

Significance of Nanomedicine in Cardiovascular Diagnostics and Therapy

Shen Jovel*

Department of Environmental Science, University of Oxford, Oxford, United Kingdom

DESCRIPTION

Nanomedicine involves the manipulation of matter at the nanoscale to provide innovative solutions for healthcare. In the field of cardiovascular health, this approach has the potential to revolutionize diagnostics, therapeutics and regenerative medicine [1,2]. Nanoparticles with dimensions that match cellular structures and biological molecules can be customized to interact seamlessly with the intricate systems of the cardiovascular system. Nanoparticles, designed with surface modifications that enable precise targeting to specific cells or tissues, offer a transformative solution. By encapsulating therapeutic agents within nanoparticles, researchers can ensure that treatments reach their intended destination, minimizing off-target effects and enhancing therapeutic efficacy. This targeted approach has the potential to revolutionize the treatment of atherosclerosis, a condition characterized by the build-up of plaque in arterial walls [3,4].

Regenerative medicine

Cardiovascular nanotechnology intersects with regenerative medicine by offering the potential to restore damaged heart tissues. Nanoparticles can serve as carriers for growth factors, stem cells or gene therapies, enhancing their delivery to damaged cardiac tissues. This approach could revolutionize the treatment of heart attacks and heart failure by enabling the regeneration of functional heart tissue and restoring cardiac function [5].

Biocompatibility and safety

Nanoparticles introduced into the bloodstream must interact harmoniously with the body's intricate systems. Ensuring the biocompatibility and safety of nanoparticles is crucial to prevent adverse reactions or unintended consequences [6].

Cardiovascular nanotechnology refers to the utilization of nanoscale materials and techniques in the field of cardiovascular medicine. Nanotechnology involves manipulating matter at the atomic and molecular scale, enabling scientists and researchers to engineer materials with unique properties that can be adapted for specific applications [7].

In the field of cardiovascular health, nanotechnology has the potential to revolutionize diagnostics, treatment strategies and preventive measures [8].

Applications of nanomedicine in developing cardiovascular health

Drug delivery systems: Nanoparticles can be designed to encapsulate drugs and deliver them directly to the site of action, thereby increasing drug efficacy while minimizing side effects. In cardiovascular medicine, nanoparticles can carry drugs that target plaque build-up, inflammation or blood clotting, effectively treating conditions like atherosclerosis and thrombosis [9].

Targeted therapy: Nanoparticles can be functionalized with molecules that specifically bind to receptors on the surface of diseased cells, allowing for highly targeted therapies. For instance, in the case of heart failure, nanoparticles could be engineered to deliver drugs directly to damaged heart tissues, promoting tissue regeneration and improving cardiac function [10].

Biomarker detection: Nanotechnology enables the development of highly sensitive biosensors that can detect specific biomarkers indicative of cardiovascular diseases at an early stage. These biosensors could be integrated into wearable devices, allowing individuals to monitor their cardiovascular health continuously and facilitating timely medical interventions [11].

Tissue engineering: Nanotechnology has a main role in creating biomaterials with properties similar to native cardiovascular tissues. These engineered materials can be used to develop tissue scaffolds for repairing damaged heart tissues by promoting tissue regeneration and even creating artificial blood vessels [12].

Nano sensors can be used to monitor key health parameters such as blood pressure, cholesterol levels, and glucose levels. This data can be wirelessly transmitted to healthcare providers, enabling personalized recommendations and interventions to prevent cardiovascular diseases [13].

Correspondence to: Shen Jovel, Department of Environmental Science, University of Oxford, Oxford, United Kingdom, E-mail: jovelshen@gmail.com

Received: 07-Jun-2023, Manuscript No. JNBD-23-26268; **Editor assigned:** 12-Jun-2023, PreQC No JNBD-23-26268 (PQ); **Reviewed:** 26-Jun-2023, QC No. JNBD-23-26268; **Revised:** 03-Jul-2023, Manuscript No. JNBD-23-26268 (R); **Published:** 10-Jul-2023, DOI: 10.4172/2155-983X.23.13.214

Citation: Jovel S (2023) Significance of Nanomedicine in Cardiovascular Diagnostics and Therapy. J Nanomedicine Biotherapeutic Discov. 13:214.

Copyright: © 2023 Jovel S. 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.

REFERENCES

1. Hart RG, Diener HC, Coutts SB, Easton JD, Granger CB, O'Donnell MJ, et.al. Embolic strokes of undetermined source: the case for a new clinical construct. *Lancet Neurol.* 2014;13(4):429-438.
2. Foulkes MA, Wolf PA, Price TR, Mohr JP, Hier DB. The Stroke Data Bank: design, methods, and baseline characteristics. *J Stroke.* 1988;19(5):547-554.
3. Hindricks G, Piorkowski C, Tanner H, Kobza R, Gerds-Li JH, Carbucicchio C, et.al. Perception of atrial fibrillation before and after radiofrequency catheter ablation: relevance of asymptomatic arrhythmia recurrence. *Circ J CIRC J.* 2005;112(3):307-313.
4. Glotzer TV, Ziegler PD. Silent atrial fibrillation as a stroke risk factor and anticoagulation indication. *Can J Cardiol.* 2013;29(7):S14-S23.
5. Van Gelder IC, Healey JS, Crijns HJ, Wang J, Hohnloser SH, Gold MR, et.al. Duration of device-detected subclinical atrial fibrillation and occurrence of stroke in ASSERT. *Eur. Heart J.* 2017;38(17):1339-1344.
6. Virani SS, Alonso A, Benjamin EJ, Bittencourt MS, Callaway CW, Carson AP, et.al. Heart disease and stroke statistics—2020 update: a report from the American Heart Association. *Circ.* 2020;141(9):139-596.
7. Saad TF, Weiner HL. Venous hemodialysis catheters and cardiac implantable electronic devices: avoiding a high-risk combination. *Semin Dial.* 2017;30(3):187-192.
8. Yevzin A, Asif A. Stent placement in hemodialysis access: historical lessons, the state of the art and future directions. *Clin J Am Soc Nephrol.* 2009;4(5):996-1008.
9. Saad TF. Central venous dialysis catheters: catheter-associated infection. *Semin Dial.* 2001;14(6):446-451.
10. Kirkfeldt RE, Johansen JB, Nielsen JC. Management of cardiac electronic device infections: challenges and outcomes. *Arrhythm Electrophysiol Rev.* 2016;5(3):183.
11. Clark AL, Chyu J, Horwich TB. The obesity paradox in men versus women with systolic heart failure. *Am. J. Cardiol.* 2012;110(1):77-82.
12. Carnethon MR, Rasmussen-Torvik LJ, Palaniappan L. The obesity paradox in diabetes. *Curr Cardiol Rep.* 2014;16:1-7.
13. Paniagua JA. Nutrition, insulin resistance and dysfunctional adipose tissue determine the different components of metabolic syndrome. *World J. Diabetes.* 2016;7(19):483.