

Potential Use of Propolis as Endodontic Irrigant

Claudemir De Carvalho¹, Elizandra Mara De Lima², Ana Paula Dos Santos Moraes², Kele Pereira Da Silva²

¹Dean of Research and Graduate Studies, University Center FUNVIC, Pindamonhangaba-SP, Brazil.

²Dentistry student, University Center FUNVIC, Pindamonhangaba-SP, Pindamonhangaba-SP, Brazil.

*Corresponding author: Claudemir De Carvalho.

Abstract

Objective of this work was to review the use of propolis as an endodontic irrigant. For this, keywords were searched in the PubMed database, from April to October 2022. There are many chemical compounds in propolis from different geographic regions; Flavonoids are one of the most important agents that have anti-inflammatory, anti-viral, anti-allergic, anti-cancer, anti-bacterial and antioxidant effects. According to the mentioned properties, propolis can be used as a canal irrigation solution, as well as intracanal medicine in endodontic treatments. The results described in the literature are practically unanimous in showing the antibacterial and antifungal effects of different propolis extracts at different concentrations. In addition to flavonoids, other components of propolis such as resin, pollen, vitamins and phenols, indicate that propolis can be used not only as an intracanal irrigation solution, but for various purposes, with a promising role in endodontics as well as dentistry.

Keywords: propolis and endodontics; propolis and endodontic irrigants; propolis and root canal irrigant; propolis as intracanal medicament

Introduction

In endodontics, the objective of biomechanical preparation is to perform cleaning and disinfection of the root canal system (RCS) [1]. The presence of microorganisms in the root canal system is the main cause of endodontic infections and their viability depends on the redox potential, the availability of nutrients and the host's defense system. The identification of the predominant microorganisms in the infections makes it possible to adopt measures aimed at their elimination inside the canal. It is known that instrumentation, alone, does not guarantee the complete removal or inactivation of pathogens in infected canals, irrigation and medication are important, associating mechanical cleaning with the use of antibacterial agents, to improve the effectiveness of the treatment [2]. Irrigating solutions are used in endodontic treatment in order to eliminate bacteria from root canals. Several studies have been carried out in the search for irrigants that combine better properties, including antimicrobial activity, low or no toxicity to periapical tissues, solubility and ability to dissolve organic matter [3,4]. Intracanal medications are used as adjuvants in endodontic treatment, with the aim of moderating pain, reducing remaining bacteria and their

metabolites, and accelerating the healing process [5]. In this context, propolis appears as an alternative of interest to complement treatment. Propolis is a resinous complex produced by the bees *Apis mellifera* L. whose variety of pharmacological properties results from the complexity of its composition [6,7,8]. It is composed of resin and balms (50-60%), pollen (5-10%), and other constituents such as amino acids, minerals, vitamins A and B complex, flavonoids, phenols, and aromatic compounds [9]. In general, propolis has been used as an anesthetic, anti-inflammatory, antibacterial, antiviral, antifungal, antioxidant, anticancer, antidiabetes, immunomodulator, tumoricide, among others. In dentistry, propolis has been used experimentally in the areas of endodontics, cariology, oral surgery, periodontics and oral pathology, among others [1,10]. Propolis extracts are commonly obtained from continuous immersion in various solvents, but there are other methods, including ultrasound and microwaves [11]. Because it is natural, non-toxic, low cost, does not cause microbial resistance and has a variety of therapeutic activities, propolis It is a product with good prospects for use in the dental field, including expansion of its field of applicability. There is evidence that it can be used as an alternative in the

control and prevention of oral diseases. The results found in the literature are promising, so research involving propolis has been increasing both in quantity and complexity [12,13]. The present study aimed to review the literature about the potential use of propolis as an endodontic irrigant.

Methodology

From April to October 2022, a bibliographic search was carried out to locate articles published on the use of propolis as an endodontic irrigant. An electronic search was performed in the PubMed database using the following combinations of keywords: propolis and endodontics (124), propolis and endodontic irrigants

(38), propolis and root canal irrigant (47) and propolis as intracanal medicament (32). Articles were included in full, published in English from the year 2000 onwards, describing in vitro or in vivo experiments showing the use of propolis as an intracanal irrigant.

Results

Among the 241 articles obtained, only specific full-length articles in English were used. Duplicate, non-specific articles that did not mention the pharmaceutical form and/or concentration of propolis used were excluded. Finally, 24 articles were included in the present study (Table 1).

Table 1: Number and characteristics of selected articles.

Number of articles	Type of search	Pharmaceutical form / Concentration used	Conclusion
24	Experimental in vitro 20 Experimental in vivo 03 Meta-analysis-01	Propolis extracts were used at different concentrations	It was possible to verify the effectiveness of propolis extracts used as irrigants due to their antibacterial and antifungal action. Propolis is more reliable in terms of toxicity.

The information contained in the selected articles is summarized in Table 2.

RMGIC Resin-modified glass ionomer cements; HDPF Human dental pulp fibroblast.

Table 2: Potential use of propolis as an endodontic irrigant, according to the literature.

Reference	Type of Search	Pharmaceutical Form / Concentration Used	Conclusion
Geraldini, et al. [14] 2000	Experimental in vitro (teeth)	Propolis Ethanol Extract (PEE) 10%, 20% and 30%	The three concentrations were efficient for removing smear, promoting cleaning of the dental canal.
Al-Qathami e Al-Madi [15] 2003	Experimental in vitro (teeth)	Propolis solution 1:120 (500 mg of propolis dissolved in 120 mL of distilled water)	Propolis extract significantly reduced contamination of dental canals
Oncag et al. [16] 2006	Experimental in vitro (teeth)	Aqueous extract of propolis (Does not mention the concentration)	Propolis had good in vitro activity against <i>E. faecalis</i> in dental canals
Ferreira et al. [17] 2007	Experimental in vitro	Propolis Ethanol Extract (PEE) 10%	PEE proved to be effective against <i>Prevotella nigrescens</i> , <i>Fusobacterium nucleatum</i> , <i>Actinomyces israelii</i> , <i>Clostridium perfringens</i> , <i>Enterococcus faecalis</i>
Maia Filho et al. [3] 2008	Experimental in vitro (teeth)	Propolis extract (1g/mL) in dilutions 1:10, 1:20, 1:40, 1:80 e 1:160.	Propolis extract at a 1:10 dilution (1mg/mL) showed good antimicrobial activity against <i>E. faecalis</i> , being greater than 5% sodium hypochlorite and less than chlorhexidine gel
Rezende et al. [18] 2008	Experimental in vivo	Propolis Ethanol Extract (PEE) 11% Aqueous extract of propolis 11%	The two extracts showed a zone of inhibition against microorganisms isolated from the root canal of the teeth.
Awawdeh et al. [19] 2009	Experimental in vitro (teeth)	Propolis extract (does not mention the concentration)	Propolis was more effective as an intracanal treatment in eliminating <i>E. faecalis</i>
Kandaswamy et al. [20] 2010	Experimental in vitro (teeth)	Green propolis extract in various concentrations	Propolis had good antibacterial activity against <i>E. faecalis</i>
Carbajal Mejía [21] 2013	Experimental in vitro (teeth)	Peruvian propolis extract (does not mention the concentration)	Propolis showed the same efficiency as 2% chlorhexidine for the control of <i>E. faecalis</i> and <i>C. albicans</i> in artificially contaminated dental canals
Jolly et al. [22] 2013	Experimental in vivo	Propolis dimethyl sulfoxide extract (DMSO)	Propolis showed a marked decrease in colony-forming units of aerobic and anaerobic endodontic bacteria.
Tiagy et al. [23] 2013	Experimental in vitro (teeth)	Green propolis ethanol extract 11%	Propolis had a marked antimicrobial action against <i>C. albicans</i>
Maekawa et al. [24] 2013	Experimental in vitro (teeth)	Propolis glycolic extract 12%	The extract used was efficient against <i>C. albicans</i> , <i>E. faecalis</i> e <i>E. coli</i> in root canals
Ehsani et al. [25] 2013	Experimental in vitro (diffusion test)	Propolis Ethanol Extract (PEE) 15% e 40%; Aqueous extract of propolis	The aqueous extract was not effective, but the 15% and 40% extracts were effective against <i>E. faecalis</i> .
Siqueira et al. [2] 2014	Experimental in vitro (diffusion test)	Red propolis extract 1%; 2,5%; 5% e 7,5%	The 7.5% solution was more effective against <i>E. faecalis</i> when compared to the others
Verma et al. [26] 2014	Experimental in vivo	Aqueous extract of propolis 25%	The authors confirmed the antibacterial efficacy of water-soluble propolis extract in the root canals of deciduous teeth in vivo.
Lopez et al. [27] 2015	Experimental in vitro (diffusion and cytotoxicity tests)	Red propolis extract in various concentrations	All concentrations were effective against Gram positive and Gram-negative bacteria and different species of <i>Candida</i> . Low toxicity to human keratinocytes and murine fibroblasts
Agrawal et al. [28] 2016	Meta-analysis	Green propolis extract in various concentrations	The different concentrations used by various authors showed antibacterial and antifungal action
Silva et al. [4] 2016	Experimental in vitro (diffusion test)	Aqueous extract of propolis (Does not mention the concentration)	Propolis showed antibacterial action against <i>E. faecalis</i> , however, less than 2.5% sodium hypochlorite and 2% chlorhexidine
Jaiswal et al. [29] 2017	Experimental in vitro (teeth)	Aqueous extract of propolis 0,2%	Propolis proved to be as effective as 5% sodium hypochlorite against <i>E. faecalis</i>
Uğur Aydın et al. [30] 2018	Experimental in vitro (cytotoxicity test)	Propolis ethanol extract (PEE) 15%	Propolis proved to be more reliable, in terms of toxicity, than the gold standard irrigant sodium hypochlorite
Matochek et al. [31] 2020	Experimental in vitro (teeth)	Aqueous solution of ethanolic extract of propolis	The propolis-based aqueous solution was less aggressive for dentin root surfaces, not interfering with the adhesion of resin cements
Almadi et al. [32] 2020	Experimental in vitro (teeth)	Propolis ethanol extract (PEE) density of 160mg/mL	Propolis can be used as a potential irrigant for canal disinfectant as long as the composition becomes standardized
Parolia et al. [33] 2021	Experimental in vitro (teeth)	Nanoparticles of propolis (NPs)	NP300 was significantly more effective in reducing <i>E. faecalis</i> . Electronic microscopy images also showed greater effectiveness of NP300 in reducing <i>E. faecalis</i> .
Oliveira Neto et al. [34] 2022	Experimental in vitro (Toxicity against endodontic pathogens and cytotoxicity)	Red propolis raw extract (RPRE) 10µg/mL and 50µg/mL	RPRE exhibited good antibacterial activity against endodontic pathogens and promoted the viability of HDPF

Discussion

Irrigation of the root canal system must be carried out simultaneously with instrumentation for the correct elimination of microorganisms through the antimicrobial action of the applied substances. These substances must have a potent antimicrobial action to combat the microbiota present in endodontic infections [1,3,5]. The antimicrobial action of propolis in relation to the oral microbiota has been demonstrated over the years [13,17,21,28,34]. Until the late 1990s and early 2000s, formocresol and its like were often used as intracanal drugs, but such chemicals used as bactericides have been shown to diffuse throughout the body from the root apex, resulting in cases of undesirable effects, including allergies. Furthermore, as these drugs are potent carcinogens, there is no indication for these chemicals in modern endodontic treatment. Today, biocompatibility and stability are essential properties for intracanal drugs.³⁶ Propolis has been demonstrated as a bioactive, biocompatible and non-toxic product [27,30].

The gold standard irrigant is sodium hypochlorite solution (NaOCl), normally 2.5%, due to its strong antimicrobial action and its dissolution of organic tissue. Its effectiveness is proportional to the concentration used, however, the higher it is, the greater the toxic effect on the periapical tissues and the more serious the complications arising from contact with the periradicular tissues [37]. Noites et al. [38] and Borrin et al. [39] report the complications that may arise during the use of sodium hypochlorite in endodontic treatment. Depending on the concentration of the solution used, bruising, pain, damage to vital tissues such as ulceration, necrosis, inhibition of neutrophil migration, damage to endothelial and fibroblastic cells may occur. Teixeira et al. [40] and Böhle et al. [41] also reported toxic effects of 2.5% NaCl solution for fibroblasts. No reports of propolis-based irrigating solution toxicity were found. Dentistry has been carrying out several studies regarding natural products that have pharmacological activity, reduced toxicity and biocompatibility, so that they are more accessible to the population. The usual indications for these products are associated with the treatment of infections, inflammation, toothache, scarring processes, maintaining good oral health through natural products [42]. Propolis, being a natural product, of plant origin and non-toxic, does not cause tissue damage and has a wide range of therapeutic

properties, allowing its use in toothpastes, rinses, varnishes and irrigants, being a good natural product for the therapy of the oral microbiota [1,42]. Propolis is a powerful natural product, resulting from the combination of numerous chemical assets such as fatty acids, alcohols, amino acids, vitamins and mineral salts, with flavonoids being the main components. Propolis is an efficient alternative for the treatment and prevention of several oral problems such as dental caries, mucositis and endodontic treatment, due to its therapeutic diversity, its low toxicity, low cost and proven applicability [43,44]. According to Pinto et al. [12], propolis has low innate toxicity because flavonoids, its main constituents, have very low toxicity. The chemical composition of propolis is very complex and its content varies greatly depending on location, climate, year and season [6]. Despite the popularity of propolis over time, it is not considered a conventional therapeutic agent due to restrictions to regulate chemical composition and biological activity [45]. This standardization is indispensable for acceptance in the health system. Under these circumstances, the characterization of different types of propolis, according to their plant origin and chemical profile, becomes necessary [46]. Prospective studies in intellectual property databases are important to increase market competitiveness and thus generate new products in different areas of research [8].

Conclusion

Propolis and its phenolic and flavonoid constituents have many therapeutic uses in dentistry and oral health. Wide therapeutic uses due to its antibacterial, antiviral, antifungal, anti-inflammatory and anticancer properties have been demonstrated in several in vitro and in vivo studies, as well as in human clinical trials. As intracanal irrigants, the different extracts used, in different concentrations, proved to be effective against some of the main intracanal contaminants. However, there is a great need to standardize the content of phenolics and flavonoids in propolis to obtain the best therapeutic benefits in dentistry and oral health.

References

1. Silva YO, Silva WO, Machado MEL, Alandia-Román CC, Paulo AO. (2018). O extrato de própolis no tratamento endodôntico. *J Orol Invest*, 5(1):19-28.

2. Siqueira AL, Dantas CG, Gomes MZ, Padilha FF, Albuquerque Júnior RLC, Cardoso JC. (2014). Estudo da ação antibacteriana do extrato hidroalcoólico de própolis vermelha sobre *Enterococcus faecalis*. Rev Odontol UNESP, 43(6):359-366.
3. Maia Filho EM, Maia CCR, Bastos ACSC, Novais TMG. (2008). Efeito antimicrobiano in vitro de diferentes medicações endodônticas e própolis sobre *Enterococcus faecalis*. Revista Gaúcha de Odontologia, Porto Alegre, 56(1):21-25.
4. Silva F, Francisco NLSG, Brun SC, Barbosa CCN, Soares LC. (2016). Atividade Antimicrobiana de Soluções Irrigadoras no Preparo Biomecânico de Canais Radiculares Frente a *Enterococcus Faecalis*. Brazilian Journal of Surgery and Clinical Research-BJSCR, 15(1):34-38.
5. Melo MCS, Cavalcante LC, Oliveira LV, Carvalho CMRS. (2018). Avaliação da dissociação iônica do hidróxido de cálcio associado ao Aloe vera como veículo. Rev Odontol UNESP, 47(2):98-105.
6. Bankova V, Castro SL, Marcucci MC. (2000). Propolis: recent advances in chemistry and plant origin. Apidologie, 31(1):3-15.
7. Munstedt K, Bogdanov S. (2009). Bee products and their potential use in modern medicine. Journal of ApiProduct and ApiMedical Science, 1:57-63.
8. Carvalho Furtado Jr. JH, Valadas LAR, Mendonça KS; Oliveira Filho R, Diógenes Gadelha LMU, Fiallos NM, et al. (2018). Propolis and its Dental Applications: A Technological Prospection. Recent Patents on Biotechnology, 12(4):288-296.
9. Zabaoui N, Fouache A, Trousson A, Baron S, Zellagui A, Lahouel M, et al. (2017). Biological properties of propolis extracts: Something new from an ancient product. Chem Phys Lipids, 207:214-222.
10. Bruschi ML, Rosseto HC, de Francisco LMB, de Toledo L. de AS, Raphaela RR. (2017). Nanostructured propolis as therapeutic systems with antimicrobial activity. Nano-and microscale drug delivery systems: design and fabrication, 377-391.
11. Aga H, Shibuya T, Hamada S, Iritani S, Miyake T. (1999). Propolis extract with improved water Solubility.
12. Pinto L.M.A, Prado NRT, Carvalho LB. (2011). Propriedades, Usos e Aplicações da Própolis. Revista Eletrônica de Farmácia, 8(3):25.
13. Almeida DC, Barbosa DC, Jardim-Júnior IJ, Mendonça SMS. (2016). Própolis na Odontologia: Uma Abordagem de suas diversas Aplicabilidades Clínicas. Revista Fluminense de Odontologia, 22(46).
14. Geraldini CAC, Salgado EGC, Rode SM. (2000). Application of própolis solutions on dentinal surface: scanning electron microscopy evaluation. Journal of Dental Research, 79(5):1022-1022.
15. Al-Qathami H, Al-Madi E. (2003). Comparison of sodium hypochlorite, propolis and saline as root canal irrigants: A pilot study. Saudi Dental J, 5:100-102.
16. Oncag O, Cogulu D, Uzel A, Sorkun K. (2006). Efficacy of propolis as an intracanal Medicament against *Enterococcus faecalis*. Gen Dent, 54(5):319-322.
17. Ferreira FB, Torres SA, Rosa OP, Ferreira CM, Garcia RB, Marcucci MC, et al. (2007). Antimicrobial effect of propolis and other substances against selected endodontic pathogens. Oral Surg Oral Med Oral Pathol Oral Radiol Endod, 104:709-716.
18. Rezende GPdSR, Costa LRdRS, Pimenta FC, Baroni DA. (2008). In vitro antimicrobial activity of endodontic pastes with propolis extracts and calcium hydroxide: a preliminary study. Brazilian dental journal, 19(4):301-305.
19. Awawdeh L, AL-Beitawi M, Hammad M. (2009). Effectiveness of propolis and calcium hydroxide as a short-term intracanal medicament against *Enterococcus faecalis*: A laboratory study. Australian Endodontic Journal, 35(2):52-58.
20. Kandaswamy D, Venkatesh Babu N, Gogulnath D, Kindo AJ. (2010). Dentinal tubule Disinfection with 2% chlorexidine gel, propolis, *Morinda citrifolia* juice, 2% povidine iodine and calcium hydroxide. Int Endod J, 43:419-423.
21. Carbajal Mejía JB. (2013). Antimicrobial effects of calcium hydroxide, chlorhexidine, and propolis on *Enterococcus faecalis* and *Candida albicans*. Journal of Investigative and Clinical Dentistry, 4:1-7.
22. Jolly M, Singh N, Rathore M, Tandon S, Banerjee M. (2013). Propolis and commonly used intracanal irrigants. Comparative evaluation of antimicrobial potential. The Journal of Clinical

- Pediatric Dentistry. *J Clin Pediatr Dent*, 37(3):243-249.
23. Tyagi SP, Sinha DJ, Garg P, Singh UP, Mishra CC, Nagpal R. (2013). Comparison of antimicrobial efficacy of propolis, *Morinda citrifolia*, *Azadirachta indica* (Neem) and 5% sodium hypochlorite on *Candida albicans* biofilm formed on tooth substrate: An *in-vitro* study. *J Conserv Dent*. 16:532-535.
24. Maekawa LE, Valera MC, Oliveira LD, Carvalho CAT, Camargo CHR, Jorge AOC. (2013). Effect of *Zingiber officinale* and propolis on microorganisms and endotoxins in root canals. *J Appl Oral Sci*. 21(1):25-31.
25. Ehsani M, Amin Marashi M, Zabihi E, Issazadeh M, Khafri S. (2013). A Comparison between Antibacterial Activity of Propolis and Aloe vera on *Enterococcus faecalis* (an In Vitro Study). *Int J Mol Cell Med*. 2(3):110-116.
26. Verma MK, Pandey RK, Khanna R, Agarwal J. (2014). The antimicrobial effectiveness of 25% propolis extract in root canal irrigation of primary teeth. *J Indian Soc Pedod Prev Dent*, 32:120-124.
27. Lopez BG-C, de Lourenço CC, Alves DA, Machado D, Lancellotti M, Sawaya ACHF. (2015). Antimicrobial and cytotoxic activity of red propolis: an alert for its safe use *Journal of Applied Microbiology*. 119:677-687.
28. Agrawal V, Kapoor S, Agrawal I. (2016). Critical Review on Eliminating Endodontic Dental Infections Using Herbal Products. *Journal of Dietary Supplements*. 14(2):1-12.
29. Jaiswal N, Sinha DJ, Singh UP, Singh K, Jandial UA, Goel S. (2017). Evaluation of antibacterial efficacy of Chitosan, Chlorhexidine, Propolis and Sodium hypochlorite on *Enterococcus faecalis* biofilm: An *in vitro* study. *J Clin Exp Dent*. 9(9):1066-1074.
30. Uğur Aydın Z, Akpınar KE, Hepokur C, Erdönmez D. (2018). Assessment of toxicity and oxidative DNA damage of sodium hypochlorite, chitosan and propolis on fibroblast cells. *Braz. Oral Res*, 32:119.
31. Matochek MHM, Tomaz PLS, Oliveira TS, Polassi MR, Alonso RCB, Scremin FM, et al. (2020). Influence of a propolis-based irrigant solution on gap formation and bond strength of posts bonded to root canal dentin using different resin cements. *Dent Mater J*, 39(3):490-499.
32. Almadi K, Alkahtany M, Alamam Y, Alaql F, Alaql A, Almutairi M, et al. (2020). Influence of Propolis, Ozone and Photodynamic therapy in root canal disinfection on resin bond strength to radicular dentin, Photodiagnosis and Photodynamic Therapy.
33. Parolia A, Kumar H, Ramamurthy S, Madheswaran T, Davamani F, Pichika MR, et al. (2021). Effect of Propolis Nanoparticles against *Enterococcus faecalis* Biofilm in the Root Canal. *Molecules*, 26:715.
34. Oliveira Neto NF, Bonvicini JFS, Souza GL, Santiago MB, Veneziani RCS, Ambrósio SR, et al. (2022). Antibacterial activity of Brazilian red propolis and *in vitro* evaluation of Free radical production. *Arch Oral Biol*. 143:105520.
35. Aguiar YL, Amaral PAS, Pereira LC. (2021). Soluções irrigadoras utilizadas no preparo químico-mecânico do sistema de canais radiculares: uma revisão da literatura. *Research, Society and Development*, 10(13):399101321453.
36. Kawashima N, Wadachi R, Suda H. (2009). Root canal medicaments. *International Dental Journal*. 59(1):5-11.
37. Macedo OSM, Silveira JCF, Rangel LFGO, Silva CMSD. (2021). O uso do hipoclorito de Sódio (NaOCl) como solução irrigadora para o tratamento endodôntico. *Revista Pró-UniverSUS*. 12(2):43-47.
38. Noites R, Carvalho MF, Vaz IP. (2009). Complicações que podem surgir durante o Uso do Hipoclorito de Sódio no Tratamento Endodôntico. *Revista Portuguesa de Estomatologia, Medicina Dentária e Cirurgia Maxilofacial*. 50(1):53-56.
39. Borrin O, Licks R, Travessas JAC, Vieira RR, Butze JP. (2020). Conduta frente à lesão por hipoclorito de sódio em terapia endodôntica: um relato de prontuário. *Archives Of Health Investigation*. 9(2):123-126.
40. Teixeira PA, Coelho MS, Kato AS, Fontana CE, Bueno CES, Pedro-Rocha DG. (2018). Cytotoxicity assessment of 1% peracetic acid, 2.5% sodium hypochlorite and 17% EDTA on FG11 and FG15 human fibroblasts. *Acta Odontol. Latinoam*. 31(1):11-15.
41. Böhle S, Röhner E, Zippelius T, Jacob B, Matziolis G, Rohe S. (2022). Cytotoxic effect of sodium hypochlorite (Lavanox 0.08%) and chlorhexidine gluconate (Irrisept 0.05%) on human osteoblasts. *Eur J Orthop Surg Traumatol*. 32:81-89.
42. Domingues JJ, Oliveira LTA, Costa MDMA, Silva LAM, Nascimento F, Dietrich Lia. (2021). Uso

- de fitoterápicos e demais componentes vegetais e minerais na fabricação de produtos odontológicos naturais: Revisão de literatura. *Research, Society and Development*, 10(3):57610313678.
43. Machado AC, Freitas A, Sales-Peres SHC. (2016). Atividade anti-inflamatória de produtos naturais em odontologia: uma revisão sistemática. *Revista Fitos*, 10(1):47-58.
44. Medrado ARAP, Dantas JBL, Reis JVNA, Barreto RAB, Azavedo JSJ, Julião ELD. (2018). Própolis: um importante aliado na odontologia. *iSaúde Brasil*.
45. Calhella RC, Falcão S, Queiroz MJRP, Vilas-Boas M, Ferreira ICFR. (2014). Cytotoxicity of Portuguese propolis: the proximity of the in vitro doses for tumor and normal cell lines. *Biomed. Res. Int*, 7.
46. Silva-Carvalho R, Baltazar F, Almeida-Aguiar C. (2015). Propolis: a complex natural Product with a plethora of biological activities that can be explored for drug development. *Evid. Based Comp. Alter. Med*, 1(30):29.

Cite this article: Claudemir C, Elizandra M. L, Ana P. S. Moraes, Kele P. S. (2023). Potential Use of Propolis as Endodontic Irrigant. *Dentistry and Oral Health Care*, BRS Publishers 2(2); DOI: 10.59657/2993-0863.brs.23.010

Copyright: © 2023 Claudemir de Carvalho, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Article History: Received: July 10, 2023 | Accepted: July 24, 2023 | Published: July 31, 2023