Effects of Calendula Officinalis and Hypericum Perforatum on Antioxidant, Anti-Inflammatory and Histopathology Indices of Induced Periodontitis in Male Rats

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KEY WORDS
Calendula officinalis; Hypericum perforatum; Periodontitis; Rats; Antioxidants; Anti-inflammatory; Histopathology.

Statement of the Problem: Periodontitis is one of the most common bacterial infections of the oral cavity. It is important to find adjunctive methods to chemical treatment of periodontitis with less complications and proven therapeutic properties.

Purpose: The aim of this study was to compare the effects of Calendula officinalis and Hypericum perforatum on antioxidant, anti-inflammatory and histopathologic indices of induced periodontitis in male rats.

Materials and Method: In this experimental animal study forty adult male Sprague-Dawley rats were randomly divided into 4 groups (n=10) and then experimental periodontitis was induced by 3-0 nylon non-absorbable ligature. Each group was treated for 10 days as follows: 1) H. perforatum hydroalcoholic extract, 1000 mg/kg/daily, orally; 2) C. officinalis hydroalcoholic extract, 1000 mg/kg/daily, orally; 3) a mix of the two plants, 1000 mg/kg/daily, orally; 4) normal saline solution. At the end of study, blood sample were obtained via cardiacentesis and the rats were euthanized and their maxillae were removed. The samples were analyzed for histopathological scores, total antioxidant capacity and IL-1β were measured.

Results: Mixed hydroalcoholic extract of H. perforatum and C. officinalis decreased IL-1β (4.3020±0.63), and increased the antioxidant parameter in comparison to the control group (3.1192±0.43) (p< 0.001). There were significant histopathological differences between the treatment groups and the control group.

Conclusion: Mixed hydroalcoholic extract of H. perforatum and C. officinalis might be considered as an adjunctive treatment for periodontitis.

Introduction
Periodontal disease is a major public health problem worldwide; it is a pathological condition with detrimental effects on the tooth-supporting structures and tissues and is the most important cause of tooth loss in the adult population [1].

Inflammatory cells, especially polymorphonuclear cells, release free radicals of oxygen. Therefore, periodontitis occurs as a result of a decrease in antioxidant capacity and increased oxidative damage. The host's inflammatory cells release several factors which can lead to bone loss in vitro. These factors include prostaglandins, interleukin 1-α and 1-β, and tumor necrosis factor-α (TNF-α) [2].
Pain, discomfort, cosmetic problems and tooth loss are some of the disorders associated with periodontitis. The goal of periodontal treatment is to reduce inflammation in the inflamed tissue, decrease the counts of pathogenic bacteria and eliminate periodontal pockets. Mechanical therapy, antimicrobial drugs and use of systemic antibiotics are some of the clinical techniques used in the treatment of periodontitis [3].

Scaling and root planing are one of the most commonly used and effective mechanical interventions for periodontitis, which result in a decrease in pocket depth, inflammation severity and an improvement in the attachment level. However mechanical treatment including scaling and surgery can eliminate microorganisms and are the main treatment way, but antibiotic therapy is also an adjunctive treatment. However, systemic antibiotics might be associated with complications, including drug interactions and organ damage [4]. Herbal plants have been reported to have an important role in the treatment of various diseases. As a result, it might be of great interest to use herbal medicines as an alternative to systemic [synthetic] antibiotics, in association with mechanical removal of debris [5].

*C. officinalis*, also known as Marigold, is an important medicinal plant in the *Asteraceae* family. In traditional medicine, it is used to treat fever and cancer [6] as a result of its antioxidant and antiinflammatory compounds [7]. The plant is rich in various pharmaceutically active ingredients, including sterols, flavonoids, carotenoids and glycosides [8]. Over 100 different combinations of *C. officinalis* are extracted, with quercetin as the main ingredient in this plant, which is responsible for the plant’s major antiinflammatory and antioxidant effects [9].

*Hypericum perforatum*, known as St. John’s wort, is a herbal medicinal plant from the family of *Clusiaceae*. [10]. It exhibits antibacterial and antiviral effects through partial control of the transcription factor NF-kB, and by involving some serine/threonine kinases from the protein kinase C (PKC) family.. The main ingredients responsible for pain relief in *H. perforatum* are hyperforin and hypericin. The main antiinflammatory and antioxidant properties of this plant are attributed to its diverse components, including hypersin and pseudopycine and flavonoids, such as quercetin [11-13].

Considering the ever-increasing administration of chemically drugs/agents and their side effects, including anaphylactic reactions, opportunistic infections and bacterial resistances to commonly used antibiotics, and also because of the popularity of herbs due to their lower cost and lower complications [14], we decided to evaluate *C. officinalis* and *H. perforatum* plants with anti-inflammatory, antioxidant and antimicrobial properties as an adjunctive treatment for mechanical and chemical therapy in periodontitis.

**Materials and Method**

The experiments were carried out in accordance with the guidelines laid down by the National Institute of Health (NIH) regarding the care and use of animals for experimental procedures. Ethical considerations were confirmed by the Animal Care Committee of Shiraz University of Medical Sciences (IR.SUMS.REC ethical code: 15517).

**Animal Study**

Forty Sprague-Dawley male rats (aged 8–10 weeks; weighing 220±20 g) were procured from the Laboratory Animals Center of Shiraz University of Medical Sciences, Shiraz, Iran, for the purpose of this interventional experimental study. All the rats were kept at standard room temperature (22±2°C), a humidity of 55±5%, ventilation of 12 times per hour and 12 hours of light/dark cycle. The animals were fed a standard pellet diet ad libitum.

**Preparation of Hydroalcoholic Extracts**

*C. officinalis*

*C. officinalis* flowers were collected from Fars Province (southwest of Iran), shade-dried in the laboratory at an ambient temperature of 25–30°C and relative humidity and powdered. 100 g of the powdered form of the plant were transferred to adequate volume of ethanol: water (70:30) solution for 72 h using the percolation method [14].

**Perforatum**

*H. perforatum* fresh plants were procured from Shiraz, Iran. To prepare the hydroalcoholic extract, the provided plants were dried for five days at room temperature and powdered using the percolation method, then 100 g of the powdered form of the plant were transferred to ethanol: water (70:30) solution for 72 hours.

The extracts were filtered and evaporated in a rotary evaporator under reduced pressure, dried at 50°C for 72
h and stored at -20°C. Finally, the extracts were converted to a solution of 100 mg/kg to be used for daily consumption of rats [15].

Plants species were determined in the Department of Botany of Shiraz University of Medical Sciences.

Induction of Periodontitis

The rats underwent anesthesia with 10% ketamine hydrochloride (90 mg/kg, IM) and 2% Xylazine (5 mg/kg, IM) and nylon 3-0 non absorbable ligature (ETHIBOND EXCEL) polyester green coated braided were wrapped up around the second maxillary molar tooth of the left side and tied to the palatal area in order to induce periodontitis (Figure 1). The rats were randomly divided into 4 groups of 10, to demonstrate induction of experimental periodontitis [16].

Grouping

Group 1: One mL of oral solution of hydroalcoholic extract of the C. officinalis (1000 mg/kg/daily, orally) was fed by gavage method for 10 days daily, and on the 11th day the rats were euthanized ethically.

Group 2: One mL of oral solution of hydroalcoholic extract of H. perforatum (1000 mg/kg/daily, orally) was fed orally daily by gavage method for 10 days, and on the 11th day the rats were euthanized ethically.

Group 3: A combination of C. officinalis and H. perforatum: One mL of oral solution of hydroalcoholic extract of these two plants (1000 mg/kg/daily, orally) were fed daily for 10 days by gavage method and the rats were euthanized ethically on day 11.

Group 4: One mL of normal saline solution was fed orally daily for 10 days by gavage method and the rats were euthanized ethically on day 11. Animals were observed until the 11th day, the period of the most intense alveolar bone loss [16-17]. All the rats were euthanized ethically by 70% CO₂.

Blood was prepared via cardiocentesis and serum was transferred to laboratory for inflammatory and antioxidant capacity tests. The whole maxilla was harvested and soft tissues were separated from bone and placed in 10% formalin for histopathological evaluation.

Experimental Tests

Antioxidant Activity of Extracts Based on DPPH Assay

The initial concentration of reagents was selected based on their absorbance close to 1.0 at measured wavelengths. As a result, freshly prepared methanolic solution of DPPH with a concentration of 0.110 mM was used to assess the radical scavenging activity of C. officinalis extract, H. perforatum extract and equal concentration of C. officinalis and H. perforatum. Briefly, 20 μL of each sample with different concentrations (1.25, 2.50, 5, 10, 20, 40, 80, 160, 320 and 640 ng/mL) were mixed with 180 μL of DPPH reagent in a 96-well plate at 25°C. After 30 minutes of incubation in the dark, absorbance measurements were carried out in a Perkin-Elmer spectrometer at a wavelength of 517 nm. All the measurements were performed in triplicate [18].

Antioxidant Activity of Extracts Based on FRAP Assay

The FRAP assay was carried out according to Benzie and Strain (1996) with some modifications. Briefly, the FRAP reagent contained 300 mM acetate buffer (pH= 3.6), 10 mM TPTZ (2, 4, 6-tripryridyl-s-triazine) solution in 40 mM HCl, and 20 mM FeCl₃·6H₂O solution was prepared freshly and warmed at 37°C. Aliquots of 20 μL of the plant extract diluted in methanol (at different concentrations) were mixed with 180 μL of FRAP reagent [19]. The absorbance of reaction mixture was measured at 595 nm after 10 minutes.

IL-1β Test

Five mL of blood was taken from the rats. After centrifuging at 5000 r/min for 5 min, the supernatant was obtained and stored at -80°C. An Ebiosience kit was purchased and the serum level of inflammatory factor interleukin-1β (IL-1β) was determined by enzyme linked immunosorbent assay (ELISA) [20].

Histopathological Assessments

The tissue obtained from the left side of the maxilla was placed in 10% formalin and prepared for histopathological examination in the standard fashion; the sections were stained with hematoxylin–eosin (H&E staining). The H&E slides were investigated under a light microscope carefully and different magnifications in a blind

Figure 1: Induction of periodontitis around the second maxillary molar tooth by 3-0 nylon non absorbable ligature in rats.
manner.

**Investigation of Inflammation and Alveolar Bone Loss**

The area between the first and second molar teeth was studied at ×40 magnification and parameters, such as infiltration of inflammatory cells, alveolar bone integrity and cementum and collagen degradation were evaluated and graded based on minor infiltration of inflammatory cells and no collagen degradation to Severe infiltration of inflammatory cells and collagen degradation from 0-3 respectively as follows: Score 0: absence of or only discrete cellular infiltration, few osteoclasts, preserved alveolar process and cementum; Score 1: moderate cellular infiltration, presence of some osteoclasts, some but minor alveolar process resorption and intact cementum; Score 2: accentuated cellular infiltration, large number of osteoclasts, accentuated degradation of the alveolar process and partial destruction of cementum; and Score 3: accentuated cellular infiltrate and total destruction of alveolar process and cementum [21].

**Statistical analysis**

After assessing the normal distribution of the data with the Kolmogorov–Smirnov test, one-way ANOVA was used to make comparisons between the groups. The nonparametric equivalence-Kruskal-Wallis test was used for quantitative data. To compare qualitative factors such as histopathological scores between the different groups on different days, Mann–Whitney U test was used. A p Value of ≤0.05 was considered to be statistically significant. All the statistical analyses were carried out by SPSS 20.

**Results**

**Comparative Antioxidant Potential of Tested Extract**

The DPPH and FRAP assays were used to evaluate the antioxidant properties of the samples, including *C. officinalis*, *H. perforatum* and a combination of them.

Based on DPPH assay, the extract of *C. officinalis* in combination with the extract of *H. perforatum* demonstrated the best antioxidant activity with IC$_{50}$ of 3.07±1.82 ngr/mL, followed by *H. perforatum* extract (IC$_{50}$=25.03±4.45 ngr/mL). The least antioxidant activity in these series belonged to *C. officinalis* (IC$_{50}$=328.63±14.44 ngr/mL).

The IC$_{50}$ of quercetin as a positive control was 9.43 (±2.26 µM). The values were expressed as mean ± standard error of mean (SEM) of triplicate experiments (Table 1).

The principle of FRAP method is based on the reduction of a ferric-triprydyltriazine complex to its ferrous colored form in the presence of antioxidants. The results are express as mmol ferrous ion equivalent per liter. The antioxidant activity determined by FRAP assay is reported in Figure 2. Based on FRAP technique, the combination of *C. officinalis* and *H. perforatum* showed the highest FRAP value, followed by *H. perforatum* extract and *C. officinalis*. Although all the three tested extracts demonstrated potent antioxidant activities, a combination of them can be well effective in the treatment of inflammation.

**IL-1B Test**

The results of this test were presented based on the serum levels of IL-1 beta (pg/mL) (Table 2).

![Figure 2: Total antioxidant activity of Calendula officinalis, hypericum perforatum and calendula officinalis in combination with hypericum perforatum extract. Difference between mean and standard deviation of serum TAC index in different treatment groups.](image)

**Table 1**: Mean, Maximum, minimum and standard error of serum total antioxidant capacity (TAC) values in different groups. A p Value of ≤0.05 was considered to be statistically significant.

<table>
<thead>
<tr>
<th>Group</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean±Std. Error</th>
<th>Interaction between groups (sig)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendula Officinalis</td>
<td>1.33</td>
<td>2.32</td>
<td>1.9720±.29169</td>
<td>Calendula with normal group (<em>p</em>&lt;0.001)</td>
</tr>
<tr>
<td>Hypericum Perforatum</td>
<td>1.68</td>
<td>2.40</td>
<td>2.0136±.21963</td>
<td>Hypericum with control group (<em>p</em>&lt;0.001)</td>
</tr>
<tr>
<td>Mixed group</td>
<td>2.47</td>
<td>4.16</td>
<td>3.1192±.43179</td>
<td>Mix with control group (<em>p</em>&lt;0.001)</td>
</tr>
<tr>
<td>Normal Saline</td>
<td>.79</td>
<td>1.75</td>
<td>1.1113±.28067</td>
<td>Calendula with Hypericum (<em>p</em>&gt;0.05)</td>
</tr>
</tbody>
</table>
### Table 2: Mean, Maximum, Minimum and standard error of serum IL-1β values in different groups. A *p* Value of ≤0.05 was considered to be statistically significant.

<table>
<thead>
<tr>
<th>Group</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean±Std. error</th>
<th>Interaction between groups (sig)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendula Officinalis</td>
<td>4.29</td>
<td>5.80</td>
<td>5.0718 ± .51285</td>
<td>Calendula with control group (<em>p</em>&lt; 0.001)</td>
</tr>
<tr>
<td>Hypericum Perforatum</td>
<td>4.20</td>
<td>6.54</td>
<td>5.1933 ± .79569</td>
<td>Hypericum with control group (<em>p</em>&lt; 0.001)</td>
</tr>
<tr>
<td>Mixed Group</td>
<td>3.55</td>
<td>5.21</td>
<td>4.3020 ± 0.62512</td>
<td>Mix with control group (<em>p</em>&lt; 0.001)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mix with Calendula (<em>p</em>&gt; 0.05)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mix with Hypericum (<em>p</em>&gt; 0.05)</td>
</tr>
<tr>
<td>Normal Saline</td>
<td>7.29</td>
<td>11.53</td>
<td>9.1640 ± 1.34356</td>
<td>Mix with Hypericum (<em>p</em>&gt; 0.05)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Calendula with Hypericum (<em>p</em>&gt; 0.05)</td>
</tr>
</tbody>
</table>

There were significant differences between the experimental groups and the normal saline group (*p*< 0.05). The lowest and highest levels were recorded in the mixed (mean= 4.302±0.62) and the normal saline groups (mean= 9.164±1.34), respectively (Figure 3).

**Histopathological Evaluation**

The amount of destruction in different groups was graded as follows: (0= normal, 1= mild, 2= moderate, 3= severe) and presented descriptively. Mann–Whitney test showed statistically significant differences between the groups (*p*< 0.05) (Figure 4).

![IL-1β](image)

**Figure 3:** Differences between mean and standard deviation of serum IL-1β index in different treatment groups.

![Histopathological Scores](image)

**Figure 4:** Histopathological differences between study groups and control group.

In the *C. officinalis* group, 70% were mild and 30% were moderate. In the *H. perforatum* group, 50% were mild and 50% were moderate. In the combination group, 80% were mild and 20% were moderate. In the normal saline group, 20% were moderate and 80% were severe. The highest collagen degradation and an interdental abscess in the first and second molar areas were observed in the normal saline group, and the lowest was seen in the combined group (Figure 5).

**Discussion**

The results of the present study showed that use of a mixture of hydroalcoholic extracts of *C. officinalis* and *H. perforatum* for the treatment of periodontal disease resulted in a decrease in the degree of inflammation, alveolar bone loss and oxidative stress of the tissue. IL-1β is a multifunctional cytokine and plays an active role in inflammation, immunity and bone metabolism. It promoted bone resorption, and its level was significantly correlated with periodontal attachment loss [22].

![Histopathological Scores](image)

**Figure 5:** The highest collagen degradation and an interdental abscess in the control group: Severe alveolar bone destruction (Black arrows), Osteoclasts during bone degradation (green arrows), severe inflammatory secretion in periodontal ligaments and formation of abscess (red arrows).
Alexandre et al. [11] showed that *C. officinalis* decreased bone loss and the level of inflammatory mediators such as IL-1β on experimental periodontitis in rats. It was shown that the strong antiinflammatory response of *C. officinalis* extract might be due to the inhibition of antiinflammatory cytokines and cycloxygenase-2 (Cox-2) and subsequent prostaglandin synthesis.

It has been reported that quercetin significantly increased osteoblast differentiation and induced mRNA expression of sialoprotein and osteocalcin in the osteoblast culture. It increased serum osteocalcin levels and the activity of alkaline phosphatase, contributing to bone tissue preservation [23].

Tenideh et al. [14] reported that acceleration of the healing process of mucosa in male rats treated with *C. officinalis* was significantly better than that in the control group.

According to Preethi et al. [24] the phytochemical constituents of *C. officinalis* enhance wound healing by affecting hydroxyl proline and hexosamine contents. In addition, the antiinflammatory effect and the antimicrobial action of *C. officinalis* have been reported to facilitate the healing of oral mucositis. Ibrahim et al. [25] reported significant decreases in inflammation in the rat liver by *C. officinalis* through high total antioxidant capacity of the plant. Researchers have also shown that *C. officinalis* contains large amounts of antioxidant compounds (flavonoids and polyphenols) that are responsible for their antioxidant properties; [9] these properties were shown in our study through an increase in the FRAP value of *C. officinalis* group compared to the normal saline group.

The non-enzymatic system, such as ascorbic acid, phenolics and flavonoids as natural phyto-antioxidants, has a vital role in the development, cellular protection and defense response against oxidative stress [26], 2,2-diphenyl-1-picrylhydrazyl (DPPH) and ferric reducing antioxidant power (FRAP) are regarded as the most acceptable method to determine in vitro the antioxidant potential of the plant samples, which was one of the strengths of our study.

Collagen is the main constituent of periodontal ligament, with a key role in the architecture of periodontium. De Almeida et al. [27] showed that collagen breakdown is the main marker of the progression of periodontal disease. Researchers have shown that *C. officinalis* extract decreased collagen breakdown and increased collagen concentration. In the present study, the lowest grade of collagen degradation was observed in the group treated with *C. officinalis* and the combined group compared to normal saline solution group.

Heijnen et al. [28] showed that *C. officinalis* decreased periodontal oxidative stress, which was attributed to the presence of two antioxidant pharmacophores within the quercetin molecule, which have the optimal configuration for free radical scavenging. There was a positive correlation between phenolic compounds and antioxidant activity of *C. officinalis*, and *C. officinalis* is rich in polyphenolic compounds.

Histopathologic and radiographic evaluation of myeloperoxidase, p-selectin and IL-1β in male rats with induced periodontitis showed that *H. perforatum* had antiinflammatory properties and significantly decreased all the inflammatory parameters [29]. Our results also showed lower inflammation in the group treated with *H. perforatum* compared to the normal saline solution group.

Verma et al. [30] demonstrated that the *Hypericum* treatment inhibited degradation of IκB-α and significantly decreased translocation of NF-κB. NF-κB plays a key role in the regulation of many genes that are responsible for the generation of mediators or proteins in inflammation, including TNF-α, IL-1β and iNOS. We clearly confirmed a significant increase in the production of IL-1β at 10-day interval after ligation.

Damlar et al. [31] showed that *H. perforatum* oil extract improved bone defects that were filled with bovine xenografts. We also had less bone loss in the *H. perforatum* group, consistent with the results of previous studies.

Osteoblasts and osteoclasts regulate bone turnover and are involved in bone formation and resorption, respectively. It had been demonstrated that *H. perforatum* extract increases MG-63 human osteoblast cell proliferation and increases bone formation by stimulating osteoblast differentiation and proliferation. It also reduces bone resorption by upregulating gene expression of osteoprotegerin (OPG) which plays an important role in bone turnover [32].

Tanideh et al. [15] showed that both topical and systemic forms of *H. perforatum* had significant and positive effects on mucositis. Wound-healing activity of *H.
*Hypericum perforatum* extract seems to be mainly due to an increase in the stimulation of production of collagen by fibroblasts and in the activation of fibroblast cells in polygonal shape, with a role in wound repair by closing the damaged area [33].

However, antibiotics are widely used for treating periodontitis, and their short-term effect is obvious. Nonetheless, in recent years the resistance of pathogenic microorganisms to antibiotics has increased due to the misuse, resulting in a decrease in the efficacy of antibiotics. Subsequently, these medicinal plants with less complications and appropriate properties in reducing and controlling the periodontitis can open up new horizons for the treatment of this disease.

However, further research is needed on herbal medicines and their doses and regimens to demonstrate their superiority over chemical antibiotics.

**Conclusion**

According to the results of the present study, mixed of *C. officinalis* and *H. perforatum* plants might be alternative medicine for periodontitis.

**Acknowledgment**

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**Conflict of Interests**

The authors declare no conflict of interests regarding the publication of this paper.

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