











were visualized after thawing under a field emission scanning electron microscope (Hourel and Abrahamse, 2007).

### **Determining the antibacterial activity of AMP conjugate coated wound healing material**

Cell developed wound healing mesh coated with AMP conjugate were analyzed for antibacterial activity using a standard disc diffusion method as described by El-Rehewy et al., (2009). The antibacterial activity of AMP coated mesh was earlier presented in our previous publication (Deepak Tom Jose et al., 2020). Briefly, the mesh was cut (disc shaped-20mm) and placed over MHA plates pre-seeded with test organisms. Mesh without AMP conjugate was used as control samples. Zone around the AMP conjugate-coated mesh was measured after 24 hours of incubation and the results were presented as mean  $\pm$  standard deviation

### **Analyzing the wound healing ability of developed AMP conjugates using *in vitro* wound scratch assay**

L<sub>929</sub> mouse fibroblast cells grown in 24 well plates at a density ( $1 \times 10^5$  cells per ml) with ~80% confluence was taken for the analysis. A small linear scratch was created in the confluent monolayer by gently scraping with sterile cell scraper as per the method of Liang et al. (2007). After creating a scratch on L<sub>929</sub> mouse fibroblast cell lines, the cell migration, cell proliferation and wound closure was measured for the selected concentrate (100 $\mu$ g) of AMP conjugates at different time periods (0<sup>th</sup> hour, 12<sup>th</sup> hour and 24<sup>th</sup> hour). Migration of cells between the scratch site and the distance traversed by cells migrating into the denuded area which emphasize the self-healing was observed using Phase contrast microscope for each time period.

## **RESULTS AND DISCUSSION**

### **L<sub>929</sub> fibroblast cell proliferation and adhesion**

L<sub>929</sub> fibroblast cells attachment and its stage wise development on wound dressing mesh materials were microscopically observed. Inverted microscopic images showing the extent of cell attachment and proliferation of L<sub>929</sub> cells on the fibres and interstices were noted from 0<sup>th</sup> hr to 24<sup>th</sup> hr. The increase in the cell number and attachment on the surface and interstices of the fibres were observed at 0<sup>th</sup>hr, 6<sup>th</sup>hr, 12<sup>th</sup>hr and 24<sup>th</sup>hr. No growth was observed on 0<sup>th</sup>hr (Fig. 5A). Partial cell growth was observed on 6<sup>th</sup> hr (Fig. 5B). Cell attachment was found to be evident on 12<sup>th</sup>hr (Fig. 5C) and proliferated cell covering the entire surface and interstices of the fibres was observed at 24<sup>th</sup>hr (Fig. 5D). With increasing cultivation period of time, fibroblasts showed a preference for aligning in parallel to one

another. The present findings indicate multiple layers of cells on mesh were resulted from intense matrix production by fibroblasts in the developed conditions.

### **Antibacterial activity of AMPs conjugate coated mesh samples**

Antibacterial activity of cell developed wound healing mesh coated with AMP conjugates were analyzed against different test bacteria. The antibacterial activity was expressed based on the inhibitory zones measured around each conjugate coated mesh samples.

*Escherichia coli* and *Staphylococcus aureus* exhibited inhibitory zones of  $32.1 \pm 0.56$  mm and  $31.3 \pm 1.25$  mm for the coated mesh samples. *Klebsiella pneumoniae* and *Pseudomonas aeruginosa* exhibited the inhibitory zones of  $26.3 \pm 1.04$  mm and  $29.3 \pm 0.56$  mm against their respective coated samples. *Acinetobacter baumannii* showed significantly  $30.1 \pm 1.25$ mm of inhibitory zones for the test samples (Table-1 and Fig. 4). The obtained results revealed that the antimicrobial conjugates increased the therapeutic effect against the test organisms. The mode of action of AMP conjugates was reported to penetrate the pyramidal wall of bacteria followed by disrupting the cytoplasmic contents; and hence adhesion of pathogen at the wound site was prevented.

### **Wound healing ability of developed AMP conjugates using *in vitro* wound scratch assay**

*In vitro* wound healing assays have commonly been applied to measure cell migration, cell proliferation and wound closure in response to stimulation with specific agents. In this study, the AMP conjugates used for the cell adhesion studies was determined for its ability to improve wound healing by acting directly on L<sub>929</sub> mouse fibroblast cells.

After creating a scratch on L<sub>929</sub> mouse fibroblast cell lines, the cell migration, cell proliferation and wound closure was measured for a known concentration (100µg) of AMP conjugates at three different time periods (0<sup>th</sup> hour, 12<sup>th</sup> hour and 24<sup>th</sup> hour). Fig. 6 corresponding to self-wound healing ability of the developed AMP conjugates showed that, at 0<sup>th</sup> hour, no cell migration and proliferation was observed for the known concentrate (100µg) including control (Distilled water). At 12<sup>th</sup> hour, positive cell migration and cell proliferation was observed when compared to the control sample. After 24hours, more cell proliferation was evident indicating the wound closure. In Fig. 6, the control showed a little more cell proliferation than the treatment group after 24<sup>th</sup> hour. This was due to a small delay in the healing process of the AMP conjugate samples on the developing L<sub>929</sub> cell lines when compared to the control. The reason for this little difference was illustrated from the research

article of Peplow and Chattrejee, (2013). The researchers explained that many growth factors and cytokines enhanced migration of keratinocytes *in vitro*. This migration of keratinocytes may vary from one sample to another depending on these above factors. However, in our present study 100% wound closure was clearly evident in both the control group and the sample groups after the incubation study period. The results revealed that AMP conjugates could be used as wound healing agents for any biomedical cases like diabetic foot ulcers, boil wounds, bur wounds, accidental cuts/wounds, etc.

*In vitro* scratch assay could be recorded as an appropriate and inexpensive method for the wound healing potential of herbal composite used in the present research.

Similar *in vitro* wound scratch assay method was recorded from the literature survey. Srinivasa Rao Bolla et al. (2019) recently investigated the wound healing capacity of *Aristolochia saccata* leaf extract by using *In vitro* wound scratch assay, where proliferative and migratory capabilities of test compounds could be monitored through microscopy studies. L<sub>929</sub> fibroblast cell line was used for the assay. Scratch assay showed 34.05%, 70.00%, 93.52% wound closure at 12hrs, 24hrs and 48hrs of incubation respectively. These results were similar compared to positive control which showed 37.60, 56.41 and 99.05% of wound closure. As there was similar wound healing abilities were noted for many antimicrobial compounds from the literature survey on L<sub>929</sub> mouse fibroblast cell lines, it was proved that the developed AMP conjugates could be used for the development of novel tissue engineered wound healing materials.

## CONCLUSION

Antimicrobial peptides extracted from *Streptomyces* sp and *Carangoides malabaricus* were developed as conjugate. The conjugate was mixed with PVA and coated with wound dressing mesh samples. The cell adhesion assay, antibacterial activity and *in vitro* wound healing assay of developed tissue engineered wound dressing mesh revealed a need for such a novel product for treating complicated diabetic foot ulcer infective cases. Based on the obtained wound healing ability of developed conjugates, it can be concluded that the developed tissue engineered wound dressing material could be useful to treat diabetic wounds. The fibroblast migration and proliferation of cells could able to favour in increasing the levels of cytokines, growth factors and keratinocytes at the wound site which results in effective wound healing in diabetic wounds. The results showed that the developed tissue



engineered wound dressing has commercial interest in pharmaceuticals companies for the manufacturing of such materials in near future with different types of drugs coating on it.

**CONFLICT OF INTEREST**

Authors declare no conflict of interest

**REFERENCES**

- Augustine R. Skin bioprinting: A novel approach for creating artificial skin from synthetic and natural building blocks. *Prog Biomater*. 2018;7:77–92.
- Briquez PS, Hubbell JA, Martino MM. Extracellular Matrix-Inspired Growth Factor Delivery Systems for Skin Wound Healing. *Adv Wound Care* 2015;4:479–489.
- Deepak Tom Jose, Uma C, Sivagurunathan P, Aswini B, and Dinesh MD. Extraction and antibacterial evaluation of marine AMPs against diabetic wound pathogens. *J App Pharm Sci*. 2020;10(11):87-92.
- El-Rehewy MK, El-Feky MA, Hassan MA, Abolella HA, Abolyosr A, El-Baky RM and Gad GF. In vitro Efficacy of Ureteral Catheters Impregnated with Ciprofloxacin, N-acetyl cysteine and their Combinations on Microbial Adherence. *Clin Med*, 2009;3:1–8.
- Grassner L, Marhold F, Yousif M, Grillhosl A, Ungersboeck K, Schulz J and Strowitzki M. Experiences with a temporary synthetic skin substitute after decompressive craniectomy: A retrospective two-center analysis. *Acta Neurochir*. 2019;161:493–499.
- Gollwitzer H, Ibrahim K, Meyer H, Mittelmeier WR, Busch, R and Stemberger, A. Antibacterial poly (D, L-lactic acid) coating of medical implants using a biodegradable drug delivery technology, *Journal of Antimicrobial Chemotherapy*, 2003;51:585–591.
- Hourel N and Abrahamse H. *In vitro* exposure of wounded diabetic fibroblast cells to a helium-neon laser at 5 and 16 J/cm<sup>2</sup>. *Photomed Laser Surg*, 2007;25:78–84.
- Joseph B, Augustine R, Kalarikkal N, Thomas S, Seantier B and Grohens Y. Recent advances in electrospun polycaprolactone based scaffolds for wound healing and skin bioengineering applications. *Mater Today Commun*, 2019;19:319-335.
- Komal Vig, Atul Chaudhari, Shweta Tripathi, Saurabh Dixit, Rajnish Sahu, Shreekumar Pillai, Vida A. Dennis and Shree R. Singh. Advances in skin regeneration using Tissue Engineering. *Int J Mol Sci*. 2017;18:2-19.
- Li M, Han M, Sun Y, Hua Y, Chen G and Zhang L. Oligoarginine mediated collagen/chitosan gel composite for cutaneous wound healing. *Int J Biol Macromol*, 2019;122:1120-1127.
- Liang CC, Park AY, Guan JL. *In vitro* scratch assay: a convenient and inexpensive method for analysis of cell migration *in vitro*. *Nat Protoc*, 2007; 2(2):329-33.

Marino D, Luginbühl J, Scola S, Meuli M and Reichmann E. Bioengineering dermo-epidermal skin grafts with blood and lymphatic capillaries. *Sci Transl Med*. 2014;6:221-224.

Mehmet Evren Okur, Ioannis D. Karantas, Zeynep Senyigit, Neslihan Ustundag Okur and Panoraia I. Siafaka. Recent trends on wound management: New therapeutic choices based on polymeric carriers. *Asian J Pharm Sci*, 2020;15(6):661-684.

Melanie Rodrigues, Nina Kosaric, Clark A. Bonham, and Geoffrey C. Gurtner. Wound Healing: A Cellular perspective. *Physiol Rev*, 2019;99:665-706.

Miyazaki H, Tsunoi Y, Akagi T, Sato S, Akashi M and Saitoh D. A novel strategy to engineer pre-vascularized 3-dimensional skin substitutes to achieve efficient, functional engraftment. *Sci Rep*. 2019;9:779-783.

Nieto Lozano JC, Meyer JN, Sletten K, Pelaz C, Nes, IF. Purification and amino acid sequence of a bacteriocin produced by *Pediococcus acidilactici*. *Journal of General Microbiology*, 1992;138:1985–1990.

Owczarczyk-Saczonek A, Krajewska-Włodarczyk M, Kruszewska A, Banasiak L, Placek W, Maksymowicz W and Wojtkiewicz J. Therapeutic potential of stem cells in follicle regeneration. *Stem Cells Int*. 2018;1:234-239.

Peplow PV and Chatterjee MP. A review of the influence of growth factors and cytokines in *in vitro* human keratinocyte migration. *Cytokin*. 2013; 62(1):1-21.

Rajan BM and Kannabiran K. Extraction and Identification of Antibacterial Secondary Metabolites from Marine *Streptomyces* sp. VITBRK2. *Int J Mol Cell Med*. 2014; 3(3):130-137.

Sasmita M, Ankita A, Abhijit M. Antibacterial activity of Antimicrobial peptide (AMP) Grafted polystyrene surface. *Advances in Polymer Science and Technology*, 2018;2:39-46.

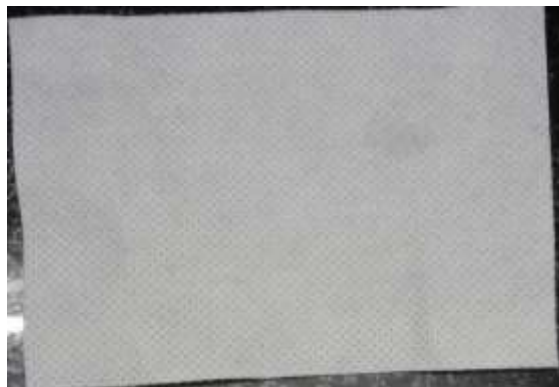
Srinivasa Rao Bolla, Abeer Mohammed Al-Subaie, Reem Yousuf Al-Jindan, *In vitro* wound healing potency of methanolic leaf extract of *Aristolochia saccata* is possibly mediated by its stimulatory effect on collagen-1 expression, *Heliyon*, 2019; 5(5):641-648.

Vladimir Smrkolj, T Bailey, Tomaz Velnar. The Wound Healing Process: An Overview of the Cellular and Molecular Mechanisms. *J Int Med Res*, 2009;37(5):1528-1542.

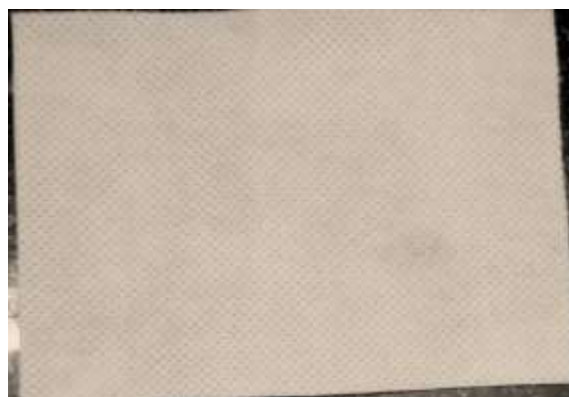
Won JY, Lee MH, Kim MJ, Min KH, Ahn G, Han JS, Jin S, Yun WS and Shim, JH. A potential dermal substitute using decellularized dermis extracellular matrix derived bio-ink. *Artif Cells Nanomed Biotechnol*, 2019;47:644-649.



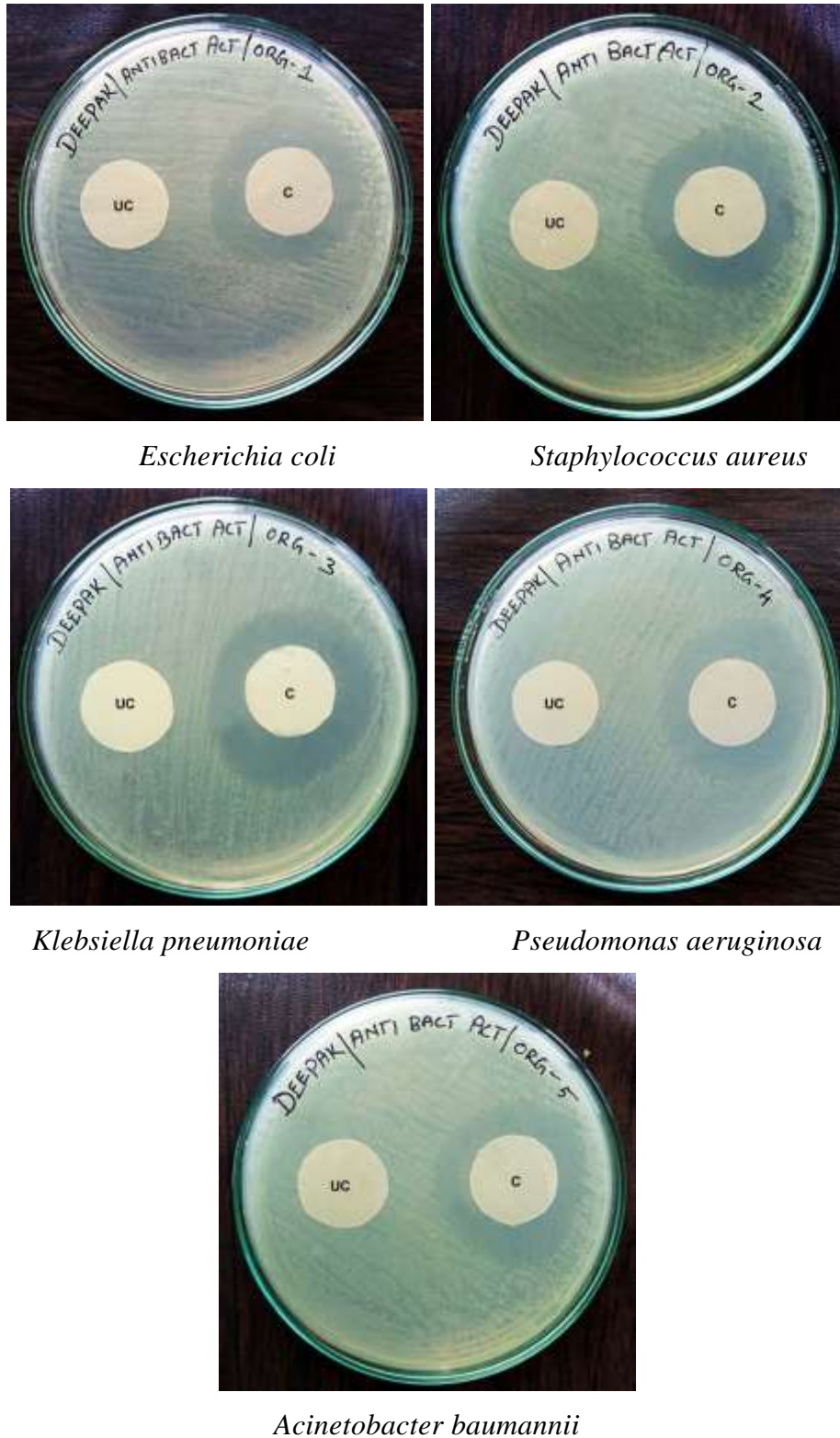
**Fig. 1:** *Carangoides malabaricus* fish for extraction of AMP



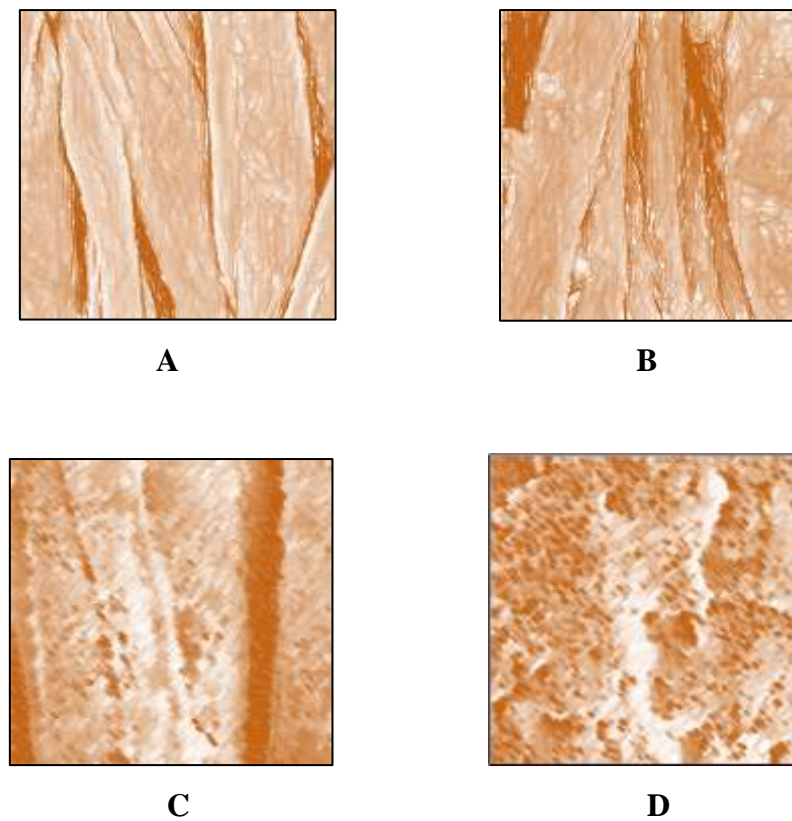
**Fig. 2:** Non-woven wound dressing mesh used in the study



**Fig. 3:** Wound dressing mesh coated with AMP conjugates and PVA



**Fig. 4: Antibacterial activity of AMPs + PVA coated mesh samples**  
(UC: Uncoated C: Coated)



**Fig. 5: L<sub>929</sub> fibroblast cell proliferation and adhesion**

- A: L<sub>929</sub>fibroblast cell development on wound dressing mesh at 0<sup>th</sup> hour  
(No cell growth)
- B: L<sub>929</sub>fibroblast cell development on wound dressing mesh after 6<sup>th</sup> hour  
(Partial cell growth)
- C: L<sub>929</sub>fibroblast cell development on wound dressing mesh after 12<sup>th</sup> hour  
(Cell attachment evident)
- D: L<sub>929</sub>fibroblast cell development on wound dressing mesh after 24<sup>th</sup> hour  
(Proliferated cell covering the entire surface and interstices of the fibre)



Fig. 6A: Control (Distilled water)



Fig. 6B: Sample (100µg)

**Fig. 6: Self-wound healing scratch assay: *In vitro* Wound Scratch Assay****Table-1: Qualitative antibacterial activity of AMPs + PVA coated materials**

S. No	Test organism	Zone of inhibition (mm)
		AMPs + PVA coated*
1	<i>Escherichia coli</i>	32.1 ± 0.56
2	<i>Staphylococcus aureus</i>	31.3 ± 1.25
3	<i>Klebsiella pneumoniae</i>	26.3 ± 1.04
4	<i>Pseudomonas aeruginosa</i>	29.3 ± 0.56
5	<i>Acinetobacter baumannii</i>	30.1 ± 1.25