

(Zea Mays L.)

(Magnoliae cortex)

I.

가

1920

Tetracycline

1,2,3)

가

1970

14)

16)

가

17,18)

35)

IL-1

PGE₂

flurbiprofen

NSAID

PGE₂

4,5)

Phenolic compound,

ammonium compound,

Quaternary Bisbiguanide

Thier가

가

1958

10)

11)

12)

13)

15)

가

19,20)

IL-1

PGE₂

21,22)

6,7)

8,9)

가 .²⁷⁾ 2 , 1,2

(90g, 18%)
HPLC magnolol
0.5 %

가

2)

가
가 가

1kg n-
10L 가 0.68L
5% 가
가 55 ° C 3
2 2

23,24,26,28,29)

40%
0.045kg 2

2

gas chromatography
70%,

가 가
6% , -
sterol

16%
93%

500g 70%

3 2

1.

1)

(Magnolia officinalis L.)
(Magnolia obovata thumb) 500g
75%

ethanol 3L 가 60 ° C
2

200g가 (Sprague-Dawley
(Rompun,
(Ketalar,
30mg/kg

rat)

2% lidocaine
 8mm trephine bur
 (3i, USA)
 5-0 chromic cat gut
 3-0 black silk layered suture
 4, 6
 3.

가
 (%) Image Access
 (Bildanalyssystem AB, Stockholm,
 Sweden)
 2)
 10% formalin
 5% trichloroacetic acid 10
 paraffin
 Center defect 5 μ m

(M)
 (Z)
 1:1 2:1

가
 Masson-
 Trichrome
 (Olympus BX-50, Olympus optical co., Tokyo,
 Japan)
 (μ m²) Image Access
 (Bildanalyssystem AB, Stockholm, Sweden)

94.5mg/kg (I) 189mg/kg (II)
) 가
 1 oral zonde
 needle
 4. 가
 1)

3.
 SPSS version 11
 (One-way
 ANOVA)
 가
 Tukey
 95%

III.

10cm Dental X-ray
 unit(Asahi GX-70, Asahi Roentgen Co.,
 Kyoto, Japan) 10mA, 60 kVp, 0.4
 Nikon Coolscan III (Nikon, Tokyo,
 Japan)

1.
 , 4
 (M I, M
 II) (Z

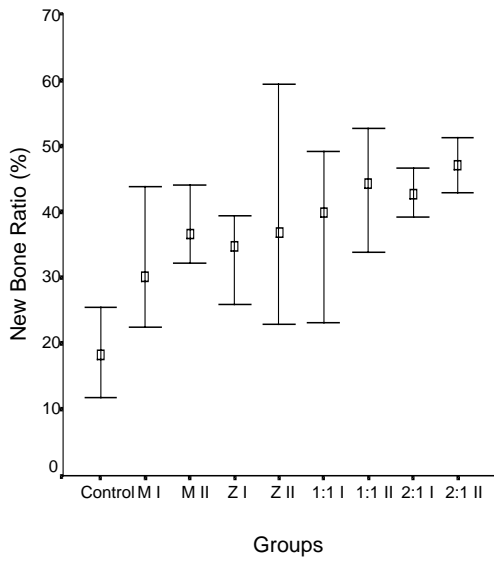


Figure 3. Radiomorphometric data of 4 weeks

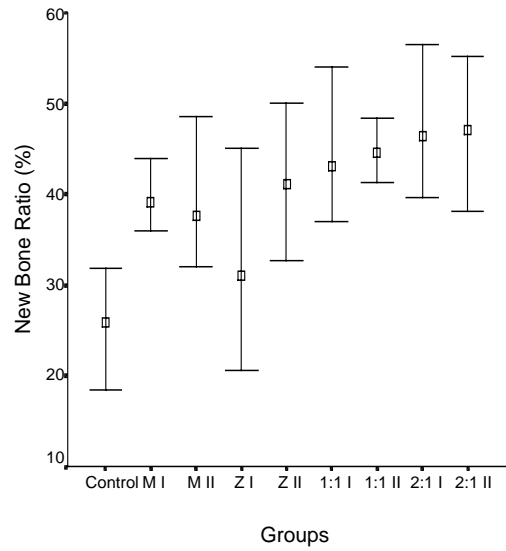


Figure 4. Radiomorphometric data of 6 weeks

I, Z II)

(1:1 I, 1:1 II, 2:1 I, 2:1 II) (Figure 1).

(M I, M II) (Z I, Z II) (1:1 I, 1:1 II, 2:1 I, 2:1 II) (Figure 2).

2.

Image Access (Bildanalyssystem AB, Stockholm, Sweden)

18.29% (M) I 30.04%, II 36.63% (Z) I 34.80%, II 36.89%

가 , 1:1 가 I 39.82%, II 44.34% 2:1 I 42.57%, II 47.05% 189mg/kg 가 94.5mg/kg (Figure 3).

, 6 25.88% (M) I 39.08%, II 37.71%, (Z) I 31.04%, II 41.14%

가 , 1:1 I 43.20%, II 44.56%, 2:1 I 46.38%, II 47.15% 189mg/kg 가 2:1 가

94.5mg/kg

222938.29 μm^2

(M)

(Figure 4).

I 714973.25 μm^2 , II 1203924.10 μm^2

3.

(Z)

I 47732

9.20 μm^2 , II 1117301.79 μm^2

1) 4

가

1:1

(Figure 5).

가 I 1318356.68 μm^2 , II 1548027.42 μm^2

. 2:1

I 2117171.

39 μm^2 , II 2256704.05 μm^2

,2:1

I,II

2:1

94.5mg/kg

(Table 1).

189mg/kg

, 6

(Figure 6).

361228.90 μm^2

(M)

2) 6

1577057.17 μm^2 , II 2023388.07 μm^2 ,

(Z) I

4

1149189.95 μm^2 , II

12565

가

79.40 μm^2

(Figure 7).

4

가

1:1

I

2350172.78 μm^2 , II 2432577.28 μm^2 ,

2:1 I 2781664.51 μm^2 , II

4

가

3011213.67 μm^2 4

II

가

2:1

(Figure 8).

I,II

(Table 2).

4.

4

가

95%

2:1

I, II

6

(Figure

9,10).

Table 1. Histomorphometric data of New Bone Area(μm^2) at 4 weeks

Groups	MEAN	S.D.
Control	222938.29	44670.10
M I	714973.25	63571.54
M II	1203924.10	227699.31
Z I	477329.20	90893.77
Z II	1117301.79	202055.58
M:Z(1:1) I	1318356.68	156687.97
M:Z(1:1) II	1548027.42	334287.50
M:Z(2:1) I	2117171.39	166300.99
M:Z(2:1) II	2256704.05	286351.99

Table 2. Histomorphometric data of New Bone Area(μm^2) at 6 weeks

Groups	MEAN	S.D.
Control	361228.90	79681.45
M I	1577057.17	207762.27
M II	2023388.07	249111.71
Z I	1149189.95	150048.33
Z II	1256579.40	140997.13
M:Z(1:1) I	2350172.78	142913.50
M:Z(1:1) II	2432577.28	171114.48
M:Z(2:1) I	2781664.51	192287.44
M:Z(2:1) II	3011213.67	242764.24

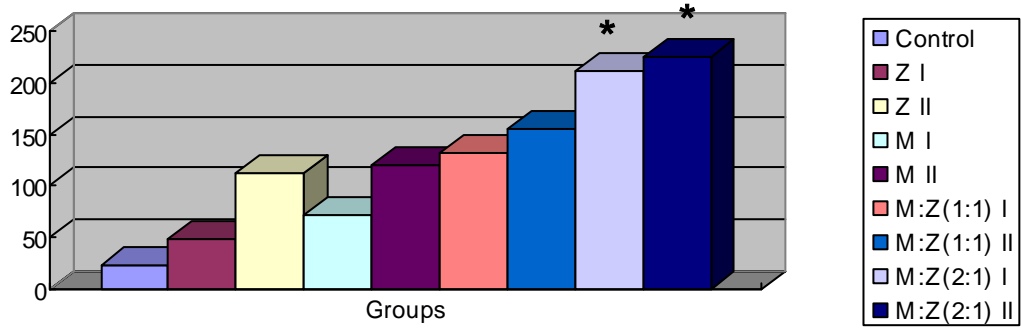


Figure 9. 4 weeks Histomorphometric area of new bone ($\times 10^4 \mu m^2$)

*: M:Z (2:1) I and II group showed statistical significance ($p < 0.05$).

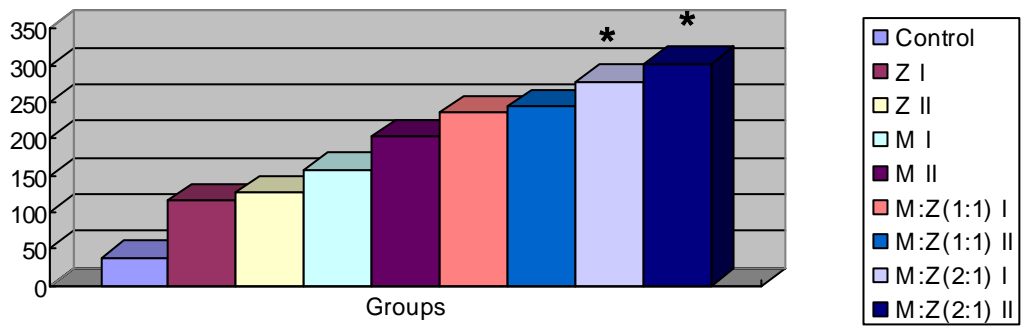


Figure 10. 6 weeks Histomorphometric area of new bone ($\times 10^4 \mu m^2$)

*: M:Z (2:1) I and II group showed statistical significance ($p < 0.05$).

IV.

Urist

critical size defect

8mm

,³⁶⁾

4, 6

가

가

25,27)

Streptococcus mutans

가

1970

tetracycline

chlorhexidine

listerine

4

가

,^{19,20)}

, chlorhexidine

가

, IL-1

PGE₂

IL-1

PGE₂

6

4

가

가

,^{20,26,30)}

가

4

가

가

4, 6

가

가

2:1

,^{27,31,32,33)}

, I, II

가 2:1
94.5mg/kg

가

V.

가

1. 4, 6

2. 4, 6

3. 가 . (p<0.05)
가 ,

4. 4, 6
가 . (p<0.05)

2:1

(p<0.05)

VI.

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Figure 1. 4 weeks radiographic images of control group(A) and M:Z(2:1) II group(B). Note the significant radio-opaque objects around the circular defects shown in (B).

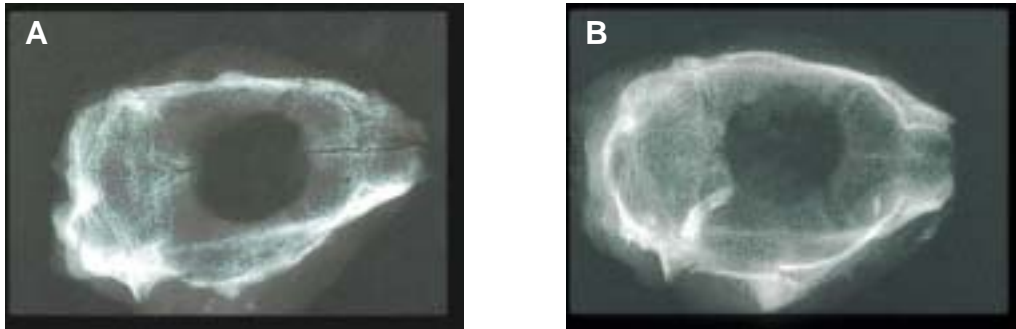


Figure 2. 6 weeks radiographic images of control group(A) and M:Z(2:1) II group(B). While radio-opaque tissue is rarely seen in (A), significant amount of radio-opaque object around circular defect is observed in (B).

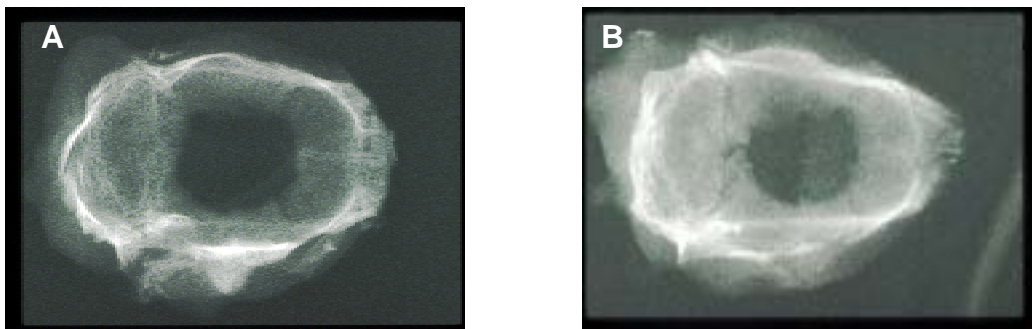


Figure 5. Cross sections of control group after 4 weeks. New bone formation is rare. Masson-Trichrome stain, x12.5

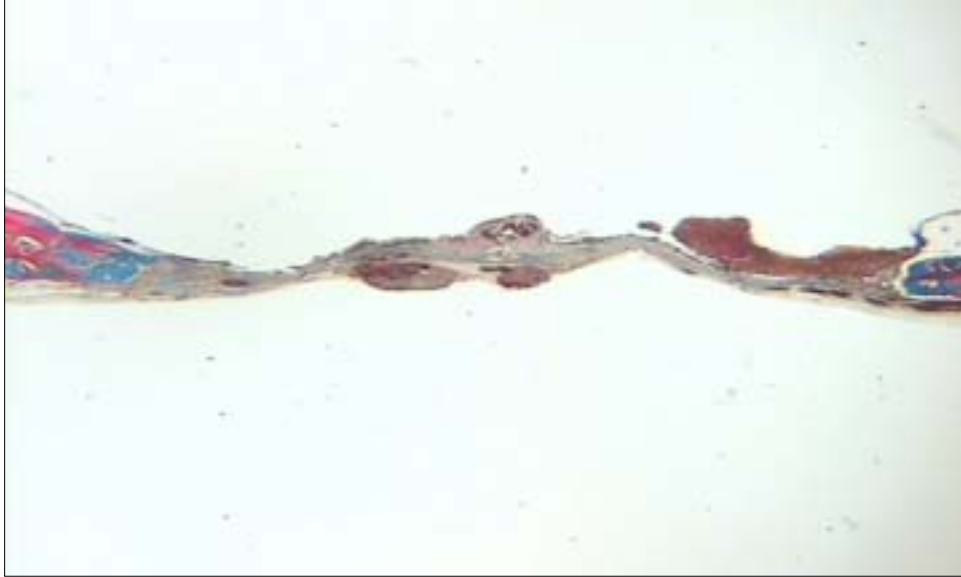


Figure 6. Cross sections of M:Z(2:1) II group after 4 weeks. Significant new bone formation is seen. (asterisks) Masson-Trichrome stain, x12.5



Figure 7. Cross sections of control group after 6 weeks. New bone formation is rare. Masson-Trichrome stain, x12.5



Figure 8. Cross sections of M:Z(2:1) II group after 6 weeks. Significant new bone formation is seen. (asterisks) Masson-Trichrome stain, x12.5



-Abstract-

Tissue Regenerative activity of Zea Mays L. and Magnoliae cortex extract mixtures

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I. Purpose of Study

Zea Mays L. has been known to be effective for improving periodontal health and Magnoliae cortex to have effective antibacterial and antimicrobial activity against periodontal pathogens. The purpose of this study was to examine the biologic effects of Zea Mays L. and Magnoliae cortex extract mixtures on healing of rat calvarial bone defects.

II. Materials & Methods

8mm circular defects were prepared on rat calvaria during surgical procedures of 180 Sprague-Dawley rats. The ethanolic extracts of Magnoliae cortex and Zea Mays L. and these two natural extract 1:1 and 2:1 (Magnoliae: Zea Mays L.) ratio mixtures were oral administrated by oral zondes once a day at two different dose of 94.5mg/kg, 189mg/kg body weight. There are nine groups of rats in this study: control group (no sample loading), Magnoliae cortex extract loading groups (I,II)(94.5mg/kg,189mg/kg respectively), Zea Mays L. extract loading groups (I,II), M:Z(1:1) loading groups (I,II), M:Z(2:1) loading groups(I,II). Rats were sacrificed at 4 weeks and 6 weeks after surgery. New bone formations around calvarial defects were radiographically and histologically measured by computer-assisted histomorphometry. Each data was statistically analyzed by One-way ANOVA test.

III. Results

There were statistical significances between negative control group and the other test groups on radiographical and histological quantitative assessments. Among test groups, mixture groups showed statistical significances, especially, M:Z (2:1) groups (I and II) were highly significant. ($p < 0.05$)

These results implicated that the mixture of Magnoliae and Zea Mays L. (2:1 mixing ratio) with 94.5mg/kg concentration might be highly effective on the wound healing of bony defected site and have potential possibilities as a useful drug to promote bone tissue regeneration.

Key Words: Periodontal disease, Bone regeneration, Magnoliae cortex, Zea Mays L., Natural extract, Sprague-Dawley rat