

Introduction

Oral disease is one of the major human health problems. It includes dental caries and periodontitis those caused by bacterial infection of *Streptococcus mutans*, *Enterococcus faecalis*, and *Streptococcus sanguis*.^{1,2} The increasing prevalence number and of antibiotic resistance against bacteria have led to the discovery of new antibacterial agents to overcome this problem. Dental caries is a transmissible bacterial disease process caused by acids from bacterial metabolism diffusing into the enamel and dentine.³ Periodontitis is defined as an inflammatory disease of affecting the supporting tissues of the teeth caused by specific microorganisms or groups of specific microorganisms, resulting in progressive destruction of the periodontal ligament and alveolar bone with periodontal pocket formation.⁴ Regarding antibiotic resistance from an evolutionary perspective, bacteria use two major genetic strategies to adapt to the antibiotic attacks. These are that is mutations in genes often associated with the mechanism of action of the compound and the acquisition of foreign DNA coding for resistance determinants through horizontal gene transfer (HGT).⁵

The rationale of the root canal treatment is to debride and sterilize the root canal and to eliminate pathogens where causing tooth infection occurs, as and a thorough and controlled of root canal sterilization is required for a predictable treatment outcomes.⁶ The Following After a root canal preparation, the canal should be considerably clean with diminished number of pathogens. Oral pathogens such as *E. faecalis* are seldom found in failed endodontic treatments where infection of the root canal and periapical tissue re-occurs. The bacteria are able to survive in unfavorable conditions, forming a biofilms which enables it to penetrate dentinal tubules.^{7,8} *E. faecalis* is not only found in the root canals, and can also exist in both the root canals and in the saliva.⁹ Even though root canal treatment has a considerably high success rate of 85% which is considered high, but in long term, some have failed over the long term and became reinfected.¹⁰

Bioactive compounds from natural products are an enormous source of promising new antimicrobial agents with diverse structures of active secondary metabolites; these can be used to treat oral disease caused by pathogenic oral bacteria.^{11,12} In continuing of our continued search for discovery new bioactive compounds from natural sources, we explored potential active constituents as such as the antibacterial agent from the interesting medicinal plant of Kemangi (*Ocimum basilicum* L.) were explored. Kemangi is an edible spices plant commonly known as sweet basil including of Lamiaceae.^{13,14} The Kemangi contained It contains monoterpene and diterpenoid as its major components, making it a well-known source for essential oil (basil oil) as and an important component of fragrances. Phytochemical analysis of leaf extracts have shown that it contained the secondary metabolites of phenolic, terpenoid, steroid and flavonoid compounds.¹⁵ Besides of essential oil as its major component, two compounds were isolated from the non-essential oil part, namely the diterpenoids of 2-(2-vinylcyclohexa-1,5-dienyl)propan-1-ol and 1-(2-vinylcyclohexa-1,4-dienyl)propan-2-ol were isolated from the non-essential oil part.¹³

The ethanol extracts was showed antimicrobial activity against Acinetobacter, Bacillus, Escherichia, Staphylococcus, while the methanol extract was active against Acinetobacter, Bacillus, Brucella, Escherichia, Micrococcus, and Staphylococcus.¹⁶ Then, the ethanol extract of Kemangi was reported to inhibit the

bacterial growth of *S. epidermidis*, *S. aureus*, *B. paludis*, and *B. subtilis* with inhibition zone values of 12, 12, 10 and 12 mm, respectively. ~~Apart from that, and also was reported that~~ the methanol extract of *O. basilicum* ~~was found~~ to have MIC values of 60, 40 and 80 μ g/mL against bacteria of *K. pneumoniae*, *S. typhii* and *S. aureus*, respectively.^{17,18}

As an alternative to antibacterial agents for root canals sterilization, ~~search for~~ new antibacterial and anti-inflammation agents, irrigants, medicaments, and materials for endodontic treatment are in demand. Edible plants and herbs have emerged as a possible alternative, since screenings have shown ~~that they contain~~ significant active phytotherapy ~~by~~ compounds.^{19,20}

Medicinal plants have been accepted as an alternative ~~therapy~~ to complement ~~of~~ modern medicine. For this research, choosing an edible vegetable as the source for developing an antibacterial agent was ~~done performed~~ with an assumption that the process for drug development would be simpler. ~~The toxicity levels~~ of vegetables ~~is are~~ negligible, ~~since as~~ they are consumed ~~in on a~~ daily basis.

Based on ~~a our~~ ~~continuedous~~ search for ~~a~~ new antibacterial agent from ~~the~~ Indonesian plants, this paper describes the isolation, structure determination and ~~their~~ activity ~~of the edible plant Kemangi (O. basilicum L.)~~ against ~~the particular~~ pathogenic oral bacteria ~~of Streptococcus mutans ATCC 25175 and Streptococcus sanguinis ATCC 10556 from edible plant of Kemangi (O. basilicum L.).~~^{21,22,23} ~~This study primarily aims to determine investigate the overall potency and investigate the antibacterial effects of the edible plant Kemangi against the oral bacteria of Enterococcus faecalis, Streptococcus mutans, and Streptococcus sanguinis.~~

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In order to evaluate the antibacterial activity, the extracts were tested against *E. faecalis*, *S. mutans* and *S. sanguinis*. The assay data in Table 2 ~~represented states~~ that extracts ~~to~~ have different sensitivities ~~to different each~~ bacteria, ~~thus suggesting those assumed~~ that their mechanisms ~~of to~~ inhibiting bacterial growth ~~were are~~ different. Based on the antibacterial data, ~~the most active most extracts were active extract~~ against *S. mutans*. ~~since~~ ~~three~~ extracts of methanol, *n*-hexane, and ethyl acetate were active from all assay concentrations of 1-5%, with ~~inhibitions zonesinhibition zone~~ values of 7.2-16.2 mm. ~~and~~ the activity of ethyl acetate at 5% of 16.2 mm was ~~almost nearly~~ the same ~~as thewith~~ activity of 2% of chlorhexidine as ~~the~~ gold standard at 17.9 mm. ~~Some p~~ Previous data ~~have reported on for some~~ the activity of ~~the~~ extracts against *S. mutans*.³¹

Further antibacterial data analysis showed that the extract ~~was~~ also active against *E. faecalis*, ~~especialyespecially of~~ methanol ~~those which was~~ active at 1-5% with inhibition zones values of 6.9-10.4 ppm, ~~respectively~~, while ~~and~~ *n*-hexane and ethyl acetate extracts ~~was~~ only active from 4-5% and 3-5%, respectively. The antibacterial activities of the extract against *E. faecalis* were lower than ~~the gold standard of 2% of~~ chlorhexidine ~~as gold standard~~. Some extracts active against *E. faecalis* ~~also have been~~ reported in ~~previous data~~. On the other hand, antibacterial activity ~~of extract~~ against *S. mutans* was only ~~present in~~ *n*-hexane and ethyl acetate extracts at 4 and 5%, but ~~the this~~ data is ~~very~~ important because the inhibition value of *n*-hexane at 5% of 9.4 mm was ~~the~~ nearest ~~of to~~ 10.9 mm at 2% of chlorhexidine ~~which is of theas~~ gold standard. On the other hand, some extracts active against *E. faecalis* ~~also have been~~ reported in previous data.³²

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The prediction ~~role values of~~ the antibacterial activities ~~of~~ single and ~~combinations extractscombination extracts contribute to antibacterial activitywere was~~ then evaluated against all bacteria. ~~By Using~~ the same assays, samples formulations

~~were used to -could be-~~ determined the synergistic effects ~~sets study~~ of the extracts. As shown in Table 3, ~~the~~ antibacterial activity of ~~the combinations extracts combination extracts~~ described that only two combination extracts of M+Hex and *n*-Hex-Ea were active; ~~this which suggested -suggests~~ that active constituents of extracts ~~were to have had~~ antagonistic effects ~~which to~~ each other while ~~tire~~ ~~when~~ combined. This data ~~was~~ supported by published reports; ~~previous researchers have -those~~ reported some extracts to have synergistic and antagonistic effects.³³ ~~This~~ ~~The~~ observed data can be used as important information ~~that will~~ ~~and a~~ guide ~~in order to~~ ~~to further~~ determine ~~the most appropriate~~ separation and purification methods to isolate the active compounds from the extracts.