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SALICIN IN MODERN DRUG DISCOVERY: A COMPREHENSIVE REVIEW OF PHARMACOKINETICS, ETHNOPHARMACOLOGY, AND CLINICAL APPLICATIONS

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ABSTRACT

Background: Salicin, a prominent phenolic glycoside derived from *Salix* species, has traditionally been used to manage pain and inflammatory conditions. Despite its long-standing ethnomedicinal use, comprehensive knowledge regarding its pharmacokinetics, bioavailability, analytical characterization, and clinical potential remains limited. This review aims to consolidate current knowledge on salicin, encompassing its botanical sources, ethnopharmacological relevance, pharmacokinetics and bioavailability, analytical methodologies, and clinical evidence. **Methods:** A thorough literature search was performed using PubMed, Scopus, Web of Science, and Google Scholar. Studies reporting on salicin's chemistry, traditional uses, pharmacological mechanisms, bioavailability, analytical profiling, and clinical trials were included. Relevant data were critically appraised and synthesized to provide an integrated overview. **Results and Findings:** *Salix* species are the primary sources of salicin, and ethnomedicinal evidence supports their use for musculoskeletal and inflammatory disorders. Pharmacokinetic studies indicate that formulation and gut microbiota significantly influence bioavailability, with rapid hydrolysis to saligenin followed by metabolism to salicylic acid. Advances in analytical methods, including spectroscopic techniques, LC-MS, and HPLC, enable precise quantification and standardization. Although large-scale, long-term trials are lacking, existing clinical studies demonstrate notable anti-inflammatory and analgesic effects with a favourable safety profile. **Conclusion:** Salicin holds considerable therapeutic promise, bridging traditional knowledge and modern pharmacology. Future studies should improve bioavailability, standardize analyses, and conduct robust clinical trials to confirm dosing, efficacy, and safety.

INTRODUCTION

Salicin ($C_{13}H_{18}O_7$) is a phenolic β -glycoside composed of salicyl alcohol linked to a β -D-glucose unit through a β -1,1'-O-

glycosidic bond. This structure confers water solubility and biological activity, enabling hydrolysis to saligenin and subsequent conversion to salicylic acid, the metabolite

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responsible for its analgesic and anti-inflammatory effects [1, 2]. Salicin occurs predominantly in species of *Populus* (poplars) and *Salix* (willows), where it accumulates in substantial amounts, particularly within the bark and leaves. These plant parts have historically served as the principal sources for traditional medicinal preparations. Beyond these genera, traces of salicin have also been identified in several other ethnomedicinal plants, although at lower concentrations, thereby contributing to its broader pharmacognostic significance [3].

This wide yet uneven distribution reflects its deep-rooted role in traditional systems of medicine, where willow and poplar extracts have long been prescribed for the relief of pain, fever, and inflammatory conditions, ultimately laying the foundation for its recognition as a natural precursor to modern anti-inflammatory therapeutics [4]. Early in the 19th century, salicin was isolated and later served as the structural basis for acetylsalicylic acid (aspirin), one of the most widely used medications worldwide. Its discovery marks a significant turning point in the conversion of natural products into contemporary pharmaceuticals [5, 6]. Pharmacologically speaking, salicin is hydrolysed by intestinal β -glucosidases to produce glucose and the aglycone saligenin in the gastrointestinal tract [7]. The intestinal mucosa easily absorbs the released saligenin, which is then carried to the liver. It undergoes oxidation there to produce salicylic acid, the main bioactive metabolite. The primary cause of salicin's distinctive pharmacological properties, including its anti-inflammatory, analgesic, and antipyretic effects, is salicylic acid. This pathway links traditional medicine with modern drug development by demonstrating salicin's therapeutic role and its function as the natural precursor of aspirin [8].

The therapeutic action of salicylic acid, the active metabolite of salicin, is primarily attributed to its inhibition of cyclooxygenase (COX) enzymes, thereby reducing prostaglandin biosynthesis and modulating inflammatory pathways [9]. Beyond its well-established analgesic effects, salicin is a phenolic glycoside, a secondary metabolite known for its immunomodulatory, antioxidant, and cytoprotective properties in humans and for serving defensive functions in plants [10]. Owing to these pharmacological properties, salicin-containing preparations, such as bark decoctions, tinctures, and powders, have been widely used in traditional medicine to relieve fever, pain, and inflammatory disorders. The attached sugar moiety increases its

polarity and water solubility, facilitating efficient extraction with polar solvents such as boiling water and ethanol, which historically have contributed to its therapeutic accessibility [11]. Salicin, the key bioactive in willow bark, long used for pain and fever relief, was eventually identified. Crucially, the pharmacological precursor for the production of acetylsalicylic acid (aspirin) is salicylic acid, which is derived from salicin [12]. Research on salicin is important for several reasons. First, it underscores the translational bridge between ethnomedicine and modern pharmacology, illustrating how traditional remedies have guided drug discovery [13]. Second, investigations into salicin demonstrate the potential of natural products as lead compounds for developing safer anti-inflammatory agents [14]. Notably, crude willow bark extracts containing salicin exhibit fewer gastrointestinal adverse effects than synthetic NSAIDs, owing to the synergistic action of accompanying flavonoids and polyphenols with antioxidant and cytoprotective properties [15]. Contemporary pharmacological studies reveal that salicin and its metabolites exert multiple biological actions, including suppression of pro-inflammatory cytokines, modulation of nuclear factor kappa B (NF- κ B) signaling, and inhibition of cyclooxygenase (COX) enzymes [7]. Owing to these pleiotropic mechanisms, salicin and related phytochemicals have particular therapeutic value in managing chronic inflammatory disorders, in which immune dysregulation and oxidative stress play central roles [16].

Methodology selection strategies

This comprehensive overview approach was employed to select methods for evaluating salicin in contemporary drug discovery, linking traditional knowledge with preclinical and clinical research. Extensive literature searches were conducted across multiple databases, including PubMed, Scopus, Web of Science, Embase, and Google Scholar. Ethnopharmacological data were selected based on documented traditional use and botanical authenticity. Analytical and pharmacokinetic methodologies emphasized validated LC-MS techniques, supported by relevant in vitro and in vivo models to characterize absorption, metabolism, and systemic exposure. Preclinical pharmacological and toxicological studies followed established protocols to elucidate mechanisms of action and assess safety. Clinical methods prioritized controlled study designs, pharmacokinetic–pharmacodynamic integration, and regulatory compliance to ensure translational relevance and reliability of findings.

Taxonomic Placement and Evolutionary Background

The family Salicaceae (order Malpighiales), centered on the genus *Salix L.*, is an ecologically and economically important group of woody angiosperms. Once limited to *Salix* and *Populus*, molecular phylogenetic studies have expanded the family to over 50 genera and 1,000 species [17-19]. With 400–500 species, *Salix* remains the largest and most taxonomically complex genus, characterized by polyploidy, morphological plasticity, and frequent hybridization, which complicate species delimitation. Consequently, modern classifications increasingly rely on molecular markers (e.g., ITS, matK, chloroplast genomes) [20-22]. Willows are deciduous, dioecious shrubs or trees bearing unisexual, catkin-like flowers without petals and simple, alternate, serrated leaves; their wind-dispersed seeds are produced in small capsules. The genus is divided into sections [28-30].

(e.g., *Amygdalinae*, *Helix*, *Daphnella*, *Fragiles*) based on catkin, nectary, and bud-scale traits [23-25]. *Salix* is widely distributed across the Northern Hemisphere, with the highest diversity in East Asia, North America, and Eurasia; China represents the global center of diversity. The genus spans growth forms from large riparian trees to dwarf alpine and arctic species [26,27] (Table 1). *Populus*, the closest relative of *Salix*, includes approximately 30–40 species of major ecological and economic value. Other Salicaceae genera, such as *Chosenia*, *Casearia*, *Flacourtie*, *Idesia*, and *Xylosma*, contribute additional ornamental, ethnomedicinal, and pharmacological value. Overall, the taxonomy and distribution of *Salix* highlight its exceptional ecological plasticity and importance in ecosystems, phytomedicine, bioenergy, restoration, and phytoremediation [28-30].

Table 1: Natural medicinal plants rich in salicin and their botanical habitat.

Plant species	Common Name	Plant part(s) rich in salicin	Salicin content (%)	Geographical habitat	Optimal Collection time (Season)	Ref.
<i>Salix alba</i>	White willow	Bark	0.012	Europe, Western Asia, North Africa	Early spring	[4,31]
<i>Salix purpurea</i>	Purple willow	young shoots	3–9	Central & Southern Europe	Spring and early summer	[32]
<i>Salix fragilis</i>	Crack willow	Bark	2–8	Europe, Central Asia	Early spring	[33]
<i>Salix daphnoides</i>	Violet willow	Bark	4–12	Central & Eastern Europe	Spring	[34]
<i>Salix pentandra</i>	Bay willow	Bark	3–8	Northern & Central Europe, Scandinavia	Spring	[35]
<i>Salix nigra</i>	Black willow	Bark	1–5	Eastern North America (USA, Canada)	Late spring	[36]
<i>Salix matsudana</i>	Chinese willow	Bark, leaves	2–6	China, Korea, Japan	Spring to early summer	[37]
<i>Salix tetrasperma</i>	Indian willow	Bark	2–7	India, Pakistan, Bangladesh, Sri Lanka	Monsoon and post-monsoon (June–September)	[38]
<i>Populus tremula</i>	European aspen	Bark	0.5–3	Europe, Siberia	Early spring	[39]
<i>Populus balsamifera</i>	Balsam poplar	Buds, bark	1–4	Canada, USA	Spring	[36]
<i>Populus nigra</i>	Black poplar	Bark	1–5	Europe, West Asia, North Africa	Early spring	[40]
<i>Salix caprea</i>	Goat willow	Bark	1–4	Europe, Western Asia	Spring	[21]
<i>Salix babylonica</i>	Weeping willow	Bark	1–3	China	Spring and autumn	[41]
<i>Salix humboldtiana</i>	Humboldt willow	Bark	1–4	South America	Rainy season	[42]

Isolation of Salicin and Analytical Approaches

Extensive studies have focused on isolating salicin from *Salix* and related species, showing that yields depend on plant part, extraction method, and harvest season. Traditional approaches such as maceration and decoction with aqueous or hydroalcoholic solvents remain in use but are often slow and yield only moderate recovery [42]. In contrast, modern techniques such as microwave-assisted extraction (MAE) and ultrasound-assisted extraction (UAE) improve efficiency by shortening extraction time and enhancing yield. Comparative analyses of willow species report salicin levels ranging from about 2.0 to 20.1 mg/g extract, with *Salix purpurea* leaf extracts under UAE conditions showing the highest concentrations, significantly exceeding those obtained through conventional methods [34] (Table 2).

Purification of salicin is commonly achieved by liquid–liquid partitioning, chromatographic separation on silica or Sephadex columns, and, occasionally, preparative high-performance liquid chromatography (HPLC) to obtain pure fractions [43]. Salicin is primarily quantified using validated reversed-phase HPLC methods coupled with UV or diode-array detection. For extract quality control, analyses typically employ C18 columns with a phosphate buffer (pH 3–4) and methanol or acetonitrile as the mobile phase, with detection at 265–280 nm, ensuring high resolution and reproducible results [44].

Advanced techniques such as LC-MS/MS are particularly suited to pharmacokinetic and bioanalytical studies in complex biological matrices, as they offer highly sensitive detection at nanogram-per-milliliter levels [45, 46]. For rapid fingerprinting and semi-quantitative evaluation, high-performance thin-layer chromatography (HPTLC) and other complementary methods remain useful, particularly in botanical authentication and quality control [47]. Despite these advances, reported salicin yields remain highly variable across species and plant parts, underscoring the importance of standardized extraction protocols, seasonal harvest data, and validated analytical methods in comparative phytochemical studies [48].

Ethnopharmacological Perspective

Salicin, the primary salicinoid glycoside from *Salix* species, has been used for centuries in traditional medicine. Ancient Egyptian texts noted willow bark for pain and fever, while Hippocrates, Galen, and other Greek and Roman physicians

prescribed it for rheumatism and febrile conditions [55]. Ayurvedic scriptures describe comparable formulations for managing fever and musculoskeletal discomfort, while the Chinese *materia medica* recommends willow-based preparations for hot, inflammatory disorders and joint pain. The antipyretic and analgesic effects of willow were thus empirically acknowledged, as evidenced by parallel therapeutic applications documented across diverse medical traditions. This cross-cultural significance is further reinforced by folk medicine practices worldwide, in which willow bark infusions and decoctions were widely used in Europe to relieve intermittent fevers, arthritis, and headaches [56]. Indigenous North American groups, including the Cree, Chippewa, and Mohawk, traditionally prepared willow bark as teas, poultices, and powders to reduce fever, relieve pain, and promote wound healing. In East Asia, bark infusions were commonly employed for rheumatism and respiratory ailments [57, 58].

The therapeutic outcomes largely depended on preparation methods, such as crude bark powders, and poultices were applied topically or consumed orally. Tinctures yielded hydroalcoholic extracts that remain integral to standardized phytomedicines, and decoctions facilitated the extraction of both salicinoids and polyphenols [57]. Modern pharmacopoeias now support these traditional applications; for instance, the European Medicines Agency (EMA) recommends standardized daily doses of 60–240 mg of salicin [57], depending on the formulation.

Recent phytochemical investigations have broadened this ethnopharmacological foundation by identifying novel salicin derivatives and co-occurring phenolic compounds [59]. High-resolution analyses have confirmed the presence of salicin, along with related glycosides such as salicortin, tremulacin, and catechin-linked conjugates [59].

Notably, a 2024 study on *Salix tetrasperma* reported ten previously undescribed salicin derivatives, several of which demonstrated significant inhibition of pro-inflammatory cytokine and nitric oxide production in macrophages. These findings indicate that the therapeutic activity of willow bark arises from a more diverse spectrum of metabolites than was historically recognized [60, 61]. Investigations into lesser-known taxa like *Salix schwerinii* and *Salix kochiana*, which were both found to have detectable salicin levels and strong

antioxidant activity, broadened the pharmacological repertoire of willow species [62]. Salicin is a prodrug that hydrolyses to salicyl alcohol, which then undergoes oxidation to salicylic acid, the active metabolite that inhibits cyclooxygenase and exhibits analgesic and antipyretic effects, according to pharmacokinetic data [60].

More recently, studies of diabetic neuropathy have shown that salicin decreased oxidative and inflammatory biomarkers,

improved behavioural performance, and increased nerve conduction, suggesting potential neuroprotective benefits beyond its traditional analgesic function (**Table 3**).

Standardized willow bark extracts are still used in clinical trials to treat musculoskeletal conditions, particularly osteoarthritis and low back pain, although treatment outcomes vary with salicin and extract composition [63].

Table 2: Analytical profile of Salicin content from different Taxa and their key findings.

Plant Material (Part & Species)	Extraction & Conditions	Reported Salicin Content	Analytical Method	Key Findings	Ref.
Bark — <i>Salix spp.</i> (12 taxa)	Routine pharmacopoeia extraction; 1- and 2-year growth; autumn and spring collection	0.8–126 mg/g dry weight	HPLC	Significant variation in salicin content among species; some taxa are unsuitable for medicinal use due to low salicin levels.	[49]
Bark & leaves — <i>S. Populus spp.</i>	Spectroscopic analysis of powdered material; no solvent extraction	Bark: 10–40 mg/g dry weight; Leaves: 100–120 mg/g dry weight	IR and Raman spectroscopy	Non-destructive methods can estimate salicylate content; bark and leaves show varying salicylate concentrations.	[50]
Bark — <i>Salix alba</i> & <i>Salix purpurea</i>	Ethanol extraction	<i>S. alba</i> : 4.300 µg/mL (liquid extract); <i>S. purpurea</i> : 1.167 µg/mL (liquid extract)	HPLC	Both species exhibit antibacterial activity; <i>S. alba</i> shows higher salicin content.	[51]
Leaves & bark — <i>Salix spp.</i> (6 species)	Ultrasound-assisted extraction; aqueous/ethanolic solvents; 20–40 min sonication	Leaf extracts: 2.0–20.1 mg/g extract	HPLC-DAD	Ultrasound-assisted extraction increases salicin yield compared with conventional methods and provides replicate data and %RSDs for repeatability.	[52]
Willow bark extracts (<i>Salix spp.</i>)	Methanol–water (50:50) extraction; centrifugation	Not focused on yield; used for QC quantification	RP-HPLC (C18); Mobile phase: methanol:0.01 M KH ₂ PO ₄ (pH 4.01) 15:85 v/v; Detection: 265 nm	The method provides good resolution of salicin; it is widely used for quality control.	[53]
Various <i>Salix</i> extracts	Extraction varies; HPTLC is used for fingerprinting and semi-quantitation	Semi-quantitative salicin band intensities can be converted to mg/g using standards	HPTLC (silica gel); mobile systems and derivatizing agents are detailed in the methods	Useful for rapid screening and botanical QC where full quantitative HPLC is not available.	[54]

Clinical pharmacokinetics, bioavailability, and toxicology aspects of salicin

Salicin, a naturally occurring β -D-glucoside of salicyl alcohol, exhibits a distinct pharmacokinetic and metabolic profile when administered orally [7]. In the stomach, it is relatively stable. Still, in the small intestine, it is hydrolysed by the gut microbiota and endogenous β -glucosidases to saligenin (salicyl alcohol), which is readily absorbed through the intestinal mucosa. Salicylic acid, the main active metabolite, is produced when saligenin undergoes fast oxidation in the liver through first-pass metabolism after absorption [56]. Compared to acetylsalicylic acid (aspirin), this biotransformation proceeds more slowly, delaying the start of the therapeutic effect. However, compared with synthetic aspirin, willow bark administration maintains sustained plasma concentrations of salicylic acid, which may help explain why it causes less stomach irritation [71].

Due to extensive first-pass metabolism and partial gastrointestinal tract breakdown, salicin's oral bioavailability is considered moderate, averaging 20–30% [72]. Unlike aspirin, which reaches peak levels within 30 to 60 minutes after

ingestion, salicylic acid peak plasma concentrations are usually reached within 1.5 to 3 hours after willow bark extract ingestion [7]. Depending on dose, renal clearance, and interindividual variability, the elimination half-life of salicylic acid, derived from salicin, typically ranges from 2 to 4 hours [73]. Following its formation, salicylic acid is primarily metabolized by glucuronidation in the liver during Phase II, producing salicyl acyl glucuronide and salicyl phenolic glucuronide. Additionally, it undergoes glycine conjugation, yielding salicyluric acid, the primary metabolite found in urine [74].

Hydroxylation to gentisic acid and other dihydroxybenzoic acid derivatives are examples of minor pathways. Nearly all excretion occurs through the kidneys, and because alkalinization accelerates salicylate clearance, urine pH significantly affects clearance [75]. Salicin does not acetylate cyclooxygenase enzymes as aspirin does; rather, it inhibits prostaglandin synthesis indirectly by converting it to salicylic acid, a competitive cyclooxygenase inhibitor. Compared to aspirin, it has less antiplatelet activity and a lower risk of bleeding, which can be explained by this pharmacological difference [76].

Table 3: Ethnopharmacological Perspective of Salicin and its mechanism of action

Pharmacological Effect	Herbal botanicals	Common Name	Mechanism of Action	Biological Model Used	Ref.
Anti-inflammatory	<i>Salix alba</i>	White willow	COX-2 inhibition, NF- κ B suppression, \downarrow TNF- α & IL-6	In vivo: Carrageenan-induced paw edema, adjuvant arthritis in rats	[64]
Antipyretic	<i>Salix purpurea</i>	Purple willow	COX inhibition	Yeast-induced pyrexia rat model	[65]
Anti-arthritis	<i>Salix daphnoides</i>	Violet willow	Inhibition of the NF- κ B pathway	Clinical: Osteoarthritis & rheumatoid arthritis patients	[57]
Antioxidant	<i>Salix matsudana</i>	Chinese willow	Downregulation of iNOS, COX-2, NF- κ B, ROS scavenging	LPS-induced inflammation in mice	[66]
Cytoprotective	<i>Salix babylonica</i>	Weeping willow	Antioxidant defense, cytokine regulation, NF- κ B inhibition	In vitro: ROS assays; In vivo: LPS-induced inflammatory mouse model	[67]
Wound healing	<i>Populus nigra</i>	Black poplar	ROS scavenging, NF- κ B modulation, fibroblast activation	Rat wound healing	[68]
Antimicrobial	<i>Betula pendula</i>	Silver birch	Salicylates inhibit prostaglandin synthesis & bacterial growth	In vitro: bacterial inhibition	[69]
Analgesic	<i>Gaultheria procumbens</i>	Wintergreen	Salicylates inhibit COX	Pain and inflammation rat models	[70]

The toxicological and safety profile of salicin has been rigorously investigated in both preclinical and clinical studies. Within therapeutic ranges (typically 120–240 mg/day), willow bark extracts are regarded as safe and well-tolerated. Clinical

trials in osteoarthritis and musculoskeletal disorders consistently demonstrate an adverse event profile comparable to placebo, with the most frequently reported effects being mild gastrointestinal symptoms such as dyspepsia, nausea, or

epigastric discomfort [77]. These occur less often than with aspirin, reflecting the absence of direct acetylation of the gastric mucosa. At supratherapeutic doses, however, salicin can precipitate salicylism, a syndrome characterized by tinnitus, dizziness, nausea, vomiting, headache, and metabolic acidosis [78]. Chronic exposure to elevated doses has been associated with nephrotoxic and hepatotoxic effects [79]. Preclinical rodent studies report a NOAEL of ~1000 mg/kg for willow bark extracts, showing no mutagenic or carcinogenic effects [80, 81]. Clinically, willow bark is contraindicated in salicylate-sensitive individuals, in those with NSAID-induced asthma, peptic ulcers, renal issues, or bleeding disorders, and is avoided in children with viral infections due to the risk of Reye's syndrome. Combining it with anticoagulants, antiplatelets, or NSAIDs heightens bleeding risk and needs close monitoring [77, 82].

Pharmacokinetic studies have established that willow bark delivers salicylic acid more gradually, with prolonged systemic availability, compared with aspirin. After therapeutic administration, plasma salicylate levels typically remain within 5–15 µg/mL, a concentration markedly lower than the >200 µg/mL normally achieved with high-dose aspirin therapy for rheumatic disorders. Nevertheless, clinical investigations consistently demonstrate that willow bark is effective in relieving osteoarthritis, chronic pain, and musculoskeletal inflammation [83]. This therapeutic efficacy is believed to result not only from salicin itself but also from the additive or synergistic contributions of polyphenols, flavonoids, and other bioactive constituents inherent to the extract. Extended clinical evaluations, lasting up to six weeks, further confirm its good tolerability, with adverse event frequencies comparable to placebo. Taken together, the distinctive pharmacokinetics, metabolic features, and favorable safety profile of salicin substantiate willow bark's role as a reliable phytopharmaceutical alternative to synthetic salicylates [84].

Biological Preclinical evidence of Salicin (*In vitro* and *In vivo*)

Salicin, a phenolic β-glycoside from *Salix* species, shows anti-inflammatory, antioxidant, analgesic, antipyretic, and cardiovascular benefits in preclinical and *in vitro* studies. It inhibits NF-κB and MAPK pathways, reducing pro-inflammatory cytokines (TNF-α, IL-1β, IL-6) and increasing IL-10, thereby suppressing LPS-induced inflammation in macrophages, including RAW264.7 cells [85]. Moreover, salicin mitigates vascular endothelial dysfunction in human

endothelial cells by reducing reactive oxygen species (ROS) production through downregulation of NADPH oxidase (NOX4), preserving mitochondrial membrane potential, and restoring endothelial nitric oxide synthase (eNOS) activity [86]. Extracts containing salicin have demonstrated dose-dependent antioxidant activity, including radical-scavenging and ferric-reducing capacities, in assays such as DPPH, ABTS, and FRAP. These effects are frequently amplified through synergistic interactions with co-occurring flavonoids and other phenolic compounds in the extracts [56, 87]. The therapeutic efficacy of salicin has also been demonstrated *in vivo* across various disease models. In collagen-induced arthritis (CIA) rats, treatment with *Salix nigra* bark extract, in which salicin is the principal bioactive constituent, resulted in a marked reduction in paw edema, arthritic scores, and histopathological joint damage. These effects were associated with reduced TNF-α, IL-1β, and IL-6 levels and with normalized oxidative stress, demonstrating salicin's combined anti-inflammatory and antioxidant actions in arthritis [88] (Figure 1). Extracts of *Salix tetrasperma* have been shown to produce dose-dependent analgesic effects in rodent models of inflammatory and neuropathic pain, including acetic acid-induced writhing, formalin, hot-plate, tail-flick, and chronic constriction injury (CCI) tests. These analgesic actions appear to be mediated, at least in part, through the suppression of NF-κB activation and the downregulation of TNF-α, COX-2, and inducible nitric oxide synthase (iNOS) expression [56]. Animal studies have confirmed the antipyretic potential of salicin, particularly in models of fever induced by yeast and endotoxins. Once hydrolyzed to saligenin and subsequently metabolized into salicylic acid, salicin lowers body temperature by suppressing hypothalamic production of prostaglandin E2 (PGE2) [60]. In addition to its fever-reducing action, salicin exhibits cardioprotective activity in both experimental and cellular systems. It safeguards endothelial function during inflammatory stress by limiting cytokine-induced oxidative damage, inhibiting NF-κB signaling, and restoring nitric oxide synthesis in endothelial cells. Evidence from clinical trials with *Salicis cortex* extract further indicates that it exerts a mild inhibitory effect on platelet aggregation, which is substantially weaker than that of low-dose aspirin, suggesting cardiovascular benefits without posing a considerable antithrombotic risk [89]. Salicin acts as a prodrug, hydrolyzing to saligenin, which then hydrolyzes to salicylic acid, thereby mediating COX inhibition and the analgesic, antipyretic, and anti-inflammatory effects of salicylic acid. It also modulates oxidative stress and

inflammatory signaling via NF-κB, MAPK, and ROS pathways. While salicin is a primary active component, many effects are attributable to the synergistic action of other phenolics and flavonoids present in *Salix* extracts [90].

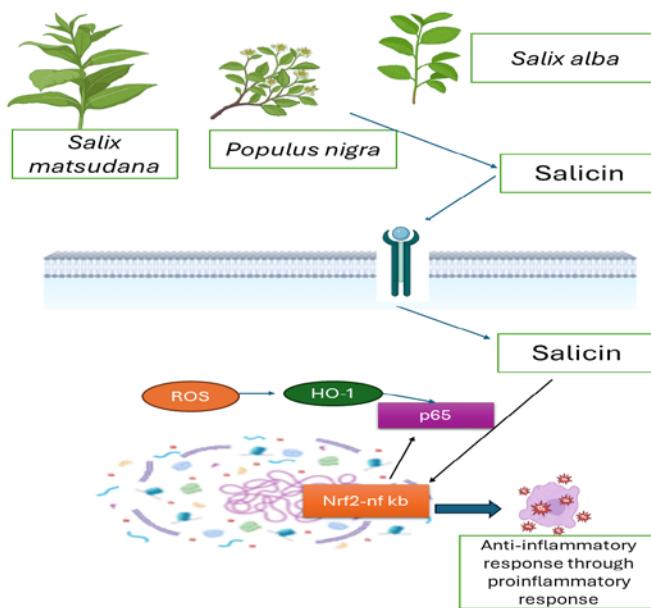


Figure 1: Salicin attenuates oxidative stress by downregulating pro-inflammatory mediators such as TNF- α , IL-6, and matrix metalloproteinases (MMPs) [63].

Clinical trials study and case studies of Salicin

Clinical trials have confirmed the effectiveness of salicin-rich willow bark extract in managing osteoarthritis (OA) and rheumatoid arthritis (RA), and in a randomized, double-blind, placebo-controlled study involving 127 patients with hip or knee OA, daily intake of a standardized extract providing 240 mg of salicin significantly reduced pain on the WOMAC pain subscale compared with placebo. The analgesic effect was comparable to that of 100 mg of diclofenac per day [57]. Similar to conventional NSAIDs in safety, the same salicin-rich extract also improved pain and physical function in a study involving 26 patients with active rheumatoid arthritis. Beyond its use in joint disorders, salicin has been investigated for chronic musculoskeletal conditions, including low back pain. In a randomized, double-blind, placebo-controlled trial, patients with acute low back pain who received willow bark extract reported significant reductions in pain and improved functional capacity, with effects comparable to those of standard analgesic treatments [91] (Table 4). In addition to its musculoskeletal benefits, salicin's effects on cardiovascular and metabolic health have been investigated. The TINSAL-CVD trial evaluated salsalate, a salicylate derivative, for its impact on coronary artery

disease. While salsalate did not significantly reduce the progression of noncalcified coronary artery plaques compared with placebo, it was associated with increased albuminuria, indicating potential renal effects. Whether these observations are directly applicable to salicin remains uncertain [92]. Many studies have examined the safety, tolerability, and dose-response of salicin-containing extracts. For two weeks, both healthy volunteers and patients with chronic pain responded well to daily administration of 240 mg of standardized willow bark extract [57]. The only side effects were mild gastrointestinal symptoms and sporadic allergic reactions, particularly among individuals sensitive to salicylates [93], and the comparative studies with NSAIDs further support Salicin's therapeutic potential. In patients with rheumatoid arthritis, enteric-coated sodium salicylate and aspirin demonstrated similar safety profiles and efficacy in reducing disease activity [83].

Metabolomics profile of Salicin in drug development

Salicylic acid, the primary metabolite, then goes through Phase II conjugation reactions, such as limited hydroxylation to produce gentisic acid, glucuronidation to produce phenolic and acyl glucuronides, and glycine conjugation to form salicyluric acid [7,73]. Targeted LC-MS quantification of salicylic acid, salicyluric acid, gentisic acid, and their conjugates remains the standard analytical method, although untargeted high-resolution metabolomics is useful for identifying new metabolites [100]. Enzymatic hydrolysis with β -glucuronidase or sulfatase is commonly used to verify the presence of conjugated derivatives [101]. Pharmacokinetic studies show that systemic exposure to salicylates after therapeutic doses of willow bark is significantly lower than that seen with aspirin, with conjugates being rapidly metabolized and eliminated in the urine. Metabolomics research indicates that salicin and salicinoid consumption affects other biochemical pathways related to inflammation and metabolic control in addition to the traditional salicylate pathway. Reductions in pro-inflammatory lipid mediators like prostaglandin E₂ (PGE₂), leukotriene B₄, and downstream eicosanoid signaling products have been reported, along with changes in oxylipins derived from arachidonic acid and specific lysophospholipids. There is also evidence of alterations in phenolic conjugates and metabolites linked to oxidative stress, suggesting a more extensive metabolic footprint than salicylate exposure alone [7]. PGE₂ production in activated human immune cells is suppressed by acetylated salicinoids found in willow bark, such as 2'-O-acetylsalicortin, 3'-O-acetylsalicortin, 2',6'-O-diacetylsalicortin, tremulacin, and lasiandrin. These

substances are broken down in vivo to produce salicin, catechol, salicylic acid, and related compounds. Therefore, salicin and its acetylated forms are regarded as important mediators of downstream biological effects, although it remains unclear to what extent they directly contribute to the human metabolomic signature [64]. Important non-salicylic metabolites of the *Salicis* cortex are catechol conjugates. Research in humans and rats shows that after consuming salicortin or willow bark, catechol is predominantly found in serum as glucuronide or sulfate conjugates, unless enzymatic hydrolysis is performed. When

240 mg of salicin was administered to humans, the catechol Cmax was about 1.46 mg/L (13.3 μ M) with a Tmax of about 1.2 hours, indicating that catechol is an important part of the salicin-derived metabolome [102]. Recent developments in analytical techniques, such as high-resolution mass spectrometry (HRMS) and nuclear magnetic resonance (NMR) spectroscopy, have further enhanced the identification and quantitative profiling of salicin-associated metabolites and lipid mediators, allowing for a more thorough evaluation of its systemic metabolic effects [56].

Table 4: Preclinical and clinical studies of salicin and their clinical outcomes.

Study types	Populations or model	Interventions doses	Outcome	Ref.
Preclinical (<i>In Vitro</i>)	RAW264.7 macrophages	Salicin, various concentrations (10–100 μ M)	\downarrow TNF- α , \downarrow IL-1 β , \downarrow IL-6, \uparrow IL-10; inhibition of NF- κ B and MAPK pathways	[94]
Preclinical (<i>In Vitro</i>)	Human endothelial cells	Salicin, 50 μ M	\downarrow ROS, \downarrow NOX4, \uparrow eNOS activity; vascular protection	[95]
Preclinical (<i>In Vitro</i>)	DPPH, ABTS, FRAP assays	<i>Salix</i> extracts	Reduce oxidative stress	[56]
Preclinical (<i>In Vivo</i>)	Collagen-induced arthritis in rats	<i>Salix nigra</i> bark extract, 100 mg/kg, oral	\downarrow Paw swelling, \downarrow arthritic score, \downarrow TNF- α , \downarrow IL-1 β , \downarrow IL-6, and restored oxidative markers	[96]
Preclinical (<i>In Vivo</i>)	inflammatory pain in rodents (CCI, formalin, writhing, hot-plate)	<i>Salix tetrasperma</i> extract, 200–400 mg/kg, oral	\downarrow Pain scores, \downarrow NF- κ B, \downarrow TNF- α , \downarrow COX-2, \downarrow iNOS	[88]
Preclinical (<i>In Vivo</i>)	Osteoarthritis model (intra-articular injection)	Salicin-loaded PLGA microspheres	\downarrow I κ B phosphorylation; inhibition of ER stress; amelioration of OA progression	[56, 97]
Clinical (Human)	Osteoarthritis patients (n=78)	Standardized willow bark extract, 240 mg salicin/day	Significant reduction in WOMAC pain score; superior to placebo	[57, 65, 98]
Clinical (Human)	329 patients	Willow bark extract	Significant pain relief and improvement in physical function; no significant adverse events	[99]

Future prospective and research gaps

Salicin and its derivatives, particularly those isolated from *Salix* species, present promising opportunities for drug development. Recent studies have identified novel salicin derivatives with potent anti-inflammatory properties, suggesting their potential as lead compounds for developing new therapeutic agents. Structural modifications of these molecules may enhance efficacy while minimizing adverse effects compared to conventional nonsteroidal anti-inflammatory drugs (NSAIDs). In the context of precision medicine, salicin-based therapies could be tailored to individual patient profiles to optimize

therapeutic outcomes. Achieving this requires a thorough understanding of the pharmacokinetics and pharmacodynamics of salicin metabolites. For instance, research has shown that salicin is metabolized into salicylic acid, which is subsequently conjugated to glucuronides and sulfate, processes that significantly influence its bioavailability and pharmacological activity. Such insights are critical for the development of personalized treatment strategies. Despite the promising therapeutic potential of salicin and its derivatives, there is a notable scarcity of long-term clinical trials assessing their safety and efficacy in humans. Most prior studies have been limited in

duration and scope, underscoring the need for comprehensive, extended clinical investigations to fully characterize their therapeutic profiles and monitor potential adverse effects over time. Furthermore, integrating contemporary pharmacological research with ethnomedicinal knowledge could enhance the development of salicin-based therapies. The traditional use of willow bark across diverse cultures underscores its potential therapeutic benefits. By combining this historical understanding with modern scientific approaches, researchers may uncover novel applications and optimize the clinical utility of salicin in current medical practice.

CONCLUSION

Salicin, a phenolic glycoside from *Salix* species, has long been used in traditional medicine for inflammatory conditions, and modern studies confirm its anti-inflammatory and analgesic effects, particularly in osteoarthritis and rheumatoid arthritis. After oral administration, salicin is metabolized to saligenin, which is subsequently converted to salicylic acid, the compound that mediates its therapeutic activity. Clinical evidence, including randomized controlled trials, supports the efficacy of *Salix alba* bark extracts in pain reduction. Analytical techniques such as HPLC and mass spectrometry enable standardization and quality control of salicin-containing preparations. However, long-term safety and efficacy data remain limited, highlighting the need for extended clinical trials. Integrating ethnomedicinal knowledge with contemporary pharmacological research, especially in metabolic dysregulation such as hyperlipidemia and hyperglycemia, may expand the therapeutic potential of salicin-based interventions.

ABBREVIATIONS

COX: Cyclooxygenase; NF-κB: Nuclear Factor kappa B; iNOS: Inducible Nitric Oxide Synthase; ROS: Reactive Oxygen Species; PGE₂: Prostaglandin E₂; DPPH: 2,2-diphenyl-1-picrylhydrazyl; ABTS: 2,2'-azino-bis(3-ethylbenzothiazoline-6-sulfonic acid); FRAP: Ferric Reducing Antioxidant Power; LC-MS: Liquid Chromatography–Mass Spectrometry; HPLC: High-Performance Liquid Chromatography; HPTLC: High-Performance Thin-Layer Chromatography; UAE: Ultrasound-Assisted Extraction; MAE: Microwave-Assisted Extraction; Tmax: Time to reach maximum plasma concentration; Cmax: Maximum plasma concentration; NSAIDs: Nonsteroidal Anti-Inflammatory Drugs; NOAEL: No Observed Adverse Effect Level; PLGA:

Poly(lactic-co-glycolic acid); HRMS: High-Resolution Mass Spectrometry; NMR: Nuclear Magnetic Resonance; QC: Quality Control; EMA: European Medicines Agency; CVD: Cardiovascular Disease; CIA: Collagen-Induced Arthritis; CCI: Chronic Constriction Injury; mg/g: Milligrams per gram; µg/mL: Micrograms per milliliter

FINANCIAL ASSISTANCE

NIL

CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHOR CONTRIBUTION

Sandip Chatterjee contributed to conceptualization, study design, data collection, and preparation of the original manuscript draft. Puja Saha handled data curation, software support, data analysis, and contributed to the review of the manuscript. Dolly Rani was responsible for investigation, methodology development, drafting support, and manuscript review.

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