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Reciew Article

Wound Healing Efficacy of Honey, Aloe Vera, And Turmeric

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ABSTRACT

Skin naturally acts as a body's protective layer and external environmental factors that can harm internal body organs are protected by it.So, maintaining skin integrity is vital for normal physiological functioning. In our daily lives, the bodies of both animals and humans are subjected to various forms of violence, some of which are severe enough to destroy the skin's continuity.A wound is a breakdown in the continuity of the skin. When the skin's continuity is disrupted, the body's interior organs are exposed. There's a risk of death in this case. There's a risk of death in this case. The skin's immediate response to a wound is the first step in the healing process, which begins automatically after the injury has been inflicted. It is possible to speed up this process in a variety of ways, including keeping the wound free of bacterial infection, moisture, and dirt.A number of antiseptic dressings are available for this purpose, and when applied topically, they help to speed up the healing process of wounds. They protect the wound from contamination by microorganisms and speed up the healing process. Among these are Aloe vera, honey, and turmeric, all of which have considerable wound healing capabilities.Turmeric, honey, and Aloe vera are all considered good for promoting wound healing. They are involved in the prevention of platelet aggregation, myocardial infarction, tumour formation, inflammatory cytokine release, oxidative stress, and metastasis. Several studies have demonstrated that they play a critical function in the promotion of wound healing. Their use for wound dressing has proven to be a successful method. The primary goal of this review is to summarise previous scientists' findings with authentic concluding verse for the use of Aloe vera, Turmeric and Honey that are safe, readily available, and less expensive.

INTRODUCTION

An external or internal insult can cause a wound. External assaults such as mechanical trauma, thermal, UV, or gamma radiation therapy produce many acute wounds. Inadequate circulation deprives tissues of nutrients and elevates proinflammatory cytokines, resulting in necrosis in chronic injuries (leg, pressure ulcers, and diabetic). Wound curing is traditionally separated into 4 phases: hemostasis, inflammation, proliferation, and remodeling. The above steps overlap a lot[2]. During the inflammatory phase, waste and germs are eliminated from the injury. In the proliferation phase, blood vascular invasion, connective tissue, and epithelial regeneration wound contraction, and wound healing occur. Apoptosis is used to remove superfluous tissue during the rebuilding period [3]. Infection, aging, and deprived circulation are thought to slow healing. Wound care involves removing the harmful insult first, then providing the best possible environment for wound healing. Controlling a wound's bacterial burden is critical to promoting healing. Bacterial counts of over 105 organisms per gram of wound tissue have been shown to impair wound healing in surgical and chronic wounds [4,5]. Many topical treatments with diverse qualities are now used to promote wound healing. Surprisingly, most of these products lack convincing evidence to support their usage [6-9]. To help clinicians better understand the complexities of clinical use of medical-grade honey, Aloe Vera and turmeric, evidence indicators like Cochrane reviews can be used to evaluate the lack of evidence to support their use, as well as select clinical entities in patients who may benefit from treatment with these therapeutic agents based on their clinical outcomes. All of these medicinal therapies' biochemical properties, their independent wound healing, and bacterial/inflammatory processes will also be discussed.

HONEY: Honey is gaining popularity in wound care, especially for burn wounds. Honey has been utilized for nourishment and healing since prehistoric times [6]. Between 2600 and 2200 BCE, ancient Egyptians used honey to treat wounds [6]. Although the actual mechanism for honey's wound healing benefits is uncertain, research has concentrated on honey's antimicrobial properties. Honey's high sugar content makes it hygroscopic, which prevents the development of microorganisms. Honey's antimicrobial qualities are complex than merely greater sugar content, according to research [10]. In addition to its antibacterial qualities, oxidation of glucose to hydrogen peroxide occurs naturally in honey. [6,11,12] And the antimicrobial effects of honey seem to vary by floral source. Hydrogen peroxide was not necessary for the antibacterial properties of manuka and viper's bugloss honey [13]. The antibacterial characteristics of honey are thought to be due to an unknown component [14]. Manuka honey also inhibits vancomycin-resistant enterococcus, MRSA, and P. aeruginosa species [15,16] In a study, ulmo honey outperformed manuka honey against MRSA [17]. Finally, honey had antifungal action [14,18]. Honey increased wound healing in animals, according to histological research. Histologically, honey reduced edoema, inflammation, necrosis, improved epithelialization, and wound contraction in rabbits. [19] Honey also increased wound healing on cutaneous wounds in mice [20] Human studies found that honey-treated wounds [21,22] promoted granulation tissue formation, [21-24] enhanced epithelialization, [21,22] and decreased inflammation [22,25]. This was in line with the

earlier animal study data, but clinical observation without histological proof is limited.

ACUTE WOUNDS : Although medical-grade honey has been shown to speed up healing in animal trials, human outcomes have been mixed. Three small randomized single-blind [27-29] and one small randomized nonblinded controlled trial [30] showed thathoney may safeguard cancer patients from radiation-induced mucositis. Using honey and hydrogel dressings to treat abrasions and minor lacerations were shown to not affect on healing time in a blind, randomized study [31]. An unblinded study [32] found no difference in average healing times between paraffin gauze, honey, and iodoform gauze for patients who had toenail avulsions. Analysis of these 3 studies found no statistical difference between honey and standard treatment in mild acute wounds [6]. Compared to traditional dressings like silver sulfadiazine dressing [25,34-36] and clear polyure than e film dressing, using honey on minor burns (superficial to partialthickness burns) speeds up healing time [23]. Honey also outperformed unconventional treatments like potato peels [37] and amniotic membrane [38]. Because of the lack of a description of randomization, the validity of these studies has been called into doubt [6,39]. Meta-analyses demonstrated that honey quickened minor burn healing relative to the comparator [6,39,40]. A randomized controlled experiment found that early excision beat honey dressing in mild burns [41]. However, the study's strength is questioned due to the lack of clarity regarding randomization. When selecting burn wound coverings, clinicians must assess the evidence.

CHRONIC WOUNDS: As previously indicated, many chronic wounds result from circulation issues. Because topical medications do not effectively address the primary circulatory impairment, many currently utilized products have limited evidence to support their use. Honey was used to treat venous leg ulcers in two randomized open-label trials. At 12 weeks, the honey-impregnated dressing did not affect venous leg ulcers compared to standard dressing [42]. Both groups used compression. Another study compared honey dressing to hydrogel in soggy intravenous ulcers. At 80 days, honey had a slightly higher healing rate (44%) than hydrogel (33 percent). Both studies reported the randomization approach. Based on these two investigations, a meta-analysis indicated that honey and traditional dressing treat venous leg ulcers equally well [6]. A low-quality randomized controlled experiment indicated that honey dressing accelerated recovery in Stage I and II strain ulcers. Another low-quality study indicated honey to hasten the healing of stage II or III pressure ulcers. The honey plaster was observed to be equally effective as iodine treatment in Wagner type II diabetic foot ulcers. None of the preceding cited research revealed their randomization process, raising concerns about their validity.

ALOE VERA PHARMACOLOGY: Wound healing is aided by a perennial green herb from the Liliaceae family, Aloe vera, which is the most effective. Located at the top of the stem, the thick and juicy leaves form clusters. Slightly toothed lanceolate leaves cover the plant. Red, yellow, or speckled with red are the colors of the flowers. A versatile crop, it is currently farmed all over the world [43,44]. These include cancer prevention, antioxidation, anti-bacteria, and lipidlowering. Antihypertensive. Antioxidant. Antibacterial. Antiinflammatory. Antiulcer. Antiviral. These are only a few examples [45-47]. It is also frequently used in the treatment of wounds, burns, ulcers, tumors, constipation, dental difficulties, metabolic syndrome, AIDS, herpes, diabetes, and psoriasis. For its cosmetic properties, it is utilized in cosmetics and skincare products, as well as in the food business, to make health drinks [48-50]. As a medicinal herb, A. vera's leaves are the most commonly utilized portion of the plant. Synergistic effects of more than 200 physiologically active compounds, including carbohydrates, anthraquinones, and chromones and flavones, and alkaloids as well as amino acids and lipids have been proven to be responsible for numerous pharmacological activities [51,52]. Three sections make up the Aloe leaf. Photosynthesis occurs in the green leaf epidermis, which is the outermost layer. Phloem and xylem make up the layer's structure. The xylem transports water, whereas the phloem transports carbohydrates and other tiny organic materials, such as cellulose. Leaf epidermis pericyclic cells secrete the reddish-yellow latex in the center of the structure. As a laxative, latex can be applied to the skin. Chrysophanol, emodin, and anthraquinone make up the bulk of the active component list [53-55]. Tubular cells in the parenchyma form a clear and smooth gel at the heart of the Aloe leaf. Skin wounds can be treated with gel. With a water concentration of 98%, polysaccharides are the primary active ingredient in this formula. In addition, organic acids, vitamins, and minerals abound in gels [56-58].

ALOE VERA AND SKIN WOUND HEALING: Acne vera is a mature medicinal plant for treating skin sores. Aloe gel and Aloe extract can be used for wound healing in the same way [59,60]. Glucomannan and acetylated polymannan are two examples of polysaccharides that are essential for wound healing. Aloin, rhein, emodin, and aloesin are also important. These compositions have antibacterial, antioxidant, immunomodulatory, and anti-inflammatory effects [61–63]. Wound healing is facilitated by these qualities. Different growth factors i.e., FGF, epidermal, TGF, VEGF, and interleukin (IL), influence cell signaling and ECM activity during wound healing (IGF). The migration and proliferation

of epithelial, endothelial, and fibroblast cells are all influenced by basic FGF (bFGF). TGF-b1 inhibits degradation of the extracellular matrix (ECM), regulates fibroblast spread, and stimulates the formation of elastin, collagen, and fibronectin (collagen-like proteins). A. vera's enhanced synthesis of bFGF and TGF-b promotes collagen deposition, fibroblast proliferation, and angiogenesis [64,65]. It is believed that IL-1b, an anti-inflammatory cytokine abundant in phagocytes, epithelial cells, and vascular endothelial cells, is responsible for activating T lymphocytes. The antiinflammatory action of A. vera is due to the reduction of proinflammatory cytokines such as IL-1b [66]. For example, the inflammatory period can be significantly shortened and malondialdehyde, tumor necrosis factors (TNF-A) levels are reduced. glucose transporter 1, IGF-1, VEGF, and FGF-2 can also be considerably increased, which promotes cell production, collagen production, and angiogenesis [67]. The anti-inflammatory and immunomodulatory properties of aloe polysaccharides found in A. vera make them ideal for wound healing. Glucomannan, acetylated poly-mannan, and acemannan are anti-inflammatory polysaccharides that lower MMP-9, IL-10, and IL-05 [68]. Aloe polyose impacts granulation tissue development and wound healing by enhancing glycosaminoglycan and collagen synthesis [69]. The AKT/mTOR signaling pathway enhances the synthesis of cyclin D1, which not only stimulates skin fibroblast proliferation but also shifts the cell cycle from the G1 to the S phase. Increased VEGF and type I collagen synthesis are two mechanisms through which Acemannan enhances wound healing [70-72]. M6P is an aloe polyose involved in epithelialization. Adiponectin promotes collagen deposition and skin regeneration via binding to mannose-6-phosphate receptors. It also inhibits TGF-1 and TGF-2 activation, reducing fibrosis and encouraging epithelialization [73,74]. Anthraquinone also helps protect the skin and cure wounds. The ability to heal wounds and promote angiogenic growth. Anthraquinone is an antibacterial agent that inhibits the dehydrogenation and oxidation of bacterium sugars and metabolic intercedes, as well as the production of protein and nucleic acid. Aloin can improve wound healing by increasing angiogenesis and fibroblast proliferation via increasing EGF expression. Aloin also makes the skin's collagen fibers more regular after healing, minimizing scarring [75,76]. A-loin also protects the skin by decreasing lipid peroxidation and reactive oxygen species while enhancing SOD and glutathione peroxidase activity [77,78]. Aloin reduces IL-6, TNF-a, iNOS, and cyclooxygenase-2 expression in response to LPS (COX-2). Aloin also suppresses caspase-3 activation and apoptosis generated by LPS. Aloin reduces inflammation by decreasing NFkappaB signaling [79,80]. Aloe-emodin can aid wound

healing by increasing cutaneous vascular-related growth factor expression. Aloe-emodin is a potent antiinflammatory. It reduces inflammation by inhibiting iNOS and COX-2 expression. Allergic to [48,81] Rhein? It influences cell cycle and death via MAPK and PI3K-AKT signaling pathways [82]. Other compounds in A. vera aid in wound healing. 5.5 kDa glycoprotein has been demonstrated to enhance keratinocyte proliferation and epidermal tissue formation in vitro and in vivo. This glycoprotein improved wound healing in bald mice [83]. b-Sitosterol enhances injury healing and angiogenesis by boosting VEGF and its receptor gene expression [84]. It also possesses antiinflammatory properties, inhibiting TNF-a, LPS-induced keratinocytes, peptidoglycan, and macrophages from secreting inflammatory factors, and inhibiting caspase-1 activation [85]. Aloesin promotes wound curing by activating Smad and MAPK/Rho signaling pathways. It promotes cell motility by phosphorylating Cdc42 and Rac1 and modulates growth factors and cytokine release in macrophages. Aloesin promotes collagen deposition, angiogenesis, and granulation tissue development in hairless mice [86]. The vitamins in A. vera help heal wounds. Vitamin E is a strong antioxidant that can reduce ROS damage. It also modulates transcription and expression of the gene to protect wounds against infections like methicillin-resistant Staphylococcus aureus. Vitamin C enhances collagen formation by hydroxylatingproline and lysine residues in procollagen. Its ability to boost immunological activity is also vital in wound healing [87,88].

TURMERIC: Curcuma odora is the common name for this plant. Species of curcumin are known as wild turmeric (vanaharidra) or yellow zedoary (Salisb) (Curcuma longa Linn.). The plant is indigenous to India, where it is commonly grown in Kerala and West Bengal [89]. It is both an aromatic medicinal cosmetic as well as a potential therapeutic drug. Traditional Chinese medicine uses Curcuma aromatic (CA) as a powerful anti-cancer herb. Uses in traditional medicine include treating skin conditions, sprains, bruises, snake venom, and enhancing the appearance of skin. The Chemical and aroma attributes of the volatile oil are different from Curcuma long it's (4-8%) volatile oil. CA's volatile oil includes camphene, camphor, and high-boiling alcohol that C. longa does not [90].

CHEMICAL COMPOSITION: a and β (turmerone and curcumin), d-camphor, germacrene D, p-methoxycinnamic acid, curzerene, a, and β pinenes, germacrone, bborneol, a, and β Terpeniol, γ -Terpenolene, Myrcene, and β -Thujonene, limonine, β -thujone, a, and β Copoaenes and β -Bisabolene are also present. A total of eighteen different compounds were detected in the oil: alpha and beta-pinene, isofurano-germacrene, 1,8-cineol, borneol, and its isoforms, β -

curcumene, **a**-curcumene, germacrone, xanthorrhizol, and curzerenone.

MEDICINAL IMPORTANCE: Skin, cardiovascular, and respiratory system ailments are among the conditions for which the medication is prescribed in Ayurveda. There are many uses for CA in cosmetics and traditional medicine, including as an anti-inflammatory agent, a stimulant of blood flow, and an anti-cancer agent. It is common to utilize rhizomes with astringent and fragrant herbs in the treatment of a variety of ailments, such as bruising and skin eruptions. There are many uses for CA rhizomes, including in snake poison. Home remedies for headaches include a paste of CA rhizomes [91]. Carbamazepine (CA) is conventionally used as an anti-provocative medication. According to several research, Wild turmeric has immunological, antitumor, anti-inflammatory, wound healing, antifungal, antioxidant, anti-microbial, antiplatelet, and insect repellent properties. Preventing coronary heart disease, treating epilepsy, acting as an anti-allergy, and treating auto-immune disease are all uses of CA. In the therapy of cholecystitis, biliary calculi, and other related illnesses extracts of CA roots are used. In mice with Ehrlich ascites tumor cells, ethanol extract had powerful anti-angiogenic and pro-apoptotic actions. Anti-proliferative activity against human cancer cells was established by methanol extracts of CA. An in vitro estrogenic effect was also seen. Rhizomes produce 6.1 percent essential oil and have been shown to have anti-tumor properties. Rhizomes. Cervical cancer in its early stages can also be treated with oil. An in vivo inhibitory impact of volatile oil on hepatocellular growth was observed in mice. In vitro antihelmintic action was also demonstrated using essential oil [92]. Curcumin's antiinflammatory properties, the anti-diabetic effects of (4S,5S)-(+)-germacrone-4,5-epoxide, and the antiarrhythmic properties of aqueous extract due to the presence of dipotassium magnesium dioxalatedihydrate are just some of the other activities that have been linked to essential oils. The oil and the methanol extract have powerful radical-scavenging properties. - In addition, the extracts showed impressive superoxide radical scavenging properties. A number of the curcuminoids in CA have been shown to have antibacterial, antifungal, antioxidant, and antitumor properties [91]. In the following part, we'll go into more detail about each of these. Mice tested the antiinflammatory effects of aqueous and alcoholic extracts. In arachidonic acid-induced ear inflammations, the ethanol extracts and formulations showed considerable antiinflammatory action. The anti-inflammatory activity was attributed to the impacts on various mediators and arachidonic acid metabolism including the cyclo-oxygenase pathway [93]. An investigation of the volatile oil from

California's anti-inflammatory properties was also conducted. In rabbits, the powdered rhizome of CA was found to have wound-healing properties. Studies using excision wound models, which were used to evaluate the wound healing activity of topical application of CA rhizome extracts and its cream formulations [93], likewise revealed considerable wound healing activity. A key bioactive component of CA, Germacrone has been shown to have antitumor activities. CA's most essential bioactive component is this. An investigation into the anti-proliferative and molecular mechanisms of germacrone's cytotoxicity on glioma cells found that germacrone inhibits the proliferation of cancerous cells by causing apoptosis and cell cycle arrest in the cells. By regulating the expression of proteins associated with apoptosis and G1 cell cycle arrest, Germacone may be an effective and new chemopreventive treatment for gliomas [94]. Researchers also looked at the anti-tumor properties of beta-elemene, which was extracted from the roots of agave plants in California. Two tumor inhibitory tests on hepatoma in mice were carried out as part of the study to investigate the inhibitory effects of Curcuma aromatic oil (CAO) on hepatoma in mice's cell proliferation. Proliferating cell nuclear antigen (PCNA) immunohistochemical labeling was utilized to assess the effects of CAO on hepatocarcinoma proliferation in mice (PCNA). In two experiments, the tumor inhibitory rates of CAO were 52 percent and 51 percent, respectively, as a result of the consequent tumor inhibitory rates. Both variations were statistically substantial (P 0.01) when compared to the results of the saline-treated control groups. [95]. The researchers concluded that CAO's prevention of hepatoma growth in mice may be connected with its suppression of cellular proliferative activity.

CONCLUSION

When it comes to healing skin wounds, there is a wide range of medicinal plants and natural therapies that are used. These have been utilized for centuries to treat trauma, infection, disease, and damage. For millennia, humans have mastered the art of harvesting and preparing edible and medicinal plant materials from their local surroundings. Medicinal practices have been examined for clinical efficacy and economic viability based on their bioactivities. As a result, not all the mechanisms of action of each plant have been established.For the most part, we believe that traditions still have a lot to offer us, including the potential for developing novel drugs and treatments for today's therapeutic challenges. There is no escaping the fact that modern medicine and pharmaceuticals remain out of the reach of most people. Traditional medicine is often the primary and only therapy choice for many people because of this. Traditional ways will become more widely accepted and appreciated as people grow more familiar with them. This information should not be rejected by "modern medicine," but rather put to good use for the benefit of humanity. There are no adverse effects associated with using Aloe vera, turmeric, and honey to cure wounds. Healing and regeneration of lost tissues are facilitated by numerous processes in these herbal creams. However, these herbal ointments must be evaluated scientifically, standardised, and evaluated for safety. Aloe vera's high tonicity and acidic pH are thought to be the major elements that speed up wound healing in earlier studies, which found that wounds treated with Aloe vera healed quickly. The wound healing process may be accelerated by Turmeric, Honey and aloe vera's ability to boost glycolytic enzyme activity and provide enough energy for cell repair. To treat wounds, Turmeric, Honey and Aloe vera can be a cost-effective option that is safe, readily available, and has powerful healing properties.

REFERENCES

- [1] Mustoe T (2004). Understanding chronic wounds: a unifying hypothesis on their pathogenesis and implications for therapy. The American Journal of Surgery,187(5):65-70. https://doi.org/10.1016/S0002-9610(03)00306-4
- Janis JE, Kwon RK, Lalonde DH (2010). A practical guide to wound healing. Plastic and reconstructive surgery, 125(6):230e-44e.
 10.1097/PRS.0b013e3181d9a0d1
- [3] Stadelmann WK, Digenis AG, Tobin GR (1998). Physiology and healing dynamics of chronic cutaneous wounds. The American Journal of Surgery, 176(2):26S-38S.

https://doi.org/10.1016/S0002-9610(98)00183-4

- [4] Robson MC, Heggers JP (1970). Delayed wound closures based on bacterial counts. Journal of surgical oncology, 2(4):379-83.
- [5] Robson MC (1997). Wound infection: a failure of wound healing caused by an imbalance of bacteria. Surgical Clinics of North America, 77(3):637-50. https://doi.org/10.1016/S0039-6109(05)70572-7
- [6] Jull AB, Cullum N, Dumville JC, Westby MJ, Deshpande S, Walker N (2015). Honey as a topical treatment for wounds. Cochrane Database of Systematic Reviews, (3).

https://doi.org/10.1002/14651858.CD005083.pub4

- [7] Wasiak J, Cleland H, Campbell F, Spinks A (2013). Dressings for superficial and partial thickness burns. Cochrane Database of Systematic Reviews, (3). https://doi.org/10.1002/14651858.CD002106.pub4
- [8] O'Meara S, Al-Kurdi D, Ologun Y, Ovington LG,

Martyn-St James M, Richardson R(2014). Antibiotics and antiseptics for venous leg ulcers. Cochrane Database of Systematic Reviews, (1). https://doi.org/10.1002/14651858.CD003557.pub5

[9] Nelson EA, Bradley MD (2007). Dressings and topical agents for arterial leg ulcers. Cochrane database of systematic Reviews, (1).

https://doi.org/10.1002/14651858.CD001836.pub2

- [10] French VM, Cooper RA, Molan PC (2005). The antibacterial activity of honey against coagulasenegative staphylococci. Journal of Antimicrobial Chemotherapy, 56(1):228-31. https://doi.org/10.1093/jac/dki193
- [11] Simon A, Traynor K, Santos K, Blaser G, Bode U, Molan P (2009). Medical honey for wound care—still the 'latest resort'?.Evidence-based complementary and alternative medicine, 6(2):165-73. https://doi.org/10.1093/ecam/nem175
- [12] Lee DS, Sinno S, Khachemoune A (2011). Honey and wound healing. American journal of clinical dermatology, 12(3):181-90. https://doi.org/10.2165/11538930-00000000-00000
- [13] Allen KL, Molan PC, Reid GM (1991). A survey of the antibacterial activity of some New Zealand honeys. Journal of pharmacy and pharmacology, 43(12):817-22. https://doi.org/10.1111/j.2042-7158.1991.tb03186.x
- [14] Lusby PE, Coombes AL, Wilkinson JM (2005).
 Bactericidal activity of different honeys against pathogenic bacteria. Archives of medical research, 36(5):464-7.

https://doi.org/10.1016/j.arcmed.2005.03.038

- [15] Cooper RA, Halas E, Molan PC (2002). The efficacy of honey in inhibiting strains of Pseudomonas aeruginosa from infected burns. The Journal of burn care & rehabilitation, 23(6):366-70. https://doi.org/10.1097/00004630-200211000-00002
- [16] Cooper RA, Molan PC, Harding KG (2002). The sensitivity to honey of Gram-positive cocci of clinical significance isolated from wounds. Journal of applied microbiology, 93(5):857-63.
- [17] Sherlock O, Dolan A, Athman R, Power A, Gethin G, Cowman S, Humphreys H (2010). Comparison of the antimicrobial activity of Ulmo honey from Chile and Manuka honey against methicillin-resistant Staphylococcus aureus, Escherichia coli and Pseudomonas aeruginosa. BMC complementary and alternative medicine, 10(1):1-5.

https://doi.org/10.1186/1472-6882-10-47

[18] Irish J, Carter DA, Shokohi T, Blair SE (2006). Honey

has an antifungal effect against Candida species. Medical Mycology, 44(3):289-91. https://doi.org/10.1080/13693780500417037

- [19] Oryan A, Zaker SR (1998). Effects of topical application of honey on cutaneous wound healing in rabbits. Journal of Veterinary Medicine Series, 45(1-10):181-8.
- [20] Bergman A, Yanai J, Weiss J, Bell D, David MP (1983). Acceleration of wound healing by topical application of honey: an animal model. The American journal of surgery, 145(3):374-6. https://doi.org/10.1016/0002-9610(83)90204-0
- [21] Efem SE (1988). Clinical observations on the wound healing properties of honey. British journal of Surgery, 75(7):679-81.
- [22] Molan PC. Re-introducing honey in the management of wounds and ulcers-theory and practice. https://hdl.handle.net/10289/203
- [23] Subrahmanyam M (1993). Honey impregnated gauze versus polyurethane film (OpSiteR) in the treatment of burns—a prospective randomised study. British journal of plastic surgery, 46(4):322-3. https://doi.org/10.1016/0007-1226(93)90012-Z
- [24] Subrahmanyam M(1991). Topical application of honey in treatment of burns. Journal of British Surgery, 78(4):497-8. https://doi.org/10.1002/bjs.1800780435
- [25] Subrahmanyam M (1998). A prospective randomized clinical and histological study of superficial burn wound healing with honey and silver sulfadiazine. Burns, 24(2):157-61. https://doi.org/10.1016/S0305-4179(97)00113-7
- [26] Saber A (2010). Effect of honey versus intergel in intraperitoneal adhesion prevention and colonic anastomotic healing: a randomized controlled study in rats. International Journal of Surgery, 8(2):121-7. https://doi.org/10.1016/j.ijsu.2009.11.010
- [27] Biswal BM, Zakaria A, Ahmad NM (2003). Topical application of honey in the management of radiation mucositis. A preliminary study. Supportive Care in Cancer, 11(4):242-8. https://doi.org/10.1007/s00520-003-0443-y
- [28] Motallebnejad M, Akram S, Moghadamnia A, Moulana Z, Omidi S (2008). The effect of topical application of pure honey on radiation-induced mucositis: a randomized clinical trial. J contemp dent pract, 9(3):40-7.
- [29] Khanal B, Baliga M, Uppal N (2010). Effect of topical honey on limitation of radiation-induced oral mucositis: an intervention study. International journal of oral and maxillofacial surgery, 39(12):1181-5. https://doi.org/10.1016/j.ijom.2010.05.014

DOI: https://doi.org/10.54393/pbmj.v4i2.141

[30] Rashad UM, Al-Gezawy SM, El-Gezawy E, Azzaz AN (2009). Honey as topical prophylaxis against radiochemotherapy-induced mucositis in head and neck cancer. The Journal of Laryngology & Otology, 123(2):223-8.

https://doi.org/10.1017/S0022215108002478

- [31] Ingle R, Levin J, Polinder K (2006). Wound healing with honey-a randomised controlled trial. South African Medical Journal, 96(9):831-5.
- [32] McIntosh CD, Thomson CE (2006). Honey dressing versus paraffin tulle gras following toenail surgery. Journal of wound care, 15(3):133-6. https://doi.org/10.12968/jowc.2006.15.3.26877
- [33] Marshall C, Queen J, Manjooran J (2005). Honey vspovidone iodine following toenail surgery.
 WOUNDS UK, 1(1):10.
- [34] Mashhood AA, Khan TA, Sami AN (2006). Honey compared with 1% silver sulfadiazine cream in the treatment of superficial and partial thickness burns. Journal of Pakistan Association of Dermatologists, 16(1):14-9.
- [35] Bangroo AK, Khatri R, Chauhan S (2005). Honey dressing in pediatric burns. Journal of Indian Association of Pediatric Surgeons, 10(3):172. 10.4103/0971-9261.16970
- [36] Subrahmanyam M, Sahapure A, Nagane N. Effects of topical application of honey on burn wound healing.
- [37] Subrahmanyam M (1996). Honey dressing versus boiled potato peel in the treatment of burns: a prospective randomized study. Burns, 22(6):491-3. https://doi.org/10.1016/0305-4179(96)00007-1
- [38] Subrahmanyam M (1994). Honey-impregnated gauze versus amniotic membrane in the treatment of burns. Burns, 20(4):331-3. https://doi.org/10.1016/0305-4179(94)90061-2
- [39] Wijesinghe M, Weatherall M, Perrin K, Beasley R (2009). Honey in the treatment of burns: a systematic review and meta-analysis of its efficacy. Database of Abstracts of Reviews of Effects (DARE): Qualityassessed Reviews[Internet]
- [40] Moore OA, Smith LA, Campbell F, Seers K, McQuay HJ, Moore RA (2001). Systematic review of the use of honey as a wound dressing. BMC complementary and alternative medicine, 1(1):1-6. https://doi.org/10.1186/1472-6882-1-2
- [41] Subrahmanyam M (1999). Early tangential excision and skin grafting of moderate burns is superior to honey dressing: a prospective randomised trial. Burns, 25(8):729-31. https://doi.org/10.1016/S0305-4179(99)00063-7
- [42] Jull A, Walker N, Parag V, Molan P, Rodgers A (2008).

Randomized clinical trial of honey-impregnated dressings for venous leg ulcers. Journal of British Surgery, 95(2):175-82.

https://doi.org/10.1002/bjs.6059

[43] Baruah A, Bordoloi M, Baruah HP (2016). Aloe vera: A multipurpose industrial crop. Industrial Crops and Products, 94:951-63.

https://doi.org/10.1016/j.indcrop.2016.08.034

- [44] Pothuraju R, Sharma RK, Onteru SK, Singh S, Hussain SA(2016). Hypoglycemic and hypolipidemic effects of Aloe vera extract preparations: A review. Phytotherapy research, 30(2):200-7.
- [45] Singab AN, EI-Hefnawy HM, Esmat A, Gad HA, Nazeam JA (2015). A systemic review on aloe arborescens pharmacological profile: biological activities and pilot clinical trials. Phytotherapy Research, 29(12):1858-67.
- [46] Kumar R, Singh AK, Gupta A, Bishayee A, Pandey AK (2019). Therapeutic potential of Aloe vera-A miracle gift of nature. Phytomedicine, 60:152996. https://doi.org/10.1016/j.phymed.2019.152996
- [47] Kang MC, Kim SY, Kim YT, Kim EA, Lee SH, Ko SC, Wijesinghe WA, Samarakoon KW, Kim YS, Cho JH, Jang HS (2014). In vitro and in vivo antioxidant activities of polysaccharide purified from aloe vera (Aloe barbadensis) gel. Carbohydrate polymers, 99:365-71.

https://doi.org/10.1016/j.carbpol.2013.07.091

- [48] Sánchez M, González-Burgos E, Iglesias I, Gómez-Serranillos MP (2020). Pharmacological update properties of Aloe vera and its major active constituents. Molecules, 25(6):1324. https://doi.org/10.3390/molecules25061324
- [49] Shakib Z, Shahraki N, Razavi BM, Hosseinzadeh H (2019). Aloe vera as an herbal medicine in the treatment of metabolic syndrome: A review. Phytotherapy Research, 33(10):2649-60.
- [50] Miroddi M, Navarra M, Calapai F, Mancari F, Giofrè SV, Gangemi S, Calapai G (2015). Review of clinical pharmacology of Aloe vera L. in the treatment of psoriasis. Phytotherapy Research, 29(5):648-55.
- [51] Gao Y, Kuok KI, Jin Y, Wang R (2019). Biomedical applications of Aloe vera. Critical reviews in food science and nutrition, 59(1): 244-56. https://doi.org/10.1080/10408398.2018.1496320
- [52] Akaberi M, Sobhani Z, Javadi B, Sahebkar A, Emami SA (2016). Therapeutic effects of Aloe spp. in traditional and modern medicine: A review. Biomedicine & Pharmacotherapy, 84:759-72. https://doi.org/10.1016/j.biopha.2016.09.096
- [53] Yang MS, Yu CP, Huang CY, Chao PD, Lin SP, Hou YC

(2017). Aloe activated P-glycoprotein and CYP 3A: a study on the serum kinetics of aloe and its interaction with cyclosporine in rats. Food & function, 8(1):315-22. https://doi.org/10.1039/C6F000938G

- [54] Rodríguez ER, Martín JD, Romero CD(2010). Aloe vera as a functional ingredient in foods. Critical Reviews in Food Science and Nutrition, 50(4):305-26. https://doi.org/10.1080/10408390802544454
- [55] Hamman JH(2008). Composition and applications of Aloe vera leaf gel. Molecules, 13(8):1599-616. https://doi.org/10.3390/molecules13081599
- [56] Minjares-Fuentes R, Femenia A, Comas-Serra F, Rodríguez-González VM (2018). Compositional and structural features of the main bioactive polysaccharides present in the Aloe vera plant. Journal of AOAC International, 101(6):1711-9. https://doi.org/10.5740/jaoacint.18-0119
- [57] Añibarro-Ortega M, Pinela J, Barros L, Ćirić A, Silva SP, Coelho E, Mocan A, Calhelha RC, Soković M, Coimbra MA, Ferreira IC (2019). Compositional features and bioactive properties of aloe vera leaf (Fillet, mucilage, and rind) and flower. Antioxidants, 8(10):444. https://doi.org/10.3390/antiox8100444
- [58] Shi XD, Nie SP, Yin JY, Que ZQ, Zhang LJ, Huang XJ (2017). Polysaccharide from leaf skin of Aloe barbadensis Miller: Part I. Extraction, fractionation, physicochemical properties and structural characterization. Food Hydrocolloids, 73:176-83. https://doi.org/10.1016/j.foodhyd.2017.06.039
- [59] Lin LX, Wang P, Wang YT, Huang Y, Jiang L, Wang XM (2016). Aloe vera and Vitisvinifera improve wound healing in an in vivo rat burn wound model. Molecular m e d i c i n e r e p o r t s , 13 (2): 1070-6. https://doi.org/10.3892/mmr.2015.4681
- [60] Burusapat C, Supawan M, Pruksapong C, Pitiseree A, Suwantemee C (2018). Topical Aloe vera gel for accelerated wound healing of split-thickness skin graft donor sites: A double-blind, randomized, controlled trial and systematic review. Plastic and reconstructive surgery, 142(1):217-26. 10.1097/PRS.000000000004515
- [61] Das S, Mishra B, Gill K, Ashraf MS, Singh AK, Sinha M, Sharma S, Xess I, Dalal K, Singh TP, Dey S (2011). Isolation and characterization of novel protein with anti-fungal and anti-inflammatory properties from Aloe vera leaf gel. International Journal of Biological M a c r o m o l e c u l e s , 48 (1): 38 - 43. https://doi.org/10.1016/j.ijbiomac.2010.09.010
- [62] de Oliveira AC, Tabrez S, Shakil S, Khan MI, Asghar MN, Matias BD, da Silva Batista JM, Rosal MM, de Lima MM, Gomes SR, de Carvalho RM (2018). Mutagenic,

antioxidant and wound healing properties of Aloe vera. Journal of ethnopharmacology, 227:191-7. https://doi.org/10.1016/j.jep.2018.08.034

- [63] Dat AD, Poon F, Pham KB, Doust J (2012). Aloe vera for treating acute and chronic wounds. Cochrane Database of Systematic Reviews, (2). https://doi.org/10.1002/14651858.CD008762.pub2
- [64] Hashemi SA, Madani SA, Abediankenari S (2015). The review on properties of Aloe vera in healing of cutaneous wounds. BioMed research international. https://doi.org/10.1155/2015/714216
- [65] Hormozi M, Assaei R, Boroujeni MB (2017). The effect of aloe vera on the expression of wound healing factors (TGF β 1 and bFGF) in mouse embryonic fibroblast cell: In vitro study. Biomedicine & P h a r m a c o t h e r a p y , 8 8 : 6 1 0 - 6 . https://doi.org/10.1016/j.biopha.2017.01.095
- [66] Budai MM, Varga A, Milesz S, Tőzsér J, Benkő S(2013). Aloe veradownregulates LPS-induced inflammatory cytokine production and expression of NLRP3 inflammasome in human macrophages. Molecular immunology, 56(4):471-9.

https://doi.org/10.1016/j.molimm.2013.05.005

- [67] zadehGharaboghaz MN, Farahpour MR, Saghaie S (2020). Topical co-administration of Teucriumpoliumhydroethanolic extract and Aloe vera gel triggered wound healing by accelerating cell proliferation in diabetic mouse model. Biomedicine & P h a r m a c o t h e r a p y, 127:110189. https://doi.org/10.1016/j.biopha.2020.110189
- [68] Oryan A, Mohammadalipour A, Moshiri A, Tabandeh MR (2016). Topical application of Aloe vera accelerated wound healing, modeling, and remodeling: an experimental study. Annals of plastic surgery, 77(1):37-46.

10.1097/SAP.00000000000239

- [69] Tabandeh MR, Oryan A, Mohammadalipour A (2014). Polysaccharides of Aloe vera induce MMP-3 and TIMP-2 gene expression during the skin wound repair of rat. International journal of biological m a c r o m o l e c u l e s , 6 5 : 4 2 4 - 3 0 . https://doi.org/10.1016/j.ijbiomac.2014.01.055
- [70] Xing W, Guo W, Zou CH, Fu TT, Li XY, Zhu M, Qi JH, Song J, Dong CH, Li Z, Xiao Y (2015). Acemannan accelerates cell proliferation and skin wound healing through AKT/mTOR signaling pathway. Journal of Dermatological Science, 79(2):101-9. https://doi.org/10.1016/j.jdermsci.2015.03.016
- [71] Chokboribal J, Tachaboonyakiat W, Sangvanich P, Ruangpornvisuti V, Jettanacheawchankit S, Thunyakitpisal P (2015). Deacetylation affects the

physical properties and bioactivity of acemannan, an extracted polysaccharide from Aloe vera. Carbohydrate polymers, 133:556-66. https://doi.org/10.1016/j.carbpol.2015.07.039

- [72] Liu C, Cui Y, Pi F, Cheng Y, Guo Y, Qian H (2019). Extraction, purification, structural characteristics, biological activities and pharmacological applications of acemannan, a polysaccharide from aloe vera: A review. Molecules, 24(8):1554. https://doi.org/10.3390/molecules24081554
- [73] Priya SG, Gupta A, Jain E, Sarkar J, Damania A, Jagdale PR, Chaudhari BP, Gupta KC, Kumar A (2016). Bilayer cryogel wound dressing and skin regeneration grafts for the treatment of acute skin wounds. ACS applied materials & interfaces, 8(24):15145-59.

https://doi.org/10.1021/acsami.6b04711

- [74] Boudreau MD, Beland FA (2006). An evaluation of the biological and toxicological properties of Aloe barbadensis (miller), Aloe vera. Journal of Environmental Science and Health Part C, 24(1):103-54. https://doi.org/10.1080/10590500600614303
- [75] Li LJ, Gao SQ, Peng LH, Wang XR, Zhang Y, Hu ZJ, Gao JQ (2017). Evaluation of efficacy of aloin in treating acute trauma in vitro and in vivo. Biomedicine & P h a r m a c o t h e r a p y , 88 : 1211 9. https://doi.org/10.1016/j.biopha.2017.01.174
- [76] Di Luccia B, Manzo N, Vivo M, Galano E, Amoresano A, Crescenzi E, Pollice A, Tudisco R, Infascelli F, Calabrò V (2013). A biochemical and cellular approach to explore the antiproliferative and prodifferentiative activity of Aloe arborescens leaf extract. Phytotherapy Research, 27(12):1819–28.
- [77] Lee W, Jeong GS, Baek MC, Ku SK, Bae JS (2019). Renal protective effects of aloin in a mouse model of sepsis. Food and Chemical Toxicology, 132:110651. https://doi.org/10.1016/j.fct.2019.110651
- [78] Silva MA, Trevisan G, Hoffmeister C, Rossato MF, Boligon AA, Walker CI, Klafke JZ, Oliveira SM, Silva CR, Athayde ML, Ferreira J (2014). Anti-inflammatory and antioxidant effects of Aloe saponaria Haw in a model of UVB-induced paw sunburn in rats. Journal of Photochemistry and photobiology B: Biology, 133:47-54. https://doi.org/10.1016/j.jphotobiol.2014.02.019
- [79] Du, Y., Qian, B., Gao, L., et al (2019). Aloin preconditioning attenuates hepatic ischemia/reperfusion injury via in-hibiting TLR4/MyD88/NF-kB signal pathway in vivo and in vitro.Oxid Med CellLongev 3765898.
- [80] Luo X, Zhang H, Wei X, Shi M, Fan P, Xie W, Zhang Y, Xu N (2018). Aloin suppresses lipopolysaccharide-

induced inflammatory response and apoptosis by inhibiting the activation of NF- κ B. Molecules, 23(3):517.

https://doi.org/10.3390/molecules23030517

- [81] Park MY, Kwon HJ, Sung MK (2009). Evaluation of aloin and aloe-emodin as anti-inflammatory agents in aloe by using murine macrophages. Bioscience, Biotechnology, and Biochemistry, 73(4):828-32. https://doi.org/10.1271/bbb.80714
- [82] Sun H, Luo G, Chen D, Xiang Z (2016). A comprehensive and system review for the pharmacological mechanism of action of rhein, an active anthraquinone ingredient. Frontiers in p h a r m a c o l o g y, 7:247. https://doi.org/10.3389/fphar.2016.00247
- [83] Choi SW, Son BW, Son YS, Park YI, Lee SK, Chung MH (2001). The wound-healing effect of a glycoprotein fraction isolated from aloe vera. British Journal of Dermatology, 145(4):535-45.
- [84] Choi S, Kim KW, Choi JS, Han ST, Park YI, Lee SK, Kim JS, Chung MH (2002). Angiogenic activity of β-sitosterol in the ischaemia/reperfusion-damaged brain of Mongolian gerbil. Plantamedica, 68(04):330-5.10.1055/s-2002-26750
- [85] Liao PC, Lai MH, Hsu KP, Kuo YH, Chen J, Tsai MC, Li CX, Yin XJ, Jeyashoke N, Chao LK (2018). Identification of β-sitosterol as in vitro antiinflammatory constituent in Moringaoleifera. Journal of agricultural and food chemistry, 66(41):10748-59.

https://doi.org/10.1021/acs.jafc.8b04555

- [86] Wahedi HM, Jeong M, Chae JK, Do SG, Yoon H, Kim SY (2017). Aloesin from Aloe vera accelerates skin wound healing by modulating MAPK/Rho and Smad signaling pathways in vitro and in vivo. Phytomedicine, 28:19-26. https://doi.org/10.1016/j.phymed.2017.02.005
- [87] Hobson R (2016). Vitamin E and wound healing: an evidence-based review. International wound journal, 13(3):331-5.
- [88] Sinno S, Lee DS, Khachemoune A(2011). Vitamins and cutaneous wound healing. Journal of wound care, 20(6):287-93.

https://doi.org/10.12968/jowc.2011.20.6.287

[89] Ahmad S, Ali M, Ansari SH, Ahmed F (2011). Phytoconstituents from the rhizomes of Curcuma aromaticaSalisb. Journal of Saudi Chemical Society, 5(3):287-90.

https://doi.org/10.1016/j.jscs.2010.10.011

[90] Pant N, Misra H, Jain DC (2013). Phytochemical investigation of ethyl acetate extract from Curcuma aromaticaSalisb. rhizomes. Arabian Journal of

Wound Healing Efficacy Of Honey, Aloe Vera, And Turmeric

DOI: https://doi.org/10.54393/pbmj.v4i2.141

Jamil et al.

Chemistry, 6(3):279-83.

https://doi.org/10.1016/j.arabjc.2010.10.007

- [91] Revathi S, Malathy NS (2013). Antibacterial activity of rhizome of Curcuma aromatica and partial purification of active compounds. Indian journal of pharmaceutical sciences, 75(6):732.
- [92] Quality standards of Indian medicinal plants. Edn 1, Vol. 6, Indian Council of medical Research, RamalingaswamiBhawan, 2008, 102-109.
- [93] Kumar A, Chomwal R, Kumar P, Sawal R (2009). Anti inflammatory and wound healing activity of Curcuma aromaticasalisb extract and its formulation. Journal of Chemical and Pharmaceutical Research, 1(1):304-10.
- [94] Liu B, Gao YQ, Wang XM, Wang YC, Fu LQ (2014). Germacrone inhibits the proliferation of glioma cells by promoting apoptosis and inducing cell cycle arrest. Molecular medicine reports, 10(2):1046-50. https://doi.org/10.3892/mmr.2014.2290
- [95] Wu WY, Xu Q, Shi LC, Zhang WB (2000). Inhibitory effects of Curcuma aromatica oil on proliferation of hepatoma in mice. World Journal of Gastroenterology, 6(2):216.

https://dx.doi.org/10.3748%2Fwjg.v6.i2.216