



## **Application of ultrasonic inhalers and spray heads structure and principles of operation for insulin delivery**

Tomsk Polytechnic University

Andrey Averkiev<sup>a</sup>

Research School of Chemistry & Applied Biomedical Sciences, Tomsk Polytechnic University

---

### **Abstract**

The paper presents comparative analysis of several types of ultrasonic spray devices of liquid (their structure and operating principles) in order to create our own ultrasonic nebulizer of liquid in particular ultrasonic nebulizer of insulin as well as conditions of its exploiting by people suffering from diabetes.

The development of ultrasonic nebulizer of insulin is aimed at eliminating a number of problems connected with regular insulin taking (injections). They are increasing the effectiveness of treatment for patients with diabetes (possibly accelerating treatment), replacing the painful way of insulin delivering (via injections) with the device through which the medicine will be delivered and reducing the consumption of an active drug based on insulin.

Nowadays insulin ultrasonic nebulizer is one of the new ideas in the field of medical technologies. There are some experiments on the insulin inhalator implementation. However, tests have been conducted for a long time but there still hasn't been wide application. Operating principle of the ultrasonic nebulizer of insulin is fundamentally different from possible analogues, which are very few.

*Keywords:* Insulin, nozzle tip, insulin nebulizer, cavitation, fluid atomization, droplets size, health improvement;

---

### **1. Introduction**

Ultrasonic nozzle tips systems have replaced conventional sprays, inhalers, etc. in many industries and research applications making many spraying processes possible including medicine (improvement of drug spraying). Environmental concern, unacceptable quantities of industrial waste as well as the side effects of using various medicines forced manufacturers to use systems with an ultrasonic nozzle tips as a technology that is more accurate, controllable, environmentally friendly and harmless for patients. Ultrasonic nozzle tips are non-clogging, self-cleaning devices that atomize a liquid using high-frequency sound waves (beyond human hearing) rather than pushing a liquid through a small hole with force using high pressure, which opens up a wide range of applications.

Every person with type 1 diabetes is forced to make subcutaneous injections of insulin intramuscularly leading to soft tissue damage and pain for a long time. Besides the injection procedure itself is rather painful. Therefore, development of an alternative way of drug delivery using ultrasonic nozzle tips will significantly contribute to the improvement of patients' quality of life.



something like an example with low energy consumption (Fig. 1, b), this can mean a good setting of the device power.

In addition, the film should not be too close to the edge due to the possible risk of film wrapping the tip of the spray head which will cause unwanted spraying on the sides because the liquid atomizes away from the tip.

#### *Differences between an ultrasonic inhaler and ultrasonic spray head*

Ultrasonic inhalers and ultrasonic spray head use piezoelectric transducers to generate atomized particles. Both systems apply voltage to piezoelectric transducers that will vibrate at high frequency in up and down movement. The ultrasonic nebulizer uses the surface of a piezoelectric disc as the surface of atomization while the ultrasonic spray head uses a piezoelectric transducer to vibrate the metal (for example, titanium) at a resonant frequency. The vibration of this titanium transducer is similar to the concept of a vibrating plug (Fig. 2). The same up and down movement of the piezoelectric transducer is transmitted to the ultrasonic tip of the spray head, which will also vibrate in the same direction (up and down) [5].

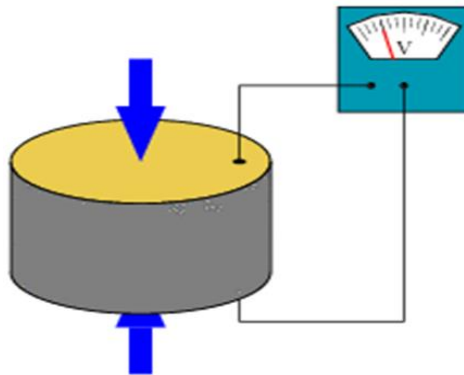


Figure 2. The concept of a piezoelectric transducer [5]

Unlike the ultrasonic inhaler that directly uses the surfaces of a piezoelectric disc the liquid is atomized from the surface of the spray head. However, both systems are called ultrasonic as they operate in the ultrasonic range which starts at 20 kilohertz [2].

#### *Features of ultrasonic inhalers*

Ultrasonic inhalers used in industry to create atomized sprays operate mostly at a frequency of 1-2 MHz. The power source is often in the range of 12-15 watts. Frequency determines the droplets size. It is said that the 2.4 MHz system, for example, will generate an average particle size of 1-2  $\mu\text{m}$ , compared to a system of 1.65 MHz that generates an average particle size in the range of 5-7  $\mu\text{m}$  [3].

Solid particles may accumulate on the piezoelectric transducer due to the direct contact of the fluid which will affect its performance. This makes maintenance of many industrial inhalers difficult. Ultrasonic inhalers are popular in spray pyrolysis applications.

#### *Features of ultrasonic spray heads*

Ultrasonic spray heads operate at a much lower frequency than ultrasonic inhalers and have physical limitations in their operating range. Imagine an organ pipe. The larger the pipe, the lower the sound, and consequently, the lower the frequency. Small organ pipes make higher sounds, but they vibrate more vigorously than larger ones. This important concept is implemented in the ultrasonic design of the spray head. The operating range of the ultrasonic spray head was between 25 and 250 kHz for several decades [11]. The new material science and manufacturing practices have pushed this range slightly higher but not by much for the past few

years. The main barrier is higher stress and heat in the system caused by the power generated by spray heads as they are constructed at high frequency, very small but contain a lot of power. Why then try to build high frequency spray heads [4]?

Droplets size is the answer to this question. As the frequency increases, the ultrasound head generates smaller droplets. Droplets size is very important not only in many thin film applications but also when the spray process undergoes transformation (spray pyrolysis, etc.) [4]. Thus, it is very important to apply the correct technology and frequency of the device operation.

#### *Sizes of sprayed drops*

The frequency of the ultrasonic spray head determines the size of the droplets. The higher the frequency, the smaller the "initial" drop. Most consumers, however, are more concerned about the size of the drop that comes in contact with their component. A thin film coating on a wide substrate was considered as an example [7]. An ideal functional coating can be more not like a film but more like a spray pattern. Many factors should be analysed to get such kind of coating. One of which, of course, is the initial size of droplets generated by this ultrasonic spray head. What many consumers do not pay attention to becomes the important feature of evaporation in the final drop size that comes into contact with a component [8].

It is not uncommon for consumers to think that they need the smallest possible initial droplets (i.e. a high frequency ultrasonic spray head). But when they run their system the coating becomes dry. All solvents are evaporated before the solids in the solution have time to coat the part. In other words, they lose all the characteristics of film making and become powder coating instead (Fig.3).

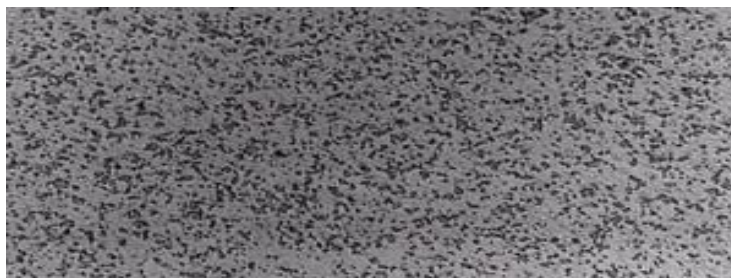


Figure 3. SEM image of powder coating [10]

The principles of spraying powder and liquids described above can be applied to the spraying of drugs under certain conditions and parameters of the device. Surface on which the spray occurs is of great importance too. These parameters and characteristics for creating an ultrasonic insulin nebulizer were experimentally determined in the course of calculating pore sizes for the sublingual and buccal mucosa of the oral cavity [9] (Table 1).

Table 1. Values for  $r_p$  (in Å) and  $C/L$  (in  $cm^{-1}$ ) for the sublingual and buccal mucous membranes [9]

	$C/L(cm^{-1})$	$r_p(Å)$
Using the radius of rotational motion		
Sublingual mucosa	1.24	52
Buccal mucosa	1.42	23

The use of the radius by the Stokes-Einstein equation		
Sublingual mucosa	1.74	30
Buccal mucosa	1.94	17.5

### 3. Discussions

Undoubtedly, the frequency of the ultrasonic spray head is very important but the highest frequency is not always better. Consideration of drug types (with a high boiling point, compared with a low one (insulin solutions), the distance of the spray head from the base plate and the flow rate also play a role in determining the final size of the droplets and, consequently, the quality of the coating.

It is necessary to ensure control over the level of input power, which should not exceed 5 W.

The ideal calculated droplet size of the active preparation based on insulin should be in the range: 23 - 52 Å (5.2 – 2.3 nm). But it is hard to get due to power and frequency limitations. These limitations are due to the parasitic process of ultrasonic cavitation, which enhances its effect on spraying as the power level and frequency increase.

According to the conducted research, we have found “balanced” parameters of insulin nebulizer prototype:

Typical power is 1-5 W. Operating frequency range is 25-250kHz. Amplitude of oscillations on ultrasonic transducer is 3-9 microns. Presumed type of insulin used is "regular insulin" (average duration of action is 3-6 hours). To reduce the effect of ultrasonic cavitation it is necessary to install a self-cleaning, non-clogging filter head at the outlet.

### 4. Conclusion

The technical result of the investigation is an increase of the process productivity at high spraying frequencies and the possibility of spraying liquid drugs.

### References

1. [AIUM] American Institute of Ultrasound in Medicine. Acoustic output labeling standard for diagnostic ultrasound equipment. Laurel, MD: American Institute of Ultrasound in Medicine; 1998
2. Dhand R. New frontiers in aerosol delivery during mechanical ventilation. *Respir Care*. 2004b; 49. pp. 666–77
3. Di Paolo ER, Pannatier A, Cotting J. In vitro evaluation of bronchodilator drug delivery by jet nebulization during pediatric mechanical ventilation. *Pediatr Crit Care Med*. 2005; 6:462–9.
4. Maione E, Shung KK, Meyer RJ, et al. Transducer design for a portable ultrasound enhanced transdermal drug delivery system. *IEEE Transactions on Ultrasonics, Ferroelectrics and Frequency Control*. 2002; 49. pp. 1430–6.
5. Microspray Company [Available at <https://microspray.com/basics-of-ultrasonic-atomization/>] [viewed on:8/10/2017]
6. Nadetech Innovations. [Available at <http://www.nadetech.com/index.php/en/technologies>] [viewed on: 02/03/2018]

7. Noanix Corporation [Available at [http://www.noanix.com/eng/products/products.php?pnum=24&class1\\_num=4&class2\\_num=8&class0\\_num=&ckattempt=2](http://www.noanix.com/eng/products/products.php?pnum=24&class1_num=4&class2_num=8&class0_num=&ckattempt=2)] [viewed on: 4/06/2018]
8. Stahlhofen, W, Gebhart, J, Heyder J. (1980). Experimental determination of the regional deposition of aerosol particles in the human respiratory tract. *Am Ind Hyg Assoc J.* 41. pp. 385–98.
9. Schlicher, RK, Radhakrishna, H, Tolentino, TP, et al. (2006). Mechanism of intracellular delivery by acoustic cavitation. *Ultrasound Med Biol.* 32. pp. 915–24.
10. Spraying Systems Co. [Available at <http://www.accujet.com/about.html>] [viewed on: 22/12/2017]
11. Ultrasound Company [Available at <http://www.sono-tek.com/>] [viewed on: 17/11/2017]
12. Ultrasonic Systems, Inc. (USI). [Available at <http://www.ultraspray.com/technology>] [viewed on: 18/09/2018]