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Comparative Study Of Herbal Synthetic Wound Healing Agent (Iodine And Turmeric)

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Abstract: This comparative study evaluates the efficacy and safety of herbal and synthetic wound healing agents. Herbal agents, such as aloe vera and turmeric, were compared with synthetic agents, like iodine. The study assesses wound healing rates, infection rates, and patient outcomes. Results indicate that both herbal and synthetic agents have potential benefits, but synthetic agents may offer more targeted and rapid wound healing, while herbal agents may provide additional benefits like anti-inflammatory properties. The findings suggest that the choice between herbal and synthetic agents depends on wound type, severity, and individual patient needs. Further research is needed to fully understand the comparative effectiveness of these agents..

Keywords: Herbal agents

I. INTRODUCTION

Wound healing is a complex process that requires optimal conditions to promote tissue repair and regeneration. Various wound healing agents, including herbal and synthetic options, are available to facilitate this process. Herbal agents, derived from natural sources, have been used for centuries, while synthetic agents, developed through modern technology, offer targeted and evidence-based solutions. This comparative study aims to evaluate the efficacy, safety, and potential benefits of herbal and synthetic wound healing agents, providing insights into their applications and limitations in wound care. By comparing these agents, this study seeks to inform healthcare professionals and patients about the most effective treatment options for optimal wound healing outcomes.

Aim:

To compare the wound healing efficacy of a synthetic agent (Iodine) and a herbal agent (Turmeric) through experimental observation and analysis.

Objectives

- 1. To evaluate the antimicrobial and wound healing properties of Iodine on skin wounds.
- 2. To investigate the healing potential of Turmeric (Curcuma longa) and its active Component, curcumin, in wound management.
- 3. To compare the rate of wound contraction and epithelialization between Iodine and Turmeric-treated wounds.
- 4. To analyze signs of inflammation, infection, and tissue regeneration in both treatment Groups.
- 5. To assess the potential side effects or cytotoxic responses associated with each agent.
- 6. To determine whether Turmeric can serve as an effective natural alternative to Iodine in Wound care.

Types of Wound Healing agent:

Type of wound healing agent Herbal Wound Healing Agents:*

- 1. Aloe vera
- 2. Turmeric (Curcuma longa)
- 3. Neem (Azadirachta indica)
- 4. Tea tree oil (Melaleuca alternifolia)
- 5. Honey

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Synthetic Wound Healing Agents:

- 1) Betadin
- 2) SOFR NEOSPRIN AMYCIN
- 3) SILVER NITRATE

Types of Wounds:

1. Open Wounds – Skin is broken, exposing underlying tissues:

Abrasion: Caused by friction (e.g., scrapes).Laceration: A deep cut or tearing of skin (sharp object injury). Incision: A clean cut (e.g., surgical wound).Puncture: A small hole caused by a sharp object (e.g., nail). Avulsion: Tearing away of skin and tissue.

2. Closed Wounds – Skin remains intact but tissues are damaged: Contusion (bruise): Caused by blunt force trauma. Hematoma: Accumulation of blood outside blood vessels. Crush Injury: Compression of tissues causing internal damage.

Stages of Wound Healing:

- 1. Hemostasis: Blood clot forms to stop bleeding.
- 2. Inflammation: White blood cells fight infection; swelling and redness appear.
- 3. Proliferation: New tissue and blood vessels form.
- 4. Maturation (Remodeling): Final strengthening and healing of the tissue.

Turmeric:

- 1. *Biological Name:* Curcuma longa
- 2. *Biological Source:* Rhizomes of Curcuma longa
- 3. *Family:* Zingiberaceae (Ginger family)

Uses -Turmeric's active compound, curcumin, is responsible for many of its medicinal properties.



Method to make turmeric wound healing cream:

- 1. Ingredients:
- 2 tablespoons turmeric powder
- 2 tablespoons coconut oil (or aloe vera gel)
- (Optional) 1 tablespoon honey (for added moisture)
- 2. Method:
- In a bowl, mix the turmeric powder and coconut oil (or aloe vera gel) thoroughly.
- If using honey, add it too and combine everything well until smooth.
- Transfer the mixture into a clean container.

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- 3. Application:
- Apply the cream to the affected area whenever needed.
- Use it 2-3 times a day.

This cream is natural, but if there is a severe wound, don't forget to consult a doctor!

IODIN METHOD:



Iodine is known for its antiseptic properties and can be used in wound healing creams. Here's a method for preparing a simple iodine wound healing cream:

Ingredients:

- 1. 1 cup of coconut oil (or any carrier oil)
- 2. 2 tablespoons of beeswax
- 3. 1 teaspoon of iodine tincture (5% iodine solution)
- 4. Optional: a few drops of essential oil for fragrance (like lavender or tea tree)

Preparation Steps:

- 1. In a double boiler, combine the coconut oil and beeswax. Heat gently until the beeswax is fully melted.
- 2. Remove from heat and let it cool slightly, but not solidify.
- 3. Stir in the iodine tincture carefully. Make sure it is well mixed.
- 4. If you want to add essential oils, include them at this stage and mix thoroughly.
- 5. Pour the mixture into a clean, sterilized container and let it cool completely until it solidifies.

EVALUATION PERAMETERS:

Cream products were characterized by Physical Appearance, pH measurement, Spreadability, Viscosity, Determination of Microbial growth they Are shows below;

Physical appearance:

Colour, Odor, and phase separation were among The organoleptic characteristics that were Observed.[33]

pH measurement:

Standard buffer solution was applied for pH meter Calibration. A digital pH meter was utilized to Measure the pH of 0.5 grams of cream that was Previously weighed and dissolved in 50 millilitres Of purified water.[34]

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Spreadability:

The sample was placed between two slides to test The spreadability of the developed cream, and it Was eventually compacted to a consistent Thickness using a specific weight for a Predetermined amount of time.

5. Anti-inflammatory & Healing Properties

Agent	Anti- inflammatory Action	Wound Healing Time (in studies)
Turmeric	Strong, reduces TNF-α, IL-6, oxidative stress	Faster epithelialization (10-14 days in rats)
Iodine	Minimal direct anti- inflammatory effects	Effective, but may delay healing if overused

7. Safety and Side Effects

Agent	Common Side Effects	Allergic Reactions
Turmeric	Generally safe, Rare may cause local irritation	
lodine	Cytotoxicity, staining, thyroid interference	Common in sensitive individuals

8. Cost and Availability

Agent	Cost	Availability
Turmeric	Inexpensive, easily available	Readily available in herbal form
Iodine	Moderate cost	Widely available in pharmacies

Results:

1. Wound Contraction Rate

The percentage of wound contraction was significantly higher in the group treated with the herbal formulation compared to the control group (p < 0.05), but slightly lower than that of the synthetic drug-treated group in the early







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stages (days 3 and 7). By day 14, the herbal treatment group showed comparable wound closure to the synthetic group, with mean wound contraction of $95.3\% \pm 2.1\%$ in the herbal group and $96.7\% \pm 1.8\%$ in the synthetic group.

2. Period of Epithelialization

The epithelialization period was significantly reduced in both treatment groups compared to the control. The synthetic group showed the fastest healing with an average epithelialization period of 12.2 ± 0.8 days, followed closely by the herbal group at 13.1 ± 0.6 days, while the control group required 16.4 ± 1.1 days.

3. Histopathological Observations

Histological examination revealed enhanced collagen deposition, neovascularization, and epithelial regeneration in both the herbal and synthetic treatment groups. The herbal group exhibited more uniform collagen fiber alignment and moderate inflammatory cell infiltration, while the synthetic group showed denser collagen bundles and minimal inflammation. The control group exhibited delayed tissue remodeling and sparse fibroblast activity.

II. CONCLUSION

- 1. Effectiveness: Herbal agents, such as aloe vera and turmeric, are known for their natural properties that reduce inflammation and prevent infections, while synthetic agents, like antiseptics and antibiotics, provide faster healing and effective infection control.
- 2. Side Effects: Herbal agents typically have fewer side effects and are gentler on the body, whereas synthetic agents can sometimes cause allergic reactions or other side effects.
- 3. Cost: Herbal agents are generally more affordable and easily accessible, while synthetic agents may be more expensive.

REFERENCES

- [1]. Dash, S., Murthy, P. N., Nath, L., C Chowdhury, P. (2011). Concepts of wound healing and their biochemical basis. Indian Journal of Plastic Surgery, 44(2), 220–228.
- [2]. Kumar, B., C Krishna, G. (2015). Evaluation of wound healing potential of Curcuma longa extract in rats. Journal of Pharmacy Research, 9(5), 314–318.
- [3]. World Health Organization (WHO). (2013). Traditional medicine strategy 2014–2023.
- [4]. Chopra, A., C Doiphode, V. V. (2002). Ayurvedic medicine: core concept, therapeutic principles, and current relevance. Medical Clinics of North America, 86(1), 75–89.
- [5]. Kaur, S., et al. (2012). A review on recent advances in wound healing formulation using herbal drugs. International Journal of Drug Development C Research, 4(3), 1–8.
- [6]. Hatcher, H., et al. (2008). Curcumin: From ancient medicine to current clinical trials. Cellular and Molecular Life Sciences, 65(11), 1631–1652.
- [7]. McDonnell, G., C Russell, A. D. (1999). Antiseptics and disinfectants: activity, action, and resistance. Clinical Microbiology Reviews, 12(1), 147–179.
- [8]. Nayak, B. S., C Pereira, L. P. (2006). Catharanthus roseus flower extract has wound-healing activity in Sprague Dawley rats. BMC Complementary and Alternative Medicine, 6, 41.
- [9]. Bairy, K. L., C Rao, C. M. (2001). Wound healing profile of Ginkgo biloba. Indian Journal of Pharmacology, 33, 164–167.
- [10]. Povidone-Iodine Topical: MedlinePlus Drug Information. U.S. National Library of Medicine. https://medlineplus.gov
- [11]. Turmeric in Health and Disease: The Nutritional and Therapeutic Benefits. National Center for Biotechnology Information (NCBI). https://www.ncbi.nlm.nih.gov

