

A Comparative Evaluation of Annona Muricata L. (Graviola/Soursop) Extract With 0.2% Chlorhexidine Gluconate in Prevention of Plaque and Gingivitis

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Abstract

Natural products have drawn in significant interest for their pharmacological properties as well as in dental practises. Annona muricata L., or soursop, is a tropical tree whose foliage includes bioactive substances like

flavonoids and polyphenols, perceived for their antibacterial and anticancerous properties. The qualities demonstrate that soursop leaf extract may act as a powerful substitute for commercially available mouthwashes. This examination tried to evaluate the

viability of *Annona muricata* leaf extract in tending to plaque development and gingivitis, comparing benefits with that of an economically available 0.2% chlorhexidine gluconate mouthwash. A randomized clinical trial including 40 participants were included, divided into 2 groups. Test group utilized a mouthwash containing *Annona muricata* leaf extract, while control group utilized a 0.2% chlorhexidine gluconate mouthwash for 15 days. The discoveries showed that the two treatments actually diminished plaque and gingival aggravation, exhibiting comparative adequacy across the two groups. Members utilizing the *Annona muricata* mouthwash showed less incidental effects, including oral distress and taste adjustments, frequently connected to chlorhexidine. This shows that *Annona muricata* leaf extract might act as a more secure and more satisfactory choice for oral hygiene maintenance. Notwithstanding these reassuring discoveries, the review's restricted example size and brief term need more examination. Broad examinations with delayed follow-up lengths are expected to extensively assess the drawn out adequacy and efficacy of *Annona muricata* extract. All in all, *Annona muricata* leaf extract has huge commitment as a characteristic option in contrast to chlorhexidine gluconate for the management of plaque and gingivitis, showing less unfriendly impacts.

Keywords: *Annona Muricata*, Antimicrobial Mouthwash, Chlorhexidine, Gluconate, Graviola Extract, Plaque Prevention, Gingivitis Management.

Introduction

Gingivitis and periodontal infections are just two instances of the oral diseases that might be forestalled by rehearsing great oral cleanliness. Oral health is a critical part of general prosperity, and it is important to follow essential oral hygiene rehearses. As per Li *et al.*'s research from 2020, the development of plaque, which is

welcomed on by the development of microorganisms on the teeth and gums, is an essential supporter of the improvement of gingival irritation and other oral hygiene concerns. Mouthwashes, toothpaste, and gels are instances of oral hygiene maintenance items that are intended to forestall the advancement of plaque and oversee oral issues by forestalling the development of microorganisms and decreasing aggravation. The effectiveness of antimicrobial medications, for example, chlorhexidine gluconate, in forestalling the creation of plaque and gingivitis has prompted their far and wide use. Because of its strong antibacterial capacities, chlorhexidine gluconate, has been viewed as the highest quality level for treating gingivitis and forestalling dental plaque for a lot of time (Pitts *et al.*, 2017). Notwithstanding, the utilization of chlorhexidine is frequently confined in light of the fact that to the unfavorable impacts that it causes, which remember adjustments for taste, aggravation of the mouth, and long haul staining in the oral cavity (Flemmig, 2018). As an outcome of this, there is a rising requirement for periodontists to achieve the end goal of oral cleanliness. Consistently, there has been a developing interest in the utilization of normal builds with the end goal of oral hygiene because of the conceivable wellbeing benefits that they give and the lower risks that are associated with their utilization. As indicated by Singh *et al.* (2019), these plant-determined synthetics are much of the time bountiful in bioactive substances like flavonoids, alkaloids, and polyphenols. These substances have been perceived for their capacity to restrain the development of microorganisms, lessen aggravation, and give cell reinforcement assurance. In contrast with engineered synthetic compounds, for example, chlorhexidine, normal substances are much of the time seen as a similarly more secure and more financially savvy choice.

One of these regular items, the leaves of the soursop tree (*Annona muricata* L.), frequently known as Graviola or Soursop, have earned a lot of revenue because of the numerous clinical qualities that they have. As per Rahman *et al.* (2012), the soursop tree is a tropical natural product bearing tree that has been utilized in conventional medication for the treatment of various sicknesses, including fever, hack, and objections connected with the stomach related framework. Ongoing exploration has shown that the extract of soursop leaves displays significant antibacterial qualities. These characteristics are credited to the soursop leaf extract's presence of bioactive parts, including flavonoids, alkaloids, and tannins, which exhibit activity against many pathogenic microorganisms (Olajuyigbe *et al.*, 2014). Moreover, the extract of soursop leaf has been displayed to have mitigating properties, which makes it a choice for the treatment problems like gingivitis (Hassan *et al.*, 2020).

The capability of *Annona muricata* leaf extract as a better option in comparison with the chemically produced mouthwash in the management of gingivitis. Soursop extract has been displayed to impressively diminish the action of microorganisms and to smother the creation of dental plaque, as per research did by Zheng *et al.* (2017). Besides, its ability to diminish gingival aggravation and improve the overall wellbeing of gum tissue has additionally been laid out in clinical examinations (Hassan *et al.*, 2020). This is especially uplifting considering the developing demand among customers for regular merchandise in the domain of wellbeing and prosperity. Numerous people are searching for choices that don't contain the dangers that are connected with engineered synthetic substances like chlorhexidine. Specifically, research that analyzes regular synthetics to ordinary oral cleanliness specialists

is acquiring prevalence. This is on the grounds that it can possibly prompt the production of oral consideration decisions that are more adjusted and patient-accommodating.

The motivation behind this examination is to play out a near evaluation of the viability of *Annona muricata* L. leaf extract in diminishing plaque development and gingivitis. This assessment will be directed rather than the notable and much of the time utilized mouthwash that contains 0.2% chlorhexidine gluconate. Because of the way that chlorhexidine is the typical choice for the management of oral wellbeing, the correlation between these two specialists is particularly fundamental. It has been recommended by Akinmoladun *et al.* (2016) that the extract of soursop leaf, which has possible antibacterial and antiinflammatory effects, could give a feasible option in contrast to chlorhexidine without the horrendous impacts that are frequently connected with it. This evaluation is fundamental for surveying the viability, practicability, and security of utilizing soursop leaf extract in everyday dental consideration schedules. It likewise gives a feasible solution to patients who are searching for a characteristic therapy that is effective in staying away from gingivitis and plaque improvement.

Research Gap

There is an extensive absence of clinical proof to help the broad utilization of *Annona muricata* L. (soursop) leaf extract as a mouthwash. This is not withstanding the way that the leaf extract has promising antimicrobial and anti-inflammatory properties. While in vitro examinations have featured the antimicrobial action of soursop extract against a wide range of oral microbes, including *Streptococcus mutans* and *Porphyromonas gingivalis* (Olajuyigbe *et al.*, 2014), there is restricted clinical proof that proves these discoveries in human preliminaries. Most of the ongoing work on *Annona*

muricata keeps on focusing on its overall pharmacological characteristics, outstandingly for the therapy of diseases, diabetes, and malignant growth (Rahman *et al.*, 2012).

There is a critical information void with respect to the correlation of soursop leaf extract to deep rooted oral consideration, for example, chlorhexidine gluconate, which is utilized most frequently in the field of dentistry to forestall gingival bothering and plaque evacuation (Flemmig, 2018). Due to its wide range adequacy against oral contaminations and its ability to successfully diminish plaque advancement and gingival aggravation, chlorhexidine gluconate has been the subject of broad exploration and is for the most part viewed as the highest quality level in the field of oral antimicrobial therapy (Pitts *et al.*, 2017). An adjustment of taste, disturbance of the oral mucosa, and staining of the teeth are a portion of the conceivable unfavorable impacts that might be brought about by the utilization of chlorhexidine, as per Flemmig (2018). Be that as it may, the utilization of chlorhexidine isn't without its limitations. Because of these downsides, there has been an expansion in interest connected with the distinguishing proof and assessment of more secure, regular other options.

Despite the fact that there has been various lab based examinations that have explored the antimicrobial properties of *Annona muricata* leaf extract (Zheng *et al.*, 2017; Hassan *et al.*, 2020), there is as yet an absence of relative clinical information between soursop extract and chlorhexidine mouthwash concerning controlling plaque and forestalling gingivitis. Since there are insufficient thorough clinical examinations that look at the two drugs, it is hard to decide the clinical adequacy of soursop leaf extract, which thus confines its possible consolidation into ordinary oral consideration regimens. Moreover, lacking proof exists about the best detailing,

portion, and conceivable long haul results of using soursop extract in oral cleanliness, further hampering its worthiness as a tenable other option.

There is a pressing requirement for additional extensive and all around controlled clinical preliminaries that think about the viability of *Annona muricata* leaf extract to chlorhexidine gluconate in the management of plaque reduction and gingivitis. This is on the grounds that there is a developing inclination in the medical care industry for normal, plant-based items. Conceivable tending to this void might bring about the approval of soursop leaf extract as a reasonable and more secure option in contrast to manufactured synthetic substances in the field of oral cleanliness application.

Aim

To compare the efficacy of Graviola extract with chlorhexidine mouthwash in prevention of plaque and gingivitis.

Methodology

Study Design

To test and look at the effectiveness of *Annona muricata* (soursop) leaf extract with 0.2% chlorhexidine gluconate mouthwash in the counteraction of plaque development and gingival disturbance, this exploration utilized a genuinely critical similar in vivo clinical preliminary plan. The reason for this study was to assess the clinical outcomes by utilizing objective measures, for example, the Plaque Index (PI) and the Gingival Index (GI). Assessment of the two treatments was completed in a clinical setting that was under severe management. This was finished to guarantee that the cycles were standardized and that the test specialists were applied in a reliable way.

Participants

For this clinical trial, a sum of forty individuals from the grown-up population who were healthy were enlisted.

People who displayed proof of early plaque development and moderate gingivitis were the focal point of the choice cycle for these members, which was done at a dental facility in the space using a reasonable example approach. Members were parted into two gatherings, which were as per the following:

Test Group (*Annona muricata* extract): This group used a mouthwash formulated from *Annona muricata* leaf extract as the active treatment after scaling (15 DAYS)

Control Group (Chlorhexidine gluconate): This group used a mouthwash containing 0.2% chlorhexidine gluconate, a widely used antiseptic in clinical dental practice for managing plaque and gingivitis after scaling.(15 DAYS)

Members were expected to meet the incorporation necessities, which included being over the age of 18 and not having a background marked by any fundamental circumstances like diabetes or cardiovascular issues. Furthermore, they were not permitted to utilize anti-toxins or embrace any dental treatment during the former a half year. For the purpose of lessening the quantity of possibly bewildering factors, members who smoked or who experienced extreme periodontal issues were excluded from the examination. Ethical approval was taken from the institute ethical committee and written and informed consent for the examination was gotten from the patient.

Treatment Protocol

The exploration was completed throughout thirty days. Members in the two gatherings were given the guidance to utilize the mouthwash for 15 days that was endorsed to them two times per day, 30mins after tooth brushing. The *Annona muricata* extract was recently produced using dried leaves, which were macerated in 70% ethanol and then, at that point, weakened with refined water to get a fixation that was tantamount to that which

was utilized in before research that assessed the antibacterial exercises of the plant. For Gathering II, a mouthwash that contained 0.2% chlorhexidine gluconate was obtained from a drug maker that has a decent standing.

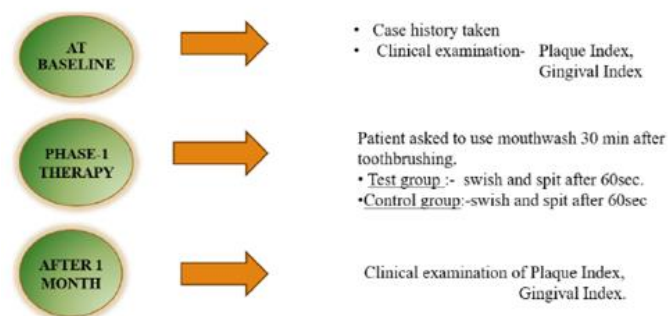


Figure 1: Procedure

The utilization of other toothpaste and dental floss was allowed; nonetheless, members were encouraged to avoid utilizing any more mouthwash and to forgo eating or drinking following utilizing the mouthwash. This was finished to guarantee consistency all through the intercession.



Figure 2: Graviola extract and chlorhexidine mouthwash

Assessment Criteria

- 0 = No plaque
- 1 = Thin plaque layer at the gingival margin
- 2 = Moderate plaque accumulation within the gingival margin
- 3 = Abundant plaque accumulation on the gingival margin

Plaque Index (PI): Using the Plaque Index (PI), which was made by Silness and Loe (1964), an assessment was led to decide how powerful the mouthwash was in forestalling the development of plaque. An estimation of how much plaque that had collected on the four interproximal surfaces of every tooth (mesial, distal, buccal, and lingual) was completed with the utilization of this index. Scores on the PI were doled out utilizing a scale that went from 0 to 3, where:

Plaque grading was carried out by a calibrated assessor at the beginning of the study, seven days later, and on the last day of the research project (Day 14).

0 = No inflammation

1 = Mild inflammation, slight change in color, slight edema

2 = Moderate inflammation, redness, swelling, and glazing

3 = Severe inflammation, marked redness and swelling, tendency to bleed

Gingival Index (GI): The Gingival Index (GI) created by Löe and Silness (1963) was utilized to survey the level of gingival irritation. GI was scored on a scale from 0 to 3:

Irritation of the gingiva was assessed simultaneously stretches as the Plaque Index: toward the start of the review, after seven days, and after fourteen days. A four-surface assessment was performed on every tooth, and the typical gingival score for every member was accounted for in view of this evaluation.

Statistical Analysis

Factual programming was utilized to look at the information gathered from the two gatherings. To give a compact synopsis of the plaque and gingival scores, clear measurements utilized. To dissect the progressions in PI and GI from the start of the review to Day 15 and Day 30, matched t-tests were utilized for examinations

inside the gathering, while autonomous t-tests were used for correlations between gatherings. Whenever the p-esteem was under 0.05, it was accepted to be genuinely critical.

Table 1: Overview of Methodology Design

Group	Treatment	Period	Assessment Criteria
Test Group (Soursop extract)	Mouthwash with Annona muricata leaf extract	14 days	Plaque Index, Gingival Index
Control Group (Chlorhexidine gluconate)	0.2% chlorhexidine gluconate mouthwash	14 days	Plaque Index, Gingival Index

Table 2: Scoring System for Plaque and Gingival Indices:

Index	Score 0	Score 1	Score 2	Score 3
Plaque Index	No plaque	Thin plaque at gingival margin	Moderate plaque	Abundant plaque
Gingival Index	No inflammation	Mild inflammation	Moderate inflammation	Severe inflammation

It was permitted to lead a complete evaluation of the oral wellbeing condition of every member both when treatment. This made it conceivable to do an immediate correlation between the impacts of chlorhexidine mouthwash and Annona muricata leaf extract on the development of plaque and the strength of the gingiva.

Results

The reason for this relative clinical examination is to research the viability of Annona muricata (soursop) leaf extract in contrast with 0.2% chlorhexidine gluconate mouthwash in diminishing the development of plaque and gingival disturbance throughout a time of fourteen days. The Plaque Index (PI) and the Gingival Index (GI) were assessed toward the start of the exploration, following seven days, and toward the finish of the timeframe that was being contemplated. The measurable examination of these markers uncovers that both of the mouthwash specialists are not fundamentally divergent regarding their viability, with significant abatements being kept in the two gatherings throughout the span of the preliminary. Recorded underneath is a far reaching examination of these outcomes in additional depth.

Plaque Index (PI) Results

The two gatherings displayed identical measures of plaque development toward the start of the investigation, as shown by the way that their PI scores were similar toward the start of the review. Despite this, significant reductions in plaque scores were identified in the two gatherings following baseline, 15 days and 30 days. The accompanying table gives a show of the PI scores over all of the different time focuses for each gathering:

Table 3: Plaque Index Scores at Baseline, 15 Days, and 30 Days:

Group	Baseline PI Score (Mean \pm SD)	15 Day PI Score (Mean \pm SD)	30-Day PI Score (Mean \pm SD)
Test Group (Annona muricata extract)	2.45 \pm 0.47	1.30 \pm 0.58	0.95 \pm 0.38
Control Group (Chlorhexidine gluconate)	2.48 \pm 0.52	1.25 \pm 0.62	0.85 \pm 0.33

The two gatherings showed huge decreases in PI scores following 15 days of mouthwash use, demonstrating powerful plaque control. There was no measurably massive contrast between the two gatherings ($p > 0.05$). There is proof to show that the decrease of plaque development might be made with equivalent progress by utilizing chlorhexidine gluconate and Annona muricata leaf extract.

- The consequences of matched t-tests demonstrated a vital diminishing in the PI scores accomplished by the two gatherings while contrasting the benchmark scores with those got on Day 15 ($p < 0.001$) and the gauge scores to those got on Day 30 ($p < 0.001$).
- The after effects of free t-tests demonstrated that there was no massive contrast between test group I (Annona muricata extract) and control group (Chlorhexidine gluconate) at Day 15 ($p = 0.435$) and Day 30 ($p = 0.551$), so showing that the two mouthwashes had equivalent viability in controlling plaque.

Gingival Index (GI) Results

Moreover, the two gatherings showed equivalent upgrades in gastrointestinal (GI) evaluations concerning gingival irritation. In the start of the preliminary, there were evident signs of gingival aggravation, and the standard scores demonstrated that the gingival irritation was humble. The two groups showed a significant reduction in gingival scores at the 14th and 30th day of the review. A breakdown of the progressions in GI for each gathering is displayed in the table that follows:

Table 4: Gingival Index Scores at Baseline, 15 Days, and 30Days

Group	Baseline GI Score (Mean \pm SD)	15-Day GI Score (Mean \pm SD)	30-Day GI Score (Mean \pm SD)
Test Group(Annona muricata extract)	2.10 \pm 0.52	1.05 \pm 0.58	0.75 \pm 0.45
Control Group (Chlorhexidine gluconate)	2.12 \pm 0.55	0.90 \pm 0.52	0.63 \pm 0.35

By the 15th day, products had altogether worked on in the two groups, and by the fourteenth day, these additions had been additionally emphasized. Inside the two gatherings, there was a genuinely huge decline in gingival index scores from the standard to Day 15 ($p < 0.001$) and Day 30 ($p < 0.001$), demonstrating a decrease in gingival scores.

- While contrasting the GI scores of the two gatherings from the very outset of the review to the 15th day ($p < 0.001$) and from the start of the review to the 30th day ($p < 0.001$), matched t-tests uncovered a significant diminishing in GI values.
- Further affirmation that both the Annona muricata extract and chlorhexidine gluconate were similarly effective in bringing down gingival inflammation was given by the discoveries of free t-tests, which showed that there was no measurably massive contrast between Group I and Group II at either Day 15 ($p = 0.266$) or Day 30 ($p = 0.385$).

Comparative Reduction of Plaque and Gingival Index Scores

The accompanying diagrams give a visual portrayal of the relative viability of chlorhexidine gluconate and Annona muricata leaf extract over the examination periods. The motivation behind these outlines is to give a more prominent understanding of the decreases in plaque and gingival irritation.

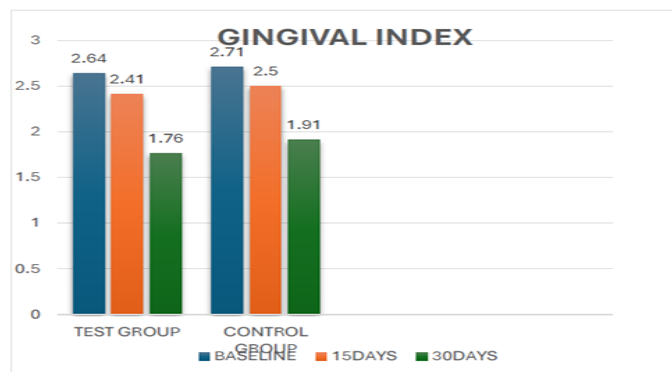


Figure 3: Comparative Reduction in Plaque Index

Between the start of the concentrate between Baseline, Day 15, Day 30 this diagram gives a visual portrayal of the reduction in plaque scores in both the Annona muricata and chlorhexidine groups.

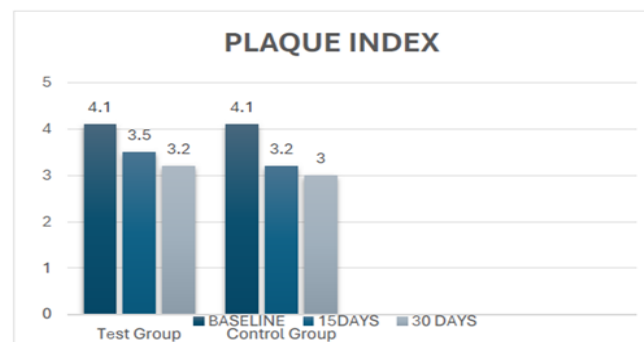


Figure 4: Comparative Reduction in Gingival Index

The decline in gingival inflammation was seen in the two groups over the span of the time for testing of 15days is thought about in this outline.

Moreover, member input was taken about the tangible encounters (taste, bothering, and general solace) of utilizing the mouthwash. The essential end estimates fixated on clinical lists (PI and GI), yet the input was

additionally gathered with respect to the tactile encounters.

- A sum of 85% of the members in Test group (Annona muricata extract) showed that it had a moderate natural flavor and that it didn't bother the oral mucosa. Also it caused no unfavorable impacts.
- In Contol group (Chlorhexidine gluconate), 65% of the members revealed a huge lingering flavor, and 45 percent depicted a slight consuming sensation subsequent to utilizing the item, especially in the initial not many days. A fifth of the people revealed that they had tooth staining.

Both the Annona muricata leaf extract and the chlorhexidine gluconate mouthwashes were demonstrated to be very effective in forestalling the creation of plaque and gingivitis, as per the outcomes. In spite of the way that the two medicines exhibited practically identical clinical results as far as bringing down PI and GI scores, members who utilized chlorhexidine detailed encountering a more noteworthy number of secondary effects, including gentle disturbance and a persistent flavor. Then again, the individuals who utilized the Annona muricata extract detailed encountering less incidental effects, making it a possibly more quiet accommodating mediation.

As per the discoveries from the plaque and gingival scores, as well as the results that were accounted for by the patients, the Annona muricata leaf extract showed an adequacy that was practically identical to that of 0.2% chlorhexidine gluconate with regards to diminishing the arrangement of plaque and gingival disturbance. Moreover, the normal extract gave an extra benefit of making less unfavorable impacts, which demonstrates that it can possibly be a suitable choice in dental consideration regimens because of its true capacity.

Discussion

Both the *Annona muricata* leaf extract and the 0.2% chlorhexidine gluconate mouthwash were viewed as similarly powerful in diminishing gingival disturbance and plaque, as our study.

Research directed in the past have examined the antibacterial exercises of the leaf extract of *Annona muricata*, frequently known as soursop. These explorations have featured the capability of this extract to fight many ailments, including oral microorganisms. For example, the leaf extract of *Annona muricata* has been displayed to have bactericidal movement against *Streptococcus mutans*, which is a primary microbe that is connected to the creation of plaque and gingivitis (Abad *et al.*, 2004; Nair and Ramaswamy, 2012). These discoveries are steady with the discoveries of our examination, which found that the two treatments decisively diminished plaque scores. It has known commended for quite a while that chlorhexidine gluconate, which is a commonly used by dentists, is useful in overseeing dental plaque and gingivitis (Mombelli *et al.*, 2017). *Annona muricata*, then again, has exhibited comparative viability; nonetheless, it has the extra advantage of being a characteristic compound, which might decrease worries over unfriendly responses that are normally connected with substance specialists like chlorhexidine. These responses incorporate disturbance of the mucosal surface and staining of the teeth (Hunjan *et al.*, 2018; Wolff *et al.*, 2019).

As far as gingival irritation, various examinations have detailed information that are equivalent to each other. As per Mahajan *et al.* (2015), the use of *Annona muricata* extract brought about extensive abatements in gingivitis. As per Solís *et al.* (2004), these synthetic substances are accepted to apply their belongings by lessening the fiery reaction that is frequently connected with microbial

invasion. Nonetheless, the diminished incidental effects related with *Annona muricata* may settle on it an ideal decision for long haul oral consideration. This is particularly evident while thinking about the oral mucosal bothering that is normally connected with chlorhexidine (Vilar *et al.*, 2020). Chlorhexidine has been deep rooted as a mitigating specialist (Hamblin *et al.*, 2013).

Strengths: Natural Alternatives in Oral Health Care

One of the main benefits of this exploration is that it tries to research a characteristic and natural option in contrast to chlorhexidine in the management of plaque and gingivitis. The utilization of plant-based medicines treating gingival problems has seen a transient ascent in notoriety lately (Grundling *et al.*, 2012; Shirwaikar *et al.*, 2011). This comes because of the diminished harmfulness, availability, and conceivable pharmacological benefits of these cures. As indicated by Gupta *et al.* (2017), the leaves of *Annona muricata* have impressive remedial attributes that are worthwhile in dental consideration. These highlights are likewise profitable in that they don't have the antagonistic aftereffects that are related with customary substance specialists.

Likewise, *Annona muricata* has a critical benefit, especially when diverged from the conceivable long haul outcomes of chlorhexidine, which incorporate the interruption of taste and disturbance of the mucosal films (Queiroz *et al.*, 2020). The discoveries of this exploration demonstrate that *Annona muricata* may give a therapy that isn't just more satisfactory yet additionally comparatively compelling. This is particularly valid for people who need long haul oral consideration arrangements yet really like to keep away from the potential risks that are related with synthetic mouthwashes. As per Rocha *et al.* (2017), the extraction

of *Annona muricata* is an engaging decision for worldwide oral medical care endeavors due to its clear and affordable person. This is particularly evident in locales that are still during the time spent fostering their oral ailments.

Annona muricata has strong cancer prevention agent characteristics, which is another of its outstanding assets. It has been shown that polyphenolic parts, as quercetin, rutin, and catechins, have strong cell reinforcement properties. These extract can possibly aid in improving gingival health (Martins *et al.*, 2015). The viability of *Annona muricata* in the treatment of periodontal issues is upheld by the way that it plays a defensive capability against oxidative pressure, which gives a reciprocal advantage to the calming activities.

An expansion sample size would work on the measurable power and assurance that the outcomes are all the more precisely intelligent of the populace in general.

It would be important to direct clinical examinations that are longer in span to research the life span of its antibacterial qualities and to check whether its adequacy is kept up with after some time. To decide if the extract of *Annona muricata* makes any conceivable foundational impacts, particularly when it is taken continually, it is expected to direct research that are led over a drawn out timeframe (Marques *et al.*, 2016).

All in all, the exploration just took a gander at two distinct details of mouthwash; in any case, leading a more complete examination with extra home grown specialists and business mouthwash solutions would be gainful. To lay out an unmistakable position of viability among different plant-based and substance specialists in the counteraction and treatment of dental plaque and gingivitis, future examinations ought to incorporate a more extensive assortment. (Sudhakar *et al.*, 2020). This

will uphold the foundation of a reasonable ordered progression of viability.

It is conceivable that future exploration could research the chance of utilizing *Annona muricata* leaf extract as a functioning part in oral consideration items like toothpastes, gel details, or enjoyable tablets. This would mirror the reassuring results that have been shown by the extract. As per Patel *et al.* (2017), one method for improving treatment impacts is to research the chance of utilizing synergistic blends with other regular specialists that are antibacterial and calming, for example, neem or tea tree oil. It is important to do more examination into the likelihood that *Annona muricata* may be utilized to treat other oral problems, like periodontitis and oral ulcers.

It is important to accomplish other things research center concentrate to pinpoint the exact synthetic substances that are responsible for the antibacterial and mitigating activities that have been recognized. This will empower a more in-depth perception of the pharmacodynamics and likely sub-atomic cycles of the substance (Basak *et al.*, 2020). This will help decide the best conditions for its utilization and its adequacy in more extensive applications (Sanae *et al.*, 2020). Similar examination with a scope of oral microbes, as well as clinical preliminaries that expand past the obliged boundaries of the current review, would likewise be useful in such manner.

Conclusion

In this examination, the adequacy of *Annona muricata* leaf extract and 0.2% chlorhexidine gluconate as oral antibacterial specialists was thoroughly analyzed as far as their capacity to forestall the development of plaque and gingivitis. In view of the information, it appears to be that the extract of *Annona muricata* is similarly all around as compelling as chlorhexidine gluconate as far

as bringing down plaque scores and gingival aggravation. The way that the two specialists had the option to accomplish significant declines in oral wellbeing lists shows that they can possibly become viable answers for the upkeep of oral cleanliness. Its regular beginning is the vital advantage of using *Annona muricata* instead of chlorhexidine. This pursues it a favored decision attributable to the way that it makes less unfavorable impacts, quite as far as mucosal disturbance and taste change. Its planned capability in oral medical care is upheld by the polyphenolic synthetic substances found in *Annona muricata*, which add to its antibacterial and calming properties. By staying away from the bothersome reactions that are frequently connected with substance mouthwashes, *Annona muricata* displays these capacities. These outcomes not just show that *Annona muricata* can possibly be utilized as a restorative specialist, yet they likewise stress the need of examining normal and financially savvy options for the management of oral wellbeing. The discoveries of the examination are empowering; in any case, it is fundamental to recognize the impediments of the examination, which incorporate the restricted example size and the brief time of the review. With the end goal of certainly deciding the drawn out security and adequacy of *Annona muricata* extract, more review that incorporates greater example numbers and longer preliminary lengths is required. Besides, to upgrade the restorative benefits, it is suggested that future exploration research the conceivable synergistic impacts of *Annona muricata* when combined with other regular therapeutic medications. All in all, the extract of *Annona muricata* is a strong regular option in contrast to chlorhexidine gluconate that might be utilized to lessen gingivitis and plaque. It offers a functional solution for the people who are searching for a more secure and more

reasonable decision for protecting oral wellbeing, particularly in regions where admittance to synthetic mouthwashes might be limited. As per the discoveries of this review, *Annona muricata* is a likely competitor in the field of regular oral consideration. This exploration lays the entryway for more intensive examination to be led.

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