

# **Systematic Review Article**

## **EFFICACY OF NATURAL INTRACANAL MEDICAMENTS IN ENDODONTIC MANAGEMENT OF PERMANENT TEETH: A SYSTEMATIC REVIEW OF IN VIVO STUDIES**

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### **ABSTRACT**

#### **Background:**

Endodontic therapy is essential for eradicating microbial infections in the root canal system, with conventional agents like calcium hydroxide being widely used due to their potent antimicrobial properties. Recently, natural intracanal medicaments derived from plant extracts have garnered attention for their biocompatibility, reduced cytotoxicity, and additional therapeutic effects such as anti-inflammatory and tissue-regenerative properties. However, the clinical efficacy of these natural agents, particularly in permanent teeth, remains unclear.

#### **Objective:**

This systematic review aims to evaluate the efficacy of natural intracanal medicaments in the endodontic management of permanent teeth by consolidating evidence from in vivo studies on their antimicrobial activity compared to conventional synthetic agents.

#### **Methodology:**

A comprehensive search for research published between 2014 and 2021 was done using electronic databases like Google Scholar, Web of Science, PubMed, and Scopus. The Rayyan software was employed for screening and management of all articles. During the study selection process, title and abstract screening were conducted independently by two reviewers. A meta-analysis was performed to assess the pooled effect size of these agents.

#### **Results:**

Out of almost 2500 articles, only 6 have been deemed eligible for inclusion. Natural agents, including Neem, Curcumin, and Propolis, demonstrated significant antimicrobial efficacy, comparable to conventional agents like calcium hydroxide and chlorhexidine. Neem exhibited the highest antibacterial activity, while Curcumin showed superior anti-inflammatory effects. Despite the overall efficacy of these natural medicaments, high heterogeneity ( $I^2 = 96\%$ ) was observed among the studies, suggesting variability in study design and methodologies.

#### **Conclusion:**

Natural intracanal medicaments show promise as effective alternatives to conventional synthetic agents in endodontic therapy. Substances such as Aloe vera, Curcumin, Neem, and Propolis not only offer antimicrobial efficacy but also provide additional benefits like anti-inflammatory and tissue-regenerative properties. However, further well-designed, standardized clinical trials are needed to confirm their efficacy and

establish clear clinical guidelines for their use in permanent teeth.

*Keywords: Antimicrobial activity and Antibacterial effects, Endodontics, Intracanal medicaments, Natural materials*

## 1. INTRODUCTION

Endodontic therapy is crucial for managing microbial infections within the root canal system, necessitating the use of effective intracanal medicaments to eradicate pathogens and promote periapical healing [1]. Conventional agents, such as calcium hydroxide, have been the cornerstone of endodontic treatment due to their potent antimicrobial properties and ability to stimulate the formation of mineralized tissue, thereby promoting regeneration processes inside the root canal system [2].

Natural intracanal medicaments, derived from plant extracts or organic sources, present a compelling option due to their biocompatibility, reduced cytotoxicity, and additional therapeutic benefits. Many of these substances exhibit inherent antimicrobial properties while also offering anti-inflammatory and tissue-regenerative effects, making them attractive candidates for endodontic therapy [3]. The ability of these agents to mitigate inflammation and enhance healing processes aligns with the evolving focus on minimally invasive and biologically compatible treatments in dentistry.

Despite the promising potential of natural intracanal medicaments, uncertainty remains regarding their clinical efficacy, particularly in permanent teeth. While numerous *in vitro* studies have demonstrated the antimicrobial activity of various natural substances, their clinical relevance is often limited. Therefore, understanding their effectiveness *in vivo* is essential for optimizing treatment outcomes and advancing evidence-based endodontic practice. Randomized controlled trials and prospective clinical studies are imperative to thoroughly evaluate the true effectiveness of these natural agents in clinical settings, establishing standardized protocols for their application in routine endodontic therapy.

This systematic review and meta-analysis aim to consolidate existing literature on the antibacterial efficacy of natural intracanal medicaments, highlighting their mechanisms of action and potential advantages over conventional agents. By synthesizing the findings of these studies, we aim to provide clinicians with valuable insights into the clinical effectiveness of natural intracanal medicaments and emphasize the importance of conducting well-designed, standardized research to inform evidence-based endodontic practice.

## 2. MATERIAL AND METHODS

**2.1 Population:** This systematic review focuses on patients undergoing endodontic treatment in permanent teeth.

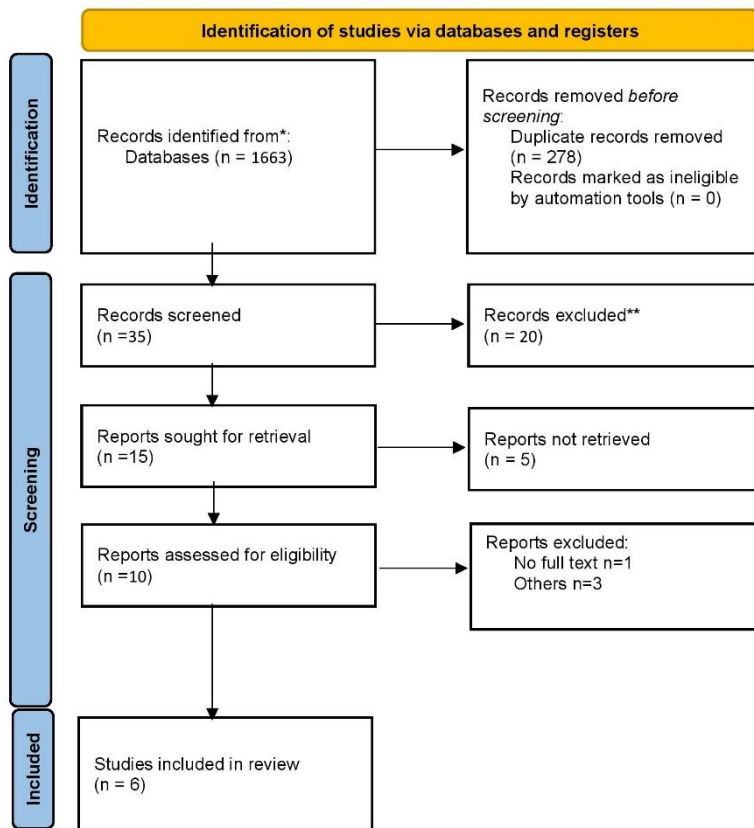
**2.2 Intervention:** The intervention under investigation is the utilization of natural materials as intracanal medicaments during endodontic treatment. These natural materials encompass a range of substances including propolis, neem, garlic extract, and others derived from plants. These materials are applied with the aim of disinfecting the root canal system and facilitating healing.

**2.3 Comparison:** The comparison group comprises conventional synthetic medicaments commonly employed in endodontic treatment.

**2.4 Outcome:** The primary outcome of interest is the assessment of the antimicrobial properties of the intracanal medicaments. This assessment is based on the reduction in microbial colony counts within the root canal system.

**2.5 Search Strategy:** A comprehensive search strategy was employed, utilizing various electronic databases including PubMed, Scopus, Web of Science, and Google Scholar. The search terms utilized encompassed keywords intracanal medicament OR root canal medicament OR endodontic medicament OR root canal disinfectant AND natural materials OR plant-based materials OR organic materials OR non-synthetic materials AND antimicrobial efficacy OR antimicrobial activity OR antibacterial effectiveness OR microbial eradication OR microbial suppression. Additionally, relevant journals were hand-searched, and reference lists of included studies were scrutinized. The Rayyan software was employed for efficient screening and management of search results.

**2.6 Study Selection:** The study selection followed PRISMA guidelines. Inclusion criteria for study selection encompassed in vivo studies conducted exclusively in permanent teeth, evaluating the efficacy of natural materials as intracanal medicaments in endodontic treatment, and reporting microbial colony counts as an outcome measure. Exclusion criteria included studies conducted in primary teeth and those not meeting the specified inclusion criteria. (Figure:1)



In total 6 articles are selected based on inclusion and exclusion criteria.

Figure 1: PRISMA flowchart for included articles

**Figure 1: PRISMA flowchart for included studies.**

**2.7 Data Extraction:** Data extraction involved gathering pertinent information from each included study, including author details, publication year, study design, sample size, the

natural material used as an intracanal medicament, and outcomes related to microbial colony counts. (Table 1)

**2.8 Quality Assessment:** The quality assessment of included studies was conducted using the Risk of Bias 2.0 (ROB 2.0) tool. This comprehensive tool evaluates various domains of study quality, including randomization procedures, allocation concealment, blinding of participants and personnel, completeness of outcome data, selective outcome reporting, and other sources of bias. Any disagreements between reviewers were handled through discussion or consultation with a third reviewer to reach a consensus.

### 3. RESULTS

#### 3.1 Quality assessment results:

The quality assessment using the ROB 2.0 tool found that the majority of studies had a low risk of bias. (Figure) Overall, while the majority of the included studies demonstrated a high level of methodological rigor, SamtaKhetarpal et al. (2014) stood out as having a high risk of bias in certain aspects[4]. (Figure2)

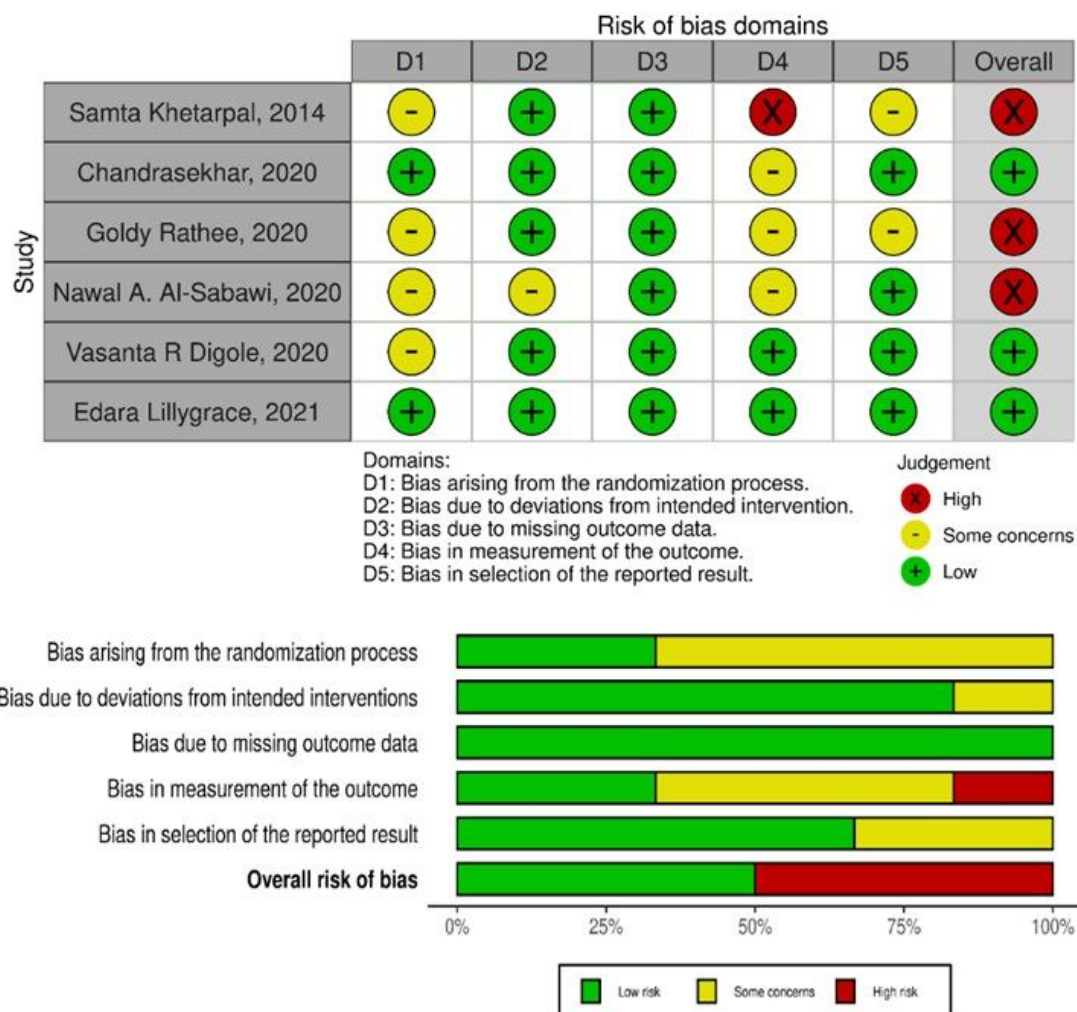


Figure 2: Risk of Bias Assessment graph using ROB 2.0 tool

### 3.2 Data extraction Result:

A total of six studies were included in the systematic review, comprising research conducted in India and Saudi Arabia between 2014 and 2021. The studies varied in design, with two randomized controlled trials, one non-randomized controlled trial, one experimental study, one prospective randomized controlled study, and one randomized single-blinded clinical trial.

Regarding the antimicrobial efficacy of different intracanal medicaments, including natural materials and conventional synthetic chemicals, notable findings emerged as mentioned in table 1. Overall, the reviewed studies provide valuable insights into the antimicrobial efficacy of various intracanal medicaments, emphasizing the potential of natural materials as alternatives to conventional synthetic chemicals in root canal therapy.

### 3.3 Meta analysis result:

In the meta-analysis, the effect sizes varied across the six individual studies. The pooled effect size, represented by the diamond at the bottom of the forest plot, indicated an inverse variance method to compare the standardized mean difference (SMD), there is no statistical difference between the two cohorts, the summarized standardized mean difference (SMD) is -0.9 with a 95% confidence interval of -11.47 - 9.68. The test for overall effect does not show a significant effect. A significant heterogeneity was detected ( $p < 0.01$ ), suggesting inconsistent effects in magnitude and/or direction. The I<sup>2</sup> value indicates that 96% of the variability among studies arises from heterogeneity rather than random chance. These findings highlight the significant impact of the experimental condition compared to the control, warranting further investigation and consideration of potential sources of heterogeneity in future research. (Figure 3)

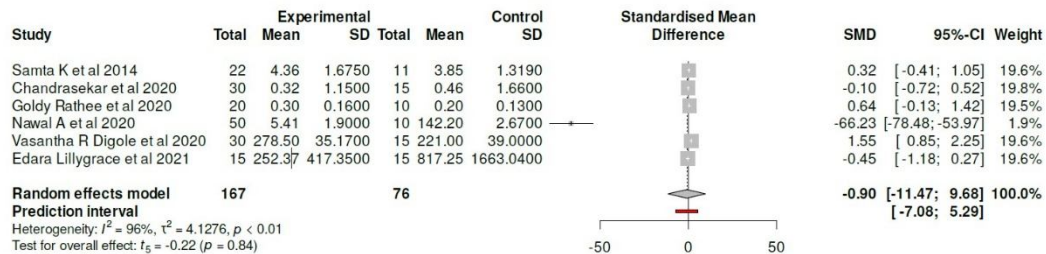


Figure 3: Meta analysis results shown as forest plot mentioning all included studies A to F.

**Table 1: Data extracted results from the included studies**

Name Year Region	Sample size	Group	Study design	Independent variables	Dependent variables	Outcome measures	Results	Main findings	Limitations	Summary
SamtaKhetarpal 2014 India [4]	Total: 33 - Control (Chlorhexidine) : 33 - Neem: 11 - Curcumin: 11 - Aloe vera: 11	Group A – Neem Group B – Curcumin Group C – Aloe vera Control - Chlorhexidine	Non-randomized controlled trial with a parallel design	Type of intracanal medicament used (Neem, Curcumin, Aloe vera, Chlorhexidine)	Antimicrobial and anti-inflammatory properties of the intracanal medicaments (Neem, Curcumin, Aloe vera)	The outcome measured in the study includes antimicrobial activity assessed through microbial colony count scores, anti-inflammatory activity assessed through the Visual Analogue Pain Scale, and the comparison of antimicrobial and anti-inflammatory properties between the test groups (Neem, Curcumin, Aloe vera) and the control group (Chlorhexidine).	The results were statistically non-significant when Neem was compared with Chlorhexidine, and statistically significant when Curcumin and Aloe vera were compared with Chlorhexidine in terms of antimicrobial effect.	Neem showed the highest antibacterial activity, while Curcumin exhibited the highest anti-inflammatory activity compared to Aloe vera and Neem. Curcumin and Aloe vera showed statistically significant results compared to Chlorhexidine in terms of antimicrobial and anti-inflammatory properties.	Many limitations include no hypothesis is stated, inclusion and exclusion criteria is not given properly, whether the guidelines are followed are not given properly.	The study evaluated the antimicrobial and anti-inflammatory properties of Neem, Curcumin, and Aloe vera as intracanal medicaments in root canal therapy, highlighting their effectiveness compared to Chlorhexidine.
Chandrasekar 2020	Total: 45 - Propolis with	Group I: Propolis with moxifloxacin	Randomized clinical trial,	Type of intracanal	Viable colony-	Reduction in microbial	At the end of the study,	- The study showed a	The limitations	The paper discusses

India [5]	moxifloxacin: 15 - TAP: 15 - Calcium hydroxide: 15	Group II: TAP Group III: Calcium hydroxide	controlled	medicament used (Propolis with moxifloxacin, TAP, Calcium hydroxide),	forming unit counts of E. faecalis and Streptococcus spp. in the root canals after instrumentation and medication sessions	count of Streptococcus spp. and Enterococcus faecalis in the root canals of Type II DM patients with chronic apical periodontitis after treatment with different intracanal medicaments	intragroup differences in E. faecalis and Streptococcus species mean CFU counts in postinstrumentation samples (S1) and postmedication samples (S2) were statistically significant for each of the Groups I, II, and III. However, intergroup differences and pairwise comparison of E. faecalis and Streptococcus species mean CFU counts from S1 to S2 were statistically nonsignificant ( $P > 0.05$ ) among all the study groups.	significant reduction in microbial count in all study groups from the first to the second session, with no significant difference in the decrease of microbial load between the three groups at the end of 1 week. - The antimicrobial efficacy of TAP, propolis with moxifloxacin, and calcium hydroxide was concluded to be comparable.	of the study include issues related to the sensitivity and specificity of the culture techniques and CFU counts, as well as the experimental design.	the comparable antimicrobial efficacy of TAP, propolis with moxifloxacin, and calcium hydroxide in diabetic patients with chronic apical periodontitis, emphasizing the importance of intracanal medicaments in root canal treatment success.
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GoldyRathee 2021 India [6]	Total: 30	Group I: 2% Chlorhexidine gluconate. Group II: Neem juice extract Group III: Tulsi juice extract	Randomized controlled trial	Types of intracanal medicaments used (2% Chlorhexidine gluconate, Neem juice extract, and Tulsi juice extract)	The antibacterial efficacy measured by counting colony-forming units from the samples taken at different stages	Reduction in colony-forming units (CFU) at different stages of root canal treatment: after access opening (S1), after biomechanical preparation and irrigation (S2), and after placing intracanal medicaments (S3)	The results showed a statistically significant reduction among all the groups during intragroup comparison. Among these stages, a significant reduction was seen in group I and group II, group I and group III.	The main findings of the study suggest that herbal products exhibit significant antimicrobial activity in treating primary endodontic infections compared to 2% CHX, supporting their recommendation as effective endodontic irrigants and medicaments. The study underscores the potential of herbal alternatives in root canal therapy.	The limitations of the study are not explicitly stated in the paper. The only indirect reference to limitations is the mention of "within the limitations of this study" before drawing the conclusion. The paper does not provide a specific list of limitations such as sample size, generalizability, bias, or methodological errors.	The paper evaluates the antimicrobial efficacy of herbal products as root canal irrigants and medicaments, showing their significant activity compared to chlorhexidine gluconate, supporting their recommendation for endodontic use.
Nawal A Al-Sabawi 2020 Saudi Arabia [7]	Total - 60	Group I: NS (control - ve) Group II: 2% CHX (control +ve) Group III: FX Group IV: 8% FL Group V: 8% OL Group VI: 8% SP	Experimental study without randomization, blinding, control groups, or placebos, involving both in vitro and in vivo experiments.	- Concentrations of plant extracts (2%, 4%, and 8%) - Types of plant extracts (FX, FL, OL, SP) - Groups for	The dependent variables in Nawal A Al-Sabawi, Ali M Al-Naimi, Eman M Yahya (2020) are: - The antibacterial	Antibacterial effect of plant extracts and chlorhexidine against Enterococcus faecalis for the elimination of E. faecalis from	The study found that Ficuscarica latex, Ficuscarica leaves, olive leaves, and Salvadorape rsica can be used successfully as	Ficuscarica latex and ethanolic extracts of Ficuscarica leaves, olive leaves, and Salvadorape rsica roots were effective in eliminating	sample size and distribution, potential bias in patient selection,	The paper evaluates the antibacterial activity of different plant extracts and chlorhexidine against Enterococcus faecalis,

				<p>in vivo study (NS, 2% CHX, FX, 8% FL, 8% OL, 8% SP)</p>	<p>effect of different plant extracts (Ficus carica latex, Ficus carica leaves, olive leaves, and Salvadora persica roots) and 2% chlorhexidine against Enterococcus faecalis when used as intracanal medicaments</p> <p>- The mean absorbance values of the different plant extracts and chlorhexidine in vitro</p> <p>- The bacterial counts of the different plant extracts and chlorhexidine in vivo</p>	<p>the root canal when used as intracanal medicaments</p>	<p>intracanal medicaments due to their antibacterial effect against most microbial flora in the root canal, especially E. faecalis. The in vivo study confirmed their antibacterial effect against E. faecalis, which was considered the first clinical study evaluating the effectiveness of these intracanal medicaments against E. faecalis. These plant extracts were biocompatible and some of them had chelating effect. The bacterial counts of these plant extracts</p>	<p>Enterococcus faecalis, potentially serving as alternative intracanal medicaments. - The antibacterial effect of these plant extracts was comparable to 2% chlorhexidine. - These plant extracts could be valuable in endodontic treatments for disinfection of the root canal system.</p>	<p>concluding that certain plant extracts can be effective intracanal medicaments.</p>
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							were nearly similar and significantly not different from each other, and significantly different from NS.			
Vasanth R Digole 2020 India [8]	Total: 45 - Curcumin: 15 - Aloe vera: 15 - Calcium hydroxide: 15	Group I – Curcumin Group II – Aloe vera Group III - Calcium hydroxide	prospective randomized controlled study	Type of intracanal medicament used (Curcumin, Aloe vera, Calcium hydroxide)	Post-operative bacterial CFU counts	Percentage decrease in bacterial numbers in postoperative samples compared to preoperative samples for each group	The study analyzed the effects of disinfection procedures on microbial colony counts in endodontic treatments using Curcumin, Aloe vera, and Calcium hydroxide. The data was statistically analyzed using Statistical Package for Social Sciences (SPSS). P-value<0.05 is considered to be statistically significant.	Curcumin showed the highest antibacterial efficacy as an intracanal medicament, followed by calcium hydroxide and aloe vera.	The limitations of the study include a small sample size per group, inaccessibility of paper points to accessory canals, and the suggestion for a longer follow-up study and radiographic assessment of periapical lesions.	The paper evaluates the antimicrobial efficacy of curcumin, aloe vera, and calcium hydroxide as intracanal medicaments, with curcumin showing the highest antibacterial efficacy.

EdaraLillygrace 2021 India [9]	Total: 30 - Triple antibiotic paste: 15 - Propolis: 15	Group I—triple antibiotic paste Group II - propolis	Randomized single-blinded clinical trial	Type of intracanal medicament used (Triple antibiotic paste and Propolis extract)	Bacterial count in the root canal samples collected at different stages of treatment	Bacterial colony count in the root canals at three different time intervals: after access opening, after irrigation, and after 3- 4 weeks	Both group results are shown with their standard deviations, as well as p- values. The p-values for S1 in both groups were significant. However, none of the mean colony counts for the two groups were statistically significant, meaning there were no significant differences in antibacterial efficacy between the two groups.	propolis was found to be more effective at reducing bacterial colonies in the root canal system. The mean colony count of the samples treated with propolis was significantly lower than that of samples treated with triple antibiotic paste	small sample size, no long term follow- up (Not mentioned in article)	The study evaluates propolis and triple antibiotic paste as intracanal medicament s in young permanent teeth, finding propolis to have comparable antimicrobi al efficacy to triple antibiotic paste.
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## 4. DISCUSSION

The results of this systematic review and meta-analysis underscore the potential of natural intracanal medicaments as viable alternatives to conventional synthetic agents in endodontic therapy. Various natural agents, including *Aloe vera*, *Curcumin*, *Neem*, *Tulsi*, *Propolis*, *Salvadorapersica*, and *Ficuscarica*, were highlighted for their antimicrobial efficacy against endodontic pathogens.

### 4.1 Aloe Vera (*A. vera*)

The antibacterial properties of *A. vera* are primarily due to its ability to disrupt the bacterial cell membrane, inhibit cellular respiration, and interfere with membrane synthesis, leading to cell leakage and subsequent bacterial death. *A. vera* is capable of damaging the bacterial cell wall and denaturing proteins and DNA, which contributes to its bactericidal effect. Studies by Kahler et al. (2018) and Plutzer et al. (2017) support these findings [10,11]. The gel contains active ingredients such as anthraquinones, tannins, myristic acid, curcumin, and nimbidin, which exhibit potent antibacterial and anti-adherence properties, thereby reducing bacterial colonization and adhesion to dentin [12]. *Aloe vera* also stimulates fibroblast growth and collagen synthesis, promotes pulp cell proliferation, differentiation, and extracellular matrix mineralization, making it a potential agent for use as a canal lubricant and smoother during endodontic preparation [13-16]. However, the inferior molecule-binding capacity of *A. vera* to *E. faecalis*, and limited membrane permeability, reduce its efficacy against this specific bacterium [17]. Additionally, compared to other herbal remedies that have been tried, anthraquinones in *A. vera* might not be as effective against *E. faecalis*.

### 4.2 Curcumin (*C. longa*)

Curcumin has shown moderate effectiveness in disinfecting dentinal tubules due to its ability to disrupt the bacterial extracellular polysaccharide matrix, affecting cell wall integrity [18]. As a polyphenolic compound, curcumin strongly inhibits bacterial proliferation by hindering the dynamics of FtsZ assembly within the Z-ring, a critical component for bacterial cell division [19]. Furthermore, photoactivated curcumin has been found to be as effective as triple antibiotic paste (TAP) and was able to penetrate deeper into the dentinal tubules [20,21]. However, more research is needed to identify the complete mechanism of action of curcumin as an antibacterial agent.

### 4.3 Neem (*Azadirachta indica*)

The antibacterial properties of neem are largely attributed to nimbidin, a bitter principle extracted from neem that exhibits strong antibacterial and anti-inflammatory properties [22]. Margolone, margolonone, and isomargolonone, tricyclic diterpenoids isolated from the stem bark, have also been shown to possess potent antibacterial activities [23].

### 4.4 Tulsi (*Ocimum sanctum*)

The antibacterial activity of Tulsi is due to the presence of linolenic acid, which has been shown to inhibit the growth of a wide range of bacteria [24]. Tulsi also possesses immunomodulatory effects, enhancing levels of interferon, interleukin-4, and T-helper cells, thereby strengthening the host's defense against infections [25]. Moreover, the ability of Tulsi to reduce silver ions to silver nanoparticles adds to its antibacterial efficacy against both Gram-positive and Gram-negative bacteria [26].

### 4.5 Propolis

Propolis exerts its antibacterial effect by increasing the permeability of the bacterial cell membrane, disrupting membrane potential, and inhibiting ATP production, which decreases bacterial motility [27,28]. Its efficacy is generally higher against Gram-positive

bacteria, due to the distinct structural differences in the outer membrane of Gram-negative bacteria and the presence of hydrolytic enzymes that degrade propolis' active components. Artepillin C, a phenolic compound found in Brazilian propolis, has been shown to exhibit strong antibacterial activity against MRSA *S. aureus* [29].

#### **4.6 Salvadorapersica (Miswak)**

The antibacterial efficacy of *S. persica* is mainly due to the presence of flavonoids in its ethanolic extract, which interact with bacterial cell walls and inhibit bacterial growth [30]. Flavonoids exert multiple actions, such as inhibiting nucleic acid synthesis, energy metabolism, and disrupting cytoplasmic membrane function.

#### **4.7 Ficuscarica (Fig leaves)**

The antibacterial activity of fig leaves is attributed to the presence of flavonoids, tannins, and terpenoids [31]. Flavonoids interfere with bacterial energy metabolism and disrupt membrane integrity, causing bacterial cell death [32,33]. Additionally, tannins bind to bacterial cell walls, leading to protein denaturation and disruption of bacterial metabolism [34]. The terpenoids present in fig leaves may further disrupt bacterial membranes, enhancing their bactericidal effects.

Overall, the herbal agents reviewed in this study show varied mechanisms of antibacterial action, including cell membrane disruption, protein denaturation, and inhibition of bacterial metabolism. While some agents, like *C. longa* and *Propolis*, have shown superior penetration and deeper disinfecting abilities, others like *A. vera* and *Tulsi* provide additional benefits like anti-inflammatory effects and immune modulation. The observed variability in the efficacy of these natural medicaments can be attributed to differences in study design, sample sizes, concentrations used, and variations in intervention protocols.

From a clinical perspective, the transition from conventional agents to natural medicaments in endodontics offers several potential benefits, such as improved biocompatibility, reduced cytotoxicity, and additional therapeutic effects, including anti-inflammatory and tissue regenerative properties. However, the current evidence is limited by the lack of standardized protocols and the limited number of in vivo studies, making it challenging to establish definitive clinical guidelines for the use of these agents in permanent teeth. Future research should focus on addressing these limitations by employing well-designed randomized controlled trials with larger sample sizes and standardized methodologies.

## **5. CONCLUSION**

This systematic review demonstrates the potential of natural intracanal medicaments as effective alternatives to conventional synthetic agents in endodontic therapy. The evidence supports the antimicrobial efficacy of various natural substances, including Aloe vera, Curcumin, Neem, and Propolis, which also offer additional benefits like anti-inflammatory and tissue-regenerative properties.

## COMPETING INTERESTS

"Authors have declared that no competing interests exist."

## REFERENCES

1. Athanassiadis, B., P. V. Abbott, and Laurence J. Walsh. "The use of calcium hydroxide, antibiotics and biocides as antimicrobial medicaments in endodontics." *Australian dental journal* 52 (2007): S64-S82.
2. Ordinola-Zapata R, Noblett WC, Perez-Ron A, Ye Z, Vera J. Present status and future directions of intracanal medicaments. *IntEndod J*. 2022 May;55Suppl 3(Suppl 3):613-636. doi: 10.1111/iej.13731. Epub 2022 Apr 19. PMID: 35322427; PMCID: PMC9321724.
3. Karobari MI, Adil AH, Assiry AA, Basheer SN, Noorani TY, Pawar AM, Marya A, Messina P, Scardina GA. Herbal Medications in Endodontics and Its Application—A Review of Literature. *Materials*. 2022; 15(9):3111. <https://doi.org/10.3390/ma15093111>
4. SamtaKhetarpal, Abhishek Bansal, NavneetKukreja., Comparison of anti-bacterial and anti-inflammatory properties of neem, curcumin and aloe vera in conjunction with chlorhexidine as an intracanal medicament – an in-vivo study, *DJAS 2(III)*, 130-137, 2014 DOI: [10.1055/s-0038-1671999](https://doi.org/10.1055/s-0038-1671999)
5. Tirukkolluru C, Thakur S. Comparative evaluation of triple antibiotic paste, propolis with moxifloxacin, and calcium hydroxide as intracanal medicaments against *Streptococcus* spp. and *Enterococcus faecalis* in type II diabetes mellitus patients: A randomized clinical trial. *ContempClin Dent* 2019;10:191-6, DOI: 10.4103/ccd.ccd\_195\_18
6. Rathee G, Tandan M, Mittal R. Evaluation of Antimicrobial Efficacy of Commercially Available Herbal Products as Irrigants and Medicaments in Primary Endodontic Infections: In Vivo Study. *World J Dent* 2020;11(6):488–493.
7. Al-Sabawi NA, Al-Naimi AM, Yahya EM. An in vitro and in vivo antibacterial effect of different plant extracts on *Enterococcus faecalis* as intracanal medicament. *J Int Oral Health* 2020;12:362-9. DOI: 10.4103/jioh.jioh\_324\_19
8. Vasanta R Digole, Parag Dua, SPS Shergill, Peeyush Pathak, Vijay Kumar, Poonam Prakash. Comparative evaluation of antimicrobial efficacy of calcium hydroxide, curcumin and aloe vera as an intracanal medicament: An in-vivo study: *IP Indian Journal of Conservative and Endodontics* 2020;5(3):114–119, <https://doi.org/10.18231/ijce.2020.027>
9. Lillygrace E, Kethineni B, Puppala R, et al. Antimicrobial Efficacy of Triple Antibiotic Paste and Propolis as an Intracanal Medicament in Young Permanent Teeth: An In Vivo Study. *Int J ClinPediatr Dent* 2021;14(2):243–248.

10. Kahler S. L., Shetty S., Andreasen F. M., and Kahler B., The effect of long-term dressing with calcium hydroxide on the fracture susceptibility of teeth, *Journal of Endodontics*. (2018) **44**, no. 3, 464–469, <https://doi.org/10.1016/j.joen.2017.09.018>, 2-s2.0-85037726592.
11. Plutzer B., Zilm P., Ratnayake J., and Cathro P., Comparative efficacy of endodontic medicaments & sodium hypochlorite against *Enterococcus faecalis* biofilms, *Australian Dental Journal*. (2017) **63**, no. 2, 208–216, <https://doi.org/10.1111/adj.12580>, 2-s2.0-85042616412.
12. Monica B, Monisha R. *Aloe vera* in dentistry – A review J Dent Med Sci. 2014;13:18–22
13. Songsiripraduboon S., Kladkaew S., Trairatvorakul C. et al., Stimulation of dentin regeneration by using acemannan in teeth with lipopolysaccharide-induced pulp inflammation, *Journal of Endodontics*. 2017Jul, **43**, no. 7, 1097–1103, <https://doi.org/10.1016/j.joen.2017.01.037>, 2-s2.0-85018945638
14. Carvalho N. C., Guedes S. A. G., Albuquerque-Júnior R. L. C. et al., Analysis of *Aloe vera* cytotoxicity and genotoxicity associated with endodontic medication and laser photobiomodulation, *Journal of Photochemistry and Photobiology B: Biology*. (2018) **178**, 348–354, <https://doi.org/10.1016/j.jphotobiol.2017.11.027>, 2-s2.0-85035363520
15. Lowther W., Lorick K., Lawrence S. D., and Yeow W.-S., Expression of biologically active human interferon alpha 2 in *Aloe vera*, *Transgenic Research*. (2012) **21**, no. 6, 1349–1357, <https://doi.org/10.1007/s11248-012-9616-0>, 2-s2.0-84870385839
16. Sholehvar F., Mehrabani D., Yaghmaei P., and Vahdati A., The effect of *Aloe vera* gel on viability of dental pulp stem cells, *Dental Traumatology*. (2016) **32**, no. 5, 390–396, <https://doi.org/10.1111/edt.12272>, 2-s2.0-84988890287.
17. Ghasemi N, Behnezhad M, Asgharzadeh M, Zeinalzadeh E, Kafil HS. Antibacterial properties of aloe vera on intracanal medicaments against enterococcus faecalis biofilm at different stages of development Int J Dent. 2020;2020:8855277
18. Yadav RK, Tikku AP, Chandra A, et al. A comparative evaluation of the antimicrobial efficacy of calcium hydroxide, chlorhexidine gel, and a curcumin-based formulation against *Enterococcus faecalis*. *Natl J Maxillofac Surg* 2018; 9(1): 52–55
19. Kaur S, Modi NH, Panda D, Roy N. Probing the binding site of curcumin in *Escherichia coli* and *Bacillus subtilis* FtsZ--a structural insight to unveil antibacterial activity of curcumin. *Eur J Med Chem*. 2010;45:4209–14.
20. Devaraj S, Jagannathan N, Neelakantan P. Antibiofilm efficacy of photoactivated curcumin, triple and double antibiotic paste, 2% chlorhexidine and calcium hydroxide against *Enterococcus faecalis* in vitro. *Sci Rep* 2016;6:24797.
21. Tyagi P, Singh M, Kumari H, et al. Bactericidal activity of curcumin I is associated with damaging of bacterial membrane. *PlosOne* 2015;10:e0121313
22. Siddiqui S *Curr Sci*. 1942;11:278–9
23. Pennington T D, *Flora Neotropica* New York Botanical Garden, NY Monogr No. 28,1981.

24. Singh S, Majumdar DK, Rehan HM. Evaluation of anti-inflammatory potential of fixed oil of *Ocimum sanctum* (Holybasil) and its possible mechanism of action. *J Ethnopharmacol.* 1996;54:19–26
25. Mondal S, Varma S, Bamola VD, Naik SN, Mirdha BR, Padhi MM, et al. Double-blinded randomized controlled trial for immunomodulatory effects of Tulsi (*Ocimum sanctum* Linn.) leaf extract on healthy volunteers. *J Ethnopharmacol.* 2011;136:452–6.
26. Singhal G, Bhavesh R, Kasariya K, Sharma AR, Singh RP. Biosynthesis of silver nanoparticles using *Ocimum sanctum* (Tulsi) leaf extract and screening its antimicrobial activity. *J Nanopart Res.* 2011;13:2981–8
27. Sforcin J.M. Biological properties and therapeutic applications of propolis. *Phytother. Res.* 2016;30:894–905. doi: 10.1002/ptr.5605.
28. Kędzia B., Hołderna-Kędzia E. Aktywnośćantybiotycznapropolisukrajowegoieuropejskiego. The antibiotic activity of native and European propolis. *Post. Fitoter.* 2013;2:97–107.
29. Veiga R.S., De Mendonça S., Mendes P.B., Paulino N., Mimica M.J., LagareiroNetto A.A., Marcucci M.C. Artepillin C and phenolic compounds responsible for antimicrobial and antioxidant activity of green propolis and *Baccharisdracunculifolia* DC. *J. Appl. Microbiol.* 2017;122:911–920. doi: 10.1111/jam.13400.
30. Abdallah E., Al-Harbi K. Phytochemical screening and antibacterial activity of crude aqueous and ethanol extracts of *Salvadorapersica* L. Stem (Miswak) from Saudi Arabia. *J. Phytopharm.* 2015;4:243–247. doi: 10.31254/phyto.2015.4501.
31. Tchombe L.N, Louajri A. Therapeutic effects of *Ficuscaricaleaves*:A brief review. *ARNP J. Sci. Technol.* 2015;5:37–41.
32. Cushnie T.P, Lamb A.J. Antimicrobial activity of flavonoids. *Int. J. Antimicrob. Agents.* 2005;26:351–352.
33. Nazzaro F, Fratianni F, De Martino L, Coppola R, De Feo V. Effect of essential oils on pathogenic bacteria. *Pharmaceuticals.* 2013;6:1451–1474.
34. Działo M, Mierziak J, Korzun U, Preisner M, Szopa J, Kulm A. The potential of plant phenolics in prevention and therapy of skin disorders. *Int. J. Mol. Sci.* 2016;17:1–41.