Green Dentistry

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Abstract

Dentistry is a quintessential curative and foremost healing profession. Traditionally, Dentistry produces waste materials that may cause harm to the soil and to the biosphere. Extreme climate change, increased pollution, diminishing green spaces and vanishing plant and wildlife species are testaments to the need for a change in the environment. Dentistry as a profession has contributed to a heavy load of metallic waste on the environment and has over exploited the water and the electricity for various dental procedures, which specifically emphasize the thrust to move towards “green dentistry”. Eco-friendly dentistry is an intellectual way of dental practice which is environment friendly and at the same time conserves money and time by reducing waste, decreasing pollution, and conserving energy with the use of latest techniques and procedures. This literature review article provides an insight on series of ‘green’ recommendations that dentists around the world can implement to become leading stewards of the environment.

Keywords: Green, Dentistry, Dental waste, Herbs, Environment

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Introduction

Environmental pollution is the flaming issue today in the world. Directly or indirectly, every individual is responsible for this, and Dentistry is not an exception. Extreme climate change, increased pollution, diminishing green spaces and vanishing plant and wildlife species are testaments to the need for a change in the way we approach the environment. Exposures to environmental pollution remain a major source of health risk throughout the world, though risks are generally higher in developing countries, where poverty, lack of investment in modern technology and weak environmental legislation combine to cause high pollution levels. Global Warming is caused by a blanket of pollution that traps heat around the earth and has no boundaries. It enters the atmosphere, spreads across the globe and traps heat around the earth for 50-200 years after it is emitted. Hence, there is a need to reduce global warming pollution now. The continuous rise in temperature of the planet is really upsetting. The root cause attributed for the continuous temperature rise is global warming. The major cause of global warming is the greenhouse gases. Greenhouse gases are the by-product of energy production and are a major threat to a healthy planet. In such a scenario, professional obligation and social responsibility of dentists makes it imperative to transform the practice of dentistry from a hazardous to a sustainable one, by adopting environmental-friendly measures or ‘green dentistry’.

Traditionally, Dentistry produces waste materials that cause harm to the soil and to the biosphere. Dentistry is one of the fields that contribute to climate change and pollution of the environment. Though, the refused trash generated by the dentists is very less, but the accumulated waste that is produced can have marked deleterious effect on the environment. The color green has healing power and is understood to be the most restful and relaxing color. Green can enhance vision, stability and endurance. Renewal, growth, and hope are related to this color and it indicates safety in the advertising of drugs and medical products. Green Dentistry is an approach to dentistry that combines dental practices and environment conservation. Eco-dentistry association defines Green Dentistry as “A high-tech approach that reduces the environmental impact of dental practices and encompasses a service model for dentistry that supports and maintains wellness”. According to the Eco-dentistry Association, Green Dentistry reduces waste and pollution; saves energy, water, and money; incorporates high-tech innovations, and focuses on wellness and integrative practices within the offices that result in an eco-friendly environment. Green dentistry is a whole-Earth approach to tooth care that reduces the environmental impact of dentistry and creates a caring environment for patients. It is based on the model of four Rs, i.e., Rethink, Reduce, Reuse, and Recycle. A green dental practice uses non-toxic products, reduces waste, reduces the carbon footprint,
saves energy, water, money, incorporates high tech innovations and focuses on wellness and integrative practices\textsuperscript{9}. Eco dentistry is a new approach towards dentistry that supports dental practices by limiting the consumption of resources and waste. Waste disposal is also considered as an important part of the office. Alternatives that are eco-friendly should be executed in dental office\textsuperscript{9}.

Green dentistry is a relatively new term and an emerging concept in dentistry\textsuperscript{9}. The article highlights the importance of social values, community care, engaging stakeholders, economic benefits, developing policy and providing leadership in converting the concept of green dentistry into a practised reality\textsuperscript{10}.

The prime intent behind this review article is to investigate the various environmental problems caused by the dental community and to equip the dentists with various environmental substitutes of the materials in use and to impart them with tier of “green” guidance which would invoke them to become leading stewards of the environment\textsuperscript{10}.

**Components Of Green Dentistry**

Green Dentistry includes four categories of green practice, providing a comprehensive, eco-friendly model for the dental office.

1. Waste reduction
2. Pollution prevention
3. Energy conservation
4. Water conservation\textsuperscript{10}.

**Classification Of Waste**

**Non-hazardous waste**

This constitutes about 85% of the waste generated in most healthcare set-ups. This includes waste comprising of food remnants, fruit peels, wash water, paper cartons, packaging material.

**Hazardous waste**

- **Potentially infectious waste**
  - Blood and blood products.
  - Dressings and swabs contaminated with blood, pus and body fluids.
  - Laboratory waste including laboratory culture stocks of infectious agents.
  - Potentially infected animals used in diagnostic and research studies.
  - Potentially injected material.
  - Excised tumors and organs, extracted teeth etc.
  - Sharps which include needle, syringes blades etc.

- **Potentially toxic waste**

  - **Chemical waste:** It include disinfectants (hypochlorite, gluteraldehyde, iodophors, phenolic derivatives and alcohol based preparation), X-ray processing solutions, monomers and associated reagents, base metal debris (dental amalgam in extracted teeth).

  - Pharmaceutical waste: It includes anaesthetics, sedatives, antibiotics and analgesics etc.

  - **Radioactive waste:** It includes waste contaminated with radionuclide\textsuperscript{9}.

- **Need for Green Dentistry**

  - Infrastructure of the clinic.
  - Use of traditional radiography producing hazardous by-products like waste fixer, lead foils.
  - Use of silver amalgam restorations.

  - **Excessive use of disposables for infection control.**
  - **Use of chemical sterilization with toxic disinfectants.**
  - **Wastage of resources like electricity, water, paper, etc.**
  - **Improper disposal of Bio-Hazardous waste.**
  - **Green Dentistry is safe for the patients**
  - **Conservation of the environment**
  - **Stronger, more natural restorations**
  - **Less chemicals and disposables\textsuperscript{10}.**

**Eco-Friendly Recommendations**

- An eco-friendly sterilization program should be implemented, which concurrently eliminates the need for disposable autoclave wraps and disposable patient bibs.
- Use a community’s existing recycling program to separately recycle the paper and plastic halves of autoclave bags.
- Use a dry dental vacuum pump, instead of a wet one.
- If traditional x-rays are used, fixer and developer solutions should be recycled as well as lead foil from x-rays are to be recycled.
- Consider using less harmful surface disinfectants in dental offices, such as tea tree oil and thyme\textsuperscript{9}.

**Use reusable and biodegradable laundries wherever possible**

- Reusable operating room cotton towels instead of disposable plastic or paper patient bibs should be used
- Reusable stainless steel high- and low-volume, surgical/endodontic suction tips as an alternative to disposable plastic
- Reusable glass irrigation syringe as a substitute for disposable plastic
- Biodegradable disposable cups instead of regular paper cups
- Chlorine-free, high post-consumer recycled paper products instead of traditional paper products.
- Use stainless steel prophy cups instead of disposable prophy-containing cups. This means purchasing prophy paste in tubes or tubs. This also allows you to use only the amount of paste that is needed versus a predetermined amount, which is often more than you need, and thus wasteful and costly.
- Use disposable, plastic or paper barriers only as truly needed.
- An effective exercise would be for each office to do a one-day consumption analysis exclusively for barriers and then calculate how many barriers are used per week, month and year, and throughout one’s dental career.
- Use an Energy Star washer and dryer, where applicable.
- Use fluorescent instead of halogen lighting, where practical.
- Use liquid crystal display (LCD) instead of cathode ray tube (CRT) computer monitors.
- Use linoleum, a more environmentally friendly choice for flooring.
- Use ultra-low volatile organic compound (VOC) paint\textsuperscript{12}.
- Use of CAD/CAM Systems to reduce greenhouse gases produced from patient and staff travel for multiple appointments
- Use of waterless vacuum system\textsuperscript{13}.

Eco-friendly dentistry uses a sustainable approach to encourage dentists to implement new strategies to try and reduce the energy being consumed and the large amount of waste being produced by the industry. Four R’s is a strategy implemented by dental professionals for an easier transition to a more sustainable practice\textsuperscript{11}. Dentistry can limit its burden on the environment by employing the “Four R’s of Going Green,” namely, “Re-think, Reduce, Reuse, and Recycle\textsuperscript{10}.”
<table>
<thead>
<tr>
<th>S.NO</th>
<th>RETHINK</th>
<th>REDUCE</th>
<th>REUSE</th>
<th>RECYCLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Environmentalism or environmental rights is a broad philosophy, ideology, and social movement regarding concern for environmental protection and improvement of the health of the environment</td>
<td>Packaging generates 33% of waste if it is recommended to purchase products with minimum packaging and use of reusable plastic container</td>
<td>Use reusable sterilization items and patient barriers in the clinics and hospitals that are free from plastic.</td>
<td>Recycling is a viable way to reduce overall contamination of the environment</td>
</tr>
<tr>
<td>2</td>
<td>Mobile dental van should be considered as it is a desirable mode of clinical practice in an unconventional setup for the outreach programs</td>
<td>Tele Dentistry has the potential ability to provide better access to oral health care, improve its delivery system and lower its costs for the underserved population</td>
<td>Use reusable stainless steel or compostable impression trays Switch to cloth sterilization bags and patient barriers. Reuse lab and shipping boxes</td>
<td>Participation in an instrument recycling program that turns them into industrial metal</td>
</tr>
<tr>
<td>3</td>
<td>Reduction of energy and water consumption</td>
<td>Combining orders to reduce shipping waste. Buy in bulk; e.g., prophylactic paste and impression materials</td>
<td>Use a reusable face shield Wear cloth lab coats instead of paper ones</td>
<td>Use sharp disposal service that recycles them into building materials</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Set printers for double sided printing with single spaced printing</td>
<td>Recycle copy paper and choose a medical shredding service that recycles the shredded paper.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Use steam sterilization eliminating the use of chemicals.</td>
<td>Provide recycling bins for staff break-room waste</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Implement digital technology for making impressions</td>
<td>Collect and store all contact and noncontact scrap amalgam and send it to an approved recycler</td>
<td></td>
</tr>
</tbody>
</table>

**Alternative Therapeutics For Oral Diseases**

Oral diseases continue to be a major health problem worldwide. Dental caries and periodontal disease are among the most important global oral health problems, although other conditions like oral and pharyngeal cancers and oral tissue lesions are also of significant concern. Oral health is integral to general wellbeing and relates to the quality of life that extends beyond the functions of the craniofacial complex. Herbs have been used for centuries to prevent and control dental disease. Herbal extracts are effective because they interact with specific chemical receptors within the body. Herbal medicines have less adverse effects in comparison with traditional medicines. Herbal products can vary in their potency.

The global need for alternative prevention and treatment options and products for oral diseases that are safe, effective and economical comes from the rise in disease incidence (particularly in developing countries), increased resistance of pathogenic bacteria to currently used antibiotics and chemotherapeutics, opportunistic infections in immune compromised individuals and financial considerations in developing countries. Despite several chemical agents being commercially available, these can alter oral micro biota and have undesirable side-effects such as vomiting, diarrhoea and tooth staining. Hence, the search for alternative products continues and natural phytochemicals isolated from plants used in traditional medicine are considered as good alternatives to synthetic chemicals. Herbal products are also being increasingly used as sedatives, or plaque reduction and healthy gums.

The established practices to prevent dental caries and periodontal diseases are the use of fluorides in different forms and mechanical plaque control in combination with professional care. However, in reality, a major bulk of the population may not have adequate dexterity and motivation that are necessary to maintain optimum oral hygiene. This is especially true in rural areas. Antimicrobial mouth rinses have also been suggested as adjuncts for mechanical plaque control methods. The most commonly used antiplaque agent is chlorhexidine gluconate. The use of chlorhexidine has some potential drawbacks like altered taste sensation, staining of teeth, and development of resistant bac-
teria that incapacitate its application on long-term basis. There exists a need to develop some innovative strategies that act against both dental caries and periodontal diseases simultaneously. One such strategy would be to explore the abundantly available medicinal plants in nature. The “naturally occurring” active ingredients in plant medicines restore health, with minimal harmful effects and maximum efficiency[19].

Aloe vera, Bloodroot, Caraway, Chamomile, Clove, Cranberry, Evening Primrose, Garlic, Ginger, Green Tea, Haritaki, Liquorice, Myrrh, Neem, Peppermint, Propolis, Purple Coneflower, Rosemary, Sage, Thyme, Turmeric, Tulsi, Triphala, and a summary of other herbs are useful in treatment of oral diseases. Herbs may be good alternatives to current preventive and curative treatments for oral health problems, but it is clear that we need more research[20].

<table>
<thead>
<tr>
<th>S.NO</th>
<th>Herbs (Botanical names)</th>
<th>Mechanism of Action</th>
<th>Method of Application and Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Clove (Syzygium aromaticum)</td>
<td>Antimicrobial, analgesic and antiseptic</td>
<td>Clove gel can provide dentists with an alternative to benzocaine for topical anaesthesia in their daily practice, especially for use with children and in areas where cost and availability limit access to pharmaceutical topical anaesthetics. It is available as a tincture (1:5, 25% ethanol), lozenges and mouthwash[21].</td>
</tr>
<tr>
<td>2.</td>
<td>Aloe vera (Aloe barbadensis)</td>
<td>Analgesic, antibacterial, anti-fungal, antioxidant, Immune modulating, anti-septic, anti-inflammatory</td>
<td>Aloe, aloe-emodin possesses strong antibacterial action. They have polyphenolic structures, which inhibit protein synthesis by bacterial cells[22].</td>
</tr>
<tr>
<td>3.</td>
<td>Neem (Azadirachta indica)</td>
<td>Antimicrobial</td>
<td>The inhibitory effects of neem upon bacterial growth, adhesion to hydroxyapatite on tooth surfaces, and production of insoluble glucan, which may affect in vitro plaque formation. The twigs may be used as a toothbrush, the bark for healing gum disease, the oil for soap, and the leaves for medicine[21].</td>
</tr>
<tr>
<td>4.</td>
<td>Cranberry (Vaccinium oxyccocus)</td>
<td>Antimicrobial</td>
<td>It stops the bacteria sticking to surfaces, ensuring that plaque is never given the chance to form. The compounds also prevent acid formation and reduce the acid tolerance of the bacteria that cause decay hence preventing prevent tooth decay[21].</td>
</tr>
<tr>
<td>5.</td>
<td>Triphala Amalaki (Emblica officinalis), Haritaki (Terminalia chebula), Bahera (Terminalia belerica)</td>
<td>Antioxidant, Antimicrobial</td>
<td>It has free radical scavenging property thus aiding in the protection of gum cells effectively from free radicals produced by the microorganisms[20].</td>
</tr>
<tr>
<td>6.</td>
<td>Turmeric (Curcuma longa)</td>
<td>Anti-mutagenic, anti-carcinogenic</td>
<td>Massaging the aching teeth with roasted, ground turmeric[20].</td>
</tr>
<tr>
<td>8.</td>
<td>Grape Seed Extract (Vitis vinifera)</td>
<td>Antioxidant, Anti-inflammatory, antibacterial and</td>
<td>It has been reported to strengthen collagen based tissues by increasing collagen cross-links. Promising natural agent for non-invasive root caries therapy[19].</td>
</tr>
<tr>
<td>9.</td>
<td>Shield sun dew (Drosera peltata)</td>
<td>Antibacterial</td>
<td>Aerial parts of the plant Droserapeltata showed broad spectrum activity spectrum activity against numerous bacteria of the oral cavity, with greatest activity against S.mutans and S. sobrinus[21].</td>
</tr>
<tr>
<td>10.</td>
<td>Garlic (Allium sativum)</td>
<td>Antibacterial, anti-fungal, anti-helminthic, bacteriostatic.</td>
<td>It is chopped and held in the mouth for 5 minutes to sterilize the oral cavity, which is due to its strong antibacterial activity. Fresh garlic juice kills Streptococcus pyogenes and corynebacterium diphteriae in 2-3 minutes time[20].</td>
</tr>
<tr>
<td>11.</td>
<td>Papaine (Carica papaya)</td>
<td>Anti-inflammatory, bacteriostatic, bactericidal</td>
<td>It is present in latex of the leaves and fruits of the green adult papaya. An active ingredient acts on the predegraded collagen of the lesion, promoting its softening, without acting on healthy adjacent tissue and without causing pain, has made this technique an effective alternative for treatment of carious injuries[20].</td>
</tr>
</tbody>
</table>

Table 1: Herbs in Dental Caries
12. Long pepper (Piper cubeba)
   - Anti-oxidant, anti-inflammatory, anti-microbial
   - Acetone, Methanol and Ethanol extracts of P. cubeba have shown activity against Streptococcal species namely, S. aureus and S. mutans with an MIC of 50 mg/ml [23].

13. White Mulberry (Morus alba)
   - Anti-diabetic, anti-helminthic, antimicrobial, antioxidant, anxiolytic, hepatoprotective and nephroprotective
   - Good source of Ascorbic acid, Carotene, Vitamin B1, folic acid, isoquercetin, quercetin, tannins, flavonoids and saponins, which are good antioxidants. Antibacterial agent kuwanon G isolated from root bark has shown activity against S. mutans with an MIC of 8.0 μg/ml. The bactericidal test showed that kuwanon G completely inactivated S. mutans at the concentration 20 μg/ml in 1 min [23].

14. Ajwain (Trachyspermum ammi)
   - Antimicrobial, antihypertensive, anti-spasmodic, broncho-dilating, antilithiasis, carminative, antipyretic
   - Real-time RT-PCR analyses showed that 2-Isopropyl-5-methylphenol isolated from these seeds were found to significantly suppress the genes involved in biofilm formation and thus affect the cariogenicity of S. mutans [23].

15. Babul, kikar or Indian gum Arabic tree (Acacia nilotica)
   - Anti-carcinogenic, Anti-spasmodic, Antiinflammatory, Antioxidant and Anti-platelet Aggregatory properties. A. nilotica has Anti-plasmodial, Antifungal, Anti-microbial activity, inhibitory activity against HCV and HIV
   - Acacia nilotica stem bark extracts contain alkaloids, saponins, cardiac glycosides, tannins, flavonoids and anthraquinones which have high inhibitory activity against Streptococcus mutans with a MIC in the range of 9.75-313μg/ml [23].

16. Green Tea (Camellia sinensis)
   - Antimicrobial, anti-inflammatory, Thermogenic, Probiotic and antioxidant.
   - The alkaloids are said to interfere with microbial cell division, whereas flavonoids possess anti – glucosyl transferase activity and inhibit bacterial adherence. Tannins, on the other hand, inhibit bacterial growth with their strong iron – binding capacity and also inhibit glucosyl transferase activity and bacterial adhesion [22].

17. Pudina (Mentha piperita)
   - Antioxidant, Antimicrobial
   - Its menthol component is the biologically active antioxidant. Pudina leaf extract displays antimicrobial activity against planktonic cells of S. mutans and plaque inhibition [22].

**Table 1: Herbs In Dental Caries**

<table>
<thead>
<tr>
<th>S.NO</th>
<th>Herbs</th>
<th>Mechanism of action</th>
<th>Method of application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cranberry Juice</td>
<td>Anti-bacterial</td>
<td>Prevents adhesion of oral pathogens to surfaces and related phenomena, such as the production of glucans and fructans, and the formation of biofilms [22].</td>
</tr>
<tr>
<td>2</td>
<td>Neem (Azadirachta indica)</td>
<td>Anti-bacterial</td>
<td>Its anti-inflammatory action can be attributed to its ability to inhibit prostaglandin E and Serotonin and its antibacterial action can be explained by “Azadiachtin” that is known to destroy bacterial cell wall and thus inevitably inhibit the growth of bacteria. Extract the juice from a few neem leaves. Apply this juice on the gums and teeth, allow it to sit for 5 minutes and then rinse it off with warm water [24].</td>
</tr>
<tr>
<td>4</td>
<td>Common madder (Rubia Cordifolia)</td>
<td>Anti-inflammatory</td>
<td>The roots of this plant have been used in ayurvedic medicine. It also contains an organic compound known as Alizarin, which gives the red color to textile dyes. Mollugin, a major component of R. cordifolia has been shown to possess anti-inflammatory property [24].</td>
</tr>
</tbody>
</table>

**Table 2: Herbs Used In Periodontal Disease**
<table>
<thead>
<tr>
<th></th>
<th>Herb</th>
<th>Properties</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Sumac (Rhus coriaria)</td>
<td>Anti-inflammatory, antimicrobial, antioxidant</td>
<td>It has showed antioxidant activity against lipid peroxidation and free radicals in vitro. Serum total oxidant status (TOS) and oxidative stress index (OSI) were significantly reduced in the sumac extract treated rats. Orally administered to reduce bone alveolar levels.[24].</td>
</tr>
<tr>
<td>6</td>
<td>Maidenhair tree (Ginkgo Biloba)</td>
<td>Anti-inflammatory</td>
<td>Its purported biological effects include: Scavenging free radicals, lowering oxidative stress and anti-inflammation. In ligatur-induced periodontitis rat model, systemic administration of EGb (28-56 mg/kg/day) resulted in reduced osteoclastic counts, decreased inflammation and induced osteoblastic activity.[24].</td>
</tr>
<tr>
<td>7</td>
<td>Piperine (Piper nigrum)</td>
<td>Antioxidant, anti-inflammatory</td>
<td>In an animal model, LPS stimulated mice when treated with piperine showed reductions in the nitrite level and lowered the TNF-α level. This study corroborates the free radical scavenging activity of piperine.[24].</td>
</tr>
<tr>
<td>8</td>
<td>Guava (Psidium Guajava)</td>
<td>Anti-inflammatory anti-bacterial</td>
<td>Guava leaf extracts and essential oil from the stem have the ability to scavenge hydrogen peroxide, superoxide anion and inhibit the formation of hydroxyl radical. The decoction of the root bark is recommended as a mouthwash and decoction of leaves as an effective gargle for bleeding gums.[24].</td>
</tr>
<tr>
<td>9</td>
<td>Green Tea (Camellia sinensis)</td>
<td>Anti-oxidant, anti-inflammatory</td>
<td>It prevents the adherence of P. gingivalis onto human buccal epithelial cells. Catechin present in green tea is also highly potent in suppressing the bone resorption mediated by an inflammatory response as seen in periodontal disease.[24].</td>
</tr>
<tr>
<td>10</td>
<td>Aloe Vera (Aloe Barbadensis)</td>
<td>Anti-inflammatory anti-bacterial</td>
<td>It destroys bacteria responsible for gingivitis. It also helps in speeding up of the process of healing. Massaging the aloe gel into the gums has many therapeutic benefits.[24].</td>
</tr>
<tr>
<td>11</td>
<td>Gotu kola (Centella asiatica)</td>
<td>Anti-inflammatory</td>
<td>If surgery is required, this botanical can be helpful in speeding recovery after laser surgery for severe periodontal disease. Dosage is based on triterpenic acid.</td>
</tr>
<tr>
<td>12</td>
<td>Olive (Olea europaea)</td>
<td>Anti-inflammatory, Antioxidants.</td>
<td>Take a tablespoon of extra virgin olive oil and swish around your mouth for a couple of seconds and then spit. It will wash away all the toxins. Repeat three times a day for best results.[24].</td>
</tr>
<tr>
<td>13</td>
<td>Clove (Syzygium aromaticum)</td>
<td>Anti-inflammatory</td>
<td>Rub the gums with clove oil or just chew a piece of clove.[24].</td>
</tr>
</tbody>
</table>

Table 2: Herbs Used In Periodontal Disease

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<table>
<thead>
<tr>
<th>S.NO</th>
<th>Herbs</th>
<th>Mechanism of action</th>
<th>Sources</th>
<th>Method of application</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Frankincense extract (Bowsellia)</td>
<td>Anti-inflammatory antibacterial effects</td>
<td>The effect of Frankincense powder or extract in the treatment of gingivitis was studied by various authors and was found that administration of 0.1 g of Frankincense extract or 0.2 g of its powder led to a significant decrease in various gingival and plaque scores due to its anti-inflammatory and antibacterial effects. It was also preferred by patients due to its low cost and easy availability[22].</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ginger (Zingiber officinale)</td>
<td>Anti-inflammatory</td>
<td>It inhibits Arachidonic acid metabolism via the cyclooxygenase and lip-oxygenase pathways[20].</td>
<td></td>
</tr>
</tbody>
</table>

### Table 3: Herbs Used In Oral Cancer

<table>
<thead>
<tr>
<th>S.NO</th>
<th>Vitamins in Oral Cancer</th>
<th>Mechanism of action</th>
<th>Sources</th>
<th>Method of application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provitamin A (Beta-carotene)</td>
<td>Antioxidant, Immunomodulating Inhibition of cancer cell growth.</td>
<td>Dark green, orange or yellowish fruits and vegetables, such as spinach, carrots, sweet potato, mango, papaya, and oranges.</td>
<td>Beta-carotene is also used for scavenging free radicals such as peroxyl and hydroxyl radicals in areas of low oxygen concentration. In various oral premalignant lesions and conditions, serum beta carotene levels are shown to be decreased and thus its supplementation (30 mg/day) has led to the regression of these lesions[27].</td>
</tr>
<tr>
<td>2</td>
<td>Vitamin C (L-ascorbic acid)</td>
<td>Chemotaxis, Phagocytosis, and Collagen synthesis. Inhibits nitrosamine formation. Anti-oxidising property</td>
<td>Citrus fruits such as kiwi, strawberries, papaya, and mango</td>
<td>L-AA has an antioxidizing property and reacts with the superoxide produced as a result of the cells’ normal metabolic processes; It inhibits the formation of nitrosamines and avoid damage to the DNA and cellular proteins[27].</td>
</tr>
</tbody>
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<th>Sources</th>
<th>Method of application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spirulina (Arthrospira Platensis)</td>
<td>Antioxidant</td>
<td>An excellent source of protein, beta-carotene, gamma linolenic acid, B-vitamins, minerals, chlorophyll, sulfolipids, glycolipids, superoxide dismutase, phycocyanin, and enzymes</td>
<td>The nutrients present in Spirulina boost the immune system and enhance the body’s ability to generate new blood cells to prevent disease and cancer[27].</td>
</tr>
<tr>
<td>2</td>
<td>Green tea (Camellia Sinensis)</td>
<td>Anti-carcinogenic, anti-oxidant</td>
<td>Dried leaves of camellia sinensis</td>
<td>EGCG (epigallocatechin-3-gallate), which is the most biologically active catechin — is likely a result of inhibition of tumor initiation and promotion, thus retarding the growth and development of neoplasms [27].</td>
</tr>
<tr>
<td>3</td>
<td>Neem (Azadirachta indica)</td>
<td>Anti-inflammatory, anti-oxidant</td>
<td>Leaves , fruits, seed oil</td>
<td>Catechin can inhibit the production of metalloproteases, inducing the apoptosis. It has anti-inflammatory effect by suppressive activation of nuclear factor κ-b (NFκ-b), which induces the apoptosis of cancer cells[27].</td>
</tr>
<tr>
<td>4</td>
<td>Lycopene (Lycopersicum)</td>
<td>Antioxidant</td>
<td>Tomatoes and other red fruits and vegetables, such as, red carrots, watermelons, and papayas</td>
<td>Lycopene can reduce the risk of oral cancer, as it has been shown to inhibit the proliferation of KB-1 human oral tumor cell by up regulation of connexin-43 (gap junction protein) expressions, concomitant with enhanced gap-junctional communication[27].</td>
</tr>
<tr>
<td>5</td>
<td>Curcumin (Curcuma Longa)</td>
<td>Anti-carcinogenic, anti-tumour activity</td>
<td>Turmeric</td>
<td>Inhibit cell growth and induce apoptosis in oral cancer cells. It enhances the cancer-fighting power of the treatment with a tumor necrosis factor-related apoptosis-inducing ligand (TRAIL). A recommended daily dose of up to 10 g can suppress tumor initiation, promotion, and metastasis[27].</td>
</tr>
<tr>
<td>6</td>
<td>Mushrooms (Agaricus bisporus)</td>
<td>Mutagenic and Anticancer activity.</td>
<td>B vitamins, selenium, copper, potassium</td>
<td>It fights against cancer and improve the immune system because of the presence of certain glucans and polysaccharide peptides (proteoglycans)[27].</td>
</tr>
<tr>
<td>7</td>
<td>Vata or Vada tree (Ficus Bengalensis Linn.)</td>
<td>Anti-tumor, antibacterial</td>
<td>Fruits</td>
<td>Fruit extracts of Ficus species were screened for bioactivity. F. Bengalensis and F. religiosa demonstrated activity in the brine shrimp test (Artemia salina) which indicates toxicity. All the fruit extracts exhibited antitumor activity in the potato disc bioassay[27].</td>
</tr>
</tbody>
</table>

Table 3: Herbs Used in Oral Cancer
### Table 3: Herbs Used In Oral Cancer

<table>
<thead>
<tr>
<th>S.N</th>
<th>Herbs</th>
<th>Mechanism of action</th>
<th>Method of preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Tulsi leaves (Ocimum sanctum)</td>
<td>Bio adsorbent</td>
<td>The roots, stems, leaves, barks and fruits of Morinda citrifolia plant are involved in anti-tumour activity. Mostly Morinda citrifolia is consumed in the form of juice.</td>
</tr>
<tr>
<td>9</td>
<td>Sitaphalam (Annona squamosa)</td>
<td>Anti-tumour</td>
<td>A. squamosa seed extracts induce apoptosis in BC-8 tumour cells by inducing oxidative stress. It would be of interest to identify the active component(s) present in the seed extracts showing such promising anti-cancer activity.</td>
</tr>
<tr>
<td>10</td>
<td>Triphala</td>
<td>Anti-cancer</td>
<td>Phytochemicals</td>
</tr>
</tbody>
</table>

### Table 4: Herbs In Dental Fluorosis

<table>
<thead>
<tr>
<th>S.N</th>
<th>Herbs</th>
<th>Mechanism of action</th>
<th>Method of preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Nuna (Morinda citrifolia / Noni)</td>
<td>Antitumor</td>
<td>Leaves and Flowers</td>
</tr>
<tr>
<td>9</td>
<td>Sitaphalam (Annona squamosa)</td>
<td>Anti-tumour</td>
<td>Leaves, seeds</td>
</tr>
<tr>
<td>10</td>
<td>Triphala</td>
<td>Anti-cancer</td>
<td>Phytochemicals</td>
</tr>
</tbody>
</table>

Citation: G. Saraswathy et al. (2018), Green Dentistry. Int J Dent & Oral Heal. 4:9, 145-155
• Causticum relieves neuralgic, tearing and drawing pains and pre-
the eyes. Along with shooting pain. It also relieves twitching of cheeks towards
face.
• Sanguinaria Canadensis relieves neuralgia pain in the upper jaw
jaw tension related to anxiety
• Calcarea fluorica is a specific remedy for relieving hard swelling and
face.
• Symphytum officinale relieves inflammation of facial bones [33].

### Table 5: Herbs In Temporomandibular Joint Disorders

<table>
<thead>
<tr>
<th>S.N</th>
<th>HERBS</th>
<th>MECHANISM OF ACTION</th>
<th>SOURCES</th>
<th>METHOD OF APPLICATION</th>
</tr>
</thead>
</table>
| 1.  | Karoow mathai (Datura metel Linn.) | Antibacterial       | Fresh Leaves    | The fresh leaves are boiled with gin-gelly oil and applied topically on Tempo-
ro-mandibular joint swelling [34].                                                   |

**Barriers In Implementation Of Green Dentistry**

Despite the many benefits offered by the eco-friendly approach, den-
tistry as a whole has been slow to catch on to the trend. It is still a work
in progress and it meets certain barriers in its implementation. Few of the
shortcomings in this regard are as follows:

1. The first and foremost barrier in the implementation of eco-friendly
dentistry is the “UNAWARENESS” of the concept among the con-
cerned professionals. Green dentistry being a new, budding notion, is
still doing rounds just on the internet, and a very few have worked on the
concept.
2. The consideration of building a “Green Office” is one of the prereq-
uites in green dentistry. But those already with a conventional dental
clinic would give a difficult time in getting convinced to re-build their
offices according to the guidelines of green dentistry because it would
be a costly affair and high costs may also be a deterrent for some den-
tists. Moreover, it is a time consuming pursuit to switch from conven-
tional practice to green practice [12] (Mohelay et al. 2016).
3. The most frequently identified barriers to implementation of eco-friendly dental offices strategies were cost and lack of incentives from the
government. There is a need for creating awareness among dentist practitioners regarding eco-friendly dental practices through
formal and continuing dental education
4. Over-exploitation of the natural resources. Dental professionals
have a responsibility to conserve natural resources and to eliminate/reduce toxic wastes from their practices that could harm human
health and environment [35].

**Conclusion**

Eco-Friendly dentistry is a newly evolving practice of dentistry, which
encompasses a simultaneous devotion to sustainability, prevention,
precaution, and a minimally invasive patient-centric as well as global-
centric treatment philosophy. The four processes responsible for most of the dental practice waste and pollution are:
(1) Placement and removal of mercury containing dental material.
(2) Conventional X-ray systems. (3) Infection control methods including disposable barriers, sterilization items and toxic disinfectants. (4) Conventional vacuum
saliva ejector systems. Saliva ejector systems, also known as dental
vacuum systems, are a critical piece of machinery for any dental office.

Unfortunately, these dental vacuum systems utilize tremendous
amount of water leading to wastage and to water pollution. Hence, dry vacuum system should be considered [36].

The current review discussed here has only dented the surface of
what is a very intricate line of scientific and engineering exploration. Global warming is a big hazard and appropriate measures must be
taken to tackle this serious problem. Dentistry is the paramount and
foremost therapeutic profession. In today’s world, it is very necessary
to understand the importance of being eco-friendly in every aspect
of our lives, including dental practice which has a massive impact on
the environment because of large amount of metallic waste that is
produced by numerous dental procedures. Eco-friendly dentistry is
not merely a “feel Good”Endeavor. There is over-whelming evidence
of global climate changes and the finite capacity of our planet’s eco-
system to absorb further depletion and degradation. If environmental
degradation was a stock, the industrial nations would be the primary
share-holders. Thus, it is an ethical duty for all the dentists in world
to play a primary role in developing sustainable solutions. This will help to
safeguard the patient and workers. This will ensure to protect our air,
water and land from the detrimental effects of the waste disposal. To
conclude we quote Ray Kroc “As long you are green, you are growing.
As soon you are ripe, you start to rot.” So let us go green today and
save mother Earth from biohazards for a better tomorrow.

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