

Anti-Infection of Oral Microorganisms from Herbal Medicine of *Piper crocatum* Ruiz & Pav

Dikdik Kurnia¹, Seftiana Lestari¹, Tri Mayanti¹, Meirina Gartika², Denny Nurdin³

¹Department of Chemistry, Faculty of Mathematics and Natural Science, Universitas Padjadjaran, Sumedang, Indonesia; ²Department of Pediatric Dentistry, Faculty of Medicine, University of Padjadjaran, Bandung, Indonesia; ³Departement of Conservative Dentistry, Faculty of Dentistry, Universitas Padjadjaran, Bandung, Indonesia

Correspondence: Dikdik Kurnia, Email dikdik.kurnia@unpad.ac.id

Abstract: The WHO Global Status Report on Oral Health 2022 reveals that oral diseases caused by infection with oral pathogenic microorganisms affect nearly 3.5 billion people worldwide. Oral health problems are caused by the presence of *S. mutans*, *S. sanguinis*, *E. faecalis* and *C. albicans* in the oral cavity. Synthetic anti-infective drugs have been widely used to treat oral infections, but have been reported to cause side effects and resistance. Various strategies have been implemented to overcome this problem. Synthetic anti-infective drugs have been widely used to treat oral infections, but they have been reported to cause side effects and resistance. Therefore, it is important to look for safe anti-infective alternatives. Ethnobotanical and ethnopharmacological studies suggest that Red Betel leaf (*Piper crocatum* Ruiz & Pav) could be a potential source of oral anti-infectives. This review aims to discuss the pathogenesis mechanism of several microorganisms that play an important role in causing health problems, the mechanism of action of synthetic oral anti-infective drugs in inhibiting microbial growth in the oral cavity, and the potential of red betel leaf (*Piper crocatum* Ruiz & Pav) as an herbal oral anti-infective drug. This study emphasises the importance of researching natural components as an alternative treatment for oral infections that is more effective and can meet global needs.

Keywords: *Piper crocatum*, anti-infection, antibacterial, antifungal, oral pathogen

Introduction

Infections in the oral cavity can be caused by various pathogenic microorganisms such as bacteria, fungi and viruses. Oral infections are caused by pathogenic bacteria such as *S. mutans*, *S. sanguinis* and *E. faecalis* that are common in society, one of which is dental caries.^{1,2} In 2017, the prevalence of dental caries in permanent teeth per 100,000 population in each country ranged from 20% to more than 50%,³ while in 2018, the prevalence of dental caries in Indonesia reached 88.8% with root caries at 56.6%. In addition, children aged 5 to 9 years have a prevalence of up to 92.6%.⁴ The infection of the oral cavity by pathogenic fungi such as *C. albicans*, which is common in the community, is called candidiasis. The prevalence of candidiasis in Indonesia is around 20–25% and can affect the hair, skin, nails, mucous membranes and other organs such as the oral cavity and oesophagus.^{5,6}

Currently, many strategies to treat oral infections are carried out using a synthetic anti-infective agent. However, the use of synthetic anti-infectives has been reported to cause side effects and resistance, such as resistance to the antibiotics ampicillin, amoxicillin, penicillin, cefotaxime, cefazolin, methicillin, erythromycin, lincomycin, clindamycin and vancomycin against *S. mutans*, with the greatest resistance in 87 adults being to amoxicillin (14.8%) and lincomycin (28.7%), and the greatest resistance in 87 children being to penicillin (27.6%) and vancomycin (42.5%).^{7–9} With regard to the resistance of several antifungal agents to *C. albicans*, it has been reported that *C. albicans* has a relatively high level of resistance to several antifungal agents, such as nystatin, fluconazole, flucytosine and echinocandin.^{10–13}

The ongoing development of anti-infective drugs underscores the paramount importance of efficacy and safety in identifying compounds with no adverse effects. Indonesia's diverse plant life, meantime, affords ample potential as a source of active oral anti-infective compounds.¹⁴ Betel leaf has shown several activities such as antibacterial, antifungal

and antiviral.^{15–17} Ethnobotanical and ethnopharmacological studies have shown that *P. crocatum* Ruiz & Pav has the potential to be exploited as a raw material for oral anti-infective purposes.^{18–20}

Anti-Infections

Anti-infective is a broad term that refers to any type of drug that can inhibit or kill the spread of infectious microorganisms. Viruses, bacteria, parasites, and fungi are the four organisms that cause infection. Each organism can cause different health problems. To treat infections, the use of anti-infectives must be adjusted to the organisms that cause infections in certain parts of the body. Anti-infective agents that target the microorganism that causes the infection, such as including antibacterial, antifungal and antiviral.

Antibacterial

Antibacterials are substances that can both inhibit and kill pathogenic bacteria.²¹ Antibacterials are classified into two types: those that restrict bacterial growth (bacteriostatic) and those that kill bacteria (bactericidal).¹⁸ Bacterial inhibition take place via a variety of synthetic pathways, including the DNA replication pathway, the transcription, the protein biosynthesis pathway, and the bacterial cell wall biogenesis pathway.²² Bacterial cell death is caused by the destruction of the peptidoglycan layer. Antibiotics that target the peptidoglycan synthesis pathway are β -lactams and glycopeptides.²³ In addition, the cytoplasmic membrane can also be a viable target for inhibiting bacterial activity. Damaged membranes are usually very difficult to repair. Cationic polymers inhibit many bacteria through electrostatic interactions to the cell membrane followed by hydrophobic bonds to the lipid tails which cause membrane lysis. DNA synthesis is the basis for bacterial replication, DNA damage will have a negative impact on DNA synthesis and replication. Furthermore, protein synthesis occurs in bacterial ribosomes, making ribosomes become one of the targets for inhibitory compound inhibition.²⁴

But today some bacteria have developed various strategies to damage or tolerate attacks from an antibiotic, where bacteria work directly to damage or modify the structure of antibiotics so that it can avoid inhibition of growth and bacteria can carry out their lives. One of them is through degradation and enzymatic modification, this enzymatic degradation and modification becomes an effective means of antibiotic resistance and has caused resistance to several main classes of antibiotics that exist today, including β -Lactam and Aminoglycoside antibiotics. The hydrolysis process, carried out by a variety of hydraulics, is known to be able to deactivate some antibiotics. Co-evolution of β -Lactamase and β -Lactam antibiotics is an example of the portrayal of competition between antibiotics and antibiotic resistance. In the process β -Lactamase acts as a weapon to degrade β -Lactam type antibiotics, for example such as penicillin, carbapenem, and cephalosporin. β -Lactamase works by breaking the β -Lactam core ring, both through serine nucleophilic attacks or through metal-based activation from water molecules.²⁵

Anti-Fungal

Fungal infections can occur in people who have been exposed to any circumstances in their lives. Predisposing factors for this infection can occur for no apparent reason. However, people are often exposed because of their environment, behaviour, or a weakened immune system. Clinically, fungal infections can be classified according to the site of infection,²⁶ that is:

Systemic mycoses (systemic fungal infections) include deep mycoses (eg aspergillosis, blastomycosis, coccidioidomycosis, cryptococcosis, histoplasmosis, mucormycosis, paracoccidioidomycosis and candidiasis) and subcutaneous mycoses (eg chromomycosis, mycetoma and sporotrichosis).^{27–29}

Dermatophytes, fungal infections of the skin, hair and nails, usually caused by Epidermophyton and Microsporium.^{30–33}

Mucocutaneous mycoses, which are fungal infections of the mucous membranes and moist skin folds, usually caused by *Candida*.^{34–36}

Antifungals, also known as antimycotics, are commonly used to kill/deactivate fungi and treat fungal infections. According to clinical indications, antifungal drugs are classified into two groups, the first group is antifungals for systemic infections, including: amphotericin B (1), flucytosine (2), ketoconazole (3), fluconazole (4), miconazole (5), and

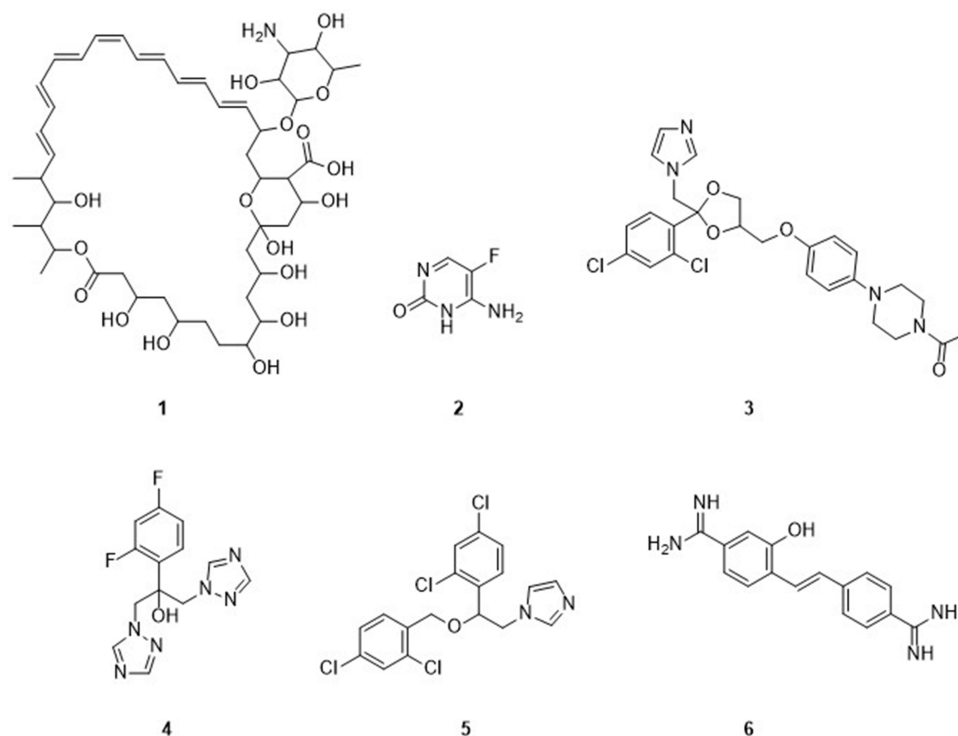


Figure 1 Structure of an antifungal compound with a mechanism of systemic infection Amphotericin B (1), Flucytosine (2), Ketoconazole (3), Fluconazole (4), Miconazole (5), and Hydroxystilbamidine (6).²⁷

hydroxystilbamidine (6),²⁷ the structure of the compounds are as shown in Figure 1. The second group of antifungals for dermatophyte and mucocutaneous infections includes griseofulvin (7), clotrimazole (8), econazole (9), isoconazole (10), tioconazole (11), bifonazole (12), nystatin (13), tolnaftate (14) and other topical antifungals candicidin (15), undecylenic acid (16) and natamycin (17),³⁷ the structure of the compounds is shown in Figures 2–3.

The azole group can be separated into two categories depending on the number of nitrogens in the azole ring. The imidazole group, comprising ketoconazole, miconazole, and clotrimazole, has two nitrogens, while the triazole group, including itraconazole, fluconazole, voriconazole, and posaconazole, has three nitrogens.^{38,39} Both groups share the same range and mode of action. Triazoles are metabolised at a slower rate and result in fewer side effects compared to imidazoles. Due to this advantage, researchers are attempting to develop a new class of triazoles instead of imidazole.^{40–42} In general, the azole group serves to inhibit the biosynthesis of ergosterol, which is the primary sterol responsible for maintaining the integrity of the fungal cell membrane. Azole group antibiotics function by inhibiting the cytochrome P 450 enzyme, C-14- α -demethylase. This particular enzyme is responsible for converting lanosterol into ergosterol, as shown in Figure 4. This makes the fungal cell wall permeable, leading to fungal damage.⁴³

Polyene molecules contain numerous conjugated double bonds. Macrocyclic polyenes with hydroxylated ring components in a conjugated system are known as polyene antifungals.^{45–47} These antifungals bind to sterols in the fungal cell membrane, specifically ergosterol. This results in a decreased fluidity of the inner membrane and a more crystalline state due to an alteration in the transition temperature of the fungal cell membrane. Conversely, in its typical state, the sterol membrane enhances the toughness of the phospholipid bilayer, making the plasma membrane denser. Nevertheless, the sterol-polyene group antifungal bond induces a reduction in the stickiness of the phospholipid bilayer.^{40–42,48} Thus, the fungal cell contains monovalent ions, such as K^+ , Na^+ , H^+ , and Cl^- . Organic molecules exit the cell due to membrane permeability, resulting in cell death.^{45,49} It is important to note that this process occurs due to a leaky membrane and is not a voluntary act of the cell.

A new class of synthetic antimycotics referred to as allylamines are identified by their capacity to function as squalene epoxidase inhibitors.^{51–53} Naftifine serves as an exemplar of an allylamine antifungal and was the first

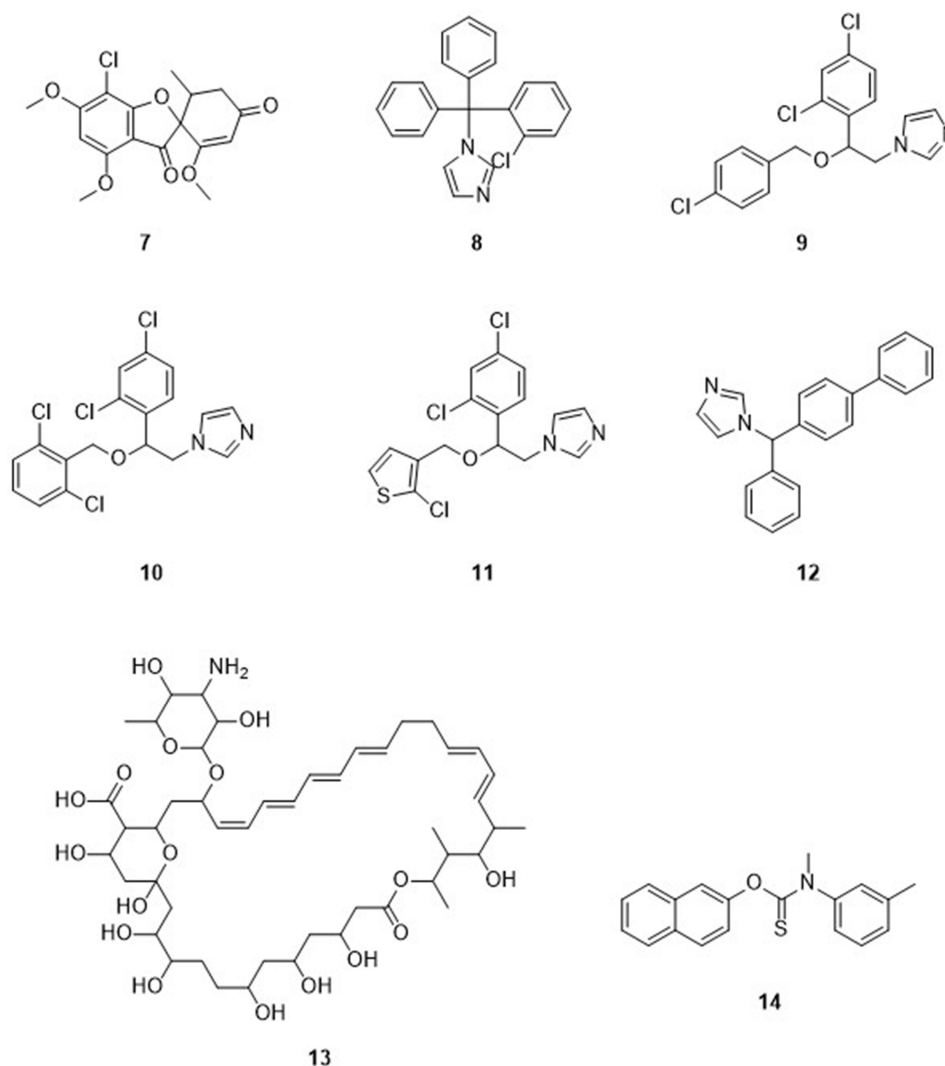


Figure 2 Structure of an antifungal compound with a mechanism of systemic infection: Griseofulvin (7), Clotrimazole (8), Econazole (9), Isoconazole (10), Tioconazole (11), Bifonazole (12), Nystatin (13), and Tolnaftate (14).³⁷

substance discovered in 1974, during routine research, to possess antifungal properties. Naftifine's potent antifungal activity both in vitro and in vivo led to its clinical development as a topical antimycotic.⁵⁴ Naftifine is the basis of a significant project which aims to enhance the effectiveness of antifungals, especially for oral administration. Allylamine antifungals work akin to azoles, but they act earlier on the ergosterol production pathway.^{53,55,56} They impede squalene epoxidase, an enzyme responsible for converting squalene to ergosterol, therefore disrupting the development of the fungal cell wall.⁵⁷

Semisynthetic cyclic lipopeptides known as echinocandins prevent cell wall formation by non-competitive inhibition of the (1,3)- β -D-glucan synthase complex, as shown in Figure 5.^{58–60} The target inhibition of 1,3- β -D-glucan synthase is specific for fungi because the enzyme 1,3- β -D-glucan synthase is absent in humans, this demonstrates the good tolerability and safety of echinocandins compared to other antifungal classes.⁶¹ Most *Candida* species are killed by echinocandins both in vitro and in vivo, whereas *Aspergillus* species are only inhibited. Globally, the MIC necessary to prevent the growth of 90% of bacteria (MIC90) is 2 g/mL. Additionally, the MIC required to inhibit the development of 50% of microorganisms, including echinocandins to the *Candida* group of fungi, is 0.5 g/mL. It should be noted that the MICs for *C. lusitanae* and *C. parapsilosis* were higher than those for *C. albicans*.^{23,26,62}

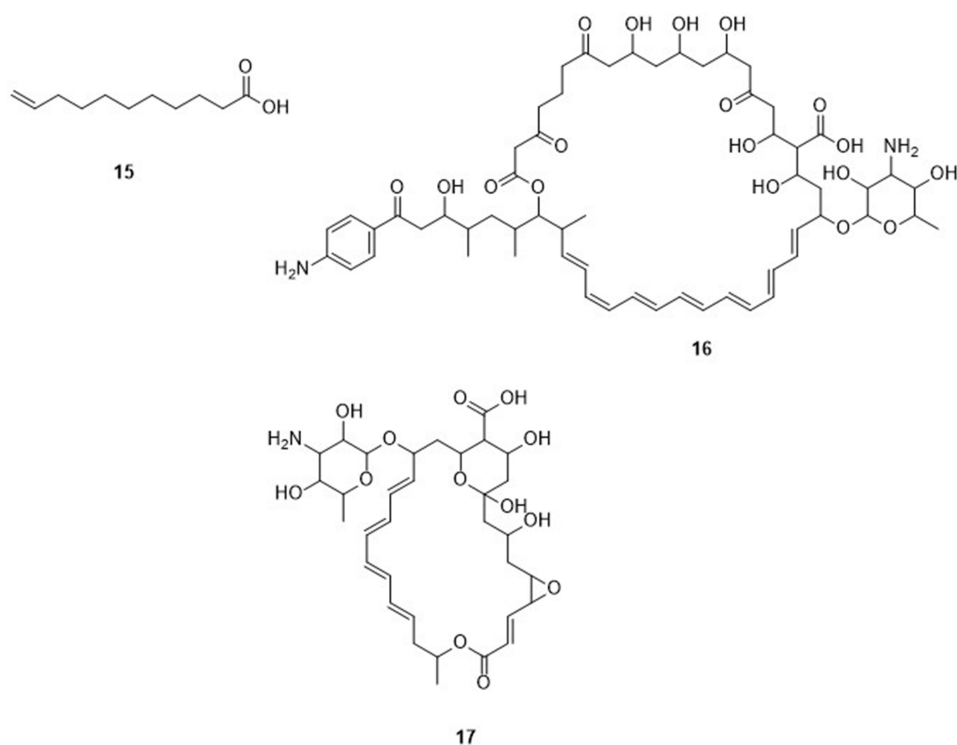


Figure 3 Structure of an antifungal compound with a mechanism of dermatophyte and mucocutaneous infections: Candicidin (**15**), Undecylenic acid (**16**), and Natamycin (**17**).³⁷

***Piper crocatum* Ruiz & Pav as Anti-Infection Herbal**

***Piper crocatum* Ruiz & Pav**

Numerous research studies have reported the effectiveness of Red Betel leaf in both ethnobotanical and ethnopharmacological contexts. Red Betel has been applied in numerous traditional treatments, including but not limited to treating toothaches, vaginal discharge caused by fungi, ulcers, diabetes, sore eyes, and shortness of breath, as well as other traditional remedies.^{64,65} Ethnopharmacological studies have shown that Red Betel exhibits a range of activities, including antifungal, antibacterial, antioxidant, antihyperglycemic, antiinflammatory, and others.^{66–69} These findings led to the reclassification of Red Betel from an ornamental plant to a medicinal plant.⁷⁰ The phytochemical analysis revealed that *P. crocatum* Ruiz and Pav contain secondary metabolites, such as flavonoids, essential oils, alkaloids, saponins, tannins, terpenoids, and phenolic compounds, which substantiated the various bioactivities previously reported. The shape and characteristics of the Red Betel leaf are shown in Figure 6.

Several experiments isolated the components of bioactive compounds from Red Betel were carried out by Emrizal et al, (2014), Arbain et al, (2018), Li et al, (2019), and Chai et al, (2021), where each of these researchers has succeeded and reported the results of their isolation, namely in the study of Emrizal et al, 2014 two compounds were obtained from the Red Betel plant which were later identified and known as β -sitosterol (**18**) and compound 2 -(5'),6'- dimethoxy-3', 4'-methylenedioxyphenyl)-6-(3',4',5 trimethoxyphenyl)-dioxabiclo [3,3,0] octane (**19**). In the n-hexane, ethyl acetate, butanol, and methanol fractions, the IC₅₀ values of both of these compounds were reported to be 2.04; 1.34; 2.08; and 27.40 g/mL, respectively.⁷¹ According to a study done by Arbain et al, (2018) isolated and reported the biclo [3.2.1] neolignan octanoid compounds of the guanine type, (1'R, 2'R, 3'S, 7S, 8R)- Δ 5',8'-2'-acetoxy-3,4,5,3', 5'-pentamethoxy-4'-oxo-8'.1,7.3-neolignan (**20**) and (1'R, 2'R, 3'S, 7S, 8R)- Δ 5', 8'-2'-hydroxy-3, 4, 5, 3', 5'-pentamethoxy-4'-oxo-8.1', 7.3'-neolignan (**21**).⁷² Whereas in the study of Li et al, (2019) it was reported that seven compounds had been isolated consisting of four phenolic compounds (**22, 23, 24, 25**), one mono-terpene compound (**26**), one sesquiterpene compound (**27**), one flavonoid compound C-glycosides (**28**) of the species Red Betel.⁷³ In addition, in a study by Chai et al, (2021)

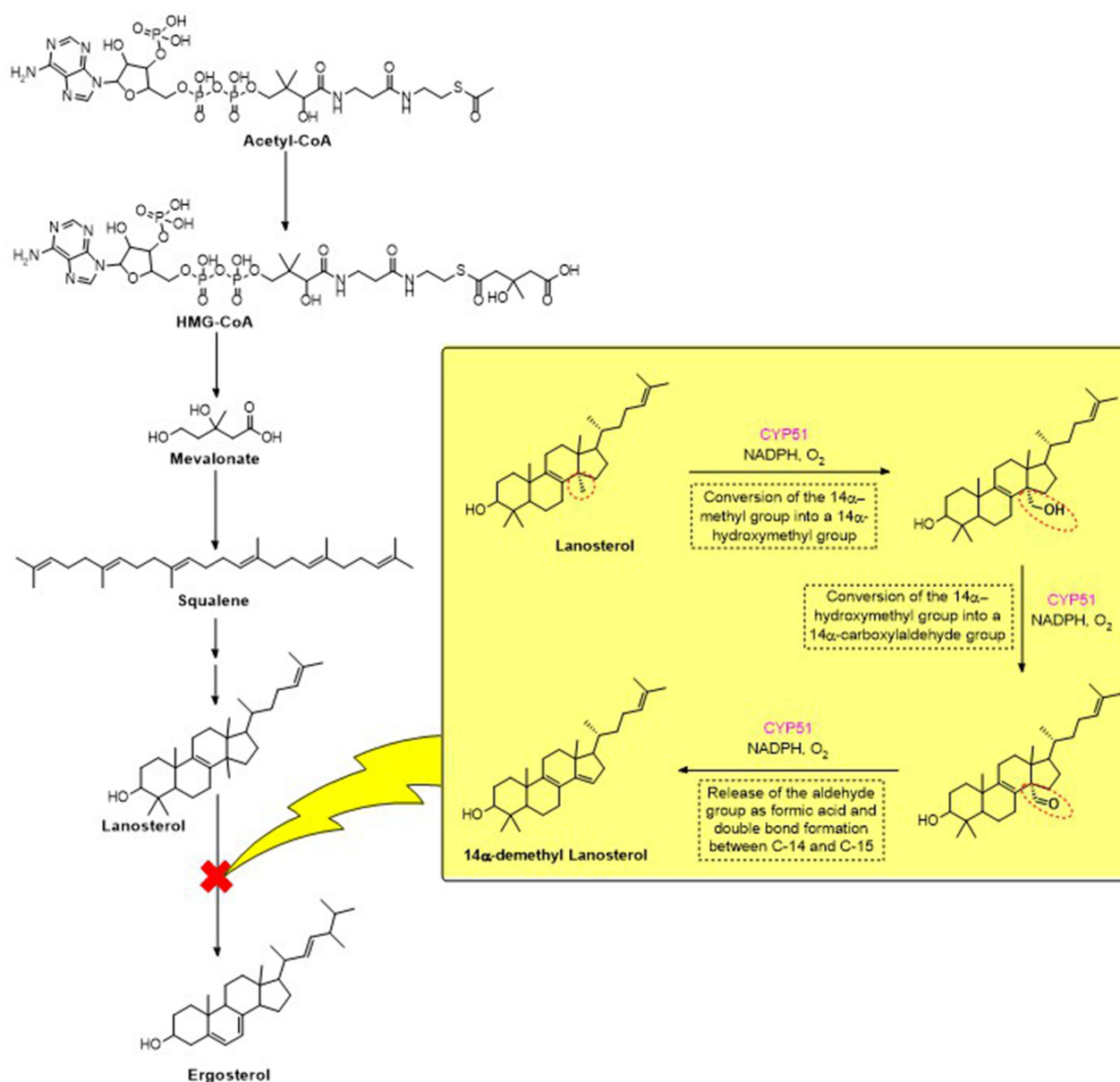


Figure 4 Summarized synthesis of ergosterol, the fungal sterol, and detailed steps of CYP51 conversion of lanosterol to 14 α -demethyl lanosterol.⁴⁴

reporting the results of isolating MeOH extract from *P. crocatum* Ruiz & Pav, a macrophylline-type neolignan compound was found, namely picroside A (**29**), picroside B (**30**), picroside C (**31**), and crocatin B (**32**).⁷⁴ The structures of the isolated compounds in previous studies are illustrated in Figures 7 and 8 respectively.

Anti-Infection Activity of Red Betel Extract

Infections can be caused by various microorganisms, including bacteria, fungi, and viruses. Such infections can cause long-lasting health problems due to pathogenic microorganisms that are never fully resolved. The variety of infectious agents highlights the seriousness of this problem. Furthermore, the lack of strategic planning in treatment can lead to resistance and side effects, emphasizing the need to find new, effective, and efficient oral anti-infective agents. Red betel leaves have been used to treat various infections caused by bacteria, fungi, and viruses. Several research reports have identified the potential of red betel leaves as antifungal, antibacterial, and antiviral, as discussed in more detail in their respective sections.

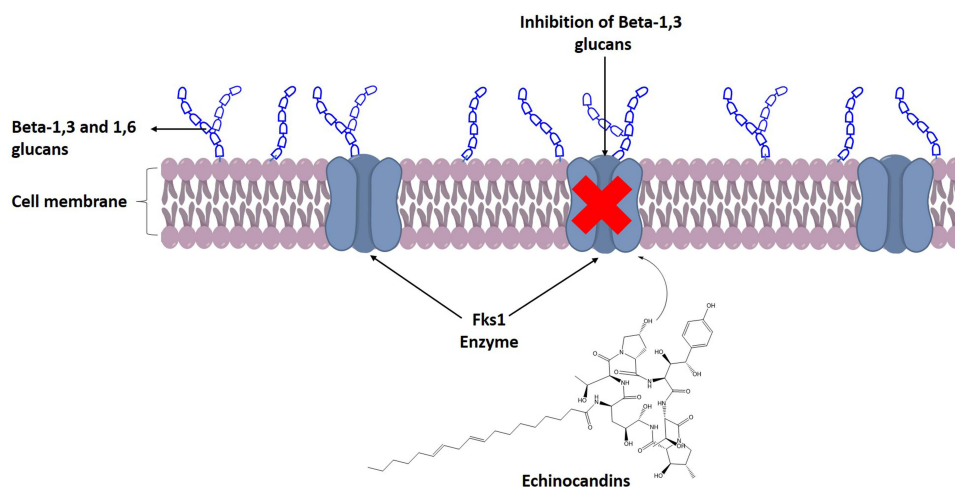


Figure 5 Mechanism of inhibition by antifungal echinocandins by inhibiting the synthesis of beta-1,3 glucan synthase.
Notes: Data from De Cândido et al.⁶³



Figure 6 Red Betel leaves.

Anti-Fungal Activity of Red Betel Extract

Several bioactivities of Red Betel leaf extract have been reported, including the inhibition of several species of pathogenic fungi. This demonstrates the potential for Red Betel leaf as an anti-fungal agent. The anti-fungal activity of *P. crocatum* Ruiz & Pav is derived from the secondary metabolite compounds contained therein,⁷⁵ as reported by multiple previous studies listed in Table 1.

The anti-fungal activity of secondary metabolites in Red Betel leaves has also been demonstrated in the study conducted by Golam et al (2022). This study tested several secondary metabolites from Red Betel leaves, listed in Table 2, via molecular docking at the Sap 5 (Secreted Aspartyl Proteinase) receptor, which is one of the virulence factors of the fungus *C. albicans*.

The researchers used pepstatin ligand (CID_5478883) as a standard inhibitor, which has a binding energy of 9.484 kcal/mol. Molecular docking results indicate that two test ligands, CHEMBL216163 (CID_44418672) and MLS000557666 (CID_1077234), have binding energies above pepstatin. The binding energies of the two test ligands are -9.644 kcal/mol (CID_44418672) and -9.525 kcal/mol (CID_1077234). The CHEMBL216163 ligand

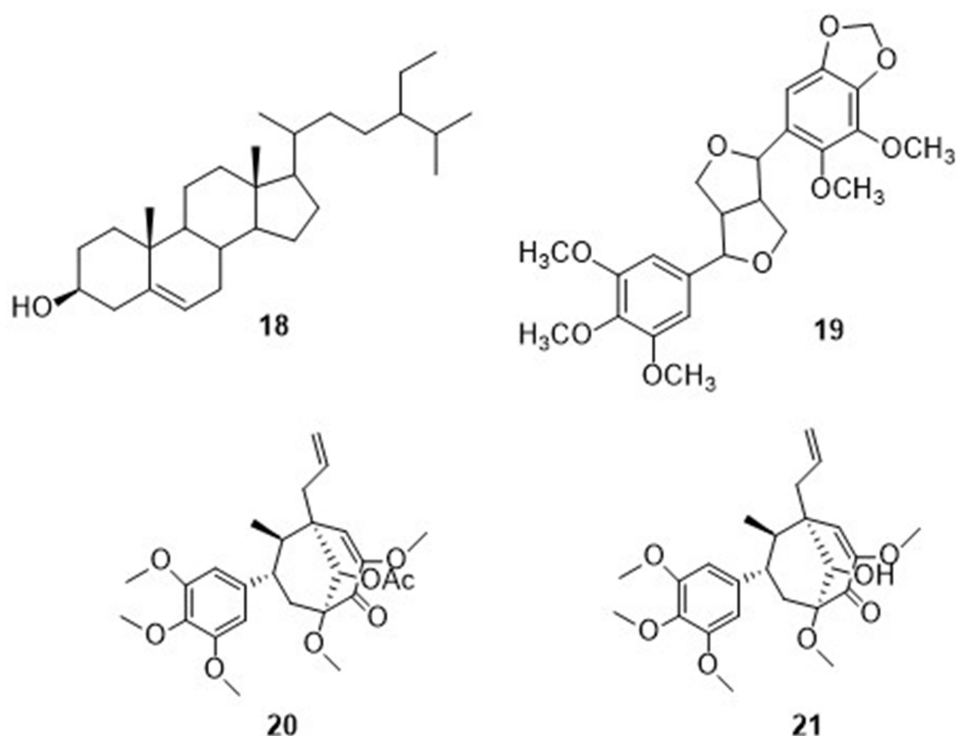


Figure 7 Structure of the compound β -Sitosterol (**18**), 2-(5',6'-dimethoxy-3',4'-methylenedioxyphenyl)-6-(3',4',5-trimethoxyphenyl)-dioxabicyclo[3.3.0]octane (**19**).⁷¹ Structure of (1'R, 2'R, 3'S, 7S, 8R)- $\Delta^5,8'$ -2'-acetoxy-3,4,5,3',5'-pentamethoxy-4'-oxo-8'.1,7,3-neolignan (**20**) and (1'R, 2'R, 3'S, 7S, 8R)- $\Delta^5,8'$ -2'-hydroxy-3,4,5,3',5'-pentamethoxy-4'-oxo-8'.1',7,3'-neolignan (**21**).⁷²

(CID_44418672) interacts with the Sap 5 receptor through hydrogen bonds, electrostatic bond type salt bridges, and attractive charges on the amino acid residue Asp303. Electrostatic bonds form at amino acid residues Asp86, Asp218, and Tyr225. Hydrogen bonds also form at amino acid residues Gly85, Asp86, Tyr225, and Gly34, with bond distances of 2.31, 2.96, 2.42, and 2.28 Å, respectively. Additionally, ligand MLS000557666 (CID_1077234) binds to the Sap 5 receptor, forming a hydrogen bond with the Gly3 amino acid residue (2.86 Å). Apart from hydrogen bonds, two electrostatic bonds are also formed on the amino acid residue Asp86, with distances of 3.53 and 3.86 Å. Hydrophobic interactions occur at amino acid residues Tyr84, Ile305, Lys193, and Tyr225.

Additionally, a small K_d value indicates a stronger bond between the ligand and the receptor.⁸⁰ The ligand efficiency of CHEMBL216163 and MLS000557666 is 0.2922 and 0.3528 respectively, while that of pepstatin is 0.1976 (crystallographic ligand). The ligand efficiency range for pepstatin (based on binding energy) is 0.2506 to 0.7214. The research results indicate that Red Betel leaf extract contains several components, including CHEMBL216163 and MLS000557666, which have potential as Sap 5 inhibitors, thereby reducing the virulence of *C. albicans*.⁸¹ The presence of Sap 5 plays a crucial role in supporting the dimorphic nature of *C. albicans*. Sap 5 is involved in the adhesion mechanism.

The results of the isolation of antifungal compounds from *P. crocatum* leaves will be reported by Tessa et al, 2023. The isolated compounds include two new active compounds, **33** and **34**, as well as the previously known compound 35. The structures of these compounds were identified using spectroscopic methods, and their bioactivity was studied in vitro against the fungus *C. albicans* ATCC 10231 and in silico against the ergosterol enzyme, which is an important component of fungal cell membranes. In vitro antifungal studies were conducted against *C. albicans* ATCC 10231 using ketoconazole as a positive control, while methanol and sterile water were used as negative controls. The inhibition zone test results for compounds 33, 34, 35 and ketoconazole at a concentration of 2.5% (w/v) were 8.9, 9.4, 9.7 and 30.0 mm, respectively. At a concentration of 5% (w/v), the inhibition zones of compounds 33, 34, 35 and ketoconazole were 10.0, 12.4, 12.8 and 31.3 mm, respectively. Inhibition zones of 11.9, 13.0, 14.5 and 32.2 mm were produced by

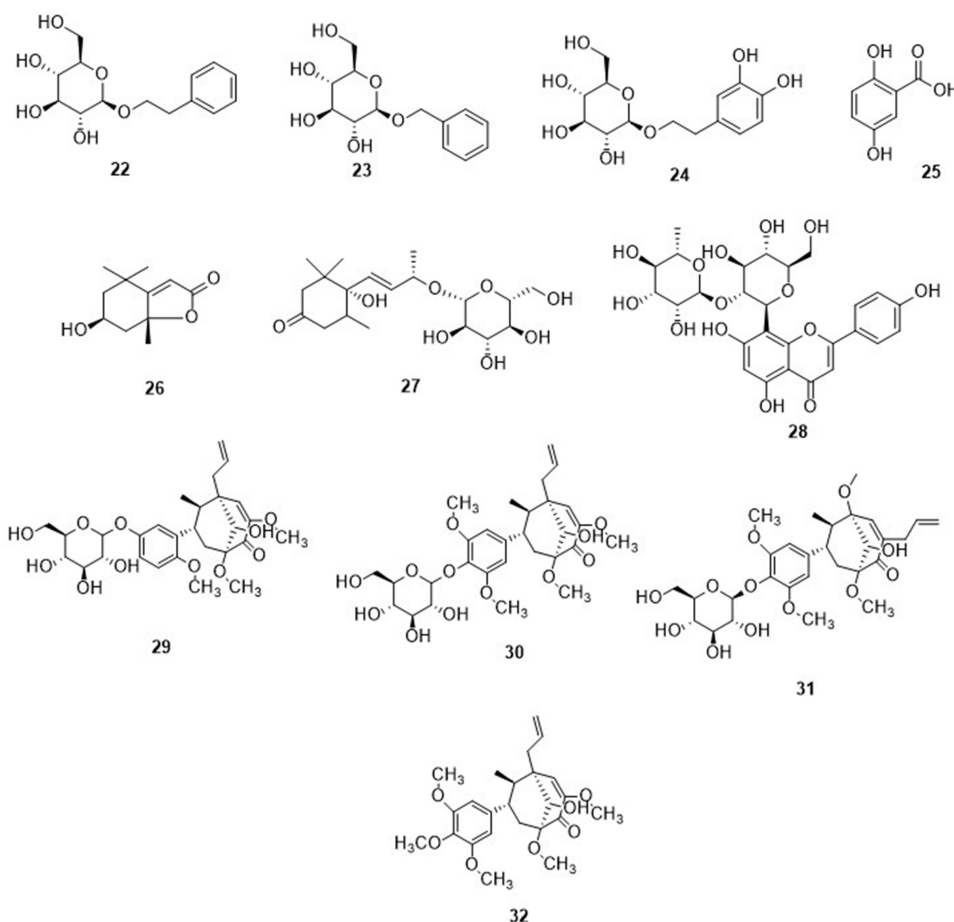


Figure 8 Structure of the compound β -phenylethyl β -D-glucoside (**22**), Benzyl- β -D-glucoside (**23**), hydroxytyrosol-1-glucopyranoside (**24**), Gentisic acid (**25**), Loliolide (**26**), (6S,9S)-roseoside (**27**), Vitexin 2''-O-rhamnoside (**28**),⁷³ and structure of Pipcoside A (**29**), Pipcoside B (**30**), Pipcoside C (**31**), Crocatin B (**32**).⁷⁴

concentrations of 10% (w/v) compounds **33**, **34**, **35** and ketoconazole. Compound **35** exhibited the best potential in inhibiting *C. albicans* compared to compounds **33** and **34**, with a strong inhibitory category at a concentration of 10%, as seen from the results of the inhibition zone test.

The MIC/MFC testing of each compound resulted in 0.46/1.8, 0.62/2.5, 0.31/1.2 and 0.00005/0.0001% b/v for compounds **33**, **34**, **35** and ketoconazole, respectively. The results of the inhibition zone tests indicate that antifungal compound **35** is the most active compared to **33** and **34**. In addition, in silico research showed that compound **35** had a higher ΔG than the positive control, with compounds **33** and **34** having values of -11.14 , -12.78 , -12.00 and -6.89 Kcal/mol for ERG1, ERG2, ERG11 and ERG24, respectively. Compound **35** also has the best K_i values of 6.8×10^{-3} , 4×10^{-4} , 1.6×10^{-3} and $8.88 \mu\text{M}$. This occurs because ligand **35** interacts with the receptor, specifically on thirteen residues with the same amino acids as ketoconazole leucine B: 376 on π -alkyl. Van der Waals bonds bind phenylalanine B:233, B:380, and B:228, proline B:230, serine B:378 and B:507, histidine B:310, threonine B:311, leucine B:121, glycine B:65, tyrosine B:505, and serine B:506.

Furthermore, the research conducted by Tessa et al, 2023 is supplemented by ADMET analysis of compounds **33**–**35**, which are predicted to be safe as a potential new drug candidate and meet the five Ro5 parameters. Based on the reported data, *P. crocatus* shows promising potential as an antifungal agent. It can be considered as a new treatment option for *C. albicans* infections, with a mechanism of action similar to that of azole antibiotics, by inhibiting fungal ergosterol.⁸² The three components' structure is as illustrated in Figure 9.

Table 1 Anti-Fungal Activity of Several Groups of Secondary Metabolites in Red Betel Leaves

No.	Secondary Metabolite	Types of Fungi	Result	References
1	Alkaloids Flavonoids Polyphenols Quinones Saponins	<i>C. albicans</i>	MIC and MBC values ranged as follows <i>C. albicans</i> (1.25–2.5% w/v).	Kusuma et al, 2017 ⁷⁶
2.	Alkaloids Tannins Saponins Flavonoids	<i>C. albicans</i>	<i>P. crocatum</i> Ruiz & Pav leaf extract was able to inhibit of <i>C. albicans</i> with MIC at a concentration of 25% and MBC at a concentration of 100% of <i>P. crocatum</i> Ruiz & Pav extract.	Rezeki et al, 2017 ⁷⁷
3.	Essential Oil Flavonoids Tannins Saponins	<i>C. albicans</i>	At 50, 60, and 70% concentrations, a methanol extract of Red Betel leaves was able to inhibit with inhibition diameters of 12.17, 13.17, and 21.17 mm, respectively. At 30, 40, 50, 60, and 70% concentrations, the inhibition zone diameters were 7.83, 8.40, 9.00, 9.87, and 7.87 mm, respectively.	Rachmatiah et al, 2018 ⁷⁸
4.	Flavonol Chalcone Anthocyanin	<i>C. albicans</i> ATCC 10231	The ethanol extract of red betel leaves at a concentration of 40% v/v had the most effective inhibition against the growth of the fungus <i>C. albicans</i> ATCC 1023, with a maximum diameter of the inhibition zone of 13.3 mm.	Suri et al, 2021 ⁷⁹

Table 2 The Test Ligand Used Was Compounds of Red Betel (*Piper crocatum* Ruiz & Pav)

Compounds (Ligand Test)	PubChem ID
Glabrescione	44,257,338
Catechin	73,160
Caryophyllene	5,281,515
Germacrene	5,317,570
Elemicin	10,248
Propionic acid	1032
Neophytadiene	10,446
Butyl ethanoate	31,272
Alfa pinene	82,227
Limonene	22,311
Cineole-1,8	2758
Terpinene-4-ol	11,230
6XO32ZSPID	75019
Ethyl L-serinate hydrochloride (1:1)	2,729,185
Schisandrin B	108130
Columbin	188,289

(Continued)

Table 2 (Continued).

Compounds (Ligand Test)	PubChem ID
ZINC8756459	6,070,252
MLS000557666	1,077,234
Oprea1_462146	2,865,476
CHEMBL216163	44,418,672
1,1'-(1,4-Butanediyl) bis (2,6- dimethyl-4-[(3-methyl-1,3- benzothiazole-2(3H)- ylidene)methyl]pyridinium)	3,414,657
Methyl eugenol	7127
4-methoxyindole	138,363
Leucylleucinamide hydrochloride (1:1)	16,219,591
5-isopropyl-3- pyrazolidinecarbohydrazide hydrochloride (1:1)	61,440,504
1H-pyrazole-1- carboximidamidmidhydrochloride	2,734,672
Protocatechuic acid	72
NI-(5-methylisoxazole-3- yl)ethanediamide	2,805,645
CHEMBL3217136	90,665,169
2-(4-morpholinylmethyl)aniline sulfate hydrate	45,595,316
SCHEMBL569003	14,839,452
L-Arginine hydrochloride	66,250
1-(1,4-Dithian-2-ylmethyl)-3- (3-methoxypropyl)thiourea	116,510,220
ALBB-026042	1,511,955

Antibacterial Activity of Red Betel Extract

Many studies have highlighted the ethanol and methanol extracts of Red Betel leaves as a potent antibacterial source against several gram-positive and gram-negative bacteria. Some reports on the antibacterial potential of red betel leaf extracts are summarised in Table 3 below.

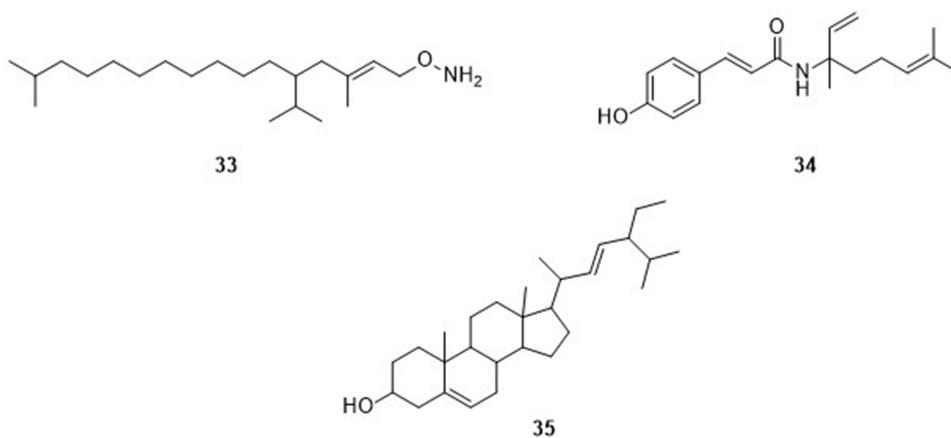


Figure 9 Structure of antifungal constituents of *P. crocatum*, Piperyamide A (33), Piperyamine A (34), and Stigmasterol (35).⁸²

Table 3 Antibacterial Activity of Several Groups of Secondary Metabolites in Red Betel Leaves

No.	Extract	Secondary Metabolite	Bacteria	Result	References
1	Red Betel ethanol extract	Flavonoids Tannins Alkaloids Essential oils	<i>Staphylococcus epidermidis</i>	Red Betel leaf extract (<i>P. crocatum</i> Ruiz & Pav) at concentrations of 20%, 40% and 80% were able to inhibit the growth of <i>Staphylococcus epidermidis</i> which causes urinary tract infections.	Sawitri et al, 2022 ⁸³
2.	<i>n</i> -hexane fraction	Tannins	<i>Escherichia coli</i> pBR322	The best antibacterial activity was produced by the <i>n</i> -hexane fraction at a concentration of 1000 ppm with an inhibition zone of 2.40 mm ± 0.14. The best minimum inhibitory concentration was produced by the <i>n</i> -hexane fraction at a concentration of 100 ppm with an inhibition zone of 0.60 mm ± 0.56	Chairunisa et al,2022 ⁸⁴
3	Red Betel ethanol extract	Tannins Flavonoids Saponins Triterpenoids	<i>Fusobacterium nucleatum</i> ATCC 25586	Red Betel leaf ethanol extract appeared to have weak inhibition at 10 and 15% concentrations and strong inhibition at 20, 25, and 30% concentrations (11.4, 15.6 and 19.3 mm) against <i>F. nucleatum</i> ATCC 25586.	Ramadhan et al, 2022 ⁸⁵
4	Red Betel ethanol extract	Alkaloids Steroid Tannins	<i>B. Subtilis</i> <i>P. aeruginosa</i>	The best zone of inhibition at a concentration of 100 mg/mL is 1.12–1.32 mm (<i>B. subtilis</i>) and 1.03 mm (<i>P. aeruginosa</i>).	Puspita et ai., 2019 ⁸⁶
5	Red Betel ethanol extract	Alkaloids Tannins PolyphenolEssential Oils	<i>Staphylococcus aureus</i>	Red Betel leaf extract concentration of 12.5% improved histopathology infected with <i>S. aureus</i> .	Wurlina et al, 2019 ⁸⁷
6	Red Betel methanol extract	Tannins	<i>Staphylococcus aureus</i>	Methanol extract at 100% concentration inhibited 12.3 mm	Soleha, 2018 ⁸⁸
7	Red Betel ethanol extract	Alkaloids Flavonoids Polyphenols Quinones Saponins	<i>E. coli</i> <i>P. aeruginosa</i> <i>S. aureus</i>	Concentrations of 60 and 80% inhibited <i>E. coli</i> 12.33 and 13.17 mm, <i>P. aeruginosa</i> 15.33 and 17.23 mm and <i>S. aureus</i> 14.73 and 17.33 mm, respectively.	Kusuma et al, 2017 ⁸⁶
8	Red Betel methanol extract	Alkaloids Tannins Essential Oils Flavonoids	<i>S. viridans</i> and <i>Porphyromonas gingivalis</i>	Red betel leaf extract was able to inhibit the growth and infection of <i>S. viridans</i> and <i>P. gingivalis</i> at concentrations of 8.42 and 10.34 mm respectively	Pujiastuti et al, 2015 ⁸⁹

Ramadani's research (2018) states that red betel leaves have total tannins containing active compounds, namely methyl eugenol, *L*-(+)-arginine hydrochloride and protocatechuic acid. Eugenol can function as an antimicrobial, antiseptic, and other medicinal raw materials.⁸⁴ Arginine is one of the amino acids that has a great influence on peptide activity for antibacterial.⁹⁰ Tannin is a type of polyphenol compound that is soluble in water and organic solvents and is widely found in plants. Tannins act as antibacterial agents by inhibiting the enzymes reverse transcriptase and DNA topoisomerase so that bacterial cells cannot form. Tannins also target cell wall polypeptides so that the cell wall becomes less perfect.^{91,92} In addition, tannin compounds can damage bacterial cell membranes by disrupting extracellular proteins and forming complex compounds. Microorganisms growing under anaerobic conditions require iron for various functions, including the reduction of DNA ribonucleotide precursors. The strong iron binding capacity of tannins may also interfere with the iron binding process required by bacteria.⁹³

The mechanism of antibacterial action of the flavonoid compounds found in red betel leaf works by inhibiting the synthesis of nucleic acids so that bacterial cells cannot form, as well as inhibiting the function of the cytoplasmic membrane and the energy metabolism of bacteria.⁹⁴ In addition, flavonoids that are lipophilic can also act as antibacterials by forming complexes with extracellular proteins and bacterial cell walls that interfere with the permeability of bacterial cell walls.⁹⁵

Red betel leaf extract contains steroidal compounds. Steroid compounds inhibit bacterial growth through their role in binding to lipid membranes, disrupting membrane sensitivity and causing leakage in bacterial liposomes.⁹⁶ Alkaloid compounds are also found in red betel leaf extract. Alkaloids are compounds containing one or more nitrogen atoms that are formed and usually exist in combined form as part of a cyclic system. Alkaloid compounds can inhibit the growth of gram-positive and gram-negative bacteria by inducing cell lysis and changes in bacterial morphology.⁹⁷

The mechanism of saponin as an antibacterial is that it can associate with lipopolysaccharide in the bacterial cell wall, thereby increasing the permeability of the cell wall and reducing the surface tension of the cell wall, causing the wall to lyse and the antibacterial substance to easily enter the cell, resulting in the death of the bacteria.⁹⁸ The mechanism of action of triterpenoid compounds as antibacterial agents is to react with porins, which are transmembrane proteins in the outer membrane of the bacterial cell wall, forming strong polymer bonds and damaging the porins. Damage to the porins, which are the entry and exit points for the compounds, reduces the permeability of the bacterial cell walls and causes the cells to lack nutrients, so that bacterial growth is inhibited or killed.⁹⁹

Furthermore, this study specifically tries to summarise the antibacterial potential of *P. crocatum* Ruiz & Pav, focusing on the impact of Red Betel on *S. mutans*, *S. sanguinis*, and *E. faecalis*, bacteria that cause oral infections. Rizkita et al (2017) distilled green and red betel leaf oil, identified its components, and tested its activity against *S. mutans* bacteria. The gas chromatography analysis of green betel oil revealed 16 compound peaks, including camphene (36), Sabinene (37), caryophyllene (38), α -Humulene (39). The gas chromatography analysis of red betel oil revealed the presence of 35 compound peaks. Two main peaks were identified as belonging to the terpenoid group, namely Sabinene (37) and Mirsen (40).

Antibacterial activity test was conducted on Red and Green Betel Oil against *Streptococcus mutans* using varying concentrations of 100, 75, 50, and 25%. Propylene glycol solvent was used as a negative control, and amoxicillin was used as a positive control. Research has demonstrated that red betel leaf oil can effectively inhibit the growth of *S. mutans* bacteria. The diameter of the inhibition zone decreases as the concentration of the oil decreases, with values of 7.1, 6.2, 4.3, and 3.6 mm for the highest to the lowest concentrations, respectively. The active compound's structure is illustrated in Figure 10.

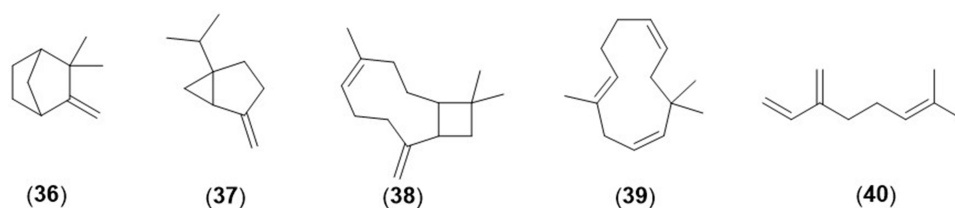


Figure 10 Structure of the compound camphene (36), sabinene (37), caryophyllene (38), α -Humulene (39), Mirsen (40).¹⁰⁰

The inhibitory effect of green betel leaf oil was observed, with inhibition zones ranging from 7.1 mm to 10.5 mm for the smallest to largest concentrations, respectively. *Piper betle* and *Piper crocatum* have similar content, but the yield difference between green betel oil (*Piper betle* L.) and red betel oil (*Piper crocatum*) is 0.8 and 0.3%, respectively. It is suggested that *Piper betle* has a higher concentration of active substances than *Piper crocatum*, which may contribute to its superior effectiveness against *Streptococcus mutans*.

The compounds identified in the GC-MS analysis, namely Sabinene, Kamfen, β -Kariophyllen, β -Salinen, α -Salinen and Mirsen, belong to the monoterpene and sesquiterpene groups and possess antimicrobial properties. Sesquiterpene compounds are hydrophobic and can disrupt bacterial cell integrity by reducing intracellular ATP reserves and lowering cell pH. These compounds are absorbed and penetrate into bacterial cells, causing bacterial cell death. The deposition and denaturation of proteins cause lysis of bacterial cell membranes. Compounds found in red and green betel leaf oil are believed to inhibit bacterial growth by destroying and inhibiting bacterial cell walls. Gram-positive bacteria are more susceptible to penetration by antibacterial agents as they do not have an outer membrane in their cell walls. Bacteria, including *S. mutans*, which is a Gram-positive bacterium, have simple cell walls consisting of 60–100% peptidoglycan, which is made up of *N*-acetyl glucosamine and *N*-acetyl muramic acid. The report suggests that red betel leaves, particularly red betel leaf oil, have potential as an antibacterial agent with moderate inhibition criteria against *S. mutans*. It is important to note that this evaluation is based on objective criteria and not subjective opinions.

Antiviral Activity of Red Betel Extract

Red betel plants (*Piper crocatum* Ruiz & Pav) have been proven to inhibit the growth of pathogenic bacteria and fungi. According to Akbar et al (2022), *in silico* testing of Red Betel leaf components against the SARS CoV-2 virus showed anti-viral activity. This research used four receptors from SARS CoV-2, including 5R7Y, 7JKV, 7TLL, and 7VH8. The 5R7Y receptor has 12 test compound ligands with lower docking scores than natural ligands, including Proanthocyanidin, Catechin, Asiaticoside, Myricetin, Quercetin, Fisetin, Rhamnazin, Isorhamnetin, Pachypodo, Kaempferol, Linalool, and Aurone. This shows that the test compound's ligand for the 5R7Y receptor has high potential to be a candidate for anti-SARS CoV-2.

None of the tested ligands for the 7JKV receptor had lower docking values than the natural ligands. When compared to the docking scores of comparator drugs, the scores are still far behind, especially for remdesivir, nirmatrelvir, and molnupiravir. However, the docking scores for favipiravir were much better. Because there is no ligand of the test compound that has a lower docking score than the natural ligand of the 7JKV receptor, it is unlikely that the ligand of the test compound will be a candidate for anti-SARS CoV-2 at the 7JKV receptor. On the other hand, only one ligand of the test compound, Asiaticoside, had a lower docking score than the natural ligand at the 7TLL receptor. The results suggest that the test compound ligand is unlikely to be a strong candidate for anti-SARS CoV-2 treatment at the 7TLL receptor. Additionally, only one ligand in the test compound, Asiaticoside, had a lower docking score than the natural ligand at the 7VH8 receptor. The ligand docking score of the test compound on the 7VH8 receptor was smaller than that of the natural ligand, indicating that the ligand is unlikely to be a viable anti-SARS CoV-2 candidate. Research reports show that compounds contained in the red betel plant (*Piper crocatum* Ruiz & Pav) show antiviral activity, especially at the 5R7Y receptor.¹⁰¹

Diniatik et al (2011) reported that the ethanol extract of Red Betel leaves inhibited infections caused by the Newcastle Disease virus at a concentration of 10 μ g/mL. The mechanism of action of the virus suggests that the ethanol extract of red betel leaves interferes with viral mRNA, inhibiting the formation of viral capsids. This is because the Newcastle Disease virus is an RNA virus. Flavonoids, saponins, and tannins are compounds that function as antivirals. Flavonoids are a group of natural phenolic compounds that have antiviral activity, specifically as reverse transcriptase. It is important to note that this text already meets the desired characteristics and is free from errors. Flavonoids cause protein denaturation at low levels and protein coagulation at high levels, leading to cell death. Flavonoids are believed to act as antivirals by inhibiting the viral reverse transcriptase enzyme, preventing the synthesis of viral RNA into cDNA and the replication of the virus. This, in turn, prevents the production of necessary viral proteins and enzymes, ultimately leading to the death of the virus.¹⁰² Similarly, saponin compounds exhibit antiviral activity by inhibiting the formation of capsids in viruses and increasing the resistance of host cells. Meanwhile, tannin compounds in plants can inhibit the

interaction between host cell surface proteins and viral proteins, thereby preventing virus attachment and penetration into the plasma membrane. In other words, tannins bind to both viral and host cell proteins to form a complex, which prevents the virus adsorption process. This extract has potential antiviral properties.¹⁰³

Although some compounds in betel leaf have been shown to have antiviral activity against certain viruses, there are no reports on the activity of betel leaf constituents against viruses that cause oral health problems.

Pathogenic Bacteria That Cause Oral Infections

Streptococcus mutans

Streptococcus mutans is a bacterium belonging to the *Streptococcaceae* family and the *Streptococcus* genus. Its name is derived from the change in coccal morphology to cocco-bacilli. *S. mutans* is a gram-positive bacterium with facultative anaerobic properties. During growth, this spherical bacterium typically forms pairs or chains with a cell diameter of 0.5–0.7 μm . Additionally, *S. mutans* possesses a thick cell wall structure (15–80 nm) and a single coat. This bacterium is capable of surviving in low pH environments and thrives at temperatures ranging from 18 to 40°C. The primary habitat of *S. mutans* bacteria is the tooth surface, particularly near the gums and in dental carious lesions. A conducive environment for *S. mutans* can facilitate population growth and pathogenicity.¹⁰⁴

One of the health issues caused by *S. mutans* is dental caries, which takes 6–24 months to develop. In the oral cavity, *S. mutans* bacteria can organize themselves in the bacterial community through cell-cell contacts and connections with other medium components, including polysaccharides, proteins, and DNA, leading to the formation of biofilms in the mouth. Technical terms such as biofilms will be explained when first used to ensure comprehensibility. The objective language used herein aims to avoid biased expressions. The cariogenicity of *S. mutans* can be impacted by various factors such as diet, sucrose, antibiotics use, mouthwashes with antiseptics, and overall oral hygiene conditions or oral cavity area.^{105,106}

During dental caries, *S. mutans* bacteria produce enzymes that actively ferment carbohydrates, including glucosyl-transferase, dextranase, and fructosyltransferase.¹⁰⁷ These molecules break down sucrose, converting it into glucan, dextran, and fructan. Sucrose is a disaccharide linked by β -2,1 consisting of glucose and fructose. Research has revealed it to be the most cariogenic carbohydrate.¹⁰⁸ Virulence significantly relies on glucan production because it fosters biofilm formation and generates a polysaccharide matrix. Fructans constitute a type of extracellular carbohydrate, which is metabolized through the action of FruA fructanase enzyme that produces fructose as a source of energy.^{109,110}

ATP-binding cassette (ABC) transporters, like the Msm and MalXFGK transport systems, have the primary responsibility of transporting oligosaccharides into cells. On the other hand, phosphoenolpyruvate and phosphotransferase (PTS) sugars are responsible for transporting monosaccharides and disaccharides. Several PTS can transport the same carbohydrate in *S. mutans*, with at least three PTS involved in fructose transport and numerous PTS and permeases involved in glucose transport.¹¹¹ Carbohydrates are phosphorylated and converted into fructose-6-phosphate (Fru-6-P) within cells, where they are fermented by glycolysis to produce organic acids, particularly lactic acid.¹¹² Moreover, Fru-6-P is transformed into glucosamine-6-phosphate (GlcN-6-P), which acts as the primary precursor for the synthesis of cell walls. When additional carbohydrates are stored as intracellular granules and utilised as a reserve energy source during times of hunger, cells have the ability to generate intracellular polysaccharides (IPS), which are polymers of the glycogen-amylopectin kind.

Streptococcus sanguinis

Streptococcus sanguinis is a Gram-positive bacterium that is a facultative anaerobe and lacks spores. It is part of the pathogenic bacteria that can cause infections in the oral cavity, with the most frequent being the creation of biofilms that could eventually result in dental health issues such as dental caries. *S. sanguinis* undergoes cell division along a single axis, leading to the production of chains or pairs of cocci. The circular DNA molecule of *S. sanguinis* SK36 has 2274 protein codes and 2,388,435 base pairs, obtained from dental plaque in humans.^{113,114} tRNA has 61 genes, expected to

generate 50 carbohydrate transporters and 20 amino acids, including the phosphotransferase enzyme. This enzyme is capable of transporting fructose, glucose, mannose, lactose, cellobiose, glucosides, maltose and trehalose. *S. sanguinis* can grow using different carbohydrate sources.

The initial stage in producing an oral biofilm involves the attachment of *S. sanguinis* and other primary colonies to the large molecular complex created on the tooth surface coated with saliva.^{115,116} Apart from *S. mutans*, *S. sanguinis* is also a significant contributor to biofilm development and serves as a fundamental species in the ecology of oral biofilms.^{117–119} *S. sanguinis* bacteria, in contrast, may have advantageous effects by generating H₂O₂ as a mechanism for producing extra O₂ and performing as a broad-spectrum antibacterial agent to hinder the expansion of *S. mutans* and other anaerobic bacteria that contribute to periodontal disease.¹²⁰

Bacterial adhesion to the tooth surface is crucial to the formation of the Acquired Enamel Pellicle (AEP). This process is aided by negatively charged residues and electrostatic interactions with hydrophilic areas of salivary proteins.¹²¹ While *S. sanguinis* can adhere to salivary-free hydroxyapatite, the initial attachment is probably due to surface interactions between streptococci and salivary components.¹²² The mechanism for salivary protein binding is mediated through interactions between compounds of protein-carbohydrate or protein-protein and receptors present on the bacteria's surface. The dental plaque and AEP show the detection of amylase, which is the most common salivary protein, to which *S. sanguinis* attaches via long filamentous pili in a specific manner.^{123,124}

Enterococcus faecalis

Enterococcus faecalis is a gram-positive, non-motile bacterium with a spherical shape. These bacteria are facultative anaerobes with a fermentative and non-sporadic metabolism.¹²⁵ The ovoid cells of *E. faecalis* exhibit characteristics of single, paired, or short chain formations and typically elongate in the direction of the chain. The bacteria have a diameter of 0.5–1 μm⁴⁵ and are commonly found in the root canal region of teeth. *E. faecalis* bacteria demonstrate the capacity to exist in highly extreme surroundings, such as those that possess very alkaline pH and elevated salt concentrations.^{126,127} Additionally, the resistance of *E. faecalis* to several antimicrobial agents poses a serious concern, as it enables survival within root canals following treatment procedures.⁵⁰

The pathology of *E. faecalis* bacteria commences when these bacteria invade the dental pulp tissue either by direct invasion (caries), crown or root fractures, attrition, abrasion, erosion and cracks in the crown, invasion of blood vessels (open lymphatics linked with periodontal disease) or through infectious disease (transient bacteremia).^{128,129} The said bacteria then infiltrate the root canal and produce metabolic products that may incite reactions in the periapical tissues. There are numerous virulence factors responsible for the survival of *E. faecalis* in the dental canal, including the Aggregation substance factor, which binds leukocytes and the extracellular matrix, conferring immunity protection.¹³⁰

Adhesive surface factors, including attachment to dentine collagen or body tissue and biofilm formation, have been found to have an impact.¹³⁰ Lipoteichoic acid factor, with its attachment to body tissues, is found to stimulate cytokine production from monocytes, leading to inflammation and resistance to root canal medication. Additionally, extracellular factors have contributed to the production of superoxide, which has had a detrimental effect on cells and tissues during the inflammatory process.¹³¹ Gelatinase factor is an extracellular zinc metalloprotease capable of hydrolysing collagen and hyaluronidase lysis enzymes present in damaged dentine and periapical tissue. Finally, the ability to produce toxins and suppress the growth of other bacteria is exhibited by Cytolysin, AS-48, and bacteriocins.^{131–133}

Pathogenic Fungi That Cause Oral Infections

Candida albicans

The fungus *C. albicans* naturally resides in both the digestive tract and vagina. It coexists in harmony with the flora that also dwells in the intestines under usual circumstances. As long as the body remains healthy, the fungus does not cause any issues since it is counterbalanced by the probiotic bacteria that also inhabit these regions. The *Candida albicans* microorganism can become pathogenic, causing disease under certain circumstances, and is therefore considered an opportunistic pathogen, as seen in cases of candidiasis.¹³⁴ It is typically found in the oral cavity, on the skin surface, within the genitourinary tract, and also in the gastrointestinal tract. Candidiasis is a mucocutaneous infection that triggers

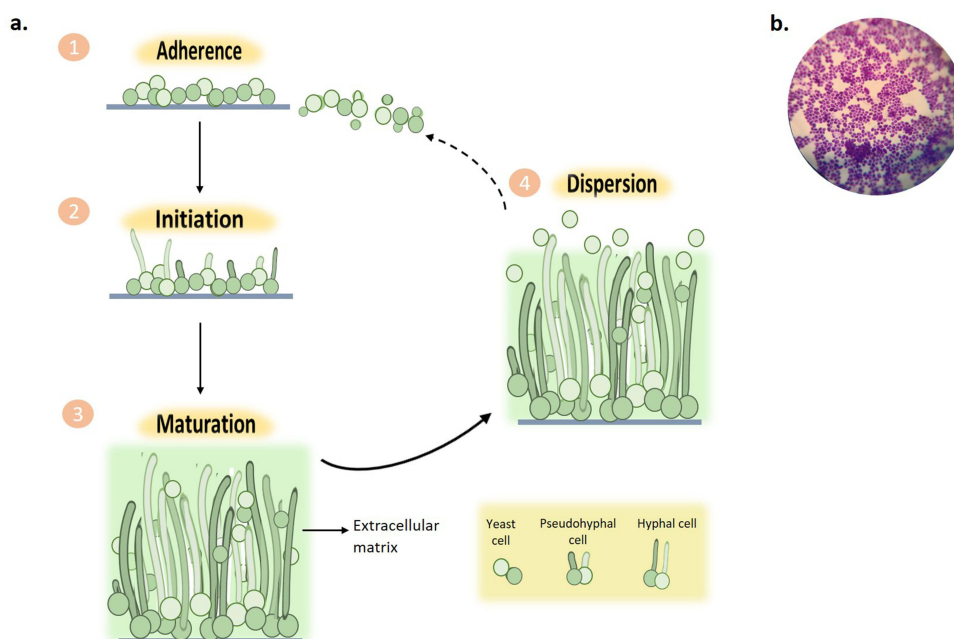


Figure 11 Biofilm formation by *Candida albicans*.

Notes: *C. albicans* biofilm formation is divided into four main stages: the first begins with the attachment of the round yeast-shaped cells to the surface; the second stage of initiation of biofilm formation; the third stage of maturation of complex structured biofilms; and the fourth stage dispersion of the yeast-forming cells from the biofilm to the new seed bed (a). *Candida albicans* stained with Gram stain (b). Data from Lohse et al.¹³⁶

physiological alterations and tissue harm that can be similar to thrush, but it is characterised by symptoms such as irritation, itching and discharge.¹³⁵ Formation of *C. albicans* in oral biofilms illustrated in Figure 11.

The morphology of *C. albicans* comprises shapes ranging from oval, round, to elliptical, with sizes that vary from 2–5 μ x 3–6 μ to 2–5 μ x 5–28.5 μ .¹³⁷ Chlamydozoospore is an infrequently found species that distinguishes *C. albicans* from other *Candida* species. Chlamydozoospores, which are spores formed by hyphae, exist on the lateral or terminal part of the hyphae, and have enlarged, rounded, and thick walls.^{137,138} *C. albicans* has a cell wall structure that is complex. The cell wall of *C. albicans* has a thickness ranging from 100 to 400 nm. Its essential functions include shaping and safeguarding the cell from the surrounding environment, comprising glucan, mannan and chitin as the primary components.¹³⁹ The multiplication of *C. albicans* occurs via blastospores that emerge from shoots. Blastospores are generally round or oval in shape and located around the septum. They exist in small numbers and continue elongating, subsequently developing pseudo-hyphae or chlamydozoospores with thick walls that measure approximately 8–12 μ in diameter. Technical abbreviations such as “ μ ” will be explained upon first use.¹⁴⁰

Candida albicans is capable of growth over a broad pH range, however, it exhibits optimal growth between pH 4.5 and 6.5. The yeast can also flourish in temperatures between 28–37°C. Organic compounds are an essential carbon and energy source for *C. albicans* metabolic processes and growth.^{141–143} As a facultative anaerobic organism, it can perform cell metabolism during both anaerobic and aerobic conditions. The virulence factor in *C. albicans* commences with the attachment process, hyphae formation, thigmotaxis, protease secretion, and phenotypic changes. Its ability to produce and secrete the enzyme, aspartyl protease, to activate the virulence factor is one of the crucial factors contributing to *C. albicans* virulence.^{144–147}

Candida albicans is capable of infecting through interactions with multiple microorganisms present in the oral cavity, resulting in the development of several oral health issues over several years. These health problems include oral candidiasis, endodontic disease, dental caries, periodontitis, and biofilm-associated oral diseases.¹⁴⁸ The cross-kingdom interactions between these microorganisms play a crucial role in the development of such diseases. Technical term abbreviations will be explained upon first use. Physical attachment to the fungal cell wall (eg surface proteins and EPS), cross-feeding of metabolites, extracellular signalling, and changes in the environment enable *C. albicans* to interact with oral bacteria. Figure 12 provides an illustration of the interaction of *C. albicans* with various inhabitants of the oral cavity.

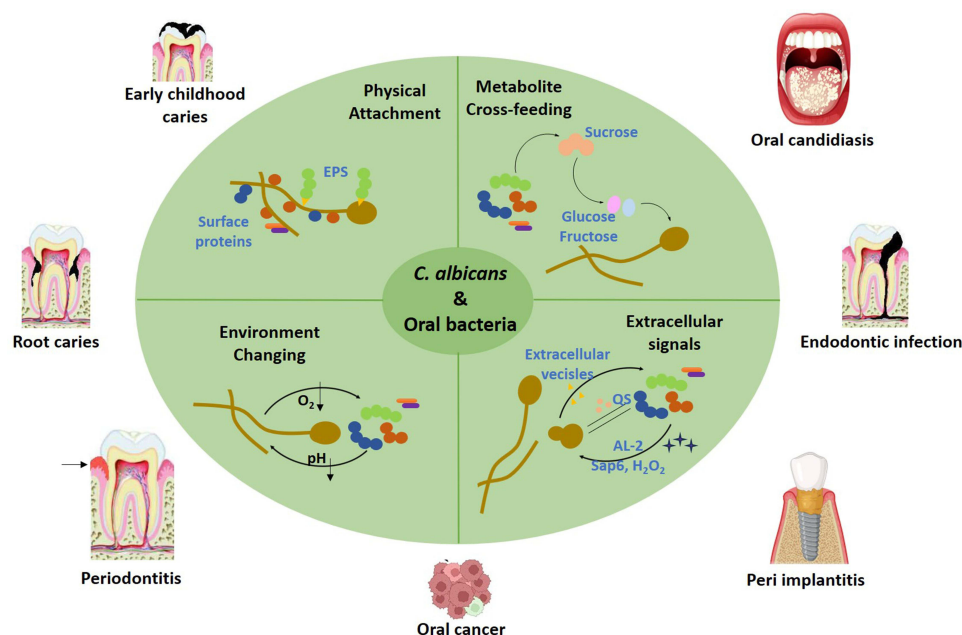


Figure 12 Pathogenic mechanism of cross-kingdom interaction between *C. albicans* and oral bacteria.

Note: Adapted with permission from Du, Q., Ren, B., Zhou, X., Zhang, L., & Xu, X. (2022) Cross-kingdom interaction between *Candida albicans* and oral bacteria. *Frontiers in Microbiology*. 13(November), 1–14.¹⁴⁹

Conclusion

The conclusion that can be drawn from several literatures is that the Red Betel plant has significant potential for use in the development and application of medicine. It can be used as a candidate for herbal medicine or a raw material for medicinal mixtures to treat infections caused by bacteria, fungi or viruses. The anti-infective potential of Red Betel leaves is mainly determined by the quantity and composition of its secondary metabolites. This has been proven through in vitro and in silico testing. These factors also collectively contribute to the bioactivity of Red Betel, resulting in anti-infective effects. This review highlights the inhibition of pathogenic oral bacteria and fungi responsible for oral infections. The components in Red Betel have been proven to be able to inhibit the growth of *S. mutans* bacteria, which are pioneer bacteria in oral health problems. In addition, the active compounds in Red Betel leaves can inhibit *C. albicans*, the dominant fungus in the oral cavity, as shown by in vitro, in silico, and ADMET evidence. This scientific article presents valuable data that can contribute to the advancement of drug research and development, as well as the exploration and identification of potential new anti-infective agents.

Acknowledgments

The authors are grateful to Universitas Padjadjaran for all research facilities.

Author Contributions

All authors have made a substantial contribution to the work reported, be it in the conception, design, conduct, acquisition, analysis, and interpretation of data, or in all these areas; all authors have also been involved in the preparation, revision, or critical review of the article reported; have given final approval to the version to be published; have approved the journal to which the article has been submitted; and agree to take responsibility for all aspects of the work.

Funding

This research was funded by Article Review Grant and the Academic Leadership Grant (ALG) Prof. Dikdik Kurnia, M. Sc, Ph.D., (504/UN6.WR3/TU.00/2024; 13 Maret 2024).

Disclosure

The authors declare no conflicts of interest in this work.

References

1. Erlyn P. Efektivitas Antibakteri Fraksi Aktif Serai (*Cymbopogon citratus*) Terhadap Bakteri *Streptococcus mutans*. *Syifa' Med J Kedokt Dan Kesehat*. 2016;6(2):111. doi:10.32502/Sm.V6i2.1387
2. Ulina N, Turnip MB, Sirait NY, Aminah S, Purba N. Sosialisasi Pemanfaatan Ekstrak Daun Sawo Manila (*Manilkara zapota*) Sebagai Antibakteri Terhadap Bakteri *Streptococcus mutans*. *Jurnal Pengmas Kestra*. 2021;1(2):354–359. doi:10.35451/Jpk.V1i2.899
3. Peres MA, Macpherson LMD, Weyant RJ, Al E. Oral Diseases: a Global Public Health Challenge. *Lancet*. 2019;394(10194):249–260. doi:10.1016/S0140-6736(19)31146-8
4. Angga Prawira Kusuma AMT. Description Of Dental Caries In Second Class Students Of Public Elementary School 20 Sungaiselan. *Jurnal Pengmas Kestra*. 2020;8153:238–244.
5. Puspitasari N, Widians JA, Budiman E, Wati M, Ramadhan AE. Dayak Onion (*Eleutherine palmifolia* (L) Merr) As an Alternative Treatment In Early Detection Of Dental Caries Using Certainty Factor. *Int Semin Res Inf Technol Intell Syst*. 2020;2020(L):482–487. doi:10.1109/ISRITI51436.2020.9315469
6. Graham A, Javid H, Stern M, Rogers HJ. The Impacts Of Autoimmune Polyendocrinopathy-Candidiasis-Ectodermal Dysplasia (APECED) On The Oral Health Of Children And Young People: a Review And Case Report. *J Adv Oral Res*. 2022;13(1):29–37. doi:10.1177/23202068221075961
7. Al-Tamim M, Albalawi H, Isied W, Al E. Gram-Positive Bacterial Infections And Antibiotics Resistance In Jordan: current Status And Future Perspective. *Jordan Med J*. 2022;56(1):17–44. doi:10.35516/Jmj.V56i1.219
8. Zhi Y, Ji HJ, Jung JH, Al E. Molecular Characteristics Of IS 1216 Carrying Multidrug Resistance Gene Cluster In Serotype III/Sequence Type 19 Group B *Streptococcus*. *Am Soc Microbiol*. 2021;6(4):3–21. doi:10.1128/Msphere.00543-21
9. Chang HH, Cohen T, Grad YH, Hanage WP, O'Brien TF, Lipsitch M. Origin And Proliferation Of Multiple-Drug Resistance In Bacterial Pathogens. *Microbiol Mol Biol Rev*. 2015;79(1):101–116. doi:10.1128/Mmbr.00039-14
10. Geddes-Mcalister J, Shapiro RS. New Pathogens, New Tricks: emerging, Drug-Resistant Fungal Pathogens And Future Prospects For Antifungal Therapeutics. *Ann N Y Acad Sci*. 2019;1435(1):57–78. doi:10.1111/Nyas.13739
11. Spampinato C, Leonardi D. Candida Infections, Causes, Targets, And Resistance Mechanisms: traditional And Alternative Antifungal Agents. *Biomed Res Int*. 2013;2013:237. doi:10.1155/2013/204237
12. Bhattacharya S, Sae-Tia S, Fries BC. Candidiasis And Mechanisms Of Antifungal Resistance. *Antibiotics*. 2020;9(6):1–19. doi:10.3390/Antibiotics9060312
13. Ahmed S, Chandra S, Najam-Ul-Haq M, Younus M. Biochemistry of Drug Resistance. *Biochem Drug Resistance*. 2021. doi:10.1007/978-3-030-76320-6
14. Nurdeviyanti NN, Armiami IGK, Krisna P. Efficacy of Turmeric Extract (*Curcuma domestica* Val) 40%, 50%. AND 60% Concentrations in Inhibiting the Growth of *Streptococcus Mutans*. 2021;IX(Xii):898. doi:10.31364/SCIRJ/V9.I12.2021.P1221898
15. Omojate G. Mechanisms Of Antimicrobial Actions Of Phytochemicals Against Enteric Pathogens – a Review. *China an Int J*. 2014;7(1):161–175. doi:10.1142/S0219747209000302
16. Ahmad F. Antimicrobial And Anti-Inflammatory Activities Of Piper Porphrophyllum (Fam. Piperaceae). *Arab J Chem*. 2014;7(6):1031–1033. doi:10.1016/J.Arabjch.2010.12.032
17. Juniarti DE, Kusumaningsih T, Juliastuti WS, Soetojo A, Wungsu ND. Phytochemical Analysis And Antibacterial Activity Of Purple Leaf Extract [*Graptophyllum pictum* (L.) Griff] Against *Streptococcus mutans*. *Acta Med Philipp*. 2021;55:802–806.
18. Safitri S, Rofiza Y, Eti M. Studi Etnobotani Tumbuhan Obat Di Kecamatan Rambah Kabupaten Rokan Hulu. *Ejournal*. 2015;2(2):2–3. doi:10.1182/Blood-2014-01-551671
19. A'tourrohman M, Ulfah M. Etnobotany Study On The Utilization Of Sirih Types (Famili: Piperaceae) In Kalijambe Village, Kecamatan Bener, Purworejo District. *Biocelebes*. 2020;14(3):268–278. doi:10.22487/Bioceb.V14i3.15239
20. Supiandi MI, Ege B, Julung H, Zubaidah S, Mahanal S. Ethnobotany Of Traditional Medicine In Dayak Jangkang Tribe, Sanggau District, West Kalimantan, Indonesia. *Biodiversitas J Biol Divers*. 2021;22(12):5417–5424. doi:10.13057/Biodiv/D221224
21. Mahmudah F L, Atun S. Antibacterial Activity Test of Ethanol Extract Temu Kunci (*Boesenbergia pandurata*) Against *Streptococcus mutans* Bacteria. *Jurnal Penelitian Saintek*. 2017;4;22(01):59–66. doi:10.21831/jps.v22i1.15380
22. Stokes JM, Lopatkin AJ, Lobritz MA, Collins JJ. Perspective Bacterial Metabolism And Antibiotic Efficacy. *Cell Metab*. 2020;30(2):251–259. doi:10.1016/J.Cmet.2019.06.009
23. Liu Y, Breukink E. The Membrane Steps Of Bacterial Cell Wall Synthesis As Antibiotic Targets. *Antibiotics*. 2016;5(3):28–50. doi:10.3390/Antibiotics5030028
24. Qiu W, Zhou Y, Li Z, Al E. Application-Of-Antibioticsantimicrobial-Agents-On-Dental-Cariesbiomed-Research-International.Pdf. *Pharmacoin*. 2020;2020.
25. Liu Y, Ding S, Shen J, Zhu K. Nonribosomal Antibacterial Peptides That Target Multidrug-Resistant Bacteria. *Nat Prod Rep*. 2019;36(4):573–592. doi:10.1039/C8np00031j
26. Sharma B, Nonzom S. Superficial Mycoses, A Matter Of Concern: global And Indian Scenario-An Updated Analysis. *Mycoses*. 2021;64(8):890–908. doi:10.1111/Myc.13264
27. Carrasco-Zuber JE, Navarrete-Dechent C, Bonifaz A, Fich, V. F Vial Letelier, Berroeta Mauriziano D Cutaneous involvement in the deep mycoses *Actas Dermosifiliogr*. 2016;107(10816–822. doi:10.1016/j.adengl.2016.05.027
28. Seyedmousavi S, Bosco S, De Hoog S, Ebel F. Fungal infections in animals: A patchwork of different situations. *Med. Mycol*. 2018;56(): S165–S187. doi:10.1093/mmy/myx104

29. Hage C, Carmona E, Epelbaum O, Evans S E. Microbiological laboratory testing in the diagnosis of fungal infections in pulmonary and critical care practice: An official American thoracic society clinical practice guideline. *American Journal of Respiratory and Critical Care Medicine*. 2020;200(5):535–550. doi:10.1164/rccm.201906-1185ST
30. Begum J, Mir N, Lingaraju M, Buyamayum B. Recent advances in the diagnosis of dermatophytosis. *Journal of Basic Microbiology*. 2020;60(4):293–303. doi:10.1002/jobm.201900675
31. S. Álvarez-Pérez Gupta A Singh, N P Springer *Fungal Diseases in Animals From Infections to Prevention* 202133 . doi:<https://link.springer.com/10.1007/978-3-030-69507-1>
32. Ebrahimi M, Zarrinfar H, Naseri A, Najafzadeh M J. Epidemiology of dermatophytosis in northeastern Iran; A subtropical region. *Current Medical Mycology*. 2019;5(5):16–21. doi:10.18502/cmm.5.2.1156
33. Singh S. Diversity of Keratinophilic Fungi on Human Hair and Nails in Ujjain. *International Journal for Modern Trends in Science and Technology*. 2021;3(7):328–331. doi:10.46501/IJMTST0703051
34. Pinto E, Alves M J G, Cavaleiro C, Salgueiro L. Antifungal activity of thapsia villosa essential oil against candida, cryptococcus, malassezia, aspergillus and dermatophyte species. *Molecules*. 2017;9(22):22(10):1–11. doi:10.3390/molecules22101595
35. Noites A, Borges I, Araújo B, da Silva J C G E. Antimicrobial Activity of Some Medicinal Herbs to the Treatment of Cutaneous and Mucocutaneous Infections: Preliminary Research. *Microorganisms*. 2023;11(2):. doi:10.3390/microorganisms11020272
36. Vila T, Sultan A S, Montelongo-Jauregui D, Jabra-Rizk M A. Oral candidiasis: A disease of opportunity. *Journal of Fungi*. 2020;16(6):1–28. doi:10.3390/jof6010015
37. Brescini L, Fioriti S, Morroni G, Barchiesi F. Antifungal Combinations In Dermatophytes. *J Fungi*. 2021;7(9):1–16. doi:10.3390/Jof7090727
38. Ghule V D, Sarangapani R, Jadhav P M, Tewari S P. Theoretical studies on nitrogen rich energetic azoles. *Journal of Molecular Modeling*. 2017;23(12):1507–1515. doi:10.1007/s00894-010-0848-8
39. Shafiei M, Peyton L, Hashemzadeh M, Foroumadi A. History of the development of antifungal azoles: A review on structures, SAR, and mechanism of action. *Bioorganic Chemistry*. 2020;8(28):104240. doi:10.1016/j.bioorg.2020.104240
40. Li S, Tan Y, Zhang L, Zhou C. *Comprehensive Insights into Medicinal Research on Imidazole-Based Supramolecular Complexes. pharmaceuticals*. 2023;4(27):15(5):1348. doi:10.3390/pharmaceutics15051348
41. Khurana A, Sardana K, Chowdhary A. *Antifungal resistance in dermatophytes: Recent trends and therapeutic implications. Chowdhary*. 2019;7(19):132(0):103255. doi:10.1016/j.fgb.2019.103255
42. Zhang L, -Mei Peng X, Damu, G L V, Xia Geng, R, He Zhou, C. Comprehensive Review in Current Developments of Imidazole-Based Medicinal Chemistry. *Wiley Online Library (wileyonlinelibrary.com)*. 2013;6(5):34(2):340–437. doi:10.1002/med.21290
43. Makvandi P, Josic U, Delfi M, Pinelli, F, Jahed, V. Drug Delivery (Nano)Platforms for Oral and Dental Applications: Tissue Regeneration, Infection Control, and Cancer Management. *Advanced Science*. 2021;8(8):1–28. doi:10.1002/advs.202004014
44. Teixeira MM, Carvalho DT, Sousa E, Pinto E. New Antifungal Agents With Azole Moieties. *Pharmaceuticals*. 2022;15(11):427. doi:10.3390/Ph15111427
45. Haro-Reyes T, Diaz-Peralta L, Galván-Hernández I, A, Rodríguez-López A, Rodríguez-Fragoso L, Ortega-Blake, I. Polyene Antibiotics Physical Chemistry and Their Effect on Lipid Membranes; Impacting Biological Processes and Medical Applications. *Membranes*. 2022;6(30):12(7):681. doi:10.3390/membranes12070681
46. Baghirova A A, Kasumov Kh M. Antifungal Macrocyclic Antibiotic Amphotericin B—Its Present and Future. Multidisciplinary Perspective for the Use in the Medical Practice. *Biochemistry (Moscow) Supplement Series B: Biomedical Chemistry*. 2022;16(1):1–12. doi:10.1134/S1990750822010024
47. D. Lenz K, E. Klosterman K, Mukundan H, Kubicek-Sutherland J Z. Macrolides: From toxins to therapeutics. *Toxins*. 2021;5(12):13(5):1–8. doi:10.3390/toxins13050347
48. Dong P T, Zong, C, Dagher Z, Hui, J. Polarization-sensitive stimulated Raman scattering imaging resolves amphotericin B orientation in Candida membrane. *Science Advances*. 2021;1(6):7(2):1–11 doi:10.1126/sciadv.abd5230.
49. Dick CF, Meyer-Fernandes JR, Vieyra A. The Functioning Of Na⁺-ATPases From Protozoan Parasites: are These Pumps Targets For Antiparasitic Drugs? *Cells*. 2020;9(10):1–12. doi:10.3390/Cells9102225
50. Nagy-Bota MC, Man A, Santacroce L, Al E. Essential Oils as Alternatives for Root-Canal Treatment And Infection Control Against *Enterococcus faecalis*— a Preliminary Study. *Appl Sci*. 2021;11(4):1–13. doi:10.3390/App11041422
51. Hammoudi Halat D, Younes S, Mourad N, Rahal M. Allylamines, Benzylamines, and Fungal Cell Permeability: A Review of Mechanistic Effects and Usefulness against Fungal Pathogens. *Membranes*. 2022;11(12):1171. doi:10.3390/membranes12121171
52. Sagatova A A. Strategies to better target fungal squalene monooxygenase. *Journal of Fungi*. 2021;1(13):7(1):1–13 doi:10.3390/jof7010049.
53. Abuthakir M H S, Hemamalini V, Alahmadi R M, Ahamed A. Evaluation of Compounds from *Balanites aegyptiaca* against Squalene Epoxidase of *Microporum gypseum*—In Vitro and In Silico Studies. *Microbiology Research*. 2023;9(4):1264–1278. doi:10.3390/microbiolres14030085
54. Vanreppelen G, Wuyts J, Van Dijk * P, Vandecruys KU P. Sources of Antifungal Drugs. *Journal of Fungi*. 2023;1(28):9(2):1–20. doi:10.3390/jof9020171
55. Hossain C M, Ryan L K, Gera M, Choudhuri S, Lyle, N. Antifungals and Drug Resistance. *Encyclopedia*. 2022;10(10):2(4):1722–1737. doi:10.3390/encyclopedia2040118
56. Carmo A, Rocha M, Pereirinha P, Tomé R, Costa E. Antifungals: From Pharmacokinetics to Clinical Practice. *Antibiotics*. 2023;5(9):12(5):1–26. doi:10.3390/antibiotics12050884
57. Paramasivan K, Muttur S. Recent advances in the microbial production of squalene. *World Journal of Microbiology and Biotechnology*. 2022;4(15):38(5):1–21. doi:10.1007/s11274-022-03273-w
58. Effro G G. Rezafungin—Mechanisms of Action, Susceptibility and Resistance: Similarities and Differences with the Other Echinocandins. *Journal of Fungi*. 2020;11(1):6(4):1–23 doi:10.3390/jof6040262.
59. Li T, Li L, Du F, Sun L. Activity and mechanism of action of antifungal peptides from microorganisms: A review. *Molecules*. 2021;6(5):26(11):1–18. doi:10.3390/molecules26113438
60. Farhadi Z, Farhadi T, Hashemian To S M. Virtual screening for potential inhibitors of $\beta(1,3)$ -D-glucan synthase as drug candidates against fungal cell wall. *ournal of Drug Assessment*. 2020;3(11):9(1):52–59. doi:10.1080/21556660.2020.1734010

61. Downes KJ, Ellis D, Lavigne S, Bryan M, Zaoutis TE, Fisher BT. The Use Of Echinocandins In Hospitalized Children In The United States. *Med Mycol.* 2019;57(5):534–541. doi:10.1093/Mmy/Myy084
62. Zapata D A, Petraitiene R, Petraitis, V. Echinocandins: The Expanding Antifungal Armamentarium. *Clinical Infectious Diseases.* 2015;61 6 S604–S611 doi:10.1093/cid/civ814.
63. De Cândido E, Affonseca S, Cardoso MH, Franco OL. Echinocandins As Biotechnological Tools For Treating Candida Auris Infections. *J Fungi.* 2020;6(3):1–11. doi:10.3390/Jof6030185
64. Meliki, Linda R, Lovadi I. Etnobotani Tumbuhan Obat oleh Suku Dayak Iban Desa Tanjung Sari Kecamatan Ketungau Tengah Kabupaten Sintang. *Protobiont.* 2013;2(3):129–135. doi:10.26418/protobiont.v2i3.3881
65. A'tourrohman M, Ulfah, M. Etnobotany Study on The Utilization Of Sirih Types (Famili: Piperaceae) In Kalijambe Village, Kecamatan Bener, Purworejo District. *Biocelebes.* 2020;12;14(3):268–278. doi:10.22487/bioceb.v14i3.15239
66. ASTANA P R W, NISA U. Analysis of Traditional Medicine Formula for Hemorrhoid In Java Island; Ethnopharmacology Study RISTOJA. *Jurnal Ilmu Kefarmasian Indonesi.* 2018;10 5;16(2).115 doi:10.35814/jifi.v16i2.562
67. Zuhrotun R K B A. Potensi Khasiat Obat Tanaman Marga Piper : Piper nigrum L., Piper retrofractum Vahl., Piper betle Linn., Piper cubeba L. dan Piper crocatum Ruiz & Pav. *Jurnal Farmaka.* 2018;9 1;16(3):204–212. <https://doi.org/10.24198/jf.v16i3.17699>
68. Januarti I B, Wijayanti R, Wahyuningsih S, Nisa, Z, et al. Potensi Ekstrak Terpurifikasi Daun Sirih Merah (Piper crocatum Ruiz & Pav) Sebagai Antioksidan Dan Antibakteri. *Journal of Pharmaceutical Science and Clinical Research.* 2019;4(2):60–68. doi:10.20961/jpscr.v4i2.27206
69. Suri, M A, Azizah Z, Asra R. Traditional Use, Phytochemical and Pharmacological Review of Red Betel Leaves (Piper Crocatum Ruiz & Pav). *Asian Journal of Pharmaceutical Research and Development.* 2021;2 15;9(0):159–163. doi:10.22270/ajprd.v9i1.926
70. Arbain D, Ismed F, Yousuf S, Choudhary MI. Bicyclo [3.2.1] Octanoid Neolignans from Indonesian Red Betle Leaves (*Piper crocatum* Ruiz & Pav.). *Phytochem Lett.* 2018;24(2017):163–166. doi:10.1016/J.Phytol.2018.02.006
71. Emrizal FA, Yulindari R, Al E. Cytotoxic Activities Of Fractions And Two Isolated Compounds From Sirih Merah (Indonesian Red Betel), *Piper crocatum* Ruiz & Pav. *Procedia Chem.* 2014;13:79–84. doi:10.1016/J.Proche.2014.12.009
72. Liu T, Liang Q, Zhang XM, Huang SY, Xu WH. A New Furofuran Lignan from *Piper terminaliflorum* Tseng. *Nat Prod Res.* 2018;32 (3):335–340. doi:10.1080/14786419.2017.1350671
73. Li HX, Widowati W, Azis R, Yang SY, Kim YH, Li W. Chemical Constituents of The *Piper crocatum* Leaves and Their Chemotaxonomic Significance. *Biochem Syst Ecol.* 2019;86(March):103905. doi:10.1016/J.Bse.2019.05.013
74. Chai YJ, Go Y, Zhou HQ, Al E. Unusual Bicyclo [3.2.1] Octanoid Neolignans from Leaves of *Piper crocatum* And Their Effect on Pyruvate Dehydrogenase Activity. *Plants.* 2021;10(9):1–9. doi:10.3390/Plants10091855
75. Siswina T, Miranti Rustama M, Sumiarsa D, Kurnia D. Phytochemical Profiling Of *Piper crocatum* And Its Antifungal Activity As Lanosterol 14 Alpha Demethylase CYP51 Inhibitor: a Review. *F1000Research.* 2022;11:1115. doi:10.12688/F1000research.125645.1
76. Kusuma SAF, Hendriani R, Genta A. Antimicrobial Spectrum of Red Piper Betel Leaf Extract (*Piper crocatum* Ruiz & Pav) As Natural Antiseptics Against Airborne Pathogens. *J Pharm Sci Res.* 2017;9(5):583–587.
77. Rezeki S, Chismirina A Iski S. Pengaruh Ekstrak Daun Sirih Merah (*Piper crocatum*) Terhadap Pertumbuhan *Candida albicans*. *J Syiah Kuala Dent Soc.* 2017;2(1):52–62.
78. Rachmatiah T, Syafrina V, Elfira L, Al E. Aktivitas Daya Hambat Minyak Atsiri Dan Ekstrak Etanol Daun Sirih Merah (*Piper crocatum* Ruiz & Pav) Terhadap *Candida albicans* Inhibitory Activity Of Essential Oil And Ethanol Extract From *Piper crocatum* Leaves Against. *Sainstech Farma.* 2018;1–4.
79. Suri MA, Azizah Z, Asra R. A Review: traditional Use, Phytochemical And Pharmacological Review Of Red Betel Leaves (*Piper crocatum* Ruiz & Pav). *Asian J Pharm Res Dev.* 2021;9(1):159–163. doi:10.22270/Ajprd.V9i1.926
80. Aamir M, Singh VK, Dubey MK, Al E. In Silico Prediction, Characterization, Molecular Docking, And Dynamic Studies On Fungal SDRs As Novel Targets For Searching Potential Fungicides Against Fusarium Wilt In Tomato. *Front Pharmacol.* 2018;9(OCT):1–28. doi:10.3389/Fphar.2018.01038
81. Gholam GM, Firdausy IA. Molecular Docking Study Of Natural Compounds From Red Betel (*Piper crocatum* Ruiz & Pav) As Inhibitor Of Secreted Aspartic Proteinase 5 (Sap 5) In Candida Albicans. *Sasambo J Pharm.* 2022;3(2):97–104. doi:10.29303/Sjp.V3i2.145
82. Siswina T, Miranti Rustama M, Sumiarsa D, Apriyanti E, Dohi H. Antifungal Constituents of *Piper crocatum* And Their Activities Study Using ADMET And Drug-Likeness Analysis. *Molecules.* 2023;28:26.
83. Dhea Ayu Sawitri N, Novita Nurhidayati Mahmuda I. Potential Anti-Bacterial Extract Of Red Belt (*Piper crocatum* Ruiz & Pav.) Against *Staphylococcus epidermidis*. *KESANS Int J Heal Sci.* 2022;1(11):972–978. doi:10.54543/Kesans.V1i11.102
84. Fernanda C, Mega Safithri MB. Antibacterial Activity of Ethanol Extract of Red Betel Leaves (*Piper crocatum*) And Its Fractions Against *Escherichia coli* Pbr322. *Curr Biochem.* 2022;9(1):1–15.
85. Syahrul Ramadhan A, Lesmana D, Onggowidjaja P. Antibacterial Potential Of Red Betel Leaf (*Piper crocatum* Ruiz & Pav) Against *Fusobacterium nucleatum* ATCC 25586. *Makassar Dent J.* 2022;11(3):315–318. doi:10.35856/Mdj.V11i3.649
86. Puspita PJ, Safithri M, Sugiharti NP. Antibacterial Activities of Sirih Merah (*Piper crocatum*) Leaf Extracts. *Curr Biochem.* 2019;5(3):1–10. doi:10.29244/Cb.5.3.1-10
87. Wurlina MDK, Putu Anom Adnyana I D, Sasmita R, Putri C. Biological Study Of *Piper crocatum* Leaves Ethanol Extract Improving The Skin Histopathology of Wistar Rat Wound Infected By *Staphylococcus aureus*. *Eurasian J Biosci.* 2019;13(1):2019.
88. Soleha F. Pengaruh Metode Ekstraksi Maserasi Terhadap Aktivitas Antibakteri Daun Sirih Merah (*Piper crocatum* Ruiz & Pav) Pada Bakteri *Staphylococcus Aureus* Menggunakan Metode Sumur Difusi. *J Anal Farm.* 2018;3(1):63–70. doi:10.33024/Jaf.V3i1.2778
89. Pujiastuti P, Lestari S, Fakultas P, Al E. Perbedaan Efektifitas Antibakteri Ekstrak Daun Sirih Merah (Piper Crocatum) Pada Porphyromonas Gingivalis Dan *Streptococcus viridans*. *JKG Unej.* 2015;12(1):1–4.
90. Carrillo W, Lucio A, Gaibor J, Morales D, Vásquez G. Isolation Of Antibacterial Hydrolysates From Hen Egg White Lysozyme And Identification Of Antibacterial Peptides. *J Med Food.* 2018;21(8):808–818. doi:10.1089/Jmf.2017.0134
91. Hidanah S, Sabdoningrum EK, Rachmawati K, Al E. The Activity Of Meniran (*Phyllanthus niruri* Linn.) Extract On Salmonella Pullorum Infected Broilers. *Vet World.* 2022;15(5):1373–1382. doi:10.14202/Vetworld.2022.1373-1382
92. Alibi S, Crespo D, Navas J. Plant-Derivatives Small Molecules With Antibacterial Activity. *Antibiotics.* 2021;10(3):231. doi:10.3390/Antibiotics10030231

93. Arun SD, Minal MK, Karibasappa GN, Prashanth VK, Girija AD, Harish CJ. Comparative Assessment Of Antibacterial Efficacy Of Aqueous Extract of *Commercially available* Black, Green, And Lemon Tea: an In Vitro Study. *Int J Health Sci (Qassim)*. 2017;11(4):42–46.
94. Pendi PACD, Zubaidah E, Sriherfyna FH. Karakteristik Fisik-Kimia Dan Aktivitas Antibakteri Ekstrak Daun Belimbing Wuluh (*Averrhoa bilimbi* L.). *J Pangan Dan Agroindustri*. 2016;4(1):400–409.
95. Shamsudin NF, Ahmed QU, Mahmood S, Al E. Antibacterial Effects Of Flavonoids And Their Structure-Activity Relationship Study: a Comparative Interpretation. *Molecules*. 2022;27(4):1149. doi:10.3390/Molecules27041149
96. Angraini W, Nisa SC. Antibacterial Activity Of 96% Ethanol Extract of Cantaloupe Fruit (*Cucumis melo* L. Var. Cantalupensis) Against the Growth of *Escherichia coli* Bacteria. *Pharm J Indones*. 2019;5(1):61–66.
97. Huang W, Wang Y, Tian W, Al E. Biosynthesis Investigations Of Terpenoid, Alkaloid, And Flavonoid Antimicrobial Agents Derived From Medicinal Plants. *Antibiotics*. 2022;11(10):1380. doi:10.3390/Antibiotics11101380
98. Dong S, Yang X, Zhao L, Zhang F, Hou Z, Xue P. Industrial Crops & Products Antibacterial Activity And Mechanism Of Action Saponins From *Chenopodium quinoa* Willd. Husks Against Foodborne Pathogenic Bacteria. *Ind Crop Prod*. 2020;149(2019):112350. doi:10.1016/J.Indcrop.2020.112350
99. Armansyah T, Siregar TN, Suhartono SA. Phytochemicals, Characterization And Antimicrobial Tests Of Red Betel Leaves On Three Solvent Fractions As Candidates For Endometritis Phytotherapy In Aceh Cattle, Indonesia. *Biodiversitas*. 2022;23(4):2111–2117. doi:10.13057/Biodiv/D230446
100. Rizkita AD, Cahyono E, Mursiti S. Uji Antibakteri Minyak Daun Sirih Hijau Dan Merah Terhadap *Streptococcus mutans*. *J Chem Sci*. 2017;6(3):279–286.
101. Akbar NA, Amin S, Wulandari WT. Studi in Silico Senyawa Yang Terkandung Dalam Tanaman Daun Sirih Merah (*Piper crocatum* RUIZ & PAV) Sebagai Kandidat Anti SARS Cov-2. *Ejurnal Univ Bth*. 2022;2:378–391.
102. Badshah SL, Faisal S, Muhammad A, Poulson BG, Emwas AH, Jaremko M. Antiviral Activities of Flavonoids. *Biomed Pharmacother*. 2021;140(March):111596. doi:10.1016/J.Bioph.2021.111596
103. Diniatik KAM, Purwaningrum O. Uji Aktivitas Antivirus Ekstrak Etanol Daun Sirih Merah (*Piper crocatum* Ruitz & Pav) Terhadap Virus *NewcastleDisease* Dan Profil Kromatografi Lapis Tipisnya. *Pharmacy*. 2011;08(01):51–70.
104. Larsen T, Fiehn N, Erik E. Dental Biofilm Infections - An Update. *APMIS*. 2017;125(4):376–384. doi:10.1111/Apm.12688
105. Cui T, Luo W, Xu L, Yang B, Zhao W, Cang H. Progress of antimicrobial discovery against the major cariogenic pathogen streptococcus mutans. *Current Issues in Molecular Biology*. 2019;32(0):601–644. doi:10.21775/CIMB.032.601
106. Marin L M, Xiao Y, Xiao J A, Siqueira W L. Modulation of *Streptococcus mutans* Adherence to Hydroxyapatite by Engineered Salivary Peptides. *Microorganisms*. 2022;10(2):1–13. doi:10.3390/microorganisms10020223
107. Paqué PN, Herz C, Wiedemeier DB, Mitsakakis K. Salivary Biomarkers for Dental Caries Detection and Personalized Monitoring. *ournal of Personalized Medicine*. 2021;3(23):235. doi:10.3390/jpm11030235
108. Iwabuchi Y, Nakamura T, Kusumoto Y, Nakao R. Effects of ph on the properties of membrane vesicles including glucosyltransferase in streptococcus mutans. *Microorganisms*. 2021;9(11):1–18. doi:10.3390/microorganisms9112308
109. Juntarachot N, Sirilun, S, Kantachote, D, Sittiprapaporn, P. Anti- *Streptococcus mutans* and anti-biofilm activities of dextranase and its encapsulation in alginate beads for application in toothpaste. *IPeerJ*. 2020;8. doi:10.7717/peerj.10165
110. Zhang Q, Ma Q, Wang Y, Wu H, Zou, J. Molecular mechanisms of inhibiting glucosyltransferases for biofilm formation in *Streptococcus mutans*. *International Journal of Oral Science*. 2021;9(30):13(1):1–8. doi:10.1038/s41368-021-00137-1
111. Moye ZD, Son M, Rosa-Alberty AE, Al E. Effects Of Carbohydrate Source On Genetic Competence In *Streptococcus mutans*. *Appl Environ Microbiol*. 2016;82(15):4821–4834. doi:10.1128/AEM.01205-16
112. Wang C, van der Mei HC, Busscher HJ, Ren Y. *Streptococcus mutans* adhesion force sensing in multi-species oral biofilms. *npj Biofilms and Microbiomes*. 2020;6(1):1–9. doi:10.1038/s41522-020-0135-0
113. Zhu B, Macleod LC, Kitten T, Xu, P. *Streptococcus Sanguinis* Biofilm Formation & Interaction with Oral Pathogens. *Future Microbiology*. 2018;6(8):915–932. doi:10.2217/fmb-2018-0043
114. Heliawati L, Lestari S, Hasanah U, Ajiati D, Kurnia, D. Phytochemical Profile of Antibacterial Agents from Red Betel Leaf (*Piper crocatum* Ruiz and Pav) against Bacteria in Dental Caries. *Molecules*. 2022;4(30):27(9):2861. doi:10.3390/molecules27092861
115. Salehi B, Kregiel D, Mahady, G, Sharifi-Ra, J, Martins, N, Rodrigues, C F. Management of *Streptococcus mutans*-*Candida* spp. Oral Biofilms' Infections: Paving the Way for Effective Clinical Interventions. *Journal of Clinical Medicine*. 2020;9(2):517. doi:10.3390/jcm9020517
116. Okahashi N, Nakata M, Kuwata H, Kawabata S. Oral mitis group streptococci: A silent majority in our oral cavity. *Microbiology and Immunology*. 2022;9(12):66(12):539–551. doi:10.1111/1348-0421.13028
117. Inagaki S, Fujit K, Takashima Y, Nagayama K, Ardin A C, Matsumi Y, Matsumoto-Nakano, M. Regulation of Recombination between *gtfB/gtfC* Genes in *Streptococcus mutans* by Recombinase A. *The Scientific World Journal*. 2013;3(0):1–7. doi:10.1155/2013/405075
118. Kozmos M, Virant P, Rojko F, Abram A, Rudolf, R, Raspor, P, Zore, A, Bohinc, K. Bacterial adhesion of streptococcus mutans to dental material surfaces. *Molecules*. 2021;26(4):1–15. doi:10.3390/molecules26041152
119. Matsumi Y, Fujita K, Takashima Y, Yanagida, K, Morikawa, Y, Matsumoto-Nakano, M. Contribution of glucan-binding protein A to firm and stable biofilm formation by *Streptococcus mutans*. *Molecular Oral Microbiology*. 2015;30(3):217–226. doi:10.1111/omi.12085
120. Cheng X, Redanz S, Cullin N, Zhou X, Xu, X, Joshi, V, Koley, D, Merritt, J, Kreth, J. Plasticity of the Pyruvate Node Modulates Hydrogen Peroxide Production and Acid Tolerance in Multiple Oral Streptococci. *Applied and Environmental Microbiology*. 2018;84(2):1–15. doi:10.1128/AEM.01697-17
121. Moussa DG, Siqueira WL. Bioinspired Caries Preventive Strategy Via Customizable Pellicles Of Saliva-Derived Protein/Peptide Constructs. *Sci Rep*. 2021;11(1):1–13. doi:10.1038/S41598-021-96622-Y
122. Kreth J, Herzberg MC. Molecular Principles Of Adhesion And Biofilm Formation. *Int J med*. 2015;23–53. doi:10.1007/978-3-662-47415-0_2
123. Yumoto H, Hirota K, Hiraio K, Ninomiya, M. The pathogenic factors from oral streptococci for systemic diseases. *International Journal of Molecular Sciences*. 2019;20:18 4571. doi:10.3390/ijms20184571
124. Kreve S, Reis, A C D. Bacterial adhesion to biomaterials: What regulates this attachment? A review. *Japanese Dental Science Review*. 2021;57(0):85–96. doi:10.1016/j.jdsr.2021.05.003

125. Pankratova G, Leech D, Gorton, Lo, Hederstedt, L. Extracellular Electron Transfer by the Gram-Positive Bacterium *Enterococcus faecalis*. *Biochemistry*. 2018;57(30):4597–4603. doi:10.1021/acs.biochem.8b00600
126. Hirt H, Hall JW, Larson E, Gorr, SU. A D-enantiomer of the antimicrobial peptide GL13K evades antimicrobial resistance in the Gram positive bacteria *Enterococcus faecalis* and *Streptococcus gordonii*. *PLoS ONE*. 2018;13(3):1–16. doi:10.1371/journal.pone.0194900
127. Portenier I, Waltimo T M T, Haapasalo M. *Enterococcus faecalis*- the root canal survivor and ‘star’ in post-treatment disease. *Endodontic Topics*. 2003;6(1):135–159. doi:10.1111/j.1601-1546.2003.00040.x
128. Suprewicz L, Tokajuk LG, Cieśluk M, Deptuła P, Sierpińska, T, Wolak, P. Bacteria residing at root canals can induce cell proliferation and alter the mechanical properties of gingival and cancer cells. *International Journal of Molecular Sciences*. 2020;21():1–22. doi:10.3390/ijms21217914
129. Moryl M, Palatyńska-Ulatowska A, Maszewska A, Grzejdziaż I, Dias de Oliveira, S. Benefits and Challenges of the Use of Two Novel vB_Efa29212_2e and vB_Efa29212_3e Bacteriophages in Biocontrol of the Root Canal *Enterococcus faecalis* Infections. *Journal of Clinical Medicine*. 2022;11(21):. doi:10.3390/jcm11216494
130. Asmah N. Molecular aspects of *Enterococcus faecalis* virulence. *Journal of Syiah Kuala Dentistry Society*. 2022;5(2):89–94. doi:10.24815/jds.v5i2.20020
131. Chenicheri S, Usha, R, Ramachandran, R, Thomas, V, Wood, A. Insight into Oral Biofilm: Primary, Secondary and Residual Caries and Phyto-Challenged Solutions. *The Open Dentistry Journal*. 2017;11(1):312–333 doi:10.2174/1874210601711010312.
132. Soltani S, Hammami R, Cotter PD, Rebuffat S. Bacteriocins as a new generation of antimicrobials: Toxicity aspects and regulations. *JPSCR J Pharm Sci Clin Res*. 2021;45(1):1–24. doi:10.1093/femsre/uaa039
133. Van Tyne D, Martin MJ, Gilmore MS. Structure, function, and biology of the *Enterococcus faecalis* cytolysin. *Toxins*. 2013;5(5):895–911. doi:10.3390/toxins5050895
134. Nasution A I. sVirulence Factor and Pathogenicity of *Candida albicans* in Oral Candidiasis. *World Journal of Dentistry*. 2013;4:4 267–271. doi:10.5005/jp-journals-10015-1243
135. Gunsalus KTW, Kumamoto CA. Chapter 2 Transcriptional Profile of *Candida albicans*. *The Host*. 2018;1356:17–29. doi:10.1007/978-1-4939-3052-4
136. Lohse MB, Gulati M, Johnson AD, Nobile CJ. Development and regulation of single-and multi-species *Candida albicans* biofilms. *Nat Rev Microbiol*. 2018;16(1):19–31. doi:10.1038/nrmicro.2017.107
137. Kadosh D, Mundod V. A re-evaluation of the relationship between morphology and pathogenicity in *Candida* species. *Journal of Fungi*. 2020;6(1):16–18 doi:10.3390/jof6010013
138. Cheng R, Xu Q, Hu, F, Li, H, Yang, B. Antifungal activity of MAF-1A peptide against *Candida albicans*. *International Microbiology*. 2021;24(2):233–242. doi:10.1007/s10123-021-00159-z
139. Bowman SM, Free, SJ. The structure and synthesis of the fungal cell wall. *BioEssays*. 2006;28(8):799–808. doi:10.1002/bies.20441
140. Chen H, Zhou X, Ren B, Cheng L. The Regulation of Hyphae Growth in *Candida albicans*. *Virulence*. 2020;11(1):337–348. doi:10.1080/21505594.2020.1748930
141. Lok B, Adam MAA, Kamal LZM, Chukwudi NA, Sandai R, Sandai D. The assimilation of different carbon sources in *Candida albicans*: Fitness and pathogenicity. *Medical Mycology*. 2021;59:2 115–125. doi:10.1093/mmy/myaa080
142. Köhler JR, Acosta-Zaldivar M, Qi W. Phosphate in virulence of *Candida albicans* and *Candida glabrata*. *Journal of Fungi*. 2020;8(2):. doi:10.3390/jof6020040
143. Van Ende M, Wijnants S, Van Dijk P. Sugar sensing and signaling in *Candida albicans* and *Candida glabrata*. *Frontiers in Microbiology*. 2019;10():1–16. doi:10.3389/fmicb.2019.00099
144. Silva S, Negri M, Henriques M, Oliveira R et al. Adherence and biofilm formation of non-*Candida albicans* *Candida* species. *Trends in Microbiology*. 2011;19(5):241–247. doi:10.1016/j.tim.2011.02.003
145. Wang JM, Woodruff AL, Dunn MJ, Fillinger RJ, Bennett RJ, Anderson MZ. Intraspecies Transcriptional Profiling Reveals Key Regulators of *Candida albicans* Pathogenic Traits. *Mbio*. 2021;12(2):21. doi:10.1128/Mbio.00586-21
146. Gunsalus KTW, Tornberg-Belanger SN, Matthan NR, Lichtenstein AH, Kumamoto CA. Manipulation Of Host Diet To Reduce Gastrointestinal Colonization By The. *Mosphere*. 2015;1(1):1–16. doi:10.1128/Mosphere.00020-15.Editor
147. Talapko J, Juzbašić M, Matijević T, Al E. *Candida Albicans*-The Virulence Factors And Clinical Manifestations Of Infection. *J Fungi*. 2021;7(2):1–19. doi:10.3390/Jof7020079
148. Koo H, Andes D R, Krysan, DJ. *Candida-streptococcal interactions in biofilm-associated oral diseases*. *PLoS Pathogens*. 2018 14 12:1–7. doi:10.1371/journal.ppat.1007342
149. Du Q, Ren B, Zhou X, Zhang L, Xu X. Cross-kingdom interaction between *Candida albicans* and oral bacteria. *Front Microbiol*. 2022;13:1–14. doi:10.3389/fmicb.2022.911623

Drug Design, Development and Therapy

Dovepress

Publish your work in this journal

Drug Design, Development and Therapy is an international, peer-reviewed open-access journal that spans the spectrum of drug design and development through to clinical applications. Clinical outcomes, patient safety, and programs for the development and effective, safe, and sustained use of medicines are a feature of the journal, which has also been accepted for indexing on PubMed Central. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/drug-design-development-and-therapy-journal>