



## MONOCLONAL ANTIBODIES ENGINEERED TO FIGHT DISEASE

Ramesh Kumari Dasgupta<sup>\*</sup>, Saumendu DebRoy<sup>2</sup>, Tanmay Jit, Sanglap Mallick, Sabitri Pradhan, Niharjyoti Saharia

Mata Gujri college of Pharmacy, Mata Gujri University, Kishanganj, Bihar

**Submitted on:** 22.11.2023;

**Revised on:** 06.12.2023;

**Accepted on:** 11.12.2023

### ABSTRACT:

Monoclonal antibodies (mAbs) have emerged as a potent therapeutic tool for a diverse range of diseases, offering exceptional precision and potency compared to traditional medications. These laboratory-produced proteins mimic the natural antibodies produced by the immune system, targeting specific antigens with high accuracy. Their unique properties, including long half-life, minimal side effects, and adaptability, make them a promising avenue for personalized medicine. This article provides an overview of monoclonal antibodies, highlighting their applications and benefits. It delves into their unique targeting capabilities, enhanced potency, adaptability, and long-lasting effects. Additionally, the article explores their potential for diagnostics, tailored delivery systems, and future applications.

Overall, monoclonal antibodies represent a significant advancement in therapeutic medicine, offering a powerful approach for precise and effective treatment of various diseases. As research continues to evolve, this technology holds immense promise for improving patient care and advancing personalized medicine.

**KEY WORDS:** Monoclonal antibodies, Diagnostics, Adaptability, Immense

**Corresponding author:** R. K. Dasgupta  
E mail: [rkd.mgcop@gmail.com](mailto:rkd.mgcop@gmail.com)

Indian Research Journal of Pharmacy and Science; 37(2023)2948-2952;

Journal Home Page: <https://www.irjps.in>

## 1. INTRODUCTION

These Monoclonal antibodies are the laboratory-created proteins mimic the natural antibodies produced by our immune system, but with enhanced specificity and potency. Monoclonal antibodies (mAbs) have emerged as a powerful therapeutic tool for a wide range of diseases and stand as one of the most promising classes of biological drugs on the pharmaceutical market [1,2]. The advent of antibody therapy marked a significant milestone in the field of medicine, initially employing immune sera-derived immunoglobulins, which contain a mixture of different antibodies. However, due to their inherent variability, these polyclonal preparations were eventually superseded by mAbs, which offer consistent and well-defined properties [3]. The production of mAbs has evolved over time, utilizing various techniques such as hybridoma technology, molecular cloning, and recombinant expression. These advancements have enabled the development of humanized and fully human antibodies, further enhancing their therapeutic potential [4].

Moreover, recent breakthroughs in single B cell screening technologies have opened up the possibility of generating mAbs from individual B cells isolated from immunized animals or infected patients, offering unprecedented specificity and potential for personalized medicine [5].

## 2. Classification of antibodies and their Unique Roles in Human Biology

Antibodies are Y-shaped proteins produced by the immune system to recognize and neutralize foreign substances, such as viruses, bacteria, and toxins. They are essential components of the adaptive immune system, which provides long-lasting protection against specific pathogens. There are five major classes of antibodies, each with distinct structural features and functional roles [6,7]

**2.1IgM:** The largest and most abundant antibody during the early stages of an immune response, IgM effectively neutralizes pathogens and activates the complement system, which enhances the immune response.

**2.2IgD:** Expressed on the surface of B cells, IgD plays a role in B cell maturation and may also contribute to immune signaling.

**2.3IgG:** The most abundant antibody in the bloodstream and extracellular fluids, IgG provides long-lasting protection against reinfection. It can also activate the complement system and mediate

antibody-dependent cellular cytotoxicity (ADCC), where immune cells destroy target cells coated with IgG antibodies.

**2.4IgE:** Primarily found in mucosal tissues, IgE is involved in allergic reactions and defense against parasitic infections. It triggers the release of histamine and other inflammatory mediators from mast cells and basophils.

**2.5IgA:** The predominant antibody in mucosal secretions, such as saliva, tears, and breast milk, IgA plays a crucial role in protecting mucosal surfaces from pathogens.

**IgG: The Predominant Antibody in Modern Monoclonal Antibody Therapeutics** Monoclonal antibodies (mAbs) are laboratory-produced molecules that mimic the natural antibodies produced by the immune system. They are highly specific, targeting specific antigens with exceptional precision. Among the five antibody classes, IgG is the most widely used for mAb therapeutics. This preference stems from several favorable properties of IgG antibodies. These have a long half-life in the bloodstream, allowing for sustained therapeutic effects, relatively stable, making them suitable for storage and administration. Human mAbs have low immunogenicity, reducing the risk of adverse immune reactions and have favorable toxicity profiles. IgG antibodies can be readily produced in large quantities using well-established techniques. [8,9].

## 3. Uses of the Monoclonal antibodies

Monoclonal antibodies have a wide range of applications in medicine, including:

### 3.1 Cancer treatment:

Monoclonal antibody-based immunotherapy has emerged as a cornerstone of cancer treatment, complementing traditional approaches like surgery, radiation, and chemotherapy. These engineered antibodies offer a versatile arsenal of therapeutic mechanisms, directly targeting tumor cells while simultaneously stimulating sustained anti-tumor immune responses. Their multifaceted properties have paved the way for novel cancer treatment strategies that promise to revolutionize cancer care. They can be used to directly attack cancer cells, block tumor growth signals, or deliver toxins specifically to cancer cells.[10]

### 3.2 Infectious diseases:

Monoclonal antibodies (mAbs) have emerged as a powerful therapeutic tool in the fight against

infectious diseases. These laboratory-engineered proteins are designed to recognize and bind to specific targets, such as viruses or bacteria, with high precision. By neutralizing or eliminating these pathogens, mAbs can effectively prevent or treat infections. Monoclonal antibodies have demonstrated efficacy in treating a wide range of infectious diseases, including: MAbs have been successfully used to treat and prevent viral infections such as COVID-19, respiratory syncytial virus (RSV), and Ebola virus disease (EVD).[11] MAbs have shown promise in treating antibiotic-resistant bacterial infections, particularly those caused by Gram-negative bacteria such as *Pseudomonas aeruginosa* and *Acinetobacter baumannii*. MAbs are being investigated for the treatment of fungal infections, particularly those caused by *Aspergillus* species.[12].

### 3.3 Transplant rejection:

Organ transplantation is a lifesaving procedure in patients with end-organ disease. Monoclonal antibodies play a crucial role in preventing transplant rejection by specifically targeting and suppressing the immune system's attack on transplanted organs. Unlike traditional immunosuppressant drugs, which broadly suppress the entire immune system, monoclonal antibodies can be tailored to target specific steps in the rejection process, leading to more precise and effective treatment.[13].

### 3.4 Autoimmune diseases:

Monoclonal antibodies are emerging as powerful therapeutic tools in the management of autoimmune diseases. These engineered molecules act like highly specific "smart bombs" within the immune system, targeting and disabling harmful immune cells or molecules that are mistakenly attacking the body's own tissues. They can neutralize harmful immune cells or molecules that are attacking the body's own tissues. Monoclonal antibodies can be designed to identify and bind to specific cell surface markers on harmful immune cells, like T cells or B cells. This binding essentially "flags" the cells for destruction by the immune system's own scavenging mechanisms. Some monoclonal antibodies target specific molecules involved in inflammatory pathways, such as cytokines or chemokines. By blocking these molecules, they can prevent the cascade of events leading to tissue damage and inflammation [14]

## 4, Benefits of monoclonal antibodies:

They can target specific molecules with high precision, minimizing side effects on healthy cells. They can be engineered to be much more powerful than natural antibodies, leading to more effective treatment. They can be adapted to target a wide range of diseases by modifying their structure. [15,16]

**4.1 Precise Targeting:** Unlike conventional medications that broadly target entire systems, monoclonal antibodies are designed to bind to specific molecules with high precision. This minimizes side effects on healthy cells and reduces the risk of unintended consequences.[16]

**4.2 Enhanced Potency:** Compared to natural antibodies, monoclonal antibodies can be engineered to be much more powerful, enabling them to bind more tightly to their target and exert a stronger therapeutic effect. [16]

**4.3 Adaptability:** The modular structure of monoclonal antibodies allows them to be modified to target a wide range of diseases. By altering their binding domains, researchers can create antibodies that recognize specific antigens associated with various illnesses. This versatility makes them a promising tool for developing personalized medicine approaches.[17]

**4.4 Long-lasting effects:** Some monoclonal antibodies have longer half-lives compared to traditional medications, allowing for less frequent dosing and potentially improved patient adherence to treatment regimens. This can further enhance treatment effectiveness and improve patient outcomes.[18]

**4.5 Reduced resistance:** While resistance can develop over time with any therapeutic approach, monoclonal antibodies can be engineered to minimize this risk. By targeting multiple epitopes on their target molecule or by employing combination therapies, the emergence of resistance can be significantly delayed or even prevented.[19]

**4.6 Improved diagnostic capabilities:** Beyond their therapeutic applications, monoclonal antibodies can also be used for diagnostic purposes. They can be employed to detect specific biomarkers in blood or tissue samples, aiding in disease diagnosis and monitoring disease progression..[20].

**4.7 Tailored delivery systems:** Scientists are developing innovative delivery systems for monoclonal antibodies, such as nanoparticles or

liposomes. These carriers can enhance drug delivery to specific tissues, improving their efficacy and reducing side effects.[21]

**4.8 Promising potential:** Research into monoclonal antibodies continues to evolve rapidly, leading to the development of novel therapies for various diseases. This ongoing research holds immense promise for improving patient care and offering new treatment options for a wide range of conditions [22]

These advantages highlight the significant potential of monoclonal antibodies to revolutionize the treatment landscape for various diseases. As further research and development progress, this powerful therapeutic approach is expected to play an increasingly important role in improving healthcare outcomes for millions of patients worldwide.

#### 5. Challenges and limitations:

The complex manufacturing process makes them expensive drugs. They may not be readily available in all healthcare settings. Some viruses

and bacteria can develop resistance to monoclonal antibodies over time [23]

#### CONCLUSION:

Monoclonal antibodies (mAbs) have revolutionized therapeutic medicine, offering unparalleled precision and potency against a diverse range of diseases. These engineered proteins, mimicking natural antibodies, precisely target specific antigens with minimal side effects. Their adaptability and long-lasting effects make them promising for personalized medicine. This article explored mAbs' applications, targeting capabilities, enhanced efficacy, and adaptability, along with their potential in diagnostics, tailored delivery systems, and future advancements.

Overall, mAbs represent a significant leap forward in medicine, offering a powerful tool for precise and effective disease treatment. As research continues, this technology holds immense promise for improving patient care and advancing personalized medicine, potentially revolutionizing healthcare across various disease areas.

#### REFERENCES

1. Lu RM, Hwang YC, Liu IJ, Lee CC, Tsai HZ, Li HJ, Wu H.C. Development of Therapeutic Antibodies for the Treatment of Diseases. *J. Biomed. Sci.* 2020, 27, 1-30.
2. Pedrioli A, Oxenius A, Single B. Cell Technologies for Monoclonal Antibody Discovery. *Trends Immunol.* 2021, 42, 1143–1158.
3. Luciani M, Iannetti L. Monoclonal Antibodies and Bacterial Virulence. *Virulence* 2017, 8, 635–636.
4. Speziale P, Pietrocola G. Monoclonal Antibodies Targeting Surface-Exposed and Secreted Proteins from Staphylococci. *Vaccines* 2021, 9, 459.
5. Ojima-Kato T, Morishita S, Uchida Y, Nagai S, Kojima T, Nakano H. Rapid Generation of Monoclonal Antibodies from Single B Cells by Ecobody Technology. *Antibodies* 2018, 7(4), 38.
6. Tiller KE, Tessier PM. Advances in Antibody Design. *Annu Rev Biomed Eng.* 2015, 17, 191-216.
7. Castelli MS, McGonigle P, Hornby PJ. The pharmacology and therapeutic applications of monoclonal antibodies. *Pharmacol Res Perspect.* 2019, 7(6), 1-11.
8. Buss NA, Henderson SJ, McFarlane M, Shenton JM, de Haan L. Monoclonal antibody therapeutics: history and future. *Curr Opin Pharmacol.* 2012 Oct; 12(5):615-622.
9. Shepard HM, Phillips GL, D Thanos C, Feldmann M. Developments in therapy with monoclonal antibodies and related proteins. *Clin Med (Lond).* 2017 Jun; 17(3):220-232.
10. Zahavi D, Weiner L. Monoclonal Antibodies in Cancer Therapy. *Antibodies.* 2022, 9, 1-20.
11. Correia B, Fenwick C, Joo VS, Perez L. Antibodies to combat viral infections: development strategies and progress *Nature Revie.* 2022, 21, 679-789.
12. Zurawski DV, McLendon MK. Monoclonal Antibodies as an Antibacterial Approach Against Bacterial Pathogens *Antibiotics* 2020, 9, 1-12.
13. Mahmud N, Klipa D, Ahsan N. Antibody immunosuppressive therapy in solid-organ transplant: Part I. *mAbs.* 2010, 2(2), 148-56.
14. Quinteros DA, Bermúdez JM, Ravetti S, Cid A, Allemandi DA, Palma SD. Therapeutic use of monoclonal antibodies: general aspects and challenges for drug delivery.

- Nanostructures for Drug Delivery. 2017,8,07–833.
15. DemlieT, BalchaE,, Fesseha H. Monoclonal Antibody and its Diagnostic Application-Review Biomed J Sci & Tech Res 2020, 30(4), 1-7.
  16. Hernandez AV, Piscocoy A, Pasupuleti V, Phan MT, Julakanti S, Khen P, Roman YM, Carranza-Tamayo CO, Escobedo AA, White CM. Beneficial and Harmful Effects of Monoclonal Antibodies for the Treatment and Prophylaxis of COVID-19: Systematic Review and Meta-Analysis. Am J Med. 2022,135(11):1349-1361.
  17. Castelli MS, McGonigle P, Hornby PJ. The pharmacology and therapeutic applications of monoclonal antibodies. Pharmacol Res Perspect. 2019, 6, 1-11.
  18. Punia I S, Chaurasiya M, Yadav R, Upadhyay P. Monoclonal Antibodies For Targeting Drug Delivery System International Journal of Creative Research Thoughts 2023, 11(4), 120-136.
  19. Reslan L, Dalle S, Dumontet C. Understanding and circumventing resistance to anticancer monoclonal antibodies. MAbs. 2009,1(3),222-229.
  20. Siddiqui MZ. Monoclonal antibodies as diagnostics; an appraisal. Indian J Pharm Sci. 2010, 2(1),12-17.
  21. Awwad S, Angkawitwong U. Overview of Antibody Drug Delivery. Pharmaceutics 2018, 10, 83,1-24.
  22. Berger M, Shankar V, Vafai A. Therapeutic applications of monoclonal antibodies. Am J Med Sci. 2002 ,24(1):14-30.
  23. Samaranayake H, Wirth T, Schenkwein D, Rätty JK, Ylä-Herttuala S. Challenges in monoclonal antibody-based therapies. Ann Med. 2009,41(5);322-31.

CONFLICT OF INTEREST REPORTED: NIL;

SOURCE OF FUNDING: NONE REPORTED