



Utilization of nanoparticles: Interaction and adverse effects

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Abstract: Nanoparticles are substances with general dimensions in the nanoscale, for example, below 100nm. In recent years, these substances have risen as significant competitors in present-day medication, with clinical uses running from distinct agents in imaging to carriers for drug delivery into tumors. Indeed, in a few cases where nanoparticles empower exploration and treatments that basically cannot be performed otherwise. Nanotechnology has been generally misused lately in different applications. Different types of nanoparticles are produced for curing of various diseases. Various sections of medication and therapy have additionally concentrated on the utilization of nanoproducts. Nanomedicine refers to the utilization of nanoparticles for both diagnostic and therapeutic purposes. Nanomaterials with functionalized nanoparticles and nano technology associated methods of detection, vaccine drugs and production of nanodrugs have shown great potential in restricting the entrance of cells and for preventing of pathogenic viruses or infections. NPs also help in preventing respiratory disorders, for example, SARS which become the leading cause of respiratory infection in young or adults.

Keywords: Nanoparticles, Interaction, Adverse Effects

1. Introduction

Since ancient times, people have broadly utilized natural products based on plants as prescriptions against different ailments. Present-day prescriptions are derived from plants based on conventional information and practices. About 25 percent of the significant pharmaceutical mixtures and derivatives accessible nowadays are obtained from common resources (Swamy et al, 2016). Common products have various molecular backgrounds that present a reason for the finding of novel medications (Mohanty et al, 2017). Common products show unique features like extraordinary diversity of chemistry, biological and chemical properties with less toxicity and macromolecular specificity (Rodrigues et al, 2016). These features lead in the finding of novel medications. Additionally, computer-based studies that have imagined atomic and molecular interactions of medications and introduce next-generation medication invention, include target-based medication discovery and medication delivery (Siddiqui et al, 2014).

The term "Nanotechnology" explains the systems, materials, and processes that operate at very small scale of a few hundred nanometers or less. To place a nanometer in context or conditions: 2.5nm wide strand of DNA, 7,000nm of a red blood cell and 80,000nm wide a human hair. The first generation of nanotechnology is "nanomaterials", very small particles that used for their novel properties. Developed nanomaterials already present in hundreds of products such as cosmetics, sunscreens, food packaging, foods, agrochemicals, clothes, industrial catalyst etc. (Patra et al, 2018).

With approach of the first century, Nanoscience has risen one of the most fascinating branches of modern science. Nanobiotechnology or nanotechnology basically is the study and use of structures between 1 nanometer and hundred nanometers. A nanometer is about 1/80,000th the diameter of a human hair or 1/7,000th the magnitude of a single red blood cell (Sanchez et al, 2010). Now nanomaterials are used in different fields like biomedical, cultivation, pharmaceuticals, electronics, cosmetics, and energy production etc. Nanoparticles enhance the physical, chemical, and biological properties of original material. It is the intersection of nanotechnology and biology. Nano biology includes nanomaterials, nanodevices and nanoscale phenomena occurs within the nanotechnology discipline. This approach allows scientist to create or imagine systems that

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are used for biological research. According to US National Science and Technology Council, Nanotechnology is defined as “Nanotechnology has the capacity of working at molecular and atomic stage, to produce big new molecular organization. The objective of this technology is to utilize these properties by obtaining power of devices and structures at molecular, atomic, and supramolecular stages” (Auria-Soroet al,2019). Over the last few years, other related disciplines and nanotechnology have experienced an exponential growth in applications like nanomedicine, electronics and energy, the environment, and materials due to unique properties of nanomaterials or particles. These nanomedicines involve the development of nanomaterials (NPs). For the treatment of diagnosis of molecular disease, nanomedicine incorporates prevention and treatment of human ailment on account of their similarity with biomolecules (Davieset al,2008).

In the late years, nanomaterials are picking up well planned medication delivery system in industry of pharmaceutical. Nanomaterials (NPs) based medications have a few favorable circumstances over standard medications such as better solubility, pharmacological medicine and biodistribution. Medications based on nanomaterials take up organisms by oral, skin, or nasal exposure, that implies they simpler to regulate jointly have less reactions than most standard medications. Nanomaterials have now secured significant field of designing going from optical frameworks, chemical industries, gadgets, natural building and one of the most significant for human government assistance in the medicine field. Many of formulations that based on nanomaterials of standard medications are commercially accessible or present in clinical trials. This increase in the manufacturing of nanomaterials-based products and their colossal use in different fields further raises the chance of interaction with environment and living organisms. Thus, NPs turned into the significant subject due to reports on their adverse effects on environment and living organisms (Riehemannet al,2009).

Nanomaterials industries will quicken the in the coming decades with the possibility of building up a few recently incorporated nanomaterials with unconventional characteristics. Researchers and ecologists are concerning the serious health interaction and implication of Nano-sized particles with ecosystem in unforeseen manners.

Nanotechnology applications have made new expectations in resolving today’s problems of humans. From last few ten years, nanotechnology has presenting as a component that affects various industries, and the utilization of nanotechnology has extended quickly in different sectors. The medication industries pharmaceuticals have also profited by the utilization of nanotechnology with the end goal that is has prompted the new applied products into market. Nanotechnology is utilized in different fields like precautionary measures, diagnosis, and therapy of diseases. In any case, the interaction remains unknown of nanotechnology and immune system (Kumaret al,2013). Past examinations have been demonstrated that Nano-substances may cause suppression/excitation of immune responses by attaching of blood proteins. Adsorption of these proteins’ bandwidth Nano-substances is perceived by different immune or safe cells. Likewise, they influence or influence the interaction of nanomaterials with other parts of blood. Nanomaterials contribute to the movement of the adjuvant by expanded antigen introduction to the immune system and the improvement of the innate immune responses. Deciding level of biocompatibility of Nano-substances with immune system is greatly satisfied by surface chemistry. Now a day, nanotechnology is generally utilized to enhance the precautionary measures and therapy of infectious and non-infectious diseases that target immune responses. Restricted Nano immunotherapy by decreasing systemic toxicity enhances immune-stimulatory particles. The utilization of nanotechnology in immunology and medicine is costly (Rawat et al,2018).

Natural compounds are currently being screened a few major illnesses, such as diabetes, cancer, cardiovascular, microbial, and inflammatory diseases. This is because of unique advantages of natural drugs, such as lower side effects and toxicity, good therapeutic potential, and low price. Yet, concerns are related with the biocompatibility and toxicity of natural mixtures showing a bigger challenge of utilizing them as medication. Subsequently, numerous common compounds are not clearing the preliminary stages of clinical due to these problems. The utilization of big-sized particles in drug delivery presents major challenges, such as poor bioavailability, in vivo instability, poor solubility, issues with target delivery, poor adsorption, and side effects of drugs (Beutler & J. A., 2009). Subsequently, utilizing of new medication delivery systems for focusing medicines on parts of body may be an alternative that may resolve these problems. So, Nanotechnology plays an important role in present-day medicine formulation, focusing, their controlled medication revelation and delivery with immense success (Verma, A., & Stellacci, F. (2010).

The advantages of nanomaterials to present-day medication are various. In fact, there are a few occasions where nanomaterials empower analyses and treatments which clearly can’t be performed something else. Yet, nanomaterials additionally have different social and environmental challenges, especially as to toxicity.



Studies on the potential effects and advantages of NPs in illnesses involving oxidative stress are receiving growing attention. Cardiovascular hazard factors, for example, hypercholesterolemia or hypertension advance the generation of reactive oxygen species (ROS), which prompts oxidative stress in inflammatory diseases like atherosclerosis. Consequently, the optimization and maintenance of antioxidant defenses can decrease side effects. In this sense, nanomaterials are of extraordinary interest, due to their antioxidant properties (Verma et al, 2010).

Unique properties and advantages of nanomaterials appear from an assortment of attributes or qualities, such as the similar size of nanomaterials and biomolecules, for example polynuclear acids and proteins. Moreover, Nanomaterials are formed with a broad scope of semiconductor and metal core matter that give helpful properties, including magnetic and fluorescence behavior.

Table 1: Characteristics and representative applications for various metal and semiconductor materials (Nasimi et al, 2013).

Core material	Characteristics	Applications
Au	Fluorescence, Optical absorption, stability	Delivery sensing, Biomolecular recognition
Ag	Surface-enhanced fluorescence	Sensing
Pt	Catalytic property	Biocatalyst sensing
CdSe	Luminescence photostability	Sensing, imaging
Fe ₂ O ₃	Magnetic properties	MRI imaging, biomolecule purification

2. Nanotechnology for therapy of viral infections

Infectious disease agents including bacteria, viruses, fungi, and parasites represent around 15 million deaths around the world, with intense respiratory diseases and human immunodeficiency infection (HIV) are main causes (Qasim et al, 2014). Viral contamination or infection alone posture huge worldwide challenges by influencing a huge number of individuals around the world, having negative effects on both financial and health development (Mehendale et al, 2013). Better therapy of viral disease is inhibit/obstruct by the advancement of medication resistance, particularly those related with HIV (Little et al, 2002) and influenza (Hayden & F., (2009). This experienced established a public health danger, that incorporates expanded mortality and morbidity, included expenses related with the utilization of increasingly costly medications and a larger burden on health systems of public. Therefore, there is a conspicuous need for the improvement of novel techniques for therapy of viral contaminations or infections (Qasim et al, 2014).

Nanotechnology alludes to the development and utilizations of materials with dimensions that fall into the nanometer run (10⁻⁹ or one billionth of a meter) (Nalwa&H. S. (Ed.), 2001). The association among biological systems and nanoscience is known as “Nanobiotechnology” (Parboiling et al, 2012), while the related territory known as “nanomedicine” manages the use of Nano-structured particles for analyzation, therapy and prevention of diseases (Medepalli & K. K., 2008).

The initial Nano-systems that implement in medicine were acquainted to enhance the adequacy of current, yet dose limiting and poor bio-accessible medication (Schützet al,2013). Presently, nanomaterials are known to apply their antiviral activities by different procedures. Initially, the exceptional characteristics of nanomaterials including (1) small size of particles (that can encourage medication delivery into anatomically special areas), (Parboosing et al, 2012),(2) enormous surface area to volume proportions (guarantees that huge medication payloads can be accommodated), (McNeil& S. E., 2011), and (3) tunable surface charge (to encourage cell passage over the negatively charged cell membrane) (Petroset al,2010), make nanomaterials attractive apparatus for viral therapy. Second, it had been exhibited that nanomaterial shave biomimetic properties (Gagliardi&M., 2017), that result in intrinsic antiviral properties. Well known examples such as silver nanomaterials (Laraet al,2010), and dendrimers (Mallipeddiet al,2010). Third, the chance of medication encapsulation, functionalization by the development of firm structures, or changes (with polymers include poly (ethylene glycol) would all be able to prompt advanced medication dosage(Goldberget al,2007), and better delivery by enhancing stability and medication maintenance times (Alexiset al, 2008). Finally, it is accepted that drug delivery can be enormously improved by engineering nanomaterials with focusing moieties to enhance particularity of desired cell types, target tissues and sub-cell parts (McNeil& S. E., 2011). The outline of the

mechanistic approaches to improved nanomaterials with better therapy advantages is appeared in the schematic in Figure 1.

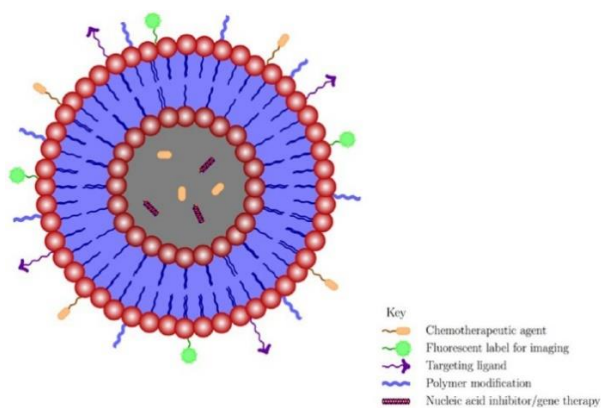


Figure 1: Mechanisms of multifunction's for engineering nanoparticles with advantages in drug delivery (Singh et al, 2017).

Definite difficulties exist for therapy and resulting destruction of infections in the infected host. A significant example is the formation of reservoirs in cell and functionally advantaged areas, for example, the blood-brain barrier (BBB) and blood-testis barrier. It prompt low-level replication in these parts, that are blocked off to standard therapeutics. Nanomaterials drug carriers have ability to traverse these membranes and accordingly encouraging apparatus to be explored for bypassing this barrier. Other difficulties in viral therapy incorporate the utilization of RNA interference (RNAi) technology—a popular molecular methodology for the therapy of different infectious diseases (Duan et al, 2016). The failure of RNA to pass the cell membrane, because of large molecular weight and anionic charge, uptake of phagocytes, and toxicity because of stimulated immune response, every single present limitation that bans their clinical advantage. The consolidation of siRNA onto nanocarriers, notwithstanding, can control this limitation to accomplish successful inhibition of viral replication (Adesina et al, 2015).

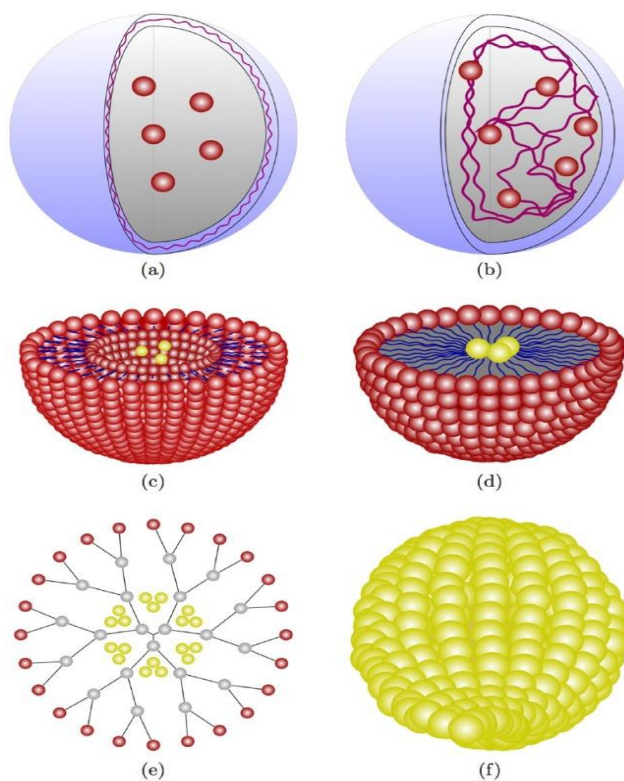




Figure 2: Examples of nanocarriers utilized for antiviral drug delivery: (a) Nano capsules, (b) nanosphere, (c) liposome, (d) micelle, (e) dendrimers, and (f) gold nanoparticle(Singh et al, 2017).

2.1 Organic Nanoparticles

These nanoparticles are broadly explored kind of nanomaterial for medication delivery and generally approved system for therapeutic utilization in humans (Zazoet al,2016). The common kinds of these nanoparticles are following.

Nano-capsules:

These are empty circles, in which medication is kept to an inward cavity, that is encircled by a polymer covering (Soppimathet al,2001). The scope of size is from 50 to 300 nm and are described by their less thickness and high loading limits (Ochekpeet al,2009).

Nanospheres:

Nanospheres are matrix frameworks where medication is uniformly scattered, with size going from 100 to 200 nm in diameter (Soppimathet al,2001). By using nanospheres, a few research have been accomplished for the therapy of hepatitis B virus (HBV), herpes simplex virus (HSV), and influenza (Gregory et al, 2013).

Liposomes:

These are spherical carriers. Their size ranges from 20 to 30 nm. Liposomes are made of phospholipid bilayer, with aqueous core. Hydrophilic and lipophilic medications may be assimilating into the interval fluid cavity or phospholipid bilayer, respectively. Further benefits of liposomes are that they are generally non-toxic and biodegradable (Singh et al, 2017).

Micelles:

Micelles have size from 10 to 100 nm. They are made of an internal hydrophobic center and are surrounded by an outer hydrophobic polymer (Ochekpeet al,2009). Examples are including polymeric micelles, that have pulled in much consideration as medication delivery agents with important therapeutic potential. Encapsulation of drug with polymeric micelles is the most appealing nanotechnologies utilized to improve both the stability and solubility of water in any case technologically limited drugs. Further benefit in therapeutics of micelles is that micelles show a slowest rate of distinction, in this manner empowering a more extended drug retention time, and in the long run a higher mass/collection of the drug at the objective area (Zhang et al, 2008).

Dendrimers:

Dendrimers are regular, macromolecular, and hyper-branched structures emitting from a focal center through connectors and spreading components, where collaboration with its target environment is constrained by the terminal groups. They have globular structure. They are made of three particular areas that are

- Central core
- Branches
- Terminal functional groups.

They have expanded capability of functions because they can encapsulate a few compound moieties, interior layers and can show various surface groups (Sahoo et al, 2003).

Solid lipid nanoparticles (SLNs):

They show an alternative medication delivery system to the standard colloidal nanomaterials, discussed below. The utilization of SLNs target to join the benefits of standard nanocarriers, while avoiding some restrictions. For instance, huge production of polymeric nanomaterials is a significant test, that confines their advantage in medication delivery, while the formation SLNs can be accomplished in cost effective and relatively simple ways (i.e. by micro emulsion techniques and high-pressure homogenization). Some other benefits of utilizing SLNs including enhanced stability, safety and availability, and diminished toxicity with better medication discharge profiles, contrast with manufactured polymer nanoparticles (Kim et al, 2010).

2.2 Inorganic Nanoparticles

Metallic nanoparticles are smaller than natural ones, going somewhere in size range of 1nm to 100nm, while their loading adequacy is much higher. The two main methodologies for synthesis of metallic nanoparticles: the 'bottom up' (self-assembly) approach alludes the development of the nanoparticles, and the 'top-down

approach utilizes chemical and physical methods to decrease the inorganic material to its nanosized form (Thakkar et al, 2010). The response situations (temperature, pH, and time) can be utilized to change the quality of nanoparticles like size and shape (Zazo et al, 2016).

Gold nanoparticles:

Gold nanomaterials are broadly investigated as nanocarriers because of their good conductivity, flexibility of surface alteration, biocompatibility, and simple production methods. Some other benefits managed by their distinctive chemical and physical properties incorporate the gold core (non-toxic and inert), photophysical properties (encourage drug release at distant areas), and flexibility of functionalization through thiol linkages (Ghosh et al, 2008). Some essential GNP production methods that exist and can create nanoparticles of different diameters (1-2nm, 1.5-5nm, 10-150nm, relying upon the application).

Silver Nanoparticles:

These are the best metallic nanomaterials against viruses, bacteria and eukaryotic microorganisms, especially due to inherent inhibitory and bactericidal potential of silver, yet in addition as a result of their great conductivity, chemical stability and catalytic properties. The key systems of activity of silver nanoparticles are the release of silver ions (increases antimicrobial activity), disruption of cell membrane, and DNA damage (Prasad et al, 2015).

2.3 Other Metallic nanoparticles

Different other metallic nanomaterials, for example, titanium, copper, zinc and metal oxide nanomaterials include iron oxide, titanium dioxide, and zinc oxide have shown particular antiviral activities. Others, similar to platinum nanomaterials, that utilized for the detection of influenza virus (Yadavalli et al, 2017).

Core-center nanomaterials have a basic spherical core molecule, that is encircled by a shell of various material, that may be monometallic or bimetallic in nature. A few sorts of core-shell Nano-molecules have been shown to have biomedical uses (Chatterjee et al, 2014).

3. Antiviral Nanotherapeutics

A few nanomedicines have been approved or are right now experiencing examination for the therapy of viral contaminations. Examples of research exploring the antiviral exercises of potential nanotherapeutics being developed are introduced following.

Table 1: Some nanomedicines for treatment of viral contaminations (Singh et al, 2017).

Name	Description	Mechanism, of action	Indication	Approval year
Epaxal®	Inactivated virosomal (liposome) vaccine	Unique mechanism of action which mimics the natural process	HAV	1999
PegIntron®	PEGylated interferon alfa-2b	Improved stability of protein through PEGylation	HCV	2001
Pegasys®	PEGylated interferon alfa-2b	Improved stability of protein through PEGylation	HBV, HCV	2002
Influvac®Plus	Virosome vaccine	Containing influenza surface proteins neuraminidase and hemagglutinin	Influenza	2005
Fluquit (STP 702)	Short interfering RNA (SiRNA) therapeutic	Gene silencing	H5N1 and H1N1 influenza	Preclinical evaluation
Cervisil® (STP 909)	Short interfering RNA (SiRNA) therapeutic	Gene silencing	HPV	Preclinical evaluation



VivaGels® (SPL 7013)	Dendrimer	Lysine-based dendrimer with naphthalene disulphonic acid surface groups	HIV, HSV	Clinical trial (number: NCT00740584) (approved for used against bacterial vaginosis)
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Note: ® = Registered.

4. Nano vaccines

Nanovaccinology has uses in prophylactic and therapeutic methodologies and may be utilized to either expand antigen preparation process or introduction as well as adjuvant (Zhao et al,2014). The methodology gives numerous benefits over conventional vaccine design; it has power to defeat the limitations related with standard vaccines (Kim et al,2014).

The upgraded cellular and humoral immunity which is evoked by Nano-dependent vaccines is because of the small size - that builds take-up by phagocytic cells, the gut and mucosa related lymphoid tissue. This eventually proceeds to improved antigen recognition (Kim et al, 2014).

Surface adjustment of nanocarriers with focusing on moieties (carbohydrates, antibodies or peptides) can encourage certain and particular immune responses by focusing particular receptors on the outside of different immune cells (Raghuwanshi et al, 2012). Further advantage of incorporated nanomaterials in vaccine plans is achieving moderate and supported arrival of antigens (Zhao et al, 2014). Nano-vaccines can likewise dispose of the necessity for cold-chain transport or capacity as a formulation may be lyophilized, by that means, extending shelf-life over an expanded temperature range (from 0°C-4°C). Other great benefit of utilizing nanomaterials in delivery of vaccines is that the measures or size of particles are about equivalent to viruses and bacteria, that the immune system promptly recognizes (Kim et al,2014). Some samples of key vaccine research integrating nanotechnology are discussed below.

The event of hepatitis A virus (HAV) is inconsistent and epidemic and is more closely related to food borne diseases, transferred by means of the fecal oral route. No therapy for HAV present; so, it has been indicated that cyclosporine A and silybin can obstruct or prevent viral replication. Exapal® is an endorsed, vaccine that are based on liposomes for the avoidance of HAV (Schütz et al,2013) and can be applied as an adjuvant with immune-potentiating reconstituted influenza virus (IRIV), carrying filtered antigens of influenza. Liposomes are utilized to set up these aluminum-free vaccines dependent on formalin-inactivated HAV (strain RG-SB) (Bovier & P. A., 2008). Exapal® shows great immunity, benefits, and tolerability in children and adults.

Parenteral vaccines limitations such as necessities, for example, medical personnel, cold-chain maintenance, threat of reusing needles, high-dose regimens, and possibility of non-responsive immunity. Mucosal managed vaccines are hence another method that needs examination. Chitosan is non-harmful, biodegradable, and have good biological profile, was explored for the capacity to make nanomaterials having positive charge to encourage the incorporation of other therapeutic proteins or antigens with negative charge by electrostatic interactions (Sjogren & M. H., 2005). Mucosal and humoral immune response were obtained in mouse models, building this methodology a valuable gene delivery system for nasal vaccination against HBV.

HepaXen is a vaccine based on liposomes. First expected that it has antiviral action against hepatitis A, C, and E. PR symptomatic examinations with this immunization, that assimilate recombinant hepatitis B surface antigen and plasmid DNA that encode the protein, inspired an immune response that was about 20 times larger than that of leading prophylactic vaccine.

Inflexal® V is an authorized virosomal adjuvant-based influenza vaccine. It is available since 1995. The virosomes comprise of reconstituted influenza virus envelope proteins, not having the inner center and nucleic acid. Inflexed® V is incredibly biocompatible and have strong mimics natural infections. This vaccine likewise speaks to a good immunogenicity profile. It is viable in immunocompromised and immunocompetent kids, adults, and other.

Infula® is other authorized surface antigen inactivated subunit antibody against influenza disease, indicating great immunity and safety profiles (Singh et al, 2017).

5. Uptake of Nanoparticle

Uptake is a significant thought in the plan of nanotherapeutics because it have direct impact on the therapeutic load, and thus the suitable dose, entering the cells. Varieties in the physical characteristics of the nanoparticles, and difference in the cell membrane properties, can influence viability of the intake process (Adjei et al, 2014). Consequently, size of nanoparticle is a significant determinant of cellular intake with roughly diameter of 50 nm for non-phagocytic cells (Kettler et al, 2014). Different ligands (peptides and proteins) may be utilized to upgrade the cellular intake. For example, HIV-derived TAT peptide is a very much perceived cell penetrating peptide, that utilized to encourage the cellular entry. The nanoparticle charge has effect or whether or not it can cross the cell layer of negative charged, whereby expanding the general surface charge of the nanoparticle results in expanding intake across cell membranes (Kettler et al, 2014).

Cellular internalization mechanism of nanoparticles such as phagocytosis, caveolar-mediated endocytosis, micropinocytosis, or clathrin-mediated endocytosis (Petroset et al, 2010). Mechanisms is determined by the size of nanomaterials through that nanoparticles take up the cells and where it localized intercellularly. Recently, it is diminished that the state of nanoparticles is likewise determining component of the take-up mechanisms (Parboosing et al, 2012). In this way, information is invaluable of both of these perspectives in the engineering of nanoparticles focused to particular micro-environments.

6. Nanoparticle Degradation and Elimination

As scope of nanoparticles and their uses in medications expands, it likewise becomes increasingly necessary to better understand the process of biodegradation. Biodegradation processes are critical determinant of continued medication discharge and biodistribution profiles. A deliberate and proper investigation of absorption, metabolism, distribution, and excretion pharmacokinetics of nanoparticles will result in better and ordinary drug design (Fischer et al, 2007). A few factors, for example, hydrophobicity profiles, polymer composition, size of particle, and molecular weight can influence the pace of degradation. However, degradation of nanoparticles had been ineffectively studied at cell level (Sulheim et al, 2016), there is shortage of data in vivo studies.

Inevitably, nanoparticles must leave the cell by the process of exocytosis is biodegradation didn't happen. Exocytosis rate greatly relies upon the nanoparticle make-up and surface properties. For example, cationic particles tend to agglomerate intracellular have a slower pace of elimination compares to PEGylated particles which keep way from protein interaction and subsequent agglomeration. In this manner, nanoparticles are discharged from the body. Nanoparticles less than 5 nm might be discharged in urine whereas greater particles are frequently reabsorbed into the systematic circulation and discharged through the kidneys, liver, or colon (Parboosing et al, 2012).

Few nanoparticles might be huge to through renal clearance. They can aggregate in body since they can't be degraded. Take-up of macrophages of the mononuclear phagocytic system (MPS) would be able to increase/modify time of blood circulation. This additionally has significant implications for viruses includes HIV, which contaminate and live in these cells (Ochekpe et al, 2009).

7. Nanoparticles and their Applications in Medicine

Regardless the clinical advances in recent years, a few diseases, for example, AIDS, infectious diseases, cancer, chronic pain, diabetes, and autoimmune diseases, have not been treated. Since nanomaterials are the foundation of nanotechnology, their utilization in the clinical branch has opened new points in treatment (Chenet et al, 2010). Likewise, the properties of nanomaterials ought to initially be assessed; and if approved, they will be utilized for therapeutic purposes. Nanomedicine deals with the ever-expanding in hypotheses, gadgets and nanoscale apparatus and with the nanostructures particular for the prevention, diagnosis, or treatment of ailments. The utilization of nanomaterials in clinical interventions has prompted direct contact of nanomaterials with human body (Marchesanet et al, 2013). The nanomedicine can be cultivated by restoring, detecting, and regenerating harmed tissues at molecular levels. Another explanation topic in the nanomedicine is the extensive design and the utilization of different research instruments to make drugs with a targeted release in body. In this drug delivery method, drug is directed to target cells and delivered to desired site (Hassan et al, 2017).

Considering the antimicrobial properties of various sorts of nanoparticles, for example, Nano-silver, Nano-titanium, and copper nanomaterials, one significant application is to control diversity of microbes. Likewise, late outcomes have demonstrated that gold nanomaterials also magnetic nanomaterials because of their especial properties can be selected in different territories of therapy and nanomedicine (Beyth et al, 2015). Researchers, through the exploitation of the external surface of nanomaterials, have built up nanoscale association among materials and biological systems to significantly upgrade their performance and make new structures (Zhanget



al, 2012). The utilization of smart gadgets in medicine with minimum harm to adjacent tissues is another use of nanomaterials. Other use of nanomaterials in clinical or medical field is the creation of compatible parts in sensor systems which can prevent and diagnose diseases. Ecological sensors are planned on an extremely fine chip to finish the experiments that communicate with outside of the patient's body reveal or uncover the inside body condition for example, heart attack, tumor, or localized infections (Salvatiet al, 2015). Magnetic resonance imaging (MRI) is a progressed and non-invasive technique for the early treatment of many illnesses, such as cancer. A few illnesses can currently treat with a drop of blood-dependent on laser system in visible, infrared, and ultraviolet frequency ranges. Current methodologies for creating DNA-based nanoscale devices additionally presents the progression of nanotechnology in the existence sciences and medicines (Zahidet al,2013). The utilization of these new treatments makes numerous diseases distinguishable and treatable at the beginning. Nonetheless, regardless of all the benefits of nanoparticles (for example, detecting the disease area and drug delivery) they should escape some way or another from immune system, that is perceived or recognized as an invader. In medicine, the defense framework ready to destroy nanomaterials is a significant barrier to utilizing nanotechnology (Jurj et al, 2017). The applied nanomaterials are methodically caught within minutes and then eliminated from body. Cell membrane covered nanoparticles can remain intact for a few hours without harm in the body. Among these particles, nanomaterials of proteins are of interest due to various advantages, for example, simple approach to their resources, renewable resources, reasonable cost, biodegradability, biocompatibility, presence of numerous functional groups to convey high doses of drug, and capability to connect at the same time focusing on groups to target nanoparticles to specific tissues and cells (Lohcharoenkal et al, 2014).

7.1 Nanomaterials and therapy of autoimmune diseases

In autoimmune illnesses, the immune invasion to specific tissues endangers their functional and structural compatibility. The nanomaterials have built up to balance the antigen-presenting cells (APCs), also to downregulate natural immune signals that strengthen adaptive autoimmune responses (Klippstein et al,2010). Steingraber et al., studied on the pharmacological therapy of experimental autoimmune encephalomyelitis (EAE), glucocorticoid packed with liposomes were discovered effective at doses less than regular glucocorticoid treatment through influencing macrophages. One of the major limitations of regular antigen-based methods for therapy of autoimmune diseases is the antigenic complexity of autoimmune ailments and requires focusing on the various features of autoreactive T cells. The nanoparticles covered by peptide-loaded significant histocompatibility complex (pMHC) enhance CD4+ regulatory T cells with less sharpness (acidity). These nanoparticles in the objective or targeted tissue additionally restrain polyclonal autoimmune responses through a focused on the choice of autoantigen loaded APCs (Clemente-Casares et al,2014). New mixes of nanoparticles, for example, nanoparticles with numerous surfaces, will help to building up the future generation of nondependent drugs for the therapy of autoimmune diseases (Clemente-Casares et al,2011.)

7.2 Effect of nanomaterials on immune response

The innate immunity is natural, non-clonal, a non-specific, germline-encoded and non-anticipatory system, while adaptive immunity is a clonal, specific, somatic, and anticipatory system (Tran et al, 2014). The characteristics of nanoparticles, for example, size, hydrophilic, charge of surface and coating agents decide their stage of interactions with immune system (Aggarwal et al,2009). Adsorption of particles on nanoparticles in particular micro-environments makes them be recognized/perceived as external agents by the innate immunity, outcome is in inflaming response. The nanoparticles have no immediate association/connection with innate immune cells, aside from with particles decorate on their surface. However, a lot of nanoparticles loaded in chemotherapies for anti-tumor treatment that done by leukocytes. Thus, there is a perspective loss of innate immunity (Moyano et al, 2016).

Delayed adaptive immune responses dependent on the kind and degree of innate immunity and can increase inflammatory responses. Deformation, immunogenicity, and folding caused by the adsorption of body molecules on the surface of nanoparticles, proceeding to adaptive immunity. The introduction of NPs interferes with molecular mechanism of dendritic cells (DCs), that influences the peptides introduced to T cells, thus adjusts the adaptive immunity or immune responses. In the examination by Gustafsson, NPs infused intravenously to rats that are caused an early immunity in their lungs and proceed in a consequent expand in the IFN- γ , IL-4, and IL-10 levels after a few days (Klippstein et al,2010).

7.3 Nanomedicine and Pulmonary diseases

Respiratory diseases incorporate a broad range of ailments that affect individuals from the period of fetal to the elderly or in all age groups. Expectation for a pleasant life for elderly becomes exceptionally significant by increasing life expectancy, and nanomedicine may be helpful. The lungs are very appropriate target for drug delivery because of easy, non-invasive, as well as safe administration through inhalation aerosols. Direct delivery to the area of activity for therapy of lung ailment and injuries, due to availability of lavage surface sites for local drug activity as well as systematic absorption of drugs (Mansour et al, 2009). In such manner, researchers of nanomedicine by thinking three fundamental principles in respiratory illnesses, are:

Imaging and imaging dependent nanotechnology

Targeted drug delivery

Reconstructive surgery

They have ability to get advantage from nanomedicine technology in some chronic pulmonary illnesses. Since nanocarrier systems could easily move to airways, different respiratory ailments have been treated. Pulmonary ailments which have explored for this motive, are a huge list such as cystic fibrosis, chronic obstructive pulmonary ailment and many different genetic disorders, infectious diseases and tuberculosis, cancer, and pediatric illnesses (Pison & U., 2006).

7.4 Cystic Fibrosis

Cystic fibrosis is an autosomal recessive ailment. This is caused by the disturbance in function of epithelial chloride channel cells because if mutation is occurred in cystic fibrosis trans-membrane regulator gene (CFTR). Since CFTR gene was found in 1989 greater than mutations that considered for causing of CF and significant effort has been advanced into gene therapy to detect mutation independent cure for CF (Res & T., 2013). Additionally, gastrointestinal system, also respiratory system is another objective for this ailment. Altered composition and over-production and viscosity of the mucous emitted in lungs proceeds to airway obstruction causing the lungs vulnerable to repetitive infections results in ultimate patient's death.

In this disease, resulting of mucous secretions, airways changes proceed to hyperplasia and metaplasia of bronchial gland and superficial goblet cells which as such in a vicious cycle causing over-production of mucous as well as resulting in demolition/demonstration of mucociliary system. At last, blockage of airway is caused by mucous plugs that create the lungs permitting to infection. It was demonstrated that the composition of airway mucus is broadly variable. The top significant kind is a huge oligomeric gel-forming mucin glycoprotein having amass of 10=40 million Daltons.

In respiratory system, mucin emitted via two major sources. For example, 'MUC5AC or MUC2' and 'MUC7 and MUC5B' are emitted by the superficial epithelial goblet cells and glandular cells, respectively. Although, under particular circumstances i.e., inflammation, the glandular mucin can likewise emit by the superficial cells. Between these mucins, MUC5B and MUC5AC are top significant gel-forming mucin glycoprotein. Biochemical contrasts have showed among the natural mucin and CF mucin. Also, latter is heterogenous.

The Nanotechnology objective is initially to influence and manipulate (control) CFTR gene by utilizing nanospheres DNA that are still under examination. A transfection research had shown that nanoparticles embedded in tracheal lining (9HTEa) having a plasmid that contain nanosphere proceeded in CFTR expression in 50% of cells (Moghimi et al, 2005). Alternate hypothesis showed the nanoparticle's delivery which can alternate the make-up of mucin dependent on this Nano-system might be an interesting candidate for the therapeutic nanoparticle delivery in this ailment (Pison & U., 2006).

7.5 Pulmonary tuberculosis

A few tests examine have evaluate the possible viability of nanoparticles utilized in antimicrobial therapies. Utilization of nanotechnology for therapy of tuberculosis was thesis of essential research. In India, Pandey and colleagues have announced the direct delivery effect of anti-tuberculosis medications by nanomaterials in few research. Pandey's group entered direct anti-tuberculosis drug nanomaterials manufactured by numerous emulsions vacuum dried process into lungs of guinea pigs through nebulization. Once nebulized organization of medication kept the drug (medication) level high for up to 11 days in lungs and 6-8 days in blood stream. In this technique, shelf-life of the medication and bioavailability were greater contrasted to its oral administration of drugs/medications. The impact of rifampin, isoniazid and pyrazinamide was 12.7, 32.8 and 14.7 times, respectively. In this test, by multiple times of Poly (D, L-lactate-co-glycolide) (PLG) as a barrier in medication inhalation at 10 days interval the guinea pig become totally liberated (free) from TB bacilli. In correlation, this



outcome could be attained after 46 times of administration, by oral administration of medication (Pandey et al, 2003). In India, Bhardwaj and colleagues utilized a fusion of chemotherapeutic agent-loaded vesicular system to overcome TB. They created ligand attached liposome with Dry Powder Inhaler (DPI), utilizing different parameters of in vitro and in vivo and revealed excellent outcomes. A few different studies have also assessed the utilization of anti-TB nanoparticle drugs delivery (Machado et al, 2010). Following advantages are mentioned by all obtained results:

- Reducing the treatment course
- Targeted delivery and therapy of drug
- Utilization of minimum required drug dosages
- Prevention of drug side effects

7.6 Lung Cancer

Specialists in late years have concentrated on the utilization in lung cancer by gene therapy offering different stimulating strategies. Also, Clinical stage I and stage II programs have been executed. Nonetheless, it was not surpassed the therapy of small local tumors. A significant issue was that drug delivery with barriers was temporary and short-termed and adequately ineffective.

However, Nano-systems had been accounted for delivering and targeting of drug in situ to specifically eliminate cancerous cells, diminishing poisonousness on fit organs and tissues also adverse effects. A few nanoparticles had been accounted for to control tumor resistance. A few Nano system for the treatment and therapy/diagnosis, for example, dendrimer, polymeric micelles, gold nanomaterials, liposomes, oxides of super paramagnetic iron cores and other lipid nanoparticles had been accounted for with appropriate outcomes (Goncalves et al, 2012).

Gopalan et al. and Prabha et al. (Gopalan et al, 2004), and others attained victorious results in this zone by utilizing Nano system. So, lungs cancer treatment is still constrained to nearby tumors. An explanation is the immunologic responses against gene and virus carriers. However, nanoparticles can arrive at objective site without being detected by immune system, because of their little size and biocompatibility and tolerate cellular intake the medication in region of tumor (Goncalves et al, 2012).

Gopalan et al. (Gopalan et al, 2004), Recommended other method for transferring of gene that was effectual and non-immunogenic and have fundamental applications. They utilized non-viral nanoparticles transporter named DOTAP/cholesterol which could convey tumor suppressing genes straightforwardly to tumor with a managed discharge program at tumor area. Prabha et al. (Prabha et al, 2004), conducted comparative research and utilized PLGA and anti-proliferative gene P53 in cells breast cancer. Gopalan utilized fundamental DOTAP/ cholesterol nanoparticles even for the therapy of dispersed tumors. Broza et al. Shown the practicality of nanoparticles-dependent sensors for distinguishing the breath-print of initial-stage lung cancer. Barash et al. Shown histological lung malignant categorization by utilizing gold nanoparticles (GNP) sensors having gadget profiles volatile organic compounds (VOCs) for recognition of particular pattern of lung cancer (Bahadori et al, 2012).

7. Nanotoxicology

Nanoscale materials have discovered new characteristics and function over non-Nano equivalent materials due to their smaller size and huge surface area. Researchers have demonstrated that those characteristics of nanoparticles that proceed to change in their physiochemical characteristics, can likewise cause potential toxicity. Nanotechnology is growing rapidly and has without a doubt both harmful as well as beneficial impacts on environment and human. Hence, it is important to apply various strategies for accessing the nanomaterials toxicity, especially the existence of nanoparticles in airborne worksite environment contaminants which can influence the worker's health. In cell models, dendritic cells, epithelial cells, and macrophages are regularly utilized to assess the toxicology and immunological impacts of engineered nanomaterials (ENM). The standardization of ENM immune-toxicity experiment and the impact of ENM on body should also examined. During utilization or creation of ENM, body is typically revealed via lungs. It had been proved that nanoparticles in lungs encourage more firmly than particles with a bigger size and also introduce inflammatory and poisonous (toxicity) responses. Calu-3 and A549, that are epithelial cell lines of human, are broadly utilized to examine the immune cells response revealed to ENM. The presentation of the respiratory tract to oxides of zinc nanoparticles encourages eosinophils and subsequently upregulates the serum Ige levels. Additionally,

exhibition to nanoparticles that cause expansion of respiratory epithelial cells, cell hyperplasia, and pulmonary fibrosis (Dekali et al, 2014). Most toxicology examines had been done on nanomaterials, for example, metals, oxides of metal, carbon nanotubes, polymer nanomaterials and quantum dots. Wang et al., demonstrated the appropriation status of multiwalled carbon nanotubes (MWCNTs) also influences the profibrogenic cellular responses and pulmonary fibrosis additionally to instigate pulmonary toxicity.

Based on various outcomes, researchers had concluded that nanoplatelets accentuate the complication of nanoparticle toxicology and are probably going to represent a Nano-hazard regarding the toxicity of structure. Examining titanium dioxide nanomaterials showed the arrival of nanomaterials from membrane-bound organelles can cooperate with cell signaling to operate cell activation (Moghimi et al, 2005). Rossi et al., presented asthmatic rats to titanium dioxide particles and examined that ovalbumin (OVA) incited allergic pulmonary inflammation was defeated, showing fundamentally reduced levels of chemokines, cytokines, white blood cells, and antibodies in allergic asthma. Different research have also demonstrated that alterations caused by nanoparticles, such as, surface covering can prompt changes in toxicological characteristics (Rezaei et al, 2019).

According to numerous research, the skin is a significant way for the penetration of nanomaterials in both consumer and occupational sites. Whereas, titanium dioxide and zinc oxide nanomaterials, the members of metal oxide nanomaterials, are generally utilized in self-care declaration as protective agents against UV light, they cannot infiltrate the stratum corneum (Boyapalle et al, 2012). In inconsistency to the past report, Gulson et al., displayed that the less measures of zinc from zinc oxide nanoparticles utilized in sunscreens can go via the defensive layers of skin and found in urine and blood. A few examinations have demonstrated that the toxicity and safety of nanoparticles in both in vivo and in vitro situations.

8. Conclusion

The utilization of nanoparticles, accordant with their remarkable immunological properties, that are determined by shape, size, charge, and hydrophilic, empowers scientists to alter the immunity subjectively utilizing new and random approaches. In future, the utilization of nanotechnology in immunology can influence novel methodologies for therapy of human illnesses. In this unique circumstance, nanotechnology will keep on introducing wonderful perceptions into the idea of immune responses and will make progressively new materials and by-products depends on nanoparticles. NPs are currently researched to deliver at least two drugs simultaneously for combination treatment, aiming to decrease the frequency of dosage and number of drugs that a patient is receiving and subsequently increasing consistence.

9. References

- Adesina, S. K., & Akala, E. O. (2015). Nanotechnology approaches for the delivery of exogenous siRNA for HIV therapy. *Molecular pharmaceutics*, 12(12), 4175-4187.
- Adjei, I. M., Sharma, B., & Labhasetwar, V. (2014). Nanoparticles: cellular uptake and cytotoxicity. In *Nanomaterial* (pp. 73-91). Springer, Dordrecht.
- Aggarwal, P., Hall, J. B., McLeland, C. B., Dobrovolskaia, M. A., & McNeil, S. E. (2009). Nanoparticle interaction with plasma proteins as it relates to particle biodistribution, biocompatibility and therapeutic efficacy. *Advanced drug delivery reviews*, 61(6), 428-437.
- Alexis, F., Pridgen, E., Molnar, L. K., & Farokhzad, O. C. (2008). Factors affecting the clearance and biodistribution of polymeric nanomaterials. *Molecular pharmaceutics*, 5(4), 505-515.
- Auría-Soro, C., Nesma, T., Juanes-Velasco, P., Landeira-Viñuela, A., Fidalgo-Gomez, H., Acebes-Fernandez, V., ... & Fuentes, M. (2019). Interactions of nanomaterials and biosystems: microenvironment of nanomaterials and biomolecules in nanomedicine. *Nanomaterials*, 9(10), 1365.
- Bawa, R. (2010). Nanopharmaceuticals: nanopharmaceuticals. *European Journal of Nanomedicine*, 3(1), 34-40.
- Beutler, J. A. (2009). Natural products as a foundation for drug discovery. *Current protocols in pharmacology*, 46(1), 9-11.
- Beyth, N., Houry-Haddad, Y., Domb, A., Khan, W., & Hazan, R. (2015). Alternative antimicrobial approach: nano-antimicrobial materials. *Evidence-based complementary and alternative medicine*, 2015.
- Bovier, P. A. (2008). Epaxal®: a virosomal vaccine to prevent hepatitis A infection. *Expert review of vaccines*, 7(8), 1141-1150.
- Boyapalle, S., Mohapatra, S., & Mohapatra, S. (2012). Nanotechnology applications to HIV vaccines and microbicides. *Journal of global infectious diseases*, 4(1), 62.



- Chatterjee, K., Sarkar, S., Rao, K. J., & Paria, S. (2014). Core/shell nanoparticles in biomedical applications. *Advances in colloid and interface science*, 209, 8-39.
- Chen, W. Y., Lin, J. Y., Chen, W. J., Luo, L., Wei-GuangDiao, E., & Chen, Y. C. (2010). Functional gold nanoclusters as antimicrobial agents for antibiotic-resistant bacteria. *Nanomedicine*, 5(5), 755-764.
- Clemente-Casares, X., & Santamaria, P. (2014). Nanomedicine in autoimmunity. *Immunology letters*, 158(1-2), 167-174.
- Clemente-Casares, X., Tsai, S., Yang, Y., & Santamaria, P. (2011). Peptide-MHC-based nanovaccines for the treatment of autoimmunity: a "one size fits all" approach?. *Journal of molecular medicine*, 89(8), 733-742.
- Davies, J. C. (2008). *Nanotechnology oversight*. Washington, DC: Project on Emerging Nanotechnologies.
- Dekali, S., Gamez, C., Kortulewski, T., Blazy, K., Rat, P., & Lacroix, G. (2014). Assessment of an in vitro model of pulmonary barrier to study the translocation of nanomaterials. *Toxicology reports*, 1, 157-171.
- Dobrovolskaia, M. A., & McNeil, S. E. (2007). Immunological properties of engineered nanomaterials. *Nature nanotechnology*, 2(8), 469.
- Duan, L., Yan, Y., Liu, J., Wang, B., Li, P., Hu, Q., & Chen, W. (2016). Target delivery of small interfering RNAs with vitamin E-coupled nanomaterials for treating hepatitis C. *Scientific reports*, 6, 24867.
- Fischer, H. C., & Chan, W. C. (2007). Nanotoxicity: the growing need for in vivo study. *Current opinion in biotechnology*, 18(6), 565-571.
- Gagliardi, M. (2017). Biomimetic and bioinspired nanomaterials for targeted drug delivery. *Therapeutic delivery*, 8(5), 289-299.
- Ghosh, P., Han, G., De, M., Kim, C. K., & Rotello, V. M. (2008). Gold nanoparticles in delivery applications. *Advanced drug delivery reviews*, 60(11), 1307-1315.
- Goncalves, A. S., Macedo, A. S., & Souto, E. B. (2012). Therapeutic nanosystems for oncology nanomedicine. *Clinical and Translational Oncology*, 14(12), 883-890.
- Goncalves, A. S., Macedo, A. S., & Souto, E. B. (2012). Therapeutic nanosystems for oncology nanomedicine. *Clinical and Translational Oncology*, 14(12), 883-890.
- Gopalan, B., Ito, I., Branch, C. D., Stephens, C., Roth, J. A., & Ramesh, R. (2004). Nanoparticle based systemic gene therapy for lung cancer: molecular mechanisms and strategies to suppress nanoparticle-mediated inflammatory response. *Technology in Cancer Research & Treatment*, 3(6), 647-657.
- Gopalan, B., Ito, I., Branch, C. D., Stephens, C., Roth, J. A., & Ramesh, R. (2004). Nanoparticle based systemic gene therapy for lung cancer: molecular mechanisms and strategies to suppress nanoparticle-mediated inflammatory response. *Technology in Cancer Research & Treatment*, 3(6), 647-657.
- Gregory, A. E., Williamson, D., & Titball, R. (2013). Vaccine delivery using nanomaterials. *Frontiers in cellular and infection microbiology*, 3, 13.
- Hassan, S., Prakash, G., Ozturk, A. B., Saghadzadeh, S., Sohail, M. F., Seo, J., ... & Khademhosseini, A. (2017). Evolution and clinical translation of drug delivery nanomaterials. *Nano Today*, 15, 91-106.
- Hayden, F. (2009). Developing new antiviral agents for influenza treatment: what does the future hold?. *Clinical Infectious Diseases*, 48(Supplement_1), S3-S13.
- Jurj, A., Braicu, C., Pop, L. A., Tomuleasa, C., Gherman, C. D., & Berindan-Neagoe, I. (2017). The new era of nanotechnology, an alternative to change cancer treatment. *Drug design, development and therapy*, 11, 2871.
- Kettler, K., Veltman, K., van de Meent, D., van Wezel, A., & Hendriks, A. J. (2014). Cellular uptake of nanoparticles as determined by particle properties, experimental conditions, and cell type. *Environmental toxicology and chemistry*, 33(3), 481-492.
- Kim, B. Y., Rutka, J. T., & Chan, W. C. (2010). Nanomedicine. *New England Journal of Medicine*, 363(25), 2434-2443.
- Kim, M. G., Park, J. Y., Shon, Y., Kim, G., Shim, G., & Oh, Y. K. (2014). Nanotechnology and vaccine development. *Asian journal of pharmaceutical sciences*, 9(5), 227-235.
- Klippstein, R., & Pozo, D. (2010). Nanotechnology-based manipulation of dendritic cells for enhanced immunotherapy strategies. *Nanomedicine: Nanotechnology, Biology and Medicine*, 6(4), 523-529.
- Klippstein, R., & Pozo, D. (2010). Nanotechnology-based manipulation of dendritic cells for enhanced immunotherapy strategies. *Nanomedicine: Nanotechnology, Biology and Medicine*, 6(4), 523-529.
- Kumar, A., Boruah, B. M., & Liang, X. J. (2013). Interaction of Nanomaterials with the Immune System and Their

- Significance in Drug-Design and Development. In *Nanopharmaceutics: The Potential Application of Nanomaterials* (pp. 491-533).
- Lara, H. H., Ayala-Nuñez, N. V., Ixtepan-Turrent, L., & Rodriguez-Padilla, C. (2010). Mode of antiviral action of silver nanomaterials against HIV-1. *Journal of nanobiotechnology*, 8(1), 1-10.
- Little, S. J., Holte, S., Routy, J. P., Daar, E. S., Markowitz, M., Collier, A. C., ... & Kilby, M. (2002). Antiretroviral-drug resistance among patients recently infected with HIV. *New England Journal of Medicine*, 347(6), 385-394.
- Lohcharoenkal, W., Wang, L., Chen, Y. C., & Rojanasakul, Y. (2014). Protein nanomaterials as drug delivery carriers for cancer therapy. *BioMed research international*, 2014.
- Machado, M. C., Cheng, D., Tarquinio, K. M., & Webster, T. J. (2010). Nanotechnology: pediatric applications. *Pediatric research*, 67(5), 500-504.
- Mallipeddi, R., & Rohan, L. C. (2010). Progress in antiretroviral drug delivery using nanotechnology. *International journal of nanomedicine*, 5, 533.
- Mansour, H. M., Rhee, Y. S., & Wu, X. (2009). Nanomedicine in pulmonary delivery. *International journal of nanomedicine*, 4, 299.
- Marchesan, S., & Prato, M. (2013). Nanomaterials for (Nano) medicine.
- McNeil, S. E. (2011). Unique benefits of nanotechnology to drug delivery and diagnostics. In *Characterization of nanomaterials intended for drug delivery* (pp. 3-8). Humana Press.
- Medepalli, K. K. (2008). *Advanced nanomaterials for biomedical applications*. University of Louisville.
- Mehendale, R., Joshi, M., & Patravale, V. B. (2013). Nanomedicines for treatment of viral diseases. *Critical Reviews™ in Therapeutic Drug Carrier Systems*, 30(1).
- Moghimi, S. M., Hunter, A. C., & Murray, J. C. (2005). Nanomedicine: current status and future prospects. *The FASEB journal*, 19(3), 311-330.
- Moghimi, S. M., Hunter, A. C., & Murray, J. C. (2005). Nanomedicine: current status and future prospects. *The FASEB journal*, 19(3), 311-330.
- Mohanty, S. K., Swamy, M. K., Sinniah, U. R., & Anuradha, M. (2017). *Leptadenia reticulata (Retz.) Wight & Arn. (Jivanti): botanical, agronomical, phytochemical, pharmacological, and biotechnological aspects*. *Molecules*, 22(6), 1019.
- Moyano, D. F., Liu, Y., Peer, D., & Rotello, V. M. (2016). Modulation of immune response using engineered nanoparticle surfaces. *Small*, 12(1), 76-82.
- Murthy, S. K. (2007). Nanomaterials in modern medicine: state of the art and future challenges. *International journal of nanomedicine*, 2(2), 129.
- Nalwa, H. S. (Ed.). (2001). *Nanostructured materials and nanotechnology: concise edition*. Elsevier.
- Nasimi, P., & Haidari, M. (2013). Medical use of nanoparticles: drug delivery and diagnosis diseases. *International Journal of green nanotechnology*, 1, 1943089213506978.
- 5Ochekpe, N. A., Olorunfemi, P. O., & Ngwuluka, N. C. (2009). Nanotechnology and drug delivery part 2: nanostructures for drug delivery. *Tropical Journal of Pharmaceutical Research*, 8(3).
- Pandey, R., Sharma, A., Zahoor, A., Sharma, S., Khuller, G. K., & Prasad, B. (2003). Poly (DL-lactide-co-glycolide) nanoparticle-based inhalable sustained drug delivery system for experimental tuberculosis. *Journal of Antimicrobial Chemotherapy*, 52(6), 981-986.
- Parboosing, R., Maguire, G. E., Govender, P., & Kruger, H. G. (2012). Nanotechnology and the treatment of HIV infection. *Viruses*, 4(4), 488-520.
- Patra, J. K., Das, G., Fraceto, L. F., Campos, E. V. R., del Pilar Rodriguez-Torres, M., Acosta-Torres, L. S., ... & Habtemariam, S. (2018). Nano based drug delivery systems: recent developments and future prospects. *Journal of nanobiotechnology*, 16(1), 71.
- Petros, R. A., & DeSimone, J. M. (2010). Strategies in the design of nanomaterials for therapeutic applications. *Nature reviews Drug discovery*, 9(8), 615-627.
- Pison, U. (2006). Welte T, Giersig M, Groneberg DA. Nanomedicine for respiratory diseases. *Eur J Pharmacol*, 533, 341-350.
- Prabha, S., & Labhasetwar, V. (2004). Nanoparticle-mediated wild-type p53 gene delivery results in sustained antiproliferative activity in breast cancer cells. *Molecular pharmaceutics*, 1(3), 211-219.
- Prasad, R., Pandey, R., & Barman, I. (2015). Engineering tailored nanoparticles with microbes: quo vadis. *WIREs NanomedNanobiotechnol*. doi: 10.1002/wnan. 1363 Rai M, Yadav A, Gade A (2009) Silver nanoparticles as a new generation of antimicrobials. *Biotechnol Adv*, 27, 76-83.
- Qasim, M., Lim, D. J., Park, H., & Na, D. (2014). Nanotechnology for diagnosis and treatment of infectious



- diseases. *Journal of nanoscience and nanotechnology*, 14(10), 7374-7387.
- Raghuwanshi, D., Mishra, V., Suresh, M. R., & Kaur, K. (2012). A simple approach for enhanced immune response using engineered dendritic cell targeted nanoparticles. *Vaccine*, 30(50), 7292-7299.
- Rawat, M., Yadukrishnan, P., & Kumar, N. (2018). Mechanisms of action of nanomaterials in living systems. In *Microbial biotechnology in environmental monitoring and cleanup* (pp. 220-236). IGI Global.
- Res, T. (2013). *Apr*; 161 (4): 255-64. Gene therapy in cystic fibrosis. Prickett M, Jain M.
- Rezaei, R., Safaei, M., Mozaffari, H. R., Moradpoor, H., Karami, S., Golshah, A., ... & Karami, H. (2019). The Role of Nanomaterials in the Treatment of Diseases and Their Effects on the Immune System. *Open access Macedonian journal of medical sciences*, 7(11), 1884.
- Riehemann, K., Schneider, S. W., Luger, T. A., Godin, B., Ferrari, M., & Fuchs, H. (2009). Nanomedicine – challenge and perspectives. *Angewandte Chemie International Edition*, 48(5), 872-897.
- Rodrigues, T., Reker, D., Schneider, P., & Schneider, G. (2016). Counting on natural products for drug design. *Nature chemistry*, 8(6), 531.
- Sahoo, S. K., & Labhasetwar, V. (2003). Nanotech approaches to drug delivery and imaging. *Drug discovery today*, 8(24), 1112-1120.
- Salvati, E., Stellacci, F., & Krol, S. (2015). Nanosensors for early cancer detection and for therapeutic drug monitoring. *Nanomedicine*, 10(23), 3495-3512.
- Sanchez, F., & Sobolev, K. (2010). Nanotechnology in concrete—a review. *Construction and building materials*, 24(11), 2060-2071.
- Santos-Magalhães, N. S., & Mosqueira, V. C. F. (2010). Nanotechnology applied to the treatment of malaria. *Advanced drug delivery reviews*, 62(4-5), 560-575.
- Schütz, C. A., Juillerat-Jeanneret, L., Mueller, H., Lynch, I., & Riediker, M. (2013). Therapeutic nanomaterials in clinics and under clinical evaluation. *Nanomedicine*, 8(3), 449-467.
- Siddiqui, A. A., Iram, F., Siddiqui, S., & Sahu, K. (2014). Role of natural products in drug discovery process. *Int J Drug Dev Res*, 6(2), 172-204.
- Singh, L., Kruger, H. G., Maguire, G. E., Govender, T., & Parboosing, R. (2017). The role of nanotechnology in the treatment of viral infections. *Therapeutic advances in infectious disease*, 4(4), 105-131.
- Sjogren, M. H. (2005). Prevention of hepatitis B in nonresponders to initial hepatitis B virus vaccination. *The American journal of medicine*, 118(10), 34-39.
- Soppimath, K. S., Aminabhavi, T. M., Kulkarni, A. R., & Rudzinski, W. E. (2001). Biodegradable polymeric nanomaterials as drug delivery devices. *Journal of controlled release*, 70(1-2), 1-20.
- Sulheim, E., Baghirova, H., von Haartman, E., Bøe, A., Åslund, A. K., Mørch, Y., & de Lange Davies, C. (2016). Cellular uptake and intracellular degradation of poly (alkyl cyanoacrylate) nanoparticles. *Journal of nanobiotechnology*, 14(1), 1-14.
- Swamy, M. K., & Sinniah, U. R. (2016). Patchouli (*Pogostemon cablin* Benth.): botany, agrotechnology and biotechnological aspects. *Industrial Crops and Products*, 87, 161-176.
- Thakkar, K. N., Mhatre, S. S., & Parikh, R. Y. (2010). Biological synthesis of metallic nanoparticles. *Nanomedicine: nanotechnology, biology and medicine*, 6(2), 257-262.
- Thorley, A. J., & Tetley, T. D. (2013). New perspectives in nanomedicine. *Pharmacology & therapeutics*, 140(2), 176-185.
- Tran, L. T. C., Lesieur, S., & Faivre, V. (2014). Janus nanomaterials: materials, preparation and recent advances in drug delivery. *Expert opinion on drug delivery*, 11(7), 1061-1074.
- Verma, A., & Stellacci, F. (2010). Effect of surface properties on nanoparticle–cell interactions. *small*, 6(1), 12-21.
- Walsh, T. J., Viviani, M. A., Arathoon, E., Chiou, C., Ghannoum, M., Groll, A. H., & Odds, F. C. (2000). New targets and delivery systems for antifungal therapy. *Sabouraudia*, 38(Supplement_1), 335-347.
- Yadavalli, T., & Shukla, D. (2017). Role of metal and metal oxide nanoparticles as diagnostic and therapeutic tools for highly prevalent viral infections. *Nanomedicine: Nanotechnology, Biology and Medicine*, 13(1), 219-230.
- Zahid, M., Kim, B., Hussain, R., Amin, R., & Park, S. H. (2013). DNA nanotechnology: a future perspective. *Nanoscale research letters*, 8(1), 119.
- Zazo, H., Colino, C. I., & Lanao, J. M. (2016). Current applications of nanomaterials in infectious diseases. *Journal of Controlled Release*, 224, 86-102.
- Zhang, L., Gu, F. X., Chan, J. M., Wang, A. Z., Langer, R. S., & Farokhzad, O. C. (2008). Nanomaterials in

medicine: therapeutic applications and developments. *Clinical pharmacology & therapeutics*, 83(5), 761-769.

Zhang, X. Q., Xu, X., Bertrand, N., Pridgen, E., Swami, A., & Farokhzad, O. C. (2012). Interactions of nanomaterials and biological systems: Implications to personalized nanomedicine. *Advanced drug delivery reviews*, 64(13), 1363-1384.

Zhao, L., Seth, A., Wibowo, N., Zhao, C. X., Mitter, N., Yu, C., & Middelberg, A. P. (2014). Nanoparticle vaccines. *Vaccine*, 32(3), 327-3