

Journal of Medical &

Health Science Review



IMPACT OF ORAL HYGIENE PRODUCTS ON THE ORAL MICROBIOME AND SUSCEPTIBILITY TO THRUSH: A NARRATIVE REVIEW

Dr Hafiz Muhammad Bin Tahir Khan¹, Dr. M Omer Nasir Idrees², Dr. Sarah Irfan³, Dr. Hamna Rehman Chishti⁴, Dr. Rameesha Tayyab⁵, Dr. Nimra Naz Alam⁶

¹BDS, Dental College HITEC Institute of Medical Sciences Taxila CANTT, Email: mbt100000@gmail.com ORCID ID: https://orcid.org/0009-0001-8220-4482 ²BDS, Dental College HITEC Institute of Medical Sciences Taxila CANTT, Email: omernasiridrees@gmail.com ORCID ID: https://orcid.org/0009-0002-6958-8925 ³BDS, Dental College HITEC Institute of Medical Sciences Taxila CANTT, Email: sarahirfan039@gmail.com ORCID ID: https://orcid.org/0009-0003-4298-7982 ⁴Nishtar Institute of Dentistry, Jail Rd, Jinnah Town, Multan Email: hamnarehmanchishti@gmail.com ORCID ID: https://orcid.org/0009-0000-7666-4100 ⁵BDS, CMH Lahore institute of Dentistry. Email: rameeshatayyab@gmail.com ORCID ID: https://orcid.org/0009-0006-9165-8781 ⁶BDS, Dental College HITEC institute of medical sciences Taxila CANTT Email: nimraalam36@gmail.com ORCID ID: https://orcid.org/0009-0007-3419-0868

ARTICLE INFO	ABSTRACT		
Keywords: Oral hygiene products, Periodontal disorders, Oral	By managing periodontal disorders, avoiding tooth cavities and reducing bacterial loads, oral hygiene products are essential for preserving oral health. But there are concerns about how they may affect the delicate balance of the oral microbiome, which is a complex ecology of bacteria, fungus		
Periodontal disorders, Oral microbiome, Microbial diversity Corresponding Author: Dr Hafiz Muhammad Bin Tahir Khan, BDS, Dental College HITEC Institute of Medical Sciences Taxila CANTT, Email: <u>mbt100000@gmail.com</u>	and other microorganisms. The oral microbiota is essential for preserving homeostasis, promoting healthy digestion, and averting infections. Opportunistic infections, especially Candida albicans, the main cause of oral thrush, can proliferate as a result of disruptions brought on by dietary changes, antibiotics, or oral hygiene products. White lesions, inflammation, and discomfort are the hallmarks of thrush, which is most prevalent in immunocompromised people, the elderly, and newborns. This narrative review examines the connection between microbiome dynamics and oral hygiene products, with a particular emphasis on how these factors affect thrush susceptibility. While alcohol, chlorhexidine, and triclosan are efficient against dangerous bacteria, they can also accidentally diminish microbial diversity, which can lead to an overgrowth of Candida. On the other hand, substitutes like xylitol, essential oils, probiotics, and prebiotics exhibit microbiome-friendly qualities, specifically focusing on pathogenic microorganisms while maintaining microbial stability. There is also discussion of disruption mechanisms such pH change, reduced bacterial competition, and enhanced fungal adhesion. The study highlights the need of balanced dental hygiene habits, especially for vulnerable groups, and promotes the use of products that support the microbiome and less disruptive agents. Thrush and other fungal infections can be prevented by using these tactics to support microbial balance. Subsequent investigations ought to concentrate on the enduring consequences of oral hygiene products and novel formulations that maintain microbiome diversity and oral health.		

INTRODUCTION

Oral hygiene products are vital for maintaining oral health because they reduce bacterial load, prevent tooth cavities, and treat gum disease.(1-3) However, since new research emphasizes the importance of microbial variety in infection prevention, the impact of these products on the delicate balance of the oral microbiome has lately been scrutinized.(2,4) The oral microbiome, a diverse community of bacteria, fungi, and other microorganisms, maintains the homeostasis of the mouth cavity in addition to aiding digestion and providing infection defense.(5,6) When this balance is disrupted, opportunistic infections such as *Candida albicans* can overgrow, causing oral thrush and other illnesses. (7-9)

Oral thrush, characterised by white spots, pain, and inflammation, is often associated with immunocompromised individuals, the elderly, and neonates.(8,10–12) However, it has been shown that some ingredients included in dental hygiene products, such as alcohol, chlorhexidine, and other antimicrobial agents, may upset the microbiota, leaving patients more susceptible to Candida overgrowth.(8,13,14) Since dental and medical professionals are increasingly advocating oral hygiene products, it is critical to understand the potential unintended repercussions of these products on the microbiome in order to prevent opportunistic infections.(15,16)

The investigation of the relationship between oral thrush susceptibility and different oral hygiene products is done in this review, which signifies how particular chemicals can change the dynamics of microbes in the oral cavity. This review provide information on how these products affect the oral microbiome also underline the value of maintaining a balanced oral hygiene routine and also offer suggestions for product usage that reduces the risk of infection while promoting microbiome health.

Oral Microbiome and Its Role in Health and Disease

Overview of the Oral Microbiome

The oral microbiome is a sustainable ecosystem that is home to a large number of microorganisms, including bacteria, fungi, viruses, and protozoa.(1,4) The oral and systematic health is supported by the essential functions of this complex microbial ecology.(14,17) By controlling pH, competitively excluding pathogens, and producing antimicrobial compounds, beneficial bacteria such as *Lactobacillus* species and *Streptococcus salivarius* provide protective functions.(18–23) These organisms work together to avoid infection, preserve the integrity of oral tissues, and establish a balanced condition known as microbial homeostasis.(22–24)

The delicate balance between potentially harmful and beneficial organisms in the oral cavity can be upset by a number of factors, including food, the use of antibiotics, and personal cleanliness habits.(6,25,26) The proliferation of opportunistic diseases can occur when helpful microorganisms are diminished. Specifically, when allowed to overgrow, the oral microbiome's fungal component—which is primarily represented by *Candida* species—can become troublesome.(7,17,27) Therefore, maintaining an environment where beneficial species flourish and successfully controlling pathogenic ones depends on the integrity of the oral microbiome.

Oral Thrush and Candida Species

Although other *Candida* species, like *C. glabrata* and *C. tropicalis*, may potentially be involved, *Candida albicans* is the main fungus species linked to oral thrush.(8,10,28) These fungi typically live innocuously with other microbes in the mouth cavity in tiny numbers. Candida's transformation from a benign, commensal organism to an invasive infection when the microbial balance is upset can also to formation of in Oral thrush.(3,29,30) White spots, redness, discomfort, and occasionally bleeding are the trademarks of this infection, which is particularly common in immunocompromised people, the elderly, and small children.(16,31–33)

Numerous variables, such as pH shifts, decreased salivary flow, weakened immunity, and microbial imbalances, contribute to Candida's transformation from a benign commensal to a pathogen.(24,27,34,35) By lowering bacterial populations and unintentionally fostering an environment that is conducive to *Candida* overgrowth, several oral hygiene products that include strong antimicrobial drugs may exacerbate this imbalance.(23,35–39) This change put focus on the significance of preserving microbial balance in order to avoid fungal illnesses such as oral thrush and shows the fine interactions within the oral microbiome.(10,16,39)

Microbiome Stability and Susceptibility to Infections

A stable oral microbiota is important for the body's first line of defense against pathogens.(1,31,40–42) By generating compounds that inhibit harmful organisms, promoting immunological modulation, and establishing a competitive environment that restricts the proliferation of pathogens, beneficial bacteria in the oral cavity aid in maintaining this stability.(12,43–45) Lactic acid, for example, is produced by some beneficial bacteria and lowers pH, making it less conducive to the growth of pathogenic microorganisms.(26,46)

However, the oral cavity is more prone to infections when stability is compromised. The use of antibiotics, dietary modifications, and even the regular use of some dental hygiene products can all throw off the microbial balance, which lowers the number of good bacteria and makes room for harmful organisms like *Candida*.(6,47–49) Because *Candida* species can take benefit of the lack of bacterial competition to establish themselves more aggressively within the oral cavity, such imbalances frequently leads to fungal overgrowth.(40,48–50)

Impact of Oral Hygiene Products on the Oral Microbiome

Types of Oral Hygiene Products

Proper use of oral hygiene products is important for maintaining cleanliness and avoiding dental problems like cavities and gum disease. The combination of active substances like xylitol, alcohol, chlorhexidine, essential oils, and fluoride are frequently present in products like Toothpaste, mouthwashes, and oral rinses.(51–53) Each of these elements has a different purpose, but they may also have an effect on the equilibrium and assembly of the oral microbiome. Well-known antibacterial components like alcohol and chlorhexidine, are efficient against bacteria that cause plaque but may be detrimental to the richness of the microbiome.(54–57) Essential oils are well known for their antibacterial and anti-inflammatory qualities and they are also present in natural or medicinal goods in frequent amount, which can help lower the bacterial load as well as compromise microbial stability. Fluoride which is a common ingredient in dental care products, is

known for its ability to prevent cavities, while xylitol has antibacterial qualities which have ability to lower bacterial levels without seriously upsetting fungal species.(58–60)

It is crucial to understand how these components affect the oral microbiome since some products may unintentionally upset the fine balance between harmful and helpful organisms. The processes described below show how these products can upset the balance of micro-organisms, that might lead to the growth of opportunistic diseases like *Candida*.

Mechanisms of Disruption

1. Antibacterial Agents

Alcohols are frequently found in oral hygiene products due to their potent antibacterial qualities, antibacterial compounds, along with triclosan, and chlorhexidine.(51–53,61,62) For instance, certain toothpastes contain triclosan because it can prevent gingivitis and plaque by attacking the membranes of bacteria. Nevertheless, triclosan and related substances eradicate beneficial bacterial populations that are essential for preserving microbial balance even though they are successful in decreasing dangerous bacteria.(53,58,61,62) It has been demonstrated that the broad-spectrum antibiotic chlorhexidine, which is present in many mouthwashes, dramatically lowers the number of germs in the oral cavity.(61,63,64) While this can help manage periodontal disease, it can also lead to an imbalance by eliminating bacterial rivals, which gives Candida species a chance to proliferate. Another powerful antibacterial, alcohol, is frequently found in mouthwashes to eradicate bacteria.(65,66) However, because of its broad-spectrum effects, alcohol can also decrease microbial diversity, which may allow Candida to grow in an environment where there are less bacterial inhibitors.(65–67)

2. pH Alteration

The PH of mouth can be changed by the growth dynamics of the oral microbiome which is greatly impacted by oral hygiene products.(68–70) The stability of both bacterial and fungal populations is supported by a balanced oral pH, which is normally between 6.7 and 7.3.(35,71,72) However, goods that include a lot of alcohol or some acidic substances can lower the pH of the oral cavity, which makes it easier for Candida to develop.(34,68) Because bacterial populations are less competitive in acidic conditions, Candida species are known to flourish there. On the other hand, some items have the potential to increase pH to a point where microbial equilibrium is upset, which also creates an environment that is conducive to fungal development.(68,69) In addition to upsetting the natural equilibrium, this pH change may also favor pathogenic organisms like Candida that are tolerant of high pH, making people more vulnerable to oral thrush.

3. Fluoride and Xylitol

Because it strengthens enamel and prevents cavities, fluoride is a well-known component of oral care products. Its advantages are well known, especially in terms of lowering dental decay.(51–53,60–62,73) However, fluoride has very little effect on fungus like *Candida*

and its antimicrobial activities are mostly directed against cariogenic bacteria like *Streptococcus mutans*.(57,74,75) As a result, although while fluoride is usually seen as safe and beneficial for oral health, its selective action against bacteria may leave *Candida* species unharmed, especially when paired with other substances that alter the microbiome.(57,74)

Another unusual interaction with the microbiome is offered by xylitol, a sugar alcohol that is frequently added to oral care products. Through its bacteriostatic action, which stops bacteria from metabolizing it and generating acids, xylitol has been demonstrated to lower bacterial levels, particularly Streptococcus mutans. (57,75) Xylitol has not been demonstrated to have a major effect on fungal populations and is less likely to dramatically upset the microbial balance than fluoride and conventional antibacterial agents.(47,51,76,77) To fully understand its long-term effects more research is required on both bacterial and fungal species within the oral cavity, its selective antimicrobial action makes of microbiome-friendly it a sort choice.



Figure 1"Conceptual Framework: Examining the Impact of Oral Hygiene Products on the Oral Microbiome through Product Types, Mechanisms of Disruption, and Key Ingredients."



Figure 2 "Overview of oral hygiene products categorized by their active ingredients, including toothpaste, oral rinses, and mouthwashes."



Figure 2"Key Ingredients in Oral Hygiene Products and Their Effects: A Breakdown of Fluoride, Xylitol, and Essential Oils on Oral Health."



Figure 4 "Mechanisms by which oral hygiene products alter the oral microbiome, including antibacterial agents, pH changes, and selective antimicrobial effects."

Relationship Between Specific Ingredients and Susceptibility to Thrush

Alcohol-Based Mouthwashes

Alcohol based mouthwashes are commonly utilized because of their broad antibacterial impact and can target a variety of bacteria that cause gum disease and dental plaque. Bacterial cell walls are denaturated by alcohol, usually ethanol, which causes the bacteria to die quickly(78) But this potent antibacterial action can also affect good bacteria, upsetting the mouth cavity's natural microbial equilibrium.(67) Alcohol-based mouthwashes have been found to decrease bacterial diversity, which unintentionally fosters an environment that is conducive to the growth of *Candida* species, which prefer less competitive environments.(79) Alcohol can also dry up the mouth's mucosal surfaces, which could jeopardize the salivary film's ability to protect the microbial balance.(66,80) Regular use of alcohol-based mouthwashes is linked to an increased risk of oral thrush, particularly in users with compromised immune systems or pre-existing microbial imbalances, as a result of the dryness and bacterial depletion that foster *Candida* overgrowth.(81)

Chlorhexidine

Often used to treat periodontal disorders, chlorhexidine is a potent antiseptic that is found in many mouthwashes and is very effective at killing bacterial infections.(55,82) The diversity of bacteria in the oral cavity is significantly reduced as a result of its broad-spectrum antibacterial activity, which does not distinguish between good and dangerous bacteria.(54,83) According to studies, mouthwash containing chlorhexidine can change the composition of the microbiome by lowering bacterial populations that are essential for competitive exclusion, which inhibits the growth of fungi.(54) Additionally, studies indicate that chlorhexidine may have a direct effect on Candida species, occasionally increasing Candida adhesion to oral surfaces through changes in mucosal environment and mucosal proteins.(84,85) Candida may more easily colonize as a result of less bacterial competition and improved adherence, which increases vulnerability to thrush.(46,86) Although chlorhexidine is useful in treating some bacterial infections, its unexpected impact of encouraging *Candida* overgrowth emphasizes the need for cautious, brief use.(64,87)

Essential Oils

Because of their antibacterial, anti-inflammatory, and therapeutic qualities, essential oils including tea tree, eucalyptus, and clove are included to some mouthwashes.(88,89) By targeting bacteria through less disruptive processes to the entire diversity of microorganisms, these oils frequently function as a more natural substitute for alcohol and chlorhexidine.(90,91) For instance, compared to mouthwashes that contain alcohol or chlorhexidine, tea tree oil has broad-spectrum antibacterial activity but is less likely to significantly change the oral microbiome.(88,92) In addition to its well-known antifungal qualities, eucalyptus oil may also directly limit the growth of Candida, which could lower the risk of thrush.(93,94) However, depending on formulation and dose, essential oils have a variety of complex impacts on the microbiome.(95) High doses of essential oils have the potential to upset microbial equilibrium, even if they may promote a balanced mouth environment when utilized in moderation.(95) Therefore, the cautious usage of essential oils for regular oral hygiene may workout for their potential effectiveness in lowering the risk of thrush.(96)

Probiotics and Prebiotic-Based Products

The use of probiotics and prebiotics is a viable strategy for preserving a healthy oral microbiome without running the risk of upsetting the microbial balance.(97,98) While prebiotics operate as nutrients that promote the growth of helpful microbes already present in the mouth, probiotics provide beneficial bacteria that have the ability to outcompete pathogens.(50) According to studies, certain probiotic bacteria, like Bifidobacterium lactis and Lactobacillus rhamnosus, can prevent Candida colonization by generating antimicrobial chemicals and competing for attachment sites.(48,49) By preventing Candida from taking control, this competitive exclusion process lowers the incidence of oral thrush.(99,100) A healthy microbiome can also be supported by prebiotic components such as fructooligosaccharides and inulin, which selectively feed beneficial bacteria, encourage microbial diversity, and create an environment that is less favorable to fungal

overgrowth.(101,102) Using probiotic and prebiotic-based products presents a viable and microbiome-friendly method of dental hygiene which also lessen thrush susceptibility while fostering long-term oral health.

Ingredient	Effect on Oral	Impact on Candida and	Recommendation	
	Microbiome	Thrush		
Alcohol-	Broad antibacterial	Increased risk of Candida	Use cautiously,	
Daseu Mauthunashaa	besterial diversity by	degraged besterial	individuals with compromised immunity.	
Moutnwasnes	targeting both harmful and beneficial bacteria. Alcohol can dry the mucosal surfaces.	competition and dry mouth environment. Particularly risky for those with weakened immune systems.		
Chlorhexidin e	Strongantibacterialactionbutreducesoverallbacterialdiversity,includingbeneficialbacteriaessential for competitiveexclusion.	May increase Candida adhesion to oral surfaces and promote Candida colonization, leading to thrush.	Caution is advised. Use for short periods, as it may encourage Candida growth.	
Essential Oils (e.g., Tea Tree, Eucalyptus, Clove)	Antibacterial and anti- inflammatory properties with less disruptive effects on microbial diversity compared to alcohol and chlorhexidine.	Eucalyptus oil may directly limit Candida growth, while tea tree oil supports a balanced microbiome. However, high doses may disrupt the microbial balance.	Use in moderation to avoid imbalance; can reduce thrush risk if used carefully.	
Probiotics and Prebiotics	Probiotics provide beneficial bacteria, while prebiotics support growth of beneficial microbes. They promote microbial diversity and create an environment less favorable to fungi.	Certain probiotics like Bifidobacterium lactis and Lactobacillus rhamnosus compete with Candida for attachment sites, preventing its colonization and reducing thrush risk.	Probiotic and prebiotic products are a microbiome-friendly and effective method for reducing thrush susceptibility.	

Table 1	: Relationshi	p Between	Specific	Ingredients and	Susceptibility to	Thrush
		1	1	0	1 2	

Preventive Strategies and Best Practice

Balanced Product Use

Oral hygiene solutions that sustain a balance between micro biome preservation and effectiveness which is crucial for maintaining oral health while balancing micro biome stability.(103) The products that reduce or eliminate strong antimicrobials like alcohol and high-concentration chlorhexidine safeguard the good bacteria, that serve as the body's initial line of defense against

infections.(103) People might use low-alcohol mouthwashes and moderate, fluoride-based toothpastes for everyday usage to maintain cleanliness without upsetting the microbial community.(103) Another useful tactic to prevent needless microbial disruption is to restrict the use of chlorhexidine and other strong antimicrobials to brief periods of time or as directed by a medical practitioner.(103) The promotion of a healthy oral environment through balanced product use lowers the risk of microbial imbalances and opportunistic diseases such as thrush.(79)

Alternative Ingredients and Innovations

In order to preserve the diversity of the microbiome, oral hygiene solutions have changed in recent years to incorporate softer substances and creative formulas.(52) For instance, xylitol-containing products have become more well-liked due to their capacity to suppress dangerous bacteria without appreciably altering beneficial populations.(76) Xylitol is a microbiome-friendly substitute for harsher chemicals since it can inhibit the growth of bacteria that cause plaque while mostly ignoring fungal populations.(76) Furthermore, products that contain moderate amounts of essential oils—like tea tree, eucalyptus, and clove oils—offer antibacterial properties without the wide-ranging effects of conventional antimicrobials.(104)

A noteworthy development in dental care is the use of probiotic and prebiotic-based products, which maintain microbial balance by supplying nutrients and good bacteria that promote a healthy microbiome.(50) Probiotic compositions containing Bifidobacterium and Lactobacillus strains have demonstrated the ability to compete with Candida and other harmful organisms.(105,106) Inulin and other prebiotic components promote the growth of good bacteria and make the environment less vulnerable to fungal overgrowth.(105,106) Adopting these substitute substances can be a proactive strategy to preserve the natural bacteria ecosystem and preserve dental health.(105,106)

Guidelines for At-Risk Populations

Elderly patients, people with weakened immune systems, or people on corticosteroids or antibiotics these are the people who are more susceptible to oral thrush, for these people specific oral hygiene measures can help lower the risk of microbial imbalance.(107) These people should steer clear of frequent usage of mouthwashes that contain alcohol or chlorhexidine and instead favor products that are kind to the microbiome.(67) Low-alcohol or alcohol-free rinses and fluoride-based toothpastes with modest antibacterial properties can provide good hygiene without causing undue microbial disruption.(67,79)

At risk groups may find it helpful to include probiotic or prebiotic oral care products in their daily routine to prevent fungal overgrowth and support beneficial bacteria.(50) Gently Brushing and flossing should be done as part of daily oral hygiene activities to maintain cleanliness without trading-off the microbial diversity.(50) Expert advice can assist people in customizing their oral hygiene routine therefore frequent dental examination is important to target certain risk factors, guaranteeing that microbiome health and hygiene are successfully maintained.(50)

Conclusion

Summary of Findings

The inseparable connection between oral hygiene products and the oral microbiome is highlighted in this narrative overview, this review also signifies how these products may affect an individual's susceptibility to oral thrush. Although these oral hygiene products are excellent in reducing dangerous bacteria, alcohol-based mouthwashes, chlorhexidine, and other essential oils can upset the delicate microbial balance in the mouth, which can lead to the formation of Candida. On the other hand products with softer components, like as probiotics, fluoride, and xylitol, seem to promote a balanced microbiota and are less likely to promote fungal dominance. This research highlights the importance of carefully choosing oral hygiene solutions, that preserve hygiene while reducing microbial disruption this solution is particularly for at-risk groups.

Future Directions

More investigation is required to study the correlation of various hygiene products with oral thrush and their long term effect on microbiome. Future research should concentrate on how regular antimicrobial agent usage may eventually lead to microbial imbalances and understanding their long term effect. Furthermore, studies on the efficacy and safety of replaceable components, such as probiotics and prebiotics, may offer important new perspectives on how to maintain microbiome diversity while promoting dental health. It would make it possible to more accurately customize product suggestions by looking into how individual differences, such as immunological state, age, and dietary habits, affect and how the microbiome reacts to oral hygiene products.

Clinical Implications

These findings underline the importance of dentists teaching their patients proper dental hygiene habits. It is feasible to avoid microbiome disruption and reduce the risk of illnesses such as oral thrush by advising patients not to overuse powerful antibiotics and promote the use of microbiome-friendly items. Practitioners can make a notable contribution to preserving not only oral hygiene but also the wellbeing of the oral microbial environment by providing customized suggestions based on each patient's particular requirements and risk factors. This would prevent opportunistic infections and will promot long-term dental health require this strategy.

Authors Contribution

- 1. Dr Hafiz Muhammad Bin Tahir Khan Author contribution: Conceptualization, study design, manuscript drafting, reviewing, editing, supervision, final approval, accountability
- Dr. M Omer Nasir Idrees
 Author contribution: Drafting, study design, manuscript writing, proofreading, critical revisions, final approval, accountability

 Dr. Sarah Inform
- 3. **Dr. Sarah Irfan Author contribution:** Drafting, writing significant sections of the manuscript, critical revisions, consistency check, final approval, accountability
- 4. **Dr. Hamna Rehman Chishti Author contribution:** Drafting, writing significant sections of the manuscript, critical revisions, consistency check, final approval, accountability

5. Dr. Rameesha Tayyab

Author contribution: Conclusion writing, proofreading, manuscript preparation, critical revisions, final approval, accountability

6. **Dr. Nimra Naz Alam Author contribution:** Drafting, writing significant sections of the manuscript, proofreading, reviewing, critical revisions, final approval, accountability

References

- 1. Li X, Liu Y, Yang X, Li C, Song Z. The Oral Microbiota: Community Composition, Influencing Factors, Pathogenesis, and Interventions. Front Microbiol. 2022 Apr 29;13.
- Santacroce L, Passarelli PC, Azzolino D, Bottalico L, Charitos IA, Cazzolla AP, et al. Oral microbiota in human health and disease: A perspective. Exp Biol Med [Internet]. 2023 Aug 1 [cited 2024 Dec 11];248(15):1288–301. Available from: https://journals.sagepub.com/doi/10.1177/15353702231187645
- R AN, Rafiq NB. Candidiasis. European Handbook of Dermatological Treatment [Internet]. 2023 May 29 [cited 2024 Dec 11];131–6. Available from: https://www.ncbi.nlm.nih.gov/books/NBK560624/
- Kilian M, Chapple ILC, Hannig M, Marsh PD, Meuric V, Pedersen AML, et al. The oral microbiome an update for oral healthcare professionals. British Dental Journal 2016 221:10 [Internet]. 2016 Nov 18 [cited 2024 Dec 11];221(10):657–66. Available from: https://www.nature.com/articles/sj.bdj.2016.865
- 5. Alam YH, Kim R, Jang C. Metabolism and Health Impacts of Dietary Sugars. J Lipid Atheroscler. 2022 Jan 1;11(1):20–38.
- Rajasekaran JJ, Krishnamurthy HK, Bosco J, Jayaraman V, Krishna K, Wang T, et al. Oral Microbiome: A Review of Its Impact on Oral and Systemic Health. Microorganisms [Internet]. 2024 Aug 29 [cited 2024 Dec 11];12(9):1797. Available from: https://www.mdpi.com/2076-2607/12/9/1797/htm
- Erfaninejad M, Zarei Mahmoudabadi A, Maraghi E, Hashemzadeh M, Fatahinia M. Epidemiology, prevalence, and associated factors of oral candidiasis in HIV patients from southwest Iran in post-highly active antiretroviral therapy era. Front Microbiol. 2022 Sep 2;13.
- 8. 6 Symptoms of Candida Overgrowth (Plus How to Get Rid of It) [Internet]. [cited 2024 Dec 11]. Available from: https://www.healthline.com/nutrition/candida-symptoms-treatment#symptoms
- Clumeck N, Wit S de. Prevention of Opportunistic Infections in HIV/AIDS. Infectious Diseases: Third Edition [Internet]. 2023 May 22 [cited 2024 Dec 11];2:958–63. Available from: https://www.ncbi.nlm.nih.gov/books/NBK513345/
- 10. Vainionpää A, Tuomi J, Kantola S, Anttonen V. Neonatal thrush of newborns: Oral candidiasis? Clin Exp Dent Res. 2019 Oct 1;5(5):580–2.

- Costa CFFA, Correia-de-Sá T, Araujo R, Barbosa F, Burnet PWJ, Ferreira-Gomes J, et al. The oral-gut microbiota relationship in healthy humans: identifying shared bacteria between environments and age groups. Front Microbiol [Internet]. 2024 [cited 2024 Dec 11];15:1475159. Available from: http://www.ncbi.nlm.nih.gov/pubmed/39512939
- 12. Xiao J, Fiscella KA, Gill SR. Oral microbiome: possible harbinger for children's health. Int J Oral Sci. 2020 Dec 1;12(1).
- Hosseinpour-Moghadam R, Mehryab F, Torshabi M, Haeri A. Applications of Novel and Nanostructured Drug Delivery Systems for the Treatment of Oral Cavity Diseases. Clin Ther. 2021 Dec 1;43(12):e377–402.
- 14. AIDSinfo. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV How to Cite the Adult and Adolescent Opportunistic Infection Guidelines: Panel on Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the prevention and treatment of opportunistic infections in adults and adolescents [Internet]. Available from: http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf.Accessed
- 15. Probiotics Health Professional Fact Sheet [Internet]. [cited 2024 Dec 11]. Available from: https://ods.od.nih.gov/factsheets/Probiotics-HealthProfessional/?adb_sid=70b81d09-9c34-477b-8773-04ef52d9fc97
- Lewis MAO, Williams DW. Diagnosis and management of oral candidosis. British Dental Journal 2017 223:9 [Internet]. 2017 Nov 10 [cited 2024 Dec 11];223(9):675–81. Available from: https://www.nature.com/articles/sj.bdj.2017.886
- Rajendra Santosh AB, Muddana K, Bakki SR. Fungal Infections of Oral Cavity: Diagnosis, Management, and Association with COVID-19. SN Compr Clin Med. 2021 Mar 27;3(6):1373– 84.
- Humphreys GJ, McBain AJ. Antagonistic effects of Streptococcus and Lactobacillus probiotics in pharyngeal biofilms. Lett Appl Microbiol [Internet]. 2019 Apr 1 [cited 2024 Dec 11];68(4):303–12. Available from: https://pubmed.ncbi.nlm.nih.gov/30776138/
- 19. Huang R, Wu F, Zhou Q, Wei W, Yue J, Xiao B, et al. Lactobacillus and intestinal diseases: Mechanisms of action and clinical applications. Microbiol Res. 2022 Jul 1;260:127019.
- 20. Dempsey E, Corr SC. Lactobacillus spp. for Gastrointestinal Health: Current and Future Perspectives. Front Immunol [Internet]. 2022 Apr 6 [cited 2024 Dec 11];13:840245. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9019120/
- 21. Fijan S. Microorganisms with Claimed Probiotic Properties: An Overview of Recent Literature. Int J Environ Res Public Health [Internet]. 2014 May 5 [cited 2024 Dec 11];11(5):4745. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC4053917/
- 22. MacDonald KW, Chanyi RM, Macklaim JM, Cadieux PA, Reid G, Burton JP. Streptococcus salivarius inhibits immune activation by periodontal disease pathogens. BMC Oral Health

[Internet]. 2021 Dec 1 [cited 2024 Dec 11];21(1):1–16. Available from: https://bmcoralhealth.biomedcentral.com/articles/10.1186/s12903-021-01606-z

- 23. Ye J, Liang W, Wu L, Guo R, Wu W, Yang D, et al. Antimicrobial effect of Streptococcus salivarius outer membrane-coated nanocomplexes against Candida albicans and oral candidiasis. Mater Des. 2023 Sep 1;233:112177.
- 24. Babina K, Salikhova D, Polyakova M, Svitich O, Samoylikov R, El-Abed SA, et al. The Effect of Oral Probiotics (Streptococcus Salivarius k12) on the Salivary Level of Secretory Immunoglobulin A, Salivation Rate, and Oral Biofilm: A Pilot Randomized Clinical Trial. Nutrients [Internet]. 2022 Mar 1 [cited 2024 Dec 11];14(5):1124. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8912462/
- 25. Willis JR, Gabaldón T. The human oral microbiome in health and disease: From sequences to ecosystems. Microorganisms. 2020 Feb 1;8(2).
- 26. Thomas C, Minty M, Vinel A, Canceill T, Loubières P, Burcelin R, et al. Oral microbiota: A major player in the diagnosis of systemic diseases. Diagnostics. 2021 Aug 1;11(8).
- 27. Jo R, Nishimoto Y, Umezawa K, Yama K, Aita Y, Ichiba Y, et al. Comparison of oral microbiome profiles in stimulated and unstimulated saliva, tongue, and mouth-rinsed water. Sci Rep. 2019 Dec 1;9(1).
- Zaongo SD, Ouyang J, Isnard S, Zhou X, Harypursat V, Cui H, et al. Candida albicans can foster gut dysbiosis and systemic inflammation during HIV infection. Gut Microbes [Internet]. 2023 Dec 31 [cited 2024 Dec 11];15(1). Available from: https://www.tandfonline.com/doi/abs/10.1080/19490976.2023.2167171
- 29. Veseli E. Candida and nanorobots. Br Dent J. 2024 Jul 26;237(2):73.
- 30. Patel M. Oral Cavity and Candida albicans: Colonisation to the Development of Infection. Pathogens [Internet]. 2022 Mar 1 [cited 2024 Dec 11];11(3):335. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8953496/
- 31. Baumgardner DJ. Oral Fungal Microbiota: To Thrush and Beyond. J Patient Cent Res Rev [Internet]. 2019 Oct 28 [cited 2024 Dec 11];6(4):252. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC6827844/
- 32. Satala D, Juszczak M, Wronowska E, Surowiec M, Kulig K, Kozik A, et al. Similarities and Differences among Species Closely Related to Candida albicans: C. tropicalis, C. dubliniensis, and C. auris. Cell Microbiol [Internet]. 2022 Jan 1 [cited 2024 Dec 11];2022(1):2599136. Available from: https://onlinelibrary.wiley.com/doi/full/10.1155/2022/2599136
- 33. Rokas A. Evolution of the human pathogenic lifestyle in fungi. Nat Microbiol. 2022 May 1;7(5):607–19.
- 34. Danby CS, Boikov D, Rautemaa-Richardson R, Sobel JD. Effect of pH on In Vitro Susceptibility of Candida glabrata and Candida albicans to 11 Antifungal Agents and Implications for Clinical

Use. Antimicrob Agents Chemother [Internet]. 2012 Mar [cited 2024 Dec 18];56(3):1403–6. Available from: https://journals.asm.org/doi/10.1128/aac.05025-11

- 35. Fernandes VA, B Mata D, Nadig B, Shagale AM, Divakar NR. Effect of Prebiotics Supplements on Salivary pH and Salivary Buffer Capacity in Children with Early Childhood Caries: An In Vivo Study. Int J Clin Pediatr Dent [Internet]. 2024 Jan 1 [cited 2024 Dec 11];17(1):54–8. Available from: http://www.ncbi.nlm.nih.gov/pubmed/38559858
- 36. Al-Akel FC, Chiperi LE, Eszter VK, Bacârea A. Streptococcus salivarius Role as a Probiotic in Children's Health and Disease Prophylaxis—A Systematic Review. Life 2024, Vol 14, Page 1613 [Internet]. 2024 Dec 5 [cited 2024 Dec 11];14(12):1613. Available from: https://www.mdpi.com/2075-1729/14/12/1613/htm
- Vinerbi E, Morini G, Picozzi C, Tofanelli S. Human Salivary Microbiota Diversity According to Ethnicity, Sex, TRPV1 Variants and Sensitivity to Capsaicin. Int J Mol Sci [Internet]. 2024 Oct 29 [cited 2024 Dec 11];25(21). Available from: http://www.ncbi.nlm.nih.gov/pubmed/39519137
- 38. Ciurea CN, Kosovski IB, Mare AD, Toma F, Pintea-Simon IA, Man A. Candida and Candidiasis—Opportunism Versus Pathogenicity: A Review of the Virulence Traits. Microorganisms 2020, Vol 8, Page 857 [Internet]. 2020 Jun 6 [cited 2024 Dec 18];8(6):857. Available from: https://www.mdpi.com/2076-2607/8/6/857/htm
- 39. Eichelberger KR, Paul S, Peters BM, Cassat JE. Candida–bacterial cross-kingdom interactions. Trends Microbiol [Internet]. 2023 Dec 1 [cited 2024 Dec 11];31(12):1287–99. Available from: http://www.cell.com/article/S0966842X23002305/fulltext
- Jørgensen MR. Pathophysiological microenvironments in oral candidiasis. APMIS [Internet].
 2024 Dec 1 [cited 2024 Dec 18];132(12):956–73. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/apm.13412
- 41. Lamont RJ, Koo H, Hajishengallis G. The oral microbiota: dynamic communities and host interactions. Nature Reviews Microbiology 2018 16:12 [Internet]. 2018 Oct 9 [cited 2024 Dec 11];16(12):745–59. Available from: https://www.nature.com/articles/s41579-018-0089-x
- 42. Deo PN, Deshmukh R. Oral microbiome: Unveiling the fundamentals. J Oral Maxillofac Pathol [Internet]. 2019 Jan 1 [cited 2024 Dec 11];23(1):122–8. Available from: https://pubmed.ncbi.nlm.nih.gov/31110428/
- 43. Şenel S. An overview of physical, microbiological and immune barriers of oral mucosa. Int J Mol Sci [Internet]. 2021 Aug 1 [cited 2024 Dec 11];22(15):7821. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8346143/
- 44. Peng X, Cheng L, You Y, Tang C, Ren B, Li Y, et al. Oral microbiota in human systematic diseases. Int J Oral Sci. 2022 Dec 1;14(1).
- 45. Baker JL, Mark Welch JL, Kauffman KM, McLean JS, He X. The oral microbiome: diversity, biogeography and human health. Nature Reviews Microbiology 2023 22:2 [Internet]. 2023 Sep

12 [cited 2024 Dec 11];22(2):89–104. Available from: https://www.nature.com/articles/s41579-023-00963-6

- 46. Li H, Miao MX, Jia CL, Cao YB, Yan TH, Jiang YY, et al. Interactions between Candida albicans and the resident microbiota. Front Microbiol. 2022 Sep 20;13:930495.
- 47. Shamim A, Ali A, Iqbal Z, Mirza MA, Aqil M, Kawish SM, et al. Natural Medicine a Promising Candidate in Combating Microbial Biofilm. Antibiotics (Basel) [Internet]. 2023 Feb 2 [cited 2024 Dec 18];12(2). Available from: http://www.ncbi.nlm.nih.gov/pubmed/36830210
- 48. Vazquez-Munoz R, Dongari-Bagtzoglou A. Anticandidal Activities by Lactobacillus Species: An Update on Mechanisms of Action. Frontiers in Oral Health [Internet]. 2021 [cited 2024 Dec 22];2:689382. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8757823/
- 49. Graf K, Last A, Gratz R, Allert S, Linde S, Westermann M, et al. Keeping Candida commensal: how lactobacilli antagonize pathogenicity of Candida albicans in an in vitro gut model. Dis Model Mech [Internet]. 2019 [cited 2024 Dec 22];12(9):dmm039719. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC6765188/
- 50. Luo SC, Wei SM, Luo XT, Yang QQ, Wong KH, Cheung PCK, et al. How probiotics, prebiotics, synbiotics, and postbiotics prevent dental caries: an oral microbiota perspective. npj Biofilms and Microbiomes 2024 10:1 [Internet]. 2024 Feb 24 [cited 2024 Dec 22];10(1):1–15. Available from: https://www.nature.com/articles/s41522-024-00488-7
- 51. Krupa NC, Thippeswamy HM, Chandrashekar BR. Antimicrobial efficacy of Xylitol, Probiotic and Chlorhexidine mouth rinses among children and elderly population at high risk for dental caries – A Randomized Controlled Trial. J Prev Med Hyg [Internet]. 2022 Jun 1 [cited 2024 Dec 18];63(2):E282. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9351416/
- 52. Palanisamy S. Innovations in oral hygiene tools: a mini review on recent developments. Frontiers in Dental Medicine. 2024 Aug 14;5:1442887.
- 53. Riley P, Lamont T. Triclosan/copolymer containing toothpastes for oral health. Cochrane Database of Systematic Reviews. 2013 Dec 5;2013(12).
- 54. Bescos R, Ashworth A, Cutler C, Brookes ZL, Belfield L, Rodiles A, et al. Effects of Chlorhexidine mouthwash on the oral microbiome. Sci Rep [Internet]. 2020 Dec 1 [cited 2024 Dec 22];10(1). Available from: https://pubmed.ncbi.nlm.nih.gov/32210245/
- 55. Poppolo Deus F, Ouanounou A. Chlorhexidine in Dentistry: Pharmacology, Uses, and Adverse Effects. Int Dent J [Internet]. 2022 Jun 1 [cited 2024 Dec 22];72(3):269. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9275362/
- Chye RML, Perrotti V, Piattelli A, Iaculli F, Quaranta A. Effectiveness of Different Commercial Chlorhexidine-Based Mouthwashes after Periodontal and Implant Surgery: A Systematic Review. Implant Dent. 2019 Feb 1;28(1):74–85.
- 57. Akhlaghi N, Sadeghi M, Fazeli F, Akhlaghi S, Mehnati M, Sadeghi M. The antibacterial effects of coffee extract, chlorhexidine, and fluoride against Streptococcus mutans and Lactobacillus

plantarum: An in vitro study. Dent Res J (Isfahan) [Internet]. 2019 Sep 1 [cited 2024 Dec 18];16(5):346. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC6749852/

- 58. Marquis RE. Antimicrobial actions of fluoride for oral bacteria. Can J Microbiol [Internet]. 1995 [cited 2024 Dec 18];41(11):955–64. Available from: https://pubmed.ncbi.nlm.nih.gov/7497353/
- 59. Ciobanu CS, Predoi D, Iconaru SL, Predoi MV, Rokosz K, Raaen S, et al. Physico-Chemical and Biological Features of Fluorine-Substituted Hydroxyapatite Suspensions. Materials (Basel) [Internet]. 2024 Jul 10 [cited 2024 Dec 18];17(14). Available from: http://www.ncbi.nlm.nih.gov/pubmed/39063697
- 60. Lee MY, Yoon HW, Kim KM, Kwon JS. Antibacterial efficacy and osteogenic potential of mineral trioxide aggregate-based retrograde filling material incorporated with silver nanoparticle and calcium fluoride. J Dent Sci [Internet]. 2024 Jul 1 [cited 2024 Dec 18];19(3):1783–91. Available from: http://www.ncbi.nlm.nih.gov/pubmed/39035315
- 61. Shrestha P, Zhang Y, Chen WJ, Wong TY. Triclosan: antimicrobial mechanisms, antibiotics interactions, clinical applications, and human health. J Environ Sci Health C Toxicol Carcinog. 2020 Aug 24;38(3):245–68.
- Jones RD, Jampani HB, Newman JL, Lee AS. Triclosan: A review of effectiveness and safety in health care settings. Am J Infect Control [Internet]. 2000 Apr 1 [cited 2024 Dec 18];28(2):184– 96. Available from: http://www.ajicjournal.org/article/S0196655300900270/fulltext
- 63. Raszewski Z, Nowakowska-Toporowska A, Wezgowiec J, Nowakowska D. Design and characteristics of new experimental chlorhexidine dental gels with anti-staining properties. Advances in Clinical and Experimental Medicine. 2019;28(7):885–90.
- 64. Alvendal C, Mohanty S, Bohm-Starke N, Brauner A. Anti-biofilm activity of chlorhexidine digluconate against Candida albicans vaginal isolates. PLoS One [Internet]. 2020 Sep 1 [cited 2024 Dec 22];15(9):e0238428. Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0238428
- 65. Kranzler HR, Soyka M. Diagnosis and pharmacotherapy of alcohol use disorder a review. JAMA Journal of the American Medical Association. 2018 Aug 28;320(8):815–24.
- 66. Barb JJ, Maki KA, Kazmi N, Meeks BK, Krumlauf M, Tuason RT, et al. The oral microbiome in alcohol use disorder: a longitudinal analysis during inpatient treatment. J Oral Microbiol [Internet]. 2021 [cited 2024 Dec 22];14(1):2004790. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8648028/
- 67. Yano Y, Vogtmann E, Shreves AH, Weinstein SJ, Black A, Diaz-Mayoral N, et al. Evaluation of alcohol-free mouthwash for studies of the oral microbiome. PLoS One [Internet]. 2023 Apr 1 [cited 2024 Dec 23];18(4):e0284956. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10138257/
- 68. Barbosa A, Araújo D, Ribeiro E, Henriques M, Silva S. Candida albicans Adaptation on Simulated Human Body Fluids under Different pH. Microorganisms 2020, Vol 8, Page 511

[Internet]. 2020 Apr 3 [cited 2024 Dec 18];8(4):511. Available from: https://www.mdpi.com/2076-2607/8/4/511/htm

- 69. Ramos-Pardo A, Castro-Álvarez R, Quindós G, Eraso E, Sevillano E, Kaberdin VR. Assessing pH-dependent activities of virulence factors secreted by Candida albicans. Microbiologyopen [Internet]. 2023 Feb 1 [cited 2024 Dec 18];12(1):e1342. Available from: https://onlinelibrary.wiley.com/doi/full/10.1002/mbo3.1342
- 70. Chen H, Zhou Y, Zhou X, Liao B, Xu HHK, Chu CH, et al. Dimethylaminododecyl methacrylate inhibits Candida albicans and oropharyngeal candidiasis in a pH-dependent manner. Appl Microbiol Biotechnol [Internet]. 2020 Apr 1 [cited 2024 Dec 18];104(8):3585–95. Available from: https://link.springer.com/article/10.1007/s00253-020-10496-0
- 71. Weckwerth PH, Carnietto C, Weckwerth ACVB, Duarte MAH, Kuga MC, Vivan RR. In vitro susceptibility of oral Candida albicans strains to different pH levels and calcium hydroxide saturated aqueous solution. Braz Dent J [Internet]. 2012 [cited 2024 Dec 18];23(3):192–8. Available from: https://www.scielo.br/j/bdj/a/Fpvgcr6MfYvpzG8hFh5nqKN/?format=html&lang=en
- 72. Murakami M, Harada K, Nishi Y, Shimizu T, Motoyama S, Nishimura M. Effects of Storage Temperature and pH on the Antifungal Effects of Commercial Oral Moisturizers against Candida albicans and Candida glabrata. Medicina 2020, Vol 56, Page 525 [Internet]. 2020 Oct 7 [cited 2024 Dec 18];56(10):525. Available from: https://www.mdpi.com/1648-9144/56/10/525/htm
- Van Loveren C. Antimicrobial activity of fluoride and its in vivo importance: identification of research questions. Caries Res [Internet]. 2001 [cited 2024 Dec 18];35 Suppl 1(1 SUPPL. 1):65–70. Available from: https://pubmed.ncbi.nlm.nih.gov/11359062/
- 74. Gedam KY, Katre AN. Efficacy of Probiotic, Chlorhexidine, and Sodium Fluoride Mouthrinses on Mutans Streptococci in 8- to 12-Year-Old Children: A Crossover Randomized Trial. Lifestyle Genom. 2022 Jan 12;15(1):35–44.
- 75. D S N, Sebastian B, Kalappurakkal R, Kirubakaran R. Efficacy of aloe vera and probiotic mouthwashes vs fluoride mouthwash on Streptococcus mutans in plaque around brackets of orthodontic patients: a randomized clinical trial. Angle Orthod. 2023 Sep 1;93(5):538–44.
- 76. Wu YF, Salamanca E, Chen IW, Su JN, Chen YC, Wang SY, et al. Xylitol-Containing Chewing Gum Reduces Cariogenic and Periodontopathic Bacteria in Dental Plaque—Microbiome Investigation. Front Nutr. 2022 May 11;9:882636.
- 77. Loimaranta V, Mazurel D, Deng D, Söderling E. Xylitol and erythritol inhibit real-time biofilm formation of Streptococcus mutans. BMC Microbiol. 2020 Jun 29;20(1).
- 78. Witkiewitz K, Litten RZ, Leggio L. Advances in the science and treatment of alcohol use disorder. Sci Adv. 2019 Sep 25;5(9).
- 79. Brookes Z, Teoh L, Cieplik F, Kumar P. Mouthwash Effects on the Oral Microbiome: Are They Good, Bad, or Balanced? Int Dent J. 2023 Nov 1;73:S74–81.

- 80. Fan X, Peters BA, Jacobs EJ, Gapstur SM, Purdue MP, Freedman ND, et al. Drinking alcohol is associated with variation in the human oral microbiome in a large study of American adults. Microbiome [Internet]. 2018 Apr 24 [cited 2024 Dec 23];6(1):59. Available from: https://microbiomejournal.biomedcentral.com/articles/10.1186/s40168-018-0448-x
- 81. Maziere M, Rompante P, Andrade JC, Rodrigues CF. Are Mouthwashes Really Effective against Candida spp.? Journal of Fungi [Internet]. 2024 Aug 1 [cited 2024 Dec 22];10(8):528. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11355178/
- Brookes ZLS, Bescos R, Belfield LA, Ali K, Roberts A. Current uses of chlorhexidine for management of oral disease: a narrative review. J Dent [Internet]. 2020 Dec 1 [cited 2024 Dec 22];103:103497. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC7567658/
- 83. do Amaral GCLS, Hassan MA, Sloniak MC, Pannuti CM, Romito GA, Villar CC. Effects of antimicrobial mouthwashes on the human oral microbiome: Systematic review of controlled clinical trials. Int J Dent Hyg [Internet]. 2023 Feb 1 [cited 2024 Dec 24];21(1):128–40. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/idh.12617
- 84. Anil S, Ellepola ANB, Samaranayake LP. The impact of chlorhexidine gluconate on the relative cell surface hydrophobicity of oral Candida albicans. Oral Dis [Internet]. 2001 Mar 1 [cited 2024 Dec 22];7(2):119–22. Available from: https://onlinelibrary.wiley.com/doi/full/10.1034/j.1601-0825.2001.70210.x
- 85. Imbert C, Lassy E, Daniault G, Jacquemin JL, Rodier MH. Treatment of plastic and extracellular matrix components with chlorhexidine or benzalkonium chloride: effect on Candida albicans adherence capacity in vitro. Journal of Antimicrobial Chemotherapy [Internet]. 2003 Feb 1 [cited 2024 Dec 22];51(2):281–7. Available from: https://dx.doi.org/10.1093/jac/dkg088
- 86. Alonso-Roman R, Last A, Mirhakkak MH, Sprague JL, Möller L, Großmann P, et al. Lactobacillus rhamnosus colonisation antagonizes Candida albicans by forcing metabolic adaptations that compromise pathogenicity. Nature Communications 2022 13:1 [Internet]. 2022 Jun 9 [cited 2024 Dec 24];13(1):1–15. Available from: https://www.nature.com/articles/s41467-022-30661-5
- 87. Elshaer M, Herrada J, Gamal A, McCormick TS, Ghannoum M. Efficacy of Chlorhexidine in Advanced Penetration Technology formulation in decolonizing the skin using Candida auris skin colonization mouse model. Am J Infect Control [Internet]. 2022 Jul 1 [cited 2024 Dec 24];51(7):836. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10199144/
- 88. Radu CM, Radu CC, Bochiş SA, Arbănaşi EM, Lucan AI, Murvai VR, et al. Revisiting the Therapeutic Effects of Essential Oils on the Oral Microbiome. Pharmacy [Internet]. 2023 Feb 10 [cited 2024 Dec 22];11(1):33. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9958697/
- 89. Essential Oils For Teeth | Pure Holistic Dental [Internet]. [cited 2024 Dec 22]. Available from: https://www.pureholisticdentist.com/essential-oils-for-teeth/?utm_source=chatgpt.com

- 90. Balhaddad AA, AlSheikh RN. Effect of eucalyptus oil on Streptococcus mutans and Enterococcus faecalis growth. BDJ Open 2023 9:1 [Internet]. 2023 Jul 6 [cited 2024 Dec 22];9(1):1–5. Available from: https://www.nature.com/articles/s41405-023-00154-8
- 91. Duane B, Yap T, Neelakantan P, Anthonappa R, Bescos R, McGrath C, et al. Mouthwashes: Alternatives and Future Directions. Int Dent J [Internet]. 2023 Nov 1 [cited 2024 Dec 22];73(Suppl 2):S89. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10690551/
- 92. Ripari F, Cera A, Freda M, Zumbo G, Zara F, Vozza I. Tea Tree Oil versus Chlorhexidine Mouthwash in Treatment of Gingivitis: A Pilot Randomized, Double Blinded Clinical Trial. Eur J Dent [Internet]. 2020 Feb 1 [cited 2024 Dec 22];14(1):55. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC7069753/
- 93. Saada A, Monpierre L, Djènontin E, Andriantsoanirina V, Ratsimbason M, Randriamialinoro F, et al. In vitro efficacy of essential oils against various Candida species. Nat Prod Res [Internet]. 2024 [cited 2024 Dec 22]; Available from: https://www.tandfonline.com/doi/abs/10.1080/14786419.2024.2355586
- 94. Fayez S, Gamal El-Din MI, Moghannem SA, Azam F, El-Shazly M, Korinek M, et al. Eucalyptus-derived essential oils alleviate microbes and modulate inflammation by suppressing superoxide and elastase release. Front Pharmacol. 2023 Nov 21;14:1218315.
- 95. Xia L, Li R, Tao T, Zhong R, Du H, Liao Z, et al. Therapeutic potential of Litsea cubeba essential oil in modulating inflammation and the gut microbiome. Front Microbiol. 2023 Aug 14;14:1233934.
- 96. Ferreira EDS, Rosalen PL, Benso B, De Cássia Orlandi Sardi J, Denny C, Alves De Sousa S, et al. The Use of Essential Oils and Their Isolated Compounds for the Treatment of Oral Candidiasis: A Literature Review. Evid Based Complement Alternat Med [Internet]. 2021 [cited 2024 Dec 22];2021:1059274. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC7810551/
- 97. Maitre Y, Mahalli R, Micheneau P, Delpierre A, Guerin M, Amador G, et al. Pre and Probiotics Involved in the Modulation of Oral Bacterial Species: New Therapeutic Leads in Mental Disorders? Microorganisms [Internet]. 2021 Jul 1 [cited 2024 Dec 22];9(7):1450. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8306040/
- 98. Nie Q, Wan X, Tao H, Yang Q, Zhao X, Liu H, et al. Multi-function screening of probiotics to improve oral health and evaluating their efficacy in a rat periodontitis model. Front Cell Infect Microbiol. 2023 Nov 7;13:1261189.
- 99. Mundula T, Ricci F, Barbetta B, Baccini M, Amedei A. Effect of Probiotics on Oral Candidiasis: A Systematic Review and Meta-Analysis. Nutrients [Internet]. 2019 Oct 1 [cited 2024 Dec 23];11(10):2449. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC6836010/
- 100. Hu L, Zhou M, Young A, Zhao W, Yan Z. In vivo effectiveness and safety of probiotics on prophylaxis and treatment of oral candidiasis: A systematic review and meta-analysis. BMC Oral

Health [Internet]. 2019 Jul 10 [cited 2024 Dec 24];19(1):1–12. Available from: https://bmcoralhealth.biomedcentral.com/articles/10.1186/s12903-019-0841-2

- 101. Yu X, Devine DA, Vernon JJ. Manipulating the diseased oral microbiome: the power of probiotics and prebiotics. J Oral Microbiol [Internet]. 2024 [cited 2024 Dec 23];16(1):2307416. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10833113/
- 102. Kaewarsar E, Chaiyasut C, Lailerd N, Makhamrueang N, Peerajan S, Sirilun S. Optimization of Mixed Inulin, Fructooligosaccharides, and Galactooligosaccharides as Prebiotics for Stimulation of Probiotics Growth and Function. Foods 2023, Vol 12, Page 1591 [Internet]. 2023 Apr 9 [cited 2024 Dec 23];12(8):1591. Available from: https://www.mdpi.com/2304-8158/12/8/1591/htm
- 103. Liu T, Chen YC, Jeng SL, Chang JJ, Wang JY, Lin CH, et al. Short-term effects of Chlorhexidine mouthwash and Listerine on oral microbiome in hospitalized patients. Front Cell Infect Microbiol. 2023 Feb 2;13:1056534.
- 104. Abdelrahman SM, El Samak M, El-Baz LMF, Hanora AMS, Satyal P, Dosoky NS. Effects of Mint Oils on the Human Oral Microbiome: A Pilot Study. Microorganisms [Internet]. 2024 Aug 1 [cited 2024 Dec 23];12(8):1538. Available from: https://www.mdpi.com/2076-2607/12/8/1538/htm
- 105. Inchingolo F, Inchingolo AM, Malcangi G, De Leonardis N, Sardano R, Pezzolla C, et al. The Benefits of Probiotics on Oral Health: Systematic Review of the Literature. Pharmaceuticals [Internet]. 2023 Sep 1 [cited 2024 Dec 23];16(9):1313. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10534711/
- 106. Paradowski K, Bis E, Burdan O, Błaszczyk J, Kot J, Thum-Tyzo K, et al. of probiotics and prebiotics on oral mucosa-a mini review. Med Srodow [Internet]. 2024 [cited 2024 Dec 23];27(3):115–9. Available from: www.environmed.pl
- 107. Taylor M, Brizuela M, Raja A. Oral Candidiasis. StatPearls [Internet]. 2023 Jul 4 [cited 2024 Dec 23]; Available from: https://www.ncbi.nlm.nih.gov/books/NBK545282/