

# Role of Nano - Technology in Wound Healing and Dermatitis: A Review

Divya Kumari<sup>1</sup>, Archana<sup>2</sup>

<sup>1</sup>Research Scholar at Saroj Institute of Technology and Management

<sup>2</sup>Assistant Professor at Saroj Institute of Technology and Management (Corresponding author)

**Abstract:** *Skin infections and diseases are the most common type of lessons through which of large population suffers. Some wounds are considered as acute wounds, which are treated with general medication, but some wounds which comes under chronic conditions required some special kind of medication for their treatment. The existing therapies for the treatment of wound and infections proves as inadequate as well as less satisfactory. So, in this review we discuss about the various nanotechnology, including the use of liposome, noisome, polymeric nanoparticles etc. that can be useful for the prevention and treatment of various skin diseases and infections. The nanotechnology drug delivery act as targeted drug delivery so that the amount of drug required can be reduced as well as drug loss may be prevented, which leads to reduction in the side effects as well as adverse effect of the drug.*

**Keywords:** Skin, Barrier to skin, Anti - microbial agents, Various nanotechnologies for drug delivery

## 1. Introduction

Skin is the largest integumentary organ of the body (1) , functions as various types of barrier protection of internal organs like physical, chemical, immunological barrier etc (2) , as well as protection from various types of radiations (3) . Approximately 1 - 2 % of United States and European population is affected due to chronic wound (4) . Traditionally used therapies generally involve long lasting treatment and cost consuming along with greater degree of side effect (5) . With the impressive and innovative nano - technology development, various (nano - DDS) nanotechnology was developed and implemented at relevant areas for regeneration of skin along with treatment of wound (6) . In case of incorporation with bioactive molecule nano drug delivery system (nano - DDS) prevent degradation of drug by enzymes involved, as well as enhances therapeutic effect of the drug (7) . The controlled and sustained drug release also prolongs to maintain the effective drug concentration, lowers the frequential. dose administration, which leads to cost decline and improve patient compliance. The motto of this review is to mainly introduce the current scenario of wound healing and its limitation, the promising potential of Nano - DDS for future application with focus on liposome nervosum polymeric nanoparticles.

### 1.1 Current Wound Treatment

The goal of management of wound is to protect ourselves from equity as well as chronic infection in house healing process of wound with reduced pain for patients. Currently,

a various kind of strategies are available for the management of wound which mainly includes therapeutic agent application, autografts, and debridement.

- 1) **Therapeutic Agent Application** – Topical drug application mainly targets on promoting process of healing and prevention of infection. Topical therapeutic agent includes anti - microbial agents and growth factors which are important for the treatment of wound, as well as regeneration of skin (8) .
- 2) **Autografts** - the implementation of autografts is considered as gold standard for regeneration of skin. Autografts has excellent wound adhesion property, good cosmetic results and remarkable pain – relieving property (9)
- 3) **Debridement** - Its works by removing the necrotic cells or tissue that are infected, which prolong the inflammatory phase and resist contraction of wound as well as re - epithelialization, promote a better wound bed for proper process of healing. Debridement including enzymatic method, mechanical, autolytic, surgical and involves further wound dressing application (10, 11) .

### 1.2 Wound Healing Process

Wound healing is a dynamic and complex physiological process, which involves growth factors, mediators, and extra cellular matrix compartments. It is categorised into three overlapping categories which includes inflammatory phase, proliferative and re - epithelialization phase (12) .

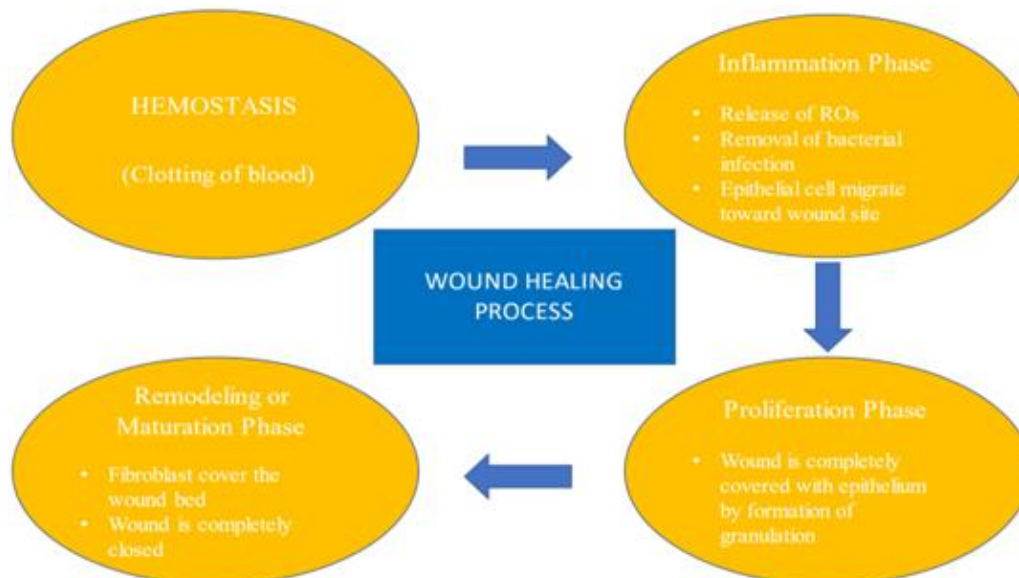


Figure 1: Showing process of wound healing

1.3 Most commonly used antimicrobial agents in wound treatment

Antimicrobial agents	Administration Route	Spectrum	Reference
Gentamicin	Topical/Systemic	Gram Positive bacteria	(13)
Vancomycin	Systemic	Gram - positive bacteria mainly MRSA	(14)
Amphotericin B	Topical/Systemic	Fungi	(15)
Neomycin	Topical/Systemic	Gram - positive aerobes and Aerobic Gram - negative bacilli	(16)
Ciprofloxacin	Systemic/Oral	(Gram - negative bacteria and Gram - positive bacteria) mainly Gram - negative bacilli	(17)
Silver sulfadiazine	Topical	Some fungal forms, most Gram - negative bacteria, and Gram - positive bacteria.	(18)
Polymyxin B	Systemic	Gram - negative bacteria.	(19)
Mupirocin	Topical	Some Gram - negative fora and Gram - positive bacteria especially MRSA.	(20)
Penicillin G	Systemic	Anaerobes, Non - $\beta$ - lactamase - producing Gram - positive bacteria.	(21)

1.4 Recent research of nano - drug delivery system in wound treatment and skin regeneration

Nano drug delivery system plays an important role for the delivery of the drug to the desired organ of the body. The

various nano - DDs techniques involved in the delivery of the drug may include - Liposomes, Solid Lipid Nanoparticles, Nano Structured Lipid Carriers, Nano - fibres, Nano - caffolds, Polymeric Nanoparticles, Inorganic nanoparticles, etc.

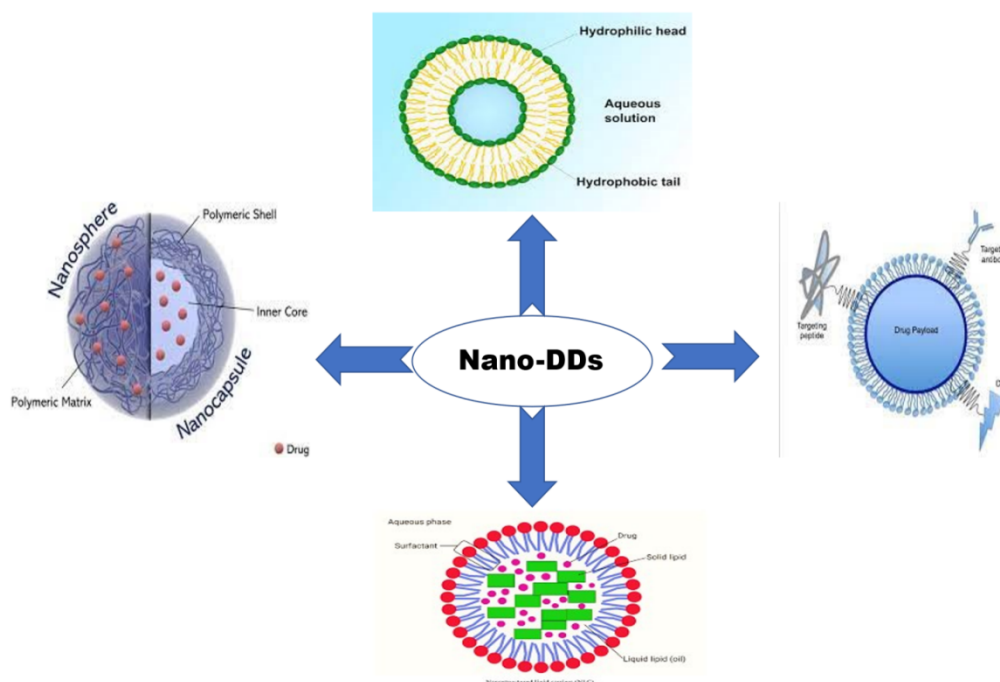


Figure 2: Nano - drug delivery systems in wound treatment and skin regeneration

**Table 1:** Recent research of nano - drug delivery system in wound treatment and skin regeneration

Formulation	Drug	Administration	Outcome	References
Liposomes	Madecassoside	Smearing wound once a day for 12 days	Improved permeation and distribution in skin, so as to express better wound healing effect.	(22)
Deformable liposomes	EGF, PDGF - A and IGF - 1	Once a day topical treatment for 18 days.	Enhanced chronic wound healing due to complex synergistic effect.	(23)
Deformable liposomes	Curcumin	Once a day topical treatment for 18 days	Reduces inflammatory process, promotes fibrosis and angiogenesis.	(24)
Nanoparticles	Silver	Topically with everyday dressing.	Enhanced cosmetic appearance and rapid healing via wound inflammation reduction.	(25)
Nanoparticles	Cerium oxide	Once a day topical treatment for 13 days	Oxidative stress reduces at site of wound and protects regenerative tissue.	(26)
Hydrogel loading nanoparticles	Silver Oxide	As locally injectables	Shows excellent antimicrobial activity and healing of burn wound	(27)
Microspheres/ scaffold	Mupirocin	Topically applied, tied and covered	Sustained release of drug to 24 h, holds antimicrobial efficacy and exhibits good stability.	(28)
SLNs	EGF	Administered twice a week.	Enhanced closure of wounds, inflammatory phase restoration and re - epithelialization.	(29)

## 2. Conclusion

The chronic wound or ulcer treatment always remains a challenge because the currently available therapies mostly in - sufficient and less effective to provide favourable outcomes for healing of wound. The expansion of various recently developed nano drug delivery system brought a new insight for wound healing as well as regeneration of skin. The development of new carrier prolongs release of drugs, protects degradation of drug and improves retention of skin. Various combinations of nano - DDs provide synergistic route for the delivery of drug. These technologies prevent loss of drug and reduces the amount of drug required for the action hence reduces drug side effect to the functional body organs.

## References

- Farley A, McLafferty E, Hendry C. The anatomy and physiology of the locomotor system. *Nurs Stand*.2012; 27 (7): 35–43.
- Nguyen HLT, Trujillo - Paez JV, Umehara Y, Yue H, Peng G, Kiatsurayanon C, et al. Role of antimicrobial peptides in skin barrier repair in individuals with atopic dermatitis. *Int J Mol Sci*.2020; 21 (20): 1–18.
- SAEWAN N, JIMTAISONG A. Natural Products as. *J Nat Prod*.2014; 75 (3): 311–35.
- Schreml S, Szeimies RM, Prantl L, Karrer S, Landthaler M, Babilas P. Oxygen in acute and chronic wound healing. *Br J Dermatol*.2010; 163 (2): 257–68.
- Wang W, Lu KJ, Yu CH, Huang QL, Du YZ. Nano - drug delivery systems in wound treatment and skin regeneration. *J Nanobiotechnology* [Internet].2019; 17 (1): 1–15. Available from: <https://doi.org/10.1186/s12951-019-0514-y>
- Sandhiya S, Dkhar SA, Surendiran A. Emerging trends of nanomedicine - - an overview. *Fundam Clin Pharmacol*.2009 Jun; 23 (3): 263–9.
- Monroy PLC, Grefte S, Kuijpers - Jagtman AM, Wagener FADTG, Von Den Hoff JW. Strategies to improve regeneration of the soft palate muscles after cleft palate repair. *Tissue Eng - Part B Rev*.2012; 18 (6): 468–77.
- Kowalski PS, Rudra A, Miao L, Anderson DG. Delivering the Messenger: Advances in Technologies for Therapeutic mRNA Delivery. *Mol Ther* [Internet].2019; 27 (4): 710–28. Available from: <https://doi.org/10.1016/j.ymthe.2019.02.012>
- Dreifke MB, Jayasuriya AA, Jayasuriya AC. Current wound healing procedures and potential care. *Mater Sci Eng C* [Internet].2015; 48: 651–62. Available from: <http://dx.doi.org/10.1016/j.msec.2014.12.068>
- Pra AMA. *E X Tra*.2012; 25 (1): 38–44.
- Nusbaum AG, Gil J, Rippey MK, Warne B, Valdes J, Claro A, et al. Effective method to remove wound bacteria: Comparison of various debridement modalities in an in vivo porcine model. *J Surg Res* [Internet].2012; 176 (2): 701–7. Available from: <http://dx.doi.org/10.1016/j.jss.2011.11.1040>
- Han G, Ceilley R. Chronic Wound Healing: A Review of Current Management and Treatments. *Adv Ther*.2017; 34 (3): 599–610.
- BENDY RHJ, NUCCIO PA, WOLFE E, COLLINS B, TAMBURRO C, GLASS W, et al. RELATIONSHIP OF QUANTITATIVE WOUND BACTERIAL COUNTS TO HEALING OF DECUBITI: EFFECT OF TOPICAL GENTAMICIN. *Antimicrob Agents Chemother*.1964; 10: 147–55.
- Rybak MJ. The pharmacokinetic and pharmacodynamic properties of vancomycin. *Clin Infect Dis*.2006; 42 (SUPPL.1): 35–9.
- Wong - beringer A, Jacobs RA, Guglielmo BJ. Lipid Formulations of Amphotericin B: Clinical Efficacy and Toxicities.1998; (May): 603–18.
- Miller JP, Acar F, Burchiel KJ. Significant reduction in stereotactic and functional neurosurgical hardware infection after local neomycin/polymyxin application: Clinical article. *J Neurosurg*.2009; 110 (2): 247–50.
- Lipsky BA, Miller B, Schwartz R, Henry DC, Nolan T, McCabe A, et al. Sparfloxacin versus ciprofloxacin for the treatment of community - acquired, complicated skin and skin - structure infections. *Clin Ther*.1999; 21 (4): 675–90.
- Kasten KR, Makley AT, Kagan RJ. Update on the critical care management of severe burns. *J Intensive Care Med*.2011; 26 (4): 223–36.
- Evans ME, Feola DJ, Rapp RP. Polymyxin B sulfate and colistin: Old antibiotics for emerging multiresistant gram - negative bacteria. *Ann*

- Pharmacother.1999; 33 (9): 960–7.
- [20] Strock LL, Lee MM, Rutan RL, Desai MH, Robson MC, Herndon DN, et al. Topical Bactroban (mupirocin): efficacy in treating burn wounds infected with methicillin - resistant staphylococci. *J Burn Care Rehabil.*1990; 11 (5): 454–9.
- [21] Pohl R, Hunt TK. Penicillin G and Wound Healing. *Arch Surg.*1970; 101 (5): 610–1.
- [22] Li Z, Liu M, Wang H, Du S. Increased cutaneous wound healing effect of biodegradable liposomes containing madecassoside: Preparation optimization, in vitro dermal permeation, and in vivo bioevaluation. *Int J Nanomedicine.*2016; 11: 2995–3007.
- [23] Kianvash N, Bahador A, Pourhajibagher M, Ghafari H, Nikoui V, Rezayat SM, et al. Evaluation of propylene glycol nanoliposomes containing curcumin on burn wound model in rat: biocompatibility, wound healing, and anti - bacterial effects. *Drug Deliv Transl Res.*2017; 7 (5): 654–63.
- [24] Choi JU, Lee SW, Pangeni R, Byun Y, Yoon IS, Park JW. Preparation and in vivo evaluation of cationic elastic liposomes comprising highly skin - permeable growth factors combined with hyaluronic acid for enhanced diabetic wound - healing therapy. *Acta Biomater* [Internet].2017; 57: 197–215. Available from: <http://dx.doi.org/10.1016/j.actbio.2017.04.034>
- [25] Tian J, Wong KKY, Ho CM, Lok CN, Yu WY, Che CM, et al. Topical delivery of silver nanoparticles promotes wound healing. *ChemMedChem.*2007; 2 (1): 129–36.
- [26] Chigurupati S, Mughal MR, Okun E, Das S, Kumar A, McCaffery M, et al. Effects of cerium oxide nanoparticles on the growth of keratinocytes, fibroblasts and vascular endothelial cells in cutaneous wound healing. *Biomaterials* [Internet].2013; 34 (9): 2194–201. Available from: <http://dx.doi.org/10.1016/j.biomaterials.2012.11.061>
- [27] Kim MH, Park H, Nam HC, Park SR, Jung JY, Park WH. Injectable methylcellulose hydrogel containing silver oxide nanoparticles for burn wound healing. *Carbohydr Polym* [Internet].2018; 181 (November): 579–86. Available from: <http://dx.doi.org/10.1016/j.carbpol.2017.11.109>
- [28] Perumal S, Ramadass SK, Madhan B. Sol - gel processed mupirocin silica microspheres loaded collagen scaffold: A synergistic bio - composite for wound healing. *Eur J Pharm Sci* [Internet].2014; 52 (1): 26–33. Available from: <http://dx.doi.org/10.1016/j.ejps.2013.10.006>
- [29] Gainza G, Pastor M, Aguirre JJ, Villullas S, Pedraz JL, Hernandez RM, et al. A novel strategy for the treatment of chronic wounds based on the topical administration of rhEGF - loaded lipid nanoparticles: In vitro bioactivity and in vivo effectiveness in healing - impaired db/db mice. *J Control Release* [Internet].2014; 185 (1): 51–61. Available from: <http://dx.doi.org/10.1016/j.jconrel.2014.04.032>