

IONTOPHORESIS DRUG DELIVERY SYSTEM: A REVIEW**Kalyani Kate***

Delonix Society's Baramati College of Pharmacy, Barhanpur Tal-Baramati. Dr. Babasaheb
Ambedkar Technological University, India.

Article Received on
17 March 2023,

Revised on 07 April 2023,
Accepted on 27 April 2023

DOI: 10.20959/wjpr20237-28044

Corresponding Author*Miss Kalyani Kate**

Delonix Society's Baramati
College of Pharmacy,
Barhanpur Tal-Baramati.
Dr. Babasaheb Ambedkar
Technological University,
India.

kalyanikate111@gmail.com.

ABSTRACT

The goal of iontophoresis drug delivery system is the permeation of ionized drug molecules across biological membrane under the influence of electric current. The objective of iontophoresis is to provide excellent therapeutic management. The drug transport through iontophoresis was established to be near 10 to 2,000 time more than easy form of delivery. This technique make possible movement of ions across a membrane under influence of externally applied electric potential difference. The rationalae behind using this technique is to reversibly alter the barrier properties of skin which could possibly improve the penetration of drug to increase systematic delivery with control input kinetic and minimum intersubject variability. For permeation of ionic and non ionic drugs the delivery system of iontophoresis use as driving force to make better delivery rate of ionic compound. iontophoresis system is cleaved in this field design. In this review given introduction, principal, mechanism. Advantage, Disadvantages and It's applications.

KEYWORDS: Iontophoresis, Penetration enhancer, Stratum corneum.

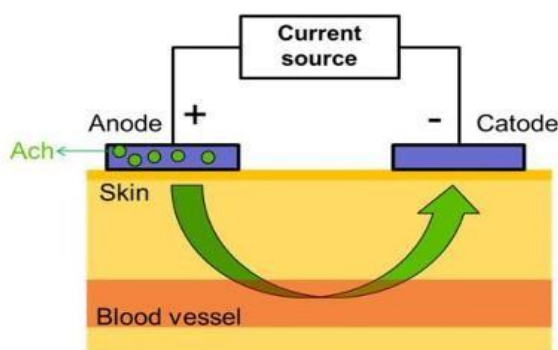
INTRODUCTION

The term iontophoresis simply define as ion transfer (Ionto-ion, phoresistransfer). If when low voltage and low current density is applied then in iontophoresis cationic or neutral therapeutic agents are keep under anode and anionic therapeutic gents are keep under the cathode. Iontophoresis is the physical method. For skin (Dermatological) in modern days pharmaceutical practice and therapeutic compounds are applied .in which skin is one of the most wide and easily accessible pragn in human body local (regional), transdermal (systematic), delivery. For passively penetrate the molecule into the skin act as

semipermeable membrane and which accept only very small quantity of any drug. The first report of iontophoresis had appeared in turn of the century when leudac demonstrate technique, by delivering strychnine and cynide into rabbit in 1908. Depending upon the delivery route there are many administration manner such as oral administration, transdermal administration, lung inhalation, mucosal administration, and intravenous administration. Transdermal administration passes the skin through stratum corneum. transdermal administration may be passive or facilitated in passive administration. The nonionized drug passes through the skin through stratum corneum. Among the earliest application of electric current for medical therapy was pivati in 1740 to treat arthritis.^[1] More notable advances were made dure the 1800 by pioneering scientist such as Benjamin ward Richardson, William sames Morton and Frtiz frankenhauser the latter of whom coined the phrase iontophoresis in favour of cataphoresis, which had been used more commonly prior to the 20th century. It has proven to be a beneficial treatment for many localized skin disorders such as nail disease, herpies diseases, herpies lesion, psoriasis, eczematous and cutaneous T-cell lymphoma .it is painless, sterile, non invasive, The electricity is required for insertion of medicine in the body.^[6-23]

Principal

In iontophoresis charges with similar signal repel and charges with the opposite signal attract helping for ions insertion into the skin and iontophoresis principal was derived by Du day. The drug is applied under an electrode of same charge as the drug and return electrode is placed at a neutral site on the body surface, the current below the level of patient pain threshold is allowed to flow. The repulsion of like charges and attraction of opposite charges in presence of electric current significantly increases the insertion of drug into the surface tissue.

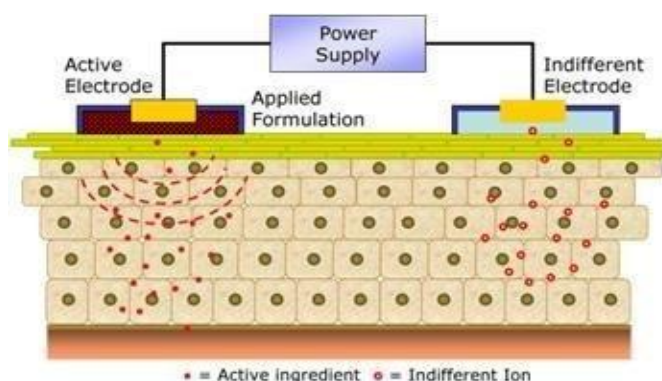


Mechanism

The primary channel for transport is through sweat gland. Once they have passed through the outer layer of skin, it reaches to its site of action. When a voltage difference is applied, transport of iontophoresis mechanism consists of migration, diffusion or electro-osmosis, which has a large flow of fluid occur in similar direction. On application of electromotive force, the drug is repelled and moves across the stratum corneum toward the cathode, which is placed elsewhere on the body. Flow occurs from anode to the cathode electro-osmotically, thus enhancing the flux of cationic drugs.

Reverse iontophoresis

The use of electric current against the skin is used to extract a substance of excitement from within or beneath the skin to the surface or testing is also used in diagnosing diabetes, cystic fibrosis.



Advantage

Electrodes are not difficult to manufacture and to be applied to the skin with minimum training.

- Good correlation between glucose level in ISF and in the blood under stable conditions
- Virtually painless when properly applied
- Provides option for patient unable to receive injection.
- Minimizes potential for tissue trauma from an injection
- Reduced risk of an infection due to non-invasive
- Nature
- Treatment are completely in very less time.

Disadvantage

- Drug must be in aqueous solutions and must be ionized.
- Minor tingling, irritation, and burning can occur; these symptoms can be decreased with proper procedure or adjusting the current.
- For the application of drug, additional ions act like carrier or active competitors.
- The variation occurs in current, density impedance, skin fat, thickness, ionisation, pH, therefore depth of penetrations must be varied.

Factors affecting iontophoresis^[1 - 5]

Various factors have been observed that affect the mechanism of iontophoresis.

- Physiological properties of compound include
 - Molecular size
 - Charge
 - Concentration of drug molecule

- **The solution**

It includes buffer used, pH of solution and other compounds present in solution.

- **Experimental factor**

- Current strength

It is a convenient means to control delivery of drug to the body. The current should not be applied more than 3 min because skin burn and irritation occur.

- Duration of application

The transport of drug delivery depends upon the duration of current applied in iontophoretic drug delivery.

- **Biological factor**

- Regional factor

With the help of systemic and underlying tissue solute absorption, the dermal blood supply determines iontophoresis.

- **Skin condition**

The properties of penetration also affect the skin conditions in iontophoresis.

Applications for the use of iontophoresis

| Common conditions | Drugs |
|------------------------|--------------------------------|
| Calcium deposits | Acetic acid |
| Hyperhidrosis | Atropine sulfate |
| Spasm | Calcium |
| Scar tissue | Iodine |
| Athletes foot | Copper |
| Burns | Penicillin, Gentamicin sulfate |
| Inflammatory condition | Dexamethason |
| Local anesthesia | Lidocaine/epinephrine |
| Open wounds | Histamine, zinc oxide |

1. Topical conveyance

The ability to control the delivery rate of drug by changes in current makes iontophoresis an attractive technique to use. Yamashita et al. examined the adequacy of iontophoretic conveyance of calcium for treating burns caused by hydrofluoric acid.

2. Hyperhidrosis

The treatment of hyperhidrosis is the successful application in iontophoresis. Recently more commonly used conducting medium is tap water the reason is it is very safe and effective. The clear meaning of hyperhidrosis is excess sweating usually the plantar and palmar region are affected iontophoresis is generally applied in treatment of plantar and palmar hyperhidrosis.

By using electric current which is passed through tap water and it is temporarily close off sweat gland according to hypothesis, iontophoresis may produce hyperkeratosis of sweat pores and obstruct sweat flow and secretion.

3. Ophthalmology

For delivering antibiotics in eye iontophoresis has been used experimentally. Due to presence of blood retinal barrier the penetration of drug through systematic circulation in eye is not easily achieved. The major disadvantage of this technique is the time required for direct contact of electrode with eye. Based on the depth of penetration there are two types of iontophoresis-

- 1) Transcorneal therapy
- 2) Trans-scleral therapy

4. Dentistry

Dentistry is an physical therapy used in iontophoresis with patients prior to oral surgical procedure –

Treatment of oral ulcer, herpes, oralabialis lesions (Fever, blisters) using negatively charged corticosteroids and antiviral drugs respectively.

In dentistry silver compound have been used for more than century. it was found have medicinal properties silver fluoride, silver nitrate, silver diamine fluoride and other silver particle compound have been examined for management of caries. treatment of easily affected dentin by using charged fluoride particles.

5. Dermatology

Iontophoresis has been used for treatment of various dermatological conditions. iontophoresis with tap water or anticholinergic compounds has been used for the treatment of patient with hyperhidrosis of palm, Feet and Axillac.

6. Local anesthetics

When local anesthetics drugs are used there is loss of pain sensation. the lignocaine and epinephrine solution iontophoresis give immediate pain relief.

7. Diagnostic applications

In diagnostic applications drugs pilocarpine produces intense sweating, allowing sufficient amount of sweat to be collected and analysed this now accepted primary test to diagnose of cystic fibrosis.

8. Future applications

Transdermal drug delivery has huge scope for medical treatment. to increase impact of iontophoresis in drug conveyance various combination of chemical and physical enhancer can be used with iontophoresis would make treatment cost effective.

CONCLUSION^[2]

It should be apperent from this review iontohoresis maintain good promise for future drug delivery system. for treatment of local condition Iontohoresis drug delivery systems is use well for effective penetration of peptide and protein drug for existing compound at charged PH iontohoresis system is very useful.

ACKNOWLEDGEMENT

Lots of respect to my family and my colleague, I would like to grateful thanks to my college B.C.O.P college of pharmacy for permitting me to do this review article. Special thank to my Friends, respected Teacher's and Coauthors give us lots of information and valuable time, thank for support. I also thankful of World Journal of Pharmaceutical research, who gives me this opportunity to publish our review article.

REFERENCE

1. Shahi. s and Deshpande s, Iontohoresis an approach to drug delivery enhancement. International journal of pharmaceutical science and research, 2017; 8(10): 4056-4067.
2. Khan. A, Yasir. M, Asif. M, Chauhan. I, Singh. A. p, Sharma. R, Singh. p and Rai. s Iontohoresis drug delivery, History and application, journal of applied pharmaceutical science, 2011; 01(03): 1-13.
3. Ragit. R, Fulzele. p, Rathi. N. V, Thosar. N. R, khubchabdani. M, Malviya. N. S, Das. S, Iontohoresis asan effective drug delivery system in dentistry. Cureus, 2012; 14(10): 1-8.
4. Ghosh. B, Lyer. D, Nair. A. B, Sree. H. N. prospects of iontophoresis in cardiovascular delivery, journal of Basic and Clinical pharmacy, 2013; 4(1): 25-29.
5. Rai. R, Srinivas. C. R, iontophoresis in dermatology, Indian journal dermatol venereol leprol, 2005; 7(4): 236-241.
6. Iontophoresis, Diabetes Metab. Res. Rev, 2002; 18: S49–S53.
7. R.R. Burnette, B. Ongpipattanakul, Characterization of the permselective properties of excised human skin during iontophoresis, J. Pharm. Sc, 1987; 76: 765–773.
8. Sanderson, J. E. Riel, S. D., Dixon, R., Iontophoretic delivery of nonpeptide drugs: Formulation optimization for maximum skin permeability. J. Pharm. Sci, 1989; 78(5): 361-364.
9. Srinivasan, V., Higuchi, W.I., A model for iontophoresis incorporating the effect of convective solvent flow. Int. J. Pharm, 1990; 60: 133.
10. Mali AD, Bathe R, Patil M. An updated review on transdermal drug delivery systems. Int J Adv Sci Res, 2015; 1(6): 244–54. <https://doi.org/10.7439/ijasr.v1i6.2243>.
11. Li C, Wang J, Wang Y, Gao H, Wei G, Huang Y, et al. Recent progress in drug delivery. Acta Pharm Sin B., 2019; 9(6): 1145–62. <https://doi.org/10.1016/j.apsb.2019.08.003>.
12. Kumar JA, Pullakandam N, Prabu SL, Gopal V. Transdermal drug delivery system: An overview. Int J Pharm Sci Rev Res, 2010; 3(2): 49–54.

13. Roohnikan M, Laszlo E, Babity S, Brambilla DA. Snapshot of transdermal and tropical drug delivery research in Canada. *Pharmaceutics*, 2019; 11(6): 256. <https://doi.org/10.3390/pharmaceutics11060256>.
14. Peña-Juárez MC, Guadarrama-Escobar OR, Escobar-Chávez JJ. Transdermal delivery Systems for Biomolecules. *J Pharm Innov*, 2021; 6: 1–14.
15. Ali H. Transdermal drug delivery system & patient compliance. *MOJ Bioequiv Availab*, 2017; 3(2): 47–8.
16. Leppert W, Malec–Milewska M, Zajackowska R, Wordliczek J. Transdermal and Topical Drug Administration in the Treatment of Pain. *Molecules*, 2018; 23(3): 681.
17. Akhter N, Singh V, Yusuf M, Khan RA. Non-invasive drug delivery technology: development and current status of transdermal drug delivery devices, techniques and biomedical applications. *Biomed Tech*, 2020; 65(3): 243–72. <https://doi.org/10.1515/bmt-2019-0019>.
18. Pires LR, Vinayakumar KB, Turos M, Miguel V, Gaspar J. A perspective on microneedle-based drug delivery and diagnostics in Paediatrics. *J Pers Med*, 2019; 9(4): 49. <https://doi.org/10.3390/jpm9040049>.
19. Ruby PK, Pathak SM, Aggarwal D. Critical attributes of transdermal drug delivery system (TDDS) – a generic product development review. *Drug Dev Ind Pharm*, 2014; 40(11): 1421–8. <https://doi.org/10.3109/03639045.2013.879720>.
20. Ali S, Shabbir M, Shahid N. The structure of skin and transdermal drug delivery system - a review. *Res J Pharm Tech*, 2015; 8(2): 103–9. <https://doi.org/10.5958/0974-360X.2015.00019.0>.
21. Wang M, Luo Y, Wang T, Wan C, Pan L, Pan S, et al. Artificial skin perception. *Adv Mater*, 2020; 33: e2003014.
22. Hutton AR, McCrudden MT, Larrañeta E, Donnelly RF. Influence of molecular weight on transdermal delivery of model macromolecules using hydrogelforming microneedles: potential to enhance the administration of novel low molecular weight biotherapeutics. *J Mater Chem B*, 2020; 8(19): 4202–9. <https://doi.org/10.1039/D0TB00021C>.
23. Andrews SM, Jeong EH, Prausnitz MR. Transdermal delivery of molecules is limited by full epidermis, Not Just Stratum Corneum. *Pharm Res*, 2013; 30(4): 1099–109.
24. Chaulagain B, Jain A, Tiwari A, Verma A, Jain SK. Passive delivery of protein drugs through transdermal route. *Artif Cells Nanomed Biotechnol*, 2018; 46(1): 472–87. <https://doi.org/10.1080/21691401.2018.1430695>.

25. Uchechi O, Ogbonna J, Attama AA. Nanoparticles for dermal and transdermal drug delivery. In: Application of nanotechnology in drug delivery. Sezer AD: InTech C, 2014; 193–235.
26. Zhou X, Hao Y, Yuan L, Pradhan S, Shrestha K, Pradhan O. Nanoformulations for transdermal drug delivery: a review. Chin Chem Lett, 2018; 29(12): 1713–24. <https://doi.org/10.1016/j.cclet.2018.10.037>.
27. Kováčik A, Kopečná M, Vávrová K. Permeation enhancers in transdermal drug delivery: benefits and limitations. Expert Opin Drug Deliv, 2020; 17(2): 145–55. <https://doi.org/10.1080/17425247.2020.1713087>.
28. Pawar PM, Solanki KP, Mandali VA. Recent advancements in transdermal drug delivery system. Int J Pharm Clin Res, 2018; 10(3): 65–73.
29. Mujoriya R, Dhamande KA. Review on transdermal drug delivery system. Res J Sci Tech, 2011; 3(4): 227–31.
30. Patel R, Patel A, Prajapati B, Shinde G, Dharamsi A. Transdermal drug delivery systems: A mini review. Int J Adv Res, 2018; 6(5): 891–900.