INTRODUCTION:

Brain being one the toughest barrier for the delivery of drugs, due to the presence of the blood brain barrier (BBB). Delivery of drugs to blood brain barrier has been achieved through prodrug approach. Delivery of drugs through nanoparticles has been a drug delivery of choice, that can bypass the RES. Solid lipid nanoparticles, are specific successful nanoparticles, that overcome the limitations and toxicity of nanoparticles. These range in nanoscale that has the capacity to enclose both hydrophilic and lipophilic drugs [4-6].

The human brain is divided into 3 main parts on the basis of their function and location[78]. Fore Brain, Mid Brain and Hind Brain. Fore Brain is the anterior part of the brain. It is responsible for controlling the voluntary actions. It collects sensory information from various organs such as ears, skin, tongue, eyes. Fore brain has 3 parts namely Cerebrum, Thalamus, Limbic system. Cerebrum is considered as biggest part of the brain. Higher brain functions such as thinking and action are associated with cerebrum. It is divided into 2 halves called cerebral hemisphere. Right hemisphere related to creativity and left hemisphere links to logic abilities. They communicate via corpus colossum. Cerebral cortex is outer region of cerebrum. Cerebral cortex is again divided into four lobes Frontal lobe, Parietal lobe, Occipital lobe, Temporal lobe functions of cerebral cortex are sensory processing, determines the intelligence of the being, helpful for the movement. Thalamus is a small structure which is situated within brain. It is located above the brain stem and between the cerebral cortex and mid brain. It is responsible for carrying the sensory information from body to cerebral cortex and limbic system. Limbic system is arc shaped structure between thalamus and cerebral cortex. It consists of hypothalamus, the hippocampus, the amygdala and other nearby areas. It is also known as paleo mammalian cortex. Functions of limbic system are management of hunger, fear, thirst, anger, and sexual response.

Mid brain is located below the cerebral cortex and above the hind brain. It is also called mesencephalon. Mid brain consists of 4 principal regions Tectum, Cerebral aqueduct, Tegmentum, Cerebral peduncles. It control reflex movement of the body and hearing reflexes.

Hind brain is present at the backside of the brain. It is also called as rhombencephalon. Hind brain is connecting link between the spinal cord and rest of the brain. It consist of Cerebellum, Pons, Medulla oblongata.
There is more research going in the areas of brain targeting, for treatment of neurological disorders. Most of the economy is taken into consideration, for treatment of brain disorders like, brain tumor, drugs that will help repair damage, help growth of brain cell etc. But these efforts still remain a challenge, due to the presence of the obstacles, of the BBB.

However, obstacles to effective therapy delivery remain, and one of the most notable obstacles for drugs to penetrate the brain effectively is the BBB (9-10).

**BLOOD BRAIN BARRIER (BBB)**

Basal membrane and brain cells, such as pericytes and astrocytes, surrounding the endothelial cells further form and maintain an enzymatic and physical barrier known as the blood-brain barrier (BBB).

**Structure:**

Although brain capillaries are morphologically similar to those found in other tissues, brain vessels are functionally bound to the other cells of the brain parenchyma. BBB consists of blood vessels built up by specialized endothelial cells (ECs), astrocytes, pericytes, and neuronal terminations.

**Blood–Cerebrospinal Fluid Barrier (BCSFB)**

BCSFB act as barrier to drugs entering the CNS. It is formed by the plexus epithelial cells. The epithelial cells have an arrangement in such a manner that it prevents the entry of molecules. Due to the presence of inconsistency between the interstitial fluid and CSF, put forward the occurrence of CSF-brain barrier.

The BBB is constituted of polarized endothelial cells that are linked by tight junctions, and presence of these, is responsible for low permeability, limiting the drug delivery to central nervous system (CNS). Different types of cells like pericytes, neurons, astrocytes regulate the BBB functionality(12,13).

**Strategies to evade the blood–brain barrier?**

Depending on the properties of BBB, there are number of strategies, that include pharmacological line, invasive methods and physiological (14-16). Pharmacological method include modification of drug, that will help to cross the BBB. But these modifications, affect the biological activity of the drug(17). While the invasive involves use of techniques as interruption of BBB, use of polymers, use of catheters etc. As these are invasive, may lead to damage to brain tissues, toxic conditions, infection chances. This is not cost effective method (18). The physiological way is considered to be better approach as compared to the two methods, as it takes the advantage of transport receptors, that help to cross the BBB barrier. These all three methods, suffer from the disadvantage of limited success rate for treatment of neural diseases. Due to the limitations of these methods, research has advanced for the use of nanotechnology, for effective
delivery of the drugs across the BBB. Nanoparticles have played an important role for brain drug delivery [19-20].

So, in this review, we are focusing on the most promising approach of solid lipid nanoparticles for drug brain targeting and delivery.

NOVEL DRUG DELIVERY SYSTEMS FOR BRAIN DRUG DELIVERY

There are numerous colloidal delivery systems tried by many investigators to overcome, the barriers of brain. These systems include lipid microspheres, microspheres, liposomes, niosomes, nanoparticles, and solid lipid nanoparticles (SLNs). As per the study of Chen et al., polymeric nanoparticles are suitable for drug delivery to the brain [21]. As per their study the uptake of the drug by brain is through different mechanisms like nanoparticles help in opening of the tight junctions, retention of drug in blood brain capillaries and transcytosis of these through the endothelium. The coating of these polymeric nanoparticles by polysorbates help in improvement of bioavailability. The mechanism of this includes – the polysorbates help in solubilization of lipids and membrane fluidization, Inhibition of efflux system, P-gp and endocytosis [22]. But, they possess certain limitations as use of organic solvents, polymer aggregation, toxic degradation products etc [23-24]. Though nanoparticles have the advantage of crossing the BBB, but due to its disadvantages, good alternative to it is SLN.

SLNs are sub-micron colloidal carriers which are ranging from 50 to 1000 nm. SLN introduced in 1991 as an alternative to traditional colloidal carriers such as emulsions, liposomes and polymeric-micro and nanoparticles. SLN is composed of physiological lipid which is dispersed in water or aqueous surfactant solution [25]. SLNs are made up of solid core with a monolayer phospholipid shell. Protection to chemically labile drugs and prolongation of drug release is provided by the solid state of the Nanoparticulate matrix [26].

ADVANTAGES OF SOLID LIPID NANO PARTICLES [27-28]

1. Controlled release kinetics can be achieved with solid lipid nanoparticles
2. SLNs improved bioavailability of poorly water soluble molecules or protection of drugs which undergoes gastrointestinal degradation
3. Better stability as compared to liposomes
4. Lyophilisation is possible
5. Toxic metabolites are not produced
6. SLNs are easy to manufacture than bio polymeric nanoparticles
7. No special solvent is required
8. Both hydrophilic and lipophilic drugs can be encapsulated

DISADVANTAGES OF SOLID LIPID NANO PARTICLES

1. During storage drug expulsion after polymeric transition may occur
2. Drug loading capacity is poor
3. Water contents of dispersion are relatively high (70-99.9%)
4. Gelating tendency is unpredictable in nature
5. Growth of particles can occur

RATIONAL FOR PREPARATION OF SOLID LIPID NANO PARTICLES [29]

1. Use of organic solvent may avoided
2. Drug stability may increase
3. Controlled drug release may possible
4. Drug loading capacity is high
5. Hydrophilic and lipophilic drug can be incorporate

Archives regarding the use of SLNs in various neurological disease states

As per the literature, SLNs have the ability of the drug to penetrate through the blood-brain barrier (BBB). Abbas et al. studied the use of clonazepam for targeting to the brain via intranasal of factory mucosa utilizing nanolipid carriers. These were co-loaded with iron oxide nanoparticles (SPIONs). These nanolipid carriers were incorporated in situ in thermosensitive mucoadhesive gels, that resulted in the enhanced delivery of clonazepam [30]. Goppert and Muller prepared polysorbate 80 SLNs for brain targeting. The coating of high apol/apol ratio had been absorbed absorbed on the particles to achieve brain targeting [31]. As per the study conducted by Bhargava s et al, nifedipine loaded solid lipid nanoparticles (SLN) were established for CNS targeting. The results depicted in-vitro & in-vivo studies results showed The Dementia blocking activity on brain cells were shown by DNA Fragmentation & Cell Viability studies [32].

In one study, haloperidol (HP)-loaded solid lipid nanoparticles (SLNs) were formulated for enhancement of HP to brain via intranasal (i.n.) delivery. The highest entrapment efficiency (2362.43%) and direct transport percentage (95.77%) was found with HP-SLNs as compared to the other formulations. Higher DTE (%) and DTP (%) suggest that HP-SLNs have better brain targeting efficiency as compared to other formulations [33]. In one report, DOX-SLN were prepared by solvent evaporation method that had an average particle size close to 200 nm and polydispersity index (PDI) <0.3. The cytotoxicity studies showed the higher toxicity of DOX-SLN than plain DOX on U87MG cell lines. The cellular uptake studies also confirmed the internalization of the DOX-SLN inside brain cancer cells. The study confirmed that the development of a SLN as potential carrier for brain cancer with enhanced ability to cross the BBB [34].

As per the study of Morsi N et al, formulated solid lipid nanoparticles (SLNs) of Vinpocetine (VIN) for brain targeted sustained drug-delivery system. VIN SLNs were prepared by modified high shear homogenization followed by ultrasonication technique. The effect of different lipids at different concentrations of various surfactants was studied. Their Formula (F32) of 5% glyceryl monostearate (GMS) with 2% surfactant mixture [Tweens 80, Phionic F 68 (1:1)] was the utmost suitable formula for brain delivery having EE% of 89.09% ± 1.49, zero-order release kinetics with cumulative released percent of 72.12% after 96 h, zeta-potential of -11.3±0.97 mV. Thus, zero-order sustained release profile was achieved and met the requirement for a brain targeted. Brain targeted solid lipid nanoparticles for brain ischemia: preparation and in vitro characterization [35].

Wang et al. merged 3’, 5’-dioctanoyl-5-fluoro-2’, deoxyuridine into the solid lipid nanoparticles. Their administration of SLN and drug solution was determined and
METHODS OF PREPARATION OF SLN [37];

Solvent Emulsification and Evaporation:

In this method Solid Lipid nanoparticles are prepared by precipitation of lipids from emulsions. Lipids are dissolved in organic solvents like cyclohexane and then emulsified in aqueous phase by high pressure homogenization. Nanoparticles dispersion is formed by precipitation of the lipid in aqueous medium and evaporation of solvent from emulsion under reduced pressure (40-60 mbar). Nanoparticles of 25 nm size range are formed by this method.

High Pressure Homogenization:

Solid lipid nanoparticles can be produced by most reliable and powerful High Pressure Homogenization technique. In this technique liquid push through narrow gap with high pressure (100-2000 bar) using High Pressure Homogenizer. The fluid accelerates with very high velocity (1000km/hr) to a very short distance. Very high shear stress and cavitation forces causes disruption of particles down to submicron range.

a) Hot Homogenization

In Hot Homogenization lipid is melted above the temperature of its melting point and pre-emulsion of drug in melted lipid and aqueous phase (hot surfactant mixture) is formed by high shear mixing device. Due to higher temperature viscosity is decreased and small size particles are formed. But High temperature may result into degradation of drug. Cold Homogenization is applied if drug sensitive to higher temperature.

b) Cold Homogenization

Various problems of hot homogenization like temperature induced drug degradation, drug distribution into aqueous phase during homogenization can be overcome by cold homogenization. In this technique drug containing lipid melt is cooled, the solid lipid ground to lipid micro particles. Then precipitation is prepared by dispersing these lipid microparticles into cold surfactant solution and then homogenized at or below room temperature. Due to higher temperature gradients rapid lipid crystallisation occurs and aggregation is prevented. Due to Dilution step lipid contents are lower than HPH based formulations.

Microemulsion Based Method

This method involves dilution of microemulsions. Microemulsions are composed of low melting fatty acids (e.g. Stearic acid), an emulsifier (e.g. Polysorbate 20), co-emulsifiers (e.g. Butanol) and water. This mixture is stirred at 65-70°C. The hot microemulsion is dispersed in cold water (2-3°C) with stirring. Due to high temperature gradients rapid lipid crystallisation occurs and aggregation is prevented. Due to Dilution step lipid contents are lower than HPH based formulations.

Ultrasonic Solvent Emulsification Technique:

This method involves the dissolution of lipid phase into organic solvent such as dichloromethane by heating upto 50°C. Aqueous phase containing mixture of surfactant and emulsifiers is heated up to same temperature and added to organic phase after partial evaporation of dichloromethane at 50°C and with constant stirring. This emulsion produced is subjected to sonication for appropriate time and finally cooled in ice bath to get solidify lipid nanoparticles.

Spray Drying Method

Lipids with melting point > 70°C are recommended for use in spray drying technique. Due to high temperature, shear forces and partial melting of particles aggregation may occur. By using SLN concentration of 1% in a solution of trehalos in water or 20% Trehalose in ethanol-water mixtures (10/90 v/v) best results can be obtained.

Double Emulsion Method

Drug and stabilizer are encapsulated to prevent the partitioning of drug into external water phase during solvent evaporation in external water phase of w/o/w double emulsion.

Precipitation Method

This method involves emulsification of aqueous phase and glycerides dissolved in organic solvent like chloroform. The lipid will precipitated forming nanoparticles after evaporation of organic solvent.

Film – Ultrasound Dispersion

Lipid and drug are mixed with suitable organic solvent. Thin lipid film is formed after decompression, rotation and evaporation of organic solvent. Then aqueous solution which includes emulsion is added. By using ultrasound with probe to diffuse at last, solid lipid nanoparticles are produced.

EVALUATION PARAMETERS [38]

In Vitro Drug Release:

Dialysis tubing: In vitro drug release is greatly explained by dialysis tubing. In this method SLN dispersion was placed in the previously washed dialysis tubing which can be sealed. The dialysis sac then dialyzed against the specific dissolution medium at room Temp. Then sample is removed from dissolution medium at suitable time period, centrifuged and analyzed for particular amount of drug content. For the measurement of particle size photon correlation spectroscopy (pcs) and laser diffraction (LD) are the most powerful technique for the measurement of particle size. This method cover a size range from a few nanometer to about few nanometer to about 3 micron.

Ex Vivo for permeability testing

The rat jejunum (20-30cm distal from the pyloric sphincter) is excised from the rats after scanning the animal used for the study.

Analytical Characterization of SLN

Particle size and Zeta potential: For the measurement of the particle size photon correlation spectroscopy (pcs) and laser diffraction (LD) are the most powerful technique for the measurement of particle size. This method cover a size range from a few nanometer to about few nanometer to about 3 micron.

Measurement of crystallinity and lipid modification: Lipid crystallization modification may appear due to the small size of particle and presence of emulsifier. The DSC and
X-ray scattering are widely used to determine the presence of lipid.

**Co-existence of additional structure:** The magnetic resonance technique, nuclear magnetic resonance (NMR) and electron spin resonance (ESR) are mostly used to determine dynamic phenomenon and presence of Nano-compartment in the colloidal lipid dispersion

**Determination of Incorporated drug:** For determination of drug content the drug and solid lipid particles are separated by ultracentrifugation, centrifugation filtration, or gel permeation chromatography. Then drug content can be determined by using spectrophotometer, HPLC or Liquid Scintillation counting.

**CONCLUSION**

SLN comprise an effective drug delivery to brain. The advantages of SLNs like controlled release kinetics, improved bioavailability, avoid gastric degradation, physical stability and no special solvent required make them a choice for drug delivery to the brain. SLNs thus open new channels for delivery of drug to brain like antitubercular, antianxiety, antibiotics, neuroleptics etc. SLN are good formulations as targeted drug delivery system. SLN bears the properties of good patient compliance and economical for delivery of drugs.

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