

## OPPORTUNITIES AND CHALLENGES TO DEVELOP TRANSDERMAL PATCH WITH NANOCARRIER

Pankaj Sharma\* and Mukul Tailang

\*Department of Pharmaceutics, Shri Ram College of Pharmacy, Morena M.P., India.

Department of Pharmacognosy, S.O.S. Pharmaceutical Science, Jiwaji University, Gwalior  
M.P., India.

Article Received on  
26 Sept. 2017,

Revised on 16 Oct. 2017,  
Accepted on 06 Nov. 2017

DOI: 10.20959/wjpr201715-10106

### \*Corresponding Author

**Pankaj Sharma**

Department of  
Pharmaceutics, Shri Ram  
College of Pharmacy,  
Morena M.P., India.

### ABSTRACT

The aim of the present study was to review the opportunity and challenges for development of transdermal patch with nanocarrier system. Nanocarriers are colloidal systems, in this particle or droplet size should be smaller than 500 nm. Nanocarriers are non-invasive delivery carriers that enable drugs to reach the hypodermic layer of skin layers and/or the systemic circulation. Effective targeting of drugs can be achieved by using suitable hosting molecules on their surface, which is govern for recognizing and binding to specific receptors on the target molecules. Enhanced delivery of potent drugs through the skin and cellular membranes by means of a nanocarrier opens

numerous challenges and opportunities for the research and future development of novel improved therapies. Transdermal patch can be developed by new nanocarriers such as nanoemulsions, vesicular (liposomes, ethosomes etc.), nanoparticles etc. This review article is focused on the potentials of nanocarrier for dermal and transdermal drug delivery.

**KEYWORDS:** Nanocarrier, Transdermal patch, Vesicular system, Skin.

### INTRODUCTION

Drug delivery through the skin to the systemic circulation is convenient for a number of clinical conditions due to which there has been a considerable interest in this area.<sup>[1,2]</sup> Transdermal drug delivery offers many benefits over other traditional routes of administration including non-invasiveness, accessibility, avoidance of first-pass metabolism, compliance, ease of drug input termination in problematic cases and controllable drug delivery rates.<sup>[3,4]</sup> The fate of effectiveness of TDD system lies on the drug's ability to invade

the skin barrier and how it reaches the targeted site.<sup>[5]</sup> Recent technologies which are currently under investigation, ranging from chemical enhancers which either increase the diffusivity across the skin or increase the drug solubility in the skin<sup>[6]</sup> to newer innovative approaches which involve the extension of this concept to the design of super loaded formulations, micro emulsion<sup>[7]</sup> and vesicular systems. The vesicular systems are liposomes, dendrimers and micro emulsions have also been used as chemical enhancers with supramolecular structure that can not only increase skin permeability, but also increase drug solubilisation in the formulation and drug partitioning into the skin.<sup>[8,9]</sup>

### **Opportunity with nanocarrier loaded transdermal patch**

Ming-Jun Tsai et al has proved that nanocarrier is good carrier vehicle of hydrophilic drug for transdermal delivery. A study<sup>[8]</sup> pointed out that, small droplet size provides a better chance for adherence to biological membranes transporting therapeutic compounds in a controlled manner. Hence, nano- or micro- carriers such as ethosomes, nanoemulsions, liposomes and polymeric nanoparticles have been widely used to improve permeability of therapeutic agents through skin in recent years.<sup>[3,10,12]</sup>

### **Different nanocarrier systems**

#### **Nanoemulsions**

Nanoemulsions are a unique class of emulsions with a droplet size in the colloidal range. Like micro-emulsions, they may be characterized by having optical transparency and high kinetic stability.<sup>[13]</sup> Nanoemulsions showed a variety of applications in pharmaceutical formulation, cosmetics and others.<sup>[14,15]</sup> It improves the bioavailability of drugs.<sup>[16,17]</sup> The main components of nanoemulsion are oil, emulsifying agents and aqueous phases.<sup>[18,20]</sup>

#### **Dendrimers**

Dendrimers are three dimensional, highly branched mono dispersed macromolecules, which are obtained by an iterative sequence of reaction steps producing a precise, unique branching structure.<sup>[21]</sup> Unique structures of dendrimers include highly branched and well-defined globular structures with controlled surface functionality, adding to their potential as new scaffolds for drug delivery.<sup>[22]</sup> Dendrimers cores consist by a host, capacity for guests (that is, drug molecules); in this way they have been reported to release drug in a controlled manner.<sup>[23,24]</sup> Dendrimers is used as host for both hydrophilic and hydrophobic drugs, thus demonstrating their versatility. The nanoscopic particle size of dendrimers (ranging from 1-100 nm) makes them less susceptible to uptake by the reticuloendothelial system. Because of

their nanoscopic sizes dendrimers have already been reported to transfect cells.<sup>[25,27]</sup> Wang *et al*<sup>[28]</sup> have reported that dendrimers can be used to enhance penetration of drug in transdermal drug delivery system. Chauhan *et al*<sup>[29]</sup> also proved that, dendrimers are good carrier to deliver drug transdermally.

### **Liposome**

In the past two decades, colloidal lipid aggregates called liposomes and developed as vesicular drug carrier systems. Liposome consist of lipids, typically cholesterol and phospholipids, but also other amphiphilic components are possible.<sup>[30]</sup> Liposomes can exert different functions after topical application.<sup>[31]</sup> There are three characteristics retained for a good skin penetration is a size around 100 nm<sup>[32]</sup>, a negative zeta potential<sup>[33]</sup> and also ultra-deformability properties.<sup>[34]</sup> The penetration enhancer association is also wanted for promoting skin penetration.<sup>[35]</sup>

### **Niosome**

Niosomes are uni or multilamellar spheroid structures composed of amphiphilic molecules assembled into bi-layers. Niosomes are very useful drug delivery system with numerous applications as described below.<sup>[36,40]</sup> Non-ionic surfactants can improve the solubility of some poorly soluble drugs.<sup>[41]</sup> Formulation in Niosomes can also improve their bioavailability as shown for acyclovir and griseofulvin.<sup>[42,43]</sup> The stability of peptide drugs can be significantly increased by encapsulation in Niosomes.<sup>[44]</sup> For instance, insulin loaded Niosomes have high resistance to proteolytic enzymes and exhibit good stability in the presence of sodium deoxycholate.<sup>[45]</sup> Transdermal delivery of various drugs such as minoxidil, enoxacin, aceclofenac and estradiol are enhanced by encapsulation in Niosomes.<sup>[46,49]</sup> Finally, encapsulation in niosomes can provide sustained release of drugs to prolong their duration of action.

### **Ethosome**

Ethosomes are novel carrier system used for delivery of drugs having low penetration through the biological membrane mainly skin. Ethosomes are lipid vesicles containing phospholipids, alcohol (ethanol and isopropyl alcohol) in relatively high concentration and water.<sup>[50]</sup> Ethosomes are soft vesicles made of phospholipids and ethanol (in higher quantity) and water. The size range of ethosomes may vary from tens of nano meters to microns ( $\mu$ ).<sup>[51]</sup> In the ethosome, ethanol is very helpful for enhancement of cell membrane and skin permeability. Therefore, ethosome permeate easily in deeper layer of the skin.

### **Challenges with nanocarrier-loaded transdermal patch**

There are various challenges, associate to develop transdermal patch with nanocarrier system, such as skin irritation, drug loading, skin permeability etc. Since only potent drugs are suitable candidate because of low permeability of skin. Cellular uptake decreases with large surface area and negative surface charge of drug. Various another problems associated with skin delivery such as molecular weight of drug, presystemic metabolism of drug by skin enzymes, pH of formulation etc. When we use nanocarrier then we face many problems such as vehicle-skin interactions, size reduction of drug and drug loading.

### **Cutaneous irritation**

Delivery of drugs by transdermal routes adds the potential for side effects in the form of skin irritation at the delivery site. Skin irritation reactions include dermatitis, inflammation and allergy. There are various factors responsible for skin irritation like changes in the physiological pH of the skin, disruption of the stratum corneum layer (i.e., changes in protein- lipid layer, hydration and change in stratum corneum lipid packing), immunological and physiological reactions, microorganism proliferation at the delivery site and chemical/pharmacological property of the drug or vehicle. Some property of topical and transdermal systems contribute to skin irritation including the active pharmaceutical ingredient (API), formulation (including nanocarrier, skin permeation enhancers and additives), invasion of the skin and the type of delivery system used.

### **Drug loading problems**

Only small dose of drug can deliver with nanocarrier system by transdermal route. It is potential drawback of this type of system. Loading of large dose in a nanocarrier drug delivery system is very difficult. Such as high drug, loading nanoparticles are a potential strategy for circumventing many of the issues that plague nanotherapeutics. Since most nanocarriers have low drug loading capacity, a large amount of nanoparticles is needed to deliver a clinically relevant dose of a therapeutic, leading to the use of a large amount of excipients, which may cause undesirable side effects and drive up the cost of a nanotherapeutic.<sup>[52,53]</sup> Commonly less than 10 mg dose can be delivered through nanocarrier system via transdermal route. This system is useful for potent drugs only.

### **Skin permeation challenge**

Skin permeation problem is vital challenge for transdermal drug delivery system. When we use nanocarrier to increase skin permeation then we face some other problems such as drug

partitioning, solubility, change in pH of formulation etc. The mathematical model development and prediction of skin permeability is very complex process for transdermal drug delivery system. In the permeation study when we select individual chemical enhancers then it, show limited success, so combinations of chemical enhancers are necessary in transdermal formulations. Although, the rational model of enhancer combinations is limited due to the lack of mechanistic data on the interactions between individual chemical enhancers and the stratum corneum.

### **Therapeutic limitations**

When we want to look ahead to develop transdermal patch with nanocarrier for successful delivery of therapeutic agent across the skin depends on various parameters, such as molecular mass (<500 Da), therapeutic efficacy of drug (below to 25 mg systemic dose/day) and partition coefficient (1-3). Although when we deal with these parameters range, then limited choices are available for therapeutic agent selection. The concentration of drug in nanocarrier loaded dosage form and the area of skin to which it is applied are important parameters that affect the permeation rate.

### **Other limitations**

Factors such as skin temperature and skin hydration level, which can not be altered by formulation designing. Metabolism of drug in nanocarrier with skin enzymes (by oxidation, reduction and hydrolysis) is major problem to develop transdermal drug delivery system. Many other factors, such as disease state, gender, age etc. show limitations for therapeutic transdermal drug delivery systems.

### **CONCLUSION**

The nanocarrier-loaded transdermal patch in this review could well translate into significant variation in drug delivery via the transdermal route. Because of this study, the present scenario of transdermal delivery system can be enhanced by considering all opportunity and challenges. Most challenging issues with nanocarrier-loaded transdermal patch are follicular drug administration as well as concerning deposition of these systems in the hair follicles. The efficient delivery of drug depends upon loaded drug in nanocarrier, types of patch and therapeutic efficacy of drugs. Many researchers have developed transdermal patch with nanocarrier system successfully. It is the future need for develop transdermal patch with nano-medicine for many curable disease.

**REFERENCES**

1. Muller-Goymann C. Physicochemical characterization of colloidal drug delivery systems such as reverse micelles, vesicles, liquid crystals and nanoparticles for topical administration. *European Journal of Pharmaceutics and Biopharmaceutics*, 2004; 58: 343-56.
2. Gaur PK, Mishra S, Purohit S, Dave K. Transdermal Drug Delivery System. *Asian Journal of Pharmaceutical and Clinical Research*, 2009; 2: 14-20.
3. Azeem A, Khan ZI, Aqil M, Ahmad FJ, Khar RK, Talegaonkar S. Microemulsions as a surrogate carrier for dermal drug delivery. *Drug Deliv. Ind Pharm.* 2009; 35: 525-47.
4. Brown MB, Martin GP, Jones SA, Akomeah FK. Dermal and transdermal drug delivery systems: current and future prospects. *Drug Deliv. Ind Pharm.* 2006; 13: 175-87.
5. Prausnitz MR, Mitragotri S, Langer R. Current status and future potential of transdermal drug delivery, *Nat. Rev. Drug Discov.* 2004; 3: 115-24.
6. Moser K, Kriwet K, Naik A, Kalia YN, Guy RH. Passive skin penetration enhancement and its quantification in vitro. *Eur. J. Pharm. Biopharm.* 2001; 52: 103-12.
7. Zhao X, Liu JP, Zhang X, Li Y. Enhancement of transdermal delivery of theophylline using microemulsion vehicle. *Int. J. Pharm.* 2006; 327: 58-64.
8. Kogan A, Garti N. Microemulsions as transdermal drug delivery vehicles. *Adv Colloid Interface Sci.*, 2006; 123-26: 369-85.
9. Touitou E, Godin B. Enhancement in Drug Delivery. In: Touitou E, Barry B, editors. Boca Raton, FL: CRC Press; 2007; 255-78.
10. Chen Y, Wu Q, Zhang Z, Yuan L, Liu X, Zhou L. Preparation of curcumin loaded liposomes and evaluation of their skin permeation and pharmacodynamics. *Molecules*. 2012; 17: 5972-87.
11. Fang YP, Huang YB, Wu PC, Tsai YH. Topical delivery of 5- aminolevulinic acid-encapsulated ethosomes in a hyperproliferative skin animal model using the CLSM technique to evaluate the penetration behavior. *Eur J Pharm Biopharm.* 2009; 73: 391-98.
12. Shi J, Ma F, Wang X, Wang F, Liao H. Formulation of liposomes gels of paeonol for transdermal drug delivery by Box-Behnken statistical design. *J Liposome Res.*, 2012; 22: 270-78.
13. Tadros ThF, Becher P, editors. *Encyclopedia of Emulsion Technology*, vol. 1. New York: Marcel Dekker; 1983; 129-285.

14. Izquierdo P, Esquena J, Tadros ThF, Dederen C, GarciaMJ, Azemar N, *et al.* Formation and stability of nano-emulsions prepared using the phase inversion temperature method. *Langmuir*. 2002; 18: 26–30.
15. Izquierdo P, Esquena J, Tadros ThF, Dederen JC, Feng J, Garcia-Celma MJ, *et al.* Phase behaviour and nano-emulsion formation by the phase inversion temperature method. *Langmuir*. 2004; 20: 6594–8.
16. Kim CK, Cho YJ, Gao ZG. Preparation and evaluation of biphenyl dimethyl dicarboxylate microemulsions for oral delivery. *J Control Release*. 2001; 70: 149–55.
17. Wagner JG, Gerrard ES, Kaiser DG. The effect of the dosage form on serum levels of indoxole. *Clin Pharmacol Ther*, 1996; 7: 610–19.
18. Gasco MR, Gallarate M, Pattarino F. In vitro permeation of azelaic acid from viscosized microemulsions. *Int J Pharm*. 1991; 69: 193–96.
19. Kriwet K, Muüller-Goymann C. Diclofenac release from phospholipid drug systems and permeation through excised human stratum corneum. *Int J Pharm*. 1995; 125: 231–42.
20. Trotta M. Influence of phase transformation on indomethacin release from Microemulsions. *J Control Release*. 1999; 60: 399–5.
21. Tomalia DA, Baker H, Dewald J, Hall M, Kallos G, Martin S, *et al.* A new class of polymers: starburst-dendritic macromolecules. *Polym J*. 1985; 17: 117- 32.
22. Tomalia DA, Naylor AM, Goddard III WA. Starburst dendrimers: molecular level control of size, shape, surface chemistry topology and flexibility from atoms to macroscopic matter. *Angew Chem Int Ed Engl*. 1990; 29: 138-75.
23. Baars MWPL, Kleppinger R, Koch MHJ, Yeu SL, Meijer EW. The localization of guests in water soluble oligoethyleneoxy modified poly (propylene imine) dendrimers. *Angew Chem Int Ed*. 2000; 39: 1285-8.
24. Stevelmens S, Hest JCM, Jansen JFGA, Boxtel DAFJ, Bravandervan B, Mijer EW. Synthesis, characterization and guest-host properties of inverted unimolecular micelles. *J Am Chem Soc.*, 1996; 118: 7398-9.
25. El-Sayed M, Rhodes CA, Ginski M, Ghandehari H. Transport mechanism (s) of poly (amidoamine) dendrimers across Caco-2 cell monolayers. *Int J Pharm*. 2003; 265: 151-7.
26. El-Sayed M, El-Sayed M, Rege BD, Polli JE, Ghandehari H. Transport of polyamido amine dendrimers across Madin-Darby canine kidney cells. *Int J Pharm*. 2001; 215: 263-7.
27. Jevprasesphant R, Penny J, Attwood D, D'Emanuele A. Transport of dendrimer through epithelial cells via the transcellular route. *J Control Release*. 2004; 97: 259- 67.

28. Wang Z, Itoh Y, Hosaka Y, Kobayashi I, Nakamo Y, Maeda I, *et al.* Novel transdermal drug delivery system with polyhydroxyalkanoate and starburst polyamido amine dendrimers. *J Biosci Bioeng.* 2003; 95: 541-3.
29. Chauhan AS, Sridevi S, Chalasani KB, Jain AK, Jain SK, Jain NK, *et al.* Dendrimer-mediated transdermal delivery: enhanced bioavailability of indomethacin. *J Control Release.* 2003; 90: 335-43.
30. B.W. Barry. Novel mechanisms and devices to enable successful transdermal drug delivery, *Eur. J. Pharm. Sci.*, 2001; 14: 101–14.
31. El Maghraby GM, Williams AC, Barry BW. Can drug bearing liposomes penetrate intact skin? *J. Pharm. Pharmacol.* 2006; 58: 415–29.
32. Verma DD, Fahr A. Synergistic penetration enhancement effect of ethanol and phospholipids on the topical delivery of cyclosporin a. *J Control Release.* 2004; 97: 55–66.
33. Gillet A, Compère P, Lecomte F, Hubert P, Ducat E, Evrard B, *et al.* Liposome surface charge influence on skin penetration behaviour. *Int J Pharm.* 2011; 411: 223–31.
34. Romero EL, Morilla MJ. Highly deformable and highly fluid vesicles as potential drug delivery systems: theoretical and practical considerations. *Int J Nanomedicine.* 2013; 8: 3171–86.
35. Dragicevic N, Maibach HI, *et al.* Percutaneous penetration enhancers chemical methods in penetration enhancement. Available from, <http://link.springer.com/content/pdf/10.1007/978-3-662-47039-8.pdf> (2016). Accessed June 18, 2017.
36. Sankar V, Ruckmani K, Jailani S, Siva Ganesan K, Sharavanan S. Niosome drug delivery system: advances and medical applications—an overview. *Pharmacol online.* 2009; 2: 926–32.
37. Uchegbu IF, Vyas SP. Non-ionic surfactant based vesicles (niosomes) in drug delivery. *Int J Pharm.* 1998; 172: 33–70.
38. Rangasamy M, Ayyasamy B, Raju S, Gummadevelly S, Shaik S. Formulation and in vitro evaluation of niosome encapsulated acyclovir. *J Pharm Res.*, 2008; 1: 163–6.
39. Wadhe K, Kalsait R, Umekar M. Alternate drug delivery system: recent advancement and future challenges. *Arch Pharm Sci Res.*, 2009; 1: 97–105.
40. Sankar V, Ruckmani K, Durga S, Jailani S. Proniosomes as drug carriers. *Pak J Pharm Sci.*, 2010; 23: 103–7.



41. Cable C. An examination of the effects of surface modifications on the physicochemical and biological properties of non-ionic surfactant vesicles [dissertation]. Glasgow; Univ. of Strathclyde; 1989.
42. Attia IA, El-Gizawy SA, Fouda MA, Donia AM. Influence of a niosomal formulation on the oral bioavailability of acyclovir in rabbits. *AAPS Pharm Sci Tech.* 2007; 8: E106.
43. Jadon PS, Gajbhiye V, Jadon RS, Gajbhiye KR, Ganesh N. Enhanced oral bioavailability of griseofulvin via niosomes. *AAPS Pharm Sci Tech.* 2009; 10: 1186–92.
44. Muller JM, Lelievre V, Becq-Giraudon L, Meunier AC. VIP as a cell-growth and differentiation neuromodulator role in neuro development. *Mol Neurobiol.* 1995; 10: 115–34.
45. Pardakhty A, Varshosaz J, Rouholamini A. In vitro study of polyoxyethylene alkyl ether niosomes for delivery of insulin. *Int J Pharm.* 2007; 328: 130–41.
46. Fang JY, Hong CT, Chiu WT, Wang YY. Effect of liposomes and niosomes on skin permeation of enoxacin. *Int J Pharm.* 2001; 219: 61–72.
47. Fang JY, Yu SY, Wu PC, Huang YB, Tsai YH. In vitro skin permeation of estradiol from various proniosome formulations. *Int J Pharm.* 2001; 215: 91–9.
48. Balakrishnan P, Shanmugam S, Lee WS, Lee WM, Kim JO, Oh DH, *et al.* Formulation and in vitro assessment of minoxidil niosomes for enhanced skin delivery. *Int J Pharm.* 2009; 377: 1–8.
49. Solanki AB, Parikh JR, Parikh RH. Evaluation of different compositions of niosomes to optimize aceclofenac transdermal delivery. *Asian J Pharm Sci.*, 2010; 5: 87–95.
50. Touitou E, inventor. Composition of applying active substance to or through the skin. US patent 5 540 934. July 30, 1996.
51. Patel S, Ethosomes: A promising tool for transdermal delivery of drug, *Pharma Info. Net*, 2007; 5(3).
52. Akiyama Y, Mori T, Katayama Y, Niidome T. The effects of PEG grafting level and injection dose on gold nanorod biodistribution in tumor bearing mice. *J Control Release.* 2009; 139: 81–84.
53. Panagi Z, Beletsi A, Evangelatos G, Livaniou E, Ithakissios DS, Avgoustakis K. Effect of dose and the biodistribution and pharmacokinetics of PLGA and PLGA-mPEG nanoparticles. *Int J Pharm.* 2001; 221: 143–52.