**RADIOPHARMACEUTICALS**

**Anisha Chakrabarty1, Trisha Chatterjee1**

1***Bengal School of Technology, Sugandha, Hooghly, Wesh Bengal, India.***

1. **INTRODUCTION**

Numerous dense elements, including uranium, thorium, and radium as well as their compounds, emit spontaneous radiation. These emissions have the capacity to permeate solid materials, ionize gases, produce luminescence on zinc sulphate paint, and affect photographic plates. Radioactivity refers to the material that emits such radiation. They are known as 'Radiopharmaceuticals,' and they are used in both therapy and diagnosis in the medical field.[1].As the name implies, radiopharmaceuticals are pharmaceutical formulations containing radioactive materials (radioisotopes and molecules linked with radioisotopes)

Approximately 95% of radiopharmaceuticals are used for diagnostics, with the remainder used for therapeutic purposes.These substances differ from conventional medication in that they have no pharmacological effect. Radiopharmaceuticals include a wide range of applications, each with its own set of targeting mechanisms, forms, and routes of administration. They could be delivered in simple salt formulations or bound to more intricate compounds. There are various ways of delivering radiopharmaceuticals, such as through oral consumption, parenteral injection, and even ocular installation.

1. **RADIOACTIVITY**

Radioactive decay, also referred to as nuclear decay, radioactivity, radioactive disintegration, or nuclear disintegration, is the process by which an unstable atomic nucleus emits radiation and releases energy. Any radioactive material's activity decreases over time. A radioactive substance is one that contains unstable nuclei.

1. **ISOTOPES**

Isotopes are nuclides that have the same number of protons but a different number of neutrons. Radioisotopes are those that undergo nuclear changes or reorganizations that result in the emission of radioactive radiation. Nuclear reactions occur when nuclei interact with each other and with neutrons in the same way that atoms and molecules do in chemical interactions. When radioactive isotopes undergo these nuclear events, alpha, beta, and gamma particles are produced.

**Alpha Ray[2]:**

Alpha particles are composed of two protons and two neutrons, similar to helium nuclei. As a result of radionuclide decay and the consequent emission of an alpha particle, the atomic number reduces by two and the atomic mass decreases by four. These alpha particles possess high mass and move slowly, resulting in restricted penetrating capabilities. Alpha particles can easily stopped by a piece of paper. Because of their large size, alpha particles are unable to penetrate the skin's outer layer upon contact, offering no immediate hazard.

However, when alpha particle-emitting compounds are inhaled, swallowed, or injected into the body, they pose a serious risk to internal organs due to the high charge associated with alpha particles.

**Beta Ray:**

* Beta Rays are classified as either positively or negatively charged particles known as positrons or negatrons.
* These particles have greater penetrating powers than alpha rays, but have a much lower mass, around 1/1836th that of a hydrogen ion.
* Gamma radiation is usually present in conjunction with beta emissions
* They have less ionization potential than alpha particles, beta particles can pass through a few millimeters of aluminium foil.
* The emission of beta particles from an element does not change its atomic mass, but it does change its atomic number, resulting in transformation into the next highest atomic number element.
* These beta particles, also known as negatron, are produced by unstable nuclei where the neutron-to-proton ratio exceeds stability limitations
* .Positrons are another sort of beta emission. These are relatively scarce and short-lived, limiting their application in the biological domain

**Gamma Ray**:

These rays penetrate significantly deeper than alpha and beta rays. Their properties are similar to those of very short electromagnetic waves known as X-rays. They are magnetically insensitive and travel at the speed of light. Gamma rays, which have no mass or charge, are produced during the disintegration of radioactive compounds, typically in conjunction with beta radiation, as well as during nuclear fission.

The penetrating ability of gamma radiation is determined by the atomic weight of the absorber and the wavelength of the radiation. Despite their lack of charge, gamma rays have limited ionization capabilities. They do, however, interact with particular media, causing ions and free radicals to be released by dislodging electrons from orbital[3].

1. **UNITS OF RADIOACTIVITY.**

The International System (SI) measurement unit for radioactivity is the Becquerel (Bq), named for scientist Henri Becquerel, and represents one nuclear transmutation per second**.**

1. Curie: Curie is an old unit of radioactivity. It is defined as the amount of any radioactive substance that undergoes the same number of disintegrations in unit time as one gram of radium and equals 3.7 x 1010 disintegrations per second. The millicurie (mc) is defined as 1 x 10-3 curie, which corresponds to 3.7 × 107 disintegrations per second, and the microcurie (c) is defined as 1 x 10-6 curie, which corresponds to 3.7 x 104 disintegrations per second [3].
2. Roentgen:Roentgen (R). It is the unit of exposure; 1 R = 2.58 x 10-4 C kg-1 (C= a coulomb).
3. RAD:The unit of measurement for absorbed dose is RAD (Radiation Absorbed Dose), with 1rad=10-2J kg-1. In air, the energy absorbed corresponding to one roentgen is around 0.87 RAD, while in water, it is roughly 0.97 RAD. Notably, in the context of tissue, roentgen and RAD are thought to be numerically equivalent.
4. REM: It refers to the dosage equivalent unit. The dose in REM has been calculated by multiplying the dose RADS by the quality factor and the distribution factor
5. Exposure rate constant: It refers to the dosing rate in roentgens per hour at a distance of one meter from one curie. It is approximately one-tenth of the dose at one foot from one curie.
6. RBE: Because the effect of a given type of radiation on a biological system varies, a measure known as relative biological effectiveness, or RBE, has been established. The relative impacts of radiations α, ß, and λ In the biological system are expressed here
7. **HALF-LIFE OF RADIOACTIVE MATERIALS**

Radioactive isotopes continue to decay for a specific amount of time. The half-life of a radionuclide is defined as the amount of radionuclide decaying to half of its initial value.Polonium-212, for example, has a half-life of 3-10 seconds.Iodine-131 has an 8-day half-life. Uranium-238 has a half-life of 4.5-10 years.Half life, t1/2 = 0.693/λ where, λ= disintegration constant unit sec-1

**V1. RADIONUCLIDE PRODUCTION**

1. Nuclear fission: Nuclides with a high atomic number are fissionable. The most prevalent process within the nuclear reactor is the fission of Uranium-235 by neutrons[7].
2. Charged particle bombardment:The cyclotrons are employed in this method to generate the radionuclide by blasting the non-radionuclide with charged particles.
3. Radionuclide generator systems: This approach is used to prepare radionuclides with short half-lives by physically or chemically separating the daughter radionuclide (short half-life) from the parent radionuclide (large half-life) using a radionuclide generating system.

**V11. MEASUREMENT OF RADIOACTIVITY [3]:**

Radioactivity measurement - There are three types of radioactivity measurement devices available

1. Gas-filled tube counters e.g. the Geiger Muller Counter
2. Scintillation Counters
3. Semi-conductor Detectors

**The Geiger Counter:**

The Geiger counter operates at a voltage slightly below the discharge threshold (set at 1000 V). As -rays pass through the tube, any gas atoms that collide with ionize, resulting in a discharge. These discharges are monitored and tallied by electronic circuitry, with the findings shown as counts per second, Röntgens per hour, or milliRöntgens per hour.

**Scintillation Counters:**

Scintillation counters utilize crystals such as cesium fluoride, cadmium tungstate, anthracene, and sodium iodide to function. These crystals release small bursts of light when exposed to -rays. The most common phosphor used in these counters is NaI, with a little thallium component. The crystal is placed next to a photocell, which is linked to a recording system by the device. The strength of radiation is directly proportional to the frequency of generated light bursts over a specific period. There are also small and portable scintillation counters available.

**Semiconductor Detectors:**

A semiconductor is a substance with electrical conductivity between that of a metal and that of an insulator. Ge(Li) semiconductors, in particular, excel in detecting -rays, with a resolution that outperforms NaI (Th) scintillation detectors by a factor of ten. However, they have a disadvantage in terms of higher-energy X-ray efficacy. Furthermore, Ge(Li) semiconductor detectors require liquid nitrogen cooling, making them bulky and unsuited for field applications.

**V111. QUALITY CONTROL [1]:**

A variety of substances are used in radiopharmaceutical formulations. A number of tests are performed on these materials to confirm their quality so that the dosage forms prepared are safe and efficient. The key points are as follows:

1. Radionuclide identification
2. Content
3. Radio chemical purity.
4. Specific activity.
5. Purity of radionuclide

**IX. STORAGE AND HANDELING OF RADIOACTIVE MATERIALS [3]:**

When dealing with the handling and storage of items that produce dangerous radiation, it is critical to protect the safety of individuals and workers. The following precautions are used while using radio detectors, radio assays, trace experiments, or the manufacture and manipulation of radioactive compounds [1].

For the establishment of radioisotope facilities in hospitals or pharmacies, the Department of Atomic Energy (DAE) imposes severe standards. Facility specifications, storage arrangements, workspace conditions, disposal processes, employee training, continual monitoring of premises and workers, routine evaluations for contamination or leaks, equipment standards, and other elements are all part of these criteria.

Precautions to be followed while handling and storage:

1. Avoid directly handling radioactive emitters with hands; instead, employ appropriate equipment or forceps.
2. Activities such as smoking, eating, and drinking are prohibited in laboratories that handle radioactive materials.
3. When dealing with these materials, adequate protective equipment or shielding is required.
4. To store radioactive compounds, properly labelled containers, shielded by lead bricks, and ideally housed in remote places are required.
5. In regions where radioactive materials are stored or utilized, regular monitoring, including radioactivity testing, should be carried out.
6. Radioactive waste disposal necessitates extreme caution.

**X. LABELING OF RADIOPHARMACEUTICALS:**

Every radiopharmaceutical preparation must adhere to the labelling guidelines defined by Good Manufacturing Practice.

* A statement that the product is radioactive, or the international radioactivity sign as well as whether it is intended for diagnostic or therapeutic use.
* Details about the administration route must be supplied.
* The total radioactivity present on a particular day and, if applicable, time should be stated. Alternatively, radioactivity within a reasonable volume (e.g., MBq per ml of solution) can be given for solutions.
* The expiration date and, if applicable, the time should be clearly stated.
* The batch (lot) number assigned by the manufacturer must be present.
* The whole volume of a solution should be specified.
* Specific storage needs, such as temperature and light conditions, must be communicated.
* If relevant, provide the name and concentration of added microbial preservatives, or make a note of it.

**XI. APPLICATIONS OF RADIOPHARMACEUTICALS[5,9,10]:**

Radiopharmaceuticals have a wide range of applications in both diagnostic and therapeutic fields within medicine. Here are some of the key applications:

1. **Diagnostic Applications**:
2. **Nuclear Imaging:**

Radiopharmaceuticals are extensively used in nuclear imaging techniques like Single Photon Emission Computed Tomography (SPECT) and Positron Emission Tomography (PET). They allow visualization and assessment of physiological processes and specific molecular targets within the body. For example, fluorodeoxyglucose (FDG), a radiolabelled glucose analogue, can highlight areas of increased metabolic activity, aiding in cancer detection and staging.

1. **Cancer Imaging:**

Radiopharmaceuticals can help identify the location, size, and extent of tumours. They are used to differentiate between benign and malignant growths, assess treatment response, and monitor disease progression. Examples include technetium-99m (Tc-99m) for bone scans and iodine-131 (I-131) for thyroid cancer imaging.

1. **Cardiac Imaging:**

Radiopharmaceuticals play a crucial role in evaluating heart function, blood flow, and perfusion. They can diagnose conditions like coronary artery disease, heart failure, and myocardial infarction.

1. **Brain Imaging:**

Radiopharmaceuticals can visualize brain function, neurotransmitter activity, and receptor binding. This aids in the diagnosis and monitoring of neurological disorders such as Alzheimer's disease, Parkinson's disease, and epilepsy.

1. **Kidney Function Assessment:**

Radiopharmaceuticals are used to assess kidney function, filtration rate, and blood flow. They help in diagnosing kidney diseases and evaluating treatment plans.

1. **Pulmonary Imaging:**

Radiopharmaceuticals can provide insights into lung function, blood flow, and ventilation. They are used to diagnose pulmonary embolisms and assess lung diseases.

1. **Therapeutic Applications:**
2. **Cancer Therapy:**

Radiopharmaceuticals are employed in targeted radionuclide therapy (TRT) for cancer treatment. Radioactive isotopes attached to molecules that specifically target cancer cells deliver radiation directly to tumours, minimizing damage to healthy tissue. Examples include I-131 for thyroid cancer treatment and lutetium-177 (Lu-177) for neuroendocrine tumours.

1. **Pain Management:**

Radiopharmaceuticals can be used to alleviate pain caused by certain conditions, particularly bone metastases. By delivering radiation to pain-causing sites, they can help reduce discomfort and improve quality of life.

1. **Hyperthyroidism Treatment:**

I-131 is used to treat hyperthyroidism and thyroid cancer. The radioactive iodine is taken up by the thyroid gland, helping to shrink overactive tissue or destroy cancerous thyroid cells.

1. **Radioimmunotherapy:**

In this approach, radiopharmaceuticals are combined with antibodies that target specific proteins on cancer cells. This allows for highly targeted radiation therapy, particularly effective in treating lymphomas and leukaemia.

1. **Synovectomy:**

Radiopharmaceuticals are used to treat joint inflammation in conditions like rheumatoid arthritis. The radioactive particles are injected into the joint, reducing inflammation and pain.

6. **Bone Pain Palliation:** Radiopharmaceuticals can alleviate pain caused by bone metastases in advanced cancers. The radiation emitted by these isotopes helps reduce tumour size and pain.

7. **Radioembolization:** This therapy involves delivering radioactive microspheres directly to liver tumors, predominantly used for treating primary and metastatic liver cancers.

These applications highlight the versatility and impact of radiopharmaceuticals in modern medicine. They are continually evolving as researchers discover new ways to use these compounds for improved diagnostics and targeted treatments.

**XII. RADIOPHARMACEUTICALS AVAILABLE NOW FOR USE[9,10,11] :**

| **Radiopharmaceutical** | **Radioisotope** | **Application** |
| --- | --- | --- |
| Technetium-99m (Tc-99m) | Tc-99m | Medical imaging (SPECT) for various organs including the heart, bones, kidneys, and thyroid. |
| Iodine-131 (I-131) | I-131 | Treatment of thyroid disorders and thyroid cancer. |
| Fluorine-18 (F-18) | F-18 | Positron Emission Tomography (PET) imaging for various metabolic processes and cancer detection. |
| Gallium-67 (Ga-67) | Ga-67 | Imaging for infection, inflammation, and certain types of cancer. |
| Indium-111 (In-111) | In-111 | Imaging for infection, inflammation, and certain cancers. |
| Yttrium-90 (Y-90) | Y-90 | Radiotherapy for certain liver cancers and metastases. |
| Samarium-153 (Sm-153) | Sm-153 | Pain relief in bone metastases. |
| Radium-223 (Ra-223) | Ra-223 | Targeted alpha-particle radiotherapy for bone metastases in prostate cancer. |
| Strontium-89 (Sr-89) | Sr-89 | Palliative treatment for bone pain in cancer patients. |
| Lutetium-177 (Lu-177) | Lu-177 | Targeted radionuclide therapy for neuroendocrine tumors and prostate cancer. |
| Iobenguane (MIBG) | I-131 or I-123 | Imaging and treatment of neuroendocrine tumors, such as pheochromocytoma and neuroblastoma. |
| Thallium-201 (Tl-201) | Tl-201 | Myocardial perfusion imaging to assess heart function and blood flow. |
| Sodium pertechnetate (NaTcO4) | Tc-99m | Thyroid imaging and diagnosis of meckel diverticulum. |

**XIII.ADVANTAGES AND DISADVANTAGES OF USING RADIOPHARMACEUTICALS IN DIAGNOSIS AND TREATMENT[6,10,11]:**

1. ADVANTAGES:

Radiopharmaceuticals offer a unique set of advantages that make them a valuable tool in modern medicine, enabling accurate diagnosis, personalized treatment, and cutting-edge research.

1. Precise Imaging: Radiopharmaceuticals enable nuclear imaging techniques like Single Photon Emission Computed Tomography (SPECT) and Positron Emission Tomography (PET), which provide detailed and accurate images of the internal structures and functions of organs, tissues, and systems. This helps in early disease detection and better visualization compared to other imaging methods.

2. Functional Information: Unlike traditional imaging methods that focus on anatomical structures, radiopharmaceuticals provide functional and metabolic information about tissues and organs. This is especially valuable for assessing how well organs are working, such as measuring blood flow, glucose metabolism, and receptor binding.

3. Early Disease Detection: Radiopharmaceuticals can detect functional changes in tissues even before structural abnormalities are evident. This early detection is particularly useful for diseases like cancer, where detecting changes at the cellular or molecular level can lead to timely interventions.

4. Personalized Medicine: Radiopharmaceuticals can be tailored to target specific molecules or receptors in the body. This enables a more personalized approach to diagnosis and treatment, as the compounds can be designed to bind to specific disease markers.

5. Non-Invasive: Nuclear medicine procedures using radiopharmaceuticals are generally non-invasive and involve minimal discomfort for patients. This reduces the need for invasive procedures like biopsies in certain cases.

6. Low Radiation Exposure: Radiopharmaceuticals are designed to emit low levels of radiation, minimizing the potential risks to patients. The radiation doses used in nuclear medicine procedures are usually well within safe limits.

7. Quantitative Analysis: Radiopharmaceutical imaging provides quantitative data about the concentration and distribution of the radiopharmaceutical within the body. This information can aid in disease staging, monitoring treatment response, and assessing disease progression.

8. Therapeutic Applications: Some radiopharmaceuticals are used for targeted therapy, where the radiation emitted by the isotope is harnessed to treat diseases like cancer. This approach allows for localized treatment and reduces damage to healthy tissues.

9. Research and Drug Development: Radiopharmaceuticals play a crucial role in medical research, including drug development and clinical trials. They help researchers understand disease mechanisms, evaluate potential drug candidates, and monitor the effects of new treatments.

10. Wide Range of Applications: Radiopharmaceuticals are used to study various diseases, including cancer, heart diseases, neurological disorders, and more. They contribute to a comprehensive understanding of the body's physiological processes and aid in disease management.

11. Real-Time Monitoring: Radiopharmaceuticals can be used to monitor dynamic processes in real-time, such as blood flow, tissue perfusion, and the distribution of molecules within the body. This capability is valuable for assessing the impact of interventions during medical procedures.

1. DISADVANTAGES:

While radiopharmaceuticals offer numerous advantages in medical diagnosis, imaging, and therapy, there are also certain disadvantages and challenges associated with their use:

1. Radiation Exposure: Radiopharmaceuticals emit ionizing radiation, which can pose a risk of radiation exposure to both patients and medical personnel. Although the doses used in diagnostic procedures are typically low and considered safe, there is still a potential for cumulative radiation exposure over time.

2. Radiation Safety: Handling and administering radiopharmaceuticals require specialized training and strict adherence to radiation safety protocols. Improper handling can lead to accidental radiation exposure, making proper training and precautions crucial.

3. Short Half-Life: Many radiopharmaceuticals have short half-lives, which means they decay quickly. While this is advantageous for minimizing radiation exposure, it also limits the time available for performing imaging studies or therapeutic interventions.

4. Limited Availability: Some radiopharmaceuticals rely on specific radioactive isotopes, and the availability of these isotopes can be limited due to production challenges or geopolitical factors. This can impact the availability of certain diagnostic or therapeutic options.

5. Complex Production: Radiopharmaceuticals require specialized facilities for production and synthesis, as well as access to cyclotrons or nuclear reactors to generate the necessary isotopes. This complexity can lead to increased costs and logistical challenges.

6. Diagnostic Limitations: While radiopharmaceuticals provide valuable functional information, they may not always provide the same level of anatomical detail as other imaging modalities like CT or MRI. Combining different imaging techniques may be necessary for a comprehensive assessment.

7. Patient Preparation: Some radiopharmaceutical imaging procedures require patient preparation, such as fasting or discontinuing certain medications, to achieve optimal results. This can be inconvenient for patients and add complexity to the procedure.

8. Allergic Reactions: While allergic reactions to radiopharmaceuticals are rare, they can occur. Patients need to be screened for allergies and potential adverse reactions before administration.

9. Regulatory Challenges: Radiopharmaceuticals are subject to strict regulations and approvals due to their radioactive nature. This can result in delays in introducing new radiopharmaceuticals to the market.

10. Therapeutic Limitations: While radiopharmaceuticals have shown promise in targeted therapy for certain cancers, their use may be limited by factors such as the availability of appropriate targeting molecules, potential damage to healthy tissue, and varying responses among patients.

11. Costs: The specialized equipment, facilities, and expertise required for the production, administration, and imaging of radiopharmaceuticals can contribute to higher costs compared to other imaging methods.

12. Limited Clinical Applications: While radiopharmaceuticals have a wide range of applications, they may not be suitable for all medical conditions. Some diseases or conditions may not have well-established radiopharmaceutical options, limiting their utility in certain cases.

13. Ethical Concerns: The use of radiopharmaceuticals, especially in therapeutic applications, raises ethical questions regarding the potential risks and benefits, patient consent, and the balance between delivering effective treatment and minimizing harm.

It's important to note that while there are disadvantages associated with radiopharmaceuticals, many of these challenges can be mitigated through proper training, research, technological advancements, and regulatory oversight. The benefits of radiopharmaceuticals often outweigh the drawbacks, especially when used judiciously and in accordance with established protocols.

**XIV. NOVEL APPROACHES TOWARDS USING RADIOPHARMACEUTICALS INEMERGING DIFFERENT MEDICAL FIELDS[4,9,10,12]:**

Radiopharmaceuticals are compounds that combine a radioactive isotope with a pharmaceutical molecule to create a diagnostic or therapeutic agent. They have been traditionally used in nuclear medicine for various diagnostic and therapeutic purposes, such as imaging organs and tissues, treating cancer, and assessing physiological functions. However, ongoing research continues to explore novel applications of radiopharmaceuticals. Here are a few examples:

1. **Theranostics**: This emerging field combines diagnostics and therapy. Radiopharmaceuticals can be designed to not only image specific targets in the body but also deliver therapeutic doses of radiation directly to those targets. This approach is particularly promising in cancer treatment, as it enables personalized medicine by tailoring treatments based on individual patient characteristics.

2. **Neurological Disorders**: Radiopharmaceuticals can aid in the diagnosis and treatment of neurological disorders such as Alzheimer's disease, Parkinson's disease, and epilepsy. They can provide insights into the brain's functioning and help track disease progression.

3. **Infection Imaging**: Radiopharmaceuticals can be developed to target specific infectious agents, aiding in the early detection and monitoring of infections. For example, they can be used to visualize sites of infection, track the spread of pathogens, and assess the effectiveness of antimicrobial therapies.

4. **Cardiovascular Imaging**: Radiopharmaceuticals can play a role in assessing blood flow, and heart function, and identifying areas of cardiac ischemia (restricted blood supply) to aid in diagnosing cardiovascular diseases.

5. **Targeted Drug Delivery:** Radiopharmaceuticals can be used to develop targeted drug delivery systems. By attaching therapeutic agents to radioactive isotopes, researchers can create agents that deliver drugs directly to specific cells or tissues while also allowing for imaging and tracking the distribution of the drug.

6. **Immune System Imaging:** Radiopharmaceuticals can be designed to visualize and monitor immune system activity, which is particularly relevant for autoimmune diseases, immunodeficiencies, and inflammatory conditions.

7. **Bone Disorders**: Radiopharmaceuticals are commonly used to diagnose and monitor bone disorders such as bone metastases and osteoporosis. Advances in imaging techniques and radiopharmaceutical development are enhancing the accuracy and sensitivity of these diagnoses.

8. **Pain Management:** Radiopharmaceuticals can help in identifying the sources of chronic pain and guiding therapeutic interventions, such as nerve blocks or targeted radiation therapy for pain relief.

9**. Stem Cell Tracking:**Radiolabelled stem cells can be tracked within the body after transplantation, aiding researchers in understanding their migration, integration, and potential therapeutic effects.

10**. Metabolic Imaging:** Radiopharmaceuticals can be used to study metabolic processes within the body. Positron Emission Tomography (PET) scans with specific radiopharmaceuticals can provide insights into metabolism and biochemical pathways.

11. **Organ Transplantation:** Radiopharmaceuticals can be used to evaluate organ function before and after transplantation, helping to assess the viability and functionality of the transplanted organ.

12. **Pulmonary Imaging:** Radiopharmaceuticals can provide information about lung ventilation and perfusion, aiding in the diagnosis of lung diseases such as pulmonary embolism and chronic obstructive pulmonary disease (COPD).

As technology advances and our understanding of radiopharmaceuticals deepens, it is likely that even more novel applications will emerge. However, it's important to note that the development and approval of new applications require thorough research, rigorous testing, and regulatory approval to ensure their safety and effectiveness.

**REFERENCES**

1. Saha D, Hait M, Jana M, Mandal S, Jana U. Radiopharmaceuticals and Radio Opaque Contrast Media: Practice, Prospects and Potentials. Asian Journal of Research in Pharmaceutical Science. 2011;1(1):4-8.
2. Alsharef SH, Alanazi MA, Alharthi FA, Qandil DA, Qushawy MO. Review about radiopharmaceuticals: preparation, radioactivity, and applications. Int J App Pharm. 2020;12(3):8-15.
3. Chatwal GR, Arora M. Pharmaceutical Chemistry--Inorganic. Himalaya Publishing House; 2010.
4. Sarkar P, Khatana S, Mukherjee B, Shukla J, Das B, Dutta G. Application of Radiopharmaceuticals in Diagnostics and Therapy. InNext-Generation Nanobiosensor Devices for Point-Of-Care Diagnostics 2022 Dec 3 (pp. 227-249). Singapore: Springer Nature Singapore.
5. Leeds NE. The clinical application of radiopharmaceuticals. Drugs. 1990 Nov;40:713-21.
6. Debnath S, Babu MN. Radiopharmaceuticals and their therapeutic applications in health care system. Asian Journal of Research in Pharmaceutical Science. 2015;5(4):221-6.
7. Reed BC. An examination of the potential fission-bomb weaponizability of nuclides other than 235U and 239Pu. American Journal of Physics. 2017 Jan 1;85(1):38-44.
8. Willowson KP. Production of radionuclides for clinical nuclear medicine. European Journal of Physics. 2019 Jun 14;40(4):043001.
9. THERAPEUTIC APPLICATIONS OF RADIOPHARMACEUTICALS IAEA, VIENNA, 2001 IAEA-TECDOC-1228 ISSN 1011–4289 © IAEA, 2001 Printed by the IAEA in Austria June 2001
10. Pravin Shende, Sahil Gandhi. Current strategies of radiopharmaceuticals in theranostic applications. Journal of Drug Delivery Science and Technology,Volume 64,2021,102594,ISSN 1773-2247,<https://doi.org/10.1016/j.jddst.2021.102594>.
11. Nadugopal B, Swain SS, Ojha SK, Meher CP. Impact of radiopharmaceuticals in the healthcare system. PharmaTutor2017;5:23–31.
12. Mohammed A. El-Motaleb, Amal S Farrag, Ismail T Ibrahim, Mona O Sarhan, Magda F Ismail. Preparation and molecular modeling of radioiodopropranolol as a novel potential radiopharmaceutical for lung perfusion scan. Int J Pharm Pharm Sci 2015;7:110-6.