

# Antibacterial effects of green tea extracts on *Aggregatibacter actinomycetemcomitans* (*In-Vitro* study)

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## ABSTRACT

**Background:** Green Tea is made from the leaf of the plant "*Camellia sinensis*". Green tea is reported to contain thousands of bioactive ingredients including catechins which have shown great promise for having antimicrobial effects. Periodontal diseases represent one of the most prevalent diseases around the world and the main etiologic factor behind it, is plaque accumulation, in addition certain kinds of bacteria have been detected frequently in subjects suffering from periodontitis, Several studies suggested that the outcome of periodontal treatment is better if particular pathogens including *Aggregatibacter actinomycetemcomitans* can no longer be detected after therapy.

**Materials and Methods:** plaque samples were collected from 20 patients suffering from chronic periodontitis with probing pocket depth of at least 6 mm, *Aggregatibacter actinomycetemcomitans* (A.A) was isolated and diagnosed according to morphological characteristics and biochemical tests. Green tea leaves were extracted by using water and alcohol. The first experiment involved testing the sensitivity of A.A to different concentrations of the extracts using agar well diffusion method, the second experiment involved determination of the minimum inhibitory concentration and then determination of the minimum bactericidal concentration of the extract against the bacteria, laboratory analysis of green tea extracts using high pressure liquid chromatography (HPLC) was performed.

**Results:** Both green tea extracts were effective in inhibition of *Aggregatibacter actinomycetemcomitans* using agar well diffusion method, 90% and 100% concentrations of alcoholic extract showed larger inhibition zones than chlorhexidine gluconate 0.2% with statistically significant difference, CHX showed higher inhibition zones than all aqueous extract concentrations. The MIC (minimum inhibitory concentration) of alcoholic green tea extract that inhibit *Aggregatibacter actinomycetemcomitans* growth was 60%, The MIC of aqueous green tea extract that inhibits *Aggregatibacter actinomycetemcomitans* growth was 70%. The MBC (minimum bactericidal concentration) of alcoholic green tea extract that kills *Aggregatibacter actinomycetemcomitans* was 80%, the MBC of aqueous green tea extract that kills *Aggregatibacter actinomycetemcomitans* growth was 90%.

HPLC analysis of aqueous and alcoholic green tea extracts revealed that alcoholic extract contained higher concentration of EGCG while aqueous extract had higher content of catechin and epicatechin.

**Conclusion:** Green tea extracts were effective against *Aggregatibacter actinomycetemcomitans*, alcoholic green tea extract showed inhibition ability more than the aqueous green tea extract and more than CHX and it showed bactericidal activity at 80%, 90% and 100% concentrations.

**Key words:** green tea extracts, catechins, *Aggregatibacter actinomycetemcomitans*. (J Bagh Coll Dentistry 2015; 27(3):102-108).

## INTRODUCTION

Green tea is one of the most popular beverages consumed worldwide, moreover, during the last two decades it has received much attention in regard to its beneficial effects on various human health problems <sup>(1)</sup>. Tea prepared from *Camellia sinensis* is of three types: non-fermented green tea that is pan fried or steamed and dried to inactivate its enzymes, fermented black tea and semi-fermented oolong tea. Green tea with active chemical ingredients possesses diverse pharmacological properties which are linked to lower incidence of some pathological conditions including oral cancer, dental caries, stroke, cardiovascular diseases and obesity <sup>(1-3)</sup>.

The health-promoting effects of green tea are mainly attributed to its polyphenol contents commonly referred to as catechins. There are four main types of catechins: epigallocatechin-3-gallate (EGCG), epigallocatechin, epicatechin-3-

gallate and epicatechin <sup>(2)</sup>.

The polyphenol contents of green tea have been reported to inhibit varieties of pathogenic bacterial growth such as *Helicobacter pylori*, methicillin-resistant staphylococcus aureus, streptococcus mutans, streptococcus sobrinus, salmonella typhi, shigella dysenteriae, shigella flexneri and vibrio cholera <sup>(2, 4, 5, 6, 7, 8)</sup>

### Periodontal disease and bacteria:

Periodontitis is a chronic slowly progressive polymicrobial infectious disease which affects the entire tooth-supporting tissues. This infection is characterized by destruction of alveolar bone, periodontal ligaments and gingival pocket formation which consequently leads to tooth loss. Periodontitis is known to be caused by subgingival plaque bacteria including *Aggregatibacter actinomycetemcomitans*, *Prevotella intermedia*, *Porphyromonas gingivalis*, *Tannerella forsythia* and *Fusobacterium* species. These bacteria are frequently isolated from

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gingival pocket and subgingival plaques of patients with periodontitis<sup>(9)</sup>.

During the last two decades, it has been shown that *Aggregatibacter actinomycetemcomitans* can be regarded as a major pathogen in destructive periodontal diseases<sup>(10-12)</sup>, it was also found that A.A is associated with systemic diseases<sup>(13)</sup>.

*Porphyromonas gingivalis* which is a member of the highly investigated black pigmented bacteroids, it comprises high proportion of the subgingival microbiota in periodontal pockets<sup>(11,14)</sup>.

Several studies suggested that the outcome of periodontal treatment is better if particular pathogens especially *Aggregatibacter actinomycetemcomitans* and *Porphyromonas gingivalis* can no longer be detected after therapy<sup>(15-19)</sup>.

However despite the fact that non-surgical mechanical periodontal treatment as well as self performed plaque control are effective in reducing the numbers of *Aggregatibacter actinomycetemcomitans* and *Porphyromonas gingivalis* at periodontal sites, these micro-organisms re-establish themselves rapidly in most subjects<sup>(20)</sup>.

In the present study we will investigate the inhibitory activity of green tea extract on some clinically isolated periodontopathic bacteria which is *Aggregatibacter actinomycetemcomitans*.

## MATERIALS AND METHODS:

### Human sampling:

Plaque samples were collected from twenty systematically healthy patients suffering from chronic periodontitis, the plaque samples were taken from periodontal pockets with probing pocket depth (PPD) of at least six mm depth, (PPD) was measured from the gingival margin to the most apical extent of the periodontal pocket, the plaque samples were obtained from the deepest part of the periodontal pocket using a sterilized curette.

The collected plaque is put on a swab that is inserted immediately into a transfer media to preserve the sample, then the sample was spread on blood agar media and incubated anaerobically using anaerobic jar and anaerobic gas bags in the incubator for 72 hours within a period of less than 30 minutes from taking the sample from the patient.

### Extraction procedures to obtain green tea extracts:

**1- Aqueous extract:** 100 grams of dry green tea leaves were put in a glass jar then 500ml of distilled water were added afterwards the glass jar

was put in water bath (50° C) for two hours then it was left over night at room temperature, the next morning filtration was done first using gauze to get rid of the large particles of green tea leaves then the resultant liquid was filtered using a sterile Whatman filter paper No1., The filtered extract was concentrated under vacuum below 40°C using a rotaevaporator for five hours<sup>(21)</sup>.

**2-Alcoholic extract:** 100 grams of dry green tea leaves were put in a glass jar then 500ml of alcohol (96% ethanol alcohol) were added, the infusion was put in a shaker for 48 hours after that filtration was done first using gauze to get rid of the large particles of green tea leaves then the resultant liquid was filtered using a sterile Whatman filter paper No1., The filtered extract was concentrated under vacuum below 40°C using a rotaevaporator for one hour<sup>(21)</sup>.

Both extracts were kept in tightly closed screw bottles and kept in the refrigerator.

### Identification and Isolation of microorganisms:

Both micro-organisms were identified according to their morphological characteristic, Gram stain, biochemical tests and their antibiotic sensitivity.

### Experiment no.1:

#### Sensitivity of A.A to different concentrations of alcoholic and aqueous green tea extracts in vitro:

The concentrations of alcoholic green tea extract used in this experiment were: (10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%).

The concentrations of aqueous green tea extract used in this experiment were: (10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%). CHX gluconate (0.2%) was used in this experiment as a positive control D.W (distilled water) was used in this experiment as a negative control.

Agar well diffusion method was used, using a sterile loop, three colonies were picked up and spread on blood agar plate in a mattress fashion, then wells of equal size and depth will be prepared in the agar using Pasteur pipette under aseptic conditions, afterwards each well was filled with the selected agent (100 microliter) then the plates were incubated anaerobically for 48 hours. Inhibition zone represents the clear zone across the diameter of each well where no bacterial growth is present. The inhibition zones were measured in millimeters using a ruler.

### Experiment no.2:

#### Determination of MIC (minimum inhibitory concentration) and MBC (minimum

### bactericidal concentration) of alcoholic and aqueous green tea extracts against A.A:

First serial dilution method was performed in order to standardize the bacterial inoculums. Appendroff tubes were labeled and arranged in a rack, 100  $\mu$ l of bacterial suspension ( $10^3$  concentration) were added to each tube then 50ul of the tested agent were added to its designated tube. Then the tubes were incubated anaerobically for 72 hours.

After 72 hours the tubes were examined to see if there was any turbidity (turbidity indicates bacterial growth), the tubes that showed signs of turbidity were excluded while the tubes that lack turbidity were identified as the minimum inhibitory concentration.

#### C-Determination of MBC:

The tubes that were identified as the MIC were then subcultured in order to determine the MBC, 150 $\mu$ l were taken from each tube using a micropipette and then spread on a blood agar plate using a sterile spreader and incubated anaerobically for 48 hours.

After 48 hours the plates were taken out and examined to see if there was any bacterial growth, the plates that showed no growth were identified as minimum bactericidal concentration.

### Experiment no.3:

### HPLC determination of green tea extracts (aqueous and alcoholic):

Both extracts were analyzed by HPLC. The samples were dissolved in water and ethanol and compared with standard Figure, the analysis performed on Shimadzu (Koyota, Japan) binary system HPLC LC-10A equipped with Shimadzu LC 10A UV spectrophotometer. The active compounds of green tea extracts were separated on FLC (Fast liquid Chromatographic) column (C 18), 3 $\mu$ m particle size (50x4.6 mm I.D) supelco CN column, mobile phase were: 0.1% acetic acid in deionized water: acetonitrile 80:20 V/V. Detection UV set at 280 nm, flow rate 1.2 ml/min.

To calculate concentration of each constituent of water and alcohol extract this formula was used:

Concentration of sample  $\mu$ g /ml= area of sample/ area of standard x Concentration of standard x dilution factor.

Concentration of standard=25 mg/ml.

Dilution factor= 4 times.

## RESULTS

The means of inhibition zones of the different concentrations of alcoholic and aqueous extracts are presented in figure (3.16) it clearly shows that alcoholic extract showed higher inhibition zones than aqueous extract in all concentrations.

**Table 1: Descriptive statistics of inhibition zone (mm.) on AA bacteria using different types and concentrations of green tea extract and +ve and -ve control and their difference**

Conc.	Inhibition zone with Alcoholic extract of green tea with +ve and -ve control				Inhibition zone with Aqueous extract of green tea with +ve and -ve control				Difference (d.f.=28)	
	Mean	S.D.	Min.	Max.	Mean	S.D.	Min.	Max.	t-test	p-value
10%	8.07	0.26	8	9	6.33	1.05	5	8	6.228	0.000 (HS)
20%	8.40	0.51	8	9	7.67	0.62	7	9	3.556	0.001 (HS)
30%	10.40	1.18	8	12	10.27	0.96	9	12	0.339	0.737 (NS)
40%	13.73	0.96	12	15	12.33	1.45	10	15	3.121	0.004 (HS)
50%	15.27	0.46	15	16	13.60	1.35	12	16	4.521	0.000 (HS)
60%	15.73	0.46	15	16	14.33	1.05	13	16	4.747	0.000 (HS)
70%	18.40	0.51	18	19	15.07	1.28	14	17	9.378	0.000 (HS)
80%	19.53	0.52	19	20	16.33	1.63	13	18	7.236	0.000 (HS)
90%	20.47	0.52	20	21	17.53	0.74	16	19	12.553	0.000 (HS)
100%	20.47	0.52	20	21	17.60	0.63	17	19	13.598	0.000 (HS)
CHX	19.07	0.70	18	20	19.13	0.74	18	20	-0.252	0.803 (NS)
D.W.	0	0	0	0	0	0	0	0	-	-

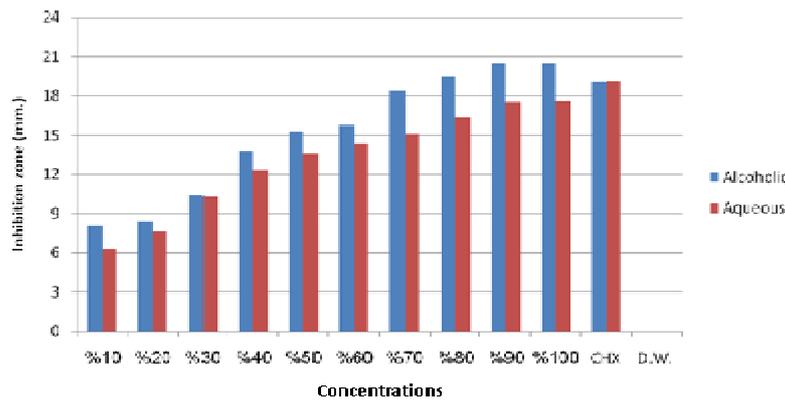


Figure 1: mean values of inhibition zones of alcoholic and aqueous extracts with +ve and -ve controls against A.A

Table 2: LSD test after ANOVA test

		Alcoholic extract of green tea with +ve and -ve control		Aqueous extract of green tea with +ve and -ve control	
		Mean Difference	p-value	Mean Difference	p-value
10%	20%	-0.333	0.143 (NS)	-1.333	0.001 (HS)
	30%	-2.333	0.000 (HS)	-3.933	0.000 (HS)
	40%	-5.667	0.000 (HS)	-6.000	0.000 (HS)
	50%	-7.200	0.000 (HS)	-7.267	0.000 (HS)
	60%	-7.667	0.000 (HS)	-8.000	0.000 (HS)
	70%	-10.333	0.000 (HS)	-8.733	0.000 (HS)
	80%	-11.467	0.000 (HS)	-10.000	0.000 (HS)
	90%	-12.400	0.000 (HS)	-11.200	0.000 (HS)
	100%	-12.400	0.000 (HS)	-11.267	0.000 (HS)
	CHX	-11.000	0.000 (HS)	-12.800	0.000 (HS)
D.W.	8.067	0.000 (HS)	6.333	0.000 (HS)	
20%	30%	-2.000	0.000 (HS)	-2.600	0.000 (HS)
	40%	-5.333	0.000 (HS)	-4.667	0.000 (HS)
	50%	-6.867	0.000 (HS)	-5.933	0.000 (HS)
	60%	-7.333	0.000 (HS)	-6.667	0.000 (HS)
	70%	-10.000	0.000 (HS)	-7.400	0.000 (HS)
	80%	-11.133	0.000 (HS)	-8.667	0.000 (HS)
	90%	-12.067	0.000 (HS)	-9.867	0.000 (HS)
	100%	-12.067	0.000 (HS)	-9.933	0.000 (HS)
	CHX	-10.667	0.000 (HS)	-11.467	0.000 (HS)
D.W.	8.400	0.000 (HS)	7.667	0.000 (HS)	
30%	40%	-3.333	0.000 (HS)	-2.067	0.000 (HS)
	50%	-4.867	0.000 (HS)	-3.333	0.000 (HS)
	60%	-5.333	0.000 (HS)	-4.067	0.000 (HS)
	70%	-8.000	0.000 (HS)	-4.800	0.000 (HS)
	80%	-9.133	0.000 (HS)	-6.067	0.000 (HS)
	90%	-10.067	0.000 (HS)	-7.267	0.000 (HS)
	100%	-10.067	0.000 (HS)	-7.333	0.000 (HS)
	CHX	-8.667	0.000 (HS)	-8.867	0.000 (HS)
	D.W.	10.400	0.000 (HS)	10.267	0.000 (HS)
40%	50%	-1.533	0.000 (HS)	-1.267	0.001 (HS)
	60%	-2.000	0.000 (HS)	-2.000	0.000 (HS)
	70%	-4.667	0.000 (HS)	-2.733	0.000 (HS)
	80%	-5.800	0.000 (HS)	-4.000	0.000 (HS)
	90%	-6.733	0.000 (HS)	-5.200	0.000 (HS)
	100%	-6.733	0.000 (HS)	-5.267	0.000 (HS)
	CHX	-5.333	0.000 (HS)	-6.800	0.000 (HS)
D.W.	13.733	0.000 (HS)	12.333	0.000 (HS)	

50%	60%	-0.467	0.031 (S)	-0.733	0.062 (NS)
	70%	-3.133	0.000 (HS)	-1.467	0.000 (HS)
	80%	-4.267	0.000 (HS)	-2.733	0.000 (HS)
	90%	-5.200	0.000 (HS)	-3.933	0.000 (HS)
	100%	-5.200	0.000 (HS)	-4.000	0.000 (HS)
	CHX	-3.800	0.000 (HS)	-5.533	0.000 (HS)
	D.W.	15.267	0.000 (HS)	13.600	0.000 (HS)
60%	70%	-2.667	0.000 (HS)	-0.733	0.062 (NS)
	80%	-3.800	0.000 (HS)	-2.000	0.000 (HS)
	90%	-4.733	0.000 (HS)	-3.200	0.000 (HS)
	100%	-4.733	0.000 (HS)	-3.267	0.000 (HS)
	CHX	-3.333	0.000 (HS)	-4.800	0.000 (HS)
	D.W.	15.733	0.000 (HS)	14.333	0.000 (HS)
70%	80%	-1.133	0.000 (HS)	-1.267	0.001 (HS)
	90%	-2.067	0.000 (HS)	-2.467	0.000 (HS)
	100%	-2.067	0.000 (HS)	-2.533	0.000 (HS)
	CHX	-0.667	0.002 (HS)	-4.067	0.000 (HS)
	D.W.	18.400	0.000 (HS)	15.067	0.000 (HS)
80%	90%	-0.933	0.000 (HS)	-1.200	0.002 (HS)
	100%	-0.933	0.000 (HS)	-1.267	0.001 (HS)
	CHX	0.467	0.031 (S)	-2.800	0.000 (HS)
	D.W.	19.533	0.000 (HS)	16.333	0.000 (HS)
90%	100%	0	1 (NS)	-0.067	0.865 (NS)
	CHX	1.400	0.000 (HS)	-1.600	0.000 (HS)
	D.W.	20.467	0.000 (HS)	17.533	0.000 (HS)
100%	CHX	1.400	0.000 (HS)	-1.533	0.000 (HS)
	D.W.	20.467	0.000 (HS)	17.600	0.000 (HS)
CHX	D.W.	19.067	0.000 (HS)	19.133	0.000 (HS)

### Experiment no.2: Determination of minimum inhibitory and minimum bactericidal concentrations of aqueous and alcoholic green tea extracts against A.A and P.G:

#### 1-Determination of Minimum inhibitory concentration (MIC):

The MIC for alcoholic green tea extract that inhibit *Aggregatibacter actinomycetemcomitans* growth was 60%. The MIC for aqueous green tea extract that inhibits *Aggregatibacter actinomycetemcomitans* growth was 70%.

#### 2-Determination of Minimum bactericidal concentration (MBC):

The MBC for alcoholic green tea extract that kills *Aggregatibacter actinomycetemcomitans* was 80%. The MBC for aqueous green tea extract that kills *Aggregatibacter actinomycetemcomitans* growth was 90%.

#### Experiment no.3: HPLC determination of green tea extracts (aqueous and alcoholic):

**Table 3: descriptive data for concentration of each constituent of aqueous and alcoholic green tea extracts:**

Subjects	Conc. of standard	Conc. of water extract/ $\mu\text{g}$	Conc. of alcoholic extract/ $\mu\text{g}$
Caffeine	25	72.19	141.63
Epicatechin	25	123.73	101.15
Epicatechingallate (ECG)	25	183.37	111.36
Epigallocatechingallate (EGCG)	25	132.13	174.96

By viewing the results of HPLC analysis of both extracts, it was revealed that alcoholic extract had higher content of epigallocatechingallate (EGCG) which is the main

active polyphenol in green tea, while aqueous extract had higher content of epicatechin and epicatechingallate.

## DISCUSSION

There are four main catechins found in green tea: epicatechin (EC), epicatechin-3-gallate (ECG), epigallocatechin (EGC), and epigallocatechin-3-gallate (EGCG). Three of these (ECG, EGC and EGCG) have shown to have antimicrobial effects against a variety of organisms<sup>(22)</sup>. The results of studies on the antimicrobial effects of green tea have shown that the potential for preventive and therapeutic purposes is present.

The search for alternative antibacterial compounds has been a major concern in recent years because some of the drugs used have adverse effects and high cost. It was shown that herbs exhibit biochemical and pharmacological activities and can be used as mouth rinses<sup>(23)</sup>, resistance also develops more slowly with natural products<sup>(24)</sup>.

### Sensitivity of *Aggregatibacter actinomycetemcomitans* to different concentrations of green tea extracts (alcoholic and aqueous) in vitro (agar well diffusion):

Results showed that alcoholic and aqueous green tea extracts were able to inhibit the growth of A.A, this finding was in coincidence with other studies<sup>(25-27)</sup>.

The diameter of inhibition zones were increased as the concentration of both green tea extracts increased from 10% to 90%, this was in agreement with

It was reported that that increasing concentration of green tea would increase the inhibition of bacterial growth and the highest concentration created the largest zone of inhibition<sup>(28)</sup>.

Alcoholic extract 80%, 90% and 100% concentrations showed larger inhibition zones than chlorhexidine, and by using LSD test 80% conc. showed significant difference, 90% and 100% conc. showed highly significant difference which suggests that they have shown higher antimicrobial activity than chlorhexidine. This finding presents a great promise to use green tea extract as an alternative to chlorhexidine.

Meanwhile chlorhexidine showed larger inhibition zones than all aqueous extract concentrations.

Recent studies revealed that EGCG exhibited strong antimicrobial abilities, the direct antimicrobial effects of green tea have been attributed to EGCG and that EGCG is the most abundant catechin in green tea<sup>(29)</sup>. ECg and EGCg strongly inhibited the cytotoxic effects of

*Aggregatibacter actinomycetemcomitans*–lipopoly saccharide on each cell<sup>(27)</sup>.

It was stated that initial screenings of plants for possible antimicrobial activities typically begin by using crude aqueous or alcohol extractions and can be followed by various organic extraction methods. Since nearly all of the identified components from plants active against microorganisms are aromatic or saturated organic compounds, they are most often obtained through initial ethanol or methanol extraction and this may explain the greater antimicrobial activity exhibited by the alcoholic extract compared to the aqueous extract<sup>(21)</sup>.

High EGCG concentrations irreversibly damage the bacterial cytoplasmic membrane by generating hydrogen peroxide within the bilayer or by inhibiting the cytoplasmic enzymes and type II fatty acid synthesis system<sup>(30-32)</sup>.

## REFERENCES

1. Chacko SM, Thambi PT, Kuttan R, et al. Beneficial effects of green tea: a literature review. *Chin Med* 2010; 5: 1–13.
2. Taylor PW, Hamilton-Miller JM, Stapleton PD. Antimicrobial properties of green tea catechins. *Food Sci Technol Bull* 2005; 2: 71–81.
3. Schneider C, Segre T. Green tea potential health benefit. *Am Fam Physician* 2009; 79: 591-4.
4. Sakanaka S, Aiwaza M, Kim M, Yamamoto T. Inhibitory effects of green tea polyphenols on growth and cellular adherence of an oral bacterium, *Porphyromonas gingivalis*. *Biosci Biotechnol Biochem* 1996; 60:745–9.
5. Yam TS, Shah S, Hamilton-Miller JMT. Microbiological activity of whole and fractionated crude extract of tea (*Camellia sinensis*) and of tea components. *FEMS Microbiol Lett* 1997; 152:169-74.
6. Tiwari RP, BartiSk, Kaur HD, et al. Synergistic antimicrobial activity of tea and antibiotics. *Indian J Med Res* 2005; 122: 80-4.
7. Stoicov C, Safari R, Houghton J. Green tea inhibits *Helicobacter* growth in vivo and in vitro. *Int J Antimicrob Agents* 2009; 33:473-8.
8. Archana S, Abraham J. Comparative analysis of antimicrobial activity of leaf extracts from fresh green tea and black tea on pathogens. *J Appl Pharm Sci* 2011; 8:149-152.
9. Slots J. Subgingival microflora and periodontal disease. *J Clin Periodontol* 2005; 6(5): 351–82.
10. Slots J, Feik D, Rams TE. *Actinobacillus actinomycetemcomitans* and *Bacteroides intermedius* in human periodontitis: age relationship and mutual association. *J Clin periodontal* 1990; 17: 659-62.
11. Slots J, Ting M. *Actinobacillus actinomycetemcomitans* and *Porphyromonas gingivalis* in human periodontal disease: occurrence and treatment. *Periodontol* 2000 1999; 20:82-121.
12. Van der Reijden WA, Bosch-Tijhof CJ, van der Veldon U, van Winkelhoff AJ. Java project on periodontal diseases: serotype distribution of

- Actinobacillusactinomycetemcomitans* and serotype dynamics over an 8-year period. J Clin Periodontal 2008; 35:487-92.
13. Fine DH, Kaplan JB, Kachlang SC, Schreiner HC. How we got attached to *Actinobacillusactinomycetemcomitans*: A model for infectious diseases. Periodontal 2000 2006; 42:114-57.
  14. Ready D, Aiuto F, Spratt DA, Suvan J, Tonetti MS, Wilson M. Disease severity associated with presence in subgingival plaque of *Porphyromonasgingivalis*, *Actinobacillusactinomycetemcomitans* and *Tannerella forsythia*, singly or in combination, as detected by nested multiplex PCR. J Clin Microbiol 2008; 46: 3380-3.
  15. Slots J, Rosling BG. Suppression of the periodontopathicmicroflora in localized juvenile periodontitis by systemic tetracycline. J Clin Periodontal 1983; 10: 465-86.
  16. Christerson LA, Slots J, Rosling BG, Genco RJ. Microbiological and clinical effects of surgical treatment of localized juvenile periodontitis. J Clin Periodontal 1985; 12:465-76.
  17. Kornman KS, Robertson PB. Clinical and microbiological evaluation of therapy for juvenile periodontitis. J Periodontal 1985; 56: 443-6.
  18. Haffajee AD, Dzink JL, Socransky SS. Effects of modified Widman flap surgery and systemic tetracycline on the subgingival microbiota of periodontal lesions. J Clin Periodontal 1988; 15: 255-62.
  19. Rodenburg JP, van Winkelhoff AJ, Winkel EG, Goene RJ, Abbas F, de Graff J. Occurrence of *Bacteroidsgingivalis*, *Bacteroidsintermedius* and *Actinobacillusactinomycetemcomitans* in severe periodontitis in relation to age and treatment history. J Clin Periodontal 1990; 17:392-9.
  20. Dumitrescu AL. Etiology and pathogenesis of periodontal disease; periodontal microbiology 2010. p. 41-7.
  21. Cowan MM. Plant products as antimicrobial agents. Clinical Microbiology Reviews 1999; 12(4): 564-82.
  22. Reygaert Wanda C. The antimicrobial possibilities of green tea (focused review) volume 5 article 434 Frontiers in microbiology 2014.
  23. Plamb E. Traditional medicinal plant extract and natural product with activity against oral bacteria: Potential application in the prevention and treatment of oral diseases. Evid Based Complement Alternat Med 2011; 13: 1-15.
  24. Henley-Smith CJ, Botha FS and Lall N. The use of plants against oral pathogens: Microbial pathogens and strategies for combating them: science, technology and education (A. Méndez-Vilas, Ed.) 2013.
  25. Kudva P, Tabasum ST, Shekhawat NK. Effect of green tea catechin, a local drug delivery system as an adjunct to scaling and root planing in chronic periodontitis patients: a clinical microbiological study. J Indian Soc Periodontol 2011; 15: 39-45. (IVSL).
  26. KawashimaY. Effects of CatechinGallate on Bactericidal Action and Leukotoxic Activity of *Aggregatibacteractinomycetemcomitans*. International J Oral-Medical Sci 2011; 10(1): 20-4.
  27. Saito M, Tsuzukibashi O, Shinozaki-Kuwahara N, Kobayashi T and Takada K. Anticytotoxic Effect of Green Tea Catechin on Lipopolysaccharide from *Aggregatibacteractinomycetemcomitans*. Int J Oral-Med Sci 2012; 11(3): 202-6.
  28. Axelrod M, Berkowitz S, Dhir R, Gould V, Gupta A, Li E, Park J, Shah A, Shi K, Tan C, Tran M. The inhibitory effects of green tea (*camellia sinensis*) on the growth and proliferation of oral bacteria, 2010.
  29. Gaur S, Agnihotri R. Green tea: A novel functional food for the oral health of older adults review article: epidemiology, clinical practice and health. Geriatr Gerontol Int 2014; 14: 238-250. (IVSL).
  30. Ikigai H, Nakae T, Hara Y, and Shimamura T. Bactericidal catechins damage the lipid bilayer. Biochim. Biophys. Acta1147, 132-136.doi: 10.1016/0005-2736(93)90323-R 1993
  31. Zhang YM, Rock CO. Evaluation of epigallocatechingallate and related plant polyphenols as inhibitors of the Fab GandFabIreductasesofbacterial type II fatty-acid synthesis. J Biol Chem 2004; 279, 30994-31001.doi:10.1074/jbc.M403697200.
  32. Navarro-Martinez MD, Navarro-Peran E, Cabezas-Herrera J, Ruiz-Gomez J, Garcia-Canovas F and Rodriguez Lopez JN. Antifolate activity of epigallocatechingallate against *Stenotrophomonasmaltophilia*. Antimicrob. Agents Chemother 2005; 49, 2914-2920.doi:10.1128/AAC.49.7.2914-2920.2005.