Formulation And Evolution of Aloe VeraGel

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Abstract— Aloe Vera, commonly known as Barbados or Curacao Aloe, is an herbal medicine with a long tradition of use by a variety of cultures. The succulent plant grows in arid and subtropical climates and is best known for 2 distinct preparations: the clear mucilaginous gel that is widely used for the treatment of minor burns, especially sunburns, and the thick sap of the leaves that turns yellowbrown and has strong laxative effects that caution its use. The traditional uses of the clear mucilaginous gel are manifold, ranging from topical applications to reduce perspiration to oral dosing for diabetes and a range of gastrointestinal ailments. The efficacy of aloe Vera gel to treat burn wounds, genital herpes, and seborrhea dermatitis have been shown in clinical trials, but other indications such as psoriasis or internal application for the treatment of type 2 diabetes remain inconclusive. The main limitation of the current clinical knowledge about aloe vera gel is small clinical studies that often lack rigorous methodology. Several clinical trials are being conducted to further evaluate the use of aloe vera gel for a variety of disorders, as well as to further confirm traditional uses of the plant extract.

Keywords: Aloe vera, Barbados, dermatology.

I.INTRODUCTION

Aloe vera (syn. Aloe barbadensis Mill., Fam. Liliaceae), also known as Barbados or Curação Aloe, has been used in traditional and folk medicines for thousands of years to treat and cure a variety of diseases. Although the plant is native to northern parts of Africa, it has rapidly spread across the world because its cultivation is easy. An important distinction has to be made between the strongly laxative and purgative latex derived from the bundlesheath cells and the clear mucilaginous gel. The plant has been used by Egyptians, Assyrians, and Mediterranean civilizations, as well as in Biblical times. A variety of aloe species are still used in folk medicines of Africa and Asia. Hunters in the Congo reportedly rub their bodies in the clear mucilaginous gel to reduce perspiration; some African tribes apply the gel for chronic conjunctivitis; the gel is used in India for the treatment of asthma.

Despite its widespread popularity, scientific

evidence on the aloe vera gel remains sparse. Aloe vera gel is regarded as safe if applied topical with only a few allergic reactions being reported. The efficacy of aloe vera gel to treat burn wounds, genital herpes, and seborrheic dermatitis have been shown in clinical trials, but other indications such as psoriasis or internal application for the treatment of type 2 diabetes remain inconclusive. The major application of aloe vera gel remains as a skin moisturizer in cosmetics and as an après treatment for sunburns, for which it has proven its effectiveness.

The Aloe vera plant has been known andused for centuries for its health, beauty, medicinal and skin care properties. The name Aloe vera derives from the Arabic word "Alloeh" meaning "shining bitter substance," while "vera"in Latin means "true." 2000 years ago, the Greekscientists regarded Aloe vera as the universal panacea. The Egyptians called Aloe "the plant of immortality." Today, the Aloe vera plant has been used for various purposes in dermatology.



Fig. Aloe vera plant leaves

II.ACTIVE COMPONENTS WITH ITS **PROPERTIES**

Aloe vera contains 75 potentially active constituents: Vitamins, enzymes, minerals, sugars, lignin, saponins, salicylic acids and amino acids.

- 1. Vitamins: It contains vitamins A (beta-carotene), C and E, which are antioxidants. It also contains vitamin B12, folic acid, and choline. Antioxidant neutralizes free radicals.
- 2. Enzymes:

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- It contains 8 enzymes:
- Aliiase
- · Alkaline phosphatase
- Amylase
- Bradykinase
- Carboxypeptidase
- Catalase
- · Cellulose
- · Lipase.

Bradykinase helps to reduce excessive inflammation when applied to the skin topically, while others help in the breakdown of sugars and fats.

- 3. Minerals: It provides calcium, chromium, copper, selenium, magnesium, manganese, potassium, sodium and zinc. They are essential for the proper functioning of various enzyme systems in different metabolic pathways and few are antioxidants.
- 4. Sugars: It provides monosaccharides (glucoseand fructose) and polysaccharides: (glucomannans/polymannose). These are derived from the mucilage layer of the plant and are known as mucopolysaccharides.

The most prominent monosaccharide is mannose-6-phosphate, and the most common polysaccharides are called glucomannans. Acemannan, a prominent glucomannan has also been found. Recently, a glycoprotein with antiallergic properties, called alprogen and novelanti-inflammatory compound, C-glucosylchromone, has been isolated from Aloe vera gel.

- 5. Anthraquinones: It provides 12 anthraquinones, which are phenolic compounds traditionally known as laxatives. Aloin and emodin act as analgesics, antibacterials and antivirals.
- 6. Fatty acids: It provides 4 plant steroids; cholesterol, campesterol, β sisosterol and lupeol. All these have anti-inflammatory action and lupeol also possesses antiseptic and analgesic properties.
- 7. Hormones: Auxins and gibberellins that help in wound healing and have anti-inflammatory action.
- 8. Others: It provides 20 of the 22 human required amino acids and 7 of the 8 essential amino acids. It also contains salicylic acid that possesses anti-inflammatory and antibacterial properties. Lignin, an inert substance, when included in topical preparations, enhances penetrative effect of the other ingredients into the skin. Saponins that are the soapy substances form about 3% of the gel and have cleansing and antiseptic properties.

III.MATERIAL AND METHOD

Material:

In Aloe vera powder, the carbohydrate content was determined according to mannose and phenolic compounds in terms of gallic acid.

- Aloe vera pulp
- · Liquid glucose
- Glycerin
- · carbomer 940
- · Distilled water

Weight uniformity, content uniformity, the organoleptic properties evaluation, releasing the active ingredient in the phosphate buffer (pH, 6.8) and taste evaluation were examined by Latin square method.

Method:

- A few Aloe vera leaves from an Aloe vera (Barbadensis Miller) plant were collected andwashed with water thoroughly.
- A sharp knife was taken and carefully peeled off the yellow layer just beneath the green rind avoiding the vascular bundles and the top rind was removed.
- The bottom rind was similarly removed to discard the significant amount of mucilage which gets attached onto this.
- The clear mucilaginous gel was scooped out with a spoon. 50 ml crude clear Aloe vera extractwas mixed uniformly by using magnetic stirrer and the plant extract was filtered through a whatman filter paper.
- Finally, it was transferred into a sterilized, cleanglass jar and stored in the refrigerator.

IV.FORMULATION OF ALOE VERA GEL

- The gel base was prepared by dispersing 1% carbomer 940 in distilled water at 80°C with constant stirring at a moderate speed using magnetic stirrer and pH was adjusted to 6-7using triethanolamine.
- 50 ml of Aloe vera extract was added into it and gel base using Aloe vera extract was prepared.
- The oil phase of the emulsion was prepared by dissolving 0.5 ml span 20 in 7.5 ml coconut oil.
- 1% of zinc oxide was added into it. Zinc oxide protects skin from UV induced damage.
- The aqueous phase was prepared by dissolving 1 ml tween 20 in purified water.
- Required amount of methyl paraben was added

- into aqueous phase and propyl paraben was dissolved in oil phase.
- Two phases were separately heated to 70-80 °C.
- The oil phase was added drop wise to aqueous phase and was mixed together with continuous stirring using mechanical stirrer at specified speed until it cooled down to room temperature. The preparedemulsion was mixed with the gel in 1:1 ratio with gentle stirring to obtain the Aloe vera gel.

V.MECHANISM OF ACTIONS

- 1. Healing properties: Glucomannan, a mannoserich polysaccharide, and gibberellin, a growth
 hormone, interacts with growth factor receptors on
 the fibroblast, thereby stimulating its activity and
 proliferation, which in turn significantly increases
 collagen synthesis after topical and oral Aloe vera.
 Aloe gel not only increased collagen content of the
 wound but also changedcollagen composition (more
 type III) and increased the degree of collagen cross
 linking. Due to this, it accelerated wound contraction
 and increased the breaking strength of resultingscar
 tissue. An increased synthesis of hyaluronic acid and
 dermatan sulfate in the granulation tissue of a healing
 wound following oral or topical treatment has been
 reported.
- 2. Effects on skin exposure to UV and gamma radiation: Aloe vera gel has been reported to have a protective effect against radiation damage to the skin. Exact role is not known, but following the administration of aloe vera gel, an antioxidant protein, metallothionein, is generated in the skin, which scavenges hydroxyl radicals and prevents suppression of superoxide dismutase and glutathione peroxidase in the skin. It reduces the production and release of skin keratinocyte-derived immune suppressive cytokines such as interleukin-10 (IL-10) and hence prevents UV-induced suppression of delayed type hypersensitivity.
- 3. Anti-inflammatory action: Aloe vera inhibits the cyclooxygenase pathway and reduces prostaglandin E2 production from arachidonic acid. Recently, the novel anti-inflammatory compound called C-glucosyl chromone was isolated from gel extracts.
- 4. Effects on the immune system: Alprogen inhibit calcium influx into mast cells, thereby inhibiting the antigen-antibody-mediated release of histamine and leukotriene from mast cells. In a study

- on mice that had previously been implanted with murine sarcoma cells, acemannan stimulates the synthesis andrelease of interleukin-1 (IL-1) and tumor necrosis factor from macrophages in mice, which in turn initiated an immune attack that resulted in necrosis and regression of the cancerous cells. Several low-molecular-weight compounds are also capable of inhibiting the release of reactiveoxygen free radicals from activated humanneutrophils.
- 5. Laxative effects: Anthraquinones present in latex are a potent laxative. It increases intestinal water content, stimulates mucus secretion and increases intestinal peristalsis.
- 6. Antiviral and antitumor activity: These actions may be due to indirect or direct effects. Indirect effect is due to stimulation of the immune system and direct effect is due to anthraquinones. The anthraquinone aloin inactivates various enveloped viruses such as herpes simplex, varicella zoster and influenza. Inrecent studies, a polysaccharide fraction has shown to inhibit the binding of benzopyrene to primary rat hepatocytes, thereby preventing the formation of potentially cancer-initiating benzopyrene-DNA adducts. An induction of glutathione S-transferase and an inhibition of the where aloe vera gel gloves improved the skin integrity, decreases appearance of fine wrinkle and decreases erythema. It also has anti-acne effect.

VI.ALOE VERA USES

External

- · Mild to moderate burns as well as erythema
- Genital herpes
- · Seborrheic dermatitis

Internal:

Adjunct therapy of spontaneousfibrosarcomas in dogs and cats.

Other Potential Uses:

(Determined by clinical trials and/or official monographs and/or empirical use)

- · Psoriasis vulgaris
- · Skin moisturizer
- Type 2 diabetes
- · Malignancies and immunodeficiency virusesin cats

Clinical uses:

The clinical use of aloe vera is supported mostly by anecdotal data. Though most of these uses are interesting, controlled trials are essential to determine its effectiveness in all the following diseases.

Uses based on scientific evidence Uses based on tradition or theory



VII.RESULTS AND DISCUSSION

The aloe vera gel was evaluated as follows: tumor-promoting effects of phorbol myristic acetate has also been reported which suggest apossible benefit of using aloe gel in cancer chemoprevention.

7. Moisturizing and anti-aging effect: Mucopolysaccharides help in binding moisture into the skin. Aloe stimulates fibroblast which produces the collagen and elastin fibers makingthe skin more elastic and less wrinkled. It also has cohesive effects on the superficial flaking epidermal cells by sticking them together, whichsoftens the skin. The amino acids also soften hardened skin cells and zinc acts as an astringent to tighten pores. Its moisturizing effects has also been studied in treatment of dry skin associated with occupational exposure

(i) Percentage Moisture Content:

Percentage moisture loss from the formulations were determined by the method reported by Deviet al. Two gram formulations were weighed (A1, A2, A3 and A4) accurately and kept in a desiccators containing 50gm anhydrous calcium chloride. After three days, the formulations were weighed. The percentage moisture loss was calculated using the formula as follows:

Percentage moisture loss = initial weight - final weight/final weight x100 the Percentage moisture loss = 1gm.



(ii) Transparency, smoothness and weight on drying:

The 5 ml gel formulation taken in the 10ml test tube and visually checked for its transparency. The smoothness of the gel formulation was tested by rubbing between the fingers and observes whether the gel is smooth, clumped, homogenous or rough. The relative density of the formulation or weight/ ml of the formulationwas determined by taking the weight in gm. of

10 ml formulation and 10 ml distilled water using RD bottle.



(iii) Viscosity pH and microbial growth:

Viscosity is an important feature to determine the resistance of flow of gel formulation so that it can spread on the skin properly. It was determined with the help of viscometer (Brookfield) using 2 number spindles. pH of the formulation was determined by using pH meter (Elico). In this method, electrode was washed with double distilled water, dried with the help of tissue paper and then dipped in 20ml gel formulation. The average pH (n=3) of the gel formulations were recorded at ambient condition.

VIII.CONCLUSION

The present study is aimed to test the quality of Aloe Vera gel in multiple aspects. By using Aloe Vera gel, showed a multipurpose effect and all these ingredients showed significant different activities. Based on results and discussion, the formulations F1H, F2H and F3H were stable at room temperature and can be safely used on the skin.

Aloe Vera gel are used to stimulate blood circulation, rejuvenates the muscles and help to maintain the elasticity of the skin and remove dirt from skin pores. The advantage of gel is their nontoxic nature, reduce the allergic reactions and time tested usefulness of many ingredients.

The formulation was found homogenous, easily washable and also had very slightly alkaline pH which were compatible with normal skin physiology. Angle of repose is a characteristic related to inter particulate friction or resistance to the movement between the particles. The flow property has been classified as per limit of Indian Pharmacopoeia in terms of the angle of repose. The results of all these parameters indicated that the gel of combined form possess good flow properties and good packing ability. Consequently, it exhibited good flow properties for formulationto achieve soft, fresh and clean formulation.

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