Review Article

Use of probiotics in dental

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A R T I C L E   I N F O

Article history:
Received 14-09-2020
Accepted 24-09-2020
Available online 20-10-2020

Keywords:
Probiotic
Microorganisms
Microbiota
Polysaccharides
Toxins

A B S T R A C T

The improvement of protection from a scope of anti-infection agents by some significant microorganisms has raised the chance of a return of people to the pre-biotic dim ages. The opportunity has arrived to move the worldview of treatment from explicit microorganisms end to adjusting the bacterial nature by probiotics. So as to all the more likely comprehend the pathogenesis of different oral ailments, it is important to comprehend the part of the nature and microbiology of the oral pit. Along these lines, the idea of bacteriotherapy has been a rising field in dentistry. Probiotics are dietary enhancements containing possibly helpful microbes or yeasts and has been discovered useful to the host wellbeing. They help in animating wellbeing advancing verdure and furthermore stifling microorganisms which cause and spread ailments. In the clinical field, probiotics are utilized for the most part in help treatment for gastrointestinal diseases. As of late, probiotics are being utilized as a treatment for different oral infections.

1. Introduction

The human gut contains multiple times a bigger number of microorganisms than cells somewhere else in human body. The huge biomass comprises of more than 400 known bacterial species that produce exceptional metabolic action and are of key significance for human wellbeing. This biological system gets disturbed at the point when presented to toxics as dirtied water and food also as imprudent utilization of anti-toxins.1–3 Anti-toxin obstruction, with the rise of numerous safe strains, is an undeniable significant worldwide issue.4 This causes demolition of gainful microbes leaving safe ones, pathogenic. Of late it has been acknowledged by wellbeing care experts and provoked them to look for elective helpful alternatives. Probiotics can be characterized as living organisms, or as food fixings containing living organisms, that advantageously impact the wellbeing of the host when utilized in sufficient numbers.5 As embraced by the Global Scientific Association for probiotics and prebiotics, "Live microorganisms, which when regulated in satisfactory sums, present valuable impact on the strength of the host." Guarner et al.4 An International Life Science Institute Europe agreement report proposed a basic and generally acknowledged meaning of probiotics as "Feasible microbial food supplements which valuably impact the strength of human. These microorganisms ought to have a place with the normal verdure in request to oppose gastric discharge and get by during intestinal travel. They ought to likewise stick to the intestinal mucosa lastly ought to can restrain gut microbes.2,3,6

1.1. Mechanism of probiotics

The general instruments of probiotics can be divided into three central classes:

1. Normalization of intestinal microbiota,
2. Balance of safe response,
3. Metabolic effects.7
The frameworks of probiotic action in the oral pit could be intently looking like to those portrayed for the stomach related parcel. Up to this point oral colonization by probiotic microorganisms has regularly been seen as fundamental for them to apply oral effects regardless, the possibility of basic effects can’t be dismissed, in spite of the way that the total sIgA levels in salivation give off an impression of being unaffected by probiotic use.\textsuperscript{8,9}

Normalization of intestinal/oral microbiota is maintained by the organic plaque hypothesis which suggests that specific load in common conditions can change the concordance between oral prosperity additionally, scatter\textsuperscript{10,11} As microorganisms can affect their condition, and both synergistic and restricting associations are proposed for minute creatures in dental plaque, the characteristic weight depicted in the natural plaque theory could be introduced fairly by microorganisms. As there are bacterial species related with oral disorders, there are furthermore species that give off an impression of being connected with oral prosperity; in any case, it is defective whether or not tiny creatures oversaw in food could affect reasonably stable oral microbiota, explicitly in adults.\textsuperscript{12,13} Such neighborly minute life forms can be used as probiotics to normalize oral microbiota.

1.2. Probiotics in dental caries

Dental caries is an overpowering disease that impacts an enormous part of the populace. This multifactorial and complex affliction measure occurs along the interface between the dental biofilm and clean surface. A couple of strategies may be used to modify the cariogenicity of the biofilm which is subject for dental caries. Probiotic and sub-nuclear inherited strategies have been used to override cariogenic animals, for instance, mutants streptococci and Lactobacillus species with strains of microorganisms that are not cariogenic.\textsuperscript{13,14} A couple of changed strains of S. mutans that miss the mark on the equipment to capably metabolize fermentable starches to normal acids have been made. One model is S. mutans with a glucosyltransferase C (gtfC) quality change. The pathogenicity of both S. mutans and S. sorbinus is related to their acidogenic likely what’s more, ability to outline water insoluble extracellular and sIgA, respectively.\textsuperscript{8,9} This result is chiefly based on the assumption that the pathogenicity of both S. mutans and S. sorbinus is related to their acidogenic likely what’s more, ability to outline water insoluble extracellular and sIgA, respectively.\textsuperscript{8,9}

A couple of assessments recommend that usage of things containing probiotic lactobacilli or bifidobacteria could diminish the amount of mutants streptococci in spit.\textsuperscript{17–19} Using randomized controlled primers, Meurman and partners showed that long stretch usage of milk containing the probiotic Lactobacillus rhamnosus GG strain lessened starting caries in kindergarten youths. Nase et al.\textsuperscript{16} Caglar et al.\textsuperscript{20} also showed that association of probiotic bacterium Lactobacillus reuteri ATCC 55739 or Bifidobacterium DN173 010 started colossal abatement of cariogenic S. mutans in spit Caglar, et al.\textsuperscript{20}

1.3. Probiotics in periodontitis

Riccia and partners in 2007 considered the quieting effects of Lactobacillus brevis in a social affair of patients with wearsome periodontitis. Antagonistic to inflammatory effects of L. brevis could be attributed to its capacity to hinder the formation of nitric oxide and accordingly the appearance of PGE2 and activation of MMPs acted out by nitric oxide.\textsuperscript{21} The usage of probiotic gnawing gum containing L. reuteri ATCC55730 besides, ATCCPTA5289 moreover decreased degrees of positive for blazing cytokines in GCF\textsuperscript{22} and the use of L. brevis reduced MMP (collagenase) activity and other combustible markers in salivation.\textsuperscript{22}

The ordinary living things drew in with halitosis are Fusobacterium nucleatum, P. gingivalis, Pintermedia and Treponema denticola. These living things corrupt aminoacids, which are in this way changed into eccentric sulfur blends which cause halitosis. Kang and partners declared that various strains of Weissella cibaria can coaggregate with fusobacterium nucleatum and to stick to epithelial cells and these microorganisms produce hydrogen peroxide similarly as a bacteriocin which quelled the development of F. nucleatum. These properties could engage W. cibaria to effectively colonize the oral sadness what’s more, limit the extension of F. Nucleatum\textsuperscript{23} and thusly can prevent halitosis.

1.4. Probiotics in oral cancer

The anticancer impacts of probiotics were for quite some time perceived however proof in writing is negligible. Proof is springing up that probiotics can meddle at different phases of malignancy measure, all the more so by obstruction with chromosomal and DNA harm. In any case, more exploration is needed to create explicit guidelines on their utilization.\textsuperscript{15}

1.5. Probiotics in treating oral infections

Only two assessments have investigated the effects of probiotic microorganisms on oral candida sullying in individuals.\textsuperscript{18,24} Right when an exploratory gathering of more established people ate up cheddar containing L. rhamnosus strains GG what’s more, LC705 and...
Propionibacterium freudenreichii ssp. Shermanii JS for around four months, the amount of high oral yeast checks lessened at this point no progresses were seen in mucosal wounds. In a shorter report with more energetic subjects, no basic qualification was seen between effects of probiotic and those of control cheddar on salivary candida counts. Starting late it has been recommended that the probiotic microorganisms may thwart AIDS development. Lin Tay and his partners screened numerous tiny living beings taken structure salvation of volunteers. The results showed that some Lactobacillus strains had made proteins capable of confining a particular sort of sugar found on HIV envelope, called. Probiotics assume a significant function in battling issues with abuse of anti-toxins and antimicrobial obstruction. The present new innovative time would be the opportune chance to change the manner in which microbes are dealt with. Further investigations to comprehend the capacity of probiotic microorganisms to endure, develop, and have a restorative impact when utilized for treatment or when added to nourishments, to fix the dosages and timetables of organization of probiotics.

2. Conclusion

Probiotics have been recommended that the probiotic microorganisms may thwart AIDS development. Further investigations to comprehend the capacity of probiotic microorganisms to endure, develop, and have a restorative impact when utilized for treatment or when added to nourishments, to fix the dosages and timetables of organization of probiotics.

3. Source of Funding

None.

4. Conflict of Interest

None.

References

1. Suvarna VC, Boby VG. Probiotics in human health. A current assessment. Curr Sci. 2005;88:1744–8.
2. Izumita D. A new approach in dentistry. Clinical and basic medical research on EM-X-A collection of research papers; 2001.
3. Salminen MK, Tynkkynen S, Rautelin H, Saxelin M, Vaara M. Lactobacillus bacterium during a rapid increase in probiotic use of L. Rhamnosus GG in Finland. Clin Infect Dis. 2002;35(10):1155–60.
4. Meurman JH. Probiotics: do they have a role in oral medicine and dentistry? Eur J Oral Sci. 2005;113(3):188–96.
5. Patil MB, Reddy N. Bacteriotherapy and probiotics in dentistry. KSDJ. 2006;2:98–102.
6. Meurman JH, Stamatova I. Probiotics: contributions to oral health. Oral Dis. 2007;13(5):443–51.
7. Parvez S, Malik KA, Kang SA, Kim HY. Probiotics and their fermented food products are beneficial for health. J Appl Microbiol. 2006;100(6):1171–85.
8. Keikkonen RA, Lummela N, Karjalainen H, Latvala S, Tynkkynen S, Järvenpää S, et al. Probiotic intervention has strain-specific anti-inflammatory effects in healthy adults. World J Gastroenterol. 2008;14(13):2029–36.
9. Paineau D, Carcane D, Leyer G, Darquy S, Aalyanakian MA, Simoneau G, et al. Effects of seven potential probiotic strains on specific immune responses in healthy adults: a double-blind, randomized, controlled trial. FEMS Immunol Med Microbiol. 2008;53(1):107–13.
10. Marsh PD. Are dental diseases examples of ecological catastrophes? Microbiol. 2003;149(2):279–94.
11. Haukioja A. Probiotics and Oral Health. Eur J Dent. 2010;4(3):348–55.
12. Britton RA, Versalovic J. Probiotics and Gastrointestinal Infections. Interdiscip Perspect Infect Dis. 2008;2008:1–10.
13. Wingate D, Phillips SF, Lewis SJ, Malagelada JR, Speelman P, Steffen R, et al. Guidelines for adults on self-medication for the treatment of acute diarrhoea. Aliment Pharmacol Ther. 2001;15(6):773–82.
14. de Roos NM, Katan MB. Effects of probiotic bacteria on diarrhea, lipid metabolism, and carcinogenesis: a review of papers published between 1988 and 1998. Am J Clin Nutr. 2000;71(2):405–11.
15. Ahola AJ, Yli-Knuutila H, Suomalainen T, Poussa T, Ahlström A, Meurman JH, et al. Short-term consumption of probiotic-containing cheese and its effect on dental caries risk factors. Arch Oral Biol. 2002;47(11):799–804.
16. Näse L, Hatakka K, Savilahai E, Saxelin M, Pönkä A, Poussa T, et al. Effect of Long–Term Consumption of a Probiotic Bacterium, (Lactobacillus rhamnosus)/GG, in Milk on Dental Caries and Caries Risk in Children. Caries Res. 2001;35(6):412–20.
17. Ahola AJ, Yli-Knuutila H, Suomalainen T, Poussa T, Ahlström A, Meurman JH, et al. Short-term consumption of probiotic-containing cheese and its effect on dental caries risk factors. Arch Oral Biol. 2002;47(11):799–804.
18. Çağlar E, Cildır SK, Ergeneli S, Sandalli N, Twetman S. Salivary mutants streptococci and lactobacilli levels after ingestion of the probiotic bacterium Lactobacillus reuteri ATCC 55730 by straws or tablets. Acta Odontol Scand. 2006;64(5):314–18.
19. Elisa KB, Scott BS. Regulatory T cells in IBD. Curr Opin Gastroenterol. 2008;24:733–41.
20. Manisha N, Ashar, Prajapathi JB. Role of probiotic cultures and fermented milk in combating blood cholesterol. Ind J Microbiol. 2001;41:75–86.
21. Riccia DD, Bizzini F, Perilli MG, Polimeni A, Trinchieri V, Amicosante G, et al. Anti-inflammatory effects of Lactobacillus brevis (CD2) on periodontal disease. Oral Dis. 2007;13(4):376–85.
22. Twetman S, Derawi B, Keller M, Ekstrand K, Yucel-Lindberg T, Stecksnén-Blicks C, et al. Short-term effect of chewing gums containing probiotic Lactobacillus reuteri the levels of inflammatory mediators in gingival crevicular fluid. Acta Odontol Scand. 2009;67(1):19–24.
23. Kang MS, Kim BG, Chung J, Lee HC, Oh JS. Inhibitory effect of Weissella cibaria isolates on the production of volatile sulphur compounds. J Clin Periodontol. 2006;33:226–32.
24. Riep B, Edesi-Neuss L, Claessen F, Skarabis H, Ehmke B, Flemming TF, et al. Are Putative Periodontal Pathogens Reliable Diagnostic Markers? J Clin Microbiol. 2009;47(6):1705–11.
25. Lin T. Current opinion in HIV and AIDS. 2008;3:599–602.
26. Reid G. How science will help shape future clinical applications of Probiotics? Clin Infect Dis. 2008;46:62–6.

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Cite this article: Hassan SA, Bhateja S, Arora G, Prathyusha F. Use of probiotics in dental. IP Int J Periodontol Implantol 2020;5(3):101-103.