ANTI-ACNE ACTIVITY ON SPIKES OF ALOE

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ABSTRACT

Acne vulgaris is one of the dermatological disorders, mainly affect to adolescents and any age groups. It is multifactorial chronic inflammatory disease of pilosebaceous. It is characterized by different areas of scaly red skin (seborrhea), pinheads (papules), blackheads and whiteheads (comedones), large papules (nodules), and sometimes scarring (pilples). Severe acne is usually inflammatory and non-inflammatory. Acne has main pathogenetic mechanism—increased sebum productions, follicular hyper keratinization. In recent years, due to better understanding of the pathogenesis of acne, new therapeutic modalities are designed. Availability of new medicinal plants for the treatment options to complement the existing armamentarium should help to achieve the successful therapy of greater numbers of acne patients, ensure improved tolerability and fulfill patient expectations. Successful management of acne needs careful selection of anti-acne agents according to clinical presentation and individual patient needs. Medicinal plants have a long history of use and have been shown to possess low side effects, such as the protective effects for example; Curcuma longa, Syzygium cuminum, Ocimum grattissimum, artichoke, Calendula officinalis and Triticum aestivum, Hamamelis virginiana Quercus tinctorium, luffiolum, Alchemilla mollis, Lavandula angustifolia, Verbascum thapsus, Krameria triandra, Rheum palmatum, Hypericum perforatum and Rumex crispus Bellis perennis, Viola tricolor, Elymus repens and Taraxacum officinale. (Equisetum species), yellow milk of Aloe ferox fresh leaves Vitex agnus-castus (Glycyrrhiza glabra) Urema barbata, Solanum dulcamara and edible use of Saccharomyces cerevisiae, Lemna minor Cynara scolymus, Matricaria recutita oleoresin of an Indian Commiphora mukul, medicinal plants might be considered as reliable sources for development of new drugs. The purpose of this article is to review the treatment options available with us in the present scenario.

Keywords: Acne vulgaris, peel of Aloe spike.

INTRODUCION

Herbal medicines are gaining increased popularity due to their advantages, such as better patient tolerance, long history of use, fewer side-effects and being relatively less expensive. Furthermore, they have provided good evidence for the treatment of a wide variety of difficult to cure diseases. More importantly, other than consumption as preventive or treatment remedy, to reduce their side effects. Many medicinal plants with anti-inflammation and antibacterial activities are used in different ways in the treatment of acne and other infective diseases.

TOPICAL THERAPY: Benzyl peroxide, Topical retinoids. Topical antibiotics other topical/new agents,Salicylic acid, Azelaic acid, Lactic acid/Lactate lotion, Picolinic acid gel, Dapsone gel.

SYSTEMIC THERAPY

Oral antibiotics:
Tetracyclines first choice (500-1000mg/day), Cotrimoxazole, and trimethoprim (500mg), azithromycin (500 mg/ 3 times in a weekly) minocycline tablet (1 mg/kg/day). 4 The agents should not be used in acne due to lack of efficacy and safety consideration such as cephalosporins, sulphonamide, and gyrase inhibitors 5

Long-term therapy with oral antibiotic not only threat to resistant of P. acne, but also to coagulase negative staphylococci on the skin, Staphylococcus aureus in the nares, and streptococci in the oral cavity. 6,7 There is a significant association between antibiotic used in acne 8

Hormonal therapy
It may be needed in female patients with severe seborrhoea, clinically apparent androgenetic alopecia, seborrhoea/acne/hirsuitism/alopecia
(SAHA) syndrome, late-onset acne (acne tarda), and with proven ovarian or adrenal hyperandrogenism.

**Oral contraceptives:** Norgestimate with ethinyl estradiol, and norethindrone acetate with ethinyl estradiol, Spironolactone, Cyproterone acetate, Flutamide

**Oral isotretinoin**

**Physical treatment:** Lesion removal, Comedones, Active deep inflammatory lesions removal.5,10

**Phototherapy**

**a) Visible light:** In vitro and in vivo exposure of acne bacteria to 405–420 nm of ultraviolet free blue light results in the photo-destruction through the effect on the porphyrin produced naturally by *P. acne* 11 Use of limited spectrum wavelength, such as blue light (peak at 415 nm), and mixed blue and red light (peak at 415 and 660 nm) have been found to be effective in reducing acne lesions after 4–12 weeks. 12,13

**b) Photodynamic therapy**

(with addition of δ-aminolevulinic acid) and pulsed dye laser (585 nm) were also effective in acne, but further trials are needed to confirm the same 14,15

**DIET**

Dietary restriction has not been demonstrated to be benefit in the treatment of acne. The benefit of dietary management in the treatment of acne has been neither demonstrated nor disproved. 17

**CONCLUSION**

The various combinations of herbal extracts and topical, systemic drugs are available to treat acne, which may sometimes confuse the treating dermatologist.

**Topical retinoid**

- It should be primary treatment for most forms of acne vulgaris.
- To be applied to entire affected area.
- Antimicrobial to be added for inflammatory lesions.
- Essential part of maintenance therapy.

**Combination therapy**

- benzoyl peroxide plus an antibiotic.
- Topical retinoid can be continued to prevent remission.

**Antibiotics**

- Doxycycline and minocyclines are more effective than tetracycline.
- Do not use chemically dissimilar oral and topical antibiotic together.

**Hormonal therapy**

It is an excellent choice in women requiring oral contraceptive (estrogen containing), Oral antiandrogen like spironolactone and cyproterone acetate can be useful in the treatment of acne.

**Herbal Combinations:**

The antibacterial properties of Aloe spikes, Tulsi leaves extract, Neem bark extract and Honey are very effective in treating acne and reducing the redness caused by it. It prevents bacteria from infecting acne wounds and accelerates the process of healing. Its antifungal properties are useful in treating inflammation like boils and cysts on the skin. The combination has shown dramatic results in helping improve pigmentation. Take the combined extract of spikes extract, tulsi extract, Neem bark extract, honey and add to it some freshly grated cucumber, lemon juice and 1 tsp of sandalwood powder. Apply this on the skin and let it dry completely. Wash off with ice cold water and pat dry. A Aloe spikes extract acts as a good moisturizer for those who have oily, acne-prone skin, that can help scars heal faster by strengthening the collagen structure within the scar. It should not be used on open wounds, but on healing wounds, it can hasten healing and lessen scar formation.

The extracts of Aloe spikes, Tulsi leaves, Neem barks and Honey combinations very effectively shown the results on Acne scars.

**REFERENCES**