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Research Article

# FORMULATION AND EVALUATION OF HERBAL ANTISEPTIC - HEMOSTATIC SOLUTION

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#### Abstract:

Traditionally Used solutions for the treatment of Cuts, Open wounds, Abrasions of skin, Incisions are only having the antiseptic (antimicrobial) activity but they do not stop the bleeding; hence to overcome this problem we are developed a formulation by formulating the number of batches by designing the 2<sup>3</sup> factorial design of herbals Azadirachta indica (Neem), Curcuma longa (Turmeric) and Acacia catechu (Kattha) to act as a antiseptic and hemostatic by applying solution on the cuts and wounds. The plants have been reported in the literature as having good antimicrobial, anti-inflammatory and Hemostatics (Astringent) Activity. The prepared formulation was evaluated for various parameters like appearance, colour, pH, Consistency, Viscosity and antimicrobial activity. The formulation of Batch# F4 was compared with the marketed preparation Betadine (5 % Povidone Iodine). It is a very good attempt to establish the herbal antiseptic-Hemostatic Solution containing Extracts of Azadirachta indica (Neem), Curcuma longa (Turmeric) and Acacia catechu (Kattha). Antiseptic-Hemostatic Solution was successfully designed and developed after extensive manufacturing and evaluation process by specialized techniques for evaluation of antiseptic—hemostatic activity in vitro.

**Keywords:** Azadirachta indica, Curcuma longa, Acacia catechu, Antiseptic, Hemostatic.

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#### **INTRODUCTION:**

Products made from neem Oil and Turmeric extract have been used in India for over two millennia for their medicinal properties. Neem products are believed by Siddha and Ayurvedic practitioners to be anthelmintic, antifungal, antidiabetic, antibacterial, antiviral, contraceptive.It is considered a major component in siddha medicine and Ayurvedic and Unani medicine and is particularly prescribed for skin diseases. Neem leaves, Oil have also been used to treat skin diseases like eczema, psoriasis, etc. The heart wood and bark of the tree are used in traditional medicine. A wood extract called catechu is used in traditional medicine for sore throats and diarrhea. The concentrated aqueous extract, known as khayer gum or cutch is astringent .So we taken a advantage of its astringent property which precipitates the proteins at the time of bleeding and stops the bleeding from cuts and wounds. The antimicrobial activity of herbal drugs was tested individually by checking the zone of inhibition and the Aseptic conditions was maintained during the practicals.

Traditionally Used solutions for the treatment of Cuts, Open wounds, Abrasions of skin, Incisions are only having the antiseptic (antimicrobial) activity but they do not stop the bleeding; hence to overcome this problem we are developed a formulation by formulating the number of batches by designing the 2<sup>3</sup> factorial design of herbals *Azadirachta indica* (Neem), *Curcuma longa* (Turmeric) and *Acacia catechu* (Kattha) to act as a antiseptic and hemostatic by applying solution on the cuts and wounds.



**MATERIALS AND METHODS:** 

**Table 1: List Of Chemicals** 

Sr. No.	Name of the Ingredients	Category	Manufacturer / supplier
1	Azadirachta Indica Oil	Antimicrobial	Dagdu Teli Chandwadkar, Nashik
2	Curcuma Longa	Antimicrobial	
3	Acacia Catechu	Astringent	
4	Gum Acacia	O/W Emulsifying Agent	Oxford Laboratory
			Vasai
5	Methanol	Solvent	Oxford Laboratory Vasai
6	Water	Solvent	Distilled Water

Table 2: List of Instruments

Sr. No.	Name of the Instrument	Model/Manufacturer		
1	Analytical weighing balance	Labline Analytical Balance ,Mumbai		
2	UV spectrophotometer	Cary Win UV		
3	Magnetic Stirrer	Remi Equipments, Mumbai.		
4	Sonicator	Citizen.		
5	Hot Air Oven	Thermolab, Mumbai.		
6	Digital PH meter	Hanna Instruments		
7	Stability chamber	Thermolab, Mumbai.		

Table 3: Factorial design of batches for Optimization

Formulation code	Combination	Curcuma longa(A)	Azadirachta Indica(B)	Acacia Catechu(C)
F1	(1)	-	-	-
F2	A	+	=	-
F3	В	-	+	-
F4	AB	+	+	-
F5	С	-	=	+
F6	AC	+	=	+
F7	BC	-	+	+
F8	ABC	+	+	+

+ = At high level

- = At low level

**Table 4: Levels of Ingredients** 

Sr .no.	Name of ingredient	High level	Low level
1	Curcuma longa	10%	5%
2	Azadirachta Indica	10%	5%
3	Acacia catechu	10%	5%

#### A) Preparation of Emulsion:

- Primary emulsion by dry gum method: the mortar must be dry and with a rough rather than a smooth inner surface, trituration should be done in one direction and must be quick and uninterrupted until the primary emulsion is formed.
- ➤ During the preparation of the primary emulsion, the adequate amount of water should be add all at once otherwise a w/o primary emulsion will form, which cannot
- be converted into an o/w emulsion by subsequent dilution with water. If excessive amount of water is added, the viscosity of the aqueous phase will be too diluted, which will generally result in break down of the emulsion or cause other physical instability issues.
- ➤ The emulsion of Neem oil were prepared by using acacia gum as emulsifying agent and the vehicle is used a Aq. Extract of Acacia catechu and curcuma longa.

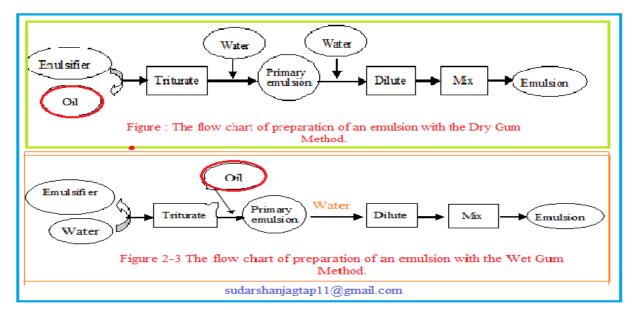


Fig 1: Difference Between Dry Gum Method and Wet Gum Method:

#### **B)** Evaluation of Formulated Solution:

- Colour
- > odour
- > Smooth texture
- ➤ Elegant in appearance
- b D<sup>H</sup>
- ➤ Antimicrobial Property
- Viscosity
- > Hemostatic Property
- Compatibility
- > Irritancy
- > Evaluation of emulsion for stability etc.

#### 1) Test of rheological properties

The viscosity of the preparation should be such that the product can be easily removed from the container and easily applied to the skin. Using cone and plate viscometer the viscosity of the preparation was determined.

#### 2) Consistency:

- Should be smooth, no solid particles.
  - 3) **pH:** The pHof dermatological ideally should be 6 to 8 in range and important to measure.

#### 4) Evaluation of antimicrobial activity:

Azadirachta indica ,curcuma longa , acacia catechu were powdered . The antimicrobial activity of herbal drugs was tested individually by checking the zone of inhibition ant the Aseptic conditions was maintained during the practical's. Then nutrient agar medium was prepared according to given formula in literature. And pH 7.0 was maintained . the bores was prepared by borer at center of plate .then staphylococcus aureus was used as microorganism and spread over the plate, then the bores of plate filled with individual herbal drugs and incubated at 37 0C in incubator for 24 hrs. the zone of inhibition was observed and found that drugs having good antimicrobial property.

#### **Nutrient Agar Medium:**

A	)beef extract	10 gm.
b)	peptone	10gm

c) sodium chloride....5.0gm

d) Agar.....20gm

e) distilled water ...1000ml

**Table 5: Evaluation Table** 

Sr.no.	Test	Observation
1	Colour	Pale Brown
2	Odour	Characteristic
3	Consistency	Liquid
4	pH	6-8
6	Antimicrobial activity	Good

### Working Procedure



plate - 01: Curcuma longa



Plate - 03: marketed standard

### Observations



Plate – 02: Control plate



Plate - 04: Azadirachta Indica

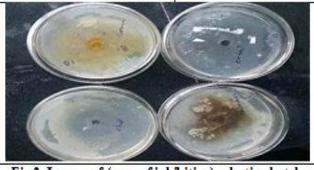
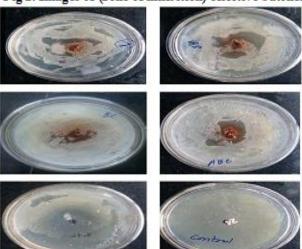


Fig 2. Images of (zone of inhibition) selective batches



**Table 6: Observation Table :** 

		Zone of Inhibition (mm)	Name of medium used	Name of culture used	
Sr.no.	Name of Sample				Inference
1	Azadirachta Indica	30			
2	Curcuma longa	08		Staphylococcus Aureus	Antimicrobial property present
3	Acacia catechu	07	Nutrient agar medium		
4	Marketed standard	15			
5	Control plate	-		-	-

**Table 7: Observation (Sample of different batches)** 

Batch no.	Batch code.	Zone of inhibition in mm	Medium used	Culture used	Inference
F1	(1)	08			
F4	AB	28			F4 batch shows the
F7	BC	10	_	Staphylococcus aureus	maximum zone of
F8	ABC	19	medium		inhibition
-	Standard	30			
-	Control	-		-	-

#### **RESULT AND DISCUSSION:**

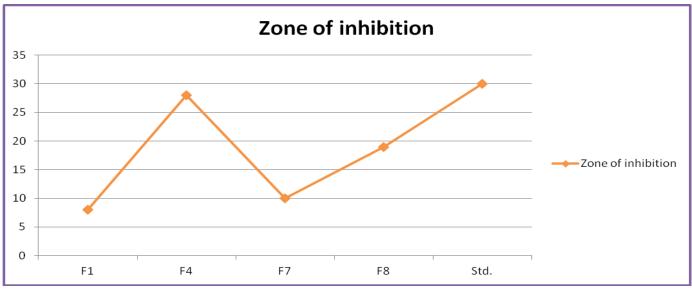


Fig.2: Zone of Inhibition

Formulation and evaluation of herbal antiseptic-Hemostatic solution was performed. Prepared solution was evaluated in terms of appearance, and found dark brown with characteristic odour were checked visually. pH of solution were checked pH analyzing antimicrobial activity it was found that newly developed herbal antiseptic solution had an

inhibitory effect on the S.aureus. It also showed satisfactory zone of inhibition compared with control sample. It is based on natural source and showed zone of inhibition very close to Marketed Betadine and good hemostatic property due to Catechu so we can conclude that It has similar efficacy and safe to use as compared to synthetic (Betadine). In this way

Solution showed comparatively satisfactory antimicrobial activity than Marketed sample.

The present study shows that newly developed polyherbal antiseptic was successfully designed developed and assessed its antimicrobial activity against control Betadine. Hence herbal Antiseptic could be used as better and safe substitution of synthetic Betadine

Traditionally it is said that turmeric when applied to face it improves the beauty and safe guard against number of skin diseases hence traditionally it is used in herbal cosmetics. The number of batches having different concentrations of herbal drugs was prepared and evaluated. We found that the F4 batch shows the excellent antimicrobial activity by testing all batches for zone of inhibition test.

#### **CONCLUSION:**

The Herbal Antiseptic showed good elegance and appearance. It is an excellent effort to design and develop the herbal antiseptic – Hemostatic solution having satisfactory zone of inhibition and antimicrobial activity comparable with control sample. the designed solution have a excellent antiseptic as well as hemostatic property. This study revealed that the developed herbal antiseptic – Hemostatic solution was suitable dosage form for antiseptic Hemostatic Activity.

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#### **REFERENCES:**

- 1.Patrick J.S., Yashveer S. Editors. Martin's Physical Pharmacy and Pharmaceutical sciences, Sixth edition, First Indian reprint 2010 published by wolters kluwern new delhi, India. pg.no.602-642
- 2.Mehta RM ,"Pharmaceutics 2" ,Third Edition ,2010 Reprint 2013 ,Vallabh Prakashan ,Delhi Pg.no.138
- 3.Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gotzsche PC, Ioannidis JP, et al. The PRISMA statement for reporting systematic reviews and metaanalyses of studies that evaluate health care interventions: explanation and elaboration. J Clin Epidemiol. 2009 Jul 22
- 4. Veiga DF, Damasceno CA, Veiga FJ, Silva RV Jr, Cordeiro DL, Vieira AM, et al. Influence of povidone-iodine preoperative showers on skin

- colonization in elective plastic surgery procedures. Plast Reconstr Surg. 2008 Jan;121(1):115–118.
- 5. Veiga DF, Damasceno CA, Veiga-Filho J, Figueiras RG, Vieira RB, Garcia ES, et al. Randomized controlled trial of the effectiveness of chlorhexidine showers before elective plastic surgical procedures [Internet] Infect Control Hosp Epidemiol. 2009 Jan;30(1):77–79.
- 6.Dizer B, Hatipoglu S, Kaymakcioglu N, Tufan T, Yava A, Iyigun E, et al. The effect of nurse-performed preoperative skin preparation on postoperative surgical site infections in abdominal surgery. J Clin Nurs. 2009 Dec;18(23):3325–3332.
- 7.Johnson AJ, Daley JA, Zywiel MG, Delanois RE, Mont MA. Preoperative chlorhexidine preparation and the incidence of surgical site infections after hip arthroplasty. J Arthroplasty. 2010 Sep;25(6 Suppl):98–102
- 8.Magera JS Jr, Inman BA, Elliott DS. Does preoperative topical antimicrobial scrub reduce positive surgical site culture rates in men undergoing artificial urinary sphincter placement? J Urol. 2007 Oct;178(4 Pt 1):1328–1332
- 9.Zywiel MG, Daley JA, Delanois RE, Naziri Q, Johnson AJ, Mont MA. Advance pre-operative chlorhexidine reduces the incidence of surgical site infections in knee arthroplasty. Int Orthop. 2010 Jun 10.Meier DE, Nkor SK, Aasa D, OlaOlorun DA, Tarpley JL. Prospective randomized comparison of two preoperative skin preparation techniques in a developing world country. World J Surg. 2001 Apr;25(4):441–443]
- 11.Kalantar-Hormozi AJ, Davami B. No need for preoperative antiseptics in elective outpatient plastic surgical operations: a prospective study. Plast Reconstr Surg. 2005 Aug;116(2):529–53
- 12.Segal CG, Anderson JJ. Preoperative skin preparation of cardiac patients. AORN J. 2002 Nov;76(5):82
- 13.Paocharoen V, Mingmalairak C, Apisarnthanarak A. Comparison of surgical wound infection after preoperative skin preparation with 4% chlorhexidine [correction of chlohexidine] and povidone iodine: a prospective randomized trial. J Med Assoc Thai. 2009 Jul; 92(7):898–902
- 14.Kehinde EO, Jamal W, Ali Y, Khodakhast F, Sahsah M, Rotimi VO. Comparative efficacy of two methods of skin preparation of the perineal and genital skin of male urological patients. Kuwait Med J. 2009;41(2):103–107.
- 15. Veiga DF, Damasceno CA, Veiga-Filho J, Figueiras RG, Vieira RB, Florenzano FH, et al. Povidone iodine versus chlorhexidine in skin antisepsis before elective plastic surgery procedures:

- a randomized controlled trial. Plast Reconstr Surg. 2008 Nov;122(5):170e–171
- 16.Darouiche RO, Wall MJ Jr, Itani KM, Otterson MF, Webb AL, Carrick MM, et al. Chlorhexidine-alcohol versus povidone-iodine for surgical-site antisepsis. N Engl J Med. 2010 Jan 7;362(1):18–26
- 17.Levin I, mer-Alshiek J, Avni A, Lessing JB, Satel A, Almog B. Chlorhexidine and alcohol versus povidone-iodine for antisepsis in gynecological surgery. J Womens Health (Larchmt) 2011 Feb 16
- 18.Boston KM, Baraniuk S, O'Heron S, Murray KO. Risk factors for spinal surgical site infection, Houston, Texas. Infect Control Hosp Epidemiol. 2009 Sep;30(9):884–889
- 19.Maher MM. Preventing mediastinitis: success with the SCIP bundle and evidence based best practices [abstract] Am J Infect Control. 2009;37(5):E184–E185. (Presented at 36th Annual Educational Conference and International Meeting, APIC Fort Lauderdale, FL United States;20090607;-20090611).
- 20.Saltzman MD, Nuber GW, Gryzlo SM, Marecek GS, Koh JL. Efficacy of surgical preparation solutions in shoulder surgery. J Bone Joint Surg. 2009 Aug;91(8):1949–1953.
- 21.Jacobson C, Osmon DR, Hanssen A, Trousdale RT, Pagnano MW, Pyrek J, et al. Prevention of wound contamination using DuraPrep<sup>TM</sup> solution plus Ioban<sup>TM</sup> 2 drapes. Clin Ortho Rel Res. 2005 Oct;439:32–37
- 22. Yoshimura Y, Kubo S, Hirohashi K, Ogawa M, Morimoto K, Shirata K, et al. Plastic iodophor drape during liver surgery operative use of the iodophorimpregnated adhesive drape to prevent wound infection during high risk surgery. World J Surg. 2003;27(6):685–688]
- 23.Ellenhorn JD, Smith DD, Schwarz RE, Kawachi MH, Wilson TG, McGonigle KF, et al. Paint-only is equivalent to scrub-and-paint in preoperative preparation of abdominal surgery sites. J Am Coll Surg. 2005 Nov;201(5):737–741]
- 24.Weed S, Bastek JA, Sammel MD, Beshara M, Hoffman S, Srinivas SK. Comparing postcesarean infectious complication rates using two different skin preparations. Obstet Gynecol. 2011
- May;117(5):1123-1129]
- 25.http://www.sphinxsai.com/2017/ch\_vol10\_no13/1/(90-101)V10N13CT.pdf