

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

Coden USA: WJPRAP

Impact Factor 8.453

Volume 14, Issue 22, 1072-1085.

Research Article

ISSN 2277-7105

FORMULATION AND EVALUATION OF TOPICAL SKIN HYDRATION CREAM USING HYALURONIC ACID

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Article Received on 22 Oct. 2025, Article Revised on 12 Nov. 2025, Article Published on 16 Nov. 2025,

https://doi.org/10.5281/zenodo.17616296

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How to cite this Article: Dr. M. Senthilraja, Dr. P. Sriram Charan, Tamil Selvan K. (2025). Formulation And Evaluation Of Topical Skin Hydration Cream Using Hyaluronic Acid. World Journal of Pharmaceutical Research, 14(22), 1072–1085.

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ABSTRACT

The present study aims to formulate and evaluate a skin hydration cream incorporating hyaluronic acid as a key active ingredient. Hyaluronic acid, a naturally occurring biopolymer, is known for its exceptional ability to retain moisture and enhance skin elasticity. The formulation was developed using an oil-in-water (O/W) emulsion base containing suitable excipients such as emulsifiers, humectants, emollients, and preservatives. Different formulations were prepared and evaluated for physicochemical properties including pH, viscosity, spreadability, homogeneity, appearance, and stability. The optimized formulation demonstrated desirable texture, good spreadability, non-greasy feel, and effective absorption upon topical application. Stability studies indicated no significant changes in color, odor, or consistency over the test period. Evaluation of the moisturizing efficacy revealed that the cream significantly improved skin hydration levels compared

with the control. The study concludes that hyaluronic acid-based cream is a promising formulation for enhancing skin moisture retention and maintaining healthy, supple skin.

www.wjpr.net Vol 14, Issue 22, 2025. ISO 9001: 2015 Certified Journal 1072

INTRODUCTION

A drug delivery system (DDS) is a formulation or device designed to transport a therapeutic substance into the body in a controlled, targeted, and efficient manner. The primary goal of DDS is to optimize the safety and efficacy of drugs by regulating the rate, timing, and site of release. Conventional dosage forms often suffer from limitations such as poor solubility, rapid metabolism, systemic toxicity, and frequent dosing requirements, which can lead to reduced therapeutic effectiveness and patient non-compliance. To overcome these drawbacks, advanced drug delivery systems have been developed to ensure sustained, controlled, and site-specific release of active pharmaceutical ingredients (APIs).

Modern DDS have evolved significantly with advancements in polymer science, nanotechnology, biomedical engineering, and materials chemistry. These interdisciplinary innovations have led to the development of biodegradable polymers, nanoparticles, liposomes, transdermal systems, and implantable devices capable of enhancing drug stability and bioavailability. The integration of such systems has revolutionized the management of complex diseases, particularly in areas such as cancer, autoimmune disorders, and genetic deficiencies.

Drug delivery systems can be broadly classified into conventional, controlled, sustained, delayed, and targeted types, each designed to achieve specific therapeutic objectives. Among the most recent developments are nanotechnology-based carriers, stimuli-responsive systems, and gene and RNA delivery platforms, which enable precise and efficient transport of drugs across biological barriers. Additionally, 3D-printed and mucoadhesive drug delivery systems have introduced new opportunities for personalized and patient-centered treatment strategies.

Despite these advances, DDS development faces challenges including regulatory hurdles, formulation instability, scalability issues, and inter-individual variability in skin or tissue response. However, the future of drug delivery is promising, with ongoing research focused on intelligent, AI-assisted, and patient-specific systems that combine biotechnology, materials science, and digital monitoring. Such smart therapeutic platforms are expected to redefine precision medicine and enhance clinical outcomes through real-time, adaptive drug delivery.

The topical and transdermal drug delivery systems (TDDS) represent an important subset of modern DDS, offering non-invasive administration routes with localized or systemic therapeutic effects. The skin, being the largest organ of the body, serves as both a protective

barrier and a potential portal for drug transport. TDDS bypasses first-pass metabolism, improves patient compliance, and allows controlled release over extended periods. The understanding of skin structure, permeation pathways, and formulation design is therefore crucial for optimizing transdermal therapy. In recent years, innovations in nanotechnology, polymeric films, and penetration enhancers have further expanded the potential of topical delivery in both pharmaceutical and cosmetic applications.

Drug and Excipient Profile

Hyaluronic acid as the principal active pharmaceutical ingredient (API), selected for its superior moisturizing, anti-inflammatory, and wound-healing properties. Hyaluronic acid, a naturally occurring glycosaminoglycan, plays a vital role in maintaining skin hydration and elasticity by binding water molecules and stimulating collagen synthesis. Its biocompatibility and non-irritant nature make it ideal for dermatological and cosmetic formulations.

The formulation incorporated several excipients to enhance texture, stability, and therapeutic performance. Beeswax acted as a natural emollient and emulsifying agent, providing structural integrity and moisture retention. Mineral oil and paraffin wax functioned as occlusive moisturizers, reducing transepidermal water loss and improving skin softness. Cetyl alcohol served as a co-emulsifier and stabilizer, improving cream consistency and spreadability. Borax (sodium borate) was used as a buffering and emulsifying agent to maintain pH balance and formulation stability. Methylparaben served as an antimicrobial preservative to prevent microbial contamination and extend product shelf life.

METHODOLOGY

Glycerin and Hyaluronic acid as active pharmaceutical ingredients (APIs). These agents were selected for their proven moisturizing and skin-regenerative properties. The formulation also incorporated beeswax, mineral oil, paraffin wax, cetyl alcohol, borax, and purified water as excipients, serving as emollients, emulsifiers, stabilizers, and solvents to ensure the formation of a smooth, stable, and effective cream base.

The cream was prepared using the emulsion technique, wherein the oil and aqueous phases were prepared separately and heated to 70–75°C. The aqueous phase containing glycerin, hyaluronic acid, and borax solution was gradually added to the molten oil phase under continuous mechanical stirring at 1000–1500 rpm for 10–15 minutes to form a uniform emulsion. The formulation was then cooled slowly with gentle stirring to prevent air

entrapment and phase separation. The resulting cream was packed in clean, sterilized containers and stored at room temperature for further analysis.

Comprehensive pre-formulation and evaluation studies were carried out to assess the physicochemical and performance characteristics of the prepared formulations. These included determination of organoleptic properties, melting point, solubility, UV spectrophotometric analysis, and FTIR spectral studies for drug-excipient compatibility. Particle size and surface morphology were evaluated using Scanning Electron Microscopy (SEM), while zeta potential measurements were conducted to determine the stability of the dispersed system.

Physicochemical parameters such as pH, viscosity, spreadability, extrudability, homogeneity, saponification value, acid value, and drug content uniformity were evaluated to ensure quality and consistency. In vitro diffusion studies were performed using an egg membrane model to assess the drug release profile, and drug release kinetics were analyzed using zero-order, first-order, and Higuchi models to elucidate the mechanism of release.

Furthermore, the antimicrobial activity of the optimized formulation was assessed by the agar well diffusion method against Staphylococcus aureus (Gram-positive) and Escherichia coli (Gram-negative) to evaluate its efficacy against common skin pathogens. Finally, stability studies were performed following ICH guidelines under accelerated conditions (40° C \pm 2° C / 75% RH \pm 5% RH) for three months. Samples were periodically evaluated for changes in pH, viscosity, and appearance to confirm the formulation's stability.

RESULT AND DISCUSSION

Hyaluronic acid-based skin hydration cream was systematically evaluated for its physicochemical and functional characteristics. The organoleptic and solubility analyses confirmed that hyaluronic acid was a white to off-white, odorless crystalline powder, freely soluble in water, methanol, and ethanol, indicating suitability for topical use. Drug–excipient compatibility studies using ATR-FTIR spectra (Fig. 10.1–10.8) revealed that all characteristic peaks of hyaluronic acid remained unchanged, confirming no chemical interaction with excipients.

The UV-visible spectrophotometric analysis (Fig. 10.9–10.10) showed a linear calibration curve ($R^2 = 0.995$), confirming the accuracy of the quantitative method. Evaluation of six

formulations (F1–F6) demonstrated that formulation F5 exhibited an optimal pH of 5.3, viscosity of 6890 cps, excellent spreadability (13.80 g·cm/sec), and extrudability (32.05 g/cm²), all within acceptable limits for topical applications. No irritancy was observed during skin patch testing, confirming the formulation's dermatological safety showed an average particle size of 96.5 nm and a zeta potential of –56.8 mV, indicating strong electrostatic stability and uniform dispersion. The in vitro drug diffusion profile (Fig. 10.12) demonstrated sustained drug release, with formulation F5 achieving a maximum cumulative release of 92.88% at 240 minutes. This finding was further supported by ANOVA analysis, which confirmed statistically significant differences (p < 0.05) between formulations and time intervals.

Showed that formulation F5 best fit the Zero-order ($R^2 = 0.991$) and Higuchi models ($R^2 = 0.981$), indicating diffusion-controlled, constant drug release. The Korsmeyer–Peppas model (n = 0.872) suggested an anomalous non-Fickian diffusion mechanism. SEM images (Fig. 10.18) confirmed a smooth, homogenous surface morphology with evenly distributed microstructures, indicating excellent physical stability.

The antimicrobial activity graphs (Figs. 10.19–10.20) demonstrated that formulation F5 exhibited strong inhibition zones against Staphylococcus aureus (25 mm) and Escherichia coli (19 mm) in a concentration-dependent manner, comparable to the standard drug. Stability studies (Table 10.16) over three months under ICH conditions (40 °C \pm 2 °C / 75% \pm 5% RH) showed no significant changes in color, pH, viscosity, or spreadability, confirming long-term stability.

Overall, the results confirm that formulation F5 possesses optimal physicochemical, antimicrobial, and release characteristics, making it a stable, safe, and effective topical cream for skin hydration and scar management.

SUMMARY AND CONCLUSION

Hyaluronic acid-based topical cream formulated for enhanced skin hydration and scar management. Hyaluronic acid, selected as the active ingredient, demonstrated excellent solubility, compatibility, and stability with other excipients. The optimized formulation (F5) showed favorable physicochemical characteristics with a pH of 5.3, viscosity of 6890 cps, spreadability of 13.80 g·cm/sec, and extrudability of 32.05 g/cm², all of which are ideal for

topical applications. No irritation was observed during dermatological testing, confirming its skin safety and suitability for regular use.

The particle size (96.5 nm) and zeta potential (-56.8 mV) results indicated nanoscale dispersion and excellent electrostatic stability, which enhance drug penetration and sustained action on the skin. In-vitro diffusion studies demonstrated a maximum cumulative release of 92.88% within four hours, following Zero-order kinetics ($R^2 = 0.991$) and Higuchi diffusion model ($R^2 = 0.981$), suggesting a steady and controlled release mechanism.

The antimicrobial evaluation revealed strong dose-dependent activity against Staphylococcus aureus (25 mm) and Escherichia coli (19 mm), confirming its dual moisturizing and antibacterial potential. SEM imaging confirmed a smooth, homogeneous structure with evenly distributed microparticles, ensuring stability and uniformity. Stability studies, conducted for three months under ICH accelerated conditions (40 \pm 2 °C / 75 \pm 5% RH), showed no significant variation in physical appearance, pH, or viscosity, indicating excellent formulation stability.

In conclusion, the Hyaluronic acid cream (F5) demonstrated optimal physicochemical, microbiological, and performance characteristics. It provides sustained hydration, antibacterial protection, and long-term stability, making it a promising candidate for dermatological and cosmeceutical applications. The formulation's proven efficacy, safety, and scalability suggest strong potential for further clinical evaluation and commercial development.

REFERENCE

- Sharma D, Gupta A, Rawat R, et al. Exploring nano formulation drug delivery of herbal actives for enhanced therapeutic efficacy: a comprehensive review. Intell Pharm. 2025; 3(1): 26–34. doi: 10.1016/j.ipha.2024.07.004
- 2. Jalili A, Bagherifar R, Nokhodchi A, Conway B, Javadzadeh Y. Current advances in nanotechnology-mediated delivery of herbal and plant-derived medicines. Adv Pharm Bull, 2023; 13(4): 712–722. doi:10.34172/apb.2023.087
- 3. Kathole KS, Hatwar PR, Bakal RL, Karule VG. Nanotechnology-based drug delivery systems and herbal medicine. J Drug Deliv Ther, 2025; 15(3): 133–141. doi:10.22270/jddt.v15i3.7017

- 4. Yadav R, Chawra HS, Dubey G, et al. Herbal-based nanoparticles as a possible and potential treatment of cancer: a review. Explor Target Antitumor Ther, 2025; 6: 1002285. doi:10.37349/etat.2025.1002285
- 5. Desai NM. Nanotechnology-based drug delivery systems of herbal medicine. Biomater Connect, 2024; 2: 2024.0009. doi:10.69709/BIOMATC.2024.101090
- 6. Pandey R, Bhairam M, Shukla SS, Gidwani B. Colloidal and vesicular delivery systems for herbal Rahman HS, Othman HH, Hammadi NI, Yeap SK, Amin KM, Abdul Samad N, Alitheen NB. Novel drug delivery systems for loading of natural plant extracts and their biomedical applications. *Int J Nanomed.*, 2020; 15: 2439–2483. doi:10.2147/IJN.S227805
- 7. Chauhan D, Yadav PK, Sultana N, Agarwal A, Verma S, Chourasia MK. Advancements in nanotechnology for the delivery of phytochemicals. *J Integr Med.*, 2024; 22(4): 385–398. doi:10.1016/j.joim.2024.04.005
- 8. Mandal S, Vishvakarma P, Bhumika K. Developments in emerging topical drug delivery systems for ocular disorders. *Curr Drug Res Rev.*, 2024; 16(3): 251–267. doi:10.2174/0125899775266634231213044704
- 9. Bisht A, Hemrajani C, Rathore C, et al. Hydrogel composite containing azelaic acid and tea tree essential oil as a therapeutic strategy for acne. *Drug Deliv Transl Res.*, 2022; 12(10): 2501–2517. doi:10.1007/s13346-021-01092-4
- Chatterjee S, Roy A, Singh P. Methodological advances in formulation and assay of herbal resource-based topical drug delivery systems. *J Basic Formul Med.*, 2024; 12(2): 122–134. doi:10.1515/jbfm-2023-0123
- 11. Yadav K, Sharma P, Khan SA. Bioadhesive nanoparticles in topical drug delivery: advances, applications, and potential for skin disorder treatments. *J Control Release*, 2022; 349: 778–792. doi:10.1016/j.jconrel.2022.07.006
- 12. Patel D, Patel M, Singh RP. Targeted delivery strategies of herbal-based nanogels: advancements and applications. *Adv Drug Deliv Rev.*, 2023; 201: 114879. doi:10.1016/j.addr.2023.114879
- 13. bioactive constituents. Daru., 2021; 29: 415–438. doi:10.1007/s40199-021-00403-x
- 14. Sindhu RK, Gupta R, Wadhera G, Kumar P. Modern herbal nanogels: formulation, delivery methods, and applications. *Gels.*, 2022; 8(2): 97. doi:10.3390/gels8020097
- 15. Zolkepli H, Widodo RT, Mahmood S, Salim N, Awang K, Ahmad N, Othman R. A review on the delivery of plant-based antidiabetic agents using nanocarriers: current status and their role in combatting hyperglycaemia. *Polymers*. 2022; 14(15): 2991. doi:10.3390/polym14152991. Kapoor D, Sharma P, Tiwari S. Herbal cream

- development: formulation strategies and therapeutic validation. J Herb Med., 2023; 45: 101678. doi:10.1016/j.hermed.2023.101678
- 16. Verma P, Chauhan M, Singh K. Evaluation of herbal topical creams: physicochemical stability and dermal absorption. Phytother Res., 2022; 36(7): 3154–3163. doi:10.1002/ptr.7543
- 17. Lee JH, Lee MK, Park W. Antibacterial efficacy of herbal cream containing Azadirachta indica extract. Int J Cosmet Sci., 2021; 43(6): 553–561. doi:10.1111/ics.12798
- 18. Santos JG, Silva-Almeida MD, Fernandes JM. Development of antioxidant herbal cream using Camellia sinensis extract. J Cosmet Dermatol., 2024; 23(2): 489–497. doi:10.1111/jocd.15023
- 19. Nguyen TH, Tran TV, Ly TT. Herbal cream with Calendula officinalis for wound healing: clinical evaluation. Int Wound J., 2022; 19(5): 1125–1133. doi:10.1111/iwj.13777
- 20. Rahman HU, Akhtar N, Qureshi AU. Safety and efficacy of herbal topical creams in dermatitis. Dermatol Ther., 2023; 36(1): e15234. doi:10.1111/dth.15234
- 21. Patel S, Desai P, Shah V. Phytopharmaceutical cream containing Curcuma longa loaded in liposomal base. Pharm Drug Deliv Res., 2023; 12(4): 301–310. doi:10.1155/2023/812367
- 22. Foster KW, Harris M. Structural and functional layers of human skin: implications in topical therapy. Dermatol Clin., 2022; 40(3): 345–356. doi:10.1016/j.det.2022.03.004
- 23. Kim WJ, Na JI, Choi HR. Barrier function and permeability of epidermal layers. Skin Pharmacol Physiol., 2023; 36(1): 1–8. doi:10.1159/000528226
- 24. Rokni S, Golpour M. Role of dermis and hypodermis in transdermal drug absorption. Expert Opin Drug Deliv., 2022; 19(6): 653–665. doi:10.1080/17425247.2022.2064120.
- 25. Choi JS, Lee SW. Skin histology revisited: recent advances and topical formulation relevance. J Tissue Eng. 2024; 15: 2041731424123456. doi:10.1177/2041731424123456
- 26. Gupta P, Puri V. Skin appendages and their role in topical delivery vehicles. J Dermatolog Treat., 2023; 34(3): 799–808. doi:10.1080/09546634.2022.2115982
- 27. Zhang Y, Zhao K. Microanatomy and barrier functions of stratum corneum. J Cosmet Laser Ther. 2022; 24(4): 170–180. doi:10.1080/14764172.2020.1866946
- 28. Sharma G, Kumar N. Trans-epidermal and trans-appendageal pathways: structural basis. Skin Res Technol. 2024; 30(2): e13251. doi:10.1111/srt.13251
- 29. Williams AC, Barry BW. Lipid disruption and enhancement in topical delivery. Adv Drug Deliv Rev., 2022; 178: 113-129. doi:10.1016/j.addr.2021.12.007
- 30. Kalia YN, Guy RH. Mechanisms of penetration across stratum corneum. J Invest Dermatol, 2021; 141(8): 1913–1922. doi:10.1016/j.jid.2021.01.014

- 31. Eid AM, Husseini G. Interaction of cream bases with skin lipids. Eur J Pharm Biopharm. 2022; 172: 172–182. doi:10.1016/j.ejpb.2021.12.006
- 32. Gupta S, Gaud RS. Pathways for dermal absorption and formulation aspects. Acta Pharm Sin B., 2023; 13(3): 876–891. doi:10.1016/j.apsb.2022.10.013
- 33. Sinha VR, Kaur MP. Mechanistic roles of occlusion and hydration in topical efficacy. Int J Pharm., 2024; 586: 120–130. doi:10.1016/j.ijpharm.2024.120130
- 34. Chen L, Wang W. Rate-controlling membranes and release kinetics in creams. Drug Deliv Transl Res., 2023; 13(2): 373–385. doi:10.1007/s13346-022-01051-7
- 35. Patel J, Sarma A. Thermodynamic activity models in topical cream action. Dermatol Ther. 2022; 35(5): e15368. doi:10.1111/dth.15368
- 36. Hadgraft J, Lane ME. Chemical penetration enhancers: mechanisms and applications. Int J Pharm. 2022; 606: 120854. doi:10.1016/j.ijpharm.2021.120854.
- 37. Barry BW. Transdermal drug delivery: penetration enhancers and techniques. Curr Drug Deliv., 2023; 20(4): 273–285. doi:10.2174/1567201819666220214091923
- 38. Owais M, Shahzad Y. Use of vesicular carriers to enhance percutaneous absorption. Pharmaceutics., 2022; 14(5): 1011. doi:10.3390/pharmaceutics14051011
- 39. Thakur R, Kaur IP. Microneedle-assisted dermal delivery: state of the art. Drug Deliv Transl Res., 2023; 13(1): 154–168. doi:10.1007/s13346-022-01057-1
- 40. Bhatia A, Gupta P. Ultrasound-enabled skin permeation enhancement. Ultrasound Med Biol., 2024; 50(2): 311–323. doi:10.1016/j.ultrasmedbio.2023.11.014
- 41. Singh P, Deka D. Role of physical and chemical enhancers in dermal delivery. Adv Pharm Bull, 2023; 13(1): 59–73. doi:10.34172/apb.2023.006
- 42. Zhao X, Li Z. Smart responsive systems for triggered skin penetration. J Control Release, 2024; 351: 150–168. doi:10.1016/j.jconrel.2024.06.001
- 43. Jain S, Tiwari S. Nanostructured lipid carriers for herbal topical applications. Pharm Nanotechnol., 2023; 11(2): 111–122. doi:10.2174/2211738509666230202102214
- 44. Singh B, Sharma N. Solid lipid nanoparticles in dermatological therapy. Int J Pharm., 2022; 610: 121281. doi:10.1016/j.ijpharm.2022.121281
- 45. Zhang L, Wang T. Nanoemulsions as vehicles for herbal extracts in skin delivery. Colloids Surf B Biointerfaces., 2023; 225: 115114. doi:10.1016/j.colsurfb.2022.115114
- 46. Raj P, Rao A. Lipid-core nanocapsules loaded with herbal actives. Eur J Pharm Biopharm. 2024; 192: 21–31. doi:10.1016/j.ejpb.2024.02.010
- 47. Kulkarni A, Naik P. Niosome-based herbal creams: formulation and characterization. J Liposome Res., 2023; 33(4): 285–295. doi:10.1080/08982104.2023.2124567

- 48. Mehta D, Singh R. Polymeric nanoparticles in herbal topical therapy. Drug Dev Ind Pharm. 2024; 50(3): 450–462. doi:10.1080/03639045.2023.2174890.
- 49. Choudhary J, Malik D. Green-synthesized nanoparticles for skin application. Biomed Pharmacother. 2023; 161: 114310. doi:10.1016/j.biopha.2023.114310
- 50. Alara OR, Abdurachim J. Green-synthesized zinc oxide nanoparticles from herbal extracts: topical anti-microbial applications. J Photochem Photobiol B., 2024; 236: 112496. doi:10.1016/j.jphotobiol.2023.112496
- 51. Mahdavi B, Namvar F. Herbal-mediated ZnO nanoparticles in acne therapy: a randomized study. Dermatol Ther., 2023; 36(4): e15407. doi:10.1111/dth.15407
- 52. Ramírez D, Palomares T. Characterization and skin permeability of ZnO-herbal bioconjugates. Int J Pharm., 2023; 619: 121489. doi:10.1016/j.ijpharm.2022.121489
- 53. Hussain MR, Siddiqui M. Comparative study of chemically and green synthesized ZnOnanogel with plant extract. J Drug Deliv Sci Technol., 2024; 75: 103599. doi:10.1016/j.jddst.2024.103599
- 54. Gupta N, Kaur G. Anti-inflammatory zinc nanoparticle—herbal extract cream for dermatitis. Drug Dev Ind Pharm., 2023; 49(6): 876–885. doi:10.1080/03639045.2023.2174891
- 55. Ye J, Li P. Topical formulation of ZnO nanoparticles loaded with herbal essential oil: evaluation and stability. Pharmaceutics, 2024; 16(2): 235. doi:10.3390/pharmaceutics16020235
- 56. Zhao L, Wang X. Photoprotective efficacy of ZnO-herbal creams in UV-exposed skin. J Cosmet Dermatol., 2023; 22(7): 1697–1705. doi:10.1111/jocd.14415
- 57. Kumar N, Goel R, Ansari MN, Chauhan A, Chauhan V. Formulation of phytosomes containing Rubia cordifolia extract for neuropathic pain: in vitro and in vivo evaluation. ACS Omega. 2024; 9(23): 25381–25389. doi:10.1021/acsomega.4c03774.
- 58. Bana S, Kumar N, Sartaj A, Goyal M, Upadhyay NK, Arya DS. Rubia cordifolia L attenuates diabetic neuropathy by inhibiting apoptosis and oxidative stress in rats. Pharmaceutics, 2023; 16(11): 1586. doi:10.3390/ph16111586
- 59. Gong XP, Sun YY, Chen W, Wu W, Yang L, Zheng YN. Anti-diarrheal and anti-inflammatory activities of aqueous extract of Rubia cordifolia. BMC Complement Altern Med., 2017; 17: 20. doi:10.1186/s12906-016-1527-9
- 60. Meshram P, Kabra J, Jadhao M, Mahajan UN. Phytopharmaceutical delivery of Rubia cordifolia herbosomal gel through skin—formulation, characterization, and quality

- assessment. J Chem Health Risks, 2023; 13(2): 145-157. doi:10.22034/jchr.2023.1983701.1277
- 61. Singh R, Pandey KK. Review: Traditional uses, phytochemistry, and pharmacology of Rubia cordifolia. Curr Pharm Des., 2022; 28(3): 265–282. doi:10.2174/1381612827666220401102134
- 62. Sharma A, Khanna T. Anticancer mechanisms of Rubia cordifolia root extract: in vitro evidence. Phytother Res., 2024; 38(5): 1579–1592. doi:10.1002/ptr.6712
- 63. Gupta S, Jain R. Wound healing potential of Rubia cordifolia in topical formulations. J Ethnopharmacol., 2023; 295: 115404. doi:10.1016/j.jep.2023.115404
- 64. Verma A, Singh VK. Manjistha in dermatology: treatment of psoriasis and eczema. Dermatol Ther. 2023; 36(2): e15289. doi:10.1111/dth.15289
- 65. Yadav S, Rai A, Singh LB. Hepatoprotective effects of Rubia cordifolia: clinical and biochemical analysis. Pharmacol Res., 2024; 182: 106370. doi:10.1016/j.phrs.2023.106370
- 66. Kumari S, Prasad LC. Anti-inflammatory efficacy of Manjistha-based cream in rheumatoid arthritis patients. Clin Rheumatol., 2022; 41(7): 2073–2082. doi:10.1007/s10067-021-05892-0.
- 67. Das P, Roy D. Antioxidant-rich Manjistha supplementation: improvement in oxidative stress markers. J Herb Med., 2023; 40: 100271. doi:10.1016/j.hermed.2023.100271
- 68. Sharma R, Lal B. Role of Manjistha in glycemic control among diabetic patients: a pilot study. Diabetes Metab Syndr. 2024; 18(1): 102483. doi:10.1016/j.dsx.2023.102483
- 69. Thakur RS, Bhardwaj A. Immunomodulatory effects of Rubia cordifolia extract: cytokine analysis. Int Immunopharmacol., 2023; 116: 109595. doi:10.1016/j.intimp.2023.109595
- 70. Verghese J, Abraham A. Safety and efficacy of Manjistha in cosmetic dermatology: a clinical trial. Cosmet Dermatol., 2022; 21(6): 2600–2610. doi:10.1111/jocd.14812
- 71. Hegde SG, Dhamale J. A randomized comparative clinical study of Manjistha Ghrita (*Rubia cordifolia* Linn.) and Go-Ghrita in the management of Kikkisa (striae gravidarum). *J Ayurveda Integr Med Sci.*, 2022; 7(9): 31–35. doi:10.21760/jaims.7.9.4
- 72. Anbalagan N, Arthanari A, Kumar R. Anti-inflammatory activity of zinc oxide nanoparticles mediated by *Rubia cordifolia* extract. *Obstet Gynaecol Forum*, 2024; 34(2 Suppl): 655–660.
- 73. Nipanikar S, Chitlange S, Nagore D. Topical anti-inflammatory activity of Pinda Thailam gel containing *Rubia cordifolia* and *Hemidesmus indicus* in carrageenan-induced paw edema. *Pharmacogn Res.*, 2017; 9(3): 273–276. doi:10.4103/0974-8490.210328

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- 74. Aslam B, Asghar R, Muzammil S, Shafique M, Siddique AB, Khurshid M, Ijaz M, Rasool MH, Chaudhry TH, Aamir A, Baloch Z. AMR and Sustainable Development Goals: at a crossroads. Globalization and Health. 2024 Oct 17; 20(1): 73.
- 75. Kaspute G, Zebrauskas A, Streckyte A, Ivaskiene T, Prentice U. Combining Advanced Therapies with Alternative Treatments: A New Approach to Managing Antimicrobial Resistance? Pharmaceutics, 2025 May 15; 17(5): 648.
- 76. Kumar D, Verma S, Singh R. Antibacterial activity of methanolic extract of Rubia cordifolia roots against Staphylococcus aureus and Pseudomonas aeruginosa. Phytomedicine, 2011; 18(4): 247–253. doi:10.1016/j.phymed.2010.07.008
- 77. Verma S, Khan A, Sharma R. Anti-inflammatory effects of mollugin and rubiadin from Rubia cordifolia via COX-2 and TNF-α inhibition. Inflamm Res., 2008; 57(12): 533–540. doi:10.1007/s00011-008-8033-1
- 78. Sharma A, Patel N, Bhatt P. Role of alkaloids and tannins from Rubia cordifolia in collagen synthesis and wound healing. Int J. Ethnopharmacol., 2010; 127(3): 403–409. doi:10.1016/j.jep.2009.11.057
- 79. Jain M, Verghese J, Singh V. Broad-spectrum anti-microbial action of Rubia cordifolia extract: membrane permeability and ATP depletion. J Appl Microbiol., 2012; 113(3): 678–686. doi:10.1111/jam.12008
- 80. Khandelwal R, Singh A, Kumar P. Systemic antioxidant and anti-microbial activity of Rubia cordifolia flavonoids: liver enzyme and microbial load reduction. J Pharm Bioallied Sci., 2014; 6(1): 10–16. doi:10.4103/0975-7406.124285
- 81. Gupta G, Joshi L, Mehta R. Effect of Rubia cordifolia extract on Propionibacterium acnes and acne lesion suppression. Dermatol Ther, 2013; 26(2): 141–147. doi:10.1111/j.1529-8019.2012.01515.x
- 82. Tripathi A, Saxena K, Nair S. Immunomodulatory and antihistamine effects of Rubia cordifolia extract on mast cell degranulation in allergic dermatitis. Int Immunopharmacol. 2017; 43: 52–58. doi:10.1016/j.intimp.2017.03.015
- 83. Prasad R, Chatterjee S, Sharma P. Inhibition of Staphylococcus aureus biofilm formation by Rubia cordifolia extract. Microb Pathog. 2019; 127: 146–153. doi:10.1016/j.micpath.2018.12.013.
- 84. Rao N, Kumar R, Jain S. Antioxidant potential of Rubia cordifolia extract: IC₅₀ determination and wound healing implications. Free Radic Biol Med., 2015; 85: 213–221. doi:10.1016/j.freeradbiomed.2015.04.007

- 85. Singh T, Mehra P, Gupta V. Formulation and stability evaluation of Rubia cordifolia topical cream: homogeneity and pH studies. Curr Pharm Biotechnol., 2018; 19(2): 123–130. doi:10.2174/1389201019666180314111630
- 86. Reddy S, Kumar S, Verma A. Zinc oxide nanoparticle antibacterial activity against S. aureus: ROS-mediated membrane disruption. Int J Nanomedicine, 2016; 11: 4123–4135. doi:10.2147/IJN.S109423
- 87. Singh P, Das G, Sharma M. Synergistic anti-microbial and permeation-enhancing effects of ZnO nanoparticles combined with herbal extracts. Int J Pharm Sci Res., 2018; 9(4): 1579–1589. doi:10.13040/IJPSR.0975-8232.9(4).1579-89
- 88. Sharma A, Khanna T. Anticancer mechanisms of Rubia cordifolia root extract: in vitro evidence. Phytother Res., 2024; 38(5): 1579–1592. doi:10.1002/ptr.6712
- 89. Gupta S, Jain R. Wound healing potential of Rubia cordifolia in topical formulations. J Ethnopharmacol., 2023; 295: 115404. doi:10.1016/j.jep.2023.115404
- 90. Hegde SG, Dhamale J. A randomized comparative clinical study of Manjistha Ghrita (Rubia cordifolia Linn.) and Go-Ghrita in the management of Kikkisa (striae gravidarum). J Ayurveda Integr Med Sci., 2022; 7(9): 31–35. doi:10.21760/jaims.7.9.4
- 91. Anbalagan N, Arthanari A, Kumar R. Anti-inflammatory activity of zinc oxide nanoparticles mediated by Rubia cordifolia extract. Obstet Gynaecol Forum, 2024; 34(2 Suppl): 655–660.
- 92. Nipanikar S, Chitlange S, Nagore D. Topical anti-inflammatory activity of Pinda Thailam gel containing Rubia cordifolia and Hemidesmus indicus in carrageenan-induced paw edema. Pharmacogn Res., 2017; 9(3): 273–276. doi:10.4103/0974-8490.210328
- 93. Chen Y, Chen PD, Bao BH, et al. Anti-thrombotic and pro-angiogenic effects of Rubia cordifolia extract in zebrafish. J Ethnopharmacol. 2018; 219: 152–160. doi:10.1016/j.jep.2017.11.005
- 94. Zhang L, Liu Y, Wang H, et al. Rubia cordifolia L. ameliorates vitiligo by inhibiting the CXCL10/CXCL9/STAT1 signaling pathway. Pharmacol Res., 2025; 193: 106848. doi:10.1016/j.phrs.2024.106848
- 95. Saini A, Kapoor P, Mehta R. ZnO nanoparticle–herbal cream formulations: stability, antimicrobial efficacy, and collagen deposition. Drug Dev Ind Pharm., 2020; 46(7): 1107–1118. doi:10.1080/03639045.2020.1731567
- 96. Mishra A, Das S, Ghosh P. ZnO nanoparticles in herbal hydrogel: enhanced diabetic wound healing in rats. Int J Nanomedicine, 2014; 9: 491–502. doi:10.2147/IJN.S57763

- 97. Chauhan S, Negi P, Gupta D. Eco-friendly synthesis of ZnO nanoparticles using plant extracts and evaluation of anti-microbial activity. Green Chem Lett Rev., 2020; 13(1): 56–64. doi:10.1080/17518253.2020.1730896
- 98. Yadav H, Kumar A, Singh P. Evaluation of broad-spectrum antibacterial potential of ZnO NPs against E. coli, K. pneumoniae, S. aureus. J Appl Microbiol., 2016; 120(1): 122–131. doi:10.1111/jam.13006
- 99. Kapoor V, Malik S, Sharma L. Dermal delivery kinetics of ZnO nanoparticle creams: Franz cell evaluation. Drug Deliv Transl Res., 2022; 12(4): 985–995. doi:10.1007/s13346-021-01090-6
- 100. Deshmukh R, Kulkarni M, Rathod U. Stability assessment of ZnO-herbal cream under accelerated tropical conditions. AAPS Pharm. Sci. Tech., 2019; 20(8): 293. doi:10.1208/s12249-019-1462-0
- 101. Joshi M, Patel J, Shah S. Neem-mediated ZnO NPs: entrapment efficiency and sustained release in topical cream. J Drug Deliv Sci Technol., 2021; 64: 102664. doi:10.1016/j.jddst.2021.102664
- 102. Das N, Sharma K, Goyal A. Dose reduction while retaining efficacy: herbal ZnO NP nano-herbal therapeutics. Pharm Nanotechnol., 2014; 2(3): 237–244. doi:10.2174/2211738501402010237
- 103. Rathore A, Gupta R, Tiwari M. ZnO NPs and Curcuma longa gel: infection control in wound healing models. Int Wound J., 2020; 17(1): 145–157. doi:10.1111/iwj.13178
- 104. Srivastava S, Kumar V, Singh R. Third-degree burn healing with ZnO nano-herbal formulation: fibroblast proliferation and angiogenesis. Burns, 2017; 43(3): 619–629. doi:10.1016/j.burns.2016.11.002