

International Journal of Pharmacy & Life Sciences

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Intervention and Treatment of HIV/AIDS through Nanotechnology

Saheen Parvin^{1*}, Priya Bindal², Himani Tiwari³and Kaushal Kishor Chandrul⁴

1, Student of B. Pharm. 4th Year; 2, Assistant Professor; 3, HOD; 4, Principal

Department of Pharmacy, Mewar University, Gangrar Chittorgarh, (R.J.) - India

Article info

Received: 17/12/23

Revised: 17/01/2024

Accepted: 23/01/2024

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Abstract

Currently, there is no cure or vaccine for HIV/AIDS. Antiretroviral drugs have improved treatment but have drawbacks such as lifelong usage, side effects, and ineffectiveness against drug-resistant strains. However, nanotechnology shows promise in revolutionizing HIV/AIDS treatment. It can enhance antiretroviral therapy, gene therapy, immunotherapy, microbicides, and vaccines. Nanoparticles can be delivered through inhalation, injection, or ingestion, and have shown effectiveness against the virus in laboratory tests. This technology has the potential to significantly improve prevention and therapy for HIV/AIDS.

Keywords: Nanomedicine, nanoparticles, vaccines, AIDS, antiretroviral therapy, gene therapy, HIV, immunotherapy, and microbicide.

Introduction

The use of antiretroviral drugs has increased the lifespan of HIV/AIDS patients, but there is still no cure or vaccine for the virus. Nanoparticles (NPs) are a promising technology for preventing and treating HIV/AIDS. NPs are solid particles with sizes less than 200 nm, and certain types have therapeutic capabilities. NPs can enter the body through oral intake, direct injection, or inhalation, and have shown potential in advancing prevention and treatment. Nanotechnology can also improve current therapy and develop new approaches like immunotherapy and gene therapy. In a clinical trial, gene transfer using cell-delivered ribozyme showed promising results in reducing viral load and preserving the immune system in HIVinfected individuals.

*Corresponding Author

Approaches of nanotechnology in treatment of HIV/AIDS

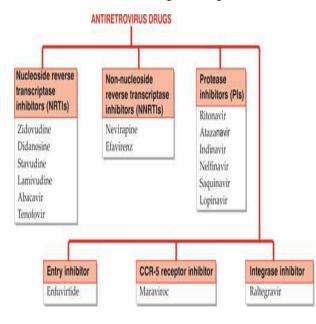
Nanotechnology-based platforms can distribute antiviral drugs in the body, extending their halflives and improving drug adherence. Nanoscale delivery systems can control the distribution of drugs in diverse tissues due to their small size, making them promise for HIV treatment. A recent study tested nanosuspensions of Rilpivirine on mice and dogs, showing sustained release for 3 months in dogs and 3 weeks in mice, compared to a 38-hour half-life for free medication. This demonstrates the potential of nanoscale medicine delivery to increase adherence and decrease dosing frequency.

Current treatment for HIV / AIDS

HAART, the most advanced HIV/AIDS treatment, involves giving patients multiple antiretroviral medications at once. Despite its success, challenges remain, such as therapy failure

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due to low patient compliance. Resistance to certain treatment combinations can also occur. Genetic diversity and mutation of HIV-1 contribute to drug resistance. Individualized therapy and resistance testing are being used to address this. Adverse effects, such as heart disease and cancer, can be caused by both HIV infection and the medications used in HAART. Removing the virus completely from the body is currently impossible because it resides in latent reservoirs. Macrophages, in addition to being reservoirs, contribute to the creation of mutant viral genotypes. These reservoirs are found in various areas of the body, and removing the virus from these areas is essential for effective long-term treatment. Developing new strategies for nontoxic and consistent dosing coverage is crucial.



Nanotechnology for HIV / AIDS treatment

Nanotechnology is revolutionizing drug delivery, particularly benefiting cancer patients. It enables more effective administration of drugs that are not water-soluble, targeted delivery to specific cells or tissues, and distribution of macromolecules within cells. Similar advantages can be applied to antiviral drugs using nanotechnology-based platforms. Controlled-release methods can extend drug half-lives and improve medication adherence. Nanoscale techniques enhance drug distribution in different tissues. Nanocarriers like liposomes and dendrimers enhance cellular uptake and release in tissues. Active targeting using

macrophage receptors improves uptake and localization of antiretroviral drugs. These advancements show the potential of nanotechnology in delivering antiretroviral drugs to target cells and HIV reservoirs. Further clinical studies are needed to explore these technologies.

Nanotechnology as therapeutic agents

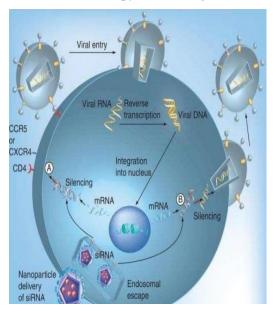
Nanomaterials, including dendrimers and nanoparticles like gold and silver, have healing qualities and can hinder HIV replication by interfering with viral assembly. In vitro studies show their potential to stop HIV replication, using drugs based on the structure of the HIV capsid. [56,57,58,59]

Gene therapy for HIV/AIDS

Efforts to find new HIV/AIDS treatment options are being complemented by the enhancement of existing antiretroviral medications. Gene therapy, a potential alternative, involves inserting a gene into a cell to prevent viral infection or replication. acid Various nucleic and protein-based compounds, including DNA, siRNA, RNA decoys, ribozymes, fusion inhibitors, and zincfinger nucleases, can be used to inhibit viral proliferation. Clinical trials using viral vectors as delivery methods for gene therapy are currently underway, such as a collaboration between Benitec Ltd. and City of Hope. UCLA researchers have also demonstrated the safety and benefits of cell-derived gene transfer in HIV-infected individuals. However, challenges with viral vectors have prompted research into nonviral vectors, particularly nanotechnology platforms. RNA interference (RNAi), a Nobel Prize-winning discovery, has gained attention for its potential therapeutic applications in age-related macular degeneration, respiratory syncytial virus, and HIV/AIDS. Specifically, siRNA can silence genes involved in viral entry and replication.

Immunotherapy for HIV/AIDS

Various therapy approaches for HIV/AIDS either target the virus itself or the host cell. Immunotherapy aims to alter the immune system's response to HIV, focusing on normalizing CD8+ cytotoxic T-cell responses and restoring immunological function. The reduction of CD4+ T cells in HIV infection leads to severe immunosuppression. The use of immune responses to regulate HIV and restore the immune system's regular operation is gaining attention for effective treatment. Immunotherapy involves the administration of immunologic formulations, such as cytokines or antigens, to treat HIV-positive individuals. Delivery of these formulations to dendritic cells can generate cellular and humoral immunity. Clinical trials using immunotherapeutic techniques have shown limited therapeutic benefits, partly due to the challenges of ex vivo generation of autologous dendritic cells. Nanotechnology-based immunotherapy offers opportunities for precise deliverv of immunomodulatory factors to dendritic cells in vivo. Polymeric systems and nanoparticles have been studied for the targeting and delivery of substances with immunotherapeutic potential to dendritic cells. The Derma Vir patch, a nanotechnology-based immunotherapy, has shown promise in Phase II clinical trials for HIV/AIDS treatment. Further research in nanotechnologybased immunotherapy is encouraged



Nanotechnology for HIV / AIDS prevention

The search for a safe and effective HIV/AIDS vaccine has been difficult due to the diversity of viral strains and the ability of the virus to evade the immune system. Protein antigens must be broken down and loaded into MHC molecules for presentation to T cells, but it is challenging to deliver exogenous antigens to antigen-presenting

cells (APCs). Nanoparticles have the potential to act as adjuvants and delivery systems for vaccines, as they can be targeted to APCs and provide controlled release of antigens. They can also be administered orally or topically, targeting mucosal immunity. Liposomes and polymers have been investigated for the delivery of HIV/AIDS vaccines and have shown promising results in generating immune responses. Cationic lipids, oilin-water emulsions, and nanoparticles have been used to enhance the immune response to HIV antigens. The use of CpG oligonucleotides and dendritic cells as vaccine targets has also been explored. Overall, while the development of nanoparticle-based HIV/AIDS vaccines is still in its early stages, progress has been made and these delivery systems show potential for improving immune responses.

Implication of nanoparticles in HIV/AIDS therapy

Advancements in treating diseases have led to a decrease in the number of medications patients need to take daily. Nanoparticles with polymers have been developed to deliver ART therapies effectively and long-term to the body and brain cells. Antiretroviral drug administration has greatly improved with the use of nanotechnology, increasing compliance rates. Nanoparticles loaded with ART drugs target HIV-loving infection sites, providing targeted and long-lasting drug delivery. Nanoparticles can also bypass the blood-brain barrier and successfully administer anti-HIV medications. Developing vaccines and utilizing nanotechnology, such as genetic treatment and immunotherapy, are promising methods to combat illnesses.

Future aspects of nanoparticle-based HIV/AIDS therapy

Nanoparticles have shown promise in the treatment of viral agents, particularly in HIV/AIDS prevention and treatment. By modifying nanoparticles, they can be enhanced to improve traditional antiviral properties. This has great potential for biological and biomedical studies in clinical settings. Nanotechnology advancements offer therapeutic potential for universal technologies, overcoming barriers and reducing toxicity. Further research is needed on multi-functionalization for simultaneous drug delivery and imaging, as well as multiplexing for a wider range of diseases. Understanding the interaction between nanoparticles and the immune system is crucial for the development of nano vaccines and immunostimulatory drugs. Additionally, studying the potential deleterious effects and toxicity of nanoparticles is important. Addressing viral evolution and understanding the versatility of nanoparticles is important for effective treatment of infectious diseases.

Conclusions

Recent advancements in nanotechnology have shown potential for improving HIV/AIDS treatment and prevention. Nanoparticles (NPs) are being used to transport antiretroviral drugs to target locations, such as macrophages and brain tissues, where traditional medicine is ineffective. Different types of NPs, including fullerenes, inorganic nanoparticles, and dendrimers, have demonstrated anti-HIV activity. Nanotechnology platforms can enhance treatment choices and improve patient adherence through regulated and extended drug release. Targeted nanoparticles have been used to attack macrophages, a key HIV viral reservoir. Additionally, nanotechnology is being explored for gene therapy, immunotherapy, and vaccine development. While nanotherapeutics may increase treatment costs, the benefits of improved patient adherence and viral reservoir eradication could outweigh the higher expense. Nanotechnology-enabled vaccines and microbicides could be cost-effective solutions for combating the global HIV/AIDS pandemic. Ongoing investment in nanotechnology research will likely continue to have a positive impact on medicine and the fight against HIV/AIDS.

References

1.Blattner W, Gallo RC, Temin HM. HIV causes AIDS. Science. 1988;241(4865):515– 516.
2.Gallo RC. Historical essay. The early years of HIV/AIDS. Science.
2002;298(5599):1728–1730.

3.Gallo RC, Montagnier L. The discovery of HIV as the cause of AIDS. N Engl J Med. 2003;349(24):2283–2285. 4.Montagnier L. Historical essay. A history of HIV discovery. Science.

2002;298(5599):1727-1728.

5.Furin JJ, Behforouz HL, Shin SS, et al. Expanding global HIV treatment: Case studies

from the field. Ann NY Acad Sci. 2008; 1136:12–20.

6.Merson MH. The HIV-AIDS pandemic at 25 – the global response. N Engl J

Med. 2006;354(23):2414-2417.

7.Joint United Nations Programme on HIV/AIDS. Joint United Nations Programme on

HIV/AIDS. Geneva, Switzerland: 2008. Report on the global HIV/AIDS epidemic.

8.Rodriguez-Monguio R, Seoane-Vazquez E. Patent life of antiretroviral drugs approved in the US from 1987 to 2007. AIDS Care. 2009:1–9.

9.Lang L. FDA grants tentative approval for 75th generic antiretroviral drug.

Gastroenterology. 2009;136(1):5.

10.Walensky RP, Paltiel AD, Losina E, et al. The survival benefits of AIDS treatment in

the United States. J Infect Dis. 2006;194(1):11-19.

11.Richman DD, Margolis DM, Delaney M, Greene WC, Hazuda D, Pomerantz RJ.

The challenge of finding a cure for HIV infection. Science. 2009;323(5919):1304–

1307.

12.Richman DD. HIV chemotherapy. Nature. 2001;410(6831):995–1001.

13.Ledford H. Merck's HIV vaccine flop brings vectors under closer scrutiny. Nat

Biotechnol. 2008;26(1):3-4.

14.Ledford H. HIV vaccine developers battle on, despite high-profile failures. Nat

Biotechnol. 2008;26(6):591-592.

15.Uberla K. HIV vaccine development in the aftermath of the step study: Re-focus on

occult HIV infection? PLoS Pathog. 2008;4(8): e1000114.

16.Cohen J. Aids research. Microbicide fails to protect against HIV. Science.

2008;319(5866):1026-1027.

17.Grant RM, Hamer D, Hope T, et al. Whither or wither microbicides? Science. 2008;321(5888):532–534.

2008;321(5888):532–534.

18.Farokhzad OC. Nanotechnology for drug delivery: The perfect partnership. Expert OpinDrug Deliv. 2008;5(9):927–929.

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 19.Zhang L, Gu FX, Chan JM, Wang AZ, Langer RS, Farokhzad OC. Nanoparticles in medicine: Therapeutic applications and developments. Clin Pharmacol Ther. 2008;83(5):761–769. 20.Ferrari M. Cancer nanotechnology: Opportunities and challenges. Nat Rev Cancer. 2005;5(3):161–171. 21.Nie S, Xing Y, Kim GJ, Simons JW. Nanotechnology applications in cancer. Annu Rev Biomed Eng. 2007; 9:257–288. 22.Heath JR, Davis ME. Nanotechnology, and cancer. Ann Rev Med. 2008; 59:251–265. 23.Destache CJ. Chapter 12- Brain as an HIV sequestered site: Use of nanoparticles as a therapeutic option. Prog Brain Res 2009; 180: 225-33. [http://dx.doi.org/10.1016/S0079-24.6123(08)80012-X] [PMID: 20302837] 25.Gupta U, Jain NK. Non-polymeric nanocarriers in HIV/AIDS drug delivery and targeting. Adv Drug Deliv Rev 2010; 62(4-5): 478-90. [http://dx.doi.org/10.1016/j.addr.2009.11.018] 26.[PMID: 19913579] 27.Khan I, Saeed K, Khan I. Nanoparticles: properties, application, and toxicities Arabian Journal of Chemistry 2017; 5-011. [http://dx.doi.org/10.1016/j.arabjc.2017.05.011 28.das Neves J, Amiji MM, Bahia MF, Sarmento B. Nanotechnology-based systems for the treatment and prevention of HIV/AIDS. Adv Drug Deliv Rev 2010; 62(4-5): 458-77. [http://dx.doi.org/10.1016/j.arabjc.2017.05.011 29.Pattni BS, Chupin VV, Torchilin VP. New developments in lipo-somal drug delivery. Chem Rev 2015; 115(19): 10938-66. [http://dx.doi.org/10.1021/acs.chemrev.5b00046] 30.[PMID: 26010257 31.Mamo T, Moseman EA, Kolishetti N, et al. Emerging nanotech-nology 	 [http://dx.doi.org/10.1038/nrd2591] 34.[PMID: 20616808] 35.Wang AZ, Gu F, Zhang L, et al. Biofunctionalized targeted nanoparticles for therapeutic applications. Expert Opin Biol Ther 2008; 8(8): 1063-70. 36.[http://dx.doi.org/10.1517/14712598.8.8.1063] [PMID: 18613759] 37.Kovochich M, Marsden MD, Zack JA. Activation of latent HIV using drug-loaded nanoparticles. PLoS One 2011; 6(4)e18270 [http://dx.doi.org/10.1371/journal.pone.0018270] [PMID: 21483687] 38.Parboosing R, Maguire GEM, Govender P, Kruger HG. Nanotech-nology and the treatment of HIV infection. Viruses 2012; 4(4): 488-520. 39.[http://dx.doi.org/10.3390/v4040488] [PMID: 22590683] 40.Parboosing R, Maguire GEM, Govender P, Kruger HG. Nanotech-nology and the treatment of HIV infection. Viruses 2012; 4(4): 488-520. 41.[http://dx.doi.org/10.3390/v4040488] [PMID: 22590683] 42.Janib SM, Moses AS, MacKay JA. Imaging and drug delivery using theranostic. nanoparticles. Adv Drug Deliv Rev 2010; 62(11): 1052-63. 43.[http://dx.doi.org/10.1016/j.addr.2010.08.004] [PMID: 20709124 44.Harrigan PR, Hogg RS, Dong WW, et al. Predictors of HIV drug-resistance mutations in a large antiretroviral-naive cohort initiating triple antiretroviral therapy. J Infect Dis. 2005;191(3):339–347. 45.Chun TW, Davey RT, Jr, Engel D, Lane HC, Fauci AS. Re-emergence of HIV after stopping therapy. Nature. 1999;401(6756):874– 875. 46.Marsden MD, Zack JA. Eradication of HIV: Current challenges and new directions. J Antimicrob Chemother. 2009;63(1):7–10. 47.Sax PE, Cohen CJ, Kuritzkes DR, HIV
-	
Emerging nanotech-nology	Current challenges and new directions. J

International Journal of Pharmacy & Life Sciences

49.McGee B, Smith N, Aweeka F. HIV 60.Bosi S, Da Ros T, Spalluto G, Balzarini J, Prato M. Synthesis and anti-HIV properties pharmacology: Barriers to the eradication of HIV from the CNS. HIV Clin Trials. 2006;7(3):142of new water-soluble bis-functionalized[60] fullerene derivatives. Bioorg Med Chem 153. 50.Wan L, Pooyan S, Hu P, Leibowitz MJ, Stein Lett. 2003;13(24):4437-4440. S, Sinko PJ. Peritoneal macrophage 61.Kotelnikova RA, Bogdanov GN, Frog EC, et uptake, pharmacokinetics and biodistribution of al. Nanobionics of pharmacologically macrophage-targeted peg-fmlf active derivatives of fullerene c-60. J Nanopart (nformylmethionyl- leucyl-phenylalanine) nanocarriers for Res. 2003;5(5-6):561-566. improving HIV drug delivery. 62.Marchesan S, Da Ros T, Spalluto G, Balzarini Pharm Res. 2007;24(11):2110-2119. J, Prato M. Anti-HIV properties of 51.Nowacek A, Gendelman HE. cationic fullerene derivatives. Bioorg Med Chem Nanoart. neuroAIDS and CNS drug delivery. Lett. 2005;15(15):3615-3618. 63. Troshina OA, Troshin PA, Peregudov AS, Nanomed. 52.2009;4(5):557–574. [PMC free article] Kozlovskiy VI, Balzarini J, Lyubovskaya 53.Dutta T, Agashe HB, Garg M, Balakrishnan P, RN. Chlorofullerene c60cl6: A precursor for Kabra M, Jain NK. Poly straightforward preparation of highly (propyleneimine) dendrimer based nanocontainers water-soluble polycarboxylic fullerene derivatives for targeting of efavirenz to human. active against HIV. Org Biomol monocytes/macrophages in vitro. J Drug Target. Chem. 2007;5(17):2783-2791. 2007;15(1):89-98. 64.Durdagi S, Supuran CT, Strom TA, et al. In 54.Dutta T, Jain NK. Targeting potential and antisilico drug screening approach for the HIV activity of lamivudine loaded design of magic bullets: A successful example mannosylated poly (propyleneimine) dendrimer. with anti-HIV fullerene derivatized Biochim Biophys Acta. amino acids. J Chem Inf Model. 2007;1770(4):681-686. 2009;49(5):1139-1143. 65. Tanimoto S, Sakai S, Matsumura S, Takahashi 55.Dutta T, Garg M, Jain NK. Targeting of efavirenz loaded tuftsin conjugated D. Toshima K. Chem Commun. 44. poly(propyleneimine) dendrimers to HIV infected 2008. Target-selective photo-degradation of HIV-1 protease by a fullerene–sugar macrophages in vitro. Eur J Pharm Sci. 2008;34(2-3):181-189. hybrid; pp. 5767-5769. 56.Wan L, Zhang X, Pooyan S, et al. Optimizing 66.Blanzat M, Turrin CO, Aubertin AM, et al. size and copy number for PEG-FMLF (n-formyl-Dendritic catanionic assemblies: In vitro methionyl-leucyl-phenylalanine) anti- HIV activity of phosphorus-containing nanocarrier uptake by macrophages. Bioconjug dendrimers bearing gal beta (1)cer Chem. 2008;19(1):28-38. analogues. Chembiochem. 2005;6(12):2207-57.Ganser-Pornillos BK, Yeager M, Sundquist 2213. WI. The structural biology of HIV 67.Wang W. Guo ZP. Chen Y. Liu T. Jiang L. Influence of generation 2–5 of pamam assembly. Curr Opin Struct Biol. 2008;18(2):203-217. dendrimer on the inhibition of tat peptide/tar rna 58.Pornillos O, Ganser-Pornillos BK, Kelly BN, binding in HIV-1 transcription. Chem et al. X-ray structures of the hexameric Biol Drug Des. 2006;68(6):314-318. building block of the HIV capsid. Cell. 68. Elechiguerra JL, Burt JL, Morones JR, et al. 2009;137(7):1282-1292. Interaction of silver nanoparticles with 59.Friedman SH, Decamp DL, Sijbesma RP, HIV1.J Nanobiotechnology. 2005; 3:6. Srdanov G, Wudl F, Kenyon GL. Inhibition 69.Sun RW, Chen R, Chung NP, Ho CM, Lin CL, of the HIV-1 protease by fullerene derivatives -Che CM. Silver nanoparticles model-building studies and fabricated in hepes buffer exhibit cytoprotective experimental- verification. J Am Chem Soc. activities toward HIV-1 infected cells. 1993;115(15):6506-6509. Chem Commun. 2005;(40):5059-5061.

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94.McMichael AJ, Borrow P, Tomaras GD, 2007;7(10):790-802. Goonetilleke N, Haynes B. The immune response during acute HIV78-1 infection: Clues for vaccine development. Nat Rev Immunol. 2009. 95.Pett SL. Immunotherapies in HIV-1 infection. Release. 2006;112(1):26-34. Curr Opin HIV AIDS. 2009;4(3):188-193. 96.Gandhi RT, Walker BD. Immunologic control of HIV-1. Ann Rev Med. 2002; 53:149-2008;29(27):3671-3682. 172. 97.Cohen J. Building an HIV-proof immune system. Science. 2007;317(5838):612-614. 98.Rinaldo CR. Dendritic cell-based human immunodeficiency virus vaccine. J Intern Med. 2009;265(1):138-158. 99.Banchereau J, Briere F, Caux C, et al. Immunobiology of dendritic cells. Ann Rev Immunol. 2000; 18:767–811. adsorbed on 100. Shortman K, Liu YJ. Mouse and human dendritic cell subtypes. Nat Rev Immunol. 2002:2(3):151–161. 101. Bourinbaiar AS. Root-Bernstein RS. Abulafia-Lapid R, et al. Therapeutic AIDS vaccines. Curr Pharm Des. 2006;12(16):2017-2030. 102. Dorrell L, Williams P, Suttill A, et al. Safety and tolerability of recombinant BETA. 2009;21(2):24-30. modified vaccinia virus ankara expressing an HIV-1 gag/multiepitope immunogen. HIV research. Nature. (MVA. HIVA) in HIV-1-infected persons receiving combination antiretroviral therapy. Vaccine. 2007;25(17):3277-3283. 103. Gandhi RT, O'Neill D, Bosch RJ, et al. A randomized therapeutic vaccine trial of canarypox-HIV-pulsed dendritic cells vs. Canarypox-HIV alone in HIV-1-infected patients on antiretroviral therapy. Vaccine. 2009;27(43):6088-6094. 667. 104. Whiteside TL, Piazza P, Reiter A, et al. Production of a dendritic cell-based vaccine containing inactivated autologous virus for therapy of patients with chronic. human immunodeficiency virus type 1 infection. Clin Vaccine Immunol. 2009;16(2):233-240. 23:487-513. 105. Tacken PJ, de Vries IJM, Torensma R, Figdor CG. Dendritic cell immunotherapy: From ex vivo loading to in vivo targeting. Nat Rev Immunol.

106. Reddy ST, Rehor A, Schmoekel HG, Hubbell JA, Swartz MA. In vivo targeting

of dendritic cells in lymph nodes with poly (propylene sulfide) nanoparticles. J Control

107. Hori Y, Winans AM, Huang CC, Horrigan EM, Irvine DJ. Injectable dendritic

cell- carrying alginate gels for immunization and immunotherapy. Biomaterials.

108. Elamanchili P, Diwan M, Cao M, Samuel J. Characterization of poly (d,l-lacticco-glycolic acid) based nanoparticulate system for enhanced delivery of antigens to

dendritic cells. Vaccine. 2004;22(19):2406-2412.

109. Aline F, Brand D, Pierre J, et al. Dendritic cells loaded with HIV-1 p24 proteins

surfactant-free anionic pla nanoparticles induce enhanced cellular immune.

responses against HIV-1 after vaccination. Vaccine. 2009;27(38):5284–5291.

110. Lori F, Calarota SA, Lisziewicz J. Nanochemistry-based immunotherapy for

HIV-1. Curr Med Chem. 2007;14(18):1911-1919.

111. Bass E, Feuer C, Warren M. Aids vaccine research and advocacy: An update.

112. Jefferys R. Vaccine failure is not a 'crises for

2008;453(7196):719-720.

113. Barouch DH. Challenges in the development of an HIV-1 vaccine. Nature.

2008;455(7213):613-619.

114. Guermonprez P, Valladeau J, Zitvogel L, Thery C, Amigorena S. Antigen

presentation and t cell stimulation by dendritic cells. Ann Rev Immunol. 2002; 20:621-

115. Trombetta ES, Mellman I. Cell biology of antigen processing in vitro and in

vivo. Ann Rev Immunol. 2005; 23:975-1028.

116. McHeyzer-Williams LJ, McHeyzer-Williams MG. Antigen-specific memory b

cell development. Ann Rev Immunol. 2005;

117. Fahmy TM, Demento SL, Caplan MJ, Mellman I, Saltzman WM. Design

opportunities for actively targeted nanoparticle vaccines. Nanomed. 2008;3(3):343-355.

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Cite this article as:

Parvin S., Bindal P., Tiwari H. and Chandrul K. K. (2024). Intervention and Treatment of HIV/AIDS through Nanotechnology. *Int. J. of Pharm. & Life Sci.*, 15(1): 3-13.

Source of Support: Nil

Conflict of Interest: Not declared

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