

# Journal of Dentomaxillofacial Science



Official Journal of the  
Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

[www.jdmfs.org](http://www.jdmfs.org)

## EDITOR-IN-CHIEF

---

Muhammad Ruslin, [SCOPUS] [GS] Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

## ASSOCIATE EDITORS

---

Acing Habibie Mude, [SCOPUS] [GS] Department of Occlusal and Oral Functional, Rehabilitation Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama University, Okayama, Japan

Fuad Husain Akbar, [SCOPUS] [GS] Department of Dental Public Health, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

## EDITORIAL BOARD FOR REGIONAL AMERICA

---

Cortino Sukotjo, [SCOPUS] [GS] Department of Restorative Dentistry, University of Illinois at Chicago, Chicago, United States

Taruna Ikrar, [SCOPUS] [GS] Department of Anatomy and Neurobiology, University of California, Irvine-School of Medicine, United States

## EDITORIAL BOARD FOR REGIONAL EUROPA

---

John Nicholson, [SCOPUS] [GS] Bluefield Centre for Biomaterials, London, United Kingdom

Paolo Boffano, [SCOPUS] Department Otolaryngology, DeAzienda USL della Valle d'Aosta, Aosta, Italy

Tymour Forouzanfar, [SCOPUS] Department of Oral and Maxillofacial Surgery/Oral Pathology, VU Medical Center, Amsterdam, The Netherlands

## EDITORIAL BOARD FOR REGIONAL AFRICA

---

Babatunde Olamide Bamgbose, [SCOPUS] Department of Oral and Maxillofacial Radiology and Surgery, Lagos University Teaching Hospital, Lagos, Nigeria

## EDITORIAL BOARD FOR REGIONAL AUSTRALIA / NEW ZEALAND

---

Manikandan Ekambaram, [SCOPUS] Department of Oral Science, Pediatric Dentistry, Faculty of Dentistry, University of Otago, New Zealand

## EDITORIAL BOARD FOR REGIONAL ASIA

---

Cyntia KY Yiu, [SCOPUS] Department of Pediatric Dentistry, Faculty of Dentistry, The University of Hong Kong, Pokfulam, Hong Kong

Hiromichi Yumoto, [SCOPUS] Department of Conservative Dentistry, Institute of Biomedical Sciences, Tokushima University Graduate School, Tokushima, Japan

Keng-Liang Ou, [SCOPUS] Department of Dentistry, Taipei Medical University, Taipei, Taiwan

Liang-Yo Yang, [SCOPUS] Department of Physiology, China Medical University, Taichung, Taiwan

Makoto Noguchi, [SCOPUS] Department of Oral and Maxillofacial Surgery, Toyama Medical University, Toyama, Japan

Soon-Chul Choi, [SCOPUS] Department of Oral and Maxillofacial Radiology, Seoul National University, Seoul, South Korea

Tae-Geon Kwon, [SCOPUS] [GS] Department of Oral and Maxillofacial Surgery, Kyungpook National University, Daegu, South Korea

## MEMBERS OF THE EDITORIAL BOARD

---

Ardo Sabir, [SCOPUS] [GS] Department of Conservative Dentistry, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

Arief Cahyanto, [SCOPUS] [GS] Department of Dental Materials Science and Technology, Universitas Padjadjaran, Bandung, Indonesia

Asmawati, [SCOPUS] Department of Oral Biology, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

Barunawaty Yunus, [SCOPUS] Department of Radiology, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

Benny S Latief, [SCOPUS] Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Universitas Indonesia, Jakarta, Indonesia

Fajriani, [SCOPUS] [GS] Department of Pediatric Dentistry, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

Marhaen Hardjo, [SCOPUS] Department of Biochemistry, Medical Faculty, Hasanuddin University, Makassar, Indonesia

Maria Tanumiharja, [SCOPUS] Department of Conservative Dentistry, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

Muh Nasrum Massi, [SCOPUS] Department of Microbiology, Faculty of Medical, Hasanuddin University, Makassar, Indonesia

Rina Masadah, [SCOPUS] Department of Pathological Anatomy, Faculty of Medicine, Hasanuddin University, Makassar, Indonesia

Sunardhi Widyaputra, [SCOPUS] [GS] Department of Oral Biology, Faculty of Dentistry, Universitas Padjadjaran, Bandung, Indonesia

Trianna Wahyu Utami, [SCOPUS] Department of Dentistry Biomedicine, Faculty of Dentistry, Gadjah Mada University, Yogyakarta, Indonesia

Yuniardini Septorini Wimardhani, [SCOPUS] [GS] Department of Oral Medicine, Faculty of Dentistry, Universitas Indonesia, Jakarta, Indonesia

## ASSISTANT EDITORS

---

A. St. Hajrah Yusuf, [SCOPUS] Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

Muhammad Iqbal, [SCOPUS] Department of Prosthodontics, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia

## LANGUAGE EDITOR

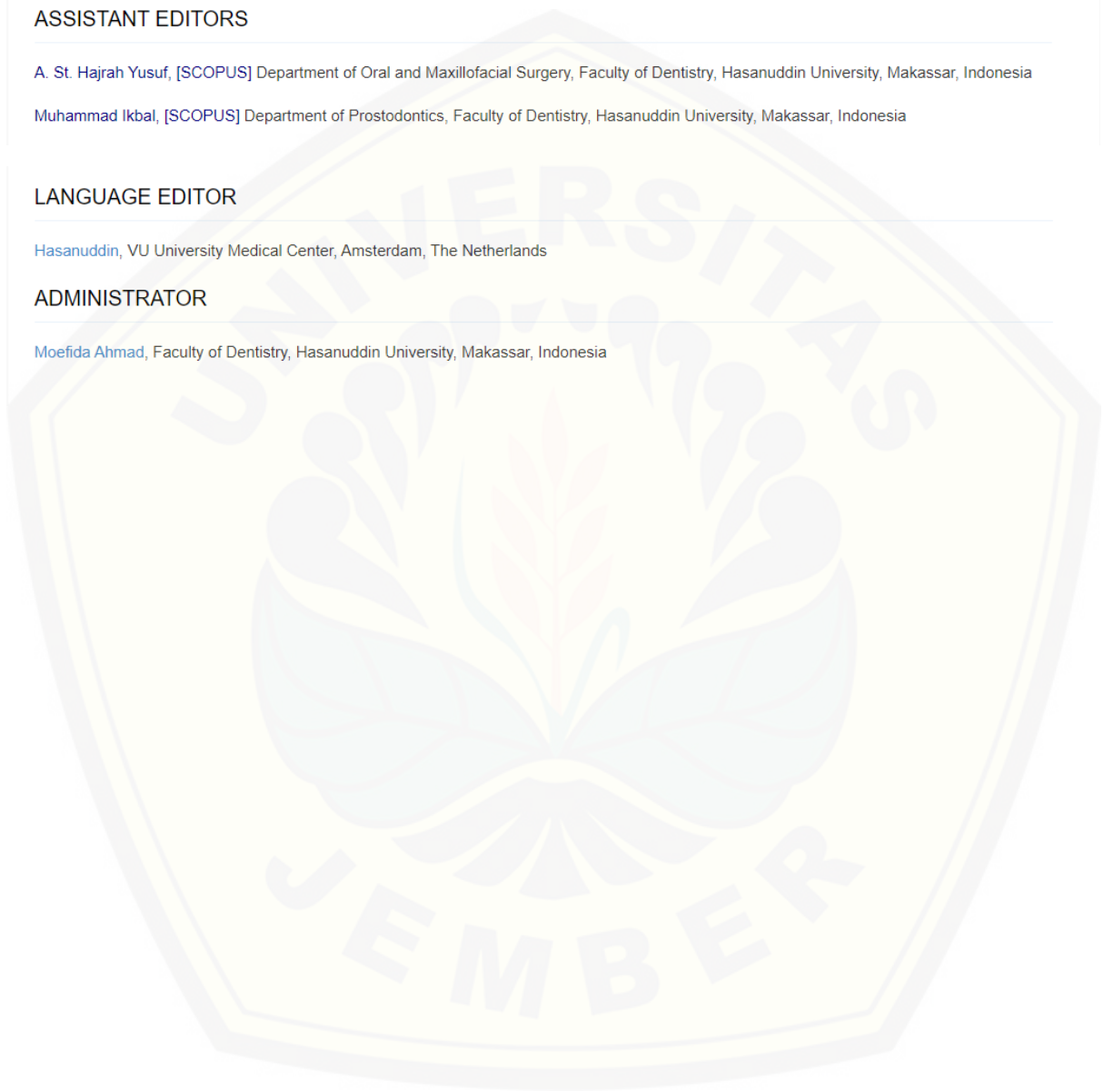
---

Hasanuddin, VU University Medical Center, Amsterdam, The Netherlands

## ADMINISTRATOR

---

Moefida Ahmad, Faculty of Dentistry, Hasanuddin University, Makassar, Indonesia



## Vol 7, No 1 (2022): (Available online: 1 April 2022)

### Table of Contents

#### A Systematic Review

##### **The Most Suitable Types of Obturator for Stomatognathic System Rehabilitation After Maxillofacial Surgery: a Systematic Review**

Riezky Rhamdani, Irfan Dammar

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v0i0.833

[Abstract](#) | [PDF](#) |

#### Original Article

##### **Levels of salivary malondialdehyde in traumatic ulcer patients**

Euis R. Yuslianti, Afifah B. Sutjiatmo, Rizka F. Muzaky, Mega Zhafarina, Achmad H. Radani

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1066

[Abstract](#) | [PDF](#) |

#### Original Article

##### **Socio-Demographic relationship with the prevalence of dental caries and fissure sealants in Pediatric Patients at the Dental Hospital Department of Pediatric Dentistry Baiturrahmah University**

Sri P. Utami, Niatul Umami

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1117

[Abstract](#) | [PDF](#) |

#### Original Article

##### **Correlation of depression, anxiety and stress symptoms with xerostomia symptoms among medical and dentistry students in pre-clinical and clinical phase**

Qushay U. Malinta, Anandha W. Yustika, Rasmidar Samad

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1308

[Abstract](#) | [PDF](#) |

#### Original Article

##### **Periodontitis correlated with increased ESR and platelet counts in Indonesians with type 2 diabetes mellitus**

Hendri Susanto, Frank Abbas

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1249

[Abstract](#) | [PDF](#) |

#### Original Article

##### **Antibacterial activity of bangle rhizome essential oil (*Zingiber montanum*) against streptococcus mutans**

Devina RS. Pardosi, Cich B. Purnamasari, Swandari Paramita, Lilies A. Astuti, Masyhudi Masyhudi, Enos T. Arung

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1187

[Abstract](#) | [PDF](#) |

#### Original Article

##### **Antioxidant activity of red algae extract (*Rhodophyta*) *Eucheuma spinosum* with DPPH (2,2-diphenyl-1-picrylhydrazyl) method**

Nuriindah Hamrun, Nursyamsi Djameluddin, Irvina NA. Dahri

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1309

[Abstract](#) | [PDF](#) |

#### Original Article

##### **Bioactive potential of edel cocoa bean (*Theobroma cacao* L) from kedaton jember: Cytotoxicity and antioxidants evaluation**

Rina Sutjiatu, Leliana S. Devi, Dwi Prijatmoko, Herniyati Herniyati, Rudy Joealijanto, Erna Sulistyani, Bilqis P. Safitri, Nihla Fitriyani

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1068

[Abstract](#) | [PDF](#) |

#### Original Article

##### **The effect of administration of siamese catfish (*Pangasius hypophthalmus*) extract on fibroblast cells after tooth extraction in wistar rats**

Veny Larasati, Trisnawaty Trisnawaty, Angelina N. Ricardo

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1136

[Abstract](#) | [PDF](#) |

#### Original Article

##### **The relationship between malocclusion, bruxism, clicking sound and hypertonus of masseter muscle in autism spectrum disorders**

Lisda Damayanti, Calvin Atherton, Erna Kurnikasari, Inne S. Sasmita

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v5i2.1060

[Abstract](#) | [PDF](#) |



## Original Article

### Antibacterial effectivity of coffee bean extract and instant coffee (spray drying) against porphyromonas gingivalis

Tantin Ermawati, Nazilaturrohmah Nazilaturrohmah, Achmad Gunadi, Dessy Rachmawaty

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1217

[Abstract](#) | [PDF](#)

## Original Article

### Increase in alp levels at odontoblast cell line after haruan (*Channa striata*) extract administration as remineralization material

Juni J. Nugroho

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1289

[Abstract](#) | [PDF](#)

## Case Report

### Second molar scissor bite correction in class ii malocclusion using miniscrew and cross-elastic (second molar scissor bite correction)

Citra L. Yuwono, Retno Widayati

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1186

[Abstract](#) | [PDF](#)

## Case Report

### Surgical crown lengthening: A case report

Wilson Wilson, Martina Amalia, Brian Merchantara, Trimurni Abidin

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v0i0.985

[Abstract](#) | [PDF](#)

## Case Report

### Solitary neurofibroma of the hard palate

Orsola Brucoli, Eleonora Rivetti, Paolo Boffano

Online First: April 01, 2022 | DOI: 10.15562/jdmfs.v7i1.1272

[Abstract](#) | [PDF](#)

## Antibacterial effectivity of coffee bean extract and instant coffee (spray drying) against porphyromonas gingivalis

Tantin Ermawati<sup>1</sup>, Nazilaturrohmah<sup>2</sup>, Achmad Gunadi<sup>3</sup>, Dessy Rachmawaty<sup>4</sup>

Department of Biomedicine, Faculty of Dentistry, University of Jember, Jember, Indonesia

### Abstract

**Objective:** This study aims to determine effectiveness of antibacterial of Coffee Bean Extract and Instant Coffee (Spray Drying) against Porphyromonas gingivalis.

**Material and Methods:** Dilution of coffee bean extract and instant coffee (spray drying) using the serial dilution method into several predetermined concentrations. Antibacterial activity using the disc diffusion method. The zone of inhibition was measured using a caliper

**Results:** The results showed that the inhibition zone of coffee bean extract was greater than that of instant coffee (spray drying) against Porphyromonas gingivalis.

**Conclusion:** The antibacterial of the coffee bean extract is more effective than instant coffee (spray drying) against Porphyromonas gingivalis

**Keywords:** Antibacterial, coffee bean extract, instant coffee (spray drying), P. gingivalis

### Corresponding author:

**Email:** [tantin.ermawati@unej.ac.id](mailto:tantin.ermawati@unej.ac.id)

### Introduction

Two types of coffee are cultivated in Indonesia, namely arabica (*coffea arabica*) and robusta (*coffea canephora*). The species of coffee that is widely cultivated in Indonesia is robusta coffee (*C. canephora*) due to suitable soil and climatic conditions.<sup>1</sup> Coffee beans are generally used by the community as a beverage to have benefits for dental and oral health. Some of the content contained in robusta coffee beans, namely, chlorogenic acid, caffeine, trigonelline, various phenolic compounds. The content has pharmacological activities in the form of antioxidants, antibacterial, antiviral, antihypertensive, antidiabetic.<sup>2</sup>

The inhibition zone of robusta coffee extract was greater than the inhibition zone of arabica coffee extract at concentrations of 100% and 75% against *Lactobacillus acidophilus*.<sup>3</sup> Robusta coffee has antibacterial bioactive compounds that are higher than arabica coffee. Caffeine compounds contained in robusta coffee are 2g/100g compared to arabica coffee which has 1g/100g caffeine. In addition, the chlorogenic acid content of Robusta coffee is 9g/100g compared to Arabica coffee which is only 5g/100g.<sup>4</sup>

Robusta coffee bean extract has the ability to inhibit the growth of dental plaque bacterial isolates in vitro. This is because several components in robusta coffee beans have antibacterial activity. Coffee processing, apart from being processed by maceration extraction, can also be produced without leaving any dregs, namely instant coffee. Instant coffee is made through the stages of roasting, grinding, extraction, spray drying, and packaging. Heating or roasting in the spray drying process causes changes in chemical composition and biological activity due to the Maillard reaction.<sup>4</sup> The method of preparing coffee drinks determines the phenol content and antioxidant capacity.<sup>5</sup> Instant coffee has antibacterial power with concentrations of 20 g/L, 40 g/L, 60 g/L, and 80 g/L against *Streptococcus pneumoniae*.<sup>6</sup>

The taste, aroma, and composition of coffee depending on how the coffee is processed. The composition, type, and processing of coffee including roasting can affect the antibacterial activity of coffee. The antibacterial activity of roasted robusta coffee bean water extract with concentrations of 62.5 mg/ml, 125 mg/ml, 250 mg/ml, 500 mg/ml, 1000 mg/ml had an antibacterial effect against *Streptococcus mutans*.<sup>7</sup> In addition, the ethanol extract of robusta

green coffee beans with concentrations of 125 mg/ml, 250 mg/ml, 500 mg/ml, 1000 mg/ml has an antibacterial effect against *Fusobacterium nucleatum*.<sup>8</sup>

Robusta coffee can be used to treat diseases in the oral cavity. The most common oral disease is periodontal disease or periodontitis. Periodontitis is generally caused by plaque bacteria found on the teeth, one of which is *Porphyromonas gingivalis*.<sup>9</sup> *P. gingivalis* in dental plaque shows 5-20 times greater numbers than other bacteria.<sup>10</sup> *P. gingivalis* can cause chronic periodontitis.<sup>11</sup> *P. gingivalis* is a melanogenic bacterium, non-saccharolytic, and part of the colony of black-pigmented gram-negative anaerobes located in the periodontal tissues, especially sub-gingival.<sup>12</sup> These bacteria can express virulence factors through fimbriae, lipopolysaccharides (LPS), and proteinases.<sup>13</sup> LPS causes periodontal tissue damage because it can increase the secretion of proinflammatory cytokines that increase the number of macrophages and lymphocytes.<sup>14</sup>

Periodontitis treatment is generally done mechanically with scaling root planning (SRP). However, cleaning with SRP is sometimes not optimal because there are parts that cannot be reached by the SRP device, so that systemic and local administration of antimicrobials is recommended to improve therapeutic results. Systemic and local administration of antimicrobials has side effects.<sup>15</sup> Efforts are made to avoid these side effects, it is necessary to use antimicrobial alternatives that utilize natural resources that are beneficial to health, such as robusta coffee (*coffea canephora*) with maceration extraction and spray drying methods.

## Material and Methods

### Coffee bean extract

Coffee beans are dried and blended. Then filtered using a 65 mesh sieve, weighed 300 grams, and extracted by maceration method in 97% ethanol solution for 24 hours. The samples were filtered using paper Whatman # 1, and then concentrated using a rotary evaporator, and the concentrated extract obtained 100% .<sup>12,16</sup>

### Instant coffee (spray drying)

Robusta coffee beans are roasted, blended until they become coffee grounds. Then weighed 300 grams, extracted using boiling water with a ratio of coffee and water 1:2. The filtering process uses a 65 mesh sieve. The filtering results are sprayed at a temperature of 140°C for 6 hours, so the water will evaporate and the filtrate will fall into the tube into instant coffee powder.<sup>17</sup>

### Dilution of coffee bean extract and instant coffee (spray drying)

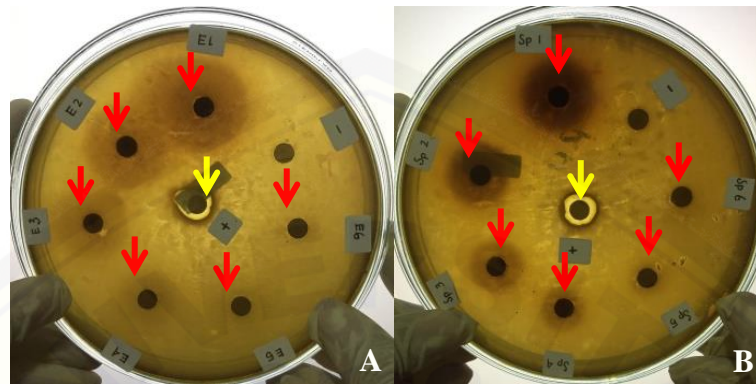
The dilution was carried out by the serial dilution method. Before dilution, it was filtered using a 0.2 m syringe filter. 1000 mg of coffee/instant coffee bean extract (spray drying) was put in the first tube containing 1 ml of aquadest or 1:1, then homogenized. Take a sample of 0.5 ml from the first tube transferred to the second dilution tube which has been filled with 0.5 ml of distilled water, then homogenized again.<sup>18</sup> The process is continued in the same way until a dilution with a concentration of 1000 mg/ml, 500 mg/ml is obtained , 250 mg/ml, 125 mg/ml, 62.5 and mg/ml, 31.25 mg/ml.

The antibacterial activity test used the disk diffusion method with 5 mm diameter paper discs.<sup>19</sup> The paper discs were placed on blood agar media that had been inoculated with *P. gingivalis* with a dilution according to the Mc Farland standard 0.5 absorbances 0.05 and a wavelength of 560 nm using a spectrophotometer.<sup>20</sup> The disc paper was dripped with a sample of coffee bean extract/instant coffee (spray drying) with a concentration of 1000 mg/ml, 500 mg/ml, 250 mg/ml, 125 mg/ml, 62.5 mg/ml, 31.25 mg/ml, a positive control sample of 0.2% chlorhexidine gluconate and a negative control sample of 20 µl sterile distilled water using a micropipette. Then incubated for 1x24 hours at 37°C. Observations were made after the formation of an inhibition zone around the paper disc. The inhibition zone was measured using a caliper by measuring the overall diameter of the area. The oval-shaped inhibition zone was

measured by following the vertical diameter (Dv) and horizontal diameter (Dh), the length of the measurement results was added and divided by two.

**Results**

The results showed a killing zone (radical zone) with a clear zone around the paper disc, in this zone, no bacterial growth was found at all. The zone of inhibition (irradical zone) is indicated by areas that appear infertile or cloudier than the negative control.



**Figure 1.** The results of the study of the inhibition zone of coffee bean extract. A. The inhibition zone of instant coffee (spray drying), B. The yellow arrow indicates the radical zone. Red arrows indicate the irradical zone with concentrations of 1000 mg/ml (E1 and Sp1), 500 mg/ml (E2 and Sp2), 250 mg/ml (E3 and Sp3), 125 mg/ml (E4 and Sp4), 62.5mg /ml (E5 and Sp5), 31.25 mg/ml (E6 and Sp6), K+: 0.2% chlorhexidine positive control, K-: sterile distilled water negative control.

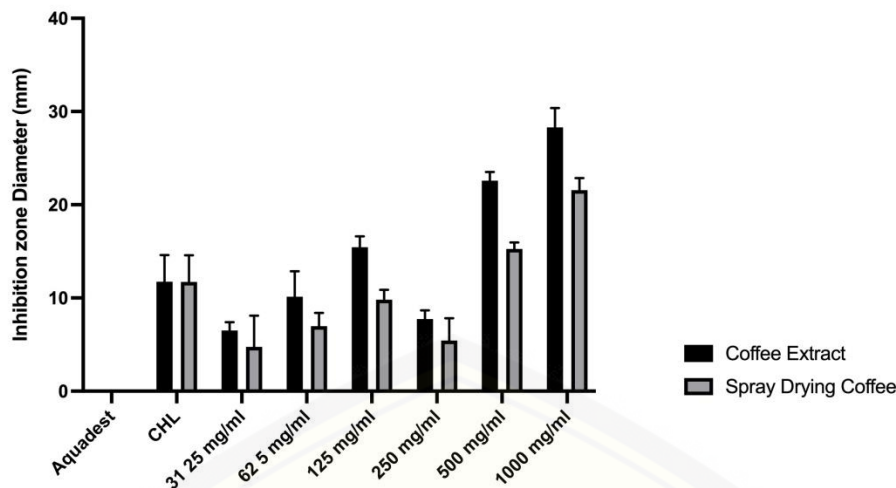
**Table 1.** The average value of the inhibition zone of coffee bean extract and instant coffee (spray drying) on the growth of *P. gingivalis*

Treatment Group	Concentration (mg/ml)							K+	K-
	1000	500	250	125	62.5	31.25			
Coffee bean extract	28.3 <sup>A</sup>	22.6 <sup>A</sup>	18.8 <sup>A</sup>	15.4 <sup>A</sup>	10.1 <sup>A</sup>	6.5 <sup>A</sup>	12.1 <sup>B</sup>	0	
Instant coffee (spray drying)	21.6 <sup>A</sup>	15.3 <sup>A</sup>	12.4 <sup>A</sup>	9.8 <sup>A</sup>	6.9 <sup>A</sup>	4.8 <sup>A</sup>	12.1 <sup>B</sup>	0	

- $\bar{x}$  :Average diameter of inhibition zone
- K+ :Positive control chlorhexidine gluconate 0.2%
- K- :Sterile aquadest negative control
- <sup>A</sup> :The zone that appears is an irradical zone
- <sup>B</sup> :The zone that appears is a radical zone

Based on the results of observations showed that the greater the concentration of coffee bean extract and instant coffee (spray drying), the greater the diameter of the inhibition zone. The average diameter of the inhibition zone of the extract on the growth of *P. gingivalis* showed that it was greater than that of instant coffee (spray drying) with an incubation period of 24 hours presented in the form of a histogram in figure 2.





**Figure 2.** Histogram of the average diameter of the inhibition zone of coffee bean extract and instant coffee (spray drying) in each study group with an incubation period of 24 hours

Data analysis used was non-parametric statistical test Kruskal Wallis which is then continued with Mann-Whitney U test to know the differences among the research groups, p-value used for Kruskal Wallis and Mann-Whitney test in this study was 0.05. The result of data analysis using Kruskal Wallis test returned a significance value of data  $p = 0.000$  ( $p < 0.05$ ). This data showed that coffee bean extract and instant coffee (spray drying) had antibacterial activity against *P. gingivalis*.

## Discussion

Coffee is a drink that has been consumed since the time of our ancestors and is currently one of the world's favorite drinks. Raw coffee beans are rich in bioactive compounds such as chlorogenic acid, trigonelline, caffeine, and flavonoid compounds.<sup>21</sup> The benefits contained in coffee beans are anti-inflammatory, antioxidant, antifungal, and antibacterial.<sup>22</sup> Robusta coffee bean ethanol extract can inhibit the growth of dental plaque bacteria isolates in vitro.<sup>4</sup> The solvent extract uses ethanol because it is non-toxic, selective, miscible with water in all ratios, economical and universal, which is suitable for extracting all classes of secondary metabolites.

The antibacterial activity of the coffee bean extract was indicated by the presence of an inhibitory zone on the petridish around the paper disc. Table 1. shows that coffee bean extract concentrations of 1000 mg/ml, 500, mg/ml, 250 mg/ml, 125 mg/ml, 62.5 mg/ml, 31.25 mg/ml had antibacterial activity against *P. gingivalis*. Observations were made visually showing (irradicular zone) areas that looked infertile or more cloudy, which means that bacterial growth was not completely inhibited, so there were still some bacterial colonies. Coffee bean extract is bacteriostatic because it shows an irradicular zone.<sup>23</sup>

Caffeine in robusta coffee bean extract acts as a DNA interchelator that causes cells to undergo mutations or genetic damage. This is because caffeine contains very high quaternary aromatic compounds.<sup>24</sup> Trigonelline acts as an anti-adsorption agent by inhibiting the adsorption of bacteria in saliva and reducing the adhesion of bacteria to the tooth surface. Trigonelline can inhibit bacterial growth by inhibiting the synthesis of bacterial enzymes and proteins.<sup>25</sup>

The mechanism of phenol of robusta coffee bean extract as an antibacterial is that the alcohol group on the phenol compound interacts with bacterial cells involving hydrogen bonds through the adsorption process and then damaging the cytoplasmic membrane which causes leakage of the cell nucleus in bacteria. In addition, phenols can poison cell protoplasm and

damage cell walls by precipitating microbial cell proteins. Phenol is a flavonoid compound that can damage bacterial cell walls through differences in polarity between the lipids that make up DNA and the alcohol groups in flavonoid compounds.<sup>26</sup>

Different coffee processing before consumption affects the taste, aroma, and composition. Coffee beans that are commonly consumed are coffee beans that have been roasted. In the current era, coffee is produced without leaving any residue when brewed, namely instant coffee. The stages of instant coffee processing that are often consumed by the public consist of roasting, grinding, extraction, drying (spray drying). Drying process (spray drying) by spraying aqueous coffee extract using high temperatures and drying the extract into instant coffee powder that is easily soluble in water.<sup>27</sup> During the green coffee bean roasting process, changes in coffee content both physically and chemically occur.

That instant coffee (spray drying) concentrations of 1000 mg/ml, 500 mg/ml, 250 mg/ml, 125 mg/ml, 62.5 mg/ml, 31.25 mg/ml had antibacterial activity against *P. gingivalis* with values of 21.6 mm, 15.3 mm, 12.4 mm, 9.8 mm, 6.9 mm, 4.8 mm, respectively. The results of the research on the diameter of the inhibition zone are in line with another study by Rahman et al.<sup>6</sup> the higher the concentration of instant coffee, the fewer bacteria will grow. During the roasting process, melanoidins, glyoxal, methylglyoxal, diacetyl, and dicarbonyl compounds are formed which can inhibit the adsorption of streptococcus mutans in saliva which can reduce the adhesion of bacteria to the tooth surface through the Maillard reaction process.<sup>28</sup> The antibacterial activity of instant coffee (spray drying) can inhibit bacterial growth. The non-enzymatic browning reaction between reducing sugars and amino acids that occurs during coffee processing is called the Maillard reaction.

The thermolabile compounds of chlorogenic acid and trigonelline in coffee beans that have been roasted are degraded so that their levels are lower than in green coffee beans. Coffee becomes very dark and produces only a small fraction of its original trigonelline content due to roasting.<sup>29</sup>

The content of chlorogenic acid in robusta green coffee beans is 6.1-11.3 mg per gram of coffee beans, but when heating or roasting at a temperature of 180-200°C causes changes in chemical composition and biological activity as a result of the Maillard reaction.<sup>30</sup> Chlorogenic acid compounds it has the property of being easily hydrolyzed into compounds that are easily soluble in water at high temperatures. In addition, in the roasting process, the chlorogenic acid isomer is easily decomposed into free radical compounds at high temperatures.<sup>31</sup> Chlorogenic acid of green coffee was higher than that of roasted coffee. This is proven in his research that green coffee is stronger to increase the viability of PBMC and salivary leukocytes than roasted coffee.<sup>32</sup>

In the process of making instant coffee, there is a heat treatment that causes the breakdown of complex bonds of caffeine to take place more quickly. The breakdown of caffeine compounds becomes freer with a smaller size, easy to move, and diffuses through cell walls, and dissolves in solvents.<sup>33</sup>

The results showed that the inhibition zone due to antibacterial activity can be influenced by the characteristics of the bacteria, including the type, age, concentration, and condition of the bacteria. *P. gingivalis* cell wall arrangement of lipoprotein, lipopolysaccharide, and peptidoglycan. The inner layer (peptidoglycan) in gram-negative is thinner, but has a more complex outer membrane layer so that the active compound is more difficult to penetrate the cell wall of gram-negative bacteria. The gram-negative peptidoglycan layer is adjacent to the cytoplasmic membrane and outer membrane. The gram-negative outer membrane is composed of phospholipids and lipopolysaccharides and forms a hydrophilic permeability barrier that provides protection against hydrophobic antibacterials.<sup>34</sup> The high lipid content of gram-negative bacteria 11-12% allows it to prevent antibacterial compounds from entering it.

## Conclusion

Based on the research results of coffee bean extract and instant coffee (spray drying) robusta coffee (*C. canephora*) concentrations of 1000mg/ml, 500mg/ml, 250mg/ml, 125mg/ml, 62.5mg/ml, 31, 25mg/ml has the ability to inhibit *P. gingivalis*. The antibacterial power of coffee bean extract is more effective than instant coffee (spray drying). Antibacterial activity of coffee bean extract and instant coffee is indicated by the irradiated zone which is a bacteriostatic indicator.

## Acknowledgment

The author would like to thank profusely to all lecturers and students of the Faculty of Dentistry, University of Jember who have given active participation during this research process.

## Conflict of Interest

The authors report no conflict of interest.

## References

1. Muslim Z, Dephinto Y. Antibacterial activity of robusta coffee (*coffea canephora* L.) leaves to staphylococcus aureus and escherichia coli. *Asian J Pharma Clin Res* 2019;12: 113-115.
2. Amalia FF. Robusta coffee antibacterial activity in accelerating the incidence of wound healing in diabetic ulcers ulkus. *Healthy Tadulako J* 2020;6: 1-72. (In Indonesia)
3. Wijaya W, Ridwan RD, Budi HS. Antibacterial ability of arabica (*coffea arabica*) and robusta (*coffea canephora*) coffee extract on lactobacillus acidophilus. *Dent J* 2016;49: 99-103.
4. Suhayat C, Bahardan MS, Thadeus. Comparison of antibacterial sensitivity test results of ethanolic extract of robusta coffee beans (*coffea canephora*) before and after roasting against bacterial isolates of dental plaque at the STAN Polyclinic, South Tangerang. *Bina Widya* 2015;26: 135-144. (In Indonesia)
5. Niseteo T, Komes D, Belscak-Cvitanovic A, et al. Bioactive composition and antioxidant potential of different commonly consumed coffee brews affected by their preparation technique and milk addition. *J Sci Verse Sci Direct Food Chem* 2012;134: 1870-1877.
6. Rahman NAA, Muharram SH, Abiola O. Antibacterial activity of nescafe instant coffee beverages and pharyngitis-causing streptococcus species. *Brunei Darussalam J Health* 2014;5: 70-79.
7. Akhlaghi N, Sadeghi M, Fazeli F, et al. The antibacterial effects of coffee extract, chlorhexidine, and fluoride against *Streptococcus mutans* and *Lactobacillus plantarum*: An in vitro study. *Dent Res J* 2019;16: 346-353.
8. Hakima AN, Tantin E, Happy H. Daya hambat ekstrak biji kopi robusta (*Coffea canephora*) terhadap pertumbuhan *Fusobacterium nucleatum*. *Stomatognatic* 2018;15: 37-47.
9. Tonetti MS, Jin LJS, Otomo C. 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: 456-462.
10. Septiwidyati TR, Endang WB. The role of *Porphyromonas gingivalis* virulence factors in periodontitis immunopathogenesis. *Dentika Dental Journal* 2020;23: 6-12.
11. Lenni I, Mochammad D. Antimicrobial test of roselle (*hibiscus sabdariffa* l.) ethanol extract againsts *Porphyromonas gingivalis* and *Streptococcus sanguinis* using agar method (in vitro study). *J Dentomaxilofac Sci* 2016;1: 134-138.



12. Tantin E, Zahara M, Happy H. Inhibition activity of Robusta coffee beans polyphenol extract on the production of TNF- $\alpha$  neutrophil cells. *Maj Kedok Gi Indonesia* 2018;4: 114-119.
13. Tantin E, Nagari DFIGA, Praharani D, et al. Effect of lipopolysaccharide induction of *Porphyromonas gingivalis* on osteoclast and osteoblast cell number of wistar rats' (*Rattus norvegicus*) alveolar bone. *Int J App Pharm* 2019;1: 64-67.
14. Tantin E, Rendra CP, Nadie F et al. The effect of robusta coffee bean extract gel (*coffea canephora*) on the number of macrophages and lymphocyte gingival tissue in periodontitis rat. *Insisiva Dent J* 2020;9: 46-51.
15. Andriani I. Effectiveness Scaling Root Planing (SRP) with and without ciprofloxacin for Periodontitis. *IDJ* 2012;1:70-81.
16. Zhang, QW, Li-Gen L, Wen CY. Techniques for extraction and isolation of natural products: a comprehensive review. *Chinese Med* 2018;13: 20.
17. Othman NTA, Muhammad EFMR. Drying of instant coffee in a spray dryer. *Jurnal Kejuruteraan* 2019;31: 295-301.
18. David AB, Charles E. Davidson. Estimation method for serial dilution experiments. *Journal of Microbiology Methods* 2014;102: 214-221.
19. Balouiri M, Moulay S, Saad KI. Methods for *in vitro* evaluating antimicrobial activity: A review. *Journal of Pharmaceutical Analysis* 2016;6: 71-79.
20. Satyada R, Sandle. Releasing capacity of pre-sterile cotton swabs for discharging sampled microorganisms. *Europ J Parenteral Pharm Sci* 2016;21: 121-127.
21. Bauer D, Abreu, Jordao JSD, et al. Effect of roasting levels and drying process of *coffea canephora* on the quality of bioactive compounds and cytotoxicity. *Int J Molec Sci* 2018;19: 3407.
22. Antonio AG, Farah, Santos LC, et al. The potential anticariogenic effect of coffee. *Form Res Center* 2011;11: 1027-1032.
23. Muchtaromah B, Safitri ES, Fitriyani PD, et al. Antibacterial activities of curcuma mangga val. extract in some solvents to staphylococcus aureus and escherichia coli. *Int Conf Life Sci Technol* 2020;2231:1-6.
24. Sukohar A, Setiawan, Wirakusumah, et al. Isolation and characterization cytotoxic compounds caffeine and chlorogenic acid seeds of lampung coffee. *J Med Planta* 2011;1: 11-26.
25. Vanamala J, Allred, Yackley, et al. Trigonelline is a novel phytoestrogen in coffee beans. *J Nutr* 2016;139: 1833-1838.
26. Tanauma HA, Citraningtyas G, Lolo WA. Antibacterial Activity of Robusta Coffee Bean Extract (*Coffea canephora*) against *Escherichia coli*. *J Ilmiah Farm* 2016;5: 243-250. (In Indonesia)
27. Sualeh A, Kassaye T, Ali M. Biochemical composition of green and roasted coffee beans and their association with coffee quality from different districts of southwest Ethiopia. *Heliyon* 2020;6: 1-9.
28. Antonio AG, Moraes RS, Perrone D, et. al. Species, roasting degree and decaffeination influence the antibacterial activity of coffee against streptococcus mutans. *Food Chem* 2010;118: 782-788.
29. Kayalvizhi G, Suganya, Subramaniyan. A cuppa for caries free teeth?. *Int J Contemp Med Res* 2014;1: 19-27.
30. Farhaty N, Muchtaridi. Chemical review and pharmacological aspects of chlorogenic acid compounds in coffee beans: Review. *Farmaka* 2017;14: 214-227. (In Indonesia)
31. Kuncoro SL, Sutiarmo, Nugroho J, et al. Reaction kinetics of caffeine and chlorogenic acid reduction of robusta coffee beans through closed system steaming. *Agritech* 2018;38: 105-111. (In Indonesia)



32. I-Dewa ARD, Roedy B, Ristya WEY et. al. Steeping from green and black robusta coffee beans increase viability of peripheral blood mononuclear cells (PBMC) and salivary leukocytes which is induced by *Streptococcus mutans*. *J Dentomaxillofac Sci* 2019;4: 154-158.
33. Zarwinda I, Sartika D. Effect of temperature and extraction time on caffeine in coffee. *Lantanida J* 2018;6: 103-202. (In Indonesia)
34. Dwi P, Nakhita LS, Pujiana EL. Antibacterial activity of essential oil extracts from *Curcuma xanthorrhiza roxb. rhizomes* against bacteria causing pulp necrosis. *J Dentomaxillofac Sci* 2018;3: 144-148.

