

## International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Impact Factor: 7.67

Volume 5, Issue 2, December 2025

# Herbal Mouthwash a Compressive Review

Ashvin Vilas Wakode<sup>1</sup> and Ashwini D. Uke<sup>2</sup>

Student, Vardhaman College of Pharmacy, Koli , Karanja Lad<sup>1</sup> Assistant professor, Vardhaman College of Pharmacy, Koli , Karanja Lad<sup>2</sup>

Abstract: The purpose of this study was to prescribe and evaluate herbal mouthwashes and to assess their effectiveness against the microbial burden of the oral cavity. Plant material was collected to extract water-soluble components. The prepared mouthwash was further evaluated for its physicochemical properties and antimicrobial activity. Effects of herbal mouthrinse as an adjunct to daily oral hygiene on plaque and inflammation control compared to placebo and chlorhexidine (CHX) mouthrinse in the treatment of gingivitis. Various herbal products and their extracts, such as guava, pomegranate, neem, propolis, tulsi, green tea, cranberry, and grapefruit, have shown distinct advantages over chemical products. It can offer you greater advantages than the ability to use natural products to formulate mouthwashes that are easy to prepare at home and safe to use could lead to improvements in people's general dental health. Randomly he divided a sample of her 105 children aged 12 to 15 into three groups: neem, mango and chlorhexidine mouthwash groups. Medicinal plants play an important role in the healing of disease due to their decades-long antibacterial and antifungal activity against human pathogens.

Keywords: Mouthrinse, Pathogens, Herbalmouthwash, Medicine

#### I. INTRODUCTION

Research has connected specific oral diseases such dental caries, periodontal disease, and bad breath to oral bacteria, particularly those with adherent biofilm features. [1., 2.] 70% to 100% of people worldwide have gingivitis, which is directly linked to tooth plaque [3, 4], which has negative effects on oral health [5-7]. Although gingivitis is treatable by controlling plaque, it can advance with poor dental hygiene and eventually impair the entire periodontal attachment system of the affected teeth, leading to further negative effects such periodontitis, tooth loss, and a lower quality of life [8]. Thus, gingivitis and other related disorders can be treated and prevented with good plaque reduction [9]. The most widely used self- performed oral hygiene technique for mechanically removing dental plaque at the moment is brushing. However, the majority of people find this mechanical approach to be insufficiently effective[10], suggesting that chemical plaque reduction by mouthwashes may be advantageous as well.

#### **GUAVA**



Fig. No. 1 Guava





## International Journal of Advanced Research in Science, Communication and Technology

STORY MANAGER STORY OF THE STOR

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 2, December 2025

Impact Factor: 7.67

Guava Use of Guava Guava (Psidium guajava) as mouthwash In southern Nigeria, the branches are used as chewing sticks and the presence of bioactive compounds consisting of saponins, tannins, flavonoids and alkaloids is responsible for their effectiveness. When used without toothpaste, chewing sticks are highly efficient, effective, and reliable in cleaning teeth. Teeth of chewing stick users are typically strong, clean, fresh, and free of plaque and cavities. None [14]. In Brazil, guava is considered an astringent and diuretic, and is used for the same ailments as in Peru. The decoction is also recommended as a mouthwash for sore throats, laryngitis, and swelling in the mouth. It is highly efficient, effective and reliable in cleaning the teeth of many people in southern Nigeria who are used without toothpaste. The teeth of chewstick users are typically strong, clean and fresh., free of plaque and cavities. These results demonstrate the evidence of tea prevention and protection against caries and plaque by the samples used. In Ghana and Nigeria, the leaves are chewed to relieve toothache. A decoction of the root bark is recommended as a mouthwash for swollen gums, and a decoction of the leaves is an effective mouthwash for swollen and bleeding gums [15]. Plaque is a complex biofilm that accumulates on tooth surfaces and contains over 500 species of bacteria [16,17]. Plaque is produced by initial bacterial colonization of the salivary membrane of tooth enamel, followed by secondary colonization by antimicrobial adhesion [18-20]. Anterior tooth disease affects the supporting tissues of the tooth. Gingivitis is the mildest form of periodontal disease and is commonly caused by poor oral hygiene. Gingivitis is characterized by inflammation and bleeding of the gums. The main cause of gingivitis is plaqu that forms on the surfaces of the teeth and gums. Mechanical plaque control measures are used as a mainstay of oral hygiene. Mechanical plaque control techniques are time consuming and require motivation and skill to perform successfully. Antimicrobial agents are therefore widely used as a complement to mechanical cleaning. Some antimicrobial chemicals such as chlorhexidine, metronidazole, was used for However, these man-made drugs have unpleasant side effects, which is why researchers are turning more attention to herbal medicines.anti-inflammatory, anti-cancer, etc. [21, 22]. Neem has antibacterial, antifungal and anti-inflammatory properties long ago. Clove exhibits analgesic and anti-inflammatory properties. [22] Herbal medicines derived from plant sources have long been used for inhibition in dentistry Microorganisms reduce inflammation, soothe irritation, and relieve pain [23–25]. A number of herbal mouthwashes have recently been reported to have achieved promising results in controlling plaque and gingivitis [26, 27]. Herbal mouthwashes are designed and manufactured using extracts and essential oils of phytotherapeutic plants containing a blend of active ingredients such as catechins, tannins and sterols [28, 29]. Mixing substances usually has a mild therapeutic effect. Compared to the antimicrobial mechanisms provided by synthetic chemicals, herbal mouthwashes may have additional antiinflammatory and antioxidant properties that may further benefit gum health [30]. Numerous Herbal MouthwashesInstalled and tested. However, results in the existing literature regarding the clinical effects of herbal mouthwashes on plaque and gingivitis control compared with placebo or CHX are inconsistent [31–33], suggesting that the overall effect of herbal mouthwashes There is little meta-analytic evidence to support it. As a supplement to daily self- medication. Oral hygiene performed by patients with gingivitis. Without this information, comprehensive evidence-based advice to patients and physicians is not possible. Therefore, the aim of this study was to conduct a systematic review and meta-analysis of randomized controlled trials (RCTs) to determine the overall effect of herbal mouthrinses as an adjunct to daily oral hygiene on both plaque and inflammation. , was to be compared with either negative placebo or negative. CHX -mouthwash in the treatment of gingivitis.

**NEEM** 



Fig. No. 2 Neem





DOI: 10.48175/IJARSCT-30323





### International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 2, December 2025

Impact Factor: 7.67

Neem Brushing neem with neem and mango twigs and chewing neem leaves and seeds after meals are traditional dental care practices in India, and contains substances such as nimbin and nimvidin, which have antibacterial properties. Use neem (use Azardika indica as mouthwash) mouthwash. The first known use of neem by the Harappan culture of ancient India dates back to 4500 years ago. The history of the neem tree is closely related to the history of the Native American way of life. Today, neem extract is used as an antiseptic, against internal and external parasites, or simply as an herbal mouthwash to treat a variety of skin ailments [33]. Neem extract is also highly effective as a non-toxic repellent, insecticide, and insecticide [34]. Nearly all research on neem points to its antibacterial properties, but recent studies usually mention it in passing, emphasizing recent discoveries or focusing on more specific uses. Most of this work has been done in the laboratory, as bacteria are relatively easy to treat (unlike viruses and cancer. This is an important issue both in developing countries with limited professional dental

care and in developed countries with aging populations. Neem sticks or bark extracts have been shown to inhibit the growth of Streptococcus mutans [35]. Wolinski et al. Neem derived from bark-bearing rods (neem canes) of A. indica against bacterial aggregation, growth, adhesion to hydroxyapatite, and production of insoluble glucans that may affect plaque formation in vitro studied the inhibitory effect of an aqueous extract of Gallotannin-rich neem stick extract and melaphis chinensis extract inhibit the synthesis of insoluble glucans. Incubation of oral streptococci with neem stick extracts resulted in microscopically observable bacterial clumps.[35]. Indentistry, an acronym for indica, has also shown good efficacy in treating periodontal disease [36]. A small Indian study suggested that a dental gel containing A. indica extract significantly reduced plaque index and bacterial count compared to a positive control (chlorhexidine 0.2%). Streptococcus mutans (S. mutans) is a salivary shortcut and has been found to be significantly reduced [37]. Positive effects on dental health have been reported in epidemiological studies, including the efficacy of herbal mouthwash extracts and reduction of dental caries, among other natural bioactive products [38-39]. PROPOLIS Fig.3 Propolis Using Propolis as a Mouthwash Bee Propolis Proven to Help Many Dental Conditions- From plaq and cavities to gum disease, mouth ulcers and other health benefits. When added to toothpaste, it prevents periodontitis and has antiplaque/anti-inflammatory benefits [40]. In root canal treatment, a 4% alcoholic solution made from bee propolis glue is added to the root canal filling material. The adhesive not only fights acute and chronic periodontal infections, but also relieves pain and aids in bone regeneration. In a Brazilian study, patients used propolis mouthwash for 45 days after oral surgery. In another propolis mouthwash study (double-blind, crossover), 6 volunteers who did not use oral hygiene other than mouthwash (twice daily for 3 days) compared to those who used placebo.[42]. A laboratory study using saliva samples from 25 healthy individuals and her 25 patients with chronic periodontitis showed a significant inhibition of microbial growth by propolis in both groups [43] TULSI Fig.4 Tulsi Use tulsi (Ocimum sanctum) as a mouthwash. Tulsi is a small plant and subshrub with multiple uses. Ayurveda mentions the importance of using it medicinally. The leaves are very effective for mouth ulcers and infections. Chewing a few leaves cures these conditions. Herbs help with tooth disease. Its leaves are dried in the sun and ground into a powder that can be used to brush your teeth. It can also be mixed with patterned oils to form a paste and used as a toothpaste. It is very good for maintaining dental health, fighting bad breath, and massaging gums. anti-inflammatory and anti-infective properties of Tursimakita (44Green), an effective treatment for periodontal disease.

#### **PROPOLIS**



Fig.No. 3 Propolis

Using Propolis as a Mouthwash Bee Propolis Proven to Help Many Dental Conditions- From plaque and cavities to gum disease, mouth ulcers and other health benefits. When added to toothpaste, it prevents periodontitis and has antiplaque/anti-inflammatory benefits [40]. In root canal treatment, a 4% alcoholic solution made from bee propolis glue is added to the root canal filling material. The adhesive not only fights acute and chronic periodontal infections, but also DOI: 10.48175/IJARSCT-30323

Copyright to IJARSCT

2581-9429



### International Journal of Advanced Research in Science, Communication and Technology

ISO 9001:2015

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 2, December 2025

Impact Factor: 7.67

relieves pain and aids in bone regeneration. In a Brazilian study, patients used propolis mouthwash for 45 days after oral surgery. In another propolis mouthwash study (double-blind, crossover), 6 volunteers who did not use oral hygiene other than mouthwash (twice daily for 3 days) compared to those who used placebo. [42]. A laboratory study using saliva samples from 25 healthy individuals and her 25 patients with chronic periodontitis showed a significant inhibition of microbial growth by propolis in both groups [43]

## **TULSI**



Fig. 4. Tulsi

Use tulsi (Ocimum sanctum) as a mouthwash. Tulsi is a small plant and subshrub with multiple uses. Ayurveda mentions the importance of using it medicinally. The leaves are very effective for mouth ulcers and infections. Chewing a few leaves cures these conditions. Herbs help with tooth disease. Its leaves are dried in the sun and ground into a powder that can be used to brush your teeth. It can also be mixed with patterned oils to form a paste and used as a toothpaste. It is very good for maintaining dental health, fighting bad breath, and massaging gums. anti-inflammatory and anti-infective properties of Tursimakita (44Green), an effective treatment for periodontal disease

# **GREEN TEA**



Fig. No.5 Green Tea

Green Tea Green Tea Uses of Green Tea (Camellia sinensis) as a Mouthwash It can be used as a mouthwash or mouthwash to treat tooth decay, bad breath, laryngitis, stomatitis, plaque buildup, sore throat, thrush, tonsillitis.lungs), flu, insect bites, wounds. It can be prepared as a bath powder to treat fungal





DOI: 10.48175/IJARSCT-30323





# International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Impact Factor: 7.67

Volume 5, Issue 2, December 2025

# **ORAL MUCOSITIS (OM)**

Oral mucositis (OM) is one of the most common side effects in cancer patients treated with chemotherapy and can significantly impair a patient's ability to function and impair their quality of life, resulting in poor treatment outcomes. may be delayed or incomplete.

Traditional Chinese medicine offers empirical herbal decoctions for gargling to prevent chemotherapy-induced OM. However, evidence for its clinical efficacy and safety is lacking. Therefore, we provide a protocol to evaluate the preventive efficacy and safety of herbal mouthwash in chemotherapy-induced OM.[46]

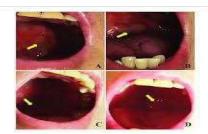


Fig.5. oral mucosites

## Formulation of herbal mouthwash

INGREDIENT	BOTNICAL NAME	PLANT PART	FUNCTIONS	PERCENTAG-
Neem	Azadiracta indica	Bark, Steam	Antimicrobial	30%
Colve	Eugenia Caryophylius	Flowerbud	Analgesic,Ant iinflammatory	30%
Cinnamon	Cinnamom Umzey Lanicum	Bark	Flavouring agent,Bacteri ocidal	20%
Liquorics	Glycyrrhiza Glabara	Root	Glycyrrhiza Glabara	20%
Salt	-	5. <b>4</b> .5	Osmolytic Preservative	10%
Sodium Benzoat	-	< 400	Preservative	0.2%









## International Journal of Advanced Research in Science, Communication and Technology

y Solition of the section of the sec

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 2, December 2025

#### PERIDONTAL DISEASE



Fig No. 7 Periodontal Disease

Periodontal disease can lead to destruction of ligaments, cementum, gums, and alveolar bone. Plaque is the most important etiology of gingivitis. Plaque control can therefore be achieved using instant herbal mouthwashes. Mouthwashes have the ability to deliver therapeutic ingredients and components to the organisms present on the surface of the mouth. Chlorhexidine is considered the gold standard mouthwash, but long-term use not only stains teeth, but it also has serious side effects such as contact dermatitis and IgE-mediated hypersensitivity (Monica Lamba, (2015). The role of junk food in affecting the oral cavity The human cavity is high and inevitable. Foods such as sweets, chocolate, jellies, and jams contain a lot of sugar. Children and teenagers typically tend to consume these types of sugary products, but sugar contains insoluble glucans that attach to tooth enamel, leading to the formation of tooth decay. It is another major destroyer of tooth enamel as it erodes tooth enamel and can even lead to deep dentin rashes and tooth discoloration., removes retained food particles in a short time.

# **USE OF MOUTHWASH**

Mouthwash should only be used for short periods of time and should not be the only means of hygiene. Can be used when:bad breath ,Mucositis ,Periodontal disease ,xerostomia ,Socket cleaning ,Vincent's Sanguina ,Control plaque ,Trellive pie ,Fluoride release effective in preventing tooth decay ,Reduce inflammation [48]

## BENEFITS OF HERBAL MOUTHWASH

Mouthwash is very important to prevent periodontal disease. There are very few truly herbal mouthwashes on the market. Substances like tea tree oil have been found to naturally fight harmful bacteria. Keeps you healthy and fresh inside. Unlike most over-the-counter cosmetic and therapeutic mouthwashes, natural mouthwashes typically do not contain: Alcohol ,Sugar ,artificial colour ,Artificial sweetener (saccharin) ,Stannous fluoride, a processed form of fluoride that colors teeth ,Cetylpyridinium chloride (CPC) also causes discoloration ,Sodium Lauryl Sulfate (SLS), a chemical associated with various health issues such as premenstrual syndrome, menopausal symptoms, male fertility and breast cancer. Harsh Chemical Preservatives and Colorants [48].

#### II. CONCLUSION

Within the limits of this current study, we can conclude that herbal mouthwash has potential benefits in controlling plaque and inflammation as an adjunct to daily oral hygiene in patients with gingivitis. While no difference was observed between the herbal and CHX mouthwashes in the study, the Zone of Inhibition results showed that these herbal mouthwashes were potent plaque inhibitors, their taste, ease of use, and also confirmed that it was preferred by patients for the test period. Therefore, they can be used as an adjunct to mechanical therapy for the treatment of plaque-induced gingivitis. This study has important implications in creating effective and cost-effective herbal oral health interventions for low socioeconomic communities. However, this study was a short-term study, and larger, long-term studies are needed. The natural herbs used in current formulations have been medically proven to prevent oral health

Copyright to IJARSCT www.ijarsct.co.in

DOI: 10.48175/IJARSCT-30323

ISSN 2581-9429 IJARSCT 199



## International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Impact Factor: 7.67

#### Volume 5, Issue 2, December 2025

and bad breath problems. For years and decades these herbs have been known to do wonders, which is reflected in numerous studies. and keep you away from various macaw health problems.

## REFERENCES

- [1]. Theilade, E., 1996. The experimental gingivitis studies: the microbiological perspective. Journal of dental research, 75(7), pp.1434-1438.
- [2]. Bascones, A., Morante, S., Mateos, L., Mata, M. and Poblet, J., 2005. Influence of additional active ingredients on the effectiveness of non-alcoholic chlorhexidine mouthwashes: a randomized controlled trial. Journal of periodontology, 76(9), pp.1469-1475.
- [3]. Shibly, O., Rifai, S. and Zambon, J.J., 1995. Supragingival dental plaque in the etiology of oral diseases. Periodontology 2000, 8(1), pp.42-59.
- [4]. Fine, D.H., 1995. Chemical agents to prevent and regulate plaque development. Periodontology 2000, 8(1), pp.87-107.
- [5]. Rodan, R., Khlaifat, F., Smadi, L., Azab, R. and Abdalmohdi, A., 2015. Prevalence and severity of gingivitis in school students aged 6–11 years in Tafelah Governorate, South Jordan: results of the survey executed by National Woman's Health Care Center. BMC research notes, 8(1), pp.1-7
- [6]. Carvajal, P., Gómez, M., Gomes, S., Costa, R., Toledo, A., Solanes, F., Romanelli, H., Oppermann, R., Rösing, C. and Gamonal, J., 2016. Prevalence, severity, and risk indicators of gingival inflammation in a multi-center study on South American adults: a cross sectional study. Journal of Applied Oral Science, 24, pp.524-534.
- [7]. Idrees, M.M., Azzeghaiby, S.N., Hammad, M.M. and Kujan, O.B., 2014. Prevalence and severity of plaque-induced gingivitis in a Saudi adult population. Saudi medical journal, 35(11), p.1373.
- [8]. Kinane, D.F., 2001. Causation and pathogenesis of periodontal disease. Periodontology 2000, 25(1), pp.8-20.
- [9]. Lang, N.P. and Bartold, P.M., 2018. Periodontal health. Journal of periodontology, 89, pp.S9-S16.
- [10]. Van Strydonck, D.A.C., Timmerman, M.F., Van Der Velden, U. and Van Der Weijden, G.A., 2005. Plaque inhibition of two commercially available chlorhexidine mouthrinses. Journal of clinical periodontology, 32(3), pp.305-309.
- [11]. Osso, D. and Kanani, N., 2013. Antiseptic mouth rinses: an update on comparative effectiveness, risks and recommendations. American Dental Hygienists' Association, 87(1), pp.10-18.
- [12]. Lorenz, K., Bruhn, G., Heumann, C., Netuschil, L., Brecx, M. and Hoffmann, T., 2006. Effect of two new chlorhexidine mouthrinses on the development of dental plaque, gingivitis, and discolouration. A randomized, investigator-blind, placebo-controlled, 3-week experimental gingivitis study. Journal of clinical periodontology, 33(8), pp.561-567.
- [13]. James, P., Worthington, H.V., Parnell, C., Harding, M., Lamont, T., Cheung, A., Whelton, H. and Riley, P., 2017. Chlorhexidine mouthrinse as an adjunctive treatment for gingival health. Cochrane Database of Systematic Reviews, (3).
- [14]. Okwu, D.E. and Ekeke, O., 2003. Phytochemical screening and mineral composition of chewing sticks in South Eastern Nigeria. Global Journal of Pure and Applied Sciences, 9(2), pp.235-238.
- [15]. Mittal, P., Gupta, V., Kaur, G., Garg, A.K. and Singh, A., 2010. Phytochemistry and pharmacological activities of Psidium guajava. IJPSR, 1(9), pp.9-19
- [16]. Matthews, R.W., 2003. Hot salt water mouth baths. British Dental Journal, 195(1), pp.3-3.
- [17]. Vieira, D.R., Amaral, F.M., Maciel, M.C., Nascimento, F.R., Libério, S.A. and Rodrigues, V.P., 2014. Plant species used in dental diseases: ethnopharmacology aspects and antimicrobial activity evaluation. Journal of ethnopharmacology, 155(3), pp.1441-1449
- [18]. Kumar, P., Ansari, S.H. and Ali, J., 2009. Herbal remedies for the treatment of periodontal disease-a patent review. Recent Patents on Drug Delivery & Formulation, 3(3), pp.221-228.
- [19]. Rao, N.J., Subash, K.R. and Kumar, K.S., 2012. Role of phytotherapy in gingivitis: A review. Int J Pharmacol, 1(8), pp.1-5.

Copyright to IJARSCT www.ijarsct.co.in



DOI: 10.48175/IJARSCT-30323





### International Journal of Advanced Research in Science, Communication and Technology

ISO 9001:2015

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

#### Volume 5, Issue 2, December 2025

Impact Factor: 7.67

- [20]. Edwards, C. and Stillman, P., 2006. Minor illness or major disease?: the clinical pharmacist in the community. Pharmaceutical Press.
- [21]. Ojha, S., 2018. Formulation and evaluation of antibacterial herbal mouthwash against oral disorders. Indo Glob. J. Pharm. Sci, 8, pp.37-40.
- [22]. Ojha, S., 2018. Formulation and evaluation of antibacterial herbal mouthwash against oral disorders. Indo Glob. J. Pharm. Sci, 8, pp.37-40.
- [23]. Surathu, N. and Kurumathur, A.V., 2011. Traditional therapies in the management of periodontal disease in India and China. Periodontology 2000, 56(1), pp.14-24.
- [24]. Taheri, J.B., Azimi, S., Rafieian, N. and Zanjani, H.A., 2011. Herbs in dentistry. International dental journal, 61(6), pp.287-296.
- [25]. Gupta, R., Ingle, N.A., Kaur, N., Yadav, P., Ingle, E. and Charania, Z., 2015. Ayurveda in dentistry: a review. Journal of international oral health: JIOH, 7(8), p.141.
- [26]. Rodrigues, I.S.C., de Oliveira, D.B., de Menezes, P.C.B., da Costa, F.N., Carlos, M.X. and daSilva Pereira, S.L., 2013. Effect of Lippia sidoides in mouthrinses on de novo plaque formation: A double-blind clinical study in humans. Indian Journal of Dental Research, 24(5), p.533.
- [27]. Cronin, M., Gordon, J. and Fernandez, P., 1997. Two independent clinical trials comparing pre-brush mouthrinse formulations in reducing supragingival plaque. Journal (Canadian Dental Association), 63(5), pp.347-355.
- [28]. Jenabian, N., Moghadamnia, A.A., Karami, E. and Mir A, P.B., 2012. The effect of Camellia Sinensis (green tea) mouthwash on plaque-induced gingivitis: a single-blinded randomized controlled clinical trial. DARU Journal of Pharmaceutical Sciences, 20(1), pp.1-6.
- [29]. Khairnar, M.S., Pawar, B., Marawar, P.P. and Mani, A., 2013. Evaluation of Calendula officinalis as an antiplaque and anti-gingivitis agent. Journal of Indian Society of Periodontology, 17(6), p.741.
- [30]. Chen, Y., Wong, R.W., McGrath, C., Hagg, U. and Seneviratne, C.J., 2014. Natural compounds containing mouthrinses in the management of dental plaque and gingivitis: a systematic review. Clinical oral investigations, 18(1), pp.1-16.
- [31]. Chatterjee, A., Saluja, M., Singh, N. and Kandwal, A., 2011. To evaluate the antigingivitis and antipalque effect of an Azadirachta indica (neem) mouthrinse on plaque induced gingivitis: A double-blind, randomized, controlled trial. Journal of Indian Society of Periodontology, 15(4), p.398.
- [32]. Lauten, J.D., Boyd, L., Hanson, M.B., Lillie, D., Gullion, C. and Madden, T.E., 2005. A clinical study: Melaleuca, Manuka, Calendula and green tea mouth rinse. Phytotherapy Research: An International Journal Devoted to Pharmacological and Toxicological Evaluation of Natural Product Derivatives, 19(11), pp.951-957.
- [33]. Mahyari, S., Mahyari, B., Emami, S.A., Malaekeh-Nikouei, B., Jahanbakhsh, S.P., Sahebkar, A. and Mohammadpour, A.H., 2016. Evaluation of the efficacy of a polyherbal mouthwash containing Zingiber officinale, Rosmarinus officinalis and Calendula officinalis extracts in patients with gingivitis: A randomized double-blind placebo-controlled trial. Complementary therapies in clinical practice, 22, pp.93-98.
- [34]. Vanka, A., Tandon, S., Rao, S.R., Udupa, N. and Ramkumar, P., 2001. The effect of indigenous Neem Azadirachta indica [correction of (Adirachta indica)] mouth wash on Streptococcus mutans and lactobacilli growth. Indian journal of dental research: official publication of Indian Society for Dental Research, 12(3), pp.133-144.
- [35]. Su, M. and Mulla, M.S., 1999. Activity and biological effects of neem products against arthropods of medical and veterinary importance. J. Am. Mosq. Control Assoc, 15, pp.133-152.

