# Investigation and review on the efficacy of super-oxidized solution (HYDROCYN aqua®) against biofilm









Authors:

Harikrishna KR Nair, Shudipta Choudhury, Kamaleswaran Ramachandram, Nor Afifah Supardy, Ranjeni Krishnen

### Harikrishna KR Nair is

Consultant of Wound Care Unit, Department of Internal Medicine, Kuala Lumpur Hospital, Malaysia; Shudipta Choudhury is CEO at Vigilenz Medical Devices Sdn Bhd, Malaysia; Kamaleswaran Ramachandram is General Manager at Vigilenz Medical Devices Sdn Bhd, Malaysia, Nor Afifah Supardy is Research and Development Executive (Microbiology) at Vigilenz Medical Devices Sdn Bhd, Malaysia, Ranjeni Krishnen is Research and Development Executive at Vigilenz Medical Devices Sdn Bhd, Malaysia

Super-oxidized solution (SOS) is widely known for its effectiveness in aiding chronic wounds to heal compared with other traditional antiseptic solutions. There is a growing body of literature that recognizes the role of SOS in wound management, but studies on their efficacy toward biofilms are scarce. In this paper, we provide a short review on the effectiveness of SOS in biofilm removal. In addition, SOS (HYDROCYN aqua®) was tested against *Pseudomonas aeruginosa* biofilm and achieved more than 99.999% reduction of biofilm within 15 minutes of exposure. Within the confines of this review, SOS was found to be effective in eradicating biofilms.

or centuries, infections have been one of the critical challenges faced by millions of people globally and are categorized by the types of microbes (biological agents) involved. Biofilm development within chronic wounds and medical device-related infections are a leading cause of patient morbidity and mortality and pose a huge threat to healthcare services (Tenke et al, 2017; Zimmerli and Sendi, 2017). Römling and Balsalobre (2012) have mentioned that up to 80% of chronic bacterial infections are involving the formation of biofilms by the associated microorganisms.

The most prevalent cause of biofilmassociated infections in hospitals are Enterococcus faecalis, Staphylococcus aureus, Staphylococcus epidermidis, Streptococcus viridians, Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, and Pseudomonas aeruginosa (Donlan, 2001). Generally, biofilm forms following expression of adhesins by planktonic (free-floating) microorganisms and then develop on the surface of the wound or medical device. The construction of an extracellular polymeric substances (EPS) by the microbes provides a three-dimensional structure (Bjarnsholt, 2013) that acts as a protective barrier to the embedded bacterial cells from cellular or chemical attack. Therefore, biofilms are known to be resistant to antibiotic as well as

immune response, thus challenging the clinical treatment of chronic infections (Wu et al, 2014).

Currently, anti-biofilm strategies mainly focus on the disruption of the biofilm forming process by active anti-biofilm agents (Kiedrowski and Horswill, 2011; Ma et al, 2012) or repelling the biofilm formation through bioengineering approaches, such as the anti-biofilm coatings (Otto, 2008). Despite the success of anti-biofilm technologies, patients remain at risk of developing infections in the wound. Hence, there is a need for an antiseptic solution that is effective against biofilms.

# Role of super-oxidized solution (SOS) in biofilm eradication

Recently, SOS was introduced as a wound rinse owing to its broad spectrum of activity. Most studies have demonstrated that SOS is effective in killing planktonic cells (Huang et al, 2008; Gunaydin et al, 2014), but very little attention has been paid to the role of SOS in destroying biofilms. Conventionally, SOS is produced by applying an electric current to the salt water through the electrolysis process, yielding hypochlorous acid (HOCI), hypochlorite ions (ClO<sup>-</sup>), dissolved oxygen, ozone, and superoxide radicals (Gunaydin et al, 2014). SOS is stable, harmless to mammalian cells, inexpensive, and primarily it is excellent in killing microorganisms, including Gram-positive and Gram-negative

bacteria, fungi, and yeast (Wang et al, 2007; Sauer et al, 2009; Eftekharizadeh et al, 2016). Examples of SOS-susceptible bacteria are Staphylococcus aureus, Kiebsiella pneumoniae, Escherichia coli, Acinetobacter baumannii, and Enterococcus faecalis, whilst fungi and yeast are Candida albicans, Candida tropicalis, Candida parapsolosis, Trichosporon spp. and Aspergillus spp (Gunaydin et al, 2014; Ünal et al, 2014; Gupta et al, 2017).

Previous research findings have highlighted that the main antimicrobial components of SOS is the HOCI (Selkon et al, 1999; Wang et al, 2007; Sakarya et al, 2014) and sodium chlorite (NaClO<sub>2</sub>) (Chen et al, 2013). In the mammalian immune system, HOCI is produced naturally by neutrophils responsible for attacking and fighting against invading pathogens (Wyatt et al, 2014). Based on existing literature investigations, HOCI exerts its antimicrobial and anti-biofilm activities through different modes of action, including penetrating bacterial cell wall and reacting with enzymes to prevent normal respiration (Banwart, 1989); inhibition of RNA and DNA synthesis that will result in disruption of bacterial cell's function (Armstrong et al, 2015), disaggregation of biofilms (Sauer et al, 2009); and electrostatic attraction between neutrally charged HOCI and negatively charged surface of bacterial barrier (Pintaric et al, 2015).

using SOS and HOCI. As shown in the table, the studies found that HOCI in SOS has a pivotal role in biofilm eradication. Sauer et al (2009) have conducted a study to test the effectiveness of pH neutral-SOSs to combat both planktonic and biofilm cells of Pseudomonas aeruginosa. In this study, three different types of SOSs were tested (OIS-80, OIS-125, and OIS-200) at different oxychlorine concentrations (80, 125, 200 ppm). The efficacy of these three SOSs in eliminating Pseudomonas aeruginosa biofilms were analyzed quantitatively through a colonyforming unit (CFU) count and qualitatively by confocal laser scanning microscopy (CLSM) visualization. Matured biofilms (6 days old) were established on the interior surfaces of Masterflex silicone tubing and subsequently treated with the three SOSs for 60 mins. Results showed that treatment with OIS-80 and OIS-200 successfully reduced the biofilm viability by 50% within 10 min and 2.5 min, respectively. As the treatment time increased from 5 min to 30 min to 60 min, the value of log reduction of biofilm increased from 0.5 to ~2.5 to 3.3. This indicates that reduction in the number of biofilm viable cells increased from <90% reduction to ~99% to ~99.9% as the treatment time prolonged.

Under the CLSM observations, biofilms treated with OIS-200 showed an increase in the number of red stained cells (dead cells),

Table 1. Studies carried out in treating biofilm using super-oxidized solution (SOS) and hypochlorous acid solution (HOCI)							
Title	Objective	Type of Microorganism	Result/Performance				
Solutions of 125 and 200 ppm concentration enhanced the disaggregation of biofilms	Pseudomonas aeruginosa	Determine the efficacy of three SOSs varying in oxychlorine concentration	Neutral super-oxidized solutions are effective in killing <i>Pseudomonas</i> <i>aeruginosa</i> biofilms (Sauer et al, 2009)				
Stable HOCI solution decreased the amount of biofilm, and the microorganisms within the biofilm with the dose-dependent manner depending on species	Staphylococcus aureus, Pseudomonas aeruginosa, Candida albicans	Investigate the effect of stabilized HOCI on biofilm formation	Hypochlorous acid: an ideal wound care agent with powerful microbicidal, antibiofilm, and wound healing potency (Sakarya et al, 2014)				
Super-oxidized water demonstrated a remarkable and similar bactericidal effect as compared to the traditional NaOCI solution against <i>Enterococcus faecalis</i> biofilms	Enterococcus faecalis	Investigate the antibacterial effects of super-oxidized water in root canals infected	Antibacterial efficacy of super-oxidized water on <i>Enterococcus faecalis</i> biofilms in root canal (Zan et al, 2016)				
HOCI significantly lowered the LPS concentration of <i>Porphyromonas gingivalis</i> when compared with NaOCI and CHX	Escherichia coli, Porphyromonas gingivalis, Enterococcus faecalis, Streptococcus sanguinis	Examine anti-biofilm efficiency of HOCI, sodium hypochlorite (NaOCI) and chlorhexidine (CHX)	Effectiveness of HOCI to reduce the biofilms on titanium alloy surfaces <i>in vitro</i> (Chen et al, 2016)				
Stabilized hypochlorous acid was the only solution tested capable of eradicating <i>Ralstonia</i> <i>pickettii</i> biofilm on all implant surfaces tested within the first five-minute soak time	Ralstonia pickettii	Evaluate the effectiveness of four antimicrobial solutions on biofilm	Preliminary results of the use of a stabilized HOCI solution in the management of <i>Ralstonia pickettii</i> biofilm on silicone breast implants (Brindle et al, 2017)				
Electrolyzed water effectively removes bacterial biofilms within short exposure time	Staphylococcus aureus, Pseudomonas aeruginosa	Assess new formulated electrolysed water on biofilm removal	The efficacy of an electrolysed water formulation on biofilms (Brindle et al, 2017)				

Table 1 lists studies conducted on biofilms

destruction of the three-dimensional structure of the biofilms and reduction in overall biomass attached to the substrate. The disaggregated biofilm structure has allowed the microbial colonies to detach and disperse from the EPS matrices, thus increasing their susceptibility towards the SOS. The authors proposed that the SOS might exert its anti-biofilm action through several modes of action, including the impairment of cell membrane, inactivation of cytoplasmic enzymes, and presence of chlorine-based free radicals that tend to attack the DNA, RNA, and proteins. However, the true mechanism of anti-biofilm action of OIS-200 against the tested Pseudomonas aeruginosa is unknown.

Apart from that, Chen et al (2016) has conducted an in vitro anti-biofilm study of HOCI, sodium hypochlorite (NaOCI) and chlorhexidine (CHX); three main components of SOS. These compounds were tested against Gram-positive (Enterococcus faecalis and Streptococcus sanguinis) and Gram-negative (Escherichia coli and Porphyromonas gingivalis) bacterial biofilms at different SOS volumes and treatment times. Among the three components, HOCI appeared to be the most effective anti-biofilm compound against all tested bacteria. Moreover, the antimicrobial activity of HOCI was volume-dependent and also time-dependent. The 4:1 volume ratio of HOCI to bacterial solution completely killed the bacteria.

The three compounds were also tested on their efficiency to eliminate biofilmcontaminated implant surfaces (titanium alloy). Indeed, HOCI was the most effective in removing biofilm from contaminated implants as compared to NaOCI and CHX. The concentration of HOCI tested was 0.018%, whilst NaOCI and CHX were 1.3% and 0.2%, respectively. Chen et al (2016) found that HOCI is effective as both an antimicrobial and biofilm remover, even at lower concentration than those NaOCI and CHX. This finding is consistent with that of Sakarya et al (2014) who conducted a study on stabilized HOCI solution against different types of biofilms (Staphylococcus aureus, Pseudomonas aeruginosa, Candida albicans). Results demonstrated that treatment with HOCI successfully decreased the amount of biofilms and embedded microbial cells within the biofilms, with the dose-dependent manner and depending on the species.

Besides, newly formulated electrolyzed water (EW) was tested *in vitro* against biofilms

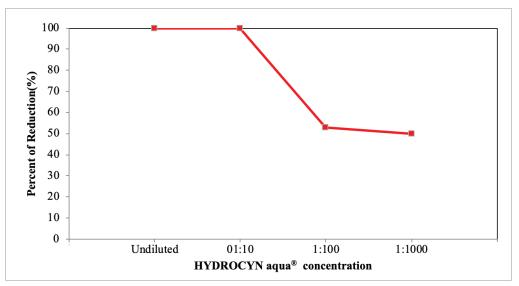
of Staphylococcus aureus and Pseudomonas aeruginosa (Salisbury and Percival, 2018). This EW consisted of HOCI, CIO<sup>-</sup>, hydroperoxyl (HO<sub>2</sub>), hydroxide (OH<sup>-</sup>), and hydrogen peroxide  $(H_2O_2)$ , chlorine (Cl) and singlet oxygen. In the test, 48-hr biofilms of Staphylococcus aureus and Pseudomonas aeruginosa were developed on polycarbonate coupons. The biofilm of each strain was treated with EW at concentrations of 100%, 75%, 50%, 25% and at three different contact times (5, 15, and 60 mins). Post-treatment, the biofilm density was determined through bacterial enumeration of the disaggregated biofilms. At 100, 75, 50, and 25% of EW concentrations, biofilms of Staphylococcus aureus and Pseudomonas aeruginosa were significantly reduced within 5 mins of contact time. It has been suggested that HOCI and CIO<sup>-</sup> are the primary components in eradicating biofilms (Sakarya et al, 2014; Chen et al, 2016; Salisbury and Percival, 2018).

## *In-vitro* study of SOS (HYDROCYN aqua®) efficacy against *Pseudomonas aeruginosa* biofilm

HYDROCYN aqua® is an advanced wound wash solution with electrolyzed SOS. The components of this particular SOS are HOCI, sodium hypochlorite (NaOCI), sodium chloride (NaCl) and purified water. HYDROCYN aqua® has been tested and proven to be effective against biofilms of Pseudomonas aeruginosa ATCC 15442, according to the method of E2799-12: Standard Test Method for Testing Disinfectant Efficacy using the MBEC Assay. Pseudomonas aeruginosa ATCC 15442 is a common strain widely used in anti-biofilm studies due to its capability to produce confluent biofilms (Harrison et al, 2008; Sauer et al, 2009; Lineback et al, 2018). During the test, Pseudomonas aeruginosa ATCC 15442 biofilm was established for 24 hrs on pegs in a 96-well plate and exposed to the HYDROCYN aqua® solution at different concentrations (100%, 10%, 1%, and 0.1%). In the posttreatment, the number of surviving cells in the biofilms were quantified by cultivation and optical density measurements. The number of surviving microorganisms were compared with a control sample in which the solution was replaced with buffer solution.

Table 2 shows the test results of HYDROCYN aqua® efficacy at different concentrations against *Pseudomonas aeruginosa* ATCC 15422 biofilm. It is apparent from the table that undiluted and 1:10 dilution HYDROCYN

Table 2. Test results of HYDROCYN aqua <sup>®</sup> efficacy at different concentrations against biofilms of <i>Pseudomonas aeruginosa</i> ATCC 15422					
Percent of Reduction (%)	Log Reduction (initial – surviving)	Surviving biofilm population (CFU/ mm <sup>2</sup> )	Initial biofilm population (CFU/ mm <sup>2</sup> ) Sample concentrations		
99.999	≥ 5.95	< 1		Undiluted	
99.999	≥ 5.95	< 1	9.01 x 10⁵	1:10	
3.21	53.00	5.6 x 10 <sup>2</sup>	9.01 X 10	1:100	
50.00	2.98	9.5 x 10 <sup>2</sup>		1:1000	



*Figure 1: Percentage of Pseudomonas aeruginosa ATCC 15422 biofilm reduction at different HYDROCYN aqua® concentrations* 

aqua® significantly eradicated *Pseudomonas aeruginosa* ATCC 15422 biofilms with 99.999% of reduction from the initial population size. The efficacy of HYDROCYN aqua® in removing biofilm reduces as the concentration decreases *[Figure 1]*. In fact, the presence of HOCI as an active compound in the HYDROCYN aqua® plays the prime role in eradicating the biofilms. These results are in accord with those of previous studies indicating that super-oxidized solution has potential in eradicating biofilm (Sauer et al, 2009; Chen et al, 2016, Salisbury and Percival, 2018).

### Conclusion

All the studies included in this review suggest that SOS is effective in eradicating biofilm. Super-oxidized water has been introduced in recent years as one of the effective antimicrobial solutions compared to the conventional solutions like bromine solution that are cytotoxic to cells or tissues. The major component that demonstrated its effectiveness in eradicating biofilms is HOCI, which is produced naturally by white blood cells to combat pathogenic microbes (attacking the microbe cell membrane by dissolving protective membrane's biofilm). HOCl is present and serves as the active component in HYDROCYN aqua®; therefore, affirms the clinical application of HYDROCYN aqua® (super-oxidizing solution) in eradicating bacterial loads and biofilms without cytotoxic effects. Moreover, HYDROCYN aqua® was able to remove 99.999% of *Pseudomonas aeruginosa* ATCC 15422 biofilm based on this *in-vitro* study. The results of this research support the idea that SOS (HYDROCYN aqua®) is an ideal choice for treatment of wound biofilm including chronic and infected surgical or burn wounds.

#### References

- Armstrong DG, Bohn G, Glat P, Kavros et al (2015) Expert recommendations for the use of hypochlorous solution. Science and Clinical Application. *Ostomy Wound Manag* 61 (5): S2–S19
- Banwart GJ (1989) Control of microorganisms by retarding growth. In: *Basic Food Microbiology*. Springer, Boston, MA, PA: 545–50
- Bjarnsholt T (2013) The role of bacterial biofilms in chronic infections. APMIS 121: 1–58

- Brindle C, Porter S, Bijlani K et al (2017) Preliminary results of the use of a stabilized hypochlorous acid solution in the management of Ralstonia pickettii biofilm on silicone breast implants. *Aesthet Surg J* 38(2): S52–61
- Chen C, Chen C, Ding S (2016) Effectiveness of hypochlorous acid to reduce the biofilms on titanium alloy surfaces in vitro. *Int J Mol Sci* 17: E1161
- Chen X, Li P, Wang X et al (2013) Ex vivo antimicrobial efficacy of strong acid electrolytic water against Enterococcus faecalis biofilm. *Int Endod* J 46: 938–46
- Donlan RM (2001) Biofilms and device-associated infections. *Emerg Infect Dis* 7(2): 277–81
- Eftekharizadeh F, Dehnavieh R, Noori Hekmat et al (2016) Health technology assessment on super oxidized water for treatment of chronic wounds. *Med J Islam Repub Iran* 30: 384
- Gupta MK, Prakash P, Bharti S et al (2017) Superoxidised water: a promisisng disinfectant against bacterial and fungal pathogens. *Arch Pathol Lab Med* 4(1): A-19-A-22
- Gunaydin M, Esen S, Karadag A et al (2014) In vitro antimicrobial activity of Medilox<sup>®</sup> super-oxidized water. *Ann Clin Microbiol Antimicrob* 2014: 13–a29
- Harrison JJ, Turner RJ, Joo DA et al (2008). Copper and quaternary ammonium cations exert synergistic bactericidal and antibiofilm activity against Pseudomonas aeruginosa. Antimicrob Agents Chemother 52(8): 2870–82
- Huang Y–R, Hung YC, Hsu S-Y et al (2008) Application of electrolyzed water in the food industry. *Food Control* 19: 329–45
- Kiedrowski MR, Horswill, AR (2011) New approaches for treating staphylococcal biofilm infections. *Ann NY Acad Sci* 1241: 104–21
- Lineback CB, Nkemngong CA, Wu ST et al (2018) Hydrogen peroxide and sodium hypochlorite disinfectants are more effective against Staphylococcus aureus and Pseudomonas aeruginosa biofilms than quaternary ammonium compounds. *Antimicrob Resist Infect Control* 7: 154
- Ma Y, Chen M, Jones JE et al (2012) Inhibition of Staphylococcus epidermidis biofilm by trimethylsilane plasma coating. *Antimicrob Agents Chemother* 56: 5923–37
- Otto M (2008) Staphylococcal biofilms. Curr Top Microbiol and Immunol 322: 207–28
- Pintaric R, Matela J, Pintaric S (2015) Suitability of electrolyzed oxidizing water for the disinfection of hard

- surfaces and equipment in radiology. *J Environ Health Sci Eng* 2015: 13: 6
- Römling, U, Balsalobre C (2012) Biofilm infections, their resilience to therapy and innovative treatment strategies. J Intern Med 272 6: 541–61
- Sakarya S, Gunay N, Karakulak M et al (2014) Hypochlorous acid: an ideal wound care agent with powerful microbicidal, antibiofilm, and wound healing potency. *Wounds* 26(12): 342–50
- Salisbury AM, Percival SL (2018) The efficacy of an electrolysed water formulation on biofilms. In: *Advances in Experimental Medicine and Biology.* Springer, New York, PA: 1–8
- Sauer K, Thatcher E, Northey R et al (2009) Neutral superoxidised solutions are effective in killing P. aeruginosa biofilms. *Biofouling* 25: 45–54
- Selkon JB, Babb JR, Morris R (1999) Evaluation of the antimicrobial activity of a new super-oxidized water, Sterilox<sup>®</sup>, for the disinfection of endoscopes. *J Hosp Infect* 41(1): 59–70
- Tenke P, Mezei T, Bőde I et al (2017) Catheter-associated urinary tract infections. *Eur Urol Suppl* 16(4): 138–43
- Ünal N, Karadağ A, Yanık K et al (2014). Analysis of in vitro efficiency of electrolyzed water against fungi species frequently detected in nosocomial infections. Univers J Microbiol Res 2(3): 50–5
- Wang L, Bassiri M, Najafi R et al (2007). Hypochlorous acid as potential wound care agent. Part I. Stabilized Hypochlorous acid: A component of the inorganic armamentarium of innate immunity. *J Burns Wounds* 6: e5
- Wu H, Moser C, Wang HZ et al (2014) Strategies for combating bacterial biofilm infections. *Int J Oral Sci* 7: 1–7
- Wyatt AR, Kumita JR, Mifsud RW et al (2014) Hypochloriteinduced structural modifications enhance the chaperone activity of human α2-macroglobulin. *Proc Natl Acad Sci USA* 111(20): E2081–90
- Zan R, Alacam T, Hubbezoglu I et al (2016) Antibacterial efficacy of super-oxidized water on Enterococcus faecalis biofilms in root canal. *Jundishapur J Microbiol* 9(9): e30000
- Zimmerli W, Sendi P (2017) Orthopaedic biofilm infections. J Pathol Microbiol Immunol 125(4): 353–64