

UFASOMES: REVOLUTIONIZING DRUG DELIVERY THROUGH VESICULAR SYSTEMS

Abstract

Ufasomes, a novel vesicular drug delivery system, have emerged as a promising technology in the field of pharmaceutical research. This abstract provides an overview of the potential of ufasomes in revolutionizing drug delivery. Ufasomes are lipid-based vesicles that offer distinct advantages over traditional drug carriers, including enhanced stability, drug loading capacity, and biocompatibility. This review explores the formulation and preparation techniques of ufasomes, focusing on the selection of lipids, surfactants, and additives to optimize their properties. Additionally, the application of ufasomes in disease treatment, including cancer therapy and targeted drug delivery, as well as their potential in cosmetic and dermatological applications, is discussed. The challenges associated with ufasome stability, long-term storage, and safety are also addressed. Furthermore, this review highlights future perspectives and potential avenues for personalized medicine using ufasomes. Overall, this abstract aims to provide a comprehensive overview of ufasomes' potential in revolutionizing drug delivery, emphasizing the need for further research and development in this promising field of pharmaceutical technology.

Keywords: Ufasomes, drug delivery, vesicular systems, lipid-based vesicles, formulation, stability, biocompatibility, targeted delivery, personalized medicine.

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I. INTRODUCTION

Ufasomes, also known as ultra-small lipid nanoparticles, are revolutionizing the field of drug delivery through vesicular systems. Nanoscale structures composed of lipids have emerged as a promising platform to enhance the precision and efficacy of drug delivery, addressing various challenges associated with traditional delivery methods [1].

The development of ufasomes represents a significant advancement in the field of vesicular drug delivery systems, such as traditional liposomes. While liposomes have been utilized for decades, ufasomes offer various advantages that make them a potential game-changer in the field of pharmaceutical technology.

One of the key revolutions brought about by ufasomes is their ultra-small size having dimensions ranging from 20 to 50 nm, ufasomes are much smaller than traditional liposomes. This reduction in size allows for enhanced penetration and distribution within the body, facilitating better access to target site. Ufasomes can efficiently traverse biological barriers, including cell membranes and the blood-brain barrier, enabling drugs to reach their intended sites of action more effectively [2].

Another aspect of ufasomes that is revolutionary that lies in their precise control over drug release. Researchers can engineer the lipid bilayer structure of ufasomes to achieve specific release profiles, enabling sustained or triggered drug release. This inferably control of things enhances therapeutic efficacy by optimizing drug concentrations at the target site while minimizing potential side effects or drug wastage. Ufasomes also offer exceptional stability, ensuring the integrity and activity of the encapsulated drugs. The lipid bilayer provides a protective environment, shielding drugs from degradation and clearance by the immune system. This stability enhances the drug's shelf life and improves its bioavailability, contributing to more effective treatments [3].

Moreover, ufasomes exhibit high biocompatibility, meaning they are well-tolerated by the body and induce minimal toxicity or immune responses. This characteristic is crucial for the safe and successful delivery of therapeutic agents. Ufasomes' biocompatibility, combined with their ability to encapsulate a wide range of drugs, including small molecules, proteins, nucleic acids, and gene-editing tools, allows for versatile applications in various disease treatments [4].

The potential of ufasomes to revolutionize drug delivery is immense. They hold promise in addressing the limitations of conventional drug delivery systems, such as poor bioavailability, inadequate targeting, and limited stability. By leveraging the advantages of ufasomes, researchers and pharmaceutical companies aim to enhance the efficacy, safety, and precision of drug delivery, ultimately leading to improved patient outcomes and the development of personalized therapies.

In summary, ufasomes are driving a revolution in drug delivery through vesicular systems. Their ultra-small size, controlled release capabilities, stability, biocompatibility, and versatility position them as an innovative and transformative technology in the field. As research and development in ufasomes progress, they have the potential to transform the

landscape of drug delivery and pave the way for more efficient and targeted treatments for a wide range of diseases [5].

II. BASICS OF UFASOMES

1. Structure and composition : Ufasomes, or ultra-small lipid nanoparticles, have a specific structure composed of lipid components. The structure of ufasomes consists of a lipid bilayer, similar to liposomes, which forms a hollow vesicle or nanoparticle. The lipid bilayer is composed of amphiphilic lipids, meaning they have both hydrophobic (water-repellent) and hydrophilic (water-attracting) regions. This arrangement allows ufasomes to encapsulate hydrophobic drugs within the hydrophobic core of the nanoparticle and hydrophilic drugs within the aqueous inner space [6].

The structure and components of ufasomes are designed to encapsulate and deliver therapeutic agents efficiently (Table 1). Here is an overview of the structure and components of ufasomes:

- **Lipid Bilayer:** Ufasomes are vesicular structures consisting of a lipid bilayer. The lipid bilayer is composed of amphiphilic lipids, which have both hydrophilic (water-attracting) and hydrophobic (water-repellent) regions. The lipid bilayer forms a hollow vesicle, providing an aqueous inner space where drugs can be encapsulated.
- **Phospholipids:** Phospholipids are the primary lipid components used in the formation of ufasomes. They are composed of a hydrophilic head group and two hydrophobic fatty acid tails. Common phospholipids used in ufasomes include phosphatidylcholine, phosphatidylethanolamine, and phosphatidylserine. These phospholipids play a crucial role in forming the lipid bilayer structure of ufasomes.
- **Cholesterol:** Cholesterol is often included in ufasome formulations to enhance the stability and rigidity of the lipid bilayer. Cholesterol helps regulate the fluidity of the lipid membrane, preventing leakage and maintaining the integrity of the ufasomes. It also contributes to the structural stability and improved drug encapsulation efficiency.
- **Surface Modifiers:** Ufasomes may incorporate surface modifiers or ligands on the outer surface of the lipid bilayer. These surface modifiers can be functionalized with targeting ligands, such as antibodies or peptides, to enhance specific binding and uptake by target cells or tissues. Surface modifiers can also facilitate the stability and circulation time of ufasomes in the bloodstream.
- **Encapsulated Drugs:** The aqueous inner space of ufasomes serves as a reservoir for encapsulating various therapeutic agents. These drugs can include small molecules, proteins, nucleic acids (DNA, RNA), peptides, or gene-editing tools. The hydrophobic drugs are typically encapsulated within the lipid bilayer, while hydrophilic drugs reside in the aqueous inner space [7].

Table 1 : Formulation Composition of ufasomes: [7]

S.no.	Component	Concentration (%)
1	Phospholipids	60%
2	Fatty acids	10-20%
3	Surfactants	5-10%
4	Water	10-20%
5	Antioxidants	1-5%
6	Preservatives	0-2%
7	Cholesterol	1-5%
8	Active agents	1-5%

Excipients are substances added to pharmaceutical or cosmetic formulations to facilitate their manufacturing, enhance stability, improve bioavailability, or modify other physical or chemical properties. In the case of ufasomes, which are lipid-based vesicles, excipients are used to optimize their formation, stability, and delivery properties.

Some commonly used excipients in ufasome formulations may include:

- **Phospholipids:** These are the main components of ufasomes, providing the structural integrity and stability to the vesicles. Common phospholipids used include phosphatidylcholine, phosphatidylserine, and phosphatidylethanolamine.
- **Fatty acids:** Certain fatty acids, such as oleic acid or linoleic acid, may be added to the formulation to optimize the lipid composition of ufasomes and improve their encapsulation efficiency.
- **Surfactants:** Tween 80 (Polysorbate 80) is a commonly used surfactant that helps stabilize ufasome vesicles and improve their dispersion and solubility and can also include sodium deoxycholate, or Span 80
- **Cholesterol:** It is a sterol that is often included in ufasome formulations to enhance vesicle stability and regulate membrane fluidity.
- **Preservative:** Benzyl Alcohol is a commonly used preservative in ufasome formulations to prevent microbial growth and extend the shelf life of the product. Preservatives, such as methylparaben or propylparaben, are sometimes added to ufasome formulations to prevent microbial growth and ensure product stability during storage.
- **Water:** Water is typically used as a dispersion medium in ufasome formulations. The concentration of water may vary depending on the desired characteristics of the ufasomes.
- **Antioxidants:** To prevent oxidative degradation of lipids in ufasomes, antioxidants such as alpha-tocopherol (vitamin E) or butylated hydroxytoluene (BHT) may be added to the formulation [8].

The composition and structure of ufasomes can be customized and optimized based on the specific requirements of the therapeutic agents and targeted applications. By manipulating the lipid composition, surface properties, and drug encapsulation techniques, researchers can tailor ufasomes to achieve desired characteristics such as controlled release, improved stability, enhanced targeting, and biocompatibility (Figure 1) [8].

1. Advantages of Ufasomes over Various Drug Carriers

- **Size:** The ultra-small size of ufasomes enables them to penetrate and distribute more efficiently within the body. They can traverse various biological barriers, including cell membranes and the blood-brain barrier, allowing for better drug delivery to target cells or tissues.
- **Enhanced stability:** Ufasomes exhibit excellent stability due to their well-defined structure. They are less prone to degradation and can protect the encapsulated drugs from premature release or inactivation. This stability ensures the therapeutic payload remains intact until it reaches the desired site of action.
- **Controlled drug release:** Ufasomes offer precise control over drug release kinetics. By modifying the lipid composition and structure, researchers can design ufasomes with specific release profiles. This control allows for sustained release over an extended period or triggered release in response to external stimuli, such as changes in pH, temperature, or enzyme activity at the target site.
- **Biocompatibility:** Ufasomes are biocompatible and compatible with the physiological environment. They have low toxicity and are well-tolerated by the body, minimizing adverse effects. This biocompatibility makes them suitable for in vivo applications and reduces the risk of immune responses or side effects.
- **Versatility:** Ufasomes can encapsulate a wide range of therapeutic agents, including small molecules, proteins, and nucleic acids. They are suitable for various applications, such as cancer treatment, gene therapy, vaccination, and targeted drug delivery to specific organs or tissues.

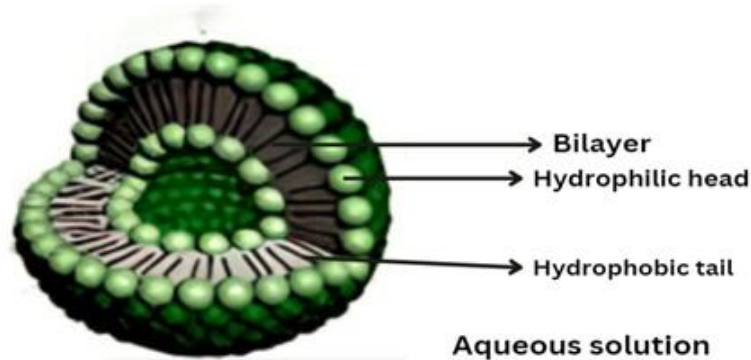


Figure 1: Basic Structure of Ufasome [7]

In conclusion, ufasomes offer several advantages over traditional drug delivery systems. Their ultra-small size, enhanced stability, controlled release capabilities, biocompatibility, and versatility make them a promising platform for targeted and efficient drug delivery, potentially leading to improved therapeutic outcomes and personalized treatments for various diseases [8,9].

Comparative studies between ufasomes and other drug carrier systems, such as transferosomes, liposomes, ethosomes, niosomes, and others, can help evaluate their relative advantages and limitations. While it's essential to note that the efficacy of a drug delivery system depends on various factors, including the specific drug and target application, here is a general comparison of these systems:

- **Stability:** Ufasomes generally exhibit enhanced stability compared to transferosomes and ethosomes. The high concentration of phospholipids in ufasomes helps maintain their structural integrity and reduces vesicle breakdown and drug leakage. Liposomes and niosomes also offer good stability but may be more prone to aggregation or leakage.
- **Encapsulation Efficiency:** Ufasomes have shown high encapsulation efficiency for both hydrophilic and lipophilic drugs, similar to liposomes. Transferosomes and ethosomes may have lower encapsulation efficiency, particularly for lipophilic drugs, while niosomes can achieve good encapsulation for hydrophilic drugs.
- **Penetration Enhancement:** Ufasomes and ethosomes are known for their excellent penetration-enhancing properties. They interact with the lipid barriers of the skin or cell membranes, facilitating drug permeation. Transferosomes and niosomes also possess penetration-enhancing capabilities, albeit to a lesser extent. Liposomes generally have limited penetration enhancement.
- **Targeting Abilities:** Ufasomes, liposomes, and niosomes can be surface-modified to achieve targeted drug delivery through ligands or antibodies. Transferosomes and ethosomes may not offer the same level of targeting capabilities. However, the effectiveness of targeting largely depends on the specific ligands used and the target site.
- **Biocompatibility:** Ufasomes, liposomes, and niosomes are generally considered biocompatible and well-tolerated. Transferosomes and ethosomes also demonstrate good biocompatibility, although ethosomes may exhibit higher potential for skin irritation compared to other systems.
- **Biodegradability:** Ufasomes, liposomes, and niosomes are biodegradable systems. They can undergo natural degradation and metabolism within the body. Transferosomes and ethosomes also exhibit biodegradability but to a lesser extent.

It's important to note that these comparisons are general observations, and specific formulations and modifications may alter the performance of each drug carrier system. The choice of the most suitable system depends on the specific drug, target application, desired release kinetics, and patient requirements.

To determine the superiority of a drug carrier system, comprehensive comparative studies should be conducted, considering various parameters, drug-specific factors, and the desired therapeutic outcomes. These studies help researchers make informed decisions regarding the selection and optimization of drug delivery systems for specific applications [10].

2. Formulation and Preparation of Ufasomes

The formulation and preparation of ufasomes involve several steps to achieve the desired structure and encapsulation of therapeutic agents. Here is a general overview of the process

- **Selection of Lipids:** The first step is to select suitable lipids for ufasome formulation. Typically, phospholipids, such as phosphatidylcholine or phosphatidylethanolamine, are chosen due to their biocompatibility and ability to form stable lipid bilayers. Cholesterol may also be included to enhance stability and rigidity.
- **Lipid Dissolution:** The selected lipids are dissolved in an organic solvent, such as chloroform or ethanol, to create a lipid solution. The solvent helps solubilize the lipids and allows for subsequent steps.
- **Solvent Evaporation:** The solvent is evaporated using techniques like rotary evaporation or nitrogen gas flow, leaving behind a thin lipid film on the walls of the container. This film is formed by the lipid mixture that will later constitute the ufasomes.
- **Hydration:** The lipid film is hydrated with an aqueous solution containing the therapeutic agents. This process involves adding the desired drug or therapeutic payload to the lipid film and allowing them to mix in the presence of water or an aqueous buffer.
- **Sonication:** The lipid film and the aqueous solution are subjected to sonication, typically using an ultrasonic probe or bath sonicator. Sonication applies mechanical energy to the mixture, leading to the formation of ufasomes. The energy breaks down the lipid film into small vesicles, with the therapeutic agents encapsulated inside.
- **Size Reduction:** After sonication, the ufasome suspension may undergo additional steps to reduce the size of the particles. Techniques such as extrusion or high-pressure homogenization can be employed to achieve the desired ultra-small size range characteristic of ufasomes.
- **Characterization:** The resulting ufasome formulation is characterized to assess important parameters such as size, size distribution, stability, drug encapsulation efficiency, and drug release kinetics. Techniques like dynamic light scattering (DLS), transmission electron microscopy (TEM), or atomic force microscopy (AFM) can be used to analyze the ufasomes.
- **Further Optimization:** Depending on the specific requirements, the formulation and preparation steps may be optimized. This can include modifying the lipid composition, adjusting sonication parameters, or incorporating surface modifiers for specific targeting. (Figure 2)

It's important to note that the formulation and preparation of ufasomes can vary depending on the specific research or industrial protocols. The above steps provide a general overview of the process, but researchers may adapt and modify these steps based on their specific goals and requirements [11,12]

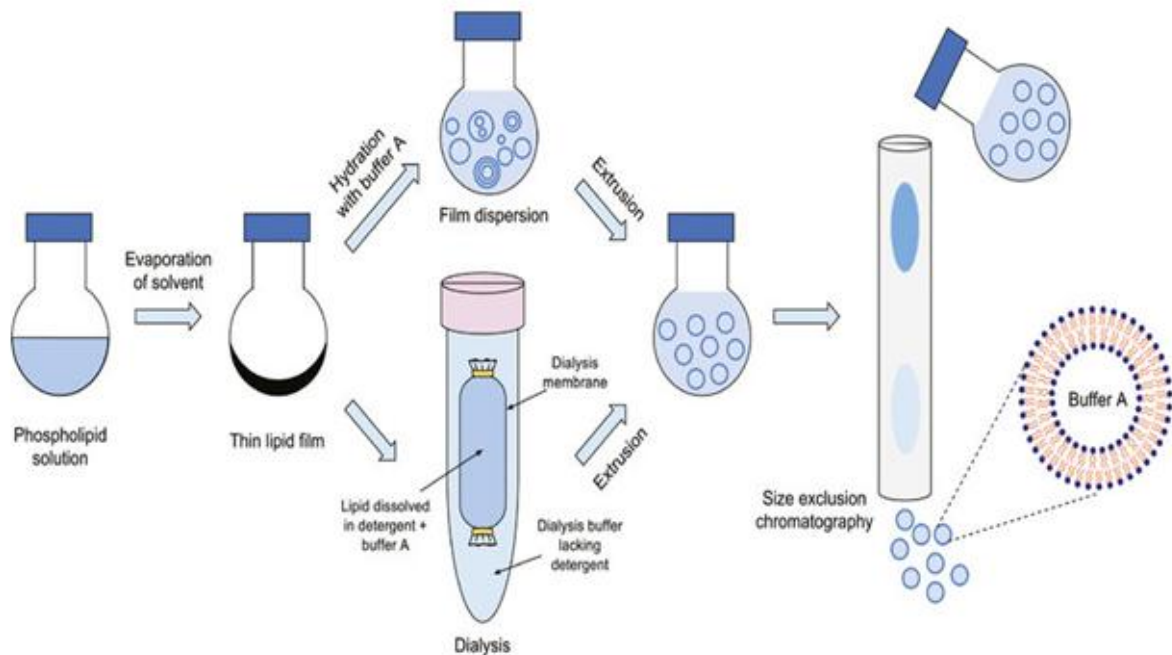


Figure 2: Preparation of Ufasomes [12]

3. Strategies for Drug loading into Ufasomes

Loading drugs into ufasomes (ultra-deformable liposomes) is an area of active research aimed at improving drug delivery systems. While specific strategies may vary depending on the characteristics of the drug and ufasome formulation, here are some general strategies that can be employed:

- **Passive Loading:** Passive loading involves incorporating the drug into ufasomes during their formation without the need for additional steps. This can be achieved by co-dissolving the drug with the lipid components during the preparation of ufasomes. The drug will spontaneously incorporate into the ufasome structure as it forms.
- **Active Loading:** Active loading refers to techniques where the drug is actively loaded into preformed ufasomes using external methods. There are several methods for active loading:
 - **Remote Loading:** This technique involves creating a concentration gradient of the drug across the ufasome membrane. This can be achieved by using a pH gradient, ion gradient, or ammonium sulphate gradient. The drug is then actively loaded into the ufasomes by exploiting the gradient through techniques such as pH-driven or ion-driven drug loading.
 - **Transmembrane Gradient:** In this method, a transmembrane gradient is established by introducing the drug at a higher concentration inside the ufasomes

compared to the external environment. The drug then diffuses across the ufasomes membrane to achieve loading equilibrium.

- **Drug-Loading Techniques:** Various techniques can facilitate drug loading into ufasomes. Some common approaches include solvent evaporation, thin-film hydration, sonication, freeze-thaw cycles, and extrusion. These techniques promote drug incorporation into the ufasomes through disruption of the lipid bilayers, allowing drug molecules to diffuse into the ufasome structure.
- **Surface Modification:** Another strategy is to modify the surface of ufasomes to enhance drug loading and stability. This can be achieved by incorporating ligands, peptides, or polymers on the ufasome surface, which can interact with the drug molecules and facilitate their loading.
- **Co-encapsulation:** Ufasomes can also be loaded with multiple drugs simultaneously by co-encapsulation. This is particularly useful for combination therapies or when drugs have synergistic effects. Co-encapsulation can be achieved by incorporating multiple drugs during ufasome formation or active loading processes [13,14].

4. Ufasomes in Disease treatment

Ufasomes have gained significant interest in recent years for their potential applications in cancer therapy and targeted drug delivery systems. These nanoscale lipid-based structures offer several advantages, including biocompatibility, stability, and the ability to encapsulate a wide range of therapeutic agents. Here's an overview of how ufasomes are being explored in these areas:

- **Cancer Therapy:** Ufasomes hold promise as vehicles for delivering anticancer drugs to tumors. Their small size allows for enhanced permeability and retention (EPR) effect, which enables them to accumulate preferentially in tumor tissues with leaky blood vessels. Ufasomes can be loaded with chemotherapeutic agents such as paclitaxel, doxorubicin, or cisplatin, and administered intravenously to target cancer cells specifically. This targeted delivery approach can potentially minimize the systemic toxicity associated with conventional chemotherapy.
- **Targeted Drug Delivery System:** Ufasomes can be functionalized with ligands or antibodies specific to tumor-associated antigens. This surface modification enables them to actively target cancer cells, further enhancing the specificity of drug delivery. By attaching targeting moieties, ufasomes can selectively bind to receptors on cancer cells, facilitating internalization and subsequent drug release. This approach improves drug accumulation in tumor tissues while reducing off-target effects in healthy cells.
- **Enhanced Drug Stability:** Ufasomes can protect encapsulated drugs from degradation, thereby enhancing their stability and increasing their circulation time in the bloodstream. The lipid bilayer structure of ufasomes acts as a barrier against enzymatic degradation, maintaining the integrity of the encapsulated drug until it reaches the target site. This

property is particularly advantageous for drugs that are susceptible to rapid degradation or have a short half-life.

- **Combination Therapy:** Ufasomes can also be utilized for combination therapy, where multiple therapeutic agents are co-encapsulated within the nanoparticles. This approach allows for synergistic effects between different drugs and can overcome drug resistance mechanisms. For instance, ufasomes can simultaneously deliver chemotherapeutic drugs and molecularly targeted agents, resulting in a more effective and comprehensive cancer treatment [15,16].

While ufasomes hold great potential, it's important to note that they are still under active research and development. Several challenges, such as optimizing their stability, scalability, and clinical translation, need to be addressed before they can be widely implemented in cancer therapy and targeted drug delivery systems. Nonetheless, ufasomes represent an exciting avenue for advancing the field of cancer treatment and personalized medicine.

5. Ufasomes in Cosmetic and Dermatological Applications

Ufasomes, also known as liposomes, are microscopic vesicles composed of lipid bilayers that have been widely studied and utilized in various fields, including cosmetic and dermatological applications. Liposomes are excellent carriers for active ingredients due to their ability to encapsulate both hydrophilic and lipophilic substances, protecting them from degradation and enhancing their stability and bioavailability.

In cosmetic applications, ufasomes offer several advantages. They can enhance the penetration of active ingredients into the skin, allowing for targeted delivery and improved efficacy of cosmetic formulations. Ufasomes can encapsulate ingredients such as antioxidants, vitamins, moisturizers, and anti-aging compounds, which can then be delivered to the deeper layers of the skin. This targeted delivery system helps to improve the appearance and health of the skin by reducing wrinkles, increasing hydration, and providing nourishment to the skin cells.

In dermatological applications, ufasomes have been used for various purposes, such as the treatment of skin conditions like acne, psoriasis, and eczema. Ufasomes can encapsulate anti-inflammatory agents, antibiotics, and other therapeutic substances, allowing for their controlled release and prolonged activity at the site of application. This targeted delivery can help reduce inflammation, alleviate symptoms, and promote the healing process [17].

Moreover, ufasomes can also be utilized in sunscreens and other photoprotective formulations. They can encapsulate UV filters, antioxidants, and other protective agents, providing enhanced photoprotection and reducing the potential side effects of these ingredients. Ufasomes can improve the stability of the encapsulated UV filters, ensuring their prolonged efficacy and minimizing skin irritation.

Overall, ufasomes have demonstrated great potential in cosmetic and dermatological applications. They offer targeted delivery, improved stability, and enhanced efficacy of active

ingredients, making them valuable tools for formulators in the development of advanced skincare and dermatological products. However, it's important to note that the specific formulations and applications of ufasomes may vary, and further research and clinical studies are ongoing to explore their full potential in the field of dermatology and cosmetics [18].

6. Challenges in maintaining ufasome stability

Maintaining ufasome stability can be challenging due to several factors. Here are some of the key challenges faced in maintaining the stability of ufasomes:

- **1.Lipid degradation:** Ufasomes are composed of lipid bilayers, which can be prone to degradation over time. Oxidation, hydrolysis, and enzymatic degradation can lead to changes in the structure and integrity of the liposomes, compromising their stability and functionality. Lipid degradation can be accelerated by factors such as temperature, light, and exposure to air or reactive substances.
- **Leakage of encapsulated ingredients:** Ufasomes are designed to encapsulate active ingredients, protecting them and ensuring their controlled release. However, there is a risk of leakage or premature release of the encapsulated ingredients, which can reduce the efficacy and stability of the ufasomes. Factors such as changes in pH, temperature, and mechanical stress can disrupt the lipid bilayers and cause leakage of the encapsulated substances.
- **Aggregation and fusion:** Ufasomes can undergo aggregation or fusion, leading to changes in their size, morphology, and stability. Aggregation can occur due to factors like high ionic strength, pH changes, or interactions with other components in the formulation. Fusion can happen when liposomes come into contact with each other, resulting in larger vesicles or the formation of multilamellar structures.
- **Storage conditions:** Proper storage conditions are crucial for maintaining the stability of ufasomes. Factors such as temperature, light exposure, and moisture levels can impact the integrity of the lipid bilayers and the encapsulated ingredients. Ufasomes are typically stored under refrigerated conditions to slow down degradation processes, but even then, they have a limited shelf life.
- **Scalability and manufacturing challenges:** Scaling up the production of ufasomes can be challenging. Maintaining consistent size distribution, encapsulation efficiency, and stability across large-scale production can be difficult. The manufacturing process itself can introduce stress and affect the stability of ufasomes, requiring careful optimization and quality control measures.

To overcome these challenges and improve the stability of ufasomes, various strategies are employed. These include the use of stabilizing agents, such as cholesterol or surfactants, to enhance lipid bilayer integrity. Additionally, optimizing formulation parameters, such as lipid composition and encapsulation techniques, can help improve ufasome stability. Furthermore, proper packaging, storage, and transportation conditions should be ensured to minimize degradation during handling and distribution. Continuous

research and development efforts are focused on finding innovative approaches to enhance ufasome stability and address the challenges associated with their formulation and storage [19,20].

7. Drug Candidates suitable to design the ufasome Drug Delivery System

These lipid vesicles provide advantages such as improved stability, enhanced drug encapsulation, and sustained release of the encapsulated drug. While there is no comprehensive list of drug candidates specifically suitable for designing ufasomes, I can provide you with a range of drug types that can be potentially incorporated into ufasomes for targeted delivery. Here are some examples:

- **Lipophilic drugs:** Ufasomes are particularly suitable for encapsulating lipophilic drugs, such as certain anticancer agents, hormones, or vitamins. Examples include paclitaxel, docetaxel, tamoxifen, retinoids (e.g., retinoic acid), and fat-soluble vitamins (A, D, E, K).
- **Anti-Inflammatory Drugs:** Ufasomes can be used to encapsulate anti-inflammatory drugs for targeted delivery to specific sites of inflammation. Examples include nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen, diclofenac, or indomethacin.
- **Antifungal and Antimicrobial Drugs:** Ufasomes can be utilized for the delivery of antifungal and antimicrobial agents to target infections. Examples include amphotericin B, fluconazole, miconazole, or antibiotics such as gentamicin or ciprofloxacin.
- **Anti-cancer Drugs:** Ufasomes can be used for targeted delivery of chemotherapeutic agents to tumor cells, improving drug efficacy and minimizing off-target effects. Examples include doxorubicin, cisplatin, methotrexate, or 5-fluorouracil.
- **Gene-based Therapies:** Ufasomes can also be used for gene delivery, enabling the targeted delivery of genetic material. This includes small interfering RNA (siRNA), plasmid DNA, or antisense oligonucleotides for gene modulation or gene therapy.

It's important to note that the selection of a specific drug candidate for ufasomes would depend on various factors, including the physicochemical properties of the drug, its intended therapeutic use, and compatibility with the ufasome formulation. Experimental studies and formulation optimization would be necessary to determine the most suitable drug candidates for ufasome-based drug delivery systems [21].

8. Recent Advances in Ufasome Drug Delivery

Atef et al. (2023) compared novel fatty acid vesicles loaded with magnolol (Mag) for skin cancer treatment using 10-hydroxy decanoic acid (HDA) and oleic acid (OA) ufasomes. Different formulations were prepared and evaluated for particle size, polydispersity index, zeta potential, and entrapment efficiency. Ex vivo permeation and deposition studies showed improved delivery with the optimized formulations. In vivo studies on mice with DMBA-

induced skin cancer confirmed the effectiveness of HDA-based formulations in attenuating cancer during treatment and prophylactic use [22].

Hashem et al. (2022) focuses on the development and evaluation of itraconazole-loaded ufasomes, which are oleic acid-based colloidal carriers, for the treatment of fungal infections caused by *Candida albicans*. The study aims to improve the penetration power of itraconazole by encapsulating it within ufasomes. A factorial design was employed to investigate the effects of three factors (oleic acid amount, cholesterol concentration, and itraconazole amount) on the encapsulation efficiency, particle size, and zeta potential of the ufasomes. Optimization was conducted, resulting in ufasomes with high encapsulation efficiency, small particle size, and negative zeta potential. In vitro microbiological studies revealed that the optimized formula exhibited a minimum inhibitory concentration of 0.0625 µg/mL against *Candida albicans*. Additionally, the ufasomes showed a reduction in toll-like receptor-4 expression and pro-inflammatory cytokine IL-1β secretion in *C. albicans*-infected fibroblasts, indicating their potential as a promising drug delivery system for itraconazole [23].

Ahmed et al. (2022) investigates the use of chitosan-ufasomes (CTS-UFAs) loaded with propranolol HCl (PRO) as a model drug for enhancing sciatic nerve repair in cisplatin-induced sciatic nerve damage in rats. The PRO-UFAs were prepared using a thin-film hydration process and optimized through a factorial design. The physicochemical characteristics of the UFAs were assessed, and PRO-CTS-UFAs were constructed based on the optimal formulation. The efficacy of PRO-CTS-UFAs and PRO-UFAs transdermal hydrogels, as well as PRO solution, was evaluated in vivo using rats with sciatic nerve injury. The study also examined oxidative stress, apoptotic biomarkers, and histopathological changes in the sciatic nerve. PRO-UFAs and PRO-CTS-UFAs demonstrated high entrapment efficiency, particle size, and zeta potential. They also exhibited sustained release of PRO and effectively restored sciatic nerve structure, inhibited gene expression and levels associated with nerve damage, and showed positive effects on nerve regeneration markers. The findings suggest that CTS-UFAs have potential as a transdermal delivery system for managing sciatic nerve damage and enhancing PRO delivery [24].

Abedin et al. (2022) aim of this study was to improve the solubility and permeation of albendazole (ABZ), an anti-parasitic agent, through the development of ABZ-loaded ufasomes (ABZ-U) for topical delivery. The ABZ-U was prepared using a thin film hydration and homogenization technique. The optimized ABZ-U exhibited small particle size, low polydispersity index, appropriate zeta potential, and high entrapment efficiency. The ABZ-U was further incorporated into a ufasomal gel base (ABZ-UG) and evaluated for drug release, rheology, and skin deposition. The ABZ-UG formulation showed sustained release of ABZ over time and demonstrated pseudoplastic and thixotropic fluid behaviour. In vitro drug release studies indicated a zero-order release pattern with high cumulative ABZ release within 24 hours. Ex vivo permeation studies using Wistar rat skin showed suitable retention of ABZ for topical delivery. Overall, the study suggests that ABZ-UG has potential as a carrier for treating skin diseases [25].

Cristiano et al. (2021) evaluate ufasomes as natural compound delivery systems for oleuropein, a phenolic compound found in olives and olive oil with antioxidant properties. The study aimed to improve oleuropein's antioxidant activity by enhancing its cellular uptake.

Ufasomes, due to their similarity to cell membranes, were considered advantageous carriers for oleuropein. The physico-chemical characteristics of ufasomes were examined, revealing a regular shape by transmission electron microscopy and size variations based on composition. In vitro studies demonstrated that empty ufasomes were non-toxic and effectively internalized by CaCo-2 cells. Furthermore, oleuropein-loaded ufasomes exhibited enhanced antioxidant activity compared to the free active substance. These findings suggest that ufasomes can serve as suitable carriers for nutraceutical applications [26].

Bhattacharya et al. (2021) developed a novel drug delivery system for terbinafine hydrochloride, as current treatments (creams, gels, etc.) have limited penetrability and cause side effects due to systemic absorption. The study focused on preparing glyceryl oleate ufasomes of terbinafine hydrochloride using the film hydration method [27].

Lakshami et al. (2021) formulate and evaluate a ufasomal topical gel containing etodolac using the lipid film hydration method. Ufasomes were used to enhance drug retention within the skin membrane, prolonging its presence and reducing toxicity. The ufasomal gel of etodolac demonstrated improved drug permeation through the skin, aided by the presence of fatty acids acting as permeation enhancers. Additionally, the formulation facilitated targeted drug delivery using surfactants that increased vesicle fluidity [28].

III. CONCLUSION

Ufasomes have revolutionized drug delivery through vesicular systems. Their unique properties, including biocompatibility, versatility, and ability to encapsulate both hydrophilic and lipophilic substances, make them ideal carriers for various therapeutic agents. Throughout this discussion, we have explored the applications, advantages, and challenges associated with ufasomes in drug delivery.

Ufasomes offer several advantages over conventional drug delivery systems. They can improve the solubility, stability, and bioavailability of drugs, allowing for targeted delivery and controlled release. Ufasomes can protect encapsulated drugs from degradation, enzymatic activity, and premature release, thereby enhancing their therapeutic efficacy. Moreover, their small size and surface properties enable them to target specific cells or tissues, enhancing the therapeutic index of drugs and reducing off-target effects.

In the field of medicine, ufasomes have found applications in various areas such as cancer therapy, dermatology, ophthalmology, and infectious diseases. They have been used to deliver chemotherapeutic agents, antibiotics, anti-inflammatory drugs, and gene therapies. Ufasomes have demonstrated improved therapeutic outcomes, reduced toxicity, and enhanced patient compliance in several clinical studies.

However, despite their numerous advantages, there are challenges that need to be addressed for the successful translation of ufasomes into clinical practice. These challenges include maintaining ufasome stability, optimizing drug loading efficiency, scaling up production, and ensuring regulatory compliance. Continued research and development efforts are focused on addressing these challenges and refining ufasome-based drug delivery systems.

In conclusion, ufasomes have revolutionized drug delivery through vesicular systems. Their ability to encapsulate a wide range of drugs and deliver them to target sites with enhanced efficacy and reduced toxicity has significantly advanced the field of medicine. As further advancements are made in ufasome technology and formulation strategies, we can expect to witness even more breakthroughs in drug delivery, leading to improved therapeutic outcomes and patient care.

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