

# Inhibiting the Growth of Periopathogenic Bacteria and Accelerating Bone Repair Processes by using Robusta Coffee Bean Extract

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**Submission date:** 21-Jan-2023 01:31PM (UTC+0700)

**Submission ID:** 1996478432

**File name:** nhibiting\_the\_Growth\_of\_Perioathogenic\_Bacteria\_Revision\_1.docx (2.58M)

**Word count:** 2503

**Character count:** 13656

# Inhibiting the Growth of Periopathogenic Bacteria and Accelerating Bone Repair Processes by using Robusta Coffee Bean Extract

## ABSTRACT

**Background.** Periodontitis is an inflammatory disease of the teeth supporting tissues caused by microorganisms. Robusta coffee bean extract has antibacterial properties due to its caffeine, flavonoids, trigonelline, and chlorogenic acid contents. The robusta coffee bean extract also regulates alveolar bone healing through bone remodelling. **Aim.** The study aimed to investigate robusta coffee bean extract to inhibit bacterial growth and to accelerate bone repair in vitro and in vivo. **Methods.** This study used the paper disc diffusion method with the research group of robusta coffee bean extract with concentrations of 50%, 25%, 12.5%, 6.25%, and negative control, as much as 20 and dripped onto the disc paper then placed on the surface of the agar media that had been inoculated with bacteria. The diameter of the inhibition zone was measured. Twenty periodontitis rats models were given 0.05 ml of the robusta coffee bean extract on the molars and put in a periodontal pocket for seven days. Rats were decapitated and alveolar bone tissues were stained with HE and IHC staining. The number of osteoclasts, osteoblasts and BMP-2 was counted using microscope. Statistical test with *Kruskal Wallis* followed by *Mann Whitney* showed a p value of <0.05. **Results.** The average diameter of the inhibitory zone of robusta coffee bean extract showed that the *P. gingivalis* group of bacteria was higher than that of *A. actinomycetemcomitans* and *S. viridans* ( $p < 0.05$ ) with a concentration of 50%. The average number of osteoblast cells showed an increase, and the average number of osteoclast cells decreased in the 50% concentration group compared to the other groups ( $p < 0.05$ ). BMP-2 expression in the robusta coffee bean extract group was 50% higher than that in the other groups. **Conclusion.** Robusta coffee bean extract has a periopathogenic antibacterial and accelerating alveolar bone repair.

Keywords: Periodontitis, Remodelling, Coffee, Osteoblast, Osteoclast

## 1. Introduction

Periodontitis is an inflammatory disease of the teeth supporting tissues caused by *P. gingivalis*, *A. actinomycetemcomitans*, a periopathogenic bacterium and *S. viridans* that cause pulpo-periapical abnormalities. Among the major periopathogenic bacteria, *P. gingivalis* is one of the main etiological bacteria in the pathogenesis and development of inflammation in periodontal disease because of its ability to adhere to the oral epithelium, invade the oral epithelium, and possess virulence factors. (1),(2)

Periodontitis resulting in progressive destruction of the periodontal ligament

and alveolar bone resorption shows an imbalance between osteoclasts and osteoblasts (3). These cellular activities include resorption of old bone by osteoclasts and formation of new bone by osteoblasts..(4-6)

Treatment of periodontitis can be surgical or non-surgical. Scaling and root planing (SRP) is a non-surgical treatment which is the gold standard given in treating periodontal disease. However, this treatment also has limitations, therefore, additional antimicrobial therapy is used to eliminate or reduce the number of bacterial pathogens. Additional antimicrobial therapy can be given locally as it does not cause side effects. People are now turning to using herbs for treatment.(7,8)

Coffee is a popular plant consumed by Indonesian people including those living in Jember Regency. Jember Regency has abundant Robusta coffee. The part of coffee plants commonly consumed is the coffee beans. Coffee beans are naturally rich of caffeine, flavonoids, trogonelline and chlorogenic acid which has an antibacterial property. The active compounds contained in robusta coffee beans are antibacterial which destroy amino acids, building blocks of cell walls and DNA, causing changes in bacterial genesis and lysis and disrupting the stability of the bacterial cytoplasmic membrane. (9-11)

The aim of this study was to investigate the effect of coffee extract in inhibiting the growth of periopathogenic bacteria and in accelerating bone repair processes in vitro and in vivo.

## **2. Materials And Methods**

This study was divided into 2, in vitro to see the inhibition of periopathogenic bacteria and in vivo to see accelerating of bone growth.

### **2.1 Ethical Clearance**

The ethical clearance for the procedure for treating animals in this study was approved Ethic Committee of the Faculty of Dentistry, the University of Jember with letter number No.1274 / UN25.8 / KEPK / DL / 2021.

## 2.2 Robusta Coffee beans Extract preparation

500 grams of Robusta coffee beans was extracted into powder using the maceration method. The powder was put into a closed container and then soaked using 96% ethanol in a ratio of 1:5 for 72 hours, and stirred twice a day. The immersion results were filtered using filter paper to produce filtrate and residue. The filtrate was evaporated using a rotary evaporator to obtain viscous extract brown robusta coffee bean extract. The extract with a concentration was diluted using aquadest with the serial dilution method with a concentration of 50%, 25%, 12.5%, 6.25%, and aquadest. (12)

## 2.3 Antibacterial Sensitivity

The antibacterial test treatment stage was carried out according to the modified NCCLS (National Committee for Clinical Laboratory Standards) standard protocol. Bacterial inoculation was prepared on agar media with a sterile cotton swab. 1 ml of bacterial suspension was taken using a syringe. Inoculate with streaking motion (zig-zag) on the entire media surface. 20 l of robusta coffee bean extract was dropped onto the paper disc with concentrations of 50%, 25%, 12.5%, 6.25%, and negative control (aquades) using a micropipette. The Petri dish was closed and then put in an inverted position into a desiccator to create anaerobic conditions. Then, the desiccator was put into the incubator to be incubated for 24 hours at 37°C. (14)

## 2.4 Inhibition Zone Diameter

After incubation for 24 hours, the Petri dish was removed from the desiccator, and a zone of inhibition was seen, indicated by a clear area around the paper disc. The diameter of the inhibition zone was measured by turning the Petri dish. Observation and measurement of the diameter of the inhibition zone around the paper disc in each research group were conducted using a digital calliper (15)

## 2.5 Periodontitis rat model

Twenty male Wistar rats aged 2-3 months with a body weight of  $\pm$  200-250 grams were modelled for periodontitis by inducing *P. gingivalis* in the buccal gingival sulcus of the lower molars as much as 0.05 ml and given once every three days for 14 days using a tuberculin syringe with a needle size of 30 gauge. Periodontitis in rats can be seen by several examinations, such as through clinical and radiographic features. Clinically, there was swelling at the induction site, a redder colour of the gingiva and spontaneous bleeding.(16,17)

## 2.6 The administration of Robusta Coffee Bean

<sup>1</sup> Robusta coffee bean extract was rinsed in the periodontal pocket of the lower molars with as much as 0.05 ml using a syringe. Group I was made a periodontitis model and given <sup>1</sup> robusta coffee bean extract with a concentration of 6.25%, Group II was made a periodontitis model and given <sup>4</sup> robusta coffee bean extract with a concentration of 25%, Group III was made a periodontitis model and was offered <sup>4</sup> robusta coffee bean extract with a concentration of 12.5%, Group III IV was made a periodontitis model and given <sup>1</sup> robusta coffee bean extract with a concentration of 50%. The administration was carried out for seven days, after which the rats were euthanized.

## 2.7 Sample Preparation

First, the experimental animals (2-3 rats) were put into a closed jar (16L size) which contained 5 ml of cotton/tissue moistened with ether. After the rat was unconscious, it was decapitated to take the mandibular bone; then, the mandible was put into a 10% formalin buffer solution for  $\pm$  8 hours. The goal was to prevent the bone specimens from being damaged and to fix the bone specimens.

## 2.8 Hematoxylin-Eosin staining

The tissue was cut using a microtome. After that, the cutting thickness setting of the incision was changed to a size of 6 microns and then the paraffin block containing the tissue was cut. The cut was transferred with a brush to the surface of the water bath with a temperature of 37°C – 40°C so that the incision expands well. The incision results were then transferred to an object Tissue staining was carried out using Mayer's Hematoxylin-Eosin method with the phases of defaranation, dehydration, core staining, cytoplasmic staining, dehydration, clearing, and mounting. (18)

## 2.9 Cell Count Stage

Cells were counted using a light microscope (Olympus) with 1000x magnification. The counting area consisted of three visual fields in the section of the rat alveolar bone for each sample and was calculated using the computer program Adobe Photoshop CC 2021.

## 2.10 Immunohistochemical staining (IHC)

The immunohistochemical staining used in this study was for the examination of BMP-2. The method for coloring BMP-2 was by slicing the tissue with a microtome that has been placed on a glass object and then deparaffinized, i.e. pulling/removing the paraffin present in the tissue.

## 2.11 Statistical Analysis

The results of the test show that <sup>1</sup> the data were not normally distributed and not homogeneous. the Kruskal-Wallis nonparametric test was carried out and then the Mann-Whitney test with a 95% confidence level ( $\alpha = 0.05$ ; SPSS Version 23).

### 3. Results

The results of observations on the inhibitory ability of robusta coffee bean extract on the growth of *P. gingivalis*, *A. actinomycetemcomitans* and *S. viridans* are presented in Table 1.

Table 1. Average of Inhibitory zone and standard deviation of robusta coffee bean extract on periopathogenic bacteria

| Num | Group               | N | Mean (mm) ± Standart Deviation |                                 |                           |
|-----|---------------------|---|--------------------------------|---------------------------------|---------------------------|
|     |                     |   | <i>P.gingivalis</i>            | <i>A. actinomycetemcomitans</i> | <i>S. viridans</i>        |
| 1   | Negative control    | 4 | 0,00 ± 0,00*                   | 0,00 ± 0,00*                    | 0,00 ± 0,00*              |
| 2   | Concentration 50%   | 4 | 19,18 ± 0,18*                  | 16,15 ± 0,12*                   | 18,15±0,19*               |
| 3   | Concentration 25%   | 4 | 16,59 ± 0,17                   | 12,20 ± 0,10                    | 14,95±0,10                |
| 4   | Concentration 12,5% | 4 | 13,14 ± 0,24                   | 8,40 ± 0,22                     | 12,15±0,25                |
| 5   | Concentration 6,25% | 4 | 0,00 ± 0,00 <sup>ns</sup>      | 0,00 ± 0,00 <sup>ns</sup>       | 0,00 ± 0,00 <sup>ns</sup> |

Description : \* significant, <sup>ns</sup> non significant

The results showed that all bacteria had an inhibitory effect on robusta coffee bean extract. The growth inhibition of *P. gingivalis* bacteria was highest at 50% concentration of robusta coffee bean extract, which was 19.18 + 0.18 mm compared to other bacteria. The lowest bacterial growth inhibition with a concentration of 12.5% was 8.40 + 0.22 in *A. actinomycetemcomitans* bacteria compared to other bacteria.

The negative control had no inhibition with Robusta coffee bean extract, with a concentration of 6.25% in all bacterial groups. The results of the Mann-Whitney test showed that all treatment groups were significantly different from the negative control. With a concentration of 6.25% robusta coffee extract. The results showed that there was an inhibition zone (clear zone) that was seen around the wells that had been given Robusta coffee extract 50%, 25%, 12.5%, 6.25%, and negative control.

Table 2. The number of Osteoblast cells and Osteoclast cells

| No | Groups              | N | Mean ± Standart Deviation |                        |
|----|---------------------|---|---------------------------|------------------------|
|    |                     |   | Osteoclast cells          | Osteoblast cells       |
| 1  | Negative control    | 4 | 3.1 ± 8,1*                | 99,4 ± 5,9*            |
| 2  | Concentration 50%   | 4 | 4,5 ± 5,9*                | 133 ± 5,1*             |
| 3  | Concentration 25%   | 4 | 4 ± 7,5 <sup>ns</sup>     | 101±9,7 <sup>ns</sup>  |
| 4  | Concentration 12,5% | 4 | 4,8 ± 6,7 <sup>ns</sup>   | 94,5±8,2 <sup>ns</sup> |
| 5  | Concentration 6,25% | 4 | 4,1±9,1 <sup>ns</sup>     | 93 ± 7,8 <sup>ns</sup> |

Description : \* significant, <sup>ns</sup> non significant

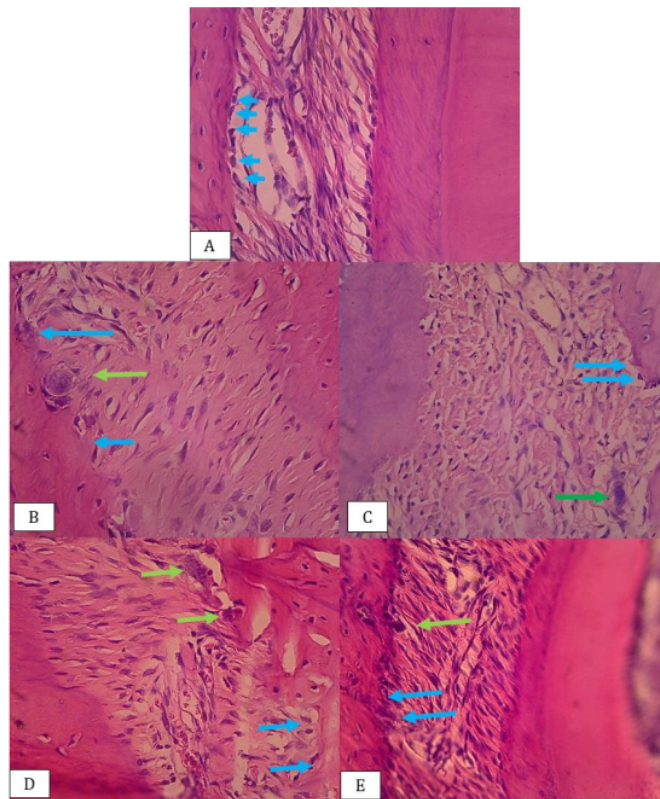


Fig 1. Rat alveolar bone tissue: (A) Negative control, (B) Concentration 50%, (C) Concentration 25%, (D) Concentration 12,5%, (E) Concentration 6.25% osteoblast cells (blue arrow), osteoclast cells (green arrow) ( Hematoxylin-Eosin staining 400 x magnitude)



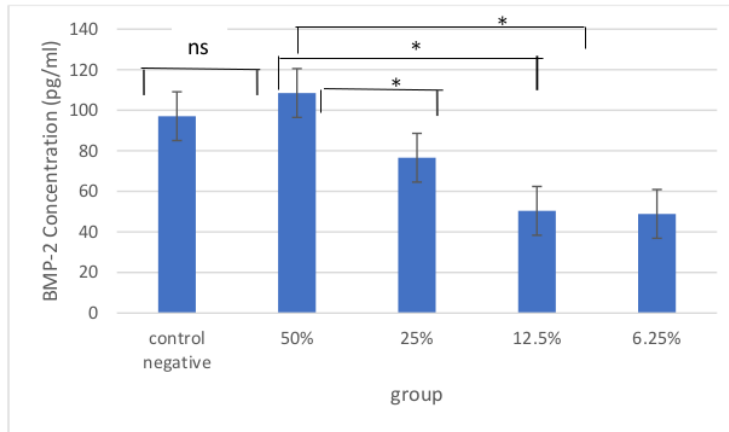


Fig 2. Expression of bone morphogenetic protein 2 (BMP-2) in rat alveolar bone

Description : \* significant, <sup>ns</sup> non significant

Figure 2 shows the expression of BMP-2 in the 50% concentrated Robusta coffee bean group and the control group there was no significant difference ( $p > 0.05$ ) but in the 25%, 12.5%, 6.25% treatment group there were significant differences ( $p < 0.05$ ).

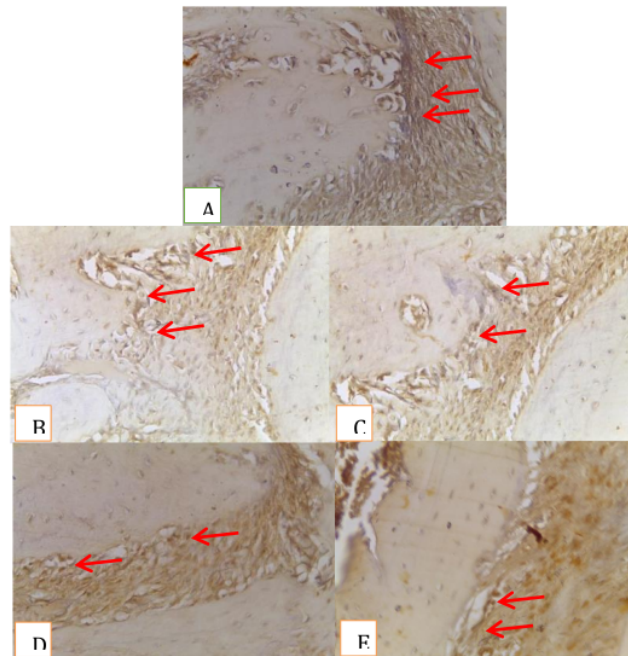


Fig 3. Rat alveolar bone tissue: expression BMP-2 (red arrow) (A) Negative control, (B) Concentration 50%, (C) Concentration 25%, (D) Concentration 12,5%, (E) Concentration 6.25% (Imunohistochemistry Staining 400x magnitude)

#### 4. Discussion

The results of this study indicate that not all concentrations of robusta coffee bean extract have inhibitory power against periopathogenic bacteria. A concentration of 6.25% did not show any inhibition result, which was indicated by the absence of a clear zone around the wellbore (inhibition zone = 0). It was possibly because the active compound of the antibacterial substance of robusta coffee bean extract in toothpaste was too little so that it was unable to inhibit bacterial growth. (19)

The ability of robusta coffee bean extract to inhibit bacteria is due to the presence of antibacterial compounds such as caffeine, flavonoids, trigonelline, and chlorogenic acid. These ingredients have antibacterial activity with different mechanisms of inhibiting bacterial growth (20),(12)

Caffeine in robusta coffee bean works because it significantly influences the ability of alkaloid compounds; when in contact with bacteria, it will react with amino acid compounds that make up cell walls and bacterial DNA. This reaction will cause changes in the structure and arrangement of amino acids, which will change the performance of the DNA chain so that DNA damage will occur in the bacterial cell nucleus and support the lysis of the bacterial cell nucleus. Thus the bacteria will become inactive and destroyed (21,22)

The above statement is supported by previous research that the caffeine and trigonelline content in the robusta coffee bean extract at concentrations of 1%, 1.25%, 1.5%, and 3% had antibacterial effects against *P. gingivalis*. The mechanism of phenol compounds in killing bacteria is by denaturing cell proteins. Flavonoids play a role in inhibiting the function of bacterial cell membranes by forming complex compounds against extracellular and dissolved proteins that damage the bacterial cell membrane and are followed by the release of intracellular compounds that result in cell death. The antibacterial activity of chlorogenic acid increases the permeability of the outer membrane and plasma membrane, thereby reducing the defence function, nucleotide leakage and cytoplasmic contents. These compounds

also reduce levels of Reactive Oxygen Species (ROS). The decrease in ROS levels results in disruption of intracellular signalling in bacteria and accumulates Ca<sup>2+</sup> levels as a proapoptotic agent, causing bacterial cell death due to apoptotic signals (23–25)

On the day 7, the group of periodontitis rats and the treatment group given Robusta coffee bean chlorogenic acid gel had differences in the amount of OCN expression. This is in line with the results of research from Yamamoto showing that chlorogenic acid from coffee can increase the synthesis of IL-6 in osteoblasts. It can initiate bone formation (Yamamoto et al., 2015). Other studies have shown that chlorogenic acid can enhance osteogenic differentiation of human adipose tissue-derived mesenchymal stem cells (MSC) by increasing the mineralization of bone tissue. This indicates that the acid chlorogenic acid can increase the potential for osteogenesis (26–28).

BMP can effectively induce mesenchymal cells to differentiate into osteoblasts, and mesenchymal cell differentiation and initiate bone formation. Furthermore, BMP-2 plays the key role in bone formation, growth, and repair. A study by Sari. (2019) showed that BMP-2 can increase the concentration of Ca<sup>2+</sup> and activate osteoblasts to differentiate the enhanced formation and integration of mineralized bone nodules. BMP-2 in vitro and in vivo studies induce bone formation by expression of bone markers. (29)

## 5. Conclusion

Robusta coffee bean extract has a periopathogenic antibacterial and alveolar bone repair ability

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