria in the root canal. The ability of this gram-positive anaerobic bacterium to penetrate the dentinal tubules as well as to form biofilm and tolerate unfavorable environmental conditions can justify its relatively high prevalence. Mechanical preparation of the root canal is the first stage of canal cleaning; accordingly, supplementary irrigation solutions are necessary and important for treatment. The selection of irrigants is very important due to their different functions in removal of debris, smear layer, and bacteria from the root canal system. Different chemical formulations of irrigants exert varying effects on pulp, necrotic tissues, and microorganisms. Sodium hypochlorite became a widely used irrigant after its introduction by Walker. Almost all studies have mentioned its appropriate antibacterial effects. Although this solution is the irrigant of choice in the treatment of necrotic teeth due to its antimicrobial activity and unique tissue solubility properties, it is toxic to living tissue and its extrusion from the apex is associated with pain and emphysema. Moreover, it is allergen, its taste is unpleasant for patients, and its vapor is eye-irritant. Therefore, searching for a solution with fewer side effects and similar or better antimicrobial properties is still ongoing. 2% CHX is another irrigant, which has been supported as an ultimate cleaning solution, especially in endodontic retreatments, due to its long-term stability resulting from binding to hydroxyapatite. Tooth discoloration and some other side effects such as loss of sense of taste, irritation of oral mucosa, dry mouth and tongue
Lavandula as a herbal root canal irrigant
discoloration limit its use as a long term irrigant. It has
been also found that the cleaning effect of CHX in the
walls of the root canal is lower than NaOCL.[5] MTAD
(a mixture of tetracycline, citric acid, and detergent) was
an attempt to achieve a better irrigant, but according to
the in vitro studies, its bactericidal efficacy was reported
less than sodium hypochlorite.[13]

Given the ever-increasing number of antibiotic-
resistant species due to misuse of antibiotics and
complications of synthetic irrigants (such as immune
suppression, hypersensitivity, allergic reactions), as well
as the phytotherapeutic potential of herbal irrigant
solutions,[3,7-9] researchers have recently begun to
investigate herbal alternatives. many studies have found
that herbal agents such as green tea, Triphala, Monrinda
Citrifolia, Zataria MultiFlora Boiss, Satureja
Khuzestanica Jamzad, Carvacrol, and Arctium Lappa A.
nilotica, A. barbadensis, C. sylvestris, A. sativum, M.
recutita L. C. sinensis, C. limonum, propolis, P.
guajava, P. corylifolia, R. lancia, S. persica, S.
auranticium, M. alternifolia, C. longa, G. glabra can be
used as an alternative intra-canal medicament and can
be used as potential root canal irrigants because of their
anti-inflammatory, antimicrobial and immune-
modulating activity.[3,5,6,8-12]

Lavandula is a plant with many medicinal
properties, which has been used since ancient times.
Essential oil of this species has been used in the
perfume and cosmetics industry from hundreds of years
ago. It is also used as an essential oil in drinks, ice
cream, candy, and gum. Many studies enumerated
interesting chemical and biological properties of this
plant, including sedative, spasmylytic, anti-
inflammatory, antioxidative, hypolipidemic, antiviral,
antifungal, and antibacterial effects.[7,12] It is proven that
the oil extract of lavandula is effective in treatment of
infections caused by antibiotic-resistant bacteria.[7,12]

Benbelaid et al. evaluated the antimicrobial activity
of Lavandula multifida oil extract on gram-positive and
gram-negative pathogens including Enterococcus
faecalis, using impregnated discs. Their results showed
that the extract has a tremendous impact on
Enterococcus faecalis.[7]

In an in vitro study, using agar diffusion and broth
dilution methods, Blazekovic et al. evaluated the effect
of ethanolic extract of lavandula on 31 species of
bacteria, fungi, dermatophytes, and molds and found
that, as the most abundant ingredients, Linalool and
Linalylacetate are responsible for antibacterial and
antifungal effects of this plant. These researchers
suggested this herbal compound as an acceptable
alternative for NaOCL.[13]

In the study of Imelouane et al. the dental
antimicrobial activity of lavandula essential oil has been
demonstrated on 22 bacterial species except
Pseudomonas aeruginosa. In this study, the essential oil
of lavandula was introduced as a food preservative. This
compound improves health and (canned) food survival
through eliminating or reducing pathogens which grow
on food.[14]

The aim of this experimental study was to compare
the antibacterial effect of Lavandula extracts as a root
canal irrigant with 2.5% NaOCL and 2% CHX on
Enterococcus faecalis (E. Faecalis).

Materials & Methods
Sample preparation: In this in vitro experimental
study, 75 single canal maxillary and mandibular
bicuspids were stored in normal saline to prevent
dehydration. Number of the canals was verified by
periapical radiographs and samples were visually
inspected for existence of defects such as external
resorption, crack and caries. All teeth had a single root
canal and root lengths between 11-14 mm. The crown
was removed at the cementoenamel junction with a high
speed diamond fissure bur (Tizkavan, Tehran, Iran).
Working lengths were determined with K-
file #10 (Dentsply, Switzerland). The root canals were then
instrumented using the crown-down technique and
rotary instruments (ProTaper, Dentsply Maillefer,
Ballaigues, Switzerland), and the canals were enlarged
to an apical size of F3. At all stages of cleaning and
shaping of the canals normal saline was used as an
irrigant. To remove the smear layer 10ml Ethylene
diaminetetraacetic acid (EDTA) 17% was used for 1
minute followed by 5ml NaOCl 5.25%. To prevent
apical leakage the root apex was sealed with resin
composite. The Cryo Tube containing the teeth and
BHIB (Brain Heart infusion broth) medium were
sterilized in autoclave for 20 minutes at 121°C.

Phytochemical preparation: Extraction was performed
through maceration method. 15 g dried lavandula
officinalis (which was provided from the Research
institute of forests rangelands of Iran) was poured into
150 mL water and mixed by magnetic stirrer for 24
hours, after that it was filtered with a filter paper. The
filtrate solution was centrifuged for 20 minutes at
12,000 rpm. The supernatant was removed and poured into the perfect clean plate glass and dried for 3-4 days thoroughly under the hood. After drying, the powder was used for testing.

To determine the minimum inhibitory concentrations of each irrigant, the agar dilution method was used. Specific concentration of each irrigant was added to test tubes, containing 20 ml of nutrient agar medium, which was then poured in7 cm in diameter circles, into a disposable plate. The concentrations used for each chemical were 1 to 50 ppm. Agar plates were placed at 40 °C for 30 minutes to dry out the surface moisture. Then 10 µL of bacteria was placed on the agar. The plates were incubated at the specified temperature (37°C) for 24h. The lowest concentration of a chemical substance that can inhibit the growth of microbes is called the minimum inhibitory concentration (MIC). MIC of the materials for E.faecalis was then examined. As a positive control, a commercial standard antibiotic was used (amoxicillin and naldixidic acid for E. Faecalis).

**Antibacterial evaluation:** A pure culture of E. Faecalis (Iranian Type Culture Collection [ATCC] 29212) (Pasteur Institute, Tehran, Iran) was grown on Mueller-Hinton agar (Merck Co, Germany), inoculated into Mueller Hinton broth (Merck Co, Germany), incubated at 37°C overnight and adjusted to an optical density (OD600) of 1 with sterile Mueller Hinton broth.

**Irrigation procedure:** The prepared teeth (n=75) were randomly divided into 5 groups (n=15) and each group was divided into three subgroups. These groups included lavender 0.26 mg/ml and 0.52 mg/ml, 2.5% sodium hypochlorite (Sehat, Tehran, Iran), 2% chlorhexidine gluconate (clothexidina s, Dentscare LTDA, brasii) and normal saline. Under aseptic conditions, the teeth were removed from Cryo Tubes and root canals were dried with sterile paper points #30 (Panadent, China) and were filled with bacterial suspensions with a sterile insulin syringe. Teeth were then transferred to Cryo Tubes containing BHI medium and were incubated for 48 h at 35 °C under micro aerophilic condition (MART system 5% CO2, 5.9% O2, 7.2% H2, 79% N2). After incubation, the teeth were removed from the Cryo Tube and their canals were rinsed three times with 10 mL normal saline with an insulin syringe and dried with sterile paper points # 30. Then, each canal was filled with irrigant, using an insulin syringe. After 5,10 and 15 min, the canals (5 canals in each group) were dried with paper points # 30, and to inactivate the irrigants, the canals were filled with Soy-Lecithin-Poly-Sorbate 20 (Merck Co, Germany), which was finally removed with sterile paper points # 30. To determine the viable bacterial count, by Hedstrom file #40 (H file, Dentsply, Swiss) 0.1 gram dentin chips were collected from the canal and mixed with 10 ml of normal saline containing TWEEN 80 (Merck Co, Germany) 1% in mixture, and shaken heavily for 30 seconds, until bacteria was separated. For counting viable bacteria, 1 ml of the mentioned suspension was cultured on Caso agar (Soybean Casein digest Broth, Casein-peptone Soymeal-peptone Broth) medium. After 48 h incubation at 35°C, the rate of bacterial colonies was counted and reported in CFU/dentin chips form. Kruskal-Wallis and Mann-Whitney u tests were used to evaluate the differences in the mean cell viability values of the experimental solutions. A level of p<0.05 was statistically accepted as significant.

**Results**

Table 1 compares the mean number of viable bacteria in different groups at three irrigation times. Accordingly, there was a significant difference in the number of viable bacteria between the groups at 5 and 10 min irrigation times but the difference was not statistically significant in 15 min.

**Table 1. Mean number of viable bacteria in different times of exposure to irrigant solutions (L<sub>1</sub> = lavandula 0.26 mg/ml, L<sub>2</sub> = lavandula 0.52 mg/ml)**

<table>
<thead>
<tr>
<th>Time (min)</th>
<th>Irrigant</th>
<th>Mean</th>
<th>Pvalue</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>L&lt;sub&gt;1&lt;/sub&gt;</td>
<td>28.00±31.44</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>L&lt;sub&gt;2&lt;/sub&gt;</td>
<td>28.67±24.6</td>
<td>0.34</td>
</tr>
<tr>
<td></td>
<td>NaOCL</td>
<td>18.00±19.35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHX</td>
<td>52.00±43.02</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>L&lt;sub&gt;1&lt;/sub&gt;</td>
<td>11.67±16.22</td>
<td>0.47</td>
</tr>
<tr>
<td></td>
<td>L&lt;sub&gt;2&lt;/sub&gt;</td>
<td>15.60±16.49</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NaOCL</td>
<td>10.00±13.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHX</td>
<td>30.78±23.41*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L&lt;sub&gt;1&lt;/sub&gt;</td>
<td>5.00±9.06</td>
<td>0.55</td>
</tr>
<tr>
<td></td>
<td>L&lt;sub&gt;2&lt;/sub&gt;</td>
<td>7.67±9.98</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NaOCL</td>
<td>4.00±8.90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHX</td>
<td>13.00±24.77</td>
<td></td>
</tr>
</tbody>
</table>

In 5 min irrigation, Mann-Whitney u test showed that the mean number of viable bacteria in lavandula
lavandula as a herbal root canal irrigant

0.26 mg/mL and 0.52 mg/mL and NaOCL irrigant groups was similar, however, the mean number of viable bacteria in the CHX group was significantly greater than the other three (p < 0.05). Thus, the difference between lavandula and NaOCL solutions and CHX was significant (p < 0.05), but no significant difference was found between lavandula solutions and NaOCL (Table 2). The Mann-Whitney test for 10 minutes irrigation showed that CHX had significantly the lowest antibacterial effect among 4 irrigation solutions (p < 0.05). Other irrigants had no significant difference with each other (Table 2).

Table 2. Comparison of viable bacteria count in 5, 10 min exposure to irrigants

<table>
<thead>
<tr>
<th>Irrigant (I)</th>
<th>Irrigant (J)</th>
<th>P value 5 min</th>
<th>P value 10 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>L₁</td>
<td>L₂</td>
<td>0.806</td>
<td>0.486</td>
</tr>
<tr>
<td>L₁</td>
<td>NaOCL</td>
<td>0.486</td>
<td>0.967</td>
</tr>
<tr>
<td>L₁</td>
<td>CHX</td>
<td>0.044</td>
<td>0.026</td>
</tr>
<tr>
<td>L₂</td>
<td>NaOCL</td>
<td>0.435</td>
<td>0.512</td>
</tr>
<tr>
<td>L₂</td>
<td>CHX</td>
<td>0.036</td>
<td>0.044</td>
</tr>
<tr>
<td>NaOCL</td>
<td>CHX</td>
<td>0.014</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Discussion

This in vitro study evaluated the antibacterial effect of lavandula, as a root canal irrigant, on E. faecalis. It is the most common bacteria which is frequently observed in root canal treated teeth. Therefore, E. faecalis was used in this study to determine the antimicrobial efficacy of irrigant solutions. The results of this study indicated that the antibacterial effect of lavandula extract was not significantly different with 2.5% NaOCL after 5 min, but this irrigant significantly reduced the mean number of E. faecalis compared with 2% CHX. The antibacterial activity of this plant is in line with results of other researchers. Dadalioglu et al., Lis-balachin et al and Goren et al. have demonstrated the powerful antifungal and antibacterial ability of different species of lavandula. Numerous researchers have studied various species of lavandula and stated that 1,8-Cineole, Linalool, linalyl acetate, β-phenlendrene, and Fenchone are found in most of these species. Significant differences exist between major constituents of this plant, which are attributed to climatic, seasonal, geographical conditions, techniques of extractions, the period of harvest and the duration of drying as well as genetic differences of the species.

Antimicrobial activity of the plant is caused by synergistic effects of a range of major and minor constituents. Sikkema et al. investigated the function of monoterpenes as its major constituents and stated that they exert their antimicrobial effects through diffusion and structural damage to cell membranes. Griffen et al. claimed that the antimicrobial activity of terpenoids depends on several factors including hydrogen bonding, water solubility, and molecular size. Importantly, in comparison with the cited studies, this study was carried out to evaluate the antimicrobial effects of this plant in the presence of dentin and in the root canal system. It is proven that the antibacterial effects of irrigants such as NaOCL, CHX and iodide potassium iodine are reduced in the presence of dentin, i.e. dentin has an inhibitory effect on the activity of these irrigants. Therefore, in this study, we reconstructed the root canal system under similar conditions and evaluated the antibacterial ability of this plant extract as an irrigant.

As an irrigant, sodium hypochlorite is widely used in endodontic treatment. Interestingly, no significant difference was found in this study between lavandula and 2.5% NaOCL in 5 minutes. NaOCL is highly caustic and as a nonspecific agent, its action is not limited to necrotic tissues and has adverse effects on dentin including reduced modulus elasticity and flexural strength. Therefore, seeking for a solution with similar or better antimicrobial properties and fewer side effects is ongoing and in this regard, our study aimed to find a herbal irrigant.

Reduced bacterial content in the negative control group was due to washing out of the microorganisms with normal saline and it is noteworthy that saline does not have any antibacterial effect. During this research, smear layer was removed using 17% EDTA and 5.25% NaOCL after bio-mechanical preparation of the root canal, and then the bacteria were cultured. This procedure was performed in all groups, thus, bacteria and irrigants had similar opportunity to enter the dentinal tubules and contact with dentin.

Owing to the reserves of biologically active substances, plants have been considered from long times ago. Besides several therapeutic properties, lavandula is an antioxidant and highly tissue compatible plant which is probably safe for the periapical tissues. Given the anti-inflammatory and analgesic properties of this plant compared with conventional irrigants of root canal, it may have additional beneficial effects. It is proven

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that the oil extract of this plant is effective in treatment of infections caused by antibiotic-resistant bacteria.[7] Easy access, cost-effectiveness and lack of microbial resistance pose it as an alternative irrigant. Considering the complexity of the root canal system and the importance of necrotic pulp remnants removal from regions not in access of instruments, it is proposed to research on lavandula extract’s tissue solubility. For future studies, evaluating the impact of the extract on sealing ability of root canal filling materials, as well as its effect on organic and inorganic structure of dentin and removal of smear layer are suggested.

Conclusion: within the limitations of this invitro study, the efficacy of lavandula extract was similar to NaOCL and was better than CHX. The use of Lavandula as an endodontic irrigant might be advantageous because it is a biocompatible antioxidant[7] and not likely to cause the severe injuries to patients that might occur through NaOCL accidents. More research is needed to include it in irrigation protocol of root canal treatment.

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Conflict of interest: We declare that there is no conflict of interest.

Authors’ Contributions
The study was designed by Narges Farhad mollashahi. Data were collected by Pouya Mehmandoust, Ali Ghasemi. Analysis and interpretation of data, drafting of the manuscript and critical revision of the manuscript for important intellectual content were pre-formed by Narges Farhad mollashahi. Supervision of the study was performed by Narges Farhad mollashahi.

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lavandula as a herbal root canal irrigant


