



## Review Article

# Nanotechnology in Identification and Controlling of Diabetic Retinopathy: An Outlook

Authors

**Jatin Singla<sup>1\*</sup>, Dr Amit K. Goyal<sup>2</sup>**

<sup>1</sup>M.Pharm (Pharmaceutics)

<sup>2</sup>HOD (Pharmaceutics), ISF College of Pharmacy, Moga

\*Corresponding Author

**Jatin Singla**

Email: [Jatinsingla095@gmail.com](mailto:Jatinsingla095@gmail.com)

## Abstract

*Diabetic retinopathy is a complication in diabetes which affects the eyes by damaging the blood vessels of retina. The nanotechnology enhances the bioavailability and permeability of drug in the retina as it can help to cross the barriers of eye like cornea, conjunctiva and blood retinal barriers (BRBs). Nanotechnology ("nanotech") is manipulation of matter on an atomic, molecular, and supramolecular scale. It is consequently conjoint to see the plural form "nanotechnologies" as well as "Nano scale technologies" to rise to the expansive assortment of research and solicitations whose conjoint peculiarity is size. Because of the variability of potential capitulations (containing industrial and military), executives have endowed billions of dough in nanotechnology exploration.*

**Keywords:** Nanofibers, electrospinning, electrostatic forces, drug-polymer interactions, posterior anatomy of eye, dosing frequencies.

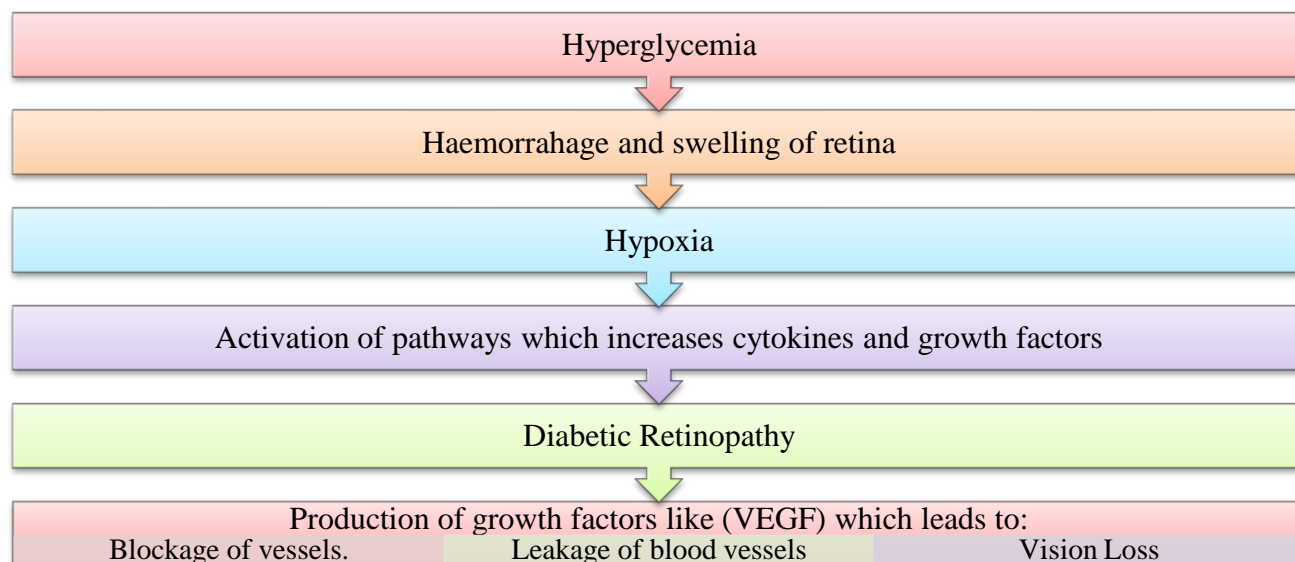
## Introduction

Diabetic retinopathy, the leading cause of blindness, is characterized by early retinal microvascular dysfunction. Endothelial damage is linked to increased leukocyte adhesion and leads to blood-retinal barrier breakdown and diabetic macular edema, the main cause of vision loss in diabetes. When the sugar level rises in the blood it can cause damage by swelling and leakage of blood vessels of retina. In some cases, these vessels will swell up (macular oedema) and leak fluid into the rear of the eye. In other cases, abnormal blood vessels will grow on the surface of the retina. Unless treated, diabetic retinopathy

can gradually become more serious and progress from 'background retinopathy' to seriously affecting vision and can lead to blindness.

## Mechanism of Diabetic Retinopathy

Over time, high sugar glucose levels can weaken and damage the small blood vessels within the retina. The hyperglycemia causes oxidative stress, inflammation and activation of other pathways which increases the level of cytokines and VEGF in that area. Increased level of VEGF causes neural dysfunction and increased vascular permeability leading to DR and ultimately vision loss. The whole process is briefly shown in fig.1.

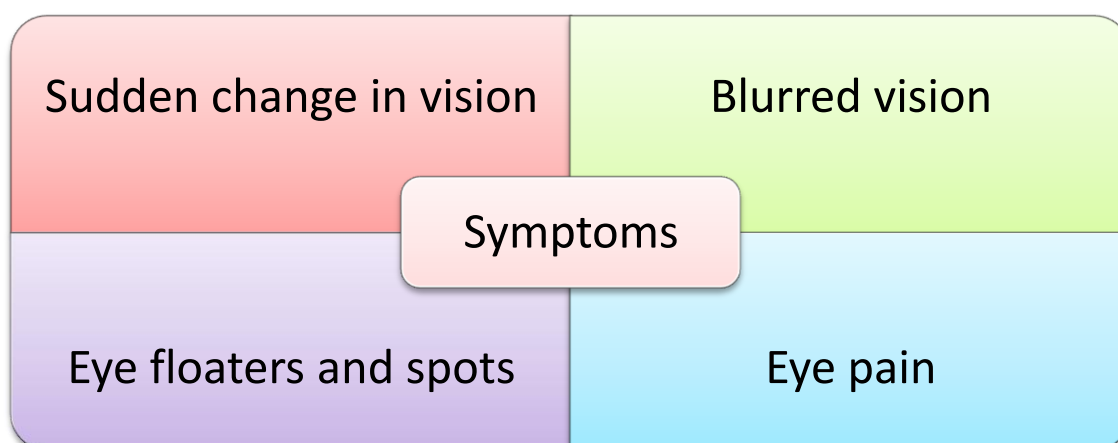


**Fig. 1:** mechanism of diabetic retinopathy

### Symptoms

The early stages of diabetic retinopathy may occur without symptoms and without pain. An actual influence on the vision will not occur until the disease advances. Macular oedema can result from

maculopathy and affect vision occurs if leaking fluid causes the macular to swell. New vessels on the retina can prompt bleeding, which can also block vision in some cases. Fig. 2 depicts some symptoms of DR.



**Fig. 2:** symptoms of DR

### Risk factors for diabetic retinopathy include

- **Diabetes.** The population of type 1 and type 2 diabetes remains the revenues of hazard in place of undeveloped diabetic retinopathy. [13] Increased level of diabetes lead to the increased risk of diabetic retinopathy.
- **Race.** Hispanics and African Americans exist by the side of imposing hazard in lieu of growing diabetic retinopathy.
- **Medical circumstances.** Societies using supplementary curative circumstances, [14]

such as in elevation of body fluid compression plus in elevation in cholesterol remain by the side of inordinate danger.

- **Pregnancy** Pregnant womanhood expression a sophisticated possibility in lieu of unindustrialized diabetes and thus diabetic retinopathy. Female progressing with gestational diabetes is also prone to retinopathy.

**Treatment of diabetic retinopathy:** Diabetic retinopathy can be prevented by proper diabetes management and regular checkups. Mild cases of DR are easily curable but in case of advanced DR laser treatments and surgical procedures are required. The treatment involves vitrectomy, laser surgery, medical control and medication.

**1. Vitrectomy:** Surgical treatment for diabetic retinopathy is removal of the vitreous gel (vitrectomy). Vitrectomy does not cure the disease but it may improve vision in people who have developed bleeding into the vitreous gel (vitreous hemorrhage), retinal detachment, or severe scar tissue formation.

**2. Laser surgery:** Laser photocoagulation uses the heat from a laser to seal or destroy abnormal, leaking blood vessels in the retina.

**3. Medical control:** Proper diet and regular checkups can control the blood sugar level and thus can prevent vision loss and keeps the blood vessel of eyes healthy.

**4. Medicines:** One type of medication is called “anti-VEGF” medication. This helps to reduce swelling of the macula, slowing vision loss and perhaps improving vision. This drug is given by injections (shots) in the eye.

Unfortunately the available treatments are not able to treat the condition due to many reasons. Some of the reasons are discussed in the table 1.

**Table 1:** advantages and limitations of the treatments available for DR

Treatment	Disadvantages
Vitrectomy	It becomes too late for vitrectomy in many cases and also the vision may decline even after the procedure
Laser surgery	Costly and uncomfortable for patient as a very bright light is flashed in the patient's eye
Medical control	Not effective specially in case where the DR is already residing
Medicines	Painful and patient in compliance occur as injections and shots have to be taken

### Nano technological approaches

The earliest and widespread definition of nanotechnology referred as a technology with objective of fabricating molecules of size range in nanometers and thus also referred to as molecular nanotechnology. Because of the variety of potential applications (including industrial and military), governments have invested billions of dollars in nanotechnology research. Until 2012, through its National Nanotechnology Initiative:

- the USA has invested \$3.7 billion,
- the European Union has invested \$1.2 billion and
- Japan has invested \$750 million

Some of the nano technological systems used in treatment of diabetic retinopathy are discussed in table 2.

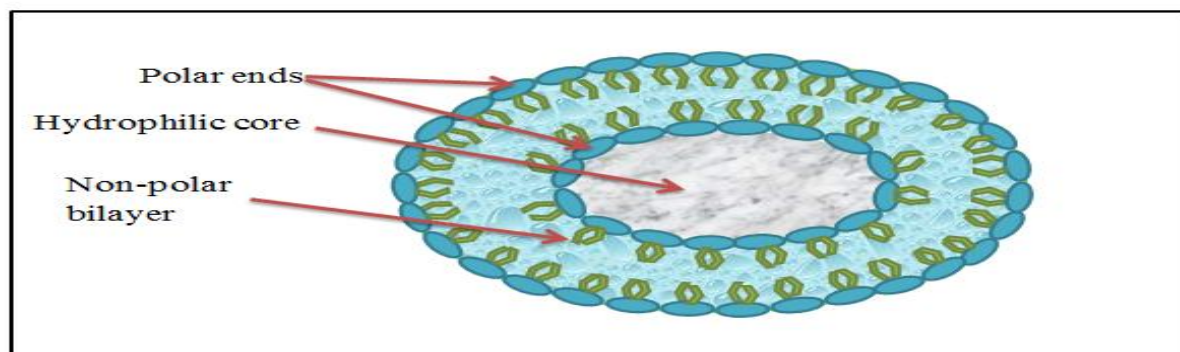
**Table 2** comparison of different delivery systems

Carriers	Size	Possible route of administration	Advantages	Limitations
Liposomes	50-100 nm	Oral, topical and parenteral	Both hydrophilic and lipophilic drug can be loaded, can stay longer in targeted tissue	Costly and leakage of loaded drug may occur
Nanogels	20- 200 nm	Topical and subcutaneous	Biocompatible and biodegradable, controlled delivery	Costly and remaining surfactant may cause toxicity
Dendrimers	<10 nm	Oral, topical and parenteral	Can be carry both hydrophobic or hydrophilic drug and increased absorption	Interact with biological membranes leading to destabilization and cell lysis
Carbon nanotubes	1-100 nm	Oral, topical and parenteral	High drug loading efficiency, targeted delivery	Toxic and can accumulate in tissues
Nanofibres	1-100nm	Oral, topical and parenteral	High drug loading, targeted delivery, sustained release	Residual solvents can be toxic

### Liposomes

Liposomes are artificial spherical vesicles which are formulated by cholesterol and nontoxic phospholipids. They are very small in size and can load both hydrophilic and lipophilic drugs as they

have an aqueous core and a phospholipid bi layer. They have gained interest in field of drug delivery as they resemble to the biological membrane due to the phospholipid bi layer.

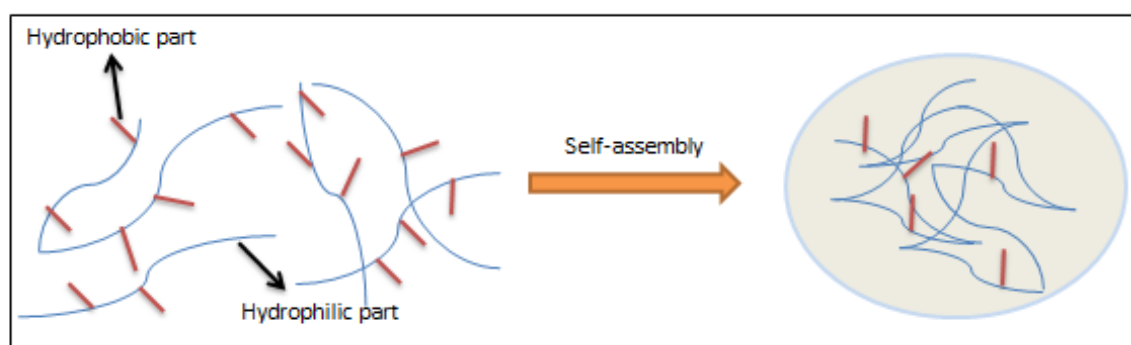


**Fig. 3:** liposome

### Nano gels

*Nano gels* at present are extremely inflated as they can integrate approximately 30% wt. of drugs then consequently can diminish their attentiveness through 30 folds, deprived of snowballing the poisonousness of the drug. They

offer properties like confrontation in contradiction of dilapidation, in elevating the drug loading besides the probability of transport mechanical remainders superficial to peripheral motivations, such by way of pH, infection, light and redox reactions.<sup>[20]</sup>

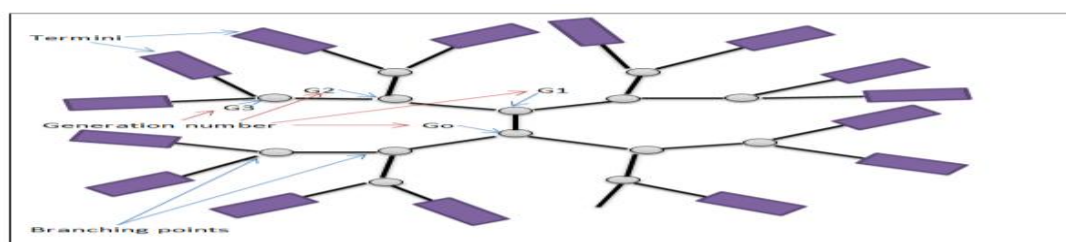


**Fig.4:** nano gels

### Dendrimers

Dendrimers are Nano scale amalgams created through the uninterrupted accumulation of deposits of separating assemblages. The situation at present exceeding lypronged multifactorial plus presence of many chain terminals aimed to

increase solubility, miscibility then intended for high reactivity.<sup>[21]</sup> The size and its capacity of directing ligands concentrates dendrites eye-catching aimed at procedure vogueish drug delivery.<sup>[22]</sup>

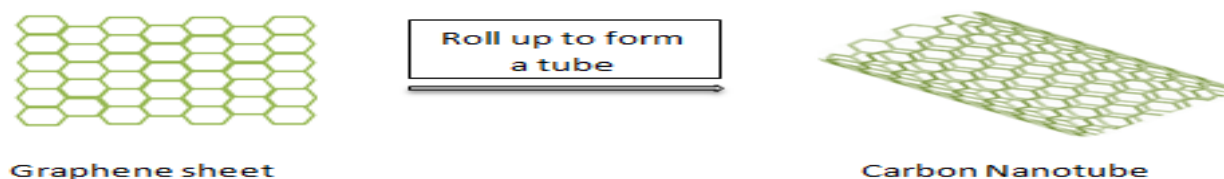


**Fig.5:** dendrimers

### Carbon nano tubes

Carbon nano tubes (CNTs) are defined as allotropes of carbon through a cylinder-shaped nanostructure. They are situated tremendously

small tubes with either a single or multi layered carbon construction which brand them an alluring contender toward summarize treatments confidential their fissures.

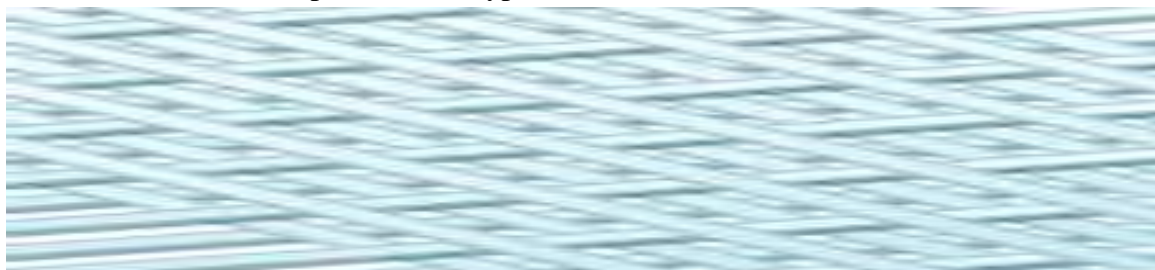


**Fig. 6:** nano tubes

### Nano fibers

Nano fibers are fibers fabricated by electrospinning method which prepared fibers of diameter in nanometers and have different physical properties and application potentials.<sup>[2]</sup> The diameters of Nano fibers depend on the type

of polymer and method used to fabricate them. The main objective of polymers and their fabrication as nano fibers is to achieve high capacity, high absorbency and high strength as compared to the microfibers.

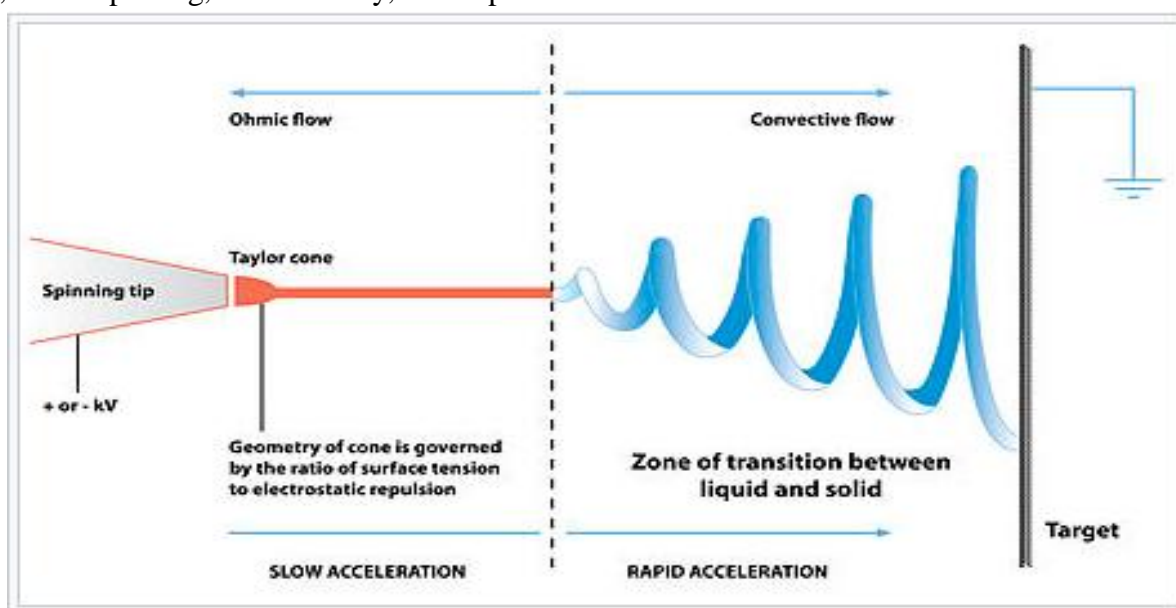


**Fig. 7:** nano fibers

### Fabrication of Nano fibers

Nano fibers can be generated from different polymers and hence have different physical properties and application potentials. Many different methods exist to make nano fibers, including drawing, electrospinning, self-assembly, template

synthesis, and thermal-induced phase separation. Electrospinning is the most commonly used method to generate nano fibers because of simple setup, can produce continuous nano fibers and the diameter of nanofiber produced can be controlled.



**Fig. 8:** electrospinning



### Components of Electrospinning

The main components of the electrospinning process can be classified as:

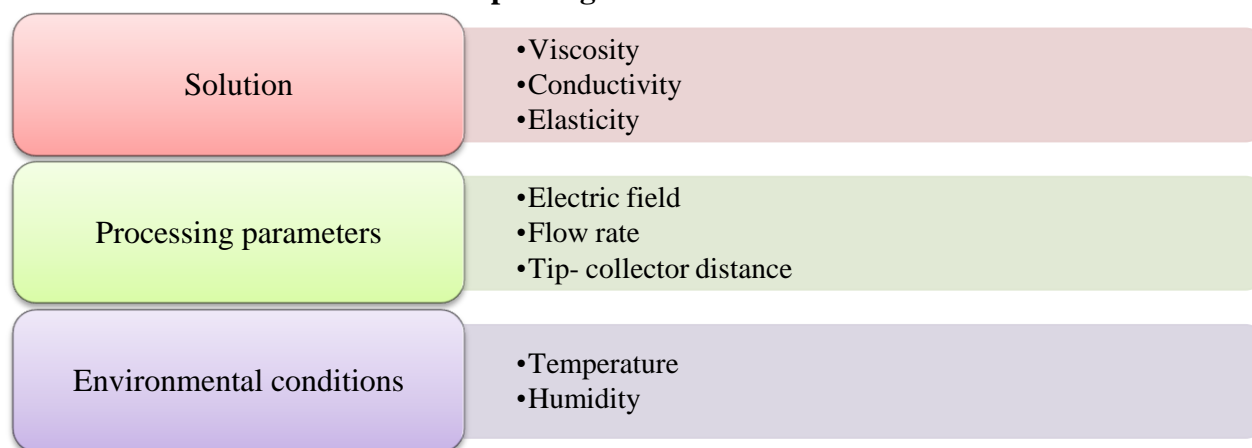
- (i) Syringe (or spinneret),
- (ii) High voltage supply,
- (iii) Collector.

**Syringe:** It contains the polymer solution and is connected with a electrode. Electric field is applied to the syringe which emits the polymer solution out of the needle. The diameter of needle is also an important parameter to be kept in mind at the time of electrospinning. The spinneret plays a very important role in the type of nanofibres produced.

**High voltage supply:** High voltage supply is a crucial parameter in fabrication of nanofiber. High voltage supply leads to formation of electric field and ejection of charged polymers from spinneret. This electric field helps in quick evaporation of solvent and stretching of polymer towards the collector.

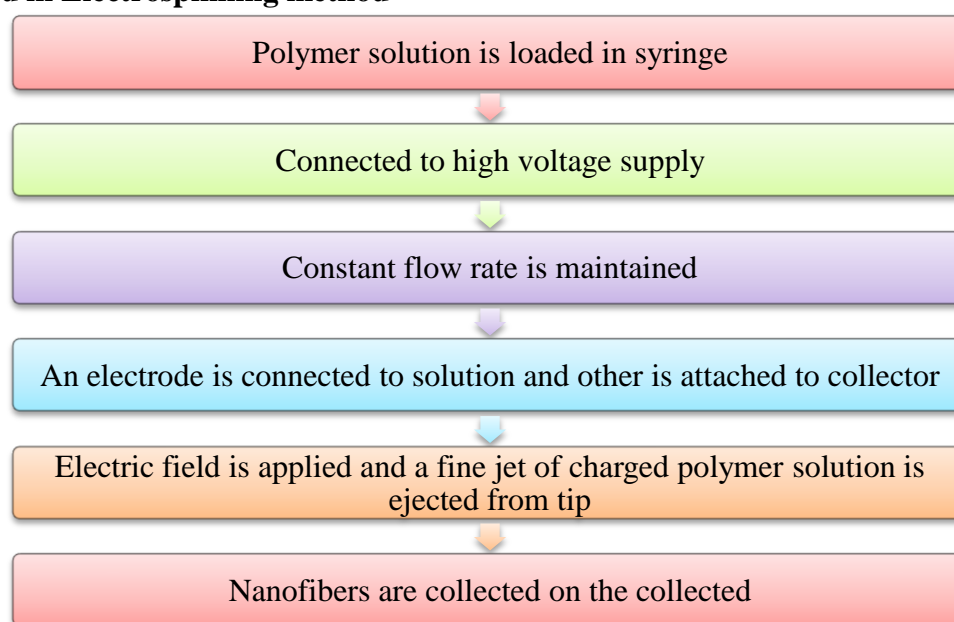
**Collector:** The charged fibers are attracted towards the collector. Type of collector affects morphology of properties of nanofibers. Different type of collectors are used: Rotating drum collector, moving belt collector, rotating wheel with beveled edge, multifilament thread, parallel bars, simple mesh collector etc.

### Parameters to be checked before electrospinning



**Fig. 9:** parameters

### Process involved in Electrospinning method

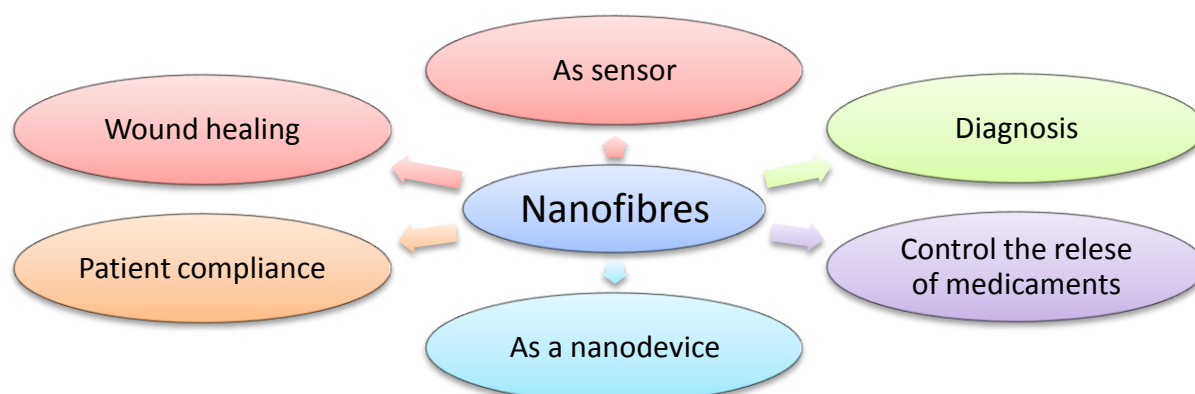


**Fig. 10:** process of electrospinning

### Advantages

Nanofibers have emerged as a good carrier system in those cases where controlled delivery is required. due to its properties and advantages this

system has gained interest in the diagnosis also. The researchers are focusing on futuristic aspects of nanofibers. Fig. 10 depicts some of the advantages of nanofibers.



**Fig. 11:** advantages of nanofibers

### Conclusion

The management of appropriate carrier system may transform the therapeutic efficacy of drugs. Nanoparticles are respectable carrier coordination for delivery of drugs but the foremost disadvantage of the nanoparticles is that the drug loading is inadequate and they can sabbatical the toxic metabolites in the body. The poisonousness of carriers is of concern when the toxic metabolites circulate in the blood stream and they get accumulated. The Excellency of the carrier system is important and it depends on the need of therapy, the drug and its physical properties. The carrier system should be nontoxic and should be biocompatible. They should target the site and should give prolonged activity to overcome the multiple dosing problems. There is a need of proper drug delivery systems that could maintain a steady release of drug to the specific site of action and to optimize the therapeutic properties of drug products and render them more safe, effective, and reliable. The nanofibers prepared from electrospinner have solved most of the problems associated with the frequent dosing and long term therapy of drug. The new advancements in the electrospinner have made it possible to fabricate nanofibers with good strength and efficacy. The advancements in drug delivery system are mainly

objected on fulfilling the need of pharmaceutical industries and clinical importance.

### Bibliography

1. Rein DB, Wittenborn JS, Zhang X, Honeycutt AA, Lesesne SB, Saaddine J. Forecasting age-related macular degeneration through the year 2050: the potential impact of new treatments. *Archives of ophthalmology*. 2009 Apr 1;127(4):533-40.
2. Nowak JZ. Age-related macular degeneration (AMD): pathogenesis and therapy. *Pharmacological Reports*. 2006 May 1;58(3):353.
3. Kompella UB, Kadam RS, Lee VH. Recent advances in ophthalmic drug delivery. *Therapeutic delivery*. 2010 Sep;1(3):435-56.
4. Cheruvu NP, Amrite AC, Kompella UB. Effect of diabetes on transscleral delivery of celecoxib. *Pharmaceutical research*. 2009 Feb 1;26(2):404-14.
5. Amrite AC, Edelhauser HF, Singh SR, Kompella UB. Effect of circulation on the disposition and ocular tissue distribution of 20 nm nanoparticles after periocular administration. *Molecular vision*. 2008;14:150.

6. Kador PF, Randazzo J, Babb T, Koushik K, Takamura Y, Zhu W, Blessing K, Kompella UB. Topical aldose reductase inhibitor formulations for effective lens drug delivery in a rat model for sugar cataracts. *Journal of ocular pharmacology and therapeutics*. 2007 Apr 1;23(2):116-23.
7. Kador PF, Randazzo J, Babb T, Koushik K, Takamura Y, Zhu W, Blessing K, Kompella UB. Topical aldose reductase inhibitor formulations for effective lens drug delivery in a rat model for sugar cataracts. *Journal of ocular pharmacology and therapeutics*. 2007 Apr 1;23(2):116-23.
8. Ayalasomayajula SP, Kompella UB. Subconjunctivally administered celecoxib-PLGA microparticles sustain retinal drug levels and alleviate diabetes-induced oxidative stress in a rat model. *European journal of pharmacology*. 2005 Mar 28;511(2):191-8.
9. Koushik K, Kompella UB. Preparation of large porous deslorelin-PLGA microparticles with reduced residual solvent and cellular uptake using a supercritical carbon dioxide process. *Pharmaceutical research*. 2004 Mar 1;21(3):524-35.
10. Volgraf M, Gorostiza P, Numano R, Kramer RH, Isacoff EY, Trauner D. Allosteric control of an ionotropic glutamate receptor with an optical switch. *Nature chemical biology*. 2005 Dec 11;2(1):nchembio756.
11. Szobota S, Gorostiza P, Del Bene F, Wyart C, Fortin DL, Kolstad KD, Tulyathan O, Volgraf M, Numano R, Aaron HL, Scott EK. Remote control of neuronal activity with a light-gated glutamate receptor. *Neuron*. 2007 May 24;54(4):535-45.
12. Barnes CP, Sell SA, Boland ED, Simpson DG, Bowlin GL. Nanofiber technology: designing the next generation of tissue engineering scaffolds. *Advanced drug delivery reviews*. 2007 Dec 10;59(14):1413-33.
13. Causa F, Netti PA, Ambrosio L. A multi-functional scaffold for tissue regeneration: the need to engineer a tissue analogue. *Biomaterials*. 2007 Dec 31;28(34):5093-9.
14. Goldberg M, Langer R, Jia X. Nanostructured materials for applications in drug delivery and tissue engineering. *Journal of Biomaterials Science, Polymer Edition*. 2007 Jan 1;18(3):241-68.
15. Weigel T, Schinkel G, Lendlein A. Design and preparation of polymeric scaffolds for tissue engineering. *Expert review of medical devices*. 2006 Nov 1;3(6):835-51.
16. Sretavan DW, Chang W, Hawkes E, Keller C, Kliot M. Microscale surgery on single axons. *Neurosurgery*. 2005 Oct 1;57(4):635-46.
17. Tao S, Young C, Redenti S, Zhang Y, Klassen H, Desai T, Young MJ. Survival, migration and differentiation of retinal progenitor cells transplanted on micro-machined poly (methyl methacrylate) scaffolds to the subretinal space. *Lab on a Chip*. 2007;7(6):695-701.
18. Ferreira L, Karp JM, Nobre L, Langer R. New opportunities: the use of nanotechnologies to manipulate and track stem cells. *Cell stem cell*. 2008 Aug 7;3(2):136-46.
19. Lin YM, Avouris P. Strong suppression of electrical noise in bilayer graphenenanodevices. *Nano letters*. 2008 Feb 26;8(8):2119-25.
20. Klein R, Klein BE, Moss SE, Cruickshanks KJ. Relationship of hyperglycemia to the long-term incidence and progression of diabetic retinopathy. *Archives of internal medicine*. 1994 Oct 10;154(19):2169-78.
21. VandenLangenberg GM, Mares-Perlman JA, Klein R, Klein BE, Brady WE, Palta M. Associations between antioxidant and



- zinc intake and the 5-year incidence of early age-related maculopathy in the Beaver Dam Eye Study. *American journal of epidemiology*. 1998 Jul 15;148(2):204-14.
22. Schoenfeld ER, Greene JM, Wu SY, Leske MC. Patterns of adherence to diabetes vision care guidelines: baseline findings from the Diabetic Retinopathy Awareness Program. *Ophthalmology*. 2001 Mar 31;108(3):563-71.
  23. Pe'er J, Folberg R, Itin A, Gnessin H, Hemo I, Keshet E. Upregulated expression of vascular endothelial growth factor in proliferative diabetic retinopathy. *British journal of ophthalmology*. 1996 Mar 1;80(3):241-5.
  24. Mares-Perlman JA, Brady WE, Klein R, VandenLangenberg GM, Klein BE, Palta M. Dietary fat and age-related maculopathy. *Archives of Ophthalmology*. 1995 Jun 1;113(6):743-8.
  25. Fransen SR, Leonard-Martin TC, Feuer WJ, Hildebrand PL, Inoveon Health Research Group. Clinical evaluation of patients with diabetic retinopathy: accuracy of the Inoveon diabetic retinopathy-3DT system. *Ophthalmology*. 2002 Mar 31;109(3):595-601.
  26. Roy MS, Roy A, Affouf M. Depression is a risk factor for poor glycemic control and retinopathy in African-Americans with type 1 diabetes. *Psychosomatic medicine*. 2007 Jul 1;69(6):537-42.
  27. World Health Organization. Definition, diagnosis and classification of diabetes mellitus and its complications: report of a WHO consultation. Part 1, Diagnosis and classification of diabetes mellitus.
  28. Mokdad AH, Bowman BA, Ford ES, Vinicor F, Marks JS, Koplan JP. The continuing epidemics of obesity and diabetes in the United States. *Jama*. 2001 Sep 12;286(10):1195-200.
  29. Engerman R, Bloodworth JM, Nelson S. Relationship of microvascular disease in diabetes to metabolic control. *Diabetes*. 1977 Aug 1;26(8):760-9.
  30. Doft BH, Kingsley LA, Orchard TJ, Kuller L, Drash A, Becker D. The association between long-term diabetic control and early retinopathy. *Ophthalmology*. 1984 Jul 1;91(7):763-9.
  31. Chase HP, Jackson WE, Hoops SL, Cockerham RS, Archer PG, O'Brien D. Glucose control and the renal and retinal complications of insulin-dependent diabetes. *Jama*. 1989 Feb 24;261(8):1155-60.
  32. Chase HP, Jackson WE, Hoops SL, Cockerham RS, Archer PG, O'Brien D. Glucose control and the renal and retinal complications of insulin-dependent diabetes. *Jama*. 1989 Feb 24;261(8):1155-60.
  33. Bergenstal RM, Morse P, Rubenstein AH, Bending JJ, Bilous RW, Keen H, Pickup JC, Viberti GC, Gosh G, Kohner EM, Lawson PM. Diabetic retinopathy after two years of intensified insulin treatment. Follow-up of the Kroc Collaborative Study. *Journal of the American Medical Association*. 1988;260(1):37-41.