

**Korespondensi Penulis dengan
Journal of Taibah University Medical Sciences**

Article History

Submission	: 21 Nopember 2021
Hasil Review	: 26 Januari 2022
Pengiriman Revisi	: 12 Februari 2022
Accepted	: 05 Maret 2022
Published	: 23 Maret 2022

Please verify your contribution to Nano-Emulsion of Mangosteen Rind Extract in Mucoadhesive Gingival Patch for Regenerative Treatment in Periodontitis

Journal Of Taibah University Medical Sciences <em@editorialmanager.com>
Reply-To: Journal Of Taibah University Medical Sciences <tmj@taibahu.edu.sa>
To: Hendrik Setia Budi <hendrik-s-b@fkg.unair.ac.id>

Sun, Nov 21, 2021 at 8:15 PM

This is an automated message.

Journal: Journal of Taibah University Medical Sciences
Title: Nano-Emulsion of Mangosteen Rind Extract in Mucoadhesive Gingival Patch for Regenerative Treatment in Periodontitis
Corresponding Author: Dr Rini Devijanti Ridwan
Co-Authors: Mohammed Ahmed Aljunaid, DDS, MDS; Huda Rashad Qaid, DDS., MDS; Dur Muhammad Lashari, DDS., MDS; Hendrik Setia Budi, MDS., DDS., PhD; Baleegh Abdulraoof Al-Kadasi, MDS., DDS., PhD
Manuscript Number:

Dear Budi,

Dr Rini Devijanti Ridwan submitted this manuscript via Elsevier's online submission system, Editorial Manager, and you have been listed as a Co-Author of this submission.

Elsevier asks Co-Authors to confirm their consent to be listed as Co-Author and track the papers status. In order to confirm your connection to this submission, please click here to confirm your co-authorship: <https://www.editorialmanager.com/jtumed/l.asp?i=202434&l=035UH2M0>

If you have not yet registered for the journal on Editorial Manager, you will need to create an account to complete this confirmation. Once your account is set up and you have confirmed your status as Co-Author of the submission, you will be able to view and track the status of the submission as it goes through the editorial process by logging in at <https://www.editorialmanager.com/jtumed/>

If you did not co-author this submission, please contact the Corresponding Author directly at rini-d-r@fkg.unair.ac.id

Thank you,
Journal of Taibah University Medical Sciences

More information and support

FAQ: What is Editorial Manager Co-Author registration?

https://service.elsevier.com/app/answers/detail/a_id/28460/supporthub/publishing/kw/co-author+editorial+manager/

You will find information relevant for you as an author on Elsevier's Author Hub: <https://www.elsevier.com/authors>

FAQ: How can I reset a forgotten password?

https://service.elsevier.com/app/answers/detail/a_id/28452/supporthub/publishing/kw/editorial+manager/

For further assistance, please visit our customer service site: <https://service.elsevier.com/app/home/supporthub/publishing/>. Here you can search for solutions on a range of topics, find answers to frequently asked questions, and learn more about Editorial Manager via interactive tutorials. You can also talk 24/7 to our customer support team by phone and 24/7 by live chat and email.

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/jtumed/login.asp?a=r>). Please contact the publication office if you have any questions.

Your Submission - JTUMED-D-21-01206

Journal Of Taibah University Medical Sciences <em@editorialmanager.com>
Reply-To: Journal Of Taibah University Medical Sciences <jtumed@elsevier.com>
To: Hendrik Setia Budi <hendrik-s-b@fkg.unair.ac.id>

Wed, Jan 26, 2022 at 12:52 AM

You are being carbon copied ("cc:d") on an e-mail "To" "Rini Devijanti Ridwan" rini-d-r@fkg.unair.ac.id
CC: "Mohammed Ahmed Aljunaid" mohammed.aljunaid90@gmail.com, "Huda Rashad Qaid" huda.qaid@yahoo.com, "Dur Muhammad Lashari" dr.durlashari@gmail.com, "Hendrik Setia Budi" hendrik-s-b@fkg.unair.ac.id, "Baleegh Abdulraoof Al-kadasi" perio.bak@gmail.com, "Yeka Ramadhani" yeka.ramadhani-2018@fkg.unair.ac.id, "Riski Rahayu Putri Rahmasari" riski.rahayu.putri-2018@fkg.unair.ac.id

Ms. Ref. No.: JTUMED-D-21-01206

Title: Nano-Emulsion of Mangosteen Rind Extract in Mucoadhesive Gingival Patch for Regenerative Treatment in Periodontitis
Journal of Taibah University Medical Sciences

Dear Dr Rini Devijanti Ridwan,
Journal has received the reviewer comments and they recommend reconsideration of your manuscript following revision and modification.

If you feel that you can suitably address the reviewers' comments (included below), I invite you to revise and resubmit your manuscript by Feb 14, 2022.

Kindly revise the manuscript by addressing the reviewers' comments or providing suitable rebuttals for any comments not addressed. You need to highlight the corrections in the text and provide a letter of response by writing point-by-point responses to all comments.

To submit your revision, please do the following:

1. Go to: <https://www.editorialmanager.com/jtumed/>
 2. Enter your login details
 3. Click [Author Login]
 4. Click [Submissions Needing Revision]
- This takes you to the Author Main Menu.

I look forward to receiving your revised manuscript.

Yours sincerely,

Dr. Muhammad Sohail Zafar, PhD (UK); MSc (UK); FHEA; MFDS RCPS (Glasg); BDS
Associate Editor
Journal of Taibah University Medical Sciences

Reviewers comments:

Reviewer #2:

In this article the investigators investigated the therapeutic potential nano-emulsion of mangosteen rind extract in a mucoadhesive gingival patch on periodontitis and its impact on TNF- α , RANKL, and IL-10 expression in 60 Wistar rats which were divided into 4 groups; control positive group (A mucoadhesive patch with doxycycline), control negative group (Mucoadhesive patch), Treatment group I (A mucoadhesive patch with mangosteen rind), and the Treatment group II (A mucoadhesive patch with nano-emulsion of mangosteen rind extract). They found that the Treatment group II (mucoadhesive patch with nano-emulsion mangosteen rind extract) significantly decreased TNF- α and RANKL expression and increases IL-10 expression significantly.

The topic is very interesting and promising for future novel developments in the field of therapeutic biomaterials. However, they are several flaws in the manuscript that need to be corrected before its publication in the Journal.
In the abstract, it is better to add the results of Treatment group 1.

In Introduction, it will be useful to present the prevalence of periodontitis with presenting the severe forms.

In materials and methods, it is better to show the Figure of Mangosteen and its extraction.

Discussion

Please add the limitations and future perspectives at the end of the discussion.

The authors only cited old literatures and fail to cite the current literature rather than simply commenting. Hence, it will be more supporting and relevance if the authors can cite the current literatures.

Can it be used in peri-implantitis. The authors can discuss as both are bacterial diseases as shown in following article. It can be more useful if the authors can discuss. <https://pubmed.ncbi.nlm.nih.gov/32882741/>

Conclusion

The conclusion need edition. It will be better if the authors can add more the application of mucosal adhesive gingival patch loaded by nano-emulsion of mangosteen rind extract has a therapeutic potential.

Tables

There is repetition of Table 2. So please correct it. It will be better if the authors can present some results of table in the form of Figures rather than presenting all in tables.

The tables showing Mean \pm SD, can be shown in Figures.

It is better to put p-value of 0.000 as <0.001 There is no absolute zero.

Tables 1 and 2 can be merged.

The results of TNF- α , RANKL, and IL-10 expression and statistically significant difference can be merged in 1 Figure. And They can be explained in the number in the text. This will help to reduce the tables and easier visualization.

Figures

Please add clearer scale bar in all the Figures. The current scale bar is not clear.

Reviewer #3:

Nano-Emulsion of Mangosteen Rind Extract in Mucoadhesive Gingival Patch for Regenerative Treatment in Periodontitis

- The title of the study should mention the study design.
- The abstract is adequately written; however, use of abbreviations must be checked such as P. gingivalis, TNF, IL-10 and CFU.

- The use of time period should be written with consistency throughout the manuscript and abstract, for example 2-days or 2 days.
- The authors should follow the ARRIVE guidelines for the reporting of this manuscript.
- What was the rationale for selecting TNF, IL-10 and RANKL as outcomes and no other biomarkers or cytokines?
- Please discuss the future research direction and limitations of this study in the discussion section.
- Please carefully check the use of abbreviations throughout the manuscript, abstract, tables and figures.

Please note that the editorial process varies considerably from journal to journal. To view the submission-to-publication lifecycle, click here:
http://help.elsevier.com/app/answers/detail/p/7923/a_id/160

For further assistance, please visit our customer support site at <http://help.elsevier.com/app/answers/list/p/7923>. Here you can search for solutions on a range of topics, find answers to frequently asked questions and learn more about EM via interactive tutorials. You will also find our 24/7 support contact details should you need any further assistance from one of our customer support representatives.

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL:
<https://www.editorialmanager.com/jtumed/login.asp?a=r>). Please contact the publication office if you have any questions.

Rights and Access form Completed form for your article [JTUMED_900]

Elsevier - Author Forms <Article_Status@elsevier.com>
To: hendrik-s-b@fkg.unair.ac.id

Thu, Mar 24, 2022 at 11:01 PM



Dear Dr Budi,

Thank you for publishing your article in Journal of Taibah University Medical Sciences . Dr. Ridwan completed the Rights and Access Form for your article *Nano-emulsion of mangosteen rind extract in mucoadhesive patch for periodontitis regenerative treatment: In Vivo study* on March 24, 2022.

The Order Summary is attached to this email. A copy of the Order Summary is also sent to all co-authors for whom we have contact details.

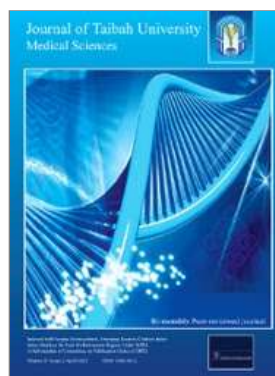
Your article is free for everyone to read online at <https://doi.org/10.1016/j.jtumed.2022.03.003>

If you have any questions, please do not hesitate to contact us.

To help us assist you, please quote our article reference JTUMED900 in all correspondence.

Now that your article has been accepted, you will want to maximize the impact of your work. Elsevier facilitates and encourages authors to share their article responsibly. To learn about the many ways in which you can share your article whilst respecting copyright, visit: www.elsevier.com/sharing-articles.

Kind regards,
Elsevier Researcher Support



Seven strategies for you to create a brand and promote your research

Learn how to give your research the visibility it deserves with these seven strategies.

> [Access module now](#)

Have questions or need assistance?

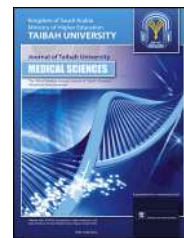
Please do not reply to this automated message.
For further assistance, please visit our [Elsevier Support Center](#) where you search for solutions on a range of topics and find answers to frequently asked questions.
You can also talk to our researcher support team by phone 24 hours a day from Monday-Friday and 24/7 by live chat and email.

© 2022 Elsevier Ltd | [Privacy Policy](http://www.elsevier.com/privacypolicy) <http://www.elsevier.com/privacypolicy>
Elsevier Limited, The Boulevard, Langford Lane, Kidlington, Oxford, OX5 1GB, United Kingdom, Registration No. 1982084. This e-mail has been sent to you from Elsevier Ltd. To ensure delivery to your inbox (not bulk or junk folders), please add Article_Status@elsevier.com to your address book or safe senders list.



Taibah University
Journal of Taibah University Medical Sciences

www.sciencedirect.com



Experimental Article

Nano-emulsion of mangosteen rind extract in a mucoadhesive patch for periodontitis regenerative treatment: An in vivo study

Mohammed A. Aljuanid, MDS^{a,b}, Huda R. Qaid, MDS^{a,c}, Dur M. Lashari, MPhil^a, Rini D. Ridwan, PhD^{d,*}, Hendrik S. Budi, PhD^d, Baleegh A. Alkadasi, PhD^e, Yeka Ramadhani, DDS^f and Riski Rahmasari, DDS^f

^a Doctoral Program of Dental Medicine, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia

^b Department of Oral and Dental Medicine, Faculty of Medicine, Taiz University, Taiz, Yemen

^c Faculty of Oral and Dental Medicine, Alsaheed University, Taiz, Yemen

^d Department of Oral Biology, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia

^e Head of Oral Medicine and Periodontology Department, Faculty of Dentistry, Ibb University, Yemen

^f Undergraduate Program of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia

Received 25 December 2021; revised 12 February 2022; accepted 5 March 2022; Available online ■ ■ ■

المخلص

أهداف البحث: دراسة الإمكانيات العلاجية لمستحلب النانو لمستخلص قشرة مانغوستين في رقعة لاصقة مخاطية على التهاب اللثة، وتأثيرها على عامل نخر الورم ألفا، ولجين منشط مستقبلات العامل النووي كابا ب، وتعبير إنترلوكين-10.

طرق البحث: تم تقسيم ستين فأرا إلى أربع مجموعات: مجموعة التحكم الإيجابي (رقعة اللاصق المخاطي مع الدوكسيسيكليين)، والتحكم السلبي (رقعة اللاصق المخاطي)، والمجموعة العلاجية الأولى (رقعة اللاصق المخاطي مع خلاصة قشرة المانغوستين)، والمجموعة العلاجية الثانية (رقعة اللاصق المخاطي مع مستحلب النانو من مستخلص قشر مانغوستين). تم إنشاء نموذج تجريبي للتهاب دواعم السن الناجم عن البورفيروموناس في الجردان عن طريق العلاج بـ 0.03 مل من البكتيريا محليا سبع مرات بفاصل يومين في التلم الثوي للأسنان الأمامية للفك السفلي. كان تطبيق العلاج لمدة ساعة / يوم لمدة 3 أيام و 5 و 7 بعد العلاج، تم التضحية بخمسة فئران من كل مجموعة. تم تحديد عامل نخر الورم ألفا، ولجين منشط مستقبلات العامل النووي كابا ب، وتعبير إنترلوكين-10، عن طريق تشريح الفك السفلي للكيمياء المناعية.

النتائج: أدت الرقعة اللاصقة المخاطية مع مستخلص قشرة مانغوستين لمستحلب النانو إلى انخفاض كبير في تعبير عامل نخر الورم ألفا، ولجين منشط مستقبلات

العامل النووي كابا ب، وزيادة تعبير إنترلوكين-10. مقارنة بالمجموعة العلاجية الأولى ومجموعات التحكم الإيجابية والسلبية.

الاستنتاجات: إن الرقعة اللاصقة المخاطية مع مستحلب نانو من مستخلص قشرة المانغوستين لديها القدرة على علاج التهاب اللثة عن طريق تقليل تعبير عامل نخر الورم ألفا، ولجين منشط مستقبلات العامل النووي كابا ب، وزيادة تعبير إنترلوكين-10.

الكلمات المفتاحية: مستخلص قشرة مانغوستين؛ رقعة اللثة اللاصقة المخاطية؛ مستحلب النانو؛ التهاب اللثة؛ بكتيريا البورفيروموناس

Abstract

Objective: To investigate the therapeutic potential of nano-emulsion of mangosteen rind extract in a mucoadhesive gingival patch on periodontitis, and its effect on tumor necrosis factor alpha (TNF- α), receptor activator of nuclear factor kappa B ligand (RANKL), and interleukin 10 (IL-10) expression.

Methods: Sixty Wistar rats were divided into four groups: positive control group (mucoadhesive patch with doxycycline), negative control group (mucoadhesive patch), treatment group I (mucoadhesive patch with mangosteen rind extract), and treatment group II (mucoadhesive patch with nano-emulsion of mangosteen rind extract). An experimental model of *Porphyromonas gingivalis*-induced periodontitis was established in rats by treatment with 0.03 mL bacteria locally (1×10^{10} colony-forming units) seven times at 2-day intervals in the

* Corresponding address: Department of Oral Biology, Faculty of Dental Medicine, Universitas Airlangga, Jalan. Prof. Dr. Moestopo No. 47, Surabaya 60132, Indonesia.

E-mails: mohammed.aljuanid90@gmail.com (M.A. Aljuanid), rini-d-r@fkg.unair.ac.id (R.D. Ridwan)

Peer review under responsibility of Taibah University.



Production and hosting by Elsevier

1658-3612 © 2022 Taibah University.

Production and hosting by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

<https://doi.org/10.1016/j.jtumed.2022.03.003>

Please cite this article as: Aljuanid MA et al., Nano-emulsion of mangosteen rind extract in a mucoadhesive patch for periodontitis regenerative treatment: An in vivo study, Journal of Taibah University Medical Sciences, <https://doi.org/10.1016/j.jtumed.2022.03.003>

gingival sulcus of mandibular anterior teeth. Treatment was 1 h/day for 3 days. On days 3, 5, and 7, five rats from each group were killed. TNF- α , IL-10, and RANKL expression was determined by dissecting the lower jaw for immunohistochemistry.

Results: The mucoadhesive patch with nano-emulsion mangosteen rind extract significantly decreased TNF- α and RANKL expression and increased IL-10 expression ($p < 0.05$) compared to the treatment I, positive and negative control groups.

Conclusion: A mucoadhesive gingival patch with nano-emulsion of mangosteen rind extract has the potential to treat periodontitis by decreasing TNF- α , RANKL, and increasing IL-10 expression.

Keywords: Mangosteen rind extract; Mucoadhesive gingival patch; Nano-emulsion; *P. gingivalis* bacteria; Periodontitis

© 2022 Taibah University.

Production and hosting by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Introduction

Periodontitis is a common inflammatory oral disease that exists on a wide scale worldwide and is the main cause of tooth loss.¹ Periodontitis affects the periodontal tissues with a moderate to slow rate of progression.² The recent Global Burden of Disease Study shows that periodontitis is the sixth most prevalent disease worldwide, with an overall prevalence of up to 20%.³ Periodontitis, which is caused by long-lasting bacterial plaque and resultant calculus accumulation, is considered the primary etiologic factor in initiating periodontitis.^{4,5} *Porphyromonas gingivalis* is the most important periodontal pathogen and mediates periodontal disease. The host's inflammatory responses result in edema and infiltration of leukocytes, which release inflammatory mediators, eventually leading to progressive damage to the periodontal ligament and alveolar bone, together with gingival recession, pocket depth formation, or both. Therefore, inflammatory mediators play a significant role in periodontal disease onset and progression. In addition, the amount of inflammatory mediators is linked to periodontal disease.⁴⁻⁶

Interleukin-1 β (IL-1 β), IL-6, tumor necrosis factor alpha (TNF- α), and receptor activator of nuclear factor kappa B ligand (RANKL) are significant markers of the pathogenesis of periodontitis.⁷ *P. gingivalis* infection successfully induces the loss of alveolar bone, significantly activates osteoclasts, and increases the expression of IL-17, IL-1 β , and RANKL in periodontitis.⁸ TNF- α is a major pro-inflammatory cytokine involved in the inflammatory phase of periodontitis, and is considered a major contributor to bone pathophysiology due to its stimulation of bone resorption. IL-6 and TNF- α induce the osteoclastic pathway through the expression of RANKL by osteoblasts and TNF- α via macrophage colony-stimulating factor (M-CSF) for the activation of

preosteoclasts into osteoclasts.⁹ Moreover, RANKL is an important factor for osteoclastogenesis and is expressed by osteoblasts, osteocytes, and stromal cells. RANKL binds to its receptor on RANK, which is expressed by osteoclast precursor cells, causing the activation of osteoclast cells and resulting in the process of osteoclastogenesis.¹⁰ Therefore, the increase in RANKL plays a key role in periodontitis bone loss.⁸ On the other hand, the anti-inflammatory cytokine IL-10 plays an important role in suppressing the progress of periodontitis and regulating bone metabolism. A previous study showed that IL-10 knockout mice are highly susceptible to *P. gingivalis*-induced periodontitis. IL-10 also inhibits neutrophil migration.¹¹ The secretion of IL-10 by regulatory T lymphocytes can suppress osteoclastogenesis by inhibiting the function of the T helper 1 cell (Th1) effector cytokine IL-6. IL-10 can also suppress RANKL by stimulating an increase in osteoprotegerin (OPG). Consequently, IL-10 can inhibit osteoclast differentiation and maturation by regulating OPG secretion and decreasing RANKL expression and M-CSF.¹²

Plants and herbs have been used for medicinal purposes for decades to treat many diseases. Natural sources for preventing immunological complications have long garnered the attention of researchers. The queen of fruits *Garcinia mangostana* Linn (mangosteen) is one of the sources of plant-derived medicines. It typically originates in tropical Southeast Asian countries such as Malaysia, Indonesia, and Thailand.¹³ Mangosteen rind consists of active chemical ingredients such as xanthone, flavonoid, saponin, tannin, phenol, gartanine, garcinon, vitamins B1, B2, terpenes, anthocyanins, and other biologically active substances that support its medicinal properties.¹⁴ The significant bioactive secondary metabolites of mangosteen are xanthenes derivatives (i.e., α - and γ -mangosteen have antioxidant, antiproliferative, antibacterial, and anti-inflammatory effects).^{15,16} Xanthone substances have considerable ability to regulate and minimize oxidative damage by hampering or preventing oxidation caused by reactive oxygen species, thus inhibiting the degeneration of cells. However, they also stimulate the regeneration of body cells, which break down quickly.¹⁷ Similarly, they suppress inflammatory processes by blocking the production of cyclooxygenase (COX) and lipoxygenase (LOX), immediately inhibiting the activity of I kappa B (I κ B) and COX2 gene transcription (nuclear factor kappa B [NF- κ B] target gene). The inhibition of COX and LOX enzymes result in the release of prostaglandins, prostacyclins, thromboxanes, and leukotrienes, which suppress inflammatory processes, marked by a reduction in inflammatory cell number.¹⁸ Moreover, a study in U037 macrophage-like cells revealed that the release of inflammatory markers TNF- α and IL-4 can be inhibited by 20 μ g/mL α -mangostin.¹⁹

Nano-based drug delivery systems offer new opportunities for effective and specified oral disease treatment. Nano-emulsion is an advanced nanotechnology method used to deliver and enhance the bioavailability of the medication and therapeutic agent. It can also be used as a delivery system for herbal therapeutic agents in diverse applications.²⁰ Nano-emulsion is defined as a lipid-based thermodynamically stable drug delivery system whose particles are measured on a nanometer scale. It is an optically transparent system made up of a surfactant (i.e., oil, cosurfactant, nanometer-sized

water droplet).¹ Nano-emulsions have broad spectrum antimicrobial activity due to their ability to fuse with and lyse these microorganisms.²¹ Nano-emulsion can be used for periodontal disease treatment as it is safe, non-irritating to mucous membranes, and highly effective against periodontopathic bacteria. Nanodroplets and surfactants react with the outer membrane of bacteria, breaking it down and killing the bacteria.²² In addition, nano-emulsion enhances drug solubility, promotes periodontal mucosa permeability, and delivers the drug dose with fewer side effects that result in more effectiveness of the drug.¹ The mechanical and drug-release properties of the nano-formulation are some of the most significant factors in developing the clinical efficacy of treating patients. As a result, an optimum nano-formulation should be developed so that it can be delivered to a specific site with controlled drug release and more gingival mucosa retention for a definite period.

A mucoadhesive drug delivery system is a safe delivery system compared to other drug administration routes. It has several advantages over conventional administration methods, such as the ability to control the release of drug dosage at specific sites with the extended retention time of drugs at target sites. One of the most significant advantages of these systems is avoidance of the first phase of metabolism.²³ Hence, this study investigated the therapeutic potential of nano-emulsion of mangosteen rind extract in a mucoadhesive gingival patch on a periodontitis model induced by *P. gingivalis* and its effect on TNF- α , IL-10, and RANKL expression.

Materials and Methods

Mangosteen rind extraction

The fruits of mangosteen rind were obtained from Blitar City East Java Indonesia (Figure 1). The rinds were cleaned under running water, chopped into small pieces, and then placed in a hot oven to dry for 72 h at 50 °C. The samples were sieved after grinding them into a fine powder (20 mesh). The dried powder of mangosteen rind was extracted using the maceration technique with 96% ethanol at room temperature (25–28 °C). Then the resultant extract was filtered using filter paper (Whatman No. 1) and evaporated to dryness using a rotary vacuum evaporator at 50 °C (G3; Heidolph Instruments, Schwabach, Germany) (Figure 1).^{24,25}

Preparation of the nano-emulsion of mangosteen rind extract

A high-speed homogenization process with a magnetic stirrer was used to create a nano-emulsion for mangosteen extraction. The oil phase consisted of virgin coconut oil, mangosteen rind extract, and surfactants. The surfactants (i.e., Span 80 and Tween 80) were mixed to create a hydrophile-lipophile balance. Preparation of the oil phase was done by mixing coconut oil (41.7 g) with Tween (29.16 g) and Span (29.16 g) surfactants at a ratio 1:1.4 (v.v) using a magnetic stirrer at 500 rpm for 10 min. The nano-emulsions were created by adding the oil phase to distilled water of a ratio of 1:1.4 (v/v), followed by stirring with a magnetic stirrer at 750 rpm until thoroughly mixed. Mangosteen rind

extract (4 g) was a mixture and stirred continuously with a magnetic stirrer at 44 °C and 8000 rpm for 15 min. Finally, a nano-emulsion at a concentration of 4% was formed.^{27,28}

Characterization of nano-emulsion droplets

The nano-emulsion was characterized by determining the droplet size, zeta potential, and polydispersity index (PDI) using the Zetasizer® Nano ZS apparatus (Malvern Instruments Ltd., Malvern, UK). The nano-emulsion was dispersed into the disposable sizing cuvette cell of the device. Photon correlation spectroscopy was used to quantify the hydrodynamic diameter and PDI of nano-emulsion droplets at 20 °C and a scattering angle of 173°. The Malvern Zetasizer equipment measures the variation in light scattering as a function of time due to Brownian particle motion. At 25 °C, the zeta potential was measured using Zetasizer® Nano ZS equipment (Malvern Instruments).^{27,29}

Preparation of the mucoadhesive gingival patch

Mucoadhesive gingival patches were prepared using solvent evaporation (solvent casting technique). Initially, the ionic polymer sodium carboxymethyl cellulose (CMC-Na) (Teknis Indonesia) was used to prepare the patches. To improve the patch's performance and release characteristics, propylene glycol (PG) was utilized as a plasticizer. To improve the solubility of the polymer, 0.6 g CMC-Na was dispersed in 30 mL warm distilled water. Then, under continuous stirring, PG (1 g) plasticizer was added to achieve sufficient viscosity dispersion. Then the solution was poured into Petri dishes, kept at 4 °C for 2 days to eliminate any trapped air bubbles, and oven-dried for 96 h at 30 °C. All of the patches were uniform, homogeneous, and bubble-free. The patch had a final thickness of 0.3 mm and a diameter of 0.3 mm.^{30–33}

Preparation of a mucoadhesive gingival patch with nano-emulsion of mangosteen rind/mangosteen rind/doxycycline antibiotic

The procedure involved adding 0.6 g CMC-Na into 30 mL warm water followed by manual stirring to increase the solubility of the polymer. Then mangosteen rind extracts 40 g (4%), nano-emulsion of mangosteen rind extract 40 g (4%), and doxycycline 0.7% (Kimia Farma, Jakarta, Indonesia) were added separately to the previous mixture and stirred until it became a homogeneous mixture. Subsequently, PG (1 g) plasticizer was added with continuous stirring until we obtained a suitable viscosity dispersion. The mixtures were poured into Petri dishes and dried in the oven at 50 °C for 168 h. All patches were uniform, homogeneous, and free from bubbles. The final thickness of the patch was 0.3 mm in diameter.^{31,32}

Experimental model

The Laboratory of the Faculty of Veterinary Medicine, Airlangga University approved the study protocol. This was an experimental laboratory study with a post-test-only control group design, which used male Wistar rats (*Rattus*

novergicus). Rats were 5–6 months old and weighed 250–300 g. According to Lemeshow,³⁴ a sample size of 60 models was needed, with each group having five animals for a total of 12 groups.

Induction of model periodontitis and treatment application

The rats were acclimatized for 1 week and then induced by 0.03 mL *P. gingivalis* bacteria locally (1×10^{10}) colony-forming units seven times at 2-day intervals in the mandibular gingival incisive sulcus of the anterior teeth of rats.^{35–37} Then rats with reported periodontitis (i.e., swelling and resorption between teeth) were anesthetized with 0.1 mL/100 g body weight of ketamine intramuscularly. The gingival patches were cut and sized into small pieces to fit the incisive gingival mucosa of the rat's jaw and then placed using dental tweezers. The mucoadhesive gingival patch containing 0.7% doxycycline antibiotic for the positive control group, 4% mangosteen rind extract for treatment group I, and nano-emulsion of 4% mangosteen rind extract for treatment group II was applied and retained in the periodontitis area of the rats for 1 h/day for 3 days.^{38,39} Then, all animals were killed with ketamine injection (0.4 mL/100 g) on days 3, 5, and 7 after treatment, followed by biopsy of the anterior region of the mandible. The animals were buried according to the ethics of experimental animals.⁴⁰

Immunohistochemistry

After the rats were killed, indirect immunohistochemistry (IHC) was performed on the anterior mandibular of rats.⁴¹ The expression of TNF- α , RANKL, and IL-10 was determined by counting the number of macrophages and osteoblasts that were immunoreactive with monoclonal anti-TNF- α , anti-IL-10, and anti-RANK antibodies under a light microscope (H600L; Nikon, Tokyo, Japan) at $400 \times$ magnification in five fields of view.⁴²

Statistical analyses

Data analyses were conducted with SPSS version 25, and the data are presented as the mean \pm standard deviation (SD). The Shapiro–Wilk normality test was used, followed by one-way analysis of variance and Tukey's post hoc test. A statistically significant difference was defined as $p < 0.05$.

Results

Nano-emulsion

Determination of the nano-emulsion for its important characteristics was recorded five times as shown in Table 1. The data on mangosteen rind extract nano-emulsion droplet size, PDI, and zeta potential are expressed as the mean \pm SD values (Table 1). The mean droplet size (diameter) of the nano-emulsion was 335.68 ± 62.991 nm, the PDI was 0.4038 ± 0.128 , and the zeta potential was -11.966 ± 10.702 mV.

Immunohistochemical staining results of periodontal tissues of rats in each group

TNF- α , RANKL, and IL-10 expression, in response to administration of the mucoadhesive gingival patch for the treatment I, treatment II, positive control, and negative control groups, was determined by IHC of the mandibular preparation of the anterior incisive region.

TNF- α expression

IHC analyses showed a reduction in TNF- α expression in all groups following treatment on days 3, 5, and 7 (Figure 2). Treatment group II had the lowest TNF- α expression compared to the other groups (Graph 1). The results of Tukey's post-hoc test showed that TNF- α expression was significantly different between the negative control group and treatment II group after 3, 5, and 7 days ($p < 0.001$, $p < 0.001$, and $p < 0.001$, respectively) and between the negative control group and treatment I group after 7 days ($p < 0.041$). However, there was no significant difference in expression between the negative and positive control groups after 3, 5, and 7 days ($p < 0.494$, $p < 0.915$, and $p < 0.915$, respectively) or between the negative control group and treatment I group after 3 and 5 days ($p < 0.746$, and $p < 0.724$ respectively).

RANKL expression

IHC analyses showed that there was a reduction in RANKL expression in all of the groups following treatment on days 3, 5, and 7 (Figure 3). Treatment group II had the lowest RANKL expression on the three interval days compared to the other groups (Graph 2). The results of



Figure 1: Mangosteen white fleshy fruit covered with red pericarp (rind)²⁶ (left panel); mangosteen rind extract (right panel).

Table 1: Determination of droplet size, PDI, and zeta potential of mangosteen rind extract nano-emulsion.

Characteristic	Record 1	Record 2	Record 3	Record 4	Record 5	Mean \pm SD
Droplet Size (d. nm)	406.1	355.2	376.6	258.1	282.4	335.68 \pm 62.991
PDI	0.317	0.362	0.325	0.629	0.386	0.4038 \pm 0.128
Zeta Potential (mV)	-5.93	-7.63	-7.07	-20.5	-25.7	-11.966 \pm 10.702

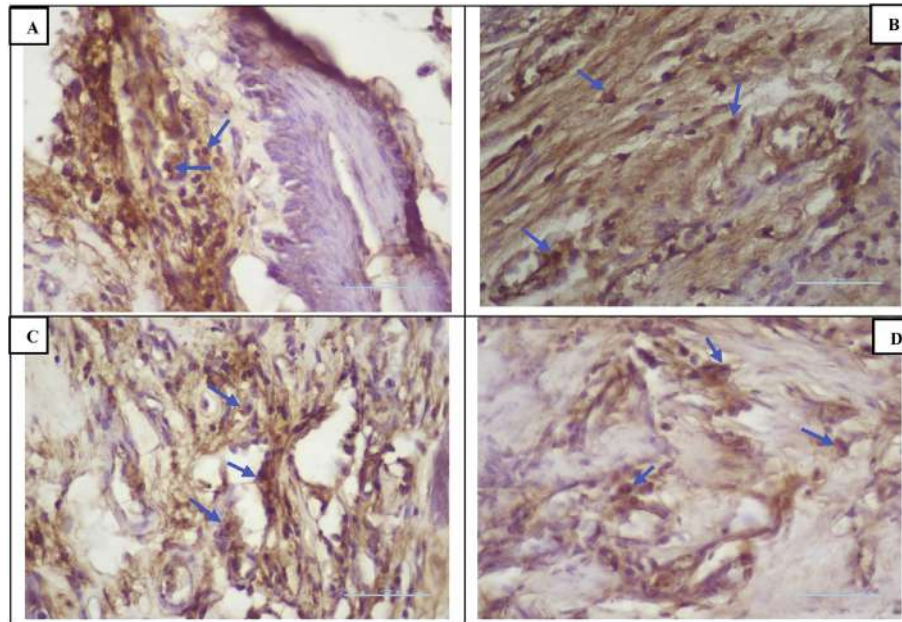


Figure 2: Immunohistochemistry of TNF- α expression (blue arrow). (A) Negative control group; (B) positive control group; (C) treatment I group; (D) treatment II group (400 \times magnification).

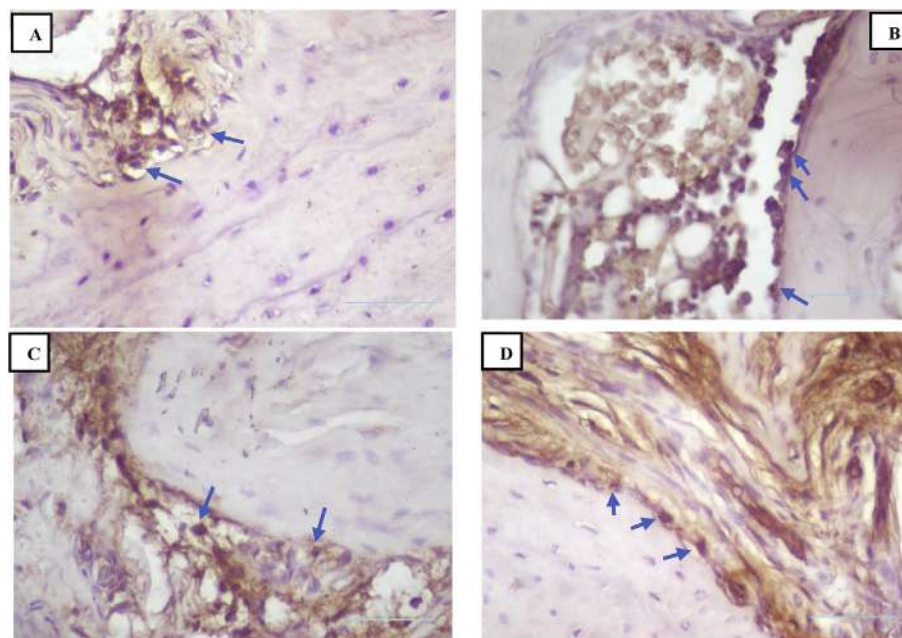


Figure 3: Immunohistochemistry of RANKL expression (blue arrow). (A) Negative control group; (B) positive control group; (C) treatment I group; (D) treatment II group (400 \times magnification).

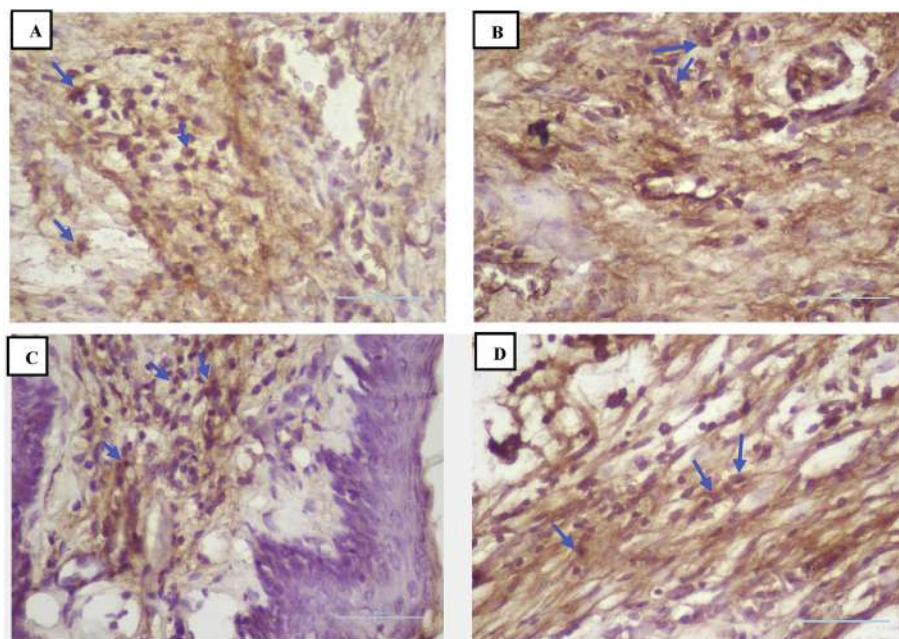
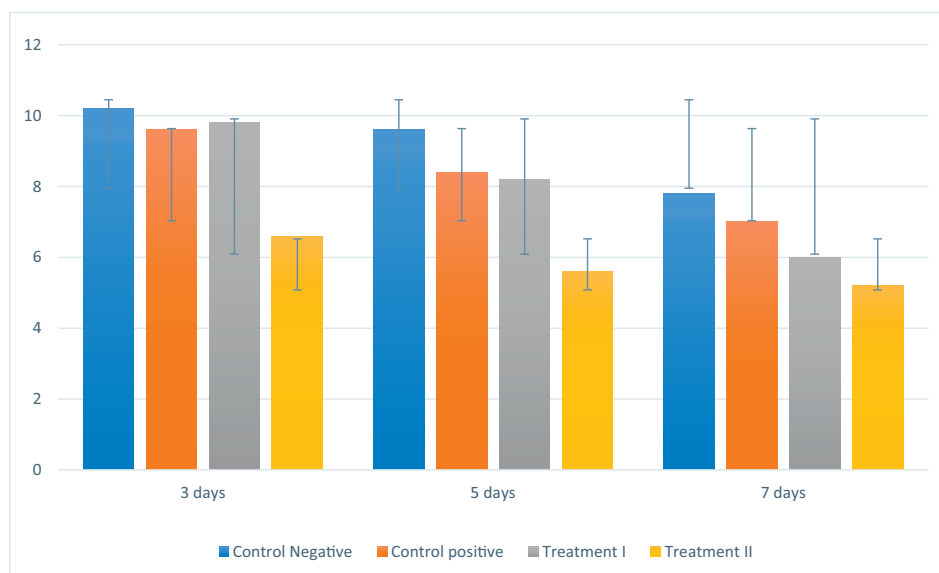


Figure 4: Immunohistochemistry of IL-10 expression (blue arrow). (A) Negative control group; (B) positive control group; (C) treatment I group; (D) treatment II group (400 × magnification).

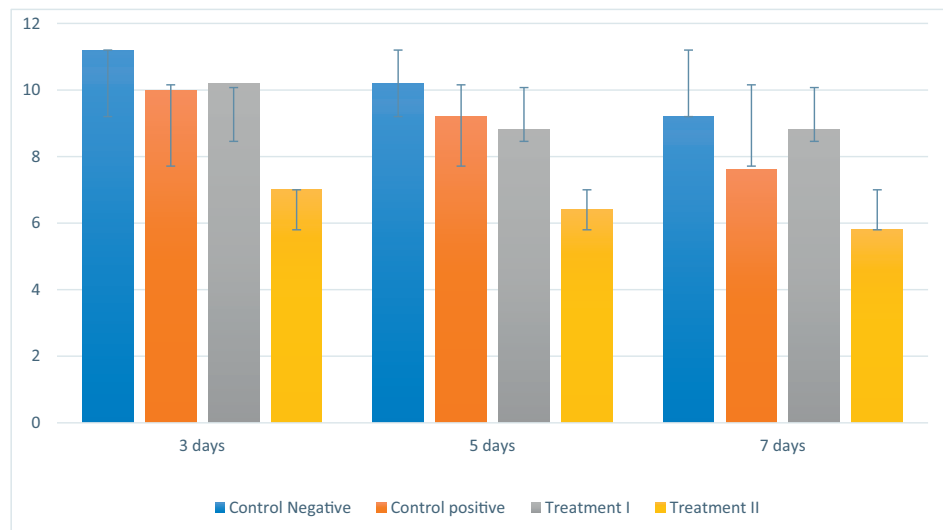


Graph 1: Mean \pm SD of the level of TNF- α expression.

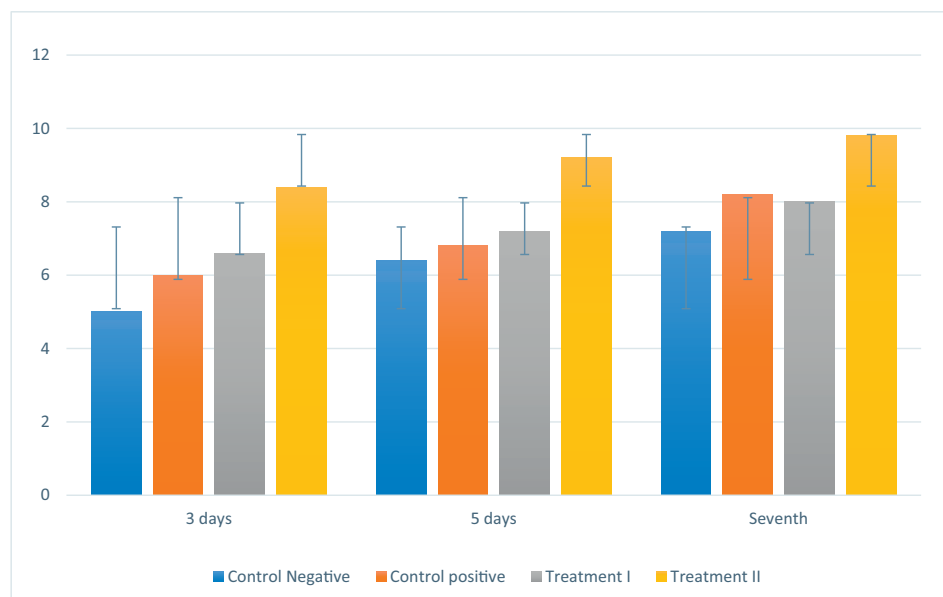
Tukey's post hoc test showed that RANKL expression was significantly different between the negative control group and treatment II group after 3, 5, and 7 days ($p < 0.001$, $p < 0.001$, and $p < 0.001$, respectively). However, there was no significant difference in expression between the negative and positive control groups after 3, 5, and 7 days ($p < 0.494$, $p < 0.764$, and $p < 0.123$, respectively) or between the negative control group and treatment I group after 3, 5 and 7 days ($p < 0.746$, $p < 0.268$, and $p < 1.000$, respectively).

IL-10 expression

There was increase in IL-10 expression in all groups after treatment on days 3, 5, and 7, whereas the negative control group had the lowest IL-10 expression (Figure 4). Treatment group II showed the highest IL-10 expression on days 3, 5, and 7 compared to the other groups (Graph 3). The results of Tukey's post hoc test showed that IL-10 expression was significantly different between the negative control group and treatment II group after 3, 5, and 7 days ($p < 0.001$,



Graph 2: Mean \pm SD for calculating the level of RANKL expression.



Graph 3: Mean \pm SD of the level of IL-10 expression.

$p < 0.001$, and $p < 0.001$, respectively). However, there was no significant difference in expression between the negative and positive control groups after 3, 5, and 7 days ($p < 0.604$, $p < 0.999$, and $p < 0.604$, respectively) or between the negative control and treatment I group after 3, 5 and 7 days ($p < 0.053$, $p < 0.857$, and $p < 0.915$, respectively).

Discussion

Due to its antimicrobial activity, mangosteen rinds can reduce the formation of plaque and calculus since they are responsible for many common oral diseases, including gingivitis, periodontitis, dental caries, and peri-implantitis. According to some research, mouthwash containing mangosteen pericarp has benefits as a periodontal treatment and for controlling oral malodor.⁴³

IL-6, TNF- α , prostaglandin E₂ (PGE₂), and RANKL are known inflammatory mediators causing alveolar bone destruction and osteoclast formation. These mediators modify the innate and adaptive immune responses that are detected immediately at infected periodontal sites.⁵ The findings of this study demonstrated that following treatment, the expression levels of inflammatory mediators (RANKL, TNF- α) decreased in the periodontal tissues in which periodontitis was induced by injection of *P. gingivalis*. However, expression of the anti-inflammatory cytokine IL-10 was increased.

The average expression of TNF- α , and RANKL in all treatment groups with nano-emulsion and mangosteen rind extract, blank and doxycycline mucoadhesive gingival patch showed a gradual decrease after topical application on days 3, 5, and 7. Overall topical application of nano-emulsion

mangosteen extract showed the lowest TNF- α , and RANKL expression compared to mangosteen extract, blank, and doxycycline mucoadhesive gingival patch with a significant difference ($p < 0.001$). These results suggest that mangosteen nano-emulsion may alleviate the inflammatory state of rats by reducing the expression of TNF- α at the basic level. These findings are in line with previous research carried out by Bumrungpert et al. (2010), which showed that α -mangostin can inhibit the secretion of TNF- α and PGE β .⁴⁴

Kresnoadi et al. (2017) showed that mangosteen was significantly effective in decreasing nuclear factor kappa B (NF- κ B) and RANKL expression, which can be used as an anti-inflammatory agent.⁴⁵ RANKL is an essential mediator of the development of osteoclasts. RANKL binding with the RANK receptor on pre-osteoblast surfaces triggers the Jun terminal kinase and NF- κ B, resulting in the formation of osteoclasts. In osteoimmunology, RANKL plays a significant role as well.⁴⁶ Moreover, a previous study in U937 macrophage-like cells revealed that the release of inflammatory markers IL-4 and TNF- α can be inhibited by 20 μ g/mL α -mangostin.¹⁹ The study also showed that mangosteen greatly affected the immune milieu within periodontal tissue.

To further investigate its effects on treating periodontitis, we examined the changes that occurred after treatment application. In this study, there was a distinct difference in the elevated level of IL-10 expression in treatment group II compared to treatment group I and the antibiotic control group. According to this study, the application of mangosteen nano-emulsion mucoadhesive gingival patch to infected rats was effective in elevating IL-10 expression. This is consistent with a study by Zhang et al. (2014), who states that mangosteen act as a subsequent suppression for the inflammatory phase.⁴⁷ IL-10 is a robust anti-inflammatory cytokine that inhibits the immune system's proliferative and inflammatory responses, and is a factor produced by Th2 cells. IL-10 prevents Th1 cells from producing cytokines. IL-10 has additional stimulatory effects on thymocytes, B cells, and mast cells. Many other cell types including mast cells, macrophages, eosinophils, dendritic cells, B cells, and a wide variety of T cell subsets produce IL-10. Thus, IL-10 can reduce the production of proinflammatory cytokines and chemokines such as TNF- α , IL-1, and IL-6. IL-10 also has the ability to downregulate the production of nitric oxide, collagenase, and gelatinase. Therefore, in both homeostatic and inflammatory conditions, IL-10 is regarded as a key regulator of bone homeostasis. This research is consistent with a study by Kim et al. (2017), which demonstrated the anti-inflammatory effect of α -mangostin in reducing the proinflammatory cytokine TNF- α , and increasing the anti-inflammatory cytokine IL-10.⁴⁸ Previous clinical investigations have shown that applying a gel containing mangosteen rind extract to the gums reduces periodontal inflammation, indicating that the formulation can be used as a periodontal therapy adjunct.⁴⁹ This is due to the biologically active component of mangosteen, which has anti-inflammatory, antibacterial, and antioxidant effects and has shown good results in reducing the depth of residual pockets, gingival index, and gingival bleeding, and improving clinical epithelial attachment.⁵⁰

From the above results, the significant foremost effect was due to the topical use of nano-emulsion of mangosteen mucoadhesive gingival patch in the periodontal tissue. The encapsulation of mangosteen extract in nano-emulsion was chosen because nano-emulsion is an advanced method to apply drugs and antimicrobial agents due to the deep effect caused by nanodroplets. Nano-emulsions are nano-sized emulsions that are constructed to improve the delivery of active pharmaceutical substances due to the nano-scaled droplet size providing a greater surface area and better absorption.⁵¹ In this study, the mean droplet size (diameter) of the nano-emulsion droplet (Table 1) fulfilled all characteristics of a stable homogenous nano-emulsion. A previous study reported that the mean droplet size of nano-emulsions occurs in the range of 100–500 nm^{27,52}; however, other studies have shown that it ranges from 10 to 1000 nm⁵³ and 50 to 1000 nm.^{29,54} Regarding zeta potential a stable nano-emulsion is formed when the zeta potential value is more negative than -30 mV or more positive than $+30$ mV.⁵² Whereas for PDI, a PDI value of <0.08 shows a monodisperse sample, a value of 0.08 – 0.7 indicates a midrange, and a value of >0.7 indicates a very broad distribution of droplet size.⁵⁵ In a study where nano-emulsion formulation was used to treat periodontitis, the histopathological results for the rats showed a significant reduction of TNF- α , which reveals the important role of anti-inflammatory and antibacterial activity for the treatment of periodontal disease.¹

In this study, nano-emulsion was used as a vehicle to prepare the mangosteen rind extract patch, which is considered to have potent effects with intimate contact and longer time in periodontitis cases through specific interfacial forces known as mucoadhesion, cohesiveness, and compressibility. These results suggest that the mangosteen nano-emulsion mucoadhesive gingival patch could be useful in preventing and treating periodontitis.

The limitations of this study were that due to requiring longer contact of 1 h between the mucoadhesive gingival patch and gingiva, an anesthetic with a long duration of action must be given. Because the patch slides easily from the gingival incisive sulcus, it needs to be held or tied with a ligature. Meanwhile, the results of this study confirm that nano-emulsion of mangosteen rind extract in a mucoadhesive gingival patch plays a role in periodontitis, where TNF- α , IL-10, and RANKL expression are the main indicators of periodontitis. To strengthen the results of this study, more research is needed to determine the effect of nano-emulsion of mangosteen rind extract in a mucoadhesive gingival patch on other markers of periodontitis such as OPG and RANK, and further investigation of other subspecies of mangosteen rind extracts is needed to evaluate the antibacterial activity against periodontopathic bacteria and further application in other products like gels, mouthwashes, and toothpaste that can be formed by using nano-emulsion of mangosteen extract.

Conclusion

This study showed that topical application of a mucosal adhesive gingival patch loaded with nano-emulsion of

mangosteen rind extract has therapeutic potential in periodontitis by decreasing the expression of TNF- α and RANKL and increasing IL-10 expression.

Source of funding

This study was supported by the Ministry of Higher Education, Republic of Indonesia in Scheme Penelitian Disertasi Doktor (PDD) 2021 (Grant No. 275/UN3/2021).

Conflict of interest

No conflict of interest.

Ethical approval

The study was performed in strict accordance with the Guide for the Care and Use of Laboratory Animals, National Health Research and Development Ethics Standard and Guidelines Council (2017), Minister of Health, Republic of Indonesia. The research study obtained ethical approval (No. 756/HRECC.FODM/XII/2019, Approval Date: 4 December 2019) from the Research Ethics Commission of the Faculty of Dentistry, Airlangga University, Surabaya.

Authors contributions

MA, HRQ, and DML carried out the research and collected the data. RDR designed and supervised the study, visualized and validated the data, acquired funding, and reviewed draft material. The data were organized, analyzed, and interpreted by HSB, who also reviewed the article. BA organized, analyzed, and interpreted the data and revised the article. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

References

- Ahmad N, Ahmad FJ, Bedi S, Sharma S, Umar S, Ansari MA. A novel Nanoformulation Development of Eugenol and their treatment in inflammation and periodontitis. *Saudi Pharm J* 2019; 27(6): 778–790.
- Nazir MA. Prevalence of periodontal disease, its association with systemic diseases and prevention. *Int J Health Sci (Qassim)* 2017; 11(2): 72–80. <http://www.ncbi.nlm.nih.gov/pubmed/28539867>. [Accessed 19 April 2020].
- Tonetti MS, Jepsen S, Jin L, Otomo-Corgel J. Impact of the global burden of periodontal diseases on health, nutrition and wellbeing of mankind: a call for global action. *J Clin Periodontol* 2017; 44(5): 456–462. <https://doi.org/10.1111/jcpe.12732>.
- Carranza FA, Newman MG, Takei H, Klokkevold PR. Newman and carranza's clinical periodontology, 13th ed. *Saunders* 2019; 1(1): 944.
- Sell AM, de Alencar JB, Visentainer JEL, e Silva CD. Immunopathogenesis of chronic periodontitis. In: *Periodontitis - a useful reference*. InTech; 2017. <https://doi.org/10.5772/intechopen.69045>.
- Buduneli N, Kinane DF. Host-derived diagnostic markers related to soft tissue destruction and bone degradation in periodontitis. *J Clin Periodontol* 2011; 38(SUPPL. 11): 85–105. <https://doi.org/10.1111/j.1600-051X.2010.01670.x>.
- Nativel B, Couret D, Giraud P, Meilhac O, d'Hellencourt CL, Viranaïcken W, et al. Porphyromonas gingivalis lipopolysaccharides act exclusively through TLR4 with a resilience between mouse and human. *Sci Reports* 2017; 7(1): 1–12. <https://doi.org/10.1038/s41598-017-16190-y>.
- Cao G, Zhang X, Song Y, Sun Y, Ling H, Han X, et al. Local promotion of B10 function alleviates experimental periodontitis bone loss through antagonizing RANKL-expressing neutrophils. *J Periodontol* 2021; 92(6): 907–920. <https://doi.org/10.1002/JPER.20-0074>.
- Wanga F, Jianga Y, Xia H, Liua Q, Zhanga Y, Luoa W, et al. Pro-inflammatory cytokine TNF- α attenuates BMP9-induced osteo/odontoblastic differentiation of the stem cells of dental apical papilla (SCAPs). *Cell Physiol Biochem* 2017; 41. <https://www.karger.com/Article/Pdf/471865>. [Accessed 5 January 2022].
- Cheng R, Wu Z, Li M, Shao M, Hu T. Interleukin-1 β is a potential therapeutic target for periodontitis: a narrative review. *Int J Oral Sci* 2020; 12(2). <https://doi.org/10.1038/s41368-019-0068-8>.
- Graves DT, Alshabab A, Albiero ML, Mattos M, Correa JD, Chen S, et al. Osteocytes play an important role in experimental periodontitis in healthy and diabetic mice through expression of RANKL. *J Clin Periodontol* 2018; 45(3): 285–292. <https://doi.org/10.1111/JCPE.12851>.
- Horibe K, Hara M, Nakamura H. M2-like macrophage infiltration and transforming growth factor- β secretion during socket healing process in mice. *Arch Oral Biol* 2021; 123.
- Xin Lee K, Shameli K, Miyake M, Kuwano N, Khairudin NBA, Mohamad SV, et al. Green synthesis of gold nanoparticles using aqueous extract of Garcinia mangostana fruit peels. *J Nanomater* 2016; 2016. <https://doi.org/10.1155/2016/8489094>.
- Yuanita T, Ristyawati D, Samadi K. Cytotoxicity test of NaOCl and Mangosteen (Garcinia Mangostina L.) peel extract used as an irrigation solution in human periodontal ligament fibroblast cells (HPdLfc). *Dent J (Majalah Kedokt Gigi)* 2018; 51(3): 133. <https://doi.org/10.20473/j.djmgk.v51.i3.p133-137>.
- Obolskiy D, Pischel I, Siriwatanametanon N, Heinrich M. Garcinia mangostana L.: a phytochemical and pharmacological review. *Phyther Res* 2009; 23(8): 1047–1065. <https://doi.org/10.1002/ptr.2730>.
- Gutierrez-Orozco F, Failla ML. Biological activities and bioavailability of mangosteen xanthones: a critical review of the current evidence. *Nutrients* 2013; 5(8): 3163–3183. <https://doi.org/10.3390/nu5083163>.
- Altemimi A, Lakhssassi N, Baharlouei A, Watson DG, Lightfoot DA. Phytochemicals: extraction, isolation, and identification of bioactive compounds from plant extracts. *Plants* 2017; 6(4). <https://doi.org/10.3390/plants6040042>.
- Hendiani I, Hadidjah D, Susanto A, Mustika I. Inhibitory and bactericidal power of mangosteen rind extract towards Porphyromonas Gingivalis and Actinobacillus Actinomycescomitans (Laboratory test). *Padjadjaran J Dent* 2017; 28(2): 75–80. <https://doi.org/10.24198/pjd.vol28no2.13605>.
- Arundina I, Suardita K, Diyatri I, Meircurius Dwi CS. Mangosteen skin (Garcinia mangostana L) as stem cell growth factor. *J Int Dent Med Res* 2018; 11(3): 765–769.
- Nagalingam A. Drug delivery aspects of herbal medicines. In: *Japanese Kampo Medicines for the treatment of common diseases: focus on inflammation*; 2017. pp. 47–57. <https://doi.org/10.1016/B978-0-12-809398-6.00006-8>.
- Gheorghe I, Saviuc C, Ciubuca B, Lazar V, Chifriuri MC. Nanodrug delivery systems for transdermal drug delivery. In: *Nanomaterials for drug delivery and therapy*. Elsevier; 2019. pp. 225–244. <https://doi.org/10.1016/B978-0-12-816505-8.0010-2>.

22. Srivastava M, Kohli K, Ali M. Formulation development of novel in situ nanoemulgel (NEG) of ketoprofen for the treatment of periodontitis. **Drug Deliv** 2016; 23(1): 154–166. <https://doi.org/10.3109/10717544.2014.907842>.
23. Pandey P, Saini M, Neeta. Mucoadhesive drug delivery system: an overview. **Pharm Biol Eval** 2017; 4(4): 183. <https://doi.org/10.26510/2394-0859.pbe.2017.29>.
24. Pothitirat W, Chomnawang MT, Supabphol R, Gritsanapan W. Comparison of bioactive compounds content, free radical scavenging and anti-acne inducing bacteria activities of extracts from the mangosteen fruit rind at two stages of maturity. **Fitoterapia** 2009; 80(7): 442–447. <https://doi.org/10.1016/j.fitote.2009.06.005>.
25. Pothitirat W, Chomnawang T, Supabphol R, Gritsanapan W, Chomnawang MT. Free radical scavenging and anti-acne activities of mangosteen fruit rind extracts prepared by different extraction methods Free radical scavenging and anti-acne activities of mangosteen fruit rind extracts prepared by different extraction methods. **Pharm Biol** 2010; 48(2): 182–186. <https://doi.org/10.3109/13880200903062671>.
26. Aizat WM, Jamil IN, Hashim FHA, Noor and NM. Recent updates on metabolite composition and medicinal benefits of mangosteen plant. **PeerJ** 2019; 7. <https://doi.org/10.7717/peerj.6324>.
27. Mulia K, Putri GA, Krisanti E. Encapsulation of mangosteen extract in virgin coconut oil based nanoemulsions: preparation and characterization for topical formulation. **Mater Sci Forum** 2018; 929 MSF(November): 234–242. <https://doi.org/10.4028/www.scientific.net/MSF.929.234>.
28. Chen BH, Inbaraj BS. Nanoemulsion and nanoliposome based strategies for improving anthocyanin stability and bioavailability. **Nutrients** 2019; 11(5). <https://doi.org/10.3390/nu11051052>.
29. Rodrigues FVS, Diniz LS, Sousa RMG, Honorato TD, Simão DO, Araújo CRM, et al. Preparation and characterization of nanoemulsion containing A natural naphthoquinone. **Quim Nov** 2018; 41(7): 756–761. <https://doi.org/10.21577/0100-4042.20170247>.
30. Shantiningsih RR, Diba SF. Efek aplikasi patch gingiva mukoadesif β -carotene akibat paparan radiografi panoramik. **Maj Ked Gi Ind** 2015; 1(2): 186–192.
31. Castán H, Ruiz MA, Clares B, Morales ME. Design, development and characterization of buccal bioadhesive films of Doxepin for treatment of odontalgia. **Drug Deliv** 2015; 22(6): 869–876. <https://doi.org/10.3109/10717544.2014.896958>.
32. Obaidt RM, Bader A, Al-Rajab W, Abu Sheikha G, Obaidat AA. Preparation of mucoadhesive oral patches containing tetracycline hydrochloride and carvacrol for treatment of local mouth bacterial infections and candidiasis. **Sci Pharm** 2011; 79(1): 197–212. <https://doi.org/10.3797/scipharm.1004-18>.
33. Tiensi AN, Tri RS, Sulaiman TNS. Formulation of Betel Leaf (piper Betle L.) essential oil patch buccal with variation CMC-Na and carbopol as mucoadhesive polimers. **Maj Farm** 2018; 14(1): 20. <https://doi.org/10.22146/farmaseutik.v14i1.41925>.
34. Lemeshow S, Hosmer DW, Klar J, Lwanga SK. *Adequacy of sample size in Health study*. Chichester: John Willey; 1990.
35. Budi HS, Juliastuti WS, Pitaloka NPC. Antioxidant effect of red dragon fruit peel (Hylocereus polyrhizus) extract in chronic periodontitis rats. **J Int Dent Med Res** 2019; 12(4): 1363–1367.
36. Lin J, Bi L, Yu X, Kawai T, Taubman MA, Shen B, et al. Porphyromonas gingivalis exacerbates ligature-induced, RANKLdependent alveolar bone resorption via differential regulation of Toll-like receptor 2 (TLR2) and TLR4. **Infect Immun** 2014; 82(10): 4127–4134. <https://doi.org/10.1128/IAI.02084-14>.
37. Lin M, Hu Y, Wang Y, Kawai T, Wang Z, Han X. Different engagement of TLR2 and TLR4 in Porphyromonas gingivalis vs. ligature-induced periodontal bone loss. **Braz Oral Res** 2017; 31:e63. <https://doi.org/10.1590/1807-3107BOR-2017.vol31.0063>.
38. Blagus T, Markelc B, Cemazar M, Kosjek T, Preat V, Miklavcic D, et al. In vivo real-time monitoring system of electroporation mediated control of transdermal and topical drug delivery. **J Control Release** 2013; 172(3): 862–871. <https://doi.org/10.1016/j.jconrel.2013.09.030>.
39. Majidi S, Parna A, Zamani M, Akhbari K. Onset and effect duration of intrabuccal space and intramuscular ketamine in pediatrics. **Adv Biomed Res** 2018; 7(1): 91. <https://doi.org/10.4103/abr.abr.114.17>.
40. Santoso HB. Struktur mikroskopis kartilago epifisialis tibia fetus mencit (Mus Musculus L.) Dari induk dengan perlakuan kafein. **Berk Penelit Hayati** 2006; 12(1): 69–74. <https://doi.org/10.23869/401>.
41. Papanicolaou P, Chrysomali E, Stylogianni E, Donta C, Vlachodimitropoulos D. Increased TNF- α , IL-6 and decreased IL-1 β immunohistochemical expression by the stromal spindle-shaped cells in the central giant cell granuloma of the jaws. **Med Oral Patol Oral Cir Bucal** 2012; 17(1). <https://doi.org/10.4317/medoral.17205>.
42. Brizeno LAC, Assreuy AMS, Alves APNN, Sousa FB, Silva PG, Sousa SCOM, et al. Delayed healing of oral mucosa in a diabetic rat model: implication of TNF- α , IL-1 β and FGF-2. **Life Sci** 2016; 155: 36–47. <https://doi.org/10.1016/j.lfs.2016.04.033>.
43. Kraivaphan P, Amornchat C. Comparative clinical efficacy of three toothpastes in the control of supragingival calculus formation. **Eur J Dent** 2017; 11(4): 192–195. <https://doi.org/10.4103/ejd.ejd>.
44. Bumrungpert A, Kalpravidh RW, Chuang CC, Overman A, Martinez K, Kennedy A, et al. Xanthones from mangosteen inhibit inflammation in human macrophages and in human adipocytes exposed to macrophage-conditioned media. **J Nutr** 2010; 140(4): 842–847. <https://doi.org/10.3945/jn.109.120022>.
45. Kresnoadi U, Ariani MD, Djulaeha E, Hendrijantini N. The potential of mangosteen (Garcinia mangostana) peel extract, combined with demineralized freeze-dried bovine bone xenograft, to reduce ridge resorption and alveolar bone regeneration in preserving the tooth extraction socket. **J Indian Prosthodont Soc** 2017; 17(3): 282–288. <https://doi.org/10.4103/jips.jips.64.17>.
46. Porth C. *Pathophysiology: concepts of altered Health states*. 8th ed. Wolters Kluwer Health/Lippincott Williams & Wilkins; 2009.
47. Zhang Q, Chen B, Yan F, Guo J, Zhu X, Ma S, et al. Interleukin-10 inhibits bone resorption: a potential therapeutic strategy in periodontitis and other bone loss diseases. **BioMed Res Int** 2014; 2014. <https://doi.org/10.1155/2014/284836>.
48. Kim HM, Kim YM, Huh JH, Lee ES, Kwon MH, Ko HJ, et al. α -Mangostin ameliorates hepatic steatosis and insulin resistance by inhibition C-C chemokine receptor 2. **PLoS One** 2017; 12(6). <https://doi.org/10.1371/journal.pone.0179204>.
49. Mahendra J, Mahendra L, Svedha P, Cherukuri S, Romanos GE. Clinical and microbiological efficacy of 4% *Garcinia mangostana* L. pericarp gel as local drug delivery in the treatment of chronic periodontitis: a randomized, controlled clinical trial. **J Investig Clin Dent** 2017; 8(4):e12262. <https://doi.org/10.1111/jicd.12262>.
50. Hendiani I, Hadidjah D, Susanto A, Pribadi IMS. The effectiveness of mangosteen rind extract as additional therapy on

- chronic periodontitis (Clinical trials). **Padjajaran J Dent** 2017; 29(1): 64–70. <https://doi.org/10.24198/pjd.vol29no1.12986>.
51. Jaiswal M, Dudhe R, Sharma PK. Nanoemulsion: an advanced mode of drug delivery system. **3 Biotech** 2015; 5(2): 123–127. <https://doi.org/10.1007/s13205-014-0214-0>.
52. Asmawati, Wan Mustapha WA, Yusop SM, Maskat MY, Shamsuddin AF. Characteristics of cinnamaldehyde nanoemulsion prepared using APV-high pressure homogenizer and ultra turrax. **AIP Conf Proc** 2014; 1614(244): 244–250. <https://doi.org/10.1063/1.4895203>.
53. Kumar M, Bishnoi RS, Shukla AK, Jain CP. Techniques for formulation of nanoemulsion drug delivery system: a review. **Prev Nutr Food Sci** 2019; 24(3): 225–234. <https://doi.org/10.3746/pnf.2019.24.3.225>.
54. Danaei M, Dehghankhold M, Ataei S, Davarani FH, Javanmard R, Dokhani A, et al. Impact of particle size and polydispersity index on the clinical applications of lipidic nanocarrier systems. **Pharmaceutics** 2018; 10(2): 57. <https://doi.org/10.3390/pharmaceutics10020057>.
55. Gurpreet K, Singh SK. Review of nanoemulsion formulation and characterization techniques. **Indian J Pharm Sci** 2018; 80(5): 781–789. <https://doi.org/10.4172/pharmaceutical-sciences.1000422>.

How to cite this article: Aljuanid MA, Qaid HR, Lashari DM, Ridwan RD, Budi HS, Alkadasi BA, Ramadhani Y, Rahmasari R. Nano-emulsion of mangosteen rind extract in a mucoadhesive patch for periodontitis regenerative treatment: An in vivo study. *J Taibah Univ Med Sc* xxxx;xxx(xxx):xxx.