

## 5. Biomaterials: Review and Applications

**Reena**

Department of Chemistry,  
D. P. G. Degree College,  
Gurugram, India.

**Chandra Mohan**

Department of Chemistry,  
SBAS, K R Mangalam University,  
Gurugram, India.

**Prem Lata Meena**

Department of Polymer Science,  
Bhaskaracharya College of Applied Sciences,  
Delhi, India.

**Abstract:**

*Since it has been around for almost 50 years, the science of developing biomaterials is not a recent one. The study of biomaterials is known as biomaterial science. It is a contentious field of study that has expanded consistently and dramatically throughout the duration of its existence, with various companies investing sizeable sums of money in the development of new products. Biomaterial science encompasses tissue engineering as well as biology, chemistry, and materials science.*

**Keywords:**

*Biomaterials, Review*

### 5.1 Introduction:

A substance that has been altered for usage in a medical environment is essentially a biomaterial. When applied to a more interactive application, such as hydroxyapatite-coated hip implants (such as the Furlong Hip, manufactured by Joint Replacement Instrumentation Ltd. in Sheffield), biomaterials can be either benign or bioactive. One such instance is Sheffield, where such implants can endure up to twenty years. Additionally, biomaterials are regularly utilized in medical procedures, dentistry, and drug delivery.

Although it has been challenging to define the term "biomaterial," more commonly "working definitions that are recognized include: A biomaterial is any material, natural or man-made, that comprises whole or part of a living structure or biomedical device that performs, augments, or replaces a natural function."

**A. Applications:**

- Joint replacements
- Blood vessel prostheses
- Bone cement
- Bone plates
- Bone cement
- Artificial ligaments and tendons
- Dental implants for tooth fixation
- Contact lenses
- Cochlear implants

Here are the 2 examples.

first intraocular lens

Basic components: Silicone and PMMA (acrylic).



Combining long-term biocompatibility with optical performance is difficult.



**B. Artificial Hip Joints:**

Stainless steel, titanium and its alloys, and UHMWPE are the basic materials. Prevention of wear and loosening over long durations (10–15 years) is a challenge.

**C. Substitute Heart Valves:**



**D. Indian Chitra Heart Valve:**



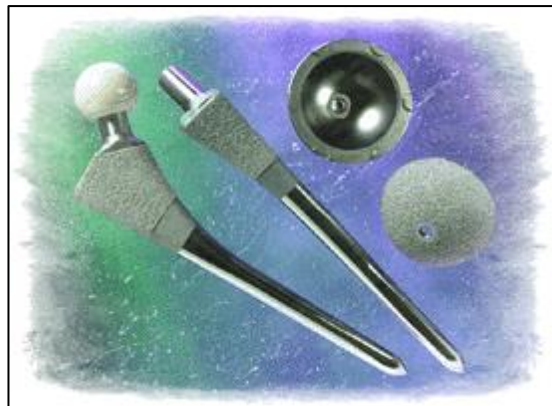
### **E. Vascular Grafts:**

Dacron, Teflon, and polyurethane are the basic materials.

Maintenance of mechanical integrity and long-term blood compatibility are obstacles (avoidance of blood clotting).



**The proximal load transfers for the human complete hip system shown below is provided by a titanium, dual tapered stem design, significantly lowering possibility of the calcar resorption and proximal hypertrophy Not a fool! System offers a straight stem design and an anatomic fit. Polyethylene serves the function of cartilage in this application. Biomet Corporation is the cited to learn more about hip replacement and the situations under which it is performed, visit the Medline Plus website (many great illustrations).**



### **5.2 Some Commonly Used Biomaterials 2:**

- a. Silicone rubber
- b. Dacron
- c. Cellulose
- d. Poly (methyl methacrylate)
- e. Polyurethanes
- f. Hydrogels

- g. Stainless steel
- h. titanium
- i. Alumina
- j. Hydroxyapatite
- k. Collagen (reprocessed)

### **Applications:**

- Catheters, tubing
- Vascular grafts
- Dialysis membrane
- Intraocular lenses, bone cement
- catheters, Pacemaker leads
- Ophthalmological devices, Drug delivery
- Orthopedic devices, stents
- Orthopedic & Dental devices
- Orthopedic & Dental devices
- Orthopedic & Dental devices
- Ophthalmologic applications, wound dressings

### **A. Protein-Surface Interactions in Biomaterials:**

The underlying cause of medical device biocompatibility—or lack thereof—is protein-surface interactions. Proteins quickly adsorb onto the surface of a solid substance that comes into contact with a fluid containing soluble proteins, like a catheter, stent, hip joint replacement, or tissue engineering substrate (such as blood, interstitial fluid, cell culture media). Within seconds to minutes, this saturation happens. Because of this, living cells actually make touch with the molecular structure of a biomaterial when they approach its surface. Living cells are larger than proteins and move more slowly adsorbed protein layer rather than the surface of the material itself. Of course, cells cannot "see" the layer of adsorbed proteins; instead, they probe their environment using membrane-bound receptors that can bind to specific bioactive features that the adsorbed proteins provide.

Following their binding, these receptor-protein interactions are then conveyed through the cell membrane via a number of carefully regulated molecular mechanisms in such a way as to excite particular intracellular activities that ultimately define the response of a cell. As a result, how bioactive locations differ offered by the protein layer that is absorbed is the most essential factor in determining cellular response.

The number, kind, and packing arrangement of proteins that are adsorbed as well as it is possible to control their packing, conformation, and direction on the biomaterial's surface. The emphasis will be on showcasing a few among the most fascinating relatively recent techniques that have been developed and applied to increase our comprehension of the sub molecular principles underpinning how surface chemistry impacts the orientation, conformation, and organisation of adsorbed proteins.

If we want to move past moving from the mostly trial-and-error-based surface design of the present to a future where surfaces are purposefully created to directly regulate adsorbed protein bioactivity, and hence govern cellular response, we must continue to develop our understanding of these processes. Though conceptually straightforward, the vast variety has been made possible—and continues to be made possible—by the complex structural features of soluble proteins found in physiological fluids. —a very difficult subject.

### **B. Computer Simulation of Protein Adsorption to a Material Surface in Aqueous Solution: Biomaterials Modeling of a Ternary System.**

Because biomaterials frequently come into touch with the body or body fluids, crucial aspects like biocompatibility and bio reactivity are controlled by interfacial processes, particularly protein adsorption. A mechanistic understanding of the interactions the development of biotechnology tools like DNA/protein micro arrays and micro fluidic systems will also require the improvement of the interface between biological macromolecules and material surfaces. As a result, the atomistic characterization of structure function correlations at the interface between biological macromolecules and materials surfaces will be crucial for the development of a wide range of bioengineering and biotechnology applications in the future.

They used typical computer modelling software to simulate protein adsorption to a material surface in water. Bovine pancreatic trypsin inhibitor was used to model a multi-component system in which a hydrated protein was present (BPTI), comes into contact with a MgO surface in pure water, molecular dynamics and local minimization were used. In water and in living things, soluble proteins are known to bind to charged substance surfaces. In three distinct initial protein orientations, the simulations demonstrate the binding of BPTI with binding energies of 242, 350, and 241 kcal/mol to MgO in water. Our research shows that in this watery environment, there is hardly any interaction between the atoms of the protein and those of the surface. The solvation layer facilitates important surface binding mechanisms in the interphase (double-layer) area. Although this fact is often not explicitly taken into consideration in the protein adsorption literature, it is anticipated on the basis of traditional electrochemical theory.

### **C. Carbohydrate derived protein resistant biomaterial:**

The Side-chain polyethers obtained from carbohydrates can be made using monomers made from naturally occurring carbohydrates to condensation polymerize. These substances are biodegradable, resistant to proteins, and allow for functionalization in places other than the chain ends. To accomplish desired protein resistance, biodegradability, and/or functionalization, the compounds of the present invention may be formed, at least in part, into various devices, apparatus, and manufactured goods.

### **D. Hard Tissue: Biomaterial Interactions:**

Because bone and cartilage are prone to damage, biomaterials—artificial and modified natural materials—have been effectively employed for many years to replace and/or regenerate these tissues. Science has lately developed the idea of tissue engineering, which

combines the use of biomaterial-based scaffolding, cultured cells, systemic and/or local hormones/mediators, and, more recently, genetic modulators, to try to restore damaged tissues. Since many years ago, musculoskeletal illnesses and disorders have been treated extensively with tissue engineering products, which are essentially biomaterials of various shapes and forms. Currently, materials for replacing bone, cartilage, and joints include ceramics made of hydroxyapatite (HA), calcium phosphate, and polymers like polymethyl methacrylate, as well as metals like titanium, cobalt-chrome, and steel in pure and/or alloy form.

### **E. Modeling and Simulation of Biomaterials:**

Simulation and modelling are being used more and more in materials research. The authors of this paper cover modelling and simulation applications in the emerging subject of biomaterials. The authors don't cover biochemical or biological applications in order to somewhat condense the subject; instead, they concentrate on the structure and characteristics of biomaterials. An explanation of how molecules and groupings of molecules can be studied using atomistic level simulation. After that, we concentrate on simulations of structure and behaviour at the mesoscale, followed by a brief discussion of continuum scale methods.

### **F. Nano Biomaterials:**

Enzymes have been included in detergent recipes for a very long time to help combat particularly difficult filth. Chemical engineer Jonathan Dordick of Troy, New York's Rensselaer Polytechnic Institute is advancing the fight against dirt by employing nanotechnology to create a self-cleaning plastic in which the enzyme molecules are a fundamental component of the substance. The enzymes in the plastic attack bacteria and other pathogens when they come into touch with it, preventing them from adhering to its surface.

### **G. Bioengineering of Improved Biomaterials Coatings for Extracorporeal Circulation Requires Extended Observation of Blood Biomaterial Interaction under Flow.**

Cardiopulmonary bypass systems are frequently hindered by the thrombus development and also infection after prolonged use. The CPB circuitry's insufficient hem compatibility is one cause of several of these issues. In biomaterials science, creating true long-term hem compatibility of biomaterial surfaces is largely unexplored territory. For instance, the bulk of studies evaluating the interactions between blood and biomaterials under flow using the well-known Chandler loop model have only been described for a maximum of two hours.

Two commercial CPB tubings with hem compatible coatings were thoroughly compared in this study with one uncoated control. Examining human whole blood from four separate donors while it was flowing for five hours, analyzing luminal surfaces with scanning electron microscopy, and timing the formation of thrombin were all part of the study. The research showed that the tubing's hem compatibility varied. Furthermore, it seemed that one could only tell one biomaterial covering from another after several hours of blood contact.

Platelet counting, myeloperoxidase quantification, and scanning electron microscopy were the most efficient methods. It is believed that these findings are relevant to the bioengineering of extracorporeal devices that are intended to work for lengthy periods of time in contact with blood.

## **H. Protein-Based Vascular Tissue Engineering Advances:**

Vascular tissue engineering is driven by improved blood artery replacements are clinically necessary, especially for small-diameter applications. Although the blood vessel's form and function are well known, because it is a complicated tissue, it has been difficult to create engineered tissues that are suitable for widespread clinical application. This article discusses vascular tissue engineering techniques that use proteins as the primary matrix or "scaffold" material to create fully biological blood vessel substitutes.

This review specifically discusses the following four vascular tissue engineering methods: Protein hydrogels with cells, crosslinked decellularized natural tissues, self-assembled scaffolds, and protein scaffolds are the first four types of materials. These approaches' benefits and limitations are highlighted together with recent developments in each of these field.

## **I. Biomaterials: where we have been and where we are going:**

The field of biomaterials has had sustained expansion with the steady introduction of fresh concepts and fruitful branches since its founding just over 50 years ago. This assessment outlines our progress to date, the current state of the art, and potential future developments. Here, they highlighted some of the most recent developments in biomaterials with the goal of regulating biological reactions and ultimately promoting healing. Biologically inspired materials that mimic natural processes, the creation of sophisticated three-dimensional (3D) architectures to provide clearly defined patterns for diagnostics, the synthesis of synthetic materials with regulated qualities for medication and cell carriers, and precision immobilization of signalling groups on surfaces are all included in this new generation of biomaterials.

## **J. Biomaterials for Blood Contacting Applications:**

Biomaterials should be taken into account for applications involving blood contact while also considering blood-biomaterial interactions, blood response parameters, and evaluation techniques.

When analyzing blood-biomaterial interactions, factors such protein adsorption, platelet responses, intrinsic coagulation, fibrinolytic activity, erythrocytes, leukocytes, and complement activation can be taken into consideration. Blood response to a biomaterial in a therapeutic environment is influenced by the biomaterial's structure, the presence of an antithrombotic agent, the patient's condition as indicated by the disease and pharmacological therapy, and the particulars of the application. Ex vivo and in vitro procedures are important for biomaterial development, and there are choices for clinical, in vivo, ex vivo, and in vitro evaluation of biomaterials.



### **K. Biomaterials in Canada: The first four decades:**

The 1960s saw the start of Canadian biomaterials research. Significant advancements in a wide range of fields, over the past 40 years, a variety of biomaterials have been developed, including dental, orthopedic, cardiovascular, neurological, and ophthalmic materials. Canadians have also been involved in the tissue engineering derivative industry. The federal and provincial governments provide the majority of the funding for the biomaterials laboratories that are now present at universities and other research institutions from coast to coast. Initiated in 1971, the Canadian Biomaterials Society has contributed significantly to the growth of the industry. In 1996, the Society hosted the Fifth World Biomaterials Congress in Toronto. An overview of Canadian researchers' work during the previous four decades is provided. The scientific field of biomaterials and tissue engineering is deemed to be mature and robust in Canada and is predicted to remain so in the future.

### **L. Future directions in biomaterials:**

The field of medicine has greatly benefited from biomaterials. However, there are still several difficulties. This essay examines three pertinent topics with significant medical issues. First, drug delivery systems; important factors to take into account are interactions between pharmaceuticals and polymers, drug transformation, drug diffusion characteristics, and, if polymer degradation occurs, the products of polymer degradation through polymer matrices. New tailored polymers are also being developed for specialized applications including vaccination and pulsatile release. Second, how cells interact with polymers, including what happens to inert polymers, how to use polymers as templates for tissue regeneration, and how to investigate polymers that make cell transplantation easier. The third category is orthopedic biomaterials, which includes fundamental research on the behaviour of chondrocytes, osteocytes, and connective tissue-free interfaces as well as applied research using computer-aided design of biomaterials and the production of orthopedic biomaterial.

### **M. Smart Biomaterials Design for Tissue Engineering and Regenerative Medicine:**

Tissue engineering (TE), a significant approach in regenerative medicine, has been an active area of scientific research for almost three decades. However, due in part to the small number of biomaterials that have been given human use approval, the clinical application of TE technology has been somewhat constrained.

Even though a lot of great biomaterials have been created recently, their implementation into clinical practice has been delayed. Since biodegradable polymers were initially licensed for use in humans over 30 years ago, many researchers still utilize them today.

### **N. Systematic Effects of Biomaterials:**

The tissue reaction at the implant site is typically the main focus of analyzing the host's reaction to implanted biomaterials. Similar to how looking at battles out of their historical context can lead to incorrect judgements, this can also.

A larger perspective reveals a number of potential and actual systemic consequences of a bacteriological, immunological, metabolic, and carcinogenic character. The absence of epidemiological data makes it difficult to identify these impacts in patients.

### **O. Biomaterials and Biomedical Devices:**

The variables crucial to the integration of biomaterials and technology into tissue are covered in this review. Surface modification approaches and surface-sensitive analytical techniques are mentioned. The effectiveness or biocompatibility of specific biomaterials and devices are assessed using in vitro procedures. There is discussion of current and future directions in dialysis, artificial organs, plasma and cytopheresis, artificial blood or bone substitutes, orthopaedic prostheses, dental materials, neural prostheses, and cardiovascular materials.

### **P. Biomaterials for Healthcare:**

Animal-derived islets were encased in a device with a membrane composed of polycarbonate and a support. The encapsulation chamber was given an extracellular matrix to prevent the islets from congregating. By interconnecting 20 devices, it was possible to implant up to 20 000 pancreatic islets, as needed for testing on a mini-pig in a plate-type support. After up to 92 days following implantation, the biocompatibility of sterile macro devices was examined in normal mini-pigs. Despite the generation of fibrosis, the peripheral immune system did not significantly change or show any signs of an inflammatory response.

### **Q. Optimization Studies on the Features of an Activated Charcoal supported Urease System:**

The enzymatic hydrolysis of urea has been made possible by the successful adsorption of urease onto activated charcoal derived from petroleum. The enzyme support system has been plasma polymerized to coat hexamethyl disiloxane, resulting in a biocompatible surface. Electronic Chemical analysis using spectroscopy and scanning electron microscopy methods were used to evaluate the effectiveness of the resultant coat. Studies on the urease's adsorption, activity, and stability on the support have been made in an effort to improve the properties of the urease supported by charcoal and increase its accessibility for usage in clinical applications.

### **R. Bioactive Specific Biomaterials: Present and Future:**

In order to interact specifically with living systems, bioactive biomaterials are replaced with specific chemical functional groups carried by the macromolecular chain and made of synthetic or artificial polymers.

These polymers, which can be soluble or insoluble, are made from dextran and polystyrene. When these modified polymers come into contact with circulating blood, they have low thrombogenicity because they may be endowed with anticoagulant heparin-like characteristics. It has been specifically designed for other functional polymers to interact with immune system elements.

Other polymers can influence cell development and biological activity or only biological activity when in contact with cells, without necessarily changing all of the features of the cells. From the aforementioned ideas, it is conceivable to show that the biological features of these polymers correlate with a statistically random chemical group distribution along the macromolecular backbone.

### **S. Macromolecular Engineering of Fluorinated Polymers and Hybrid Composites for Dental Resoration Application:**

Investigated were novel polymeric materials that shrink less during polymerization and have low surface energy. New fluorinated ring-opening monomers were synthesised in order to produce the requisite polymers and composite resins. Different polymeric and co-polymeric systems' properties, including reactivity, chemical composition, thermal behaviour, and surface features, were thoroughly investigated. Even at comparatively low fluorinated chain side group concentrations, the ordering of the fluorinated groups caused the polymers to form liquid crystalline mesophases. Surface studies showed the existence of uniform, well-ordered surfaces with low surface tension due to the fluorine enrichment of the air-polymer interface. Fluorinated ring-opening monomers and crosslinkers were used to create dental composite resins. The function of the components in the resin formulations was evaluated in terms of bacterial adhesion, surface topography and composition, and mechanical properties. Without appreciably changing the mechanical properties, the introduction of fluorinated groups resulted in a significant decrease in volume shrinkage. There was a suggested relationship topography, surface energy, and fluorine surface segregation.

### **T. Toward A Suture Less Vasovasostomy: Use of Biomaterials and Surgical Sealants in A Rodent Vasovasostomy Model:**

Vasectomy reversal has become a routine treatment with an annual reversal rate of 3% to 8% and 500,000 to 800,000 vasectomies performed. The gold standard for surgical vas reconstruction is still a two-layer microsurgical vasovasostomy. The process is time-consuming and technically difficult. They discovered how biomaterials and surgical sealants might cut down on the amount of sutures needed, improve the water tightness of anastomoses, and shorten operating times.

### **5.3 Conclusion:**

A substance that has been altered for usage in a medical environment is essentially a biomaterial. Biomaterials may be bioactive or serve a benign purpose, such as in the construction of a heart valve such as hydroxyapatite-coated hip implants, which last up to twenty years and are used for more interactive purposes.

### **5.4 References:**

1. From Wikipedia, the free encyclopedia.
2. [www.cse.iitk.ac.in/~manindra/Website/.../MFT\\_08\\_Dhirendra Katti.ppt.pdf](http://www.cse.iitk.ac.in/~manindra/Website/.../MFT_08_Dhirendra Katti.ppt.pdf)
3. Latour RA, Biomaterials: Protein-Surface Interactions.
4. Encyclopedia of Biomaterials and Biomedical Engineering, 2005.

5. Cormack AN, Lewis RJ, and Goldstein AH, Computer Simulation of Protein Adsorption to a Material Surface in Aqueous Solution: Biomaterials Modeling of a Ternary System. *The Journal of Physical Chemistry B*, 2004; 108(52): 20408-20418.
6. Carbohydrate derived protein resistant biomaterial; United States Patent 7354747.
7. Korkusuz F, Korkusuz P.; *Hard Tissue: Biomaterial Interactions*. Encyclopedia of Biomaterials and Biomedical Engineering, 2006.
8. Redondo A. and LeSar R.; Modeling and simulation of biomaterials. *Annual Review of Materials Research*, 2004; 34: 279-314.
9. Stikeman A.; *Nano Biomaterials*. Technology Review November 2002.
10. Stevens KJ, Aldenhoff YJ, and Koole LH, Bioengineering of Improved Biomaterials Coatings for Extracorporeal Circulation Requires Extended Observation of Blood-Biomaterial Interaction under Flow. *Journal of Biomed and Biotech*, 2007.
11. Stegemann JP, Kaszuba SN, Rowe BS, and Rowe SL, Advances in Vascular Tissue Engineering Using Protein-Based Biomaterials. *Tissue Eng*. 2007 Nov; 13(11): 2601-13.
12. Ratner BD and Bryant SJ, Biomaterials: Where We Have Been and Where We Are Going. *Annual Review of Biomedical Engineering*, 2004; 6: 41-75.
13. Courtney JM., Lamba NK., Sundaram S, Biomaterials for bloodcontacting applications. 1994; 15, (10): 737-744
14. Brash JL, Biomaterials in Canada: The first four decades; 2005; 26(35): 7209-7220.
15. Langer R., Cima LG., Tamada JA, Future directions in biomaterials. 1990; 11(9): 738-45.
16. Wooley PH, Morren R, Andary J, Inflammatory responses to orthopedic biomaterials in the murine air pouch. 2002; 23(2): 517-526.
17. Tziampazis E., Kohn J. and Moghe PV.; PEG-variant biomaterials as selectively adhesive protein templates: model surfaces for controlled cell adhesion and migration. 2000 Mar; 21(5): 511- 20.
18. Furth M E., Atala A. and Van Dyke ME, Smart biomaterials design for tissue engineering and regenerative medicine. December 2007; 28(34): 5068-5073
19. Blac J. Systemic effects of biomaterials/ 1984 Jan; 5(1): 11-8.
20. Hanker J S. and Giammara BL, Biomaterials and biomedical devices. *Science* 11 November 1988; 242(4880): 885 – 892.
21. Larsson TF., Biomaterials for healthcare; [tp://ftp.cordis.europa.eu/pub/nmp/docs/biomaterials\\_web.pdf](ftp://ftp.cordis.europa.eu/pub/nmp/docs/biomaterials_web.pdf).
22. Kibarer G and Akovali G, Optimization studies on the features of an activated charcoal-supported uncase system. 1996; 17(15): 1473-1479
23. Jozefonvicz J. and Jozefowicz M.; Bioactive specific biomaterials: Present and future. *Pure & Appl. Chem*, 1992; 64(11): 1783-1788,
24. Ragnoli M.; *Macromolecular Engineering of Fluorinated Polymers and Hybrid Composites for Dental Resoration Application*. Ph. D Thesis in Biomaterials (XVII Cycle)
25. Schiff, JP and Goldstein M.; Toward a suture less vasovasostomy: use of biomaterials and surgical sealants in a rodent vasovasostomy model. *The Journal of Urology*, 172(3): 1192-1195.