

Title	Effect of dual drug releasing micelle–hydrogel composite on wound healing in vivo in full thickness excision wound rat model
Author(s)	Patel, Monika; Nakaji Hirabayashi, Tadashi; Matsumura, Kazuaki
Citation	Journal of Biomedical Materials Research Part A, 107(5): 1094-1106
Issue Date	2019-01-31
Type	Journal Article
Text version	author
URL	http://hdl.handle.net/10119/17043
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Description	

1 **Effect of dual-drug–releasing micelle-hydrogel composite on wound**
2 **healing *in vivo* in full-thickness excision wound rat model**

3

4 Monika Patel¹, Tadashi Nakaji-Hirabayashi^{2,3}, Kazuaki Matsumura^{1*}

5 ¹ School of Materials Science, Japan Advanced Institute of Science and Technology, Ishikawa,
6 923-1292, Japan

7 ² Graduate School of Science and Engineering ,University of Toyama, Toyama, 930-8555, Japan

8 ³Graduate School of Innovative Life Science, University of Toyama, Toyama, 930-8555, Japan

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10 * Corresponding author: [Kazuaki Matsumura e-mail: mkazuaki@jaist.ac.jp]

11 **Abstract**

12 Wound healing is a complex process involving an intricate cascade of body responses. A
13 composite dressing that would effectively target different stages of wound healing and
14 regeneration is urgently needed. In the current study, we tested the efficacy of a previously
15 prepared micelle-hydrogel composite loaded with two drugs, in full-thickness excision wound
16 model in rat. We found that the composite elicited almost no inflammation and effectively
17 enhanced healing at all stages of the healing process. An initial burst of the first drug, amphotericin
18 B, eliminated any preliminary infection. This burst was followed by a gradual release of curcumin
19 as the healing and anti-inflammatory agent. Better healing was observed in rats treated with the
20 drug-loaded composites than in blank and control groups. Wounds showed up to 80% closure in
21 the treated group, with high collagen deposition. Re-epithelialization and granulation were also
22 better in the treated group than in the non-treated control and blank groups. Histopathological
23 examination revealed that drug-loaded composites improved cutaneous wound healing and
24 regeneration. In conclusion, the micelle-hydrogel composite is an effective dressing and might
25 have major applications in wound healing.

26

27 **Keywords:** Micelle-hydrogel composite, dermal wound healing, pH-sensitive release, dual-drug
28 release, polypeptide hydrogel

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33 INTRODUCTION

34 In the last few decades, development of new dressing material to aid wound healing has received
35 great attention.¹⁻³ Although conventional (non-occlusive) wound dressings, which generate dry
36 wound healing conditions, continue to constitute the largest type of dressing materials, the use of
37 occlusive dressings,⁴⁻⁶ hydrocolloid,^{7, 8} and hydrogel dressings,⁹⁻¹¹ which offer hydrated wound
38 healing conditions, is currently increasing. The next vital phase in the development of new dressing
39 material is the development of material capable of delivering active molecules and/or drugs
40 directly at the wound site. Indeed, dressings loaded with active factors and/or drugs are becoming
41 increasingly popular because of the well-known fact that topical or exogenous application of active
42 substances directly at the wound site improves healing.

43 Wound healing involves a series of complex and well-orchestrated events occurring after
44 an injury or physical trauma to the skin,¹²⁻¹³ that aims to completely restore the integrity of
45 damaged tissue and reinstate it as a functional barrier.¹⁴⁻¹⁶ However, in some extreme situations
46 (i.e., trauma with large full-depth skin damage),¹⁷ complete re-epithelialization takes a long time.¹⁸
47 Therefore, extensive studies are focusing on wound dressing systems to promote better wound
48 healing and to reduce scar formation.¹⁹

49 Wound dehydration perturbs the healing process,²⁰⁻²² compromising the optimal
50 environment required by that process. Therefore, maintenance of the moisture of the wound is of
51 prime importance for effective and fast wound healing. In such cases, hydrogels are a promising
52 candidate material, with the ability to absorb wound exudates,²³⁻²⁴ control wound dehydration, and
53 allow oxygen access. Furthermore, in addition to the hydrated environment that hydrogels provide,
54 they can serve an additional purpose, delivering bioactive substances directly to the wound in a
55 sustained manner.

56 Curcumin²⁵⁻²⁶ is the principle curcuminoid and active component of *Curcuma longa*.
57 Chemically, it is diferuloylmethane, or 1,7-bis(4-hydroxy-3-methoxyphenyl)-1,6-heptadiene-3,5-
58 dione, a naturally occurring low-molecular weight polyphenolic phytoconstituent. Curcumin, in a
59 form of turmeric (powder of dried rhizome of *Curcuma longa*), has been widely and predominantly
60 used in Asian countries, especially India²⁷ and China, as a dyeing material,²⁸ flavoring agent,²⁹ and
61 in many forms of customary medical practices to treat a range of inflammatory and chronic
62 ailments. Various studies involving curcumin present evidence in support of its numerous
63 pharmacological benefits, such as anti-oxidant,^{30, 31} anti-inflammatory,^{32, 33} anti-bacterial,³⁴ anti-
64 viral,³⁵ anti-tumor,³⁶ and hyperlipidemic activities. It has been reported that administration of
65 curcumin, both topically and orally, results in rapid wound healing. Yet, the therapeutic efficacy
66 of curcumin is restricted because of its poor solubility in aqueous media, reduced oral
67 bioavailability, and high first-pass metabolism. Another disadvantage of curcumin is the means of
68 application. Curcumin is a polyphenol, which can result in toxicity if applied in a highly
69 concentrated dose. Hence, a water-soluble formulation with a controlled release would be
70 preferred for clinical application of curcumin.

71 We recently reported preparation of a new micelle-hydrogel composite.³⁷ The composite
72 consists of polypeptide micelles cross-linked with genipin, both of which are biocompatible and
73 frequently used for medical purposes. The micelle-hydrogel composite is composed of two
74 oppositely charged polypeptide-based micelle systems, the positively charged poly(L-lysine)-*b*-
75 poly(phenylalanine) (PLL-PPA), and negatively charged poly(glutamic acid)-*b*-
76 poly(phenylalanine) (PGA-PPA). Because of the presence of amphiphilic polypeptide chains,
77 these polypeptides easily self-assemble into micelles, rendering drug loading of the hydrophobic
78 core effortless and facile. In a previous study, we showed that these micelle systems release drugs

79 under various conditions.³⁷ Because of the opposite charge of the micelles in the composite, the
80 two micellar systems behave differently at varying pH values, hence enabling various drug release
81 rates. This phenomenon makes it easy to tune the release rate of different drugs from these different
82 micelle types in the composite, making it an ideal candidate for dual-drug release studies,
83 especially for wound healing studies.

84 The aim of the current study was to evaluate the *in vivo* biocompatibility and efficacy of the
85 micelle-hydrogel composite³⁷ as a wound dressing, serving as a reservoir for sustained delivery of
86 curcumin (Figure 1). We evaluated the activity of the prepared composite in wound healing *in vivo*,
87 in a full-thickness excision wound model in rat. Biomechanical tests, biochemical analysis, and
88 histopathological examinations were also conducted to investigate the therapeutic effects of
89 curcumin-loaded micelle hydrogel composites in the model.

90

91

92 MATERIALS AND METHODS

93 Preparation of dual-drug-loaded micelle-hydrogel composites

94 The dual-drug-loaded micelle-hydrogel composites were generated by using poly(L-lysine-*b*-
95 phenylalanine) and poly(glutamic acid-*b*-phenylalanine) (Scheme S1) polymers, as previously
96 described³⁷ (Supporting Information). The polymers were synthesized using the common N-
97 carboxyanhydride (NCA) method. NCA were prepared using protected amino acids (Scheme S2).
98 The generated polymers (PLL-PPA and PGA-PPA) were dialyzed in solutions containing
99 curcumin and amphotericin B (respectively) to form drug-loaded micelles and were then gelled
100 using genipin (Scheme S3) to form a micelle-hydrogel composite.

101

102 Wound model

103 **Wound generation.** Adult (9-week-old, 290–310 g, $n = 25$ male Sprague–Dawley rats (Japan SLC,
104 Inc. Shizuoka, Japan) were housed under a 12-h light/12-h dark cycle with *ad libitum* access to
105 food and water. All animals were in quarantine for a week before the study. All manipulations
106 were performed under aseptic conditions. NIH guidelines (or for non-U.S. residents similar
107 national regulations) for the care and use of laboratory animals (NIH Publication #85-23 Rev.
108 1985) have been observed. Further, all animal procedures were performed following the protocol
109 approved by the ethical committee in University of Toyama (Toyama, Japan). All rats were treated
110 humanely throughout the experimental period. Transplantation experiments with dual-drug-
111 loaded micelle-hydrogel composites and control samples were carried out under anesthesia with
112 isoflurane gas (250–350 mL/min, isoflurane: 1.5–2.5%) using the UNIVENTOR 400 anesthesia
113 unit (Univentor, Zejtun, Malta) and according to the guidelines of the Animal Welfare Committee
114 of University of Toyama and Ministry of Education, Culture, Sports, Science and Technology

115 (MEXT). A standard full-thickness excision wound was created for the purpose of the study.
116 Briefly, on day 0, rats were anaesthetized, and the dorsum shaved and cleaned using saline-soaked
117 gauze, and then swabbed with 70% ethanol. A single full-thickness wound (20 mm × 20 mm) was
118 created in the left dorsal flank skin of each rat to the depth of the loose subcutaneous tissues, and
119 was left open (Figure 2).

120 **Treatments.** Animals were divided into four groups (6 rats per group). The wounds were topically
121 treated with a single application of blank hydrogels (without drugs); low-concentration hydrogels
122 (LC; hydrogels loaded with low concentration, 0.5 mg, of curcumin); or high-concentration
123 hydrogels (HC; hydrogels loaded with high concentration, 1.5 mg, of curcumin). Both LC and HC
124 groups were loaded with low concentration (50 µg) of amphotericin B to demonstrate dual-drug
125 release as well as prevent any infections of the wound. The wounds in the final group of animals
126 (the control group) were dressed using medical gauze. A piece of Tegaderm (3M, Maplewood,
127 MN, USA) was placed on top of all wounds to prevent the rats from removing the treatment
128 material. Upon experimental wounding, animals were housed in individual cages, and maintained at
129 an ambient temperature (23°C), with 12-h light/12-h dark cycles, with *ad libitum* access to food and
130 water.

131 For biochemical studies, histopathological examinations, and antioxidant enzyme analysis,
132 animals (3 rats per group) were sacrificed under anesthesia on days 4 and 8 after surgery, because
133 the most pronounced changes in tissue occur during the first week after wounding. Wound collagen
134 content, granulation tissue formation, wound maturity, and superoxide dismutase (SOD) and
135 catalase activity were investigated in detail as described below.

136

137 **Histopathological examination**

138 Adjacent skin fragments were removed together with the wound area to evaluate any
139 histopathological alterations. The collected specimens were fixed in 10% buffered formalin,
140 processed, embedded in paraffin, and then sectioned perpendicular to the wound surface into thin
141 sections following standard protocols. Tissue sections were stained with hematoxylin and eosin,
142 and analyzed using light microscopy (Biozero Keyence BZ 8000, Osaka, Japan). Tissue sections
143 were also stained with rabbit anti-Iba1 IgG antibodies (Wako Pure Chemical Corp., Osaka, Japan)
144 and Alexa488-conjugated anti-rabbit IgG antibodies (ThermoFisher Scientific, Waltham, MA,
145 USA) to visualize macrophages, and counter-stained with Hoechst 33258 (DOJINDO Laboratories,
146 Kumamoto, Japan) following the manufacturers' instructions.

147

148 **Wound healing and wound closure evaluation**

149 Wounds were digitally photographed together with an identity plate and calibration bar
150 immediately after wounding, and subsequently after dressing removal and cleansing with sterile
151 saline on days 4 and 8 (following re-anaesthetization, as above). Wound closure was determined
152 based on scaled digital images of each wound using Image J image analysis software. Wound
153 closure was calculated by measuring the open wound area in each digital image, at each time point.
154 Open wound area was calculated as % of the original area immediately after wounding on day 0,
155 by using the following formula:

$$156 \quad \% \text{ wound closure} = \frac{[\text{wound area on day 0} - \text{wound area on day X}]}{\text{wound area on day 0}} \times 100$$

157

158 **Evaluation of granulation**

159 Granulation tissue deposition in wounds was semi-quantitatively scored based on panoramic
160 photomicrographs of hematoxylin- and eosin-stained sections in the center of each wound. The
161 granulation was estimated as the depth of granulated tissue at the site of scarring, by two
162 experienced observers who were unaware of the treatment group allocation.

163

164 **Evaluation of craniocaudal wound contraction (re-epithelialization)**

165 Percentage craniocaudal contraction (a histological measure of central wound contraction, in a
166 craniocaudal dimension) was determined in hematoxylin- and eosin-stained sections in the center
167 of the wound. Wound width was expressed as the percentage of the original central wound width
168 based on wound images taken on day 0.

169

170 **Evaluation of tissue inflammation**

171 The extent of inflammation in the wound was evaluated in each group of animals by Hoechst
172 33258 and anti-Iba1 antibody staining of tissue samples.

173

174 **Evaluation of enzyme activity**

175 Tissue samples were washed with phosphate-buffered saline to remove adhering red blood cells.
176 The samples were homogenized in ice-cold 0.1 M Tris-HCl, pH 7.4, containing 0.5% Triton X-
177 100, and 5 mM β -mercaptoethanol. The obtained crude mixture was centrifuged for 25 min at
178 8000 \times g and 4°C, and the pellet containing cell debris was discarded. The supernatant contained
179 the total tissue enzyme activity (cytosolic and mitochondrial). SOD activity was determined in the

180 supernatant using a method based on the reduction of nitro blue tetrazolium, with sample
181 absorbance measured at 560 nm.³⁸ To determine the catalase activity, the supernatant was mixed
182 with H₂O₂ and decrease in sample absorbance was recorded at 240 nm, as previously described.³⁹

183

184 **Evaluation of collagen content**

185 Wounded tissue samples were frozen in liquid nitrogen and then freeze-dried by lyophilization.
186 The lyophilized samples were then incubated overnight in 0.5 M acetic acid and homogenized.
187 The homogenate was centrifuged at 12000g for 15min at 4°C and total collagen content determined
188 using a total collagen assay kit (BVN K218-100; Biovision, CA,USA) as per manufacturer's
189 recommendations.

190

191 **Determination of the mechanical properties of hydrogels**

192 Rheological properties of the gels were evaluated using a rheometer equipped with a 24.99-mm
193 2.069° cone (Rheosol G5000, UBM Co., Ltd., Kyoto, Japan). Hydrogels were prepared as for the
194 wound-healing test. The dynamic storage (G') and loss (G'') moduli of the hydrogels were
195 determined by a frequency dispersion mode, between 0.01 and 10 Hz. All analyses were carried
196 out at 37°C. For the analysis, mineral oil was placed around the sample circumference to prevent
197 evaporation of water from the micelle-hydrogel composite.

198

199 **Statistical analysis**

200 All the variables were tested in independent experiments repeated three times. Values are reported
201 as the mean ± standard error of the mean. Experimental data from different groups were compared

202 using one-way analysis of variance (ANOVA). A p -value < 0.05 in a two-tailed test was
203 considered statistically significant.

204 **RESULTS**

205 **Rationale for the study**

206 Our group has recently designed a polypeptide-based system that enabled a highly efficient control
207 of the rate of drug release by varying a range of parameters, including pH.³⁷ Since wound healing
208 is highly impacted by the pH of healthy tissue surrounding the wounded tissue, the observation
209 had a valid implication for testing the developed system *in vivo*. Previous studies indicated that the
210 pH of tissue in the vicinity of a wound is acidic during healing and that this acidic environment
211 (approximately pH 4.5)⁴⁰ is automatically created around the wounded tissue by the body. This
212 intrigued us as the developed composite system could be exploited in response to pH, thus
213 potentially improving the healing environment. Further, to improve wound retraction and healing,
214 infection at the early stages of healing would ideally be prevented. This prompted us to use a dual-
215 drug release system to controllably release an anti-bacterial drug (amphotericin B) during early
216 stages of healing, followed by a slow release of the healing drug (curcumin). Indeed, an *in vitro*
217 assay (Figure 3) indicated a controlled and desired release profile of these drugs at pH 4.5, which
218 strengthened the hypothesis that the polypeptide-based system could be used as a superior wound
219 healing system.

220

221 **Evaluation of the novel micelle-hydrogel composite *in vivo***

222 **Macroscopic observations.** The bio-efficacy of the newly formulated micelle-hydrogel composite
223 as a wound dressing was evaluated *in vivo* in a subcutaneous implantation study in the rat model.
224 Dorsal wounds were generated and dressed with hydrogel or gauze, as required, covered by
225 Tegaderm, and various wound parameters were monitored over 8 d (Figure 2).

226 Wound healing progression in the control, blank, LC, and HC groups is shown in Figure 4.
227 Wounds treated with LC and HC micelle-hydrogel composites exhibited noticeable dryness and
228 no indication of pathological fluid oozing out. In addition, no signs of inflammation or infection
229 were apparent in these groups compared with the control and blank groups. Wound closure was
230 analyzed in each group as a percentage of the reduction in wounded area on days 4 and 8 [Figure
231 5(a)]. Animals treated with micelles containing high concentration of curcumin showed more
232 substantial wound closure ($53.04 \pm 4.26\%$ on day 4; $87.32 \pm 3.11\%$ on day 8) than those treated
233 with gels loaded with low concentration of curcumin ($22.23 \pm 3.86\%$ on day 4; $73.39 \pm 4.03\%$ on
234 day 8), blank ($15.12 \pm 2.92\%$ on day 4; $32.67 \pm 3.81\%$ on day 8), or in the control groups
235 ($7.31 \pm 3.64\%$ on day 4; $18.73 \pm 6.21\%$ on day 8).

236 The residual wound area was determined in each group, by measuring the open wound area
237 on days 4 and 8 [Figure 5 (b)]. Wounds began to close on day 4 and residual wound sizes were
238 reduced in all rat groups by the end of day 8. A drastic reduction in the residual wound area was
239 observed after 8 d of treatment with HC gels. By contrast, the largest residual wound area was
240 noted in the control group, indicating slow wound healing. Decrease of the wounded area is an
241 important parameter in wound healing, indicative of reduced infection and inflammation. Overall,
242 on days 4 and 8, wound contraction in HC group was significantly greater than that in other groups.

243
244 ***Microscopic observations.*** To evaluate wound closure in more detail, the effect of the treatments
245 on the process of granulation⁴¹ and re-epithelialization^{42, 43} was studied. Thickness of granulation
246 tissue and extent of re-epithelization were evaluated in hematoxylin- and eosin-stained tissue
247 samples. As shown in Figure 6, the granulation was significantly enhanced in wounds after 8-d
248 treatment with HC gels. However, no significant improvement in the granulation was apparent in

249 the control samples, which exhibited minimum or almost no granulation. In the blank group,
250 granulation was moderate, and better than that in the control but significantly lower than of the LC
251 and HC treated groups.

252 Re-epithelialization was analyzed in all test groups on days 4 and 8. As shown in Figure 7,
253 no pronounced epithelial regeneration was apparent in blank and control groups on day 4.
254 Conversely, in the LC and HC groups, enhanced formation of the epithelial lining was apparent as
255 early as 4 d after wounding. Re-epithelialization was improved in all samples by day 8. These
256 results were consistent with the analysis of the residual wound area. As shown in Figure 8, wounds
257 treated with HC exhibited a well-defined regenerated and differentiated epidermal layer on day 8,
258 with a fairly higher cell number and a relatively thicker dermis than wounds in other samples.
259 Wounds in the LC group also exhibited an enhanced re-epithelialization but the effect was not as
260 pronounced as in the HC group. Samples from other groups showed an early, on-going epithelial
261 layer formation with poor granulation and traces of edema.

262

263 ***Effect on tissue inflammation.*** Hematoxylin and eosin staining supported the notion of enhanced
264 wound healing in groups treated with HC and LC gels. To better understand the effect of the
265 implanted gels on tissue and contribution to wound healing, the inflammatory response at
266 implantation site was evaluated.⁴⁴⁻⁴⁶ Wound tissue sections from different groups after 4-d and 8-
267 d treatment were stained with Hoechst 33258 and anti-Iba1 antibodies.

268 And shown in Figure 9, on day 4 after surgery, an extremely high inflammatory response
269 was noted in the control group, with a massive accumulation of macrophages at the wound site
270 (green dots marking the cytosol of macrophages stained with anti-Iba1 antibodies). The
271 accumulation of macrophages in the control group was reduced on day 8 after wounding but

272 remained appreciably higher than that in other groups. The second highest inflammatory response
273 on day 4 was evident in the blank group. The response visibly declined by day 8. By contrast, in
274 the remaining two groups (LC and HC groups), no accumulation of macrophages was apparent on
275 day 4, indicating enhanced wound healing, with the cell proliferation phase already started. That
276 was also suggested by the large number of accumulated cells in LC and HC samples (blue dots in
277 Figure 9, stained by Hoechst 33258). On day 4, clear granulation was apparent in HC samples,
278 indicative of accumulation of non-inflammatory cells, which by day 8 turned into a well-defined
279 regenerated epithelium. Similarly, no visible signs of enhanced inflammation were apparent on
280 day 4 in LC samples, with a clear onset of re-epithelialization by day 8, supporting the notion that
281 the hydrogels improved wound healing in the LC and HC treatment groups.

282

283 ***Effect on tissue enzyme activity, collagen content, and angiogenesis.*** In addition to histological
284 analysis, other biochemical wound parameters were evaluated to assess the efficiency of wound
285 healing. Previous studies indicated that wounding induces oxidative stress in the injured tissue,
286 enhancing the expression of SOD-encoding gene.⁴⁷ SOD activity was determined in injured tissues,
287 and a clear reduction in the net SOD activity was observed. As shown in Figure 10, SOD levels in
288 the HC and LC groups were reduced on days 4 and 8 in comparison with those in blank and control
289 groups, where an increment in the level of SOD activity on day 8 was apparent. A contrasting trend
290 was observed for the activity of catalase, another antioxidant enzyme (Figure 11). Accordingly,
291 catalase activity on day 4 in the control and blank groups was similar to or higher than that in the
292 LC and HC groups, whereas it was significantly increased by day 8. By day 8, catalase activity in
293 HC group was almost double that in the control group.

294 The net collagen content⁴⁸⁻⁵¹ of the wounded tissues on days 4 and 8 after the surgery was
295 next examined (Figure 12). As shown, the total collagen deposition was highest in the HC group
296 on days 4 and 8, strongly indicating enhanced wound healing in comparison with other samples.

297 Since angiogenesis is a crucial parameter of the wound healing process, tissue sections
298 were stained with anti-CD31 antibodies to evaluate the effect of treatments on the formation of
299 blood vessels. As shown in Figure 13, wounds in the LC and HC groups contained more CD31-
300 positive cells than those in the blank and control groups.

301

302 **Rheological properties of the hydrogels**

303 Finally, rheological properties of the hydrogels were evaluated to better understand hydrogel
304 behavior. As shown in Figure 14, a composite lacking the PGA-PPA micelles showed a very low
305 storage modulus (G'), in the range of 10^2 Pa, and a low loss modulus (G''), in the order of 10^1 Pa,
306 in comparison with the composite with both micelles present, where the storage and loss moduli
307 were in the range of 10^4 and 10^3 Pa, respectively. This suggested the role and importance of PGA-
308 PPA micelles in the maintenance of gel structure and strength. The values of storage and loss
309 moduli of the hydrogel steadily decreased over 48 h (Figure 15). This supported the notion of
310 controlled drug release from the hydrogels.

311

312

313 **DISCUSSION**

314 In the current study, we evaluated the effectiveness of a novel dual-drug-releasing micelle-
315 hydrogel composite in wound healing *in vivo*, in the full-thickness excision wound rat model.

316 The process of wound healing follows a distinct timeline of physical events (phases),
317 including post-trauma repair in the case of an injury. In intact skin, the epidermis (upper skin layer)
318 and dermis (deep skin layer) act as a defensive barrier against the external environment. When the
319 barrier is broken, i.e., when the skin is injured, a coordinated cascade of biochemical reactions is
320 brought into motion to heal the damage. The sequence of events includes blood clotting,
321 inflammation, cell proliferation, and maturation (remodeling).

322 In the initial moments following the injury, platelets in the blood begin to accumulate at
323 the site of injury.⁵² The platelets become activated and release chemical cues to promote clotting.
324 The resultant clot facilitates the closing of the opening in the blood vessel, preventing further
325 bleeding. Inflammation is an important phase of wound healing.^{53, 54} Cells that had been damaged
326 or are dead as a result of the injury are cleared out. Inflammation also facilitates the removal of
327 bacteria and other infectious pathogens. Proliferation marks the growth of new tissue at the injury
328 site.^{55, 56} The beginning of this phase accompanies the start of granulation, with new cells migrating
329 to the site of injury and proliferating. Angiogenesis, connective tissue deposition, re-
330 epithelialization, and wound contraction are the key events of the proliferation phase. Finally,
331 tissue repair is completed in the maturation (remodeling) phase.⁵⁷ Then, the connective tissue is
332 rearranged along tension lines, and cells that have served their purpose are strategically removed
333 by programmed cell death (apoptosis).

334 To determine the effect of the micelle-hydrogel composite on different stages of wound
335 healing, we performed various analyses, and reported strikingly positive results. The specific

336 composite was used because of its ability to release drugs in response to the need of the
337 environment in the vicinity of the wound. At acidic pH (ca. 4.5), PGA chains in the PGA-PPA
338 micelles become relatively un-charged and acquire a helical conformation, which strains the core
339 of the micelle and results in faster release of the drug. This is required for the initial prevention of
340 infection at the site of wounding.³⁷ On the other hand; PLL-PPA micelles in the composite exist
341 in charged random-coil state. The micellar organization and drug release remain stable, releasing
342 the drug slowly over a period of time, aiding wound healing (Figure S1).

343 We observed that in the LC- and HC-treated groups, wound size decreased with time in the
344 absence of oozing or visible signs of infection. This supported the notion that the micelle-hydrogel
345 composite accelerated wound healing. The blank and LC treatment groups showed an intermediate
346 response between that of the control and HC groups. Granulation in the LC group was improved
347 because of the regular supply of curcumin to the tissue by the implanted gels. Quantitative analysis
348 of wound closure revealed a significant improvement in the LC and HC groups in comparison with
349 the blank and control groups. The implanted micelle hydrogel composites prevented drying out of
350 the wounds.

351 Several previous studies demonstrated the consequences of the innate immune response
352 of resident cells and incoming inflammatory cells (such as monocytes and granulocytes) during
353 skin wound repair.⁵⁸ These cells fight the invading microbes, contribute to scavenging of dead and
354 decaying cells, and also (crucially) support the repair process by releasing a spectrum of growth
355 factors. However, because of the release of pro-inflammatory and cytotoxic mediators,
356 uncontrolled activity of macrophages may become detrimental to tissue repair. Indeed, imbalanced
357 inflammation characterized by increased numbers of macrophages is a hallmark of attenuated
358 repair response in human diseases, including diabetes mellitus,⁵⁹ vascular disease, and aging. Data

359 presented in the current study (Figure 6) indicated that the initial migration of cells was faster in
360 the HC and LC groups than in the blank and control groups. This might be a consequence of the
361 constant release of curcumin in the HC and LC groups, in agreement with published observations
362 that curcumin considerably improves granulation in non-ischemic wounds.⁶⁰

363 A series of important events takes place at the edge of the wound, accompanying
364 granulation. Epidermal cells in the direct vicinity of the edge of the wound begin to thicken within
365 the first 24–48 h post injury.⁶¹ Basal cells at the edge start to flatten towards the wound, eventually
366 covering the wound. The newly formed epithelium, however, is thinner than the normal
367 (uninjured) epithelium. In large and open wounds, epithelialization proceeds over the bed of
368 granulated tissue, involving the activity of proteolytic enzymes. The re-epithelialization process is
369 evident in Figure 8, with a steady migration of cells towards wound closure (marked by a dotted
370 line), proceeding over the course of few days. In typical wounded tissues, inflammation onsets and
371 subsides by 2–3 d of wound creation, however, the exact time line depends on the type and location
372 of the wound.^{58, 62}

373 As the wound progresses through the inflammation phase, cell debris and necrotic tissues
374 are cleared off, creating room for proliferation. Early onset of inflammation is essentially a sign of
375 improved wound healing, indicating that the wound is rapidly going through the proliferation
376 phase, in which fibroblasts migrate to the wound bed. Fibrin strands that facilitate fibroblast
377 migration to the wound site are deposited in the inflammatory phase. As shown in Figure 9 wounds
378 in the HC and LC groups progressed through the inflammatory phase by day 4, in contrast with
379 the blank and control group, where the wounds contained very high numbers of macrophages at
380 that time point (marking the inflammatory phase). The early onset and completion of inflammatory
381 phase in the HC and LC groups may be attributed to curcumin, a strong anti-inflammatory drug.⁶³

382 Analysis of the biochemical aspects of wound healing, including SOD and catalase
383 activities, and the amount of collagen in wounded tissue, yielded interesting results. Wounding is
384 a stressful event for any organism, not only causing discomfort and pain, but also initiating a
385 cascade of events at the wound site. Oxidative stress is one of such of events, and is marked by the
386 presence of superoxide radicals at the site of injury. As the radical concentration increases, so does
387 the expression of SOD, a radical-scavenging enzyme.⁶⁴ Considering the antioxidant activity of
388 curcumin, a model drug in the current study, we anticipated that oxidative stress in the wound
389 should show a decreasing trend over the period of wound healing (Figure 10). This trend could be
390 easily attributed to the radical-scavenging (antioxidant) activity of curcumin, resulting in lower
391 SOD levels in cells at the wound site, as indeed was apparent (Figure 10). This indicated an
392 improvement in the wound-healing environment and also supported the notion of a controlled
393 release of curcumin from the micelle-hydrogel composite, slowly over a period of time, keeping
394 the oxidative stress in check. High SOD activity in the control and blank groups confirmed these
395 conclusions (Figure 10).

396 Upon scavenging, superoxide radicals in the tissue are converted to hydrogen peroxide.
397 Hydrogen peroxide is toxic to cells and hampers the wound healing process, by causing oxidative
398 stress, albeit one that is milder than the oxidative stress associated with superoxide radicals.^{65, 66}
399 This, in turn, stimulates the expression of the peroxide-scavenging enzyme catalase. Indeed,
400 catalase activity generally increased in the wounded tissue, maintaining a low oxidative stress in
401 the surrounding therein (Figure 11). Consequently, in the LC and HC groups, SOD activity was
402 low, and catalase activity was high. Even though SOD activity was significantly lower in the HC
403 group than that in the blank or control groups (Figure 10), catalase activity in the HC group was
404 slightly higher than that in the LC group, and significantly higher than that in the blank and control

405 groups. Considering the low SOD activity and high catalase activity in the granulation tissues in
406 the HC group, wound-healing efficacy was the highest in that group among all groups examined.

407 Combination of various histopathological analysis of wounds in the HC, LC, blank, and
408 control groups on days 4 and 8 after surgery revealed that they indeed were in different stages of
409 wound healing. As discussed earlier, the proliferative and maturation phases mark improved
410 wound healing, with angiogenesis and connective tissue (collagen) deposition taking place in those
411 phases. The presented results unambiguously supported the notion that the developed dual-drug-
412 loaded micelle-hydrogel composites improved wound healing. Namely, in agreement with
413 advanced granulation and re-epithelialization, and reduced inflammation, HC-treated wounds
414 attained the late proliferative phase, with enhanced accumulation of collagen fibers in the
415 extracellular matrix (Figure 12). Similarly, in the LC group, the total collagen content of the wound
416 was higher than that in the blank and control groups, indicating improved wound healing. New
417 collagen is observed in tissue as early as on the day of scarring. However, the newly formed
418 collagen is not strong and as the wound matures, the amount and deposition of collagen changes,
419 strengthening the tissue bed and increasing the tensile strength of the new formed tissue.
420 Consequently, high level of collagen is an optimistic indicator of improved wound healing.

421 Since the pre-existing vascular network around the wound is not sufficient to provide ample
422 nutrients and oxygen to the injury site, vessel damage at the wound site leads to ischemia.^{67, 68}
423 Therefore, the maintenance of cell viability in the wound and continuation of rapid healing
424 essentially requires the formation of new vasculature, i.e., angiogenesis.⁶⁹ Angiogenesis involves
425 the synthesis of new blood vessels from dividing differentiated endothelial cells of the local
426 vascular system, mononuclear cells, and bone marrow-derived circulating endothelial cells.⁷⁰
427 While it remains debatable whether circulating cells escalate the formation of the luminal

428 endothelium layer, many studies demonstrated that circulating CD31⁺ endothelial cells can indeed
429 form new blood vessels.⁷¹ Consequently, we investigated the presence of circulating CD31⁺ cells
430 at the wound site. The experiment revealed angiogenesis in the vicinity of the wounded area in the
431 LC- and HC-treated groups, which confirmed the notion of improved wound healing in the treated
432 groups (Figure 13). However, further studies are required to unequivocally verify this, since
433 circulating macrophages also show CD31-positivity.⁷² Collectively, the presented data were in
434 agreement with the original hypothesis that the micelle-hydrogel composite would facilitate wound
435 healing in case of trauma or skin patch excision.

436 Although the micelle-hydrogel composite performed well in the *in vivo* wound-healing
437 model, amphotericin B was added only in trace amounts. Hence, an obvious question arises about
438 whether loading the composite with one drug only would facilitate healing, and why two micelle
439 types or two drugs in the composite were required. The composite system was used because the
440 wounding was done in a controlled environment, which is not always the case out of the laboratory,
441 and the second drug (at high concentration and defined dosage) is likely to be always required to
442 accelerate healing. The drug can be a broad-spectrum antibiotic or a growth factor. In addition, the
443 second micelle in the composite is required to maintain the structural integrity of the composite by
444 electrostatic interactions between the micelles. As shown in Figure 14, the storage and loss moduli
445 were substantially reduced in the absence of PGA-PPA micelles. That is because the two micelles
446 types in the composite are oppositely charged, and during mixing and cross-linking they are
447 involved in electrostatic interactions, stabilizing the system even in the absence of drug, and
448 maintaining the integrity of the micelle-hydrogel composite. Furthermore, the hydrophobic core
449 of the micelle in the composite acts as the drug reservoir. We hypothesized that the (hydrophobic)
450 drug is involved in some kind of hydrophobic interactions with the core chains of the micelle.

451 Should that be so, the overall mechanical strength of the composite should change with drug
452 release, as the core becomes looser with the diffusion of the drug. To evaluate this, we undertook
453 a time-dependent rheological evaluation of the composite. Indeed, we observed a clear decreasing
454 trend in the mechanical modulus of the composites at different time points of drug release (Figure
455 15). The gradual reduction in the modulus might indirectly reflect a slow and gradual drug release.
456 That was important for the current study, as a sudden or burst-type release of curcumin can have
457 several adverse effects. As shown in previous studies, a burst or high-dose release of curcumin at
458 a wound site can cause DNA damage or chromosomal alterations (in rare cases), and delay wound
459 healing.^{73, 74} Further, the mechanical evaluation confirmed that the storage modulus of the devised
460 micelle-hydrogel system was within the limits for gel systems used in wound healing and, hence,
461 was an ideal candidate for such a gel.

462 In summary, the reported experiments and their implications indicate that the novel
463 micelle-hydrogel composite can serve as effective wound-healing material for enhanced skin repair
464 and regeneration, aided by controlled release of encapsulated drugs. The composite positively
465 impacted each stage of wound repair and healing, resulting in enhanced wound contraction,
466 granulation, and re-epithelialization, and with a minimal inflammatory response. This suggests
467 that the composite is extremely biocompatible and non-toxic for animal use. The exact mechanistic
468 effect on wound healing remains unknown. However, even in the absence of encapsulated drug,
469 no detrimental effects on the process of wound healing were observed (in the blank group in
470 comparison with the control group). Consequently, this type of material could be optimized to
471 enhance wound healing and developed as dressing material for clinical use.

472

473 **Acknowledgments**

474 The authors have no conflicts of interest to declare.
475
476 Monika Patel
477 School of Materials Science
478 Japan Advanced Institute of Science and Technology, 1-1, Asahidai, Nomi, Ishikawa, 923-1292,
479 Japan
480
481 Tadashi Nakaji-Hirabayashi
482 Graduate School of Science and Engineering, University of Toyama, 3190, Gofuku, Toyama,
483 Japan 930-8555
484 Graduate School of Innovative Life Science, University of Toyama, 3190 Gofuku, Toyama, Japan
485 930-8555
486 Kazuaki Matsumura
487 E-mail: mkazuaki@jaist.ac.jp
488 School of Materials Science
489 Japan Advanced Institute of Science and Technology, 1-1, Asahidai, Nomi, Ishikawa, 923-1292,
490 Japan
491

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672

673 **Figure legends**

674 **FIGURE 1.** Schematic Representation of the Formulation of Micelle-Hydrogel Composite for
675 Drug Release. Amp B, amphotericin B; DMSO, dimethyl sulfoxide.

676 **FIGURE 2.** Schematic Representation and Actual Images of Wound Generation.

677 **FIGURE 3.** *In Vitro* Drug Release of Curcumin and Amphotericin B at Inflammatory pH (ca. 4.5).
678 Data Are Presented as Mean \pm SD ($n = 3$).

679 **FIGURE 4.** Macroscopic Appearance of Wounds in Rats from Different Experimental Groups on
680 Days 0, 4, and 8. The Images Are Representative of Three Biological Replicates.

681 **FIGURE 5.** (a) Wound Closure (%) in Rats in Different Groups on Days 4 and 8, and (b) Residual
682 Wound Size in Treated Rats in Comparison with Day 0. $**p < 0.05$. Data Are Presented as Mean
683 \pm SD ($n = 3$).

684 **FIGURE 6.** The Thickness of Granulation Area in the Tested Animals. (a) Histological Evaluation
685 of the Newly Formed Granulated Tissue on day 8. The Images Are Representative of Three
686 Biological Replicates. (b) Comparison of the Granulation Thickness in Samples. $**p < 0.05$. Data
687 Are Presented as Mean \pm SD ($n = 3$).

688 **FIGURE 7.** Degree of Re-Epithelialization in Different Rat Groups on Days 4 and 8. $**p < 0.05$
689 When Compared with the Control. Data Are Presented as Mean \pm SD ($n = 3$).

690 **FIGURE 8.** Histological Evaluation of Epithelial Tissue Regeneration in Wounds in Different Rat
691 Groups. The Arrows Indicate the Wound Edge and the Dotted Lines Trace the Path of Re-
692 Epithelialization. The Images Are Representative of Three Biological Replicates.

693 **FIGURE 9.** Evaluation of Inflammatory Response by Hoechst 33258 and Iba1 Staining of Tissue
694 Sections from Different Rat Groups. Blue Dots Are the Nuclei of All Cells Stained by Hoechst

695 33258 and Green Dots Represent the Macrophage Cytosol Stained by Anti-Iba1 Antibodies. The
696 Images Are Representative of Three Biological Replicates.

697 **FIGURE 10.** SOD Activity in the Wounded Tissue in Different Rat Groups on Days 4 and 8 After
698 the Surgery. $**p < 0.05$. Data Are Presented as Mean \pm SD ($n = 3$).

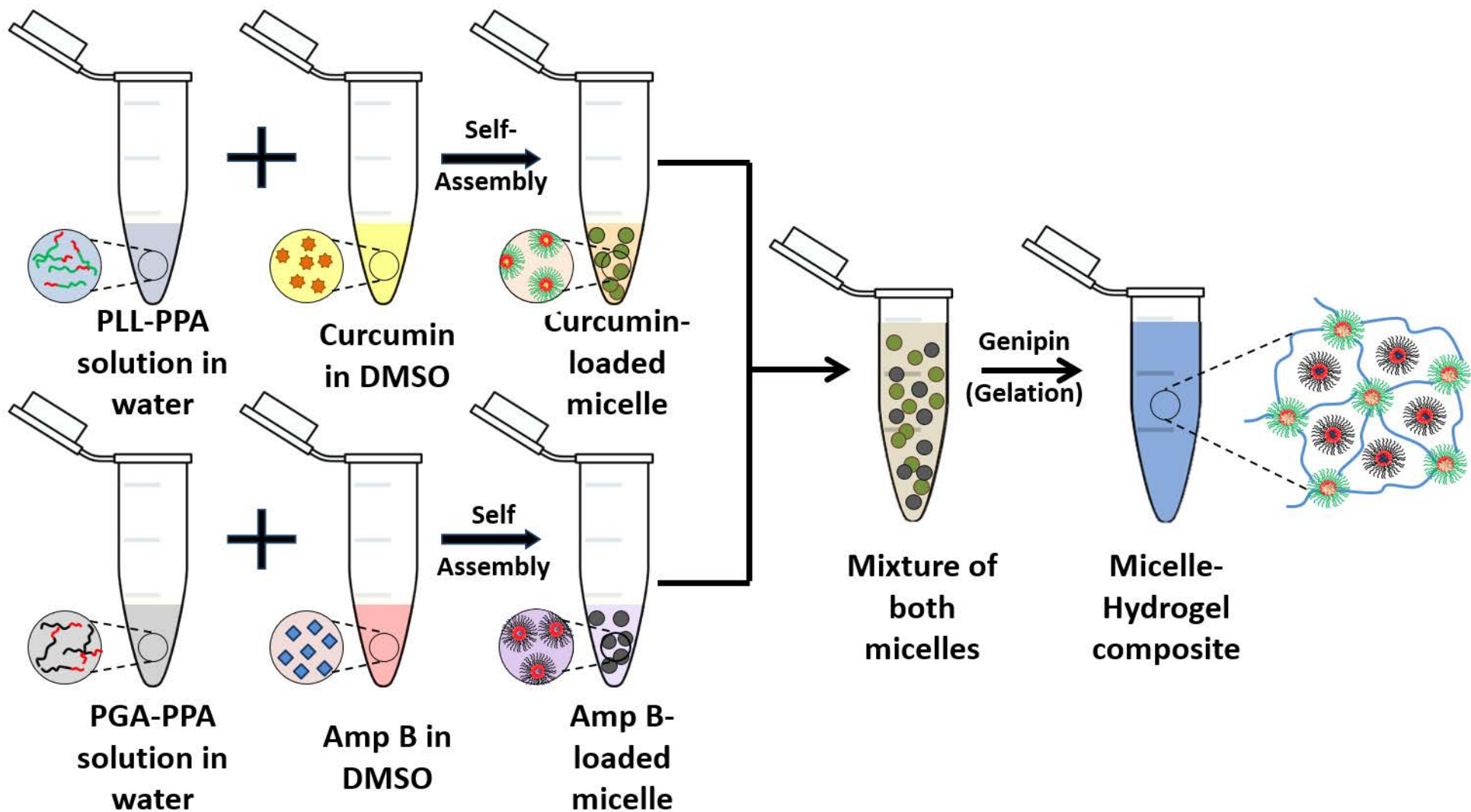
699 **FIGURE 11.** Catalase Activity in the Wounded Tissue in Different Rat Groups on Days 4 and 8
700 After the Surgery. $**p < 0.05$. Data Are Presented as Mean \pm SD ($n = 3$).

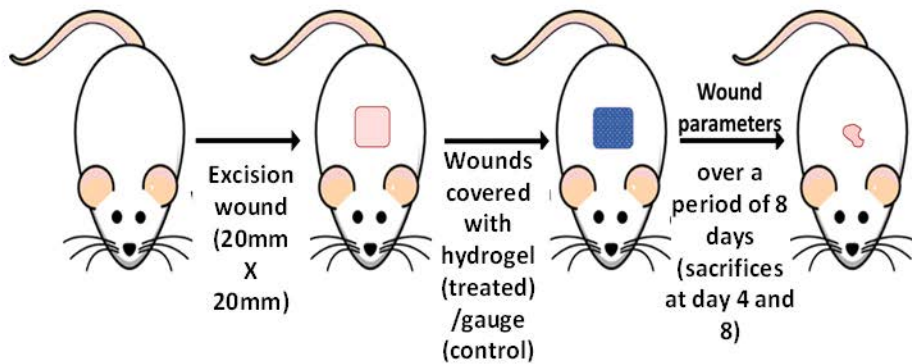
701 **FIGURE 12.** The Amount of Collagen in Wounded Tissue in Different Rat Groups on Days 4 and
702 8 After the Surgery. $**p < 0.05$. Data Are Presented as Mean \pm SD ($n = 3$).

703 **FIGURE 13.** Evaluation of Angiogenesis in Different Rat Groups on 8 Day. Thin Sections Were
704 Stained Using Anti-CD31 Antibodies. The Images Are Representative of Three Biological
705 Replicates.

706 **FIGURE 14.** Storage (G') and Loss (G'') Moduli of Micelle-Hydrogel Composites Containing
707 PGA-PPA (a) and Gels without PGA-PPA (b), at 37°C. The Graphs Are Representative of 3
708 Replicates.

709 **FIGURE 15.** Storage (G') and Loss (G'') Moduli of Micelle-Hydrogel Composites during Drug
710 Release at 37°C. The Graphs Are Representative of 3 Replicates.





Template marking on rat

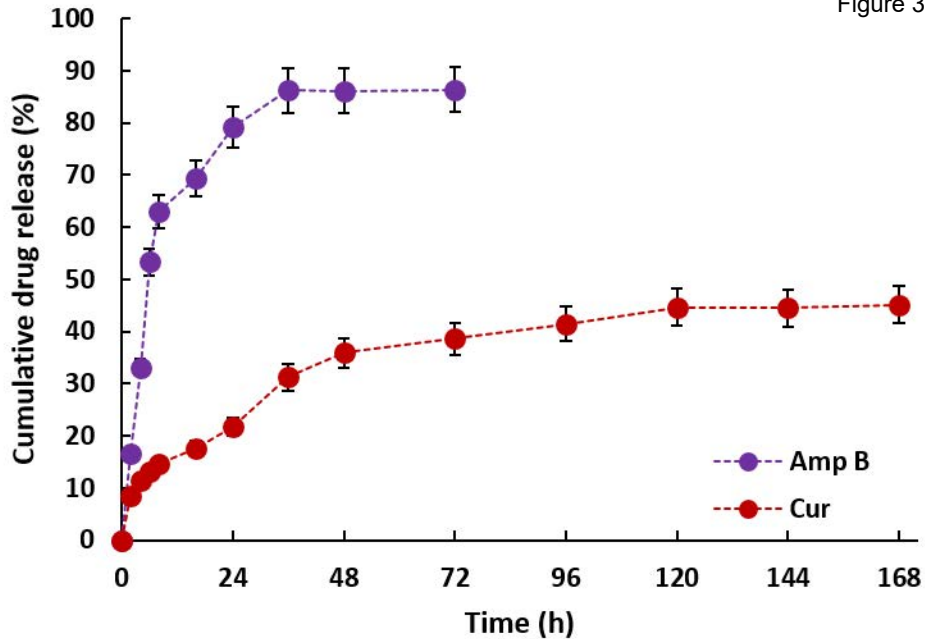


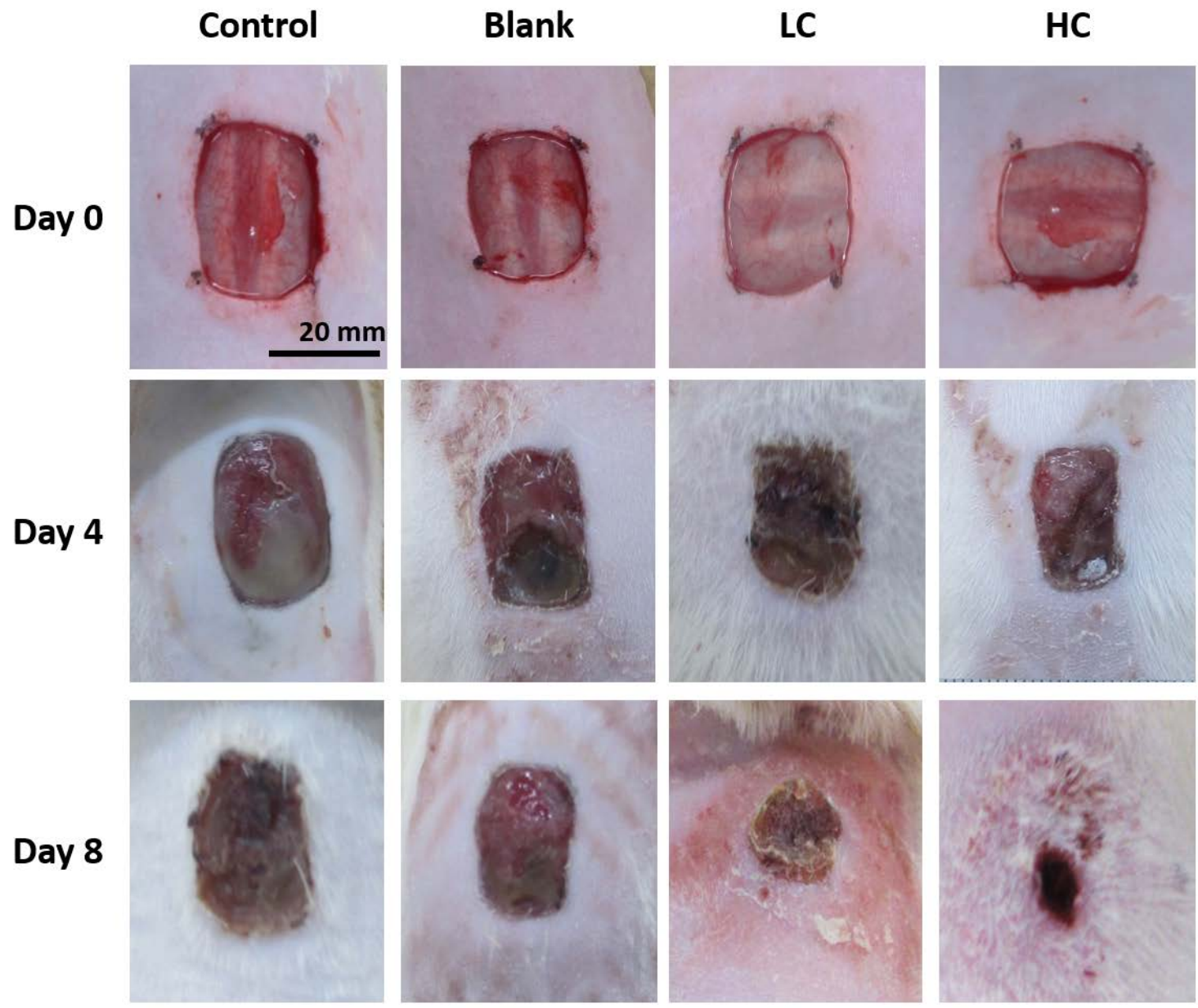
Creation of excision wound on dorsum

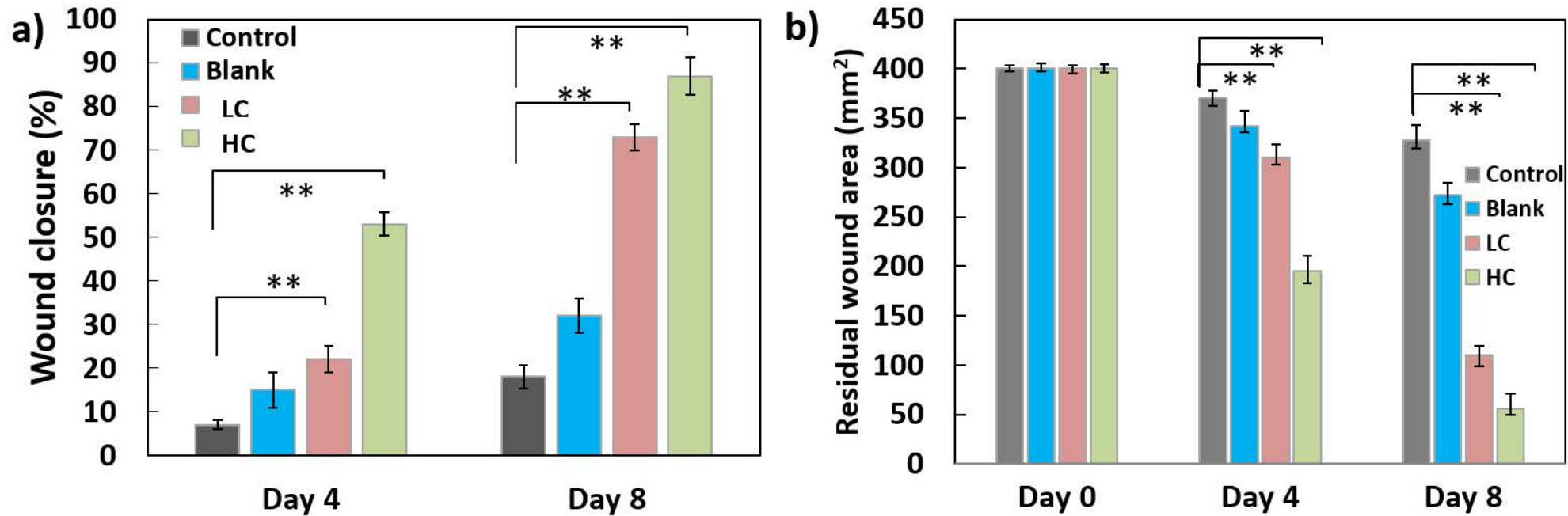


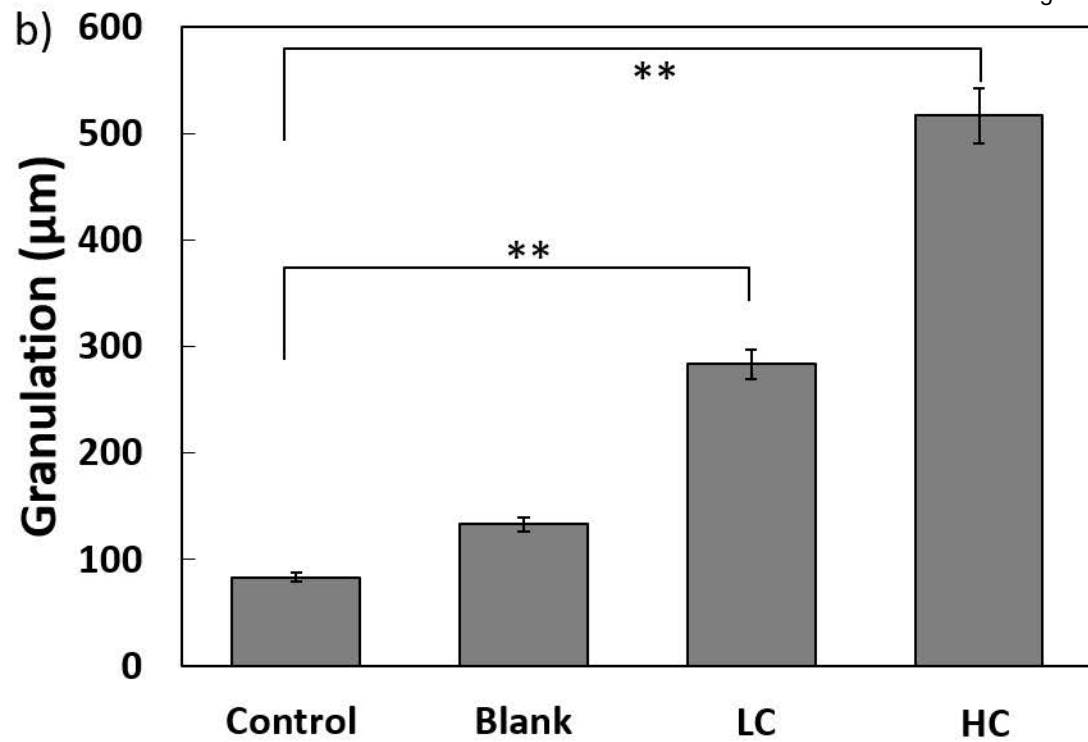
Hydrogel implant

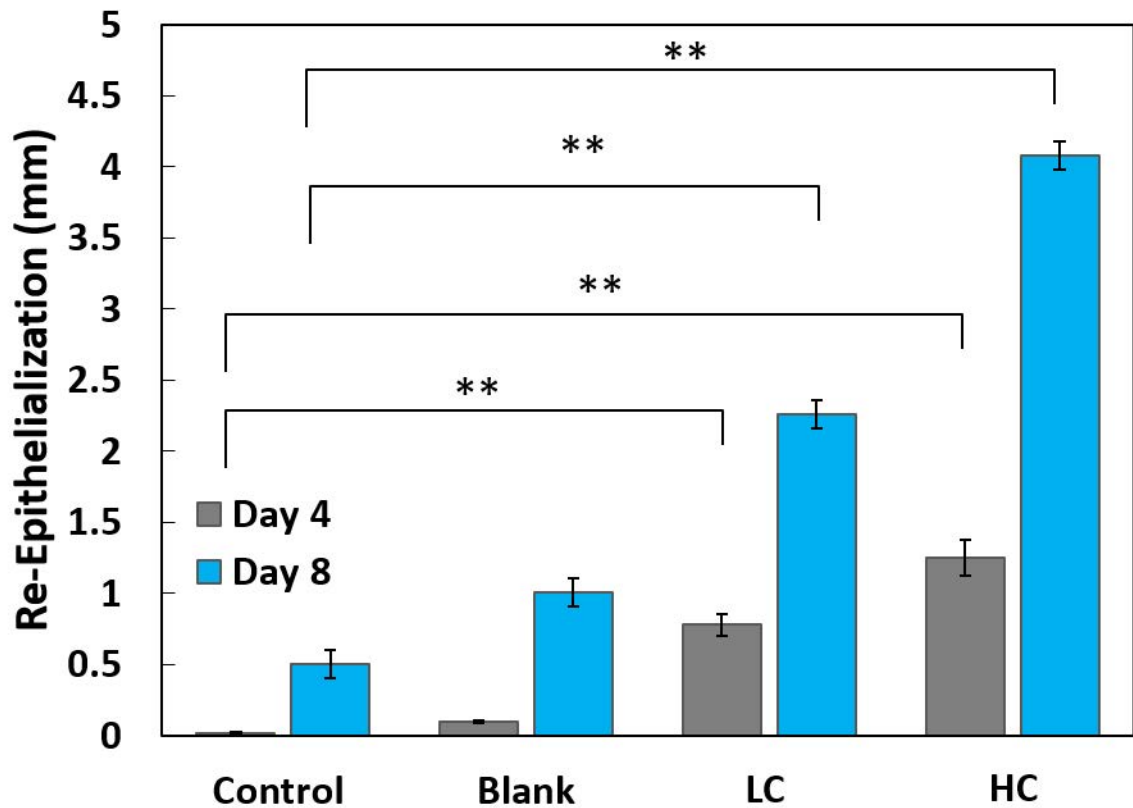


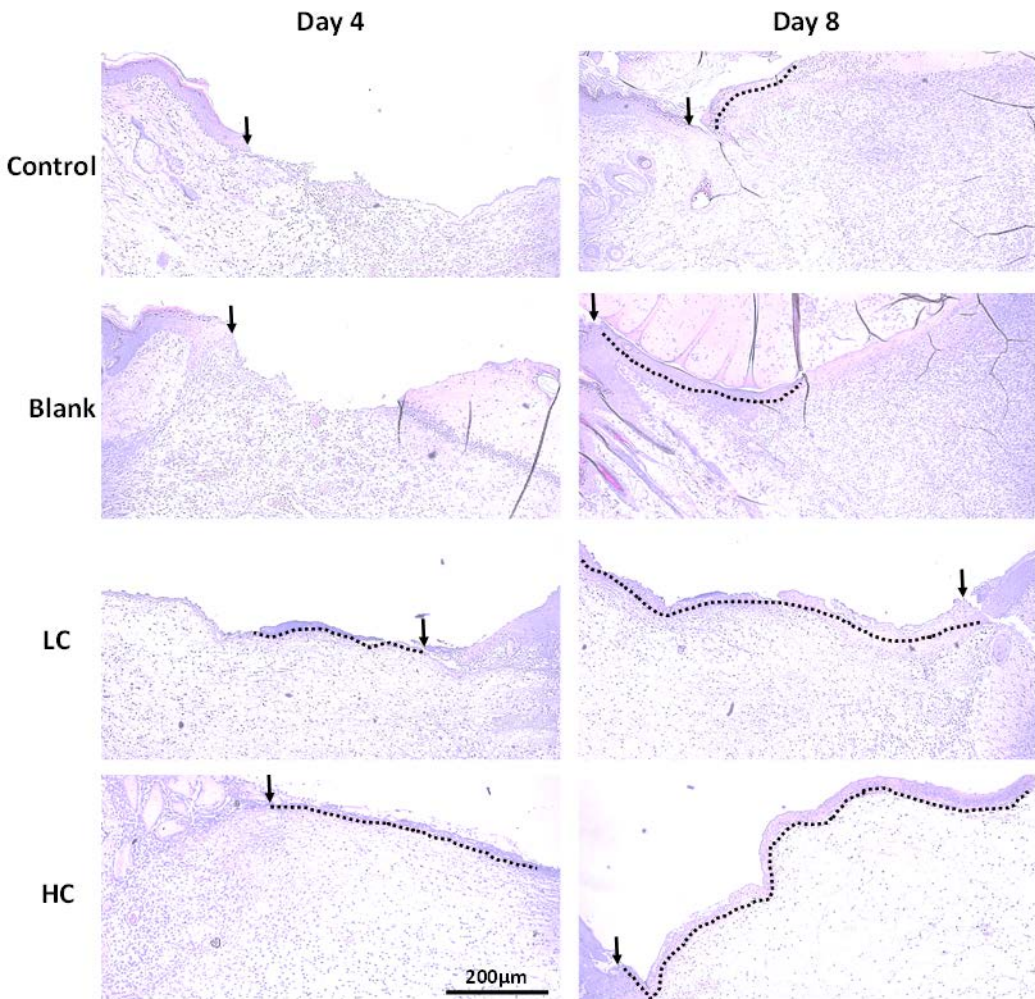


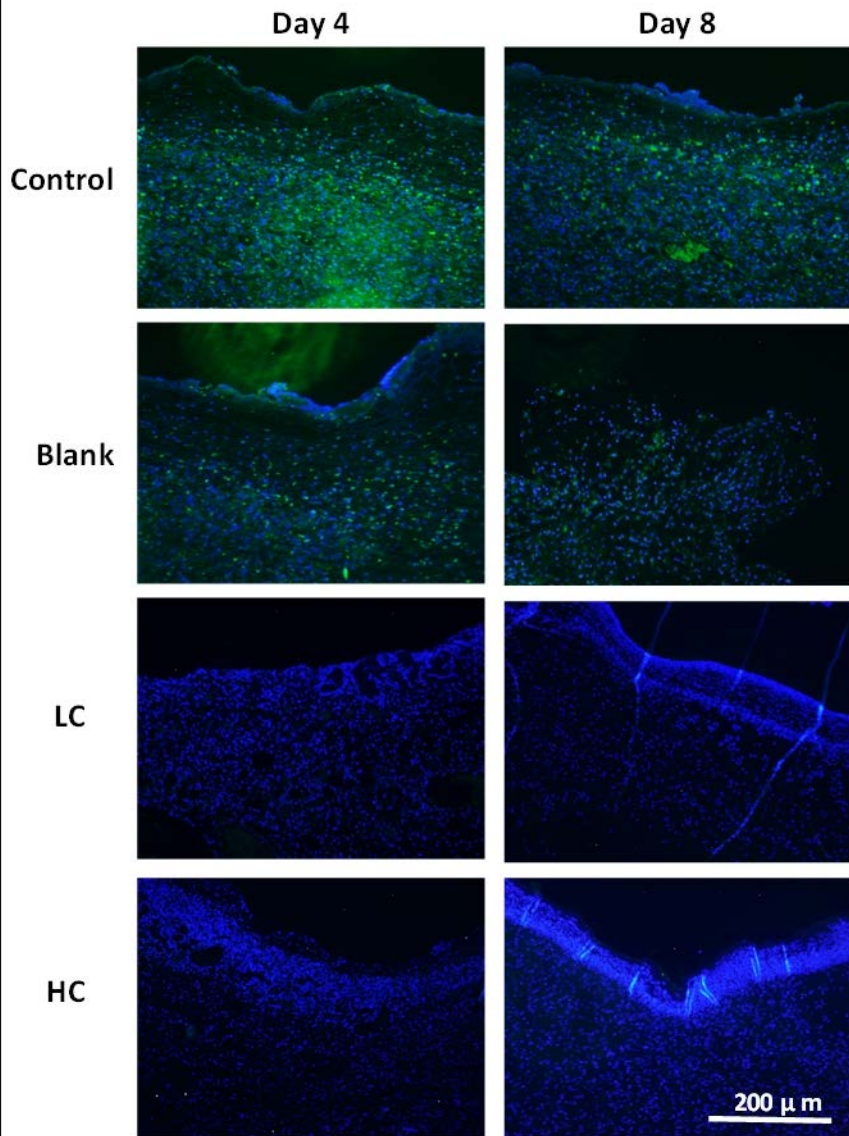


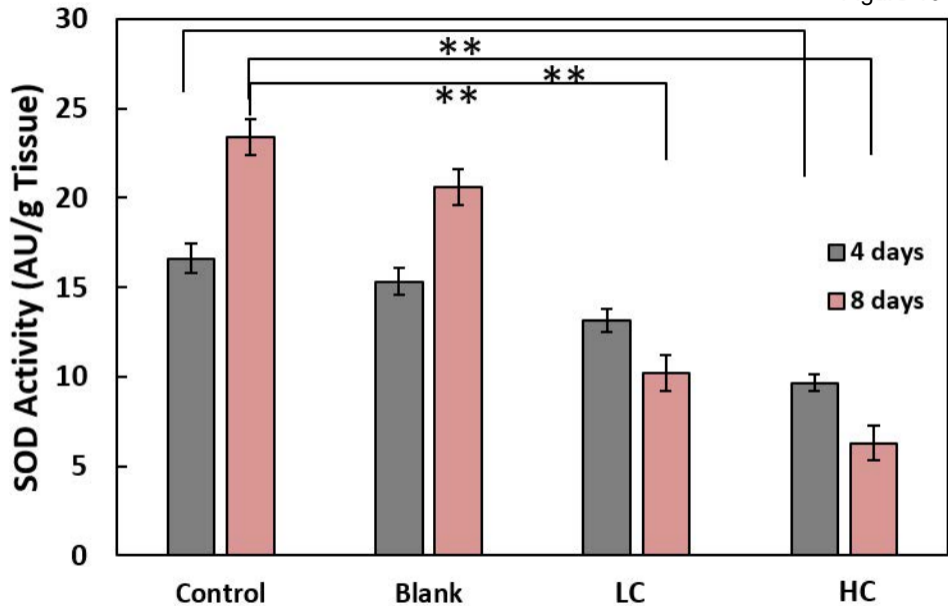


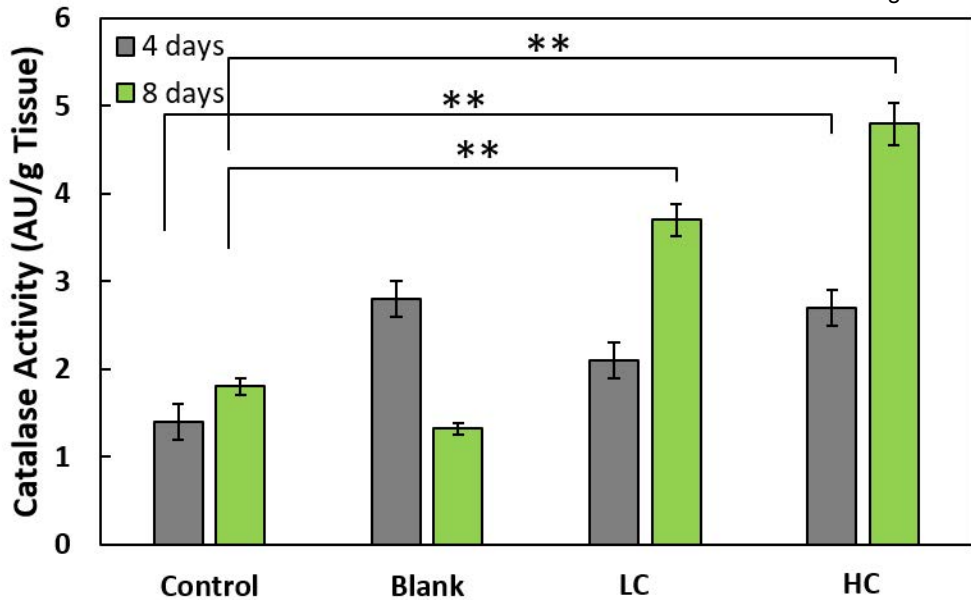


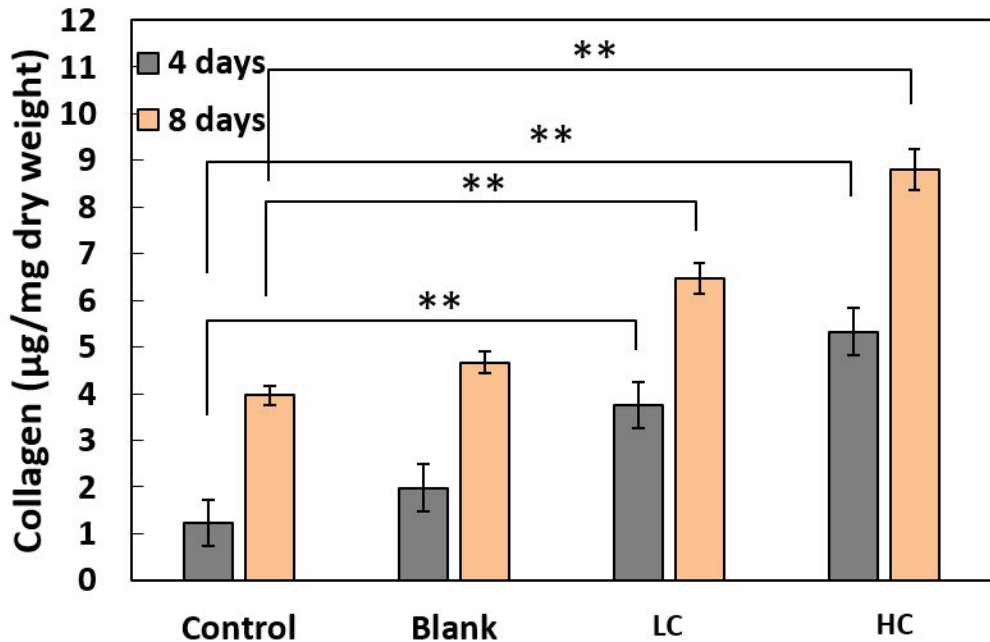


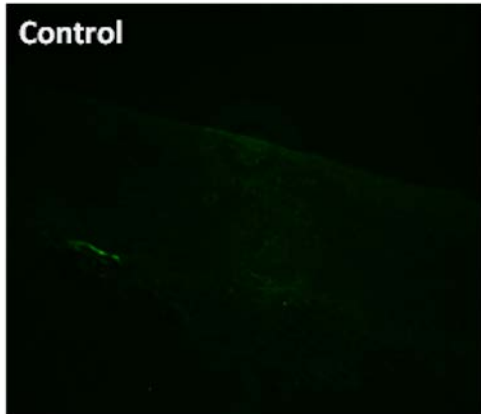
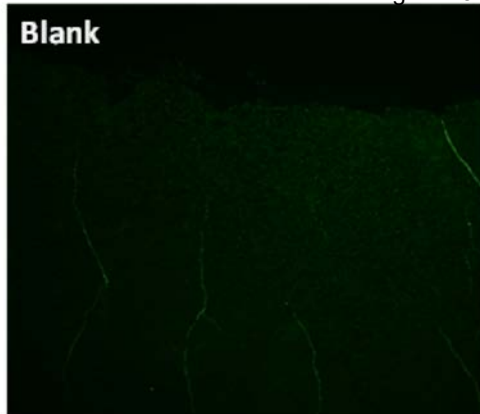
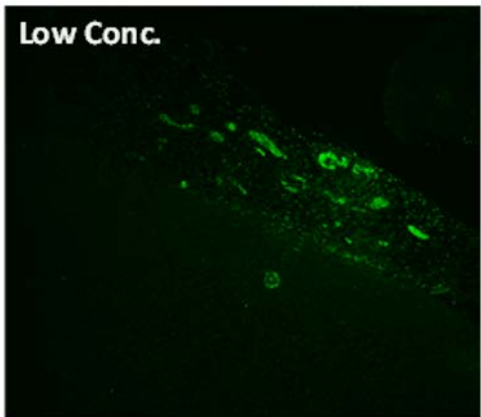
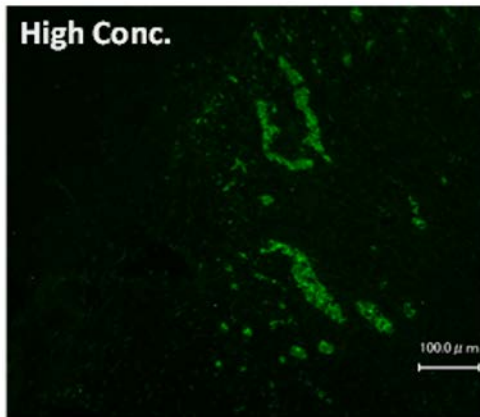


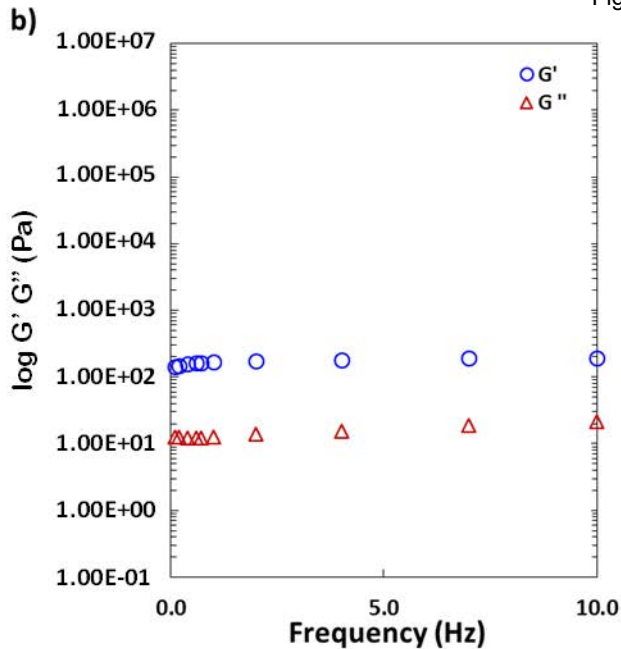
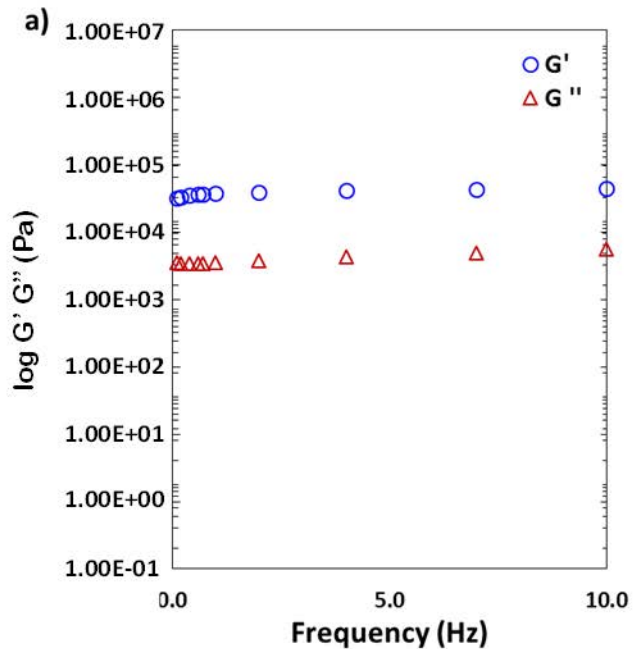


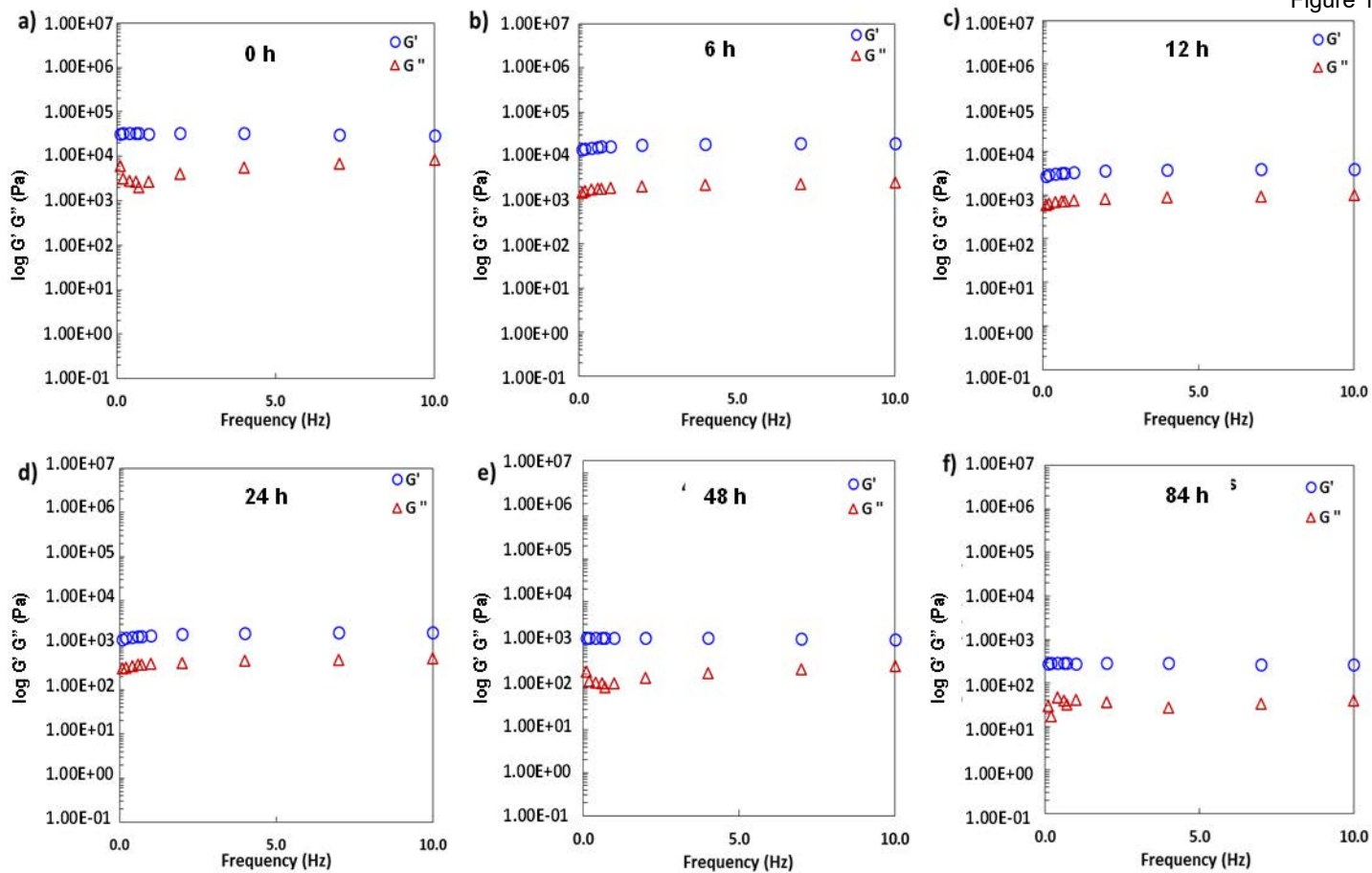






Control**Blank****Low Conc.****High Conc.**





Effect of dual-drug–releasing micelle-hydrogel composite on wound healing *in vivo* in full-thickness excision wound rat model

Monika Patel¹, Tadashi Nakaji-Hirabayashi^{2,3}, Kazuaki Matsumura^{1*}

¹ School of Materials Science, Japan Advanced Institute of Science and Technology, Ishikawa, 923-1292, Japan

² Graduate School of Science and Engineering, University of Toyama, Toyama, 930-8555, Japan

³ Graduate School of Innovative Life Science, University of Toyama, Toyama, 930-8555, Japan

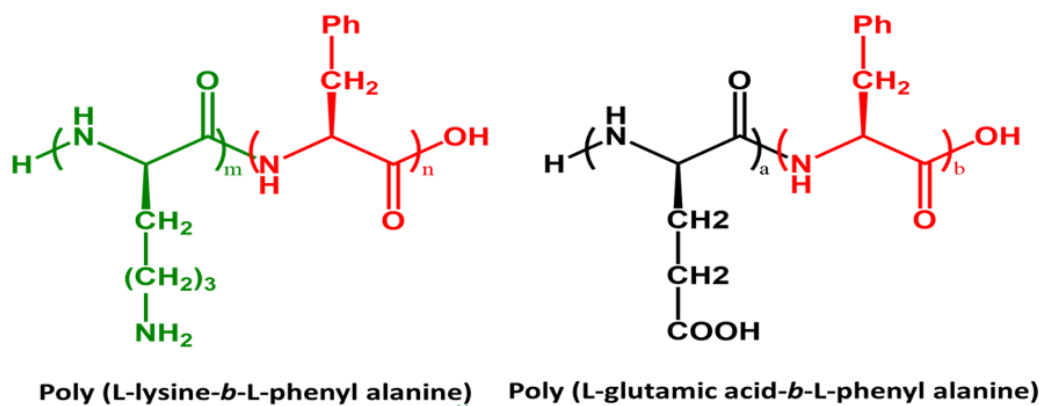
SUPPORTING INFORMATION

Gel formation

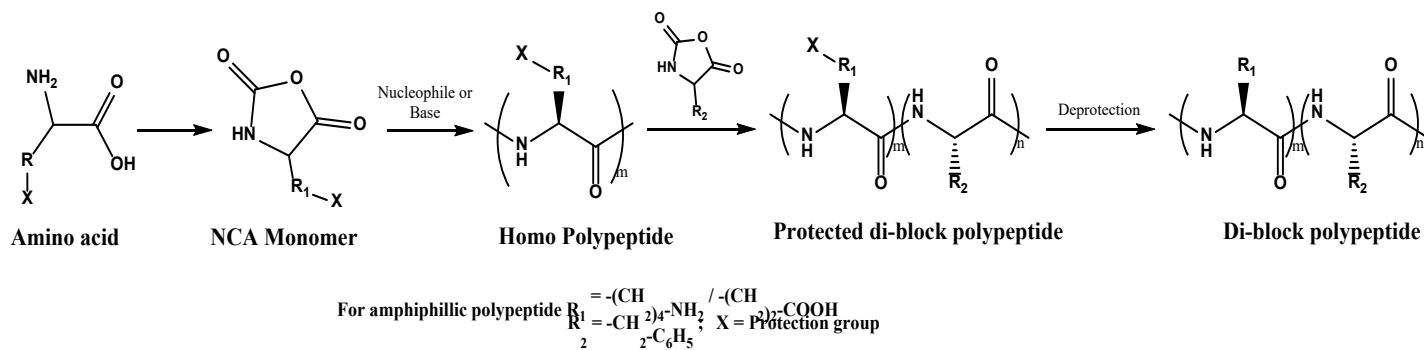
Polymer synthesis. Two different di-block polypeptides were first prepared: poly(L-lysine)-*b*-poly(phenylalanine) (PLL-PPA) and poly(glutamic acid)-*b*-poly(phenylalanine) (PGA-PPA) (Scheme S1). The block copolymers PZLL-*b*-PPA and P(OBzl)GA-*b*-PPA were synthesized in a two-step reaction using the protected amino acid precursors ϵ -benzyloxycarbonyl-L-lysine [H-Lys(Z)-OH], γ -benzyl-L-glutamic acid [H-Glu(OBzl)-OH], and phenylalanine (H-Phe-OH). First, the hydrophilic block (of either glutamic acid or lysine) was synthesized by ring opening polymerization of the respective N-carboxyanhydride (NCA). Upon complete consumption of the first monomer, Phe-NCA was added as the second hydrophilic block, and the reaction carried out until complete consumption of the second block. The di-block polypeptides were precipitated in diethyl ether. These polypeptides were further protected in trifluoroacetic acid and HBr to yield PLL-PPA and PGA-PPA (Scheme S2).

Formation of drug-loaded micelles. To prepare drug-loaded micelles, 2% (w/v) solution of above synthesised amphiphilic polypeptides was prepared. This solution was then mixed with the desired amount of drug (dissolved in dimethyl sulfoxide) and dialyzed. After dialysis, the solution was lyophilized to yield drug-loaded micelles.

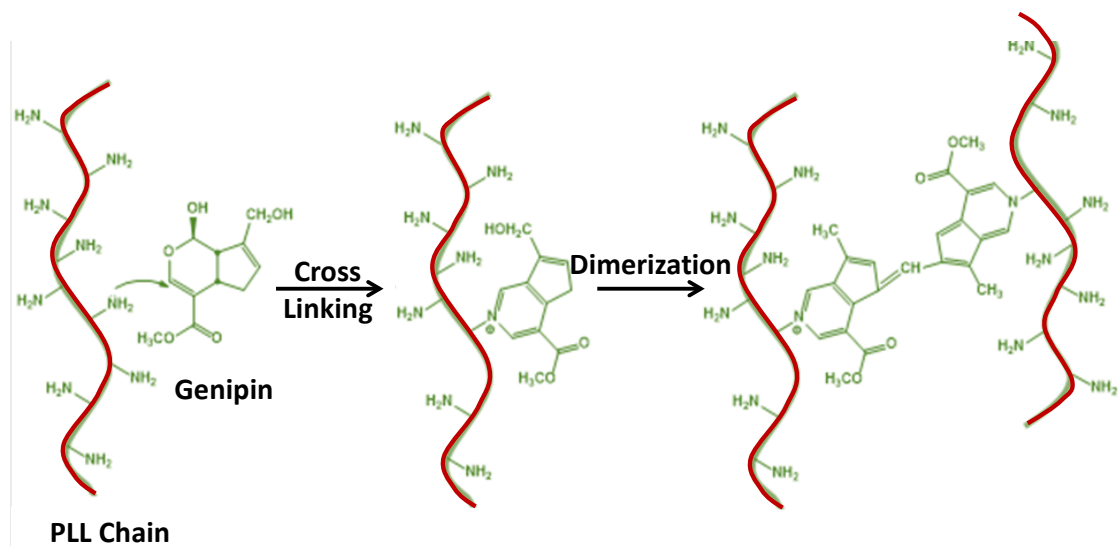
Preparation of hydrogel. To prepare, drug-loaded micelle-hydrogel composite, the two drug-loaded micelles (curcumin-loaded PLL-PPA and amphotericin B-loaded PGA-PPA) were mixed in 1:1 ratio. This mixture was cross-linked using a biocompatible cross-linker genipin, utilizing the free amino group in PLL-PPA polymers (Scheme S3).



SCHEME S1. Schematic Diagrams of the Prepared Polymers.



SCHEME S2. Schematic Representation of the NCA Polymerization Reaction.



SCHEME S3. Schematic Representation of Genipin Crosslinking.

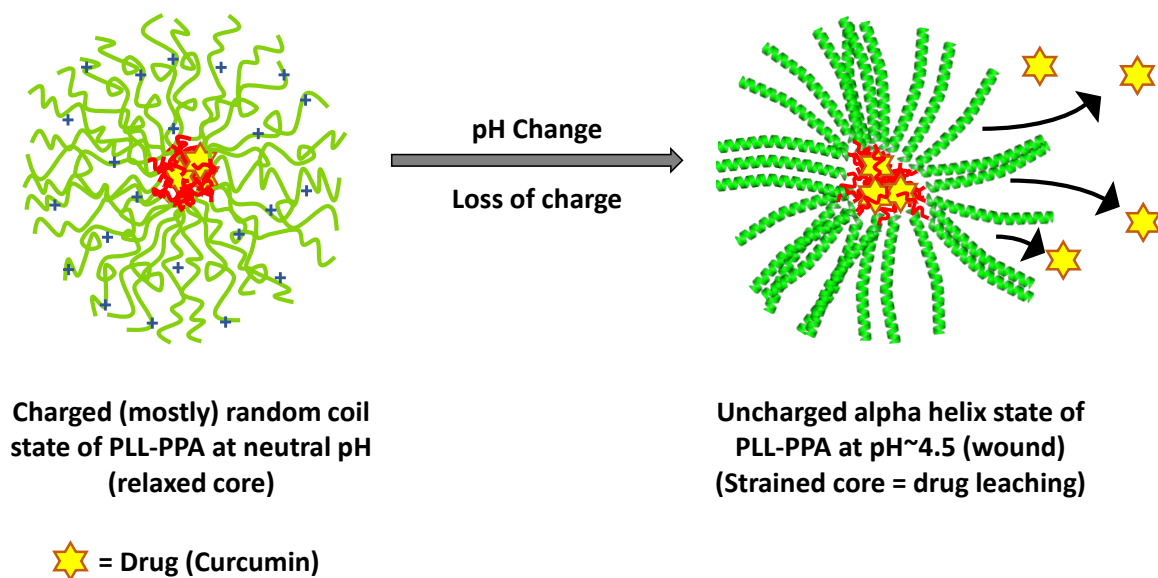


FIGURE S1. Schematic Representation of Effective Drug Release at Wound pH (ca. 4.5) from PLL-PPA Micelles in the Composite. Color Code: Green, PLL Block; Red, PPA Block.