

ACTIONS OF DROSERA SP IN DENTISTRY DISEASES. PHITOCHEMICAL COMPONENTS, PHARMACOLOGICAL ACTIONS

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Abstract

The aim of this review is to establish the main phytoconstituents of Drosera species and to find interrelations between them and the pharmacological action of the extracts. We paid special attention to the possibilities of using the Drosera species in the field of dentistry. To achieve the proposed goal, a series of scientific publications on the chemical composition, pharmacological action and medicinal use of Drosera species were identified and evaluated. The analysis took into account different criteria: the establishment of the phytoconstituents, the chemical methods of isolation, the analysis and the pharmacological particularities, and the use in dental field. Results showed that Drosera species are rich in flavonoids, especially flavonols (gossypin and gossiptrin) and their glycosides (quercetin, isoquercetin, hyperoside, astralgin), naphthoquinone derivatives (plumbagin, naphthoquinone) and tannins (ellagic acid, dimethylellagic acid). These components are responsible for anti-inflammatory, antispasmodic, antioxidant and anti tumoral activity. The first studies related to the anti-inflammatory action are recorded in 2002 by Kolodziej [23] and refers to Drosera peltata. The latest studies on the anti-inflammatory action are those from 2022 led by Hake [22] and these lead to a better understanding of the mechanism of the anti-inflammatory action, respectively of its natural compounds (quercetin, isoquercetin and hyperoside) functioning as neutrophyl inhibitors. Drosera sp. can be used in dental diseases due to the anti-inflammatory and antibacterial action of its bioactive components.

Keywords: *Drosera sp., antimicrobial activity; oral diseases; phytochemical aspects*

Introduction

Oral health is integral to general well-being and relates to the quality of life that extends beyond the function of the craniofacial complex. There is a considerable evidence linking poor oral health to chronic conditions, for example, there is a strong association between severe periodontal diseases and diabetes [1]. There is also evidence linking poor oral health and systemic diseases, such as cardiovascular diseases, rheumatoid arthritis and osteoporosis [2].

The link between oral diseases and the activities of microbial species that form part of the microbiota of the oral cavity is well established [3]. Over 750 species of bacteria inhabit the oral cavity (~50% of which are yet to be identified) and a number of these are involved in oral diseases [3]. The development of dental caries regards acidogenic and aciduric Gram-positive bacteria, primarily the mutans streptococci (Streptococcus mutans and S. sobrinus), lactobacilli and actinomyces [4]. In contrast, periodontal diseases are subgingival conditions that have

been linked to anaerobic Gram-negative bacteria such as *Porphyromonas gingivalis*, *Actinobacillus* sp., *Prevotella* sp. and *Fusobacterium* sp. [4,5].

The global need for alternative prevention and treatment options and products for oral diseases that are safe, effective and economical comes from the rise in disease incidence (particularly in developing countries), increased resistance by pathogenic bacteria to currently used antibiotics and chemotherapeutics, opportunistic infections in immunocompromized individuals and financial considerations in developing countries [6]. Natural phytochemicals isolated from plants used in traditional medicine are considered as good alternatives to synthetic chemicals [7,8].

Table 1. Plant extracts and phytochemicals with potential application against oral bacteria [7]

Extract (solvent)	MIC ^a	Phytochemical (class)	MIC ^a
Propolis (ethanol)	2.0–64.0	Macrocarpals A,B,C (terpenes)	0.5–1.0
<i>Mikania laevigata</i> (ethanol)	12.5–100.0	Bakuchiol (terpene)	1.0–4.0
<i>Mikania glomerata</i> (ethanol)	12.5–100.0	Erycristagallin (flavonoid)	1.6–6.3
<i>Drosera peltata</i> (chloroform)	15.6–31.3	Beta acid	2.0
<i>Helichrysum italicum</i> (ethanol)	31.3–62.5	Xanthorrhizol (terpene)	2.0–4.0
<i>Coptidis rhizoma</i> (water)	31.0–250.0	Artocarpin (flavonoid)	3.1–12.5
<i>Piper cubeba</i> (aqueous ethanol)	90.0–200.0	Artocarpesin (flavonoid)	3.1–12.5
		Macelignan (flavonoid)	3.9
		Catechol (phenolic)	6.5
		Kuwanon G (flavonoid)	8.0
		Xanthohumol (flavonoid)	12.5
		Tetra iso-alpha acid	12.5
		Berberine (alkaloid)	13.0–20.0
		Compound 2 ^b (terpene)	15.6
		<i>Chlorhexidine</i> ^c	1.0
		<i>Triclosan</i> ^c	0.1–20.0

Phytochemical Aspects of *Drosera* Sp

Drosera or Sundew plant is a very well-known insectivorous plant and as well as medicinal plant, consists of approximately 170 species in all over the world. Charles Darwin discovered the carnivorous nature of other *Drosera* species, wrote: “At this present moment I care more about *Drosera* than the origin of all the species in the world”. Naturally *Drosera* has various potential medicinal components like naphthoquinones and plumbagin, ramentaceone [9].

Research (table 2) revealed that *Drosera madagascariensis* flavonoids extracts like quercetin (IC₅₀ 0.8 µg/ml), hyperoside (IC₅₀ 0.15 µg/ml) and isoquercitrin (IC₅₀ 0.7 µg/ml) contributed in antioxidant activity [10, 11].

Other research revealed that *Drosera* has potential activity in cancer cell. Like- in previous study shown that *Drosera burmannii* Vahl has potent antioxidant activity which reduced the cancerous cell activity [12].

Table 2. Drosera species, medical properties and constituents [9].

Sl.No-	Name of the Drosera Species	Name of the constituents	Medicinal Properties
1	<i>Drosera madagascariensis</i>	Quercetin, Hyperoside and Isoquercitrin	Anti-Oxidant activity
2	<i>Drosera burmannii</i>	Reserpine, methyl gallate and rutin	Anti-Inflammation
3	<i>Drosera rotundifolia</i>	Myricetin-3-Ogalactoside, quercetin, ellagic acid	Anti-Inflammation
4	<i>Drosera madagascariensis</i>	Myricetin-3-Ogalactoside, quercetin, ellagic acid	Anti-Inflammation
5	<i>Drosera peltata</i>	Naphthoquinones	Anti-Cancer
6	<i>Drosera Sp</i>	Naphthoquinones, Plumbagin	Anti-cancer
7	<i>Drosera peltata</i>	Plumbagin	Anti-bacterial
8	<i>Drosera peltata</i>	Plumbagin	Anti-bacterial
9	<i>Drosera communis, Drosera montana var. montana, Drosera brevifolia, Drosera villosa var. graomogolensis, Drosera villosa var.</i>	Quercetin, Hyperoside and Isoquercitrin	Anti-bacterial

Applications in Dentistry

Infections in the oral cavity and caries caused by bacteria from the Streptococcus class are very susceptible to Drosera extracts, action due especially to plumbagina. This inhibits the growth and development of strains of Streptococcus mutans, Streptococcus sobrinus, Streptococcus rattus, Streptococcus cricetus [25,26].

Studies have been developed on the pathogens involved in periodontitis and gingivitis caused by Prevotella intermedia, Porphyromonas gingivalis and Aggregatibacter atinomycetemcomitans [27,28]. In some studies, the minimum inhibitory concentration was determined in relation to amoxicillin / ac. clavulanic, respectively tetracycline used as standard antibiotics. The inhibition zones obtained were comparable to those obtained for antibiotics. These results might suggest that Drosera sp. can be used in periodontal therapy [29,30].

Conclusions

Drosera extracts are incorporated in various pharmaceutical forms, phytotherapeutic and homeopathic products such as: tincture, homeopathic granules and syrups in combination with ipecac and pine extracts.

As demonstrated by the examples included in this review, there is considerable evidence that plant extracts, essential oils and purified phytochemicals have the potential to be developed into agents that can be used as preventative or treatment therapies for oral diseases.

1. The extracts of Drosera sp. shows antibacterial action on Gram-positive strains of Bacillus thuringiensis and Staphylococcus aureus, responsible for the development of dental caries
2. Drosera species can be used in periodontal therapy due to the antibacterial action on Gram-negative strains of Prevotella intermedia, Porphyromonas gingivalis and Aggregatibacter atinomycetemcomitans, responsible for the occurrence of periodontal diseases

3. Due to the interactions between the secondary metabolites, present in the extract, it is possible to use very low doses of the *Drosera* sp extract according to the studies developed
4. We consider that it is necessary to expand phytochemical studies as well as clinical and pharmacokinetic trials in order to add new data in the use of *Drosera* sp.

As a future direction we propose to collect samples from the periodontal pockets , to identify the bacterial strains causing infections. In the next stage we will establish zones for the aqueous extracts of *Drosera* on the bacterial culture medium inoculated with the strains found. Then we will compare the inhibition zones with those of specific antibiotics. If it turns out that the extracts have antibacterial action , we can think about obtaining mouthwashes based on *Drosera* extracts.

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