

Curcumin's effects on oral health: a narrative review

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Abstract

Curcumin, a polyphenol produced from the dried root of the Asian plant *Curcuma longa*, a member of the Zingiberaceae family, has long been prized for its medicinal qualities. Recent research confirms its strong antioxidant, anti-inflammatory, antibacterial, immunomodulatory, and neuroprotective properties. Its capacity to control gut microbiota also helps mitigate the symptoms of metabolic syndrome. This review examines curcumin's potential to support oral health and its function in regulating and preventing disease processes.

Mouthwashes and gels containing curcumin have demonstrated effectiveness similar to 0.20% chlorhexidine in reducing gingivitis and bacterial plaque but with fewer adverse effects. Its hydrophobic properties increase cell membrane permeability, and when mixed with lipophilic compounds, such as piperine or olive oil, it becomes more bioavailable and facilitates absorption. Furthermore, curcumin is a good option for long-term use in oral care due to its natural nature and low toxicity. Its capacity to lessen microbial activity and inflammation in mucosal lesions and periodontal disease has also been investigated. Curcumin provides a novel, safer, and more efficient method of treating oral diseases and preserving oral hygiene.

Keywords: Curcumin, Antioxidants, Natural Products, Oral Diseases, Phenolic Antioxidants, Oral Hygiene

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Introduction

The Curcumin, a bioactive compound derived from the dried roots of *Curcuma longa*, has gained significant attention due to its remarkable medicinal properties (1–11). As a polyphenol, curcumin has long been utilized in Asian medicine for its health benefits (Figure 1) (1,12–22). Modern research has corroborated these traditional claims, revealing its biological activities, including anti-inflammatory, antifungal, antioxidant, and neuroprotective effects (23–32). Curcumin is also recognized as a supportive agent in managing various diseases such as cardiovascular issues, metabolic syndromes, and neurodegenerative conditions like Alzheimer's and Parkinson's (33–41).

A notable characteristic of curcumin is its ability to influence gut microbiota, promoting a balanced microbial ecosystem with systemic health benefits (42–52). It modulates key inflammatory and oxidative pathways, targeting reactive oxygen species (ROS), cytokines, and COX-2 while regulating angiogenesis through vascular endothelial growth factor (VEGF). These mechanisms also make curcumin valuable in preventing cancer progression (53–61).

In dentistry, curcumin has shown promise in addressing global oral health issues, including periodontitis, gingivitis, oral candidiasis, and precancerous lesions (62–70). Traditional treatments often pose challenges such as antibiotic resistance and microbiota disruption, emphasizing the need for safer options. Curcumin's low toxicity and natural origin make it a compelling alternative (71–78).

Strategies such as liposomal encapsulation, nanoparticle formulations, and co-administration with substances like piperine have been developed to enhance absorption and stability (79–85). These advancements help curcumin achieve therapeutic levels in target tissues (86–91).

Research highlights curcumin's efficacy in managing oral diseases. Mouthwashes and gels containing curcumin have shown results comparable to chlorhexidine in controlling plaque and gingivitis, with fewer adverse effects (92–99). Curcumin nanoparticles effectively

combat *Streptococcus mutans* and inhibit dental biofilm formation (100–108).

Curcumin has demonstrated benefits in chronic oral conditions such as oral submucosal fibrosis (OSMF) and mucositis by alleviating inflammation, fibrosis, and oxidative damage. Its anti-inflammatory properties are particularly helpful in managing mucosal damage caused by cancer treatments (109–116). Furthermore, due to its photosensitizing properties, curcumin shows potential in photodynamic therapy for precancerous lesions (99, 117–124).

Curcumin's anticancer effects are notable in oral squamous cell carcinoma (OSCC). It suppresses tumor growth and metastasis by regulating metalloproteinases and epithelial-mesenchymal transition (EMT) markers. By boosting cytotoxic T-cell activity and reducing suppressor cells, curcumin enhances the immune response and promotes cancer cell death (125–129).

Preventive applications in dentistry also include curcumin-enriched products like toothpaste and mouthwash, which improve oral hygiene and reduce plaque. When combined with periodontal treatments such as scaling and root planing (SRP), curcumin formulations enhance outcomes by reducing plaque index (PI), gingival index (GI), and periodontal pocket depth (PPD) (127,130–137).

Another advantage of curcumin is its safety profile. It is highly tolerated at doses of up to 12 g daily over prolonged periods and has minimal side effects (109–115). This makes it a safer alternative to conventional therapies that may cause adverse reactions (106, 138–140).

Despite these benefits, optimizing curcumin's therapeutic use remains challenging. To maximize its potential, it needs improved delivery systems, precise dosing strategies, and additional examination of its interactions with other compounds (141–146). Additionally, long-term studies are essential to evaluate its role in oral health maintenance and disease prevention (147–155).

In summary, curcumin is a powerful natural agent with diverse applications. Its potential as a preventive and therapeutic tool continues to grow, offering safer and more effective alternatives to conventional dental treatments (156–164).

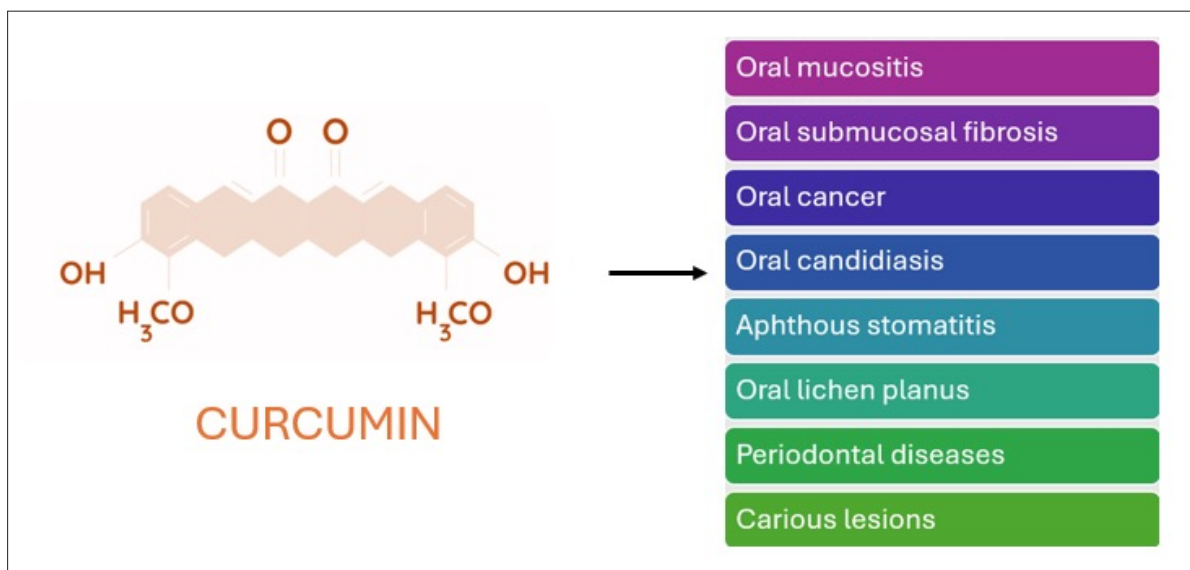


Figure 1. Curcumin and its beneficial effects

Materials and Methods:

A search was conducted using the following keywords: "Curcumin" AND "oral disease" AND "oral health," analyzing publications in the Scopus, Web of Science, and PubMed databases, restricted to articles in English.

The review focused on studies involving human participants, specifically clinical research and case reports.

The titles and abstracts of the retrieved studies were screened, and irrelevant articles were excluded. The remaining studies were then reviewed in full. Any discrepancies between reviewers were resolved through collaborative discussion to ensure consensus.

Reviewers carried out an analysis rating all qualifying records according to the subsequent inclusion standards:

(1) randomized control trials (RCTs), randomized controlled clinical trials (RCTs), comparative studies, retrospective studies; (2) human participant studies; (3) full-text articles available for free; and (4) English-language publications. The following exclusion criteria were determined: (1) *in vitro* articles, (2) animal-related studies, and (3) articles not released in English.

Results:

A total of 638 records were initially retrieved through the literature search, with 152 sourced from PubMed, 338 from the Web of Science (WOS), and 148 from Scopus. After eliminating 159 duplicate entries, 479 articles remained for evaluation. Following a review based on eligibility and inclusion criteria, 17 studies were ultimately selected.

Discussion:

Curcumin has demonstrated significant dental potential, especially in managing periodontitis and oral mucositis.

Curcumin in Periodontal Therapy

Mechanical debridement, such as scaling and root planing (SRP), is a cornerstone of periodontal treatment. However, accessing deep pockets and complex root furcations can be challenging, prompting the integration of antimicrobial agents to enhance therapeutic outcomes. Hayder Thabit Farhood and Basma Ghafori Ali's study examined using curcumin gel as an adjunct to SRP in treating moderate periodontal pockets measuring 5–7 mm (165–173).

Conducted as a split-mouth study on 20 patients, it revealed notable improvements in clinical parameters, including plaque index (PI), gingival index (GI), probing pocket depth (PPD), and clinical attachment level (CAL). The group treated with curcumin demonstrated a notable decrease in bleeding on probing (BOP), emphasizing its anti-inflammatory capabilities. This indicates that curcumin may be an effective supplementary agent in periodontal treatment, contributing to improved clinical results and better inflammation management (174–180). Reham Abdel-Fatah's study evaluated curcumin gel as a localized drug delivery method following SRP (181–189). With 54 participants, the research compared outcomes between the application of curcumin gel and SRP alone (190–197). The findings highlight curcumin's potential to improve periodontal health and reduce inflammatory biomarkers (198–206).

Cindy Grace Pérez-Pacheco evaluated the efficacy of nanoencapsulated curcumin after SRP in patients with

generalized periodontitis. The six-month study revealed meaningful improvements in clinical parameters, cytokine expression, and subgingival microbial composition alterations (207–214). Although the curcumin-treated sites performed slightly better, a single use of curcumin nanoparticles yielded limited benefits, indicating the need for repeated treatments and optimized concentrations (76,153,154,215–220).

Al-Askar et al. compared curcumin's analgesic effects to mefenamic acid (MA) in a study. Following periodontal surgery, pain scores were similar between the curcumin and MA groups over 72 hours, but the absence of operator blinding could have impacted the results. Similarly, Sanjeela Rakshith Guru's study compared 2% curcumin nano gel and 1% chlorhexidine gel as adjuncts to SRP (174–180).

Mallapragada Siddharth's investigation focused on 2% curcumin gel versus 0.2% chlorhexidine gel for treating chronic periodontitis (221–227).

Studies consistently show improvements in clinical and microbiological parameters, including reductions in PI, GI, PPD, CAL, BOP, and PCT levels, underscoring curcumin's anti-inflammatory effects. While its utility is promising, further research is essential to refine dosing regimens, delivery methods, and long-term efficacy (228–235).

Curcumin holds substantial promise in advancing periodontal therapy. It offers a natural and practical approach to improving oral health outcomes (236–240).

Curcumin in Treating Oral Mucositis

Oral mucositis, a common side effect of chemoradiotherapy, interferes with critical functions such as swallowing and proper nutrition. Curcumin is a promising agent for mitigating inflammation, relieving pain, and supporting tissue repair. Research by Alsalim demonstrated that a curcumin-based gel was more effective than dexamethasone mouthwash in reducing the severity of mucositis.

Soni's analysis of bio-enhanced curcumin formulations revealed significant reductions in symptoms like difficulty swallowing (dysphagia) and skin irritation (dermatitis). Curcumin-based antimicrobial photodynamic therapy (aPDT) can provide quick clinical relief, reduce discomfort, and decrease *Candida* colonization.

Curcumin in Potentially Malignant Disorders and Oral Cancer

Potentially malignant disorders (PMDs) encompass pathological conditions in which tissues display abnormalities but have not yet transitioned into cancer. Due to the risk of malignant transformation, these conditions require diligent evaluation and monitoring.

Natural compounds known for their low toxicity and ease of availability have been explored for their potential to stabilize or halt the progression of potentially oral malignant disorders (OPMDs). Over three months, participants received either green tea extract (topical and systemic at 800 mg/day), curcumin (topical and systemic at 950 mg/day), or a union of both. Analysis of biomarkers revealed that combining these substances could serve as an alternative approach for oral cancer chemoprevention by rapidly downregulating molecular biomarkers (109–115).

Measurements included reductions in burning sensations and increases in mouth opening, mucosal flexibility, and

tongue protrusion. Histopathological findings revealed reduced collagen deposition and thicker epithelial layers (116,241–247).

In conclusion, PMDs necessitate close monitoring and thorough assessment to gauge their risk of malignancy. Recent studies highlight the potential of natural substances like curcumin, green tea, and combinations such as BIOCUMIN in lowering the progression risk of precancerous lesions. These compounds offer chemopreventive benefits and improve patient outcomes, enhancing their quality of life (248–256).

Curcumin as an Adjunct in Oral Cancer Management

Saroj K. Basak's research studied the effects of a botanical preparation with curcumin in oral cancer patients. Findings revealed changes in microbial flora and enhanced immune responses, suggesting its potential as a therapy, particularly alongside immunotherapy (257–265).

Curcumin has also been effective in conditions like leukoplakia, lichen planus, and recurrent aphthous stomatitis (RAS), reducing oxidative stress and improving symptoms (241–247).

Despite its therapeutic advantages, curcumin has some drawbacks, including potential teeth staining and allergic reactions. Tetrahydrocurcumin, a metabolite lacking yellow pigment, may be an alternative for patients concerned about staining. Educating patients about these side effects is crucial for informed decision-making and effective treatment management (266–273).

Conclusions:

The use of natural compounds to address medical issues has gained increasing attention. Curcumin, a widely researched natural compound, stands out due to its anti-inflammatory, antioxidant, antibacterial, and anticancer properties (274–283). It holds significant potential as an adjunct therapy for various oral health issues, providing safer and potentially more effective alternatives to traditional treatments (248–256). Curcumin is particularly promising for managing oral cancer, mucositis, periodontal disease, and possibly other precancerous conditions (284–286). However, despite its numerous health benefits, curcumin can cause side effects, including staining of the teeth and mouth, which need careful consideration (287–296). These aesthetic concerns can impact a patient's appearance, confidence, and self-esteem, underscoring the importance of clear communication and effective management throughout the treatment process (297–307).

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Data Availability Statement

All of the data is contained within the article.

Conflicts of Interest

The authors declare no conflicts of interest.

Abbreviations:

aPDT	Antimicrobial photodynamic therapy
BOP	Bleeding on probing
CAL	Clinical attachment level
COX-2	Cyclooxygenase-2
EMT	Epithelial-mesenchymal transition
GI	Gingival index
MA	Mefenamic acid
OPMDs	Oral potentially malignant disorders
OSCC	Oral squamous carcinoma
OSMF	Oral submucosal fibrosis
PCT	Procalcitonin
PI	Plaque index
PMDs	Potentially malignant disorders
PPD	Periodontal probing depth
RAS	Recurrent aphthous stomatitis
ROS	Reactive oxygen species
SRP	Scaling and root planing
VAS	Visual analog scale
VEGF	Vascular endothelial growth factor

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