

A cuppa for caries free teeth ?

Gurusamy Kayalvizhi¹, Gurusamy Suganya², R. Balaji Subramaniyan³

¹Department of Pediatric and Preventive dentistry, Indira Gandhi Institute of Dental Sciences, Puducherry, India, ²Dept of Oral and Maxillofacial Pathology, Krishnadevaraya College of Dental Sciences, Bangalore, India, ³Dental Department, Sri Lakshminarayana institute of Medical sciences , Puducherry India

ABSTRACT

Natural products are replacing synthetic chemicals in all arenas of dentistry nowadays. Research regarding beverages especially tea and its components have already gained importance in maintaining oral care. Its role in dental caries is well established. While, Coffee although one of the most favorite beverages consumed worldwide has not been researched widely. Its main components are trigonelline, caffeine and polyphenols. They are known to possess antibacterial, antiadsorption and antiplaque properties. Its polyphenolic content plays a major role in caries inhibition. Coffee is a rich mixture of chemicals, but most of the studies evaluating its oral health benefits are conducted using caffeine. Thus, controversies regarding whether coffee is beneficial or harmful to teeth still exists. Besides, different forms of coffee have shown varied results. Very few studies have been conducted to evaluate the effectiveness of coffee and its components on cariogenic microorganisms. This article highlights the role of coffee and its components against caries pathogenesis with literature review.

Keywords: roasted coffee, green coffee, anticaries, antiadhesive, antibacterial, streptococcus mutans, polyphenols

*Corresponding Author:

Dr. Gurusamy Kayalvizhi, Associate professor,
Department of Pediatric and Preventive dentistry,
Indira Gandhi Institute of Dental Sciences,
Puducherry, India. drfisheyes22@gmail.com

This article may be cited as: Kayalvizhi G, Suganya G, Balaji Subramaniyan R. A Cuppa for Caries Free Teeth? Int J Cont Med Res. 2014;1(1) 19-27

Introduction:

Dental disease is regarded as a “Silent epidemic”, among which dental caries remains a serious threat to infants, children and adults¹. Microflora plays a key role in the initiation and progression of carious lesions, as without bacteria there would be no caries. Cariogenic microorganisms metabolize carbohydrates by adhering to tooth surfaces and glucans are synthesized by glucosyltransferase enzymes. This sucrose metabolism causes further adhesion and aggregation of bacteria leading to acid production and demineralization.^{2,3}

Currently, as the focus is shifting towards much safer alternatives, natural products or their components have gained popularity. As their antibacterial role is well established, they have been tried as caries protective agents.¹ Research has shown that natural products containing polyphenols guard the teeth against the growth of cariogenic bacteria especially streptococcus mutans. Coffee is the most popular beverage, rich in polyphenols consumed every day by the people all over the world.² A knowledge regarding its oral health benefits could help us deal with the silent epidemic such as dental caries in a more natural

way. This review discusses coffee’s protective role against caries.

Coffee and its components

The history of coffee dates back to 14th century when it was first cultivated by Arabs. The word "coffee" entered English in 1582 via Dutch koffie, borrowed from Turkish kahve and Arabic qahwa. Later only in 1670, Coffee was grown in Chikmagalur hills in India.⁴ Coffee, a dried seed of the fruit is originated from a tree (Coffea arabica, Rubiaceae family), which is processed by fermentation of berries and roasting of seeds. Around eighty different coffee species have been identified. In Brazil, Coffea Arabica and Coffea Canephora are the commonly available commercialized forms.² Coffee grain constitutes of water, organic acids, alkaloids, tannic acid, minerals (potassium magnesium), glucides(carbohydrates), lipids, theobromine and several vitamins. Green coffee has caffeine (alkaloid), chlorogenic acids, trigonelline and the pentacyclic diterpene alcohols like cafestol and kahweol, whereas the content of these components are low in roasted coffee.^{1,5,6,7}

Role of coffee components in dental caries prevention^{1,2}

- Coffee, rich in polyphenols (chlorogenic acids) has a direct

effect on *Streptococcus mutans*. These chlorogenic acids (caffeoylquinic acids, dicaffeoylquinic acids, feruloylquinic acids) exhibit antibacterial activity by inactivating bacterial toxins. Their content in Coffee Arabica is less when compared to Coffee Canephora.

- Caffeine is a bitter, white crystalline xanthine derivative. Its role in caries is controversial, although its bioactive antioxidant components (Methylxanthine and Chlorogenic acids) possess antibacterial properties they get completely degraded on roasting. Thus, to some extent it exerts antibacterial effect but not antiadhesive effect.^{3,6}
- Trigonelline is a water soluble alkaloid biologically derived from enzymatic methylation of nicotinic acid, contributing to coffee's aroma and flavor. Its content in Coffee Canephora is 2/3 of that found in Coffee Arabica. Caries protective effect of roasted coffee remains questionable, as trigonelline degrades to nicotinic acid, niacin, cafestol

and kahweol, in turn reducing its antiadhesive effect. Research has proved its antibacterial action against *Streptococcus mutans*. It is thought that bactericidal effect could be partly due to its tannin content.^{1,2}

- Despite the above fact the antioxidant melanoidins (methylpyridinium) which are formed during roasting of trigonelline, add color to the coffee and play an important role in caries inhibition. Catechin, a polyphenolic antioxidant effectively inhibits glucosyltransferase enzyme.^{3,6,7}

Mechanism of anticariogenic action of coffee

Active coffee molecules exert caries protective effect by adsorbing to host tooth surfaces and prevents the tooth receptor from interacting with bacterial adhesions. Further it prevents the reversible and irreversible adherence of *Streptococcus mutans* to tooth surfaces, thus inhibiting demineralisation.^{2,7,8,9,10}

Discussion (Table 1)

Over the last 15 years, various studies have demonstrated the antibacterial

effect of coffee, wherein different concentrations of coffee extracts either inhibited/stunted the growth of certain bacteria. Pure caffeine in coffee has a direct antibacterial effect, while decaffeinated coffee also showed antibacterial effect suggesting the role

of other coffee components²¹. Studies evaluating the effect of coffee on dental caries are scarce displaying varied results. They have shown that coffee has antibacterial efficacy against *Streptococcus mutans*, while green and roasted coffee exhibited high anti

Studies	Type of Coffee	Coffee compounds	Effect on caries
Kashket et al 1985 ¹¹	Coffee compounds	Caffeic acid and 5-caffeoylquinic, polyphenols, trigonelline, and α -dicarboxylic and gelatin-precipitable tannins found in coffee.	Act by inhibiting the formation of glucosyltransferase by cariogenic bacteria and exert antibacterial activity against <i>Streptococcus mutans</i>
Steinberg LM et al 1996 ¹²	Coffee with sucrose; sucralose; sucralose plus maltodextrin; sucralose plus dextrose and maltodextrin, and no additional sweetener	Sucralose in coffee	Due to its acidic nature, unsweetened coffee showed modest pH depression. Sucralose with coffee had no statistically significant impact on plaque acidogenesis as it might have reduced the acidogenic potential of coffee. While, other combinations showed only intermediate changes.
Daglia et al 1998 ⁸	Instant dark roasted coffee	Isolated Compound from coffee	Strong antibacterial activity against Gram positive and Gram negative bacteria, including <i>S. mutans</i>
Daglia et al 2002 ⁹	Coffee arabica and Coffee canephora extracts in green and roasted coffee	Trigonelline, caffeine and chlorogenic acids	Anti adhesive activity by interfering with <i>S. mutans</i> adsorption to saliva-coated hydroxyapatite beads
Landucci LF et al 2003 ¹³	Boiled and non-boiled coffee water solutions	Synergistic action of more chemicals occurring in coffee powder.	Significant effect in reducing streptococcus mutans adherence on enamel and dentine
Almeida et al 2006 ¹⁴	Coffea arabica extracts with caffeine	Caffeine (0.5 mg/mL to 1.0 mg/mL)	Inhibited <i>S. mutans</i> temporarily (4h), antibacterial activity improved with their synergistic effect. Higher caffeine concentrations could have shown stronger and longer lasting inhibition.
Signoretto et al 2006 ¹⁵	Coffee, barley coffee, tea and wine	Polyphenols	Significant decrease in <i>S. mutans</i> , lactobacillus counts and dental plaque
De Oliveira et al 2007 ¹⁶	Different coffee solutions	Combination of tannic acid and trigonelline with other coffee compounds	The solutions of Pilão and Mellita coffees, obtained by both simple and boiled methods reduced significantly the adherence of <i>S. mutans</i> to

			<p>dental surfaces, while Boiled solutions showed better activity</p>
Brandao et al 2007¹⁷	Water extracts of brazillian coffee powders	Coffee components	Simple and boiled coffee (Pilão, Mellita and Café do Ponto), showed no effect on <i>S. mutans</i> growth, but significantly reduced the adherence of the bacterial cell to glass bead surface
Daglia et al 2007¹⁸	Roasted and green coffee	Caffeine with α -dicarbonil compounds	Roasted coffee displayed antibacterial activity in contrast to Green coffee
AnilaLamb oodiripad and Kori 2009³	Anticaries effect of Coffee in Indian population (sugar rich diet)	Coffee without additives	Roasted coffee 3 times a day consumed for 35 years, with and without additives found that if it was consumed alone it has beneficial effect but in the presence of additives its effect was totally minimized
Antonio et al 2010¹⁹	To identify natural antibacterial compounds in coffee (roasting and decaffeination)	Chlorogenicacids, trigonelline and caffeine or other compounds	An inverse correlation was found between bacterial colony-forming units and roasting degree. Plain coffee had no antibacterial effects while Decaffeinated extracts showed lower antibacterial activity against <i>Streptococcus mutans</i>
Antonio et al 2011²⁰	Light roasted Coffea canephora extract	Chemical analyses showed a large amount of calcium and phosphorus. Caffeine and phenol exerts antibacterial action	These extracts did not cause rise in biofilm pH, but it prevented mutans growth and inhibited demineralization
Almeida et al 2012¹⁰	Coffea arabica extracts incorporated with or without natural coffee compounds	Trigonelline, caffeine, caffeic acid and protocatechic acid	Extracts of different samples of Arabica coffee showed antibacterial activity against <i>Streptococcus mutans</i> . The inhibitory effect was not affected by the brewing method (filtered or espresso) or by the different Arabica coffee samples.

adhesive activity. It has been found that Instant coffee had a higher level of inhibitory activity against *Streptococcus mutans* than ground coffee. Additionally, it is known to reverse the cariogenic effects of other foods, analogous to cheese^{1,2,3,8}.

Studies have proved that coffee beverage contains both LMW (low molecular weight) compounds and HMW (high molecular weight) melanoidin and non-melanoidin components with a strong ability to interfere with the *S. mutans* traits relevant for cariogenesis in vitro²².

In a study, Meckelburg et al found increases in calcium concentration in a medium containing teeth/biofilm exposed to Coffea canephora extract (CCE) they attributed this to its antibacterial effect wherein bacterial lysis and consequent release of calcium occurred in the medium. Due to the inhibitory action of light roasted C. canephora aqueous extract against dental biofilm, they considered it as a potential anticariogenic substance²³. Some additives are known to alter coffee

effect^{3,12}. Antonio et al evaluated the ex vivo antimicrobial effect of unsweetened and sweetened (10 % sucrose) brewed light-roasted Coffea canephora on oral biofilms and found that it reduced the microbial count in oral biofilm and suggested that sucrose concentration in coffee brew can influence its antimicrobial property against the referred biofilm²⁴. A school dental survey determined the association of dental caries with type and amount of milk additive consumed in 13-15 year old adolescent population. Sugar was found to be most cariogenic additive as compared to tea and coffee. Tea and coffee have found to be anticariogenic.²⁵

Although most of the studies highlight the role of coffee and its components in caries prevention. Its harmful effect on teeth could be due to the additives, staining

property of coffee and oral cancer risk as shown by very few studies. Nevertheless, coffee controversy can be overcome only with further detailed studies.

Conclusion

Coffee compounds are known to reduce streptococcus mutans growth and its adherence to tooth surface, thus exhibiting antidemineralizing effect on the teeth surface. Based on the evidence from the studies coffee can be considered as an anticaries agent but further in vivo, clinical studies are required to confirm it. Besides, its adverse effects on teeth if any needs to be studied with long term clinical trials.

References

1. Veerasha KL, Gupta P, Sohi RK, Bansal V. Cheese coffee and caries. JOHS 2012; 3(1): 14-18.
2. Antonio AG, Farah A, dos Santos KRN, Maia LC. The potential anticariogenic effect of coffee. In A. Mendez-Vilas (Ed.), Science against microbial pathogens: Communicating current research and technological advances. Formatex research center, Badajoz 2011: vol 2, pg 1027–1032.
3. Anila Namboodiripad PC, Kori S. Can coffee prevent caries? J Conserv Dent 2009; 12(1):17-21.

4. Coffee. <http://en.wikipedia.org/wiki/Coffee> (accessed on March 19th 2014).
5. Oliveira LDD, Brandao EHDS, Landucci FI, Koga-Ito CY, Jorge AOC. Effects of Coffea arabica on Streptococcus mutans adherence to dental enamel and dentine. Brazilian Journal of Oral Sciences 2007; 6(23):1438-1441.
6. Brandao EHDS, Oliveira LDD, Landucci LF, Koga-Ito CY and Jorge AOC. Antimicrobial activity of coffee-based solutions and their effects on Streptococcus mutans adherence. Brazilian Journal of Oral Sciences 2007; 6(20): 1274-1277.
7. Ferrazzano GF, Amato I, Ingenito A, Natale AD and Pollio A. Anticariogenic effects of polyphenols from plant stimulant beverages (cocoa, coffee, tea). Fitoterapia 2009; 80: 255–262.
8. Daglia M, Papetti A, Dacarro C, Gazzani G. Isolation of an antibacterial component from roasted coffee. J Pharm Biomed Anal. 1998; 18(1-2): 219-225.
9. Daglia M, Tarsi T, Papetti A, Grisoli P, Dacarro C, Pruzzo C, Gazzani G. Antiadhesive Effect of Green and Roasted Coffee on Streptococcus mutans Adhesive Properties on Saliva-Coated Hydroxyapatite Beads. J Agric Food Chem. 2002; 50(5): 1225-1229.
10. Almeida AAP, Naghetini CC, Antonio AG, Farah A, Glória MB. Influence of natural coffee compounds, coffee extracts and increased levels of caffeine on the inhibition of Streptococcus mutans. Food Research International 2012; 49(1): 459–461.
11. Kashket S, Paolino VJ, Lewis DA, Van Houte J. In vitro inhibition of glucosyltransferase from the dental plaque bacterium Streptococcus mutans by common beverages and food extracts. Arch Oral Biol 1985; 30(11-12): 821-826.
12. Steinberg LM, Odusola F, Mandel ID. Effect of sucralose in coffee on plaque pH in human subjects. Caries Res. 1996; 30 (2):138-42
13. Landucci LF, Oliveira LD, Brandao EHS, Koga-Ito CY, Gaetti-Jardim E, Jorge AOC. Efeitos de Coffea Arabica sobre a aderência de Streptococcus mutans à superfície de vidro. Cienc Odontol Bras. 2003; 6(3): 58-64.
14. Almeida AAP, Farah A, Silva DAM, Nunan EA, Glória MB. Antibacterial activity of coffee extracts and selected coffee chemical compounds

- against Enterobacteria. *J Agric Food Chem.* 2006; 54(23): 8738–8743.
15. Signoretto C, Burlacchini G, Bianchi F, Cavalleri G, Canepari P. Differences in microbiological composition of saliva and dental plaque in subjects with different drinking habits. *New Microbiol.* 2006 Oct; 29(4):293-302.
 16. De Oliveira LD, da Silva Brandão EH, Landucci LF Yumi Koga-Ito C, Jorge AOC. Effects of Coffea arabica on Streptococcus mutans adherence to dental enamel and dentine. *Braz J Oral Sci* 2007; 6(23):1438-1441.
 17. Brandao EHDS, Oliveira LDD, Landucci LF, Koga-Ito CY and Jorge AOC. Antimicrobial activity of coffee-based solutions and their effects on Streptococcus mutans adherence. *Brazilian Journal of Oral Sciences* 2007; 6(20): 1274-1277.
 18. Daglia M, Papetti A, Grisoli P, Aceti C, Spini V, Dacarro C, Gazzani G. Isolation, identification, and quantification of roasted coffee antibacterial compounds. *J Agric Food Chem* 2007; 55(25): 10208-10213.
 19. Antonio AG, Moraes RS, Perrone D, Maia LC, Santos KRN, Iório NLP, Farah A. Species, Roasting Degree and Decaffeination Influence the Antibacterial Activity of Coffee against Streptococcus mutans. *Food Chem.* 2010; 118(3): 782-788.
 20. Antonio AG, Iorio NL, Pierro VS, Candreva MS, Farah A, Dos Santos KR, Maia LC. Inhibitory properties of Coffea canephora extract against oral bacteria and its effect on demineralisation of deciduous teeth. *Arch Oral Biol.* 2011; 56(6): 556-564.
 21. Rahman NAA, Muharram SH, Abiola O. Antibacterial activity of NESCAFÉ instant coffee beverages and pharyngitis-causing Streptococcus species. *Brunei Darussalam Journal of Health* 2014; 5: 70-79.
 22. Stauder M, Papetti A, Mascherpa D, Schito AM, Gazzani G, Pruzzo C, Daglia M. Antiadhesion and antibiofilm activities of high molecular weight coffee components against Streptococcus mutans. *J Agric Food Chem.* 2010 Nov 24;58(22):11662-6.
 23. Meckelburg N, Pinto KC, Farah A, Iorio NLP, Pierro VSS, dos Santos KRN et al. Antibacterial effect of coffee: calcium concentration in a culture containing teeth/biofilm exposed to Coffea Canephora

- aqueous extract. *Lett Appl Microbiol.* 2014 Sep; 59(3):342-7.
24. Antonio AG, Iorio NL, Farah A, Netto dos Santos KR, Maia LC. Effect of *Coffea canephora* aqueous extract on microbial counts in ex vivo oral biofilms: a case study. *Planta Med.* 2012 May; 78(8):755-60.
25. Hegde MN, Punja A, Bhat G, Mahale US. Additives in Milk and Its Effect on Dental Caries in 13-15 Year Old Adolescents. *RJPBCS* 2013; 4(2):1294-1298.