



Anti Inflammatory Activity Of Chitosan Nanoparticles With Chlorhexidine- An Invitro Study

Anjali Sankar¹, Sindhu Ramesh^{2*}, S.Rajeshkumar³, Nishitha Arun⁴

^{1,4}Department of Conservative Dentistry and Endodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India

²Professor, Department of Conservative Dentistry and Endodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India

³Department of Pharmacology, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India

***Corresponding author:** Sindhu Ramesh, Professor, Department of Conservative Dentistry and Endodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India

Submitted: 08 March 2023; Accepted: 15 April 2023; Published: 04 May 2023

ABSTRACT

Introduction: One of the primary goals of root canal therapy is to relieve the discomfort associated with permanently injured pulps. Root canal therapy is the sole option for saving a tooth with irreversible pulpitis. Nonsteroidal anti-inflammatory medications can be used to treat inflammation (NSAIDs). All NSAIDs have the potential to induce severe adverse effects such as stomach ulcers, gastrointestinal bleeding, renal failure, heart attacks, and strokes. The aim of this study is to evaluate the anti-inflammatory activity of chitosan nanoparticles with chlorhexidine.

Materials and Methods: The chitosan was obtained and plain chitosan with chlorhexidine, chitosan nanoparticles with chlorhexidine was prepared. The anti-inflammatory activity for Chitosan nanoparticles was tested by the following convention proposed by Muzushima and Kabayashi. Diclofenac Sodium was used as the standard. DMSO is used as a control. Percentage of protein denaturation was determined.

Results: Anti-inflammatory activity of plain chitosan and nano chitosan showed an incremental pattern with increase in concentration, where the percentage of inhibition is high at 50µl. Its activity increases with increase in dosage. Nanochitosan with chlorhexidine shows higher anti-inflammatory activity when compared to plain chitosan.

Conclusion: The use of this novel irrigant in the field of endodontics would reduce the postoperative pain, the use of NSAID's and overall improve the experience of the patients undergoing endodontic treatment in the future.

Keywords: *Endodontic Irrigants, Root Canal Treatment, Chitosan, Chitosan nanoparticles, Natural Irrigant, Anti inflammatory*

INTRODUCTION

One of the primary goals of root canal therapy is to relieve the discomfort associated with permanently injured pulps. Clinically, pain in a tooth with irreversible pulpitis can range from moderate to severe, and it can be spontaneous or intermittent. Root canal therapy is the sole option for saving a tooth with irreversible pulpitis. However, some individuals may have mild to extreme discomfort after root canal therapy. As a result, pain management is an essential component of root canal therapy before, during, and after intervention. In some endodontic procedures, single-visit root canal treatment is prevalent.(1) One of the major problems with this method, however, has been the risk of postoperative discomfort.(2)(3)(4)

Inflammation is a combination of interactions between soluble substances and cells that can occur in any tissue in response to autoimmune, traumatic, viral, toxic, or post-ischemic damage.(5–7) Nonsteroidal anti-inflammatory medications can be used to treat inflammation (NSAIDs).(8–10) The most often used category of medicines are NSAIDs. All NSAIDs have the potential to induce severe adverse effects such as stomach ulcers, gastrointestinal bleeding, renal failure, heart attacks, and strokes.(11–14)

Prophylactic preoperative analgesics and corticosteroids, the use of long-acting local anaesthetics, crown-down root canal preparation, and occlusal reduction are all strategies for post-operative pain treatment.(15–18) The impact of irrigating solutions used during root canal therapy in reducing post-operative discomfort is unknown. Nonsteroidal anti-inflammatory drugs (NSAIDs) are the most used drugs to treat pain and inflammatory conditions.(19,20) They do, however, have frequent side effects such as ulcers, bleeding, and renal problems. While some studies have found that specific kinds and concentrations of irrigating solutions reduce post-operative pain, others have found no change in post-operative pain with the varied irrigating solutions(21).(22) The aim of this study is to evaluate the anti-inflammatory activity of chitosan nanoparticles with chlorhexidine.

MATERIALS AND METHODS

Chitosan Synthesis

For this study the chitosan powder was obtained from dried exoskeleton of marine shrimps.

Preparation of Chitosan Nanoparticles

500 mg of chitosan was incorporated in 50 ml of 1% acetic acid solution and agitated for 25 minutes in room temperature at 1000 rpm until the liquid turns clear. The resultant solution was sonicated before being titrated with NaOH or HCL solution calibrated to pH5 and filtered through 0.2 mesh. 5 mL of nano-magnetic solution was added to 75 mL of deionized water and sonicated for 10 minutes for the coating procedure. The solution of chitosan was then added and sonicated for 5 minutes. The solution that presented was clear.

Preparation of Nanochitosan with Chlorhexidine solution

50ml of 2% Chlorhexidene was added to 50 ml of the prepared nano chitosan solution. The resulting solution was sonicated for 10 mins until the solution was clear.

Synthesis of plain chitosan nanoparticles with chlorhexidine

The amount of 500 mg of chitosan was dissolved in 50 ml of 1% acetic acid solution and agitated for 25 minutes at room temperature at 1000 rpm until the solution turned clear. The resultant solution was sonicated before being titrated with NaOH or HCL solution calibrated to pH5 and filtered through 0.2 mesh. 50ml of 2% Chlorhexidene was added to 50 ml of the prepared chitosan solution. The resulting solution was sonicated for 10 mins until the solution was clear.

Anti Inflammatory Activity

Albumin Denaturation Assay

The anti-inflammatory effect of Chitosan nanoparticles was evaluated using the Muzushima and Kabayashi protocol, with minor modifications. 0.05 mL Chitosan nanoparticles of varied fixation (10L,20L,30L,40L,50L) were added to 0.45 mL bovine serum albumin (1% aqueous solution), and the pH of the mixture was adjusted to 6.3 with a little amount of 1N hydrochloric acid. These samples were incubated at room temperature for 20 minutes before being heated in a water bath at 55 °C for 30 minutes. After cooling the samples, the absorbance at 660 nm was measured spectrophotometrically. The standard was diclofenac sodium. As a control, DMSO is employed. The percentage of protein

denaturation was calculated using the following equation: % inhibition= $\frac{\text{Absorbance of control} - \text{Absorbance of sample}}{\text{Absorbance of control}} \times 100$

RESULTS

Anti-inflammatory activity of plain chitosan and

nano chitosan showed an incremental pattern with increase in concentration, where the percentage of inhibition is high at 50µl. Its activity increases with increase in dosage. Nanochitosan with chlorhexidine shows higher anti-inflammatory activity when compared to plain chitosan.

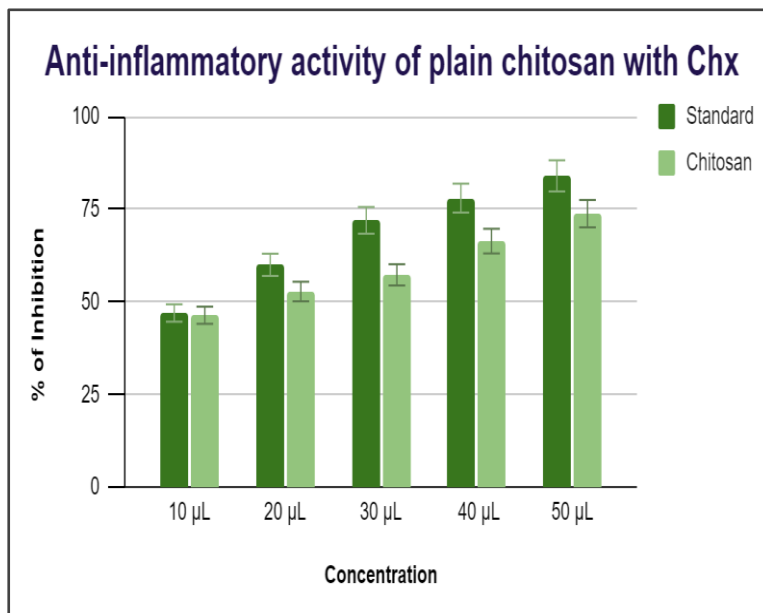


FIG 1: Anti-inflammatory activity of plain chitosan showing an incremental pattern with increase in concentration, where the percentage of inhibition is high at 50µl. Its activity increases with increase in dosage.

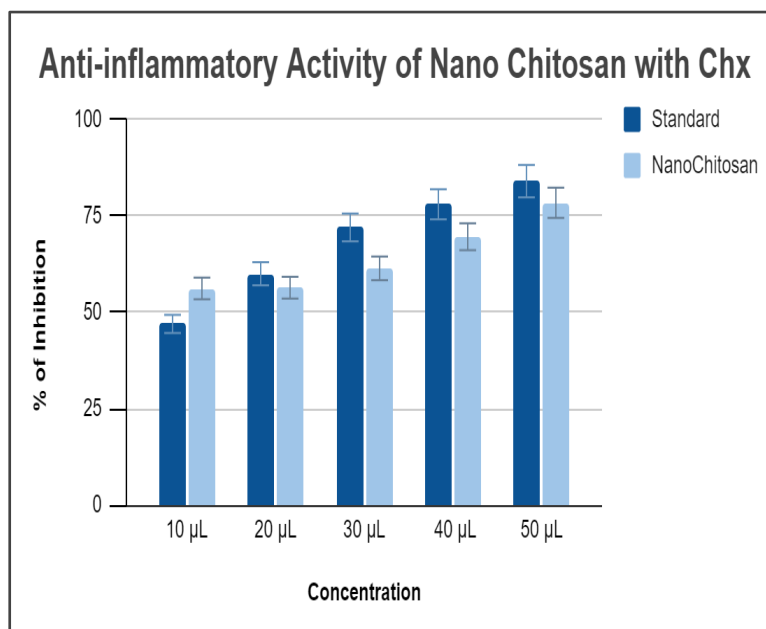


FIG 2: Anti-inflammatory activity of chitosan nanoparticles showing an incremental pattern with increase in concentration, where the percentage of inhibition is high at 50µl. Its activity increases with increase in dosage

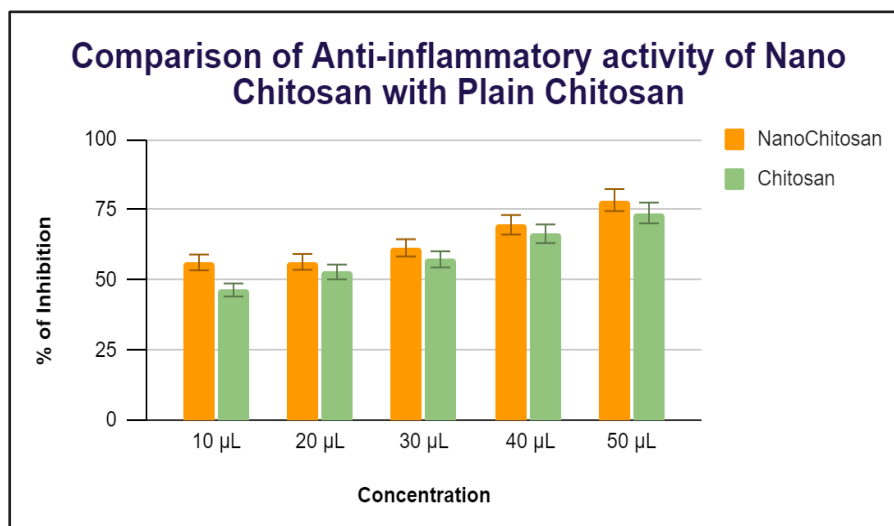


FIG 3: Nanochitosan with chlorhexidine shows higher anti-inflammatory activity when compared to plain chitosan. Its activity increases with increase in dosage.

DISCUSSION

The main objective of this study was to assess the anti-inflammatory activity of a novel irrigant plain chitosan with chlorhexidine and nano chitosan with chlorhexidine. The results of the study demonstrated that both plain chitosan with chlorhexidine and nano chitosan with chlorhexidine showed increased anti-inflammatory activity when compared to the control group. Nanochitosan with chlorhexidine shows higher anti-inflammatory activity when compared to plain chitosan. The anti-inflammatory activity increased with the increase in dosage.

Inflammation is the initial defensive reaction of the human body to infection or damage, driven in a tissue compartment by a specialised collection of immune and inflammatory cells with the goal of restoring structural and functional integrity following exposure to an unfavourable stimulus.(23) Numerous studies on the anti-inflammatory and pro-inflammatory activities of chitosan and its derivatives have been conducted. Davydova and colleagues investigated the anti-inflammatory activity of chitosan with high (MW: 115 kDa) and low (MW: 5.2 kDa) molecular weights, and both chitosan samples showed an increased induction of anti-inflammatory IL-10 cytokine in animal blood as well as suppression of colitis progression.(24,25) The scientists determined that the predominant contribution of chitosan to anti-inflammatory action was driven by structural features inside its molecule.(24,26) Oliveira et al. investigated the

anti-inflammatory and pro-inflammatory effects of chitosan film.(27)

Many studies have proved that chitosan has anti-inflammatory properties, despite the fact that the specific mechanism is not entirely known. Chung et al. examined the anti-inflammatory efficacy of two kinds of chitosan with high (70 kDa) and low (MW: 1 kDa) molecular weight. The strong inhibitory impact of low molecular weight chitosan on IL-4, IL-13, and TNF-cytokines was discovered, indicating the possibility for reducing allergic inflammation in vivo. Li et al. postulated a mechanism for lipopolysaccharide-induced NF- κ B-dependent inflammatory gene expression in COS, which was linked to decreased NF- κ B nucleus translocation.(28)(29) NF- κ B is a transcription factor that has a role in mediating proinflammatory responses. Ma et al. (30) conducted a similar investigation, and the favourable impact of chitosan pretreatment on the reduction of LPS-induced NF- κ B and AP-1 activation in macrophages was explained. The findings demonstrated that chitosan is a potential inhibitor of NF- κ B and AP-1-mediated inflammatory responses in macrophages by suppressing LPS-induced c-fos (proto-oncogene) production in macrophages in a concentration-dependent approach.(31) (32) Li et al. observed proinflammatory and inflammatory actions of COS (obtained by enzymatic hydrolysis with chitosanase) on cytokines.(33) The researchers looked at the levels of proinflammatory cytokines like IL-1, IL-6, and TNF- and anti-inflammatory cytokines like IL-2 in a mouse

osteoarthritis (OA) model. The serum expression of proinflammatory cytokines was reduced, while anti-inflammatory activity was increased.(34)(35)

Chitosan and its metabolites are being researched intensively for medicinal and pharmacological purposes. In situ and in vitro tests have demonstrated their distinct and appealing bioactivities.(36) They are easily produced in nature by low-cost alkaline deacetylation of chitin processes.(12) Given their numerous advantages, the curiosity in chitosan and its derivatives may continue to grow. Commercial exploitation of materials that contain chitosan and its derivatives is not yet widespread or simple to come by (37). Our team has extensive knowledge and research experience that has translated into high quality publications (38–47). More research investigations on natural polysaccharides with beneficial bioactivities, including the mechanism of bioactivities of chitosan molecules, may be completed in the future.

CONCLUSION

The use of this novel irrigant in the field of endodontics would reduce the postoperative pain, the use of NSAID's and overall improve the experience of the patients undergoing endodontic treatment in the future.

REFERENCES

1. Fleming CH, Litaker MS, Alley LW, Eleazer PD. Comparison of classic endodontic techniques versus contemporary techniques on endodontic treatment success. *J Endod.* 2010 Mar;36(3):414–8.
2. Patel B. *Endodontic Diagnosis, Pathology, and Treatment Planning: Mastering Clinical Practice.* Springer; 2015. 315 p.
3. Kamath KA, Nasim I, Rajeshkumar S. Evaluation of the re-mineralization capacity of a gold nanoparticle-based dental varnish: An study. *J Conserv Dent.* 2020 Jul-Aug;23(4):390–4.
4. Murugaboopathy V, Saravankumar R, Mangaiyarkarasi R, Kengadaran S, Samuel SR, Rajeshkumar S. Efficacy of marine algal extracts against oral pathogens - A systematic review. *Indian J Dent Res.* 2021 Oct-Dec;32(4):524–7.
5. NSAID, rofecoxib NSAID, ibuprofen NSAID, diclofenacNSAID's getemd? [Internet]. Vol. 38, MFM. 2000. p. 228–9. Available from:

- http://dx.doi.org/10.1007/bf03057625
6. Waldfogel J. Selecting an NSAID [Internet]. *Pain.* 2022. p. 71–8. Available from: <http://dx.doi.org/10.1093/med/9780197542873.003.0009>
7. Matsuo M, Takahashi K. Microvascular changes after experimental pulpitis in dog 2. application of metronidazole against inflammation [Internet]. Vol. 2, *Microvascular Reviews and Communications.* 2008. p. 18–23. Available from: <http://dx.doi.org/10.14532/mvrc.2.18>
8. Kumar M, Singla R, Gill GS, Kalra T, Jain N. Evaluating Combined Effect of Oral Premedication with Ibuprofen and Dexamethasone on Success of Inferior Alveolar Nerve Block in Mandibular Molars with Symptomatic Irreversible Pulpitis: A Prospective, Double-blind, Randomized Clinical Trial. *J Endod.* 2021 May;47(5):705–10.
9. Al-Rawhani AH, Gawdat SI, Wanees Amin SA. Effect of Diclofenac Potassium Premedication on Postendodontic Pain in Mandibular Molars with Symptomatic Irreversible Pulpitis: A Randomized Placebo-Controlled Double-Blind Trial. *J Endod.* 2020 Aug;46(8):1023–31.
10. Stamos A, Drum M, Reader A, Nusstein J, Fowler S, Beck M. An Evaluation of Ibuprofen Versus Ibuprofen/Acetaminophen for Postoperative Endodontic Pain in Patients With Symptomatic Irreversible Pulpitis and Symptomatic Apical Periodontitis. *Anesth Prog.* 2019 Winter;66(4):192–201.
11. Nishanthine C, Miglani R, R I, Pooni S, Srinivasan MR, Robaian A, et al. Evaluation of Fluoride Release in Chitosan-Modified Glass Ionomer Cements. *Int Dent J.* 2022 Dec;72(6):785–91.
12. Pandiyan I, Sri SD, Indiran MA, Rathinavelu PK, Prabakar J, Rajeshkumar S. Antioxidant, anti-inflammatory activity of -mediated selenium nanoparticles: An study. *J Conserv Dent.* 2022 Jun 13;25(3):241–5.
13. Ramamurthy S, Thiagarajan K, Varghese S, Kumar R, Karthick BP, Varadarajan S, et al. Assessing the Antioxidant and Anti-inflammatory Activity of Crude Extract. *J Contemp Dent Pract.* 2022 Apr 1;23(4):437–42.
14. Janani K, Teja KV, Ajitha P. Cytotoxicity of oregano essential oil and calcium hydroxide on L929 fibroblast cell: A molecular level study. *J Conserv Dent.* 2021 Sep-Oct;24(5):457–63.
15. Aksoy F, Ege B. The effect of pretreatment submucosal injections of tramadol and dexamethasone on post-endodontic pain in mandibular molar teeth with symptomatic irreversible pulpitis: a randomized controlled clinical trial. *Int Endod J.* 2020 Feb;53(2):176–85.

16. Attar S, Bowles WR, Baisden MK, Hodges JS, McClanahan SB. Evaluation of pretreatment analgesia and endodontic treatment for postoperative endodontic pain. *J Endod.* 2008 Jun;34(6):652–5.
17. Rosenberg PA. *Endodontic Pain: Diagnosis, Causes, Prevention and Treatment.* Springer; 2014. 183 p.
18. Parioekh M, Yosefi MH, Nakhaee N, Manochehrifar H, Abbott PV, Reza Forghani F. Effect of bupivacaine on postoperative pain for inferior alveolar nerve block anesthesia after single-visit root canal treatment in teeth with irreversible pulpitis. *J Endod.* 2012 Aug;38(8):1035–9.
19. Fedorowicz Z, Nasser M, Sequeira-Byron P, de Souza RF, Carter B, Heft M. Irrigants for non-surgical root canal treatment in mature permanent teeth. *Cochrane Database Syst Rev.* 2012 Sep 12;(9):CD008948.
20. Basrani B. *Endodontic Irrigation: Chemical disinfection of the root canal system.* Springer; 2015. 316 p.
21. Website [Internet]. Available from: https://www.researchgate.net/publication/351419001_Ecofriendly_Synthesis_Characterisation_and_Antibacterial_Activity_Of_Curcumin_Mediated_Silver_Nanoparticles
22. Website [Internet]. Available from: https://www.researchgate.net/publication/351419001_Ecofriendly_Synthesis_Characterisation_and_Antibacterial_Activity_Of_Curcumin_Mediated_Silver_Nanoparticles
23. Russo V, El Khatib M, Prencipe G, Citeroni MR, Faydaver M, Mauro A, et al. Tendon Immune Regeneration: Insights on the Synergetic Role of Stem and Immune Cells during Tendon Regeneration. *Cells* [Internet]. 2022 Jan 27;11(3). Available from: <http://dx.doi.org/10.3390/cells11030434>
24. Davydova VN, Kalitnik AA, Markov PA, Volod'ko AV, Popov SV, Ermak IM. [Cytokine-inducing and anti-inflammatory activity of chitosan and its low-molecular derivative]. *Prikl Biokhim Mikrobiol.* 2016 Sep;52(5):460–6.
25. Berrada M. *Chitin and Chitosan: Physicochemical Properties and Industrial Applications.* BoD – Books on Demand; 2021. 290 p.
26. Friedman AJ, Phan J, Schairer DO, Champer J, Qin M, Pirouz A, et al. Antimicrobial and anti-inflammatory activity of chitosan-alginate nanoparticles: a targeted therapy for cutaneous pathogens. *J Invest Dermatol.* 2013 May;133(5):1231–9.
27. Oliveira MI, Santos SG, Oliveira MJ, Torres AL, Barbosa MA. Chitosan drives anti-inflammatory macrophage polarisation and pro-inflammatory dendritic cell stimulation. *Eur Cell Mater.* 2012 Jul 24;24:136–52; discussion 152–3.
28. Chung MJ, Park JK, Park YI. Anti-inflammatory effects of low-molecular weight chitosan oligosaccharides in IgE–antigen complex-stimulated RBL-2H3 cells and asthma model mice [Internet]. Vol. 12, *International Immunopharmacology.* 2012. p. 453–9. Available from: <http://dx.doi.org/10.1016/j.intimp.2011.12.027>
29. Li Y, Liu H, Xu QS, Du YG, Xu J. Chitosan oligosaccharides block LPS-induced O-GlcNAcylation of NF-κB and endothelial inflammatory response. *Carbohydr Polym.* 2014 Jan;99:568–78.
30. Ma P, Liu HT, Wei P, Xu QS, Bai XF, Du YG, et al. Chitosan oligosaccharides inhibit LPS-induced over-expression of IL-6 and TNF-α in RAW264.7 macrophage cells through blockade of mitogen-activated protein kinase (MAPK) and PI3K/Akt signaling pathways [Internet]. Vol. 84, *Carbohydrate Polymers.* 2011. p. 1391–8. Available from: <http://dx.doi.org/10.1016/j.carbpol.2011.01.045>
31. Yang EJ, Kim JG, Kim JY, Kim S, Lee N, Hyun CG. Anti-inflammatory effect of chitosan oligosaccharides in RAW 264.7 cells [Internet]. Vol. 5, *Open Life Sciences.* 2010. p. 95–102. Available from: <http://dx.doi.org/10.2478/s11535-009-0066-5>
32. Jose J, Palanivelu A, Subbaiyan H. Cytotoxicity evaluation of calcium hypochlorite and other commonly used root canal irrigants against human gingival fibroblast cells: An in vitro evaluation. *Dent Med Probl.* 2021 Jan-Mar;58(1):31–7.
33. Li Y, Chen L, Liu Y, Zhang Y, Liang Y, Mei Y. Anti-inflammatory effects in a mouse osteoarthritis model of a mixture of glucosamine and chitoooligosaccharides produced by bi-enzyme single-step hydrolysis [Internet]. Vol. 8, *Scientific Reports.* 2018. Available from: <http://dx.doi.org/10.1038/s41598-018-24050-6>
34. Nandakumar M, Nasim I. Effect of intracanal cryotreated sodium hypochlorite on postoperative pain after root canal treatment - A randomized controlled clinical trial. *J Conserv Dent.* 2020 Nov 5;23(2):131–6.
35. Nandakumar M, Nasim I. Effect of intracanal cryotreated sodium hypochlorite on postoperative pain after root canal treatment - A randomized controlled clinical trial. *J Conserv Dent.* 2020 Nov 5;23(2):131–6.
36. Rajendran R, Nair KR, Sandhya R, Ashik PM, Veedu RP, Saleem S. Evaluation of remineralization potential and cytotoxicity of a novel strontium-doped nanohydroxyapatite paste: An study. *J Conserv Dent.* 2020 Jul-Aug;23(4):330–6.

37. Sairaman S, Nivedhitha MS, Shrivastava D, Al Onazi MA, Algarni HA, Mustafa M, et al. Biocompatibility and antioxidant activity of a novel carrageenan based injectable hydrogel scaffold incorporated with *Cissus quadrangularis*: an in vitro study. *BMC Oral Health*. 2022 Sep 5;22(1):377.
38. Neelakantan P, Grotra D, Sharma S. Retreatability of 2 mineral trioxide aggregate-based root canal sealers: a cone-beam computed tomography analysis. *J Endod*. 2013 Jul;39(7):893–6.
39. Aldhuwayhi S, Mallineni SK, Sakhamuri S, Thakare AA, Mallineni S, Sajja R, et al. Covid-19 Knowledge and Perceptions Among Dental Specialists: A Cross-Sectional Online Questionnaire Survey. *Risk Manag Healthc Policy*. 2021 Jul 7;14:2851–61.
40. Sheriff KAH, Ahmed Hilal Sheriff K, Santhanam A. Knowledge and Awareness towards Oral Biopsy among Students of Saveetha Dental College [Internet]. Vol. 11, *Research Journal of Pharmacy and Technology*. 2018. p. 543. Available from: <http://dx.doi.org/10.5958/0974-360x.2018.00101.4>
41. Markov A, Thangavelu L, Aravindhan S, Zekiy AO, Jarahian M, Chartrand MS, et al. Mesenchymal stem/stromal cells as a valuable source for the treatment of immune-mediated disorders. *Stem Cell Res Ther*. 2021 Mar 18;12(1):192.
42. Jayaraj G, Ramani P, Herald J. Sherlin, Premkumar P, Anuja N. Inter-observer agreement in grading oral epithelial dysplasia – A systematic review [Internet]. Vol. 27, *Journal of Oral and Maxillofacial Surgery, Medicine, and Pathology*. 2015. p. 112–6. Available from: <http://dx.doi.org/10.1016/j.ajoms.2014.01.006>
43. Paramasivam A, Priyadharsini JV, Raghunandhakumar S, Elumalai P. A novel COVID-19 and its effects on cardiovascular disease. *Hypertens Res*. 2020 Jul;43(7):729–30.
44. Li Z, Veeraraghavan VP, Mohan SK, Bolla SR, Lakshmanan H, Kumaran S, et al. Apoptotic induction and anti-metastatic activity of eugenol encapsulated chitosan nanopolymer on rat glioma C6 cells via alleviating the MMP signaling pathway [Internet]. Vol. 203, *Journal of Photochemistry and Photobiology B: Biology*. 2020. p. 111773. Available from: <http://dx.doi.org/10.1016/j.jphotobiol.2019.111773>
45. Gan H, Zhang Y, Zhou Q, Zheng L, Xie X, Veeraraghavan VP, et al. Zingerone induced caspase-dependent apoptosis in MCF-7 cells and prevents 7,12-dimethylbenz(a)anthracene-induced mammary carcinogenesis in experimental rats. *J Biochem Mol Toxicol*. 2019 Oct;33(10):e22387.
46. Dua K, Wadhwa R, Singhvi G, Rapalli V, Shukla SD, Shastri MD, et al. The potential of siRNA based drug delivery in respiratory disorders: Recent advances and progress. *Drug Dev Res*. 2019 Sep;80(6):714–30.
47. Mohan M, Jagannathan N. Oral field cancerization: an update on current concepts. *Oncol Rev*. 2014 Mar 17;8(1):244.