

Formulation, Optimization and Evaluation of A Polyherbal Hand Sanitizer

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ABSTRACT

Background: Hand hygiene is one of the most effective preventive measures for reducing the transmission of infectious microorganisms. Although alcohol-based hand sanitizers are widely used, frequent application may cause skin dryness, irritation, and discomfort. Herbal formulations containing plant-derived antimicrobial agents offer a promising alternative due to their efficacy, safety, and skin-friendly properties.

Objective: The present study aimed to formulate, optimize, and evaluate a polyherbal hand sanitizer gel containing extracts of *Azadirachta indica* (Neem), *Ocimum tenuiflorum* (Tulsi), *Curcuma longa* (Turmeric), *Calendula officinalis* (Calendula), and *Aloe vera*.

Materials and Methods: Herbal extracts were prepared using suitable solvent extraction methods and incorporated into a Carbopol 940 gel base. Three formulations (F1, F2, and F3) were prepared with varying concentrations of herbal extracts and gelling agent. The formulations were evaluated for organoleptic characteristics, pH, viscosity, spreadability, homogeneity, antimicrobial activity, minimum inhibitory concentration (MIC), skin irritation, and stability under different storage 0: All formulations exhibited acceptable physicochemical properties. Formulation F2 demonstrated optimum pH (6.2), excellent spreadability, desirable viscosity, and superior homogeneity. Antimicrobial evaluation revealed significant inhibitory activity against *Escherichia coli* and *Staphylococcus aureus*, with zones of inhibition of 18 ± 0.7 mm and 20 ± 0.5 mm, respectively. MIC values of F2 were found to be 2.5 mg/mL against *E. coli* and 2.0 mg/mL against *S. aureus*. Stability studies conducted for 30 days indicated no significant changes in physical appearance, pH, or viscosity. Skin irritation studies confirmed the safety of the optimized formulation.

Conclusion: The optimized polyherbal hand sanitizer gel (F2) demonstrated effective antimicrobial activity, excellent physicochemical characteristics, stability, and skin compatibility. The formulation may serve as a safe, effective, and eco-friendly alternative to conventional synthetic hand sanitizers.

Keywords: Polyherbal hand sanitizer, *Azadirachta indica*, *Ocimum tenuiflorum*, antimicrobial activity, *Aloe vera*, formulation optimization.

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INTRODUCTION

Hand hygiene is recognized globally as a fundamental strategy for preventing the transmission of infectious diseases in both healthcare and community settings.

Proper hand sanitation significantly reduces the spread of pathogenic microorganisms responsible for respiratory, gastrointestinal, and skin infections. The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) have emphasized routine hand hygiene as a primary preventive measure for

controlling healthcare-associated infections and community-acquired diseases [1,2].

Human hands serve as major vehicles for microbial transmission due to their frequent contact with contaminated surfaces and infected individuals. Pathogenic microorganisms such as *Staphylococcus aureus*, *Escherichia coli*, *Pseudomonas aeruginosa*, and various viral pathogens can survive on the skin surface for prolonged periods and contribute to disease transmission [3]. Consequently, effective hand sanitation practices are essential for interrupting the chain of infection.

Alcohol-based hand sanitizers have become increasingly popular because of their rapid antimicrobial action and ease of use. These formulations typically contain ethanol or isopropyl alcohol at concentrations ranging from 60–80%, which effectively denature microbial proteins and disrupt cellular membranes [4]. Despite their effectiveness, frequent use of alcohol-based sanitizers may result in excessive skin dryness, irritation, erythema, and dermatitis, particularly among healthcare professionals and individuals requiring repeated application [5]. Moreover, concerns regarding the long-term use of synthetic antimicrobial agents, environmental impact, and potential microbial adaptation have encouraged the exploration of safer and more sustainable alternatives [6].

Medicinal plants have been used traditionally for centuries due to their diverse therapeutic properties. Plant-derived bioactive compounds such as flavonoids, tannins, alkaloids, terpenoids, phenolic acids, and essential oils possess significant antimicrobial, antioxidant, anti-inflammatory, and wound-healing activities [7]. Herbal formulations containing these phytoconstituents provide broad-spectrum antimicrobial action while minimizing adverse skin reactions commonly associated with synthetic sanitizers [8].

Azadirachta indica (Neem) possesses well-documented antibacterial, antifungal, antiviral, and anti-inflammatory properties attributed to active constituents such as nimbin, nimbidin, and azadirachtin [9]. *Ocimum tenuiflorum* (Tulsi) exhibits potent antimicrobial and immunomodulatory activities due to the presence of eugenol, ursolic acid, and rosmarinic acid [10]. *Curcuma longa* (Turmeric) contains curcumin, a polyphenolic compound with remarkable antimicrobial and antioxidant properties [11]. *Calendula officinalis* is known for its wound-healing, anti-inflammatory, and antimicrobial effects, while *Aloe vera* contributes moisturizing, soothing, and skin-protective properties that improve user compliance during frequent application [12,13].

Recent studies have demonstrated that polyherbal formulations often exhibit enhanced therapeutic efficacy compared with single-herb preparations due to synergistic interactions among bioactive constituents [14]. Such synergism may improve antimicrobial potency, broaden the spectrum of activity, and reduce the concentration of individual ingredients required for effectiveness. Furthermore, herbal sanitizers are biodegradable, environmentally friendly, and generally considered safer for long-term use [15].

Although several herbal hand sanitizers have been reported, there remains a need for optimized formulations that combine strong antimicrobial efficacy with desirable physicochemical properties, skin compatibility, and stability. Therefore, the present study was undertaken to formulate, optimize, and evaluate a polyherbal hand sanitizer gel containing *Azadirachta indica*, *Ocimum tenuiflorum*, *Curcuma longa*, *Calendula officinalis*, and *Aloe vera*. The prepared formulations were assessed for physicochemical characteristics, antimicrobial activity, safety, and stability to identify the most suitable formulation for potential commercial application.

MATERIALS AND METHODS

Materials

Fresh leaves of *Azadirachta indica* (Neem) and *Ocimum tenuiflorum* (Tulsi), rhizomes of *Curcuma longa* (Turmeric), flowers of *Calendula officinalis* (Calendula), and fresh *Aloe vera* leaves were collected from local medicinal plant gardens of Maharashtra, India. The plant materials were authenticated by a qualified taxonomist from the Department of Botany, and voucher specimens were deposited for future reference.

Carbopol 940, glycerin, triethanolamine, and methyl paraben were procured from a certified pharmaceutical supplier. Analytical-grade ethanol and distilled water were used throughout the study.

Authentication of Plant Materials

The collected plant materials were thoroughly examined for macroscopic and microscopic characteristics according to standard pharmacognostic procedures. The authenticated samples were assigned voucher numbers and preserved in the departmental herbarium.

Preparation of Herbal Extracts

Preparation of Neem Extract (*Azadirachta indica*)

Fresh neem leaves were washed with distilled water and shade-dried for 10 days. The dried leaves were pulverized into coarse powder using a mechanical grinder. Approximately 100 g of powdered material was subjected to maceration with 70% ethanol for 72 h with intermittent shaking. The extract was filtered through

Whatman No. 1 filter paper and concentrated under reduced pressure using a rotary evaporator. The concentrated extract was stored in an airtight container at 4°C until further use.

Preparation of Tulsi Extract (*Ocimum tenuiflorum*)

Shade-dried Tulsi leaves were powdered and extracted using 70% ethanol by maceration for 72 h. The filtrate was concentrated and dried to obtain a semisolid extract, which was stored under refrigerated conditions.

Preparation of Turmeric Extract (*Curcuma longa*)

Dried turmeric rhizomes were powdered and extracted with ethanol using the maceration technique. The solvent was removed under reduced pressure to obtain a concentrated extract rich in curcuminoids.

Preparation of Calendula Extract (*Calendula officinalis*)

Dried calendula flowers were powdered and extracted using ethanol. The extract was filtered, concentrated, and stored in airtight amber-colored containers.

Preparation of Aloe vera Gel

Fresh Aloe vera leaves were washed thoroughly and the outer rind was removed aseptically. The inner gel was

collected, homogenized, filtered through muslin cloth, and preserved under refrigerated conditions for formulation purposes.

Percentage Yield of Extracts

The percentage yield of each extract was calculated using the following equation:

$$\text{Percentage Yield (\%)} = (\text{Weight of Dried Extract} / \text{Weight of Crude Drug}) \times 100$$

The extractive values were recorded and utilized for formulation development.

Formulation Development of Polyherbal Hand Sanitizer Gel

A polyherbal hand sanitizer gel was prepared using Carbopol 940 as a gelling agent. The formulation was developed with the objective of obtaining optimum antimicrobial activity, desirable viscosity, good spreadability, and skin compatibility.

Formula Composition of Optimized Herbal Hand Sanitizer (F2)

Sr. No.	Ingredient	Quantity
1	Neem Extract	2.0 g
2	Tulsi Extract	2.0 g
3	Turmeric Extract	1.0 g
4	Calendula Extract	1.0 g
5	Aloe vera Gel	10.0 g
6	Carbopol 940	0.5 g
7	Glycerin	5 mL
8	Triethanolamine	q.s.
9	Methyl Paraben	0.2 g
10	Distilled Water	Up to 100 mL

Method of Preparation

Step 1: Carbopol 940 was dispersed slowly in distilled water under continuous stirring and allowed to hydrate for 24 h.

Step 2: Glycerin and methyl paraben were dissolved separately and incorporated into the hydrated gel base.

Step 3: Neem, Tulsi, Turmeric, and Calendula extracts were added gradually with continuous stirring to obtain uniform distribution.

Step 4: Fresh Aloe vera gel was incorporated into the mixture.

Step 5: Triethanolamine was added dropwise until a transparent gel with pH between 6.0 and 6.5 was obtained.

Step 6: The final volume was adjusted with distilled water and the prepared gel was packed in sterilized airtight containers.

Optimization of Formulation

Three formulations (F1, F2, and F3) were developed by varying concentrations of herbal extracts and Carbopol 940.

Ingredient	F1	F2	F3
Neem Extract (g)	1.5	2.0	2.5
Tulsi Extract (g)	1.5	2.0	2.5
Turmeric Extract (g)	0.5	1.0	1.5
Calendula Extract (g)	0.5	1.0	1.5
Aloe vera Gel (g)	8	10	12
Carbopol 940 (g)	0.4	0.5	0.6
Glycerin (mL)	4	5	6
Triethanolamine	q.s.	q.s.	q.s.
Distilled Water	Up to 100 mL	Up to 100 mL	Up to 100 mL

Evaluation Parameters

Organoleptic Evaluation

Prepared formulations were visually examined for appearance, color, odor, consistency, and texture.

Determination of pH

The pH of formulations was measured using a calibrated digital pH meter at 25 ± 2°C. Measurements were performed in triplicate and expressed as mean ± SD.

Viscosity Measurement

Viscosity was determined using a Brookfield Viscometer (Model DV-II+) at 25°C using spindle No. 64 at 50 rpm.

Spreadability Study

Spreadability was determined using the parallel plate method and calculated by:

$$S = (M \times L) / T$$

Where:

S = Spreadability (g.cm/sec)

M = Weight tied to upper slide (g)

L = Length moved by glass slide (cm)

T = Time taken (sec)

Homogeneity

Homogeneity was evaluated by visual inspection for the presence of aggregates, lumps, and phase separation.

Antimicrobial Activity

Antimicrobial activity was evaluated using the agar disc diffusion method against:

- Escherichia coli (MTCC 443)
- Staphylococcus aureus (MTCC 96)

Sterile nutrient agar plates were inoculated with microbial cultures. Sterile discs impregnated with formulations were placed on the agar surface and incubated at 37°C for 24 h.

The zone of inhibition was measured in millimeters.

Determination of Minimum Inhibitory Concentration (MIC)

MIC values were determined by broth dilution technique. Serial dilutions of each formulation were prepared and inoculated with standardized microbial suspensions. Following incubation at 37°C for 24 h, the lowest concentration showing no visible growth was recorded as the MIC.

Skin Irritation Study

The skin irritation test was conducted on healthy volunteers following approval from the Institutional Ethics Committee. Small quantities of formulations were applied to the forearm and observed for 24 h for erythema, edema, itching, and irritation.

Stability Study

Accelerated stability studies were performed according to ICH Q1A(R2) guidelines.

- pH
- Viscosity
- Homogeneity
- Phase Separation

Storage Conditions:

- 25 ± 2°C / 60 ± 5% RH
- 40 ± 2°C / 75 ± 5% RH

Duration: 30 days

Sampling Intervals:

- Day 0
- Day 7
- Day 15
- Day 30

Parameters Evaluated:

- Appearance
- Color
- Odor

Statistical Analysis

All experimental values were expressed as Mean ± Standard Deviation (SD). Statistical analysis was performed using one-way analysis of variance (ANOVA) followed by Tukey's post hoc test. Values of $p < 0.05$ were considered statistically significant.

RESULTS AND DISCUSSION

Organoleptic Evaluation

The prepared polyherbal hand sanitizer formulations (F1, F2, and F3) were evaluated for physical appearance, color, odor, consistency, and texture. Organoleptic characteristics play an important role in consumer acceptance and product compliance.

Table 1: Organoleptic Evaluation of Polyherbal Hand Sanitizer Formulations

Parameter	F1	F2	F3
Appearance	Slightly Thin Gel	Smooth Gel	Thick Gel
Color	Light Green	Green	Dark Green
Odor	Mild	Pleasant	Strong
Consistency	Semi-solid	Uniform Smooth Gel	Highly Viscous
Texture	Good	Excellent	Sticky

Discussion

The organoleptic evaluation revealed noticeable differences among the formulations. F1 exhibited comparatively lower viscosity, resulting in a thinner consistency. F3 showed excessive thickness and stickiness due to higher concentrations of Carbopol and herbal extracts. Formulation F2 exhibited a smooth texture, uniform consistency, and pleasant odor, indicating superior patient acceptability and aesthetic

characteristics. Similar findings have been reported in herbal gel formulations containing Aloe vera and medicinal plant extracts, where moderate polymer concentration contributed to optimal consistency and user compliance [16].

Physicochemical Evaluation

Physicochemical properties significantly influence product performance, stability, and skin compatibility.

Table 2: Physicochemical Evaluation of Polyherbal Hand Sanitizer Formulations

Parameter	F1	F2	F3

pH	5.8 ± 0.02	6.2 ± 0.03	6.5 ± 0.02
Viscosity (cP)	4850 ± 45	6120 ± 38	7850 ± 52
Spreadability (g.cm/sec)	14.8 ± 0.4	18.5 ± 0.5	12.3 ± 0.3
Homogeneity	Good	Excellent	Good

Discussion

The pH values of all formulations were within the acceptable physiological skin pH range (5.5–7.0), indicating suitability for topical application. F2 demonstrated the most desirable viscosity and spreadability characteristics. Lower viscosity observed in F1 resulted in reduced retention time on the skin surface, whereas higher viscosity in F3 adversely affected spreadability.

The excellent homogeneity observed in F2 suggests proper incorporation of herbal extracts and

excipients. Similar observations have been reported in polyherbal gel formulations where Carbopol concentrations around 0.5% produced optimum rheological behavior [17,18].

Antimicrobial Activity

The antimicrobial activity of the formulations was evaluated against Gram-positive and Gram-negative bacterial strains using the agar disc diffusion method.

Table 3: Zone of Inhibition of Polyherbal Hand Sanitizer Formulations

Formulation	E. coli (mm)	S. aureus (mm)
F1	12 ± 0.5	14 ± 0.6
F2	18 ± 0.7	20 ± 0.5
F3	22 ± 0.6	24 ± 0.7

Discussion

The antimicrobial activity increased progressively from F1 to F3 due to increasing concentrations of herbal extracts. The highest antimicrobial activity observed in F3 may be attributed to the combined effects of flavonoids, tannins, curcuminoids, terpenoids, and essential oils present in the polyherbal formulation.

Neem extract contains azadirachtin and nimbidin, which exhibit broad-spectrum antimicrobial activity. Tulsi contributes eugenol-mediated antibacterial action, while curcumin from turmeric disrupts microbial membrane integrity. Calendula and Aloe

vera further enhance antimicrobial efficacy through synergistic mechanisms [19–22].

Although F3 demonstrated superior antimicrobial activity, its poor physical characteristics and stability reduced its practical applicability. Therefore, F2 was considered more suitable as an optimized formulation.

Minimum Inhibitory Concentration (MIC) Study

The MIC study was conducted to determine the lowest concentration capable of inhibiting visible microbial growth.

Table 4: Minimum Inhibitory Concentration of Formulations

Formulation	E. coli (mg/mL)	S. aureus (mg/mL)
F1	5.0	4.5
F2	2.5	2.0

F3	1.5	1.0
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Discussion

MIC values decreased with increasing herbal extract concentration, indicating enhanced antimicrobial potency. F3 exhibited the lowest MIC values, confirming its strongest antibacterial activity. However, considering overall formulation quality, F2 demonstrated a favorable balance between antimicrobial effectiveness and physicochemical stability.

The findings support previous studies demonstrating enhanced antimicrobial activity of polyherbal systems through synergistic interactions among phytoconstituents [23].

Skin Irritation Study

The skin irritation study was performed to assess the dermatological safety of the developed formulations.

Table 5: Skin Irritation Assessment

Formulation	Redness	Itching	Swelling	Irritation Score
F1	Nil	Nil	Nil	0
F2	Nil	Nil	Nil	0
F3	Slight	Nil	Nil	1

Discussion

No signs of erythema, edema, itching, or discomfort were observed with formulations F1 and F2. Slight stickiness associated with F3 resulted in mild discomfort among volunteers. The absence of significant irritation may be attributed to the soothing and moisturizing properties of Aloe vera and Calendula officinalis. These findings indicate that the

optimized formulation F2 is safe for repeated topical application [24].

Stability Study

Accelerated stability testing was performed according to ICH guidelines to evaluate formulation stability under different storage conditions.

Table 6: Stability Evaluation of Formulations

Parameter	Day 0	Day 15	Day 30
pH (F2)	6.2 ± 0.03	6.2 ± 0.02	6.1 ± 0.03
Viscosity (cP)	6120 ± 38	6110 ± 42	6095 ± 40
Homogeneity	Excellent	Excellent	Excellent
Appearance	Smooth	Smooth	Smooth
Phase Separation	None	None	None

Discussion

The optimized formulation F2 remained physically and chemically stable throughout the storage period. No significant changes were observed in appearance, pH, viscosity, odor, or homogeneity. The absence of phase separation indicates excellent compatibility among formulation components.

F1 showed slight thinning. These findings suggest that F2 possesses superior formulation stability and is suitable for long-term storage [25].

Statistical Analysis

Results were expressed as Mean ± SD (n = 3). One-way ANOVA revealed statistically significant differences among formulations regarding

In contrast, F3 exhibited slight phase separation and increased viscosity after prolonged storage, whereas

antimicrobial activity, viscosity, and spreadability ($p < 0.05$). Tukey's post hoc analysis confirmed that F2 exhibited significantly better overall performance compared to F1 while maintaining superior stability compared to F3.

Overall Discussion

The present investigation successfully developed a polyherbal hand sanitizer gel incorporating *Azadirachta indica*, *Ocimum tenuiflorum*, *Curcuma longa*, *Calendula officinalis*, and *Aloe vera*. The synergistic action of bioactive phytoconstituents contributed to effective antimicrobial activity against both Gram-positive and Gram-negative microorganisms.

Among all formulations, F2 demonstrated the most favorable balance between antimicrobial efficacy, physicochemical characteristics, safety, and stability. Although F3 exhibited stronger antimicrobial activity, its higher viscosity and reduced stability limited its practical utility. The optimized formulation F2 fulfilled all essential requirements of an ideal herbal hand sanitizer, including acceptable pH, good spreadability, excellent homogeneity, absence of skin irritation, and satisfactory storage stability.

The findings suggest that the developed polyherbal hand sanitizer gel may serve as a safe, effective, and environmentally friendly alternative to conventional synthetic hand sanitizers for routine hand hygiene applications.

CONCLUSION

The present study successfully formulated and evaluated a polyherbal hand sanitizer gel containing *Azadirachta indica*, *Ocimum tenuiflorum*, *Curcuma longa*, *Calendula officinalis*, and *Aloe vera*. Three formulations (F1, F2, and F3) were developed and assessed for organoleptic characteristics, physicochemical properties, antimicrobial activity, minimum inhibitory concentration, skin compatibility, and stability.

Among the developed formulations, F2 demonstrated the most favorable overall performance. The formulation exhibited optimal pH, desirable viscosity, excellent spreadability, superior homogeneity, effective antimicrobial activity against *Escherichia coli* and *Staphylococcus aureus*, and excellent stability under accelerated storage conditions. Furthermore, the formulation showed no signs of skin irritation, confirming its safety for repeated topical application.

The synergistic antimicrobial action of the selected herbal extracts contributed significantly to the effectiveness of the formulation while minimizing the adverse effects commonly associated with synthetic alcohol-based sanitizers. The incorporation of *Aloe vera* and *Calendula officinalis* improved skin compatibility and user acceptability by providing moisturizing and soothing effects.

Therefore, the optimized formulation (F2) can be considered a promising, safe, effective, and environmentally friendly alternative to conventional hand sanitizers. Further studies involving broader antimicrobial screening, long-term stability assessment, and clinical evaluation are recommended to establish its commercial applicability and therapeutic potential.

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