

Treatment of Traumatic Brain Injury: Nanotherapeutics

Rajiv Kumar^{1,*}

¹University of Delhi, Delhi, 110007, India

*Correspondence should be addressed to Rajiv Kumar, chemsitry_rajiv@hotmail.com

Received date: March 25, 2024, **Accepted date:** March 26, 2024

Citation: Kumar R. Treatment of Traumatic Brain Injury: Nanotherapeutics. J Clin Haematol. 2024;5(1):1-3.

Copyright: ©2024 Kumar R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial

Nanotechnology and regenerative nanotherapeutics enrich the renewing features and function of the diseased cells and tissue by replenishing the local environment, while inhibiting further degeneration. These featured therapeutics perform cell maintenance and promote cellular events to develop better communication between re-forming molecules of remedies and the brain [1]. These therapeutics treat traumatic brain injury and initiate repair as well as can easily target neurological diseases, despite, it is a difficult task, because of the complex nature of nerve cells, including the difficulty of bypassing the blood brain barriers. Approximately 2.5 million people in the US are suffering from the traumatic brain injuries reported by Sharma et al. [2]. The same research paper claimed that there is a significant reduction in brain swelling and damage in traumatic brain injury after injecting nanoparticles. The paper specifically revealed that these nanoparticles as "500 nm-diameter particles" consist of biopolymer carboxylated poly (lactic-co glycolic) acid can do it within two hours of the injury [3]. Recently, the impact of polymeric nanoparticles and related features, including chemistry, and size, ability of interactions with the vasculature and cells of the brain after injury was detected during the treatment of traumatic brain injury. Nonetheless, the improvement of the behavioral and enhanced neuroprotection is also observed as promises of therapeutic outcomes [4]. Catalytic carbon nano-antioxidant, poly(ethylene)glycol conjugated hydrophilic carbon clusters rapidly restored cerebral perfusion, brain oxidative balance and enhanced functional and structural improvement experimentally in traumatic brain injury complicated by hypotension and resuscitation [5]. One of the main complexities of these strategies treating traumatic brain injury by applying nanotherapeutics is the restrained paths for drug delivery, because of the blood-brain barrier. These persistent obstacles in the brain pathologies can be easily removed by developing new strategies. The penetration

ability of nanomedicine in the case of altered cellular up-take, because of change the pathophysiology of the damaged or diseased tissue also affected. Besides it, the immunological and toxicological aspects are other concerns in treating damages and diseases existed beyond the blood brain barrier, here the reported findings about the implementation of the nano-based neuropharmacology and the role of extracellular matrix were illustrated [6]. Neuron-targeted nanoparticles that have in-built abilities for siRNA delivery can treat traumatic brain injuries [7]. Caffeine, notified as a neuroprotective agent during clinical trials conducted for treating neurodegenerative diseases. After applying the nanocoffee particles, a huge change was observed in behavior, protein, and dendritic cells during the treatment of traumatic brain injury [8]. In these trials, improved behavioral outcomes and enhanced neuronal health were noticed. Furthermore, alteration like favorable molecular signaling changes, and dendritic changes also testified to check the validity of the test.

Another concern of brain injuries is neuroinflammation and toxicity. Interestingly, core-cross-linked nanoparticles were tested in a mouse model and obtained results showed that these remedies are reducing neuroinflammation and enhanced the result of traumatic brain injury [9]. A peptide for targeted, and systemic delivery was applied as therapeutic compounds into acute brain injuries and proved effective in targeting delivery [10]. Traumatic brain injury enhanced central and peripheral inflammatory responses [11]. Unfortunately, there is no existing remedy that can effectively and quickly heal the brain-inflamed regions and can be considered as a novel therapeutic towards the effective brain trauma treatments. Recently, biomimetic nanoparticles were reported that can be used as a theranostic tool in treating traumatic brain injury [12]. Moreover, magnetic micelles (chitosan and polyethylene mine (PEI)-coated magnetic micelles) were used to deliver a reporter DNA to the rat brain after mild traumatic brain injury [13]. Nanomedicines designed for

brain delivery/action have a difficult hurdle to overcome, and in this context, some research groups have developed macromolecular therapeutics for treating central nervous system lymphoma and traumatic brain injury. Other research groups have developed nanoparticles to reboot that will treat brain-injury, even those with mild injuries, including stroke. Traumatic brain injury initiates chronic neurodegeneration and initiate Alzheimer disease that specifically inhibits the pathophysiology underlying traumatic brain injury-associated neurodegeneration by targeting tau in traumatic brain injury [14]. The pathological conditions existed during necrosis, because of ischemic diseases and traumatic brain injury can be targeted by applying nanoparticles for detecting traumatic brain injury [15]. Highly loaded nanoparticulate formulation of progesterone is a promising therapeutic for treating traumatic brain injury in emergency [16]. Nanotechnology presents strategies that can overcome biological barriers and different nanoparticles were considered for analyzing the disease-mediated changes in the brain microenvironment. Later on, these small remedies were applied for nanoscale drug delivery drugs for enhanced cell interaction. These remedies can enhance the nanoparticle-microglial interaction in the ischemic brain for a better treatment [17].

Acknowledgements

The author gratefully acknowledges his younger brother, Bitto.

Consent for Publication

Not applicable.

Funding

This research received no particular grant from any funding agency in the public, private, or not-for-profit sectors.

Conflict of Interest

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

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data Availability Statement

Due to the nature of the research, [ethical, legal/commercial] supporting data is not applicable and thus not available.

References

1. Kumar N, Kumar R. Nanotechnology and Nanomaterials in the

Treatment of Life-threatening Diseases. William Andrew; 2014.

2. Sharma S, Ifergan I, Kurz JE, Linsenmeier RA, Xu D, Cooper JG, et al. Intravenous immunomodulatory nanoparticle treatment for traumatic brain injury. *Annals of Neurology.* 2020 Mar;87(3):442-55.

3. Roointan A, Kianpour S, Memari F, Gandomani M, Gheibi Hayat SM, Mohammadi-Samani S. Poly (lactic-co-glycolic acid): The most ardent and flexible candidate in biomedicine!. *International Journal of Polymeric Materials and Polymeric Biomaterials.* 2018 Nov 22;67(17):1028-49.

4. Onyeje C, Lavik E. Highlighting the usage of polymeric nanoparticles for the treatment of traumatic brain injury: A review study. *Neurochemistry International.* 2021 Jul 1;147:105048.

5. Mendoza K, Derry PJ, Cherian LM, Garcia R, Nilewski L, Goodman JC, et al. Functional and structural improvement with a catalytic carbon nano-antioxidant in experimental traumatic brain injury complicated by hypotension and resuscitation. *Journal of Neurotrauma.* 2019 Jul 1;36(13):2139-46.

6. Henrich-Noack P, Nikitovic D, Neagu M, Docea AO, Engin AB, Gelperina S, et al. The blood-brain barrier and beyond: Nano-based neuropharmacology and the role of extracellular matrix. *Nanomedicine: Nanotechnology, Biology and Medicine.* 2019 Apr 1;17:359-79.

7. Kwon EJ, Skalak M, Lo Bu R, Bhatia SN. Neuron-targeted nanoparticle for siRNA delivery to traumatic brain injuries. *ACS Nano.* 2016 Aug 23;10(8):7926-33.

8. Ratliff WA, Saykally JN, Mervis RF, Lin X, Cao C, Citron BA. Behavior, protein, and dendritic changes after model traumatic brain injury and treatment with nanocoffee particles. *BMC Neuroscience.* 2019 Dec;20:1-10.

9. Yoo D, Magsam AW, Kelly AM, Stayton PS, Kievit FM, Convertine AJ. Core-cross-linked nanoparticles reduce neuroinflammation and improve outcome in a mouse model of traumatic brain injury. *ACS Nano.* 2017 Sep 26;11(9):8600-11.

10. Mann AP, Scodeller P, Hussain S, Joo J, Kwon E, Braun GB, et al. A peptide for targeted, systemic delivery of imaging and therapeutic compounds into acute brain injuries. *Nature Communications.* 2016 Jun 28;7(1):11980.

11. Kumar R. Routes of Neuroinflammation Autophagy and Calcium Dependent Mechanisms in Traumatic Brain Injury. *Biomedical Journal of Scientific & Technical Research.* 2024 Feb 08; 54(5):46510-12.

12. Zinger A, Soriano S, Baudo G, De Rosa E, Taraballi F, Villapol S. Biomimetic nanoparticles as a theranostic tool for traumatic brain injury. *Advanced Functional Materials.* 2021 Jul;31(30):2100722.

13. Das M, Wang C, Bedi R, Mohapatra SS, Mohapatra S. Magnetic micelles for DNA delivery to rat brains after mild traumatic brain injury. *Nanomedicine: Nanotechnology, Biology and Medicine.* 2014 Oct 1;10(7):1539-48.

14. Crunkhorn S. Targeting tau in traumatic brain injury. *Nat. Rev. Drug Discov.* 2021 Jun 1;20:424.

15. Cruz LJ, Que I, Aswendt M, Chan A, Hoehn M, Löwik C. Targeted nanoparticles for the non-invasive detection of traumatic brain injury by optical imaging and fluorine magnetic resonance imaging. *Nano Research*. 2016 May;9:1276-89.

16. Figueroa CE, Reider P, Burckel P, Pinkerton AA, Prud'homme RK. Highly loaded nanoparticulate formulation of progesterone for

emergency traumatic brain injury treatment. *Therapeutic Delivery*. 2012 Nov;3(11):1269-79.

17. Joseph A, Liao R, Zhang M, Helmbrecht H, McKenna M, Filteau JR, et al. Nanoparticle-microglial interaction in the ischemic brain is modulated by injury duration and treatment. *Bioengineering & Translational Medicine*. 2020 Sep;5(3):e10175.