Excision and Incision Wound Healing Activity of Flower Head Alcoholic Extract of *Sphaeranthus indicus* Linn. In Albino Rats

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**Abstract:** The basic objective of the present work was to assess the wound healing activity of *Sphaeranthus indicus* flower head by providing better tissue formation and protection against microbial invasion. Various ointments of extracts in various proportions were prepared and subjected for assessment of wound healing activity in albino rats. Based on the comparison of wound healing activity of various formulations, the formulation comprising of 2% (w/w) alcoholic extract of flower head of *Sphaeranthus indicus* found to be superior to that of control and standard formulation. In addition to greater hydroxyproline content found in healed wounds as compared to control and standard formulation.

**Key words:** Wound contraction · *Sphaeranthus indicus* · Hydroxyproline · Gorakhmundi

**INTRODUCTION**

*Sphaeranthus indicus* Linn belongs to family Asteraceae. The plant is commonly known as Gorakhmundi in Hindi. It is an annual spreading herb, which grows approximately 15-30 cm in height. The plant is distributed throughout the plains and wet lands in India, Sri Lanka and Australia [1]. In folk medicine, the plant is reportedly used in treating epileptic convulsions, mental illnesses and hemicranias [2]. The external application of a paste of this herb is beneficial in treating pruritus and edema, arthritis, filariasis, gout and cervical adenopathy [3]. Essential oil, obtained by steam distillation of the whole herb, contains ocimene, ß-terpinene, methyl-chavicol, ß-citral, geraniol, ß-ionone, ß-ionone, d-cadinene, p-methoxycinnamaldehyde [4] and an alkaloid sphaeranthine [5].

Normal wound healing response begins the moment the tissue is injured. The healing cascade begins immediately following injury when the platelets come into contact with exposed collagen. As platelet aggregation proceeds, clotting factors are released resulting in the deposition of a fibrin clot at the site of injury. The fibrin clot serves as a provisional matrix and sets the stage for the subsequent events of healing [6]. The inflammatory cells also arrive along with the platelets at the site of injury and they provide key signals are known as cytokines or growth factors [7]. The fibroblast is the connective tissue cell responsible for collagen deposition that is needed to repair the tissue injury. Collagen is the most abundant protein in the animal kingdom, accounting for 30% of the total protein in the human body [8]. In normal tissues collagen provides strength, integrity and structure. When tissues are disrupted following injury, collagen is needed repair the defect and restores anatomic structure and function. Hence we set out to investigate wound contraction, tensile strength measurement and determination of hydroxyproline content in rats. There is no previous report on wound healing activities of *Sphaeranthus indicus* in literature to the best of our knowledge and in this paper, we report for the first time, the efficacy of *Sphaeranthus indicus* flower head extract in the treatment and management of wounds.

**MATERIAL AND METHOD**

**Collection and Identification:** *Sphaeranthus indicus* flower head were collected from K.C. Jain traders, Lalitpur and identified from Prof. A.K. Jain, Director and Deptt. of Ethnobiology, Jiwaji University, Gwalior.

**Preparation of Extract:** The flower head was shade dried, powdered mechanically and sieved by using a mesh (size no. 10/44). It was extracted with ethanol in a soxhlet...
extractor. The concentrated material was reduced to a thick mass at room temperature and water was removed by placing it in a desiccators. The weight of the dried mass was recorded and used for experimental studies [9].

**Preparation of Ointments:** The general method of preparation of various ointments of extract was as follows: Dried extract was taken in glass mortar and triturated first. Then small parts of PEG-400 were added with triturating to dissolve or to suspend the drugs. Portions of PEG-6000 (melted at 70°C) were added to above dispersion with triturating to form a homogenous mass of desired consistency [10].

**Evaluation of Ointments for Physicochemical Parameters**

**pH:** The pH of all the ointments was determined using digital pH meter. 0.5 g of the weighed formulation was dispersed in 50 ml of distilled water and the pH was noted (Banker, 1986).

**Homogeneity:** All the developed ointments were tested for homogeneity by visual inspection. They were tested for their appearance with no lumps [11].

**Skin Irritation Test:** For each cream, five human volunteers were selected and 1 g of weighed formulation was applied on an area of 2 sq. inch to the back of the hand and covered with cotton. The volunteers were asked to report after 24 hours to observe for any reaction or irritation [11].

**Evaluation of Wound Healing Activity of Various Prepared Formulation**

**Experimental Animals:** Male Albino rats of wistar strain (150-250 g) were housed under standard conditions of temperature, 12 hour light / dark and fed with standard pellet diet and water ad libitum. Animals were acclimatized to laboratory conditions at least 24 hours before conducting the experiments (CPCSEA Registration No.-915/ac/05/CPCSEA).

**Excision Wound Model**

**Wound Contraction Studies:** A circular piece (300 mm² in area) of full thickness skin was excised from the dorsal interscapular region [12]. Wound contractions were monitored by measuring wound area, on alternate days till the wound were completely healed. To have uniform parameters for comparison of the effects of different drugs was calculated by Litchfield and Wileoxon method [13]. The time taken for epithelialization was measured in days required for full epithelialization was indicated by fall of scale leaving no raw wound behind. The progressive changes in wound area are monitored planimetrically by tracing the wound margin on graph. To determine the changes in healing of wound measurement of wound area on graph paper is expressed as unit (mm²) [14].

**Resutured Incisional Wound Model:** Incision wound were inflicted by the method of Ehrlich and Hunt [15]. Groups of animals containing six in each group are anaesthetized and two paravertebral long incisions of 2.5 cm length are made through the skin and cutaneous muscles at a distance of about 1.5 cm from midline on each side of the depilated back of rat. After mopping the wound dry, intermittent sutures were applied by surgical nylon thread and curved needle No.11, 0.5 cm apart. On the 8th day sutures were removed and on 10th day, the tensile strength was measured by the method of Lee [16].

**Tensile Strength Measurement:** Tensile strength (the force required to open the healing skin) was used to measure the extent of healing. The model used for this purpose consists of wooden board with a pulley that was fixed in one side of edge of board. Two Allis forceps, one is fixed to the opposite side of pulley edge and another is tied with and hanged with rope that is attached to the pan through pulley on which the weights are placed [17]. The weights are increased slowly till it breaks the healed wound. One day before performing this experiment the sutures are removed from the stitched wound of rats after recovery [18].

**Determination of Hydroxyproline Content in Granular Tissue by Colorimetry:** Hydroxyproline is an amino acid present in the collagen fibers of granulation tissue. Its estimation helps clinically to understand progress rate at which the healing process is going on in the connective tissue of the wound. The hydroxyproline contents of the granulation tissue were calculated from standard curve [19, 20].

**Treatments:** First group (Group I) was topically treated with Neomycin ointment (F1), Second group (Group II) remained untreated that acted as diabetic control (F2); third group was treated with 2% alcoholic extract (F3), fourth group was treated with 4% alcoholic extract (F4) and fifth group was treated with 6% alcoholic extract (F5).
Statistical Analysis: The data was statistically analyzed by one-way ANOVA followed by Dunnett multiple comparison test with equal sample size. The difference was considered significant when p<0.001. All the values were expressed as mean±standard deviation (S.D.).

RESULT

There is a report that *sphaeranthus indicus* flower head extracts possesses excellent wound healing property. The wound healing property of *sphaeranthus indicus* extracts are presumably because of its constituents promote cell division and therefore facilitates the healing of wound.

Selection of topical base was important to prepare topical formulations with optimum flow, spreadability and release properties. All the developed ointments were stored in tightly closed containers and evaluated for physical characteristics such as pH, Homogeneity, Spreadability and skin irritation test (Table 1).

Table 2 records the reduction of wound area of different groups over the period of 16 days. It was observed that fastest healing of wound took place in the group of animals treated with F₁ formulation i.e. wound were cured within 10 days. Treatment with the standard formulation (F₁) was also found satisfactory but the rate of healing was comparatively slower than the formulation of herbal extracts.

### Table 1: Evaluation data of developed ointment

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Group models and formulations</th>
<th>pH</th>
<th>Homogeneity</th>
<th>Skin irritation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group-I (F₁)</td>
<td>6.50</td>
<td>Good</td>
<td>x</td>
</tr>
<tr>
<td>2</td>
<td>Group-II (F₂)</td>
<td>6.21</td>
<td>Good</td>
<td>x</td>
</tr>
<tr>
<td>3</td>
<td>Group-IX (F₉)</td>
<td>6.60</td>
<td>Good</td>
<td>x</td>
</tr>
<tr>
<td>4</td>
<td>Group-X (F₉)</td>
<td>6.73</td>
<td>Good</td>
<td>x</td>
</tr>
<tr>
<td>5</td>
<td>Group-XI (F₄)</td>
<td>6.81</td>
<td>Good</td>
<td>x</td>
</tr>
</tbody>
</table>

x = Indicates ointment does not produce any irritation

### Table 2: Records the wound area (mm²) of different groups over a period of 16 days

<table>
<thead>
<tr>
<th>Post Wounding Days</th>
<th>Group I (F₁)</th>
<th>Group II (F₂)</th>
<th>Group III (F₉)</th>
<th>Group IV (F₄)</th>
<th>Group V (F₄)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Day</td>
<td>304.42± 2.6  (0)</td>
<td>300.4 ± 4.6  (0)</td>
<td>356.4 ± 17.2 (0)</td>
<td>243.8 ± 2.8  (0)</td>
<td>244.03 ± 2.6 (0)</td>
</tr>
<tr>
<td>2 Day</td>
<td>290.3 ± 1.9 (4.6)</td>
<td>285.5 ± 3.6 (4.9)</td>
<td>132.6 ± 4.4* (62.8)</td>
<td>177.4 ± 4.8* (27.2)</td>
<td>171.2 ± 3.4* (29.8)</td>
</tr>
<tr>
<td>4 Day</td>
<td>266.2± 3.0 (12.5)</td>
<td>255.6 ± 3.2 (14.9)</td>
<td>47.3 ± 2.2* (86.8)</td>
<td>82.6 ± 1.09* (78.4)</td>
<td>86.8 ± 0.8* (64.4)</td>
</tr>
<tr>
<td>6 Day</td>
<td>176.1± 3.7* (42.1)</td>
<td>222.2± 2.8 (26.03)</td>
<td>25.1± 1.3* (92.9)</td>
<td>37.01± 0.6* (84.8)</td>
<td>44.8 ± 0.3* (81.6)</td>
</tr>
<tr>
<td>8 Day</td>
<td>93.7± 1.7* (69.2)</td>
<td>177.2± 3.2 (41.02)</td>
<td>5.5± 0.4* (98.4)</td>
<td>26.9± 0.04* (88.8)</td>
<td>24.3± 0.3* (89.9)</td>
</tr>
<tr>
<td>10 Day</td>
<td>37.9± 0.8* (87.52)</td>
<td>13.4± 1.5 (55.2)</td>
<td>2.4± 0.2* (99.3)</td>
<td>19.3± 0.3* (90.06)</td>
<td>16.8 ± 0.5* (93.1)</td>
</tr>
<tr>
<td>12 Day</td>
<td>18.08± 0.46* (93.8)</td>
<td>97.1± 0.7 (67.7)</td>
<td>0.0± 0.0* (100.0)</td>
<td>8.5± 0.2* (96.5)</td>
<td>7.05 ± 0.19* (97.1)</td>
</tr>
<tr>
<td>14 Day</td>
<td>0.0± 0.0* (100.0)</td>
<td>61.2± 0.8 (79.6)</td>
<td>-</td>
<td>3.85± 1.14* (98.4)</td>
<td>2.4 ± 0.3* (99.01)</td>
</tr>
<tr>
<td>16 Day</td>
<td>-</td>
<td>41.9± 0.8 (86.05)</td>
<td>-</td>
<td>0.06± 0.02* (99.9)</td>
<td>0.0 ± 0.0* (100.0)</td>
</tr>
</tbody>
</table>

Values are Mean ± S.D. of six animals in each group. *p<0.001 as compared to control. The values shown in ( ) are the % reduction of wound area.

### Table 3: Indicate Tensile strength value in healed tissue

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Group Models</th>
<th>Tensile strength of skin (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group-I (F₁)</td>
<td>490.6 ± 4.4*</td>
</tr>
<tr>
<td>2</td>
<td>Group-II (F₂)</td>
<td>289.3 ± 3.3</td>
</tr>
<tr>
<td>3</td>
<td>Group-III (F₉)</td>
<td>510.1± 3.6*</td>
</tr>
<tr>
<td>4</td>
<td>Group-IV (F₄)</td>
<td>491.06 ± 3.6*</td>
</tr>
<tr>
<td>5</td>
<td>Group-V (F₄)</td>
<td>371.48 ± 11.7*</td>
</tr>
</tbody>
</table>

Values are Mean ± S.D. of six animals in each group. *p<0.001 as compared to control

### Table 4: Indicate Hydroxyproline value in healed tissue

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Group Models</th>
<th>Hydroxyproline (µg/g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group-I (F₁)</td>
<td>668.01 ± 8.8*</td>
</tr>
<tr>
<td>2</td>
<td>Group-II (F₂)</td>
<td>139.90 ± 4.3</td>
</tr>
<tr>
<td>3</td>
<td>Group-III (F₉)</td>
<td>816.15 ± 4.9*</td>
</tr>
<tr>
<td>4</td>
<td>Group-IV (F₄)</td>
<td>815.05 ± 4.8*</td>
</tr>
<tr>
<td>5</td>
<td>Group-V (F₄)</td>
<td>702.80 ± 6.4*</td>
</tr>
</tbody>
</table>

Values are Mean ± S.D. of six animals in each group. *p<0.001 as compared to control
Fig. 1: shows the wound area (mm2) of different groups over a period of 16 days [25].

Fig. 2: shows tensile strength in healed tissue [25]

Fig. 3: shows hydroxyproline in healed tissue [26]
The tensile strength of the healed skin treated with different formulation for 10 days. From the results, it is observed that the wounds treated with the test formulation show increase in tensile strength compared to untreated control group and standard (Table 3). During the healing of wound, collagen is synthesized which is one of the constituents of growing cell. Constituents of hydroxyproline are a measure of concentration of collagen. Higher concentration of hydroxyproline indicates faster rate of wound healing. Table 4 records the concentration of hydroxyproline in the tissue of animals, which were treated with different formulation up to 10 days. Highest concentration of Hydroxyproline (886.4 µg / g) was observed in the group of animals treated with F5.

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REFERENCES


DISCUSSION

Proper and timely wound healing is a vexing problem faced by all clinicians. In majority of patients normal healing established tissue integrity quickly and effectively. However at times this healing is delayed and the ability to accelerate the wound healing becomes a highly desirable objective [21]. Wounds may be defined as loss or breaking of cellular and anatomic or functional continuity of living tissues [22]. Wound healing involves a highly dynamic integrated series of cellular, physiological and biochemical processes, which occur in living organism. Repair through regeneration is very common in unicellular and the lower metazoan animal groups while it is highly restricted in the higher animals [23]. Wound healing involves different phases such as contraction, epithelization, granulation, collagenation [24]. In incision wound study the test formulation of Sphaeranthus indicus showed better and fast healing compared to untreated control group. The Sphaeranthus indicus treated group showed much greater contraction of wounds than those treated with neomycin 0.3% w/w as the reference standard. In incision wound study, increase in tensile strength is indicative of improved collagenation, which significantly contributes to better and effective healing with Sphaeranthus indicus formulations.

Interestingly the visual examination of wounds inflected during “wound healing ability” experiments revealed that the wounds treated with Sphaeranthus indicus extracts were relatively clean and free from any inflammatory reaction like swelling and redness. This offers a very interesting dimension to treatment of wounds by Sphaeranthus indicus extracts.