



LIPOSOMES: A REVIEW

Puja Saha, Ramesh Kumari Dasgupta*, Subhasish Saha

Mata Gujri College of Pharmacy, Kishanganj, Bihar.

Submitted on: 05.02.2023;

Revised on: 27.02.2023;

Accepted on: 10.03.2023

ABSTRACT

The efficacy of drugs depends on the method by which the drug is delivered. Liposomes have been considered to be the most successful nanocarriers for drug delivery. A liposome is a tiny bubble (vesicle), made out of the same material as a cell membrane. Liposomes provide an established basis for the sustainable development of different commercial products for treatment of medical diseases by the smart delivery of drug. Liposomes, the vesicles of phospholipid bilayer, can encapsulate both hydrophilic and lipophilic drugs and protect them from degradation and have made their way to the market. This review of literature discusses about the liposome components, methods of production of liposomes, their stability, biodistribution and the potential therapeutic applications as drug delivery systems.

KEYWORDS: Liposome, Encapsulate, Toxicity, Efficacy, Phospholipid

Corresponding address: R.K. Dasgupta
Mata Gujri College of Pharmacy

Indian Research Journal of Pharmacy and Science; 34(2023)2797-2806;

Journal Home Page: <https://www.irjps.in>

1. INTRODUCTION:

The method by which a drug is delivered can have a significant effect on its efficacy. Some drugs have an optimum concentration range within which maximum benefit is derived, and concentrations above or below this range can be toxic or produce no therapeutic benefit at all.[1] So to get the required concentration new techniques are required to develop. Liposomal encapsulation is a new technique for increasing the efficacy of drugs. Liposomal encapsulation technology (LET) is a delivery technique used to transmit drugs that act as curative promoters for the body organ by medical investigators. This form of delivery system proposal targeted the delivery of vital combinations to the body.[2]

LET is a method of generating sub-microscopic foams called liposomes. Liposomes have shown great potential as a drug delivery system. The therapeutic index of new or established drugs is modified by improving the drug absorption, metabolism by using liposomes. Liposomes also prolong biological half-life or reduce toxicity. Drug distribution, absorption, metabolism and excretion is also controlled by properties of the carrier (liposomes) and no longer by physio-chemical characteristics of the drug substance only. [3]

Liposomes are small artificial vesicles of spherical shape they have hydrophobic and hydrophilic character. They have one or more phospholipid bilayer membranes can transport aqueous or lipid drugs, depending on the nature of those drugs and also protect the drug from degradation and reduce drug-related nonspecific toxicity. They have a numerous use in cosmetic and pharmaceutical industries.[4]

Liposomes are spherical self-closed structures, composed of curved lipid bilayers, which enclose part of the surrounding solvent into their interior. The size of a liposome ranges from some 20 nm up to several micrometres and they may be composed of one or several concentric membranes, each with a thickness of about 4 nm. Liposomes possess unique properties owing to the amphiphilic character of the lipids, which make them suitable for drug delivery [5].

The name liposome is derived from two Greek words: 'Lipos' meaning fat and 'Soma' meaning body. Structurally, liposomes are

concentric bleb vesicles in which an aqueous volume is entirely enclosed by a membranous lipid bilayer. Membranes are usually made of phospholipids, which are molecules that have a hydrophilic head

group and a hydrophobic tail group. The head is attracted to water, and the tail, which is made of a long hydrocarbon chain, is repelled by water. When membrane phospholipids are disrupted, they can reassemble themselves into tiny spheres, smaller

than a normal cell, either as bilayers or monolayers. The bilayer structures are liposomes. The monolayer structures are called micelles. [6]

In this review article we discuss about the liposome components, methods of preparation, drug encapsulation mechanism and the potential therapeutic applications advantages and disadvantages of liposomes.

2. CLASSIFICATION

Liposomes can be classified in number of ways. depending upon their composition, size and number of bilayers.[7]

2.1 Depending upon composition

- a) Conventional liposomes
- b) pH-sensitive liposomes
- c) Cationic liposomes
- d) Immuno-liposomes
- e) long-circulating liposomes.

2.2 Based on the method of preparation

- a) REV- Reverse phase evaporation vesicles
- b) MLV-REV- Multi lamellar vesicle by REV
- c) DRV-Dehydration- rehydration method
- d) VET- Vesicle prepared by extraction method
- e) SPL- Stable plurilamellar vesicles
- f) FAT-MLV- Frozen and thawed MLV

2.3 Depending upon size

- a) Small unilamellar vesicles (SUV):
20–100 nm
- b) Large unilamellar vesicles (LUV):
>100 nm

c) Giant unilamellar vesicles (GUV): >1000 nm;

d) Oligolamellar vesicle (OLV): 100–500 nm and

e) Multilamellar vesicles (MLV): >500 nm.

New developed types of liposomes, designated as double liposome (DL)[8] and multivesicular vesicles (MUV),[9] were recently reported. These liposomes, which could be prepared by novel preparative technique, are thought to improve drug protection.

3. METHOD DRUG LOADING IN LIPOSOMES

The main aim of the liposome is to increase the therapeutic index, biological half-life and to reduce the toxicity. An ideal liposome formulation should be efficient in drug entrapment, narrow particle size distribution and long-term stability of liposome products. Liposome preparation methods involve hydrating of the lipid, sizing of the particles and removing of the non-encapsulated drug. The following methods are used for the drug loading in liposomes.

3.1. Passive loading techniques-In the passive loading method the drug is encapsulated by introducing an aqueous phase of a water-soluble drug or an organic phase of a lipid-soluble drug, before or at some stage during the preparation of the liposomes. The high drug encapsulation efficiency can be achieved by using passive loading method for lipid-soluble drugs with a high affinity to the lipid membrane.

3.2. Active loading technique. -In the active loading method, the drugs can be loaded by creating diffusion gradients for the ions or drugs across the external and internal aqueous phases.

4. METHODS OF LIPOSOMES PREPARATIONS:

The correct choice of liposome preparation method depends on the following parameters:

1) The physicochemical characteristics of the material to be entrapped and those of the liposomal ingredients

2) The nature of the medium in which the lipid vesicles are dispersed

3) The effective concentration of the entrapped substance and its potential toxicity

4) Additional processes involved during application/delivery of the vesicles

5) Optimum size, polydispersity and shelf-life of the vesicles for the intended application

6) Batch-to-batch reproducibility and possibility of large-scale production of safe and efficient liposomal products. [3,4]

4.1. Mechanical dispersion method.

4.2. Solvent dispersion method.

4.3. Detergent removal method [10,11,12]

4.1. Mechanical dispersion method

4.1.1. Preparation of liposomes by thin film hydration method

The thin-film hydration procedure is the most common and simple method for preparation of MLV by dissolving the phospholipids in the organic solvents: dichloromethane, chloroform ethanol and chloroform-methanol mixture (2:1 v/v; 9:1 v/v; 3:1 v/v). A thin and homogeneous lipid film is formed when solvent is evaporated under vacuum at the temperature: 45-60 °C. Nitrogen gas is involved in order to completely remove the residual solvent. A solution of distilled water, phosphate buffer, phosphate saline buffer at pH 7.4 and normal saline buffer are used in hydration step. The time for the hydration process varied from 1 h to 2 h at the temperature 60-70 °C. In order to obtain full lipid hydration, the liposomal suspension is left overnight at 4 °C [24]. Fig. 1 The thin-film hydration method can be used for all different kinds of lipid mixtures. The main drawbacks of the method are related to low encapsulation, difficulty of scaling up and the size distribution is heterogeneous [13]. Once a stable, hydrated MLV suspension has been produced, the particles can be downsized by a variety of techniques as shown below:

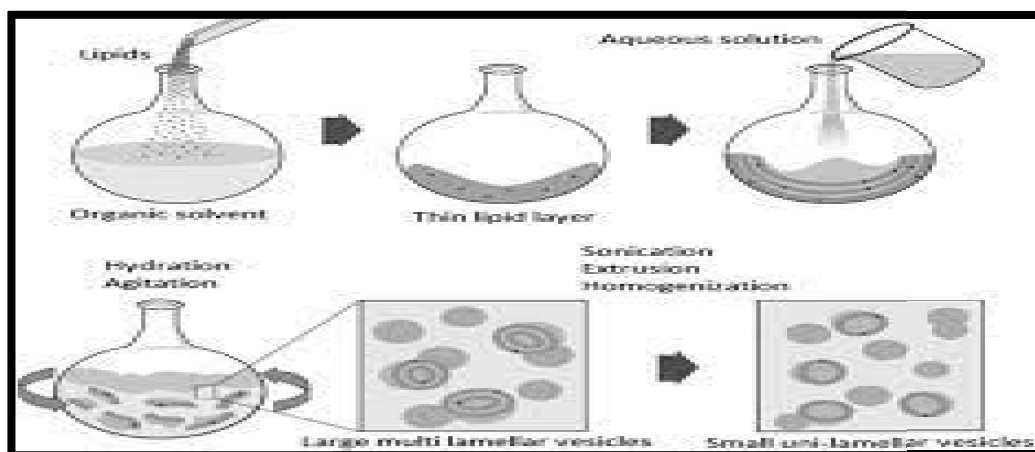


Fig 1: Liposomes prepared by thin layer hydration method

- 1.1. Sonication
- 1.2. French pressure cell: extrusion
- 1.3. Freeze-thawed liposomes
- 1.5. Micro-emulsification
- 1.6. Membrane extrusion
- 1.7. Dried reconstituted vesicles [19,20].

1.1 Sonication Method

The sonication method is based on size transformation and involves the subsequent sonication of MLVs prepared by thin-film hydration method, using sonic energy usually under an inert atmosphere including nitrogen or argon. The sonication method enables homogenous dispersion of small vesicles using bath type or probe type sonicator with a potential for greater tissue penetration.

The probe tip sonicator delivers high energy to the lipid suspension. (Fig. 2) The possibility of overheating of the lipid suspension causes degradation [14,15,16]. Sonication tips tend to release titanium particles into the lipid suspension which must be removed by centrifugation prior to use. The bath sonicators are the most widely used instrumentation for preparation of SUV [17,18]. They are used for large volume of dilute lipids. The oxidation of unsaturated bonds in the fatty acid chains of phospholipids and hydrolysis to lysophospholipids and free fatty acids, as well as denaturation of thermolabile substances and very low encapsulation efficiency of internal volume are the main drawbacks of the method. [19,20]

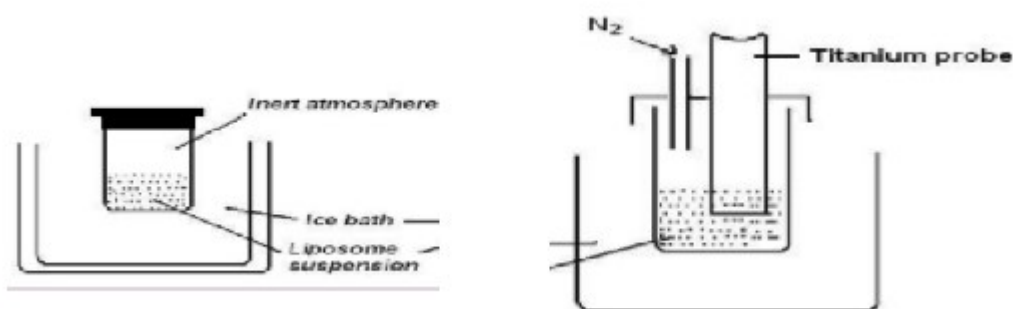


Fig 2: Probe Sonicator and Bath Sonicator

1.2 French pressure cell:

Extrusion French pressure cell involves the extrusion of MLV through a small orifice. (Fig.3) An important feature of the French press vesicle method is that the proteins do not seem to be significantly pretentious during the

procedure as they are in sonication. An interesting comment is that French press vesicle appears to recall entrapped solutes significantly longer than SUVs do, produced by sonication or detergent removal. [21,22,23,24]

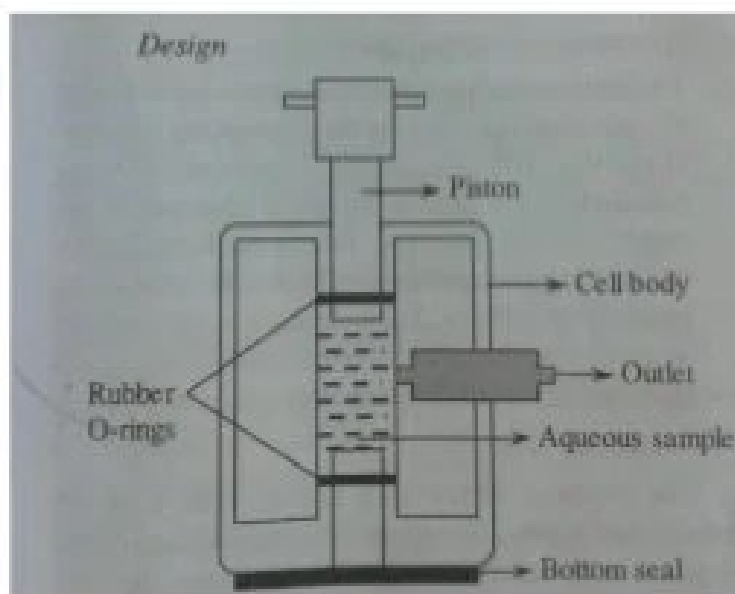


Fig. 3: Liposomes prepared by French Pressure Cell Method

The method involves gentle handling of unstable materials. The method has several advantages over sonication method. The resulting liposomes are rather larger than sonicated SUVs. The drawbacks of the method are that the high temperature is difficult to attain, and the working volumes are comparatively small (about 50 mL as the maximum) [8,23].

1.3 Freeze-thawed liposomes:

SUVs are rapidly frozen and thawed slowly. The short-lived sonication disperses aggregated materials to LUV. The creation of unilamellar vesicles is as a result of the fusion of SUV throughout the processes of freezing and thawing. This type of synthesis is strongly inhibited by increasing the phospholipid concentration and by increasing the ionic strength of the medium. The encapsulation efficiencies from 20% to 30% were obtained [25-26].

1.4 Micro Emulsification

This method is provided for preparing small lipid vesicles in commercial quantities by micro emulsifying lipid compositions using very high shear forces generated in a homogenizing apparatus operated at high pressures at a selected temperature. At least 20 circulations (approximately 10 minutes) but not greater than 200 circulations (100 minutes) are sufficient to produce a micro emulsion of small vesicles suitable for biological application.

1.5 Membrane Extrusion

Liposomes passed through membrane of defined pore size. Lower pressure is required (<100 psi). LUVs as well as MLVs can be processed. Vesicle contents are exchanged with dispersion medium during breaking and resealing of phospholipid bilayers as they pass through the polycarbonate membrane. (Fig. 4) For high entrapment, the water-soluble compounds should be present in suspending medium during the extrusion process. [27]

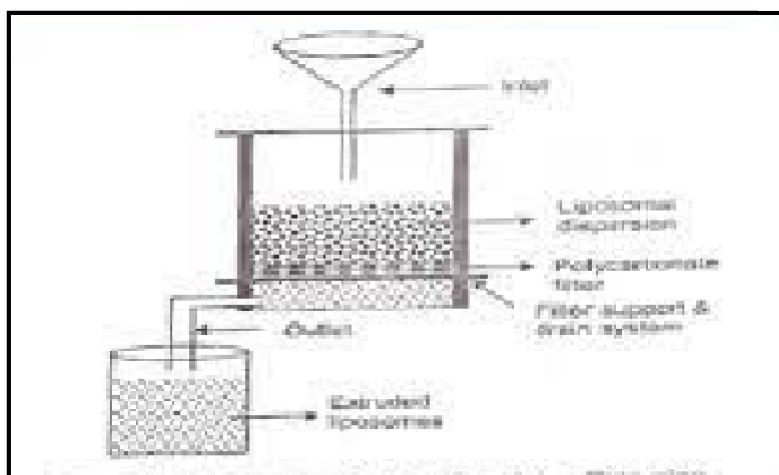


Fig. 4: Liposomes Prepared by Membrane Extrusion Method

2. Solvent Dispersion Methods-

2.1 Ether Injection Method:

A solution of lipids dissolved in diethyl ether or ether/methanol mixture is slowly injected to an aqueous solution of the material to be encapsulated at 55-65°C or under reduced pressure. The subsequent removal of ether under vacuum leads to the formation of liposomes. The main drawbacks of the method are population is heterogeneous (70-190 nm) and the exposure of compounds to be encapsulated to organic solvents or high temperature. [28]

2.2 Ethanol Injection Method:

A lipid solution of ethanol is rapidly injected to an excess of buffer. The MLVs are immediately formed. The drawbacks of the method are that the population is heterogeneous (30-110 nm), liposomes are very dilute, it is difficult to remove all ethanol because it forms an azeotrope with water and the possibility of various biologically active.

2.3. Reverse Phase Evaporation Method:

By brief sonication of a two-phase system containing phospholipids in organic solvent (diethyl ether or isopropyl ether or mixture of isopropyl ether and chloroform) and aqueous buffer emulsion is formed. The organic solvents are removed under reduced pressure, resulting in the formation of a viscous gel. From that viscous gel complete solvent is removed by rotary evaporator under reduced

pressure, it gives formation of liposomes. With this method 65% efficacy of high encapsulation can be obtained in a medium of low ionic strength for example 0.01M NaCl. The method has been used to encapsulate small and large macromolecules. The main disadvantage of the method is the exposure of the materials to be encapsulated to organic solvents and to brief periods of sonication. [29]

3. Detergent Removal Method-

The detergents at their critical micelle concentrations have been used to solubilize lipids. As the detergent is removed the micelles become progressively richer in phospholipid and finally combine to form LUVs. The detergents can be removed by dialysis. A commercial device called LIPOPREP (Diachema AG, Switzerland) which is a version of dialysis system is also used to remove the detergents. Other techniques which are used to remove the detergents are (a) by using Gel Chromatography involving a column of Sephadex G-259 (b) by adsorption or binding of Triton X-100 (a detergent) to Bio-Beads SM-210 (c) by binding of octyl glucoside (a detergent) to Amberlite XAD-2 beads. The advantages of detergent dialysis method are excellent reproducibility and production of liposome populations which are homogeneous in size. The main drawback of the method is the retention of traces of detergent(s) within the liposomes. [30]

4. Advantages of liposomes-Liposomes offer several advantages in drug delivery system.

1. Provide controlled drug delivery
2. Biodegradable, biocompatible, flexible and non ionic
3. Can carry both water soluble and lipid soluble drugs
4. Drug can be stabilized from oxidation
5. Controlled hydration
6. Improve protein stabilization
7. Provide sustained release
8. Targeted drug delivery and site-specific drug delivery
9. Stabilization of entrapped drug from hospital environment
10. Altered pharmacokinetics and pharmacodynamics
11. Can be administered through various route
12. Act as reservoir of drug
13. Therapeutic index of drug is increased[31]

5. Disadvantages of liposomes-Liposomes offer several advantages but still has some disadvantages as the production cost is high, short half-life, Low solubility, Leakage and fusion of encapsulated drug / molecules and Sometimes phospholipid undergoes oxidation and hydrolysis-like reactions.[32]

6. Application of liposomes-

Both hydrophilic and hydrophobic drugs can be encapsulated in liposomes. Liposomes are also relatively non-toxic and biodegradable. Application of liposome in pharmacology and medicine can be distinguished between diagnostic and therapeutic application of liposome. That containing various drug or markers, and their use as a tool, a reagent or a model in the basic studies of interaction of cell, recognition processes, and mode of action of certain substances. Unfortunately, many drugs have a very narrow therapeutic window, meaning is that the therapeutic concentration is not much lower than the toxic one. In various cases, the efficacy can be enhanced or the toxicity can be reduced by the use of a suitable drug carrier which alters the spatial and temporal delivery of the drug, i.e., its pharmacokinetics and bio distribution.[33]

6.1. Applications of Liposomes in Cancer:

Liposomes have been successfully used in cancer therapy. A number of different liposomal formulations of anti-cancer agents have been shown to deliver the drug at the site of solid tumors with minimum toxicity as compared to free drug. Currently, there are many products in the market and in clinical development for use as anti-cancer drug delivery vehicle. Doxil, a PEGylated liposomal formulation, is the first liposomal product that was approved by the FDA for the treatment of Kaposi's sarcoma in AIDS patients.[34]

6.2. Treatment of human immunodeficiency virus (HIV) infections by liposomes:

Several antiretroviral nucleotide analogues have been developed for the treatment of patients suffering from the acquired immune deficiency syndromes (AIDS). These include antisense oligonucleotide, which is a new antiviral agent that has shown potential therapeutic application against HIV-1.[34]

6.3. Topical drug delivery:

The application of liposomes on the skin surface has been proven to be effective. Liposomes increase the permeability of skin for various entrapped drugs and at the same time diminish the side effect of these drugs because lower doses are now required.

6.4. Enhanced antimicrobial efficacy/safety:

Antimicrobial agents have been encapsulated in liposomes for two reasons. First, they protect the entrapped drug against enzymatic degradation. E.g., the penicillins and cephalosporins are sensitive to the degradative action of β -lactamase, which is produced by certain microorganisms. Secondly, the lipid nature of the vesicles promotes enhanced cellular uptake of the antibiotics into the microorganisms, thus reducing the effective dose and the incidence of toxicity as exemplified by the liposomal formulation of amphotericin B.[35]

6.5. Liposomes in parasitic diseases and infections :

From the time when conventional liposomes are digested by phagocytic cells in the body after intravenous management, they are ideal vehicles for the targeting drug molecules into these macrophages. The best-known instances of this 'Trojan horse' like mechanism

are several parasitic diseases which normally exist in the cell of MPS. They comprise leishmaniasis and several fungal infections.

6.6. Liposome as carrier of drug in oral treatment:

Steroids used for arthritis can be incorporated into large MLVs. Alteration in blood glucose levels in diabetic animals was obtained by oral administration of liposome-encapsulated insulin.

6.7. Liposome for pulmonary delivery:

Inhalation devices like nebulizer are used to produce an aerosol of droplets containing liposomes.

6.8. Ocular Application :

The eye is protected by three highly efficient mechanisms (a) an epithelial layer that is a formidable barrier to penetration (b) tearflow (c) the blinking reflex. All three mechanisms are responsible for poor drug penetration into the deeper layers of the cornea and the aqueous humor and for the rapid wash out of drugs from the corneal surface. Enhanced efficacy of liposomes encapsulated idoxuridine in herpes simplex infected corneal lesions in rabbits was first reported and concluded that ocular delivery of drugs could be either promoted or impeded by the use of liposome carriers.[35]

8. REFERENCE :

1. Priyanka RK, Jaydeep DY, Kumar AV. Liposomes: A Novel Drug Delivery System. *International Journal of Current Pharmaceutical Research*, 2011, 13(2), 10-18.
2. Akbarzadeh A, Sadabady R, Davaran S, Joo SW, Zarghami N, Hanifehpour Y, Samiei M, Kouhi M, Kazem NK. Liposome: classification, preparation, and applications. *Nano scale Research Letters*, 2013, 8, 1-9.
3. Çagdaş M, Sezer AD, Bucak S. Liposomes as Potential Drug Carrier Systems for Drug Delivery. *Application of Nanotechnology in drug delivery*, 2014, 1-41.
4. Reyes EDC, Flores MDJP, Ortiz GD, Lee Y, Mejia EGD. Development, Characterization and Use of Liposomes as Amphipathic Transporters of Bioactive

6.9. Liposomes in cosmetics:

Developers would now have to deal very intensively with questions of raw material selection, characterization of raw and finished formulations, and clinical safety of these unique formulations. They suggested that soya phospholipids in the form of liposomes satisfy many of these requirements.[35].

7. CONCLUSION

Liposomes have been used in a broad range of pharmaceutical applications and cosmetics arena. Several drug candidates which are highly potent and have low therapeutic indication can be targeted to the required diseased site using the liposomal drug delivery system. Liposomes were the first nanotechnology-based drug delivery systems approved for the clinical applications because of their biocompatibility and biodegradability like features. This review showed that liposomes have been prepared from a variety of synthetic and naturally occurring phospholipids. Several methods of preparing liposomes were identified, which could influence the particle structure, degree of drug entrapment. Furthermore, liposomes are tools for drug targeting in certain biomedical situations and for reducing the incidence of dose-related drug toxicity.

Compounds for Melanoma Treatment and Reduction of Skin Inflammation: A Review. *International journal of Nanomedicine*, 2020, 15, 7627-7650.

5. Nsairat H, Khater D, Sayed U, Odeh F, Bawab AA, Alshaerf, W. Liposomes: structure, composition, types, and clinical applications. *Heliyon*, 2022, 8, 1-15.

6. Dua JS, Rana AC, Bhandari AK. Liposome: Methods of preparation and applications. *International Journal of Pharmaceutical Studies and Research*, 2012, 14-20.

7. Laouini A, Maalej CJ, Blouza IL, Sfar S, Charcosset C, Fessi H. Preparation, Characterization and Applications of Liposomes: State of the Art. *Journal of Colloid Science and Biotechnology*, 2012, 1(2), 147-168.

8. Ebato Y, Kato Y, Onishi H, Nagai T, Machida Y. In vivo efficacy of a novel double liposome as an oral dosage form of salmon calcitonin. *Drug Develop. Res*, 2003, 58, 253.
9. Riaz M. Liposome preparation method. *Pak J Pharm Sci*, 1996, 9(1), 65–77.
8. Himanshu A, Sitasharan P, Singhai AK. Liposomes as drug carriers. *International Journal of Pharmacy & Life Sciences*, 2011, 2(7), 945–951.
10. Nidhal KM, Athmar DH. Preparation and evaluation of salbutamol liposomal suspension using chloroform film method. *Mustansiriyah Medical Journal*, 2012, 11 (2), 39–44.
11. Sipai ABM, Vandana Y. Liposomes: an overview. *JPSI*, 2012, 1(1), 13–21.
12. Popovska O, Simonovska J. “An Overview: Methods for Preparation and Characterization of Liposomes as Drug Delivery Systems”. *Int. J. Pharm. Phytopharmacol. Res*, 2013, 3 (3), 182–189.
13. Hwang TL, Lee WR. Cisplatin encapsulated in phosphatidylethanolamine liposomes enhances the in vitro cytotoxicity and in vivo intratumour drug accumulation against melanomas. *J Dermatol Sci*, 2007, 46, 11–20.
14. Prabhu P, Kumar N. Preparation and evaluation of liposomes of brimonidine tartrate as an ocular drug delivery system. *Int J Res Pharm Sci*, 2010, 1(4), 502–508.
15. Lopes LB, Scarpa MV. Interaction of sodium diclofenac with freeze-dried soya phosphatidylcholine and unilamellar liposomes. *Braz J Pharm Sci*. 2006, 42 (4), 497–504.
16. Costa CAMD, Moraes AM. Encapsulation of 5-fluorouracil in liposomes for topical administration. *Maringá*, 2003, 25(1), 53–61.
17. Jadhav MP, Nagarsenker MS. Formulation and evaluation of long circulating liposomal amphotericin B: ascitic kinetic study using ^{99m}Tc in BALB/C mice. *Indian J Pharm Sci*, 2011, 73 (1), 57–64.
18. Makhmalzadeh BS, Azh Z. Preparation and evaluation of mafenide acetate liposomal formulation as a char delivery system. *International Journal of Drug Development & Research*, 2011, 3 (4), 129–140.
19. Hathout RM, Mansour S. Liposomes as an ocular delivery system for acetazolamide: in vitro and in vivo studies. *AAPS PharmSciTech*, 2007, 8 (1), E1–E12.
20. Mayer LD, Bally MB, Hope MJ, Cullis PR. Techniques for encapsulating bioactive agents in liposomes. *Chem Phys Lipids*, 1986, 40, 333–345.
21. Song H, Geng HQ, Ruan J, Wang K, Bao CC, Wang J, Peng X, Zhang XQ, Cui DX. Development of polysorbate 80/phospholipid mixed micellar formation for docetaxel and assessment of its in vivo distribution in animal models. *Nanoscale Res Lett*, 2011, 6, 354.
22. Zhang Y. Relations between size and function of substance particles. *Nano Biomed Eng*, 2011, 3(1), 1–16.
23. Mozafari MR. Liposomes: an overview of manufacturing techniques. *Cell Mol Biol Lett*, 2005, 10(4), 711–719.
24. Riaz M. Liposome preparation method. *Pak J Pharm Sci*, 1996, 9(1), 65–77.
25. Pick U. Liposomes with a large trapping capacity prepared by freezing and thawing of sonicated phospholipid mixtures. *Arch Biochem Biophys*, 1981, 212, 186–194.
26. Ohsawa T, Miura H, Harada K. Improvement of encapsulation efficiency of water-soluble drugs in liposomes formed by the freeze-thawing method. *Chem Pharm Bull*, 1985, 33(9), 3945–3952.
27. Liu L, Yonetani T. Preparation and characterization of liposome-encapsulated haemoglobin by a freeze-thaw method. *Journal of Microencapsulation*, 1994, 11(4), 409–421.
28. Batzri S, Korn ED. Single bilayer liposomes prepared without sonication. *Biochimica et Biophysica Acta*, 1973, 298, 1015–1019.
29. Enoch HG, Strittmatter P. Formation and properties of 1000-Å diameter, single-bilayer phospholipid vesicles. *P. Proc. Natl. Acad. Sci. USA*, 1979, 76(1), 145–149.
30. Vishvakrama P, Sharma S. Liposomes: An Overview. *International*

Journal of Research in Pharmaceutical and Biomedical Sciences, 2012, 3(3),1074-1084.

31. Darae H, Etemadi A, Kouhi M, Alimirzalu S, Akbarzadeh A. Application of liposomes in medicine and drug delivery. Artificial Cells, Nanomedicine, and Biotechnology (An International Journal), 2016, 44, 381–391.

32. Pandey H, Rani R, Agarwal V. Liposome and their applications in Cancer Therapy. Brazilian Archives Biology Technology, 2016, 59, 1-10.

33. Uhumwangho MU, Okor RS. Current trends in the production and biomedical applications of liposomes: a review. JMBR: A Peer-review Journal of Biomedical Sciences, 2005, 4(1), 9-21.

4. Choudhury A, Sonowal K, Laskar RE, Deka D, Dey DK. Liposome: A carrier for effective drug delivery. Journal of Applied Pharmaceutical Research, 2020, 8(1), 22 – 28.

35. Egbaria K, Weiner N. Liposomes as a topical drug delivery system. Advanced Drug Delivery Reviews, 1990, 5, 287-300.

CONFLICT OF INTEREST REPORTED: NIL;

SOURCE OF FUNDING: NONE REPORTED