

A note on the current status of the trans ungual delivery of poorly soluble drugs at a glance: Formulation perspective

ABSTRACT

The Trans ungual drug delivery (TUDD) system involves the delivery of drugs through the hard keratinized nail plate. Topical treatment is ideal for treating nail diseases because it has localized effects, resulting in fewer systemic side effects and perhaps better adherence. Conventional formulations have failed to promote nail adhesion and medication absorption due to the nail's highly keratinized hydrophilic nature, which obstructs drug absorption. Systemic therapy has substantial adverse effects and a high rate of recurrence, whereas surgery is painful and invasive. As a result, there is a definite need to design an efficient TUDD system that allows antifungals to penetrate the nail and reach the infection site at a sufficient concentration and for a longer period of action to eliminate the infection. The system also avoids the oral toxicity of drugs. Several techniques, including physical, chemical, and mechanical, are employed to increase medication penetration over the nail plate. However, the nail remains a barrier to providing a complete cure. To increase nail adherence, therapeutic action, and bioavailability, several innovative formulation techniques are being researched, including the use of penetration enhancers in traditional dosage forms (gel, solution), novel dosage forms such as films, nail lacquer, and nanotechnology.

Keywords: Trans ungual drug delivery, Human nail, Anti-fungal, Permeation, Novel formulations, Nanotechnology, Bioavailability.

1. INTRODUCTION

The human nail is an organ that protects the tips of the fingers and toes from injury, enhances delicate touch sensations, and assists individuals in picking up and manipulating items. The nail, as a cosmetic organ, is also utilized for scratching and grooming [1-2]. Microorganisms such as bacteria and fungus can thrive on the dead tissues of hair and nails. Further, the moist and warm environment favors the infection. To combat these nail infections, topically the delivery of the drug is targeted through the nail plate and is called the trans ungual ("Trans" means "through" and "Unguis" means "Nail") system. Hence, the nail plate acts as a principal route for drug penetration. Because of its impermeability and hardness, drug administration by the nail is an unpromising route, resulting in just a portion of the medication reaching the target site and inability to obtain the appropriate therapeutic concentration [3-6]. The TUDD minimizes the systemic adverse effects and improves adherence due to its localized effects, which is highly desirable. For the treatment of nail infections, a number of traditional formulations such as gels, creams, and oral antifungals are available. There is a need for newer drug delivery strategies to improve the effectiveness of active molecules by achieving the effective concentration of drugs at the right place at the right time [7]. The current review provides a note on nail permeation strategies and recent developments in the TUDD at a glance.

2. HUMAN NAIL

The nail is composed of hard keratinized epidermal cells which are dead and tightly packed and form a transparent and firm coating across the dorsal surfaces of the distal placements of distinct digits. Each nail digit is divided into various sections, such as lunula (the moon), nail bed, nail sinus (*sinus unguis*), nail root (*radix unguis*), nail plate (*corpus unguis*), free margin (*margo liber*), hyponychium, onychodermal band, eponychium, perionyx, nail wall (*vallum unguis*), lateral margin (*margo lateralis*), and paronychium [8-9]. The high resistance of the nail plate is related to the multitude of lateral connections between keratin fibres (disulfide bridges, hydrogen bonds, acid-base bonds, electrostatic bonds). Phospholipids are plentiful in keratin fibres, particularly in the dorsal and intermediate layers, contributing to their flexibility. The nail matrix and nail bed are supplied with an abundant supply of blood by two main artery arches beneath the nail plate. The tissues surrounding the nail have an extensive capillary blood supply; in particular, a capillary loop system delivers blood to the entire nail fold. The nail bed is densely packed with lymphatic veins and glomus bodies, which are considered to assist regulate blood flow to the extremities in cold weather. Despite this extensive vascular network, nail deformities may result from a lack of peripheral circulation [10-11].

3. DISEASES AND DISORDERS OF NAIL

The infected nails are discoloured, thickened, dystrophic with a decreased glow. Various reported nail infections are onychomycosis or nail plate separation (yellow-brown patches caused by *T. rubrum*, *T. mentagrophytes*, *Candida albicans*, and *onchomycete moulds*), psoriasis (characterized by raw, scaly skin), koilonychia (iron deficiency anaemia) [11], paronychia (Bacteria, fungus, and even viruses can infect the nail fold.), onychogryposis [12], green nail syndrome caused by *pseudomonas* [13], *T. Unguis* (ringworm of the nails), onychatrophia (nail atrophy), onychorrhexis (vertical split in nail plate), beau's lines (trauma, disease, starvation, or any significant metabolic disorder can cause horizontal lines of darker cells and linear depressions) [14], leuconychia (trauma causes white lines or patches on the nail plate), pterygium inversum unguis (the hyponychium grows forward, with living tissue firmly linked to the bottom of the nail plate and contains a blood supply and nerves), yellow nail syndrome is distinguished by cuticle-less yellow nails that develop slowly and are loose or disconnected [15], melanonychia (nail moles in the matrix which are vertical pigmented bands), hematoma or subungual hematoma, and nail bed trauma [16], pterygium (skin moving inward over the nail plate), and nail patella syndrome which is a rare genetic condition characterised by nail and skeletal malformations (among a variety of other associated defects) that is approximately 0.0022%, onychauxis (overgrowth of the nail plate) [17], methyl methacrylate (MMA) damaged nails, although it is banned by the Food and Drug Administration, MMA is a liquid monomer used for acrylic nails by certain unethical establishments, splinter haemorrhages [18] vertical ridges (these are characteristics of ageing, however they are not confined to the old or the elderly). The nail plate develops forward on the nail bed in a 'rail and groove' pattern, similar to how a train moves along its tracks, onychotillomania (patients who pluck and self-mutilate their nails might develop parallel transverse grooves and ridges) [19], pincer nail deformity (the nail plate's transverse over curvature) [20].

4. DRUG DELIVERY ACROSS THE NAIL

Nail problems are rarely fatal, but they can be painful and inconvenient, resulting in major physical and occupational limitations, mental and physiological disturbance, and a drop in quality of life. Deformed nails can cause injury to the surrounding tissue, which can lead to secondary bacterial infection [1]. Treatment of nail infections can be challenging, and

commonly prescribed oral antifungal drugs can cause skin rashes and liver damage. Topical treatment is ideal for treating nail diseases since it has localised effects, resulting in fewer systemic side effects and possibly better adherence. Because of the low drug permeability through the nail plate, topical treatments are restricted. Hence, newer drug delivery systems might be used to more successfully deliver the effective quantity of active molecules to the appropriate location at the appropriate time, maximising the efficacy of the drug [16].

4.1 Drug permeation mechanism

Solvents, film formers, resins to boost adhesion, plasticizers to improve durability and flexibility, suspending agents to maintain viscosity, and colouring agents are all used in topical nail formulations. When the formulation is applied, the solvent evaporates, leaving a water-insoluble film adhering to the nail plate that functions as a drug depot. A drug undergoes release and penetration across the nail for an optimum time period from the depot [21]. The hyper hydration of the nail plate occurs because of the drug depot film, which reduces the moisture loss from the nail plate and enhances drug diffusion. The diffusion can be further increased by various penetration enhancers [22]. The insoluble film functions as a matrix-type controlled release mechanism, dispersing or dissolving the drug evenly. Furthermore, the dispersed drug will be dissolved before release. Fick's law of diffusion governs the release. where increased active concentration will increase the uptake [23].

4.2 Factors affecting drug transport

4.2.1 Size of diffusing molecule

Diffusion of larger molecules is always difficult through the keratin network and leads to less drug permeation. This may be due to the high concentration of keratin fibers which form heavy chain bonds, small pores, or overlapping of pores. According to the reported study, increasing the molecular weight reduces the logarithm of the permeability coefficient. As a result, in order to achieve maximum unguinal penetration, active molecules must be small and without a surface charge [17].

4.2.2 Hydrophilicity or lipophilicity of diffusing molecule

Lipophilic actives permeate through the lipidic pathway. Whereas when an aqueous formulation is used, permeation occurs by means of larger pores formed by nail swelling. This swelling is observed due to the expansion of the keratin network by water uptake available in the formulation [24]. A study of the permeation of alcohols (C1-C12) through avulsed human nails reported that the permeability coefficient decreased from C1 to C8, after which increased permeability was observed for > C12. The increasing lipophilicity of a molecule decreases the permeation to a certain extent, after which increased lipophilicity enhances permeation. This concludes the lipidic pathway is very important for lipophilic molecules even though there is a low lipid content in nails (1% of total weight). To test the significance of nail lipid, the nail plate was incubated in a chloroform or methanol combination for 24 h. Even though the permeability of water, methanol, ethanol, and butanol was enhanced via this nail plate, the penetration of decanol and dodecanol was reduced [25].

4.2.3 Nature of the vehicle

In comparison with concentrated alcohols, saline diluted alcohol permeability was five times higher due to swollen pores by hyper hydration of nail plate by vehicle [26]. The nail plate functions as a hydrogel, and when it swells, the distance between keratin fibers increases,

creating wider holes for diffusing molecules, which, in turn, increases the penetration of active ingredients. Additionally, it has been claimed that switching out the water for a non-polar solvent lowers permeability since the nail plate is not as hydrated [27].

4.2.4 The vehicle's pH and solute charge, as well as the degree of ionization

The degree of ionization of mildly acidic and basic drugs is highly influenced by the formulation's pH. This has an impact on the drug's hydrophilicity, lipophilicity, and active drug solubility, as well as how it interacts with the nail plate and keratin fibres. Uncharged molecules penetrate to a larger extent than charged molecules, as has been widely observed. However, the pH of the miconazole donor solution was changed from 3.1 (dissociated) to 8.2 (undissociated), demonstrating that neither drug charge nor pH had an impact on the permeability coefficient [25]. It was also reported that the change in the pH of benzoic acid from 2.0 to 8.5, the permeation was decreased by 95.5% with increased lag time. Uncharged molecules have better permeability at pH 2.0 than charged ones did at pH 8.5 [28].

4.2.5 Hydration of nail plates

It was reported that the higher the degree of nail plate hydration, the higher the permeation of active molecules. According to one study, increasing relative humidity from 15% to 100% resulted in enhanced penetration of radio-labeled ketoconazole [5].

4.2.6 The presence of an intact dorsal layer

The tissue with intact or overlapped cells has the highest barrier to molecule permeation. If the layer is altered by means of debridement of any other chemical agent, the permeability increases [29].

4.2.7 Drug binding to keratin and other nail components

The keratin pH was found to be 5. As a result, at pH levels below and above, is both positively and negatively charged, which leads to either binding or repelling molecules based on their charge and ultimately results in less permeability of ionic molecules [26].

5. CONVENTIONAL THERAPIES

The conventional therapies include administration of oral antifungal agents (terbinafine, itraconazole, griseofulvin), administration of topical steroids, vitamin D, analogues, and 5-Fluorouracil based on the severity of the infection. In severe conditions, steroidal injections are also reported. However, mono therapy is difficult to cure, but combined therapy may be effective. Avulsion surgery, which is exceedingly severe and unpleasant, is also conducted on a rare basis [30-32].

6. LIMITATIONS OF CONVENTIONAL THERAPY

To reach the site of action in the nail bed, the oral drugs must be delivered systemically. Drug distribution is limited to sub-therapeutic concentrations at the infected location due to inadequate blood circulation to the affected nail bed. This leads to failure of oral therapy. This necessitates the use of higher doses for a longer period of time [30]. High oral dosages have been linked to significant adverse effects, as well as a rise in the number of resistant microorganism strains [31].

7. TRANS UNGUAL DRUG DELIVERY (TUDD)

Topical therapy is an alternative and promising way of delivering active molecules by overcoming the limitations of conventional therapies. This is a non-invasive method and delivery of active molecules can be achieved to the infected tissue. Furthermore, the permeation can be enhanced by various techniques. The pre-absorptive loss occurs due to routine physical activity. The therapeutic concentration of actives at the infected site is reduced due to the binding of absorbed drugs with keratin. The drug must partition into the nail bed to achieve the minimum therapeutic concentration at the infected site. Further, the rate of drug delivery must be sufficient to compensate for the various losses such as metabolism, clearance, and binding of absorbed drugs in the nail bed. If a high concentration of drugs is loaded into the nail bed, unguinal treatment can be beneficial [32].

8. CHALLENGES IN TUDD

The major barriers for TUDD are the nail plate thickness and hardness due to disulfide bonds. Both cause a longer diffusional pathway for active molecules. The nail plate acts like a hydrophilic gel membrane, which is different from skin, which is a lipophilic barrier. The differences (physical and chemical) between nail plate and skin help to understand the long duration of treatment and failure of conventional topical preparations [25,33]. As a result, various factors such as active molecule physicochemical properties, formulation characteristics, drug-keratin interactions, and penetration enhancement must be considered when designing an effective topical formulation for improved drug absorption [34].

9. STRATEGIES FOR PENETRATION OF DRUGS ACROSS HUMAN NAIL

9.1 Physical methods

9.1.1 Iontophoresis

It utilizes an electric field (electromotive force) to deliver the drugs across the biological membrane [35]. A study showed that iontophoresis significantly increased salicylic acid compared to passive transport through human nail plates fixed with diffusion cells [36]. Another study reported that increased unguinal permeation of glucose and griseofulvin at pH levels above 5 in anodal iontophoresis. factors such as higher drug concentration, higher current density, higher buffer ionic strength, and higher pH [26].

9.1.2 Etching

It is the surface modification of a nail plate by exposing it to phosphoric acid to form microporosities. These microporosities improve the bio adhesion by increasing the wettability and decreasing the contact angle. This promotes additional bonding in the polymeric drug system, resulting in increased diffusion of the drug. The *in-vitro* bio adhesion of hydroxypropyl cellulose films with tartaric acid was found to be 12-fold greater than that of plain films without tartaric acid prepared by hot melt extrusion technology. Further, enhanced permeation was achieved with tartaric acid in etched nails compared with normal nails. Ketoconazole loaded hydroxypropyl cellulose prepared by hot melt extrusion showed 6-fold improved permeation in etched nails (10% phosphoric acid treated) than normal nail plates. Similarly, ketoconazole gel demonstrated 60% more permeability with etched nails compared with normal nails [37-38].

9.1.3 Carbon dioxide (CO₂) laser

It includes avulsion of the afflicted region followed by therapy at a power density of 5000 W/cm². As a result, the underlying tissue is immediately exposed to laser treatment. The therapy can also be performed without avulsion where a CO₂ laser beam is directly applied through the nail plate. This causes microporosities on which topical anti-fungal agents can be applied. A study showed that onychomycosis treatment was successful with CO₂ therapy in 21 d with mild or no pain compared with conventional therapy [39].

9.1.4 Hydration and occlusion

As discussed in the early section, hydration makes the increased pore size more elastic, which increases the permeability. According to reported study, raising the relative humidity to 100 percent improved the permeability of [3H]-ketoconazole tenfold [40]. An *in-vivo* study with nail patches of sertaconazole when replaced weekly observed 40–50% enhanced permeability [41]. The success rate was limited to 56% when treatment for onychomycosis was performed with avulsion and topical fungal therapy with and without occlusion. This includes 71% in the occlusion group and 38% from the non-occlusion group [42]. It was also observed that all patients who had avulsion and topical therapy (ketoconazole 2% cream against ciclopirox olamine 1% cream) during occlusion were clear of onychomycosis 1.5 y later; both antifungals were equally efficacious [43].

9.1.5 Micro needle

It is the process of opening holes in the subcutaneous directly to the skin capillaries using arrays of tiny needles; it also has the benefit of being too short to trigger the pain fibers, allowing absorption [11].

9.1.6 Laser therapy and ultraviolet light

In this method, micro holes are made in the nail plate using microsurgical laser apparatus (onycholaser). Topical antifungals can be delivered efficiently through these pores. The keratin in the nail plate would absorb the laser energy, causing vaporization and so the eradication of the nail layers. The use of lasers also causes the creation of craters. The structure, size, smoothness of the wall, presence of fissures, and melted and resolidified tissue varies amongst laser types [44-47].

9.1.7 Microporation

In this method, the nail plate is drilled to form microconduite holes by using a device (Path Scientific, Carisle, The United States of America, approved by The United States Food and Drug Administration). These microconduites help more penetration of active molecules without effecting the nail bed. It was reported that enhanced permeability of 30% was observed when terbinafine cream and placebo cream were applied to drilled nail plates [48-49].

9.1.8 Low-frequency ultrasound or phonophoresis

The use of ultrasound (low frequency, 20kHz) with a 13 mm ultrasound probe at a distance of 13 mm from the nail enhanced permeability. The possible mechanism would be inertial cavitation or the formation of liquid microjects and further formation of pits. These cavitation's or pits function as conduits or microconduites for unguinal drug flux. This method is applied in a pre-treatment procedure for topical therapy. This technique has been utilized to improve percutaneous penetration of joints, muscles, and nerves. Anesthetics, fluocinolone acetonide, and amphotericin B penetrate more effectively [50].

9.1.9 Photodynamic therapy (PDT)

Cells are destroyed using a combination of a sensitising agent and visible light in this therapy. In the field of oncology, PDT based on topical administration of aminolevulinic acid is employed. For complete cure, the nail bed was first treated with a 20% solution of 5-aminolevulinic acid methyl ester, followed by radiation with an excimer laser at 630 nm at 100 J/cm² (six to seven sessions). Topical therapy was observed to be ineffective for treating onychomycosis by *T. rubrum*. Additionally, it showed complete recovery in just two weeks when the nail plate was softened by 40% urea (for 7 d), followed by the application of aminolevulinic acid for up to 3 h and broadband red light (630 nm) at 37 J/cm² for 7 min and 20 sec to remove dermatophytes. There was no mention of any adverse effects. However, for PDT to work best, all hyperkeratotic debris and diseased nails needed to be completely removed [51].

9.2 Chemical methods

Various chemical agents improve the trans ungual penetration of active molecules. The breaking of chemical and physical linkages that maintain the integrity of the keratin in the nail plate is one potential mechanism. For ungual penetration, disulfide, peptide, hydrogen, and polar bonds are potential targets. Further, the transdermal enhancers are less effective due to the low lipid content in the nail plate. The chemical enhancer may be used either before or simultaneously with the therapeutic formulation to apply to the nail plate [52].

9.2.1 Reducing substances that cleave the disulfide bond on the nail

9.2.1.1 Thiols

These are the sulfhydryl-group-containing substances that weaken the disulfide bonds in the nail's keratin matrix. N-acetylcysteine, mercaptoethanol, N-(2-mercaptopropionyl) glycine, pyrithione, and thioglycolic acid are some of the agents [53]. The cleavage is irreversible in nature. Before applying the medication, the enhancer can be applied to the nail plates (rather than being used in drug formulation) to avoid the drug enhancer compatibility issues. When N-acetylcysteine was investigated, the *in-vivo* improved retention of oxiconazole in upper nail layers was found [54]. Another study found that the antifungal agent tolnaftate was more permeable in the top layers of nail clippings when N-acetylcysteine and 2-mercaptoethanol were present, which was ascribed to swelling and weakening of the nail plate [55]. A thioglycolic acid-mediated redox mechanism involving nail disulfide linkage, which bypasses the nail's barrier integrity, facilitates the drug flow [56].

9.2.1.2 Sulfites

The formation of thiosulfates and thioisulfates occurs when proteins and peptides having disulfide bonds are incubated with sodium sulfite. Sodium sulfite is thought to reduce bonds in the nail plate and increase ungual drug flux [57]. A study showed that enhanced permeation of 5,6-carboxyfluoresceine through nail clippings was observed in the presence of sodium sulfite in healthy volunteers. The enhanced permeation was observed for both pre-treatment and on co-application [52,58].

9.2.2 An oxidizing agent that cleaves the nail's disulfide bond

9.2.2.1 Hydrogen peroxide

It works by breaking the disulfide bonds in the nail plate and oxidizing them. The combination of hydrogen peroxide with urea further improves the unguis permeation. It was reported that hydrogen peroxide (35% in aqueous vehicle) pre-treatment for 20 h improved the permeation of mannitol by 3 fold. The MedNail platform technology revealed an 18-fold improved terbinafine permeability when the nail plate was treated with a reducing agent followed by urea hydrogen peroxide [44,59].

9.2.2.2 Water

Water improves penetration by hydrating and swelling nails when they come into touch with it. Water mostly aids in improving the unguis flow of hydrophilic agents. The enhanced flux of hydrophilic 5-fluorouracil, N-acetyl cysteine, and mercaptoethanol from aqueous vehicles [55]. A study showed that increasing ambient relative humidity from 15 to 100% observed a 3 fold *in-vitro* and a 400 fold *in-vivo* flux of [3H]-ketoconazole. This study demonstrates that increased nail plate hydration and relative humidity are responsible for improved permeability [40,60]. It was determined that enhanced drug flow and nail swelling do not coexist. Resorcinol and urea-induced swelling were said to not significantly increase the flow of mannitol. Additionally, it was noted that because the vehicle was lipophilic, increasing tolnaftate flow was not linked to nail swelling [43,55,59,61].

9.2.2.3 Keratolytic enzymes and enhancers

These enzymes enhance drug permeation by hydrolyzing nail keratins, thereby weakening the nail barrier. A study showed enhanced permeation of metformin hydrochloride when bovine hoof membranes were treated with keratolytic enzymes. Another study showed that incubation of nail clippings (hoof membranes) with enzymes caused separation of coenocytes, which showed increased flux and enhanced permeability coefficient. The enzymatic damage is irreversible. These enzymes can be formulated into formulations for pre-treatment [22]. The permeability of topical antifungals was increased when nail plates were incubated with papain solution for one day and then treated with salicylic acid for ten days. This may be attributed to aggressive damage to the nail surface, which creates a pathway for drug penetration [44]. For miconazole, ketoconazole, and itraconazole, comparable research has been published. For a 60-day period, no penetration of these antifungals was shown without the presence of keratolytic agents [62]. As penetration enhancers, thioglycolic acid, a reducing sugar, urea, and hydrogen peroxide as oxidizing agents were used to test the permeability of several lipophilic substances including caffeine, methyl paraben, and terbinafine. This combination significantly enhanced the permeation of all the agents by 2-4 fold. The reported mechanism involved breaking down keratin disulphide bonds and creating pores that provide additional drug transport channels that are open [56].

9.2.3 Miscellaneous agents

9.2.3.1 N-acetyl-L-cysteine and mercaptan compounds

It was proven that N-acetyl-L-cysteine and 2-mercaptoethanol together increased tolnaftate permeability [55]. N-acetyl-L-cysteine increased the permeability of oxiconazole, according to an *in-vivo* investigation. Additionally, it improved the retention of oxiconazole in the top layers of the nails [54].

9.2.3.2 2-n-nonyl-1,3-dioxolane

When compared to the control group, the econazole nail lacquer formulation with 18% 2-n-nonyl-1,3-dioxolane demonstrated six times greater penetration into the human nail (without

enhancer). The increased penetration was almost 14000 times more than the minimal inhibitory concentration required to stop the growth of the fungus [4].

N-methyl-2-pyrrolidone, polypropylene glycol 400, dimethyl sulfoxide, labrasol, mercaptoethanol, and transcitol, among other substances, shown improved penetration through the hoof membrane of bovine. Additionally, polyethylene glycols and sodium dodecyl sulphate were recognised as possible trans ungual enhancers. Further, inorganic salts also showed enhanced permeation of terbinafine hydrochloride. This improved permeability was attributable to higher thermodynamic activity and hydration. Gel formulation was used to study the effects of polyethylene glycols on terbinafine hydrochloride through passive and iontophoretic mechanisms. Permeation was better for low molecular weight glycols compared with high molecular weights. This is caused on by the nail plate swelling and increased water absorption [44,63-64].

9.3 Mechanical methods

Dermatologists and podiatrists have utilised invasive, possibly painful mechanical procedures such nail avulsion and nail abrasion.

9.3.1 Nail abrasion

The nail is made up of three layers: the dorsal layer, the intermediate layer, and the ventral layer, which are arranged in the ratios 3:5:2. In this technique, an abrasive is used to fill the nail plate's surface. The dorsal layer of the nail plate, which serves as a main barrier to drug absorption, is removed during this filling. The permeability coefficient was doubled for 5-fluorouracil and flubiprofen when abrasive filling was done *in-vitro* [65]. Additionally, the nail plate is sanded on the nail edges using sandpaper with a number 150 or 180. Prior to applying nail lacquer, sanding is done to lessen the crucial fungal mass [2,66].

9.3.2 Nail avulsion

Under local anaesthesia, complete and partial nail avulsions entail the surgical removal of the full or part of the nail plate. The nail plate is made more malleable for avulsion by keratolytic chemicals like urea and salicylic acid [67].

10. PERMEATION STUDY MODELS FOR TRANS UNGUAL DELIVERY

10.1 *In-vitro* models for drug permeation studies

10.1.1 Animal hoof membranes

In terms of keratin, human nail plates and animal hooves are identical. Hence, it is an alternative for human nail permeation studies [68]. Hence, bovine [69], porcine [70], and horse [61] hooves are the best models for *in-vitro* permeation studies. It was revealed that when human nails and horse feet were submerged in control solution, the weight of the hooves increased by 40±9% while the weight of the human nails increased by 27±3%. This demonstrates that due to the less thick keratin in the hoof, an animal's hoof can store more water and is more porous than a human nail [61,71].

10.1.2 Nail clippings

Healthy human volunteers' finger and toe nail clippings are tested for trans ungual formulations. Clippings are hydrated by soaking in suitable media. The hydrated nail

clippings are placed on a nail adapter and sandwiched between the donor and receiver compartments of the diffusion cell to perform permeation [72]. Using these nail clippings, several researchers investigated physical penetration enhancement techniques. However, because of the lack of a nail bed, nail clippings are not regarded as the best model for unguinal permeation research [26,36,73].

10.1.3 Cadaver nail plate

These are employed in the evaluation of topical formulations and the investigation of physical techniques [53,74]. In order to study how terbinafine hydrochloride penetrates cadaver nail plates, sodium sulphite was used as a penetration enhancer. A vertical Franz diffusion cell with a nail plate mounted on it was used for the investigation. The addition of salts increased penetration by three to five times [64]. Similar studies were reported for caffeine [12], urea, mannitol, tetraethylammonium [75].

10.1.4 Human keratin film

The film was made from hair after it had been processed and ground into powder. The film was evaluated for permeation of antifungal agents and was compared with the bovine hoof by infecting it with *T. rubrum* prior to the permeation study. According to the study, both models scored equally, and the film model is used to represent an infected nail. It was also mentioned that the thickness is not much greater than 100 µm, offering a flat area for better fungal adhesion and proliferation than human nail clippings or powder [76].

10.2 Ex-vivo models for drug permeation studies

TurChub and ChubTur are two platform technologies used to study antifungal efficacy *ex-vivo*. A receptor compartment of TurChub is filled with agar gel, which is used to cultivate fungus. The donor compartment consists of an antifungal agent. In between both, the compartment nail plate (healthy) is fixed for permeation. The study is concluded based on the zone of inhibition, the extraction of drug from the nail plate and further analysis. In ChubTur, the effectiveness is assessed by seeing how antifungal drugs pass through diseased nails as opposed to healthy nails. The formulation is given topically, and viable counts, biomarkers, and enzyme tests are used to track the recovery of microorganisms [77-78]. The research reported antifungal efficacy of bifonazole and sodium pyrithione using an onychomycosis model. The technique comprises of an agar plate containing *T. mentagrophytes* conidia and antifungal agents in various compartments. A healthy nail plate was used as a permeation model. The study's conclusion was based on the zone of inhibition and fungal colony measured by image analysis [79]. Both the above mentioned models were validated by establishing the efficacy of terbinafine hydrochloride, loceryl (Galderma, Lausanne, Switzerland) and penlac (Sanofi-Aventis, Deutschland) permeated through human nail samples. In this study, *T. rubrum* was used as a model fungal agent. Adenosine triphosphate levels in all cells were analysed three weeks following the initial *T. rubrum* inoculation [78].

10.3 In-vivo models for drug permeation studies

In a guinea pig *Tinea unguium* model, the pharmacological impact of a triazole antimycotic drug (KP-103) was compared with amorolfine and terbinafine. To create *Tinea unguium* and *Tinea pedis*, paper discs covered with a fungus suspension (*T. mentagrophytes* SM-110) were applied to toes. For 30 d consecutive, 0.1 mL of each agent's 1 % solution was administered once daily to infected feet. The deeper layers of the nail must be penetrated for topical medications to be evaluated for effectiveness; this is not the case with the model [80].

In a different *in-vivo* experiment, rabbits' nails were treated with 0.2 mL of microconidia suspension between the proximal nail fold and the lunula after receiving intramuscular injections of methylprednisolone acetate to suppress their immune systems. Topical ciclopirox (8 % w/v) and amorolfine (5 % w/v) were the model agents. In order to make a nail appropriate for fungal development in 2 weeks, 0.5 mL of sterile water was injected into a nail covered with a finger cot. This condition was then maintained for 0, 2, or 6 weeks without the finger cot and gauze patch. The time period after infection was known as post-infection period (PIP). Following each PIP, the animals were sacrificed, and the nails from the treated paw were removed for histological and microbiological analysis [81]. In an experiment, an excised toe was employed as a model for *in-vivo* trans ungual permeation experiments. However, there is no drug clearance from the nail bed or matrix in this model. Nonetheless, cadaver toes are one of the most ideal models for TUDD experiments since they closely resemble *in-vivo* in many ways [44,74].

11. IN-VITRO AND IN-VIVO (IVIVC) CORRELATION

It was necessary to compare the *in-vitro* data obtained using radioisotopes and atomic mass spectroscopy with the data obtained *in-vivo* utilising modified diffusion cells, nail clippings, avulsed human cadaver nail plates, and animal hooves as a model for human nail plates. Studies conducted *in-vitro* on people and animals assume that penetration is a passive process without a live component [50,82].

12. FORMULATION ADVANCEMENTS IN TRANS UNGUAL THERAPY

Advanced formulation strategies are needed to deliver a sufficient dose of active to the site of action. Table 1. shows recent advancements in TUDD with various formulations of topical antifungal agents formulated in conventional and novel nano formulations with suitable penetration enhancers.

Table 1. Recent formulation advancements in TUDD system

Formulation	Active	Permeation enhancers	Model used	Method	Treatment	Reference
Lacquer	Ciclopirox	Cyclodextrins	Bovine hooves	<i>In-vitro</i>	--	83
Lacquer	Terbinafine	Polyurethane	Human keratinocyte cell line	<i>In-vitro</i>	--	84
Gel	Ciclopirox olamine, Terbinafine	Propylene glycol, Polaxomer 407	Keratin film, bovine hooves	<i>In-vitro</i>	--	85
Lacquer	Ketoconazole	Thioglycolic acid, Urea, Hydrogen peroxide	Human finger nails	<i>Ex-vivo</i>	--	86
Lacquer	Terbinafine	--	Keratin film, Bovine hooves	<i>In-vitro</i>	--	87
Lacquer	Terbinafine	Hydroxypropyl- β -cyclodextrin	Human finger nails	<i>Ex-vivo</i>	Onychomycosis	88
Lacquer	Naftifine	--	--	--	--	89
Patch	Ciclopirox olamine	Propylene glycol, Thiourea	Cadaver toenails	<i>In-vitro</i>	Onychomycosis	90
Patch	Terbinafine	Polypropylene glycol 400, Polyethylene glycol 200, N-methyl-2-pyrrolidone	Porcine hoof	<i>In-vitro</i>	--	91
Microspheres injection	Terbinafine	--	Cadaver toe	<i>Ex-vivo</i>	Onychomycosis	92
Lacquer	Tolnaftate	Thioglycolic acid	Bovine hoof membrane	<i>Ex-vivo</i>	Onychomycosis	93
Microemulgel	Terbinafine	--	Cadaver human skin	<i>In-vitro</i>	Onychomycosis	94, 95
Lacquer	Ciclopirox olamine	--	Pig skin, Cow horn keratin slices, Human toenails	<i>In-vitro</i>	Onychomycosis	96
Film	Terbinafine	Bio penetrant Beta vulgaris	Keratin film	<i>In-vitro</i>	--	97
Gel	Fluconazole	Bio penetrant Pelargonium hortorum	Cadaver human nail	<i>Ex-vivo</i>	--	98
Nano vesicles	Terbinafine	--	Cadaver human nail	<i>Ex-vivo</i>	Onychomycosis	99

In-situ gel, Lacquer	Terbinafine	--	Cadaver human nail	<i>Ex-vivo</i>	Onychomycosis	100
Nanocapsule Suspensions and Nanoemulsion	Tea tree oil (Melaleuca alternifolia)	--	Human nails	<i>In-vitro</i>	Onychomycosis	101
Lacquer	Miconazole	Hydroxypropyl- β - cyclodextrin	Cellophane membrane	<i>In-vitro</i>	Onychomycosis	102
Cream	Ketoconazole, Oxiconazole	Potassium hydroxide	Human nails	<i>In-vivo</i>	Onychomycosis	42
Lacquer	Ketoconazole	--	Cadaver human nail	<i>In-vitro</i>	Onychomycosis	103
Solution	Panthenol	--	Cadaver human nail	<i>In-vitro</i>	--	104
Patch	Clotrimazole	--	--	--	Onychomycosis	105
Lacquer	Isotretinoin	Glycerol, Polyethylene glycol 400, Thioglycolic acid, Eugenol	Human nails, Bovine hooves	<i>Ex-vivo</i>	Nail psoriasis	106
Lacquer	Ciclopirox olamine	Endopeptidase enzyme	Human finger nails	<i>Ex-vivo</i>	Onychomycosis	107
Lacquer	Apremilast	Salicylic acid, Dexpanthenol	Human volunteers	<i>In-vivo</i>	Nail psoriasis	108
Solution	Amorolfine, Ciclopirox, Efinaconazole, Luliconazole, Terbinafine	Propylene glycol	Healthy human nails	<i>In-vitro</i>	Onychomycosis	109
Lacquer	Ciclopirox olamine, Amorolfine	--	Bovine hoof slices	<i>In-vitro</i>	Onychomycosis	110
Lacquer	Ciclopirox olamine	--	Healthy males	<i>In-vivo</i>	Onychomycosis	111
Gel	Nystatin	Cetylpyridinium chloride, Tween 80	Bovine hoof membrane	<i>In-vitro</i>	Onychomycosis	112
Lacquer, Gel	Ciclopirox olamine	Labrasol, Mercaptoethanol	Porcine hoof membrane	<i>In-vitro</i>	Onychomycosis	70
Powder	Terbinafine	--	Nail plate	<i>In-vitro</i>	Onychomycosis	113

Hydrogel colloidal carrier system, Lacquer, Solution	EV-086K	--	Bovine hoof membrane	<i>Ex-vivo</i>	Onychomycosis	114
Hydrogel based lacquer	Triamcinolone acetonide, Ciclopirox olamine	Cyclodextrin, Poloxamer polypseudorotaxanes	Bovine hoof	<i>In-vitro</i>	Onychomycosis	115
Lacquer	Terbinafine	N-acetyl-L-cysteine, 2-Mercaptoethanol, Thioglycolic acid	Human cadaver toe nail plates	<i>Ex-vivo</i>	Onychomycosis	116
Lacquer	Ciclopirox olamine, Clobetasol propionate	Methyl- β -cyclodextrin, Poloxamers	Bovine hooves, Cadaver Finger and toe nail	<i>In-vitro</i>	Onychomycosis	117
Nanostructured lipid carriers	Voriconazole	Urea	Porcine hooves	<i>In-vitro</i>	Onychomycosis	118
Nano emulgel	Ketoconazole	Thioglycolic acid	Goat hooves	<i>In-vitro</i>	Onychomycosis	119
Lacquer	Clobetasol-17-propionate	--	Human patients	<i>In-vivo</i>	Nail psoriasis	120
Bilayered lacquer	Terbinafine	Polyethylene glycol 400	Cadaver nails	<i>In-vitro</i>	Onychomycosis	121
Lacquer	Ciclopirox olamine	Urea, Potassium hydroxide	Bovine hoof membranes	<i>In-vitro</i>	Onychomycosis	122
Microemulgel	Terbinafine	N-acetyl-L-cysteine, Urea	Animal hooves	<i>In-vitro</i>	Onychomycosis	123, 124
Lacquer	Tioconazole	Thioglycolic acid, Urea	Cattle hooves	<i>In-vitro</i>	Onychomycosis	125
Gel	Terbinafine	Polyethylene glycols	Human cadaver finger nails	<i>In-vitro</i>	Onychomycosis	126
Glycerogelatin film	Fluconazole	--	Goat hooves	<i>In-vitro</i>	Onychomycosis	127
Film	Fluconazole	Biopenetrant Iresine herbestii	Cadaver human nail	<i>Ex-vivo</i>	Onychomycosis	128
Solution	Efinaconazole	--	Guinea pig, Human patients	<i>In-vivo</i>	Onychomycosis	129
Microemulgel	Itraconazole	Benzoyl alcohol, Urea, Salicylic acid	Healthy human nail	<i>In-vitro</i>	Onychomycosis	130
Gel	Terbinafine	Phosphoric acid, Lactic acid	Human cadaver fingernails	<i>In-vitro</i>	Onychomycosis	131

13. USE OF HERBS IN TRANS UNGUAL THERAPY

The methanolic extract of the fruit of *Psidium sartorianum*, the ether extract of the *Nigella sativa* seed (thymoquinone active component), the ethanol extract of seeds and leaves of *Moringa oleifera*, essential oil from *Eugenia caryophyllata* and *Lawsonia inermis* (henna) (lawsone as the principle component) were effective against *candida* and *trichophyton* species. *Ocimum gratissimum* (Ram Tulsi) for its eugenol content, which is used to cure onychomycosis. *Allium sativum* (garlic) is found effective in treating finger nail infections. It has been demonstrated that *Matricaria recuita* (chamomile) and *Camellia sinensis* (green tea) applied topically and consumed as a tea three times daily can stop the development of bacteria and fungus. *Thymus vulgaris* is shown to damage the cell membranes of the fungus due to the presence of thymol. Other agents that have been shown to be effective against fungal infections include *Zingiber officinale* root, *Cayenne pepper*, *Echinacea* (daisy flower family member), tea tree oil extracted from *Melaleuca alternifolia*, and apple cider vinegar. In cases of moderate to severe infection, none of these treatments produce significant results [132-136].

14. CONCLUSION

Nail diseases are difficult to treat since they require long-term therapy and have a high recurrence rate. Topical therapy is an alternative to oral delivery due to its limited systemic effects. The physicochemical factors are significant in the diffusion of molecules. Hydration is important for absorption through the nail because the nail plate functions like a concentrated hydrogel. The highly keratinized barrier has been overcome using a variety of mechanical, physical, and chemical methods. Due to the limited availability of human nails, animal hooves have been used for *in-vitro* permeation studies, despite the fact that hooves have a much greater water absorption capacity than nails, which might cause an overestimation of drug permeability. Keratin films, which are nail substitutes, are the most recent advancement for the permeation model. Researchers have used nail formulations such as nail lacquer, adhesive patches, and gels to improve hydration of the nail plate because of their occlusive qualities. Utilizing nanotechnology also results in reduced degradation of actives, greater patient compliance, and enhanced bioavailability. However, due to limited progress in the development of TUDD, there is a need to establish more data for permeation models, permeation enhancement methods, and novel formulations to improve mathematical modelling of IVIVC correlation. Since, without IVIVC, *in-vitro* and biological interpretations are both suspect.

CONSENT

Not applicable

ETHICAL APPROVAL

Not applicable

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DEFINITIONS, ACRONYMS, ABBREVIATIONS

TUDD: Trans ungual drug delivery

MMA: methyl methacrylate

CO₂: Carbon dioxide

PDT: Photodynamic therapy

PIP: Post-infection period

IVIVC: *In-vitro In-vivo* correlation

UNDER PEER REVIEW