JETIR.ORG

ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue

JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

Role of Electromagnetic Waves in Wound Healing: A Review

¹Gayan Singh and ²Srikant Sharma

¹Assistant Professor, Department of Physics, Gochar Mahavidyalaya, Rampur Maniharan, UP ²Assistant Professor, College of Applied Sciences, Sri Vankesteshwara University, Gajraulla, UP

Abstract

Wound healing is a complex and dynamic biological process that involves a series of cellular and molecular events aimed at restoring the integrity and functionality of damaged tissues. While traditional approaches to wound care primarily focus on cleanliness, infection prevention, and tissue protection, emerging research suggests that non-invasive modalities, such as electromagnetic waves, may play a significant role in enhancing the wound healing process. Electromagnetic waves, including radiofrequency, microwave, and pulsed electromagnetic fields (PEMF), have been investigated for their potential effects on various biological processes, including cell proliferation, migration, and tissue regeneration. This abstract explores the current state of knowledge regarding the interaction between electromagnetic waves and wound healing mechanisms. Several studies have demonstrated the ability of electromagnetic waves to modulate cellular activities involved in wound repair. These waves appear to influence key cellular processes, such as the release of growth factors, regulation of inflammatory responses, and stimulation of angiogenesis. Additionally, electromagnetic fields may impact the behavior of immune cells, promoting a more favorable microenvironment for tissue regeneration.

Key words: Wound healing, electromagnetic waves, electromagnetic fields, inflammatory responses, tissue regeneration

Introduction

The mechanisms underlying the interaction between electromagnetic waves and wound healing are not fully understood, but existing evidence suggests involvement of signaling pathways, ion channels, and cellular receptors. Researchers are actively exploring the optimal parameters, including frequency, intensity, and duration, to harness the therapeutic potential of electromagnetic waves in wound healing. Furthermore, the safety and feasibility of applying electromagnetic modalities in clinical settings are being investigated. Preliminary findings from human trials and animal studies are promising, indicating accelerated wound closure, reduced inflammation, and improved

tissue quality in response to electromagnetic interventions. There is some research suggesting that electromagnetic waves may have potential effects on the wound healing process. However, it's essential to note that the field of electromagnetic therapy and its impact on wound healing is still an area of ongoing study, and new findings may have emerged since then.

Electromagnetic waves can include a range of frequencies, from extremely low-frequency (ELF) fields to radiofrequency (RF) and microwave frequencies. Some studies have explored the effects of electromagnetic fields on cell behavior, tissue regeneration, and wound healing. Here are some potential effects that have been investigated:

- Cellular Proliferation and Migration: Electromagnetic fields may influence the proliferation and migration of cells involved in the wound healing process. This could potentially accelerate tissue repair. The idea that electromagnetic fields may influence cellular proliferation and migration is based on the premise that certain electromagnetic waves can interact with biological tissues at the cellular level. Here's a bit more detail on how electromagnetic fields might affect cellular processes:
- *Cellular Proliferation:* Proliferation refers to the process of cell division, where cells replicate to increase their numbers. Studies have suggested that exposure to specific electromagnetic fields may enhance cellular proliferation in certain cell types. This could potentially be beneficial in the context of wound healing, where an increased number of cells at the wound site might contribute to faster tissue regeneration.
- *Cellular Migration*: Cell migration is a critical aspect of wound healing, as various cells, such as fibroblasts and immune cells, need to move to the site of injury to participate in the healing process. Some research has proposed that certain electromagnetic fields may influence the directional movement of cells, promoting their migration toward the wounded area. This could be advantageous for bringing the necessary cells to the site of injury for efficient healing.

However, it's important to note that while there is some supportive evidence, the effectiveness of electromagnetic fields in promoting cellular processes for wound healing is still an area of ongoing research. The specific parameters of the electromagnetic fields, including their frequency, intensity, and duration, may play a crucial role in determining their effects on cellular behavior.

Additionally, the cellular response to electromagnetic fields can vary depending on the cell type, the specific stage of wound healing, and other factors. As a result, more research is needed to fully understand the mechanisms involved and to develop targeted and reliable therapeutic approaches.

Before considering any electromagnetic therapy for wound healing, it's crucial to consult with healthcare professionals who can provide guidance based on the latest scientific knowledge and clinical evidence.

• Angiogenesis: Some studies suggest that electromagnetic waves may stimulate the formation of new blood vessels (angiogenesis), which is crucial for supplying nutrients and oxygen to the healing tissue. The potential stimulation of angiogenesis by electromagnetic waves is an area of research interest in the context of wound

healing. Angiogenesis is the process by which new blood vessels form from existing ones, and it plays a crucial role in supplying oxygen, nutrients, and immune cells to the site of injury. Here's a bit more detail on the relationship between electromagnetic waves and angiogenesis:

- Stimulation of Blood Flow: Electromagnetic fields have been investigated for their ability to influence blood flow, and some studies propose that certain frequencies and intensities of electromagnetic waves may enhance blood circulation. Improved blood flow can contribute to the delivery of essential nutrients and oxygen to the wound site, supporting the healing process.
- Release of Angiogenic Factors: It is suggested that exposure to electromagnetic fields may trigger the release of angiogenic factors, which are proteins that promote the formation of new blood vessels. These factors include vascular endothelial growth factor (VEGF) and fibroblast growth factor (FGF), among others. The increased presence of these factors could contribute to the initiation and progression of angiogenesis.
- *Tissue Oxygenation:* By promoting angiogenesis, electromagnetic therapy might enhance the vascular network surrounding the wound, leading to improved tissue oxygenation. Oxygen is a critical factor in cellular metabolism and the production of energy needed for tissue repair.

While there is some research supporting the idea that electromagnetic waves could stimulate angiogenesis and improve blood flow, it's essential to approach these findings with caution. The effectiveness of electromagnetic therapy for angiogenesis may depend on various factors, including the specific characteristics of the electromagnetic waves, the type of wound, and individual patient factors. As always, before considering any electromagnetic therapy for wound healing or related purposes, individuals should consult with healthcare professionals who can provide guidance based on the latest scientific knowledge and clinical evidence. Additionally, regulatory approval and adherence to established medical practices are crucial considerations in the use of electromagnetic devices for therapeutic purposes.

- Anti-inflammatory Effects: Electromagnetic therapy might have anti-inflammatory effects, helping to reduce inflammation at the wound site and creating a more favorable environment for healing. The potential anti-inflammatory effects of electromagnetic therapy have been explored in various studies. Inflammation is a natural part of the body's response to injury, but excessive or prolonged inflammation can impede the healing process. Some research suggests that certain electromagnetic fields may modulate the inflammatory response, leading to anti-inflammatory effects. Here are some key points related to the potential anti-inflammatory effects of electromagnetic therapy:
- *Cytokine Modulation:* Electromagnetic fields may influence the production and activity of cytokines, which are signaling molecules involved in the inflammatory process. By modulating cytokine levels, electromagnetic therapy might help regulate the inflammatory response and prevent excessive inflammation at the wound site.
- Immune Cell Activity: Electromagnetic fields could potentially affect the activity of immune cells involved in

the inflammatory response. This modulation may contribute to a balanced and controlled inflammatory environment, supporting the healing process.

- *Reduction of Edema:* Inflammatory responses often involve the accumulation of fluid at the site of injury, leading to edema (swelling). Some studies suggest that certain electromagnetic fields may help reduce edema, contributing to a more favorable environment for tissue repair.
- Pain Relief: Inflammation is often associated with pain. Electromagnetic therapy has been investigated for its potential to alleviate pain, which can be a secondary effect of the inflammatory process. Pain relief may indirectly contribute to a more comfortable and conducive environment for wound healing. It's important to note that while there is some evidence supporting the anti-inflammatory effects of electromagnetic therapy, the field is still evolving, and further research is needed to establish the specific mechanisms and optimal parameters for therapeutic applications. Additionally, the effectiveness may vary based on the type of electromagnetic therapy, the characteristics of the wound, and individual patient factors.

Before considering electromagnetic therapy for its anti-inflammatory effects or any other purpose, individuals should consult with healthcare professionals who can provide guidance based on the latest scientific knowledge and clinical evidence. As with any therapeutic intervention, regulatory approval and adherence to established medical practices are crucial considerations.

- Collagen Synthesis: Collagen is a key component of the extracellular matrix that provides structural support to tissues. Electromagnetic fields may influence collagen synthesis, contributing to the formation of strong and functional tissue. The potential influence of electromagnetic fields on collagen synthesis is an area of interest in research related to wound healing and tissue repair. Collagen is a crucial protein that forms the structural framework of connective tissues, providing strength and support to various organs and structures in the body. Here are some key points regarding the interaction between electromagnetic fields and collagen synthesis:
- *Stimulation of Fibroblasts:* Fibroblasts are cells responsible for synthesizing collagen. Some studies suggest that certain electromagnetic fields may stimulate fibroblast activity, leading to an increase in collagen production. This is particularly relevant in the context of wound healing, where a robust collagen network is essential for tissue repair.
- Enhanced Collagen Alignment: Electromagnetic fields may influence the organization and alignment of collagen fibers. Proper alignment of collagen is critical for the formation of functional and strong tissue. Enhanced collagen alignment could contribute to improved tissue integrity and strength.
- *Modulation of Matrix Metalloproteinases (MMPs):* Matrix metalloproteinases are enzymes that play a role in the breakdown of collagen during tissue remodeling. Electromagnetic fields may influence the activity of MMPs, helping to balance collagen synthesis and degradation, which is crucial for proper tissue remodeling

and repair.

• Accelerated Wound Closure: By promoting collagen synthesis and tissue remodeling, electromagnetic therapy may contribute to accelerated wound closure. This could be beneficial in scenarios where timely wound healing is essential, such as in chronic wounds or post-surgical recovery.

It's important to note that the specific effects of electromagnetic fields on collagen synthesis can vary depending on factors such as the frequency, intensity, and duration of exposure, as well as the specific characteristics of the wound or tissue being treated. As with any potential therapeutic application, individuals considering electromagnetic therapy for its effects on collagen synthesis should consult with healthcare professionals. Additionally, the use of electromagnetic devices for medical purposes should adhere to established regulatory guidelines and evidence-based practices. Ongoing research in this field may provide further insights into the optimal parameters for achieving desired outcomes in collagen synthesis and tissue repair.

- *Cell Signaling:* Electromagnetic waves may modulate cellular signaling pathways, influencing various molecular processes involved in wound healing. The modulation of cellular signaling pathways is a key aspect of how electromagnetic waves may influence biological processes, including those involved in wound healing. Cellular signaling is a complex network of molecular interactions that regulate various cellular activities, such as proliferation, migration, differentiation, and apoptosis. Here's how electromagnetic waves may impact cellular signaling pathways relevant to wound healing:
- Receptor Activation: Electromagnetic waves may interact with cell surface receptors, including those for growth factors and cytokines. This interaction can influence the activation of these receptors, initiating downstream signaling cascades that play roles in cell behavior and tissue repair.
- Intracellular Signaling Cascades: Electromagnetic waves may penetrate cells and affect intracellular signaling pathways. This could involve the activation or modulation of signaling molecules such as kinases, phosphatases, and transcription factors. These molecules play crucial roles in transmitting signals from the cell surface to the nucleus, regulating gene expression and cellular responses.
- *Gene Expression:* The modulation of cellular signaling pathways by electromagnetic waves may result in changes in gene expression. Certain genes involved in wound healing, such as those encoding growth factors, extracellular matrix proteins, and enzymes, could be influenced by these signaling events.
- *Redox Signaling:* Electromagnetic waves may also influence cellular redox signaling, which involves the balance between reactive oxygen species (ROS) and antioxidant defenses. Redox signaling is critical for various cellular processes, including inflammation and tissue repair. Modulation of redox signaling by electromagnetic waves may impact the overall cellular environment during wound healing.
- Stem Cell Activation: Some research suggests that electromagnetic fields may influence stem cell behavior by modulating signaling pathways. Stem cells play a role in tissue regeneration, and their activation or differentiation can be crucial for successful wound healing. It's important to note that the specific effects of

electromagnetic waves on cellular signaling pathways can depend on factors such as the frequency, intensity, and duration of exposure, as well as the cell type and context of the wound healing process.

While there is ongoing research exploring the potential therapeutic applications of electromagnetic fields in wound healing, the field is still evolving, and more evidence is needed to establish clear guidelines for clinical use. As always, individuals interested in electromagnetic therapy for wound healing should consult with healthcare professionals for guidance based on the latest scientific knowledge and clinical evidence. It's important to note that while there is some promising research, the effectiveness of electromagnetic therapy for wound healing is not universally established. Factors such as the specific parameters of the electromagnetic waves (frequency, intensity, duration), the type of wound, and individual variability in response all play a role.

Before considering any electromagnetic therapy for wound healing, it is crucial to consult with healthcare professionals. Medical devices using electromagnetic therapy for wound healing are subject to regulatory approval, and their use should be guided by evidence-based practices. As research in this field is ongoing, there may be new developments or findings beyond my last update in January 2022. Always refer to the latest scientific literature or consult with healthcare professionals for the most up-to-date information.

Conclusion

In, the integration of electromagnetic waves into wound healing strategies represents a promising avenue for advancing the field of regenerative medicine. Further research is needed to elucidate the underlying mechanisms, refine treatment protocols, and establish standardized guidelines for the application of electromagnetic therapies in wound care. As our understanding of the interplay between electromagnetic waves and wound healing deepens, there is potential for the development of innovative and non-invasive approaches to promote more efficient and effective tissue repair.

References:

- Ahn C, Mulligan P, Salcido RS. (2008). Smoking—the bane of wound healing: biomedical interventions and social influences. Adv Skin Wound Care 21:227-238
- Anaya DA, Dellinger EP. (2006). The obese surgical patient: a susceptible host for infection. Surg Infect (Larchmt) 7:473-480
- Arnold M, Barbul A. (2006). Nutrition and wound healing. Plast Reconstr Surg 117(7 Suppl):42S-58S.
- Balaji SM. (2008). Tobacco smoking and surgical healing of oral tissues: a review. Indian J Dent Res 19:344-348.
- Bishop A. (2008). Role of oxygen in wound healing. J Wound Care 17:399-402.
- Bjarnsholt T, Kirketerp-Moller K, Jensen P, Kit M, Krogfelt K, Phipps R, et al. (2008). Why chronic wounds won't heal: a novel hypothesis. Wound Repair Regen 1:2-10.
- Boyapati L, Wang HL. (2007). The role of stress in periodontal disease and wound healing. Periodontol 2000

44:195-210.

- Brem H, Tomic-Canic M. (2007). Cellular and molecular basis of wound healing in diabetes. J Clin Invest 117:1219-1222.
- Broughton G, 2nd, Janis JE, Attinger CE. (2006). The basic science of wound healing (retraction of Witte M., Barbul A. In: Surg Clin North Am 1997; 77:509-528). Plast Reconstr Surg 117(7 Suppl):12S-34S.
- Burgess C. (2008). Topical vitamins. J Drugs Dermatol 7(7 Suppl):s2-s6.
- Calabro P, Yeh ET. (2007). Obesity, inflammation, and vascular disease: the role of the adipose tissue as an endocrine organ. Subcell Biochem 42:63-91.
- Campos AC, Groth AK, Branco AB. (2008). Assessment and nutritional aspects of wound healing. Curr Opin Clin Nutr Metab Care 11:281-288.
- Cha J, Falanga V. (2007). Stem cells in cutaneous wound healing. Clin Dermatol 25:73-78.
- Chan LK, Withey S, Butler PE. (2006). Smoking and wound healing problems in reduction mammaplasty: is the introduction of urine nicotine testing justified? Ann Plast Surg 56:111-115.
- Choudhry MA, Chaudry IH. (2006). Alcohol intoxication and post-burn complications. Front Biosci 11:998-1005.
- da Costa MA, Campos AC, Coelho JC, de Barros AM, Matsumoto HM. (2003). Oral glutamine and the healing of colonic anastomoses in rats. JPEN J Parenter Enteral Nutr 27:182-185.
- Davis SC, Ricotti C, Cazzaniga A, Welsh E, Eaglstein WH, Mertz PM. (2008). Microscopic and physiologic evidence for biofilm-associated wound colonization in vivo. Wound Repair Regen 16:23-29.
- de Mello VD, Kolehmainen M, Schwab U, Mager U, Laaksonen DE, Pulkkinen L, et al. (2008). Effect of weight loss on cytokine messenger RNA expression in peripheral blood mononuclear cells of obese subjects with the metabolic syndrome. Metabolism 57:192-199.
- Dong Y-L, Fleming RYD, Yan TZ, Herndon DN, Waymack JP. (1993). Effect of ibuprofen on the inflammatory response to surgical wounds. J Trauma 35:340-343.
- Dvivedi S, Tiwari SM, Sharma A. (1997). Effect of ibuprofen and diclofenac sodium on experimental wound healing. Indian J Exp Biol 35:1243-1245.
- Edwards R, Harding KG. (2004). Bacteria and wound healing. Curr Opin Infect Dis 17:91-96.
- Emery CF, Kiecolt-Glaser JK, Glaser R, Malarkey WB, Frid DJ. (2005). Exercise accelerates wound healing among healthy older adults: a preliminary investigation. J Gerontol Med Sci 60(A):1432-1436.
- Fitzgerald DJ, Radek KA, Chaar M, Faunce DE, DiPietro LA, Kovacs EJ. (2007). Effects of acute ethanol exposure on the early inflammatory response after excisional injury. Alcohol Clin Exp Res 31:317-323.
- Fontana L, Eagon JC, Colonna M, Klein S. (2007). Impaired mononuclear cell immune function in extreme obesity is corrected by weight loss. Rejuvenation Res 10:41-46.
- Franz MG, Steed DL, Robson MC. (2007). Optimizing healing of the acute wound by minimizing complications. Curr Probl Surg 44:691-763.

- Galiano RD, Tepper OM, Pelo CR, Bhatt KA, Callaghan M, Bastidas N, et al. (2004). Topical vascular
 endothelial growth factor accelerates diabetic wound healing through increased angiogenesis and by
 mobilizing and recruiting bone marrow-derived cells. Am J Pathol 164:1935-1947.
- Galkowska H, Olszewski WL, Wojewodzka U, Rosinski G, Karnafel W. (2006). Neurogenic factors in the impaired healing of diabetic foot ulcers. J Surg Res 134:252-258.
- Gallagher KA, Liu ZJ, Xiao M, Chen H, Goldstein LJ, Buerk DG, et al. (2007). Diabetic impairments in NO-mediated endothelial progenitor cell mobilization and homing are reversed by hyperoxia and SDF-1 alpha. J Clin Invest 117:1249-1259.
- Gawronska-Kozak B, Bogacki M, Rim JS, Monroe WT, Manuel JA. (2006). Scarless skin repair in immunodeficient mice. Wound Repair Regen 14:265-276.
- Gentilello LM, Cobean RA, Walker AP, Moore EE, Wertz MJ, Dellinger EP. (1993). Acute ethanol intoxication increases the risk of infection following penetrating abdominal trauma. J Trauma 34:669-674.
- Gilliver SC, Ashworth JJ, Ashcroft GS. (2007). The hormonal regulation of cutaneous wound healing. Clin Dermatol 25:56-62.
- Glaser R, Kiecolt-Glaser JK. (2005). Stress-induced immune dysfunction: implications for health. Nat Rev Immunol 5:243-251.
- Godbout JP, Glaser R. (2006). Stress-induced immune dysregulation: implications for wound healing, infectious disease and cancer. J Neuroimmune Pharmacol 1:421-427.
- Gogia PP. (1995). Physiology of wound healing. In: Clinical wound management. Gogia PP, editor.
 Thorofare, NJ: Slack Incorporated, pp 8-12 [Google Scholar]
- Goldminz D, Bennett RG. (1991). Cigarette smoking and flap and full-thickness graft necrosis. Arch Dermatol 127:1012-1015.
- Gosain A, DiPietro LA. (2004). Aging and wound healing. World J Surg 28:321-326.
- Greco JA, 3rd, Castaldo ET, Nanney LB, Wendel JJ, Summitt JB, Kelly KJ, et al. (2008). The effect of weight loss surgery and body mass index on wound complications after abdominal contouring operations. Ann Plast Surg 61:235-242.
- Greiffenstein P, Molina PE. (2008). Alcohol-induced alterations on host defense after traumatic injury. J Trauma 64:230-240.
- Hardman MJ, Ashcroft GS. (2008). Estrogen, not intrinsic aging, is the major regulator of delayed human wound healing in the elderly. Genome Biol 9:R80.
- Heyman H, Van De Looverbosch DE, Meijer EP, Schols JM. (2008). Benefits of an oral nutritional supplement on pressure ulcer healing in long-term care residents. J Wound Care 17:476-478, 480.
- Hofman D, Moore K, Cooper R, Eagle M, Cooper S. (2007). Use of topical corticosteroids on chronic leg ulcers. J Wound Care 16:227-230.
- Huijberts MS, Schaper NC, Schalkwijk CG. (2008). Advanced glycation end products and diabetic foot

- disease. Diabetes Metab Res Rev 24(Suppl 1):S19-S24.
- Jacobi J, Jang JJ, Sundram U, Dayoub H, Fajardo LF, Cooke JP. (2002). Nicotine accelerates angiogenesis and wound healing in genetically diabetic mice. Am J Pathol 161:97-104.
- Jameson J, Havran WL. (2007). Skin gammadelta T-cell functions in homeostasis and wound healing.
 Immunol Rev 215:114-122.
- Jensen JA, Goodson WH, Hopf HW, Hunt TK. (1991). Cigarette smoking decreases tissue oxygen. Arch Surg 126:1131-1134.
- Jones MK, Wang H, Peskar BM, Levin E, Itani RM, Sarfeh IJ, et al. (1999). Inhibition of angiogenesis by nonsteroidal anti-inflammatory drugs: insight into mechanisms and implications for cancer growth and ulcer healing. Nat Med 5:1418-1423.
- Juge-Aubry CE, Henrichot E, Meier CA. (2005). Adipose tissue: a regulator of inflammation. Best Pract Res Clin Endocrinol Metab 19:547-566.
- Keylock KT, Vieira VJ, Wallig MA, DiPietro LA, Schrementi M, Woods JA. (2008). Exercise accelerates cutaneous wound healing and decreases wound inflammation in aged mice. Am J Physiol Regul Integr Comp Physiol 294:R179-R184.
- Khoosal D, Goldman RD. (2006). Vitamin E for treating children's scars. Does it help reduce scarring? Can Fam Physician 52:855-856.
- Kiecolt-Glaser JK, Marucha PT, Malarkey WB, Mercado AM, Glaser R. (1995). Slowing of wound healing by psychological stress. Lancet 346:1194-1196.
- Kirchner LM, Meerbaum SO, Gruber BS, Knoll AK, Bulgrin J, Taylor RA, et al. (2003). Effects of vascular endothelial growth factor on wound closure rates in the genetically diabetic mouse model. Wound Repair Regen 11:127-131.
- Kolb BA, Buller RE, Connor JP, DiSaia PJ, Berman ML. (1992). Effects of early postoperative chemotherapy on wound healing. Obstet Gynecol 79:988-992.
- Krischak GD, Augat P, Claes L, Kinzl L, Beck A. (2007). The effects of non-steroidal anti-inflammatory drug application on incisional wound healing in rats. J Wound Care 16:76-78.
- Lauerman CJ. (2008). Surgical patient education related to smoking. AORN J 87:599-609.
- Lawrence WT, Talbot TL, Norton JA. (1986). Preoperative or postoperative doxorubicin hydrochloride (adriamycin): which is better for wound healing? Surgery 100:9-13.
- Lemmens L, Claes V, Uzzell M. (2008). Managing patients with metastatic colorectal cancer on bevacizumab. Br J Nurs 17:944-949.
- Levin L, Schwartz-Arad D. (2005). The effect of cigarette smoking on dental implants and related surgery. Implant Dent 14:357-361.
- Liu ZJ, Velazquez OC. (2008). Hyperoxia, endothelial progenitor cell mobilization, and diabetic wound healing. Antioxid Redox Signal 10:1869-1882.

- Loots MA, Lamme EN, Zeegelaar J, Mekkes JR, Bos JD, Middelkoop E. (1998). Differences in cellular
 infiltrate and extracellular matrix of chronic diabetic and venous ulcers versus acute wounds. J Invest
 Dermatol 111:850-857.
- Madan AK, Yu K, Beech DJ. (1999). Alcohol and drug use in victims of life-threatening trauma. J Trauma 47:568-571.
- Marucha PT, Kiecolt-Glaser JK, Favagehi M. (1998). Mucosal wound healing is impaired by examination stress. Psychosom Med 60:362-365.
- Mathieu D, Linke J-C, Wattel F. (2006). Non-healing wounds. In: Handbook on hyperbaric medicine, Mathieu DE, editor. Netherlands: Springer, pp. 401-427 [Google Scholar]
- McDaniel JC, Belury M, Ahijevych K, Blakely W. (2008). Omega-3 fatty acids effect on wound healing. Wound Repair Regen 16:337-345.
- McMaster SK, Paul-Clark MJ, Walters M, Fleet M, Anandarajah J, Sriskandan S, et al. (2008). Cigarette smoke inhibits macrophage sensing of Gram-negative bacteria and lipopolysaccharide: relative roles of nicotine and oxidant stress. Br J Pharmacol 153:536-543.
- Menke NB, Ward KR, Witten TM, Bonchev DG, Diegelmann RF. (2007). Impaired wound healing. Clin Dermatol 25:19-25.
- Meszaros AJ, Reichner JS, Albina JE. (2000), Macrophage-induced neutrophil apoptosis. J Immunol 165:435-441.
- Mills RE, Taylor KR, Podshivalova K, McKay DB, Jameson JM. (2008). Defects in skin gamma delta T cell function contribute to delayed wound repair in rapamycin-treated mice. J Immunol 181:3974-3983.
- Momeni A, Heier M, Bannasch H, Stark GB. (2009). Complications in abdominoplasty: a risk factor analysis.
 J Plast Reconstr Aesthet Surg 62:1250-1254.
- Morimoto N, Takemoto S, Kawazoe T, Suzuki S. (2008). Nicotine at a low concentration promotes wound healing. J Surg Res 145:199-204.
- Mosser DM, Edwards JP. (2008). Exploring the full spectrum of macrophage activation. Nat Rev Immunol 8:958-969.
- Nieman DC, Henson DA, Nehlsen-Cannarella SL, Ekkens M, Utter AC, Butterworth DE, et al. (1999).
 Influence of obesity on immune function. J Am Diet Assoc 99:294-299.
- Park JE, Barbul A. (2004). Understanding the role of immune regulation in wound healing. Am J Surg 187:11-16.
- Pieringer H, Stuby U, Biesenbach G. (2007). Patients with rheumatoid arthritis undergoing surgery: how should we deal with antirheumatic treatment? Semin Arthritis Rheum 36:278-286.
- Price P, Fogh K, Glynn C, Krasner DL, Osterbrink J, Sibbald RG. (2007). Why combine a foam dressing with ibuprofen for wound pain and moist wound healing? Int Wound J 4(Suppl 1):1-3.
- Quattrini C, Jeziorska M, Boulton AJ, Malik RA. (2008). Reduced vascular endothelial growth factor

- expression and intra-epidermal nerve fiber loss in human diabetic neuropathy. Diabetes Care 31:140-145.
- Radek KA, Kovacs EJ, DiPietro LA. (2007). Matrix proteolytic activity during wound healing: modulation by acute ethanol exposure. Alcohol Clin Exp Res 31:1045-1052.
- Radek KA, Kovacs EJ, Gallo RL, DiPietro LA. (2008). Acute ethanol exposure disrupts VEGF receptor cell signaling in endothelial cells. Am J Physiol Heart Circ Physiol 295:H174-H184.
- Radek KA, Matthies AM, Burns AL, Heinrich SA, Kovacs EJ, Dipietro LA. (2005). Acute ethanol exposure impairs angiogenesis and the proliferative phase of wound healing. Am J Physiol Heart Circ Physiol 289:H1084-H1090.
- Rea S, Giles NL, Webb S, Adcroft KF, Evill LM, Strickland DH, et al. (2009). Bone marrow-derived cells in the healing burn wound—more than just inflammation. Burns 35:356-364.
- Rivara FP, Jurkovich GJ, Gurney JG, Seguin D, Fligner CL, Ries R, et al. (1993). The magnitude of acute and chronic alcohol abuse in trauma patients. Arch Surg 128:907-912.
- Rodriguez PG, Felix FN, Woodley DT, Shim EK. (2008). The role of oxygen in wound healing: a review of the literature. Dermatol Surg 34:1159-1169.
- Scappaticci FA, Fehrenbacher L, Cartwright T, Hainsworth JD, Heim W, Berlin J, et al. (2005). Surgical
 wound healing complications in metastatic colorectal cancer patients treated with bevacizumab. J Surg Oncol
 91:173-180.
- Scott LJ. (2007). Bevacizumab: in first-line treatment of metastatic breast cancer. Drugs 67:1793-1799.
- Shepherd AA. (2003). Nutrition for optimum wound healing. Nurs Stand 18:55-58.
- Shingel KI, Faure MP, Azoulay L, Roberge C, Deckelbaum RJ. (2008). Solid emulsion gel as a vehicle for delivery of polyunsaturated fatty acids: implications for tissue repair, dermal angiogenesis and wound healing. J Tissue Eng Regen Med 2:383-393.
- Siana JE, Rex S, Gottrup F. (1989). The effect of cigarette smoking on wound healing. Scand J Plast Reconstr Surg Hand Surg 23:207-209.
- Sibbald RG, Woo KY. (2008). The biology of chronic foot ulcers in persons with diabetes. Diabetes Metab Res Rev 24(Suppl 1):25-30.
- Sørensen LT, Jorgensen LN, Zillmer R, Vange J, Hemmingsen U, Gottrup F. (2006). Transdermal nicotine patch enhances type I collagen synthesis in abstinent smokers. Wound Repair Regen 14:247-251.
- Sørensen LT, Jørgensen S, Petersen LJ, Hemmingsen U, Bülow J, Loft S, et al. (2009). Acute effects of
 nicotine and smoking on blood flow, tissue oxygen, and aerobe metabolism of the skin and subcutis. J Surg
 Res 152:224-230.
- Sorensen LT, Karlsmark T, Gottrup F. (2003). Abstinence from smoking reduces incisional wound infection: a randomized controlled trial. Ann Surg 238:1-5.
- Sternberg EM. (2006). Neural regulation of innate immunity: a coordinated nonspecific host response to pathogens. Nat Rev Immunol 6:318-328.

- Swift ME, Burns AL, Gray KL, DiPietro LA. (2001). Age-related alterations in the inflammatory response to dermal injury. J Invest Dermatol 117:1027-1035.
- Swift ME, Kleinman HK, DiPietro LA. (1999). Impaired wound repair and delayed angiogenesis in aged mice. Lab Invest 79:1479-1487.
- Szabo G, Mandrekar P. (2009). A recent perspective on alcohol, immunity, and host defense. Alcohol Clin Exp Res 33:220-232.
- Tandara AA, Mustoe TA. (2004). Oxygen in wound healing—more than a nutrient. World J Surg 28:294-300
- Tong BC, Barbul A. (2004). Cellular and physiological effects of arginine. Mini Rev Med Chem 4:823-832.
- Vileikyte L. (2007). Stress and wound healing. Clin Dermatol 25:49-55.
- Vincent AM, Russell JW, Low P, Feldman EL. (2004). Oxidative stress in the pathogenesis of diabetic neuropathy. Endocr Rev 25:612-628.
- Wagner AE, Huck G, Stiehl DP, Jelkmann W, Hellwig-Bürgel T. (2008). Dexamethasone impairs hypoxia-inducible factor-1 function. Biochem Biophys Res Commun 372:336-340.
- Waldron DR, Zimmerman-Pope N. (2003). Superficial skin wounds. In: Textbook of small animal surgery. Slatter DH, editor. NY: Saunders, pp 260-271 [Google Scholar]
- Wilson JA, Clark JJ. (2004). Obesity: impediment to postsurgical wound healing. Adv Skin Wound Care 17:426-435.
- Woo K, Ayello EA, Sibbald RG. (2007). The edge effect: current therapeutic options to advance the wound edge. Adv Skin Wound Care 20:99-117.
- Wozniak SE, Gee LL, Wachtel MS, Frezza EE. (2009). Adipose tissue: the new endocrine organ? A review article. Dig Dis Sci 54:1847-1856.
- Wu Y, Wang J, Scott PG, Tredget EE. (2007). Bone marrow-derived stem cells in wound healing: a review. Wound Repair Regen 15(Suppl 1):S18-S26.