

Rosmarinus officinalis L. (Rosemary) extract decreases the biofilms viability of oral health interest

Extrato de *Rosmarinus Officinalis* L. (Alecrim) reduz a viabilidade de biofilmes de interesse para saúde bucal

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ABSTRACT

Objective: This study evaluated the effect of rosemary extract on *Candida albicans*, *Staphylococcus aureus*, *Enterococcus faecalis*, *Streptococcus mutans* and *Pseudomonas aeruginosa* monomicrobial biofilms viability, as well as on *C. albicans* associated with *S. aureus*, *E. faecalis*, *S. mutans* or *P. aeruginosa* in polymicrobial biofilms. **Material and Methods:** In microtiter plate, mono- and polymicrobial biofilms for 48 h were formed. Then, they were exposed for 5 min to rosemary extract (200 mg/mL). Saline (0.9% NaCl) was used as control. After, washes were done with saline to remove the non-adhered cells. Biofilm viability was checked by MTT colorimetric assay, after treatment. Absorbance of the wells was read in microplate spectrophotometer (570 nm) and data were converted to reduction percentage and statistically analyzed by ANOVA and Tukey test ($P \leq 0.05$). **Results:** After application of rosemary extract, with exception of the *E. faecalis* biofilm, significant reductions in mono- and polymicrobial biofilms viability were observed. **Conclusion:** *C. albicans*, *S. aureus*, *S. mutans* and *P. aeruginosa* monomicrobial biofilms were affected by rosemary extract, as well as *C. albicans* associated with *S. aureus*, *E. faecalis*, *S. mutans* or *P. aeruginosa* in polymicrobial biofilms, presenting significant viability reductions.

KEYWORDS

Monomicrobial biofilm; Polymicrobial biofilm; Rosemary; *Rosmarinus officinalis*; Viability.

RESUMO

Objetivo: No presente estudo foi avaliado o efeito do extrato de alecrim sobre a viabilidade de biofilmes monomicrobianos de *Candida albicans*, *Staphylococcus aureus*, *Enterococcus faecalis*, *Streptococcus mutans* e *Pseudomonas aeruginosa*, bem como, sobre biofilmes polimicrobianos de *C. albicans* associada com *S. aureus*, *E. faecalis*, *S. mutans* ou *P. aeruginosa*. **Material e métodos:** Em placa de microtitulação foram formados os biofilmes mono e polimicrobianos por 48 h. Em seguida, foram expostos por 5 min ao extrato de alecrim (200 mg/mL). Solução salina (NaCl 0,9%) foi utilizada como controle. Após, foram realizadas lavagens com salina para remoção de células não aderidas. Para verificação da viabilidade dos biofilmes, após o tratamento, foi aplicado o teste colorimétrico MTT. A absorbância dos poços foi lida em espectrofotômetro de microplacas (570 nm) e os dados foram convertidos em percentual de redução e analisados estatisticamente por ANOVA e Tukey Test ($P \leq 0,05$). **Resultados:** Após aplicação do extrato de alecrim, com exceção do biofilme de *E. faecalis*, foram observadas reduções significativas da viabilidade dos biofilmes monomicrobianos e polimicrobianos. **Conclusão:** Biofilmes monomicrobianos de *C. albicans*, *S. aureus*, *S. mutans* e *P. aeruginosa*, foram afetados pelo extrato de alecrim, bem como, os biofilmes polimicrobianos de *C. albicans* associada com *S. aureus*, *E. faecalis*, *S. mutans* ou *P. aeruginosa* em biofilmes polimicrobianos, apresentando significativas reduções de viabilidade.

PALAVRAS-CHAVE

Alecrim; Biofilme monomicrobiano; Biofilme polimicrobiano; *Rosmarinus officinalis*; Viabilidade.

INTRODUCTION

R. officinalis L. (Lamiaceae), popularly known as rosemary, is a plant species originated from Mediterranean region, however can be found and cultivated in all continents. It is an aromatic and ornamental plant and its leaves are commonly used as condiment and medicinal purposes [1]. Rosemary presents several constituents which are responsible for the pharmacological activities, such as 1,8-cineole, camphor and α -pinene [2]. Some biological activities have been attributed to this plant, including antimicrobial [3], antibacterial [4], antifungal [2,5], antimycobacterial [6], anti-inflammatory [7,8], antitumor [9], antioxidant [3,10,11], antimutagenic [12] neuroprotective [13,14], cardioprotective [15], oxidative stress modulator [16,17] and DNA-protective [18] activities.

Biofilms are composed by a microbial community surrounded by a protein extracellular matrix and polysaccharides produced by them, they can be adhere on dental materials, prostheses, implants, endotracheal tube, pacemakers and catheters, or a biotic surface, such as host tissues [19-21]. Microorganisms in biofilm are naturally found in interspecific associations that may favor or hinder the development of each other, interfere with antimicrobial susceptibility and on the genes expression [22,23].

The microbial species selected to realization of this study are of interest to oral health, since they may cause serious disorders throughout the oral cavity and furthermore they can be disseminated systemically and induce significant infections in other organs. *C. albicans* may cause pseudomembranous and erythematous candidiasis [24], besides angular cheilitis [25]. *S. aureus* from supra and subgingival biofilm may be responsible for periodontitis [26]. *E. faecalis* can also be associated with periodontal disease, once was identified in root canal infections and apical periodontitis [27]. The presence of *P.*

aeruginosa in subgingival biofilm can induce a more aggressive form of periodontitis [28].

R. officinalis L. has been extensively studied in relation to its action on microorganisms, however its effect on microorganisms grouped in biofilms and on polymicrobial associations has not been evaluated. In addition, in the present study, it will be possible to note how much the plant extract could affect the metabolism of microbial cells in mono- and polymicrobial communities.

The emergence of resistant strains to antimicrobial of conventional use in medical fields has challenged the research groups in the investigation of new products and methods for their control. One of these alternative methods could be the application of medicinal plant products such as extracts, essential oils and phytochemicals in medications and also in toothpastes, mouthwashes, intracanal medication, ointments, soaps, in order to eliminate these microorganisms which can cause serious local and systemic infections. Thus, the present study aimed to analyze the antimicrobial effect of rosemary extract on *C. albicans*, *S. aureus*, *E. faecalis*, *S. mutans* and *P. aeruginosa* monomicrobial biofilms viability, as well as on polymicrobial biofilms of *C. albicans* associated with *S. aureus*, *E. faecalis*, *S. mutans* or *P. aeruginosa*.

MATERIAL AND METHODS

Plant extract

Rosemary extract was commercially acquired (Mapric, SP, Brazil) at 200 mg/mL propylene glycol. This extract was obtained from leaves of the plant, chemically composed by pinene, camphene, free borneol and borneol acetate, cineol, camphor, sesquiterpenes, oleanolic acid, little tannin, bitter substances, acid saponin, and glucosidic compounds, according to the manufacturer.

Microbial strains

Reference strains (ATCC - American Type Culture Collection) of *C. albicans* (ATCC18804), *S. aureus* (ATCC 6538), *E. faecalis* (ATCC 4083),

S. mutans (ATCC 35688) and *P. aeruginosa* (ATCC 15442) obtained from Institute of Science and Technology/UNESP, were used in this study. Strains were kept frozen at -80°C in Brain Heart Infusion broth (BHI - Himedia, Mumbai, India) with 20% glycerol, for bacteria, and Yeast Extract Peptone Dextrose broth (YPD - Himedia) with 16% glycerol, for *C. albicans*.

Biofilms formation

Microbial suspensions adjusted to 107 CFU/mL (colony-forming unit per milliliter) were added in 96-well plates (200 μL /well). After 90 min incubation (37°C ; 75 rpm - Quimis, Diadema, Brazil), the supernatant was discarded and BHI or Yeast Nitrogen Base (YNB, Himedia) broth was added (200 μL /well). After 24 h, the medium was replaced by fresh medium and the biofilms were formed for 48 h. For polymicrobial biofilms, equal parts of each suspension and medium were added. Posteriorly, biofilms were exposed to extract (200 mg/mL) for 5 min and saline (0.9 % NaCl) was used as negative control (n = 10/group).

MTT assay

Reductases present in viable cells break MTT [bromide of 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide] (Sigma Aldrich) generating formazan, which may be quantified by spectrophotometer. Therefore, MTT solution was prepared at 0.5 mg/mL

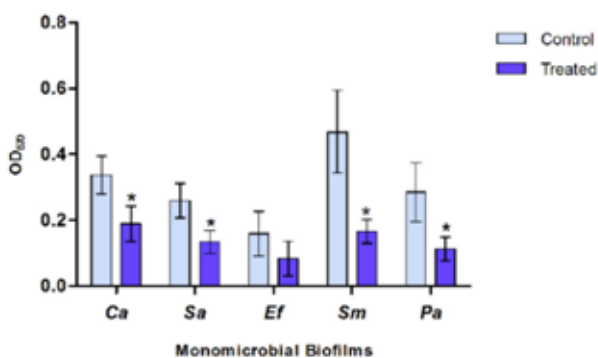


Figure 1 - Mean (\pm standard deviation) of OD (570 nm) obtained on *C. albicans* (Ca), *S. aureus* (Sa), *E. faecalis* (Ef), *S. mutans* (Sm) and *P. aeruginosa* (Pa) monomicrobial biofilms. Asterisks indicate statistically significant difference comparing treated group with control group in each biofilm. (ANOVA, Tukey Test, $P \leq 0.05$).

phosphate-buffered saline (PBS) and 100 μL /well were added. After 1 h incubation, under protection from light, the supernatant was discarded and dimethyl sulfoxide (DMSO - Sigma Aldrich) was added (100 μL /well). Ten minutes incubation was performed, followed by agitation of the 96-well plate in shaker for more 10 min. Then, the absorbance of the wells was measured in microplate spectrophotometer (Bio-Tek, Vermont, USA) at 570 nm. Data were converted to reduction percentage.

Statistical analysis

The results were presented in mean values (\pm standard deviation) and were analyzed by ANOVA and Tukey Test with aid of GraphPad Prism 5.0 software, considering statistically significant when $P \leq 0.05$.

RESULTS

Rosemary extract provided significant reductions of the viability of *C. albicans*, *S. aureus*, *S. mutans* and *P. aeruginosa* monomicrobial biofilms. However, the reduction demonstrated by *E. faecalis* biofilm was not significant when compared to the control group (Figure 1). In the polymicrobial biofilms was found that the plant extract reduced significantly their viability (Figure 2). Reduction percentages can be observed in Figure 3.

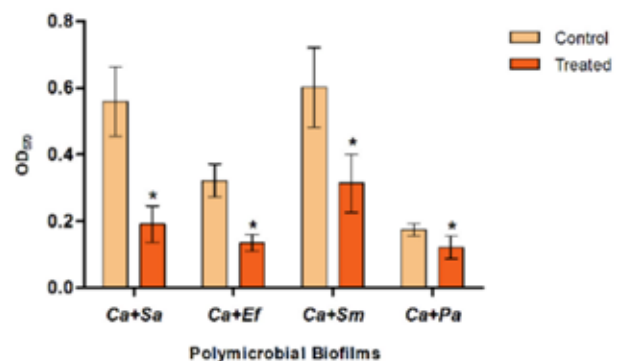


Figure 2 - Mean (\pm standard deviation) of OD (570 nm) obtained on polymicrobial biofilms composed by *C. albicans* and *S. aureus* (Ca+Sa), *C. albicans* and *E. faecalis* (Ca+Ef), *C. albicans* and *S. mutans* (Ca+Sm) and *C. albicans* and *P. aeruginosa* (Ca+Pa). Asterisks indicate statistically significant difference comparing treated group with control group in each biofilm. (ANOVA, Tukey Test, $P \leq 0.05$).

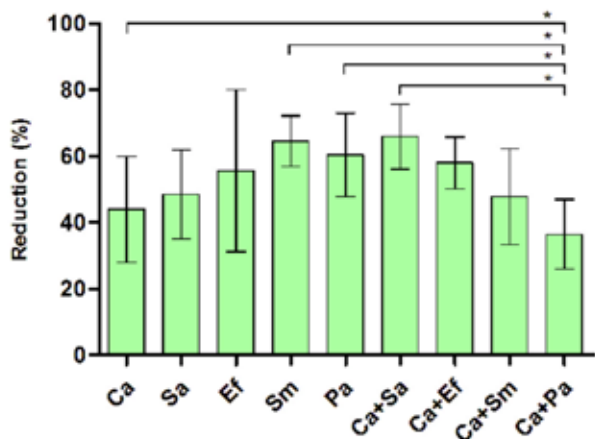


Figure 3 - Mean (\pm standard deviation) of percentage reduction of *C. albicans* (Ca), *S. aureus* (Sa), *E. faecalis* (Ef), *S. mutans* (Sm) and *P. aeruginosa* (Pa) monomicrobial biofilms and on polymicrobial biofilms composed by *C. albicans* and *S. aureus* (Ca+Sa), *C. albicans* and *E. faecalis* (Ca+Ef), *C. albicans* and *S. mutans* (Ca+Sm) and *C. albicans* and *P. aeruginosa* (Ca+Pa). Asterisks indicate statistically significant difference. (ANOVA, Tukey Test, $P \leq 0.05$).

DISCUSSION

In this study it was found that the rosemary extract provided antimicrobial effect on different species of bacteria and *C. albicans*. This plant product promoted significant reductions of the mono- and polymicrobial biofilms viability.

Rosemary extract reduced significantly the *C. albicans* biofilm viability ($44 \pm 16\%$). Similarly, the antibiofilm effect of rosemary essential oil was also reported by Chifiriuc et al. [29], who prepared a nanobiological system, formed by the union of rosemary essential oil, nanoparticles comprising a core of iron oxide (Fe₃O₄) and an oleic acid coating (CHCl₃), which was analyzed on clinical isolates of *C. albicans* and *Candida tropicalis*. Catheters were coated or not with this system and the ability of the fungal biofilm development was in vitro observed. It was verified a significant reduction in adhesion of fungal cells to the material, as well as interference in the biofilm development, with complete absence of adhesion in periods of 48 and 72 h. On uncoated catheters the biofilm formation occurred initially by yeast (24 h) and subsequently by filamentous forms (72

h). There was *C. albicans* biofilm reduction of approximately 85% after 48 h, and 98% after 72h. Additionally, rosemary essential oil was also able to interfere on the in vitro filamentation of clinical isolates of *C. albicans*, considered like the major virulence factor of this yeast [30].

It was observed that on *S. aureus* biofilm ($49 \pm 13\%$) and on association of *C. albicans* and *S. aureus* ($66 \pm 10\%$) the rosemary extract promoted significant antibiofilm effect. There are reports that the rosemary essential oil may also be effective against *S. aureus* and *Staphylococcus xylosum* strains, in growth inhibition of these bacteria, as demonstrated by disc-agar diffusion test, where halos of 6.3 mm and 8 mm were generated respectively [31]. Besides of essential oil, some rosemary phytochemicals like α -pinene, β -pinene and 1.8-cineole also showed antibacterial effect against *S. aureus*, being found sharp decline in the concentration of CFU/mL after 12 h exposure and total elimination after 24 h, using essential oil. Regarding biocompounds, α -pinene showed inhibitory effect after 8 h contact and bactericidal effect after 12 h, β -pinene was bactericidal after 24 h and showed inhibitory effect after 12 h, and 1.8-cineole, showed sharp decline of CFU/mL from 24 h exposure and total elimination after 30 h [32].

S. mutans monomicrobial biofilm and its association with *C. albicans* were significantly affected by the rosemary extract presenting reductions of $65 \pm 8\%$ and $48 \pm 14\%$, respectively. Likewise, it was also reported that the extract from rosemary leaves demonstrated significant in vitro activity on *S. mutans* in relation to the biofilm formation, reduction of virulence factors and also on planktonic cultures [33]. The authors showed that after 1 h incubation in liquid medium plus plant extract there was decrease of the *S. mutans* biofilm viability in 10-fold, increasing to 100-fold after 6 h, compared to the control group. Additionally, they also found inhibitory effect on other microbial species such as *C. albicans*, *S. aureus*, *E. faecalis*,

P. aeruginosa, *Actinomyces* spp., *Streptococcus* spp., *Escherichia coli*, *Lactobacillus acidophilus* and *Veillonella* spp.

Significant reductions in the *P. aeruginosa* biofilm viability ($60 \pm 13\%$) and in the associations of *C. albicans* and *P. aeruginosa* ($36 \pm 10\%$) and *C. albicans* and *E. faecalis* ($58 \pm 8\%$) were observed. However, the reduction shown by *E. faecalis* monomicrobial biofilm was not significant. On the other hand, it was reported that the rosemary hydroalcoholic extract from its leaves and fractions provide inhibitory effect and, in some cases, bactericidal effect on *E. faecalis* and *P. aeruginosa* strains [34]. By broth microdilution test, the crude extract and its n-hexane (F1), hexane/ethyl acetate (75:25 v/v) (F2), hexane/ethyl acetate (50:50 v/v) (F3), ethyl acetate (F4), ethyl acetate/ethanol (75:25 v/v) (F5), ethyl acetate/ethanol (50:50 v/v) (F6) and ethanol (F7) fractions were evaluated on a reference strain and a clinical isolate for each species. The results demonstrated that the crude extract and its fractions (F3, F2, F4, F7) inhibited the growth of the *P. aeruginosa* reference strain and only F1 and F3 inhibited the growth of the clinical isolate. Regarding *E. faecalis* strains, the crude extract and fractions (F4, F5 and F3) presented bactericidal effect on the reference strain and clinical isolate, however, only the F2 fraction afforded inhibitory effect on clinical isolate.

According to outcomes of present study and with reports in the literature on antimicrobial effect of rosemary, it was noted the importance of investigation on biological effects of medicinal plants, which can be an effective alternative for the control of bacteria and yeasts able to provide in human beings important infections that can start in the oral cavity and spread systemically and generate morbidities and, in extreme cases, death of patients. Nonetheless, in this study evaluations of the effect of a plant product were conducted in vitro and the confirmation of its effectiveness in the control of important microorganisms that cause infections was obtained. Even though,

projections, as in vivo assays and clinical trials should be conducted in the future in order to enhance the study of medicinal plant products in search for an effective and biocompatible alternative method.

CONCLUSION

C. albicans, *S. aureus*, *S. mutans* and *P. aeruginosa* monomicrobial biofilms were affected by rosemary extract, as well as *C. albicans* associated with *S. aureus*, *E. faecalis*, *S. mutans* or *P. aeruginosa* in polymicrobial biofilms, presenting significant viability reductions.

REFERENCES

1. Rašković A, Milanović I, Pavlović N, Čebović T, Vukmirović S, Mikov M. Antioxidant activity of rosemary (*Rosmarinus officinalis* L.) essential oil and its hepatoprotective potential. *BMC Complement Altern Med*. 2014 Jul;14:225.
2. da Silva BN, Nakassugi LP, Faggion POJ, Kohiyama CY, Mossini SA, Grespan R, et al. Antifungal activity and inhibition of fumonisin production by *Rosmarinus officinalis* L. essential oil in *Fusarium verticillioides* (Sacc.) Nirenberg. *Food Chem*. 2015 Jan;1(166):330-6.
3. Guerra-Boone L, Alvarez-Román R, Alvarez-Román R, Salazar-Aranda R, TorresCirio A, Rivas-Galindo VM, et al. Antimicrobial and antioxidant activities and chemical characterization of essential oils of *Thymus vulgaris*, *Rosmarinus officinalis* and *Origanum majorana* from northeastern México. *Pak J Pharm Sci*. 2015 Jan;28(1):363-9.
4. Irshaid FI, Tarawneh KA, Jacob JH, Alshdefat AM. Phenol content, antioxidant capacity and antibacterial activity of methanolic extracts derived from four Jordanian medicinal plants. *Pak J Biol Sci*. 2014 Feb;17(3):372-9.
5. Gauch LM, Silveira-Gomes F, Esteves RA, Pedrosa SS, Gurgel ES, Arruda AC, et al. Effects of *Rosmarinus officinalis* essential oil on germ tube formation by *Candida albicans* isolated from denture wearers. *Rev Soc Bras Med Trop*. 2014 May; 47(3):389-91.
6. Abuzeid N, Kalsum S, Koshy RJ, Larsson M, Glader M, Andersson H, et al. Antimycobacterial activity of selected medicinal plants traditionally used in Sudan to treat infectious diseases. *J Ethnopharmacol*. 2014 Nov; 157:134-9.
7. Rocha J, Eduardo-Figueira M, Barateiro A, Fernandes A, Brites D, Bronze R, et al. Anti-inflammatory effect of rosmarinic acid and an extract of *Rosmarinus officinalis* in rat models of local and systemic inflammation. *Basic Clin Pharmacol Toxicol*. 2015 May;116(5):398-413.
8. Silva AM, Machado ID, Santin JR, de Melo IL, Pedrosa GV, Genovese MI, et al. Aqueous extract of *Rosmarinus officinalis* L. inhibits neutrophil influx and cytokine secretion. *Phytother Res*. 2015 Jan;29(1):125-33.
9. Wang W, Li N, Luo M, Zu Y, Efferth T. Antibacterial activity and anticancer activity of *Rosmarinus officinalis* L. essential oil compared to that of its main components. *Molecules*. 2012 Mar;17(3):2704-13.

10. Motlagh MK, Sharafi M, Zhandi M, Mohammadi-Sangcheshmeh A, Shakeri M, Soleimani M, et al. Antioxidant effect of rosemary (*Rosmarinus officinalis* L.) extract in 11 soybean lecithin-based semen extender following freeze-thawing process of ram sperm. *Cryobiology*. 2014 Oct;69(2):217-22.
11. Dias LS, Menis ME, Jorge N. Effect of rosemary (*Rosmarinus officinalis*) extracts on the oxidative stability and sensory acceptability of soybean oil. *J Sci Food Agric*. 2015 Aug;95(10):2021-7.
12. Felicidade I, Lima JD, Pesarini JR, Monreal AC, Mantovani MS, Ribeiro LR, et al. Mutagenic and antimutagenic effects of aqueous extract of rosemary (*Rosmarinus officinalis* L.) on meristematic cells of *Allium cepa*. *Genet Mol Res*. 2014 Nov;13(4):9986-96.
13. Lin CY, Chen JH, Fu RH, Tsai CW. Induction of Pi form of glutathione S-transferase by carnosic acid is mediated through PI3K/Akt/NF- κ B pathway and protects against neurotoxicity. *Chem Res Toxicol*. 2014 Nov;27(11):1958-66.
14. Wu CR, Tsai CW, Chang SW, Lin CY, Huang LC, Tsai CW. Carnosic acid protects against 6-hydroxydopamine-induced neurotoxicity in vivo and in vitro model of Parkinson's disease: Involvement of antioxidative enzymes induction. *Chem Biol Interact*. 2015 Jan;225:40-6.
15. Li XL, Liu JX, Li P, Zheng YQ. Protective effect of rosmarinic acid on hypoxia/reoxygenation injury in cardiomyocytes. *Zhongguo Zhong Yao Za Zhi*. 2014 May;39(10):1897-901.
16. El-Demerdash FM, Abbady EA, Baghdadi HH. Oxidative stress modulation by *Rosmarinus officinalis* in creosote-induced hepatotoxicity. *Environ Toxicol*. 2016 Jan;31(1):85-92.
17. Sebai H, Selmi S, Rtibi K, Gharbi N, Sakly M. Protective effect of *Lavandula stoechas* and *Rosmarinus officinalis* essential oils against reproductive damage and oxidative stress in alloxan-induced diabetic rats. *J Med Food*. 2015 Feb;18(2):241-9.
18. Horvathova E, Navarova J, Galova E, Sevcovicova A, Chodakova L, Sahnicanova Z, et al. Assessment of antioxidative, chelating, and DNA-protective effects of selected essential oil components (eugenol, carvacrol, thymol, borneol, eucalyptol) of plants and intact *Rosmarinus officinalis* oil. *J Agric Food Chem*. 2014 Jul;62(28):6632-9.
19. Kojic EM, Darouiche RO. *Candida* infections of medical devices. *Clin Microbiol Rev*. 2004 Apr;17(2):255-67.
20. Harriott MM, Noverr MC. *Candida albicans* and *Staphylococcus aureus* form polymicrobial biofilms: effects on antimicrobial resistance. *Antimicrob Agents Chemother*. 2009 Sep;53(9):3914-22.
21. Ammons MC, Triplet BP, Carlson RP, Kirker KR, Gross MA, Stanisich JJ, et al. Quantitative NMR metabolite profiling of methicillin-resistant and methicillin-susceptible *Staphylococcus aureus* discriminates between biofilm and planktonic phenotypes. *J Proteome Res*. 2014 Jun;13(6):2973-85.
22. Mastropaolo MD, Evans NP, Byrnes MK, Stevens AM, Robertson JL, Melville SB. Synergy in polymicrobial infections in a mouse model of type 2 diabetes. *Infect Immun*. 2005 Sep;73(9):6055-63.
23. O'Connell HA, Kottkamp GS, Eppelbaum JL, Stubblefield BA, Gilbert SE, Gilbert ES. Influences of biofilm structure and antibiotic resistance mechanisms on indirect pathogenicity in a model polymicrobial biofilm. *Appl Environ Microbiol*. 2006 Jul;72(7):5013-9.
24. Ramage G, Mowat E, Jones B, Williams C, Lopez-Ribot J. Our current understanding of fungal biofilms. *Crit Rev Microbiol*. 2009;35(4):340-55.
25. Silva DC, Lourenço AG, Ribeiro AE, Machado AA, Komesu MC, Motta AC. Oral health management of 97 patients living with HIV/AIDS in Ribeirão Preto, São Paulo, Brazil. *Braz Oral Res*. 2015;29:1-6.
26. Zuanazzi D, Souto R, Mattos MB, Zuanazzi MR, Tura BR, Sansone C, et al. Prevalence of potential bacterial respiratory pathogens in the oral cavity of hospitalised individuals. *Arch Oral Biol*. 2010 Jan;55(1):21-8.
27. Atila-Pektas B, Yurdakul P, Gulmez D, Gorduyus O. Antimicrobial effects of root canal medicaments against *Enterococcus faecalis* and *Streptococcus mutans*. *Int Endod J*. 2013 May;46(5):413-8.
28. da Silva-Boghossian CM, do Souto RM, Luiz RR, Colombo AP. Association of red complex, *A. actinomycetemcomitans* and non-oral bacteria with periodontal diseases. *Arch Oral Biol*. 2011 Sep;56(9):899-906.
29. Chifiriuc C, Grumezescu V, Grumezescu AM, Saviuc C, Laz r V, Andronescu E. Hybrid magnetite nanoparticles/*Rosmarinus officinalis* essential oil nanobiosystem with antibiofilm activity. *Nanoscale Res Lett*. 2012 Apr;7:209.
30. Gauch LM, Silveira-Gomes F, Esteves RA, Pedrosa SS, Gurgel ES, Arruda AC, et al. Effects of *Rosmarinus officinalis* essential oil on germ tube formation by *Candida albicans* isolated from denture wearers. *Rev Soc Bras Med Trop*. 2014 MayJun;47(3):389-91.
31. Fratini F, Casella S, Leonardi M, Pisseri F, Eban VV, Pistelli L, et al. Antibacterial activity of essential oils, their blends and mixtures of their main constituents against some strains supporting livestock mastitis. *Fitoterapia*. 2014 Jul;96:1-7.
32. Wang W, Li N, Luo M, Zu Y, Efferth T. Antibacterial activity and anticancer activity of *Rosmarinus officinalis* L. essential oil compared to that of its main components. *Molecules*. 2012 Mar;17(3):2704-13.
33. Smullen J, Finney M, Storey DM, Foster HA. Prevention of artificial dental plaque formation in vitro by plant extracts. *J Appl Microbiol*. 2012 Oct;113(4):964-73.
34. Petrolini FV, Lucarini R, de Souza MG, Pires RH, Cunha WR, Martins CH. Evaluation of the antibacterial potential of *Petroselinum crispum* and *Rosmarinus officinalis* against bacteria that cause urinary tract infections. *Braz J Microbiol*. 2013 Dec;44(3):829-34.

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