

Herbal hand sanitizer: A review

Tejasvee R.Shinde, Guided By Mr. Dattaprasad N. Vikhe Department of pharmacognosy, M Pharmacy, Pravara rural College of PharmacyLoni

Submitted: 15-03-2022	Accepted: 23-03-2022

ABSTRACT: The objective of herbal hand sanitizer is "hand hygiene". It is a vital principle in the prevention, control, and reduction of any acquired infection. Mainly hand sanitizer can stop the chain of transmission of micro oorganisms and other bacteria from hand to different parts of our body. Hand hygiene is important and one of the most critical steps in food production, food service as well as in homes and other daycare preparations. Hand sanitiser avoids adverse effects like itching, irritation, dermatitis etc. So, maintaining hand hygiene as the prime criteria-instead of some synthetic formulation, an attempt has been made to formulate a herbal hand wash by using some extracts of commonly available plants like Andrographis paniculata, ginger, lemon juice. Surely, these ingredients in combination behave as an effective hand sanitiser.

Key Words: Herbal extracts, hand hygiene, antimicrobial agents.

I. INTRODUCTION: HAND SANITIZER

According to the World Health Organization (WHO), "an alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients with excipients, and humectants^[1]

The emergence of the Corona virus Disease-2019 (COVID-19) pandemic has risen to be a significant global public health concern and led to extensive use of hand disinfectants given its contagious nature. Hands are the primary mode of transmission of microbes and infections. Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent the infections. Hand hygiene is the single most important, simplest, and least expensive means of preventing nosocomial infections^[2]. Contaminated hands can serve as vectors for the transmission of microorganisms. Pathogenic microorganisms accountable for outbreaks are

spread from the hands of the food handler to others when the food handler contaminates his/her hands and then passes thesemicroorganisms to consumers via hand contact with food or drinks. The consumer is exposed following the ingestion of these microorganisms, which may cause gastrointestinal illness. Hand contact with ready-to-eat foods represents a very important mechanism by which pathogens mayenter the food supply. Food handlers whose work involves touching unwrapped foods to be consumed raw or without further cooking or other forms of treatment have been identified as a particular risk group^[3].

To protect the skin from harmful microorganisms and to prevent spreading of many contagious diseases, hand washing is absolutely an important precaution. Hand washing is the act of cleaning the hands with soap and water for the purpose of removing soil, dirt, pathogenic microorganisms and avoid transmitting transient microorganisms. Food production workers and food service personnel must be taught to use correct hand and fingertip washing by management in preparation for work^[4]

Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time^[5]; reported a study that demonstrated a decline in diarrheal illnesses (due to Shigella, Giardia and rotavirus) in day care centers when employees were taught to use good hand washing procedures^[6]. Hand washing removes visible dirt from hands and reduces the number of harmful microorganisms such as, E. coli and Salmonella can be carried by people, animals or equipment and transmitted to food^[7]. By far the most common mode of pathogen transmission to food by the infected food handler is via faecally contaminated hands. Poor hand hygiene is the contributing factor^[3]. WHO has recommended all people should wash hands before, during and after preparing food, before eatingfood, before and after caring for someone who is sick, before and after treating a cut or wound, after using the toilet. After blowing your



nose, coughing, or sneezing, after touching an animal or animal waste, after handling pet food or pet treats and after touching garbage^[8]. For generations, hand washing with soap and water has been considered a measure of personal hygiene.



1.1 HISTORY OF HANDSANITIZER

In 1966, hand sanitizers came into existence in healthcare facilities and were popularized significantly in the early 1990s. The concept of cleansing hands with an antiseptic agent probably emerged in the early 19th century. In the current scenario of mechanized life style; a consumer always prefers ready-made formulation of alcohol hand rub rather than hand washing. As early as 1822, a Frenchpharmacist demonstrated that solutions containing chlorides of lime or soda could eradicate the foul odors associated with human corpses and that such solutions could be used as disinfectants and antiseptics. In a paper published in 1825, this pharmacist stated that physicians and other persons attending patients with contagious diseases would benefit from moistening their hands with a liquid chloride solution^[9]. Hand sanitizers, otherwise known as hand antiseptics is an alternative to hand washing with soap and water.

1.2 GENERAL COMPOSITION OF HANDSANITIZER

The base of all hand sanitizers is alcohol. The alcohol used may be isopropyl alcohol (Isopropanol), ethanol-propanol or povidoneiodine. Alcohol based hand sanitizers are more effective in killing microorganisms. An alcohol is any organic compound in which the hydroxyl functional group (OH) isboundtoasaturatedcarbonatom.Theprimaryalcohol usuallyformsthebaseofhandsanitizer

which is about 60%. Hand sanitizers effectiveness starts with its formula. The base of all hand sanitizers is alcohol, added to vitamin E, aloe vera (or another softening ingredient), and glycerine. The essential, and germ killing ingredient in hand sanitizers is the alcohol, and the minimum amount one needs for a sanitizer is 60%.

Several studies suggested that sanitizers with at least 70% alcohol were suggested to kill 99.9% of the

bacteria on hands^[10]. Alcohol combined with quats (quaternary ammonium cations) such as benzalkonium chloride quarts are added at level up to 200 parts per million to increase antimicrobial effectiveness^[11].

1.3 Limitations of Alcohol based hand sanitizers:

- Alcohol based hand sanitizers causes rashes and irritation to applied area.
- Sometimes they causes burning sensation.

To overcome these limitations of Alcohol based hand sanitizers we generally use herbal hand sanitizers.^[12]





1.4 Advantage of herbal hand sanitizers:

- These are antiseptic products used to avoid the transmission of skin infections/pathogens.
- Drying of the skin is less and leaves more moisture.
- Herbal ingredients provides extra benificial effects as well.^[13]
- Herbal handwashing canreduce the number of young children who get sick and help prevent school absenteeism.



• Handwashing by herbal handwash can help prevent illness. Getting a yearly flu vaccine is the most important action you can take to protect yourself from flu. Besides getting a flu vaccine, CDC recommends everyday preventive actions including frequent handwashing with handwash and water.

• Handwashing is easy! Effective handwashing is a practical skill that you can easily learn, teach to others, and practice every day to prepare for an emergency.



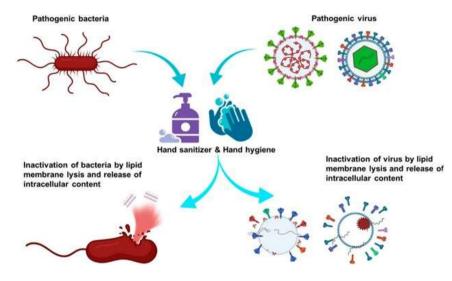
Herbal sanitizers can reduce about 97% of the bacteria on your hands.





1.5 MECHANISM OF ACTION

The compound, n-propanol, is the most commonly used alcohol compound in biocides^[13]. It is not known with much confidence the exact mechanism of alcohol's antimicrobial activity; however, it may be related membrane damage, and inhibition or uncoupling of mRNA and protein synthesis through effects on ribosomes and RNA polymerase^[14] or associated with protein denaturation^[13]. For activity against bacteria, its optimal bactericidal efficacy is achieved at concentrations between 60% and 90%^[15]. In fact, absolute alcohol, or alcohol that is no more than 1% water, is less bactericidal than alcohol. Water is thus critical in the protein denaturation process, if not multiple, are affected by alcohol, essential metabolic pathways, membrane damage and loss of cellular integrity ultimately occur. However, alcohols exhibit bactericidal activity against vegetative bacteria-those undergoing metabolism and binary fission but not againstspores^[16].



1.6 VARIOUS TYPES OF HERBAL HAND SANITIZER DOSAGEFORM

Hand sanitizer can generally be categorized into two groups: alcohol-based or alcohol-free. An alcohol based hand sanitizer (ABHS) may contain one or more types of alcohol, with or without other excipients and humectants, to be applied on the hands to destroy microbes and temporarily suppress their growth. ABHS can effectively and quickly reduce microbes covering a broad germicidal spectrum without the need for water or drying with towels. Nevertheless, there are a few shortcomings with the effectiveness of ABHS, such as its short-lived antimicrobial effect and weak activity against protozoa, some nonenveloped (non-lipophilic) viruses and bacterialspores^[27].

On the other hand, the alcohol-free sanitizer makes use of chemicals with antiseptic properties to exert the antimicrobial effects. These chemicals have a different mode of action and function according to their chemical functional groups^[28-30]. As they are non-flammable and often used at bw concentrations, they are relatively safer

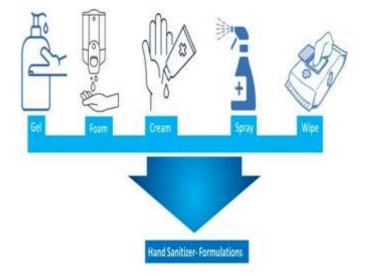
to use among children as compared toABHS.

Herbal hand sanitizers are available in different dosage forms, namely gel, liquid and foam. As each type has its own characteristics, a study was conducted to understand the impact on sensory attributes that may affect user's acceptance of the product and ultimately influence usage leading to hand hygiene compliance. The overall result showed that gels and foams are more widely accepted compared to liquid, especially in terms of handle ability, though the latter left a high clean feeling and took a shorter time to dry.

ABHS in the form of a spray which triggers stream aerosol solution allows direct contact of the alcohol solution with the target surface. However, there are several limitations associated with the sprays, including overspray, breathed by patients and flammability. Ready-touse alcohol "Hand Sanitizing Wipes (HSW)" is a pre-wetted towelette containing disinfectants, antiseptics, surfactants, etc. in a sealed package ready for use in topical disinfection. The advantage of HSW is eliminating the possible contaminations and transfer of pathogens due to towelettes reuse.



However, the longer storage time could increase the probability of losing antimicrobial/viricidal activity due to the possible binding of active ingredients .



1.7 FORMULATION :

Sr No	Ingredient	Quantity (ml)
1	Ginger	10 ml
2	Lemon Extract	10ml
3	Angrographis paniculata	10ml
4	Carbapol 940	1ml
5	Triethanoplamine	1ml
6	Glycerine	5ml
7	Polysorbate-20	1ml
8	Perfume	1ml
9	Preservative	1ml
10	Alcohol	20ml
11	Water	40ml

Ginger: Ginger is used as disinfectant



Lemon Extract: Lemon Extract is used as cleaning agent and as fragrance.





Angrographis paniculata: used as anti microbial agent



Carbapol 940: used as thickening agent Triethanoplamine: used as pH adustifier Glycerine: used as humactant Polysorbate-20:Used as Surfactant Perfume: Used as smelling agent Alcohol: used as anti microbial agent Water: Used as solvent

1.8 METHOD OF PREPARATION:

• Ethanolic extract of Andrographis Paniculata,

1.9 EVALUATION TESTS:

1. GeneralAppearance

The general appearance of sanitizer formulation is determined by observing its visual identity. Clarity and color was checked by naked eyes against white background, the odor was smelled.

2. Appearance and Homogeneity

The film forming hand sanitizer was homogeneous and translucent in nature.

3. рН

The pH of each batch was measured separately using a pH meter. The ph meter was calibrated with buffer solutions of pH 4 and pH 7 respectively.

| Impact Factor value 7.429 | ISO 9001: 2008 Certified Journal Page 495

ginger, lemon was prepared by Maceration process.

- Other ingredients except triethanolamine were added in water and stirred well using a mechanical stirrer.
- To this, the extracts were added and stirred. Then triethanolamine and perfume was added and thevolume was made up using water.



Then ph of each batch was measured.

4. Viscositydetermination

The viscosity was determined by using Brookfield viscometer where the spindle no. 7 was used with rotation at 60 rpm.

5. IrritancyTest

Five healthy volunteers were selected. The hand sanitizer was applied on their palm and time was noted. Irritancy, redness, dryness and itching were checked.

II. BENEFITS TOSOCIETY

In the present pandemic situation as the world is unlocking it increases the chances of infection by viruses by touching surfaces at public spaces such as bus stops,hotels,malls etc. It is an innovative step helping us fight the pandemic.^[14]

2.1 FUTURE SCOPE

There seems no end to the pandemic situations and the lockdowns prove a havoc on economy and mental health of citizens in this situation living with situation is the only option making need of sanitising even important innovations such as film that gives continuous protection against the bacteria and viruses makes the life of people easy and also relieves the psychological tension. The hand sanitisation industry has a huge scope for innovation and research much of work is remaining and has a future scope to develop herbal hand sanitizers.^[15]

REFERENCES

- Greenaway, RE, Ormandy, K, Fellows, C,. Impact of hand sanitizer format (gel/foam/liquid) and dose on its sensory properties. J Hosp Inf 2018; 2:411–416.
- [2]. Ravi K, Pratibha MD & Kolhapure SA, Evaluation of the antimicrobial efficacy and safety of Pure Hands as a hand sanitizer: Indian Journal of Clinical Practice, 15(10) (2005) 19-27.
- [3]. National Disease Surveillance Centre. Preventing Food borne Disease: A Focus on the Infected Food Handler, (2004)17-20.
- [4]. Snyder OP & Paul ST, Safe Hand Washing, Hospitality Institute of Technology and Management, (1988)11-21.
- [5]. Black RE, Dykes AC, Anderson KE, Wells JG, Sinclair SP et al, Hand-washing to prevent diarrhea in day-care centers, Am J Epidemiol, 113 (1981)445-51.

- [6]. Borgatta L, Fisher M & Robbins N, Handwashing, germicides and gloves, Woman &Health. Hand protection and protection from hands, 15(4) (1989) 77-92.
- [7]. Kolhapure SA & Sunanda M, Evaluation of the antimicrobial efficacy and safety of Pure Hands herbal hand herbal hand wash gel in hand hygiene and on inanimate objects, The Antiseptic, 101 (2) (2004) 55- 57.
- [8]. World Health Organization. Guidelines on hand hygiene in health care (Advanced Draft). Global patient safety challenge, 2005- 2006, 12-23.
- [9]. John M. Boyce & Didier Pittet, Guideline for Hand Hygiene in Health-Care Settings, MMWR,(2002) 51(RR16)1-44.
- [10]. Eshun K & He Q, Aloe vera: a valuable Ingredient for the food, Pharmaceutical and cosmeticindustries-a review: Crit Rev Food Sci Nutr, 44 (2) (2004)91-6.
- [11]. EI Kamali HH, Hamza MA & EI Amir MY, Antibacterial Activity of the Essential oil from Cymbopogonnervatus in floreseance, 76(5) (2005) 446-449.
- [12]. Mcdonnell G, Russell AD. Antiseptics and disinfectants: activity, action, and resistance. Clin Microbiol Rev. 1999;12:147–179. American Society for Microbiology(ASM)
- [13]. Fatima Grace1,*, Sowmya K.V.2, Darsika C.3, Arul Jothy4, S. Shanmuganathan5 POLYHERBAL HAND SANITIZER -FORMULATION AND EVALUATION, Dept. of Pharmaceutics, Sri Ramachandra University, Tamil Nadu)
- [14]. Kampf G. Efficacy of ethanol against viruses in hand disinfection. J Hosp Infect. 2018;98:331–338.
- [15]. Feingold,K.R.Lamellarbodies:Thekeytocuta neousbarrierfunction.J.Investig.Dermatol.20 12, 132 1951–1953.