



REVIEW ARTICLE

MENTHA PIPERITA L. - A PROMISING DENTAL CARE HERB MAINLY AGAINST CARIOGENIC BACTERIA

Marwa AA Fayed^{1b}

Pharmacognosy Department, Faculty of Pharmacy, University of Sadat City, Egypt.

Article Info:

Abstract



Article History:

Received: 5 April 2019

Reviewed: 9 May 2019

Accepted: 28 June 2019

Published: 15 July 2019

Cite this article:

Fayed MAA. *Mentha piperita* L. - A promising dental care herb mainly against cariogenic bacteria. Universal Journal of Pharmaceutical Research 2019; 4(3): 31-36.

<https://doi.org/10.22270/ujpr.v4i3.271>

*Address for Correspondence:

Dr. Marwa A. A. Fayed, Lecturer of Pharmacognosy and Phytochemistry, Pharmacognosy Department, Faculty of Pharmacy, University of Sadat City, Egypt.
 E-mail: maafayed@gmail.com

Oral diseases are considered from the major health problems and are not limited to dental caries and periodontal diseases but to various autoimmune conditions. Itsayurvedic therapy includes different plants used in management of toothache, sore throat, mouth sores, abscess, broken tooth and jaw, tooth sensitivity, mouth thrush, dental caries, gingivitis, tooth bleaching, dental anxiety, dental phobia and plants used for dental extraction. Peppermint (*Mentha piperita* L.), a sterile hybrid of the species *M. aquatica* L. and *M. spicata* L. is considered one of the important aromatic herbs containing high amount of volatile oil used in dental care. The peppermint leaves have a characteristic, aromatic, strong odor and an aromatic, warm, pungent taste followed by a cooling sensation. The medicinal parts are the essential oil extracted from the aerial parts of the flowering plant, the dried leaves, the fresh flowering plant and the whole plant. *M. piperita* L. is a perennial 50–90 cm high, normally quadrangular and a prototypical member of the mint family. The essential oil of *M. piperita* L. leaves is characterized by the presence of high percent of menthol (29-48%) in addition to menthone (20-31%), and the different isomers of menthol in addition to other constituents. *M. piperita* L. is one of most promising species with antibacterial potential against cariogenic bacteria as *Streptococcus mutans*. Peppermint oil and leaves possess several other biological effects as antiseptic in oral preparations, antibacterial, antiviral, antifungal, antioxidant and antispasmodic effects. It is also used as a flavoring agent in food and pharmaceutical industry and oral preparations.

Keywords: Antibacterial, dental caries, flavoring agent, mentha, menthol.

INTRODUCTION

Recently there is a great renewed interest for the reuse of different traditional drugs generally in therapy and especially for oral and dental health. Various plants have high potential in the treatment of dental problems. The most commonly used medication for oral and dental health is *Mentha piperita* L. *Mentha piperita* L., a medicinally important plant belongs to the Family Lamiaceae and commonly known as Peppermint is a hybrid of *M. spicata* L. (spearmint) and *Mentha aquatica* L.¹. It was cultivated by the ancient Egyptians and documented in the Icelandic pharmacopoeia of the thirteenth century. It is widely grown in temperate areas of the world, particularly in Europe, North America and North Africa but nowadays cultivated throughout all regions of the world. The medicinal parts are the essential oil extracted from the aerial parts of the flowering plant, the dried leaves, the fresh flowering plant and the whole plant. Peppermint oil has a fresh, sharp, menthol smell, is clear to pale yellow in color and watery in viscosity. India is the world's

largest producer and exporter of mint oil². It is used in the form of herbal preparation(s); infusion and tinctures; in addition to its use in different Pharmaceutical forms whether solid or liquid dosage forms.

Synonyms

Mentha piperita (L.) Huds., *M. piperita* Stokes, *M. balsamea* Willd.

Taxonomy

Kingdom: Plantae.

Division : Angiospermae.

Class: Dicotyledoneae.

Sub class: Sympetalae.

Order: Tubiflorae.

Sub order: Verbenineae.

Family: Labiatae (Lamiaceae).

Genus: *Mentha*

Sub family: Stachydoideae

Tribe: Satureieae.

Species: *Mentha piperita* Linnaeus (Peppermint).

Varieties: *Mentha piperita* var. *officinalis* Sole (White Peppermint)⁵⁸.

Mentha piperita var. *Vulgaris*, Sole (Black Peppermint).

Local names around the world

Arabic: Nana; **Bogota:** Yerba Buena; **Brazil:** Nortelapimento; **Chinese:** Po Ho; **Danish:**

Pebermynte; **Dutch:** Peppermint; **English:** Brandy Mint, Pepper Mint; **French:** Menthe, Menthe anglaise; **Kashmiri:** Pudyanu **Mexico:** Menta piperita **Hungarian:** Borsus menta; **Italian:** Menta piperita; **North America:** Lamb Mint, Brandy Mint, Lam Mint, Peppermint; **Norwegian:** Peppermynthe; **Polish:** Pepparmunta; **Portuguese:** Hortelanapimentosa; **Russian:** Myataperechnaya; **Spanish:** Mentainglesa, Menta Piperita; **Swedish:** Pepparmynt; **Turkish:** Nana; **Uruguay:** Menta; **Indian:** Hindi, Bengali, Gujarati, Punjabi, Urdu, Marathi, Tamil and **Telugu:** Pudina; **Malayalam:** Puthina.

PHARMACOGNOSTICAL CHARACTERS

M. piperita L. is a perennial 50–90 cm high, normally quadrangular and a prototypical member of the mint family³. The usually branched stems are often purplish or tinged violet but sometimes they are gray-tomentose. The dark or light green leaves are short-petioled, oblong-ovate and serrate with their margins finely toothed. The flowers are purple or pinkish having false spikes with numerous inconspicuous bracts and rarely bear seeds. The plant is generally sterile and spreads by means of runners. The plant grows in a sunny side and prefers acid, neutral and basic, light, medium soils but can also grow in heavy clay soil⁴.

Leaf anatomy



Figure 1: Leaves of *Mentha piperita* L.

Leaves being the most important part from which oil is extracted, the anatomical characters are relevant. Upper epidermis composed of large, clear epidermal cells with sinuous, vertical walls and possessing few or no stomata, few glandular trichomes present; palisade parenchyma, comprising a layer of columnar cells rich in chloroplasts; spongy parenchyma, of 4-6 layers of irregularly shaped chloroplastid containing cells and intercellular airspaces. Lower epidermis of small epidermal cells with sinuous, vertical walls and numerous diacytic stomata; in the region of veins and midrib, exhibits non-glandular and glandular trichomes as outgrowths; non-glandular trichomes uniseriate, papillose, 1-8 celled; glandular trichomes have 1-2 celled stalk and 1-8 celled glandular head containing the essential oil, calcium oxalate crystals absent⁵.

Phytochemistry of *Mentha piperita* L.

In *M. piperita* essential oil 26 components were detected and identified (97.7%). Menthol (37.4%), menthyl acetate (17.4%) and menthone (12.7%) were

the main components in this oil are Sabinene, β -Myrcene, 3-Octanol, α -Terpinene, *p*-Cymene, Limonene, 1,8-Cineole, *cis*-Ocimene, *trans*-Ocimene, γ -Terpinene, α -Terpinolene, Linalool, Menthone, Menthofuran, Pulegone, Piperitone, β -Bourbonene, β -Caryophyllene, (*Z*)- β -Farnesene, Germacrene D, Bicyclogermacrene, Germacrene A, δ -Cadinene, Viridiflorol⁶.

Other constituents include flavonoid glycoside (eg. Narirutin, Luteolin-7-*o*-rutoside, Isorhoifolin and Hesperidin etc), polyphenols (e.g. Rosmaric acid, Eriocitrin, Cinamic acid, Caffeic acid and Narigenin-7-*o*-glucoside); luteolin-diglucuronide and eriodictyol glucopyranosyl-rhamnopyranoside were also purified from aerial parts of mint⁷.

QUALITY CONTROL

General identity tests

Thin-layer and gas chromatography for characteristic monoterpene profiles^{8,9}.

Purity tests

MICROBIOLOGICAL

Tests for specific microorganisms and microbial contamination limits are as described in the WHO guidelines on quality control methods for medicinal plants¹⁰.

CHEMICAL

Acid value: not more than 1.4^{8,9}

Relative density: 0.900–0.916⁸

Refractive index: 1.457–1.467⁸

Optical rotation: -10° to -30°

Solvent solubility: miscible with ethanol (96%), ether and methylene chloride⁹

Pesticide residues

The recommended maximum limit of aldrin and dieldrin is not more than 0.05 mg/kg⁹ and the WHO guidelines on quality control methods for medicinal plants and pesticide residues⁸.

Heavy metals

For maximum limits and analysis of heavy metals, consult the WHO guidelines on quality control methods for medicinal plants⁸.

Radioactive residues

Where applicable, consult the WHO guidelines on quality control methods for medicinal plants¹⁰ for the analysis of radioactive isotopes.

Chemical assays

The monoterpene content determined by gas chromatography should be 1,8-cineole (6–14%), limonene (1–5%), menthone (14–32%), menthofuran (1–9%), isomenthone (2–10%), menthyl acetate (3–5%), menthol (30–55%), pulegone (not more than 4.0%) and carvone (not more than 1.0%). The ratio of 1, 8- cineole to limonene should be greater than 2.0^{8,9}.

Mentha piperita L. and dental care:

M. piperita L. is used in making oral dentifrices as it can provide overall freshness in breath and also keep away bad breath². *Mentha* is used in preparations used as mouthwashes to remove dental plaque^{11,12}.

The aqueous extract of *Mentha piperita* (linn.) has inhibited the initiation and promotion of oral dysplastic

lesions¹³ and for treatment of inflammation of the oral mucosa¹⁴.

Anti-bacterial effect against cariogenic bacteria:

The oral cavity contains a wide variety of oral bacteria, but only a few specific species of bacteria are believed to cause dental caries namely *Streptococcus mutans*, *Lactobacillus acidophilus*, *Actinomyces viscosus*, *Nocardia* spp. *Streptococcus mutans* are most closely associated with caries¹⁵. The essential oil of *M. piperita* L. has strong antibacterial activity against *S. mutans* and lactobacilli responsible for dental caries^{16,17,18,12}. Essential oil and peppermint leaves are used for making mouth rinses and gels that affect the periodontal bacteria¹⁹.

M. piperita has been proved to have antimicrobial activity against oral microorganisms and can be used as an alternative medicine and as an adjunct to the conventional therapy, which would help the countries which are developing and having financial constraints and with limited oral health care facility for the concerned population²⁰. Menthol is also used as a mouthwash which is effective as an anti-plaque and anti-gingivitis agent²¹.

TRADITIONAL USES

Peppermint has traditionally been used as a rubefacient²². The essential oil from *Mentha* is used topically to treat oral mucosal inflammation and also an antimicrobial and an ingredient in many analgesic creams. Approved for internal use, the oil from *Mentha* is also used to treat bile duct discomfort, irritable bowel syndrome, myalgia and neuralgia, inflammation of the oral mucosa, discomfort from menstrual cramps, secondary amenorrhea and oligomenorrhea, and diverticulitis and is used as an anti-inflammatory and expectorant²³. In India, Peppermint oil (as well as peppermint leaf) has been used internally as an antispasmodic (upper gastrointestinal tract and bile ducts) and to treat irritable bowel syndrome, catarrh of the respiratory tract, and inflammation of the oral mucosa. Externally, peppermint oil has been used for myalgia and neuralgia, to relieve menstrual cramps and used externally for neuralgia, myalgia, headaches, migraines, and chicken pox. In addition, Peppermint plants have been used for many conditions, including loss of appetite, common cold, bronchitis, sinusitis, fever, nausea, vomiting, and indigestion. In Finland, Peppermint uses include irritable bowel syndrome, flatulence, indigestion, nausea, vomiting, cough, and bronchitis. While in USA, the odors of peppermint serve as central nervous system stimulant and are used to decrease fatigue²³.

PHARMACOLOGICAL PROPERTIES

Anti-bacterial activity

Peppermint oil and different extracts of *Mentha piperita* possess potent antibacterial activity against some Gram-positive and Gram-negative bacteria strains^{24,25} and its ability to on the adherence and retention of bacteria in dental biofilm²⁶.

Anti-microbial activity

Menthol is virucidal against Influenza, Herpes and other viruses *in vitro*²⁷. Aqueous extracts of *M. Piperita* L., *M. Piperita* L. oil and menthol have mild antibacterial effects against both Gram-positive and Gram-negative bacteria^{28,29,30,31}. *M. Piperita* L. extracts are bacteriostatic against *Streptococcus thermophilus* and *Lactobacillus bulgaricus*³². Menthol is bactericidal against strains like *Staphylococcus pyogenes*, *S. aureus*, *Streptococcus pyogenes*, *Serratia marcescens*, *Escherichia coli*, and *Mycobacterium avium*^{28,32}. Menthol and peppermint oil are fungicidal against *Candida albicans*³⁴, *Aspergillus albus* and dermatophytic fungi²⁸.

Anti-oxidant activity

The oil and different extracts of *M. piperita* exhibit significant antioxidant activity³¹.

Cardiovascular activity

M. piperita is said to have vasodilating properties on some animals. It has a lowering effect on the heart rate and the systolic pressure. Relaxation of bronchial smooth muscles, increase in the ventilation are also other cardiovascular effects of peppermint oil³⁵.

Gastrointestinal Benefits

M. piperita L. is used for treatment of non-obstructive dyspepsia without any known side effects. It improves the gastric emptying rate. There is a significant antiemetic effect of peppermint in reducing postoperative nausea for patients with very sensitive gag reflexes².

Neuropsychiatric effects

Some studies have suggested that peppermint is a central nervous system stimulant. Studies have been conducted on the effectiveness of aromas on cognitive performance, perceived physical workload, and pain responses were conducted based on possible changes in the brain activity².

Endocrine effects

Certain researches have proved that there was a statistically significant increase in the secretion of endocrine hormones³⁵. In one study there was a noted segmental maturation arrest in the somniferous tubules however, the effects of *M. spicata* L. extended from maturation arrest to diffuse germ cell aplasia in relation to the dose. Other than this there are not many significantly known effects on the human endocrine system.

Effect on skin and mucous membrane

M. piperita L. is said to be a good analgesic to be applied topically and also a coolant for the skin. *M. piperita* L. oil stimulates cold receptors on the skin and dilates blood vessels, causing a sensation of coldness and an analgesic effect³⁵. Menthol is a topical vasodilator that enhances the absorption of other topical skin medications. It is said that menthol enhances the absorption of cortisone, mannitol, indomethacin, morphine hydrochloride, and propranolol^{28,29}. Menthol moderates oral sensations of warmth and coldness^{30,36}. In low concentrations, topical application of menthol causes a cooling sensation, while in high concentrations it causes irritation and local anesthesia³⁷. It also increases cutaneous blood flow, muscle temperature, and skin temperature after

topical application of the oil. Some studies have claimed that menthol has reduced histamine induced irritation and itching.

Immune modulation

Menthol has anti-inflammatory effects when applied topically. In one study it was claimed that it could suppress antigen induced allergies. Menthol also has a property of inhibiting cutaneous anaphylaxis that's mediated by IgE antibody².

Anti-spasmodic activity

Previous studies have shown that various kinds of mint were effective in reducing muscle pain⁵⁷ muscle relaxation, and reduce fatigue. Until now, many researchers have been done on the effectiveness of various kinds of natural products in the improvement of sport performances. Mint is a herb which is well known for its antispasmodic, painkilling^{27,38}, anti-inflammatory, antispasmodic, decongestant, and anti-oxidant effects. Peppermint is one of the mentha species (i.e., *M. piperita*, peppermint oil, *M. arvensis*, cornmint oil⁴⁰). Menthol and menthone are the major components of the peppermint essential oil. External application of peppermint extract raised the pain threshold in human⁴¹. Peppermint aroma was also effective on perceived physical workload, temporal workload, effort, and anxiety⁴². According to certain *in vitro* studies conducted on the antispasmodic effect of peppermint oil, peppermint relaxes gastrointestinal smooth muscle spasm by reducing calcium influx in both guinea pig large intestine and rabbit jejunum.

Anti-headache activity

Since ancient times, herbal therapy has been used as treatment for headache disorders. Consumption of peppermint and derivatives is the best target for headache therapy in combination in relieving patients' headache pain⁷.

Effect on hepatic enzymes

The aqueous extract of peppermint (at concentration 2% v/v) can modulate of phase I and phase II drug metabolizing enzymes. In phase I, a variety of enzymes act to introduce reactive and polar groups into their substrates. Phase II biotransformation reactions generally serve as a detoxifying step in drug metabolism. The peppermint alcoholic extract ameliorated the adverse effects of CCl₄ on growth performance and liver function, therefore it was indicated that it might be useful for the prevention of oxidative stress-induced hepatotoxicity⁷.

Radio protective Effects

The effectiveness of peppermint alcoholic extract against radiation induced morbidity and mortality using the optimum dose of 100 mg/kg for 3 consecutive days. The antioxidant and free radical scavenging activities of leaf extract of peppermint are directly related to its mechanism of radiation protection. Several mechanisms such as antioxidant activity, immune response, and enhanced recovery of bone marrow have been suggested for chemo prevention and radioprotection of peppermint extracts⁷.

Adult Dosing (Age>18)

Oral dosage:

Colonic spasm: 8 mL of peppermint oil solution has been used.

Cough: Total 75% menthol in eucalyptus oil has been used to suppress cough induced by 33 μM citric acid⁴³.

Digestive disorders: 0.2-0.4 mL of peppermint oil has been used three times daily in dilute preparations or suspension⁴⁴.

Esophageal spasm: Five drops of peppermint oil in 10mL of water has been used⁴⁵.

Gastric spasm: 16mL of peppermint oil dissolved in hot water and infused intra-luminally has been used during upper endoscopy⁴⁶.

Irritable bowel syndrome (IBS): 0.2- 0.4 mL of peppermint oil or 187-374 mg of peppermint oil in a thixotropic gel) has been used three times daily 15-30 minutes before meals for up to one month², 180-200 mg enteric-coated peppermint oil has also been used⁴⁷.

Sore throat: Lozenges that contain 2-10 mg of peppermint oil have been used, according to secondary sources.

Vomiting: 3-6 g of leaf and 5-15 g of tincture have been used as an antiemetic, according to secondary sources.

Other traditional dosing:

The following doses of peppermint have been used traditionally for various indications of gastrointestinal tract, gall bladder, and bile duct, and there is no proven dosing regimen⁴⁸.

Dried extract: 2-4 g of dried herb extract three times daily.

Infusion: 1.5-3 g of peppermint oil in 150 mL of water three times daily.

Spirits: (10% oil and 1% leaf extract) 1 mL (20 drops) with water.

Tea: 3 g of dried peppermint leaves in 250 mL of boiling water, approximately 3-4 cups daily between meals for gastrointestinal symptoms.

Tincture: (1:5 preparation 45% ethanol) 2-3 mL three times daily.

Topical dosage:

Tension headache: A combination of eucalyptus and peppermint oil (19% in ethanol solution) has been applied to the temples at the onset of the symptoms and applied hourly across the forehead and temples, and repeated every 15-30 minutes⁴⁹.

Post-herpetic neuralgia: 2-4 drops of peppermint oil (standardized to 10% menthol) massaged in skin 3-4 times per day has been used⁵⁰.

Inhalation dosage

Congestion: Traditionally, 3-4 drops of oil added to hot water and inhaled has been used to relieve congestion. Alternatively, 62.5 mg menthol in 1 mL petrolatum has been applied and inhaled in treating nasal congestion²⁷.

Parenteral dosage

Caution: From one case study, peppermint oil should not be injected, as it may cause pulmonary edema by direct toxicity and an increase in pulmonary vascular permeability⁵¹.

Caution: Avoid topical use of peppermint oil around the facial or chest areas of infants and young children, especially around the nose, because the menthol constituent can induce apnea, laryngeal and bronchial

spasm, acute respiratory distress with cyanosis, or respiratory arrest if applied directly to the nasal and the chest areas⁵².

Toxicological investigations

The oral LD₅₀ in wistar male rats was found to be 4.4 g/kg after 24 hours and 2.4 g/kg after 48 hours⁵³. The intraperitoneal LD₅₀ of peppermint oil U.S.P. was determined to be 819 mg/kg after 24 hours⁵². Rats administered peppermint oil and pulegone (a constituent of peppermint oil) up to 100-160 mg/kg body weight per day developed brain lesions and encephalopathy after 28 days⁵⁴. Pulegone, at doses of 80-160 mg for 28 days, induced atonia, weight loss, decreased blood creatinine, and histopathological changes in the liver in an animal study⁵⁴. Ataxia and convulsions have occurred in single doses of 3, 4, and 5 g/kg of peppermint oil in an animal study⁵⁵. Cyst-like spaces in the white matter of the cerebellum were observed after 90 days of peppermint oil administration at doses of 10, 40, 100 mg/kg body weight per day in an animal study⁵⁴. In rats given menthone orally, there was a decrease in creatinine, and increases in alkaline phosphatase, bilirubin, and liver and spleen size^{56,58}. The no-effect level was <200 mg menthone per kilogram of body weight per day. In one case study, injection of peppermint oil resulted in pulmonary edema and acute lung injury, presumably due to direct toxicity and a resultant increase in pulmonary vascular permeability⁵⁰.

CONCLUSIONS

Concerning the importance of Peppermint in the remedy of dental caries, it can be considered as one of the potent and highly safe drugs used for their treatment due to its effective antibacterial activity against cariogenic bacteria. It has a bright future in this field for its great benefits and its safety for use in humans without any considerable side effects or contraindications.

ACKNOWLEDGEMENTS

Author extends her thanks and appreciation to the University of Sadat City, Egypt to provide necessary facilities for this work.

AUTHOR'S CONTRIBUTION

Fayed MAA: Writing original draft, review, methodology, data curation, literature survey, editing.

DATA AVAILABILITY

Data will be made available on request.

CONFLICT OF INTEREST

No conflict of interest associated with this work.

REFERENCES

1. Pharmacopoeia ASTR Commission. Lagos, Organization of African Unity 1985; 1.
2. Balakrishnan A. Therapeutic Uses of Peppermint –A Review. J Pharm Sci Res 2015;7(7): 474-476.
3. Briggs C. Peppermint: medicinal herb and flavouring agent. Canadian Pharmacist J 1993; 126: 89-92.
4. Bradley F. Rodale's All-New Encyclopedia of Organic Gardening. Emmaus. Pennsylvania, USA, Rodale Press: 1992; 390.
5. Monograph, M. p. f.-W. H. Scribd, available at www.scribd.com/.../Mentha-piperita-foolium WHO Herbal Monograph, 2011; accessed on 20th July .
6. Soković MD, Vukojević J, Marin PD, Brkić DD, Vajs V, Van Griensven LJ. Chemical composition of essential oils of thymus and mentha species and their antifungal activities. Molecules 2009; 14: 238-249. <https://doi.org/10.3390/molecules14010238>
7. Loolaie MMN, Rasouli H, Adibi H. Peppermint and its functionality: a review. Archives Clinical Microbiol 2017; 8 (4): 54. <https://doi.org/10.4172/1989-8436.100054>
8. British Pharmacopoeia. International edition and addendum. London, Majesty's Stationery Office 1995; 1.
9. European Pharmacopoeia. Strasbourg, Council of Europe 1996.
10. WHO, (1998). Quality control methods for medicinal plant materials. Geneva.
11. Bhat N, Reddy JJ, OZA S, Vinayak KM. Evaluation of efficacy of chlorhexidine and a herbal mouthwash on dental plaque: an *in vitro* comparative study. Int J Pharm Bio Sci 2013; 4 (3): 625-632. <https://doi.org/10.7860/JCDR/2016/18080.8186>
12. Henley-Smith CJ, Botha FS, Lall N. The use of plants against oral pathogens." Microbial pathogens and strategies for combating them: science, technology and education 2013; 1375-84.
13. Kasem RF, Hegazy RH, Arafa MA, Abdel Mohsen MM. Chemopreventive effect of *Mentha piperita* on dimethylbenz [a] anthracene and formaldehyde-induced tongue carcinogenesis in mice (histological and immunohistochemical study). J Oral Pathol Med 2014; 43(7):484-91. <https://doi.org/10.1111/jop.12150>
14. Brahma F, Khodir M, Mohamed C, Pierre D. Chemical Composition and Biological Activities of Mentha Specie. Aromatic and Medicinal Plants - Back to Nature 2017. <https://doi.org/10.5772/67291>
15. Kabra P, Loomba K, Kabra SK, Sadan D, Majumdar P, Kumar N. (2012). Medicinal Plants in the Treatment of Dental Caries. Asian J Oral Health Allied Sci 2012;2(1):12-16. <https://doi.org/10.1093/ecam/nep067>
16. Freires IA, Denny C, Benso B, de Alencar SM, Rosalen PL. Antibacterial Activity of Essential Oils and Their Isolated Constituents against Cariogenic Bacteria: A Systematic Review. Molecules 2015; 20: 7329-7358. <https://doi.org/10.3390/molecules20047329>
17. Chaiya A, Chuakul W, Temsiriririkkul R. Screening for dental caries: preventive activities of medicinal plants against *Streptococcus mutans*. J Pharm Sci 2013; 40(1): 9-17.
18. Kermanshah H, Arami S, Mohammad Kamalinegad M, Karimi M, Mirsalehian A, Jabalameli F, Fard MJK. The effect of hydro alcoholic extract of seven plants on cariogenic bacteria-an *in vitro* evaluation." Oral Health Dent Manag 2014; 13 (2): 395-401.
19. Petrović MS, Kitić DV, Milašin JM, Obradović RR, Bojović MD, Simonović AA. Periodontal Disease and Phytotherapy. J Oral Hyg Health 2015; 3(1): 172. <https://doi.org/10.4172/2332-0702.1000172>
20. Raghavan R, Varghese M, Joseph A, Madhavan SS, Sreedevi PV. Effectiveness of *Mentha piperita* leaf extracts against oral pathogens: an *in vitro* study. The J Contem Dental Practice 2018; 19(9): 1042-1046.PMID: 30287701
21. Ali NA *et al.* Evaluation of potential effect of menthol solution on oral hygiene status of dental students in a

- University in Iraq. *Tropical J Pharm Res* 2015;14(4): 687-692. <https://doi.org/10.4314/tjpr.v14i4.18>
22. Hawthorn M, Luchowski E, Rutledge A, Wei XY, Triggle DJ. The actions of peppermint oil and menthol on calcium channel dependent processes in intestinal, neuronal and cardiac preparations. *Alimentary Pharmacology Therapeutics* 1988; 2: 101-118. <https://doi.org/10.1111/j.1365-2036.1988.tb00677.x>
 23. Jullien, Frédéric; Diemer, Florence; Colson, Monique; Faure, Olivier. An optimising protocol for protoplast regeneration of three peppermint cultivars (*Mentha piperita*). *Plant Cell, Tissue and Organ Culture* 1998; 54 (3): 153–9.
 24. Singh R, Asma Belkheir A. Antibacterial and antioxidant activities of *Mentha piperita* L. *Arabian J Chem* 2015; 8: 322-328. <https://doi.org/10.1016/j.arabjc.2011.01.019>
 25. İscan G, Kirimer N, Kürkcüoğlu M, Başer KH, Demirci F. Antimicrobial screening of *mentha piperita* essential oils. *J Agric Food Chem* 2002; 50: 3943-3946. <https://doi.org/10.1021/jf011476k>
 26. Abdul Rahim ZH, Ismail WNH, Harun WHW, Razak AF. The effect of selected plant extracts on the development of single-species dental biofilms. *Jl of the College of Physicians and Surgeons Pakistan* 2004; 24(11): 796-801.
 27. Eccles R, Jawad MS, Morris S. The effects of oral administration of (-)-menthol on nasal resistance to airflow and nasal sensation of airflow in subjects suffering from nasal congestion associated with the common cold. *J Pharm Pharmacol* 1990; 42(9): 652-654. <https://doi.org/10.2147/jcrm.s3229>
 28. El-Kady IA, Mostafa ME. Antibacterial and antidermatophyte activities of some essential oils from spices. *Qatar University Science J* 1993; 13: 63-69.
 29. Pattnaik S, Kole C. Antibacterial and antifungal activity of ten essential oils *in vitro*. *Microbio* 1996; 86: 237-246. PMID: 8893526
 30. Moleyar V *et al.* Antibacterial activity of essential oil components. *Int J of Food Microbiol* 1992;16: 337-342. <https://doi.org/10.3390/molecules24081577>
 31. Schmidt E, Bail S *et al.* Chemical composition, olfactory evaluation and antioxidant effects of essential oil from *Mentha piperita*. *Natural Product Comm* 2009; 4 (8): 1107–1112. <https://doi.org/10.1177/1934578X09000400819>
 32. Pattnaik S, Bapaji M, Kole CR. Antibacterial and antifungal activity of aromatic constituents of essential oils. *Microbios* 1997; 89: 39-46. PMID: 9218354
 33. Agarwal R, Yeluri R, Chaudhry K. Prevention of dental caries-measures beyond fluoride. *Oral Hygiene Health* 2014; 2(1): 1-6. <https://doi.org/10.4172/2332-0702.1000122>
 34. Samber N, Manzoor N. Evaluation of *Mentha piperita* essential oil and its major constituents for antifungal activity in *Candida* spp. *Int J Innov Res Sci Engineering Technol* 2014; 3(2):55.
 35. Khanna R, MacDonald JK, Levesque BG. Peppermint oil for the treatment of irritable bowel syndrome: a systematic review and meta-analysis. *J Clin Gastr* 2014; 48 (6): 505–12. <https://doi.org/10.1136/bmj.a2313>
 36. Janssen AM, Scheffer JJ, Baerheim Svendsen A. Screening for antimicrobial activity of some essential oils by the agar overlay technique. *Pharm Weekbl [Sci]* 1986; 8: 289-292. <https://doi.org/10.1007/BF02280052>
 37. R. Eccles Menthol and Related Cooling Compounds. *J Pharm. Pharmacol* 1994; 46 (8): 618–630. <https://doi.org/10.1111/j.2042-7158.1994.tb03871.x>
 38. Kumar S, Wahab N, Warikoo R. Bioefficacy of *Mentha piperita* essential oil against dengue fever mosquito *Aedes aegypti* L. *Asian Pacific J Trop Biomed* 2011; 1 (2): 85–8. [https://doi.org/10.1016/S2221-1691\(11\)60001-4](https://doi.org/10.1016/S2221-1691(11)60001-4)
 39. Hoffman D. The complete illustrated holistic herbal. M. Rockport, Element Books Inc 1996.
 40. Bove M. An encyclopedia of natural healing for children and infants. C. New Canaan, Keats Publishing, Inc 1996.
 41. Blumenthal M. The complete German Commission E monographs: therapeutic guide to herbal medicines. Austin, American Botanical Council 1998.
 42. Fleming T. PDR for herbal medicines. N. Montvale, Medical Economics Company, Inc 1998.
 43. Morice AH, Marshall AE, Higgins KS, Grattan TJ. Effect of inhaled menthol on citric acid induced cough in normal subjects. *Thorax* 1994; 49(10): 1024-1026. <https://doi.org/10.1136/thx.49.10.1024>
 44. Giachetti D, Taddei E, Taddei I. Pharmacological activity of *Mentha piperita*, *Salvia officinalis* and *Rosmarinus officinalis* Essences on Oddi's sphincter. *Planta Medica* 1986; 52(6): 543-544. <https://doi.org/10.1055/s-2007-969345>
 45. Pimentel M, Bonorris GG, Chow EJ, Lin HC. Peppermint oil improves the manometric findings in diffuse esophageal spasm. *J Clin Gastroenterol* 2001; 33(1): 27-31. <https://doi.org/10.1097/00004836-200107000-00007>
 46. Hiki N, Kurosaka H, Tatsutomi Y *et al.* Peppermint oil reduces gastric spasm during upper endoscopy: a randomized, double-blind, double-dummy controlled trial. *Gastrointest Endosc* 2003; 57(4): 475-482. <https://doi.org/10.1067/mge.2003.156>
 47. Grigoleit HG. Peppermint oil in irritable bowel syndrome. *Phytomedicine* 2005; 12(8): 601-606. <https://doi.org/10.1016/j.phymed.2004.10.005>
 48. Keifer D, Abrams TR *et al.* Peppermint (*Mentha piperita*): An evidence-based systematic review by the Natural Standard Research Collaboration. *J Herbal Pharmacoth* 2007; 7(2):44. https://doi.org/10.1080/J157v07n02_07
 49. Gobel H, Fresenius J, Heinze A, Dworschak M, Soyka D. Effectiveness of *Oleum menthae piperitae* and paracetamol in therapy of headache of the tension type. *Nervenarzt* 1996; 67(8): 672-681. <https://doi.org/10.1007/s001150050040>
 50. Davies SJ, Harding LM, Baranowski AP. A novel treatment of *postherpetic neuralgia* using peppermint oil. *Clin J Pain* 2002; 18(3): 200-202.
 51. Behrends M, Beiderlinden M, Peters J. Acute lung injury after pepper-mint oil injection. *Anesth Analg* 2005; 101(4): 1160-1162. <https://doi.org/10.1213/01.ANE.0000175774.33435.87>
 52. Wyllie JP *et al.* Nasal instillation of 'Olbas Oil' in an infant." *Arch Dis Child* 1994; 70(4): 357-358. <https://doi.org/10.1136/ad.70.4.357-b>
 53. Eickholt TH *et al.* Toxicities of peppermint and *Pycnanthe munalbescens* oils, fam. Labiateae. *J Pharm Sci* 1965; 54(7): 1071-1072. <https://doi.org/10.22270/ujpr.v4i3.271>
 54. Thorup I, Wurtzen G, Carstensen J, Olsen P. Short term toxicity study in rats dosed with peppermint oil. *Toxicol Lett* 1983; 19(3): 211-215. [https://doi.org/10.1016/0378-4274\(83\)90121-2](https://doi.org/10.1016/0378-4274(83)90121-2)
 55. Nair B. Final report on the safety assessment of *Mentha piperita* (Peppermint) Oil, *Mentha piperita* (Peppermint) Leaf Extract, *Mentha piperita* (Peppermint) Leaf, and *Mentha piperita* (Peppermint) Leaf Water. *Int J Toxicol* 2001; 3(4): 61–73. PMID: 11766133
 56. Madsen C, Wurtzen G, Carstensen J. Short-term toxicity study in rats dosed with menthone. *Toxicol Lett* 1986; 32(1-2): 147-152. [https://doi.org/10.1016/0378-4274\(86\)90061-5](https://doi.org/10.1016/0378-4274(86)90061-5)
 57. Edwards GM *et al.* Nomenclature of Peppermint and Its Varieties. *J American Pharm Assoc* 1944: 333-342. <https://doi.org/10.1002/jps.3030331003>
 58. NF (1027). Effect of camphor, eucalyptol and menthol on the vascular state of the mucous membrane. *Archiv Otolaryngol Head Neck Surg* 6(112-122). <https://doi.org/10.1001/archotol.1927.00610010124002>