



## ORGAN-SPECIFIC APPLICATIONS OF NANOMEDICINE: A REVIEW OF TARGETED DELIVERY SYSTEMS IN MAJOR HUMAN ORGANS

Amrit Paul<sup>1</sup>, Sukanta Debnath<sup>1</sup>, Subham Roy<sup>1</sup>, Tanmay Mohanta<sup>1</sup>, Jagjot Gautam<sup>\*1</sup>

<sup>1</sup> Faculty of Pharmaceutical Science, Mata Gujri College of Pharmacy, Mata Gujri University, Kishanganj, Bihar, 855107, India

**\*Corresponding Author:** Jagjot Gautam

\*Lecturer -Pharmaceutical Chemistry Email-Jagjot.mgcop@gmail.com  
Mobile – 9805572280

### Abstract

Nanomedicine represents an innovative therapeutic strategy, offering targeted drug delivery with greater efficacy and reduced systemic toxicity. In this review we investigate organ-specific applications of nanomedicine; specifically targeting delivery systems designed for major human organs including heart, lung, brain, liver kidney and digestive tract. Each organ presents distinct anatomical and physiological barriers which must be navigated using specific nanoparticle (NP) systems designed for each one. Organic nanoparticles like liposomes, dendrimers and polymeric micelles offer superior biocompatibility and flexibility when it comes to drug delivery and functionalization. Meanwhile inorganic nanoparticles like gold, silver and mesoporous silica possess highly adjustable physical and chemical properties useful in diagnosis as well as therapy applications. Hybrid nanoparticles which combine organic with inorganic components have become promising platforms due to their multifunctionality and structural versatility for use as theranostic platforms. Organ-targeted nanomedicine has enjoyed significant preclinical success. Cardiac-targeting nanoparticles aid myocardial repair post-infarction; brain-targeted systems deliver drugs across the blood-brain barrier; while kidney-targeted nanomedicine may treat glomerular or fibrotic diseases. Yet several challenges still persist regarding long-term biocompatibility, off-target toxicity concerns, regulatory uncertainties etc. This review highlights recent advancements in organ-specific nanomedicine, targeting mechanisms and therapeutic implications. Further improvements in nanoparticle design, targeting strategies, safety evaluation and application to clinical therapies is vital to making them truly useful therapies.

**Keywords:** Nanomedicine, drug delivery, toxicity, nanoparticle (NP), liposomes, blood-brain barrier

### Introduction

Nanomedicine is an evolving interdisciplinary field utilizing nanotechnology for diagnosis, treatment, monitoring and control of biological systems at the nanoscale level (usually between 1-100 nanometers (nm)). [1]. Nanomedicine integrates principles from materials science, biology, chemistry and medicine in order to engineer nanoparticles (NPs) for biomedical applications such as drug delivery, imaging and regenerative therapy [2,3]. Nanomedicine offers numerous advantages including targeted drug delivery that maximizes therapeutic efficacy while simultaneously decreasing systemic toxicity [4, 5]. Nanoparticles may accumulate selectively in pathological tissues through passive targeting (e.g., increased permeability and retention effect) or active targeting (ligand-receptor

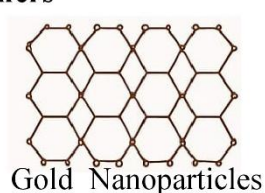
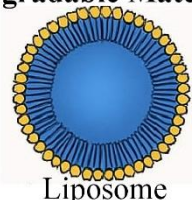
binding) [5]. Specificity allows lower drug doses and side effects in diseases like cancer, cardiovascular disorders and neurological conditions [6,7]. However, conventional drug delivery systems face formidable hurdles such as poor solubility, rapid systemic clearance rates, nonspecific distribution patterns and difficulty crossing biological barriers like the blood-brain barrier (BBB). [8]. These limitations often result in low therapeutic efficacy and increased toxicity [9,10]. Nanomedicine addresses these challenges by improving bioavailability, prolonging circulation time, enabling controlled release and facilitating barrier penetration [10]. Preclinical trials have yielded promising results; however translation into clinical practice remains limited due to concerns surrounding long-term toxicity, immune reactions, production scale limitations and regulatory hurdles [3,7].

## 2. Nanoparticles Classification

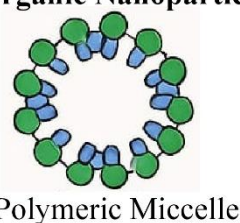
Nanoparticles used in biomedical applications can generally be divided into three main groups based on their composition: organic, inorganic and hybrid systems.

### CLASSIFICATION

#### 1. Organic Nanoparticles (Nps) Are Composed Of Biocompatible And Biodegradable Materials Like Lipids And Polymers



#### 2. Inorganic Nanoparticles (Nps) Are Made Up Of Metal Oxides



#### 3. Hybrid Nps Combine Organic And Inorganic Components

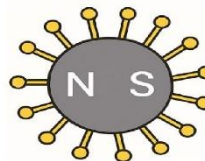


Figure 1

**2.1 Organic nanoparticles (NPs)** are composed of biocompatible and biodegradable materials like lipids and polymers that have minimal immunogenicity [11, 12]. Liposomes are spherical vesicles with phospholipid bilayers capable of enclosing both hydrophilic and hydrophobic drugs for maximum biocompatibility while minimising immunogenicity; polymeric micelles formed through self-assembling amphiphilic block copolymers improve solubility, circulation time [12, 13], while dendrimers contain multiple surface functional groups for drug attachment or targeting specific target ligands [13, 14].

**2.2 Inorganic nanoparticles (NPs)** are made up of metals or their oxides and exhibit unique optical, magnetic, or electrical properties that make them appealing. Gold nanoparticles (AuNPs), with their

easy surface modification capability and inertness make them popular choices in imaging, photothermal therapy, drug delivery applications [14-17]. Mesoporous Silica Nanoparticles offer high drug loading capacities while controlled release behavior [15]. Carbon-based materials such as Carbon Nanotubes (CNTs) or graphene oxide also offer great mechanical strength combined with large surface area which make them suitable candidates for drug delivery or biosensing applications [16,17].

### **2.3 Hybrid Nanoparticles**

Hybrid NPs combine organic and inorganic components in order to leverage both systems' advantages, including biocompatibility with enhanced imaging or magnetic features, or biocompatibility coupled with magnetic characteristics that enable imaging or magnetism enhancements (for instance polymer-coated gold NPs and lipid-coated magnetic NPs are being designed as simultaneous therapy and diagnostic systems [18-20]; their improvements include structural stability, multifunctionality and controlled drug release [19,20].

## **3. Organ-Wise Applications**

### **3.1 Heart / Cardiovascular System**

Cardiovascular diseases, including myocardial infarction and atherosclerosis, remain among the top global killers. Conventional therapies often lack tissue specificity which limits therapeutic efficacy while simultaneously increasing systemic toxicity; nanoparticles (NPs) offer targeted and sustained drug delivery as well as improved imaging resolution with less systemic side effects than existing solutions [21]. Lipid-based nanoparticles such as liposomes and solid lipid nanoparticles have proven useful for treating myocardial infarction (MI). These nanocarriers can deliver cardioprotective agents directly into infarcted myocardium through EPR effect or surface conjugation with antibodies or peptides [22,23] while liposomal formulations of adenosine or nitric oxide donors have demonstrated better retention and therapeutic outcomes in preclinical MI models [24]. Nanoparticles play a pivotal role in atherosclerosis treatment by collecting inflamed or plaque-rich sites of circulation, offering both imaging and therapy capabilities. Cerium oxide nanoparticles (CeO<sub>2</sub> NPs), due to their intrinsic antioxidant properties, have shown great promise in relieving inflammation by decreasing oxidative stress in blood vessel tissues; stabilizing atherosclerotic plaques [25,26]. SPIONs and AuNPs have also been employed for molecular imaging using magnetic resonance imaging (MRI) and computed Tomography (CT), respectively [26,27]. Overall, nanotechnology provides a multipurpose platform for simultaneous diagnosis and therapy (theranostics) in cardiovascular diseases, with evidence emerging from animal models and early phase clinical trials [28].

### **3.2 Lungs/Respiratory System**

Lungs are an ideal location for systemic and localized drug delivery due to their large surface area, thin epithelial barrier, and extensive vascularization. Respiratory diseases like asthma, chronic obstructive pulmonary disease (COPD), and lung cancer present additional hurdles; mucus barriers and inflammation pose unique problems while non-targeted drug distribution are both detrimental. Nanoparticles offer promising solutions by offering site-specific controlled delivery of therapeutic agents [29].

Asthma and COPD patients have often taken advantage of poly(lactic-co-glycolic acid) (PLGA) nanoparticles to encase corticosteroids, bronchodilators or anti-inflammatory agents in order to achieve controlled release with reduced systemic exposure [30,31]. Meanwhile inhalable liposomes or solid lipid nanoparticles (SLNs), such as liposomes or solid lipid nanoparticles (SLNs), for better drug retention in tissues while mucus penetration. These delivery systems enhance therapeutic efficacy while decreasing drug degradation or systemic exposure [32,33].

Nanoparticles offer lung cancer patients targeted delivery of chemotherapy drugs directly into tumor cells while sparing healthy tissues and overcoming multidrug resistance. Surface modified PLGA nanoparticles loaded with drugs like Paclitaxel or Cisplatin have shown greater tumor uptake while reduced toxicities during preclinical studies [33,34].

Inhalable nanoparticle formulations--whether dry powders or nebulized aerosols--provide noninvasive delivery with deep lung penetration. Engineered for controlled particle size and mucoadhesion release for optimized bioavailability and therapeutic outcomes [33-35].

### **3.3 Brain/Neuron**

The Blood-Brain Barrier (BBB) represents one of the greatest hurdles to treating neurological conditions, as it limits the entrance of most therapeutic agents into the central nervous system (CNS). Nanoparticles (NPs) have been developed specifically for crossing this barrier using mechanisms like receptor-mediated transcytosis, adsorptive endocytosis or temporarily disrupting tight junctions [10,36]. One promising approach uses transferrin-conjugated nanoparticles, which target transferrin receptors abundantly expressed on endothelial cells of the BBB and help transport medications and genes more safely into brain tissue with high specificity and minimal off-target effects [37,38].

#### **3.3.1 Alzheimer's Disease (AD) NPs**

Alzheimer's Disease (AD) NPs have long been used in Alzheimer's patients as delivery vehicles of anti-amyloid agents, neuroprotective drugs, imaging probes, and therapeutic agents. Polymeric NPs or liposomes loaded with curcumin, donepezil or siRNA has shown to significantly reduce amyloid-beta plaque formation while improving cognitive performance [39-41]. Gold nanoparticles (AuNPs) have recently become popular because of their ability to penetrate BBB for both imaging and therapeutic functions [42].

#### **3.3.2 GBM (glioblastoma multiforme)**

GBM (glioblastoma multiforme), an aggressive brain tumor, can benefit from nanoparticle (NPs). They can deliver chemotherapy agents such as temozolomide or paclitaxel directly into tumor cells while bypassing the blood-brain barrier and thus minimizing systemic toxicity. Functionalized lipid-based NPs or polymeric micelles with epidermal growth factor receptor (EGFR) ligands or transferrin receptor (Tr) binding sites have shown enhanced tumor targeting when preclinically tested on preclinical models [41,42].

### **3.4 Stomach/Gastrointestinal Tract [GI Tract]**

The gastrointestinal (GI) tract presents a difficult environment in which to administer drugs due to its fluctuating pH level, presence of digestive enzymes and mucosal barrier that restricts drug absorption. Nanoparticle delivery systems offer significant advantages when targeting oral and localized therapies for this area by improving drug stability, bioavailability and site specific targeting [43].

#### **3.4.1 Mucosal barrier penetration**

Mucosal barrier penetration is often one of the primary obstacles to drug delivery to the digestive tract (GI). Conventional drugs often get caught up in mucus or degrade before reaching their epithelial target site, but mucoadhesive nanoparticles made of chitosan adhere to mucosal surfaces to increase drug residence time and uptake across intestinal epithelia [44, 45]. Furthermore, Chitosan NPs transiently open tight junctions while simultaneously stimulating paracellular transport [46,47].

#### **3.4.2 PH. pylori infections**

PH. pylori infections, one of the leading causes of gastritis, peptic ulcers and gastric cancer in humans. Antibiotic-loaded nanoparticles such as those made of chitosan, alginate or polylactic glycolic acid-based systems may provide effective protection from gastric degradation while improving localization within stomach lining where H. pylori reside [46,47].

#### **3.4.3 PH-sensitive nanoparticles**

PH-sensitive nanoparticles are designed to remain stable in acidic gastric environments while discharging their payload in more neutral intestine or colon conditions - an invaluable capability that is crucial for drugs that degrade in stomach acid or target the lower GI tract [48,9].

### 3.5 Kidney

Nanomedicine holds immense promise in diagnosing and treating renal diseases such as glomerular disorders and renal fibrosis by providing site-specific drug delivery and early detection. Unfortunately, however, due to kidney's role in filtering waste through excretion processes it also poses unique challenges such as rapid renal clearance rate or potential nanotoxicity [50].

#### 3.5.1 Targeting Glomerular Disease and Fibrosis

Nanoparticles (NPs) can be designed to specifically target various renal compartments such as the glomerulus, tubules or interstitium. When treating glomerular diseases such as Lupus Nephritis or Diabetic Nephropathy with immunosuppressants like anti-inflammatory agents directly targeting inflammation at individual glomeruli can improve efficacy while decreasing systemic side effects [51,52]. For renal Fibrosis NPs loaded with antifibrotic medications like Pirfenidone/ siRNA may help inhibit fibrogenic pathways locally [53,54].

#### 3.5.2 Renal Clearance and Nanotoxicology

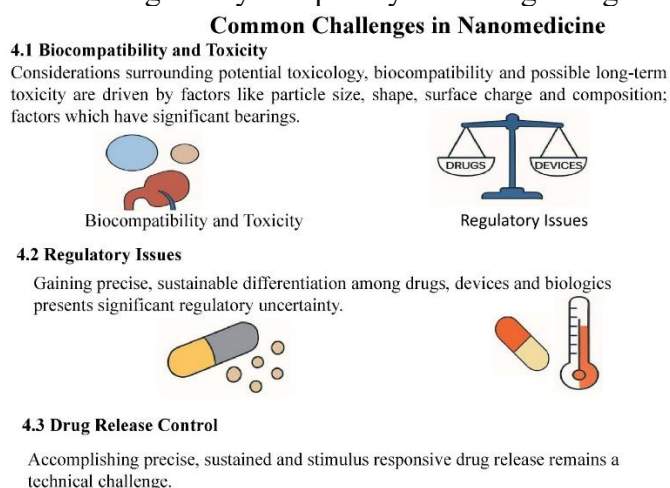
Kidneys quickly excrete particles smaller than 8 nanometers, which is beneficial in diagnostic situations but poses problems for sustained drug action [6,54]. To modulate renal clearance, surface modifications (e.g. PEGylation) or optimized particle sizes may help prolong circulation time or enable kidney-specific accumulation [6], while silver (AgNPs) or gold nanoparticles (AuNPs) nanoparticles have raised concerns related to chronic exposure or high dose exposures [55, 56].

#### 3.5.3 Examples of Inorganic Nanoparticles

Silica, gold and cerium oxide (CeO<sub>2</sub>) nanoparticles have been explored for kidney imaging and therapy applications. For instance, ultrasmall gold nanoparticles (5nm) may be filtered back out by kidney tubule filters for real-time imaging or targeted therapy [56], while cerium oxide NPs have shown antioxidant activity which reduces oxidative stress in renal ischemia-reperfusion injury models [9].

### 4. Common Challenges in Nanomedicine

Nanomedicine offers many potential therapeutic uses; however, several obstacles remain that prevent its widespread adoption into clinical care settings. These obstacles include biocompatibility /toxicity concerns as well as regulatory complexity issues regarding controlled drug release.



**Figure 2**

#### 4.1 Biocompatibility and Toxicity

An important concern of nanomedicine lies with potential toxicology, long-term biocompatibility, and possible long-term toxicity of nanoparticles (NPs). Factors like particle size, shape, surface charge and composition all impact biodistribution and cell interactions [58-62]. NPs made from inorganic materials like silver or gold may cause oxidative stress, inflammation or even cytotoxicity due to

accumulation in organs like liver kidney or spleen [59- 60]. Even biodegradable polymeric NPs made with biodegradable materials like polylactic acid require careful evaluation regarding degradation products as well as immune reactions [59,60 ].

#### **4.2 Regulatory Issues**

Nanomedicines frequently fall between drugs, devices and biologics in terms of regulatory uncertainty; due to limited characterization methods and long-term safety data. Furthermore, variable batch reproducibility makes approval processes complicated [61]. Agencies like FDA and EMA have not created specific frameworks tailored specifically for nanomedicines so each formulation needs to be reviewed separately [62,63].

#### **4.3 Drug Release Control**

Achieving precise, sustained, and stimulus-responsive drug release remains a formidable technical challenge. Nanocarriers often suffer premature drug leakage or burst release which reduces effectiveness while increasing side effects [8, 64]. New smart systems responding to pH, temperature or enzyme activity have been developed; however ensuring consistent behavior in an in vivo environment remains challenging [64,65]. Furthermore, adapting drug release kinetics with disease specific needs require advanced design methods and predictive modelling [65].

### **5. Future Prospects**

Nanomedicine looks set to expand through innovations in intelligent delivery systems, personalized medicine and theranostics that offer more targeted, precise therapies tailored specifically for each individual patient.

#### **5.1 Smart nanomedicine**

Smart nanomedicine encompasses nanoparticles engineered to respond to internal (such as pH, redox status and enzyme activity) or external stimuli ( temperature magnetic field light etc ) stimuli in order to enable site-specific drug release [4]. For instance pH responsive carriers can release drugs selectively into acidic regions in tumors or inflammation-inflamed tissues while decreasing systemic toxicity [66] Intelligent systems like this one combine diagnostic with therapeutic capabilities further increasing treatment precision [67].

#### **5.2 Integrating nanotechnology**

Integrating nanotechnology with genomics and biomarkers enables patient-specific drug formulation and targeting, consistent with the paradigm of personalized medicine [67,68]. Nanoparticles can be customized using functionalized antibodies tailored specifically for individual genetic or proteomic profiles to increase efficacy while decreasing adverse reactions; further advances in AI/ML accelerate this design of customizable nanocarriers [69,70]].

#### **5.3 Theranostic Nanoparticles**

Theranostic nanoparticles combine therapeutic and diagnostic capabilities into one platform, providing real-time tracking of drug distribution, treatment response, disease progression and progression [6]. Gold nanoparticles, quantum dots and magnetic nanoparticles have all been successfully utilized as single platforms allowing real-time monitoring of drug distribution, response treatment response or progression over time [71]. Imaging techniques (MRI/CT/PET), therapy procedures such as photothermal ablation or drug delivery and simultaneous imaging/therapeutic interventions [71,72]. These combined platforms enable better informed clinical decision making especially within oncology/neurol [72]

### **Conclusion**

Nanomedicine has emerged as an innovative method for precision therapy by offering targeted drug delivery systems. Nanomedicine's ability to overcome conventional treatments' restrictions-such as

non-specific distribution, low bioavailability and systemic toxicity-makes it invaluable when treating complex diseases affecting major human organs. Organ-specific applications of nanomedicine have proven immense potential both diagnostically and therapeutically by offering tailored solutions tailored specifically for heart, lungs, brains liver kidneys gastrointestinal tract etc. Organic nanoparticles like liposomes and polymeric micelles offer biocompatibility and versatility when it comes to drug loading and release, while inorganic nanoparticles like gold and silica possess multipurpose features including imaging capabilities as well as controlled drug delivery. Furthermore, hybrid nanoparticles that combine benefits from both types have further increased prospects of personalized and multipurpose nanomedicine platforms. Still, several challenges must first be surmounted in order to fully realize clinical implementation of nanoparticle-biological interactions and overcome any remaining hurdles to treatment success. Nanoparticle toxicity, immune reactions, off-target effects and regulatory complexities all must be evaluated through preclinical and clinical tests in order to overcome them and increase safety and efficacy. Conclusion Organ-targeted nanomedicine represents an exciting frontier in biomedical science. Through continued advancements in nanoparticle engineering, biomolecular targeting, translational research, and translational medicine applications, nanomedicine holds immense promise to transform how we diagnose, monitor, and treat disease - opening doors to safer, more effective medical interventions that provide individualized healthcare options.

## References

1. Etheridge ML, Campbell SA, Erdman AG, Haynes CL, Wolf SM, McCullough J. Nanomedicine: a review of recent literature. *Nanomedicine*. 2013;9(1):1–15.
2. Bobo D, Robinson KJ, Islam J, Thurecht KJ, Corrie SR. Nanoparticle-based medicines: a review of FDA-approved materials and clinical trials to date. *Pharm Res*. 2016;33(10):2373–87.
3. Hare JJ, Lammers T, Ashford MB, Puri S, Storm G, Barry ST. Challenges and strategies in anti-cancer nanomedicine development: an industry perspective. *Adv Drug Deliv Rev*. 2017;108:25–38.
4. Mura S, Nicolas J, Couvreur P. Stimuli-responsive nanocarriers for drug delivery. *Nat Mater*. 2013;12(11):991–1003.
5. Maeda H, Wu J, Sawa T, Matsumura Y, Hori K. Tumor vascular permeability and the EPR effect in macromolecular therapeutics: a review. *J Control Release*. 2000;65(1–2):271–84.
6. Alexis F, Pridgen E, Molnar LK, Farokhzad OC. Factors affecting the clearance and biodistribution of polymeric nanoparticles. *Mol Pharm*. 2008;5(4):505–15.
7. Wang AZ, Langer R, Farokhzad OC. Nanoparticle delivery of cancer drugs. *Annu Rev Med*. 2012;63:185–98.
8. Allen TM, Cullis PR. Drug delivery systems: entering the mainstream. *Science*. 2004;303(5665):1818–22.
9. Zhang RX, Wong HL, Xue HY, Eoh JY, Tang X. Nanomedicine-based delivery of RNAi therapeutics: progress and challenges. *Pharm Res*. 2016;33(6):1277–88.
10. Saraiva C, Praça C, Ferreira R, Santos T, Ferreira L, Bernardino L. Nanoparticle-mediated brain drug delivery: overcoming blood–brain barrier to treat neurodegenerative diseases. *J Control Release*. 2016;235:34–47.
11. Sercombe L, Veerati T, Moheimani F, Wu SY, Sood AK, Hua S. Advances and challenges of liposome assisted drug delivery. *Front Pharmacol*. 2015;6:286.
12. Gaucher G, Marchessault RH, Leroux JC. Polymeric micelles for oral drug delivery. *Eur J Pharm Biopharm*. 2010;76(2):147–58.
13. Tekade RK, Kumar PV, Jain NK. Dendrimers in oncology: an expanding horizon. *Chem Rev*. 2009;109(1):49–87.
14. Boisselier E, Astruc D. Gold nanoparticles in nanomedicine: preparations, imaging, diagnostics, therapies and toxicity. *Chem Soc Rev*. 2009;38(6):1759–82.
15. Slowing II, Vivero-Escoto JL, Wu CW, Lin VSY. Mesoporous silica nanoparticles as controlled release drug delivery and gene transfection carriers. *Adv Drug Deliv Rev*. 2008;60(11):1278–88.



16. Liu Z, Tabakman S, Welsher K, Dai H. Carbon nanotubes in biology and medicine: in vitro and in vivo detection, imaging and drug delivery. *Nano Res.* 2009;2(2):85–120.
17. Yang K, Feng L, Hong H, Cai W, Liu Z. Preparation and functionalization of graphene nanocomposites for biomedical applications. *Nat Protoc.* 2013;8(12):2392–403.
18. Rzigalinski BA, Strobl JS. Cadmium-containing nanoparticles: perspectives on pharmacology and toxicology of quantum dots. *Toxicol Appl Pharmacol.* 2009;238(3):280–8.
19. Chen Y, Chen H, Shi J. In vivo bio-safety evaluations and diagnostic/therapeutic applications of chemically designed mesoporous silica nanoparticles. *Adv Mater.* 2013;25(23):3144–76.
20. Sanvicens N, Marco MP. Multifunctional nanoparticles—properties and prospects for their use in human medicine. *TrAC Trends Anal Chem.* 2008;27(8):568–76.
21. Wickline SA, Neubauer AM, Winter PM, Caruthers SD, Lanza GM. Molecular imaging and therapy of atherosclerosis with targeted nanoparticles. *J Magn Reson Imaging.* 2007;25(4):667–80.
22. Formiga FR, Pelacho B, Garbayo E, Abizanda G, Gavira JJ, Simon-Yarza T, et al. Sustained release of VEGF through PLGA microparticles improves vasculogenesis and tissue remodeling in an acute myocardial ischemia–reperfusion model. *J Control Release.* 2010;147(1):30–7.
23. Zare EN, Larranaga A, Rzhetskiy AS, Webster TJ, Muftaba M, Ramakrishna S. Nanotechnology-based delivery systems for myocardial infarction tissue regeneration. *Mater Sci Eng C Mater Biol Appl.* 2021;122:111916.
24. Wang Y, Zhang K, Qin X, Li T, Qiu J, Yin T, et al. Biomimetic nanotherapies: Red blood cell based core–shell structured nanocomplexes for atherosclerosis management. *Adv Sci.* 2019;6(13):1900172.
25. Das S, Dowding JM, Klump KE, McGinnis JF, Self WT, Seal S. Cerium oxide nanoparticles: applications and prospects in nanomedicine. *Nanomedicine.* 2013;8(9):1483–508.
26. Majmudar MD, Yoo J, Keliher EJ, Truelove J, Iwamoto Y, Sena BF, et al. Polymeric nanoparticle PET/MR imaging allows macrophage detection in atherosclerotic plaques. *Circ Res.* 2013;112(5):755–61.
27. Mulder WJ, Jaffer FA, Fayad ZA, Nahrendorf M. Imaging and nanomedicine in inflammatory atherosclerosis. *Sci Transl Med.* 2014;6(239):239sr1.
28. Winter PM, Caruthers SD, Wickline SA, Lanza GM. Nanomedicine and cardiovascular disease. *Curr Drug Targets.* 2008;9(2):175–84.
29. Patil JS, Sarasija S. Pulmonary drug delivery strategies: a concise, systematic review. *Lung India.* 2012;29(1):44–9.
30. Oliveira CP, Rodrigues JO, Sarmento B. Therapeutic advances in chronic obstructive pulmonary disease via nanotechnology-based drug delivery. *J Control Release.* 2020;328:952–75.
31. Yang W, Peters JJ, Williams RO 3rd. Inhaled nanoparticles—A current review. *Int J Pharm.* 2008;356(1–2):239–47.
32. Pandey R, Ahmad Z, Sharma S, Khuller GK. Nano-encapsulation of azole antifungals: potential applications to improve oral drug delivery. *Int J Pharm.* 2005;301(1–2):268–76.
33. Garbuzenko OB, Mainelis G, Taratula O, Minko T. Inhalation treatment of lung cancer: the influence of composition and treatment schedule of targeted liposomes on therapeutic efficacy. *J Control Release.* 2013;172(1):65–75.
34. Wang Y, Zhao Q, Han N, Bai L, Li J, Liu J, et al. Mesoporous silica nanoparticles in drug delivery and biomedical applications. *Nanomedicine.* 2015;11(2):313–27.
35. Cipolla D, Gonda I, Chan H-K. Liposomal formulations for inhalation. *Ther Deliv.* 2013;4(8):1047–72.
36. Pardridge WM. Drug transport across the blood–brain barrier. *J Cereb Blood Flow Metab.* 2012;32(11):1959–72.
37. Wohlfart S, Gelperina S, Kreuter J. Transport of drugs across the blood–brain barrier by nanoparticles. *J Control Release.* 2012;161(2):264–73.
38. Tosi G, Vergoni AV, Ruozi B, et al. Nanomedicine for brain delivery: targeting neuroinflammation in neurodegenerative diseases. *Int J Mol Sci.* 2013;14(3): 5411–38.



39. Wilson B, Samanta MK, Santhi K, Kumar KP, Ramasamy M, Suresh B. Poly(n-butylcyanoacrylate) nanoparticles coated with polysorbate 80 for the targeted delivery of rivastigmine into the brain to treat Alzheimer's disease. *Brain Res.* 2008;1200:159–68.
40. Khan I, Saeed K, Khan I. Nanoparticles: Properties, applications and toxicities. *Arab J Chem.* 2019;12(7):908–31.
41. Blanco E, Shen H, Ferrari M. Principles of nanoparticle design for overcoming biological barriers to drug delivery. *Nat Biotechnol.* 2015;33(9):941–51.
42. Bertrand N, Wu J, Xu X, Kamaly N, Farokhzad OC. Cancer nanotechnology: the impact of passive and active targeting in the era of modern cancer biology. *Adv Drug Deliv Rev.* 2014;66:2–25.
43. Ensign LM, Cone R, Hanes J. Oral drug delivery with polymeric nanoparticles: the gastrointestinal mucus barriers. *Adv Drug Deliv Rev.* 2012;64(6):557–70.
44. Bernkop-Schnürch A, Dünnhaupt S. Chitosan-based drug delivery systems. *Eur J Pharm Biopharm.* 2012;81(3):463–9.
45. Dodane V, Khan MA, Merwin JR. Effect of chitosan on epithelial permeability and structure. *Int J Pharm.* 1999;182(1):21–32.
46. Hashem FM, Nasr M, Fathy G, Ismail A, Ghorab MK. Bioadhesive chitosan-coated nanoparticles for improved oral delivery of silymarin. *Eur J Pharm Biopharm.* 2018;126:121–30.
47. Pathak S, Katiyar SS, Tiwari S, et al. Targeting of *Helicobacter pylori* using oral delivery of mucoadhesive nanoparticles. *Drug Deliv.* 2015;22(6):687–96.
48. Zhang N, Ping Q, Huang G, Xu W. Investigation of lectin-modified insulin liposomes as carriers for oral insulin delivery. *Int J Pharm.* 2005;294(1–2):247–59.
49. Hua S. Physiological and pharmaceutical considerations for the oral delivery of insulin. *Yale J Biol Med.* 2015;88(3):289–300.
50. Longmire M, Choyke PL, Kobayashi H. Clearance properties of nano-sized particles and molecules as imaging agents: considerations and caveats. *Nanomedicine (Lond).* 2008;3(5):703–17.
51. Williams RM, Shah J, Tian HS, et al. Selective nanoparticle targeting of the renal tubules. *Am J Physiol Renal Physiol.* 2018;314(6):F1207–F1215.
52. Godwin HA, Chopra K, Moon J. Nanomedicine for glomerular disease: barriers and opportunities. *Kidney Int.* 2020;97(2):252–64.
53. Zhang X, Li Y, Chen Y, et al. Targeting renal fibrosis using anti-fibrotic nanomedicine. *Biomaterials.* 2019;219:119366.
54. Choi HS, Liu W, Misra P, et al. Renal clearance of quantum dots. *Nat Biotechnol.* 2007;25(10):1165–70.
55. Larese Filon F, Crosera M, Timeus E, et al. Human skin penetration of silver nanoparticles through intact and damaged skin. *Toxicol In Vitro.* 2011;25(8):2316–23.
56. Du B, Jiang X, Das A, Zhou Q, Yu M, Jin R. Glomerular barrier behaves as an atomically precise bandpass filter in a sub-nanometre regime. *Nat Nanotechnol.* 2017;12(11):1096–1102.
57. Zuo L, Prather ER, Stetskiv M, et al. Inhibition of renal oxidative stress by nanoparticle-based antioxidants in kidney disease. *Nanomedicine.* 2019;20:102022.
58. Nel AE, Mädler L, Velegol D, et al. Understanding biophysicochemical interactions at the nano–bio interface. *Nat Mater.* 2009;8(7):543–57.
59. Chen YS, Hung YC, Liao I, Huang GS. Assessment of the in vivo toxicity of gold nanoparticles. *Nanoscale Res Lett.* 2009;4(8):858–64.
60. Makadia HK, Siegel SJ. Poly lactic-co-glycolic acid (PLGA) as biodegradable controlled drug delivery carrier. *Polymers (Basel).* 2011;3(3):1377–97.
61. Pita R, Ehmann F, Papaluca M. Nanomedicines in the EU: regulatory overview. *Nat Rev Drug Discov.* 2016;15(2):93–4.
62. Tinkle S, McNeil SE, Mühlebach S, et al. Nanomedicines: addressing the scientific and regulatory gap. *Ann N Y Acad Sci.* 2014;1313(1):35–56.
63. Park K. Facing the truth about nanotechnology in drug delivery. *ACS Nano.* 2013;7(9):7442–7.

64. Torchilin VP. Multifunctional and stimuli-sensitive pharmaceutical nanocarriers. *Eur J Pharm Biopharm.* 2009;71(3):431–44.
65. Zhang Y, Chan HF, Leong KW. Advanced materials and processing for drug delivery: the past and the future. *Adv Drug Deliv Rev.* 2013;65(1):104–20.
66. Lee ES, Na K, Bae YH. Polymeric micelle for tumor pH and folate-mediated targeting. *J Control Release.* 2003;91(1–2):103–13.
67. Mitchell MJ, Billingsley MM, Haley RM, Wechsler ME, Peppas NA, Langer R. Engineering precision nanoparticles for drug delivery. *Nat Rev Drug Discov.* 2021;20(2):101–24.
68. Wilhelm S, Tavares AJ, Dai Q, et al. Analysis of nanoparticle delivery to tumours. *Nat Rev Mater.* 2016;1(5):16014.
69. Chen H, Zhang W, Zhu G, Xie J, Chen X. Rethinking cancer nanotheranostics. *Nat Rev Mater.* 2017;2(7):17024.
70. Kelkar SS, Reineke TM. Theranostics: combining imaging and therapy. *Bioconjug Chem.* 2011;22(10):1879–903.
71. Lim EK, Kim T, Paik S, Haam S, Huh YM, Lee K. Nanomaterials for theranostics: recent advances and future challenges. *Chem Rev.* 2015;115(1):327–94.
72. Jokerst JV, Gambhir SS. Molecular imaging with theranostic nanoparticles. *Acc Chem Res.* 2011;44(10):1050–60.