

THE MECHANISM OF *FICUS DELTOIDEA* EXTRACT IN AFFECTING THE  
HEALING OF CHRONIC DIABETIC WOUND *IN VITRO*

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## **DEDICATION**

This dissertation is dedicated to my father, who taught me that education can brighten your future. It is also dedicated to my mother, who taught me that humbleness is priceless so be humble in your life. To my dear siblings who encouraged and helped me at any critical situation. To my lovely spouse for her love and patience. To my cute children Hina, Zohaib and Sana and nephews Afshan and Raihan

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## ABSTRACT

Non-healing wound is a serious complication of diabetes mellitus. Untreated chronic diabetic wound negatively impacts human life and increases the risk of mortality and morbidity. *F. deltoidea*, locally known as Mas Cotek in Malaysia, has been recognised as a significant source of antioxidant, anti-inflammatory, and anti-bacterial components. The current study was designed to evaluate the extract and fractions of *F. deltoidea* for cytotoxicity and wound healing activity under normal and hyperglycaemic conditions via *in vitro* study on Human Fibroblast Cells (HSF1184). The extraction and fractionation process was carried out on *F. deltoidea* dried leaves to obtain the ethanolic extract, chloroform and aqueous fraction. Then, the MTT assay was conducted to determine the cytotoxicity effect of the extract and fractions on HSF1184 cells. Meanwhile, the scratch assay was performed to investigate the wound healing activities for the different concentrations of the *F. deltoidea* extract and fractions. The MTT assay results revealed that the cytotoxicity was increased in a dose-dependent manner. The IC<sub>50</sub> value was recorded for ethanolic extract (144.54 µg/mL), chloroform fraction (128.82 µg/mL) and aqueous fraction (162.18 µg/mL) under normal conditions. The IC<sub>50</sub> value for the cells treated under hyperglycaemic conditions was observed at (138.03 µg/mL, 120.22 µg/mL 158.48 µg/mL) in an orderly manner for the three samples. The chloroform fraction was more toxic based on the IC<sub>50</sub> value amongst all the treated samples in both conditions. Nonetheless, the results obtained from scratch assay showed that the ethanolic extract (80 µg/mL) and aqueous fraction (40 µg/mL) exerted their stimulatory effects on HSF1184 cells and significantly (\*p < 0.05), (\*\*p < 0.01) increased the cell migration rate at 18, 20, 22 and 24 hours in normal condition. The same concentrations for ethanolic extract and aqueous fraction were also statistically significant (\*p < 0.05), (\*\*p < 0.01) in terms of HSF1184 cell migration rate under the hyperglycaemic conditions at 22 and 24 hours. However, compared to normal conditions, the cell migration rate was slower under the hyperglycaemic microenvironment as the wound gaps were not fully closed after 24 hours. However, when compared to its control group, the treated group resulted in better migration activity. Meanwhile, the chloroform fraction has no stimulatory effect against HSF1184 in terms of cell migration under normal hyperglycaemic conditions. Taken together, from the findings it is concluded that the ethanolic extract and aqueous fraction significantly exerted their wound healing effect and significantly induced wound healing under normal and hyperglycaemic conditions. Therefore, the ethanolic extract and aqueous fractions need to investigate for further *in vitro* wound healing studies on other cell line such as keratinocytes and also *in vivo* animal model.

## ABSTRAK

Luka yang tidak sembuh adalah komplikasi serius diabetes melitus. Luka diabetes kronik yang tidak dirawat memberi kesan negatif terhadap kehidupan manusia dan meningkatkan risiko kematian dan morbiditi. *F. deltoidea*, yang dikenali sebagai Mas Cotek di Malaysia, telah diakui sebagai sumber komponen antioksidan, anti-radang, dan anti-bakteria yang penting. Kajian semasa direka untuk menilai ekstrak dan fraksi *F. deltoidea* untuk aktiviti kesitotoksikan dan penyembuhan luka di bawah keadaan normal dan hiperglisemia melalui kajian *in vitro* mengenai Sel Fibroblas Manusia (HSF1184). Proses pengekstrakan dan pemeringkatan dilakukan pada daun kering *F. deltoidea* untuk mendapatkan ekstrak etanol, kloroform dan fraksi akueus. Kemudian, ujian MTT dijalankan untuk mengetahui kesan kesitotoksikan ekstrak dan fraksi pada sel HSF1184. Sementara itu, asai calaran dilakukan untuk menyiasat aktiviti penyembuhan luka pada kepekatan ekstrak dan fraksi *F. deltoidea* yang berbeza. Hasil ujian MTT menunjukkan bahawa kesitotoksikan meningkat dengan cara yang bergantung pada dos. Nilai IC<sub>50</sub> dicatat untuk ekstrak etanol (144.54 µg/mL), fraksi kloroform (128.82 µg/mL) dan fraksi akueus (162.18 µg/mL) dalam keadaan normal. Nilai IC<sub>50</sub> untuk sel yang dirawat dalam keadaan hiperglisemia diperhatikan pada (138.03 µg/mL, 120.22 µg/mL 158.48 µg/mL) secara teratur bagi ketiga-tiga sampel. Fraksi kloroform lebih toksik berdasarkan nilai IC<sub>50</sub> di antara semua sampel yang dirawat dalam kedua-dua keadaan. Walaupun begitu, hasil yang diperoleh daripada ujian awal menunjukkan bahawa ekstrak etanol (80 µg/mL) dan fraksi akueus (40 µg/mL) memberikan kesan perangsangan pada sel HSF1184 dan secara signifikan (\* p <0.05), (\*\* p <0.01) meningkatkan kadar migrasi sel pada 18, 20, 22 dan 24 jam dalam keadaan normal. Kepekatan yang sama untuk ekstrak etanol dan fraksi akueus juga signifikan secara statistik (\* p <0.05), (\*\* p <0.01) dari segi kadar migrasi sel HSF1184 di bawah keadaan hiperglisemia pada 22 dan 24 jam. Namun, apabila dibandingkan dengan keadaan normal, kadar migrasi sel lebih perlahan di bawah lingkungan mikro hiperglisemia kerana celah luka tidak ditutup sepenuhnya setelah 24 jam. Namun, jika dibandingkan dengan kumpulan kawalannya, kumpulan yang dirawat menghasilkan aktiviti migrasi yang lebih baik. Sementara itu, fraksi kloroform tidak mempunyai kesan perangsangan terhadap HSF1184 dari segi migrasi sel dalam keadaan hiperglisemia normal. Secara keseluruhannya, berdasarkan hasil kajian ini, dapat disimpulkan bahawa ekstrak etanol dan fraksi akueus memberikan kesan penyembuhan luka secara signifikan dan mendorong penyembuhan luka secara signifikan dalam keadaan normal dan hiperglisemia. Oleh itu, ekstrak etanol dan fraksi akueus perlu disiasat untuk kajian penyembuhan luka *in vitro* lebih lanjut pada garis sel lain seperti keratinosit dan juga model haiwan *in vivo*.

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## LIST OF ABBREVIATIONS

AD	-	Anno Domini
ADA	-	American Diabetes Association
AGEs	-	Advance Glycation End products
AIDS	-	Acquired Immune Deficiency Syndrome
DMEM	-	Dulbecco's Modified Eagle Medium
ECM	-	Extracellular Matrix
FGF	-	Fibroblast Growth Factor
GDM	-	Gestational Diabetes Miletus
HPLC	-	High-Performance Liquid Chromatography
HSF	-	Human Skin Fibroblast
IDDM	-	Insulin Dependent Diabetes Mellitus
IL	-	Interleukin
LC	-	Liquide Chromatography
LDL	-	Low-Density Lipoprotein
TPA	-	12-O-tetradecanoylphorbol 13-acetate
TPC	-	Total Phenolic Content
TFC	-	Total Flavonoid Content
DMSO	-	Dimethyl Sulfoxide
FBS	-	Fatal Bovine Serum
PBS	-	Phosphate Buffer Saline
SD	-	Standard Deviation
SPSS	-	Statistical Package for the Social Sciences
IC <sub>50</sub>	-	Half-maximal inhibitory concentration
DM	-	Diabetes Mellitus
NMR	-	Nuclear Magnetic Resonance
HDF	-	Human Dermal Fibroblast
WRL68	-	Normal Liver Cell Line
HUVECs	-	Human Umbilical Vein Endothelial Cells
SH-SY5Y	-	Human Neuroblastoma Cell Line

DNA	-	Deoxyribonucleic Acid
JNK	-	C-jun N-terminal kinase
FTIR	-	Fourier Transform Infra-Red
MMP	-	Matrix Metalloproteinase
MODY	-	Maturity-Onset Diabetes of the young
MS	-	Mass Spectrometry
MTT	-	3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyltetrazolium bromide
MYR	-	Malaysian Ringgit
NDDG	-	National Diabetes Data Group
NIDDM	-	Non-Insulin Dependent Diabetes Mellitus
PDGF	-	Platelets Derived Growth Factor
RAGE	-	Receptor for Advance Glycation End products
ROS	-	Reactive Oxygen Species
STZ	-	Streptozotocin
T1DM	-	Type One Diabetes Mellitus
TGF	-	Transforming Growth Factor
TIMP	-	Tissue Inhibitor Metalloproteinase
TNF	-	Tissue Necrotic Factor
VEGF	-	Vascular Endothelial Growth Factor
WHO	-	World Health Organization
IGT	-	Impaired Glucose Tolerance

## LIST OF SYMBOLS

$^{\circ}\text{C}$	-	Degree Celsius
$\%$	-	Per cent
$<$	-	Less than
$>$	-	Greater than
$\alpha$	-	Alpha
$\beta$	-	Beta
$\mu\text{g}$	-	Microgram
$\mu\text{L}$	-	Microlitre
$\text{g}$	-	gram
$\text{h}$	-	Hour
$\text{Kg}$	-	Kilogram
$\text{mg}$	-	milligram
$\text{mL}$	-	Millilitre
$\text{mm}$	-	millimetre
$\text{mM}$	-	millimole
$\text{nm}$	-	nanometre

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# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 Background Study**

Diabetes is a combination of metabolic disorders characterised by high blood glucose levels associated with carbohydrate, fat and protein metabolism (Alberti and Zimmet, 1998; Thomas and Philipson, 2015). Diabetes can be divided into four main types. Type 1 diabetes mellitus is characterised by no or inadequate production of insulin due to the autoimmune destruction of pancreatic beta-cells (Gavin *et al.*, 1997; Tan *et al.*, 2019). On the other hand, type 2 diabetes mellitus is mainly caused by environmental and genetic factors related to insulin and beta-cell dysfunction (Corrine *et al.*, 2020). The third type of diabetes, gestational diabetes mellitus (GDM), refers to carbohydrate intolerance during pregnancy (Mirghani Dirar and Doupis, 2017). Last but not least, the “other specific types” of diabetes take place due to specific causes such as pancreatic disease, endocrine disorders, monogenic defects of beta cells function and insulin action, drugs, chemicals, and infections (Association, 2010; Solis-Herrera *et al.*, 2018). This chronic disease has influenced more than 463 million world population, with approximately 20% of them developed diabetic wounds throughout the disease period (Patel *et al.*, 2019). It is also well known that diabetes can damage vital organs and bring severe complications such as cardiovascular diseases, neuropathy, nephropathy, and risk of chronic non-healing wounds (Association, 2014; Rekha *et al.*, 2018).

Disruption of the tissue or skin barrier by loss of continuity and integrity is referred to as wounds (Lazarus *et al.*, 1994; Shankar *et al.*, 2014). Wounds can be divided into two types, i.e., acute and chronic wounds (Shankar *et al.*, 2014; Whitney, 2005). At the time of injury, it is crucial for the skin to re-establish the function through rapid regeneration and gap-filling, which is generally known as a wound healing process (Landén *et al.*, 2016). The process of wound healing is a dynamic

interdisciplinary procedure involving many molecular and cellular events such as the removal of fibrin-fibronectin, the formation of new blood vessels, and contraction of the wound (El-Bahy *et al.*, 2018). This process is comprised of four interrelated and overlapping phases, namely haemostasis, inflammation, proliferation, and tissue remodelling (Malone-Povolny *et al.*, 2019). For normal wound healing, coordination is necessary among various cell types to re-establish their normal function by coordinating keratinocytes re-epithelialisation and the reconstruction of the dermis by fibroblasts (Schmidt and Horsley, 2013).

The wound that does not pursue a deliberate arrangement of healing and takes more time to recover is referred to as a chronic wound (Järbrink *et al.*, 2017; Lazarus *et al.*, 1994). Chronic wound tends to be trapped in one or more stages of wound healing. For instance, chronic wounds frequently remain in the inflammatory phase for a long time (Cho *et al.*, 2019; Eaglstein and Falanga, 1997; Eming *et al.*, 2014). Chronic wounds can be categorised as diabetic ulcers, vascular leg ulcers, and pressure ulcers (Nunan *et al.*, 2014; Whitney, 2005). Moreover, diabetes is one of the most noticeable factors responsible for wound healing impairment (Tsourdi *et al.*, 2013). Additionally, diabetic patients tend to develop chronic wounds (also known as diabetic ulcers) due to elevated blood glucose, destructive blood circulation, infection, and prolonged inflammation (Greenhalgh, 2003; Guo and Dipietro, 2010). The molecular mechanism delay the healing of chronic diabetic wounds is a complex process, and the aetiology is still poorly understood (Patel *et al.*, 2019).

Chronic diabetic wounds are reported to be difficult to cure properly. Hence, for successful wound treatment, it is crucial to identify the aetiology and local systemic factors of chronic diabetic wounds that may be responsible for poor wound healing (Werdin *et al.*, 2009). Currently, various approaches for the treatment of chronic diabetic wounds such as infection treatment, hyperglycaemic control, wound debridement, wound dressing, hyperbaric oxygen therapy, skin grafts and bioengineered skin, negative pressure wound therapy and growth factors have been introduced and applied clinically (Rekha *et al.*, 2018; Yazdanpanah *et al.*, 2015). It should be noted that several wound healing treating agents (creams, ointment and

emulsions) are derived from natural remedies (Oguntibeju, 2019; Pereira and Bartolo, 2016).

Many plants have been experimentally used in traditional medicine to treat skin ailments, such as wounds and injuries (Abdulla *et al.*, 2010). Several plants, such as *Centella asiatica*, *Moringa oleifera*, *Piper betel*, *Curcuma aromatica* and *Ficus deltoidea*, have been reported elsewhere for their use in the treatment of wounds in Malaysia (Agyare *et al.*, 2016). *F. deltoidea*, locally known as Mas cotek or Misletoe fig, is an evergreen shrub found in Malaysia with large spoon-shaped leaves and bear spherical to round-shaped fruit (Hanafi *et al.*, 2017). Several studies have shown the importance of *F. deltoidea* is a significant source of antioxidants and a variety of phytochemical compounds, such as polyphenol, flavonoids and tannins (Abrahim *et al.*, 2018; Misbah *et al.*, 2013). The anti-inflammatory, antioxidant, antinociceptive, and wound healing activity of *F. deltoidea* has been studied through *in vivo* and *in vitro* approaches. Such studies have shown that the extract of *F. deltoidea* contains significant amounts of antioxidants, the capability of reducing inflammatory reactions and improving dermal healing (Abdulla *et al.*, 2010; Abdullah *et al.*, 2009; Abrahim *et al.*, 2018; Misbah *et al.*, 2013; Mustaffa *et al.*, 2015; Sulaiman *et al.*, 2008; Zakaria *et al.*, 2012). An attempt is being made to study the efficacy of *F. deltoidea* leaves extract and fractions via *in vitro* wound healing activities under normal and hyperglycaemic microenvironment.

## 1.2 Problem Statement

Non-healing wounds are the most frustrating complications caused by diabetes mellitus that can consequently increase the risk of mortality and morbidity (Hwang *et al.*, 2017). The complications of diabetes mellitus lead to numerous infections, particularly foot ulcer infections (Sindhu, 2018). Approximately 19-34 % of diabetic patients are expected to be affected by diabetic foot ulcers in their lifespan (Everett and Mathioudakis, 2018). Different treatment strategies such as pressure offloading, tissue debridement, antibiotics, skin grafting and growth factors have been used to overcome this non-healing issue (Cho *et al.*, 2019; Patel *et al.*, 2019). Despite their

promising effects on diabetic wound healing, these treatments show variations in healing effects, including extended healing time, short half-life, high cost, increased tolerance to bacteria, and potential cancer risk (Cho *et al.*, 2019; Pereira and Bártoolo, 2016). It indicates that there is still a crucial need to develop such treatment approaches that accelerate the healing of chronic diabetic wounds.

Several studies have been reported that herbal medicine can be used to treat diabetic wounds (Teplicki *et al.*, 2018; Tiwary *et al.*, 2015). It is believed that the medicinal plant has fewer side effects and less toxic as compared to conventional therapeutic agents (Oguntibeju, 2019). The utilisation of plant extracts with a known anti-inflammatory, antioxidant, antimicrobial, and wound healing activities may be an alternative in diabetic wound treatment. *F. deltoidea*, for an example, has several significant pharmacological properties, such as anti-inflammatory, antioxidant, antidiabetic, anticancer, and wound healing activity (Abdulla *et al.*, 2010; Abraham *et al.*, 2018; Hanafi *et al.*, 2017; Misbah *et al.*, 2013). This plant belongs to the *Moraceae* family and can be grown in Malaysia weather (Rosnah *et al.*, 2015). The effect of *F. deltoidea* leaves crude extract was evaluated previously via *in vivo* animal model and *in vitro* study for wound healing activity under normal conditions (Abdulla *et al.*, 2010; Mustaffa *et al.*, 2015). To date, however, no study has been found to evaluate the leaves crude extract and fractions of *F. deltoidea* under a hyperglycaemic microenvironment. A hyperglycaemic microenvironment is an *in vitro* study used to mimic the microenvironment of diabetes mellitus. For this purpose, the current research is to highlight the efficacy of *F. deltoidea* leaves crude extract and fractions for the cells viability and wound healing activity via *in vitro* study on Human Skin Fibroblast (HSF1184) cells under normal and hyperglycaemic microenvironment for potential biomedical applications.

### **1.3 Research Objectives**

The objectives of this study as following:

- (a) To extract and fractionate *F. deltoidea* leaves by using 80% ethanol and chloroform as a solvent and aqueous.
- (b) To determine the cytotoxicity of *F. deltoidea* plant extract and fractions on Human Skin Fibroblast (HSF1184) cell line under normal and hyperglycaemic conditions
- (c) To investigate the potential wound healing activity of *F. deltoidea* plant extract and fractions on Human Skin Fibroblast (HSF1184) cell line via scratch assay under normal and hyperglycaemic conditions.

### **1.4 Scope of the Study**

This study focuses on identifying the potential of *F. deltoidea* extract and fractions in affecting the closing of the wound gap under normal and hyperglycaemic microenvironment without causing the toxicity effects towards the cells. The research started with extracting the *F. deltoidea* dried leaves using 80% ethanol as a solvent. The ethanolic crude extract is then partitioned in different solvents (chloroform, aqueous) based on increasing polarity to get the sample's fractions. The Human Skin Fibroblast (HSF1184) cell line was subculture using DMEM media and stored for further use. The ethanolic extract, chloroform and aqueous fractions were tested for the cytotoxic activity using MTT assay under normal and hyperglycaemic microenvironment. Finally, the wound healing activity was studied using scratch assay under normal and hyperglycaemic microenvironment.

## **1.5 Significance of the Study**

Diabetes is responsible for cellular and molecular abnormalities of connective tissues such as tensile strength, low elasticity, loss of integrity and collagen content reduction (Rodrigues *et al.*, 2019). In diabetic patients, all these abnormalities can produce impaired and non-healing skin complications. The non-healing complications of wound affects the individual, socially and economically (Pereira and Bartolo, 2016). Improved treatment of non-healing wounds could significantly decrease associated healthcare costs.

The significance of this study is to understand the potential of *F. deltoidea* extract and fractions in affecting the wound healing activity under normal and hyperglycemic microenvironments. The outcome of this study provides the potential migratory effect of HSF1184 cells treated with *F. deltoidea* leaves extract and fraction under normal and hyperglycaemic conditions. Apart from being inexpensive, abundant, and non-toxic to cells in culture, the use of *F. deltoidea* as a diabetic wound treatment needs further warrant.

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