



Anti-Osteoclastogenesis Effects of Gambir Extract Gel in Periodontitis

Hervina^{1*}, Dwis Syahrial¹, IGA Dewi Haryani¹, NLP Sri Maryuni Adnyasari¹,
Haris Nasutianto²

¹ Department of Periodontology, Faculty of Dentistry, Universitas Mahasaraswati Denpasar, Indonesia
² Department of Dental Radiology, Faculty of Dentistry, Universitas Mahasaraswati Denpasar, Indonesia

*Corresponding author

Email Address:
Corresponding author: hervina.drg@unmas.ac.id

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Table 2. The Significant Differences in RANKL's Mean Between Two Groups

Group	Mean Differences	p
Group 1 and Group 2	0.040	0.013*
Group 1 and Group 3	0.038	0.018*
Group 1 and Group 4	0.032	0.041*
Group 2 and Group 3	-0.013	0.997
Group 2 and Group 4	-0.008	0.619
Group 3 and Group 4	-0.006	0.828

*significant differences

OPG
The significance analysis of the *One Way Anova Welch test* results showed $H = 13.792$ and $p = 0.001$. This suggests that there are differences in the four groups' means of RANKL ($p \leq 0.05$). The groups with differences were found using the *Gomes-Hewell test* (table 3). The OPG serum level in group 4 higher and has significant differences than in group 1.

Table 3. The Significant Differences in OPG Mean's Between Two Groups

Group	Mean Differences	p
Group 1 and Group 2	-0.187	0.075
Group 1 and Group 3	-0.286	0.053
Group 1 and Group 4	-0.370	0.015*
Group 2 and Group 3	-0.986	0.746
Group 2 and Group 4	-0.182	0.274
Group 3 and Group 4	-0.084	0.864

*significant differences

Osteoblast
The significance analysis of *Kruskal-Wallis* data on the number of osteoblasts showed $p=0.004$. This indicates that the mean number of osteoblasts in the four groups differs ($p \leq 0.05$). The *Mann-Whitney U Test* was employed as a post hoc analysis (table 4). The number of osteoblast in group 1 was significantly less than in group 4, whereas the number of osteoblast in group 2 was significantly more than in group 3.

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narrative review. Dent J. 2022;55(2):114–9.

TABLES

Table 1. The Mean Value of RANKL, OPG Serum Level and The Number of Osteoblast and Osteoclast

Research Group	RANKL Serum Level	OPG Serum Level	The Number of Osteoblast	The Number of Osteoclast
Group I	0.070±0.020	0.165±0.125	1.16±0.40	4.33±1.50
Group II	0.030±0.009	0.353±0.139	2.33±1.21	1.83±0.98
Group III	0.031±0.014	0.452±0.192	0.33±0.51	3.33±1.63
Group IV	0.038±0.012	0.536±0.182	1.33±1.03	1.50±0.83

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survival, proliferation, differentiation, and mineralization. In vitro, catechin can increase osteoclast apoptosis, reduce osteoclastogenesis, and prevent bone resorption. Pre-osteoclasts and osteoclasts can be affected directly or indirectly by altering how MSCs and stromal cells control pre-osteoclasts. Through a Fenton reaction, EGCG treatments have been found to enhance the death of multinucleated cells that resemble osteoclasts while sparing osteoblasts. By preventing MMP-9 production in osteoblasts and osteoclastogenesis, catechin may reduce alveolar bone resorption in periodontal diseases^{20,24,25}.

CONCLUSION(s)

Gambir Extract gel 10% has anti-osteoclastogenesis effects via decreased RANKL and raised OPG serum levels, as well as increased osteoblast and decreased osteoclast number.

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