



Recent Advances in Nanotechnology for the Treatment of Ocular Diseases

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DOI : <https://doi.org/10.55248/gengpi.6.0125.0667>

ABSTRACT

This review provides framework. It aids in comprehending contentious eye ailment studies. Differential diagnosis and management are discussed by it, This review provides framework. It aids in comprehending contentious eye ailment studies. Differential diagnosis and management are discussed by it, particularly for rheumatologists. Uveitis scleritis, episcleritis are subjects of discussion. Peripheral ulcerative keratitis and orbital inflammation too are subjects discussed. Ocular diseases are a concerning issue. This includes glaucoma and age-related macular degeneration. Diabetic retinopathy is another. Keratoconjunctivitis is one more. They all contribute to vision impairment and blindness on a global scale. Even with considerable advances in the field of ophthalmology issues persist. Conventional treatments have their limits. They are often hindered by poor bioavailability. Off-target effects are a problem as well. Furthermore, patient non-compliance is too often an issue Nanotechnology holds promise in addressing these challenges. It provides innovative solutions. These solutions enable precise drug delivery. Therapeutic efficacy can be improved. Minimally invasive procedures can be more effective. This review shines a light on the most recent progress. This is in respect to the application of nanotechnology. Specifically for the management and treatment of ocular diseases

Keywords: Ocular, Uveitis scleritis, Diabetic retinopathy, Nanotechnology

1. Nanotechnology in Ocular Drug Delivery

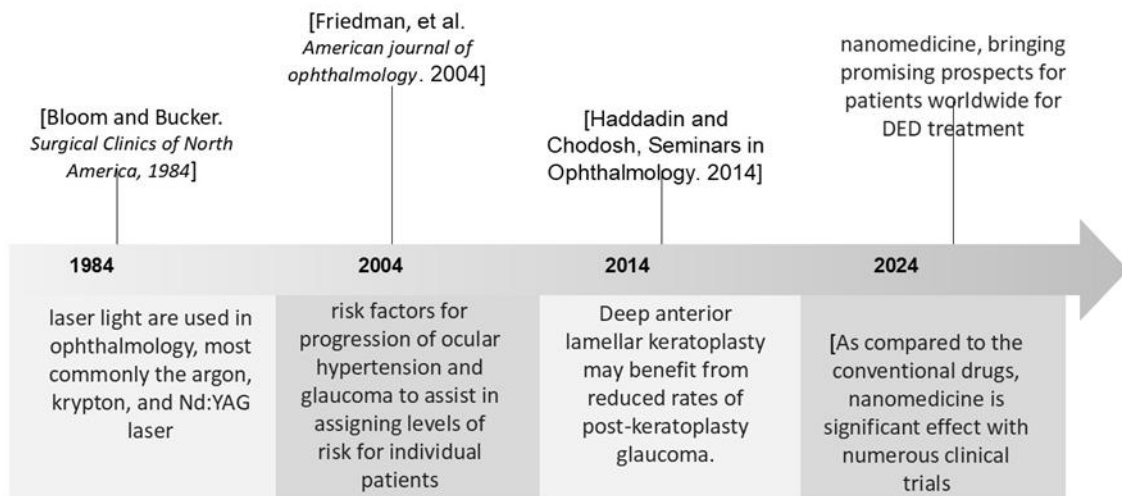
1.1. Nanoparticles

Nanoparticles have cropped up as exciting vehicles for ocular drug delivery. This is due to their ability to enclose therapeutic agents. They also enhance stability and supply controlled release. Recent inquiries have probed the utility of lipid-based nanoparticles along with polymeric particles. Additionally they examined inorganic nanoparticles for diverse ocular applications. (Călugăru & Călugăru, 2009) Lipid-based nanoparticles: Liposomes and solid lipid nanoparticles are developed. These are for the delivery of anti-glaucoma drugs. They show drug retention in the eye is extended. Similarly, they demonstrate reduction in intraocular pressure (Funk, 2011). Polymeric nanoparticles: Biodegradable polymers are used to deliver. An example is PLGA (Poly lactic-co-glycolic acid). It delivers corticosteroids and anti-VEGF agents for MD and diabetic retinopathy. These polymers provide sustained release profiles. They lower the frequency of dosing (Fechtner & Khouri, 2007). Inorganic nanoparticles: Gold and silica nanoparticles are useful. They show potential in imaging and therapeutic applications. A notable use is photothermal therapy for retinal neovascularization (Leshno, et al., 2023).

2. Nano micelles

Micro-micelles is amphiphilic solubilize drugs that are hydrophobic to enhance penetration in the cornea. Some of the most recent advancements have come in the form of stimuli-responsive Nano-micelles (Bloom & Brucker, 1984). These release drugs in response to changes in pH and temperature. The aim behind these advancements is to provide Site-specific therapy for ocular inflammation. Now remember, when we mention Medeiros and Weinreb in 2008 we are referring to this advancement. However, Dendrimers are highly branched nanoscale polymers. They have an architecture that is well defined. Their unique structure is key (Călugăru & Călugăru, 2009). It allows for high drug-loading capacity. It also enables targeted delivery. Studies of late have honed in on dendrimers. They're eyeing them for delivering anti-inflammatory and antimicrobial agents. The results so far are promising. They've shown some promise in the treatment of bacterial keratitis (Wang et al., 2016).

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3. Advances in Gene and Cell Therapy

Nanotechnology for Gene Delivery

Gene therapy holds immense potential, particularly for treating inherited retinal disorders and other ocular diseases (Parajuli Shrestha, Sharma, Shrestha 2022). Nanotechnology has played a crucial role in this field by developing non-viral vectors, such as lipid nanoparticles and polymeric carriers, which offer safer alternatives to viral vectors. Notable recent breakthroughs include the delivery of CRISPR-Cas9 components using nanoparticles for gene editing, raising hopes for treating genetic conditions like Leber congenital amaurosis (Zhang, Lin 2024). Another advancement is the delivery of siRNA using lipid-based nanoparticles to silence VEGF expression in AMD, demonstrating significant therapeutic effects in preclinical studies (Weinreb et al., 2004). (Khatri et al., 2022).

Nanomaterials in Cell Therapy

Nanotechnology boosts cell-based therapies. It offers biomimetic scaffolds. It also boosts cell survival and integration. Nanofiber-based scaffolds are an example. They've been used to back up the growth and differentiation of retinal pigment epithelial cells. This offers potential solutions for AMD and retinal detachment (Higginbotham 2006).

Diagnostic Applications of Nanotechnology

1. Nano biosensors

Ocular diagnostics were revolutionized by nano biosensors. These sensors permit ultra-sensitive detection biomarkers. The biomarkers are linked with ocular diseases. Nano biosensors work to detect these biomarkers. Recent innovations were noted. Quantum dots form part of these innovations. Quantum dots are used for imaging. Also, for detecting biomarkers found in tear fluids. These tear fluid biomarkers are crucial to early diagnosis of specific diseases. These diseases are dry eye syndrome and diabetic retinopathy (Gazzard, et al., 2019). Another breakthrough surface-enhanced Raman scattering (SERS). Gold nanoparticles play a role in SERS innovations. These nanoparticles are functionalized with specific antibodies. They are used to detect low concentrations of ocular biomarkers. The biomarkers in question are VEGF and MMP-9. Research on these is credited to Lusthaus and Goldberg in 2016.

2. Imaging with Nanoparticles

Nanoparticles serve to step-up imaging methods. These methods include optical coherence tomography (OCT) and fluorescence imaging. Iron oxide nanoparticles act as contrast agents, useful in tracking inflammation in uveitis. There is exploration around the use of gold nanoparticles for retinal vasculature's real-time imaging. These details work by Ramírez and others in 2023. Complexity of ocular disease management through nanotechnology is revealed by numerous challenges. Persistence of several challenges does continue. This is given by research from Ramírez and others, in 2023. There is the matter of biocompatibility and toxicity to consider. It involves ensuring the safety of nanomaterials for long-term use in ocular tissues. There are also regulatory hurdles. The task is to establish standardized protocols. This is especially important for clinical translation of nanotechnology-based therapies. Names of contributors are Millar, Sundaresan Zode and Clark. All in 2023. It is essential to consider scalability. This relates to the development of cost-effective and scalable manufacturing processes. The process is for nanoparticles. The question remains: how can it be done? Future research must focus on the challenges. They must also focus on exploring the integration of nanotechnology. The integration is with advanced

modalities (Higginbotham, 2006). These include artificial intelligence and precision medicine. This integration promises to revolutionize ocular healthcare. It's important to keep in mind the work of Ramírez and colleagues in 2023. It is essential to consider scalability. This relates to the development of cost-effective and scalable manufacturing processes. The process is for nanoparticles. The question remains: how can it be done? Future research must focus on the challenges. They must also focus on exploring the integration of nanotechnology. The integration is with advanced modalities. These include artificial intelligence and precision medicine. This integration promises to revolutionize ocular healthcare. It's important to keep in mind the work of Ramírez and colleagues in 2023. Primary open angle glaucoma and ocular hypertension are habitually treated with eye drops that lower intraocular pressure. Selective laser trabeculoplasty is a safe alternative but is rarely used as first-line treatment. Many sources of laser light are used in ophthalmology, most commonly the argon, krypton, and Nd:YAG laser. glaucoma in the setting of corneal transplantation was performed. Preexisting glaucoma and aphakia are notable risk factors. Patients that are candidates for deep anterior lamellar keratoplasty may benefit from reduced rates of post-keratoplasty glaucoma. Although glaucoma also complicates eyes with Descemet stripping endothelial keratoplasty, the severity is less and the intraocular pressure is more easily controlled when compared to penetrating keratoplasty.

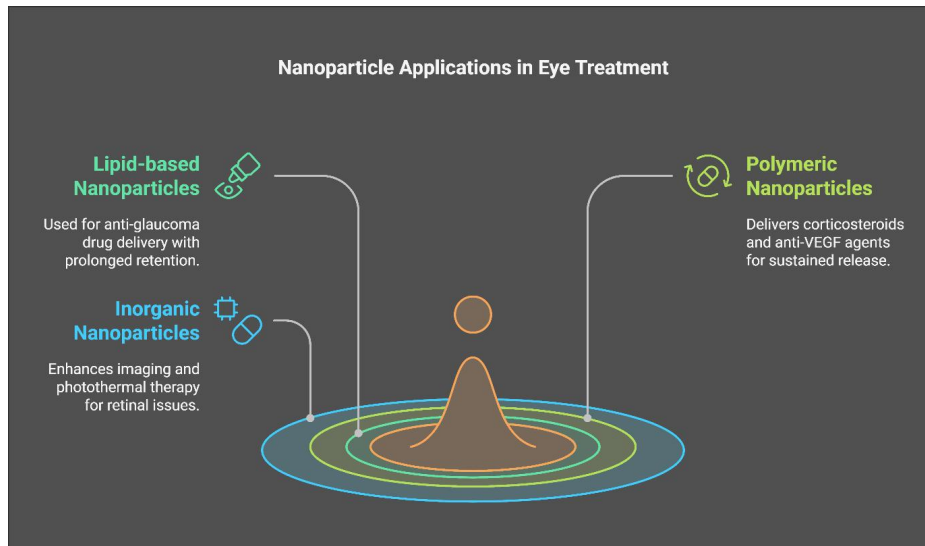


Fig. 1 Application of the Nanoparticle

Conclusion

Nanotechnology initiated a fresh era of innovation. It does so particularly in the treatment and diagnosis of ocular diseases. It enhances drug delivery systems. It also enables cutting-edge gene and cell therapies. Nanotechnology promises to transform ophthalmology. Continued interdisciplinary research is needed. Also important is collaboration. It will be crucial for translating these advancements into clinical practice. Ultimately this will improve patient outcomes. It will also help in preserving vision for millions worldwide. The development of the nano-based system helped in delivering the drug in the desired concentration. Improvement in penetration property, bioavailability, and residence time has all been achieved by encapsulating drugs into liposomes, dendrimers, solid lipid nanoparticle, nanostructured lipid carrier, nanoemulsion, and nanosuspension. Endothelial keratoplasty creates unique perioperative issues mostly related to management of anterior chamber air bubbles. loss post-keratoplasty and an important cause of graft failure. With newer techniques, such as lamellar, endothelial, and laser-assisted keratoplasty as well as keratoprosthesis gaining popularity, clinicians will need to consider the incidence, risks, evaluation, and management of glaucoma for each type of keratoplasty when determining which type of transplant may be most appropriate. Nanoparticle with the latest method of the laser therapy will be major revolution in the ophthalmic field and ocular drug delivery system. In conclusion, recent advances in nanotechnology have shown significant promise in the treatment of ocular diseases. Nanotechnology offers innovative solutions for precise drug delivery, improving therapeutic efficacy, and enabling minimally invasive procedures. The development of non-viral vectors, such as lipid nanoparticles and polymeric carriers, provides safer alternatives to traditional viral vectors. Notable breakthroughs include the delivery of CRISPR-Cas9 components using nanoparticles for gene editing and the use of lipid-based nanoparticles for siRNA delivery to silence VEGF expression in AMD. These advancements raise hope for treating genetic conditions and improving the quality of life for patients with ocular diseases. Continued research and development in this field are essential to fully realize the potential of nanotechnology in ocular therapeutics.

. Conflict of Interest

The authors declare no conflict of interest, financial or otherwise.

References

Bloom, L. H., & Brucker, A. J. (1984, October). Lasers in Ophthalmology. *Surgical Clinics of North America*, 64, 1013–1024. doi:10.1016/s0039-6109(16)43444-4

- Călugăru, D., & Călugăru, M. (2009). [Steroid induced ocular hypertension and glaucoma]. *Oftalmologia* (Bucharest, Romania : 1990), 53(3), 15-33.
- Chamard, C., Villain, M., Bron, A., Causse, A., Bentaleb, Y., Pelen, F., . . . Daien, V. (2020). Prevalence of Unknown Ocular Hypertension, Glaucoma Suspects, and Glaucoma in Patients Seen in an Ophthalmology Center in France. *Ophthalmic research*, 63(3), 295-301.
- Chan, W., Wiggs, J. L., & Sobrin, L. (2019, June). The Genetic Influence on Corticosteroid-Induced Ocular Hypertension: A Field Positioned for Discovery. *American journal of ophthalmology*, 202, 1-5.
- Chavez, M. P., Guedes, G. B., Pasqualotto, E., Lopes, L. M., Ferreira, R. O., de Souza, E. S., & de Souza, T. T. (2024, December). Selective Laser Trabeculoplasty Versus Medical Therapy for the Treatment of Open Angle Glaucoma or Ocular Hypertension: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Journal of glaucoma*, 33(12), 973-986.
- Cunningham, E. T., & Zierhut, M. (2017, December). Uveitic Ocular Hypertension and Glaucoma. *Ocular immunology and inflammation*, 25, pp. 737-739. England.
- Davidson, M., Berkowitz, E., Roberts, H., Wanas, A., & Myerscough, J. (2022, October). Selective Laser Trabeculoplasty for Steroid-Induced Ocular Hypertension following Endothelial Keratoplasty. *Current eye research*, 47(10), 1362-1365.
- Dibas, A., & Yorio, T. (2016, September). Glucocorticoid therapy and ocular hypertension. *European journal of pharmacology*, 787, 57-71.
- Espinosa-Barberi, G., Galván González, J. F., & Antón, A. (2020, October). Ocular hypertension in Axenfeld-Rieger Syndrome. *Romanian journal of ophthalmology*, 64(4), 455-458.
- Fechtner, R. D., & Khouri, A. S. (2007, March). Evolving global risk assessment of ocular hypertension to glaucoma. *Current opinion in ophthalmology*, 18(2), 104-9.
- Felfeli, T., Rhee, J., Eshtiaghi, A., Balas, M., Tai, F., Kaplan, A. J., . . . Derzko-Dzulynsky, L. A. (2024, December). Characteristics of ocular hypertension and uveitic glaucoma among patients with noninfectious uveitis. *Canadian journal of ophthalmology. Journal canadien d'ophtalmologie*, 59(6), 430-438.
- Friedman, D. S., Wilson, M. R., Liebmann, J. M., Fechtner, R. D., & Weinreb, R. N. (2004, September). An evidence-based assessment of risk factors for the progression of ocular hypertension and glaucoma. *American journal of ophthalmology*, 138(3 Suppl), S19-31.
- Funk, J. (2011, November). [Ocular hypertension. What is it actually?]. *Der Ophthalmologe : Zeitschrift der Deutschen Ophthalmologischen Gesellschaft*, 108(11), 1005.
- Garg, A., & Gazzard, G. (2020, January). Treatment choices for newly diagnosed primary open angle and ocular hypertension patients. *Eye (London, England)*, 34(1), 60-71.
- Gazzard, G., Konstantakopoulou, E., Garway-Heath, D., Garg, A., Vickerstaff, V., Hunter, R., . . . Zhu, H. (2019, April). Selective laser trabeculoplasty versus eye drops for first-line treatment of ocular hypertension and glaucoma (LiGHT): a multicentre randomised controlled trial. *The Lancet*, 393, 1505-1516. doi:10.1016/s0140-6736(18)32213-x
- Gopal, K. S. (2004, September). Ocular hypertension. *Ocular hypertension.*, 52(3), 257-8; author reply 258-9. India.
- Haddadin, R. I., & Chodosh, J. (2014, September). Corneal Transplantation and Glaucoma. *Seminars in Ophthalmology*, 29, 380-396. doi:10.3109/08820538.2014.959201
- Higginbotham, E. J. (2006). Treating ocular hypertension to reduce glaucoma risk: when to treat? *Drugs*, 66(8), 1033-9.
- Kasetti, R. B., Maddineni, P., Kodati, B., Nagarajan, B., & Yacoub, S. (2021, November). Astragaloside IV Attenuates Ocular Hypertension in a Mouse Model of TGFβ2 Induced Primary Open Angle Glaucoma. *International journal of molecular sciences*, 22(22).
- Kesav, N., Palestine, A. G., Kahook, M. Y., & Pantcheva, M. B. (2020, July). Current management of uveitis-associated ocular hypertension and glaucoma. *Survey of ophthalmology*, 65(4), 397-407.
- Khatri, A., Singh, K., Wagle, B., Hony, K. C., Karki, P., & Mermoud, A. (2022, January). Causes and Managements of Early-Onset Ocular Hypertension Following Pars Plana Vitrectomy with Silicone Oil for Retinal Detachment and Exploration of Trabeculectomy as a Viable Alternative Management: A Pilot Study. *Nepalese journal of ophthalmology : a biannual peer-reviewed academic journal of the Nepal Ophthalmic Society : NEPJOPH*, 14(27), 39-48.
- Kohli, D., Chen, J. J., Bhatti, M. T., Moore-Weiss, J. M., & Roddy, G. W. (2022, December). Optic Disc Drusen in Patients With Ocular Hypertension: A Case Series and Review of the Literature. *Journal of neuro-ophthalmology : the official journal of the North American Neuro-Ophthalmology Society*, 42(4), 470-475.
- Lee, B. L., & Wilson, M. R. (2003, April). Ocular Hypertension Treatment Study (OHTS) commentary. *Current opinion in ophthalmology*, 14(2), 74-7.
- Leshno, A., De Moraes, C. G., Cioffi, G. A., Kass, M., Gordon, M., & Liebmann, J. M. (2023, November). Risk Calculation in the Medication Arm of the Ocular Hypertension Treatment Study. *Ophthalmology. Glaucoma*, 6(6), 592-598.

- Li, F., Huang, W., & Zhang, X. (2018, May). Efficacy and safety of different regimens for primary open-angle glaucoma or ocular hypertension: a systematic review and network meta-analysis. *Acta ophthalmologica*, 96(3), e277-e284.
- Liu, M.-X., Zhou, M., Li, D.-L., Dong, X.-X., Liang, G., & Pan, C.-W. (2023, March). Corneal Biomechanics in Primary Open Angle Glaucoma and Ocular Hypertension: A Systematic Review and Meta-analysis. *Journal of glaucoma*, 32(3), e24-e32.
- Lusthaus, J. A., & Goldberg, I. (2016, October). Investigational and experimental drugs for intraocular pressure reduction in ocular hypertension and glaucoma. *Expert opinion on investigational drugs*, 25(10), 1201-8.
- Ma, Y., Chen, Z., Ma, Z., Ye, H., Zhang, Z., Wang, Y., . . . Zhao, Y. (2022, December). Increased Risk of Ocular Hypertension in Patients With Cushing's Disease. *Journal of glaucoma*, 31(12), 941-946.
- Maier, P. C., Funk, J., Schwarzer, G., Antes, G., & Falck-Ytter, Y. T. (2005, July). Treatment of ocular hypertension and open angle glaucoma: meta-analysis of randomised controlled trials. *BMJ (Clinical research ed.)*, 331(7509), 134.
- Medeiros, F. A., & Weinreb, R. N. (2008). Risk assessment in glaucoma and ocular hypertension. *International ophthalmology clinics*, 48(4), 1-12.
- Miele, A., Govetto, A., Fumagalli, C., Donati, S., Biagini, I., Azzolini, C., . . . Virgili, G. (2018, May). OCULAR HYPERTENSION AND GLAUCOMA FOLLOWING VITRECTOMY: A Systematic Review. *Retina (Philadelphia, Pa.)*, 38(5), 883-890.
- Millar, J. C., Sundaresan, Y., Zode, G. S., & Clark, A. F. (2023). Viral Vector-Induced Ocular Hypertension in Mice. *Methods in molecular biology (Clifton, N.J.)*, 2708, 77-97.
- O'Shaughnessy, E., Fénolland, J. R., Giraud, J.-M., & Renard, J.-P. (2022, March). Trends in prescriptions for glaucoma and ocular hypertension in France between 2014 and 2019. *Journal francais d'ophtalmologie*, 45(3), 331-337.
- Parajuli, S., Shrestha, P., Sharma, S., & Shrestha, J. K. (2022, January). Prevalence of Ocular Hypertension in Patients Above 40 Years of Age. *Nepalese journal of ophthalmology : a biannual peer-reviewed academic journal of the Nepal Ophthalmic Society : NEPJOPH*, 14(27), 140-143.
- Poli, M., Denis, P., Dot, C., & Nordmann, J.-P. (2017, March). [Ocular hypertension after intravitreal injection: Screening and management]. *Journal francais d'ophtalmologie*, 40(3), e77-e82.
- Ramírez, J. M., Salobar-García, E., de Hoz, R., Salazar, J. J., Matamoros, J. A., Sánchez-Puebla, L., . . . Ramírez, A. I. (2023). Laser-Induced Ocular Hypertension in a Mouse Model of Glaucoma. *Methods in molecular biology (Clifton, N.J.)*, 2708, 49-56.
- Razeghinejad, R., Lin, M. M., Lee, D., Katz, L. J., & Myers, J. S. (2020, September). Pathophysiology and management of glaucoma and ocular hypertension related to trauma. *Survey of ophthalmology*, 65(5), 530-547.
- Rewri, P., & Ali, W. (2022, February). Erroneous assumption of ocular hypertension in patients with elevated intraocular pressure. *Indian journal of ophthalmology*, 70(2), 564-568.
- Roddy, G. W. (2020, September). Metabolic Syndrome Is Associated With Ocular Hypertension and Glaucoma. *Journal of glaucoma*, 29(9), 726-731.
- Saboo, U. S., Amparo, F., Shikari, H., & Dana, R. (2016, May). Prevalence of ocular hypertension and glaucoma in patients with chronic ocular graft-versus-host disease. *Graefe's archive for clinical and experimental ophthalmology = Albrecht von Graefes Archiv für klinische und experimentelle Ophthalmologie*, 254(5), 923-8.
- Schlote, T., & Zierhut, M. (1999). Ocular hypertension and glaucoma associated with scleritis and uveitis. Aspects of epidemiology, pathogenesis and therapy. *Developments in ophthalmology*, 30, 91-109.
- Sharif, N. A. (2023, December). Gene therapies and gene product-based drug candidates for normalizing and preserving tissue functions in animal models of ocular hypertension and glaucoma. *Molecular aspects of medicine*, 94, 101218.
- Sharif, N. A., Odani-Kawabata, N., Lu, F., & Pinchuk, L. (2023, April). FP and EP2 prostanoid receptor agonist drugs and aqueous humor outflow devices for treating ocular hypertension and glaucoma. *Experimental eye research*, 229, 109415.
- Sommer, A. (2010, March). Treatment of ocular hypertension: Hamlet's Lament revisited. *Archives of ophthalmology (Chicago, Ill. : 1960)*, 128, pp. 363-4. United States.
- Song, X.-Y., Chen, Y.-Y., Liu, W.-T., Cong, L., Zhang, J.-L., Zhang, Y., & Zhang, Y.-Y. (2022, June). Atorvastatin reduces IOP in ocular hypertension in vivo and suppresses ECM in trabecular meshwork perhaps via FGD4. *International journal of molecular medicine*, 49(6).
- Sudhalkar, A., Bilgic, A., Vasavada, S., Kodjikian, L., Mathis, T., de Ribot, F. M., . . . Sudhalkar, A. (2021, February). Current intravitreal therapy and ocular hypertension: A review. *Indian journal of ophthalmology*, 69(2), 236-243.
- Sun, X.-h. (2012, June). [Management of juvenile ocular hypertension]. [*Zhonghua yan ke za zhi*] Chinese journal of ophthalmology, 48, pp. 481-4. China.

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- Sun, Y. Y., Chen, W. W., & Wang, N. L. (2016, July). [Diagnosis and treatment of ocular hypertension]. [Zhonghua yan ke za zhi] Chinese journal of ophthalmology, 52(7), 542-6.
- Tuulonen, A. (2016, March). Treatment of ocular hypertension: is it cost effective? Current opinion in ophthalmology, 27(2), 89-93.
- Vecino, E., Urcola, H., Bayon, A., & Sharma, S. C. (2018). Ocular Hypertension/Glaucoma in Minipigs: Episcleral Veins Cauterization and Microbead Occlusion Methods. *Methods in molecular biology* (Clifton, N.J.), 1695, 41-48.
- Weinreb, R. N. (2004, September). Ocular hypertension: defining risks and clinical options. *American journal of ophthalmology*, 138(3 Suppl), S1-2.
- Weinreb, R. N., Friedman, D. S., Fechtner, R. D., Cioffi, G. A., Coleman, A. L., Girkin, C. A., . . . Kannel, W. B. (2004, September). Risk assessment in the management of patients with ocular hypertension. *American journal of ophthalmology*, 138(3), 458-67.
- Zhang, Y., & Lin, M. M. (2024, April). Ocular Hypertension and Glaucoma After Open Globe Injury. *International ophthalmology clinics*, 64(2), 63-73.