Evaluation of Antibacterial and Cytotoxic Potency of Polyherbal Gel Formulation Containing Achyranthes Aspera and Trachyspermum Ammi as Intracanal Medicament: An In Vitro Study

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KEY WORDS
Anti-infective agents;
Calcium hydroxide;
Chlorhexidine;
Endodontics;
Herbal;

ABSTRACT
Statement of the Problem: The overwhelming increase of antibiotic-resistant bacteria, and the adverse reactions of using synthetic drugs such as chlorhexidine (CHX) and calcium hydroxide (Ca(OH)_2)- based intracanal medicaments have made it mandatory to search for effective substitutes. Herbal medicines like Achyranthes aspera (A.aspera) and Trachyspermum ammi (T.ammi) have been used in many clinical conditions and it appears to be a distinct material next to Ca(OH)_2 in the field of dentistry.
Purpose: This in vitro study was designed to evaluate the antibacterial potential and cytotoxic effects of novel polyherbal gel containing A.aspera and T.ammi, CHX gel, and Ca(OH)_2 paste based intracanal medicaments in root canal treatment against Enterococcus faecalis (E.faecalis).
Materials and Method: Ethanolic extracts of A.aspera and T.ammi were prepared by the Soxhlet apparatus method. The individual plant extracts and the plant extract mixtures (1:1, 2:1, and 1:2), CHX, and Ca(OH)_2 were assessed for minimum inhibitory concentration (resazurin microtiter assay), fractional inhibitory concentration and minimum bactericidal concentration (spread plating method) against E.faecalis. The polyherbal intracanal medicament was assessed for zone of inhibition (well diffusion method) and cytotoxicity (MTT assay) on human periodontal ligament cells. All experiments were performed in triplicate.
Results: Polyherbal gel containing A.aspera and T.ammi, CHX gel, and Ca(OH)_2 paste-based intracanal medicaments showed statistically significant antibacterial activity (p <0.05) against E.faecalis with CHX showing superior properties followed by polyherbal gel. The results of the cytotoxicity assay demonstrated the good biocompatibility of the polyherbal intracanal medication, which exhibited 95.13% of surviving cells.
Conclusion: The use of herbal alternatives as an intracanal medicament proved to be advantageous considering the several undesirable characteristics of CHX and Ca(OH)_2.

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Introduction
The success of root canal treatment mainly depends on the complete elimination of microorganisms from the root canal system [1]. The best way to accomplish this...
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There is an impending need to bring to light the medicinal properties of such herbal products. Using herbal intracanal medicament as a suitable alternative can be a breakthrough for these problems, thereby increasing the success rate of root canal treatment. The present study aims to evaluate the antibacterial potential and cytotoxic effects of novel polyherbal gel containing A.aspera and Trachyspermum ammi (T.ammi), CHX gel and Ca(OH)2 paste based intracanal medicaments in root canal treatment against E.faecalis.

Materials and Method

Collection and authentication of plant specimen

The current study was an experimental in vitro study and was in accordance with Good Laboratory Practice standards [11]. Roots of A.aspera and seeds of T.ammi were obtained from the Ayurveda pharmacy of a recognized institute, Belagavi, India. A taxonomist from the Indian Council of Medical Research - National Institute of Traditional Medicine, conducted authentication of the specimen (deposition number: RMRC-1618).

Preparation of plant extracts

Fresh roots of A.aspera and seeds of T.ammi were dried under shade and ground into a coarse powder. Ethanol extracts of A.aspera and T.ammi were prepared by the Soxhlet apparatus method in 600 mL of solvent (Changshu Hongsheng Fine Chemicals. Ltd, China) at 50ºC. A.aspera and T.ammi extracts were prepared after the cyclic procedure with duration of 8 hours and 5.5 hours, respectively. The cycles were repeated until the solvent transformed from a coloured to a colourless one. A total of 150 grams of coarse powders were utilized in 600 mL of solvent each in a 1:4 ratio to produce an extraction yield of 13.9 grams of A.aspera (9.3%) and 30.2 grams (20.1%) of T.ammi crude extracts. The extracts were removed from the apparatus and dried in the IKA RV 10 rotary flash evaporator [12-13]. The prepared crude extracts were subjected to preliminary phytochemical screening using the standard procedures as suggested by Evans et al. [14] (Table 1). The sterile extracts were stored at -20ºC for further use. Figure 1 shows the methodology adopted for conducting the study.

Source and preparation of bacterial suspension

For a fresh standard strain of E.faecalis, ATCC 29212 was procured from HiMedia Laboratories Pvt. Ltd., India. Direct colony suspension of the bacterial isolate

The overwhelming increase of antibiotic-resistant bacteria and the adverse reactions of using synthetic drugs such as CHX and Ca(OH)2 as intracanal medicaments have made it mandatory to search for effective substitutes. Traditional medicine has gained popularity due to its affordability, therapeutic value, and reputation for having fewer side effects as compared to synthetic drugs [8]. Achyranthes aspera Linn (Apamarga) belongs to the family Amaranthaceae. The active ingredients of Achyranthes aspera (A.aspera jare utilized as an antibacterial, antifungal, antiviral, antimarial, antiarthritic, antileprotic, antispasmodic, purgative, diuretic, oestrogenic, and cardiotonic agent [9]. Fresh A.aspera root was used as a toothbrush in routine oral hygiene practices in ancient times [9]. Trachyspermum ammi Linn (Ajwain), belongs to the family Apiaceae. The seeds have therapeutic benefits in medicine including aphrodisiac properties, analgesic, antibacterial, antiviral, antifungal, antioxidant, and anti-inflammatory activity [10].

Chlorhexidine (CHX) has been suggested as an intracanal medicament because of its antimicrobial property and substantivity. It is successful at eliminating E.faecalis from the root canals and dentinal tubules [4]. Furthermore, CHX is harmful to vital tissues, and its toxic effects increase with concentration. Calcium hydroxide (Ca(OH)2) is commonly employed as an intracanal medicament because of its bactericidal effects. Its high pH of 12.5 is detrimental to protein structures and cell membranes of endodontic pathogens [5]. It has limited penetration into dentinal tubules and is ineffective against all endodontic pathogens, including E.faecalis and its endotoxins. Allergic responses, toxicity, and resistance are a few reported negative impacts linked to the usage of Ca(OH)2 [6]. Nonetheless, none of them is capable of completely eliminating resistant microorganisms [7].

Materials and Method

Source and preparation of bacterial suspension

For a fresh standard strain of E.faecalis, ATCC 29212 was procured from HiMedia Laboratories Pvt. Ltd., India. Direct colony suspension of the bacterial isolate
Table 1: Phytochemical Screening of the ethanolic extracts of Achyranthes aspera and Trachyspermum ammi

<table>
<thead>
<tr>
<th>Extract name</th>
<th>Test done</th>
<th>Observation</th>
<th>Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achyranthes aspera</td>
<td>Flavonoids</td>
<td>Sulphuric acid test</td>
<td>A deep yellow solution was observed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lead acetate tests</td>
<td>A yellow precipitate was observed</td>
</tr>
<tr>
<td></td>
<td>Alkaloids</td>
<td>Dragendoff’s test</td>
<td>An orange-brown precipitate was observed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meyer’s test</td>
<td>Precipitate was observed</td>
</tr>
<tr>
<td></td>
<td>Tannins and Phenolic compounds</td>
<td>Ferric chloride test</td>
<td>A deep blue-black colour was observed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lead acetate</td>
<td>A white precipitate was observed</td>
</tr>
<tr>
<td></td>
<td>Steroid</td>
<td>Salkowski’s reaction</td>
<td>An appearance of red chloroform layer or greenish-yellow fluorescence in the acid layer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liebermann’s test</td>
<td>No appearance of blue colour</td>
</tr>
<tr>
<td>Trachyspermum ammi</td>
<td>Flavonoids</td>
<td>Lead acetate tests</td>
<td>A yellow precipitate was observed</td>
</tr>
<tr>
<td></td>
<td>Alkaloids</td>
<td>Meyer’s test</td>
<td>Precipitate was observed</td>
</tr>
<tr>
<td></td>
<td>Tannins and Phenolic compounds</td>
<td>5% Ferric chloride</td>
<td>A deep blue-black colour was observed</td>
</tr>
<tr>
<td></td>
<td>Steroid</td>
<td>Salkowski’s reaction</td>
<td>An appearance of red chloroform layer or greenish-yellow fluorescence in the acid layer</td>
</tr>
<tr>
<td></td>
<td>Volatile oil</td>
<td>Solubility test in 90% Alcohol</td>
<td>Soluble in Chloroform</td>
</tr>
</tbody>
</table>

Positive (+): Present; Negative (-): Absent

was prepared anaerobically in 5 mL Brain-Heart Infusion (BHI) broth (HiMedia Pvt. Ltd., India) and inoculated in an anaerobic chamber (N₂ 80%, H₂ 10%, CO₂ 10%) for 48 hours at 37°C. The turbidity was adjusted to 0.5 McFarland Standard (1x10⁸ Colony Forming Unit (CFU)/mL).

Preparation of stock solutions, and CHX and Ca(OH)₂ solutions
Each of the sterile extracts (w/v) weighing 50 mg was reconstituted in 1000 µL of 10% Dimethyl sulfoxide (DMSO) (Qualigens, Thermo Fisher Scientific Pvt. Ltd.)

Figure 1: Study flow diagram. Minimum inhibitory concentration (MIC); Fractional inhibitory concentration (FIC); MBC: Minimum bactericidal concentration (MBC); Plant extract mixture (PEM) of Achyranthes aspera (A.aspera) and Trachyspermum ammi (T.ammi) in the ratio of 1:1 (w/v), 2:1 (w/v), 1:2 (w/v); 10% Calcium hydroxide (Ca(OH)₂) solution; 2% Chlorhexidine (CHX) solution; Zone of inhibition (ZOI)
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India). A MixMate® Vortex agitator (Eppendorf, Australia) was used to agitate the mixture for 3 minutes at 1000 rpm and then bath sonicated using Branson bath sonicator 1800 (Branson Ultrasonics, Danbury, CT) for 15 minutes. A solution of 2% CHX (w/v) was prepared using CHX hydrochloride salt BP grade (ICPA Health Products Ltd., India). A solution of 10% Ca(OH$_2$) (w/v) which used as a positive control was prepared using Ca(OH$_2$) powder (Molychem Pvt Ltd., India) [15].

Minimum inhibitory concentration (MIC) and Fractional inhibitory concentration (FIC)

A Resazurin microtiter assay, using the standard protocol of the Clinical and Laboratory Standards Institute and a modified approach of Pai Khot et al. [16], were employed in determining the minimum inhibitory concentration (MIC) of individual component extracts, plant extract mixtures (PEMs) [in the ratios of 1:1, 2:1, and 1:2 (w/v)], 2% CHX solution, and 10% Ca(OH$_2$) against E. faecalis.

A volume of 100 µL of the test sample (A. aspera) was introduced to the first well of the 96-well microtiter plate (NEST-Biotechnology, China) followed by 100 µL of sterile BHI broth was introduced to each well. The various concentrations (50-0.19 mg/mL) of extract were prepared by a serial dilution method. This resulted in a 50% reduction in subsequent well concentrations. Finally, 10 µL of standardized bacterial suspension was added to the respective wells. In addition, one well filled with 200 µL of BHI broth served as a vehicle control to confirm there was no contamination during plate preparation. In a separate well containing 200 µL BHI broth, 10 µL of bacterial suspension was added that acted as a growth control. The plates were sealed and incubated in McIntosh and Fildes' anaerobic system at 37°C for 48 hours. After the period of incubation for 24 hours to obtain the desired 5mL of broth, the broth was agitated the mixture for 3 minutes at 1000 rpm and then bath sonicated using Branson bath sonicator 1800 (Branson Ultrasonics, Danbury, CT) for 15 minutes. A solution of 2% CHX (w/v) was prepared using CHX hydrochloride salt BP grade (ICPA Health Products Ltd., India). A solution of 10% Ca(OH$_2$) (w/v) which used as a positive control was prepared using Ca(OH$_2$) powder (Molychem Pvt Ltd., India) [15].

A sterile borer was used to create a 6 mm diameter and 4 mm depth well in the inoculated plates. Four wells on each BHI agar plate were performed in triplicate. To assess the synergy of the extracts, the fractional inhibitory concentration (FIC) was determined using the following formula:

$$\text{FIC}_a = \frac{\text{MIC of A. aspera alone}}{\text{MIC of A. aspera}}$$

$$\text{FIC}_b = \frac{\text{MIC of T. ammi alone}}{\text{MIC of T. ammi}}$$

The FIC index (ΣFIC) formula: ΣFIC = $\frac{1}{2} (\text{FIC}_a + \text{FIC}_b)$

FIC index establishes the interaction among various extracts in the PEM wherein is evaluated using the following value range: value < 0.5 as synergistic, > 0.5–1 as additive, >1–4 as no interaction and value > 4 as antagonistic [18].

Minimum Bactericidal Concentration (MBC)

MBC was determined by the spread plating method. Bacterial suspension of 20µL from the wells with a concentration higher than the MIC value was subjected to inoculation on plates containing BHI agar (HiMedia Pvt. Ltd., India) and incubated for 24 hours at 37°C. The lowest concentration of the extract (A.aspera) that showed no growth was taken as MBC [19]. The experiments were repeated for T.ammi, PEM (1:1), and 2% CHX solution in comparison to 10% Ca(OH$_2$) based on the findings of MIC. The experiments were performed in triplicate.

Formulation of herbal intracanal medicament

Polyherbal intracanal medicament was prepared with a weighed proportion of extracts comprising 5% A.aspera and 5% T.ammi (w/v) mixed with 2% glycerine. Methylparaben (0.5%), ethylparaben (0.01%), and sodium benzoate (0.5%) were dissolved in 4mL of deionized distilled water. Finally, 2.5% of sodium carboxymethylcellulose was added which was kept for hydration for 24 hours to obtain the desired 5mL of intracanal medicament gel formulation (Figure 2a).

Antibacterial susceptibility testing

Prepared polyherbal gel, 1% CHX gel (Hexigel, ICPA Health Products Ltd., India) and Ca(OH$_2$) paste (ApexCal®, Ivoclar Vivadent, Liechtenstein) based intracanal medicaments were tested using an agar well diffusion assay. The antibacterial susceptibility testing was carried out as per Valgas et al. [20]. On a BHI agar plate, colonies of microorganisms were inoculated with sterile cotton swabs, swabbed three times, and adjusted to McFarland 0.5 turbidity. A sterile borer was used to create a 6 mm diameter and 4 mm depth well in the inoculated plates. Four wells on each BHI agar plate
were prepared, one each for polyherbal gel, CHX gel, Ca(OH)\textsubscript{2} paste, and negative control (Nucleus-free water, Qiagen, Germany). Each well received 100 μL of the respective test compounds. The zone of inhibition (ZOI) was determined with a vernier calliper (Scientware, Pequannock, NJ) after 48 hours of incubation at 37°C. The experiments were performed in triplicate.

**Cytotoxicity assay**

The MTT (3-[4,5-dimethylthiazol-2-yl]-2,5 diphenyl tetrazolium bromide) (HiMedia\textsuperscript{®} Laboratories, Pvt. Ltd, India) cytotoxicity assay was performed on adult human periodontal ligament (PDL) cells with the Institutional Ethics Committee’s approval (reference number: 1511, dated: 28.11.2021). The patient gave his/her written consent after being informed. The cells were harvested from the healthy periodontal tissue of a premolar extracted for orthodontic purposes. The cytotoxicity assay was carried out as per Van Meerloo et al. [21]. *In vitro* growth inhibition effect of the test sample was calculated using ELISA (Epoch, BioTek\textsuperscript{®} Instruments, Inc., USA) by conversion determination of MTT into Formazan blue by living cells. Each well was seeded with 50μL of 4000 cells/mL cell suspension with the addition of Dulbecco’s Modified Eagle Medium (Gibco\textsuperscript{™} Life Technologies, India) to get the final volume of 150 μL. In the presence of 5 % CO\textsubscript{2}, the respective test sample (100 μL each) was introduced to the wells and incubated in a CO\textsubscript{2} incubator (New Brunswick\textsuperscript{™} Galaxy\textsuperscript{®} 170 R, Eppendorf, Germany) for 24hours at 37°C. About 20μL of 5mg/mL MTT reagent was introduced to the wells after 24hours. The supernatant was removed without disrupting the precipitated Formazan crystals. DMSO (100μL) was added to the crystals to dissolve them. The optical density (OD) was measured at a wavelength of 570nm and the experiment was performed in triplicate [21].

**Statistical analysis**

The collected data were input into Microsoft Excel (2020) and analyzed with SPSS\textsuperscript{®}, IBM Corp. Released 2012 IBM SPSS, and Version 21.0. Armonk, NY. The descriptive data were given in the form of mean± standard deviation. To compare the difference in the antibacterial and cytotoxic properties of extracts, polyherbal gel, CHX gel, and Ca(OH)\textsubscript{2} paste based intracanal medicaments, Kruskal-Wallis test was used followed by Dunn’s *post hoc* test. Statistical significance was set at \( p \leq 0.05 \).

**Results**

The mean MIC, FIC, and MBC of individual extract and PEMs (1:1, 2:1 and 1:2) against *E.faecalis* are summarized in Table 2. It was also noted that the growth of *E.faecalis* was inhibited at the higher concentration of 12.5mg/mL for the individual plant extracts.
and the PEMs. *E. faecalis* was most sensitive to 2% CHX solution at 0.15mg/mL. In contrast, the bacteria were the least sensitive to 10% Ca(OH)\(_2\) solution, requiring a higher concentration of 100mg/mL (Figure 2b). According to \(\Sigma\)FIC, the interaction of the plant extracts in the PEMs was found to be additive for *E. faecalis* with a \(\Sigma\)FIC of 0.83.

The MBC findings revealed that individual plant extracts and PEM (1:1) inhibited colony formation of *E. faecalis* at a higher concentration of 25mg/mL, whereas CHX solution inhibited at a higher concentration of 0.08mg/mL. Ca(OH)\(_2\) solution represented a weak antibacterial effect at 100mg/mL (Figure 3a-e). There was a statistically significant difference between the groups (\(p=0.007\)).

The maximum ZOI for polyherbal gel (12.0±1.5mm) for *E. faecalis* was smaller than 1% CHX gel (18.3 ±2.5mm) but larger than Ca(OH)\(_2\) paste (10.2±1.3mm). The antibacterial susceptibility difference between the intracanal medicament groups was statistically significant; \(p=0.018\) (Table 3 and Figure 4).

The cytotoxicity assay that was carried out on adult human PDL cells revealed that polyherbal intracanal medicament exhibited 95.1% of surviving cells which demonstrated good biocompatibility when compared with Ca(OH)\(_2\) paste (62.1% cell viability) and CHX gel (89.8% cell viability). The results were statistically insignificant (\(p=0.367\)) (Table 3).

**Discussion**

*E. faecalis* represents the most prevalent *Enterococcus* species surviving in treated root canals and it is resistant...
Table 3: Determination of Zone of inhibition against Enterococcus faecalis and the comparison of optical densities of surviving cells of various test compounds at a wavelength of 570 nm

<table>
<thead>
<tr>
<th>Test performed</th>
<th>Intracanal medicaments</th>
<th>Negative control</th>
<th>1:1 PEM (w/v)</th>
<th>Statistics</th>
<th>Results as observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diameter of ZOI (Mean mm ± SD)</td>
<td>Herbal intracanal medicament gel</td>
<td>1% CHX gel</td>
<td>Ca(OH)₂ paste</td>
<td>-</td>
<td>0.00±0.0</td>
</tr>
<tr>
<td>Optical Density (Mean± SD)</td>
<td>0.28±0.08</td>
<td>0.26±0.06</td>
<td>0.18±0.02</td>
<td>0.29±0.14</td>
<td>0.26±0.03</td>
</tr>
<tr>
<td>Mean Cell Viability (%)</td>
<td>95.13%</td>
<td>89.79%</td>
<td>62.07%</td>
<td>100.00%</td>
<td>89.10%</td>
</tr>
</tbody>
</table>

Zone of inhibition (ZOI); Intracanal medicament gel containing Achyranthes aspera and Trachyspermum ammi in ratio 1:1 (w/v); Chlorhexidine (CHX) gel; Calcium hydroxide (Ca(OH)₂) paste (positive control); Nucleus-free water (Negative control); plant extract mixture (PEM). The results are shown as average values of triplicate. The statistical test used: Kruskal-Wallis test; level of significance: *p ≤ 0.05 is considered statistically significant.

Figure 4: Graphical representation results of a: Minimum Inhibitory Concentration (MIC); b: Minimum Bactericidal Concentration (MBC); c: Antibacterial susceptibility test and d: MTT cytotoxicity assay. Plant extract mixture (PEM) of Achyranthes aspera and Trachyspermum ammi in the ratio of 1:1 (w/v), 2:1 (w/v), 1:2 (w/v); Calcium hydroxide (Ca(OH)₂); Chlorhexidine (CHX).
potential of different formulations, and the escape of \textit{E. faecalis} from hydroxyl ions due to attempting to hide in irregularities and the canal isthmus can all be linked to the reduced influence of Ca(OH)$_2$ [26]. Furthermore, \textit{E. faecalis} has a proton pump, which can acidify the cytoplasm. It allows the microorganism to be resistant to killing by Ca(OH)$_2$ at pH 11.1 or lower and to exist for 12 months under starvation [27].

In the present study, \textit{A. aspera} and \textit{T. ammi}-based intracanal medicament was more effective as an antibacterial agent compared to Ca(OH)$_2$ paste but less effective than CHX gel. The findings were similar to those of Basrani \textit{et al.} [28] and Vaghela \textit{et al.} [29] who found that CHX gel exhibited better antibacterial activity than Ca(OH)$_2$. To overcome such drawbacks, extensive research is being conducted in the field of alternative medicine. There has been a huge turnaround towards herbal remedies in recent times.

The reason to choose \textit{A. aspera} and \textit{T. ammi} was their long-standing history as effective antimicrobial and anti-inflammatory agents. Several studies reported that \textit{A. aspera} [30-31] and \textit{T. ammi} [32-33] exhibited antibacterial and antifungal activity against various oral microorganisms like \textit{Streptococcus mutans}, \textit{Lactobacillus acidophilus}, \textit{E. faecalis} and \textit{Candida albicans}. In addition to this, Gokhale \textit{et al.} [34] reported the anti-inflammatory effects of \textit{A. aspera} in inbred Wistar rats and Swiss albino mice. In this study, and in line with two previous studies [35-36], \textit{T. ammi} demonstrated significant antibacterial activity against \textit{E. faecalis}.

In this study, FIC, MBC, and ZOI were used to assess the antibacterial properties of PEM and polyherbal intracanal medicament in place of culture techniques. The FIC index is viewed as the gold standard for determining the interaction between various natural products [18]. Focusing on single target compounds including herbal products does not generate long-term alternatives to antimicrobial resistance. Resistance to crude extracts is less common than resistance to single actives. As a result, research focusing on antimicrobial combinations can lead to a breakthrough that addresses the growing potential problem concerning antimicrobial resistance [18]. It was found that PEMs have a lower MIC than their individual constituent plant extracts. This indicates that PEM is more effective bacterial growth inhibitor, which could be due to the combined effect of bioactive substances present in the individual extracts, an additive interaction was observed as reflected by the FIC index. However, a similar MBC value as PEM indicates that it exhibits a similar bactericidal effect against \textit{E. faecalis}.

Previous studies observed that preliminary phytochemical analysis of both extracts indicated the presence of flavonoids, alkaloids, tannins, phenolic compounds and steroids [37-38]. Flavonoids present in \textit{A. aspera} are responsible for antibacterial activity, according to Pandey \textit{et al.} [39]. Moreover, Modareskia \textit{et al.} [40] revealed that the major constituents in \textit{T. ammi} were phenolic compounds (Thymol- 59.9–96.4%, p-cymene- 0.6–21.2%, γ-terpinene- 0.2–17.8%, and carvacrol- 0.4–2.8%) exhibit strong antibacterial activity.

The cytotoxicity assay findings confirmed that \textit{A. aspera} and \textit{T. ammi}-based intracanal medicament exhibited the highest surviving cells, which proved good biocompatibility. Furthermore, low concentrations of extracts were used in the formulation of polyherbal intracanal medicament, thus considering the safety concerns of using these extracts in humans. Herbal alternatives are frequently employed because of their wide range of advantages, including ease of availability, simplicity of cultivation and processing, acceptance, low toxicity, cost-effectiveness, and lack of microbial resistance.

Although the findings support that this novel polyherbal intracanal medicament may serve as an effective and biocompatible antibacterial agent, it is worth noting that possible interactions between the physical, chemical, and pharmacological properties of \textit{A. aspera} and \textit{T. ammi} with dentinal tubules remain unknown. In light of the present study, a robust experimental model remains to be investigated in order to evaluate the long-term antibacterial efficacy of \textit{A. aspera} and \textit{T. ammi}-based intracanal medicament. Further investigations in animal or human models are needed to conclusively recommend herbal gel as an intracanal medicament.

**Conclusion**

\textit{A. aspera} and \textit{T. ammi} based polyherbal intracanal medicament and CHX gel demonstrated superior antibacterial activity against \textit{E. faecalis}. The polyherbal intracanal medicament is a promising therapeutic agent with good biocompatibility over CHX and Ca(OH)$_2$. The use of herbal alternatives as an intracanal medicament proved
to be advantageous considering the several undesirable characteristics of CHX and Ca(OH)$_2$.

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Authorship contribution statement
Ram Surath Kumar: Conceptualization, Data curation, Investigation, Methodology, and Writing- original draft.
Anil V. Ankola: Supervision, Validation, Conceptualization, Writing - review & editing. Mahantesh B. Nagmoti: Investigation, Validation, Resources, Writing - review & editing. Roopali M. Sankeshwari: Supervision, Validation, Writing - review & editing. Kishori P Sutar: Supervision, Validation, Resources, Writing - review & editing. Shashant I Jigan: Investigation, Writing - review & editing. Atrey J Pai Khot: Formal analysis, Writing - original draft. Ritha Uppin: Investigation, Resources, Writing - review & editing.

Conflict of Interest
The authors have declared that no conflict of interest exists.

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