

A REVIEW: TARGETED DRUG DELIVERY SYSTEM**Suresh Choudhary*, Santosh Waghmare and Hemant Kamble**

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ABSTRACT

Drug targeting is a new drug delivery strategy that tries to deliver the drug to the target location of action or absorption without releasing it elsewhere. The delivery method is meant to keep the drug in its original state until it reaches and releases at the target spot. Targeted drug delivery systems provide various advantages over traditional drug administration systems, including increased pharmacological action, less adverse effects, and a lower administered dose. The basic goal of a targeted drug delivery system is to direct the therapeutic agent's pharmacological effect only to sick organs while leaving healthy organs alone, which is especially important when treating cancer with chemotherapeutic drugs. Medication targeting can be accomplished utilising a variety of carriers that keep the drug intact while

transporting it to a predetermined organ or tissue. Nanotubes and nanowires, nanoshells, quantum dots, nanopores, gold nanoparticles, dendrimers, noisomes, ufasomes, virosomes, cubosomes, nanobots, and transferosomes are some of the carriers that can be utilised for drug targeting.

KEYWORDS: Drug targeting, Drug delivery system, strategies for drug targeting.

INTRODUCTION

Targeted drug delivery is a type of smart drug delivery device that delivers a drug to a patient miraculously. The medication is absorbed through a biological membrane in the conventional drug delivery system, whereas the drug is released in a dose form in the targeted release system.

Because of three key reasons, targeted drug delivery systems are chosen over conventional drug delivery systems. The first is for medicinal reasons. In comparison to tailored drug delivery methods, conventional drugs have a lower solubility and increased drug instability. Conventional medications are also poorly absorbed, have a short half-life, and require a high distribution volume. These are the pharmacokinetic features of the drug.

The pharmacodynamic effects of drugs are the third explanation. When compared to a focused medication delivery system, conventional pharmaceuticals have a limited specificity and therapeutic index. Targeted drug delivery systems are chosen over traditional drug delivery systems for these reasons.



The requirement for targeted drug delivery

A targeted drug delivery system refers to a system that treats a specific organ, cell, or group of cells that is suffering from a chronic or acute illness. One of the particular molecules necessary for effective delivery of a loaded medicine to a pre-selected spot is the drug carrier. The drug carrier should be biodegradable or easily removed from the body without difficulty. This system's purpose is to deliver a certain amount of drug to a desired location within the body. This will aid in maintaining the required plasma and tissue drug levels in the body, preventing drug-induced harm to healthy tissue.



The characteristics of a targeted medicine delivery system that are ideal

The targeted drug delivery system must have the following characteristics:

1. It must be stable, non-toxic, biodegradable, and compatible with bodily fluids.
2. Only deliver the medicine to the desired location.
3. Maintain a predetermined rate of medication release.
4. The pharmacological action is unaffected by the rate of drug release.
5. Drug leakage is kept to a minimum during transit to the target site.
6. Using a carrier that is inert, biodegradable, or easily removed.
7. The drug delivery system's preparation process should be simple, straightforward, and inexpensive.

Advantages of Targeted drug delivery system

- Drugs deliver / release information over a long period of time.
- It is possible to avoid intermittent dosage.
- Improve patient adherence.
- Reduce the diversity between and between patients.
- To get the desired side effect, the drug can be given in a lesser dose.
- There are no peaks or valleys in plasma concentration.
- Toxicity is decreased by delivering the drug to the desired location.
- Self-administration is an option.
- Increase drug absorption.

Disadvantages of targeted drug delivery system

- Requires manufacturing, storage, and administrative skills.
- Drug release diffusion and redistribution
- Targeted systems are cleared quickly.
- It's tough to keep the dosage form stable.
- Formulation necessitates highly complex technology.
- It's a bit of a splurge.
- Yields are low in comparison.

Carriers are used to target drugs

- a. Drug targeting can be accomplished through the use of carrier systems.
- b. The carriers are the systems that convey the entrapped drug to the target areas.

c. The carriers entrap the drug moiety and deliver it to the target site while avoiding nontarget sites.

Various types of carriers have been used to target drugs.

the targeted medication delivery system uses a variety of carriers, including.

Drug targeting carriers of various sorts.

Nanotubes

Nanotubes are a sort of drug delivery system that consists of a hollow carbon cylindrical tube that can be readily filled and sealed with the appropriate medicament.

They are commonly employed to deliver drugs to cancer cells.

In mice, Liu et al. used carbon nanotubes to target the tumour.

Mc Devitt et al. also used antibody-functionalized, radiolabeled carbon nanotubes to target tumours.

Nanowires

It's a thin wire made of metal or organic compounds with a very small diameter. Because it has a high surface area, the nanowire's surface can be modified to allow it to bind with specific biological molecules once it's placed into the body. It can be used to diagnose and treat brain illnesses such as seizures, parkinsonism, and other comparable conditions. This technique can be used to treat Parkinson's disease and other disorders. It can also be utilised for tumour cell detection and localization.

Nanoshells

Nanoshells are innovative nanoparticle methods that consist of a hollow dielectric core of silica surrounded by a gold shell. It has the potential to be used for both diagnostic and therapeutic purposes. Nanoshells can have antibodies attached to their surfaces, allowing them to interact with specific locations like cancer cells. This method is quite good in locating the anticancer medication.

Quantum Dots

Quantum dots are nanocrystalline semiconductor particles with unique optical properties that allow them to be employed in tumour imaging.

This carrier is effective in delivering cancer-fighting medicines.

For cancer targeting and drug delivery, Pardo et al. employed quantum dots and nanotubes.

Nanopores

They have very small holes in them that allow one strand of DNA to flow through at a time. As a result, allow for extremely precise and efficient DNA sequencing. In genetic engineering and biotechnology, this strategy could be useful.

Nanoparticles of gold

Scientists are using gold nanoparticles to develop an ultrasensitive detection system for DNA and protein indicators linked to the presence of certain cancers, such as breast and prostate cancer. Lung cancer was diagnosed using gold nanoparticles.

Dendrimers

Dendrimers are nanoparticles with a specified diameter that are synthesised. They are made up of a control core surrounding by polymer layers. The medicine could be linked to one of numerous places on the surface of the dendrimers. They're employed in medical imaging and gene transfection.

Liposomes

Liposomes are vesicles with a tiny bilayer structure made from natural phospholipid. In the aqueous space or phospholipid bilayers, they can entrap both hydrophilic and lipophilic medicines. The physical and chemical properties of the medication, as well as the makeup of the lipids, influence the proportion of entrapped drug.

Niosomes

Non-ionic surfactant vesicles called niosomes can entrap both hydrophilic and lipophilic drugs. Because to the natural characteristics of phospholipid, niosomes have a higher stability than liposomes. Niosomes have been discovered to be effective at targeting antineoplastic medications, as well as anti-inflammatory, anti-bacterial, anti-fungal, and antiviral agents.

Ufasomes

In the presence of cholesterol, ufasomes are a dispersion of unsaturated fatty acid vesicles made from fatty acids and an ionic surfactant (soap). Ufasomes are an useful carrier for drugs that need to be applied topically. The stratum corneum, the skin's outermost layer, is thought to be the principal barrier to drug penetration. Because ufasomes contain a lipid membrane that has the potential to attach to the skin, this problem can be solved by employing them as DDS.

Pharmacosomes

Pharmacosomes are a neutral molecule having both positive and negative charges, hydrophilic and lipophilic properties, and an optimal polyphenol to phospholipid ratio in the form of a complex. By electrostatic force or by creating a hydrogen bond, the drug is conjugated to the lipoidal complex.

The phrase pharmacosome comes from the Greek words *pharmakon*, which means drug, and *soma*, which means carrier. Micelles or hexagonal aggregates may be used to conjugate the drug to the lipoidal complex.

Aceclofenac pharmacosomes were produced and tested.

Transferosomes

Transferosomes are a type of vesicular drug delivery mechanism that is relatively new. Transformers are self-optimizing, self-regulating, hyper deformable, and "ultra-flexible" in a unique way. Due to the presence of "edge activators" within a vesicular membrane, the surfactant has been utilised as edge activators. It contains an inner aqueous core surrounding by a complex lipid bilayer with unique features. As a result, it may efficiently permeate the epidermis by squeezing through pores that are 5 to 10 times smaller than their diameter.

Strategies for drug targeting

There are several strategies for drug targeting as shown by Figure 2 which include.

Active targeting

Active targeting refers to a unique ligand–receptor interaction that happens only after blood circulation and extravasation for intracellular localisation.

- 1) **First order targeting** refers to confined distribution of drug carrier systems to the capillary bed of a specific target site, organ, or tissue, e.g. **compartmental** targeting in lymphatics, peritoneal cavity, multiple cavity, cerebral ventricles and eyes, joints.
- 2) **Second-order targeting** refers to the delivery of drugs to specific cell types, such as tumour cells, rather than to normal cells, as in the case of kupffer cells in the liver.
- 3) **Third-order targeting** refers to drug delivery to a targeted cell's intracellular location, such as receptor-based ligand-mediated endocytosis entrance of a drug complex into a cell.

Passive Targeting

Passive delivery systems are defined as drug delivery techniques that are aimed at systemic circulation. The body's natural response to physicochemical features of the drug or drug carrier system causes drug targeting in this technique. Some colloid's capacity to be taken up by Reticulo Endothelial Systems (RES), particularly in the liver and spleen, making them a suitable substrate for passive hepatic drug targeting.

Reverse Targeting

The RES is saturated, and the defensive mechanism is suppressed, as a result of this technique. This method of targeting drug(s) to non-RES organs is highly successful.

Dual Targeting

The carrier molecule in this targeting strategy has therapeutic action, which increases the therapeutic efficacy of the drug. For example, an antiviral drug can be loaded onto a carrier molecule that has its own antiviral action, resulting in a net synergistic impact of the drug combination.

Double Targeting

Targeting is referred to as double targeting when temporal and spatial approaches are coupled to target a carrier system. Targeting medications to specific organs, tissues, cells, or even subcellular compartments is referred to as spatial placement. Controlling the rate of drug delivery to the target place is referred to as temporal delivery.

Combination Targeting

These targeting systems are equipped with molecularly specialised carriers, polymers, and homing devices that could allow a direct route to the target spot.

CONCLUSION

Drug targeting is a novel method of delivering drug molecules to a specific location or organ within the body. As a result of this delivery system, the dose of the pharmaceuticals was reduced, and therefore the side effects of the drugs were reduced. Liposomes, transferosomes, gold nanoparticles, niosomes, and nanotubes are some of the delivery mechanisms employed in drug targeting. In the treatment of cancers such as brain cancer, breast cancer, prostate cancer, and colon cancer, the targeted medication delivery mechanism is critical. Now, work

is being made in the field of drug targeting to address the issues with traditional drug delivery systems.

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REFERENCES

1. Mishra N, Pant P, Porwal A, Jaiswal J, Aquib M. Targeted drug delivery: A review. *Am J Pharm Tech Res*, 2016; 6: 2249-3387.
2. Rani K, Paliwal S. A review on targeted drug delivery: Its entire focus on advanced therapeutics and diagnostics. *Sch J App Med Sci*, 2014; 2(1C): 328-31.
3. Manish G, Vimukta S. Targeted drug delivery system: A review. *Res J Chem Sci*, 2011; 1(2): 135-8.
4. Agnihotri J, Saraf S, Khale A. Targeting: New potential carriers for targeted drug delivery system. *Int J Pharm Sci Rev Res*, 2011; 8(2): 117-23.
5. Malik R, Garg T, Goyal AK, Rath G. Polymeric nanofibers: Targeted gastroretentive drug delivery systems. *J Drug Target*, 2015; 23(2): 109-24.
6. Mishra B, Patel BB, Tiwari S. Colloidal nanocarriers: A review on formulation technology, types and applications toward targeted drug delivery. *Nanomedicine Nanotechnol Biol Med*, 2010; 6(1): 9-24.
7. Azarmi S, Roa W, Löbenberg R. Current perspectives in dissolution testing of conventional and novel dosage forms. *Int J Pharm*, 2007; 328(1): 12-21.
8. Tice TR, Tabibi SE. Parenteral drug delivery: Injectables. In: *Treatise on controlled drug delivery*. Routledge, 2017; 315-39.
9. Sastry SV, Nyshadham JR, Fix JA. Recent technological advances in oral drug delivery: A review. *Pharm Sci Technol Today*, 2000; 3(4): 138-45.
10. Singh MD, Mital N, Kaur G. Topical drug delivery systems: A patent review. *Expert Opin Ther Pat*, 2016; 26(2): 213-28.
11. Mills JK, Needham D. Targeted drug delivery. *Expert Opin Ther Pat*, 1999; 9(11): 1499-513.

12. Yokoyama M. Drug targeting with nano-sized carrier systems. *J Artif Organs*, 2005; 8(2): 77-84.
13. Torchilin VP. Drug targeting. *Eur J Pharm Sci*, 2000; 11: S81-91.
14. Bae YH, Park K. Targeted drug delivery to tumors: Myths, reality and possibility. *J Controlled Release*, 2011; 153(3): 198.
15. Mills JK, Needham D. Targeted drug delivery. *Expert Opin Ther Pat*, 1999; 9(11): 1499-513.
16. Yokoyama M. Drug targeting with nano-sized carrier systems. *J Artif Organs*, 2005; 8(2): 77-84.
17. Ruoslahti E. Drug targeting to specific vascular sites. *Drug Discov Today*, 2002; 7(22): 1138-43.
18. Martincic M, Tobias G. Filled carbon nanotubes in biomedical imaging and drug delivery. *Expert Opin Drug Deliv*, 2015; 12(4): 563-81.
19. Popov VN. Carbon nanotubes: Properties and application. *Mater Sci Eng R Rep*, 2004; 43(3): 61-102.
20. Madani SY, Naderi N, Dissanayake O, Tan A, Seifalian AM. A new era of cancer treatment: carbon nanotubes as drug delivery tools. *Int J Nanomedicine*, 2011; 6: 2963.
21. Singh BGP, Baburao C, Pispati V, Pathipati H, Muthy N, Prassana SRV, et al. Carbon nanotubes. A novel drug delivery system. *Int J Res Pharm Chem*, 2012; 2(2): 523-532.
22. Liu Z, Cai W, He L, Nakayama N, Chen K, Sun X, et al. In vivo biodistribution and highly efficient tumour targeting of carbon nanotubes in mice. *Nat Nanotechnol*, 2007; 2(1): 47-52.
23. McDevitt MR, Chattopadhyay D, Kappel BJ, Jaggi JS, Schiffman SR, Antczak C, et al. Tumor targeting with antibody-functionalized, radiolabeled carbon nanotubes. *J Nucl Med*, 2007; 48(7): 1180-89.
24. Ellis-Behnke RG, Teather LA, Schneider GE, So K-F. Using nanotechnology to design potential therapies for CNS regeneration. *Curr Pharm Des*, 2007; 13(24): 2519-28.
25. Agnihotri J, Saraf S, Khale A. Targeting: New potential carriers for targeted drug delivery system. *Int J Pharm Sci Rev Res*, 2011; 8(2): 117-23.
26. Ellis-Behnke R. Nano neurology and the four P's of central nervous system regeneration: preserve, permit, promote, plasticity. *Med Clin North Am*, 2007; 91(5): 937-62.
27. Akhter MH, Rizwanullah M, Ahmad J, Ahsan MJ, Mujtaba MA, Amin S. Nanocarriers in advanced drug targeting: setting novel paradigm in cancer therapeutics. *Artif Cells Nanomedicine Biotechnol*, 2018; 46(5): 873-84.

28. Hong H, Shi J, Yang Y, Zhang Y, Engle JW, Nickles RJ, et al. Cancertargeted optical imaging with fluorescent zinc oxide nanowires. *Nano Lett*, 2011; 11(9): 3744-50.
29. Wu C, Yu C, Chu M. A gold nanoshell with a silica inner shell synthesized using liposome templates for doxorubicin loading and near-infrared photothermal therapy. *Int J Nanomedicine*, 2011; 6: 807.
30. Abdollahi SN, Naderi M, Amoabediny G. Synthesis and characterization of hollow gold nanoparticles using silica spheres as templates. *Colloids Surf Physicochem Eng Asp*, 2013; 436: 1069-75.
31. Sironmani A, Daniel K. Silver nanoparticles—universal multifunctional nanoparticles for bio sensing, imaging for diagnostics and targeted drug delivery for therapeutic applications. *Drug Discov Dev Future*, 2011; 463-84.
32. Kolhe S, Parikh K. Application of nanotechnology in cancer: A review. *Int J Bioinforma Res Appl*, 2012; 8(1-2): 112-25.
33. Loo C, Lin A, Hirsch L, Lee MH, Barton J, Halas N, et al. Nanoshell-enabled photonics-based imaging and therapy of cancer. *Technol Cancer Res Treat*, 2004; 3(1): 33-40.
34. Reddy AK, Rathinaraj BS, Prathyusha P, BHargav TA, Rajani T, Rajamanickam V, et al. Emerging trends of nanotechnology in cancer therapy. *Int J Pharamc Biolo Arch*, 2011; 2(1).
35. Kanaparthi R, Kanaparthi A. The changing face of dentistry: Nanotechnology. *Int J Nanomedicine*, 2011; 6: 2799.
36. Nagda D, Rathore KS, Bharkatiya M, Sisodia SS, Nema RK. Bucky balls: A novel drug delivery system. *J Chem Pharm RES*, 2010; 2: 240-3.
37. Gao X, Cui Y, Levenson RM, Chung LW, Nie S. In vivo cancer targeting and imaging with semiconductor quantum dots. *Nat Biotechnol*, 2004; 22(8): 969-76.
38. Pardo J, Peng Z, Leblanc RM. Cancer targeting and drug delivery using carbon-based quantum dots and nanotubes. *Molecules*, 2018; 23(2): 378.
39. Heerema SJ, Dekker C. Graphene nanodevices for DNA sequencing. *Nat Nanotechnol*, 2016; 11(2): 127-36.
40. Wanunu M. Nanopores: A journey towards DNA sequencing. *Phys Life Rev*, 2012; 9(2): 125-58.
41. Derrington IM, Butler TZ, Collins MD, Manrao E, Pavlenok M, Niederweis M, et al. Nanopore DNA sequencing with MspA. *Proc Natl Acad Sci*, 2010; 107(37): 16060-5.
42. Stoloff DH, Wanunu M. Recent trends in nanopores for biotechnology. *Curr Opin Biotechnol*, 2013; 24(4): 699-704.

43. Schneider GF, Kowalczyk SW, Calado VE, Pandraud G, Zandbergen HW, Vandersypen LM, et al. DNA translocation through graphene nanopores. *Nano Lett*, 2010; 10(8): 3163-7.