# Anticariogenic Activity of Black Tea - An Invivo Study

VISHAL ARYA<sup>1</sup>, LAVINA TANEJA<sup>2</sup>, ANKIT SRIVASTAVA<sup>3</sup>, SWATI NANDLAL<sup>4</sup>

## ABSTRACT

**Introduction:** Teas is known for its anticariogenic properties and various mechanisms have been invoked to explain this effect. One such proposed mechanism is inhibition of salivary alpha amylase activity by endogenous tannins present in tea.

**Aim:** The objective of the present study was to determine whether or not the ingestion of black tea decoction inhibits the enzyme salivary amylase and thus interferes with the release of maltose from intraoral entrapped particles of food.

**Materials and Methods:** A total of 30 children in the age group of 12 - 15 years were selected for the study. After two hours of fasting subjects consumed two salted crackers for 60 second following which they rinsed with water (control solution) and then with 1.5% black tea decoction (test solution) next day.

## **INTRODUCTION**

Dental caries is a ubiquitous, dietobacterial disease which still prevails as a worldwide epidemic and is a matter of critical concern even today. The concept of Key's triad for development of dental caries is universally accepted [1]. Three important components of this triad are susceptible host, cariogenic diet and bacteria. Multiple approaches have been adopted to prevent dental caries after taking these factors into consideration. Diet modification being one of them.

Teas is known for its anti-cariogenic properties & various mechanisms have been invoked to explain this effect [2-4]. One such mechanism of anti-cariogenic action of tea is inhibition of salivary alpha amylase activity by endogenous tannins present in tea [5,6]. Apparently this area holds future prospects as one of the preventive mechanisms from the vagaries of dental caries. So the present study was designed to evaluate the effect of ingestion of black tea decoction on the enzyme salivary amylase.

## AIM

The aim of the present study was to determine the effect of black tea decoction on salivary amylase activity in terms of release of maltose from intraoral entrapped particles of food in mouth.

## **MATERIALS AND METHODS**

The study was carried out at Nair Hospital Dental College in the Department of Pediatric and Preventive Dentistry. This was a clinical trial where participants were selected randomly and it was carried out for a duration of six months. The study was approved by the ethical committee of the institution and in accordance with Helsinki Declaration [7]. Necessary permissions were obtained from the Education Officer. School children were screened to evaluate their dental caries status. The caries status of children was assessed as per the WHO Criteria (1997) [8]. Children of 12 to 15 yrs age so as their permanent teeth are exposed to oral environment for sufficient time were included in the study. Children

Retained food particles were recovered from buccal aspect of left mandibular premolar and salivary amylase activity was noted via chromatography. Paired t-test was applied for statistical analysis.

**Results:** Maltose to Sucrose ratio was used to evaluate the result. The average ratio was 3.27 for control solution and 1.82 for test solution. The results were statistically highly significant (p < 0.005).

**Conclusion:** Tea inhibited the activity of salivary amylase and this inhibition assumes a special significance when it is considered that the effect of tea could be manifested over a prolonged period of time, as in a real life situation.

#### Keywords: Amylase, Maltose, Sucrose, Tannin

with good general health were included in the study as activity of salivary amylase is affected by systemic diseases, certain drugs and microbial load [9]. Children with history of hospitalization or intake of antibiotics or medications in past six months were excluded from the study for same reason. The children who were medically and developmentally compromised were also excluded from study. A sample of 30 subjects fulfilling the criteria were selected for study randomly by lottery method. Sample size was calculated keeping in view at the most 5% risk, with minimum 80% power and 5% significance level (significant at 95% confidence level).

(Formula: Sample Size = n / [1 + (n/population)].

In which  $n = Z^2 [P (1-P)/(D^2)]$ .

P = True proportion of factor in the population, or the expected frequency value (0.5).

D = Maximum difference between the sample mean and the population mean, (0.2 or 20%).

Or Expected Frequency Value minus (-) Worst Acceptable Value.

Z = Area under normal curve corresponding to the desired confidence level (1.96).

The calculation came out to be 24 but sample size taken was 30 for normality of the data. The procedure was explained in details to the respective parents or guardians and informed consent was obtained from them. The 1.5% tea decoction was used as test solution and water rinse as control.

#### Preparation of tea decoction

Tea decoction was prepared by suspending 3gm of black tea powder (Taj Mahal brand) in 200ml of distilled water at 100°C, stirring gently for 3min, and filtering through Whatman filter paper no.1. A 1.5% solution of black tea was prepared. The estimation of tannins was done by Ragazzi and Veronese method via preparation of standard curves of gallic acid, estimation of total phenolic content i.e., 1.56mg/ml and soluble phenolic content i.e 0.59mg/ml [10].

#### **Collection of samples**

Two hours of fasting period was a requirement, before the collection of food samples as activity of enzyme is initiated by eating starch. Each subject was given two salted crackers (2.8 g each with maltose to sucrose ratio of 0.4) to chew for approximately 60 seconds following which, they rinsed with 20ml water for 20 seconds. Retained food was recovered from buccal surface of left mandibular 1<sup>st</sup> or 2<sup>nd</sup> premolar after three minutes using curette and placed in 1ml distilled water in microcentrifuge tubes. The caps were closed and tubes were placed in boiling water for five minutes to deactivate amylase. The same subjects were called the next day because salivary amylase has diurnal pattern of secretion [9]. The same procedure was repeated using same amount of test solution i.e. 20ml tea decoction (1.5% solution with tannin concentration of 1.59 mg/ml) for standardization at room temperature. The tubes, immediately after sample collection, were carried in a chilled container to the laboratory, where they were stored at -23°C for further chromatographic analysis.

#### **Chromatographic analysis**

For chromatographic analysis, samples were thawed and brought to room temperature. The tubes were then centrifuged at 1500g for five minutes and resultant supernatant fluid was diluted five folds with deionized water. Fifty micro liters aliquots of diluted

Sr. No.	Maltose peak area unit calculated as area under the curve	Sucrose pea area unit calculated as area under the curve	Maltose to Sucrose ratio		
1	5975	3937	1.52		
2	6741	3348	2.01		
3	1549	2942	0.53		
4	4245	3281	1.30		
5	6266	3470	1.80		
6	12508	3900	3.20		
7	5122	2883	1.78		
8	3263	3287	0.99		
9	10477	4234	2.47		
10	3046	1268	2.40		
11	8766	3875	2.26		
12	1987	2360	0.84		
13	3169	1648	1.92		
14	5376	3318	1.62		
15	27903	9833	2.84		
16	8223	8101	1.02		
17	1722	1048	1.69		
18	5753	3775	1.52		
19	3366	1799	1.87		
20	5811	3259	1.78		
21	1233	877	1.41		
22	3155	2127	1.48		
23	1720	627	2.74		
24	1524	1265	1.20		
25	6605	3136	2.11		
26	2849	1474	1.93		
27	6174	2466	2.50		
28	8007	4877	1.64		
29	10640	2363	2.21		
30	20163	8925	2.25		
[Table/Fig-1]: Maltose to sucrose ratios in children with tea rinses with average maltose /sucrose ratio 1.82.					

### **RESULTS**

In an entrapped particle of food, the amount of sucrose tends to remain constant as long as, particles are retained on dentition but the amount of maltose increases due to action of salivary amylase on starches. The threshold for the maltose to sucrose ratios of both the groups was assessed from chromatograms. Average maltose to sucrose ratio in test group i.e. after rinse with tea decoction was 1.82 [Table/Fig-1] and control i.e., after rinse with water was 3.27 [Table/Fig-2]. Student t test was used for comparison between two groups [Table/Fig-3,4]. Mean percentage reduction in maltose to sucrose was 42.40% and results were highly significant p<0.005 [Table/Fig-3].

Sr. No.	Maltose concentration Peak area unit	Sucrose concentration Peak area unit	Maltose to Sucrose ratio
1	8027	3380	2.38
2	14849	4229	3.51
3	2268	3081	0.74
4	3043	1673	1.84
5	15045	4480	3.36
6	23017	4076	5.65
7	14360	3909	3.67
8	3667	2158	1.70
9	6807	1088	6.26
10	11333	2083	5.44
11	6883	2087	3.01
12	6327	4350	1.45
13	2294	867	2.64
14	8431	2823	2.99
15	643	130	4.95
16	10929	3697	2.96
17	5162	2148	2.40
18	11952	4308	2.78
19	5919	1550	3.82
20	7724	2605	2.97
21	7978	2080	3.84
22	3917	1752	2.24
23	15309	3571	4.29
24	13057	4553	2.87
25	9076	2487	3.65
26	8579	2984	2.88
27	8560	2212	3.87
28	11795	4687	2.51
29	8132	2363	3.44
30	14112	3242	4.35
	fig-2]: Maltose to sucrose /sucrose ratio 3.27.	e ratios children with water	rinses with average

Number of subjects	Mean percentage reduction in maltose/ sucrose	t	Significance			
30	42.4001	10.01	<0.0001			
[Table/Fig-3]: Applying student paired t test at 95% level of significance						

Sr. No	Maltose to surose ratio with tea decoction	Maltose to surose ratio with. water	Deviation= difference-mean difference	Standard deviation
1	1.52	2.38	-0.59	0.35
2	2.01	3.51	0.05	0.00
3	0.53	0.74	-1.24	1.55
4	1.30	1.84	-0.91	0.84
5	1.80	3.36	0.11	0.01
6	3.20	5.65	1.00	0.99
7	1.78	3.67	0.44	0.19
8	0.99	1.70	-0.74	0.55
9	2.47	6.26	2.34	5.46
10	2.40	5.44	1.59	2.51
11	2.26	3.01	-0.70	0.50
12	0.84	1.45	-0.84	0.71
13	1.92	2.64	-0.73	0.54
14	1.62	2.99	-0.08	0.01
15	2.84	4.95	0.66	0.43
16	1.02	2.96	0.49	0.24
17	1.69	2.40	-0.74	0.55
18	1.52	2.78	-0.19	0.04
19	1.87	3.82	0.50	0.25
20	1.78	2.97	-0.26	0.07
21	1.41	3.84	0.98	0.95
22	1.48	2.25	-0.69	0.48
23	2.74	4.29	0.10	0.01
24	1.20	2.87	0.22	0.05
25	2.11	3.65	0.09	0.01
26	1.93	2.88	-0.50	0.25
27	2.50	3.87	-0.08	0.01
28	1.64	2.51	-0.58	0.34
29	2.21	3.44	-0.22	0.05
30	2.25	4.35	0.65	0.42

[Table/Fig-4]: Table showing deviation and standard deviation calculated.

## DISCUSSION

Starch products when combined with sucrose for sweetness have been found to be more cariogenic than either component alone [11,12]. Salivary alpha amylase plays an important role in oral fermentation of starch by catalyzing conversion of starch to maltose and maltotriose [13,14]. These reaction products are more diffusible than the large starch molecules, are acidogenic and have an intraoral demineralizing potential close to that of sucrose and glucose [15].

Numerous studies have demonstrated that polyphenols (the generic name for tannins) have the ability to bind proteins and thus inhibit enzymes [5,6,16,17]. Mormann and Muhlemann (1981) reported that the inhibition of salivary amylase can lead to a reduction in the incidence of caries in rats [18]. Thus we investigated how the activities of alpha-amylase are affected by polyphenols i.e., tannins present in black tea extract invivo. Our results state that black tea decoction lead to statistically significant inhibitory effect on salivary amylase activity in mouth after short interval of consumption of starch rich diet which was in consensus with study done by Kashket S et al., [5].

Zhang J et al., studied effect of 1% tea decoctions were prepared and shown to inhibit salivary as well as bacterial amylase in vitro [6]. Further in-vivo intraoral experiments were carried out on six subjects to determine whether tea decoctions would interfere with the release of maltose in 'food particles that become entrapped on dentition. Maltose release was reduced up to 70% after rinsing with tea. Samples were recovered at 0.5, 1 &1.5 minutes. Black tea decoctions were significantly more effective than green tea decoction. Total polyphenol concentration of the black tea decoction used was 0.80 mg/ml with condensed polyphenol concentration being 0.24 mg/ml. As a comparison to the above study, in the present study 1.5% black tea decoction gave reduction of maltose release ranging from 30-60%. Samples were recovered after three minutes. Total polyphenol concentration was 1.56 mg/ml with condensable polyphenols being 0.59 mg/ml. The reason for lesser reduction at even higher concentration of black tea might be the delayed recovery of the food sample from mouth, during which the effect of tea might be reduced.

Hara Y, Honda M. reported that alpha-amylase can be inhibited by polyphenolic components of tea [16]. It was an in-vitro experiment in which four kinds of tea catechins and their isomers were tested for their salivary alpha-amylase inhibitory action. Alpha amylase activity was expressed in terms of moles of maltose liberated in one minute by one unit of alpha- amylase. The aflavin digallate was found to be most potent inhibitor of salivary amylase. The inhibitions were seen at concentrations of 0.5 mg - 120 mg/ml. A direct comparison of the present study with the above study is not possible. However in vitro data of the above study tends to support that polyphenols are inhibitors of salivary alpha-amylase.

Further comparison of effect of tea decoction between high caries and low caries rate children was not done in our study. Tea is known to be a source of dietary fluoride and it has been proposed that the anticariogenic effect of tea is due to the endogenous fluoride [19].

## LIMITATION

The limitation of our study was that sample size was very small, no comparison of level of fluoride and inhibition of salivary amylase was done in the present study.

## CONCLUSION

Salivary amylase is an important catalytic enzyme in digestion of starch. We studied the effect of black tea decoction (1.5%) on this enzyme in 30 children in age group of 12 to 15 yrs. There was significant inhibitory action of black tea decoction in comparison to test solution i.e., water rinses thus indicating the anticariogenic action of black tea. Thus use of black tea solution can be a significant and widely available measure in prevention of dental caries.

## REFERENCES

- Keyes PH. The infectious and transmissible nature of experimental dental caries. Findings and implications. *Arch Oral Biol.* 1960; 1:304-20.
- [2] Touyz LZ, Amsel R. Anticariogenic effects of black tea (Camellia sinensis) in caries prone-rats. *Quintessence Int.* 2001; 32:647-50.
- [3] Otake S, Makimura M, Kuroki T, Nishihara Y, Hirasawa M. Anticaries effects of polyphenolic compounds from Japanese green tea. *Caries Res.* 1991; 25:438–43.
- [4] Wu Yuan CD, Chen CY, Wu RT. Gallotannins inhibit growth, water insoluble glucan synthesis, and aggregation of mutans streptococci. J Dent Res. 1988;67:51-55.
- [5] Kashket S,Paplina VJ. Inhibition of salivary amylase by water soluble extracts of tea. Arch. Oral. Biol. 1988;33(11):845-46.
- [6] Zhang J, Kashket S. Inhibition of salivary amylase by black and green teas and their effects on the intraoral hydrolysis of starch. *Caries Res.* 1998;32:233-38.
- [7] Declaration of Helsinki, World Medical Association Declaration of Helsinki Ethical Principles for Medical Research Involving Human Subjects. *Bulletin of the World Health Organization*. 2001, 79:373-74.
- [8] WHO Dental caries. WHO Oral health surveys: Basic methods 4<sup>th</sup> edition 1997.
- [9] Boras VV. Is salivary alpha amylase useful as a biomarker of stress in oral diseases? J Autocoids. 2012;1:e106. doi: 10.4172/2161-0479.1000e106.
- [10] Ragazzi E, Veronese G. Quantitative analysis of phenolic compounds after thin layer chromatographic separation. *J. Chromatogr.* 1973; 77:369-75.
- [11] Duarte S, Klein MI, Aires CP, Cury JA, Bowen WH, Koo H. Influences of starch and sucrose on *Streptococcus mutans* biofilms. *Oral Microbiol Immunol*. 2008; 23(3):206-12.
- [12] Firestone AR, Schmid R, Mühlemann HR. Cariogenic effects of cooked wheat starch alone or with sucrose and frequency controlled feedings in rats. *Arch Oral Biol.* 1982; 27:759-63.

#### www.jcdr.net

Vishal Arya et al., Anticariogenic Activity of Black Tea -An Invivo Study

- [13] Whelan WJ, Roberts PJP. Action of alpha salivary amylase on amylopectin and glycogen. *Nature*. 1952;170:748-49.
- [14] Lingstrom P, Van houte J, Kashket S. Food starches and dental caries. *Crit Rev Oral Biol. Med* 2000; 11:366-80.
- [15] Scannapieco FA, Torres G, Levine MJ. Salivary alpha amylase, role in dental plaque and caries formation. *Crit Rev Oral Biol Med.* 1993;4:301-07.
- [16] Hara Y, Honda M. The inhibition of alpha amylase by tea polyphenols. Agric Biol Chem. 1990; 54:1939–45.
- [17] Kandra L, Gyemant G, Zajacz A, Batta G. Inhibitory effects of tannin on human salivary alpha-amylase. *Biochem Biophys Res Commun.* 2004; 319:1265-71.
- [18] Mormann JE, Muhlemann HR. Oral starch degradation and its influence onacid production in human dental plaque. *Caries Res.* 1981; 15:166–75.
- [19] Goenka P, Sarawgi A, Karun V, Nigam AG, Dutta S, Marwah N. Camellia sinensis (Tea): implications and role in preventing dental decay. *Phcog Rev.* 2013;7:152-56.

#### PARTICULARS OF CONTRIBUTORS:

- 1. Professor, Department of Pedodontics, Faculty of Dental Sciences, SGT University, Gurgaon, India.
- 2. Reader, Department of Oral Medicine and Radiology, Faculty of Dental Sciences, SGT University, Gurgaon, India.
- 3. Reader, Department of Pedodontics, Faculty of Dental Sciences, SGT University, Gurgaon, India.
- 4. Post Graduate Student, Department of Pedodontics, Faculty of Dental Sciences, SGT University, Gurgaon, India.

## NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Lavina Taneja,

A 150, Second Floor, Lok Vihar, Pitampura, New Delhi-110034, India. E-mail: aryalavina@gmail.com

FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: Aug 17, 2015 Date of Peer Review: Oct 12, 2015 Date of Acceptance: Feb 03, 2016 Date of Publishing: Mar 01, 2016