Research Article

# Evaluation of Effectiveness of Honey-Based Alginate Hydrogel on Wound Healing in Rat Model

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## **Abstract**

Alginate hydrogel and honey have a notably effect on wound healing process, therefore assessment of combined impact of those are essential. In this study, the effect of honey-based alginate hydrogel, alginate hydrogel and commercial alginate dressings in recovery of wound in a rat model was studied. In this study, 20Wistar rats were divided into four groups of five. One wound of 1×1 cm square was marked using a template and the skin, on either side of the vertebral column between the ears, excised. One of the rats in each group was euthanized on the 4th, 7th, 14th, and 21th days and skin samples were taken for histopathological analysis. Findings showed that the average total time of wound healing in group of treated with honey-based alginate hydrogel dressing was the best treatment as opposed to the other groups. With respect to all information obtained of the study we found that the honey-based alginate hydrogel is much convenient for wound dressing and treatment of surface wounds. Therefore, outcomes of the treatment make our dressing highly promising as an alternative wound healing system for the treatment of wounds and certainly opening new path for future research and development.

**Keywords:** Alginate, Honey, Alginate Hydrogel, Dressing, Wound Healing

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# Introduction

Wound healing exhibits a dynamic physiological process initiated and influenced by a lot of agents. The process can be divided into four stages: haemostasis, inflammation, proliferation, and finally remodeling [1]. Honey has long been used for treating wounds and other skin conditions [2-6], attributed to its antibacterial, anti-inflammatory, and antioxidant properties [7]. Honey is composed of sugars including mainly about 40% fructose, 30% glucose, and 10% maltose with other compounds such as oligosaccharides, minerals, carbohydrates, enzymes, and phytochemicals such as flavonoids, and ferulic and caffeic acids [8]. The specific composition depends on the flowers available to the bees that produce the honey [9, 10]. Antibacterial activity of honey is because of its high osmolarity, pH, H<sub>2</sub>O<sub>2</sub> production, and presence of other phytochemical components that originate from the nectar of plant [11]. There are several reports on the antibacterial activities of honey against a large number of microorganisms that result in acceleration of wound healing process [11–13]. Antioxidant activity of honey arises from its phytochemical component which protects cells from the damage caused by free radicals thus decreasing the inflammation process [14]. The free radical scavenging activities of honey is mainly due to the contents of flavonoids and phenolic acids [15].

Bangroo et al., [16] have shown previously that the usage of honey can enhance the thickness of the granulation tissue and the area of re-epithelization, and Suguna et al., [17] have demonstrated that honey can enhance collagen metabolism during wound healing. Subramanian [18] exhibited that honey was superior to sulfadiazine in

producing early subsidence of acute inflammatory changes, better control of infection and quicker wound healing. reported Several authors have on hydrogel technologies providing products suitable for biomedical application especially in wound management [19-21]. Hydrogels appear to be optimal media to increase wound healing due to its features including moist wound healing, good fluid absorbance as well as having high water retention capacity [19]. Thus, developing hydrogel-based wound dressings from a wide range of biomaterials as well as biologically active substances including chitin, chitosan, alginate, and sea cucumber is in the spotlight [22–25].

Various dressings and gels containing honey are now available [26, 27], but in the current study, the dressing derived from honey and alginate hydrogel was introduced as a novel dressing that have reservoir capacities for the sustained delivery of honey. The development of a sustained release system would substantially increase the utility of incorporated honey in tissue repair and thus facilitate healing and we was therefore undertaken to assess its wound-healing activity in rat model, using topically applied gel formulations.

## **Materials and Methods**

## Honey formulations

For topical at a concentration of 70% were made.

## Animals

A total of 20 male wistar rats (weight 180–200 g) were used in the current study. The animals were acclimatized to the laboratory conditions for one week prior to the onset of the experiment. The rats were individually caged, fed with commercial rat chow, and allowed water ad libitum.



The experimental protocol was approved by Institutional Animal Ethics Committee of Pasteur institute of Iran.

## Experimental group

The animals were randomly divided into four experimental groups of five rats in each group. Group 1 animals (NC: Negative Control) were not topically treated. Animals in Group 2 (PC: Positive Control) were treated topically with commercial gel. Animals in Group 3 and 4 were treated topically with the formulations of alginate hydrogel and 70% honey-based alginate hydrogel, respectively.

# **Experimental Designs**

The rats were anesthetized intraperitoneally with Ketamine hydrochloride (100 mg/kg body weight) and Xylazine (10 mg/kg body weight) prior to production of the excision wound [28]. Briefly, the skin area had been shaved one day prior to the experiment. One full-thickness wound of  $1\times1$  cm square was marked using a template and the skin, on either side of the vertebral column between the ears, excised using dissecting scissors and forceps. Treatments continued till 21th day and every two days the dressing was changed. One of the rats was euthanized on 4, 7, 14, and 21 days after an overdose of ether inhalation, and skin samples were taken for histopathological analysis.

# Histopathological Analysis

In order to macroscopic assessment, the wound area was measured by taking photo every day from the outline of the wound and the time required for healing was measured [29]. For microscopic assessment, skin samples were fixed in 10% formalin solution and embedded in paraffin. Tissue sections of 4-5  $\mu m$  thickness were cut, and then Hematoxylin-Eosin staining (H&E) and Masson's trichrome staining were performed. The wounds were evaluated for the extent of re-epithelialization, inflammation, angiogenesis, fibroblast, collagen and hair follicle.

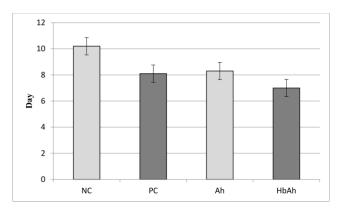
## Statistical analysis

The analysis was performed using the SPSS software, Version 22.0. Due to the low sample size in each group, we used non-parametric tests including the Kruskal-Wallis test to compare the target groups and the Mann-Whitney test to compare pairs of groups. P values of less than 0.05 were considered to be significant.

#### **Results and Discussion**

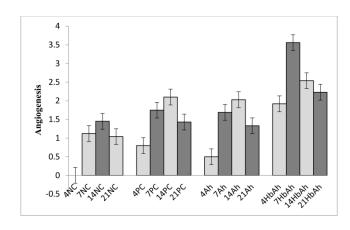
The prepared honey-based alginate gel and control alginate gel represented uniform, transparent sheets of threedimensional networks with a thickness of 3-4 mm. They showed good transparency to allow monitoring of the healing progression as well as ensuring timely dressing alterations. Honey-based alginate gel demonstrated a golden yellow due to the original color of the honey itself which is yellow. Honey has long been documented as having healing properties [30-32]. The increased rate of healing could also be attributed to the osmotic action of honey drawing out lymph, and thus providing a constant flow of nutrients from the function in capillaries deeper down [33]. The time required for wound healing in negative control, positive control, alginate hydrogel and honey-based alginate hydrogel were 10.2, 8.1, 8.3 and 7 days, respectively. The results showed that there were a

significant difference between the honey-based alginate hydrogel and the other groups (p<0.05, Fig. 1).



**Figure 1.** Comparison of the time required for wound healing among treatments. Treatments are Positive Control (PC), alginate hydrogel (Ah) and Honey-based alginate hydrogel (HbAh). NC: Negative Control.

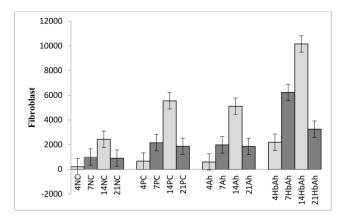
Many researchers found that honey stimulates development of new blood vessels in the bed of wounds [34-39]. Honey gives a "slow-release delivery" of innocuous concentrations of hydrogen peroxide, a substance which at low levels can stimulate angiogenesis and stimulate the growth of fibroblasts [40]. Histopathological comparisons showed that angiogenesis on 7 day (p<0.05, Fig. 2) and the growth of fibroblast on the 14th day (p<0.05, Fig. 3) was the greatest in honey-based alginate hydrogel dressing as opposed to the other treatments.



**Figure 2.** Comparison of the angiogenesis on the 4th, 7th, 14th and 21th days in the different groups. Treatments are Positive Control (PC), Alginate hydrogel (Ah) and Honey-based alginate gel (HbAh).

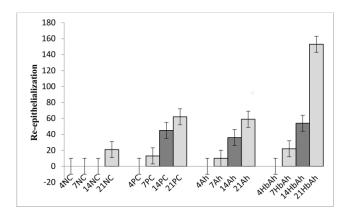
One of the indices of the quality of wound healing is the presence of hair follicle. On the 21th day, hair follicles were observed in some rats. The average of observed number of hair follicle in negative control, positive control, alginate hydrogel and honey-based alginate hydrogel were 1, 3, 2 and 4 (data not shown). Re-epithelialization in wound location is one of the effective solutions in determination of wound healing rate.

A lot of studies showed that honey promotes epithelialization of wounds [41-46].



**Figure 3.** Comparison of the growth of fibroblast on the 4th, 7th, 14th and 21th days in the different groups. Treatments are Positive Control (PC), Alginate hydrogel (Ah) and Honey-based alginate hydrogel (HbAh).

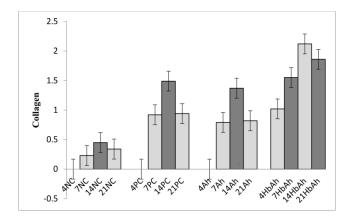
The mentioned studies were consistent with our study and microscopic evaluation demonstrated that there was a significant acceleration of re-epithelialization in wounds treated with honey-based alginate hydrogel dressings as compared to other experimental groups (Fig. 4). On the 4th day, the thickness of epiderm was not computable because epiderm can't be complete untill this day. The results showed that honey-based alginate hydrogel on the 21th day had the greatest epiderm growth as opposed to the other groups (p<0.05, Fig. 4 and Fig. 6).



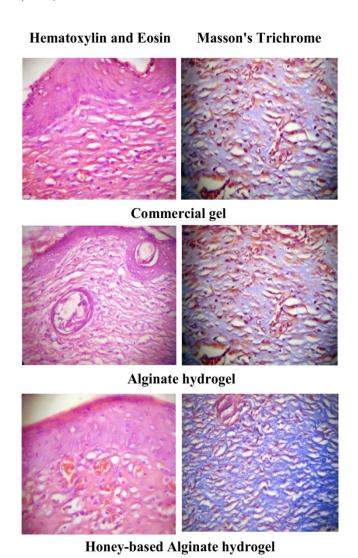
**Figure 4.** Comparison of the re-epithelialization on the 4th, 7th, 14th and 21th days in the different groups. Treatments are Positive Control (PC), alginate hydrogel (Ah) and Honey-based alginate hydrogel (HbAh).

In several studies, the results showed that honey has increased significantly the quantity of collagen synthesized and stimulates tissue growth [34-39]. Since collagen formation is a curtail step for the wound healing, the skin tissue was stained with Masson's trichrome stain that can highlight the collagen remodeling and maturation. The results indicated that honey-based alginate gel-treated wounds exhibits abundant mature and compact collagen comparing with other treatments (Fig. 6). Honey-based

alginate hydrogel on the 14th day had the greatest collagen as opposed to the other groups (p<0.05, Fig. 5).



**Figure 5.** Comparison of the collagen on the 4th, 7th, 14th and 21th days in the different groups. Treatments are Positive Control (PC), Alginate hydrogel (Ah) and Honey-based alginate hydrogel (HbAh).



**Figure 6.** Histopathology by using H & E staining and Masson's Trichrome staining on day 21.

In several studies were shown that honey reduces inflammation [47-49]. Also, we observed the same result regarding inflammation in honey-based alginate hydrogel. Skin samples on the 4th day had much inflammation and there wasn't a significant difference among treatments. Moreover, we observed edema in most of the rats in the mentioned day and edema continued till the 7th day only in negative control. Histopathological comparisons showed that on the 21th day the lowest inflammation rate was observed in honey-based alginate hydrogel as opposed to other dressings (data not shown).

#### Conclusion

In conclusion, honey-based alginate hydrogel represents a feasible and productive approach to support dermal wound healing by regulation of multiple events that are central to the process of healing. The resultant wound healing influences were attributed to the synergistic effect of the alginate hydrogel and the incorporated honey. Outcomes of the treatment make our dressing highly promising as an alternative wound healing system for the treatment of wounds and certainly opening new path for future research and development.

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#### References

- 1. Diegelmann, R.F., Evans, M.C., Wound healing: an overview of acute, fibrotic and delayed healing. *Front Biosci*, 2004, Vol. 9, pp. 283–289.
- 2. Efem SE., Clinical observations on the wound healing properties of honey. *Br J Surg*, 1988, Vol. 75, pp. 679–681.
- 3. Phuapradit, W., Saropala, N., Topical application of honey in treatment of abdominal wound disruption. *Aust NZJ Obstet Gynaecol*, 1992, Vol. 32, pp. 381–384.
- 4. Condon, R.E., Curious interaction of bugs and bees. *Surgery*, 1993, Vol.113, pp. 234–335.
- 5. Ndayisaba, G., Bazira, L., Habonimana, E., Muteganya, D., Clinical and bacteriological outcome of wounds treated with honey. *J Orthop Surg*, 1993, Vol. 7, pp. 202–204.
- 6. Harris, S., Honey for the treatment of superficial wounds: a case report and review. *Primary Intention*, 1994, Vol. 2, pp. 18–23.
- 7. Molan, P. C., The role of honey in the management of Wounds. *J Wound care*, 1999, Vol. 8, pp. 415–418.
- 8. Wahdan, H.A.L., Causes of the antimicrobial activity of honey. *Infection*, 1998, Vol. 26, pp. 30–35.
- 9. Gheldof, N., Wang, X.H., Engeseth, N.J., Identification and quantification of antioxidant components of honeys from various fl oral sources. *J Agric Food Chem*, 2002, Vol. 50, pp. 5870–5877.
- 10. Gheldof, N., Engeseth, N.J., Antioxidant capacity of honey from various fl oral sources based on the determination of oxygen radical absorbance capacity and inhibition of in vitro lipoprotein oxidation in human serum samples. *J Agric Food Chem*, 2002, Vol. 50, pp. 3050–3055.
- 11. Sherlock, O., Dolan, A., Athman, R., et al., Comparison of the antimicrobial activity of Ulmo honey from Chile and Manuka honey against methicillin-resistant *Staphylococcus aureus*, *Escherichia coli* and *Pseudomonas aeruginosa*. *BMC Complement Altern Med*, 2010, Vol. 10, pp. 1–5.

- 12. Cooper, R. A., Molan, P. C., and Harding, K. G., Antibacterial activity of honey against strains of *Staphylococcus aureus* from infected wounds. *J R Soc Med*, 1999, Vol. 92, pp. 283–285.
- 13. Visavadia, B. G., Honeysett, J., and Danford, M. H., Manuka honey dressing: an effective treatment for chronic wound infections. *Br J Oral Maxillofac Surg*, 2008, Vol. 46, pp. 55–56.
- 14. Molan, P. C., Using honey in wound care. *Int J Clin Aromather France*, 2006, Vol. 3, pp. 21–24.
- 15. Henriques, A., Jackson, J., Cooper, R., and Burton, N., Free radical production and quenching in honeys with wound healing potential. *J Antimicrob Chemother*, 2006, Vol. 58, pp. 773–777.
- 16. Bangroo, A.K., Kharti, R., Chauhan, S., Honey dressing in pediatric burn. *J Indian Assoc Pediatr Surg*, 2005, Vol. 10, pp. 172–175.
- 17. Suguna, L., Chandrakasan, G., Joseph, K.T., Influence of honey on collagen metabolism during wound healing in rats. *J Clin Biochem Nutr*, 1992, Vol. 13, pp. 7–12.
- 18. Subrahmanyam, M., A prospective randomised clinical and histological study of superficial burn wound healing with honey and silver sulfadiazine. *Burns*, 1998, Vol. 24, pp. 157–161.
- 19. Hoffman, A. S., Hydrogels for biomedical applications. *Adv Drug Deliv Rev*, 2002, Vol. 54, pp. 3–12.
- 20. Rattanaruengsrikul, V., Pimpha, N., and Supaphol, P., Development of gelatin hydrogel pads as antibacterial wound Dressings. *Macromol Biosci*, 2009, Vol. 9, pp. 1004–1015.
- 21. Singh, B., and Pal, L., Radiation crosslinking polymerization of sterculia polysaccharide-PVA-PVP for making hydrogel wound dressings. *Int J Biol Macromol*, 2001, Vol. 48, pp. 501–510.
- 22. Zohdi, R. M., Zakaria, Z. A. B., Yusof, N., Mustapha, N. M., and Abdullah, M. N. H., Sea cucumber (*Stichopus hermanii*) based hydrogel to treat burn wounds in rats. *J Biomed Mat Res Part B*, 2011, Vol. 98, pp. 30–37.
- 23. Yang, J. M., Su, W. Y., Leu, T. L., and Yang, M. C., Evaluation of chitosan/PVA blended hydrogel membranes. *J Membrane Sci*, 2004, Vol. 236, pp. 39–51.
- 24. Cho, W. J., Heang, O. S., and Ho, L. J., Alginate film as a novel post-surgical tissue adhesion barrier. *J Biomat Sci*, 2010, Vol. 21, pp. 701–713.
- 25. Jayakumar, R., Prabaharan, M., Nair, S. V., and Tamura, H., Novel chitin and chitosan nanofibers in biomedical applications. Biotechnol Adv, 2010, Vol. 28, pp. 142–150.
- 26. Evans, J., Flavin, S., Honey: a guide for healthcare professionals. *Br J Nurs*, 2008, Vol. 17, pp. 24–30.
- 27. Jull, A.B., Rodgers, A., Walker, N., Honey as a topical treatmentfor wounds. Cochrane Database Syst, 2008, Rev 4.
- 28. Muthukumarasang, M.G., Sivakumar, G., Manohoran, G., Topical Phenytoin in Diabetic Foot Ulcer. Diabetes Care, 1991, Vol, 4, pp. 909-11.
- 29. Khansari, M., Rezvani, M.E., Sajadi, M.A., Soleimani, A., The Effect of Topically Applied Water Extract of Rhazya on Cutaneous Wound Healing in Rats. *J Semnan Uni Med Sci*, 2000, Vol, 1, pp. 1-10.
- 30. Majno, G., The Healing Hand. Man and Wound in the Ancient World. Harvard University Press, Cambridge, 1975, pp. 571.
- 31. Banby, M., Healing effect of floral honey from sugar-fed bee, on surgical wounds (animal model). In Proceedings of the 4th International Conference on Apiculture in Tropical Climates, Cairo, November 6–10. International Bee Research Association, Cardiff, 1988, U.K. pp. 46–49.
- 32. Kaegi, C., Honey for healing. Schweitz. Bienen-Zeitung 118, 1995, pp. 590–592.
- 33. Molan, P. C., "Re-introducing honey in the management of wounds and ulcers—theory and practice. *Ostomy Wound Manag*, 2002, Vol. 48, pp. 28–40.

- 34. Subrahmanyam, M., A prospective randomized clinical and histological study of superficial burn wound healing with honey and silver sulfadiazine. *Burns*, 1998, Vol. 24, pp. 157–161.
- 35. Kumar, A., Sharma, V., Singh, H., Prakash, P., and Singh, S., Efficacy of some indigenous drugs in tissue repair in buffaloes. *Indian Vet J*, 1993, Vol. 70, pp. 42–44.
- 36. Gupta, S., Singh, H., Varshney, A., and Prakash, P., Therapeutic efficacy of honey in infected wounds in buffaloes. *Indian J Anim Sci*, 1992, Vol. 62, pp. 521–523.
- 37. Bulman, M. Honey as a surgical dressing. *Middlesex Hosp J*, 1955, Vol. 55, pp. 188–189.
- 38. Suguna, L., Chandrakasan, G., and Joseph, K.T., Influence of honey on collagen metabolism during wound healing in rats. *J Clin Biochem Nutr*, 1992, Vol. 13, pp. 7–12.
- 39. Bergman, A., Yanai, J., Weiss, J., Bell, D., and David, M. Acceleration of wound healing by topical application of honey. An animal model. *Am J Surg*, 1983, Vol. 145, pp. 374–376.
- 40. Molan, P. C., The role of honey in the management of wounds. *J wound care*, 1999, Vol. 8, vol. 8, pp. 415–418.
- 41. Oladejo, O., Imosemi, I., Osuagwu, F., Oyedele, O., Oluwadara, O., Ekpo, O., Aiku, A., Adewoyin, O., and Akang, E., A comparative study of the wound healing properties of honey and Ageratum conyzoides. *Afr J Med Sci*, 2003, Vol. 32, PP. 193–196.

- 42. Hejase, M., Bihrle, R., and Coogan, C., Genital Fournier's gangrene: experience with 38 patients. *Urology*, 1996, Vol. 47, pp. 734–739.
- 43. Yang, K., The use of honey in the treatment of chilblains, non-specific ulcers, and small wounds. *Chin Med J*, 1944, Vol. 62, pp. 55–60.
- 44. Hutton, D., Treatment of pressure sores. *Nurs Times*, 1966, Vol. 62, pp. 1533–1534.
- 45. Weber, H., Honig zur behandlung vereiterter wunden. *Ther Ggw.* 1937, Vol. PP. 78, 547.
- 46. Iftikhar, F., Arshad, M., Rasheed, F., Amraiz, D., Anwar, P., and Gulfraz, M. Effects of acacia honey on wound healing in various rat models. *Phytother Res.*, Vol. 24, pp. 583–586.
- 47. Pieper, B., Honey-based dressings and wound care: an option for care in the United States. *J Wound Ostomy Continence Nurs*. 2009, Vol. 36, pp. 60–66.
- 48. Molan, P.C., Potential of honey in the treatment of wounds and burns. *Am J Clin Dermatol*, 2001, Vol. 36, pp. 13–19.
- 49. Al-Waili, N. and Saloom, K., Effects of topical honey on post-operative wound infections due to gram positive and gram negative bacteria following caesarean sections and hysterectomies. *Eur J Med Res*, 1999, Vol. 4, PP. 126–130.