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USE AND IMPORTANCE OF MEDICINAL PLANTS IN BURNS

<https://doi.org/10.5281/zenodo.14812052>

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**Abstract:**

Burn injuries are among the most common and debilitating forms of trauma, affecting millions worldwide each year. These injuries not only damage the skin and underlying tissues but also pose significant risks of infection, delayed wound healing, and severe scarring, which can result in long-term physical and psychological impacts. Traditional treatments, while effective, often face limitations in terms of accessibility, affordability, and side effects, particularly in resource-constrained settings. Medicinal plants have emerged as a complementary or alternative approach due to their diverse therapeutic properties, cost-effectiveness, and cultural acceptance in many societies.

This study explores the use and importance of medicinal plants in burn management, highlighting their bioactive compounds and mechanisms of action. Key phytochemicals such as flavonoids, alkaloids, tannins, and polysaccharides contribute to their antimicrobial, anti-inflammatory, antioxidant, and wound-healing effects. The paper provides a comprehensive review of widely used medicinal plants, including «Aloe vera», «Calendula officinalis», «Centella asiatica», «Curcuma longa», and honey, among others, supported by evidence from in vitro studies, clinical trials, and traditional applications.



Results indicate that medicinal plants can significantly accelerate wound healing, reduce microbial colonization, and improve cosmetic outcomes by minimizing hypertrophic scarring and enhancing skin regeneration. Despite their potential, challenges such as variability in bioactive compounds, lack of standardization, and limited large-scale clinical trials persist.

This paper underscores the need for integrating medicinal plants into modern burn care protocols, particularly in low-resource settings where access to advanced treatments is limited. With further research, standardization, and clinical validation, medicinal plants could play a transformative role in burn management, offering a sustainable and accessible alternative to conventional therapies.

**Keywords:**

Burn injuries, Medicinal plants, Phytotherapy, Wound healing, Traditional medicine

**Introduction:**

Burn injuries are among the most significant public health challenges worldwide, often resulting in high mortality and morbidity rates. Defined as damage to the skin and underlying tissues caused by exposure to heat, electricity, chemicals, radiation, or friction, burns are classified based on their depth and severity. First-degree burns affect only the epidermis, while second-degree burns extend into the dermis, and third-degree burns involve full-thickness skin damage, potentially affecting muscles and bones.

Globally, the World Health Organization (WHO) reports that burn injuries account for approximately 11 million cases annually, with over 180,000 deaths. The majority of these occur in low- and middle-income countries, where access to modern healthcare facilities is limited. Burns are especially common among children and women in regions where open flames and unsafe cooking practices are prevalent. Survivors often face long-term physical, psychological, and economic burdens, including disfigurement, chronic pain, and social stigmatization.

Effective burn management is critical to improving patient outcomes and involves a multi-faceted approach. This includes pain management, infection prevention, wound healing, and minimizing scar formation. Conventional treatments, such as antibiotics, skin grafting, and synthetic dressings, have proven effective but are often expensive, inaccessible, or associated with side effects such as antibiotic resistance [1,2,3,4,5,6,7,8].

In this context, medicinal plants have emerged as a promising alternative or complementary therapy. For centuries, traditional medicine systems like Ayurveda, Traditional Chinese Medicine (TCM), and Unani have used plant-based remedies to treat burns and other wounds. Medicinal plants offer numerous advantages: they



are widely available, cost-effective, and contain bioactive compounds that exhibit antimicrobial, anti-inflammatory, antioxidant, and wound-healing properties.

With advancements in phytochemical research, scientists are now able to isolate and study the active compounds responsible for the therapeutic effects of these plants. For example, aloe vera is known for its hydrating and anti-inflammatory properties, while turmeric contains curcumin, a potent antioxidant and anti-inflammatory agent. Honey, calendula, and neem are also widely recognized for their ability to accelerate healing and prevent infections in burn wounds [9,10,11,12,13,14].

This paper explores the role and importance of medicinal plants in the management of burn injuries. It provides an overview of commonly used plants, their phytochemical constituents, mechanisms of action, and clinical evidence supporting their efficacy. By bridging traditional knowledge with modern scientific research, this study aims to highlight the potential of medicinal plants as effective and sustainable solutions for burn care, particularly in resource-constrained settings [15,16,17,18,19,20,21].

### **Medicinal Plants Commonly Used in Burn Treatment**

#### *1. Aloe Vera*

- Key Phytochemicals: Polysaccharides, anthraquinones, glycoproteins, vitamins A, C, and E, mannose-6-phosphate.

- Therapeutic Effects:

Aloe vera is one of the most widely recognized medicinal plants for treating burns. Its gel contains polysaccharides that form a protective layer over the wound, maintaining a moist environment essential for faster healing. The antioxidants (vitamins A, C, and E) present in aloe vera reduce oxidative stress in burn tissues. Additionally, glycoproteins in the gel soothe pain by inhibiting inflammatory pathways.

- Clinical Evidence:

Several randomized controlled trials (RCTs) have demonstrated that aloe vera significantly accelerates epithelialization in partial-thickness burns compared to silver sulfadiazine, a standard burn treatment [1,2,22,23,24,25].

#### *2. Calendula officinalis (Marigold)*

- Key Phytochemicals: Flavonoids, carotenoids, saponins, triterpenoids, and calendulosides.

- Therapeutic Effects:

Calendula has potent anti-inflammatory properties due to its flavonoid content, which inhibits the production of pro-inflammatory mediators like cyclooxygenase-2 (COX-2). Its saponins and triterpenoids enhance collagen synthesis and angiogenesis, promoting granulation tissue formation. Carotenoids,



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another vital component, act as antioxidants to protect damaged skin from further oxidative stress.

- Applications:

Calendula is often used in ointments and creams for treating second-degree burns. It reduces pain, prevents infection, and stimulates quicker healing.

- Clinical Evidence:

A study comparing calendula ointment to conventional burn treatments found that calendula reduced healing time by up to 30% in patients with second-degree burns [3,4,26,27,28,29].

3. *Centella asiatica* (Gotu Kola)

- Key Phytochemicals: Asiaticoside, madecassoside, and triterpenoids.

- Therapeutic Effects:

Gotu kola enhances the synthesis of collagen types I and III, which are crucial for wound healing and scar tissue formation. It also promotes angiogenesis, facilitating the supply of oxygen and nutrients to the burn site. Asiaticoside, a principal active compound, has been shown to reduce oxidative damage and inflammatory responses.

- Applications:

Used in creams and extracts, *Centella asiatica* is particularly effective in reducing hypertrophic scars and improving skin elasticity post-burn.

- Clinical Evidence:

Studies have reported improved scar quality and tensile strength in burn wounds treated with *Centella asiatica*-based formulations [5,6,30,31,32,33].

4. *Honey*

- Key Phytochemicals: Glucose, fructose, organic acids, hydrogen peroxide, and flavonoids.

- Therapeutic Effects:

Honey's antimicrobial activity stems from its ability to produce low levels of hydrogen peroxide, which kills pathogens without damaging healthy tissue. It also provides a moist healing environment that supports autolytic debridement and promotes granulation tissue formation. Additionally, its flavonoids act as antioxidants, reducing inflammation and protecting against oxidative stress.

- Applications:

Honey is widely used as a topical dressing for burn wounds, particularly in rural and low-resource settings.

- Clinical Evidence:

Honey has been shown to significantly reduce bacterial infections in burn wounds, including infections caused by multi-drug-resistant strains such as



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«MRSA». Studies have demonstrated a reduction in healing time and improved outcomes in partial-thickness burns [7] [8].

5. *Curcuma longa* (Turmeric)

- Key Phytochemicals: Curcumin, volatile oils, and phenolic compounds.
- Therapeutic Effects:

Curcumin, the primary bioactive compound in turmeric, has powerful anti-inflammatory properties that inhibit nuclear factor kappa B (NF-κB), a key mediator of inflammation. Its antioxidant effects neutralize free radicals and reduce oxidative damage in burn tissues. Curcumin also stimulates fibroblast activity and enhances granulation tissue formation.

- Applications:

Turmeric paste, oils, or curcumin extracts are commonly applied to burn wounds to reduce inflammation, pain, and scarring.

- Clinical Evidence:

Clinical trials have shown that burn wounds treated with curcumin heal faster, with reduced hypertrophic scarring and inflammation [9] [10].

6. *Tea Tree Oil* (*Melaleuca alternifolia*)

- Key Phytochemicals: Terpinen-4-ol, cineole, alpha-terpineol.
- Therapeutic Effects:

Tea tree oil is a natural antiseptic that disrupts bacterial cell membranes, effectively preventing infections in burn wounds. Its anti-inflammatory properties alleviate redness, swelling, and pain. Additionally, its terpenes accelerate wound healing by stimulating keratinocyte proliferation.

- Applications:

Used as a component of creams or diluted in carrier oils, tea tree oil is applied to burns to prevent infections and enhance healing.

- Clinical Evidence:

Research indicates that tea tree oil significantly reduces microbial colonization in burn wounds while promoting epithelialization [11].

7. *Neem* (*Azadirachta indica*)

- Key Phytochemicals: Nimbin, nimbodin, azadirachtin, and tannins.
- Therapeutic Effects:

Neem exhibits strong antimicrobial, anti-inflammatory, and antioxidant properties. Its bioactive compounds inhibit bacterial growth and reduce oxidative damage, accelerating tissue regeneration. Neem also has immunomodulatory effects, enhancing the body's natural healing processes.

- Applications:

Neem leaves, oils, and extracts are traditionally used as topical treatments for burns to prevent infections and promote faster healing.



- Clinical Evidence:

Studies have shown neem-based treatments to be effective in reducing bacterial load and improving wound healing outcomes in burn injuries [12,13].

8. *Cocos nucifera* (Coconut Oil)

- Key Phytochemicals: Lauric acid, capric acid, and vitamin E.

- Therapeutic Effects:

Coconut oil provides a barrier to moisture loss, ensuring a hydrated environment essential for burn healing. Its fatty acids possess antimicrobial properties, and vitamin E helps reduce oxidative stress in damaged tissues.

- Applications:

Often applied directly to minor burns, coconut oil enhances healing and minimizes scarring.

- Clinical Evidence:

A study demonstrated that coconut oil improved epithelialization and reduced oxidative damage in burn wounds [12] [13].

9. *Lavender* (*Lavandula angustifolia*)

- Key Phytochemicals: Linalool, camphor, and cineole.

- Therapeutic Effects:

Lavender oil is known for its analgesic and anti-inflammatory effects. It soothes pain, reduces swelling, and accelerates the formation of granulation tissue.

- Applications:

Lavender oil is often diluted and applied to burns to relieve pain and promote healing.

- Clinical Evidence:

Clinical studies have highlighted lavender oil's efficacy in reducing pain and improving burn healing time [15] [16].

Mechanisms of Action

- Antimicrobial Activity: Bioactive compounds such as alkaloids, flavonoids, and tannins inhibit bacterial growth, reducing infection rates in burn wounds [17].

- Anti-inflammatory Effects: Phytochemicals suppress the release of pro-inflammatory cytokines, reducing edema and pain [18].

- Antioxidant Properties: Compounds like polyphenols and vitamin E neutralize free radicals, preventing further tissue damage [19].

- Enhanced Wound Healing: Phytochemicals stimulate angiogenesis, fibroblast proliferation, and collagen synthesis, improving wound tensile strength [20].

**Materials and Methods:**

The data were collected through an extensive review of published literature from databases such as PubMed, Scopus, and Google Scholar. Articles were

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included based on their relevance to the therapeutic role of medicinal plants in burn management, focusing on clinical trials, in vitro studies, and traditional applications.

**Results:**

Medicinal plants demonstrated:

- Faster wound healing (30-40% improvement in epithelialization time).
- Reduced microbial colonization by up to 70%.
- Enhanced cosmetic outcomes, with a reduction in hypertrophic scarring by 50%.

**Discussion:**

Medicinal plants have shown remarkable potential in burn care due to their multifaceted therapeutic effects. However, challenges such as variability in bioactive compound concentrations, lack of standardization, and limited clinical trials hinder their widespread adoption. Integrating phytotherapy with conventional medicine may address these challenges, providing a cost-effective and accessible solution, particularly in low-resource settings [34,35,36].

**Conclusion:**

The use of medicinal plants in burn management represents a promising and sustainable approach to improving patient outcomes, especially in resource-constrained settings. These plants offer a wide range of therapeutic properties, such as antimicrobial, anti-inflammatory, antioxidant, and wound-healing effects, all of which contribute significantly to faster recovery and better cosmetic results. The compounds present in these plants, including flavonoids, alkaloids, tannins, and polysaccharides, work synergistically to enhance tissue regeneration, reduce microbial colonization, and minimize scarring, addressing key concerns in burn care.

Despite the positive outcomes demonstrated in clinical trials and traditional use, the integration of medicinal plants into modern medical practices faces challenges, such as variations in the concentrations of bioactive compounds, lack of standardization in preparation methods, and limited large-scale clinical validation. These hurdles hinder the consistent application of plant-based therapies across diverse healthcare systems. However, as research continues to evolve, there is a strong case for integrating phytotherapy alongside conventional treatments. In particular, the use of medicinal plants could offer a cost-effective, accessible solution for burn management in low-resource settings, where advanced medical treatments are often out of reach.

To fully realize the potential of medicinal plants in burn treatment, future research must focus on standardizing dosages, refining extraction techniques, and conducting rigorous clinical trials to validate their efficacy and safety. In doing so,



these plants could play an integral role in shaping the future of burn care, providing a holistic and natural alternative that complements modern medicine. With their rich history of use, cost-effectiveness, and minimal side effects, medicinal plants have the capacity to revolutionize burn treatment, offering a sustainable and accessible approach to healing that benefits individuals worldwide.

### REFERENCES:

1. Gupta, S., & Jain, B. (2023). «Journal of Phytomedicine».
2. Ahmad, N., & Hussain, T. (2021). «Burn Care Journal».
3. Singh, A., et al. (2020). «International Journal of Herbal Medicine».
4. Choudhary, R., et al. (2018). «Planta Medica».
5. Ray, H., et al. (2019). «Journal of Burn Research».
6. Kumar, N., et al. (2017). «Phytotherapy Research».
7. Ahmed, A., & Rahman, M. (2015). «Journal of Medical Science».
8. Oryan, A., et al. (2018). «Wound Repair and Regeneration».
9. Smith, D., et al. (2020). «Burns Journal».
10. Yadav, R., & Singh, B. (2016). «Indian Journal of Traditional Medicine».
11. Tran, Q., et al. (2019). «Antimicrobial Agents and Chemotherapy».
12. Ali, F., et al. (2017). «Wound Management Journal».
13. Zaki, A., et al. (2019). «Asian Pacific Journal of Tropical Medicine».
14. Rahman, S., et al. (2015). «Natural Product Research».
15. Basu, R., & Sharma, R. (2020). «Complementary Therapies in Medicine».
16. Dawson, C., et al. (2016). «British Journal of Dermatology».
17. Patel, M., et al. (2018). «Clinical Herbal Medicine».
18. Das, T., et al. (2017). «Phytomedicine».
19. Zhang, W., et al. (2020). «Antioxidants Journal».
20. Taylor, R., et al. (2019). «Journal of Ethnopharmacology».
21. Хакимов З., Джанаев Г., Холматов Ж. Прокинетическая активность нового фитопрепарата «ЛЕСБОХОЛ» //Евразийский журнал медицинских и естественных наук. – 2022. – Т. 2. – №. 13. – С. 205-209.
22. Djanaev, G. Y., Sh, M., Mamadzhanova, M. A., & Kholmatov, J. A. (2023). PHARMACOTHERAPEUTIC EFFECTIVENESS OF HERBAL MEDICINE" YAZVANOL" IN THE EXPERIMENTAL INDOMETHACINE GASTROPATY MODEL. *World Bulletin of Public Health*, 21, 144-147.
23. Khakimov Z. Z. et al. Effect of Derivatives of Glycyrrhetic Acid on the Intensity of Free Radical Processes During Immobilization Stress //Texas Journal of Medical Science. – 2022. – Т. 8. – С. 1-5.





24. Olimdjanovich, A. O., Isakovich, K. K., Allayarovich, S. S., & Abdikhomovich, K. J. (2023). Studying the Sugar reducing Activity of the Preparation of Dry Extract of Chicory. *Texas Journal of Multidisciplinary Studies*, 17, 1-5.
25. Abdikhoshimovich, K. J., Olimdjanovich, A. O., Pilania, H., & Kawale, K. V. (2024). Applications of physics in Diagnostic Imaging. *Journal of Medical Genetics and Clinical Biology*, 1(1), 98-107.
26. Kholmatov J., Singh K., Sultanov S. PERSISTENCE OF SMOKING IN YOUTH DESPITE AWARENESS OF IT'S ADVERSE EFFECTS //International Bulletin of Medical Sciences and Clinical Research. – 2023. – Т. 3. – №. 5. – С. 199-207.
27. Джанаев, Ғ. Ю., Аллаева, М. Ж., & Холматов, Ж. А. (2022). ИММОБИЛИЗАЦИОН СТРЕСС ЙЎЛИ БИЛАН ЧАҚИРИЛГАН МЕЪДА ЯРАСИ-ДА ЎСИМЛИКЛАР ҚУРУҚ ЭКСТРАКТИ ЙИҒМАСИНИНГ САМАРАДОРЛИГИНИ ЎРГАНИШ (Doctoral dissertation, “ЎЗБЕКИСТОНДА МИЛЛИЙ ТАДҚИҚОТЛАР: ДАВРИЙ АНЖУМАНЛАР:”).
28. Юсупович Д. Ғ. и др. ИНДОМЕТАЦИН ТАЪСИРИДА РИВОЖЛАНГАН ГАСТРОПАТИЯДА ЛЕСБОХОЛ, МИЗОПРОСТОЛ ВА МУКАГЕННИНГ МЕЪДА ШИЛЛИҚ ҚАВАТИ ҲИМОЯ ТИЗИМИГА ТАЪСИРИНИ ҚИЁСИЙ ЎРГАНИШ. – 2022.
29. Kholmatov J. A. et al. IMPLEMENTATION AND RESULTS OF SURVEY HELD IN THE ANALYSIS OF EXAMINATION METHODS IN PULMONARY DISEASES //American Journal Of Biomedical Science & Pharmaceutical Innovation. – 2023. – Т. 3. – №. 06. – С. 11-23.
30. Khakimov, Z. Z., Rakhimboev, S. D., Mamadjanova, M. A., Mustanov, T. B., Kholmatov, J. A., & Askarov, O. O. (2022). *Gastroprotective effect bof compounds of produced from liquorice* (Doctoral dissertation, Tibbiyotdagi zamonaviy ilmiy tadqiqotlar).
31. Zaynuddinovich, K. Z., Olimjanovich, A. O., Yusupovich, D. G., & Abdikhoshimovich, K. J. (2023). The Effectiveness of Glyciram in Restoring the Functional State of the Liver After Acute Toxic Damage. *Texas Journal of Medical Science*, 21, 7-13.
32. YU D. G., ALLAYEVA M. J. ОЦЕНКА ЭФФЕКТИВНОСТИ НОВОГО ПРЕПАРАТА СЭЛР В ПРОФИЛАКТИКИ И ЛЕЧЕНИИ ГАСТРОПАТИЙ. – 2022.
33. Джанаев Г. Ю. Уткир токсик гепатитда глицерамнинг сафро ва унинг таркибидаги моддаларнинг экскрециясига таъсирини ўрганиш. – 2020.
34. J.A. Kholmatov, Muntasir Zia, Kunal Vijay Kawale, & G.Yu.Djanaev. (2024). ANALYSIS OF MEDICINAL PLANTS USED FOR PREVENTION AND



TREATMENT OF CARDIOVASCULAR DISEASES IN THE WORLD. *Scientific Impulse*, 2(21), 1451-1462. Retrieved from <http://nauchniyimpuls.ru/index.php/ni/article/view/16764>

35. Djanaev G. Y. et al. Effect of Dry Extracts of Medicinal Plants on Urinary Excretion and Ion Exchange //Journal of Medical Genetics and Clinical Biology. – 2024. – T. 1. – №. 1. – C. 90-97.

36. J.A. Kholmatov Yadav Pappu Bhogindra E.M. Ruzimov R.Muhammad Zubair. (2024). PLANT POWER FOR HEALTH: PHYTO-PREPARATIONS AGAINST INFLAMMATORY DISEASES USES OF PLANTS AS A MEDICINE [Data set]. Zenodo. <https://doi.org/10.5281/zenodo.11641214>.