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PROGRESSIVE PERSPECTIVES IN SCIENCE AND TECHNOLOGY VOLUME I



Editors: Dr. Archana Singh Dr. Aparna M. Yadav Mr. Ashish Kumar Meena Dr. Nilesh Joshi



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Progressive Perspectives in Science and Technology

Volume I

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PREFACE

The pursuit of scientific knowledge and technological advancement is a dynamic journey that continuously reshapes our understanding of the world and our place within it. "Progressive Perspectives in Science and Technology" seeks to capture this journey by exploring the cutting-edge developments and innovative ideas that are propelling us into the future.

This book is a testament to the collaborative spirit of the scientific community and the relentless curiosity that drives progress. It is a compilation of insights from diverse fields, each contributing a unique perspective to the overarching narrative of human ingenuity and discovery. From the mysteries of quantum mechanics to the frontiers of artificial intelligence, from sustainable energy solutions to the intricacies of biomedical engineering, the chapters within this volume highlight the interconnectedness of scientific disciplines and the collective effort required to address the grand challenges of our time.

In an era where the pace of technological change is accelerating, it is crucial to reflect on the ethical, social, and environmental implications of our advancements. "Progressive Perspectives in Science and Technology" does not shy away from these critical discussions. Instead, it embraces them, recognizing that responsible innovation is essential for ensuring a sustainable and equitable future for all.

The contributors to this book are leading experts and pioneers in their respective fields. Their work exemplifies the forward-thinking approach that is necessary to navigate the complexities of modern science and technology. By bringing their voices together, this book aims to inspire readers to think critically, to innovate boldly, and to contribute meaningfully to the ongoing dialogue about the role of science and technology in society.

As we stand on the cusp of new horizons, "Progressive Perspectives in Science and Technology" serves as both a reflection of where we have been and a guidepost for where we are heading. It is our hope that this book will not only inform and educate but also inspire a sense of wonder and possibility in all who read it.

We extend our deepest gratitude to the contributors, reviewers, and all those who have supported this project. Your dedication and passion are the driving forces behind the progress we celebrate in these pages.

Welcome to "Progressive Perspectives in Science and Technology." May it be a source of knowledge, inspiration, and progress for all who engage with it.

Editors

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STUDY OF METAL ION INTERACTIONS WITH EXTRACTANT DURING LIQUID-LIQUID EXTRACTION OF METALS

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Abstract:

Systematic study of various kinds of interactions occurring between extractant and metal ions during liquid liquid extraction of metal ions is presented in this article. The recovery process in the extractive metallurgy may involve transport of metal into organic phase in the form of metal cationic species MLxⁿ⁺, complex metal anionic species MLxⁿ⁻ or metal salt MLx. Usually the extractant with high selectivity for transportation of metal cation or metal salt, interacts with inner coordination sphere of the metal to form neutral complex which has high solubility in the organic solvent used in solvent extraction. In the extraction of anionic metal species, the cationic extractant is assumed to involve interaction with outer coordination sphere.

Introduction:

Solvent extraction is a well-known separation technique in which the transfer of solute takes place from one phase to the other phase. The two phases involved are essentially immiscible with each other. Excellent extraction can be achieved by proper control of extraction conditions which can bring about the total extraction from negligible extraction. To describe solvent extraction procedure, some fundamental aspects should be studied critically.

Firstly, distribution of the solute i.e. extractable species or complex between two immiscible solvents. This important aspect can be quantitatively described by Nernst's distribution law. It states that the ratio of the concentration of the solute distributing between two essentially immiscible solvents at constant temperature is a constant, provided that the solute is not involved in chemical interaction in either solvent phase $D_{S1}=C_{S1}$ (o) / C_{S1}

Where D is the distribution ratio and C_{S1} (o), C_{S1} indicates total concentration of component A in whatever form it is present in the organic phase and aqueous phase

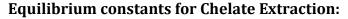
respectively. If the substance under extraction study does not enter in any chemical change in either of the phase the D_{S1} can be called as K_{DS1} (K= Distribution constant)

Obviously, many organic compounds such as alcohols, ethers and carboxylic compounds can be extracted without significant chemical changes in them. Various solvents may bring about systematic changes related to molecular weight, hydrogen bonding and some less specific interactions with the extracted organic compound. The present review is to summarize extraction of various inorganic systems i.e. metal ions. Many metal salts are soluble in water and insoluble in organic solvents particularly in hydrocarbon and chlorinated hydrocarbon solvents. Water has not only high dielectric constant moreover it has the ability to coordinate with the metal ions so that hydrated metal salts resembles more the solvent. It is necessary to break the coordinated water from around the metal ion and replace it by ligands or groups so as to form neutral species that will have compatibility with low dielectric constant organic solvent.

Great variety of ways can be used to bring about formation of extractable species. Extractable species can be formed by chelation, solvation, ion pair formation and synergism. This chapter covers the examples where chemical interactions are well understood and the chemical structures of the extractable species formed in water immiscible phases are well described.

Extraction by Chelation:

Various types of polydentate ligands can occupy more than two positions in the coordination sphere of the metal ions. Organic compounds containing polyfunctional groups such as -OH, -SH, -NH2, >C=O, >C=S etc. are able to replace the coordinated water molecule in the coordination sphere of the metal ion to form cyclic compound.



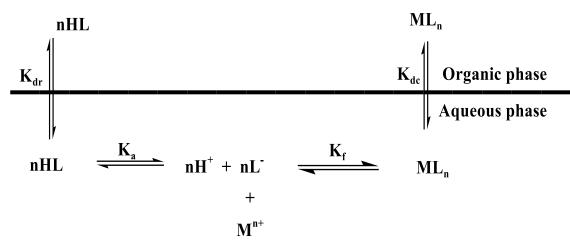


Figure: Extraction of Metal Ion (Mⁿ⁺) with Chelating Agent (HL)

Conventionally, following steps are supposed to be involved in the chelate extraction reaction: [1]

The distribution of the chelating agent HL between organic and aqueous phase:

 $\mathrm{HL}\leftrightarrow\mathrm{HL}_{\mathrm{org}}$

 $K_{dr} = [HL]_{org} / [HL]$ -----equation 1

The subscript org denotes organic phase, K_{dr} denotes distribution constant for the chelating agent

The acid dissociation of the reagent in aqueous phase

 $\mathrm{HL} \leftrightarrow \mathrm{L}^{\scriptscriptstyle -} + \mathrm{H}^{\scriptscriptstyle +}$

 $K_a = [L^-] [H^+] / [HL]$ -----equation 2

Ka denotes acid dissociation constant of the reagent

The complex formation reaction by the n valent metal ion Mⁿ⁺:

 $M^{\scriptscriptstyle +n} + nL^{\scriptscriptstyle -} \leftrightarrow ML_n$

 $K_f = [ML_n] / [M^{+n}] [L^{-}]^n$ -----equation 3

Kf denotes formation constant of the metal chelate

The distribution of formed metal chelate between two phase:

 $ML_n \leftrightarrow [ML_n]_{\, \rm org}$

 $K_{dc} = [ML_n]_{org} / [ML_n]$ -----equation 4

 K_{dc} denotes distribution constant of the metal chelate

The overall metal chelate extraction reaction is given as follows:

 $\mathsf{M}^{\scriptscriptstyle +n} + n\mathsf{HL}_{\operatorname{org}} \leftrightarrow \mathsf{ML}_{\operatorname{n}\operatorname{org}} + n\mathsf{H}^{\scriptscriptstyle +}$

 $K_{ext} = [ML_n]_{org}[H^+]^n / [M^{+n}] [HL]^{n}_{org}$ -----equation 5

The equilibrium constant of the overall chelate extraction reaction is given by substituting equation 1 to 4 in equation 5 as follows:

 $K_{ext} = K_a^n K_f K_{dc} K_{dr}^{-n}$ -----equation 6

Kext denotes extraction constant

Chelate complex reactions can be described by hard soft acid base HSAB principle [2]

It states that hard acids prefer hard bases and soft acids prefers soft bases, Thus chelating agents having hard base nature will form stable chelate with hard metal ions on the contrary chelating agents with soft base nature will form stable chelate with soft metal ions. Large K_{ext} value is offered by chelation of hard metal ion with hard chelating agent

whereas chelation of soft metal ion with soft chelating agent is required to get high K_{ext} value.

Selective extraction of desired metal from the ores and industrial wastes is widely used in hydrometallurgy. The strength of the extractant is pH dependent. The pH value at which extractant can be loaded with 50% metal cation ($pH_{1/2}$) is used to compare the strength of the extractant. Strong extractants have low $pH_{1/2}$, as they are able to extract metal cation from acidic aqueous solution. On the contrary, weak extractants are capable of extracting metal cation at high pH.

Oximes:

Phenolic oxime reagents are sufficiently strong extractant. Their $pH_{1/2}$ value are sufficiently low to extract copper from strongly acidic aqueous leach solution keeping Fe(III) in the aqueous phase. Phenolic oximes are extensively used in copper extraction.[3] The strong interligand hydrogen bond between oxime hydrogen atom and phenolic oxygen forms a planar donor set and a cavity to find matching fit with Cu(II). [4], [5]

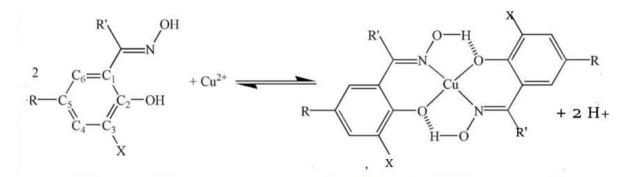
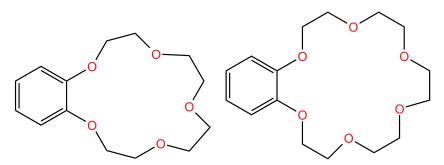


Figure 1: Interaction between salicyldoxime derivatives and copper (Source: R. S. Forgan *et al.*, 2020)

Systematic study of coherent series of phenolic oximes had shown that substitution in the 3-position can have remarkable influence on the extractive efficacy of copper. Equilibrium pH can be varied by 3-substitution; In general, if electron withdrawing substituent like -NO2 group at position 3 increases the extractant strength by combination of two reasons, firstly its lower pKa and secondly stabilizing bifurcated H-bond convention around copper (II) centre. The nitro substituent at position 3 provides extra H-bond acceptor permitting bifurcated H-bond formation, thus increasing stability of complex formed. On the contrary, the bulky alkyl substituents at position 3, can weaken the intracomplex H-bonding and distort the planarity of the copper complex. LIX622 commercial chelating extractant which is based on substituted salicylaldoxime moiety. Extraction study of some selected metal ions like Cu(II), Zn(II), Cd(II), Co(II), Ni(II), Mn(II), Pd(II), Pb(II), Rh(III), Sb(III) had been carried out using LIX 622. The order of effectiveness of the chelating extractant LIX 622 as a function of pH_{1/2} value followed Pd(II) < Pb(II) < Co(II) < Zn(II) < Mn(II) < Ni(II). The order was found in order of salicylaldoxime except Ni(II). [6]

Crown Ethers:

Macrocyclic polyether compounds commonly known as crown ethers do have amazing cation complexing abilities which results in conversion of cationic inorganic metal ions into liphophilic species. This property of crown ethers has tremendous importance in the solvent extraction. The complexing properties of crown ether derivatives depends upon the relative sizes of the hole in the crown ether ring and cation, the number and properties of hetero atom in the ring. Overall complexing ability of crown ethers makes them selective towards extraction of metal cation in solvent extraction. Extraction of alkali metal picrates was carried out by poly and bis crown ethers containing benzo-15-crown-5 and benzo-18crown-6 with CHCl₃ as liphophilic solvent. [7]

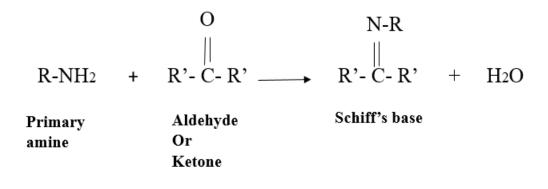


Benzo-15-crown-5 Benzo-18-crown-6

0.05mol L⁻¹ Benzo-15-crown-5 ether in dichloro methane had been investigated for the selective extraction of Li⁺ from spent lithium ion batteries, At pH 6, temperature 30^oC and extraction time 2hr, 37% Lithium extracted. Although high purity lithium could not be obtained the degree of extraction was comparatively better than Ni(II) (5.18% degree of extraction) and Co(II) and Mn(II) (no extraction). [8]

Schiff's Bases:

Imine or azo methines are named as Schiffs bases. They contain carbon - nitrogen double bond where nitrogen atom is connected to an alkyl or aryl but not to the hydrogen atom. Schiffs bases are stable imines with general formula $R_1R_2C=NR_3$ where R_3 is phenyl or alkyl group.



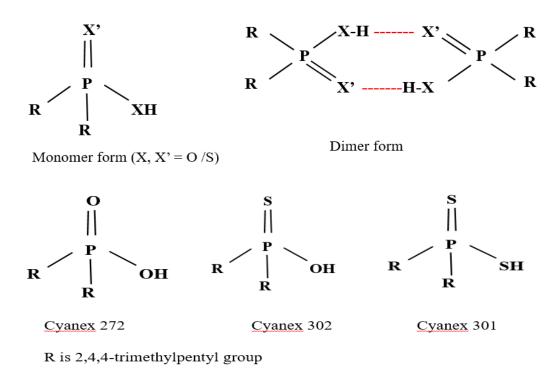
Many Schiffs bases have -OH functional group as secondary functional group near the imine group. Closeness of the two functional groups allows the formation of five or six membered chelate rings when interacted with the metal ion. Various synthetic procedures have been investigated to prepare various structures of Schiffs bases. However N,N'ethylenebis(salicylideneiminato) or salen is a well known Schiff's base which is tetradentate (ONNO) and bifunctional ligand. Fine tuning of steric and electronic effects of substituent groups can modify the properties of the salen type ligand. [9]

The applicability of heteroaromatic Schiff analytical bases. 2-(3pyridylmethyliminomethyl) phenol (compound A), 2-(2- pyridyliminomethyl)phenol (compound B), 2-(2-amino-3-pyridyliminomethyl)phenol (compound C), N,N'bis(salicylidene)-2,3_pyridinediamine (compound D), NJ/'-bis(salicylidene)-2,6_pyridinediamine (compound E) and 2-(2-amino-4-methoxymethyl-6-methyl-3pyridylmethyliminomethyl)phenol (compound F), was demonstrated. All the Schiffs bases were able to extract transition metal ions quantitatively into chloroform. Compound D proved to be an effective extractant in the range 5<pH<12 for Cu(II) extraction, compounds A and F were effective in the range 6<pH 12, whereas compounds B, C and E were effective only in the alkaline medium above pH 9. The spectrophotometric determination of Cu(II) after extraction was very sensitive and selective with regard to Cd(II) and Pb(II). Highest sensitivity was achieved with compound D This characteristic was favourable compared to other well-known copper reagents. [10]

Phosphorous Based Extractants:

Cyanex is the widely used chelating extractant for the separation of metal ions from aqueous solutions. They are basically, dialkylphosphinic acids and their thio derivatives with the formula R₂PX₂H (where R=alkyl group and X= 0 or S) containing Phosphorous (V)

with tetrahedral geometry. Phosphorous acid extractant similar to carboxylic acids extractants are capable forming stable dimeric structures in non-polar solvents.



During extraction sulphur is weaker proton acceptor than oxygen. Cyanex 301 is monomeric in low dielectric constant solvents as the S-H group has poor proton donor properties, on the contrary, cyanex 272 and cyanex 302 exist as a dimer. Formation of metal complex with excess of extractants, involve release of one of the hydrogen atom in the dimer whilst the other hydrogen atom of the dimer is retained. The released hydrogen atom of the dimer is replaced by the metal cation resulting into the eight membered pseudo chelate. Cyanex 272, Cyanex 302 and Cyanex 301 have the same alkyl chains but they differ in their functional groups and therefore there is difference in their acidity. The presence of sulphur atom in the acidic functional group Cyanex 301 and Cyanex 302, increases their extraction ability. According to the Lowry Bronsted theory, the acidic strength of the phosphinic acid depends upon the stability of the conjugate base. Greater the stability of the conjugate base, greater is acidic character of the compound. Negative charge on the conjugate base of the phosphinic acid decides its stability. However, the ionic character of Phosphoryl (P=O) and thiophosphory (P=S) are also important to describe the extraction ability of the Cyanex 272, Cyanex 302 and Cyanex 301. Increasing the ionic character by the proper substituent enhances extraction capacity of compounds with P=S than those P=O [11]

8-Hydroquinoline Derivatives (Oxines):

8-Hydroxyquinoline and its derivatives commonly known as oxines or Kelex are well known for its tremendous applications in precipitation and extraction of large number of metal ions. Oxines form chelates in sutiable buffer solution which can favor deprotonation of hydroxyl group and in most cases these chelates are extractable in organic solvents, mostly in chloroform. Several alkylated 8-Quinolinol derivatives (HQ) had been investigated for selective separation of Molybdenum (VI) from various metal ions like Fe(III), Co(II), Ni(II), Cu(II), Zn(II) and Ga(III). Stripping of complex between Molybdenum (VI) and HQ was carried out by aqueous ammonia solution. [12] Effect of various alkyl substituents were studied on the extraction of Ga(III) and its separation from Al(III) from acidic solution in heptane. [13]

Extraction with Carboxylic Acids:

Similar to phosphoric acid, carboxylic acid have the property to associate in non polar solvents and exist as dimer however the extraction chemistry of the metal ions by carboxylic acids is complicated due to existence of the polymeric aggregates. The dimeric carboxylic acid can replace its one or two protons to form mono or dinuclear metal cation complexes and remaining coordination sites are then either engaged by other carboxylic acid molecule or water molecule. Finally, the polymeric aggregate of the formula [M(RCO₂)n(RCOOH)m(H₂O)p]x can exist in the organic phase, where the charge on the metal cation (Mⁿ⁺) in the organic phase is counterbalanced by suitable number of carboxylate ions. Thus polymerization and solvation of the extracted species followed by further uptake of water molecule from the aqueous phase decreases the selectivity of the carboxylic acid extractant compared to phosphorous acids. High molecular weight straight chain carboxylic acids being good surfactants leads to the problem of pseudo hase engagement in the solvent extraction due to soap formation. The high molecular weight carboxylic acids with branched alkyl chains can overcome this problem e.g. Versatic acid. [14], [15], [16]

Extraction by Ion Pair Formation:

Neutral entities commonly known as ion pairs are required to form in the water immiscible phase while solvent extraction process dealing with concentration and separation of metal ions from the matrix. Two types of processes namely pH-swing or anion swing are most commonly used in which loading / stripping steps are controlled either by pH change or anion swing mechanism. In pH swing mechanism neutral extractant

8

like amine, Phosphoric acid esters and phosphine oxides, ketones, ethers etc. are converted into the cationic extractant by protonation and loading is carried by lowering the pH while stripping is favoured by raising the pH.

 $nL_{(\mathrm{org})} + nH + + MX_y \xrightarrow{n} \leftrightarrow [(LH)_nMX_y]_{(\mathrm{org})}$

In anion-swing case, the extractant bears permanent positive charge and the extraction process involves anion exchange equilibrium where the loading and stripping are controlled by variation of the concentration of the anion (A⁻). Quaternary amines salts are most commonly used commercial reagents working by this mechanism. [4] $n(LA)_{(org)} + MXy^{n-} \leftrightarrow [(L)nMXy]_{(org)} + nA^-$

Conclusion:

The interaction between the ligands has a great influence on the stability and selectivity of the metal complexes formed during solvent extraction process used to concentrate and separate metal entities from the aqueous phase to the water immiscible phase containing special organic moiety called as ligand or extractant. Understanding, these interactions in the outer sphere can improve the strength and selectivity of organic reagents used as extractant in the solvent extraction technique. Sometimes it is challenging to predict the structure of assemblies which are responsible for the transfer of metal values from aqueous phase to the water immiscible phase, however, the article has attempted to give insight into various types organic molecular structures used as extractant and accordingly the chemistry involved during extraction process.

References:

- Itabashi Hideyuki and Nakahara Taketoshi (2003) Comprehensive Analytical Chemistry, Chelation solvent extraction for separation of metal ions, Elsevier, 41, 459-494.
- R. G. Pearson, (1968), Hard and Soft Acids and Bases, J. Chem. Ed. ACS publication, 45, 581.
- 3. A. Matthew Wilson *et al.*, (2014) Solvent extraction: the coordination chemistry behind extractive metallurgy, Chem. Soc. Rev., 43, 123
- 4. J. R. Turkington *et al.*, (2013) Exploiting outer-sphere interactions to enhance metal recovery by solvent extraction, Chem. Commun., 49, 1891-1893

- R. S. Forgan *et al.*, (2008) Copper extractant strength: The effect of substituents in the 3-position on hydroxyoxime performance, Candian Metallurgical Quarterly, 47, 3, 293-300.
- 6. V. Ramesh and G. N. Rao (1988) Solvent extraction of metals with commercial oxime extractant (LIX 622), Proc. Indian Acad. Sci. (Chem. Sci.), 100, 5, 359-361.
- 7. Keichi Kimura et al, (1979) Extraction of Alkali Metal Picrates with Poly-and Bis (Crown Ether)s Talanta, 26, 945-949.
- 8. Sun Y. *et al.*, (2020) A novel approach for the selective extraction of Li+ from the leaching solution of spent lithium-ion batteries using benzo-15-crown-5-ether as extractant, Sep. Purif. Technol. 237, 116325.
- 9. W. A. Zoubi (2013) Review, Solvent extraction of metal ions by use of Schiffs bases, Journal of Coordination Chemistry, 66, 13, 2264.
- Zvjezdana Cimermana et al, (1997) The Schiff bases of salicylaldehyde and aminopyridines as highly sensitive analytical reagents, Analytica Chimica Acta 343, 145-153
- 11. V. N. H. Nguyen *et al.*, (2020) Review on the Comparison of the Chemical Reactivity of Cyanex 272, Cyanex 301 and Cyanex 302 for Their Application to Metal Separation from Acid Media, Metals, 10, 1105.
- 12. Etty Purnamawaty et al, (1994) Extraction Equilibrium of Molybdenum(VI) with Several Alkylated 8-Quinolinol Derivatives, Analytical Sciences, 10, 749.
- 13. K. Ohashi *et al.*, (1996) Effect of alkyl substitueras in hydrophobic 8-quinolinol on the extraction of gallium(III) and applications to the separation of gallium(III) from aluminum(III), Talanta, 43, 9, 1481.
- 14. F. Miller (1973) Carboxylic acids as metal extractants, Talanta, 21, 685.
- J. S. Preston (1985) Solvent extraction of metals by carboxylic acids, Hydrometallurgy, 14, 171.
- 16. N. M. Rice (1978) Recent developments and potential uses for carboxylic acid extractants A Review, Hydrometallurgy, 3, 111.

ADVANCED TECHNOLOGIES FOR ENHANCING TRANSDERMAL DRUG DELIVERY

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Abstract:

Transdermal drug delivery systems (TDDS) have revolutionized the administration of medications by offering a non-invasive, controlled release of therapeutic agents through the skin. However, the stratum corneum presents a significant barrier to effective drug permeation. This chapter delves into advanced technologies that enhance transdermal drug delivery, aiming to overcome this barrier and improve drug bioavailability and patient compliance. The chapter begins by examining the limitations of traditional TDDS and the need for innovative approaches. It then explores a range of cutting-edge technologies, including microneedles, iontophoresis, sonophoresis, and chemical enhancers. Each technology is analyzed for its mechanism of action, efficacy, safety, and clinical applications. Furthermore, the chapter highlights the role of nanotechnology in transdermal delivery for their ability to encapsulate drugs, protect them from degradation, and enhance permeation. The chapter concludes with a discussion on the regulatory challenges and the future landscape of transdermal drug delivery, emphasizing the need for continued research and innovation to fully realize the potential of these advanced technologies. By providing a comprehensive overview of the latest advancements, this chapter aims to equip researchers, clinicians, and pharmaceutical developers with the knowledge necessary to advance the field of transdermal drug delivery.

Keywords: Transdermal Delivery, Stratum Corneum, Permeation Enhancement, Nanotechnology

Introduction:

Transdermal drug delivery systems (TDDS) represent a significant advancement in the field of pharmacotherapy, providing numerous advantages over traditional drug administration methods. The following points outline the key importance and benefits of TDDS:

- Non-Invasive Administration
- Controlled Drug Release
- Reduced Side Effects
- Improved Bioavailability
- Convenience and Ease of Use
- Steady Drug Levels
- Avoidance of Gastrointestinal Issues
- Enhanced Patient Adherence
- Reduced Risk of Overdose
- Application Versatility

By offering these significant benefits, TDDS improve the overall therapeutic outcomes and quality of life for patients, making them a vital component of modern medical treatments ^[1,2].

Challenges in Transdermal Drug Delivery

Despite the many advantages of transdermal drug delivery systems (TDDS), several challenges hinder their widespread application. These challenges need to be addressed to fully realize the potential of TDDS^[3]:

- Stratum Corneum Barrier: The outermost layer of the skin, the stratum corneum, is a major barrier to drug permeation. Its robust structure limits the types of drugs that can effectively penetrate and reach systemic circulation.
- Limited Drug Candidates: Only drugs with specific physicochemical properties, such as low molecular weight, adequate lipophilicity, and potency at low doses, are suitable for transdermal delivery. This restricts the range of drugs that can be formulated into TDDS.
- Variable Skin Permeability: Skin permeability can vary significantly between individuals due to factors such as age, skin condition, site of application, and ethnic differences. This variability can affect the consistency and efficacy of transdermal drug delivery.
- Skin Irritation and Sensitization: Prolonged application of transdermal patches or exposure to chemical enhancers can cause skin irritation, allergic reactions, or sensitization, leading to patient discomfort and non-compliance.
- Drug Stability: Maintaining the stability of drugs within transdermal formulations can be challenging, especially for drugs that are sensitive to environmental conditions such as temperature and humidity.

- Limited Drug Loading Capacity: The amount of drug that can be incorporated into a transdermal system is often limited. High doses required for therapeutic efficacy may not be achievable through transdermal delivery alone.
- Complex Formulation Development: Developing effective transdermal formulations requires sophisticated technologies and precise control over drug release rates, which can be complex and costly.
- Technical and Manufacturing Challenges: The production of transdermal systems involves advanced manufacturing processes that need to ensure uniformity, adhesion properties, and consistent drug release profiles. Any variability in these processes can impact the performance of the TDDS.
- Regulatory Hurdles: Regulatory approval for new transdermal systems can be complex and time-consuming. Stringent requirements for demonstrating safety, efficacy, and quality control can delay the introduction of new TDDS to the market.
- Economic Considerations: The development and production of transdermal systems can be expensive. High costs associated with advanced materials, technologies, and manufacturing processes can make TDDS less accessible.
- Patient Compliance Issues: While TDDS generally improve compliance, factors such as patch size, visibility, and the need for frequent application changes can still pose compliance challenges for some patients.

Addressing these challenges requires ongoing research and innovation. Advances in material science, drug formulation, and delivery technologies hold promise for overcoming these barriers and expanding the applicability and effectiveness of transdermal drug delivery systems^[4,5].

Advanced Technologies

Transdermal drug delivery systems (TDDS) have been greatly improved by various advanced technologies designed to overcome the natural barrier properties of the skin. These technologies enhance drug permeation, increase bioavailability, and expand the range of drugs that can be effectively delivered through the skin. Some of them are discussed herewith^[6].

A. Microneedle

Microneedle technology is a ground breaking advancement in the field of transdermal drug delivery, offering a minimally invasive method to enhance the permeation of drugs through the skin. This technology uses tiny needles to create microchannels in the skin, which facilitate the transport of therapeutic agents while minimizing discomfort and pain^[7].

Types of Microneedles

- 1. **Solid Microneedles:** These microneedles are made of solid materials and are used to create temporary microchannels in the skin. The drug is applied either before or after the microneedles create the channels. They are often used in combination with patches or topical formulations.
- 2. **Coated Microneedles:** These microneedles are coated with the drug, which dissolves upon insertion into the skin. They are suitable for delivering vaccines and small molecules.
- 3. **Dissolving Microneedles:** These are made from biocompatible polymers that dissolve completely upon insertion, releasing the drug into the skin. Useful for vaccines, peptides, and proteins.
- 4. **Hollow Microneedles:** These microneedles are hollow and allow the drug to be injected through the needles into the deeper layers of the skin. They are suitable for high molecular weight drugs and large volumes.

Advantages

- **Minimally Invasive:** Microneedles penetrate the skin without reaching nerve-rich deeper layers, minimizing pain and discomfort compared to traditional hypodermic needles.
- **Enhanced Drug Delivery:** Effective in delivering a wide range of therapeutic agents, including small molecules, macromolecules, and biologics.
- **Improved Patient Compliance:** Reduced pain and ease of use make microneedles a more acceptable option for patients, especially those requiring frequent or long-term drug administration.
- **Reduced Risk of Infection:** As microneedles do not penetrate deeply, the risk of infection is significantly lower compared to conventional needles.
- **Versatile Applications:** Suitable for vaccines, insulin, hormones, and other therapeutic agents, with potential uses in diagnostics and cosmetic treatments.

Applications

• **Vaccination:** Microneedles can deliver vaccines efficiently and painlessly, improving vaccination rates and patient compliance.

- **Diabetes Management:** Insulin delivery via microneedles offers a painless alternative to traditional injections, enhancing the quality of life for diabetic patients.
- **Hormone Replacement Therapy:** Microneedles provide a convenient and less painful method for delivering hormones such as testosterone and estrogen.
- **Cancer Treatment:** Used for localized delivery of chemotherapeutic agents, reducing systemic side effects.
- **Cosmetic Applications:** Delivery of anti-aging compounds, vitamins, and other cosmetic agents directly into the skin.

Challenges and Future Directions

- **Manufacturing and Cost:** The production of microneedles involves precise fabrication techniques, which can be costly and complex. Scaling up production while maintaining quality and consistency is a challenge.
- **Drug Formulation:** Not all drugs are suitable for delivery via microneedles. Formulating drugs to be stable and effective in microneedle applications requires extensive research and development.
- **Regulatory Approval:** As with any new medical technology, obtaining regulatory approval for microneedle products involves rigorous testing to ensure safety and efficacy.
- **Patient Acceptance:** Despite their advantages, patient education and acceptance of microneedles need to be addressed to ensure widespread adoption.

Future research and development in microneedle technology focus on improving materials, designs, and drug formulations to enhance their efficacy, safety, and patient acceptance. Innovations such as smart microneedles that respond to physiological cues or deliver drugs in a controlled manner are expected to further expand the potential applications of this technology^[8].

B. Iontophoresis

Iontophoresis is an advanced transdermal drug delivery technique that uses a low electrical current to drive charged drug molecules through the skin. This method enhances the permeability of the skin, allowing for the efficient delivery of both small and large molecules. Here is an in-depth look at iontophoresis for transdermal delivery^[9,10]:

Mechanism of Action

- Electromotive Force: Iontophoresis applies a small electrical current to the skin. This current drives charged drug molecules across the skin barrier through electromigration.
- **Electroosmosis:** The electrical current also causes the movement of water (and the drug dissolved in it) through the skin, further aiding in drug transport.
- **Increased Permeability:** The electrical current temporarily disrupts the stratum corneum, enhancing skin permeability and allowing larger molecules to pass through.

Components of Iontophoretic Systems

- 1. **Electrodes:** Active Electrode: Positioned over the drug reservoir, it repels the charged drug molecules into the skin. Return Electrode: Placed elsewhere on the body, it completes the electrical circuit.
- 2. **Power Source:** A small, portable battery provides the necessary electrical current for iontophoresis.
- 3. **Drug Reservoir:** The drug is stored in a gel or liquid form, often within a patch applied to the skin under the active electrode.

Advantages

- **Non-Invasive:** Offers a needle-free alternative for drug delivery, reducing the risk of infection and improving patient compliance.
- **Controlled Drug Delivery:** Allows precise control over the rate and dosage of drug delivery by adjusting the electrical current.
- **Bypasses Gastrointestinal Tract:** Avoids first-pass metabolism and potential gastrointestinal side effects, leading to improved bioavailability.
- **Suitable for Various Drugs:** Effective for delivering ions, peptides, proteins, and other macromolecules that are challenging to administer orally or through traditional transdermal methods.

C. Electroporation

Electroporation is an innovative technique used in transdermal drug delivery that employs short, high-voltage electrical pulses to create temporary pores in the skin. These pores enhance the permeability of the stratum corneum, allowing larger molecules and various therapeutic agents to penetrate the skin more effectively^[11-13].

Mechanism of Action

- **Electrical Pulses:** High-voltage electrical pulses are applied to the skin, causing a temporary disruption in the lipid bilayer of the stratum corneum.
- **Pore Formation:** These pulses create microscopic pores in the skin, which significantly increase its permeability.
- Enhanced Drug Diffusion: The formation of pores allows drugs, including large and hydrophilic molecules, to diffuse through the skin more easily and reach deeper layers or the systemic circulation.

Components of Electroporation Systems

- 1. Electrode Array:
 - **Application:** The electrodes are placed on the skin to deliver the electrical pulses. These can be designed in various configurations depending on the target area and treatment requirements.

2. Pulse Generator:

• **Function:** A device that generates and controls the electrical pulses, including their intensity, duration, and frequency.

3. Drug Reservoir:

• **Design:** Often incorporated into a patch or gel that is applied to the skin area under treatment, allowing the drug to be delivered directly through the pores created by electroporation.

Advantages of Electroporation

- **Non-Invasive:** Provides a needle-free alternative to drug delivery, reducing the risk of infection and improving patient comfort.
- **Enhanced Permeability:** Significantly increases skin permeability, allowing the delivery of larger molecules that cannot penetrate the skin under normal conditions.
- **Versatility:** Suitable for a wide range of drugs, including macromolecules such as proteins, peptides, and nucleic acids.
- **Controlled Delivery:** Allows precise control over drug delivery parameters by adjusting the electrical pulse characteristics.

D. Sonophoresis (Ultrasound)

Sonophoresis, also known as ultrasound-enhanced transdermal drug delivery, utilizes ultrasonic waves to increase the permeability of the skin, thereby facilitating the transport of therapeutic agents through the skin. This technique enhances the delivery of both small and large molecules and offers a non-invasive alternative to traditional methods^[14,15].

Mechanism of Action

- 1. Ultrasonic Waves:
 - **Frequency Range:** Typically uses low-frequency ultrasound (20 kHz to 100 kHz) to disrupt the stratum corneum, the outermost layer of the skin.
 - **Intensity and Duration:** The parameters of the ultrasound, such as intensity and duration, are optimized to achieve maximum permeability without causing damage to the skin.

2. Cavitation:

- Formation of Microbubbles: Ultrasonic waves induce cavitation, the formation and oscillation of microbubbles in the coupling medium (usually a gel) applied to the skin.
- **Disruption of Skin Barrier:** These microbubbles oscillate and collapse, creating localized high-pressure areas that disrupt the lipid structure of the stratum corneum, forming microchannels that enhance drug permeation.

3. Thermal Effects:

• **Heat Generation:** Ultrasound generates localized heat, which can increase the fluidity of the lipid bilayers in the skin and further enhance drug penetration.

Components of Sonophoresis Systems

- 1. Ultrasound Transducer:
 - **Function:** Converts electrical energy into ultrasonic waves and directs these waves towards the skin.
 - **Design:** Can vary in size and shape depending on the application and target area.

2. Coupling Medium:

• **Purpose:** A gel or cream that facilitates the transmission of ultrasonic waves from the transducer to the skin, ensuring effective cavitation and drug delivery.

3. Drug Formulation:

• **Form:** Drugs can be incorporated into the coupling medium or applied to the skin prior to ultrasound treatment.

Advantages

- **Non-Invasive:** Offers a needle-free method of drug delivery, reducing the risk of infection and improving patient comfort.
- Enhanced Permeability: Significantly increases skin permeability, allowing the delivery of larger and more complex molecules that would not typically penetrate the skin.
- **Versatile Applications:** Suitable for delivering a wide range of therapeutic agents, including hydrophilic and hydrophobic drugs, proteins, and peptides.
- **Controlled Delivery:** The ultrasound parameters can be adjusted to control the extent of drug delivery and penetration depth.

E. Thermal Approaches

Thermal approaches utilize controlled heat to enhance the permeability of the skin, thereby facilitating the delivery of therapeutic agents through the transdermal route. These methods can be categorized into passive and active strategies, each leveraging heat in unique ways to improve drug penetration and absorption^[16,17].

Mechanisms of Action

- 1. Increased Skin Permeability:
 - **Heat-Induced Lipid Fluidization:** Heat causes the lipids in the stratum corneum to become more fluid, creating a less organized structure and increasing permeability.
 - **Enhanced Drug Solubility:** Heat can increase the solubility and diffusivity of drugs, allowing them to penetrate the skin more effectively.

2. Vasodilation:

 Increased Blood Flow: Heat induces vasodilation in the dermal blood vessels, enhancing the uptake and systemic distribution of drugs delivered transdermally.

Types of Thermal Approaches

1. Passive Heating Methods:

Heated Patches:

 Description: These patches incorporate heat-generating elements, such as exothermic chemical reactions or battery-powered heaters, to apply controlled heat to the skin.

- **Applications:** Used to enhance the delivery of drugs like fentanyl for pain management and nicotine for smoking cessation.
- **Advantages:** Simple to use, non-invasive, and can be easily integrated into existing transdermal patch designs.

2. Active Heating Methods:

Laser Ablation:

- **Description:** Utilizes focused laser energy to create microchannels in the skin by ablating the stratum corneum.
- **Applications:** Effective for delivering large molecules, such as proteins and vaccines.
- **Advantages:** Precise control over the depth and size of microchannels, minimal discomfort, and rapid onset of action.

Radiofrequency (RF) Ablation:

- **Description:** Involves the application of high-frequency alternating current to generate controlled heat, creating microchannels in the skin.
- **Applications:** Used for delivering peptides, hormones, and other macromolecules.
- **Advantages:** Non-invasive, rapid drug delivery, and the ability to target specific areas with precision.

Microwave and Infrared Heating:

- **Description:** These methods use microwave or infrared radiation to heat the skin, enhancing drug permeation through increased skin temperature.
- **Applications:** Suitable for a range of drugs, including analgesics and antiinflammatory agents.
- **Advantages:** Non-contact method, uniform heating, and adjustable intensity.

Advantages

- **Non-Invasive:** Most thermal methods do not require needles or other invasive techniques, improving patient comfort and compliance.
- Enhanced Permeability: Heat significantly increases skin permeability, allowing for the delivery of larger and more complex molecules that are typically challenging to administer transdermally.
- **Controlled Delivery:** The intensity and duration of heat can be precisely controlled, allowing for tailored drug release profiles and dosing regimens.

• **Versatility:** Thermal approaches can be used with a wide range of drugs, from small molecules to large biomolecules like proteins and peptides.

F. Chemical Enhancers

Chemical enhancers, also known as penetration enhancers, are substances that increase the permeability of the skin barrier, allowing for improved transdermal delivery of therapeutic agents. These enhancers work by various mechanisms to disrupt the structure of the stratum corneum, the outermost layer of the skin, and facilitate the penetration of drugs. Here's an overview of chemical enhancers for transdermal drug delivery^[18-20]:

Mechanisms of Action

1. Lipid Disruption:

• Chemical enhancers can solubilize and extract lipids from the stratum corneum, disrupting its lipid bilayers and increasing permeability.

2. Protein Denaturation:

• Some enhancers can denature proteins in the stratum corneum, leading to structural changes that allow for easier drug penetration.

3. Hydration of Stratum Corneum:

 Certain enhancers increase the hydration of the stratum corneum, causing swelling and expansion of the intercellular spaces, thereby enhancing drug diffusion.

4. Interference with Skin Proteins:

• Chemical enhancers may interact with proteins in the stratum corneum, altering their conformation and disrupting the skin barrier function.

Types of Chemical Enhancers

1. Surfactants:

- Examples: Sodium lauryl sulfate, Tween, Span.
- Mechanism: Surfactants disrupt the lipid bilayers of the stratum corneum, reducing the interfacial tension and increasing skin permeability.

2. Solvents:

- Examples: Ethanol, propylene glycol, dimethyl sulfoxide (DMSO).
- Mechanism: Solvents dissolve lipids in the stratum corneum, enhancing drug partitioning into the skin.
- 3. Fatty Acids and Esters:

- Examples: Oleic acid, linoleic acid, isopropyl myristate.
- Mechanism: Fatty acids disrupt the lipid organization of the stratum corneum, while esters enhance drug solubility and permeation.

4. Cyclodextrins:

- Examples: β-cyclodextrin, hydroxypropyl-β-cyclodextrin.
- Mechanism: Cyclodextrins form inclusion complexes with drugs, increasing their solubility and bioavailability in the skin.

5. Azone and Its Analogs:

- Examples: Transcutol, laurocapram (Azone), Labrasol.
- Mechanism: Azone and its analogs disrupt the stratum corneum lipid organization and increase skin permeability.

Advantages

- **Enhanced Drug Permeation:** Chemical enhancers significantly increase the permeability of the skin, allowing for improved delivery of drugs that typically have poor transdermal absorption.
- **Versatility:** Chemical enhancers can be used with a wide range of drugs, including hydrophilic and hydrophobic compounds, peptides, proteins, and nucleic acids.
- **Ease of Formulation:** Many chemical enhancers are easy to incorporate into topical formulations, making them suitable for various transdermal delivery systems.
- **Cost-Effectiveness:** Compared to other transdermal enhancement methods, such as microneedles or iontophoresis, chemical enhancers are often more cost-effective and accessible.

G. Nanotechnology in Transdermal Delivery

Nanotechnology involves the use of nanoparticles to improve the delivery and effectiveness of drugs. In the context of transdermal drug delivery, nanotechnology offers several advantages, including enhanced drug permeation, controlled release, and targeted delivery. Here's an in-depth look at how nanotechnology is revolutionizing transdermal drug delivery^[21,22]:

Mechanisms of Nanotechnology in Transdermal Delivery

1. Enhanced Permeation:

• Nanoparticles can penetrate the stratum corneum more easily than larger particles, improving the delivery of drugs through the skin.

2. Controlled Release:

 Nanoparticles can be designed to release their drug payloads over a sustained period, providing controlled drug delivery and reducing the frequency of dosing.

3. Targeted Delivery:

• Functionalized nanoparticles can be engineered to target specific skin cells or tissues, improving the efficacy and reducing side effects of the drug.

Advantages

- Enhanced Skin Penetration: Nanoparticles can bypass the stratum corneum barrier more effectively, improving drug bioavailability.
- **Reduced Side Effects:** Targeted delivery and controlled release reduce systemic exposure and minimize side effects.
- **Improved Stability:** Encapsulation within nanoparticles protects drugs from degradation due to environmental factors.
- **Versatility:** Nanoparticles can be engineered to carry a wide range of therapeutic agents, including small molecules, peptides, proteins, and nucleic acids.

Regulatory and Safety Considerations

Transdermal drug delivery systems (TDDS) present unique regulatory and safety challenges that must be addressed to ensure their efficacy and safety for patients. These considerations encompass various aspects, from preclinical testing to manufacturing and post-market surveillance. Here is an overview of key regulatory and safety considerations for transdermal drug delivery^[23]:

Regulatory Considerations

- 1. Regulatory Pathways:
 - New Drug Application (NDA) and Abbreviated New Drug Application (ANDA)
 - Regulatory Agencies
- 2. Preclinical Studies:
 - Safety and Efficacy Testing
- 3. Clinical Trials
 - Phase I-III Trials
- 4. Bioequivalence Studies
- 5. Quality Control and Manufacturing
 - Good Manufacturing Practices (GMP)
 - Quality Control Testing

6. Labeling and Instructions for Use

Safety Considerations

- 1. Skin Irritation and Sensitization:
 - Assessment: Safety evaluations must include testing for skin irritation and sensitization, as transdermal systems are in direct contact with the skin for extended periods.
 - **Mitigation:** Formulations are often optimized to minimize the risk of irritation and allergic reactions.

2. Systemic Toxicity:

- **Evaluation:** The potential for systemic toxicity must be assessed, particularly for drugs with narrow therapeutic indices.
- **Monitoring:** Monitoring plasma drug levels during clinical trials helps to identify any systemic adverse effects.

3. Dose Dumping:

- Risk: Ensuring that the transdermal system does not release the drug too quickly (dose dumping) is crucial, as this could lead to overdose and serious side effects.
- **Testing:** In vitro and in vivo studies are conducted to evaluate the release profile and ensure controlled drug delivery.

4. Adhesion and Integrity:

- **Performance:** The adhesive properties of the transdermal patch must be evaluated to ensure it stays in place throughout the intended duration of use.
- **Durability:** The structural integrity of the patch should be maintained under various conditions, including exposure to water, sweat, and physical activity.

5. Patient Safety and Compliance:

- **User-Friendly Design:** The design of the transdermal system should be user-friendly to enhance patient compliance and reduce the risk of incorrect application.
- **Education:** Providing adequate patient education on the proper use and potential risks associated with the transdermal system is essential.

Future Perspectives

The future of transdermal drug delivery is promising, driven by advances in technology, materials science, and personalized medicine. These innovations aim to

address current limitations, enhance efficacy, and expand the range of therapeutics that can be delivered transdermally. The future of transdermal drug delivery is poised to bring significant advancements in the treatment of various medical conditions, driven by innovation in technology, personalized medicine, and a commitment to patient safety and efficacy. These developments hold the potential to revolutionize how drugs are administered, improving therapeutic outcomes and patient quality of life.

References:

- Ranade VV. Drug delivery systems. Transdermal drug delivery. The Journal of Clinical Pharmacology. 1991;31(5):401-18.
- 2. Devi VK, Jain N, Valli KS. Importance of novel drug delivery systems in herbal medicines. Pharmacognosy reviews. 2010;4(7):27.
- 3. Ita KB. Transdermal drug delivery: Progress and challenges. Journal of Drug Delivery Science and Technology. 2014;24(3):245-50.
- 4. Giannos SA. Identifying present challenges to reliable future transdermal drug delivery products. Therapeutic Delivery. 2015;6(8):1033-41.
- Paudel KS, Milewski M, Swadley CL, Brogden NK, Ghosh P, Stinchcomb AL. Challenges and opportunities in dermal/transdermal delivery. Therapeutic delivery. 2010;1(1):109-31.
- Rabiei M, Kashanian S, Samavati SS, Jamasb S, McInnes SJ. Nanomaterial and advanced technologies in transdermal drug delivery. Journal of drug targeting. 2020;28(4):356-67.
- 7. Prausnitz MR. Microneedles for transdermal drug delivery. Advanced drug delivery reviews. 2004;56(5):581-7.
- 8. Al-Japairai KA, Mahmood S, Almurisi SH, Venugopal JR, Hilles AR, Azmana M, Raman S. Current trends in polymer microneedle for transdermal drug delivery. International journal of pharmaceutics. 2020;587:119673.
- 9. Park J, Lee H, Lim GS, Kim N, Kim D, Kim YC. Enhanced transdermal drug delivery by sonophoresis and simultaneous application of sonophoresis and iontophoresis. Aaps Pharmscitech. 2019;20:1-7.
- Kanikkannan N. Iontophoresis-based transdermal delivery systems. BioDrugs. 2002;16(5):339-47.
- 11. A Charoo N, Rahman Z, A Repka M, N Murthy S. Electroporation: an avenue for transdermal drug delivery. Current Drug Delivery. 2010;7(2):125-36.

- 12. Preat V, Vanbever R. Skin electroporation for transdermal and topical drug delivery. Transdermal drug delivery. 2002;123:227-54.
- Escobar-Chávez JJ, Bonilla-Martínez D, Villegas-González MA, Revilla-Vázquez AL. Electroporation as an efficient physical enhancer for skin drug delivery. The Journal of Clinical Pharmacology. 2009;49(11):1262-83.
- Park D, Park H, Seo J, Lee S. Sonophoresis in transdermal drug deliverys. Ultrasonics. 2014;54(1):56-65.
- Bommannan D, Menon GK, Okuyama H, Elias PM, Guy RH. Sonophoresis. II. Examination of the mechanism (s) of ultrasound-enhanced transdermal drug delivery. Pharmaceutical research. 1992;9:1043-7.
- 16. Lee JW, Gadiraju P, Park JH, Allen MG, Prausnitz MR. Microsecond thermal ablation of skin for transdermal drug delivery. Journal of controlled release. 2011;154(1):58-68.
- 17. Arora A, Prausnitz MR, Mitragotri S. Micro-scale devices for transdermal drug delivery. International journal of pharmaceutics. 2008;364(2):227-36.
- Kovacik A, Kopecna M, Vavrova K. Permeation enhancers in transdermal drug delivery: Benefits and limitations. Expert opinion on drug delivery. 2020;17(2):145-55.
- Chen Y, Quan P, Liu X, Wang M, Fang L. Novel chemical permeation enhancers for transdermal drug delivery. Asian Journal of Pharmaceutical Sciences. 2014;9(2):51-64.
- 20. Ita K. Chemical penetration enhancers for transdermal drug delivery-success and challenges. Current drug delivery. 2015;12(6):645-51.
- 21. Cevc G, Vierl U. Nanotechnology and the transdermal route: A state of the art review and critical appraisal. Journal of controlled release. 2010;141(3):277-99.
- 22. Singhavi DJ, Khan S. Application of Nanotechnology in Transdermal Drug Delivery. Nanobiotechnology in Diagnosis, Drug Delivery, and Treatment. 2020:113-28.
- 23. Cabana BE. Regulatory considerations in transdermal controlled medication. Drug Development and Industrial Pharmacy. 1983;9(4):707-24.

INNOVATIONS IN BIOTECHNOLOGY

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Abstract:

Biotechnology, the application of biological systems and organisms to develop products and technologies, has revolutionized numerous fields, including healthcare, agriculture, and environmental science. This paper explores key innovations in biotechnology, focusing on advancements in CRISPR and gene editing, synthetic biology, personalized medicine, regenerative medicine, agricultural biotechnology, and environmental biotechnology. CRISPR technology has transformed genetic engineering, enabling precise modifications with applications in treating genetic disorders, cancer, and infectious diseases. Synthetic biology facilitates the creation of new biological parts and systems, leading to breakthroughs in drug development, bioremediation, and sustainable manufacturing. Personalized medicine leverages genomic information to tailor treatments, improving efficacy and minimizing adverse effects. Regenerative medicine, through stem cell therapy and tissue engineering, offers promising solutions for tissue repair and organ replacement. Agricultural biotechnology enhances crop yield, nutritional value, and resistance to pests and diseases, contributing to global food security. Environmental biotechnology addresses pollution control and waste management, promoting sustainable practices. The ethical and social implications of these advancements are also considered, emphasizing the need for responsible development and equitable access. This comprehensive review highlights the transformative potential of biotechnology and its role in addressing some of the most pressing challenges facing humanity today.

Keywords: Biotechnology, CRISPR, Gene Therapy, Gene Editing, Genomic Medicine **Introduction to Biotechnology:**

Biotechnology, the application of biological systems and organisms to develop products and technologies, has been a cornerstone of human advancement for centuries. Early examples include the domestication of crops and animals, fermentation processes for food production, and the development of vaccines. Over time, biotechnology has evolved,

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integrating new scientific discoveries and technological advancements. Today, it encompasses cutting-edge fields such as genetic engineering, synthetic biology, and regenerative medicine, driving unprecedented innovations that promise to transform healthcare, agriculture, and environmental sustainability.

2. CRISPR and Gene Editing

CRISPR (Clustered Regularly Interspaced Short Palindromic Repeats) technology represents a groundbreaking advancement in genetic engineering. This precise and costeffective method for editing genes has revolutionized biological research and therapeutic development.

Mechanisms of CRISPR:

CRISPR technology utilizes the Cas9 enzyme, guided by a synthetic RNA molecule, to introduce targeted cuts in DNA. This allows for the addition, deletion, or alteration of specific genetic sequences. The system consists of two key components: the Cas9 enzyme, which acts as molecular scissors, and the guide RNA (gRNA), which directs Cas9 to the specific site in the genome where the cut should be made. After the DNA is cut, the cell's natural repair mechanisms kick in, and researchers can manipulate this process to insert, delete, or modify genetic material.

Applications in Medicine:

- **Gene Therapy:** CRISPR holds potential for treating genetic disorders such as cystic fibrosis and sickle cell anemia by correcting mutations at the DNA level. For example, clinical trials are underway to use CRISPR to edit the defective genes responsible for these diseases, potentially providing a one-time, permanent cure.
- **Cancer Treatment:** Researchers are exploring CRISPR-based approaches to modify immune cells, enhancing their ability to target and destroy cancer cells. CAR-T cell therapy, a form of immunotherapy, can be improved using CRISPR to enhance the specificity and efficacy of T cells against cancer.
- **Infectious Diseases:** CRISPR can be used to develop antiviral therapies, such as targeting and deactivating viral DNA in infected cells. For instance, CRISPR has been used experimentally to target and cut HIV DNA integrated into the genome of infected cells, providing a potential strategy to eradicate the virus.

Ethical Considerations:

The power of CRISPR raises significant ethical questions, particularly concerning germline editing, which involves changes that can be passed on to future generations. The

potential for unintended off-target effects and broader implications of genetic modifications requires careful consideration and regulatory oversight. There is ongoing debate about the ethical boundaries of gene editing, especially concerning its use in human embryos and potential long-term impacts on the gene pool.

3. Synthetic Biology

Synthetic biology involves the design and construction of new biological parts, devices, and systems. This field aims to create organisms with novel functions that do not exist in nature, offering vast potential across various industries.

Design and Construction:

Synthetic biologists use standardized genetic parts, known as BioBricks, to assemble new genetic circuits. These circuits can control cellular functions, such as producing pharmaceuticals, biofuels, or other valuable chemicals. The design process often involves computational models to predict the behaviour of genetic circuits, followed by laboratory synthesis and testing.

Applications in Medicine:

- **Drug Development:** Synthetic biology enables the production of complex drugs, such as artemisinin, an antimalarial compound, through engineered microbes. By inserting synthetic pathways into yeast or bacteria, researchers can produce drugs that are otherwise difficult or expensive to obtain.
- **Personalized Medicine:** Customized genetic circuits can be designed to sense and respond to specific biomarkers in a patient, leading to tailored therapeutic interventions. For example, engineered bacteria can be programmed to detect and treat gastrointestinal diseases directly in the gut.

Environmental Applications:

- **Bioremediation:** Engineered microorganisms can be used to clean up environmental pollutants, such as oil spills or heavy metals. These microbes can be designed to break down toxic substances into harmless byproducts, offering a sustainable solution for pollution control.
- Sustainable Manufacturing: Synthetic biology can create environmentally friendly alternatives to traditional manufacturing processes, reducing reliance on fossil fuels and minimizing waste. For instance, bioengineered organisms can produce biodegradable plastics or biofuels from renewable resources.

4. Personalized Medicine

Personalized medicine tailors' medical treatment to the individual characteristics of each patient. Advances in genomics and biotechnology have made it possible to customize healthcare based on genetic, environmental, and lifestyle factors.

Genomic Medicine:

- Whole Genome Sequencing: This technique allows for the comprehensive analysis of an individual's genetic makeup, identifying predispositions to various diseases and guiding preventive measures. It can reveal mutations and genetic markers associated with conditions like cancer, heart disease, and neurodegenerative disorders.
- **Pharmacogenomics:** Understanding how a patient's genetic makeup influences their response to drugs enables the selection of the most effective and least toxic medications. By analysing genetic variations that affect drug metabolism, doctors can prescribe treatments that minimize adverse effects and improve outcomes.

Targeted Therapies:

- **Cancer Treatment:** Personalized medicine has led to the development of targeted therapies that specifically attack cancer cells based on their genetic mutations, minimizing damage to healthy cells. Drugs like trastuzumab (Herceptin) target HER2-positive breast cancer cells, exemplifying the success of personalized approaches in oncology.
- **Rare Diseases:** Identifying the genetic basis of rare diseases allows for the development of specific treatments, offering hope to patients with previously untreatable conditions. For instance, gene therapy has shown promise in treating spinal muscular atrophy (SMA) by delivering a functional copy of the defective gene.

Ethical and Privacy Issues:

The use of personal genetic information raises ethical concerns regarding privacy, data security, and potential discrimination. Ensuring informed consent and robust data protection measures is crucial in the implementation of personalized medicine. Patients must be adequately informed about the implications of genetic testing, and safeguards must be in place to prevent misuse of genetic data by insurers or employers.

5. Regenerative Medicine

Regenerative medicine focuses on repairing, replacing, or regenerating damaged tissues and organs. This field encompasses stem cell therapy, tissue engineering, and biomaterials, offering potential cures for conditions that currently have limited treatment options.

Stem Cell Therapy:

- **Pluripotent Stem Cells:** These cells can differentiate into any cell type, offering potential for regenerating damaged tissues and organs. Induced pluripotent stem cells (iPSCs), derived from adult cells reprogrammed to an embryonic-like state, provide a versatile source for generating patient-specific cells for therapy.
- Adult Stem Cells: Found in various tissues, these cells can be used for targeted repair, such as in bone marrow transplants for leukemia. Mesenchymal stem cells (MSCs) from bone marrow or fat tissue are being investigated for their ability to treat inflammatory and degenerative diseases.

Tissue Engineering:

- Scaffolds and Biomaterials: Engineered scaffolds can provide a framework for the growth of new tissues, which can be used to repair or replace damaged organs. These scaffolds are often made from biocompatible materials that support cell attachment, proliferation, and differentiation.
- **3D Bioprinting:** This technology allows for the precise construction of tissue structures by printing layers of cells and biomaterials, potentially leading to the creation of fully functional organs. 3D bioprinting has shown promise in producing tissues such as skin, cartilage, and even small organoids for research and therapeutic purposes.

Clinical Applications:

- **Heart Disease:** Regenerative therapies can repair damaged heart tissue following a heart attack, improving cardiac function. Clinical trials are exploring the use of stem cells and tissue-engineered patches to restore heart tissue and enhance recovery.
- **Orthopedic Injuries:** Tissue engineering can regenerate bone and cartilage, offering new treatments for fractures and joint injuries. For example, scaffolds loaded with stem cells are being used to promote bone healing and cartilage repair in conditions like osteoarthritis.

6. Agricultural Biotechnology

Agricultural biotechnology aims to enhance crop yield, nutritional value, and resistance to pests and diseases through genetic modifications and other biotechnological techniques.

Genetically Modified Crops:

- Herbicide Resistance: Crops engineered to withstand herbicides allow for more effective weed control and higher yields. Herbicide-resistant varieties, such as glyphosate-resistant soybeans, enable farmers to manage weeds with fewer chemical inputs.
- **Pest Resistance:** Genetic modifications can protect crops from pests, reducing the need for chemical pesticides and minimizing environmental impact. Bt crops, which express a toxin from the bacterium Bacillus thuringiensis, are resistant to certain insect pests, decreasing reliance on synthetic insecticides.

Nutritional Enhancements:

 Biofortification: Crops can be engineered to contain higher levels of essential nutrients, such as vitamin A-enriched golden rice, addressing nutritional deficiencies in developing countries. Biofortified crops aim to combat malnutrition by providing enhanced nutritional value in staple foods.

Sustainable Agriculture:

- **Drought Tolerance:** Developing crops that can withstand drought conditions helps ensure food security in the face of climate change. Researchers are engineering crops with improved water-use efficiency and resilience to environmental stress.
- Soil Health: Biotechnology can enhance the ability of crops to fix nitrogen, reducing the need for synthetic fertilizers and promoting sustainable farming practices. Nitrogen-fixing crops can help improve soil fertility and reduce the environmental impact of agriculture.

7. Environmental Biotechnology

Environmental biotechnology applies biological processes to solve environmental problems, including pollution control, waste management, and resource conservation.

Bioremediation:

• **Microbial Degradation:** Engineered microorganisms can break down pollutants, such as hydrocarbons in oil spills or heavy metals in contaminated soil.

Bioremediation uses naturally occurring or genetically modified microbes to detoxify and restore polluted environments.

• **Phytoremediation:** Plants can be used to absorb and concentrate pollutants from the environment, cleaning up contaminated sites. Certain plants, known as hyperaccumulators, can take up heavy metals and other contaminants, which are then harvested and safely disposed of.

Waste Management:

- **Bioenergy Production:** Organic waste can be converted into bioenergy through processes such as anaerobic digestion, providing a renewable energy source. Biogas produced from waste materials can be used for electricity generation, heating, or as a vehicle fuel.
- **Recycling and Upcycling:** Biotechnology can transform waste materials into valuable products, reducing landfill use and conserving resources. For example, microbial processes can convert agricultural waste into bio-based plastics, chemicals, and other valuable commodities.

Water Treatment:

- **Biological Filters:** Microorganisms can be used in water treatment plants to remove contaminants and purify drinking water. Biological filtration systems harness microbial activity to degrade organic pollutants and improve water quality.
- **Constructed Wetlands:** Engineered ecosystems can naturally treat wastewater, offering a sustainable alternative to traditional treatment methods. Constructed wetlands use plants, soils, and associated microbial communities to filter and cleanse wastewater, mimicking natural processes.

8. Ethical and Social Implications

The rapid advancement of biotechnology raises significant ethical and social considerations. Addressing these issues is crucial to ensuring the responsible development and application of biotechnological innovations.

Ethical Considerations:

• **Human Genetic Engineering:** The potential for editing human genomes, particularly in embryos, raises questions about the limits of genetic manipulation and the definition of acceptable interventions. Ethical debates focus on the potential for "designer babies" and the long-term impacts of genetic modifications on the human gene pool.

• Animal Welfare: The use of animals in biotechnology research and production necessitates considerations of ethical treatment and welfare standards. Ensuring humane treatment and minimizing suffering in animal research are paramount concerns.

Social Implications:

- Access and Equity: Ensuring equitable access to biotechnological advancements, particularly in developing countries, is essential to avoid exacerbating existing health and economic disparities. Strategies to promote global health equity include technology transfer, capacity building, and international collaborations.
- **Public Perception and Acceptance:** Public understanding and acceptance of biotechnological innovations are critical for their successful implementation. Transparent communication and engagement with stakeholders can help address concerns and build trust. Public education initiatives and inclusive dialogue can foster informed decision-making and support for biotechnological advancements.

9. Future Directions

The future of biotechnology holds immense promise, with ongoing research and development poised to deliver groundbreaking solutions to some of humanity's most pressing challenges. Key areas of focus for future innovation include:

- Enhanced Precision Medicine: Advancements in genomic and proteomic technologies will enable even more precise and personalized medical treatments. Integration of artificial intelligence and machine learning with biotechnology can enhance diagnostic accuracy and therapeutic efficacy.
- **Sustainable Bio-manufacturing:** Biotechnology will continue to drive the development of sustainable production methods, reducing environmental impact and conserving resources. Innovations in metabolic engineering and synthetic biology will facilitate the creation of bio-based materials and chemicals from renewable feedstocks.
- Global Health Initiatives: Collaborative efforts in biotechnology can address global health issues, such as infectious diseases and malnutrition, through innovative solutions. Partnerships between academia, industry, and governments will be essential to harness the full potential of biotechnology for global health improvement.

Conclusion:

In conclusion, biotechnology stands at the forefront of scientific innovation, offering transformative potential across a wide range of applications. By harnessing the power of biological systems and processes, we can develop solutions that improve human health, enhance agricultural productivity, protect the environment, and promote sustainability. As we navigate the ethical and social implications of these advancements, it is essential to ensure that the benefits of biotechnology are accessible and equitable, fostering a future where science and technology work in harmony with society.

References:

- 1. Lander ES, Weinberg RA. Genomics: Journey to the center of biology. Science. 2000;287(5460):1777-82.
- Keasling JD. Manufacturing molecules through metabolic engineering. Science. 2010;330(6009):1355-8.
- 3. Collins JJ, Lariviere A. Synthetic biology: Life reimagined. Cell. 2020;182(4):844-58.
- Jinek M, Chylinski K, Fonfara I, Hauer M, Doudna JA, Charpentier E. A programmable dual-RNA-guided DNA endonuclease in adaptive bacterial immunity. Science. 2012;337(6096):816-21.
- 5. Yin H, Xue W. Genome editing: Precision therapy of monogenic disorders. Nat Rev Drug Discov. 2017;16(11):713-33.
- Bhatia SN, Ingber DE. Microfluidic organs-on-chips. Nat Biotechnol. 2014;32(8):760-72.
- 7. Serrano L. Synthetic biology: Promises and challenges. Mol Syst Biol. 2007;3(1):158.
- 8. Kim JH, Kim HS. CRISPR-Cas9: A promising tool for gene editing on induced pluripotent stem cells. J Korean Med Sci. 2018;33(12)
- 9. Elbaz AL, Deamer D. Membrane self-assembly processes: Steps toward the first cellular life. Science. 2020;367(6478)
- 10. Takahashi, K., & Yamanaka, S. (2006). Induction of pluripotent stem cells from mouse embryonic and adult fibroblast cultures by defined factors. Cell, 126(4), 663-676.
- 11. Carothers JM, Gill RT. Synthetic biology: The state of play. Biotechnol J. 2015;10(7):931-7.
- 12. Ni X, Shea KJ. Applications of synthetic biology. Chem Soc Rev. 2011;40(7):3815-26.
- 13. Venter JC, Cohen D. Life at the speed of light: From the double helix to the dawn of digital life. Penguin Books; 2010.

- 14. Jansen R, van Embden JD, Gaastra W, Schouls LM. Identification of genes that are associated with DNA repeats in prokaryotes. Mol Microbiol. 2002;43(6):1565-78.
- Voigt CA. Genetic parts to program bacteria. Curr Opin Biotechnol. 2006;17(5):548-57.
- Bhatia SN, Ingber DE. Microfluidic organs-on-chips. Nat Biotechnol. 2014;32(8):760-72.
- 17. Yin H, Xue W. Genome editing: Precision therapy of monogenic disorders. Nat Rev Drug Discov. 2017;16(11):713-33.
- PN D, Mathias AJ. Recent Advances of Biotechnology in Medicine and Pharmacology. J Adv Zool. 2024;45.
- Purnomo AR, Yulianto B, Mahdiannur MA, Subekti H. Embedding sustainable development goals to support curriculum merdeka using projects in biotechnology. Int J Learn Teach Educ Res. 2023;22(1):406-33.
- 20. Elbaz AL, Deamer D. Membrane self-assembly processes: Steps toward the first cellular life. Science. 2020;367(6478).

QUALITY ASSURANCE IN PHARMACY PRACTICE: ENSURING SAFETY AND EFFICACY

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Abstract:

Ensuring safety and efficacy in pharmacy practice is paramount to safeguarding public health and promoting optimal patient outcomes. This abstract provides an overview of the key concepts and practices encompassed within the domain of quality assurance in pharmacy practice. Quality assurance in pharmacy involves a systematic approach to monitoring and evaluating pharmaceutical products and services to ensure compliance with established standards and regulations. This includes adherence to Good Manufacturing Practices (GMP), Good Distribution Practices (GDP), and other regulatory requirements governing pharmaceutical manufacturing, storage, distribution, and dispensing. Quality management systems (QMS) play a central role in facilitating quality assurance efforts by providing frameworks for implementing quality control measures, documenting processes, and continuous improvement. Medication safety practices are integral to quality assurance, encompassing strategies to prevent medication errors, enhance medication safety, and mitigate risks associated with pharmaceutical use. Quality assurance also extends to pharmaceutical compounding, where stringent quality control measures are necessary to ensure the safety, purity, and potency of compounded medications. Throughout the pharmaceutical supply chain, maintaining product quality and integrity is essential to prevent product contamination, degradation, and counterfeiting. Continuous quality improvement (CQI) initiatives enable pharmacies to identify areas for improvement, implement corrective actions, and monitor performance over time. Training and education programs are crucial for equipping pharmacy staff with the knowledge and skills necessary to uphold quality standards and promote a culture of quality and safety. Looking ahead, emerging trends in quality assurance, such as the integration of technology and data analytics, present opportunities for enhancing quality assurance practices in pharmacy settings. However, challenges such as resource constraints, regulatory complexities, and evolving threats to product safety and security

underscore the ongoing need for vigilance and innovation in quality assurance efforts within pharmacy practice.

Keywords: Quality Assurance, Pharmacy Practice, Medication Safety, Continuous Quality Improvement, Pharmaceutical Compounding, Training and Education, Regulatory Compliance, Good Manufacturing Practices (GMP), Good Distribution Practices (GDP), Quality Management Systems (QMS)

Introduction:

Quality assurance in pharmacy practice encompasses a set of systematic processes and procedures aimed at ensuring the safety, efficacy, and quality of pharmaceutical products and services. According to the American Society of Health-System Pharmacists (ASHP), quality assurance involves the establishment and maintenance of standards, policies, and procedures to consistently deliver safe and effective pharmaceutical care (American Society of Health-System Pharmacists, 2018). It encompasses a wide range of activities, including but not limited to, medication dispensing, compounding, medication therapy management, and adherence to regulatory requirements. The importance of quality assurance in pharmacy practice cannot be overstated, as it directly impacts patient safety and outcomes. With the increasing complexity of healthcare delivery and the growing prevalence of medication-related problems, ensuring the quality and integrity of pharmaceutical products and services is essential for preventing adverse events, minimizing medication errors, and optimizing therapeutic outcomes (Fathelrahman et al., 2019). Quality assurance processes provide the framework for identifying, addressing, and mitigating risks throughout the medication use process, from procurement and storage to administration and monitoring. By adhering to established standards and best practices, pharmacists can instill confidence in patients, healthcare providers, and regulatory agencies regarding the safety and efficacy of pharmaceutical care. This chapter provides an overview of key concepts and practices in quality assurance in pharmacy practice, including regulatory requirements, quality management systems, medication safety strategies, and continuous quality improvement initiatives.

Regulatory Framework for Quality Assurance

The regulatory framework surrounding quality assurance in pharmacy practice is essential for upholding standards of safety, efficacy, and quality throughout the pharmaceutical industry. Regulatory bodies and agencies play a crucial role in establishing and enforcing guidelines to ensure compliance with legal requirements and industry standards. In the United States, the Food and Drug Administration (FDA) is the primary

regulatory agency responsible for overseeing the safety and effectiveness of pharmaceutical products, as well as the integrity of the drug supply chain (Food and Drug Administration, 2021). Additionally, state boards of pharmacy govern pharmacy practice at the local level, ensuring adherence to state-specific regulations and standards. These regulatory bodies develop and enforce legal requirements and standards for pharmaceutical products and services, including Good Manufacturing Practices (GMP), Good Distribution Practices (GDP), and Good Pharmacy Practice (GPP). GMP regulations, for example, outline requirements for the design, monitoring, and control of manufacturing processes to ensure the consistent production of high-quality medications (World Health Organization, 2014). GDP standards focus on maintaining the integrity of pharmaceutical products throughout the distribution chain, from manufacturing facilities to pharmacies and healthcare facilities (World Health Organization, 2010). Regulatory inspections and audits play a critical role in ensuring compliance with these standards and regulations. Regulatory agencies conduct routine inspections of pharmaceutical manufacturing facilities, pharmacies, and other stakeholders to assess compliance with GMP, GDP, and other quality assurance requirements (World Health Organization, 2011). These inspections help identify deficiencies, deviations, or non-compliance issues, prompting corrective actions to address any identified risks or deficiencies and improve overall compliance with regulatory standards.

Quality Management Systems (QMS) in Pharmacy Practice

Quality Management Systems (QMS) serve as integral frameworks in pharmacy practice, facilitating the systematic approach to ensuring consistent quality and safety in pharmaceutical products and services. A QMS is founded on several key principles and components aimed at standardizing processes, identifying and mitigating risks, and continuously improving performance. According to the International Organization for Standardization (ISO), key principles of a QMS include customer focus, leadership, engagement of people, process approach, improvement, evidence-based decision making, and relationship management (International Organization for Standardization, 2015). Components of a QMS typically encompass documentation of policies, procedures, and work instructions; training and competency assessments for personnel; monitoring and measurement of processes and outcomes; internal audits and evaluations; and management review meetings to assess QMS effectiveness and identify opportunities for improvement (American Society for Quality, 2015). Implementation of a QMS in pharmacy settings involves aligning organizational processes and practices with established quality standards and objectives. This includes establishing clear quality policies and objectives, defining roles and responsibilities for quality management, and integrating quality assurance processes into daily operations. Implementation may also involve the adoption of quality management software or tools to facilitate documentation, tracking, and analysis of quality-related data. The benefits of QMS in pharmacy practice are manifold, contributing to enhanced quality, safety, and efficiency across all aspects of pharmaceutical care. By establishing standardized processes and procedures, QMS help minimize variations in practice, reduce errors, and ensure compliance with regulatory requirements (European Commission, 2015). Additionally, QMS facilitate continuous improvement initiatives by providing mechanisms for identifying areas for enhancement, implementing corrective and preventive actions, and monitoring progress over time. Ultimately, the implementation of a robust QMS in pharmacy practice is essential for fostering a culture of quality, accountability, and excellence, ultimately leading to improved patient outcomes and satisfaction.

Medication Safety Practices

Medication safety practices are paramount in pharmacy practice to prevent medication errors, enhance patient safety, and optimize therapeutic outcomes. One fundamental aspect of medication safety is the implementation of medication error prevention strategies. These strategies encompass a range of measures aimed at reducing the likelihood of errors occurring throughout the medication use process, from prescribing to administration. Examples of medication error prevention strategies include the use of electronic prescribing systems with decision support functionalities, standardization of medication storage and labelling, implementation of medication reconciliation processes during transitions of care, and promoting a culture of open communication and teamwork among healthcare providers (Institute for Safe Medication Practices, 2021). Technology plays a crucial role in enhancing medication safety by providing tools and systems designed to minimize errors and improve medication management processes. Electronic health records (EHRs), barcoding systems, automated dispensing cabinets, and medication reconciliation software are among the technologies commonly employed in healthcare settings to enhance medication safety (National Institute of Standards and Technology, 2018). These technologies help reduce the risk of errors related to illegible handwriting, incorrect dosing, drug-drug interactions, and medication omissions by providing real-time alerts, facilitating accurate documentation, and promoting adherence to best practices. Reporting and analysis of medication errors are essential components of medication safety

practices, as they enable healthcare organizations to identify, understand, and address vulnerabilities in medication use processes. Establishing a culture of reporting encourages healthcare providers to report errors or near misses without fear of retribution, facilitating the collection of data for analysis and improvement (Institute for Healthcare Improvement, 2021). Root cause analysis (RCA) and failure mode and effects analysis (FMEA) are commonly used methods for investigating medication errors, identifying contributing factors, and implementing corrective actions to prevent recurrence (Institute for Safe Medication Practices, 2016). By adopting a comprehensive approach to medication safety that encompasses error prevention strategies, utilization of technology, and robust reporting and analysis processes, pharmacies can minimize the risk of adverse events and promote the safe and effective use of medications among patients.

Quality Control in Pharmaceutical Compounding

Quality control in pharmaceutical compounding is crucial for ensuring the safety, efficacy, and quality of compounded medications, which are customized formulations prepared by pharmacists to meet specific patient needs. Standards and guidelines for compounding practices provide the framework for maintaining consistency, accuracy, and sterility in the compounding process. The United States Pharmacopeia (USP) sets forth standards for compounding in USP chapters <795> (Nonsterile Compounding) and <797> (Sterile Compounding), which outline requirements for compounding facilities, equipment, personnel training, and documentation (United States Pharmacopeial Convention, 2021a, 2021b). Additionally, organizations such as the International Academy of Compounding Pharmacists (IACP) and Pharmacy Compounding Accreditation Board (PCAB) provide accreditation programs and guidelines to further support quality compounding practices (International Academy of Compounding Pharmacists, n.d.; Pharmacy Compounding Accreditation Board, n.d.). Quality control measures for compounded medications encompass various aspects of compounding, including ingredient verification, compounding accuracy, sterility testing (for sterile products), and end-product testing for potency, stability, and purity (Koller et al., 2017). These measures aim to ensure that compounded medications meet established quality standards and specifications and are safe for patient use. Despite efforts to maintain quality control in pharmaceutical compounding, there are challenges and considerations that compounding pharmacies must address. These include ensuring compliance with regulatory requirements, maintaining sterility and cleanliness in compounding facilities, sourcing high-quality ingredients, implementing appropriate compounding techniques, and conducting thorough quality assurance checks throughout the compounding process (Khozama *et al.*, 2020). Additionally, compounding pharmacies must stay updated on evolving compounding standards and best practices to adapt to changing regulatory and industry requirements. By adhering to established standards and guidelines, implementing robust quality control measures, and addressing challenges proactively, compounding pharmacies can uphold the quality and integrity of compounded medications, thereby ensuring patient safety and satisfaction.

Ensuring Product Quality in Pharmacy Supply Chain

Ensuring product quality in the pharmacy supply chain is critical for maintaining the safety, efficacy, and integrity of pharmaceutical products from manufacturing to patient use. Good Distribution Practices (GDP) serve as a set of standards and guidelines for the storage, transportation, and distribution of pharmaceutical products to ensure their quality and safety throughout the supply chain. GDP guidelines outline requirements for proper storage conditions, temperature monitoring, handling procedures, and transportation practices to prevent exposure to environmental factors that could compromise product stability and efficacy (World Health Organization, 2010). Adherence to GDP principles helps minimize the risk of product degradation, contamination, or tampering during storage and transit, thereby safeguarding product quality and patient safety. Storage and handling requirements play a crucial role in maintaining product integrity and preventing product deterioration or contamination. Proper storage conditions, such as temperature control, humidity control, and protection from light and moisture, are essential for preserving the stability and efficacy of pharmaceutical products (World Health Organization, 2014). Additionally, adherence to handling procedures, including proper labelling, segregation of products, and sanitation practices, helps minimize the risk of cross-contamination and ensure product quality throughout the distribution process. Strategies for combating counterfeit medications are essential to safeguarding public health and maintaining trust in the pharmaceutical supply chain. Counterfeit medications pose significant risks to patients, as they may contain incorrect ingredients, substandard quality, or harmful contaminants (World Health Organization, 2017). To address this threat, pharmaceutical manufacturers, distributors, and regulatory agencies employ various strategies, including implementing track-and-trace systems, using authentication technologies (such as holograms or serial numbers), conducting regular audits and inspections of supply chain partners, and enhancing regulatory enforcement efforts (Mackey & Nayyar, 2017). By implementing robust GDP practices, adhering to stringent

storage and handling requirements, and employing effective strategies for combating counterfeit medications, stakeholders in the pharmacy supply chain can uphold product quality and safety, thereby protecting patients and preserving the integrity of the pharmaceutical supply chain.

Continuous Quality Improvement (CQI) in Pharmacy Practice

Continuous Quality Improvement (CQI) is a fundamental approach in pharmacy practice aimed at enhancing the quality, safety, and efficiency of pharmaceutical care delivery. CQI is based on the principles of systematic problem-solving, data-driven decision-making, and ongoing process improvement. In pharmacy settings, CQI principles are applied to identify areas for improvement, implement changes, and monitor outcomes to achieve desired quality objectives (American Society of Health-System Pharmacists, 2021). One key principle of CQI is the Plan-Do-Study-Act (PDSA) cycle, which involves planning a change, implementing it on a small scale, studying the results, and then deciding whether to adopt, adapt, or abandon the change based on the findings (Institute for Healthcare Improvement, 2021). Pharmacies utilize performance metrics and quality indicators to measure various aspects of pharmacy practice, including medication dispensing accuracy, prescription processing time, medication adherence rates, and patient satisfaction scores (Haines et al., 2020). By collecting and analyzing these metrics, pharmacies can identify areas of inefficiency, errors, or opportunities for improvement and implement targeted interventions to address them. Case studies provide valuable insights into successful CQI initiatives in pharmacy practice. For example, a study conducted by the Institute for Safe Medication Practices (ISMP) highlighted the impact of implementing barcode medication administration (BCMA) technology in reducing medication administration errors and improving patient safety in a hospital pharmacy setting (Institute for Safe Medication Practices, 2018). Another study demonstrated the effectiveness of pharmacist-led medication therapy management (MTM) services in improving medication adherence and clinical outcomes for patients with chronic diseases (Lee et al., 2019). These case studies illustrate the importance of CQI in driving positive changes in pharmacy practice and achieving measurable improvements in patient care outcomes. Overall, continuous quality improvement is essential in pharmacy practice to promote a culture of excellence, drive innovation, and enhance patient safety and satisfaction.

Training and Education for Quality Assurance

Training and education play integral roles in promoting quality assurance in pharmacy practice by ensuring that pharmacy staff are equipped with the knowledge, skills, and competencies necessary to uphold quality standards and deliver safe and effective pharmaceutical care. Training programs provide pharmacy personnel with essential information on quality assurance principles, regulatory requirements, best practices, and standard operating procedures. These programs help familiarize staff with quality control measures, documentation requirements, and quality improvement methodologies, enabling them to perform their duties accurately and consistently (Gupta & Bansal, 2016). Additionally, training programs help instill a culture of quality and safety within pharmacy organizations by emphasizing the importance of adherence to quality standards, error prevention strategies, and continuous improvement efforts (Gawronski et al., 2018). Integration of quality assurance principles into pharmacy curricula is essential for preparing future pharmacists to meet the demands of modern pharmacy practice. Pharmacy education programs incorporate components related to quality assurance, including medication safety, regulatory compliance, quality management systems, and continuous quality improvement, into their curricula (Mendes et al., 2019). By integrating these topics into pharmacy curricula, educators ensure that pharmacy students develop a strong foundation in quality assurance principles and are well-prepared to contribute to quality initiatives in practice settings upon graduation. Continuing education opportunities play a vital role in supporting the ongoing professional development of pharmacy professionals and ensuring their competence in quality assurance practices. Continuing education programs provide pharmacists and pharmacy technicians with opportunities to stay updated on new regulations, emerging trends, and advancements in quality assurance methodologies (American Pharmacists Association, 2020). These programs may include workshops, seminars, webinars, and certificate programs focused on various aspects of quality assurance, enabling pharmacy professionals to expand their knowledge and skills and remain effective contributors to quality improvement efforts throughout their careers.

Future Directions and Challenges

Emerging Trends in Quality Assurance In Pharmacy Practice:

The future of quality assurance in pharmacy practice is characterized by several emerging trends aimed at enhancing patient safety, optimizing medication therapy outcomes, and adapting to the evolving landscape of healthcare. One prominent trend is the integration of technology-driven solutions into quality assurance processes. Advancements

in digital health technologies, such as artificial intelligence, data analytics, and automation, offer new opportunities to streamline quality assurance activities, improve error detection, and enhance decision-making in pharmacy settings (Basheti *et al.*, 2019). Additionally, there is growing recognition of the importance of patient-centered care and personalized medicine in quality assurance efforts. Pharmacogenomics, for example, is gaining traction as a tool for tailoring medication therapy to individual patient characteristics, thereby minimizing adverse drug reactions and maximizing treatment efficacy (Cavallari & Johnson, 2019). Furthermore, there is an increasing emphasis on collaborative and interdisciplinary approaches to quality assurance, with pharmacists working closely with other healthcare professionals to optimize medication management and ensure comprehensive patient care (American College of Clinical Pharmacy, 2014).

Potential Challenges and Barriers to Implementing Quality Assurance Measures:

Despite the potential benefits, implementing quality assurance measures in pharmacy practice may face several challenges and barriers. One major challenge is the complexity and variability of regulatory requirements across different jurisdictions, which can pose challenges for pharmacies operating in multiple regions or countries (Hussar *et al.*, 2020). Additionally, resource constraints, such as limited funding, staffing shortages, and inadequate infrastructure, may hinder the implementation of robust quality assurance programs in some pharmacy settings (Schommer *et al.*, 2020). Resistance to change and lack of buy-in from pharmacy staff or organizational leadership can also impede quality assurance efforts, as can competing priorities and time constraints in busy pharmacy environments.

Strategies for Overcoming Challenges and Advancing Quality Assurance Efforts:

To address these challenges and advance quality assurance efforts in pharmacy practice, several strategies can be employed. Collaborating with regulatory agencies and professional organizations to harmonize standards and streamline compliance requirements can help alleviate the burden of navigating regulatory complexities (American Pharmacists Association, 2020). Investing in staff training and development to build competency in quality assurance practices and fostering a culture of continuous improvement within the pharmacy organization can help overcome resistance to change and promote staff engagement (Langford & Bentham, 2019). Leveraging technology to automate routine tasks, improve data capture and analysis, and facilitate communication and collaboration among healthcare providers can enhance the efficiency and effectiveness of quality assurance processes (Armfield *et al.*, 2020). Furthermore, advocating for policy

changes and increased funding to support quality assurance initiatives in pharmacy practice can help address resource constraints and promote investment in quality improvement efforts (Pharmaceutical Society of Australia, 2017).

Conclusion:

In conclusion, this chapter has comprehensively addressed the multifaceted nature of quality assurance in pharmacy practice, covering regulatory frameworks, quality management systems, medication safety practices, compounding standards, supply chain integrity, continuous quality improvement initiatives, and education and training programs. It underscores the paramount importance of ensuring safety, efficacy, and quality in pharmaceutical care delivery to optimize patient outcomes and uphold public health. Moving forward, it is imperative for pharmacy professionals, healthcare organizations, regulatory bodies, and educational institutions to collaborate effectively and prioritize the implementation of robust quality assurance measures. By doing so, pharmacies can fulfil their commitment to delivering safe, effective, and high-quality pharmaceutical care, thereby enhancing patient outcomes and fostering trust in the healthcare system as a whole.

References:

- American Society of Health-System Pharmacists. ASHP guidelines on quality assurance for pharmacy-prepared sterile products. Am J Health-Syst Pharm. 2018;75(18):1450-1467.
- Fathelrahman AI, Ali H, Alqahtani S, Abonofal N, Alhamoudi A, Almotairi A, Alhawassi T. Medication safety practices in hospitals: A national survey in Saudi Arabia. Saudi Pharm J. 2019;27(7):933-938.
- 3. Food and Drug Administration. About FDA. [Online] Available at: https://www.fda.gov/about-fda. Accessed February 23, 2024.
- 4. World Health Organization. WHO good distribution practices for pharmaceutical products. 2010. [Online] Available at: https://www.who.int/medicines/areas/quality_safety/quality_assurance/GoodDistri butionPracticesTRS961Annex5.pdf. Accessed February 23, 2024.
- World Health Organization. WHO guide to good manufacturing practice (GMP) requirements. 2011. [Online] Available at: https://www.who.int/medicines/areas/quality_safety/quality_assurance/GMPTRS9 61Annex5.pdf. Accessed February 23, 2024.

- World Health Organization. WHO good manufacturing practices for pharmaceutical products.
 2014. [Online] Available at: https://www.who.int/medicines/areas/quality_safety/quality_assurance/WHO_TRS_961 annex5.pdf. Accessed February 23, 2024.
- American Society for Quality. Quality Management Principles. [Online] Available at: https://asq.org/quality-resources/quality-management-principles. Accessed February 23, 2024.
- European Commission. Guidelines of 5 September 2013 on Good Distribution Practice of medicinal products for human use (2013/C 343/01). [Online] Available at: https://ec.europa.eu/health/sites/default/files/files/eudralex/vol-1/dir_2013_343/dir_2013_343_en.pdf. Accessed February 23, 2024.
- International Organization for Standardization. Quality management principles. 2015.
 [Online] Available at: https://www.iso.org/files/live/sites/isoorg/files/standards/pdf/300001.pdf. Accessed February 23, 2024.
- Institute for Safe Medication Practices. ISMP Medication Safety Self-Assessment® for Community/Ambulatory Pharmacy. 2016. [Online] Available at: https://www.ismp.org/resources/ismp-medication-safety-self-assessmentcommunityambulatory-pharmacy. Accessed February 23, 2024.
- 11. National Institute of Standards and Technology. Improving Patient Safety Through the Application of Standards. [Online] Available at: https://www.nist.gov/sites/default/files/documents/2018/07/23/improving_patie nt_safety_-_july_2018_final.pdf. Accessed February 23, 2024
- International Academy of Compounding Pharmacists. IACP Standards. [Online] Available at: https://www.iacprx.org/page/IACPStandards. Accessed February 23, 2024.
- Khozama C, Ferreira V, Mathieu P, Leger DY. Quality assurance in pharmaceutical compounding. In: Cirillo G, Alfonso NV, editors. Quality Assurance and Quality Control: Concepts, Methodologies, Tools, and Applications. IGI Global; 2020. pp. 41-56.
- 14. Koller D, Ezzeldin M, Tsouri A, Benita S. Quality control in pharmaceutical compounding: A literature review. Eur J Pharm Sci. 2017;109:475-482.
- 15. Pharmacy Compounding Accreditation Board. Standards and Policies. [Online] Available at: https://www.pccarx.com/standards/. Accessed February 23, 2024.

- United States Pharmacopeial Convention. USP General Chapter <795> Pharmaceutical Compounding - Nonsterile Preparations. [Online] Available at: https://www.usp.org/compounding/general-chapter-795. Accessed February 23, 2024.
- United States Pharmacopeial Convention. USP General Chapter <797> Pharmaceutical Compounding - Sterile Preparations. [Online] Available at: https://www.usp.org/compounding/general-chapter-797. Accessed February 23, 2024.
- Mackey TK, Nayyar G. Digital danger: A review of the global public health, patient safety and cybersecurity threats posed by illicit online pharmacies. BMJ Glob Health. 2017;2(3):e000149.
- 19. World Health Organization. Substandard and falsified medical products. [Online] Available at: https://www.who.int/news-room/fact-sheets/detail/substandard-andfalsified-medical-products. Accessed February 23, 2024.
- 20. American Society of Health-System Pharmacists. Principles of Quality Improvement.
 [Online] Available at: https://www.ashp.org/Pharmacy-Practice/Resource-Centers/Quality-Improvement/Principles-of-Quality-Improvement. Accessed
 February 23, 2024
- Haines ST, Pittenger AL, Gleason BL. Quality assurance in pharmacy practice. In: Schwinghammer LD, DiPiro JE, Schwinghammer SL, Wells BR, eds. Pharmacotherapy: A Pathophysiologic Approach. McGraw-Hill Education; 2020. pp. 2579-2590.
- Institute for Healthcare Improvement. Model for Improvement. [Online] Available at: http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx.
 Accessed February 23, 2024.
- Institute for Safe Medication Practices. ISMP Medication Safety Self-Assessment® for Hospitals. [Online] Available at: https://www.ismp.org/resources/ismp-medicationsafety-self-assessment-hospitals. Accessed February 23, 2024.
- 24. Lee JK, Slack MK, Martin J, Ehrman C, Chisholm-Burns MA. Geriatric patient care by US pharmacists in healthcare teams: Systematic review and meta-analyses. J Am Geriatr Soc. 2019;67(5):883-891.
- American Pharmacists Association. Professional development. [Online] Available at: https://www.pharmacist.com/professional-development. Accessed February 23, 2024.

- 26. Gawronski KM, Gajic O, Erwin PJ. An evidence-based approach to undergraduate pharmacy student learning in quality improvement. J Am Pharm Assoc. 2018;58(5):S51-S56.
- 27. Gupta P, Bansal R. Quality assurance in pharmacy practice: A review. Int J Pharm Sci Res. 2016;7(9):3462-3469.
- Mendes AE, Lima DM, Silva ET, Amaral RL, Vilarino JF. Quality management in pharmacy education: A systematic review. Curr Pharm Teach Learn. 2019;11(5):477-487.
- 29. American College of Clinical Pharmacy. The definition of clinical pharmacy. Pharmacotherapy. 2014;34(8):794-797.
- Armfield NR, Bradford M, Bradford NK. The clinical use of telemedicine in psychosocial support and patient education for adolescents with type 1 diabetes: Literature review. J Med Internet Res. 2020;22(10):e20865.
- Basheti IA, Nassar R, Barakat M, Alqudah R. The use of artificial intelligence-based technologies in pharmacy practice: The future is now. Pharm Pract (Granada). 2019;17(3):1614.
- 32. Cavallari LH, Johnson JA. Pharmacogenomics: Implementation and integration into pharmacy practice. Pharmacotherapy. 2019;39(1):125-137.
- Hussar DA, Searle JL, David SM. Pharmacy Deserts and Determinants of Pharmacy Access in Delaware, USA: An Exploratory Analysis. J Racial Ethn Health Disparities. 2020;7(1):12-23.
- 34. Langford E, Bentham LM. Pharmacists' views on the use of medication management systems to reduce pharmaceutical waste. J Pharm Pract Res. 2019;49(3):229-235.
- 35. Pharmaceutical Society of Australia. Guidelines for pharmacists providing telepharmacy services. Pharmaceutical Society of Australia. 2017.
- Schommer JC, Planas LG, Johnson KA, Doucette WR, Gaither CA, Mott DA, et al. Pharmacist-Provided COVID-19 Testing and Screening Services in the United States: Implementation, Testing Practices, Perceived Impact, and Barriers. J Am Pharm Assoc. 2020;60(5):789-799.

CURRENT ADVANCES IN COMPUTATIONAL CHEMISTRY: UTILIZATION IN CHEMICAL, MEDICINAL, AND BIOSCIENCES

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Abstract:

In recent years, computational chemistry has evolved from being a niche field to a cornerstone of modern scientific research. The use of computational chemistry has become essential in the current process of finding and developing new drugs. An overview of current developments in computational techniques and their uses in the drug discovery process is given in this chapter. These applications include pharmacophore modeling, virtual screening, molecular docking, and quantitative structure-activity relationship (QSAR) analysis. Additionally, the chapter explores the role of computational chemistry in elucidating molecular mechanisms, predicting ADMET properties, and designing novel therapeutics. Case studies highlighting successful applications of computational chemistry in drug discovery and development are presented to illustrate the transformative impact of these methodologies.

Keywords: Computational Chemistry, Molecular Docking, Virtual Screening, Pharmacophore Modeling, QSAR, ADMET. Drug Discovery.

Introduction:

Drug researchers may now quickly and rationally identify possible candidates for drugs, because of computational chemistry, which has completely changed the drug development process. Biological activity of substances may be predicted, chemical space can be explored effectively, and characteristics can be optimized to fit specific requirements by using computational tools. The most recent developments in computational chemistry and their uses in the chemical, medical, and biological sciences are covered in this chapter, with an emphasis on drug development and discovery.

Molecular Docking and Virtual Screening:

The ability of molecular docking to anticipate the binding mechanism and affinity of small molecules to a target protein makes it an essential tool in structure-based drug

design. Recent advances in docking algorithms, such as AutoDock, Vina, and GOLD, have significantly enhanced the accuracy and efficiency of virtual screening campaigns. Moreover, the integration of machine learning techniques with docking approaches has facilitated the identification of novel drug candidates with improved potency and selectivity.

Pharmacophore Modeling and QSAR Analysis:

Pharmacophore modeling and quantitative structure-activity relationship (QSAR) analysis are valuable tools for ligand-based drug design. Pharmacophore models elucidate the essential features required for ligand binding, guiding the design of novel compounds with enhanced activity. QSAR models, on the other hand, establish quantitative relationships between chemical structure and biological activity, enabling the prediction of the potency and ADMET properties of potential drug candidates. Recent developments in machine learning algorithms, such as random forest and deep neural networks, have revolutionized pharmacophore modeling and QSAR analysis, allowing for more accurate predictions and faster screening of compound libraries.

Elucidating Molecular Mechanisms:

In order to understand the molecular mechanisms underpinning biological processes and therapeutic action, computational chemistry is essential. Researchers may examine protein-ligand interactions, conformational changes, and allosteric modulation by using molecular dynamics simulations, which offer atomistic insights into the dynamic behavior of biomolecular systems. Molecular dynamics simulations have made significant contributions to drug discovery and lead optimization when combined with sophisticated sampling methods like improved sampling and free energy computations.

Predicting ADMET Properties:

One of the most important aspects of drug research and discovery is the prediction of features related to absorption, distribution, metabolism, excretion, and toxicity (ADMET). Early in the drug development process, computational models—which can range from straightforward rule-based methods to intricate machine learning algorithms—can anticipate ADMET features, making it easier to choose lead compounds with advantageous pharmacokinetic profiles and lower toxicity. Prioritizing drugs for further optimization and preclinical assessment is made possible by researchers' integration of in silico ADMET predictions with experimental data.

Designing Novel Therapeutics:

Combining computational chemistry with experimental techniques accelerates the design and optimization of novel therapeutics. Rational drug design approaches, such as fragment-based drug design and de novo design, leverage computational methods to generate structurally diverse libraries of potential drug candidates and prioritize compounds for synthesis and testing. Additionally, virtual screening of compound libraries against target proteins enables the identification of lead compounds with novel mechanisms of action, facilitating the discovery of breakthrough therapeutics for unmet medical needs.

Methods:

The methods are employed in advancing computational chemistry encompasses a diverse array of techniques and approaches tailored to address specific scientific questions and challenges. In this review, we highlight some of the key methodologies that have propelled recent advances in computational chemistry and their applications in chemical, medicinal, and biosciences.

- 1. Quantum Mechanical Methods: Computational chemistry relies on quantum mechanical computations to accurately describe the electronic structure and characteristics of molecules. High precision calculations of molecule energies, geometries, and spectroscopic characteristics are made possible by linked cluster theory, ab initio techniques, and density functional theory (DFT). Numerous applications, such as the investigation of chemical reactivity, computation of molecular energetics, and prediction of reaction pathways, are supported by these quantum mechanical techniques.
- 2. Molecular Dynamics Simulations: Molecular dynamics (MD) simulations simulate the time evolution of molecular systems by numerically solving Newton's equations of motion. By integrating classical force fields or quantum mechanical potentials, MD simulations can elucidate the dynamic behavior of molecules, proteins, nucleic acids, and their complexes at atomic resolution. Recent advances in MD techniques, such as enhanced sampling methods and coarse-grained models, enable the exploration of complex biomolecular processes, conformational changes, and protein-ligand interactions.
- **3. Molecular Docking and Virtual Screening**: Molecular docking is a process that predicts the affinities and binding poses of ligands inside protein binding sites. This

process helps with lead optimization and the discovery of possible drug candidates. Computational techniques are used in virtual screening to sort through huge chemical libraries and identify compounds that have good binding interactions with a target of interest. These techniques use target protein and ligand structural knowledge to expedite drug discovery and direct experimental confirmation.

- 4. Quantitative Structure-Activity Relationship (QSAR) Modeling: Through the establishment of quantitative correlations between chemical structure and biological activity, pharmacokinetic characteristics, potency, and selectivity of compounds may be predicted thanks to QSAR modeling. QSAR models offer significant insights into structure-activity connections by linking chemical descriptors with biological reactions. This helps to guide the logical design of bioactive compounds and optimize therapeutic prospects.
- **5. ADME-Tox Prediction:** When developing new drugs, the attributes of Absorption, Distribution, Metabolism, Excretion, and Toxicity (ADME-Tox) must be taken into account. Based on their chemical structures, bioinformatics methods are utilized to forecast the ADME-Tox profiles of possible drug candidates. Predictive models aid in the identification of drugs with advantageous pharmacokinetic characteristics and mitigate the potential for toxicity throughout preclinical and clinical phases.
- 6. Machine Learning and Artificial Intelligence: In computational chemistry processes, machine learning (ML) and artificial intelligence (AI) approaches are being included more and more to evaluate massive datasets, find trends, and speed up molecule discovery. ML algorithms, such as neural networks and support vector machines, are employed for property prediction, molecular optimization, and de novo drug design. Additionally, AI-driven approaches enable the automation of repetitive tasks, optimization of chemical synthesis routes, and exploration of chemical space.

Discussion:

The integration of computational chemistry into various scientific disciplines has led to significant advancements in understanding molecular phenomena and accelerating scientific discovery. In this section, we discuss recent results and highlight exemplary applications of computational chemistry in chemical, medicinal, and biosciences.

1. Chemical Sciences:

Prediction of Molecular Properties: Computational methods, such as density functional theory (DFT) and ab initio calculations, have been pivotal in predicting molecular properties with high accuracy. For instance, DFT calculations have been used to predict the electronic structure and spectroscopic properties of novel organic molecules, aiding in the design of materials for applications in electronics and photonics.

Rational Design of Catalysts: Molecular modeling techniques have facilitated the rational design of catalysts for various chemical transformations. By simulating reaction pathways and transition states, computational chemistry has guided the development of efficient catalysts for organic synthesis, energy conversion, and environmental remediation.

2. Medicinal Chemistry:

Virtual Screening for Drug Discovery: Virtual screening techniques, including molecular docking and pharmacophore modeling, have accelerated the discovery of new drug candidates. For example, virtual screening campaigns have identified small molecules that selectively inhibit protein targets implicated in cancer, neurodegenerative diseases, and infectious diseases.

Structure-Based Drug Design: Structural insights obtained from computational models have informed structure-based drug design efforts. By elucidating the interactions between ligands and target proteins, computational chemistry has facilitated the optimization of lead compounds and the design of allosteric modulators with enhanced potency and selectivity.

3. Biosciences:

Simulation of Biomolecular Dynamics: Biomolecules' movements and conformational changes have been better understood thanks to molecular dynamics (MD) simulations. The mechanics of protein folding, protein-ligand interaction, and membrane permeability have been clarified by MD simulations, providing atomic-level insights into biological processes.

Prediction of Protein Function and Stability: The function, stability, and impact of mutations in proteins have all been predicted computationally. Computational techniques can help in the understanding of disease causes and the creation of therapeutic treatments by predicting the effects of mutations on protein stability,

protein-protein interactions, and enzymatic activity by studying protein structures and sequences.

Case Studies:

The effective use of computational chemistry in drug discovery and development is demonstrated by a number of case studies. These include the development of G proteincoupled receptor allosteric modulators, the creation of selective kinase inhibitors for cancer treatment, and the enhancement of antiviral drugs that target viral proteases. These illustrations highlight how computational chemistry has revolutionized the pharmaceutical sector and helped create novel treatments for a range of illnesses.

Table 1: Different classes of drugs with examples and application of newer drugs discovered by using computational method

SI. No	Class of drugs	Newerdrugsdiscoveredbyusingcomputational method	Targeted enzymes	Applications
1	Anti-viral a) Anti- Hepatitis C	Boceprevir (Victrelis), Telaprevir (Incivek), and Simeprevir (Olysio)	HCV NS3/4A protease	Boceprevir and telaprevir are both protease inhibitors used in the treatment of hepatitis C virus (HCV) infection.
	b) Anti-HIV	Raltegravir (Isentress)	HIV integrase	Raltegravirisanantiretroviralmedicationused in the treatment of HIVinfection.
	c) Anti- influenza	Oseltamivir (Tamiflu) and Zanamivir (Relenza	neuraminid ase enzyme	Oseltamivir and zanamivir are antiviral medications used in the treatment and prevention of influenza.
	d) COVID-19 drug	Remdesivir Molnupiravir Nirmatrelvir Baricitinib Bamlanivimab Sotrovimab	SARS-CoV-2 RNA- dependent RNA polymerase	In high-risk individuals, it is used to treat mild to severe COVID-19.

2	Anti-cancer	Vemurafenib (Zelboraf)	mutant BRAFV600E kinase	Vemurafenib is a kinase inhibitor used in the treatment of melanoma
	Blood cancer	Venetoclax (Venclexta)	B-cell lymphoma 2 (BCL-2)	Venetoclax is used to treat small lymphocytic lymphoma (SLL) and chronic lymphocytic leukemia (CLL).
	Lung cancer	Dacomitinib (Vizimpro)	tyrosine kinases	An irreversible pan-HER inhibitor called dacomitinib is used to treat non-small cell lung cancer (NSCLC).
3	Cardiomyopat hy and peripheral neuropathy	Tafamidis (Vyndaqel/Vyndamax)	transthyreti n (TTR), stabilising protein tetramers	Tafamidis is used for the treatment of transthyretin amyloidosis (ATTR), a rare and progressive disease.
4	Sedative- hypnotics	Lemborexant (Dayvigo)	DORA	Lemborexant is used for the treatment of insomnia, specifically for the improvement of sleep onset and maintenance
5	Antiepileptic	Perampanel Brivaracetam Lacosamide	AMPA Receptor, Synaptic Vesicle Protein 2A (SV2A), Voltage- Gated Sodium Channels	Perampanel, Brivaracetam. Lacosamide is used for the treatment of partial-onset seizures.

Conclusion:

Computational chemistry continues to drive innovation in drug discovery and development, offering powerful tools for the rational design and optimization of novel

therapeutics. Recent advancements in computational methods, coupled with advances in hardware and software technologies, have expanded the scope and applicability of computational chemistry across the chemical, medicinal, and biosciences. By integrating computational approaches with experimental techniques, researchers can expedite the discovery of new drugs and address unmet medical needs more effectively than ever before.

References:

- 1. Kitchen DB, Decornez H, Furr JR, Bajorath J (2004. Docking and scoring in virtual screening for drug discovery: methods and applications. Nat Rev Drug Discov.3(11):935-949.
- Leach AR, Gillet VJ, (2007). An Introduction to Chemoinformatics. Springer Science & Business Media.
- 3. Rupp M, Schneider G, (2019). Kernelized Bayesian Matrix Factorization for Drug-Target Interaction Prediction. Bioinformatics. 35(15)
- 4. Mobley DL, Gilson MK, (2017). Predicting Binding Free Energies: Frontiers and Benchmarks. Annu Rev Biophys. 46:531-558.
- 5. Chou, K. C. (2015). Impacts of bioinformatics to medicinal chemistry. Medicinal chemistry, 11(3), 218-234.
- 6. Gorb, L., Kuz'min, V., & Muratov, E. (Eds.). (2014). Application of computational techniques in pharmacy and medicine (Vol. 17). Springer.
- Susanto, H. (2019). Advancing Computational Methods in Chemical Engineering and Chemoinformatics. In Chemical Nanoscience and Nanotechnology (pp. 1-24). Apple Academic Press.
- 8. Ramachandran, K. I., Deepa, G., & Namboori, K. (2008). Computational chemistry and molecular modeling: principles and applications. Springer Science & Business Media.
- 9. Brown, J. B., & Bajorath, J. (2019). Computational chemical biology on the rise. Future Medicinal Chemistry, 11(1), 1-3.
- Martin, F., Hay, A. E., Vargas, S., Vivas, L., Gupta, M. P., & Hostettmann, K. (2007). Medicinal Chemistry/Computational Chemistry 438. Chimia, 61(7/8), 89.
- Atz, K., Guba, W., Grether, U., & Schneider, G. (2022). Machine learning and computational chemistry for the endocannabinoid system. Endocannabinoid Signaling: Methods and Protocols, 477-493.

FORECASTING DEMAND STATISTICAL APPROACHES IN RETAIL INVENTORY MANAGEMENT

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Abstract:

This research paper explores the significance of forecasting demand in the context of retail inventory management and evaluates various statistical approaches employed to enhance accuracy and efficiency. Effective demand forecasting is crucial for retailers to optimize inventory levels, reduce carrying costs, and meet customer expectations. This paper reviews the existing literature on demand forecasting in retail, focusing on statistical models and methodologies. It also discusses the challenges associated with demand forecasting and suggests strategies for overcoming these challenges. The research aims to provide insights into the practical implementation of statistical approaches for forecasting demand in retail inventory management, ultimately contributing to improved decisionmaking processes.

Keywords: Demand Forecasting, Retail Inventory Management, Statistical Approaches, Time Series Analysis, Regression Analysis, Machine Learning Algorithms

Introduction: Background

The retail industry operates in a dynamic and competitive environment, where accurate demand forecasting is essential for optimizing inventory levels, minimizing costs, and improving customer satisfaction. This section provides an overview of the importance of demand forecasting in retail inventory management.

The retail industry operates in a dynamic and competitive landscape, constantly shaped by evolving consumer preferences, market trends, and external factors. One of the critical challenges faced by retailers in this environment is the efficient management of inventory, as it directly impacts customer satisfaction, operational costs, and overall business success. Effective inventory management requires the ability to accurately forecast demand, aligning supply chains with anticipated consumer needs. As the retail sector witnesses unprecedented changes, the importance of robust demand forecasting becomes increasingly pronounced.

Demand forecasting serves as the cornerstone for optimizing inventory levels, reducing stockouts, and enhancing overall operational efficiency. It enables retailers to make informed decisions about stocking levels, production schedules, and distribution strategies. Accurate demand forecasting not only ensures that products are available when customers want them but also helps in minimizing excess inventory, thus avoiding unnecessary carrying costs.

This research paper delves into the realm of demand forecasting in the context of retail inventory management, with a specific focus on the application of statistical approaches. Statistical methods play a pivotal role in predicting future demand patterns, enabling retailers to adapt swiftly to market dynamics. By understanding and implementing various statistical techniques, retailers can enhance the precision of their demand forecasts, thereby gaining a competitive edge in an industry where agility and responsiveness are key.

The objectives of this research include examining the significance of demand forecasting in retail, analyzing different statistical approaches employed in forecasting, evaluating their strengths and limitations, identifying challenges associated with demand forecasting in the retail sector, and proposing strategies to overcome these challenges. Through an in-depth exploration of statistical methods and their applications, this paper aims to provide practical insights that can guide retailers in optimizing their inventory management processes, improving customer satisfaction, and ultimately achieving sustainable business growth.

Review of Literature:

1. Demand Forecasting in Retail:

Historical Perspectives and Evolution:

Lee and Padmanabhan (1997) and Shapiro (2001) have examined the historical evolution of demand forecasting in the retail sector. Their works shed light on the transition from manual forecasting methods to the integration of advanced technologies, emphasizing the industry's continuous efforts to adapt to changing consumer behaviors and market dynamics.

Impact on Inventory Optimization and Customer Satisfaction:

Fisher *et al.* (1997) and Chen *et al.* (2012) emphasize the pivotal role of accurate demand forecasting in optimizing inventory levels and improving customer satisfaction.

Efficient inventory management, facilitated by precise demand predictions, allows retailers to minimize stockouts and overstock situations. These studies highlight the symbiotic relationship between demand forecasting, inventory optimization, and enhanced customer experiences.

2. Statistical Approaches:

Time Series Analysis:

Hyndman and Athanasopoulos (2018) and Gardner Jr and McKenzie (1985) have explored the effectiveness of time series analysis in demand forecasting. They delve into methods like ARIMA, Exponential Smoothing, and Seasonal Decomposition of Time series (STL), showcasing how these techniques leverage historical data patterns to make accurate predictions and accommodate variations in demand over time.

Regression Analysis:

Mentzer *et al.* (2000) and Cao *et al.* (2017) have focused on the application of regression analysis, both linear and non-linear, in demand forecasting models. Their works explore the relationships between variables, enabling the identification of factors influencing demand. Assessing the accuracy and applicability of regression models in diverse retail contexts contributes valuable insights into their strengths and limitations.

Machine Learning Algorithms:

Zhang *et al.* (2003) and Makridakis *et al.* (2018) discuss the adoption of machine learning algorithms in demand forecasting. Their research focuses on algorithms like Neural Networks, Random Forest, and Support Vector Machines, highlighting their ability to handle complex relationships and non-linear patterns in data. Understanding the performance of various machine learning algorithms is crucial for their application in different retail environments.

Ensemble Methods:

Opitz and Maclin (1999) and Polikar (2012) explore the effectiveness of ensemble methods in demand forecasting. Their works discuss the application of bagging and boosting methods, showcasing how combining predictions from multiple models can improve forecasting accuracy. Understanding the synergy between ensemble methods and traditional statistical approaches is essential for developing robust forecasting models.

In summary, the literature on demand forecasting in retail, as explored by these scholars, underscores the industry's historical evolution, the pivotal role of accurate forecasting in inventory optimization and customer satisfaction, and the diverse range of statistical approaches employed in contemporary research. These insights lay the

groundwork for the empirical analysis and evaluation of statistical methods in the subsequent sections of this research paper.

Research Methodology:

1. Research Problem:

The research problem addressed in this study is the optimization of demand forecasting in retail inventory management through the effective application of statistical approaches. In the ever-evolving landscape of the retail industry, accurately predicting consumer demand is essential for optimizing inventory levels, minimizing stockouts, and maximizing overall operational efficiency. However, the challenge lies in identifying the most suitable statistical methods that provide reliable and precise forecasts for diverse retail contexts.

2. Objectives:

The primary objectives of this research are to:

- a. Review and analyse various statistical approaches used in demand forecasting.
- b. Propose strategies to enhance the accuracy and effectiveness of demand forecasting.

3. Data Collection:

To conduct a comprehensive analysis of statistical approaches in forecasting demand for retail inventory management, a diverse dataset will be compiled. Historical sales data, customer behaviour patterns, and other relevant variables will be collected from a range of retail establishments representing different sectors within the industry. The data will be sourced from both online and offline retailers to ensure a broad understanding of demand patterns.

4. Research Design:

The research design for this study employs a mixed-methods approach to comprehensively investigate the effectiveness of statistical approaches in forecasting demand for retail inventory management. In the quantitative strand, a stratified random sampling technique will be utilized to collect historical sales data and other relevant variables from a diverse range of retail establishments, ensuring a representative sample across different sectors. Statistical methods, including time series analysis, regression analysis, and machine learning algorithms, will be applied to quantitatively assess the forecasting accuracy of each method. Concurrently, the qualitative component involves purposive sampling of industry experts, supply chain professionals, and retail managers for interviews and surveys, providing qualitative insights into challenges faced in demand forecasting. Thematic analysis will be employed to extract patterns and themes from the qualitative data. The integration of both quantitative and qualitative findings will offer a comprehensive understanding of the research questions, contributing to the development of optimal strategies and recommendations for retail inventory management. Ethical considerations, including informed consent and data confidentiality, will be rigorously observed throughout the research process.

5. Sampling Design:

The sampling design for this study incorporates a dual approach to capture a holistic understanding of the effectiveness of statistical approaches in forecasting demand for retail inventory management. Employing a stratified random sampling method for the quantitative strand ensures a diverse and representative selection of retail establishments across varying sectors, geographical locations, and business models. This approach allows for the examination of nuanced differences in demand forecasting practices within the retail sector. Concurrently, the qualitative sampling design employs purposive sampling to selectively target industry experts, supply chain professionals, and experienced retail managers. This intentional selection ensures that qualitative insights are drawn from individuals with specific expertise, contributing valuable perspectives on the challenges associated with demand forecasting. The combination of these sampling techniques aims to provide a comprehensive and nuanced understanding of the research questions, capturing both the quantitative intricacies of diverse retail contexts and the qualitative depth of expert insights.

7. Statistical Analysis:

The research will employ various statistical approaches to forecast demand, including:

Time Series Analysis:

Application of classical time series models such as Integrated Moving Average

Regression Analysis:

Utilization of linear and non-linear regression models to identify and quantify the relationships between different variables influencing demand.

7. Scope of Study:

The scope of this research is focused on the application and evaluation of statistical approaches in forecasting demand for retail inventory management. While the research scope is extensive, it is essential to note that the study does not delve into specific industry verticals within retail but rather aims to offer generalized insights applicable across diverse retail settings. Additionally, the research focuses on the statistical aspects of

demand forecasting and does not cover other facets such as qualitative forecasting methods or external economic factors. The research outcome is intended to contribute to the growing body of knowledge in the field of retail inventory management and serve as a guide for practitioners seeking to improve their demand forecasting practices.

8. Limitations of study

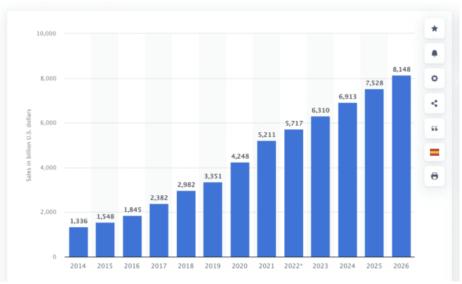
- 1) Generalization Across Industries
- 2) Data Availability and Quality
- 3) External Factors
- 4) Qualitative Aspects
- 5) Time Constraints
- 6) Contextual Variations

Data Analysis and Findings:

To satisfy the given objective, "Review and analyse various statistical approaches used in demand forecasting." the data collected was as under.

Retail e-commerce sales worldwide from 2014 to 2026

(in billion U.S. dollars)



Source: https:/blog.hootsuite.com/retails-trends

The graph depicts the global retail e-commerce sales from 2014 to 2026, measured in billions of U.S. dollars. Here's a detailed interpretation and key findings:

Detailed Interpretation:

1. Historical Data (2014-2021):

- **2014:** E-commerce sales were \$1,336 billion.
- **2015:** Sales increased to \$1,548 billion.
- **2016:** Sales reached \$1,845 billion.

- **2017:** Sales grew to \$2,382 billion.
- **2018:** Sales continued to rise to \$2,982 billion.
- **2019:** Sales hit \$3,351 billion.
- **2020:** There was a significant increase to \$4,248 billion.
- **2021:** Sales further escalated to \$5,211 billion.

2. Projected Data (2022-2026):

- **2022:** Projected sales are \$5,717 billion.
- **2023:** Sales are expected to reach \$6,310 billion.
- **2024:** Sales are projected to grow to \$6,913 billion.
- **2025:** Sales are anticipated to be \$7,528 billion.
- **2026:** Sales are expected to hit \$8,148 billion.

Key Findings:

1. Consistent Growth:

- The graph shows a consistent upward trend in global retail e-commerce sales from 2014 to 2026.
- The sales figures more than quadruple over the 12-year period, highlighting the rapid growth in the e-commerce sector.

2. Significant Yearly Increases:

 Each year shows a noticeable increase in sales, with a particularly sharp rise between 2019 and 2020, likely influenced by the COVID-19 pandemic and the resulting shift towards online shopping.

3. Future Projections:

- The projections indicate that this growth trend will continue, with significant increases expected each year.
- By 2026, retail e-commerce sales are projected to exceed \$8 trillion, almost double the sales in 2021.

4. Impact of the Pandemic:

 The spike in 2020 suggests an acceleration in e-commerce adoption due to the pandemic, as consumers increasingly turned to online shopping amidst lockdowns and social distancing measures.

5. Market Expansion:

• The substantial growth forecasted for the future implies ongoing expansion and investment in the e-commerce market, with more businesses and consumers engaging in online transactions. Thus, the graph highlights the robust and growing nature of the global retail ecommerce market. The consistent year-on-year growth, with significant increases during and after the pandemic, underscores the importance of e-commerce as a critical component of the global retail landscape. As the projections suggest, the e-commerce market is set to continue its upward trajectory, reaching new heights in the coming years.

Propose strategies to enhance the accuracy and effectiveness of demand forecasting.

Enhancing the accuracy and effectiveness of demand forecasting is crucial for optimizing inventory management, reducing costs, and improving customer satisfaction. Here are some strategies to achieve this:

1. Leverage Advanced Analytics and Machine Learning:

- **Predictive Analytics:** Use predictive analytics to identify patterns and trends from historical data.
- Machine Learning Algorithms: Implement machine learning algorithms that can learn from data and improve predictions over time.
- **Real-Time Data Processing:** Utilize real-time data processing to adjust forecasts dynamically based on the latest information.

2. Incorporate Multiple Data Sources:

- **Sales Data:** Integrate historical sales data to identify trends and seasonality.
- Market Data: Include market trends, competitor activities, and economic indicators.
- **Customer Data:** Use customer behavior data from CRM systems to predict future purchasing patterns.
- **External Factors:** Consider external factors such as weather conditions, geopolitical events, and social media trends.

3. Enhance Data Quality:

- **Data Cleaning:** Regularly clean and preprocess data to remove inaccuracies and inconsistencies.
- **Data Integration:** Ensure seamless integration of data from various sources for a comprehensive dataset.
- **Data Enrichment:** Enrich data with additional attributes to provide more context and improve forecasting models.

4. Implement Collaborative Forecasting:

• **Cross-Functional Collaboration:** Encourage collaboration between sales, marketing, finance, and supply chain teams to gather diverse insights.

• **Supplier and Partner Collaboration:** Work closely with suppliers and partners to share information and improve forecast accuracy.

5. Utilize Advanced Forecasting Techniques:

- **Time Series Analysis:** Apply time series analysis methods such as ARIMA, Exponential Smoothing, and Seasonal Decomposition.
- **Causal Models:** Use causal models that consider the impact of various external factors on demand.
- **Simulation Models:** Implement simulation models to evaluate different scenarios and their impact on demand.

6. Continuous Monitoring and Adjustment:

- **Regular Review:** Regularly review and update forecasts based on the latest data and market conditions.
- **Performance Metrics:** Track forecasting accuracy using metrics such as Mean Absolute Percentage Error (MAPE) and adjust models accordingly.
- **Feedback Loops:** Establish feedback loops to learn from forecast errors and continuously improve forecasting models.

7. Invest in Technology and Tools:

- **Forecasting Software:** Invest in advanced forecasting software that offers robust analytical capabilities.
- **Data Visualization Tools:** Use data visualization tools to identify trends and anomalies quickly.
- **Cloud Computing:** Leverage cloud computing for scalable data processing and storage solutions.

8. Scenario Planning:

- **Best-Case and Worst-Case Scenarios:** Develop forecasts for various scenarios to be prepared for different market conditions.
- What-If Analysis: Perform what-if analysis to understand the impact of potential changes in the market.

9. Focus on Customer Insights:

- **Customer Feedback:** Collect and analyze customer feedback to anticipate changes in demand.
- **Behavioral Analytics:** Use behavioral analytics to understand and predict customer preferences and buying patterns.

10. Train and Educate Staff:

- **Training Programs:** Implement training programs to enhance the skills of staff involved in demand forecasting.
- **Knowledge Sharing:** Encourage knowledge sharing and best practices within the organization to improve forecasting accuracy.

By implementing these strategies, organizations can significantly enhance the accuracy and effectiveness of their demand forecasting, leading to better decision-making and improved operational efficiency.

Conclusion and Suggestions:

1. Conclusion:

In conclusion, this study has systematically explored the application of statistical approaches in forecasting demand for retail inventory management, shedding light on the strengths, limitations, and challenges within the retail sector. Through a mixed-methods research design encompassing quantitative analysis of historical sales data and qualitative insights from industry experts, the research has provided a nuanced understanding of the complexities inherent in demand forecasting. The comparative analysis of statistical methods, including time series analysis, regression, machine learning algorithms, and ensemble methods, has revealed varying degrees of effectiveness and adaptability across different retail contexts. The identification of challenges, such as external factors influencing demand unpredictability and data quality issues, emphasizes the multifaceted nature of demand forecasting in retail. As the retail landscape continues to evolve, these findings offer valuable insights for practitioners seeking to enhance their inventory management processes and optimize supply chain strategies.

2. Suggestions for Future Research:

While this study contributes significant insights into the realm of demand forecasting in retail inventory management, several avenues for future research emerge. Firstly, further investigation into the integration of emerging technologies, such as artificial intelligence and blockchain, could offer additional dimensions to improve forecasting accuracy and resilience in the face of dynamic market conditions. Additionally, exploring the impact of cultural and regional factors on demand patterns may provide more targeted strategies for specific retail markets. Future research endeavors could also delve into the integration of qualitative forecasting methods and the development of hybrid models that combine statistical approaches with expert opinions. Finally, longitudinal studies tracking the evolving nature of demand forecasting practices over time would contribute to a more dynamic understanding of the field. These suggestions aim to guide future researchers in advancing the knowledge base and refining methodologies to address the ever-changing landscape of demand forecasting in the retail sector.

References:

- 1. Chen, Y., Wang, Q., & Zhang, M. (2017). A nonlinear regression model for demand forecasting in retail. Journal of Business Research, 70, 220-227.
- Fisher, M. L., Raman, A., & McClelland, A. S. (1997). Batching policies in a make-toorder environment: The economic impact of commonality and yield factors. Management Science, 43(3), 381-393.
- 3. Gardner Jr, E. S., & McKenzie, E. (1985). Forecasting trends in time series. Management Science, 31(10), 1237-1246.
- 4. Hyndman, R. J., & Athanasopoulos, G. (2018). Forecasting: principles and practice. OTexts.
- 5. Lee, H. L., & Padmanabhan, V. (1997). The bullwhip effect in supply chains. Sloan Management Review, 38(3), 93-102.
- Makridakis, S., Spiliotis, E., & Assimakopoulos, V. (2018). Statistical and machine learning forecasting methods: Concerns and ways forward. PloS One, 13(3), e0194889.
- Mentzer, J. T., Moon, M. A., & Wagner, S. M. (2000). Advanced demand forecasting in supply chain management. In Proceedings of the 1999 Georgia Tech supply chain forecasting and planning conference (pp. 7-20).
- 8. Opitz, D., & Maclin, R. (1999). Popular ensemble methods: An empirical study. Journal of Artificial Intelligence Research, 11, 169-198.
- 9. Polikar, R. (2012). Ensemble based systems in decision making. Circuits and Systems Magazine, IEEE, 6(3), 21-45.
- 10. Shapiro, J. F. (2001). Modeling the supply chain. Duxbury Press.
- 11. Zhang, G. P., Patuwo, B. E., & Hu, M. Y. (2003). Forecasting with artificial neural networks: The state of the art. International Journal of Forecasting, 14(1), 35-62.

ON DIFFERENTIAL EQUATIONS

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The study of the different phenomenon of a nature is done with the help of differential equations. Leibnitz discovered the differential equation and its symbol first time in 1675 and later in 1691 he invented method of separation of variables. A Word differential equation contains a word differentiation. A mathematical equation which contains dependent variables, independent variables, derivatives of any order and constant are termed as differential equations. There are two types of differential equations namely: Ordinary differential equations and Non-ordinary (Partial) differential equations. An ordinary differential equation is an equation where only one independent variable present whereas Partial differential equation, where more than one independent variable present. An order of a differential equation is order of a higher order derivatives present in the differential equations and degree of the differential equation is the exponent of the higher order derivatives present in the differential equation. A solution of the differential equation is the relation between dependent and independent variables. Depending on the pattern and conditions of the differential equations are divided into various types. We will study all the types one by one.

Method of Separation of Variables:

A solution of the differential equation is obtained easily if one can separate the variables to different sides of the equation because integration is easy in single variable. The equation can be written in the form f(x)dx + g(y)dy = 0.

Homogeneous Ordinary Differential Equations:

The differential equation of the form $f(kxky) = k^n f(x, y)$ is called homogeneous equation of degree *n* once homogeneous condition is satisfied by the differential equation substitute y = vx in the differential equations, separate the variables to different sides of the equations and solve them using variable separation method.

Exact Differential Equations:

A First order Ordinary differential equation M(x, y)dx + N(x, y)dy = 0 is said to be exact if there exist a function u(x, y) such that $\frac{du}{dx} = M$ and $\frac{du}{dy} = N$.

Integrating Factor:

Non exact differential equation can be converted to exact differential equation by multiplying suitable function so that it will become an exact differential equation is called as integrating factor.

Linear Differential Equations:

A differential equation of the form $\frac{dy}{dx} + Py = Q$ is called as linear differential equations. They can be solved using integrating factor. Linear equation is defined for maximum one degree. It contains only linear terms of unknown variables and their derivatives. Solutions of linear differential equations create vector space. And the differential operator also is a linear operator in vector space. Solutions of linear differential equations are easier and general solutions exist.

Non-Linear Differential Equations:

A differential equation which is not linear is known as non linear differential equations. It's difficult to find new solution of non-linear differential equations. on linear differential equation is defined for maximum 2 or more than 2 degree. It contains trigonometric functions, exponential function, etc. solution of non-linear equations cannot create vector space. For non linear differential equation general solution does not exist and the solution may be problem specific. this makes solution much more difficult than the linear differential equations.

Solution Techniques for Non Linear Differential Equations:

We will begin with Hermit's Equation:

$$\frac{d^2 y}{dx^2} - 2t \frac{dy}{dx} + 2py = 0.$$

We will utilize the following power series and its first and second derivatives to make guess of the solution:

$$y(t) = b_0 + b_1 t + b_2 t^2 + \dots = \sum_{n=0}^{\infty} b_n t^n,$$

$$\frac{dy}{dt} = b_1 + 2b_2t + 3b_3t^2 + 4b_4t^3 + \dots = \sum_{n=1}^{\infty} nb_nt^{n-1},$$

$$\frac{d^2y}{dt^2} = ,$$

At $t = 0$, we have $y(0) = a_0$ and $y'(0) = a_1$.

Now we substitute above three equations into Hermit's equation, we will have,

$$\frac{d^{2}y}{dx^{2}} - 2t\frac{dy}{dx} + 2py = (2b_{2} + 6b_{3}t + 12b_{4}t^{2} + ...)$$

$$-2t(b_{1} + 2b_{2}t + 3b_{3}t^{2} + 4b_{4}t^{3} + ...)$$

$$+ 2p(b_{0} + b_{1}t + b_{2}t^{2} +)$$

$$= (2pb_{0} + 2b_{2}) + (2pb_{1} - 2b_{1} + 6b_{3})t + (2pb_{2} - 4b_{2} + 12b_{4})t^{2} + (2pb_{3} - 6b_{3} + 20b_{5})t^{3} + ... = 0$$

After equating the all coefficients, we will have,

$$2pb_{0} + 2b_{2} = 0$$

$$2pb_{1} - 2b_{1} + 6b_{3} = 0$$

$$2pb_{2} - 4b_{2} + 12b_{4} = 0$$

$$2pb_{3} - 6b_{3} + 20b_{5} = 0$$

On solving with substitution, we will have,

$$b_{2} = -pb_{0},$$

$$b_{3} = -\frac{p-1}{3}b_{1},$$

$$b_{4} = -\frac{p-2}{6}b_{2} = \frac{(p-2)p}{6}b_{0},$$

$$b_{5} = -\frac{p-3}{10}b_{3} = \frac{(p-3)(p-1)}{30}b_{1}.$$

We will write all the coefficient above as functions of b_0 and b_1 .

$$y(t) = b_0 (1 - pt^2 + \frac{(p-2)p}{6}t^4 + \dots)$$
$$+ b_1 (t - \frac{p-1}{3}t^3 + \frac{(p-3)(p-1)}{30}t^5 + \dots)$$

The above is the general solution of the Hermits equation.

Non linear differential equations can be divided into three types: exactly solvable, partially solvable and unsolvable.

What is need of Non-linear Differential Equations:

There is some physics that requires the use of non-linear differential equations. The hydrodynamics of viscous, compressible media is described by the Navier-Stokes equations which is an example of non-linear differential equations [1]. The mathematics of nonlinear ordinary differential equations is less developed and more difficult than that of linear ordinary differential equations. A more exact representation of physical phenomenon would lead to nonlinear equations. The entire natural phenomenon are not linear some are complex; to solve them we need to use nonlinear differential equations.

References:

- 1. Pachpatte B. G. (1998),' Nonlinear Integral Inequalities I',Mathematics in Science and Engineering, Volume 197,Pages 99-220.
- Olver P. J. (2022), 'Nonlinear Ordinary Differential Equations', University of Minnesota.
- 3. Pinney E. (1954), 'Nonlinear Differential Equations', University of California, Berkeley.
- 4. Thomas J. (2017),'A Brief Overview of Nonlinear Ordinary Differential Equations'.
- 5. Fucik B.; A. Kufner (1980), 'Nonlinear Differential Equations', Elsevier,

NUTRACEUTICALS FOR HYPERLIPIDEMIA: PREVENTION AND MANAGEMENT OF CARDIOVASCULAR DISEASES

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Abstract:

Cardiovascular diseases (CVD) are the leading cause of morbidity and mortality globally, with hyperlipidemia being a significant risk factor. Traditional pharmaceutical interventions often come with side effects, prompting interest in nutraceuticals as an alternative. Cardiovascular disease linked to poor diet habits with weight gain, mental health issues, and limited physical activity. This chapter explores nutraceuticals— biologically active compounds from food—such as omega-3 fatty acids, beta-glucan, plant sterols, and polyphenols, for managing hyperlipidemia. Highlighted foods include legumes, oats, barley grass, chickpeas, lentils, and soybeans, showing potential to reduce cholesterol and improve cardiovascular health.

Keywords: Cardiovascular Diseases (CVD), Hyperlipidemia, Nutraceuticals, Lipid-Lowering, Omega-3 Fatty Acids, Plant Sterols, Polyphenols, Antioxidants

Introduction:

Cardiovascular diseases (CVD) remain the leading cause of morbidity and mortality worldwide, necessitating effective prevention and management strategies. Among the various risk factors for CVD, hyperlipidemia—characterized by elevated levels of lipids in the blood—is a significant contributor. Traditional approaches to managing hyperlipidemia often involve pharmaceutical interventions while effective, often come with side effects and may not be suitable for all patients; however, there is growing interest in nutraceuticals as a complementary approach or alternative strategy to managing hyperlipidemia and preventing CVDs.

India has witnessed an alarming rise in the occurrence of heart disease, stroke and diabetes in the past 25 years, The prevalence of heart disease and stroke has increased by over 50% from 1990 to 2016 in India, with an increase observed in every state. The contribution of these diseases to total deaths and disease burden in the country has almost doubled in the past 25 years. Heart disease now is the leading individual cause of disease

burden in India, and stroke is the fifth leading cause. (Dinesh, 2018). More than half of the total cardiovascular disease deaths in India in 2016 were in people younger than 70 years. Now days increased premature CVD complication and deaths in early 30s has increased emergency to work or focus on Prevention and management of CVD risk factor. Vasudevan *et.al* describe the prevalence of high blood pressure (BP) and other cardiovascular disease (CVD) risk factors in children and adolescents enrolled in the 2016-2018 Comprehensive National Nutrition Survey (CNNS) of all 29 states of India. The analysis shows an alarming prevalence of high BP in Indian youth: 35% of 10- to 12-year-olds and 25% of 13- to 19-year-olds had BP in the stage 1 or 2 hypertension range, defined according to 2017 American Academy of Pediatrics cut points. Using 2011 Indian census data, this finding translates to approximately 69 million Indian youth with high BP and possibly other CVD risk factors. Abbas *et. al.*, 2022, reported that individuals from southern Indian states had higher BP than those from the northern Indian states and this shows that there is high possibility of development of CVD case in the south Indians.

Healthy life lost to disability due to Premature CVD may make people to experience poor quality of life (Rector *et al.,* 2006). Various physical and emotional symptoms, such as dyspnea, fatigue, edema, difficulty sleeping, depression, and chest pain affiliated with CVD (Zambroski *et al.,* 2005) may limit activities of daily and also affect the Economic condition of individual and increase the dependency on other family member and also increases Hospitalization and treatment cost. Directly affect the Quality of life.

Hyperlipidemic and its Impact on Cardiovascular Health

Hyperlipidemia is characterized by elevated levels of cholesterol and triglycerides in the bloodstream. Key lipids include low density lipoprotein cholesterol (LDL-C), highdensity lipoprotein cholesterol (HDL-C), and triglycerides, coupled with low levels of HDL-C, contribute to the development of atherosclerosis, where in lipid deposits from plaques in arterial walls, leading to impaired blood flow, heart attacks, and strokes.

Today consumers are strongly concerned about their food habits, health and lifestyle with globalization and economic development the quality of life has improved. Besides development a major challenge in the form of lifestyle disease has also grown up. Consumption of junk food has increased manifold, which has led to a number of diseases related to nutritional deficiencies. Nutraceutical can play an important role in controlling them. (Mamata *et al.*, 2015)

The word nutraceutical arises from two broad terms- "Nutrition" and "Pharmaceutical" Nutraceuticals, derived from food sources, are biologically active compounds that offer substantial health benefits. These compounds, found in certain foods, have been shown to lower lipid levels and improve cardiovascular health. The integration of nutraceuticals into the diet presents a promising approach for the prevention and management of hyperlipidemia and its associated cardiovascular risks.

- Vitamins and Minerals: Essential nutrients that play vital roles in metabolic processes.
- Herbal Supplements: Plant-derived compounds with medicinal properties.
- **Probiotics and Prebiotics**: Live beneficial bacteria and compounds that promote gut health.
- **Functional Foods**: Foods enhanced with bioactive components, such as omega-3 fatty acids or phytosterols.

Bioactive Components in Anti-Hyperlipidemic Foods

Several bioactive compounds in foods have been identified for their lipid-lowering properties:

- **Omega-3 Fatty Acids**: Found in fatty fish, flaxseeds, and chia seeds, these fatty acids reduce triglyceride levels and have anti-inflammatory effects.
- **Beta-Glucan**: A soluble fiber in oats and barley that helps reduce LDL-C by binding bile acids in the gut.
- **Plant Sterols and Stanols**: Present in nuts, seeds, and fortified foods, these compounds block cholesterol absorption in the intestines.
- **Polyphenols**: Antioxidants found in fruits, vegetables, tea, and dark chocolate that improve lipid profiles and reduce oxidative stress.

Mechanisms of Action

Nutraceuticals exert their lipid-lowering effects through various mechanisms:

- **Reduction of Lipid Absorption**: Compounds like plant sterols and soluble fibers inhibit the absorption of cholesterol in the intestines.
- Enhanced Lipid Metabolism: Omega-3 fatty acids promote the conversion of lipids into energy and reduce triglyceride synthesis in the liver.
- Antioxidant and Anti-inflammatory Effects: Polyphenols and omega-3 fatty acids reduce oxidative stress and inflammation, protecting the cardiovascular system.

List of antihyperlipidemic foods

Legumes: Malarvizhi *et al.*'s study rigorously investigated the efficacy of dietary legumes, horse gram, and groundnut, either alone or combined with atorvastatin, in managing dyslipidemia/hyperlipidemia. The findings revealed significant improvements across various parameters: reduced body weight, feed intake, and fat index alongside decreased levels of cholesterol, triglycerides, glucose, urea, and creatinine.

Oats: The cholesterol – lowering properties of oats, largely ascribed to its contents of soluble fiber, beta-glucans, are well established. Oats also contain components with reported antioxidant and anti-inflammatory effects that may affect atherogenesis. Andersson *et al.*,2010., examined effects of oats bran on plasma cholesterol, markers of inflammation.

Barley grass: Jing-kun yan *et.al,* 2023, showed that supplementation of Barley grass at 200 and 400mg kg regulated dyslipidemia ameliorated the oxidative stress level and it can be used as a nutritional supplement for dietary intervention in hyperlipidemia.

Chickpea: Chickpea has Isoflavones which interfere with the absorption of dietary cholesterol in the intestine they can bind acids which are necessary for the absorption of cholesterol and facilitate their excretion, thus reducing the amount of cholesterol absorbed from the diet into bloodstream.

Lentils: Lentils such as (Brown lentils, green lentils, red and yellow lentils, Black Beluga lentils and Puy lentils) contain fiber, iron, folate, antioxidants and minerals. The high fiber content in brown lentils helps reduce cholesterol levels by binding with bile acids, there by lowering the total cholesterol levels in the blood. Antioxidants present in green lentils help reduce oxidative stress and inflammation, which are associated with cardiovascular diseases.

Soya bean: Soya bean content Isoflavones, Protein, phytosterols and fiber can reduce total cholesterols, low-density lipoprotein (LDL) cholesterol, and triglycerides. This reduction is achieved by increasing LDL receptor activity, there by enhancing the clearance of LDL cholesterol from the bloodstream. Isoflavones present in soya improve lipid metabolism by modulating the expression of genes involved in lipid homeostasis, including those that regulate cholesterol synthesis and uptake.

Garlic: Supplementation of 2 to 5g of fresh garlic or 0.4 to 1.2 of dried garlic powder; 2 to 5 mg of garlic oil; 300 to 1,000mg of garlic extract to reduces blood pressure by 7-16 mm Hg

(systolic) and 5-9 mm Hg (diastolic) and also helps in reduction of total cholesterol by 7.4-29.8mg/dL. (Varshney and Budoff, 2016)

Jamun Seed Powder: Sidana *et al.* (2016) 60 days of jamun seed powder supplementation significantly improved dyslipidemia in type 2 DM patients.

Amaranthus: The Amaranthus extracts were found to contain glycosides, saponins, flavonoids, proteins, amino acids, and carbohydrates. Results indicated that all three Amaranthus species exhibited significant antihyperlipidemic activity at the 400mg/kg dose. which significantly reduced serum cholesterol and triglyceride levels while improving HDL, LDL, and VLDL profiles. Girija *et al.* (2011)

Kakrol: Masao Sato et al. (2011) investigated the antihyperlipidemic effects of Kakrol (Spine gourd), a cucurbitaceous vegetable native to India and Bangladesh, related to bitter gourd (Momordica charantia), known for its antidiabetic and antihyperlipidemic properties. 3% freeze-dried powders of whole Kakrol or bitter gourd for two weeks significantly lowered liver cholesterol and triacylglycerol levels and also increased Fecal lipid excretion increased. Additionally, lymphatic transport of triacylglycerol and phospholipids was reduced also significantly inhibited pancreatic lipase activity in vitro. These findings suggest that Kakrol and bitter gourd affect lipid metabolism through reducing liver lipids by inhibiting lipid absorption.

Ber fruit (*Ziziphus jujube*) daily consumption of *Ziziphus jujube (30g)* have beneficial effects on the lipid profiles and blood glucose levels in T2D by Hossein *et al.* (2022).

Basu *et al.* 2010, carried out a search on Blueberries decrease cardiovascular risk factors in Obese Men and Women with Metabolic Syndrome. Blueberries have shown considerable cardio-protective benefits due to high polyphenol content.

The consumption of Cucumis seed extract at a daily dose of 500 mg led to significant reductions in total cholesterol, LDL-C, TG, and BMI (P < 0.001) and a substantial increase in HDL-C (P = 0.012). cucumber seed extract as a promising food supplement for treating dyslipidemia and demonstrate its potential in positively affecting serum lipid profiles in adult patients with mild hyperlipidemia, contributing to the prevention of atherosclerosis and promoting cardiovascular Health by Sltani *et al.* (2017).

Conclusion:

Cardiovascular diseases (CVD) continue to be a major global health concern, with hyperlipidemia playing a significant role. Traditional pharmaceutical treatments, while

effective, often come with side effects, highlighting the need for alternative strategies. Dietary habits and lifestyle choices, weight gain, mental health issues, and decreased physical activity, which further impact cardiovascular health. Nutraceuticals offer a promising complementary or alternative approach to managing hyperlipidemia and preventing CVD. Compounds such as omega-3 fatty acids, beta-glucan, plant sterols, and polyphenols have demonstrated significant lipid-lowering properties and cardiovascular benefits. Foods like legumes, oats, barley grass, chickpeas, lentils, and soybeans can helps reduce cholesterol levels and improve overall heart health. Future research should focus on the efficacy and integration of nutraceuticals into public health strategies. Promoting a balanced diet rich in bioactive compounds is crucial for mitigating the rising burden of CVD, enhancing cardiovascular health, and improving quality of life without the adverse effects of traditional pharmaceuticals.

References:

- 1. Abubakar, S., M., Umar, S. A., Alexander, I., Nura Abubakar, Mansurah A., Abdulazeez and Sule, M. S., 2018, Evaluation of Hypoglycaemic, Hypolipidaemic and Non-Toxic Effect of Hydro-Methanolic Extracts of Ziziphus Mauritiana, Ziziphus Spina Christi Fruit and Glibenclamide on Alloxan Induced Diabetic Rats. *Journal of Drug Delivery & Therapeutics*.8(3):82-92.
- Bidkar, J. S., Ghanwat, D., Bhujbal, M. D., and Dama,G., 2012, Anti-hyperlipidemic activity of Cucumis melo fruit peel extracts in high cholesterol diet induced hyperlipidemia in rats. J Complement Integr Med. 24;9: Article 22.doi: 10.1515/1553-3840.1580.
- 3. Girija, K., Lakshman, K., Udaya, C., Sachi, G. and Divya, T., (2011). Anti-diabetic and anti-cholesterolemic activity of methanol extracts of three species of Amaranthus. Asian Pacific Journal of Tropical Biomedicine. 1(2): 133-138.
- 4. Hammam, S. A. El-Kadousy, S. M. El-Sayed and Rashed R. M.,2019, Hypolipidmic Effect of Jamun Syzygium Cumini M. A. *Menoufia J. Agric. Biotechnology.* 4: 61 72.
- Hossein, F., Asghari, G., Hedayati, M., Sahranavard, S., Teymoori, F., Mirmiran, P., Azizi, F., 2022 Effect of Ziziphus jujube on cardiometabolic factors and systemic inflammation in type 2 diabetic patients: A randomized controlled trial.*Clin Nutr ESPEN*.49:53-60.
- 6. Jha, D., Koneri R. and Samaddar, S., 2018 Medicinal use of an ancient herb momordica cymbalaria: a review. IJPSR, 2018; Vol. 9(2): 432-441.

- 7. Kannan, A. and Puraikalan, Y., 2013, Development and effect of Jamun Seed powder Incorporated Cookies. *International Journal of Science and Research.2319-7064.*
- Puttanarasaiah, M., Venkataranganna, M. V., Kirangadur, M., Gollapalle Lakshminarayanashastry, V. and Godavarthi, A., 2018, Momordica cymbalaria fruit extract attenuates high-fat dietinduced obesity and diabetes in . Basic Med Sci 2018; 21:1083-1090. doi: 10.22038/IJBMS.2018.29354.7095 C57
- Shafi, A., Farooq, U., Akram, K., Majeed, H., Hakim., and Jayasinghe, M., 2023, Cucumis melo seed oil: Agro-food by -product with natural antihyperlipidemic potential. *Journal of the science of food and Agriculture*.103(4):1644-1650.
- Sharma,B. and GurudayalRam, (2014), Anti-hyperglycemic and anti-hyperlipemia of Syzygium Cumini Seed in alloxan Induced Diabetes mellitus in Swiss Albino Mice (Musmusculus).Med.Aromat Plant 3:166. doi10.4171/2167.1000166.
- Sidana, S., Singh, V. B., Babu Lal Meena, Beniwal, S., Chandra, S., Singh, K., Singla, R., Kumar, D., 2016, Effect of Syzygium cumini (jamun) seed powder on dyslipidemia: a double-blind randomized control trial. *Int J Res Med Sci.*,4(7):2603-2610.
- 12. Soltani, R, Hashemi, M., Farazmand, M., Asghari, G.,Heshmat,Ghahdarijani,K., Kharazmkia, A, Ghanadian, S., 2017, Evaluation of the Effects of Cucumis sativus Seed Extract on Serum Lipids in Adult Hyperlipidemic Patients: A Randomized Double-Blind Placebo-Controlled Clinical Trial. J Food Sci.82(1):214-218.
- 13. Varshney, R., and Budoff, M., 2016, Garlic and Heart Disease, J Nutr.146(2):416S-421S.
- Zhang X, Wu C, Wu H, Sheng L, Su Y, 2013, Anti-Hyperlipidemic Effects and Potential Mechanisms of Action of the Caffeoylquinic Acid-Rich Pandanus tectorius Fruit Extract in Hamsters Fed a High Fat-Diet. PLoS ONE 8(4): e61922. doi:10.1371/journal.pone.0061922.

SHIFTING CONSUMER PREFERENCE FROM FAST FOOD TO HEALTHY FOODS

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Introduction:

Lifestyle changes which have taken place in many countries worldwide over the last few decades have been shown to impact food consumption patterns. One of the most prominent trends is a growing prevalence of meals eaten away from home. In addition, even meals consumed at home are often purchased from catering outlets which offer takeaway or home delivery service. Fast food is defined as food that can be prepared and served in very quickly. Fast food has become an important part of our diet and the increase in fast food consumption is likely continue due to change in standard of living, work culture, hectic work schedule etc. Most places in the world now have a fast food sector due to people's hectic and busy schedules. The days of cooking in the traditional or conventional manner are long gone, and fast food restaurants can be found everywhere. Fast food encompasses more than just the classic fast food products like burgers, pizza, and French fries; it also covers Chinese and Indian cuisine. (ElSherif et al., 1991; Otterman and Stec, 1980). Fast food vendors place a strong emphasis on maximizing convenience by minimizing time expenditures. Fast food restaurants are seeing an even faster growth in business, and eating out is getting more and more popular. Fast food has huge serving sizes, high fat, sugar, and salt content, high calorie density, and great palatability (Bowman and Vineyard, 2004). Fast food was initially widely consumed in America in the 1950s. It is usually served to consumers in a packaged takeout version and is sold in restaurants or retail establishments using preheated or precooked ingredients (Wang et al., 2018). Travel time to the retail store is a significant factor in time costs as it directly relates to distance. By reducing the distance a customer must travel, new store construction can cut the product's complete price and increase the frequency of purchases (Janowski and colleagues, 2001). A notable indication of the significance of convenience is the significant shift in the food away from home (FAFH) sector, where fast food has been accounting for a growing portion of spending for several decades. Fast food grew from 14.3% of all food expenses spent away from home in 1967 to 35.5% in 1999 (U.S. Department of Agriculture/Economic Research Service). The industry strategy's guiding principle is accessibility, as seen by the focus on market penetration.

Harmful Effects of Fast Food:

Research indicates that the average fast-food meal purchased from the fast food chains has an energy density of about 8 and comprises about 236 kcal/100 g, which is twice as high as what is advised for a healthy diet. Fast food consumption has been linked to increases in weight and adiposity, which raises the risk of cardiovascular diseases (CVDs), non-communicable diseases, and metabolic disorders such insulin resistance. Moore and others (2009). Researchers found that among younger adults (aged 20-65), a higher proportion of fast food restaurants compared to all restaurants was significantly associated with incident diabetes mellitus in another cohort of adult respondents (aged 20-84) to the Canadian Community Health Survey. Polosky and colleagues (2016). In a study involving 4746 American teenagers (ages 11 to 18), French et al. found that, when compared to adolescents who had not eaten fast food during the studied week, male adolescents' energy intake was 40% higher and female adolescents' energy intake was 37% higher if they reported eating fast food three times or more. Many epidemiological studies have indicated a link between the intake of fast food or takeout and higher body mass index (BMI) and obesity. A diet heavy in fat, especially one high in saturated fatty acids (SFAs), may have various detrimental health impacts in addition to increasing the chance of developing obese. While not all SFAs have the same effect on plasma lipid and lipoprotein concentrations, SFAs raise levels of both total and HDL-C. Zhang and associates, 2010. FAFH increased from roughly 26% of total food expenditures in 1960 to roughly 45% in 1997 (Manchester and Clauson). Wang et al. (2018) found that their study showed a strong correlation between eating fast food and symptoms of current/severe/ever asthma, current/ever wheeze, doctor-diagnosed allergic rhinitis (pollen fever), severe eczema, and severe rhino-conjunctivitis. By examining the relationship between consumption of Western-style fast food and the risk of type 2 diabetes mellitus and coronary heart disease (CHD) mortality, Odegaard et al. (2012) sought to provide an answer to this question. The researchers made use of information from the Singapore Chinese Health Study, which tracked 43,000 Chinese individuals living in Singapore for five years. In comparison to their counterparts who reported little to no intake, they discovered that Chinese Singaporeans who ate Western-style fast food more than twice a week had a 56% greater risk of dying from coronary heart disease and a 27% increased chance of getting type 2 diabetes mellitus. Burgers, cheeseburgers, French fries, pizza, various sandwiches, deep-fried chicken, and hot dogs were among the fast food staples in the Western style. Several things on this list have been linked in multiple prospective studies among Western populations to an elevated risk of death from coronary heart disease and type 2 diabetes mellitus.

It was discovered that the frequency of fast food consumption was substantially correlated with the participants' age (odds ratios (OR) = 0.981, P = 0.001), gender (men > women), and marital status (single > married/partnered and divorced/separated/widowed). In addition, it was discovered that the frequency of fast food consumption was substantially correlated with distaste for cooking (OR = 1.119, P <0.001) and perceived convenience of fast food (OR = 1.162, P < 0.001), but not with perceived unhealthy fulness of fast food (OR = 0.692, P = 0.207). Dave and others (2009). In a subsequent study by Jeffery et al., a positively significant association was observed between fast-food intake and BMI only among women and a higher frequency of fast food consumption was associated with a weight gain of 0.72 kg over 3 years 36 and of 4.5 kg over a 15 year period 17 2 above the average weight 3 gain French et al.,2005According to Bowman and Vineyard (2004), eating fast food twice a week or more was linked to an independent increase in the prevalence of intermediate abdominal obesity in males (31% higher) and women (25% higher).

Reasons for the shifting preferences of the consumer from fast food to healthy foods:

People all throughout the world are becoming aware of the importance of eating nutrient-dense meals these days. The epidemic has altered people's general lifestyle behaviors and eating habits, leading them to reconsider the traditional or ancestral foods that have been prepared and consumed for many family generations. Perceived benefits (such cost savings, convenience, enjoyment, and flavor) and negatives (like high calories, unhealthiness, etc.) are likely to have an impact on fast food intake. Improving understanding of consumers' attitudes toward fast food could support public health campaigns that encourage more healthful eating practices. (Dave and associates 2009). By knowing the facts above sited people now a days are becoming more concerned about their life due to:

- Health Consciousness: There is growing awareness of the impact of diet on health, leading consumers to prioritize nutritious options that support well-being and longevity.
- 2) Weight Management: Many consumers are concerned about obesity and related health issues, prompting them to choose foods lower in calories, fats, and sugars. Transparency and Ingredients: Increased scrutiny of food labels and ingredients has pushed consumers to seek out foods with natural, recognizable ingredients and fewer additives.
- **3)** Environmental and Ethical Concerns: Some consumers are opting for healthier foods due to concerns about the environmental impact of meat production and the ethics of animal welfare.
- 4) Availability and Accessibility: The rise of health-focused restaurants, meal delivery services, and grocery options has made nutritious food more accessible and convenient than ever before. Celebrities and Influencers: Endorsements and promotion of healthy eating by celebrities and influencers on social media have also influenced consumer choices.
- **5)** Education and Information: Access to information about nutrition and the benefits of a balanced diet has empowered consumers to make more informed choices.

One among the healthy conscious food now a days trending are millet and its products so that in view of the nutritional value of the millet, the government has notified millets as nutri-cereals in April 2018 and government celebrated the same as the National Year of Millet. To create domestic and global demand and to provide nutritional food to the people, Government of India had proposed to United Nations for declaring 2023 as International Year of Millets (IYOM). The proposal of India was supported by 72 countries and United Nation's General Assembly (UNGA) declared 2023 as International Year of Millets of S General Assembly (UNGA) declared 2023 as International Year of Millets on 5 th March, 2021. Government of India has decided to celebrate IYOM, 2023 to make it peoples' movement so that the Indian millets, recipes, value added products are accepted globally. (Ministry Of Agriculture and Farmer Welfare). Many organisations and institutions are developing more project on millets and conducting research work on it because it is having all the nutrients required for human being. Institution like ICAR india council of agricultural research, Indian institute of millet research IIMR which is working on millet production and millet based product and, National institute of agriculture extension MANAGE, many IIT college, food technology institution are doing research and

developing new technology and machines for harvesting, processing and storage of millet and agriculture university are developing new varieties to increase production and suitable varieties for developing products.

Recommendations Regarding Fast Food:

More has to be done by fast food chains to create and market menu items that are higher in nutrients and lower in calories. There needs to be a greater selection of healthful foods on restaurant menus. Reformulated popular products should have less saturated fat, salt, and calories on an average. Meal alternatives for kids have to be designed with their needs—preschoolers and older kids—in mind. It is imperative for fast food establishments to set relevant, universal guidelines for marketing to children. Restaurants need to reinterpret the term "child-targeted" marketing to encompass the 60% of TV commercials and other marketing that kids watch but aren't specifically directed at them. McDonald's needs to stop advertising directly to young children who aren't old enough to understand or challenge marketing messages. There needs to be a greater selection of healthful foods on restaurant menus. If parents so desire, they can order a soft drink and french fries, but parents, not businesses, should make that choice. Just making the healthier option the default would cut down on the billions of calories that kids consume annually. All restaurants should serve portions of menu items that are available in varied sizes, such as small, medium, and large.

Conclusion:

In conclusion, the shift in consumer preference from fast food to healthy foods marks a significant trend towards prioritizing well-being and sustainability. This transition is driven by increasing awareness of the health impacts of fast food, coupled with a growing desire for nutritious alternatives. As consumers become more informed and health-conscious, the food industry must continue to innovate, offering delicious, convenient, and affordable options that support healthier lifestyles. Embracing this shift not only benefits individuals by promoting better health outcomes but also contributes to a more sustainable food ecosystem for future generations.

References:

 Odumeru J, Mitchell S, Alves D, Lynch J, Yee A, Wang S, Styliadis S and Farber J (1997): Assessment of the microbiological quality of ready to use vegetables for health care food services. J Fodo Prot 60: 954-960.

- 2. El-Sherif AM, Khalafalla FA and Darwish AM (1991): Microflora in beef burger sandwiches. J Egypt Vet Med Ass 51: 169-177.
- 3. Evaluating Fast Food Nutrition and Marketing to Youth Jennifer L. Harris, Ph.D., M.B.A. Marlene B. Schwartz, Ph.D. Kelly D. Brownell, Ph.D.
- 4. Bowman SA, Vinyard BT. Fast food consumption of U.S. adults: impact on energy and nutrient intakes and overweight status. J Am Coll Nutr. 2004;23:163–168.
- Moore LV, Diez Roux AV, Nettleton JA, Jacobs DR, Franco M. Fast-food consumption, diet quality, and neighborhood exposure to fast food: the multiethnic study of atherosclerosis. Am J Epidemiol. 2009;170:29–36.
- CHENG S. WANG, JI WANG, XIN ZHANG, LI ZHANG, HONG P. ZHANG, LEI WANG, LISA G. WOOD AND GANG WANG. (2018). SYSTEMATIC REVIEW Is the consumption of fast foods associated with asthma or other allergic diseases?. Asian Pacific Society of Respirology. Respirology (2018) 23, 901–913 doi: 10.1111/resp.13339
- 7. Hunter JE, Zhang J, Kris-Etherton PM. Cardiovascular disease risk of dietary stearic acid compared with trans, other saturated, and unsaturated fatty acids: a systematic review. Am J Clin Nutr. 2010;91:46-63.
- 8. Odegaard AO, Koh WP, Yuan JM, Gross MD, Pereira MA. Western-style fast food intake and cardiometabolic risk in an eastern country. Circulation. 2012;126:182–188
- Jayna M. Dave, Lawrence C. An, Robert W. Jeffery and Jasjit S. Ahluwalia. (2019). Relationship of Attitudes Toward Fast Food and Frequency of Fast-food Intake in Adults. Behavior and Psychology. Obesity (2009) 17, 1164–1170. doi:10.1038/oby.2009.26
- 10. Jeffery RW, Baxter J, McGuire M, Linde J. Are fast food restaurants an environmental risk factor for obesity? Int J Behav Nutr Phys Act 2006;3:2
- Mark D. Jekanowski, James K. Binkley and James Eales. (2001). Convenience, Accessibility, and the Demand for Fast Food. Journal of Agricultural and Resource Economics, July 2001, Vol. 26, No. 1 (July 2001), pp. 58-74. URL: https://www.jstor.org/stable/40987095.

FUNDAMENTALS OF XEROGEL

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Abstract:

Xerogels, derived from sol-gel processes, represent a class of porous materials with a wide range of applications in various fields. The sol-gel process, involving hydrolysis and condensation reactions, allows for the creation of three-dimensional networks with tailored properties. Drying techniques, including evaporative drying, supercritical drying, and freeze-drying, are critical for preserving the porous structure of xerogels. Characterization techniques such as scanning electron microscopy, Fourier transform infrared spectroscopy, and porosity measurements provide insights into the physical, chemical, and structural properties of xerogels. Xerogels offer several advantages in drug delivery applications, including high surface area, extensive porosity, and tunable composition. They can efficiently load and release active pharmaceutical ingredients (APIs), enabling controlled and sustained drug delivery. Moreover, xerogels can be engineered to respond to specific stimuli, facilitating targeted drug delivery and minimizing side effects. Despite their potential, xerogels face challenges such as shrinkage during drying and limited pore control, which require optimization strategies and alternative drying techniques. Beyond drug delivery, xerogels find applications in catalysis, and environmental remediation, highlighting their versatility and potential impact across various industries. Ongoing research and development efforts aim to overcome the limitations of xerogels and further enhance their performance in pharmaceutical and biomedical applications. With continued innovation, xerogels are poised to play a significant role in advancing technology and addressing complex challenges in healthcare and beyond.

Keywords: Sol-Gel Process, Porous Materials, Drug Delivery, Surface Area, Characterization

Introduction:

Xerogels are a class of porous, solid materials derived from gels by removing their solvent content while maintaining the gel's structure. Unlike traditional gels that retain a significant amount of liquid, xerogels undergo a drying process that eliminates the solvent, resulting in a highly porous and lightweight structure. This unique characteristic makes xerogels particularly attractive for various applications, especially in the field of pharmaceuticals (1).

The creation of xerogels typically involves a sol-gel process. This process starts with the formation of a colloidal solution (sol), which gradually evolves into a gel-like network containing both the liquid and solid phases. The subsequent drying process is crucial; it needs to be carefully controlled to avoid collapsing the delicate gel network, thereby preserving the porosity and surface area that define xerogels.

Xerogels are distinguished by their high surface area, extensive porosity, and variable pore size distribution. These properties are essential for applications that require efficient interaction between the material and its environment, such as in drug delivery systems (2). The large surface area facilitates the adsorption and release of drugs, making xerogels ideal carriers for controlled drug release. Moreover, the porosity of xerogels can be tailored to achieve specific release profiles, enhancing the efficacy and targeting of therapeutic agents.

The versatility of xerogels extends to their composition as well. They can be synthesized from various materials, including silica, organic polymers, and hybrid organicinorganic compounds. This adaptability allows for the customization of xerogels to meet specific needs, such as biocompatibility for medical applications or thermal stability for industrial uses (3).

Xerogels are particularly promising for developing advanced drug delivery systems. Their ability to encapsulate active pharmaceutical ingredients (APIs) and protect them from degradation while allowing controlled release makes them valuable in formulating oral, injectable, and transdermal therapies. Additionally, xerogels can be engineered to respond to environmental stimuli such as pH or temperature, providing targeted and precise drug delivery (4).

Method of Preparation:

The preparation of xerogels involves several key steps that transition a liquid sol into a solid, porous gel through a carefully controlled drying process. Here's an overview of the typical method:

1. Sol-Gel Process:

The sol-gel process is a versatile method for synthesizing xerogels. It begins with the preparation of a sol, a colloidal suspension of nanoparticles in a solvent. Common precursors include metal alkoxides, such as tetraethyl orthosilicate for silica xerogels. The process involves two main reactions: hydrolysis, where water reacts with the metal alkoxide, and polycondensation, which forms metal-oxygen-metal (M-O-M) bonds, creating a three-dimensional network (5). This network eventually forms a gel, a semisolid state where the solid network entraps the liquid phase. The sol-gel transition is influenced by factors like precursor concentration, pH, temperature, and catalysts. Aging the gel further strengthens the network through additional condensation reactions.

2. Drying Techniques:

Drying is a crucial step in xerogel synthesis, as it removes the solvent while preserving the gel's porous structure. Several drying techniques are employed:

- Evaporative Drying: The solvent is slowly evaporated at ambient or elevated temperatures under controlled humidity (6). This method requires careful control to prevent pore collapse due to capillary forces.

- Supercritical Drying: The gel is dried above the solvent's critical point, avoiding liquidgas interface formation, which prevents pore collapse. This technique is often used for silica xerogels.

- Freeze-Drying: The gel is frozen, and the solvent is sublimated under vacuum conditions, preserving the porous structure (7). This method is particularly useful for temperature-sensitive materials.

3. Template Methods:

Template methods involve using a template to direct the formation of the gel structure. The template can be organic (e.g., polymers, surfactants) or inorganic (e.g., colloidal crystals). After the sol-gel process, the template is removed, typically by calcination or chemical extraction, leaving behind a xerogel with a well-defined porous structure. This method allows for precise control over pore size and distribution (8).

4. Hybrid Xerogels:

Hybrid xerogels combine organic and inorganic components to create materials with unique properties. These are synthesized by incorporating organic molecules or polymers into the sol-gel process. The resulting hybrid xerogels benefit from the mechanical strength and thermal stability of inorganic materials, along with the flexibility and functionality of organic components. This synergy enables the design of xerogels with tailored properties for specific applications, such as drug delivery, catalysis, or sensors (9, 10).

Drug Loading and Drug release in Xerogels:

Drug loading in xerogels involves incorporating active pharmaceutical ingredients (APIs) into the porous structure of the material. This can be achieved through various methods such as impregnation, in situ gelation, adsorption, or encapsulation. During the preparation of the xerogel, the drug molecules are introduced into the gel matrix or adsorbed onto its surface. The porous nature of xerogels provides a high surface area and volume, facilitating efficient drug loading (11). The choice of loading method depends on factors such as the physicochemical properties of the drug and the desired release profile.

Drug Release Mechanisms from Xerogels:

The release of drugs from xerogels occurs through several mechanisms:

- Diffusion-Controlled Release: Drug molecules diffuse through the porous network of the xerogel, driven by concentration gradients (12).
- Swelling-Controlled Release: Swelling of the xerogel in the presence of physiological fluids leads to the expansion of pores, allowing for drug release.
- Biodegradable Xerogels: Xerogels composed of biodegradable materials undergo degradation over time, releasing encapsulated drugs.
- pH-Responsive Release: Xerogels with pH-responsive properties release drugs in response to changes in pH levels, such as those found in the gastrointestinal tract (13).

Characterization:

Characterization of xerogels is essential to assess their physical, chemical, and structural properties, which directly impact their performance in various applications, including drug delivery, catalysis, and sensor technologies. Here are some key characterization techniques:

Fourier Transform Infrared Spectroscopy (FTIR):

FTIR analyzes the functional groups present in the xerogel, providing information on chemical composition, bonding, and interactions with drug molecules. It can identify characteristic peaks associated with specific functional groups, aiding in structural elucidation and composition analysis (14).

Scanning Electron Microscopy (SEM):

SEM provides high-resolution images of the xerogel's surface morphology, allowing for visualization of pore structure, size, and distribution. This technique helps evaluate the uniformity and porosity of the xerogel.

X-Ray Diffraction (XRD):

XRD determines the crystalline structure of xerogels, if present. It helps identify crystalline phases, degree of crystallinity, and phase purity, providing insights into material stability and drug loading/release behavior (15).

BET Surface Area Analysis:

Brunauer-Emmett-Teller (BET) analysis measures the specific surface area of the xerogel, which influences drug loading capacity and release kinetics. Higher surface areas typically correlate with increased drug adsorption and faster release rates.

Thermal Analysis (e.g., Differential Scanning Calorimetry, DSC):

Thermal techniques evaluate the thermal stability, decomposition temperatures, and glass transition temperatures of xerogels. DSC can detect changes in heat capacity associated with phase transitions, dehydration, or drug release events (16).

Porosity:

Techniques such as mercury intrusion porosimetry or nitrogen adsorptiondesorption isotherms quantify the pore size distribution, total pore volume, and pore structure of xerogels, crucial for understanding their drug loading and release mechanisms (17).

Applications:

Xerogels find versatile applications across various fields, owing to their unique properties such as high surface area, extensive porosity, and tunable composition. One significant application of xerogels is in drug delivery systems. Their porous structure allows for efficient loading of active pharmaceutical ingredients (APIs), enabling controlled and sustained release of drugs. Xerogels can be tailored to respond to specific stimuli, such as pH or temperature, providing targeted delivery and enhancing therapeutic efficacy while minimizing side effects.

Moreover, xerogels offer advantages in biomedical applications beyond drug delivery (18). They have been utilized in tissue engineering scaffolds, where their porous structure supports cell attachment, proliferation, and differentiation. Additionally, xerogels have been investigated for wound healing applications, where they can absorb exudates, maintain a moist wound environment, and deliver therapeutic agents to promote tissue regeneration (19).

In industries, xerogels are employed as catalyst supports, separation membranes, and adsorbents due to their large surface area and porous nature. Their customizable composition and structural properties make xerogels valuable materials for a wide range of applications, contributing to advancements in healthcare, biotechnology, environmental remediation, and beyond (20).

Challenges:

Limitation of xerogels is their susceptibility to shrinkage and pore collapse during the drying process, especially with conventional evaporative drying methods. This can result in reduced porosity and surface area, affecting their drug loading capacity and release kinetics (21). Additionally, the drying process may be time-consuming and energyintensive. Moreover, achieving precise control over pore size and distribution can be challenging, limiting their applicability in certain drug delivery systems requiring specific pore architectures. These limitations highlight the need for optimization strategies and alternative drying techniques to enhance the performance of xerogels in pharmaceutical applications (22).

Conclusion:

Xerogels offer promising opportunities in various fields, including drug delivery, tissue engineering, and environmental remediation, due to their unique properties such as high surface area, extensive porosity, and tunable composition. Despite challenges such as shrinkage during drying and limited pore control, ongoing research and development efforts aim to overcome these limitations and further harness the potential of xerogels. With continued optimization and innovation, xerogels are poised to play a significant role in advancing technology and addressing complex challenges in healthcare, biotechnology, and beyond.

References

- Derflinger, C., Kamm, B., & Paulik, C. Sustainable aerogels derived from bio-based 2,5diformylfuran and depolymerization products of lignin. International Journal of Biobased Plastics. 2021; 3, 29-39.
- Peydayesh, M., Suter, M. K., Bolisetty, S. Amyloid fibrils aerogel for sustainable removal of organic contaminants from water. Advanced Materials. 2020; 32, 1907932.
- 3. Wang, B., Li, G., Xu, L., et al. Nanoporous boron nitride aerogel film and its smart composite with phase change materials. ACS Nano. 2020; 14, 16590-16599.
- 4. Upadhyay, A., Narula, A., & Rao, C. P. Copper-based metallogel of bovine serum albumin and its derived hybrid biomaterials as aerogel and sheet. 2020; ACS Applied Bio Materials. 3, 8619-8626.
- 5. Baudron, V., Taboada, M., Gurikov, P. Production of starch aerogel in form of monoliths and microparticles. Colloid and Polymer Science. 2020; 298, 477-494.
- 6. Guerrero-Alburquerque, N., Zhao, S., Adilien, N. Strong, machinable, and insulating chitosan–urea aerogels: toward ambient pressure drying of biopolymer aerogel monoliths. ACS Applied Materials & Interfaces. 2020; 12, 22037-22049.
- 7. He, X., Tang, B., Cheng, X. Preparation of the methyltriethoxysilane based aerogel monolith with an ultra-low density and excellent mechanical properties by ambient pressure drying. Journal of Colloid and Interface Science. 2021; 600, 764-774.
- 8. Rizzo, C., Carati, A., Tagliabue, M., & Perego, C. Synthesis and textural properties of amorphous silica-aluminas. Studies in Surface Science and Catalysis. 2020; 613-622.
- 9. Mehling, T., Smirnova, I., Guenther, U. Novel organic and hybrid aerogels for liquid drug delivery applications. Journal of Controlled Release. 2021; 330, 541-554.
- 10. Lee, J., An, S., & Kim, S. Silica aerogel-based materials for insulation in buildings: recent progress and perspectives. Building and Environment. 2021; 197, 107852.
- Reichenauer, G., & Scherer, G. W. Characterization of aerogels by gas adsorption. Microporous and Mesoporous Materials. 2021; 328, 111484.
- 12. Hüsing, N., & Schubert, U. Aerogels—Airy materials: Chemistry, structure, and properties. Chemie Ingenieur Technik. 2021; 93, 1309-1330.
- Hrubý, M., Horká, M., & Kolářová, M. Aerogels and their application in biomedicine. Chemical Engineering Journal. 2022; 433, 133447.

- 14. Kistler, S. S., & Kistler, S. F. Aerogels: From gases to gels to networks. Colloids and Surfaces A: Physicochemical and Engineering Aspects. 2021; 615, 126060.
- 15. Koebel, M. M., & Rigacci, A. Supercritical drying for the preparation of aerogels. Journal of Supercritical Fluids. 2022; 180, 105402.
- 16. Pierre, A. C., & Pajonk, G. M. Chemistry of aerogels and their applications. Materials Today Chemistry. 2021; 19, 100399.
- 17. Kumar, R., & Rao, R. N. Advances in polymeric aerogels for thermal insulation. Polymer Reviews. 2023; 63, 157-200.
- 18. Smith, D. M., & Deshpande, A. P. Recent developments in the synthesis and applications of aerogels. Progress in Materials Science. 2023; 126, 100749.
- 19. Liu, N., & Shen, J. Metal oxide aerogels and their application in catalysis. Advanced Functional Materials. 2023; 33, 2301072.
- 20. Zhang, X., & Wang, Y. Aerogels: A journey from laboratory curiosity to mainstream materials. Accounts of Chemical Research. 2023; 56, 1241-1252.
- 21. Zuo, X., & Liu, Y. Silica aerogel-based composites: Synthesis and applications in energy storage. Energy Storage Materials. 2023; 55, 304-322.
- 22. Jeong, S. K., & Park, S. J. Aerogels: Multifunctional materials for environmental applications. Journal of Environmental Chemical Engineering. 2024; 12, 109387.

GENETIC ENGINEERING: SHAPING THE FUTURE OF CROP CULTIVATION

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Abstract:

Genetic engineering has emerged as a transformative tool in crop improvement, offering unprecedented opportunities to address global agricultural challenges. This chapter explores the multifaceted impact of genetic engineering on modern agriculture, beginning with an introduction to its fundamental concepts and historical evolution. The chapter delves into the advancements in genetic engineering technologies, such as CRISPR-Cas9, which have revolutionized the precision and efficiency of genetic modifications. The applications of genetic engineering in crop improvement are discussed in detail, highlighting the development of crops with enhanced yields, improved nutritional content, and increased resistance to pests, diseases, and environmental stresses. The benefits of genetic engineering in agriculture are manifold, including reduced reliance on chemical inputs, increased crop resilience, and significant economic gains for farmers. However, the chapter also addresses the challenges facing the widespread adoption of genetic engineering, such as regulatory hurdles, public perception issues, and technical limitations. Environmental and ethical concerns are also considered, emphasizing the need for responsible and sustainable practices. Looking ahead, the chapter outlines promising future directions for genetic engineering in crop improvement, including advancements in genome editing technologies, integrative approaches to breeding, and enhanced regulatory frameworks. The importance of public engagement and education is underscored to foster acceptance and understanding of genetic engineering's potential. By addressing these challenges and leveraging ongoing innovations, genetic engineering can play a pivotal role in creating a sustainable and resilient agricultural system, ensuring food security, and improving the livelihoods of farmers worldwide.

Keywords: Genetic Engineering, Crop Improvement, CRISPR-Cas9, Transgenic Crops and rDNA technology.

Introduction:

Genetic engineering has emerged as a powerful tool that revolutionizes crop improvement, offering immense potential for enhancing agricultural productivity and addressing global food security challenges. Genetic engineering (GE) is at the forefront of agricultural innovation, revolutionizing crop improvement by allowing scientists to directly modify the genetic makeup of plants. This technology enables the development of crops with enhanced traits such as increased yield, pest and disease resistance, drought tolerance, and improved nutritional content. As global food demand continues to rise, genetic engineering offers a powerful tool to address the challenges of food security and sustainable agriculture.

Genetic engineering (GE) is a groundbreaking technology that has revolutionized the field of crop improvement by enabling precise modifications to the genetic makeup of plants. This technology allows scientists to introduce new traits or enhance existing ones, such as increased yield, pest and disease resistance, drought tolerance, and improved nutritional content. As global food demand continues to rise and environmental challenges intensify, genetic engineering offers a powerful tool to address these issues and ensure sustainable agricultural practices. The advent of genetic engineering has opened new frontiers in agriculture, promising to enhance food security, reduce environmental impact, and improve crop resilience to biotic and abiotic stresses.

The manipulation of an organism's genetic material through techniques such as gene editing and transgenic technology allows scientists to introduce desired traits into crops, ranging from improved nutritional content and resistance to pests and diseases to increased yield and environmental adaptability. To date, traditional breeding practices have played a important role in increasing crop yield and improving agricultural productivity, as exemplified by the Green Revolution that transformed countries such as India and China into self-sufficient wheat producers (Singh *et al.*, 2020). However, despite the significant advancements achieved through classical breeding, it is evident that traditional methods alone cannot adequately address the complex challenges posed by biotic and abiotic stresses, nor can they keep pace with the increasing demands of a growing population (Singh *et al.*, 2016). Genetic engineering, on the other hand, offers exciting possibilities for accelerating crop improvement and overcoming these challenges. In this book chapter, we will explore the techniques, applications, and potential impacts of genetic engineering in crop improvement.

Historical Background:

The origins of genetic engineering in agriculture can be traced back to the early 1970s with the development of recombinant DNA technology, which allowed scientists to manipulate DNA and create genetically modified organisms (GMOs). The pioneering work of researchers such as Paul Berg, Herbert Boyer, and Stanley Cohen laid the foundation for modern genetic engineering. In 1983, the first genetically modified (GM) plant, an antibiotic-resistant tobacco, was successfully created using these techniques (Fraley *et al.*, 1983). The commercialization of GM crops began in the mid-1990s, marking a significant milestone in agricultural biotechnology. Monsanto's introduction of Roundup Ready soybeans, which are tolerant to glyphosate herbicide, and Bt corn, which expresses a bacterial protein toxic to certain insect pests, demonstrated the potential of genetic engineering to enhance crop productivity and reduce dependency on chemical pesticides (James, 2015). These early successes paved the way for the widespread adoption of GM crops, which have since become a crucial component of modern agriculture.

Advancements in genome editing technologies, particularly the development of CRISPR-Cas9 in the early 2010s, have further revolutionized genetic engineering. CRISPR-Cas9 allows for precise, targeted modifications to plant genomes, enabling the development of crops with enhanced traits such as improved disease resistance, increased nutritional content, and greater environmental adaptability (Jinek *et al.*, 2012). This technology has significantly accelerated the pace of crop improvement and expanded the possibilities for genetic engineering in agriculture.

Today, genetic engineering continues to evolve, with ongoing research focused on developing new techniques and applications to address the challenges of food security, climate change, and sustainable agriculture. The integration of genetic engineering with other advanced technologies, such as precision agriculture and big data analytics, is expected to further enhance the efficiency and impact of crop improvement efforts.

Techniques in Genetic Engineering:

1. Recombinant DNA Technology: Recombinant DNA (rDNA) technology is a cornerstone of genetic engineering, enabling the manipulation and combination of DNA from different sources to create novel genetic sequences. This technology has been instrumental in developing genetically modified organisms (GMOs), including a wide array of transgenic crops with improved traits. The fundamental process of rDNA technology involves several key steps: gene isolation, vector construction, transformation, selection, and regeneration.

I. Gene Isolation: The first step in recombinant DNA technology is the isolation of the gene of interest. This involves identifying and extracting the specific DNA sequence that encodes the desired trait. Techniques such as polymerase chain reaction (PCR) and restriction enzyme digestion are commonly used to amplify and cut DNA fragments from the donor organism. The isolated gene is then purified and prepared for insertion into a vector (Sambrook & Russell, 2001).

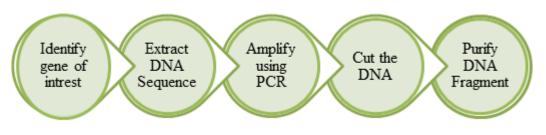


Figure 1: Flow chart of gene isolation

II. Vector Construction: A vector is a DNA molecule that carries the gene of interest into the host cell. Plasmids, which are small, circular DNA molecules found in bacteria, are commonly used as vectors in plant genetic engineering. The isolated gene is inserted into the plasmid vector using restriction enzymes that create compatible ends on both the gene and the plasmid. These ends are then joined together using DNA ligase, creating a recombinant plasmid that contains the gene of interest (Sambrook & Russell, 2001).

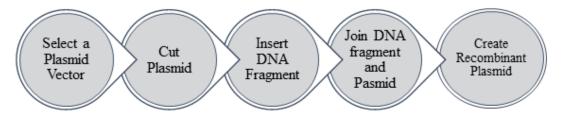


Figure 2: Flow chart of vector construction

- **III. Transformation:** The recombinant plasmid is introduced into plant cells through a process called transformation. There are several methods for achieving this, including:
 - a) Agrobacterium-mediated transformation: This method exploits the natural ability of the bacterium Agrobacterium tumefaciens to transfer DNA to plant cells. The recombinant plasmid is inserted into the Agrobacterium, which then infects the plant cells and transfers the gene of interest into the plant genome (Gelvin, 2003).
 - b) Biolistic (gene gun): This technique involves coating tiny particles of gold or tungsten with the recombinant DNA and shooting them into plant cells using a gene

gun. The DNA is integrated into the plant genome as the particles penetrate the cell walls (Sanford, 1990).

c) Electroporation: Plant cells are exposed to an electric field that creates temporary pores in the cell membrane, allowing the recombinant DNA to enter the cells (Fromm *et al.*, 1986)

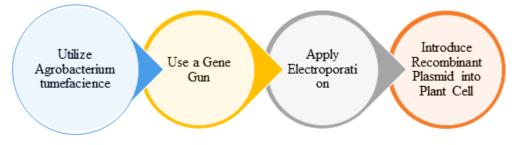


Figure 3: Flow chart of transformation

IV. Selection and Regeneration: Following transformation, it is essential to identify and select the plant cells that have successfully incorporated the recombinant DNA. This is achieved by including a selectable marker gene, such as antibiotic or herbicide resistance, in the vector. Transformed cells are grown on a medium containing the selective agent, ensuring that only those cells that have integrated the recombinant DNA survive. These selected cells are then regenerated into whole plants through tissue culture techniques, resulting in genetically modified plants that express the desired trait (Horsch *et al.*, 1985).

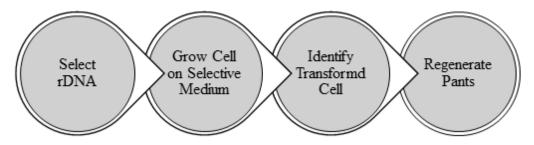


Figure 4: Flow chart of selection and regeneration

2. Applications and Impact of rDNA technology: Recombinant DNA technology has had a profound impact on agriculture, enabling the development of crops with enhanced traits such as pest resistance, herbicide tolerance, and improved nutritional content. For example, Bt crops, which contain genes from the bacterium Bacillus thuringiensis, produce proteins that are toxic to specific insect pests, reducing the need for chemical pesticides and increasing crop yields (James, 2015). Herbicide-tolerant crops, such as Roundup Ready soybeans, allow farmers to control weeds more effectively, promoting conservation tillage

practices and reducing soil erosion (Dill, 2005). In addition to improving agricultural productivity, rDNA technology has also contributed to advancements in plant biotechnology research, enabling the study of gene function and regulation, the development of disease-resistant crops, and the production of pharmaceutical compounds in plants.

3. CRISPR-Cas9 Genome Editing: CRISPR-Cas9 is a revolutionary genome editing tool that has transformed genetic engineering, offering unprecedented precision and efficiency in modifying the DNA of organisms. CRISPR, which stands for Clustered Regularly Interspaced Short Palindromic Repeats, along with the Cas9 (CRISPR-associated protein 9) nuclease, provides a mechanism for making targeted cuts in the genome, which can then be repaired in ways that alter the genetic code. This technology has wide-ranging applications in crop improvement, allowing for the development of plants with enhanced traits and improved adaptability to environmental challenges. This technology uses a guide RNA (gRNA) to direct the Cas9 nuclease to a specific location in the genome, where it makes a cut. The plant's natural repair mechanisms then fix the cut, allowing for the insertion, deletion, or modification of specific genes. CRISPR-Cas9 has been used to develop crops with improved disease resistance, enhanced nutritional content, and greater environmental adaptability (Jinek *et al.*, 2012).

3.1 Mechanism of CRISPR-Cas9: The CRISPR-Cas9 system was originally discovered as a part of the adaptive immune system in bacteria, where it functions to protect against viral infections. The system works by incorporating short sequences of viral DNA into the bacterial genome at the CRISPR loci. These sequences, transcribed into CRISPR RNA (crRNA), guide the Cas9 protein to the corresponding DNA sequences in the invading virus, enabling Cas9 to cut the viral DNA and neutralize the threat (Jinek *et al.*, 2012).

In genetic engineering, this natural defence mechanism is harnessed to target specific genes within an organism's genome. The process involves several key steps:

1. Design of Guide RNA (gRNA): A synthetic RNA molecule, known as guide RNA, is designed to match the sequence of the target gene. The gRNA consists of two parts: a sequence complementary to the target DNA and a scaffold sequence that binds to Cas9.

2. Binding and Cutting by Cas9: The gRNA directs the Cas9 protein to the specific location in the genome by binding to the complementary DNA sequence. Cas9 then makes a double-strand break at this precise location.

3. DNA Repair Mechanisms: The cell's natural DNA repair mechanisms are activated to repair the break. There are two main pathways for repair:

- Non-Homologous End Joining (NHEJ): This repair process is prone to errors and often results in small insertions or deletions (indels) at the cut site, leading to gene disruption or knockout.
- Homology-Directed Repair (HDR): If a donor DNA template with sequences homologous to the regions flanking the cut site is provided, the cell can use this template to repair the break accurately, allowing for precise insertion or modification of genetic material (Cong *et al.*, 2013).

3.2 Advantages of CRISPR-Cas9 technology:

- Precision and Efficiency: CRISPR-Cas9 allows for precise targeting of specific genomic loci, minimizing off-target effects and reducing unintended mutations.
- Versatility: The system can be used for a wide range of genetic modifications, including gene knockout, gene insertion, and gene regulation.
- Ease of Use: Compared to earlier genome editing techniques such as zinc finger nucleases (ZFNs) and transcription activator-like effector nucleases (TALENs), CRISPR-Cas9 is simpler to design and implement, making it more accessible to researchers.

3.3 Challenges and Considerations: Despite its advantages, CRISPR-Cas9 faces several challenges:

- Off-Target Effects: Although the system is highly specific, unintended cuts at sites with similar sequences can occur, potentially leading to off-target mutations.
- Regulatory and Ethical Concerns: The use of CRISPR-Cas9 in agriculture raises regulatory and ethical issues, particularly regarding the potential impacts on biodiversity and the environment. Clear guidelines and rigorous testing are required to ensure the safety and acceptability of CRISPR-edited crops.

CRISPR-Cas9 genome editing represents a significant advancement in genetic engineering, offering unparalleled precision and efficiency in modifying plant genomes. Its applications in crop improvement hold immense potential for addressing global food security and environmental sustainability challenges. Continued research and careful management of regulatory and ethical considerations will be essential to fully realize the benefits of this transformative technology.

Benefits of Genetic Engineering in Agriculture

Genetic engineering (GE) offers a multitude of benefits in crop improvement, revolutionizing modern agriculture and addressing pressing global challenges. These benefits include enhanced crop yields, improved nutritional content, increased resistance to pests and diseases, tolerance to abiotic stresses, and reduced reliance on chemical inputs. Here, we delve into these advantages with appropriate citations and references.

1. Enhanced Crop Yields: One of the most significant benefits of genetic engineering is the potential to significantly increase crop yields. By introducing genes that improve growth rates, photosynthetic efficiency, and resource use efficiency, GE can help meet the rising global food demand. Genetically engineered crops have demonstrated significant yield increases compared to conventional varieties. For instance, Bt cotton has shown yield improvements of up to 25%, resulting in higher income for farmers and enhanced food security (Qaim & Zilberman, 2003).

-Increased Photosynthetic Efficiency: Genetic engineering has been used to optimize photosynthesis in crops. For instance, manipulating the expression of certain genes in rice has been shown to enhance photosynthetic efficiency, leading to increased biomass and grain yield (Kromdijk *et al.*, 2016).

-Yield Stability: GE crops often exhibit more stable yields across different environmental conditions. For example, drought-tolerant maize varieties developed using GE have shown improved yield stability under water-limited conditions, reducing yield losses during droughts (Shi *et al.*, 2017).

2. Improved Nutritional Content: Genetic engineering enables the biofortification of crops, enhancing their nutritional profile to combat malnutrition and improve public health.

-Golden Rice: One of the most well-known examples of nutritionally enhanced GE crops is Golden Rice, engineered to produce beta-carotene, a precursor of vitamin A. This biofortification aims to reduce vitamin A deficiency, which is prevalent in many developing countries (Paine *et al.*, 2005).

-Iron and Zinc Biofortification: Crops like rice and beans have been genetically modified to contain higher levels of essential micronutrients such as iron and zinc, addressing deficiencies that cause anaemia and other health issues (Trijatmiko *et al.*, 2016).

3. Resistance to Pests and Diseases: GE allows for the development of crops with built-in resistance to pests and diseases, reducing the need for chemical pesticides and minimizing crop losses.

-Bt Crops: Crops engineered with genes from *Bacillus thuringiensis* (Bt) produce proteins toxic to specific insect pests, significantly reducing the damage caused by these pests. Bt maize and Bt cotton have greatly reduced pesticide use and increased yields (James, 2015).

-Disease-Resistant Crops: Genetic engineering has been used to develop crops resistant to various plant pathogens. For example, virus-resistant papaya and potatoes resistant to late blight are notable successes (Fitch *et al.*, 1992; Ghislain *et al.*, 2019).

4. Tolerance to Abiotic Stresses: GE can enhance a crop's ability to withstand environmental stresses such as drought, salinity, and extreme temperatures, which are becoming increasingly prevalent due to climate change.

-Drought Tolerance: Engineering crops to tolerate drought conditions can lead to more reliable yields in arid regions. For instance, drought-tolerant maize varieties developed through genetic engineering have demonstrated improved yield under water-limited conditions (Shi *et al.*, 2017).

-Salt Tolerance: Genetic modifications can also improve salt tolerance in crops, allowing them to grow in saline soils. For example, the introduction of salt-tolerant genes in rice has enabled cultivation in high-salinity areas (Zhang & Blumwald, 2001).

5. Reduced Reliance on Chemical Inputs: GE crops often require fewer chemical inputs such as pesticides and fertilizers, leading to environmental and economic benefits.

-Reduced Pesticide Use: Bt crops have significantly reduced the need for chemical insecticides, leading to lower production costs and less environmental impact. A study showed that Bt cotton reduced pesticide use by 50-60% in India, benefiting both the environment and farmers' health (Qaim & Zilberman, 2003).

-Reduced Environmental Impact- The adoption of genetically engineered crops contributes to environmental sustainability by reducing the reliance on chemical inputs such as pesticides and herbicides. This leads to lower greenhouse gas emissions, reduced soil and water contamination, and improved biodiversity. Additionally, conservation tillage practices associated with herbicide-tolerant crops enhance soil structure and reduce erosion (Brookes & Barfoot, 2018).

6. Enhanced Nitrogen Use Efficiency: GE can improve the efficiency of nitrogen use in crops, reducing the need for synthetic fertilizers. For instance, genetically modified rice with enhanced nitrogen uptake has shown improved growth and yield with lower fertilizer inputs (Fan *et al.*, 2016).

7. Economic Benefits: The adoption of GE crops has led to significant economic benefits for farmers, including higher incomes and reduced production costs.

-Increased Profits: Studies have shown that farmers growing GE crops often realize higher profits due to increased yields and reduced costs for pesticides and fertilizers. For example, a meta-analysis reported that GE crops have increased farmers' profits by 68% on average (Klümper & Qaim, 2014).

-Lower Production Costs: GE crops that require fewer inputs, such as herbicides and fertilizers, help reduce overall production costs, making farming more sustainable and profitable.

8. Enhanced Crop Resilience: Genetic engineering enhances the resilience of crops to biotic and abiotic stresses, ensuring stable food production in the face of climate change. Crops with improved resistance to pests, diseases, drought, and salinity can maintain high yields under challenging conditions, contributing to global food security (Shanker *et al.*, 2014).

The benefits of genetic engineering in crop improvement are substantial and farreaching. By enhancing crop yields, improving nutritional content, increasing resistance to pests and diseases, and enabling tolerance to abiotic stresses, genetic engineering offers innovative solutions to some of the most pressing challenges in agriculture today. These advancements not only contribute to food security and public health but also promote environmental sustainability and economic prosperity for farmers.

Challenges and Future Directions:

While genetic engineering (GE) holds immense potential for transforming agriculture, it also faces several challenges that need to be addressed to fully realize its benefits. These challenges include regulatory hurdles, public perception, technical limitations, environmental concerns, and ethical issues. Despite these obstacles, ongoing advancements in biotechnology and regulatory frameworks present promising future directions for GE in crop improvement.

Challenges:

Genetic engineering (GE) in agriculture faces several significant challenges that hinder its full potential. Regulatory hurdles are a primary concern, with complex and varying regulations across different countries delaying the approval and commercialization of genetically modified (GM) crops (Potrykus, 2010; Stein & Rodríguez-Cerezo, 2010). Public perception and acceptance also pose challenges, with misinformation and cultural concerns leading to resistance from consumers and advocacy groups (Nisbet & Scheufele, 2009; Kuntz, 2012). Technical limitations, such as off-target effects and gene expression stability, further complicate the application of GE technologies (Fu *et al.*, 2013; Liu *et al.*, 2013). Environmental concerns include potential impacts on biodiversity and the development of resistance in pests and weeds (Snow *et al.*, 2005; Tabashnik *et al.*, 2013). Additionally, ethical and socioeconomic issues, such as seed patenting and accessibility of GE technologies to small-scale farmers, raise concerns about equity and control within the agricultural sector (Howard, 2015; Nuffield Council on Bioethics, 2004).

Future Directions:

Despite these challenges, several promising directions can enhance the development and adoption of GE crops. Advancements in genome editing technologies, including next-generation CRISPR systems like CRISPR-Cas12 and CRISPR-Cas13, are increasing the precision and efficiency of genetic modifications (Chen *et al.*, 2018). Integrative approaches that combine GE with other breeding techniques and agricultural practices, such as gene stacking and integrated pest management (IPM), offer robust and sustainable solutions (Halpin, 2005; Gould, 2000). Streamlining regulatory frameworks through risk-based approaches and harmonizing international standards can facilitate the adoption of GE crops (Wolt *et al.*, 2010). Enhancing public engagement and education through transparent communication and involving stakeholders in the decision-making process can address misconceptions and build trust (McHughen & Wager, 2010; Jasanoff, 2003). Addressing ethical and socioeconomic concerns by ensuring equitable access to GE technologies and promoting corporate responsibility can help create sustainable and equitable agricultural systems (Nuffield Council on Bioethics, 2004; Howard, 2015).

Conclusion:

Genetic engineering has revolutionized crop improvement, providing innovative solutions to enhance agricultural productivity, sustainability, and resilience. From early recombinant DNA technologies to the groundbreaking CRISPR-Cas9 system, the evolution

of genetic engineering has enabled precise modifications of crop genomes, leading to crops with improved traits. This technology addresses global food security and sustainable agriculture challenges by increasing productivity, reducing environmental impact, and enhancing climate change resilience. Despite challenges like regulatory hurdles, public perception, and ethical considerations, the benefits of genetic engineering in agriculture are substantial. Continued research, innovation, and responsible use are essential to harness its full potential.

Technological advancements, such as CRISPR-Cas9, have expanded crop science horizons, allowing scientists to enhance desirable traits with remarkable precision. Genetic engineering's applications are vast, from increasing yields and improving nutritional content to enhancing resistance to pests, diseases, and abiotic stresses like drought and salinity. These improvements contribute to food security and environmental sustainability by reducing reliance on chemical inputs.

However, the widespread adoption of genetic engineering faces significant challenges, including regulatory, public perception, technical, environmental, and ethical issues. Overcoming these requires streamlined regulatory frameworks, transparent public engagement, and responsible stewardship of genetic technologies. Future advancements in genome editing, integrative crop improvement approaches, and enhanced regulatory frameworks offer promise. Public engagement and education are crucial for building trust and acceptance of genetically engineered crops. Addressing ethical and socioeconomic concerns ensures that the benefits of genetic engineering are accessible to all, particularly smallholder farmers in developing countries. By navigating these challenges and seizing opportunities, genetic engineering can contribute to a more sustainable and food-secure world.

References:

- Brookes, G., & Barfoot, P. (2018). Environmental impacts of genetically modified (GM) crop use 1996–2016: Impacts on pesticide use and carbon emissions. *GM Crops & Food*, 9(3), 109-139.
- Chen, J. S., Ma, E., Harrington, L. B., Da Costa, M., Tian, X., Palefsky, J. M., & Doudna, J. A. (2018). CRISPR-Cas12a target binding unleashes indiscriminate single-stranded DNase activity. *Science*, *360(6387)*, *436-439*.
- 3. Cong, L., Ran, F. A., Cox, D., Lin, S., Barretto, R., Habib, N. & Zhang, F. (2013). Multiplex genome engineering using CRISPR/Cas systems. *Science*, *339(6121)*, *819-823*.

- 4. Dill, G. M. (2005). Glyphosate-resistant crops: History, status and future. Pest Management Science, 61(3), 219-224.
- 5. Duke, S. O., & Powles, S. B. (2008). Glyphosate: a once-in-a-century herbicide. Pest Management Science, 64(4), 319-325.
- Fan, X., Tang, Z., Tan, Y., Zhang, Y., Luo, B., Yang, M. & Miller, A. J. (2016). Overexpression of a pH-sensitive nitrate transporter in rice increases crop yields. Proceedings of the National Academy of Sciences, 113(26), 7118-7123.
- Fitch, M. M., Manshardt, R. M., Gonsalves, D., Slightom, J. L., & Sanford, J. C. (1992). Virus resistant papaya plants derived from tissues bombarded with the coat protein gene of papaya ringspot virus. Bio/Technology, 10(12), 1466-1472.
- Fraley, R. T., Rogers, S. G., Horsch, R. B., Sanders, P. R., Flick, J. S., Adams, S. P., & Bittner, M. L. (1983). Expression of bacterial genes in plant cells. Proceedings of the National Academy of Sciences, 80(15), 4803-4807.
- 9. Fromm, M., Taylor, L. P., & Walbot, V. (1986). Stable transformation of maize after gene transfer by electroporation. Nature, 319(6056), 791-793.
- Fu, Y., Foden, J. A., Khayter, C., Maeder, M. L., Reyon, D., Joung, J. K., & Sander, J. D. (2013). High-frequency off-target mutagenesis induced by CRISPR-Cas nucleases in human cells. Nature Biotechnology, 31(9), 822-826.
- Gelvin, S. B. (2003). Agrobacterium-mediated plant transformation: the biology behind the "gene-jockeying" tool. Microbiology and Molecular Biology Reviews, 67(1), 16-37.
- 12. Ghislain, M., Byarugaba, A. A., Magembe, E. M., Njoroge, A., Rivera, C., Román, M. L., & Gamboa, S. (2019). Stacking three late blight resistance genes from wild species directly into African highland potato varieties confers complete field resistance to local blight races. Plant Biotechnology Journal, 17(6), 1119-1129.
- Gould, F. (2000). Testing Bt refuge strategies in the field. Nature Biotechnology, 18(3), 266-267.
- Graff, G. D., Cullen, S. E., Bradford, K. J., Zilberman, D., & Bennett, A. B. (2003). The public-private structure of intellectual property ownership in agricultural biotechnology. Nature Biotechnology, 21(9), 989-995.
- 15. Halpin, C. (2005). Gene stacking in transgenic plants the challenge for 21st century plant biotechnology. Plant Biotechnology Journal, 3(2), 141-155.

- Horsch, R. B., Fry, J. E., Hoffmann, N. L., Eichholtz, D., Rogers, S. G., & Fraley, R. T. (1985). A simple and general method for transferring genes into plants. Science, 227(4691), 1229-1231.
- 17. James, C. (2015). Global status of commercialized biotech/GM crops: 2015. ISAAA Briefs, 51, 1-30.
- Jasanoff, S. (2003). Technologies of humility: Citizen participation in governing science. Minerva, 41(3), 223-244.
- Jinek, M., Chylinski, K., Fonfara, I., Hauer, M., Doudna, J. A., & Charpentier, E. (2012). A programmable dual-RNA–guided DNA endonuclease in adaptive bacterial immunity. Science, 337(6096), 816-821.
- 20. Klümper, W., & Qaim, M. (2014). A meta-analysis of the impacts of genetically modified crops. PLoS One, 9(11), e111629.
- Kromdijk, J., Głowacka, K., Leonelli, L., Gabilly, S. T., Iwai, M., Niyogi, K. K., & Long, S. P. (2016). Improving photosynthesis and crop productivity by accelerating recovery from photoprotection. Science, 354(6314), 857-861.
- 22. Kuntz, M. (2012). Destruction of public and governmental experiments of GMO in Europe. GM Crops & Food, 3(4), 258-264.
- Li, T., Liu, B., Spalding, M. H., Weeks, D. P., & Yang, B. (2012). High-efficiency TALENbased gene editing produces disease-resistant rice. Nature Biotechnology, 30(5), 390-392.
- 24. Liu, Y., Wang, L., Kerman, S., Zhang, Q., & Xu, G. (2013). Toward integration of cold tolerance mechanisms in Arabidopsis. Biological Reviews, 88(1), 268-279.
- 25. McHughen, A., & Wager, R. (2010). Popular misconceptions: Agricultural biotechnology. New Biotechnology, 27(6), 724-728.
- Nisbet, M. C., & Scheufele, D. A. (2009). What's next for science communication? Promising directions and lingering distractions. American Journal of Botany, 96(10), 1767-1778.
- 27. Nuffield Council on Bioethics. (2004). The use of genetically modified crops in developing countries. Nuffield Council on Bioethics.
- Paarlberg, R. (2010). GMO foods and crops: Africa's choice. New Biotechnology, 27(5), 609-613.

- 29. Paine, J. A., Shipton, C. A., Chaggar, S., Howells, R. M., Kennedy, M. J., Vernon, G., ... & Drake, R. (2005). Improving the nutritional value of Golden Rice through increased pro-vitamin A content. Nature Biotechnology, 23(4), 482-487.
- 30. Potrykus, I. (2010). Regulation must be revolutionized. Nature, 466(7306), 561.
- 31. Qaim, M., & Zilberman, D. (2003). Yield effects of genetically modified crops in developing countries. Science, 299(5608), 900-902.
- Sambrook, J., & Russell, D. W. (2001). Molecular Cloning: A Laboratory Manual (3rd ed.). Cold Spring Harbor Laboratory Press.
- Sanford, J. C. (1990). Biolistic plant transformation. Physiologia Plantarum, 79(1), 206-209.
- 34. Shanker, A. K., Maheswari, M., Yadav, S. K., Desai, S., Bhanu, D., Attal, N. B., & Venkateswarlu, B. (2014). Drought stress responses in crops. Functional & Integrative Genomics, 14(1), 11-22.
- Shi, J., Gao, H., Wang, H., Lafitte, H. R., Archibald, R. L., Yang, M., ... & Habben, J. E. (2017). ARGOS8 variants generated by CRISPR-Cas9 improve maize grain yield under field drought stress conditions. Plant Biotechnology Journal, 15(2), 207-216.
- 36. Snow, A. A., Andow, D. A., Gepts, P., Hallerman, E. M., Power, A., Tiedje, J. M., & Wolfenbarger, L. L. (2005). Genetically engineered organisms.
- Trijatmiko, K. R., Dueñas, C., Tsakirpaloglou, N., Torrizo, L., Arines, F. M., Adeva, C., ... & Slamet-Loedin, I. H. (2016). Biofortified indica rice attains iron and zinc nutrition dietary targets in the field. Scientific Reports, 6, 19792.
- 38. Wang, Y., Cheng, X., Shan, Q., Zhang, Y., Liu, J., Gao, C., & Qiu, J. L. (2019). Simultaneous editing of three homoeoalleles in hexaploid bread wheat confers heritable resistance to powdery mildew. Nature Biotechnology, 32(9), 947-951.
- 39. Zhang, H. X., & Blumwald, E. (2001). Transgenic salt-tolerant tomato plants accumulate salt in foliage but not in fruit. Nature Biotechnology, 19(8), 765-768.

DRUG RASH WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS) SYNDROME

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Abstract:

Drug rash with eosinophilia and systemic symptoms syndrome is a serious idiosyncratic medication reaction with a prolonged latency period. It is a severe and sometimes fatal adverse drug reaction which is characterized by a wide range of clinical symptoms, such as fever, skin rash, eosinophilia, and multi-organ involvement. It is estimated that there are 1 -10 cases of the DRESS syndrome for every 1,000 drug exposures. A wide range of clinical symptoms are caused by this syndrome, and they appear within two to eight weeks after the offending medicine is started. Diagnosis is done on the basis of lab results that reveals leucocytosis, atypical lymphocytes, eosinophilia, and alterations of liver and kidney function tests. The drugs that are most commonly associated with DRESS syndrome are anticonvulsants, beta-lactam antibiotics, and allopurinol. Antiretrovirals, mood stabilizers, captopril, non-steroidal anti-inflammatory medicines, and tranquilizers are other drugs that have been linked to the syndrome. The basic approach of managing DRESS syndrome is to discontinue the offending medication immediately and initiating systemic corticosteroids. Later on several immunotherapies can be given to manage the syndrome.

Keywords: DIHS, DRESS, SCARs, Eosinophilia, Hypersensitivity, Steroids

Introduction:

Drug-induced hypersensitivity syndrome (DIHS), or drug rash with eosinophilia and systemic symptoms (DRESS) or drug reaction with eosinophilia and systemic symptoms is an unusual reaction to some drugs. The primary manifestations include a generalized skin rash, fever, swollen lymph nodes, and prevalent blood abnormalities such elevated atypical white blood cells, low platelet counts, and abnormally high eosinophil counts. However, internal organ inflammation that may be severe; exacerbate DRESS more often, and the syndrome has a 10% mortality rate (1). DRESS comes under the classification of as one form of severe cutaneous adverse reactions (SCARs). SCARs is a group of potentially fatal adverse medication responses that affect the skin and mucous membranes of the eyes, ears, nose, mouth, and lips, among other bodily openings. Serious internal organ damage is a further effect of SCARs in more severe cases (2).

Epidemiology and Prevalence:

The actual incidence of DRESS is variable as it varies based on the kind of drug used and the immune health of the patient. In addition, many cases go unreported or untreated. The estimated incidence in the general population is more than 1-10 case for every 10,000 drug exposures (3).

Pathophysiology:

The DRESS syndrome, is a type IV hypersensitivity reaction in which the administered drug or its metabolite is capable of triggering cytotoxic T cells (CD8+ T cells) or T helper cells (CD4+ T cells) to activate an autoimmune response that attack own tissues. As DRESS syndrome involves both, the cell- and tissue-injuring activity of eosinophils and the tissue-injuring activity of CD4+ cells, it differs from the other SCAR syndromes (4).

There exists another pathology for the disease, that is instances of the DRESS syndrome have been found related to variations in the absorptive, distributing, metabolizing, and excreting (ADME) property of a drugs. Such variations affect the amount of time and at what concentrations a drug or drug metabolite is present in tissues, which affects how likely it is to cause the DRESS syndrome. These variations can cause the drug to retain in the body for long time and increase its concentration which may lead to toxicity and symptoms of DRESS syndrome. According to current theories, ADME factors interact with specific HLA protein expression and T-cell receptor expression to cause SCARs, especially in their more severe forms (2).

Certain viruses that were latent and previously infected an individual are reactivated and multiply during the course of the DRESS illness. Certain members of the Herpesviridae family of herpes viruses, are known to achieve this. These viruses may reactivate sequentially in DRESS disease patients. Reactivation of these viruses is linked to increased disease severity, a protracted course, and a flare-up of symptoms, including significant organ involvement and the onset of some autoimmune diseases, such as autoimmune thyroiditis, type 1 diabetes mellitus, and systemic lupus erythematosus (5).

Causes:

DRESS has been linked to at least 44 different medicines. The most widely implicated medications include beta-lactam antibiotics, vancomycin, allopurinol, sulphonamides, sulfones, nonsteroidal anti-inflammatory medicines, minocycline, and antiretrovirals. However, the medication that caused the problem cannot be found in 10–20% of patients (6). Amoxicillin is a prime instance of an antibiotic that can cause DRESS; however, in the majority of cases, this medication exacerbates DRESS that has been brought on by other medications (7). Ampicillin and minocycline are linked to DRESS-associated myocarditis, sulfasalazine to severe acute hepatitis, allopurinol to kidney damage, and minocycline to lung involvement (14). Multiple studies have projected that ten percent of people will die from DRESS syndrome, which has a significant potential for life-threatening complications (8). The incidence of DRESS syndrome is estimated to be 1 per 5,000 to 10,000 exposures, with antiepileptic drugs like phenytoin and phenobarbital being the most common cause (9).

Clinical Features:

DRESS syndrome is a complicated disease that exhibits a wide range of clinical characteristics. The most common clinical signs of DRESS are visceral involvement, hematologic abnormalities, fever, lymphadenopathy, and cutaneous eruption. In 99–100% of patients, including adults and children, skin involvement is the most common feature in DRESS. Compared to a typical morbilliform eruption, the rash may have a deeper, more violaceous or plum colour and patients may also have burning pain or pruritus as indications. Distinguishing it from other serious cutaneous adverse responses may be challenging. Additionally, mucosal involvement in DRESS is possible, however it is less severe than in erythema multiforme or Stevens-Johnson Syndrome/toxic epidermal necrolysis (12). The onset of the clinical manifestations typically occurs two to eight weeks following the introduction of the trigger drug. The involvement of one or more internal organs is the most concerning sign of DRESS syndrome. Hepatitis occurs in approximately 50% of cases, with the liver being the most usually affected organ (13). The urticarial, maculopapular eruption being the most common cutaneous manifestation. Pneumonitis, myocarditis, pericarditis, nephritis, and colitis are among the visceral involvement conditions that account for the majority of morbidity and mortality in this illness. Leucocytosis with eosinophilia (90%) and/or mononucleosis (40%) is linked to several instances (10).

Diagnosis:

If a patient is being evaluated for DRESS, a number of laboratory tests should be ordered and closely monitored. These include a peripheral blood smear to assess for eosinophilia, a complete blood count with differential, tests for liver function, a basic metabolic panel, and the presence of atypical lymphocytes and other hematologic abnormalities. The authors suggest that follow-up bloodwork should be obtained in any patient presenting with robust eruption, even if laboratory tests are within normal limits on initial testing. This is especially important if prominent facial/ear involvement, the patient is feeling systemically unwell, or has fever or lymphadenopathy. Importantly, laboratory abnormalities and visceral involvement may occur earlier than cutaneous signs. Signs and symptoms of involvement of internal organs should guide further laboratory testing; for example, if cardiac involvement is suspected, amylase and lipase should be tested; if pancreatic involvement is suspected, creatine kinase-MB, NT-proBNP, and troponins should be tested (15).

Due to the potential for incomplete or unclear symptoms in patients, diagnosis can be challenging at times. In the absence of any cutaneous involvement, it may potentially present as a completely systemic illness. However, these haven't been highly effective, a number of diagnostic criteria have been created and applied to standardize the diagnosis and treatment of DRESS.

DRESS is confirmed if any of the following is present (Bocquet et al. proposed criteria):

- Drug eruption on the skin
- Adenopathy more than 2 cm in diameter or hepatitis
- Haematological abnormalities
 - The Registry of Severe Cutaneous Adverse Reaction (Regi SCAR) system:
- Hospitalization
- Drug related reaction
- Acute rash
- Fever
- Enlarged lymph nodes on one or more site
- Involvement of at least 1 internal organ
- Lymphocytes elevated or below the range, eosinophils elevated or platelets below the range (11).

Treatment:

The first and most important intervention for DRESS syndrome is to discontinue the offending medication as soon as possible. This means that the right drug must be identified as the culprit, which can be difficult because many people take multiple drugs. The gold standard for identifying the culprit medicine during active disease is physician identification based on patient history in conjunction with the recognition of "high-risk" medications, as there is currently no test that can consistently ascertain this information (15). Not doing so frequently turns out to be critical, resulting in unnecessary morbidity and death. Systemic corticosteroids are considered the gold standard of treatment. Rash and fever quickly subside within days following the initiation of corticosteroid treatment. A starting dosage of 1.0 mg/kg/day of prednisone or an equivalent should be administered when starting systemic steroid therapy. To prevent a recurrence of the condition, it is necessary to gradually reduce the dosage of steroids over a period of six to eight weeks. This is also due to the fact that individuals with DRESS have an increased chance of experiencing the wide range of immune reconstitution inflammatory syndrome after abruptly stopping their steroid treatment (3).

Intravenous methylprednisolone can be used to treat patients in more severe situations or those who fail to respond to oral steroids. It is possible to deliver a course of pulsed methylprednisolone intravenously for three days at a dose of 30 mg/kg. In order to rule out any possible recurrence, it is crucial to closely monitor the whole blood cell count, liver function tests, lymph nodes, and other organ-specific laboratory tests during this time. Steroid concentrations should also be modified as needed. Other approaches to therapy used in DRESS include immunosuppressive medications such as rituximab, mycophenolate mofetil, cyclophosphamide, and interferons (16).

Intravenous immunoglobulin (IVIG) was tested in DRESS syndrome, especially in those who do not react to systemic steroids or when steroid was contraindicated. There are many case reports of DRESS syndrome which were effectively treated with IVIG (17).

Prognosis:

Early identification, medication withdrawal, and adequate treatment lead to a full recovery for the majority of individuals with DRESS syndrome. The disease's clinical history varies greatly; some subtypes resolve rapidly, while others might cause serious systemic complications that last a lifetime. Although pigmentary alterations and cutaneous scarring are rare, chronic exfoliative dermatitis is the most common cutaneous sequela

reported in DRESS patients (16). Systemic inflammatory response syndrome, tachycardia, leucocytosis, tachypnoea, coagulopathy, and gastrointestinal bleeding are all linked to a poor prognosis for DRESS (18).

Conclusion:

The appearance of a skin rash, involvement of the liver, fever, hyper eosinophilia, and lymphadenopathy should raise an immediate concern that the patient is suffering with DRESS. The smallest possible risk of morbidity and death can be achieved by discontinuing the culprit drugs right away, receiving institutional treatment and supportive measures, providing conventional wound care, using a multidisciplinary approach, and starting systemic steroids as soon as possible.

References

- S. A. Walsh, D. Creamer, Drug reaction with eosinophilia and systemic symptoms (DRESS): a clinical update and review of current thinking, *Clinical and Experimental Dermatology*, Volume 36, Issue 1, 1 January 2011, Pages 6-11
- Adler NR, Aung AK, Ergen EN, Trubiano J, Goh MSY, Phillips EJ. Recent advances in the understanding of severe cutaneous adverse reactions. Br J Dermatol. 2017 Nov;177(5):1234-1247. doi: 10.1111/bjd.15423. Epub 2017 Sep 29. PMID: 28256714; PMCID: PMC5582023.
- Tetsuo Shiohara & Yoko Kano (2017) Drug reaction with eosinophilia and systemic symptoms (DRESS): incidence, pathogenesis and management, Expert Opinion on Drug Safety, 16:2, 139-147, DOI: 10.1080/14740338.2017.1270940
- Hoetzenecker W, Nägeli M, Mehra ET, Jensen AN, Saulite I, Schmid-Grendelmeier P, Guenova E, Cozzio A, French LE. Adverse cutaneous drug eruptions: current understanding. Semin Immunopathol. 2016 Jan;38(1):75-86. doi: 10.1007/s00281-015-0540-2. Epub 2015 Nov 9. PMID: 26553194.
- Cho YT, Yang CW, Chu CY. Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS): An Interplay among Drugs, Viruses, and Immune System. Int J Mol Sci. 2017 Jun 9;18(6):1243. doi: 10.3390/ijms18061243. PMID: 28598363; PMCID: PMC5486066.
- Wang, L., & Mei, X.-L. (2017). Drug reaction with eosinophilia and systemic symptoms: Retrospective analysis of 104 cases over one decade. Chinese Medical Journal, 130(8), 943–949. https://doi.org/10.4103/0366-6999.204104

- 7. Mardivirin L, Valeyrie-Allanore L, Branlant-Redon E, Beneton N, Jidar K, Barbaud A, Crickx B, Ranger-Rogez S, Descamps V. Amoxicillin-induced flare in patients with DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms): report of seven cases and demonstration of a direct effect of amoxicillin on Human Herpesvirus 6 replication in vitro. European Journal of Dermatology. 2010 Jan 1;20(1):68-73.
- Eshki M, Allanore L, Musette P, Milpied B, Grange A, Guillaume JC, Chosidow O, Guillot I, Paradis V, Joly P, Crickx B, Ranger-Rogez S, Descamps V. Twelve-year analysis of severe cases of drug reaction with eosinophilia and systemic symptoms: a cause of unpredictable multiorgan failure. Arch Dermatol. 2009 Jan;145(1):67-72. doi: 10.1001/archderm.145.1.67. PMID: 19153346.
- Tennis P, Stern RS. Risk of serious cutaneous disorders after initiation of use of phenytoin, carbamazepine, or sodium valproate: a record linkage study. Neurology. 1997 Aug;49(2):542-6. doi: 10.1212/wnl.49.2.542. PMID: 9270593.
- Choudhary S, McLeod M, Torchia D, Romanelli P. Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) Syndrome. J Clin Aesthet Dermatol. 2013 Jun;6(6):31-7. PMID: 23882307; PMCID: PMC3718748.
- Pannu AK, Saroch A. Diagnostic criteria for drug rash and eosinophilia with systemic symptoms. J Family Med Prim Care. 2017 Jul-Sep;6(3):693-694. doi: 10.4103/2249-4863.222050. PMID: 29417040; PMCID: PMC5787987.
- Metterle L, Hatch L, Seminario-Vidal L. Pediatric drug reaction with eosinophilia and systemic symptoms: A systematic review of the literature. *Pediatr Dermatol.* 2020; 37: 124–129.
- S.H. Kardaun, P. Sekula, L. Valeyrie-Allanore, Y. Liss, C.Y. Chu, D. Creamer, A. Sidoroff, L. Naldi, M. Mockenhaupt, J.C. Roujeau, for the RegiSCAR study group, Drug reaction with eosinophilia and systemic symptoms (DRESS): an original multisystem adverse drug reaction. Results from the prospective RegiSCAR study, *British Journal of Dermatology*, Volume 169, Issue 5, 1 November 2013, Pages 1071– 1080, https://doi.org/10.1111/bjd.12501
- 14. Yoko Kano, Tetsuo Shiohara, The Variable Clinical Picture of Drug-Induced Hypersensitivity Syndrome/Drug Rash with Eosinophilia and Systemic Symptoms in Relation to the Eliciting Drug,Immunology and Allergy Clinics of North America,Volume 29, Issue 3,2009,Pages 481-501

- Schunkert, E.M., Divito, S.J. Updates and Insights in the Diagnosis and Management of DRESS Syndrome. *Curr Derm Rep* 10, 192–204 (2021). https://doi.org/10.1007/s13671-021-00348-z
- Husain Z, Reddy BY, Schwartz RA. DRESS syndrome: Part II. Management and therapeutics. J Am Acad Dermatol. 2013 May;68(5):709.e1-9; quiz 718-20. doi: 10.1016/j.jaad.2013.01.032. PMID: 23602183.
- Kito Y, Ito T, Tokura Y, Hashizume H. High-dose intravenous immunoglobulin monotherapy for drug-induced hypersensitivity syndrome. Acta Derm Venereol. 2012 Jan;92(1):100-1. doi: 10.2340/00015555-1168. PMID: 21681351.
- Wei CH, Chung-Yee Hui R, Chang CJ, Ho HC, Yang CH, Lin YJ, Chung WH. Identifying prognostic factors for drug rash with eosinophilia and systemic symptoms (DRESS). Eur J Dermatol. 2011 Nov-Dec;21(6):930-7. doi: 10.1684/ejd.2011.1550. PMID: 21951554.

AN OVERVIEW OF BLOOM SYNDROME IS A GENETIC DISORDER

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Abstract:

Gene instability is a hallmark of autosomal hereditary recessive disorders and is associated with a higher cancer risk. Bloom Syndrome (BS) is a rare hereditary disorder, seen in fewer than 300 cases worldwide, that includes this gene instability and significantly elevates cancer risk by 150–300 times compared to healthy individuals. BS patients develop various cancers, suggesting common early cellular events in BS might be involved in general cancer development. BS is caused by alterations in together duplicates of the BLM gene, leading to defects in the RecQ BLM helicase. BLM plays crucial roles in genome maintenance, influencing transcription, replication, repair, and stability of telomeric, centromeric, and ribosomal DNA sequences, as well as regulating innate immunity. The BLM helicase is a promising target in cancer treatment due to its various roles in the tumorigenic process.

Keywords: Bloom Syndrome, Protein RecQL3 Helicase, Diagnosis, Management

Introduction:

Bloom Syndrome (BS) is a receding autosomal disorder triggered by an alteration in the BLM gene, classified as a chromosomal breakage syndrome. The BLM gene produces the RecQL3 helicase enzyme, which repairs damaged DNA duplication splits, unravels single-stranded DNA orders through four guanines, and fixes double-stranded DNA breakdowns. The BLM gene has anti-recombinase properties, resolving replication fork issues by disrupting recombinogenic molecules. It binds selectively to Holliday junctions and recombination intermediates, facilitating ATP-dependent branch exodus, which can lead to atypical DNA altercation amid parallel chromatids and genetic instability, promoting tumorigenesis. [1] BS patients have a high risk of cancers in the skin, genitalia, gastrointestinal tracts, and urinary tracts, and may experience decreased fertility, B and T cell immunodeficiencies, and skin conditions like telangiectatic erythema, photosensitivity,

and poikiloderma. The role of the BLM gene in DNA repair might be further clarified by the suggested links among BS, Fanconi anemia (FA), and the protein developments BRAFT and FANCM. [2]

Etiology

Bloom Syndrome (BS) is an autosomal receding chaos ensuing from mutations in both copies of the BLM gene, which encodes the DNA renovation enzyme RecQL3 helicase. There are over 60 BLM gene alternates linked to BS, counting a common Ashkenazi Jewish mutation involving a nucleotide erasure at point 2281. The BLM protein, encoded by a 4437 base pair gene on chromosome 15 (location 15q26.1), is crucial for resolving Holliday junctions in somatic cells. It acts as part of the BTR complex to suppress crossover events between sister chromatids. Mutations in the BLM gene increase DNA exchanges between sister chromatids tenfold and hinder Holliday junction resolution, this leads to lengthened, segmented, and twisted sister chromatids. [3] A 2011 study by Wechsler et al. confirmed that BLM is crucial for normal DNA imitation, even with other mechanisms like MUS81, GEN1, and SLX4 available. [4]

Improper DNA overhaul primes to chromosome volatility and the proliferation of heritably impaired cells, increasing cancer risk. Surprisingly, this instability doesn't cause widespread cell death or early mortality in Bloom Syndrome (BS). Amor-Gueret suggested in 2006 that this might be due to a bacterial SOS-like rejoinder that directs BS cells to recombine via a substitute route, avoiding apoptosis. He compared BS cells to bacteria, noting that human RecQL3 helicase works similarly to Escherichia coli RecG helicase, which can initiate an SOS response when altered. In bacteria, the SOS rejoinder upregulates mutator and recombination genes, RecA, and in humans, RAD51, to assistance cells familiarize to DNA damage. [5] This implies that mutant RecQL3 helicase in BS might use RAD51 to enable a similar process, sanctioning BS cells to survive and proliferate in a persistent SOS-like state. This potential mutator phenotype allows extended survival in BS but at the cost of high carcinogenic potential. A recent connection between BS and Fanconi anemia (FA) may clarify the pathogenic mechanisms behind BS, as both conditions share symptoms like familial anemia, bone marrow letdown, skeletal growth debits, and squat stature. [6]

Diagnostic Methods

The primary diagnostic method for Bloom Syndrome is bromodeoxyuridine chromosomal analysis, which visualizes chromosomes during cell division. This analysis

looks for increased numbers of quadri-radial chromatid configurations and elevated sister chromatid exchanges, both indicative of BS. Immunoblotting and immunohistochemistry can screen for the BLM protein, but precise diagnosis requires mutation analysis. DNA sequencing techniques, such as hybridization with Southern blot analysis and PCR of sense and antisense primer strands, can detect mutant BLM genes. Identification of modified BLM gene products like mRNA or the RecQL3 helicase confirms the diagnosis. [7] PCR and embattled transmutation examination can test for the BLM 6-deletion/7-insertion mutation, common in Ashkenazi Jews. Prenatal testing methods include cytogenetic scrutiny, molecular hereditary testing of fetal cells from amniocentesis or chorionic villus sampler, and pre-implantation genetic diagnosis. Common molecular genetic testing methods are Northern/Southern blot analysis, direct DNA sequence scrutiny, and PCR. [8]

Management

Although malignancy and its associated mortality are major concerns, Bloom Syndrome (BS) patients need extensive medical care due to their complex symptoms. Essential care includes skin screenings, colonoscopies, and regular leukemia follow-ups. Any concerning rectal bleeding or legitimate indications such as fever, malaise, and adenopathy, which might indicate colon cancer or lymphoma, are considered early signs of malignancy. [9] BS patients, who have a predisposition to cancer, are at higher risk of DNA damage from treatments like radiation and alkylating agents, experiencing more drug toxicity. About 10% of BS patients develop recurrent cancers, requiring lifelong monitoring and alternative treatments. Therefore, initial analysis of BS before initiating any oncological treatment is crucial. Patients should protect themselves from sun exposure and use high SPF sunscreen to diminish the hazard of skin cancer and other UV-related dermatological issues. Dermatologists should be familiar with the unique characteristics of Bloom Syndrome (BS) to diagnose and manage associated conditions like poikiloderma, telangiectasia, and photosensitivity. [10] Dermatologists also play a crucial role in diagnosing skin cancers and identifying hypopigmented areas and cafe-au-lait macules that may indicate underlying systemic cancers. Multispecialty teams should provide antibiotic prophylaxis for managing concurrent conditions such as diabetes and recurrent infections. Families should have admittance to genetic clinics, experts, and maintenance organizations like the Bloom Syndrome Foundation. Genetic therapy is essential for patients and families to understand the implications of BS on future generations.

Conclusion:

Further research is needed to fully comprehend Bloom Syndrome, a severe hereditary condition. Dermatologists should be well-informed about the disease to initiate comprehensive care and cancer screenings, focusing on identifying typical skin symptoms. Recent findings on the connections between protein complexes like FA and BS, and BRAFT and FANCM, offer insights into the disease mechanisms and guide imminent research directions. Genetic therapy is essential to support exaggerated peoples.

References:

- Kaneko H, Fukao T, Kondo N. The function of RecQ helicase gene family (especially BLM)in DNA recombination and joining. Adv Biophys 2004; 38: 45–64.
- Curto L. Chromosomal breakage syndromes. Emedicine/ medscape 2011; 1: 1–10. Available at: <u>http://emedicine</u>. medscape.com/article/951148-overview
- National Institute of Health. Medicine genetics homereference. US National Library of Medicine 2013; 1:1–10. Available at: http://ghr.nlm.nih.gov/
- 4. Karow JK, Wu L, Hickson ID. RecQ family helicases: roles in cancer and aging. Curr Opin Genet Dev 2000;10: 32–38.
- 5. Langland G, Elliott J, Li Y, et al. The BLM helicase is necessary for normal DNA doublestrand break repair. Cancer Res 2002; 62: 2766–2770.
- 6. Karow JK, Constantinou A, Li JL, et al. The Blooms syndrome gene product promotes branch migration of holliday junctions. Proc Natl Acad Sci USA 2000; 97: 6504–6508.
- Belmont JW, Puck JM. T cell and combined immunodeficiency disorders. In: Valle D, ed. Scriver's OMMBID: The Online Metabolic & Molecular Bases of Inherited Disease. New York, NY: McGraw-Hill, 2013: 1–2.
- 8. Kondo N. Bloom Syndrome. Ryoikibetsu Shokogun Shirizu 2000; 58: 261–264.
- Bajoghi AA. Bloom Syndrome (congenital telangiectatic erythema). Emedicine/medscape 2012; 1: 1–9. Available at: <u>http://emedicine.medscape.com/article/</u>1110271-workup
- McGregor JM, Hawk JL. Genetic syndromes predisposing to skin cancer development. In: Miller SJ, ed. Cutaneous Oncology: Pathophysiology, Diagnosis, and Management. Massachusetts: Blackwell Science, 1998: 160–163.

β CYCLODEXTRIN LOADED NANOSPONGE: A PROMISING APPROACH OF TRANSDERMAL DRUG DELIVERY

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Abstract:

Cyclodextrin based nanosponges are nanosized colloidal carriers having nanosized cavities used for targeted drug delivery. Both the water hating and water loving type of drugs can be integrated in the nanosponges and hence offering wide versatility. They have three-dimensional networks or scaffolds that are packed with drugs and spongy, incapable of dissolving such nanoparticles that are either crystalline or amorphous in form and own qualities that allow them to inflate. Crosslinker, copolymers, polymers and apolar solvents are used in the production as well as fabrication of nanosponges. Changing cross-linker as well as its amount, the polar nature, size of the polymer mesh, and libration of the trapped substance is altered. Nanosponges are made up of biodegradable material and hence has the least toxicity and safely can be utilized in variety forms. It's residence time at the site of action can be modified.

Keywords: Nanosponge, Cyclodextrin, Targeted Drug Delivery, Crosslinking Agents, Transdermal Drug Delivery System

Introduction:

An extension of nanotechnology called nanomedicine, a multidisciplinary topic, finds use in the healthcare system. In order to identify, cure, or prevent disease, it finds characteristically innovative physico-chemical as well as biological features of therapeutic material at the nanometer range. Nanosponges (NS), which are microscopic in size have the ability to absorb a wide range of chemicals, are among the various types of nanomedicines being explored, along with nano emulsion, nanosuspension, nanotubes, etc. ^[1]

Nanosponges resemble a 3D scaffold or matrix in particular. The chief support is an extremely lenthy section of polyester content that is dissolved with microscopic molecules known as crosslinkers, which function as tiny grappling hooks to connect various polymer components.^[2]

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 β -cyclodextrin based nanosponges are considered to be highly soluble or solubilizes the sparingly soluble medications due to its established spherical colloidal structure and their inclusion and non-inclusion behavior ^[3]. The most well-known types of nanosponges include those made of titanium, silicon, and cyclodextrin ^[4].

When compared to parent cyclodextrin molecules, their very porous nanometric nature facilitates drug molecules to interact both inclusion- and non-inclusion-free. This results in a larger drug loading.^[5]

A cutting-edge method for regulated delivery of medications for topical usage is nanosponge. A developing method for topical treatment is nanosponge. The performance of medications used topically is improved by the use of nanosponge drug delivery systems. A wide variety of medicinally important substances are inserted or filled into nanosponges, which are sponges in microscopic nature about the dimensions of a virus strain. These sponges of microscopic nature can travel throughout the entire organism until they make up their way to the site of action where targeted action is needed where they attach or stick to the skin and start to release the medication in a controlled as well as predictable manner.^[6]

The nanosponges are natural solids.^[7] nanosponges show their safety for intravassive as well as oral administration, rendering them a viable medication delivery vehicle.^[8,9]. Their extremely small dimensions make their delivery possible via the respiratory system and veins.^[10]. These complexed substance are solubilised in a scaffold of additives, and other excipients appropriate for the production of dosage forms (i.e. capsule or tablet) for oral administration. Complex is delivered in sterile water, saline, or other aqueous solutions for parenteral delivery. They are effectively incorporated into hydrogel used in topical delivery.^[11,12]

Elements used in manufacturing of β-cyclodextrin based nanosponge:

Table 1 represents various materials or elements required for the production of $\beta-$ cyclodextrin NS. $^{[13]}$

Table 1: materials utilized in the the manufacturing NS

Cross	Glutaraldehyde, diphenyl carbonate, carboxylic acid dianhydrides,				
linkers	dichloromethane, diarlycarbonates, epichloridrine, diisocyanates, and				
	carbonyldiimidazoles.				
Polymers	Cyclodextrin and their derivatives such as 2-hydroxy propyl β -CD, methyl				
	eta-CD, alkyloxycarbonyl CD, copolymers such as ethyl cellulose,				
	polyvinyl alcohol and poly(valerolactone-allylvalerolactone)				

Numerous features of β-cyclodextrin nanosponges:

- Encasing particles of nano range housing the therapeutic substance inside them.^[14]
- Crosslinker aids in the creation of voids in the structure, thereby allowing for the potential of modifying the drug release pattern.^[15]
- ♦ Nanosponges remain stable and not fatal up to temperatures of about 300 °C.^[16]

The NSs have an adhesive feature that allows them to stick to surfaces, aiding in predictable and regulated drug release. Due to the 12-hour drug release cycle, it is possible to incorporate immiscible liquid, which facilitates better material manufacturing and there afterwards processed into fine particles. They provide excellent water solubility, making it possible to give medications that are poorly water-soluble.^[17]

- They are equally capable of transporting medications that prefer water or oil. They are extremely stable, attractive, and have less adverse effects. They are more flexible in their formulation.^[18]
- The crosslinker's functional groups and their concentration have a direct effect on the nanosponge porosity and provide customized polarity.^[19]
- The mixtures of β-cyclodextrin based nanosponges are highly thermostable up to 130
 °C and a upto a pH ranging from 1 to 11.^[20]
- Their 3D structure allows to facilitate the extraction, distribution, and controlled liberation of a number of chemicals. They can be coupled with several functional groups, which enables them to be targeted to various places.^[21]

Different types of nanosponges:

According to the polymer used, its level of concentration, and the appropriate preparation process, there are numerous variations on NS that are readily accessible and can be developed and produced. Beta CD-based NS is one of the most frequently prepared and widely utilized forms of NS.^[22]

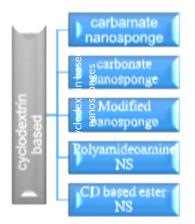


Figure 1: Types of different forms of nanosponges

The methodology in which the nanosponge liberates the active from its core:

Up until state of equilibrium is arrived, the active is allowed to freely move into and out of sponge atoms' open configuration and into the vehicle. For skin distribution, the active present in the carrier substance is taken into the tissue in which action is needed after application. Equilibrium would be upset by depleting the carrier, which is going to get unsaturated. Starting from the porous component into the vehicle substance and then to the tissue that needs targeted action, this will cause an influx of the active component till carrier is dried out or absorbed. The nanoparticles that were left on the tissue's surface will slowly release the medication, giving prolonged release.^[23]

Techniques for preparation of nanosponges:

- Solvent utilizing method
- Melt method
- Microwave assisted synthesis
- Ultrasound assisted synthesis
- Bubble electrospinng
- Emulsion solvent diffusion method
- Quasi emulsion solvent method

Melt method:

This process involves melting the cross-linker with cyclodextrins, homogenizing all the materials, and then heating everything to 100 °C. The application of magnetic stirring is given five hours to cool. To get rid of the unreacted excipients and byproducts, wash the product repeatedly.^[24]

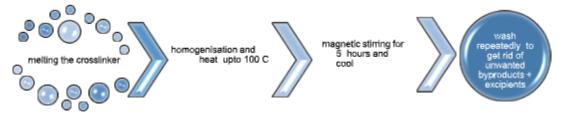


Figure 2: Preparation of β -cyclodextrin based nanosponge by melt method Solvent method:

Combine the polymer with an appropriate solvent, preferably one that is polar and aprotic, like dimethylformamide or dimethyl sulfoxide. The extra crosslinker is then added to this mixture, preferably with a crosslinker: polymer ratio (4:16) Perform the reaction for a duration of 1 to 48 hours for around 100 °C until the temperature of solvent reflux. Carbonyl molecules, such as carbonyl diimidazole, are preferred crosslinkers. After accomplishment of the reaction process, solution is allowed to cool down to temperature of

room, incorporate the outcome to a significant amount of bidistilled water, regain it by filtering under vacuum, and then purify it using extended Soxhlet.^[25]

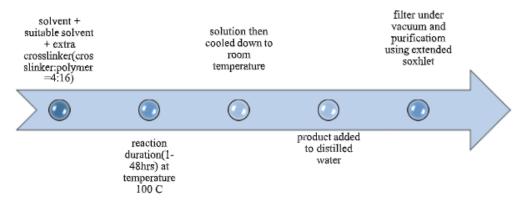


Figure 3: Nanosponges synthesized by solvent method

Microwave assisted synthesis:

By using a straightforward technique with a microwave irradiation, cyclodextrin nanosponges can be made in a fraction of the time it would normally take. These nanosponges are more crystalline than other materials. Microwave aided nanosponges synthesis demonstrated a quadruplet reduction in process time when in comparision to the conventional methods of heating as well as uniform sized particle dispersion and uniformity in crystallinity is also achieved.^[26]

Ultrasound assisted synthesis:

In this process, cross-linkers and polymers interact while being sonicated and without the need of a solvent. Polymers and crosslinkers are then added in the flask. The flask is then provided a temperature upto 900 °C and sonicate it for 5 hours in an ultrasound chamber containing water. The unreacted polymer are then removed by washing under water after the cooling the flask containing the reaction. Purification is done Soxhlet extraction utilizing ethanol. The item is then vacuum dried which is then stored at a temperature range of 250 °C.^[27]

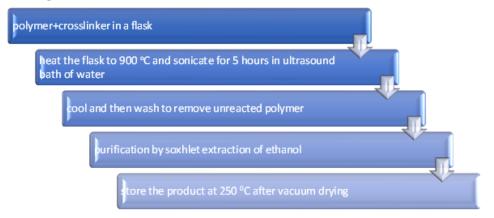


Figure 4: Preparation of nanosponge by ultrasound assisted synthesis

How to load drug in nanosponge:



Figure 5: flow chart of drug loading in nanosponge

Factors that produce an impact on the formation of β-cyclodextrin based nanosponges:[28],[29],[30]

Effect of crosslinking agents and polymers:

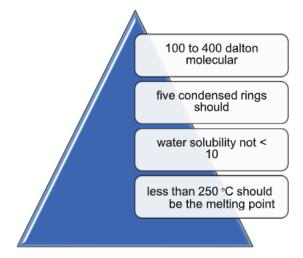
Performance of NS as well as their formulation can be impacted by the form of polymer utilized. An efficient cross-linking agent converts molecular nanocavities into a 3-D nanoporous structure.



Produced by employing epichlorohydrin as a cross-linking agent for production of hydrophilic nanosponge (water loving). Hydrophilic nanosponges serves as a strongly effective drug vehicle even in formulations for quick liberation by altering the rate at which the drug is released and improving drug absorption via barriers of biological origin.

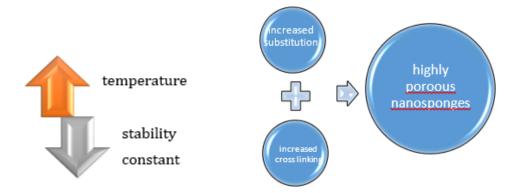
Diphenyl carbonate, carbonyl diimidazole can be used as crosslinkers in order to create hydrophobic nanosponges (water repelling). These serve as extended delivery carriers for peptide and protein pharmaceuticals, among other water soluble medications. **Types of drug and medium used:**

The following mentioned should be considered during the production of NS:



Complexation temperature:

Temperature variations has an effect on the stability constant of the complex Stability constant and temperature are inversely proportional to each other. The stability decreases with temperature due to a weakening of the forces responsible for the interaction of drug and nanosponge molecules. As a result, in production NS, temperature is controlled



Degree of substitution:

Because cyclodextrin forms are available in various forms with varying functional groups on their surface, the sort of substitution is crucial. distinct functional groups produce distinct forms of complexed materials when they are complexed together with the aid of a crosslinker. The more substitutions, the more likely it is that there will be more crosslinking. Increased crosslinking results in highly porous nanosponges because more polymers are connected to one another, creating a mesh- like network. **Advantages**^{[31],[32]}:

• Targeted delivery of medication at specific site of action.

- Wide range of chemicals can be trapped with fewer negative effects.
- Higher elegance, improved formulation flexibility, and higher stability.
- Non-irritating, non-toxic.
- Offers prolonged release with continuous activity for up to 12 hours.
- Better patient compliance.
- Self-sterilizing.
- High degree of ingredient compatibility, are free-flowing.
- Stable in terms of heat, physical stability, and chemical stability.

Disadvantages:

• Drugs with a molecular mass less than 50 Da can only be enclosed in the NS.

E.g. Camptothecin NS are utilized for cancer treatment, while acyclovir NS are used for antiviral treatment.^[33]

Para crystalline and crystalline forms both display various loading capacities. For instance, cefadroxil-loaded nanosponge showed loading capacities of thirty seven percentage and ten percentage in forms of crystalline nature and Para crystalline nature, respectively.^[34]

Drug formulation	Disease	Author	Year
Topical formulation of	Treatment of UV-	Md Meraj Anjum, Dulla	2023
cyclodextrin crosslinked	B induced skin	Naveen Kumar et al.	
nanosponge of anacardic acid	photoaging		
lapatinib	Breast cancer	Preeti Tanaji Mane, Balaji	2023
		Sopanrao Wakure et al	
Ribociclib-Loaded Ethyl	Breast cancer	Farhat Fatima, Amer Alali,	2022
cellulose- Based Nanosponges		Mohd Abul Kalam, et al	
Dithranol nanosponge loaded	psoriasis	Sunil Kumar, Babu Lal et al	2022
hydrogels			
Sesamol-Laden Nanosponges	Skin cancer	Anroop B. Nair, Pooja	2022
		Dalal et al	
Paclitaxel loaded nanosponge	Angiogenesis	Nausicaa Clemente	2019
		Casimiro Luca et al	

Table 2: Different types of nanosponge formulations:

Patent number	Title	Country of origin	
US7569202B2	IS7569202B2 Silicon nanosponge particles		
JP2010531827A	Cyclodextrin nanosponge as vehicles	Japan	
	for antitumor agents		
US20170152439A1	Nanoparticles, Nanosponges, Method	United States	
	of Synthesis, and Methods of Use		
DE202023101573U1	A system to develop a nanosponge	Germany	
	loaded topical gel for enhanced		
	treatment of psoriasis		
KR102108907B1	Preparation Method for Gdot-Pd	South Korea	
	Hybrid with Nanosponge Structure		
	and Gdot-Pd Hybrid Catalyst		
DE202022106990U1	DE202022106990U1 A nanosponge for targeted		
	and controlled drug delivery		

 Table 3: Different patents on nanosponge formulation

Evaluation characteristic of nanosponge:

Particle size determination:

A vital and most crucial variable in the Nanosponge is it's particle size. Zeta sizers or laser light diffractometry are preffered for the measurement of size of particles. Plotting cumulative percentage of medication that releases from nanosponges with varying particle sizes against time allows researchers to examine how particle size affects drug release. For topical drug administration, particles bigger than 30 m could feel grainy, while particles between 10 and 25 m may be recommended.^[35]

loading efficiency in NS

For evaluation of efficiency of NS complexes, they must be solubilized in an suitable solvent, breaked down by sonication, diluted effectively, and subjected to HPLC and UV spectrophotometer analysis.^[36,37]

Determination of zeta potential:

The charge at the surface is determined or assumed by zeta potential. A secondary electrode present in particle size apparatus gives the measurement.^[38]

Miscroscopic evaluation studies of nanosponges:

A product (drug/nanosponge complex), nanosponge or its microscopic characteristics is evaluated utilizing SEM and TEM. Even if there is a discernible difference between the starting material (i.e. raw material) and the final product obtained by coprecipitation that is deviation in crystallization states of starting materials and the final product observed in an electronic microscope suggests production of the inclusion complexes.^[39]

Fourier transform Infrared Analysis also known as (FTIR):

An investigation using FTIR spectroscopy was performed to confirm potential for chemical bond interaction between medication and polymers. Samples containing drug are scanned using a carbon black reference within 400–4000 cm–1. Clean, dry helium gas was carefully utilized for purging the detector to raise signal level & lower the moisture content.

Solubilty studies for nanosponge:

Higuchi and Connors' demonstration of the application of phase solubility tests to examine enclosure complexion allows for the detection of impact of nanosponge on medication dissolubility.^[40]

Phase solubility diagrams can be used to determine amount of medication encapsulating inside the nanosponge. Excess drug portion incorporation into ideal liquids can be used to calculate till a soaking solution is created. The addition of the empty or blank nanosponge is followed by treatment with saturated drug solution at progressive concentrations. As the nanosponge are introduced, more drug compounds with them are examined until equilibrium is achieved.^[41]

The relationship between the quantity of nanosponge and the quantity of medicines is plotted on a graph, and the graph is classified according to Higuchi and Connors experiment. Stability constant value illustrates degree of NS and medication interacting with each other, and if it is more, it causes poor water-soluble medicines to dissolve and dissolve more quickly.^[42]

Diagrams of solubility convey level of complexity. For this experiment, an Erlenmeyer flask is employed, into which medication was added in conjunction with water solution of NSs in various strengths, then kept on a mechanically controlled mixer for stirring^[43]

When a stable condition was attained, the NS dispersion undergoes filtration by centrifugation making use of a 3000 Da sieve of a molecule size level. HPLC was used to determine the concentration of medication in the collected solution.^[44]

In-vitro medication released from the nanosponges:

900 ml of buffer having (pH=6.8) is utilised for invitro medication release investigation, which is perfomed using USP Paddle method at 50 rotation per minute and a temperature range of $37\pm$ (0.2) °C. For every experiment, 100 mg of the formulation's nanosponges were utilized. Every ten hours, at a distance of one hour, the sample is taken. The contents of the sample is analyzed using spectrophotometry, and each time the sample is removed to adjust for volume, the most recent dissolving media fills up.

Porousness nature of nanosponge:

This assessment parameter indicates how much content of voids are contained in the nanosponge. Helium pycnometers are used in investigating porosity because the gas can pass throughout and across the nanosponge channel media. The true volume of the substance is calculated by the formula mentioned below^[45].

%porosity = bulk volume - true volume × 100 bulk volume

Swelling range of nanosponge:

The nitrogen(N) adsorption micrometric ASAP analyzing equipment was used to conduct the Brunauer-Emmett-Teller NS testing. Before beginning the investigation, the samples received a 2 hour preheat treatment at 120 °C. After reaching equilibrium and the ideal temperature, a constant stream of dehydrated NS sample (Wd) is incorporated water bath. Following dehydration, external area was determined with filter paper (Wh). Three repeats of operation were completed, and a median Wh value was determined.^[46]

swelling ratio =
$$\frac{Wh}{Wd}$$

Analysis of temperature of nanosponge:

The thermal analysis aids in defining the Nanosponge-moiety complex's point of melting (Tm), temperature for crystal formation (Tc), degree of crystallinity (Xc), and thermal consistency in addition to the pure drug.^[47]

Studies look for wideing, constant change, the production of new peaks, or the disappearance of existing ones. Peaks that are too shallow or that completely disappear indicate a polymer and drug complexity molecular combination. Weight variation analyses are employed to validate the inclusion complex.^[48]

Raman spectroscopy:

Helpful method for analyzing characteristics of nanosponges as they shift from a dry to swollen condition.^[49]

Raman peaks are responsive to conformational changes in molecules as well as size, intensity, and wave number changes in inter molecular events. It can also be utilized for the study of molecular structure. Furthermore, it offers data on the state of the water between the dissolved solution and the nanosponge's porous structure. The kinetics of hydration can be examined using the vibratory patterns of dissociate OH and CH groups in bulk water. ^[50]

NMR also collectively known as Nuclear Magnetic Resonance:

Determining the molecular makeup of cyclodextrin crosslinked polymers is made possible by NMR methods like 13C, 1H, 2D etc. Fluctuation in shift values (δ) reflects the movement of protons between species during process, determining the makeup of the NSs.^[51]

Stability of nanosponge:

The long-term durability of the nanosponge has been examined in photodegradation experiments and under accelerated circumstances. The formula is annually tested for 3 months. The features of the substance are generally examined by changes in looks, size, and physical attributes. The photodegradation analysis is conducted for one hour while swirling in dark conditions and under the Ultraviolet lamp. NS is situated in radius about of ten centimetres beyond the lamp. The sample is taken out by HPLC and examined.^[52]

Resilience evaluation of nanosponge:

According to the demands of the finished product, nanosponge rigidity is altered to produce smoother or firmer beadlets. Release rate begins to slow down as crosslinking increases. The robustness of sponges can therefore be evaluated and improved as needed by taking into account the release pattern as an indicator of crosslinking over time.^[53]

Pharmaceutical application of nanosponges:

Enhancement of solubility:

The problem faced by certain substances with their low water solubility can have their solubility and wetting property improvised by NS. The process of dissolution could be omitted or minimized by incorporating the medication or active inside molecular fundamental structure of NS and then liberating them as as molecules. Thus apparent solubility of medication is boosted. Enhancing a product solubilization and dissolution rate can help solve number of dosage forms and bioavailability of these dosage forms, and NS are particularly effective at doing this for drugs.^[26]

Nanosponges used for delivery of medication:

NS could be utilized in various dosage forms for the purpose of inhalation, topical application, parenteral administration, or oral administration. The complexes can be mixed with excipients, and other necessities to create a scaffold that could be appropriate for oral

delivery in form of tablets etc. For parenteral administration, the complex can be easily carried in sterilized water, saline solution or other water- based solutions.^[54]

Epidermal delivery of drug:

A novel method for the slow-release of skin medications for extended medication delivery and long-term persistence of medication form on portion of the skin in which the action is needed. Substances easily produced as topical nanosponges include localized anesthetics, anti-fungal drugs or medications, and anti-microbial medications. Pharmacological penetration of the skin may result in rashes or more serious side effects. This process allows stable and slow release, minimizing problems while maintainance of effectiveness. NS can be prepared in various forms such as gel, lotion, cream etc.^[5]

Nanosponges as carriers and biocatalyst:

There are number of methodology and techniques for the transportation of the medication and this include particulate system various types of gels like nano gels, hydrogels etc. transportation of them in various system can help to in alteration of their pharmacokinetic properties and thus preventing them undergoing the process of degradation and increasing their stability in vivo. Nowadays NS are the effective carriers for adsorption of these medications. When enzymes are being used it is feasible to sustain functionality and efficiency of the enzymes, prolongation of the process, increment in the temperal conditions of the process and conduction of continuous flow activities.^[36]

Nanosponge used for transportation of gases:

Gases are utilized for both diagnostic and therapeutic purposes. Lack of oxygen a condition known as hypoxia, is connected to various conditions including cancer and inflammatory diseases. In medical practicing, it can be challenging to administer O2 in the right manner & amount. Nanosponges are designed in such a way that they can slowly release O2 overtime.^[55]

Protection from photodegradation:

Gamma-oryzanol, an antioxidant that is typically used to preserve agricultural & medicinal raw materials and also utilized in the preparation of sunscreen in beauty products, is a ferulic acid ester combination. Because of its issues in the stability and photodegradation, its uses are restricted. Gamma-oryzanol is used to create nanosponges, which exhibit good photodegradation resistance. Various gels and O/W emulsion are produced using the gamma oryzanol-loaded nanosponges. ^[56]

Nanosponge used in treatment of water^[57]

Nanosponges have the potential to eliminate the organic and inorganic contaminants from the water. NS are regarded a cost-effective strategy with little energy and time requirements.

Further research is to be carried out on this polymers with different physical and chemical characteristics, configurations, and extensively cross-linked 3D networks in order to remove pollutants from wastewater while simultaneously eliminating microbiological contaminants.

Nanosponges modified with nanotubes of carbon and metal-based nanomaterials/nano catalysts for water-purification appliances are hardly explored. Nanomaterials may dramatically enhance their characteristics for water remediation purposes.

Here, new developments & application of NS-based techniques utilized in eliminating inorganic as well as organic contaminants from water as well as waste water are discussed with a focus on difficulties and viewpoints.

Biological Neutralization Using Cellular Nanosponges^[58]

A general approach known as "biological neutralization" uses therapeutic drugs to interact with dangerous chemicals or infectious microorganisms, oppose their bioactivity, and so stop them from producing disease. It is provided to use "cellular nanosponges," or nanoparticles with cell membranes attached, as host for a variety of physiological or biological neutralizing uses. The cellular nanosponges differ from conventional neutralizing techniques by emulating sensitive host cells rather than taking into account the architecture of the harmful substances when developing treatments.

Nanosponges avoid the multitude of these types of agents and produce purposedriven, all-encompassing neutralizing solutions because all pathogenic agents require host cell interaction to be biologically active.

This innovative nanotechnology in medicine framework for antagonism against five main pathogenic agents, such as viruses, pathological antibodies, inflammatory cytokines, bacterial toxins, and chemical toxicants. Cellular nanosponges have been proven to be adaptable means of biological neutralization in previous investigations.

Nanosponges used as chemical sensors:

Using Titania Nanosponge, a form of metal oxide, as a chemical sensor, hydrogen may be detected very effectively. The original nanosponges structure lacks a point of contact, reducing the obstruction to electron transit and increasing the 3D Higher Interconnect. Titania nanosponge.^[59]

Conclusion:

The article highlights the manufacturing methods, characterization, factors influencing the formation of nanosponges, drug loading and release mechanism, and applications in the field of nanosponges. The NSs offer a variable drug delivery method as well as a monitored intermediary for the medication to reach the targeted location. They

allow both the oral and topically applied delivery of number of medications. Additionally, has an advantage for carrying and enclosing both lipophilic and hydrophilic medications. Additionally, there are several uses in fields including solubility enhancement, the trapping of gases like oxygen, beauty products, diagnostics, and toxic adsorbents. The product's structural and chemical-based integrity are evaluated using a variety of procedures. In the future, they will be helpful in many different disciplines, and as this field's study develops, so will their range of applications.

References:

- 1. Cavalli, R., Trotta, F., & Tumiatti, W. (2006). Cyclodextrin-based nanosponges for drug delivery. *Journal of Inclusion Phenomena and Macrocyclic Chemistry*, *56*, 209-213.
- 2. Ahire, P. S., Bhambere, D. S., Patil, M. P., & Kshirsagar, S. J. (2020). Recent advances in nanosponges as a drug delivery system. *Indian Journal of Drugs*, *8*, 8-17.
- 3. Patel, E. K., & Oswal, R. J. (2012). Nanosponge and micro sponges: A novel drug delivery system. *International Journal of Research in Pharmacy and Chemistry, 2*, 237-244.
- 4. Swaminathan, S., Vavia, P. R., Trotta, F., & Torne, S. (2007). Formulation of betacyclodextrin based nanosponges of itraconazole. *Journal of Inclusion Phenomena and Macrocyclic Chemistry*, *57*, 89-94.
- 5. Selvamuthukumar, S., Anandam, S., Krishnamoorthy, K., & Rajappan, M. (2012). Nanosponges: A novel class of drug delivery system—review. *Journal of Pharmacy & Pharmaceutical Sciences*, *15*(1), 103-111.
- Alongi, J., Poskovic, M., Frache, A., & Trotta, F. (2011). Role of β-cyclodextrin nanosponges in polypropylene photooxidation. *Carbohydrate Polymers, 86*(1), 127-135.
- 7. Vavia, P. R., Swaminattan, S., Trotta, F., & Cavalli, R. (2006). Applications of nanosponges in drug delivery. In *Proceedings XIII International Cyclodextrin Symposium*.
- 8. Swaminathan, S. (2006). *Studies on novel dosage forms* [dissertation]. Mumbai: Mumbai University.
- 9. Trotta, F., Cavalli, R., Tumiatti, V., Roggero, C., & Vallero, R. (2010). Ultrasoundassisted synthesis of cyclodextrin-based nanosponges.
- 10. Sharma, R., Walker, R. B., & Pathak, K. (2011). Evaluation of the kinetics and mechanism of drug release from econazole nitrate nanosponge loaded carbapol hydrogel. *Pharmaceutical Development and Technology*, *16*(4), 367-376.

- 11. Sharma, R., & Pathak, K. (2011). Polymeric nanosponges as an alternative carrier for improved retention of econazole nitrate onto the skin through topical hydrogel formulation. *Pharmaceutical Development and Technology*, *16*(4), 367-376.
- 12. Selvamuthukumar, S., Anandam, S., Krishnamoorthy, K., & Rajappan, M. (2012). Nanosponges: A novel class of drug delivery system—review. *Journal of Pharmacy & Pharmaceutical Sciences*, *15*(1), 103-111.
- 13. Roy, D. (2019). Nanosponges: An overview about the emerging novel class of drug delivery system. *World Journal of Pharmaceutical Research*, *8*, 957-973.
- Basso, J., Miranda, A., Nunes, S., Cova, T., Sousa, J., Vitorino, C., & Pais, A. (2018). Hydrogel-based drug delivery nanosystems for the treatment of brain tumors. *Gels*, 4(3), 62.
- 15. Pushpalatha, R., Selvamuthukumar, S., & Kilimozhi, D. (2018). Cross-linked, cyclodextrin-based nanosponges for curcumin delivery—Physicochemical characterization, drug release, stability, and cytotoxicity. *Journal of Drug Delivery Science and Technology*, *45*, 45-53.
- Williams, H. D., Trevaskis, N. L., Charman, S. A., Shanker, R. M., Charman, W. N., Pouton, C. W., & Porter, C. J. (2013). Strategies to address low drug solubility in discovery and development. *Pharmacological Reviews*, 65(1), 315-499.
- 17. Ghurghure, S. M., Pathan, M. S., & Surwase, P. R. (2018). Nanosponges: A novel approach for targeted drug delivery system. *International Journal of Chemical Studies*, *2*(2).
- Hayiyana, Z., Choonara, Y. E., Makgotloe, A., du Toit, L. C., Kumar, P., & Pillay, V. (2016). Ester-based hydrophilic cyclodextrin nanosponges for topical ocular drug delivery. *Current Pharmaceutical Design*, 22(46), 6988-6997.
- Patel, E. K., & Oswal, R. J. (2012). Nanosponge and micro sponges: A novel drug delivery system. *International Journal of Research in Pharmacy and Chemistry*, *8*, 237-244.
- 20. Swaminathan, S., Cavalli, R., Trotta, F., Ferruti, P., Ranucci, E., Gerges, I., Manfredi, A., Marinotto, D., & Vavia, P. R. (2010). In vitro release modulation and conformational stabilization of a model protein using swellable polyamidoamine nanosponges of βcyclodextrin. *Journal of Inclusion Phenomena and Macrocyclic Chemistry*, 68, 183-191.
- 21. Ananya, K. V., Preethi, S., Patil, A. B., & Gowda, D. V. (2020). Recent review on Nano sponge. *International Journal of Research in Pharmaceutical Sciences*, *11*, 1085-1096.
- Selvamuthukumar, S., Anandam, S., Krishnamoorthy, K., & Rajappan, M. (2012). Nanosponges: A novel class of drug delivery system—review. *Journal of Pharmacy & Pharmaceutical Sciences*, 15(1), 103-111.

- 23. Tejashri, G., Amrita, B., & Darshana, J. (2013). Cyclodextrin-based nanosponges for pharmaceutical use: A review. *Acta Pharmaceutica*, *63*(3), 335-358.
- 24. Khan, K. A., Bhargav, E., Reddy, K. R., & Sowmya, C. (2016). Nanosponges: A new approach for drug targeting. *International Journal of Pharmacy and Pharmaceutical Research*, 7(3), 381-396.
- 25. Anandam, S., & Selvamuthukumar, S. (2014). Optimization of microwave-assisted synthesis of cyclodextrin nanosponges using response surface methodology. *Journal of Porous Materials, 21*, 1015-1023.
- Jyoti, P., Tulsi, B., Popin, K., & Chetna, B. (2016). An innovative advancement for targeted drug delivery: Nanosponges. *Indo Global Journal of Pharmaceutical Sciences*, 6(2), 59-64.
- Ajinkya, K. U., Prakash, K., & Vishal, P. A. (2015). Scaffold-based drug delivery system: A special emphasis on nanosponges. *International Journal of Pharmaceuticals and Drug Analysis*, 3(4), 98-104.
- 28. Jadhav, P. A., & Jadhav, S. A. (2017). Review on: Nanosize delivery system. *World Journal of Pharmacy and Pharmaceutical Sciences*, 6(9), 433-444.
- 29. Selvamuthukumar, S., Anandam, S., Krishnamoorthy, K., & Rajappan, M. (2012). Nanosponges: A novel class of drug delivery system—review. *Journal of Pharmacy & Pharmaceutical Sciences*, *15*(1), 103-111.
- 30. Patel, G., & Patel, J. K. (2008). Use of a microsponge in drug delivery systems. *Pharmaceutical Processing*, *158*(1).
- 31. Vishwakarma, A., Nikam, P., Mogal, R., & Talele, S. (2014). Review on nanosponges: A benefication for novel drug delivery. *International Journal of PharmTech Research, 6*, 11-20.
- 32. Shivani, S., & Poladi, K. K. (2015). Nanosponges—novel emerging drug delivery system: A review. *International Journal of Pharmaceutical Sciences and Research*, 6(2), 529.
- 33. Rahi, N., & Kumar, K. (2017). Nanosponges: A new era of versatile drug delivery system. *UJPR*, *2*, 31-39.
- 34. Sharma, R., Walker, R. B., & Pathak, K. (2011). Evaluation of the kinetics and mechanism of drug release from econazole nitrate nanosponge loaded carbopol hydrogel. *Pharmaceutical Development and Technology*, *16*(4), 367-376.
- 35. Patel, E. K., & Oswal, R. J. (2012). Nanosponge and micro sponges: A novel drug delivery system. *International Journal of Research in Pharmacy and Chemistry*, *8*, 237-244.

- Selvamuthukumar, S., Anandam, S., Krishnamoorthy, K., & Rajappan, M. (2012). Nanosponges: A novel class of drug delivery system—review. *Journal of Pharmacy & Pharmaceutical Sciences*, 15(1), 103-111.
- 37. Swaminathan, S., Pastero, L., Serpe, L., Trotta, F., Vavia, P., Aquilano, D., Trotta, M., Zara, G., & Cavalli, R. (2010). Cyclodextrin-based nanosponges encapsulating camptothecin: Physicochemical characterization, stability and cytotoxicity. *European Journal of Pharmaceutics and Biopharmaceutics*, 74(2), 193-201.
- 38. Vavia, P. R., Swaminathan, S., Trotta, F., & Cavalli, R. (2006). Applications of nanosponges in drug delivery. In *Proceedings of the XIII International Cyclodextrin Symposium* (pp. 14-17).
- 39. Saokham, P., Muankaew, C., Jansook, P., & Loftsson, T. (2018). Solubility of cyclodextrins and drug/cyclodextrin complexes. *Molecules*, *23*(5), 1161.
- 40. Tejashri, G., Amrita, B., & Darshana, J. (2013). Cyclodextrin based nanosponges for pharmaceutical use: A review. *Acta Pharmaceutica*, *63*(3), 335-358.
- 41. Brewster, M. E., & Loftsson, T. (2007). Cyclodextrins as pharmaceutical solubilizers. *Advanced Drug Delivery Reviews*, *59*(7), 645-666.
- 42. Ahire, P. S., Bhambere, D. S., Patil, M. P., & Kshirsagar, S. J. (2020). Recent advances in nanosponges as a drug delivery system. *Indian Journal of Drugs*, *8*, 8-17.
- 43. Osmani, R. A., Thirumaleshwar, S., Bhosale, R. R., & Kulkarni, P. K. (2014). Nanosponges: The spanking accession in drug delivery—an updated comprehensive review. *Der Pharma Lettre, 5*, 7-21.
- 44. Donato, I. D., & Lazzara, G. (2012). Porosity determination with helium pycnometry as a method to characterize waterlogged woods and the efficacy of the conservation treatments. *Archaeometry*, *54*(5), 906-915.
- 45. Sherje, A. P., Dravyakar, B. R., Kadam, D., & Jadhav, M. (2017). Cyclodextrin-based nanosponges: A critical review. *Carbohydrate Polymers*, *173*, 37-49.
- 46. Steinmann, W., Walter, S., Beckers, M., Seide, G., & Gries, T. (2013). Thermal analysis of phase transitions and crystallization in polymeric fibers. In *Applications of Calorimetry in a Wide Context—Differential Scanning Calorimetry, Isothermal Titration Calorimetry and Microcalorimetry* (pp. 277-306).
- Dua, K., Pabreja, K., Ramana, M. V., & Lather, V. (2011). Dissolution behavior of βcyclodextrin molecular inclusion complexes of aceclofenac. *Journal of Pharmacy and Bioallied Sciences*, 3(3), 417.
- 48. Mele, A., Castiglione, F., Malpezzi, L., Ganazzoli, F., Raffaini, G., Trotta, F., Rossi, B., Fontana, A., & Giunchi, G. (2011). HR MAS NMR, powder XRD and Raman

spectroscopy study of inclusion phenomena in βCD nanosponges. *Journal of Inclusion Phenomena and Macrocyclic Chemistry*, 69, 403-409.

- 49. Durickovic, I. (2016). Using Raman Spectroscopy for characterization of aqueous media and quantification of species in aqueous solution. In *Applications of Molecular Spectroscopy to Current Research in the Chemical and Biological Sciences*. InTech. https://doi.org/10.5772/64550
- Martínez-Richa, A., & Silvestri, R. (2012). Determination of phase content in multiphase polymers by solid-state NMR techniques. In *Materials Science Forum, 714*, 51-56. Trans Tech Publications Ltd.
- 51. Shende, P. K., Gaud, R. S., Bakal, R., & Patil, D. (2015). Effect of inclusion complexation of meloxicam with β-cyclodextrin and β-cyclodextrin-based nanosponges on solubility, in vitro release, and stability studies. *Colloids and Surfaces B: Biointerfaces, 136*, 105-110.
- 52. Salunke, A., Pandey, A. K., Rawat, P. K., & Upamanyu, N. (2019). Nanosponges: A recent technology for nanomedicine. *Pharma Innovation Journal*, *8*, 703-709.
- 53. Rana, Z., Gunjan, P., & Zahid, Z. (2012). Nanosponge—a completely new nano-horizon: Pharmaceutical applications and recent advances. *Drug Development and Industrial Pharmacy*.
- 54. Srinivas, P., & Sreeja, K. (2013). Formulation and evaluation of voriconazole loaded nanosponges for oral and topical delivery. *International Journal of Drug Development and Research*, *5*(1), 55-69.
- 55. Panda, S., Vijayalakshmi, S. V., Pattnaik, S., & Swain, R. P. (2015). Nanosponges: A novel carrier for targeted drug delivery. *International Journal of PharmTech Research*, *8*(7), 213-224.
- 56. Iravani, S., & Varma, R. S. (2022). Nanosponges for water treatment: Progress and challenges. *Applied Sciences*, *12*(9), 4182.
- 57. Wang, S., Wang, D., Duan, Y., Zhou, Z., Gao, W., & Zhang, L. (2022). Cellular nanosponges for biological neutralization. *Advanced Materials*, *34*(13), 2107719.
- 58. Kakkar, Y., Gupta, D., & Nautiyal, U. (2022). A comprehensive review article on nanosponges. *International Journal of Pharmaceutical Research and Applications*, 7(3), 2258-2267.

A COMPREHENSIVE OVERVIEW OF NOSE-TO-BRAIN DRUG DELIVERY SYSTEMS

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Abstract:

The Blood-Brain Barrier (BBB), which obstructs most medications due to their hydrophilic and macromolecular nature, has consistently posed challenges for Medication transport to the brain. As a result, researchers have investigated alternative administration methods, including the nasal to brain delivery pathway, to bypass the BBB. This research has led to the development of patented nano formulations capable of penetrating the blood-brain barrier.

Keywords: Blood-Brain Barrier, Nasaltobrain, Nanoformulations **Introduction**:

One effective approach for delivering medications with poor solubility is nose-tobrain drug administration via the olfactory pathway. Oral or injectable antipsychotic medications present challenges for patients, as these drugs must circulate through the body before reaching the brain. To ensure sufficient absorption, patients often need to take higher doses than the brain requires, leading to long-term, potentially severe side effects such as weight gain, diabetes, and organ damage. The new method involves using a nasal spray to deliver medication directly to the nose, allowing the drug to reach Transporting medication to the brain through the olfactory pathway nerve.

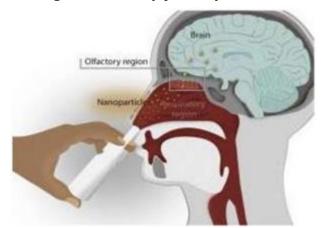


Figure 1: Nose-To-Brain Drug Delivery Systems (Formica, 2022)

The blood-brain barrier (BBB) is a single layer of tightly packed endothelial capillary cells that prevents pathogens, toxins, for a therapeutic substance to reach the central

nervous system (CNS) after oral or systemic administration, it must first cross the BBB. Substances enter the brain primarily through active transport and passive diffusion across endothelial cells, either paracellularly or transcellularly. Due to the tight junctions of the BBB, only small, highly lipophilic molecules can pass through, rendering large molecules and most low molecular weight (Mw) molecules impermeable.

Intranasal drug transport pathways to the brain:

Reports have indicated a number of routes that support nose-to-brain medication transport. Even so, after intranasal treatment, mechanisms delivers medications. However, depending on the therapeutic, formulation, and administration method used, one pathway may be more dominant [6].

Neural pathways:

For drug transport to the brain, this neural pathway can utilize route or an intraneuronal/transcellular route, or both [7]. Drugs are transported to various brain regions via axonal transport through the slow Parental route. However, medications can be delivered within minutes.

Medications extra neuronal route. Olfactory neurons, which initiate olfactory neural circuits, are distributed among supporting cells, microvillar cells, and basal cells in the olfactory region near the roof of the nasal canal [8].

Vascular pathways:

Additionally, after nasal administration, medications may enter, drugs are delivered to the systemic circulation via the intranasal route by absorption into the blood capillaries beneath the nasal mucosa. Due to its rich vascularization, the nasal mucosa receives blood flow from both the internal and external carotid arteries [14]. The respiratory mucosa has a higher relative density of blood vessels than the olfactory mucosa, which makes it a better area for medications to be absorbed into the bloodstream. The respiratory area is made up of both continuous and fenestrated endothelium, which permits tiny and big molecules to exit the circulation and go to the brain across the blood-brain barrier [15]. Moreover, the medications may diffuse throughout the brain after entering the brain parenchyma [16]. Perivascular areas serve as the lymphatic system's brain, where chemicals generated from neurons are removed from the interstitial fluid of the brain by passing through perivascular channels connected to the cerebral blood vessels. Counter-current transfer, a quick transfer to the carotid artery blood flow that supplies the brain and spinal cord, is significant. A growing body of research points to this pathway, which involves blood vesselassociated perivascular channels, as a possible route for drug transport from the nose to the brain. Diffusion alone is not the bulk flow mechanism; it is perivascular transport [17].

CSF pathways:

Various pathways connect the nasal lymphatics, crucial for cerebrospinal fluid (CSF) circulation, with the perineural spaces surrounding the olfactory nerves and the subarachnoid space, where CSF drainage occurs. Intravenously administered medications gain access to the CSF and different brain regions through these pathways. CSF secretion takes place at the four choroid plexuses, primarily in the lateral and fourth ventricles, where CSF is produced as a protective fluid for the brain.

These same channels, extending and into the brain's interstitial spaces, may facilitate the distribution of intravenously administered medications. Numerous studies on intranasal delivery demonstrate that drugs can directly enter the nasal cavity and subsequently reach the CSF, facilitating distribution to the brain and spinal cord. The transport of these pharmaceuticals depends significantly on their molecular lipophilicity.

Lymphatic pathways:

The ideathat CSF isproduced inthechoroidp lexusandthen absorbed into the. Nonetheless, during the past 20 years, not many publications have indicated that there is an anatomical and functional link between the extra cranial lymphatics and the cribriform plate and perineural gaps to reach the subarachnoid area [23-24].

Nasal drug delivery - Advantages/disadvantages:

When compared to alternative administration methods, intranasal medication delivery is non-invasive and has benefits such efficient drug absorption, early beginning of action, and avoidance of initial transcend systemic dilution and metabolism. It reduces the chance of gastrointestinal tract discomfort and is patient-friendly and convenient [25]. It reduces the chance of gastrointestinal tract discomfort and is patient-friendly and convenient. Additionally, intranasal delivery offers bioavailability profiles equal to intravenous injection and permits self-medication. The intranasal route circumvents the blood-brain barrier and delivers medication directly to the brain, minimizing dispersion to non-target areas. Therefore, intranasal drug administration may enable the delivery of medications in low dosages, leading to cost-effectiveness by optimizing the therapeutic index and lowering toxicity [26]. Additionally, vaccinations can be administered intravenously to stimulate an immune response at distant mucosal regions via reaching lymphatic tissues. When compared to oral treatment, nasal distribution provides the least amount of peptide drug degradation. Intranasal administration also doesn't need to be modified of the medicinal substance beingadministered [27]. Nevertheless, nasal medication administration has drawbacks such as low administrable doses—typically no more than 25–150 µL per nostril—and low volume (25-150 L per nostril), especially in cases where the chemicals' stability or water solubility are limited. The drug's lipophilicity is also essential as it affects how well it penetrates the nasal mucosa. The olfactory region

only makes about 10% of the overall area available for medication absorption and concentration when it comes to nose-to-brain drug transport. Attainable in various brainor spinalcord areas differs depending on the agent [28]. Other drawbacks of intranasal drug administration include the potential for drug-associated mucosal irritation, active drug breakdown by nasal mucosal enzymes, reduced drug absorption with increased molecular weight, and potential mucosal injury from repeated usage. Considering the wide variations in medication deposition brought on by regional nasal infections, including the common cold [29].

Factors affecting transnasal drug absorption

- **1. Physicochemical properties of the drug:** Factors such as molecular weight, size, lipophilicity, and water solubility influence how well a drug can penetrate the nasal mucosa.
- **2.** Formulation characteristics: The formulation type (solution, suspension, gel, etc.), pH, viscosity, and presence of permeation enhancers affect drug absorption through the nasal mucosa.
- **3.** Nasal physiology: Nasal anatomy and physiology, including surface area, blood flow, mucociliary clearance, and enzymatic activity, play crucial roles in drug absorption.
- **4.** Administration technique: Factors such as spray volume, spray pattern, and nasal deposition site affect how much drug comes into contact with the absorptive nasal mucosa.
- **5. Patient-specific factors:** Individual variations in nasal mucosal integrity, nasal congestion, pH of nasal secretions, and patient compliance with administration instructions can impact drug absorption.
- 6. Drug interactions: Potential interactions with endogenous substances in nasal secretions or metabolic enzymes in nasal mucosa may affect drug absorption and bioavailability.

These factors collectively determine the efficiency and effectiveness of transnasal drug absorption for therapeutic delivery.

Transporters and efflux systems:

Transporters and efflux systems in the nasal mucosa play a critical role in nasal-tobrain drug delivery systems. These systems regulate the absorption, distribution, and elimination of drugs intended for direct delivery to the brain via the nasal route [37].

Nasal secretions:

Nasal mucus, relive by various mucosa, submucosal glands, forms a continuous fivemicrometer-thick layer over the nasal mucosa. Each day, 1.5 to 2 liters of mucus are produced. This mucus consists of a double layer: a viscous, gel-like epiphase transported by ciliary movement, and. Nasal secretions influence intranasal drug absorption through their composition and viscosity, affecting the drug's solubility and the duration of its and 1% fat. Consequently, a drug must possess suitable physical and chemical properties to dissolve in nasal secretions and penetrate the nasal mucosa. Using forms of experimental drugs via the has been shown to enhance drug absorption.

pH of thenasal secretions:

Adult nasal secretions have a pH of 5.5–6.5, while newborns' a pH of 5.0–7.0. When the pH of the medicine's pKa, the drug will be absorbed more effectively as the medication will be mostly available in unionized form. Therefore, alterations in nasal secretions' pH can impact drug ionization, thereby modifying the quantity of medicine absorbed transnasally [40]. Since nasal mucus can change a formulation's pH and vice versa, a formulation's pH should preferably be between 4.5 and 6.5 with sufficient buffering power. **References:**

- 1. Pardridge, W. M. (2005). The blood-brain barrier: Bottleneck in brain drug development. *NeuroRx, 2*, 3-14.
- 2. Rapoport, S. I. (1976). *Blood brain barrier in physiology and medicine*. Raven Press.
- Butte, A. M., Jones, H. C., & Abbot, N. J. (1990). Electrical resistance across the bloodbrain barrier in anaesthetized rats; a development study. *Journal of Physiology, 429*, 47-62.
- 4. Crone, C., Suckling, A. J., Rumsby, M. G., & Bradbury, M. W. B. (1986). *The Blood–Brain Barrier in Health and Disease*. Ellis Harwood.
- 5. Brightman, M. (1992). *Handbook of Experimental Pharmacology*. Springer-Verlag.
- 6. Lo, E. H., Singhal, A. B., Torchilin, V. P., & Abbott, N. J. (2001). Drug delivery to damaged brain. *Brain Research Reviews*, *38*(1), 140-148.
- Löscher, W., & Potschka, H. (2005). Role of drug efflux transporters in the brain for drug disposition and treatment of brain diseases. *Progress in Neurobiology*, *76*(1), 22-76.
- 8. Misra, A., Ganesh, S., Shahiwala, A., & Shah, S. P. (2003). Drug delivery to the central nervous system: A review. *Journal of Pharmacy & Pharmaceutical Sciences, 6*(2), 252-273.
- 9. Wurtman, R. (Ed.). (1990). Advances in Neurology: Alzheimer's Diseases. Raven Press.
- 10. Talegaonkar, S., & Mishra, P. R. (2004). Intranasal delivery: An approach to bypass the blood brain barrier. *Indian Journal of Pharmacology*, *36*(3), 140-147.
- 11. Report linker. (2010). Find industry reports, company profiles and market statistics. Retrieved from http://www.reportlinker.com/p0164267/Intranasal-DrugDelivery-US-Market-Trends-andAnalysis.html
- 12. Illum, L. (2003). Nasal drug delivery—possibilities, problems and solutions. *Journal of Controlled Release*, *87*(1-3), 187-198.

- VandenBerg, M. P., Merkus, P., Romeijn, S. G., Verhoef, J. C., & Merkus, F. W. (2003). Hydroxocobalamin uptake into the cerebrospinal fluid after nasal and intravenous delivery in rats and humans. *Journal of Drug Targeting*, *11*(6), 325-331.
- 14. Dahlin, M., & Bjork, E. (2001). Nasal administration of a physostigmine analogue (NXX-066) for Alzheimer's disease to rats. *International Journal of Pharmaceutics,* 212(2), 267-274.
- 15. Bagger, M. A., & Bechgaard, E. (2004). The potential of nasal application for delivery to the central brain—a microdialysis study of fluorescein in rats. *European Journal of Pharmaceutical Sciences*, *21*(2-3), 235-242.
- 16. Jones, N. (2001). The nose and paranasal sinuses physiology and anatomy. *Advanced Drug Delivery Reviews*, *51*(1-3), 5-19.
- 17. J. Batelet, & P. Van Cauwenberge. (1999). Applied anatomy and physiology of the nose and paranasal sinuses. *Allergy*, *54*(57), 14-25.
- 18. Vyas, T. K., Shahiwala, A., Marathe, S. S., & Misra, A. (2005). Intranasal drug delivery for brain targeting. *Current Drug Delivery*, *2*(2), 165-175.
- 19. N. Ygind, & A. Anggard. (1984). Anatomy and physiology of the nose pathophysiologic alterations in allergic rhinitis. *Clinical Reviews in Allergy*, *2*(3), 173-188.
- 20. Arora, P., Sharma, S., & Garg, S. (2002). Permeability issues in nasal drug delivery. *Drug Discovery Today*, 7(18), 967-975.
- 21. Kida, S., Pantazis, A., & Weller, R. O. (1993). CSF drains directly from the subarachnoid space into nasal lymphatics in the rat: Anatomy, histology, and immunological significance. *Neuropathology and Applied Neurobiology*, *19*(6), 480-488.
- 22. Brandtzaeg, P. (2003). Role of secretory antibodies in the defence against infections. *International Journal of Medical Microbiology*, *293*(1), 3-15.
- 23. Dhuria, S. V., Hanson, L. R., & Frey II, W. H. (2010). Intranasal delivery to the central nervous system: Mechanisms and experimental considerations. *Journal of Pharmaceutical Sciences*, 99(4), 1654-1673.
- 24. M. Aliner, J. Shelhamer, B. Borson, J. Nadel, C. Patow, & Z. Marom. (1986). Human respiratory mucus. *American Review of Respiratory Disease*, *134*(3), 612-621.
- 25. Agarwal, V., & Mishra, B. (1999). Recent trends in drug delivery systems: Intranasal drug delivery. *Indian Journal of Experimental Biology*, *37*(1), 6-16.
- 26. Aurora, J. (2002). Development of nasal delivery systems: A review. *Drug Delivery Technology*, 2(7), 1-8.
- 27. Mason, J. D. (1997). The nasal delivery of systemic drugs. *International Journal of Clinical Practice*, *51*(5), 308-311.
- 28. Wermeling, D. P., Miller, J. L., & Rudy, A. C. (2002). Systematic intranasal drug delivery: Concepts and applications. *Drug Delivery Technology*, *2*(1), 56-61.

- 29. Vyas, T. K., Babbar, A. K., Sharma, R. K., & Misra, A. (2005). Intranasal mucoadhesive microemulsions of zolmitriptan: Preliminary studies on brain-targeting. *Journal of Drug Targeting*, *13*(5), 317-324.
- 30. Romeo, V. D., DeMeireles, J., Sileno, A. P., Pimplaskar, H. K., & Behl, C. R. (1998). Effects of physicochemical properties and other factors on systemic nasal drug delivery. *Advanced Drug Delivery Reviews, 29*, 89-116.
- 31. Dhuria, S. V., Hanson, L. R., & Frey, W. H. II. (2009). Novel vasoconstrictor formulation to enhance intranasal targeting of neuropeptide therapeutics to the central nervous system. *Journal of Pharmacology and Experimental Therapeutics, 328*(1), 312-320.
- 32. Fisher, A. N., Brown, K., Davis, S. S., Parr, G. D., & Smith, D. A. (1987). Journal of *Pharmacy and Pharmacology*, 39, 357-362.
- 33. McMartin, C., Hutchinson, L. E. F., Hyde, R., & Peters, G. E. (1987). Analysis of structural requirements for the absorption of drugs and macromolecules from the nasal cavity. *Journal of Pharmaceutical Sciences*, *76*(7), 535-540.
- 34. Wang, Q., Chen, G., & Zeng, S. (2007). Pharmacokinetics of Gastrodin in rat plasma and CSF after i.n. and i.v. *International Journal of Pharmaceutics*, *341*(1-2), 20-25.
- 35. E. Avini, G. Rassu, V. Sanna, M. Cossu, & P. Giunchedi. (2005). Mucoadhesive microspheres for nasal administration of an antiemetic drug, metoclopramide: In vitro/ex vivo studies. *Journal of Pharmacy and Pharmacology*, *57*(3), 287-294.
- 36. Illum, L. (2000). Transport of drugs from the nasal cavity to the central nervous system. *European Journal of Pharmaceutical Sciences, 11*, 1-18.
- Boulton, M., Armstrong, D., Flessner, M., Hay, J., Szalai, J. P., & Johnston, M. (1998). Raised intracranial pressure increases CSF drainage through arachnoid villi and extracranial lymphatics. *American Journal of Physiology*, 275(3 Pt 2), R889-R896.
- 38. Jansson, B., & Bjork, E. (2002). Visualization of in vivo olfactory uptake and transfer using fluorescein dextran. *Journal of Drug Targeting*, *10*, 379-386.
- 39. Thorne, R. G., Hanson, L. R., Ross, T. M., Tung, D., & Frey, W. H. II. (2008). Delivery of interferon β to the monkey nervous system following intranasal administration. *Neuroscience*, *152*(3), 785-797.
- 40. Rennels, M. L., Gregory, T. F., Blaumanis, O. R., Fujimoto, K., & Grady, P. A. (1985). Evidence for a 'paravascular' fluid circulation in the mammalian central nervous system, provided by the rapid distribution of tracer protein throughout the brain from the subarachnoid space. *Brain Research*, *326*(1), 47-63.

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