Nanomedicines in Tuberculosis: Diagnosis, Therapy and Nanodrug Delivery



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Abstract Nanoparticle-based delivery systems represent a promising nano medications to deliver a therapeutic agent, selectively and effectively, to a specific tissue or organ in the body; thus treating chronic diseases such as tuberculosis. The delivery of first-line and second-line antituberculosis drugs, using synthetic or natural polymeric carriers, has been extensively reported as a potential intermittent chemotherapy. In addition to the prolonged drug release, this delivery system can enhance the therapeutic efficacy, reduce dosing frequency and side effects, and increase the possibility of selecting different routes of chemotherapy and targeting the site of infection. The choice of carrier, system stability, toxicity and production capacity are the main considerations during the development of such system. Regardless of the obstacles, the nano drug delivery have systems shown a promising effectiveness in treating TB.

Keywords Nanomedicines \cdot Nanodrug delivery \cdot Chemotherapy \cdot Tuberculosis

1 Introduction

Millions years ago, the presence of tuberculosis in creatures was distinguished and distributed the exploration in 2018. Various recorded reports and medicinal research materials vouch for the omnipresent spread of tuberculosis in the inaccessible past. Prior to the most antiquated find inconter that is related to the appearance of tuberculosis in people, had a place with Paul Bartels. In 1907, they depicted that the tuberculous thrashing of the thoracic vertebrae with the arrangement of a mound in the skeleton, which was found close Heidelberg and had a place with body that belong to the B.C era.

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Mycobacterium tuberculosis (MTB) has been a major worldwide medical issue. Approximately, 9 million new active cases had been expected and almost million once had passed in 2011 (WHO 2011). 40% of these new cases occurred in the southeastern countries of Asia. In 2010, only 65% of the assessed cases were reported, which indicates the requirement for a better conclusion (Van Rie et al. 2010). This exhibits the need for a new methodologies for early finding, treatment observing, and sickness monitoring. TB diagnosis (dynamic or inert) is fundamental in treating an affected persons as well as resisting its spread. In areas with high persistence of TB, the main goal of TB care programs is to treat patients affected by dynamic TB rather than inert TB (LTBI), which is just a proved by the immunological reactions to MTB proteins (Barry et al. 2009). In spite of the fact that LTBI patients are not irresistible, their distinguishing proof has been similarly critical since 10% of these people, especially the immune suppressed cases, can form dynamic tuberculosis. The normal conclusion of dynamic TB contamination utilizes different methodologies such as smear microscopy, MTB bacillus culture, identification of MTB nucleic acids (NAATs, nucleic corrosive enhancement tests), and clinical side effects. Tuberculin skin test (TST) and interferon gamma (IFN γ) discharge (IGRAs) tests are usually used to recognize LTBI. The low specificity of clinical conclusion, the inaccessibility of symptomatic strategies to create world research centres, and inadequacy to screen quiet consistence to the six-multi month long treatment are the major drawbacks of the current TB discovering strategies. Significantly, further propelled specialists of the medieval East, specified the centered of tuberculosis (Avicenna, 980-1037 gg.). In the Group of Restorative Science, Avicenna (Abu Ali Ibn-Sina) talks about utilization as a malady passing on others and transmitted by legacy, demonstrating disease with tuberculosis with "ruined air," that is, irresistible air or airborne beads. Avicenna perceived the impact of nature on the course of the sickness; prescribed different techniques for recuperating, specifically, appropriate sustenance. In spite of the fact that the current diagnostics strategies of TB are promising (e.g., a POC manual NAAT unit utilizing circle intervened isothermal intensification from Eiken/Discover Establishment for Development New Diagnostics) and a handheld NAAT gadget from Epistem/Xcelris (Pai and Pai 2012; WHO 2011), nonappearance of a sans instrument test and surprising expense keep on being a bottleneck. In this manner, there is a neglected need to build up a basic, economical, touchy and convenient measure for the location of dynamic MTB contamination, and for the separation of dynamic TB from LTBI for the purpose of-mind (POC), where reasonable budgetary help, research facility foundation, and a well prepared administrators are constrained (Wang et al. 2010). In this audit, we (I) centred around the present TB analytic advances as far as their potential for distinguishing dynamic TB disease at the POC sooner rather than later, (ii) feature the group between present tests and clinical need to oversee TB patients, and (iii) assess the capability of nanotechnology and microfluidics to create POC diagnostics for TB.

2 Present Measures for TB Determination

The diagnostic methods of TB have promoted from sputum smear microscopy to the most recent WHO-supported GeneXpert TB test. This involves the recognition of complete MTB bacillus, MTB-particular invulnerable reactions or nucleic acid amplification. These diagnostics methods are categorized according to their potential (low, direct and high) for POC testing considering affectability, cost and celerity as well as precision and specificity. Even though urine antigen and sputum tests are basic and generally utilized for asset in compelled situations, they are restricted to recognize dynamic TB in highly anticipated areas. These two assessments are considered together as "tests with direct potential for POC testing". The nucleic acid intensification tests are considered as "tests with high potential for POC testing", which account a high affectability and specificity. Furthermore, these examination (such as GeneXpert) can be modest, fast and computerized for POC testing in deconcentrated situations.

3 Recognizing High-Hazard Gatherings for *M. tuberculosis* Testing

As a feature of their normal assessment, human services suppliers should recognize and test people who are at high hazard for getting TB contamination or at high danger of advancing to TB sickness if tainted. In some select settings, dynamic case finding might be more suitable than testing for M. tuberculosis contamination, adaptability is required in characterizing high-chance gatherings for testing. The changing study of the disease transmission of TB demonstrates that the hazard for TB sickness or LTBI among bunches as of now thought to be high hazard may diminish after some time, and gatherings right now not distinguished as being in danger may along these lines be viewed as high hazard.

Tuberculin skin test (TST) 100 years prior, TST was distinguished as the cleansed protein subsidiary (PPD) test. It depends on the utilization of the PPD tuberculin, an encourage of non-animal categories particular atoms separated from sanitized and focused societies of MTB, to distinguish resistant reactivity in subjects (Andersen et al. 2000). This test is straightforward and broadly utilized to recognize MTB presence. On the off chance that the subject is presented to MTB, intradermal infusion of PPD tuberculin prompts induration of the skin following 48–72 h, because of an invulnerable reaction. In spite of the fact that the method is generally basic, the measure requires very well prepared administrators to perform and break down outcomes. Incorrect outcomes may emerge from the nearness of nontuberculous mycobacterial contamination or Bacillus Calmette-Guérin (BCG) immunization (Farhat et al. 2006). As detailed, BCG inoculation in earliest stages causes a TST false positive rate of 8.5% and 1% when tried previously or following 10 years old, individually. These discoveries demonstrate the consequences of TST in high-commonness nations, for

example, India and China ought to be deciphered with the alert, as BCG immunization is given to new-born children after birth (Zwerling et al. 2011). It ought to likewise be noticed that the affectability of TST is low in HIV patients due to trade off invulnerable reactions (Cobelens et al. 2006).

4 Interferon-Gamma (IFN-γ) Discharge Tests

IFN- γ discharge tests were produced and executed 17 years ago with fluctuating stages of progress (Mazurek et al. 2005). They measure Lymphocyte arrival of IFN- γ (have cell safe) endless supply of entire blood with MTB-particular antigens, including early-discharged antigenic target 6 (ESAT6), culture filtrate protein 10 (CFP10) and TB7.7 (an extra antigen utilized in altered IGRA units). IGRA examines are accessible in two arrangements, ELISA (e.g., QuantiFERON[®]-TB, GFT) and catalyst connected immune spot test (ELISPOT, e.g., T-SPOT® TB test). OuantiFERON®-TB (counting OFT-Gold and OFT-Gold In-Tube) evaluates the centralization of IFN-γ, while T-SPOT[®] TB test checks the quantity of IFN-γ-delivering antigen-particular T lymphocytes. Despite the fact that these examines are not influenced by earlier BCG immunization as the antigens are missing in all BCG strains, they cannot recognize between LTBI and dynamic infection (Dheda et al. 2009). Furthermore, efficient audit and meta-examinations demonstrated that IGRA tests have no preferable affectability in recognizing dynamic or inert TB contamination in HIV-tainted people compared to TST (Cattamanchi et al. 2011; Metcalfe et al. 2011). This means that they cannot be utilized to discount in or administer dynamic TB cases, particularly in HIV-contaminated people (Chen et al. 2011; Ling et al. 2011). This constraint has driven a WHO master gathering to debilitate the utilization of IGRA tests for dynamic pneumonic TB conclusion in low-and center wage nations (Andersen et al. 2000). Moreover, the examine takes 24 h to create results and requires a huge instrumentation and all around prepared staff.

5 Indicative Holes Between Present Advances and Neglected Clinical Need

Despite the fact that *Mycobacterium tuberculosis* was recognized as the main cause of TB years ago, the discovery of TB in the creating scene stays a critical social insurance problem attributable to various difficulties. MTB is a moderate developing bacterium, and in this way culture, in spite of high affectability, can't give direction to nearby patient care. For instance, MTB takes 2–4 months to develop with conventional strong cultures, 10–14 days with quick fluid cultures. Respiratory TB can lead to moderately low clinical side effects right off the bat in the course of ailment,

which prompts delays in looking for understanding, consideration. Dynamic respiratory TB can initially display low bacillary weight, which regularly prompts low affectability for sputum tests. Also, using sputum tests for the determination of TB with existing system is more perplexing compared with that using urine and blood tests. Especially, institutionalized sputum accumulation, transportation as well as capacity techniques are required to guarantee a predictable analytic results. Some difficulties are presented by the moderate developing kind of TB, the absence of dependable and approved natural indicators (used for the identification) of dynamic TB and as recognizable proof of LTBI. Inaccessibility of solid bioindicators is due to the lack of understanding the complex communication between MTB and its host and defensive insusceptible reactions amid contamination. Moreover, heterogeneous insusceptible reactions from people with various infection statuses for example, idle disease/re-contamination or with various inoculations can frustrate the translation of immunoassay outcomes. A perfect POC measure would (1) recognize initial contamination/sickness specifically with high affectability, (2) yield the results rapidly and easily, (3) request an isolated visitation, (4) result in practically zero patient inconvenience, (5) avoids using sputum, (6) distinguish the spread of negative cases and evaluate tranquilize defencelessness, (7) be able to detect bioindicators specifically and effectively and can lead to a better treatment and (8) be accessible to all people with suspicious TB, where there is little access to a reference research center. Efficient early diagnosis would offer extra preferences as those patients are less infectious (Behr et al. 1999); thus decreasing in general horribleness and mortality (Siddiqi et al. 2003). In spite of the current innovations of tuberculosis diagnosis, the improvement of a basic POC test sooner rather than later is still difficult (Pai and Pai 2012; WHO 2011). The need for novel diagnostic method and solid bio marks are necessary to improve the TB diagnosis in highly affected communities (for example, those with HIV as well as additional pneumonic diseases, kids from whom sputum tests are hard to gather). In spite of the fact that the GeneXpert presenting a method of choice, but the high cost restricts its use. An elective system to create reasonable TB indicative tests for asset compelled settings is to scale down TB finding. Microfluidic and Nano-based technologies have shown a promising signs in developing a better TB diagnostic methods with no/little limitations.

6 TB Current Treatment and Confinements

The current Tb treatment involves the start with a four drugs regimen using the firstline drugs; isoniazid (INH), pyrazinamide (PZA), rifampicin (RIF) and ethambutol (EMB) for two months. This is followed by a two drugs regimen using INH and RIF for four months. The failure of treatment using the first line drugs demands the use of second line drugs such as streptomycin, kanamycin, amikacin, capreomycin, ofloxacin, levofloxacin, gatifloxacin, ethionamide, prothionamide, cycloserine, terizidone and paraamino salicylic acid (Douglas and McLeod 1999; Ahmad and Mokaddas 2014; Zumla et al. 2015). These drugs are less viable, more poisonous,

and inaccessible in numerous nations because of high expenses (WHO 2015a, b). Until the December of 2012, the latest medications gone back 50 years (Grosset et al. 2012). Sarkar and Suresh (2011) accentuated how essential additionally look into the new medication target, is required in mind the end goal to battle sedate safe TB (Sarkar and Suresh 2011). There are a few new drug competitors presently looking into furthermore, in the clinical preliminaries such as bedaquiline and delamanid, which have been affirmed for the treatment of MDR-TB, at the point where different options are not accessible (WHO 2015a, b). Bedaquiline was affirmed by the Nourishment and Medication Organization (FDA) in December 2012 and has finished stage II preliminaries. Keeping in the mind the end goal to enhance treatment regimens, stage III preliminaries and stage IV think (WHO 2015a, b). Delamanid was endorsed by the European Solution Office (EMA) in April 2014 furthermore, is at present being tried in a stage III clinical preliminary for the treatment of MDR-TB in grown-ups and in youngsters (Grosset et al. 2012). Likewise, a few existing medications are in a condition of re-assessment (Siddigi et al. 2003). The current TB remedy is generally connected with extreme adverse effects, bringing about poor consistence, leading to the appearance of multidrug safe strains and treatment's disappointment (Pinheiro et al. 2011; Dartois 2014; Das et al. 2015). Additionally, the present treatments have a constrained capacity to infiltrate granulomas and effect sly affect torpid bacilli (Wallis and Hafner 2015). In this unique situation, enhanced medicines are expected to abbreviate TB treatment span, anticipate obstruction and lessen lung damage.

Other than the previously mentioned confinements, the organization courses have likewise basic difficulties. The oral course is the most helpful and minimum costly; in any case, a delayed organization of high dosages is required and sub-helpful levels of hostile to TB drugs achieve the site of disease, due to the slower beginning of activity, the hepatic first-pass digestion and also the brutal gastro-intestinal retention (Pham et al. 2015; Turner et al. 2011). The oral course is additionally associated with extreme reactions because of high foundational introduction (Mehanna et al. 2014; du Toit et al. 2006). In comparison with the oral course, a higher bioavailability is achieved using the parenteral and pneumonic delivery systems, which avoid the first-pass effect (Pham et al. 2015). In any case, parenteral organization is an excruciating course of organization and requires the nearness of human services laborers (Prabakaran et al. 2004). In this unique circumstance, coordinate lung conveyance of hostile to TB drugs utilizing pneumonic conveyance frameworks could be invaluable and will be talked about in additional detail in the following area.

7 The Respiratory Administration Course: Favorable Circumstances and Difficulties

Lung is the most imperative course of access on account of disease by MTB (Misra et al. 2011; Sethi and Agrawal 2011), being the inhalatory course for medicate conveyance an energizing theory to be investigated keeping in mind the end goal to battle TB malady (Hokey and Misra 2011; Amani et al. 2011; Muttil et al. 2009). Undoubtedly, the lungs are the perfect target site of hostile to TB medicate conveyance and could give a non-invasive conveyance entry, requiring lower organization dosages for accomplishing a superior viability and poisonous quality decrease in examination with oral course (Willis et al. 2012). Lung mucosa has a vast surface of ingestion, a thin alveolar epithelium and a broad vascularization from which medications might be foundationally introduced into the circulation system; thus avoiding the firstpass effect (Misra et al. 2011). Respiratory organization likewise gives an enhanced bioavailability of medications in the focused on area, because of the constrained medication utilizing compound movement contrasted with different organs, for example, the gastrointestinal tract and liver (Lee et al. 2015). In comparison with the parenteral administration, the respiratory conveyance framework is self-administrated and noninvasive "free of needles" and can be self-administrated, which makes it considered as an intriguing methodology to treat respiratory diseases (Mehanna et al. 2014). Additionally, pathogenic TB bacilli set up disease principally in AMs (Hokey and Misra 2011). In this way, pneumonic conveyance of hostile to TB drugs establishes an intriguing methodology for the treatment of respiratory and furthermore extra pulmonary TB. In such manner, it would bear some significance with convey sedates straightforwardly to the lungs, accomplishing a superior focusing toward the contaminated AMs on account of pneumonic TB. On the other hand, the pneumonic conveyance of hostile to TB drugs related to their foundational ingestion could be utilized to treat extra pulmonary TB (Das et al. 2015; Pandey et al. 2005).

8 Lung Affidavit

The sciences and the defensive covering of the lungs are just parts of the challenge when an inhalatory system is being outlined. The affidavit of breathing in remedial operators in the respiratory aviation routes are exceedingly reliant on a few factors, which incorporates the characteristics of inhaled medications such as molecule number, shape, thickness, electrostatic charge and streamlined molecule measure dissemination (Lee et al. 2015; Ferron 1994; Ferron et al. 2013; Dunlap et al. 2000). Molecule measure is the most essential trademark to consider so as to accomplish a profound lung statement (Sung et al. 2007). Figure 2 shows the molecule measure impact in lung testimony. Particles, with diameter more than 5 μ m, tend to settle in the mouth and upper airways by impaction, particles with breadths extending from 1 to 5 μ m are the most proficient to achieve the profound lung by inertial impaction



Fig. 1 Schematic portrayal of the contamination by MTB

and sedimentation (Mitchison and Fourie 2010; Ranjita et al. 2011). With particles howl 1 μ m, components, for example, dispersion and sedimentation wind up imperative for achieving the pneumonic alveoli and such could be misused to advance respiratory conveyance methodologies (Chow et al. 2007). The molecule estimates between 50 and 200 nm is wanted for augmented medication limitation upon organization by inward breath (Ranjita et al. 2011). Molecule measure is likewise a critical trademark in the latent focusing of macrophages as it influences the accomplishment of disguise inside these cells. In such manner, particles with measurements of around 500 nm have been accounted for as perfect to experience phagocytosis by AMs (Fig. 1) (Muttil et al. 2009).

As depicted previously, adjusting the measure of the bearer framework, the phagocytosis of NPs by AMs can be upgraded. Related with latent focusing on system, there are dynamic focusing on methodologies that can be used to enhance the disguise of the NPs in the AMs. In dynamic focusing on systems, the structure and constitution of the nanosystems are changed. The presence of various receptors associated with macrophages make them susceptible to be used by nanostructures with suitable ligand. For example, the receptors of sugars (such as mannose and lactose) are profoundly associated with macrophages (Nimje et al. 2009; Jain et al. 2010). Different ligands regularly with a similar reason incorporate maleylated ox-like serum egg whites, O-steroyl amylopectin and anionic lipids. Recently, a few nanoparticlebased frameworks have been examined with the objective of tending to the previously mentioned angles. Pneumonic administration of medications should finish utilizing an appropriate gadget that creates a suitable airborne. As of now, there are three primary conveyance gadgets utilized for this reason, to be specific nebulizers, pressurized metered-measurement inhalers (pMDIs) and dry powder inhalers (DPIs). These are used widely with various types of particles (Bosquillon et al. 2001). They are ordinarily utilized in the treatment of respiratory constant sicknesses. DPIs are fuel free, versatile, simple to work and ease gadgets (Amani et al. 2011).

9 Nanosystems for the Pneumonic Conveyance of Hostile to TB Drugs

Nanotechnology is concerned with the plan and study of nano-structures, called nanoparticles (NPs), which have a diameter in the range of (1–1000 nm). These particles are characterized by special properties, which can be altered through changing the particle size (Pinheiro et al. 2011). Some particles, with a diameter of more than 1 μ m, are viewed as nanoparticles as they share a few, or even most, of these physical concoction qualities. NPs can be utilized for therapeutic purposes, to be specific as nanocarriers for restorative and demonstrative specialists by implies of exemplification, covalent connection, or surface adsorption of these operators (Moghimi et al. 2005).

Nanotechnology has shown the ability to develop a promising pneumonic drug delivery system. This can be explained by the ability of these carriers to deliver the drugs to different regions in the lungs, the possibility of developing drug delivery systems via modifying their surface and using special ligands as well as a high bioavailability can be achieved using nanosuspensions (Ranjita et al. 2011; Gill et al. 2007; Gao et al. 2012). All these reasons can enhance the therapeutic efficacy; reduce dosing frequency and side effects (Ranjita et al. 2011). Inhalable nanocarriers offer a potential incentive in the neighborhood the and uninvolved conveyance of hostile to TB treatment, as inspected beforehand (Mehanna et al. 2014; Andrade et al. 2013). Neutral NPs, polymeric and lipid based are the most used ones for pneumonic drug delivery. Different details right now looks into incorporating the creation of medication nanocrystals, pressurized canned products with attractive nanoparticles carriers, with foaming movement, and gold based carriers.

9.1 Liposomes

Liposomes were found in 1965 (Pinheiro et al. 2011). They are vesicular nanoparticles, established by phospholipid bilayers encasing a fluid medium (Bangham 1993; Mouritsen 2011). Their structure can be modified to adapt with lipophilic, hydrophilic or amphiphilic substances (Pinheiro et al. 2011; Chimote and Banerjee 2005). The possibility of modifying their size and structure paved the road to deliver the drugs, effectively and specifically, to different regions of the lung. Surface mannose alteration is a standout amongst the best models of this procedure, as it has been appeared to expand the take-up of NPs by AMs (Chono et al. 2010; Andrade et al. 2013; Wijagkanalan et al. 2008; Kong et al. 2012). Liposomes appear to be especially

proper for respiratory conveyance, as they may be detailed from endogenous mixes, for example, the segments of respiratory surfactant (PS) (Justo and Moraes 2003). Notwithstanding, numerous aerosolization systems can bargain liposome structure respectability. In generally aerosolized liposome details for focused aspiratory conveyance, liposomes are shaped before bundling. This more often than not brings about bursting of vesicle structure amid organization, in this manner losing the capacity for managed discharge (Anabousi et al. 2006). This makes them able to locate countless including pneumonic conveyance of medications with liposomal details, a large number of them concentrating on anti-microbial furthermore, especially hostile to TB drugs (Table 1). A research group investigated the theory of framing liposomes in locally, since the lung has a wet surface, which could give a watery stage to unconstrained development (Gaur et al. 2010). The plan embodying RIF with a stacking productivity of 29–38% was framed by egg phosphatidylcholines (EPCs), Chol and DCP. They have detailed that no vesicle break was seen with in situ framed liposomes and delayed medication discharge was accomplished.

Ciprofloxacin was one of the principal hostile to TB medications to be typified in liposomes. Finlay and Wong (1998) investigated liposomes made of phosphatidylcholine (PC) and Chol epitomized with ciprofloxacin with a high stacking proficiency of 90% preceding nebulization, of which 2-30% remained embodied after nebulization. They contemplated liposome disturbance amid aerosolization, utilizing 25 nebulizers (Finlay and Wong 1998). Afterward, the same creators distributed outcomes on unconstrained development of liposomes on scattering of phospholipid-based powder plans (Desai et al. 2002a, b). The plans comprised by PCs (dipalmitoylphosphatidylcholine (DPPC) or on the other hand EPC) and Chol showed a stacking productivity of 97% preceding lyophilization, of which up to 90% were held by the lyophilized cake and up to 40% after stream processing. In the other examination, among all the tried definitions: dimyristoylphosphatidylcholine (DMPC), DPPC, dimyristoylphosphatidylglycerol (DMPG), EPC:DMPG and DMPC:DMPG; the best outcomes as far as the stacking efficiency was gotten to the details with the adversely charged phospholipid DMPG, being right around 100%. Also, the nebulization of the particles causes a general diminishing of the medication's stacking effectiveness. Cysteine was utilized keeping in mind the end goal to encourage post-organization tweak of the medication discharge rate since it frames cross-interfaces between nanosized liposomes to frame the agglomerates. It could permit the treatment regimens where the organization of one single measurements would be adequate for an expanded timeframe, since medicate discharge could be intermittently quickened. They additionally found that the dynamic arrival of the medication does not cause critical irritation, dissimilar to the organization of free ciprofloxacin. Other enemies of TB drugs have just been epitomized into liposomes. Liposomes made of DPPC for INH conveyance were produced (stacking proficiency of around 37%) by Chimote and Banerjee (2009). The creators watched a supported arrival of INH epitomized in liposomes held more than 24 h, after a burst discharge in the initial 5 h of half of the medication. They have likewise directed biocompatibility and soundness studies, and found that these plans were hemocompatible, cytocompatible, and stable for the length of no less than multi month. Justo and Moraes (2003) contemplated

Table 1 Liposomes for the pi	ulmonary delivery of a	nti-TB drugs				
Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
Liposomes (PC:Chol)	5-7 µm	N/A	Ciprofloxacin	90% (before nebulization), of which 2–30% remained	Nebulizer	N/A
Liposomes (DPPC:Chol and EPC:Chol)	Lyophilized cake: 1-7 μm After jet milling: 1-2 μm	N/A	Ciprofloxacin	Before lyophilization: 97% After lyophilization: 90%	Dry powder	N/A
Liposomes (DMPC, DPPC, DMPG)	2–3 µm	N/A	Ciprofloxacin	DMPC: 50% DPPC: 30% DMPG: 95%	Nebulizer	N/A
Liposomes (DPPC:Chol:mPEG-DSPE and DPPC:Chol:DS PE-PEG-NH2)	Liposomes: 140-460 nm Agglomerates: 1-140 μm	N/A	Ciprofloxacin	N/A	Nebulizer	The plan did not cause critical aggravation, dissimilar to the organization of free medication
Liposomes (DPPC)	750 nm	N/A	HNI	~37%	Nebulizer	The plan is hemocompatible and cytocompatible
Liposomes (DSPC:Chol)	286–329 nm	N/A	INH, PZA, RIF, ethionamide, and streptomycin	INH: 3% PZA: 2% Streptomycin Ethionamide and RIF: 0% Streptomycin: 42%		N/A

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article	DIZE	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
mes nin:Chol) 6	6.373 µm	N/A	RIF	79.25%	Dry powder	The created NPs were inside respirable size range upgrade of medication pervasion in alveolar epithelium
med and in situ 1 liposomes Chol:DCP)	$2 \ \mu m$ for preformed and in situ formed, respectively	N/A	RIF	29–38%		Drawn out medication discharge was accomplished to the in situ definitions
omes (PC:Chol)	2–4 μm	Negatively charged liposomes (DCP)	RIF	47-49%	Nebulizer	Lung maintenance of medication was higher with liposomes than with free medication
omes (EPC:Chol)	DSPE-PEG liposomes: b200 nm O-SAP coated liposomes: ≥200 nm	O-SAP	INH and RIF	INH: 8-10%	INH: 8-10% RIF: 44-49%	Exemplified drugs were seen to be less destructive than free sedates in cell lines O-SAP covering enhanced lung total
						(continued)

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Table 1 (continued)						
Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
Liposomes (EPC)	25-65 nm	Tuftsin	RIF	28-32%		Covered liposomes given twice week after week for about fourteen days were extensively more viable than uncoated ones in controlling TB
Proliposomes (HSPC, Chol, stearylamine or stearic acid)	442–803 nm		Rifapentine		Dry powder	Supported medication discharge with longer maintenance of medication in lungs and most astounding focusing on potential In vivo considers: The immediate conveyance of rifapentine in the type of RLDPI to the lungs, accomplishes higher medication fixation in lungs and diminishes fundamental

the likelihood of co-embodiment of a few against TB drugs (i.e., INH, PZA, RIF, ethionamide, and streptomycin) in liposomes made of distearoylphosphatidylcholine (DSPC) and Chol (Justo and Moraes 2003). Be that as it may, under the tried conditions, RIF and ethionamide were not effectively typified. Low epitome effectiveness was accomplished to both INH and PZA, with stacking efficiencies individually of 3% and 2%, being the epitome of streptomycin the most astounding (42%). Gaur et al. (2010) distributed an attainability think about where they utilized RIF as the model medication (Gaur et al. 2010). In this investigation, in situ framed liposomes made of PC and Chol demonstrated preferred managed discharge profile over the preformed liposomes, however both liposomal vaporizers demonstrated an enhanced conveyance of RIF over plain medication aerosols, with exemplification efficiencies around 30%. As of late, Patil et al. (2015) created RiF-stacked stop dried liposomes also; their outcomes affirmed that as the convergence of Chol expanded, the medication discharge diminished (Patil et al. 2015). Their advanced plan has 79.25% of medication ensnarement effectiveness and has demonstrated moderate and managed arrival of the medication. In vitro results uncovered an upgraded dissolvability of the medication and higher enemy of TB action, when contrasted with the unadulterated medication alone. Streamlined portrayal information recommended that the created NPs were inside the respirable size range and in vivo contemplates upheld the job of liposomes in upgrade of medication saturation in alveolar epithelium (Patil et al. 2015). The likelihood of surface covering to accomplish dynamic focusing with liposomes shaped by PC and Chol has likewise been a subject of intrigue. Vyas et al. (2004) epitomized RIF (stacking productivity of about half) when considering liposomes covered with macrophage specific ligands (i.e., DCP, MBSA or O-SAP) and announced a particular aggregation of ligand-covered plans in the lung macrophages (Vyas et al. 2004). O-SAP surface adjustment was additionally the focal point of Deol et al. (1997), who was created to cover liposomes shaped by EPC and Chol for the exemplification of both RIF (stacking effectiveness 44-49%) and INH (stacking proficiency 8–10%) (Deol et al. 1997). They looked at the results with the uncoated ones and revealed that epitomizing drugs inside liposomes lessened poisonous quality and that O-SAP covering has prevailing with regards to improving lung collection. Agarwal et al. (1994) contemplated the tufts in functionalization of EPC liposomes embodied with RIF (stacking effectiveness around 30%) (Agarwal et al. 1994). They announced that thinking about one single organization, tufts in functionalization improved outcomes than uncoated.

Definitions, however with general organization more than about fourteen days, tufts in liposomes were more productive in controlling TB (Agarwal et al. 1994). Patil-Gadhe and Pokharkar (2014) effectively connected the standards of value by configuration to create rifapentine-stacked proliposomes for inward breath by shower drying in a single step. Their outcomes showed a supported medication discharge and the pulmokinetic parameters were enhanced, uncovering longer maintenance of sedate in the lungs and most elevated focusing on potential (Patil-Gadhe and Pokharkar 2014). After one year, it was assessed the counter TB action, in vitro cytotoxicity also, in vivo poisonous quality of rifapentine-stacked proliposomal dry

powder for inward breath (RLDPI). Their outcomes affirmed the counter TB potential of rifapentine in splash dried RLDPI. Additionally, the immediate conveyance of rifapentine as RLDPI to the lungs, accomplishes higher medication focus in the lungs and diminishes foundational poisonous quality (Patil et al. 2015). These investigations obviously show that enemy of TB-epitomized liposomes have an exceptional potential as immediate medication conveyance frameworks to the lungs.

9.2 Lipid Nanoparticles

Lipid NPs indicate higher medication stacking limit, higher steadiness, and may not require the utilization of natural solvents amid generation in difference to liposomes and polymeric NPs (Sosnik et al. 2010). The good biocompatibility and the ability to deliver medicines, specifically and effectively, to different areas in the lung make these carriers good candidates for respiratory drug delivery systems (Videira et al. 2002; Pandey et al. 2005; Yu et al. 2010). Solid lipid nanocarriers (SLNs) and nanostructured lipid bearers (NLCs) are the most well-known lipid NPs utilized. Table 2 recorded the precedents established in the writing of lipid NP definitions for the conveyance of against TB drugs. The distributed outcomes by Jain and Banerjee (2008), who analyzed four unique nanocarriers for the joining of ciprofloxacin, demonstrated that SLNs could advance a drawn out medication discharge (Jain and Banerjee 2008). This work is one of the four reports that were discovered with respect to the respiratory conveyance of SLNs stacked with INH, RIF and PZA. Nimje et al. (2009) arranged rifabutin stacked SLNs made of tristearin, and contrasted uncoated definitions and details covered with mannose (Nimje et al. 2009). The outcomes demonstrated that the detailing is reasonable for maintained conveyance and due to mannose covering the cell take-up by AMs was about six times upgraded. In vivo results affirmed the nearness of higher medication sum in the lungs and less immunogenicity for covered SLNs with respect to uncoated definition. Pandey and Kuller (2005a, b) have arranged SLNs comprised by stearic corrosive for pneumonic conveyance through nebulization (Pandey et al. 2005). They consolidated INH, RIF and PZA with stacking efficiencies of about half for each tranquilizes. Every one of the definitions were equipped for managed medicate discharge with a burst sedate discharge lower than 20% in the initial 6 h, and 11-15% amid 6-72 h on account of INH and PZA; for RIF, 9% were the discharged in the initial 6 h, what's more, 11% amid 6-72 h. The nebulized SLNs were effectively saved in the lungs and were recognized in different organs up to 7 days after the organization. Administrated free medication was cleared within 24-48 h. Jain and Banerjee (2008) included SLNs made of stearic corrosive in their rundown of nanosystems to convey ciprofloxacin (with a stacking effectiveness of 39%) and reasoned that these NPs were fit for supported medication discharge up to 80 h (Jain and Banerjee 2008). As of late, Chuan et al. (2013) created RIF-stacked SLNs as AM-focusing on the sedate conveyance framework. RIF-stacked SLNs had a normal size of around 800 nm and demonstrated moderately low cytotoxicity when fixation was higher than $20 \,\mu$ g/mL. Also, the creators illustrated that the RIF-stacked SLNs were disguised all the more specifically in

Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
SLN (tristearin)	Uncoated: 251 nm Coated: 389 nm	Mannose	Rifabutin	Uncoated: 82% Coated: 87%		Maintained medication discharge; macrophage take-up was higher for covered SLNs. Higher medication nearness in the lungs for covered SLNs; less immunogenic
SLN (stearic acid)	1–2 μm	N/A	INH, RIF, PZA	INH: 45% RIF: 51% PZA: 41%	Nebulizer	Medication discharged was b20% in the initial 6 h, and 11–15% amid 6–72 h for INH/pyrazinamid; 9% in the initial 6 h and 11% amid 6–72 h for RIF The three medications were identified in the lungs, liver and spleen of the creatures up to day 7 following the nebulization
SLN (stearic acid)	74–99 nm	N/A	Ciprofloxacin	39%	-	SLNs were equipped for a drawn out medication discharge up to 80 h
SLN	800 nm	N/A	RIF	86.5%	_	RIF-stacked SLNs were disguised more specifically in AMs than in alveolar epithelial compose II cells
NLC	160 nm	Mannose	RIF	N90%	-	RIF-stacked NLCs demonstrated tissue selectivity and altogether enhanced the lung amassing of RIF, when contrasted with RIF arrangement

 Table 2
 Lipid NPs for the pneumonic conveyance of hostile to TB drugs

AMs than in alveolar epithelial compose II cells (Chuan et al. 2013). As a novel sort of lipid NPs, NLCs are made of blend out of strong and fluid lipids, which makes a flawed gem lattice that upgrades tranquilize stacking limit and limits sedate ejection amid long haul stockpiling (Radtke et al. 2005). From our insight, there is just a single report about the improvement of against TB medicate stacked NLCs frameworks for AMs focusing on. Song et al. (2015) created RIF-stacked cationic mannosylated NLCs with a normal size of 160 nm, embodiment proficiency higher than 90%, least cytotoxicity and no incendiary reaction (Song et al. 2015). Besides, RIF-stacked NLCs indicated tissue selectivity and altogether enhanced the lung amassing of RIF, when contrasted with RIF arrangement (Yu et al. 2010). Because of their attributes, lipid NPs offers an efficient methodology for the respiratory organization of hostile to TB drugs.

9.3 Polymeric Nanoparticles

Natural and synthetic polymers have been involved in the development of nanocarriers for controlled drug delivery (Moghimi et al. 2005). Basic precedents of regular polymers for pneumonic conveyance are alginate, chitosan and gelatin. Manufactured polymers incorporate poly (lactide-co-glycolide) corrosive (PLGA), poly lactic corrosive, poly anhydride and poly acrylate (Pandey and Ahmad 2011). Polymeric NPs are among the most generally examined frameworks for medicating conveyance by and large, and many reports center around the pneumonic conveyance specifically. These conveyance frameworks satisfy most prerequisites set for pneumonic conveyance, for example, adequate relationship of the helpful agent with the bearer particles, focusing of particular locales or cell populaces in the lung, and empower the security of medications against corruption what's more, the medication discharge at remedial levels for accomplishing the attractive impact. They additionally can be moved into an airborne, present low poisonous quality and security against powers produced amid aerosolization (Beck-Broichsitter et al. 2012), making them fascinating materials for the designing of biodegradable nanocarriers (Rytting et al. 2008). Medication conveyance plans with hostile to TB drugs have just been utilized with these nanocarriers (Table 3). Jain and Banerjee (2008) thought about four distinctive NP details for ciprofloxacin conveyance, the three of them being polymeric NPs (Jain and Banerjee 2008). The creators fused the medication into egg whites, gelatin and chitosan NPs and concentrated their medication discharge profiles. Out of the three polymers, the egg whites and chitosan NPs turned out to be more equipped for medicate consolidation (48 and 35% stacking proficiency, separately) what's more, the supported discharge (up to 120 and 96 h, individually). Different examinations more often than not center around one sort of nanosystem, despite the fact that with different medications co-exemplified. Alginate NPs have been contemplated by Ahmad et al. (2005) for the joining of RIF, INH and PZA (Ahmad et al. 2005).

The said particles had streamlined distances across in the respirable run, and introduced high medication exemplification efficiencies for each of the three medications

able 3 Polymeric NF	s for the pneumonic co.	nveyance of against TB	drugs			
Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
Albumin, gelatin and chitosan	Albumin: 140–175 nm Gelatin: 143–184 nm Chitosan: 247–322 nm	N/A	Ciprofloxacin	Albumin: 48% Gelatin: drug unstable and prone to flocculation	1	Albumin and chitosan NPs were fit for delayed tranquilize discharge up to 120 h and 96 h, separately
Alginate	236 nm	N/A	RIF, INH, PZA	RIF: 80–90% INH and PZA: 70–90%	Nebulizer	Streamlined widths in the respirable range Expanded bioavailability contrasted with oral free medications
Gelatin	234 nm (uncoated) and 343 nm (coated)	Mannose	HNI	55% (uncoated) and 43% (coated)	Nebulizer	An underlying burst, trailed by a slower managed discharge over a time of 120 h Macrophage take-up higher with covered NPs than with uncoated ones Higher medication content in the lung for mannosylated NPs
						(continued)

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Table 3 (continued)						
Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
mPEG 2000 and mPEG 5000 DSPE	mPEG2000: 226–396 nm mPEG5000: 163–233 nm	N/A	RIF	84-104 %	Nebulizer	Drawn out medication discharge more than 3 days Streamlined distances across in the respirable range
Chitosan/tri-poly phosphate (TPP)	Chitosan/TPP (3:1): 241 nm Chitosan/TPP (6:1): 449 nm	N/A	HNI	Chitosan/TPP (3:1): 13% Chitosan/TPP (6:1): 17%	Dry-powder	An underlying burst arrival of medication up to 4 h, trailed by a maintained discharge amid 6 days
Chitosan	230 nm	N/A	RIF, INH	RIF: 70.8% INH: 68.8%	Nebulizer	Lower cytotoxicity and critical decrease in the number of bacilli in the lungs, contrasted with free medication
						(continued)

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Table 3 (continued)						
Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
PLGA PNAPS	NPs: ~ 195 nm PNAP: ~4 µm	N/A	RIF	N/A	Dry-powder	An underlying burst of the medication happens, trailed by a managed discharge past 8 h Medication stayed noticeable in lung up to and past 8 h
PLGA	121–184 nm	Lactose	RIF	38-42%	1	In correlation with unconjugated NPs, lactose conjugated NPs indicated more prominent normal size and medication payload, slower medicate discharge, and upgraded take-up in lung tissue

Table 3 (continued)

(continued)

Table 3 (continued)						
Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
PLGA	186–290 mm	N/A	RIF, INH, PZA	RIF: 57% INH: 66% PZA: 68%	Nebulizer	RIF stays in plasma up to 6 days, while INH and PZA stay up to 8 days. RIF, INH, PZA were available at restorative focuses in the lungs till day 11
PLGA	Uncoated NPs: 180–290 nm Coated NPs: 350–400 nm	Wheat germ agglutinin	RIF, INH, PZA	RIF: 54% INH: 64% PZA: 67%	Nebulizer	RIF stays in plasma amid 6–7 days, while INH/PZA stays plasma amid 13–14 days
PLGA	110–700 nm	N/A	Levofloxacin	4-23%	Dry-powder	Epitome productivity was expanded utilizing changed techniques for PLGA arrangement, and medication discharge was kept up or improved. Antibacterial action was kept up after splash drying
						(continued)

Table 3 (continued)						
Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
PLGA (lipid-polymer hybrid)			Levofloxacin, ciprofloxacin and ofloxacin	Levofloxacin: 10–19% Ciprofloxacin: 4–6% Ofloxacin: 10–25%	1	Mixture levofloxacin-NPs demonstrated a burst discharge in the initial 5 h, and afterward a moderate discharge in the accompanying 20 h. With non-mixture NPs, nearly the whole medication is discharged in the initial 5 h
Copolymer of ethyl acrylate, methyl methacrylate and a low content of methacrylic acid ester	45.51–300.4 nm		PZA	80.09%	1	The streamlined definition was steady for 2 months furthermore, has been productively up taken by AMs

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(somewhere in the range of 70 and 90%). Bioavailability everything being equal was examined and these details indicated preferable outcomes over the oral organization of free medications. Researchers developed gelatin-based nanoparticles, linked with mannose, as a promising targeted pneumonic drug delivery of INH. Abdulla et al. (2010) utilized two diverse sub-atomic weights of poly-(ethylene oxide)–square distearoylphosphatidyl-ethanolamine (mPEG2000–DSPE and mPEG5000–DSPE) polymers to create nano carriers for pneumonic conveyance of RIF (Abdulla et al. 2010). They announced high tranquilize stacking and ensnarement efficiencies (84–104%) and took note that these qualities were impacted by drug: polymer proportion, yet not by mPEG–DSPE atomic weight. Molecule measure and streamlined portrayal demonstrated that readied definitions were appropriate for lung statement through inward breath.

Chitosan has been used widely in the development of nano systems due to its attractive properties such as the good biocompatibility, biodegradability, low toxicity, being mucoadhesive and advancing macromolecule saturation through efficient epithelia (Grenha et al. 2005; Sharma et al. 2012). This examination additionally demonstrated that this methodology could be utilized for neighborhood treatment of lung maladies, for example, TB. Pourshahab et al. (2011) utilized chitosan/tripoly phosphate NPs as nanocarriers for INH with 449 nm in measure and a stacking proficiency of 17%. The detailing displayed a discharge profile with an underlying medication discharge burst, trailed by moderate and supported discharge in the accompanying 6 days (Pourshahab et al. 2011). Garg et al. (2015) arranged and described a shower dried inhalable chitosan NPs for supported conveyance of INH and RIF (Garg et al. 2015). Their outcomes incorporate NPs with a normal size of 230 nm and a medication exemplification proficiency of 69% for INH and 71% for RIF. Moreover, these details appeared bring down cytotoxicity and critical decrease in the quantity of bacilli in the lungs, contrasted with free medication (Garg et al. 2015). PLGA NPs are to a great degree regular in nano systems, and have been used to epitomize some enemy of TB drugs. Sung et al. (2009) illustrated that PLGA NPs stacked with RIF could be detailed, bringing about "permeable NP-total molecule" (PNAP), particles with airborne properties reasonable for lung conveyance (Sung et al. 2009). In vitro and in vivo thinks about were performed, what's more, found a postponed arrival of the medication up to 8 h. They displayed a more prominent normal size and medication payload, slower tranquilize discharge, also, and demonstrated to have a superior take-up by lung tissue. Pandey et al. (2003) also, Sharma et al. (2004) developed PLGA NPs as a potential co-delivery system of RIF, INH and PZA. They announced the nearness of RIF in plasma for 4-6 days, and of INH and PZA for 8-9 days. Surprisingly a further work demonstrated that five dosages of nebulized hostile to TB PLGA NPs accomplished the identical restorative advantages of 46 every day dosages of orally regulated free medication (Pandey et al. 2003). In 2004, they covered comparable NPs with wheat germ agglutinin and announced an expanded period amid to which all medications were recognizable in plasma, in particular 6-7 days for RIF and 13-14 days for INH and PZA (Sharma et al. 2004). Cheow and Hadinoto (2010) modified PLGA arrangement strategies to accomplish higher embodiment efficiencies of water soluble anti-infection agents,

utilizing levofloxacin as the model medication (Cheow and Hadinoto 2010). The detailing displayed a stacking productivity somewhere in the range of 4 and 23%, and displayed antibacterial action even after the splash drying. In other example, they created lipid-polymer half and half NPs to consolidate levofloxacin, ciprofloxacin, and ofloxacin (Cheow and Hadinoto 2011). These details showed a productivity epitome of 10-19% (levofloxacin), 4-6% (ciprofloxacin), and 10-25% (ofloxacin). After introductory burst discharge, cross breed NPs demonstrated a slower or slower tranquilize discharge than its non-hybrid partners. With a specific end goal to manage the discharge profile and the diminish dosing recurrence of PZA, Varma et al. (2015) figured PZA-stacked polymeric NPs, utilizing a copolymer of ethyl acrylate, methylmethacrylate and a low content of methacrylic corrosive ester with quaternary ammonium bunches (Varma et al. 2015). The outcomes uncovered that the NPs demonstrated a size range from 45 to 300 nm and a maximum drug entanglement effectiveness of 80.9%. This upgraded detailing was steady for 2 months and has been effectively uptaked by AMs. The discharge rate of the medication diminished with an expansion of polymer's fixation, and a proportion of the drug: polymer (1:2) empowered the PZN discharge for over 1 day (Varma et al. 2015). These investigations bolster the thought that polymeric NP-based for sedate conveyance frameworks are appropriate for focusing on the cell stores of MTB.

9.4 Different Nanocarriers

The utilization of remedial operates as a nanocarrier has been presented as a framework for tranquilizes conveyance. The medicated nanocarriers break down quickly in the pulmonary fluid prompting a nearby high focus, which is useful for a confined treatment of pulmonary sicknesses such as pneumonic TB. The outcomes demonstrated that these frameworks could be utilized in tranquilize conveyance details to enhance both the pharmacokinetic and the pharmacodynamic properties of ineffectively solvent medications. Table 4 recorded the models of NPs diverse from the most widely utilized for the conveyance of hostile to TB drugs. Gao et al. (2012) detailed two various types of pneumonic definition containing sedate nanocrystals (Gao et al. 2012). Spore like medication particles for profound lung statement have been also proposed as an inventive framework (Shen et al. 2012). Empty and spore like nanoagglomerates were acquired by blending the medication arrangement with an antisolvent in a high gravity condition. The manufacture of medications like spores can enhance the pneumonic medication conveyance.

Productivity in DPIs, out of context, financially savvy and simple large production capacity technique compared to other conventional techniques such as milling, homogenization, and shower solidifying into fluid and supercritical antisolvent precipitation to get a ready nanosuspensions. Monodisperse particles with controlled morphology can be obtained using this system (Shen et al. 2012). Right now, just a single report was announced in regards to the creation of nanocarriers carriers for the delivery of TB drugs. El-Gendy et al. (2010) arranged ciprofloxacin nanosuspensions

Nanoparticle	Size	Ligand	Drug(s)	Loading efficiency	Inhaled form In.	In vitro/in vivo results
Drug nanoparticle agglomerates	NPs: 8–722 nm NP agglomerates: 2–4 μm	N/A	Ciprofloxacin	81–96%	Dry powder	Disintegration rate was progressed in correlation with the free medication
Effervescent NPs (PBCA)	Bubbling arrangements: 244 and 252 nm when shower drying, individually Bubbling arrangements containing I-leucine what's more, PEG 6000: 150 and 177 nm, prior and then afterward splash drying, separately Bearer particles: 2 µm	N/A	Ciprofloxacin	N/A	Dry powder	Fizzing bearer particles discharged 56% of ciprofloxacin into arrangement in correlation with 32% at the point when lactose particles were utilized

 Table 4
 Medication nanocrystals and NPs with fizzing action for the respiratory conveyance of hostile to TB drugs

with a higher stacking proficiency (i.e., 81–96%) (El-Gendy et al. 2010). Disintegration tests were performed. The results demonstrated that the disintegration rate was enhanced, exhibiting that these strategies may survive a portion of the solvency issues exhibited by the new enemy of TB drugs, extraordinarily by atoms that, in spite of the fact that it did not pass the clinical preliminaries because of dissolvability issues, indicated higher potential as hostile to TB drugs. NPs with bubbling action have been recommended for respiratory conveyance. Oral medication conveyance related to bubbling pharmaceutical definitions is utilized for quite a while, in stomach trouble solutions, analgesics and vitamins. The fizzing action of the transporter particles happens when the bearer particles are presented to moistness, adding a functioning discharge instrument to the pneumonic course of the organization. Moreover, bubbling nanostructures with a suitable size can be orchestrated for a better lung settlement, and the innovation seems, by all accounts, to be alright for respiratory conveyance (Azarmi et al. 2008). Albeit fizzing NPs have been generally examined

as a promising respiratory conveyance technique for the conveyance of various medications (Azarmi et al. 2008; Al-Hallak et al. 2012; Roa et al. 2011), just a single report has been announced with respect to their utilization for the conveyance of ciprofloxacin (Ely et al. 2007). Ely et al. (2007) have created and considered diverse powder syntheses with fizzing movement, and announced two plans reasonable for pneumonic conveyance (Ely et al. 2007). Inhaled gold nanoparticles, with a mean diameter of 16 nm, were recently studied as potential targeting delivery systems (Tom et al. 2004), yet the referred to consider do not center around the pneumonic conveyance, and no different reports have been discovered with respect to the utilization of these particles for pneumonic conveyance, notwithstanding the model medication. The utilization of attractive mist concentrates utilizing superparamagnetic press oxide NPs has likewise been recommended as an approach to enhance pneumonic conveyance (Dames et al. 2007). Ciprofloxacin has been utilized as a model medication in the advancement of superparamagnetic nanocomposites with attractively intervened arrival of the stacked enemy of TB sedate (Bajpai and Gupta 2011). Be that as it may, no examination has been discovered joining these two procedures to accomplish attractively interceded respiratory conveyance of hostile to TB drugs.

10 The Potential Application of Nanotechnology/Microfluidics in TB Diagnosis

Nanotechnology and microfluidics have been used to develop biosensitive sensors for MTB diagnosis (Table 1). This system consists of an expository gadget combined with an organic sensor reacts to physicochemical changes in the detecting region. Contingent upon the utilized flag creating instrument, TB biosensors can be put into one of the accompanying classes: mass/piezoelectric, biochemical, electrical, also, optical sensors as talked about underneath. These detecting stages are in light of distinguishing antibody–antigen connections, entire mycobacteria or on the other hand nucleic corrosive hybridization.

10.1 Biosensors in View of Identifying Antigen/Neutralizer/Entire Mycobacteria

10.1.1 Mass and Piezoelectric Sensors

These sensors use quartz precious stones, which are highly sensitive to mass and surface changes. They can identify sub-atomic cooperation among target and ligand, what's more, screen biochemical responses happening on the surface of a detecting stage. Two methods have been developed to recognize MTB, including (1) quartz

gem microbalance (OCM) innovation (2) arrangement piezoelectric precious stone based sensors. In OCM, changes in gravitational load on the sensor also, viscoelastic properties of the example cause a recurrence move of a quartz precious stone resonator (Höök et al. 2001; Peh et al. 2007). In an immuno-piezo sensor, a OCM detecting surface was first covered by a styrene–butadiene–styrene copolymer as a film emulating layer to immobilize hostile to MTB antibodies on the sensor (He et al. 2003). Amid the hatching with MTB on the stage, the catch of MTB cells was checked continuously by watching the recurrence move because of the change in mass stacking on the sensor. The point of confinement of-recognition of this framework was seen to be 105 CFU/mL (He et al. 2003). Despite the fact that this innovation is fast, basic, and mark free, the exactness is influenced by various factors, for example, thickness, consistency, dielectric steady and the sample electrical conductivity (Ren et al. 2008). Another system was developed using a multi-channel arrangement piezoelectric quartz precious stone (MSPQC) sensor framework (Ren et al. 2008). The MSPQC framework comprised of a different example discovery stage, a microchip framework, and an information yield framework. The silver-covered generator delicate to changes in the recurrence. The framework intended to distinguish unpredictable metabolites (such as CO_2 and NH_3) that are created therefore of MTB development. After that, they were consumed due to the presence of KOH in the medium, also created a recurrence move. With a cutoff of 100 Hz change in the recurrence move, this test had a wide linearity running from 102 to 107 CFU/mL and a location point of confinement of 10 CFU/mL. Contrasted with the regular measures, for example, "BACTECTM MGITTM 960 and Lowenstein-Jensen (L-J)" inclines, MSPOC examine is more economical (under \$1000 for the setup and \$4.2 for the measure) furthermore, delicate (Ren et al. 2008). In any case, the examine needs 2-4 days to culture MTB, and necessities test pretreatment to dispense with possible tainting by other microbes that might be less appropriate for POC testing.

10.1.2 Light Identification Advancements

Raman spectroscopy has been used to recognize refined MTB and have turned out to be quick and profoundly particular in separating MTB from other strains (Buijtels et al. 2008). In this method, a Raman spectra system is coupled to a custommanufactured transformed magnifying instrument with computerized XY-arrange. To energize the examples, a laser light utilized at an estimated wavelength of 750– 1000 nm to produce spectrographic fingerprints of a numerous mycobacterial strains. These fingerprints spoke to the sub-atomic piece of the practical organism at both the strain and species levels. The affectability of the depicted technique for different strains was seen to be 95.2%, contrasted with 16S rRNA distinguishing proof (sequencing), which has disadvantages, for example, staggering expense, unpredictability, and unambiguous translations (Buijtels et al. 2008). The spectra of warmth inactivated tests demonstrated negligible contrast from that of practical mycobacteria tests and this can enable this stage to be utilized outside Biosafety Level 3 research facilities, with a warm inactivated tests. At any rate, this approach is restricted by a few difficulties for POC testing, which include the economy (utilization of laser and a fluorescence magnifying instrument), long system (roughly 3 h) and prerequisite to set up fingerprints for non-tuberculosis bacteria and other pathogens. Furthermore, the affectability for identification of MTB in the sputum should be additionally assessed. Another optical location innovation for MTB conclusion is RBS breath-alyzer fluorometry (Rapid Biosensor Systems, Cambridge, UK). This framework comprises of a convenient gadget dispensable plastic gathering tube (3.5×10 cm) into which the patient hacks. The accumulation tube was intended to gather pressurized canned products and particles hacked out by the patient and embedded into a little battery-worked device, which contains a diode laser and a photomultiplier for detecting.

In the accumulation tube, the hack test is pushed around a plunger and disseminated onto the surface of a crystal at the base. Since the crystal was covered with fluorescence marked simple, the nearness of native MTB antigen (e.g., Ag85B) dislodged the simple and prompted a fluorescence flag change. The computerized readout of the fluorescence change was acquired within 10 min. In the field preliminary, this RBS breathalyzer fluorometry identified 23 tests gathered from 31 tuberculosis patients, with an affectability of 74% (95% CI 55–87). Of the 29 negative examples, 6 were false positive, bringing about a specificity of 79% (95% CI 60–91). Despite the fact that this test cannot supplant the utilization of sputum microscopy in asset obliged settings, it can positively help the analysis of some patients such as kids who cannot give sputum tests. The high cost, the low specificity and affectability are the main limitations of this test. Nagel et al. (2008) created three distinctive names free optical immunosensors for fast recognition of tuberculosis-particular antibodies (Fig. 2). The grinding coupler and the interferometric biosensor, both working in refract metric mode, observed the progressions in the compelling refractive list at the sensor



Fig. 2 Depiction of the effect of particle gauge in lung sworn statement and phagocytosis by the alveolar macrophages

surface (Ta₂O₅ and SiO₂). The grinding coupler biosensor decided the move of the coupling point, and the interferometric biosensor distinguished stage change of two waves going through a detecting branch and a reference branch within a waveguide. The RIFS in light of the reflecting metric approach decided the optical thickness of a thin sensor layer by distinguishing light reflection at interfaces. In spite of the fact that these three sensors varied in identification components, they used a similar surface science, where 1,4-phenylenediisothiocyanate, a cross linker, is utilized to immobilize a 38-kDa MTB lipoprotein antigen. These unique advancements were utilized to identify MTB-particular antibodies that may be available in the serum. As revealed, the grinding coupler has 100% specificity and 75% affectability contrasted with ELISA. The other two sensors appeared comparable sensor grams. Since these three optical sensors were sans mark advances, they required stringent particular conditions. In this examination, the utilization of 1,4-phenylenediisothiocyanate accomplished the impact of finish surface inclusion to evacuate non-particular official. In spite of close to nothing non-particular authoritative, high chip-to-chip variety was watched. Including to this test, the prerequisite of costly couplers, lasers, and a pump framework restrains the utility of this framework at the POC. Surface plasm on reverberation (SPR) is an optical strategy in light of the ongoing checking of changes in the surface refractive record caused by affiliation or separation of atoms of the surface refractive record caused by affiliation or separation of atoms of the surface refractive record caused by affiliation or separation of atoms of the surface refractive record caused by affiliation or separation of atoms of the surface refractive record caused by affiliation or separation of atoms of the surface information in the surface refractive record caused by affiliation or separation of atoms of the surface refractive reco

As revealed, the grinding coupler has 100% specificity and 75% affectability contrasted with ELISA. The other two sensors appeared comparable sensor grams. Since these three optical sensors were sans mark advances, they required stringent particular conditions. In this examination, the utilization of 1,4-phenylenediisothiocyanate accomplished the impact of finish surface inclusion to evacuate non-particular official. In spite of close to nothing non-particular authoritative, high chip-to-chip variety was watched. Including to this test, the prerequisite of costly couplers, lasers, and a pump framework restrains the utility of this framework at the POC. Surface plasm on reverberation (SPR) is an optical strategy in light of the ongoing checking of changes in the surface refractive record caused by affiliation or separation of atoms onto/from the sensor (Homola 2008). This optical innovation had likewise been produced to recognize MTB particular antigens (e.g., CFP-10 antigen) in tissue liquid (Hong et al. 2011). In this immuno-based discovery technique, monoclonal enemy of CFP10 antibodies were first immobilized on a business immunosensor chip. The chip was coordinated with a SPR-based optical immunosensor framework (Bia Core 3000, Sweden) and used the CFP10 antigen as a delicate TB marker. The outcomes showed that the change in SPR point expanded directly with CFP10 focuses, i.e., in the range from 0.1 to 1 μ g/mL (Hong et al. 2011). SPR-based immunosensors can likewise be adjusted to detect different antigens and pathogens by modifying the discovery particles (e.g., antibodies), along these lines offering exceptionally flexible stages. Despite the fact that this SPR immunosensor offers the points of interest of effortlessness, little test utilization, mark free, super specificity, affect the ability and reusability, it requires a very much prepared research center foundation. In this way, convenient what's more, modest SPR-based MTB biodetection frameworks are expected to limit research center prerequisite for POC testing. On the other hand, a micro tip-based framework has been appeared to focus what's more, catch MTB (Yeo et al. 2009). The framework was made out of microelectrodes, a micro tip, and a curl. MTB cells were concentrated to the finish of a micro tip due to electro-osmosis, coming about because of the use of a rotating current (AC) field. The concentrated cells were suctioned into a micro tip by a slim power. Expansion of fluorophore-named, MTB-particular, polyclonal antibodies encouraged fluorescence identification. By means of this approach, MTB cells were distinguished inside 10 min at a focus as low as 8000 CFU/mL, which is practically identical to sputum spread microscopy. Despite the fact that the electro-osmotic focus approach is promising to recognize

without culture TB, its application to move MTB in sputum tests should be additionally assessed. The prerequisite of fluorescence-marked antibodies additionally limits this framework from being utilized in for remote settings.

10.1.3 Atomic Attractive Reverberation (NMR)

As of late, the advancement of another, scaled down the analytic attractive reverberation (DMR) framework that has the ability to recognize MTB as few as 20 CFU/mL in the natural sputum test during 30 min (Chun 2009; Lee et al. 2008). The DMR framework was basically a closeness examine that can recognize the mass change in spinturn unwinding time of encompassing water particles, when attractive nanoparticles collected because of the nearness of target biomarkers. The framework comprised of 3 parts; a micro coil exhibit, a microfluidic system and on-board NMR gadgets. Attractive particles were covered with antibodies particular for target biomarkers, which can be mammalian cells, microbes, or protein. Since the measure works on the guideline of NMR, turbid examples, for example, blood, sputum or pee can be utilized. Contrasted with the benchtop relax meter, this framework shown 80-crease increment in mass affectability in distinguishing avid in Lee et al. (2008). The prevalent affectability and diminished measure time makes this framework appropriate for POC testing, this gadget has potential to be converted into a MTB POC test (Chun 2009). Other striking highlights incorporate taking care of little example volumes $(5-10 \,\mu L)$ and short turnaround time, flexibility and multiplexing capacity, too. The NMR part costs under \$200 and the expendable microchip costs under \$1, making the innovation conceivably appropriate for the creating scene.

10.1.4 Enzymatic-Based Immunosensor

TB diagnosis based on enzymatic immunosensors is considered the most well-known diagnostic method up to date. Diaz-Gonzalez et al. (2005) utilized an ELISA gadget to recognize the immuno-complex, which was caught by a streptavidin changed screen-printed carbon cathode (SPCE). In this investigation, two antigens (Ag360 and Ag231) of MTB were utilized in mix with their monoclonal antibodies to shape a particular immuno-complex. The immuno-complex was caught by biotinylated against MTB antibodies immobilized on the sensor surface by means of streptavidin-biotin association. At that point, the immuno-complex was distinguished utilizing a nonexclusive location immune response that was conjugated to a basic phosphatase (AP). The compound processed an electrochemical substrate 3-indoxyl phosphate (3-IP), to accomplish voltammetric discovery. The utmost of discovery of this immunosensor was appeared to be (1.0 ng/mL) for the match of Ag231 and its monoclonal neutralizer. This method use entrenched screen-printing microfabrication, which takes into consideration large scale manufacturing of economical cathodes (Diaz-Gonzalez et al. 2005). What's more, the scaled down identification is incorporated into an expendable convenient gadget, which is promising for recognition of TB at the POC.

Nonetheless, the measure time is more than 4 h. In this way, this examine could profit by shorting the turnaround time for quick outcomes at the POC. As of late, another enzymatic TB sensor that used a characteristic BlaC enzyme from tubercular bacilli was created (Xie et al. 2012). BlaC, a catalyst from class a β-lactamase family, hydrolyzes all classes of β-lactam substrates, including cephalosporins. Attributable to the exceptional adaptability of BlaC, chemically modified BlaC-particular fluorogenic substrates (i.e., cephalosporins) were utilized as fluorescence tests, which separated MTB from other microbes, for example, Pseudomonas, Staphylococcus and natural Mycobacterium like *M. smegmat* is likewise, the utilization of these fluorescence tests likewise enhanced the affectability of recognizing BlaC MTB other than homologue TEM-1 BlaC and β -lactamases from other microscopic organisms. As detailed, the altered tests upgraded the fluorescence force from 100-200 overlap, and enhanced the selectivity by 1000 folds, contrasted with TEM-1 β -lactamase. As low as 100 bacilli spiked in natural patient sputum were distinguished in under 10 min. To dispose of the requirement for fluorescence identification, a LED-based, modest, and open door for quick MTB recognition in asset obliged setting. Be that as it may, this framework should be additionally assessed in the field utilizing natural sputum tests contrasted with the culture, spread microscopically or then again PCR.

10.1.5 Mirror-Based Immunosensor

A liking based immunosensor identifying antibodies against mycolic acids (MA) of MTB in TB quiet examples has been depicted (Thanyani et al. 2008). This thunderous mirror biosensor, IAsys (Affinity Sensors, Cambridge, UK), estimated the authoritative and disassociation of antibody–antigen on the sensor. Quickly, the surface of a twin-celled biosensor cuvette was actuated with cetyl-pyridinium chloride (CPC). Liposomes containing MA were then immobilized at first glance taken after by mechanically straightforward and fast for POC testing, this biosensor could advantage from lessened cost and enhanced consistency between cuvettes.

10.1.6 Acoustic Wave-Based Sensor

An acoustic wave-based impedance biosensor was created to quickly recognize the development of MTB in culture (He et al. 2003). MTB takes 1–3 weeks to achieve confluency relying upon the sort of media utilized. Notwithstanding, by utilizing this mass acoustic sensor, the location time was abbreviated to multi day. The gadget chipped away at the rule of conductivity changes in the way of life media coming about because of MTB development. The development of MTB yielded the creation of protein, greasy acids and nucleic acids, and additionally metabolic side-effects; thus affecting the reference flag's quality, which declines and recurrence to increment. This was distinguished by the mass acoustic wave impedance sensor. Further, the sensor evaluated the underlying convergence of MTB, with beginning adjustment, by watching the time at which the distinguished recurrence changed. As illustrated,

the sensor can reasonably distinguish and measure MTB focuses going from 2×10^3 to 3×10^7 cells/mL in fundamentally diminished test time. What's more, it has been demonstrated that the normal reaction bend related to MTB is unique in relation to that of other microorganisms such as *E. coli*, *St. aureus* and *P. mirabilis*. The impediment is that this sensor needs a difficult culture procedure that is not reasonable for POC testing. The feasibility of this examine should be assessed via extra testing.

10.2 Biosensors in Light of Nucleic Acid Hybridization

Notwithstanding the identification of insusceptible reaction created against MTB, nanotechnology has additionally been used to encourage identification of MTBparticular nucleic corrosive. For example, gold nanoparticle-based test, tests have been created to distinguish MTB PCR intensification items by breaking down examples of shading change because of nanoparticle conglomeration (Costa et al. 2010; Soo et al. 2009). Despite the fact that these methods disentangled the discovery of MTB PCR items, despite everything they required enhancement of MTB nucleic corrosive by PCR, which stays testing at the POC. To defeat this test, a without pcr electrochemical biosensor was created for recognition of MTB genomic DNA in light of the double marking of gold nanoparticles with basic phosphatase and particular DNA oligonucleotides (Thiruppathiraja et al. 2011). Quickly, MTB genomic DNA was first separated and broken into little pieces utilizing ultrasound sonication. The produced MTB DNA pieces were hybridized onto anodes having immobilized with particular catch tests. Expansion of double marked gold nanoparticles permits age of an electroactive types of para-nitrophenol, which fills in as a substrate in the accompanying electrical detecting. As illustrated, this technique recognized MTB DNA down to 1.25 ng/mL. Additionally, this strategy indicated equivalent affectability also, specificity of PCR in distinguishing MTB from clinical sputum tests. Be that as it may, the necessities for stringent hybridization conditions (counting various wash and temperature controls) and long hatching time make it less perfect for POC testing. SPR has likewise been utilized to detect MTB genomic DNA by means of hybridization with cysteine adjusted NH₂-end peptide nucleic corrosive (PNA, 24mer) test and 5'-thiol end marked DNA tests (Prabhakar et al. 2008). For nucleic corrosive hybridization, the DNA tests were intended to identify the succession of MTB either with or without mutations. In this examination, the change in SPR point was observed amid the hybridization of DNA tests with PNA and DNA immobilized on gold (Au) cathodes. The results demonstrated that there was no non-particular official of noncomplementary arrangements to the DNA/Au and PNA/Au cathodes. Further, the PNA/Au anodes were more effective for location of arrangements with single-base crisscrosses, having a lower breaking point of location (1 ng/mL) than DNA-Au terminal (3 ng/mL) (Prabhakar et al. 2008). Despite the fact that the SPR innovation indicates delicate discovery of MTB successions, promote endeavors can add to scale down the location system to a versatile gadget, which can be executed

at the POCO wing to the difficulties related to spread microscopically (e.g., the requirement for a massive light microscopy and microbiology abilities for pathogen identification), fluorescence recognition of MTB has been created to illustrate the plausibility of an incorporated and versatile cell phone microscopy framework (Breslauer et al. 2009). The stage had a double magnifying instrument mode, which can screen tests under brightfield and fluorescence. To take a picture, a mobile phone having a 3.2 M.

10.3 Phone-Based Fluorescence Microscopy

Attributable to the difficulties related with spread microscopy (e.g., the requirement for a massive light microscopy and microbiology aptitudes for pathogen recognition), fluorescence discovery of MTB has been produced to illustrate the possibility of a coordinated and convenient cell phone microscopy framework (Breslauer et al. 2009). The stage had a double magnifying instrument mode, which can screen tests under brightfield and fluorescence. To take a picture, a mobile phone having a 3.2 Megapixel camera was utilized. The phone was mounted on an optical rail stage. For fluorescence imaging, the framework was furnished with a cheap Driven excitation source, which emits within the excitation scope of fluorescent Auramine O-recolor regularly utilized for recognition of TB bacilli in sputum smears. To picture the example, the light created from the LED source initially went through the authority focal point, and after that the excitation filter with a wavelength range to see TB bacilli. The pictures are then exchanged to a PC for advance examination utilizing the ImageJ program (http:// rsb.info.nih.gov/ij/). Contrasted with the non-fluorescent Ziehl-Neelsen recolor, this strategy utilizes a lower control $(20\times)$ objective with a bigger field-of-see, hence lessening the quantity of field pictures to cover the whole screening territory. Further, the utilization of a 20×0.4 NA objective permits adequate light-social occasion for fluorescence location without utilizing a conventional fluorescence magnifying instrument. In any case, this framework requires costly channels and focal points, and the example pictures should be transported to a PC for promoting examination.

11 Elective Non-intrusive Courses of Organization of Nanomedicines Against TB

TB is caused by the inward breath of air tainted by microscopic organisms MTB. Due to the lungs being the principle organ where the contamination starts, new pharmaceutical frameworks with the point of pneumonic organization have been created. Be that as it may, in the late phase of the advancement of this irresistible illness, TB can spread and reaches the lymphatic and blood course, influencing different organs

(pleura, lymph hubs, digestive system, meninges, kidney, skin, bones), so new frameworks with various pharmacokinetics properties that permit a superior adequacy are required (Lee 2015). The prescribed treatment for extrapulmonary-TB treatment is the same prescribed for respiratory TB (Lee 2015). The primary of the current against TB drugs showcased is controlled by oral course, what's more its symptoms, oral enemies of TB drugs are simple organization and have higher patient consistence when contrasted and parenteral course. To permit a higher biocompatibility and a decrease of symptoms, against TB drugs have been detailed in new pharmaceutical frameworks, some of them with a particular ligand on its surface that permit the AMs focusing on (Costa et al. 2015). Respiratory course is one of principle investigated course as depicted in the past segment, anyway the advancement of new oral conveyance frameworks has been investigated with a specific end goal to enhance against TB sedate bioavailability, viability and to decrease tranquilize harmfulness. These frameworks have been utilized for treating respiratory TB, yet now and again can be likewise appropriate for treating additional respiratory TB. Then again, frameworks for against TB drugs conveyance through topical course stay for being investigated.

11.1 Oral Nanosystems Delivery for TB Treatment

Amid the advancement of pharmaceutical frameworks for oral organization, a few issues must be considered. They ought to secure the medication from the low pH in the stomach as well to enzymatic corruption by intestinal/pancreatic compounds that can lessen the counter TB tranquilize bioavailability. This is specifically compelling for RIF conveyance as it degrades at low pH and the procedure of debasement is upgraded at the point when INH is co-directed (Singh et al. 2013). The oral conveyance frameworks are defenseless to first pass metabolism, which affects their bioavailability, imperiling the effectivity of hostile to TB drugs. Medication conveyance frameworks for hostile to TB conveyance ought to likewise be successful in giving a long maintenance of medications at lung tissues, the neighborhood of primocontamination, what's more, chiefly focused on the AMs. The supported discharge is additionally vital for TB treatment that will permit the decrease of the quantity of oral organizations and the day by day measurement of medications, bringing about less reactions. Through sub-atomic unique recreation, (Bellini et al. 2015) made an investigation to assess the relationship of RIF with a 4th generation poly(amidoamine) (G4-PAMAM) dendrimer. In this investigation, it was demonstrated that the complex was more steady at recreated impartial pH than recreated corrosive pH. In this way, because of the quick arrival of the RIF at corrosive pH, this complex could be a reasonable approach for focusing on AMs, once the medication is conceivable to be discharged at acidic compartment of macrophages. Anyway since of the RIF introduces low security at corrosive pH (Bellini et al. 2015), this complex must be consolidated into an enteric covering or low-pH-safe cases that would evade the arrival of RIF at the stomach. Distinctive nanosystems have been quality, temperature, weight) their present distinctive swelling properties that permit to control the medication discharge at diverse conditions (Vashist et al. 2014; Ahmed 2015). (Kajjari et al. 2012) played out an examination to create hydrogel microspheres which are touchy to warm and pH boosts, all together to maintain the controlled arrival of INH at various pH, and subsequently to limit the dangerous impacts. Hydrogels were comprised by various rates of poly(N-isopropylacrylamide)-g-guar gum and of sodium alginate and agreeing with the microsphere mixing, it was conceivable to accomplish distinctive sorts of detailing that displayed a solid pH depend swelling, and thusly an alternate INH discharge design. Besides, microspheres comprised just by sodium alginate were ready to cause an in vitro INH discharge amid 12 h at physiologic pH, in a temperature-autonomous way, while other hydrogel plans introduced a higher arrival of INH at 25 °C than 37 °C, since in the first case hydrogel was in a swollen state, and once it is hydrated ensnared medication will diffuse from network polymer effortlessly (Kajjari et al. 2012). Notwithstanding, in vivo concentrates to survey the INH discharge design after oral organization were not performed. In option in contrast to hydrogel that exhibits a high size, nanogels have been produced for being utilized as a transporter for medicate conveyance arrangement of low atomic medications too macromolecules (proteins, DNA, oligonucleotides). They are formed by polymer systems with high water solvent properties and due to nanoscale estimate they can saturate natural films. Like hydrogels, then present a decent stacking limit also, swelling properties in watery condition when in contact with diverse condition upgrades (Kabanov and Vinogradov 2009; Kennedy 2013). Distinctive polymers can be utilized to get a ready nanogels, to be specific PCL, poly(ethylene glycol)-cl-polyethyleneimine, PLGA, alginate, chitosan what's more, dextrins (Kennedy 2013; Schütz et al. 2011). A portion of these polymers were at that point utilized to create nanosystems for hostile to TB tranquilize conveyance (Pandey and Khuller 2004; Malathi and Balasubramanian 2011; Feng et al. 2013; Choonara et al. 2011), however the potential utilization of nanogel for TB treatment is ineffectively considered. Chen et al. (2016) joined INH and RIF in poly(methacrylic acid) (PMAA)-based nanogel with the expect to advance a controlled discharge after oral organization with less lethality. After the generation of PMAA nanogel, the counter TB drugs were consistently scattered on the nanogel through ultrasonication, framing the PMAA/INH/RIF nanogel. The swelling property of this nanogel was pH-subordinate. In vitro discharge contemplate demonstrated that there was under 10% of medication discharges in recreated gastric liquid (pH 1.2), demonstrating its appropriateness for being controlled by oral course, since it can go through the stomach without corruption, what's more, just permitted the medication discharge at the small digestive system (26.7% and 32.3% of INH and RIF amid 6 h individually, at pH 6.8) and colon (48.7% of INH and 55.9% of RIF within 44 h at pH 7.2). Moreover, in vitro considers demonstrated that PMAA/INH/RIF nanogel displayed less cytotoxicity than INH and RIF alone after 24 h of brooding, and nanogel drenching displayed 72 h of antibacterial movement. The long-term antibacterial action was given due to nanogel balance out the counter TB drugs, with the goal that the antibacterial property was just appeared after disintegration and dissemination of nanogel. With respect to properties the creators theorized that this definition could be

helpful for multidrug-safe intestinal MTB better than the current ordinary medicines in light of INH and RIF (Chen et al. 2016).

11.2 Topical Nanosystems Delivery for TB Treatment

Cutaneous tuberculosis (CTB) is caused by atypical mycobacterium species, specifically M. leprae, M. haemophilum, and M. ulcerans, among different species, however when it is caused by MTB or even through BCG immunization it is outlined as evident CTB. Skin can be viewed as a great course for the treatment of CTB. It just speaks to 1-1.5% of extrapulmonary cases, influencing principally the face, yet middle and neck regions can be additionally influenced (van Zyl et al. 2015). CTB can happen with exogenous instruments, to be specific by coordinating passage of microbes trough sore skins or mucosa (contact with tainted needles, task, or wounds). It happens in people, which were not past sharpened with microbes, and emerge to be specific in the endemic zone with poor immunization. After contamination, an underlying sore called TB chancre is for the most part shaped, however this injury can likewise be available in sharpened people that have resistance against MTB; frequently it shows up in a wellbeing proficient because of direct immunization of TB through the skin (van Zyl et al. 2015; Semaan et al. 2008; Santos et al. 2014). Endogenous components like optional disease got from an essential center injury (tissues consistent with skin, for example, lymph hubs or bones) are likewise in charge of CTB. Besides, it very well may be likewise due to hematogenous spreading from contaminated tissues, similar to the lungs (van Zyl et al. 2015; Santos et al. 2014). Tuberculids are additionally skin issue portrayed by the extreme touchiness response to TB in people's immunocompetent, being considered as not a genuine CTB, but rather it can likewise happen because of BCG inoculation, in spite of the fact that immunization confusions being infrequently (van Zyl et al. 2015; Keijsers et al. 2011). Analysis of CTB is extremely unpredictable on the grounds that skin injuries are fundamentally the same as with other skin injuries, so that, for a right demonstrative of CTB past clinical highlights microbiological and histological exams are necessary (Asadi Gharabaghi 2012). CTB can be treated with tradition hostile to TB drugs. WHO suggests an administration of a 2-month concentrated stage with INH, PZA RIF, and EMB, trailed by an upkeep stage with RIF and INH for a period of 4 months. Other than that, treatments with 2% of corrosive lactic, topical anesthesia or on the other hand careful intercession can be additionally performed (van Zyl et al. 2015; Sethuraman and Ramesh 2013). INH, one the primary line hostile to TB sedate, is all around perceived for causing hepatotoxicity. One approach to take care of this issue is growing new pharmaceutical items from being directed by different courses, in particular topical course, which is extremely satisfactory by the patients, permit a drawn out managed discharge and stay away from the hepatic first pass digestion. This course is the unique enthusiasm for instances of CTB because of vicinity with irresistible tissue, which can give a nearby treatment. Caon et al. (2015) exhibited that INH can be combined with distinctive synthetic enhancers and according with

log P properties it is conceivable to accomplish a topical or transdermal conveyance of INH. The consolidation of INH on transcutol (log P -0.42) permitted a higher skin maintenance when looked at with limonene. Transcutol advances a store impact of medication and this impact was most likely caused by swelling of the intercellular lipids of the stratum corneum, empowering the medication maintenance and thus the development of the terminal, without influencing the structure of lipid bilayer. By other hand limonene, a high lipophilic (log P 4.58) terpene, empowered a higher INH skin penetrability and a decrease of slack stage, by expanding the medication dispersion into the skin This compound can associate with lipids of stratum corneum and thus permit lipid extraction, being considered by the creators a decent excipient for transdermal details, while transcutol would be more appropriate for topical organization or for INH maintained discharge (Caon et al. 2015). To allow a supported arrival of against TB drugs, hydrogel can be a decent approach, permitting the decrease of various organization and thus an expansion of patient consistence. Hydrogels present a few properties that make it appropriate as a framework for medicate conveyance (Vashist et al. 2014). The utilization of hydrogel dressing may be of enthusiasm for the treatment of CTB, permitting a neighborhood activity on skin sores, and thusly could be an adjuvant of current treatments. In any case, topical or transdermal medicines for CTB were not depicted in the writing, and there is no enemy of-TB framework on the advertised for being regulated through topical or transdermal course. Other than the high number investigations of against TB drug loaded into various sorts of frameworks for respiratory TB, there is a still an absence of options for treatment CTB.

12 Difficulties and Future Points of View

TB is as yet an ongoing worldwide general wellbeing concern, bringing about a substantial monetary, social and human weight (Ginsberg 2010). There have been built up endeavors to battle this infection, and the scan for new enemy of TB drugs assumes a significant job (Sosnik et al. 2010; Onozaki and Raviglione 2010). Regardless of these endeavors, the latest tranquilizes in the market goes back 50 years, thus new conveyance systems that enhance the adequacy of existing medications may progresses toward becoming imperative in this battle. In addition, and since the lung is the essential disease site of in TB, the respiratory course for against TB organization is by all accounts a promising methodology to battle this infection (Pitt et al. 2013).

Albeit promising and immensely examined, the pneumonic conveyance systems confront snags hard to survive. With the specific case of hostile to TB drugs, the vast majority of the primary line drugs have been considered in vitro for use in powder definitions for inward breath (Das et al. 2015; Son and McConville 2011; Hanif and Garcia-Contreras 2012; Manion et al. 2012; Chan et al. 2013). In any case, so far no breathable definition for the treatment of TB has come to the market (Misra et al. 2011). These challenges have been accounted for all through the logical writing, including the utilization of protected and acknowledged excipients,

creating adaptable procedures, creating beads with legitimate molecule size and morphology for lung statement, and accomplishing agreeable medicate stacking (Misra et al. 2011). Additionally, usable methodologies must have the capacity to represent unique lung structures, breathing examples, and changes in the aviation route morphology caused by the pathogenic operator (Sethi and Agrawal 2011). They must accomplish get to to ineffectively circulated air through zones of the lung and extracellular microorganisms in all around circulated air through lung tissue, beating acceptance of obstruction due to low intracellular medication focuses, and outperforming confinements due to the conceivable intrinsic reactions of the host (Yadav et al. 2011). Once breathed in, the particles ought to have the capacity to movement to the pneumonic alveoli and come to the fundamental cell focus of MTB (i.e., AMs). Delivered particles in this way should have a fitting size, generally they will be caught in the upper aviation routes or then again leave the lung amid exhalation. Additionally, it is well realized that AMs have particular receptors that quandary to sugars. In this way, surface adjustment might be performed to exploit these receptors and move forward cell take-up by AMs (Martin 2005). Oral course is typically one of non-intrusive courses particular picked, since medicine allow by this course is simple, effortless, permitting to move forward the patient consistence when contrasted and parenteral course. A few thinks about with respect to various oral conveyance frameworks (NPs, microspheres, polymeric micelles, nanogel) were specified for the treatment of TB. In a powerful endeavors, distinctive innovative parameters, like mean molecule estimate, Pdi, zeta potential, tranquilize stacking, in vitro discharge properties in distinctive conditions were portrayed so as to build up a framework that isn't degradable at corrosive pH of the stomach and achieve the duodenum, where medications can be discharged for being ingested or even the counter TB tranquilize stacked nanosystems can simply be ingested, achieving the blood stream. As of not long ago, a few in vivo pharmacokinetic contemplates demonstrated an awesome change of oral bioavailability when contrasted and current hostile to TB drugs. However, there are still few animal thinks about that demonstrate the against bacterial adequacy of these oral frameworks, also of sub-intense and sub-endless poisonous quality investigations. Organization of medications by topical course with the plan to treat CTB could be favorable, since it would advance an expansion of medications on tainted skin tissue, with less reactions. In any case, since CTB is an uncommon condition, it tends to be a conceivable clarification why this non-obtrusive course is still inadequately investigated. After in vitro, the in vivo studies ought to be performed keeping in mind the end goal to get it in the event that the definition has the alluring attributes to come to the advertise. Also, the investigations ought to be intended to answer a few appropriate and basic inquiries. Will the conveyance system permit the medication to achieve the circulatory framework, consequently be utilized to battle extrapulmonary TB? Will the counter TB medication's fixation inside the AMs be sufficient to murder all the MTB populace, coming to likewise the granulomas furthermore, not the circulatory framework, and therefore be utilized in pneumonic TB without the foundational reactions? Will oral course approach be appropriate for the treatment of pneumonic tuberculosis or additional respiratory TB, achieving focuses enough to eliminate microbes, with less day by day measurement, less number of organization and with less side effects? Will oral approaches empower to focus on the AMs without being right off the bat phagocytized by various macrophages? In spite of every one of these difficulties, the quest for a NP-based plan to battle TB ought not be dropped. In actuality, a portion of the introduced results are exceptionally encouraging, thus they ought to urge us to go further.

13 Conclusion

The present treatment of TB is compelling yet it is related to the extreme unfavorable impacts and rebelliousness to endorsed regimens. Albeit current enemy of TB pharmaceuticals are chiefly managed through oral highway, an exertion has been made to grow new frameworks that permit the change of the bioavailability of current enemy of TB drugs, as well diminishing its harmfulness. In any case, none of miniaturized scale and nano-based frameworks investigated has come to the showcased yet. With the approach of creative NP-based details, a more up to date trust has developed out. The achievement of these nanodelivery frameworks will most likely rely upon the outline of savvy plans that location distinctive impediments of against TB pharmacotherapy, making the treatment more functional what's more, moderate to all patients.

References

- Abdulla, J. M., Tan, Y. T., & Darwis, Y. (2010). Rehydrated lyophilized rifampicin-loaded mPEGDSPE formulations for nebulization. AAPS PharmSciTech, 11, 663–671.
- Agarwal, A., Kandpal, H., Gupta, H. P., Singh, N. B., & Gupta, C. M. (1994). Tuftsin-bearing liposomes as rifampin vehicles in treatment of tuberculosis in mice. *Antimicrobial Agents and Chemotherapy*, 38, 588–593.
- Ahmad, S., & Mokaddas, E. (2014). Current status and future trends in the diagnosis and treatment of drug-susceptible and multidrug-resistant tuberculosis. *Journal of Infection and Public Health*, *7*, 75–91.
- Ahmad, Z., Sharma, S., & Khuller, G. K. (2005). Inhalable alginate nanoparticles as antitubercular drug carriers against experimental tuberculosis. *International Journal of Antimicrobial Agents*, 26, 298–303.
- Ahmed, E. M. (2015). Hydrogel: Preparation, characterization, and applications: A review. *Journal* of Advanced Research, 6, 105–121.
- Al-Hallak, M. H. D. K., Sarfraz, M. K., Azarmi, S., Roa, W. H., Finlay, W. H., & Rouleau, C. (2012). Distribution of effervescent inhalable nanoparticles after pulmonary delivery: An in vivo study. *Therapeutic Delivery*, *3*, 725–773.
- Amani, A., Amini, M. A., Ali, H. S., & York, P. (2011). Alternatives to conventional suspensions for pulmonary drug delivery by nebulisers: A review. *Journal of Pharmaceutical Sciences*, 100, 4563–4570.
- Anabousi, S., Kleemann, E., Bakowsky, U., Kissel, T., Schmehl, T., Gessler, T., et al. (2006). Effect of PEGylation on the stability of liposomes during nebulisation and in lung surfactant. *Journal* of Nanoscience and Nanotechnology, 6, 3010–3016.

- Andersen, P., Munk, M. E., Pollock, J. M., & Doherty, T. M. (2000). Specific immune-based diagnosis of tuberculosis. *Lancet*, 356, 1099–1104.
- Andrade, F., Rafael, D., Videira, M., Ferreira, D., Sosnik, A., & Sarmento, B. (2013). Nanotechnology and pulmonary delivery to overcome resistance in infectious diseases. *Advanced Drug Delivery Reviews*, 65, 1816–1827.
- Asadi Gharabaghi, M. (2012). Cutaneous tuberculosis caused by isoniazid-resistant *Mycobacterium* tuberculosis. BMJ Case Reports. (2012).
- Azarmi, S., Lobenberg, R., Roa, W. H., Tai, S., & Finlay, W. H. (2008). Formulation and in vivo evaluation of effervescent inhalable carrier particles for pulmonary delivery of nanoparticles. *Drug Development and Industrial Pharmacy*, 34, 943–947.
- Bajpai, A. K., & Gupta, R. (2011). Magnetically mediated release of ciprofloxacin from polyvinyl alcohol based superparamagnetic nanocomposites. *Journal of Materials Science. Materials in Medicine*, 22, 357–369.
- Bangham, A. D. (1993). Liposomes: The Babraham connection. *Chemistry and Physics of Lipids*, 64, 275–285.
- Barry, C. E., III, Boshoff, H. I., Dartois, V., Dick, T., Ehrt, S., Flynn, J., et al. (2009). The spectrum of latent tuberculosis: Rethinking the biology and intervention strategies. *Nature Reviews Microbiology*, 7, 845–855.
- Beck-Broichsitter, M., Merkel, O. M., & Kissel, T. (2012). Controlled pulmonary drug and gene delivery using polymeric nano-carriers. *Journal of Controlled Release*, 161, 214–224.
- Behr, M. A., Warren, S. A., Salamon, H., Hopewell, P. C., Ponce de Leon, A., Daley, C. L., et al. (1999). Transmission of *Mycobacterium tuberculosis* from patients smear-negative for acid-fast bacilli. *Lancet*, 353, 444–449.
- Bellini, R. G., Guimarães, A. P., Pacheco, M. A. C., Dias, D. M., Furtado, V. R., de Alencastro, R. B., et al. (2015). Association of the anti-tuberculosis drug rifampicin with a PAMAM dendrimer. *Journal of Molecular Graphics and Modelling*, 60, 34–42.
- Booysen, L. L., Kalombo, L., Brooks, E., Hansen, R., Gilliland, J., Gruppo, V., et al. (2013). In vivo/in vitro pharmacokinetic and pharmacodynamic study of spray-dried poly-(dl-lactic-coglycolic) acid nanoparticles encapsulating rifampicin and isoniazid. *International Journal of Pharmaceutics*, 444, 10–17.
- Bosquillon, C., Lombry, C., Preat, V., & Vanbever, R. (2001). Influence of formulation excipients and physical characteristics of inhalation dry powders on their aerosolization performance. *Journal* of Controlled Release, 70, 329–339.
- Breslauer, D. N., Maamari, R. N., Switz, N. A., Lam, W. A., & Fletcher, D. A. (2009). Mobile phone based clinical microscopy for global health applications. *PLoS One 2009; 4*.
- Buijtels, P. C., Willemse-Erix, H. F., Petit, P. L., Endtz, H. P., Puppels, G. J., Verbrugh, H. A., et al. (2008). Rapid identification of mycobacteria by Raman spectroscopy. *Journal of Clinical Microbiology*, 46, 961–965.
- Caon, T., Campos, C. E., Simoes, C. M., & Silva, M. A. (2015). Novel perspectives in the tuberculosis treatment: Administration of isoniazid through the skin. *International Journal of Pharmaceutics*, 494, 463–470.
- Cattamanchi, A., Smith, R., Steingart, K. R., Metcalfe, J. Z., Date, A., Coleman, C., et al. (2011). Interferon-gamma release assays for the diagnosis of latent tuberculosis infection in HIV-infected individuals: A systematic review and meta-analysis. *Journal of Acquired Immune Deficiency Syndromes*, 56, 230–238.
- Chan, J. G., Chan, H. K., Prestidge, C. A., Denman, J. A., Young, P. M., & Traini, D. (2013). A novel dry powder inhalable formulation incorporating three first-line anti-tubercular antibiotics. *European Journal of Pharmaceutics and Biopharmaceutics*, 83, 285–292.
- Chen, T., Li, Q., Guo, L., Yu, L., Li, Z., Guo, H., et al. (2016). Lower cytotoxicity, high stability, and long-term antibacterial activity of a poly(methacrylic acid)/isoniazid/rifampin nanogel against multidrug-resistant intestinal *Mycobacterium tuberculosis*. *Materials Science and Engineering C: Materials for Biological Applications*, 58, 659–665.

- Chen, J., Zhang, R., Wang, J., Liu, L., Zheng, Y., Shen, Y., et al. (2011). Interferon-gamma release assays for the diagnosis of active tuberculosis in HIV-infected patients: A systematic review and meta-analysis. *PLoS ONE*, *6*, e26827.
- Cheow, W. S., & Hadinoto, K. (2010). Enhancing encapsulation efficiency of highly water-soluble antibiotic in poly(lactic-co-glycolic acid) nanoparticles: Modifications of standard nanoparticle preparation methods. *Colloids and Surfaces A: Physicochemical and Engineering Aspects, 370,* 79–86.
- Cheow, W. S., & Hadinoto, K. (2011). Factors affecting drug encapsulation and stability of lipid– polymer hybrid nanoparticles. *Colloids and Surfaces B: Biointerfaces*, 85, 214–220.
- Chimote, G., & Banerjee, R. (2005). Effect of antitubercular drugs on dipalmitoylphosphatidylcholine monolayers: Implications for drug loaded surfactants. *Respiratory Physiology & Neurobiology*, 145, 65–77.
- Chimote, G., & Banerjee, R. (2009). Evaluation of antitubercular drug-loaded surfactants as inhalable drug-delivery systems for pulmonary tuberculosis. *Journal of Biomedical Materials Research*, 89, 281–292.
- Chono, S., Kaneko, K., Yamamoto, E., Togami, K., & Morimoto, K. (2010). Effect of surface mannose modification on aerosolized liposomal delivery to alveolar macrophages. *Drug Development* and Industrial Pharmacy, 36, 102–107.
- Choonara, Y. E., Pillay, V., Ndesendo, V. M. K., du Toit, L. C., Kumar, P., Khan, R. A., et al. (2011). Polymeric emulsion and crosslink-mediated synthesis of super-stable nanoparticles as sustained-release anti-tuberculosis drug carriers. *Colloids and Surfaces B: Biointerfaces*, 87, 243–254.
- Chow, A. H., Tong, H. H., Chattopadhyay, P., & Shekunov, B. Y. (2007). Particle engineering for pulmonary drug delivery. *Pharmaceutical Research*, 24, 411–437.
- Chuan, J., Li, Y., Yang, L., Sun, X., Zhang, Q., Gong, T., et al. (2013). Enhanced rifampicin delivery to alveolar macrophages by solid lipid nanoparticles. *Journal of Nanoparticle Research*, 15, 1–9.
- Chun, A. L. (2009). Nanoparticles offer hope for TB detection. Nature Nanotechnology, 4, 698-699.
- Clemens, D. L., Lee, B. Y., Xue, M., Thomas, C. R., Meng, H., Ferris, D., et al. (2012). Targeted intracellular delivery of antituberculosis drugs to *Mycobacterium tuberculosis*-infected macrophages via functionalized mesoporous silica nanoparticles. *Antimicrobial Agents and Chemotherapy*, 56, 2535–2545.
- Cobelens, F. G., Egwaga, S. M., van Ginkel, T., Muwinge, H., Matee, M. I., & Borgdorff, M. W. (2006). Tuberculin skin testing in patients with HIV infection: Limited benefit of reduced cutoff values. *Clinical Infectious Diseases*, 43, 634–639.
- Costa, P., Amaro, A., Botelho, A., Inacio, J., & Baptista, P. V. (2010). Gold nanoprobe assay for the identification of mycobacteria of the *Mycobacterium tuberculosis* complex. *Clinical Microbiology* & *Infection, 16*, 1464–1469.
- Costa, A., Sarmento, B., & Seabra, V. (2015). Targeted drug delivery systems for lung macrophages. *Current Drug Targets*, 16, 1565–1581.
- Dames, P., Gleich, B., Flemmer, A., Hajek, K., Seidl, N., Wiekhorst, F., et al. (2007). Targeted delivery of magnetic aerosol droplets to the lung. *Nature Nanotechnology*, 2, 495–499.
- Dartois, V. (2014). The path of anti-tuberculosis drugs: From blood to lesions to mycobacterial cells. *Nature Reviews Microbiology*, *12*, 159–167.
- Das, S., Tucker, I., & Stewart, P. (2015). Inhaled dry powder formulations for treating tuberculosis. *Current Drug Delivery*, 12, 26–39.
- de Faria, T. J., Roman, M., de Souza, N. M., De Vecchi, R., de Assis, J. V., dos Santos, A. L., et al. (2012). An isoniazid analogue promotes *Mycobacterium tuberculosis*-nanoparticle interactions and enhances bacterial killing by macrophages. *Antimicrobial Agents and Chemotherapy*, 56, 2259–2267.
- Deol, P., Khuller, G. K., & Joshi, K. (1997). Therapeutic efficacies of isoniazid and rifampin encapsulated in lung-specific stealth liposomes against *Mycobacterium tuberculosis* infection induced in mice. *Antimicrobial Agents and Chemotherapy*, *41*, 1211–1214.

- Desai, T. R., Hancock, R. E. W., & Finlay, W. H. (2002a). A facile method of delivery of liposomes by nebulization. *Journal of Controlled Release*, 84, 69–78.
- Desai, T. R., Wong, J. P., Hancock, R. E. W., & Finlay, W. H. (2002b). A novel approach to the pulmonary delivery of liposomes in dry powder form to eliminate the deleterious effects of milling. *Journal of Pharmaceutical Sciences*, 91, 482–491.
- Dheda, K., van Zyl Smit, R., Badri, M., & Pai, M. (2009). T-cell interferon-gamma release assays for the rapid immunodiagnosis of tuberculosis: Clinical utility in high-burden vs. low-burden settings. *Current Opinion in Pulmonary Medicine*, 15, 188–200.
- Diaz-Gonzalez, M., Gonzalez-Garcia, M. B., & Costa-Garcia, A. (2005). Immunosensor for *Mycobacterium tuberculosis* on screen-printed carbon electrodes. *Biosensors & Bioelectronics*, 20, 2035–2043.
- Douglas, J. G., & McLeod, M. J. (1999). Pharmacokinetic factors in the modern drug treatment of tuberculosis. *Clinical Pharmacokinetics*, 37, 127–146.
- du Toit, L. C., Pillay, V., & Danckwerts, M. P. (2006). Tuberculosis chemotherapy: Current drug delivery approaches. *Respiratory Research*, *7*, 118.
- Dunlap, N. E., Bass, J., Fujiwara, P., Hopewell, P., Horsburgh, C. R., & Salfinger, H. M. (2000). Diagnostic standards and classification of tuberculosis in adults and children. *American Journal* of Respiratory and Critical Care Medicine, 161, 1376–1395.
- El-Gendy, N., Desai, V., & Berkland, C. (2010). Agglomerates of ciprofloxacin nanoparticles yield fine dry powder aerosols. *Journal of Pharmaceutical Innovation*, 5, 79–87.
- Ely, L., Roa, W., Finlay, W. H., & Lobenberg, R. (2007). Effervescent dry powder for respiratory drug delivery. *European Journal of Pharmaceutics and Biopharmaceutics*, 65, 346–353.
- Esmaeili, F., Hosseini-Nasr, M., Rad-Malekshahi, M., Samadi, N., Atyabi, F., & Dinarvand, R. (2007). Preparation and antibacterial activity evaluation of rifampicin-loaded poly lactide-coglycolide nanoparticles. *Nanomedicine*, *3*, 161–167.
- Farhat, M., Greenaway, C., Pai, M., & Menzies, D. (2006). False-positive tuberculin skin tests: What is the absolute effect of BCG and non-tuberculous mycobacteria? *International Journal of Tuberculosis and Lung Disease*, 10, 1192–1204.
- Feng, H., Zhang, L., & Zhu, C. (2013). Genipin crosslinked ethyl cellulose–chitosan complex microspheres for anti-tuberculosis delivery. *Colloids and Surfaces B: Biointerfaces*, 103, 530– 537.
- Ferron, G. A. (1994). Aerosol properties and lung deposition. *European Respiratory Journal*, 7, 1392–1394.
- Ferron, G. A., Upadhyay, S., Zimmermann, R., & Karg, E. (2013). Model of the deposition of aerosol particles in the respiratory tract of the rat. II. Hygroscopic particle deposition. *Journal of Aerosol Medicine and Pulmonary Drug Delivery*, 26, 101–119.
- Finlay, W. H., & Wong, J. P. (1998). Regional lung deposition of nebulized liposome encapsulated ciprofloxacin. *International Journal of Pharmaceutics*, 167, 121–127.
- Gao, L., Liu, G., Ma, J., Wang, X., Zhou, L., & Li, X. (2012). Drug nanocrystals: In vivo performances. *Journal of Controlled Release*, 160, 418–430.
- Garg, T., Rath, G., & Goyal, A. K. (2015). Inhalable chitosan nanoparticles as antitubercular drug carriers for an effective treatment of tuberculosis. *Artificial Cells, Nanomedicine, and Biotechnology*, 44, 997–1001.
- Gaur, P. K., Mishra, S., Gupta, V. B., Rathod, M. S., Purohit, S., & Savla, B. A. (2010). Targeted drug delivery of rifampicin to the lungs: Formulation, characterization, and stability studies of preformed aerosolized liposome and in situ formed aerosolized liposome. *Drug Development* and Industrial Pharmacy, 36, 638–646.
- Gill, S., Löbenberg, R., Ku, T., Azarmi, S., Roa, W., & Prenner, E. J. (2007). Nanoparticles: Characteristics, mechanisms of action, and toxicity in pulmonary drug delivery—A review. *Journal* of Biomedical Nanotechnology, 3, 107–119.
- Ginsberg, A. M. (2010). Tuberculosis drug development: Progress, challenges, and the road ahead. *Tuberculosis*, 90, 162–167.

- Grenha, A., Seijo, B., & Remunan-Lopez, C. (2005). Microencapsulated chitosan nanoparticles for lung protein delivery. *European Journal of Pharmaceutical Sciences*, 25, 427–437.
- Grosset, J. H., Singer, T. G., & Bishai, W. R. (2012). New drugs for the treatment of tuberculosis: Hope and reality. *International Journal of Tuberculosis and Lung Disease*, *16*, 1005–1014.
- Hanif, S. N., & Garcia-Contreras, L. (2012). Pharmaceutical aerosols for the treatment and prevention of tuberculosis. *Frontiers in Cellular and Infection Microbiology*, 2, 118.
- He, F., Zhao, J., Zhang, L., & Su, X. (2003). A rapid method for determining *Mycobacterium tuberculosis* based on a bulk acoustic wave impedance biosensor. *Talanta*, 59, 935–941.
- Hearn, M. J., & Cynamon, M. H. (2003). In vitro and in vivo activities of acylated derivatives of isoniazid against *Mycobacterium tuberculosis*. Drug Design and Discovery, 18, 103–108.
- Hearn, M. J., Cynamon, M. H., Chen, M. F., Coppins, R., Davis, J., & Joo-On Kang, H. (2009). Preparation and antitubercular activities in vitro and in vivo of novel Schiff bases of isoniazid. *European Journal of Medicinal Chemistry*, 44, 4169–4178.
- Hokey, D. A., & Misra, A. (2011). Aerosol vaccines for tuberculosis: A fine line between protection and pathology. *Tuberculosis*, 91, 82–85.
- Homola, J. (2008). Surface plasmon resonance sensors for detection of chemical and biological species. *Chemical Reviews*, 108, 462–493.
- Hong, S. C., Chen, H. X., Lee, J., Park, H. K., Kim, Y. S., Shin, H. C., et al. (2011). Ultrasensitive immunosensing of tuberculosis CFP-10 based on SPR spectroscopy. *Sensors and Actuators B: Chemical*, 156, 271–275.
- Höök, F., Kasemo, B., Nylander, T., Fant, C., Sott, K., & Elwing, H. (2001). Variations in coupled water, viscoelastic properties, and film thickness of a Mefp-1 protein film during adsorption and cross-linking: A quartz crystal microbalance with dissipation monitoring, ellipsometry, and surface plasmon resonance study. *Analytical Chemistry*, 73, 5796–5804.
- Horváti, K., Bacsa, B., Kiss, É., Gyulai, G., Fodor, K., Balka, G., et al. (2014). Nanoparticle encapsulated lipopeptide conjugate of antitubercular drug isoniazid: In vitro intracellular activity and in vivo efficacy in a guinea pig model of tuberculosis. *Bioconjugate Chemistry*, 25, 2260– 2268.
- Horváti, K., Bacsa, B., Szabo, N., Fodor, K., Balka, G., Rusvai, M., et al. (2015). Antimycobacterial activity of peptide conjugate of pyridopyrimidine derivative against *Mycobacterium tuberculosis* in a series of in vitro and in vivo models. *Tuberculosis*, 95, S207–S211.
- Jain, D., & Banerjee, R. (2008). Comparison of ciprofloxacin hydrochloride-loaded protein, lipid, and chitosan nanoparticles for drug delivery. *Journal of Biomedical Materials Research. Part B, Applied Biomaterials*, 86, 105–112.
- Jain, S. K., Gupta, Y., Ramalingam, L., Jain, A., Jain, A., Khare, P., et al. (2010). Lactoseconjugated PLGA nanoparticles for enhanced delivery of rifampicin to the lung for effective treatment of pulmonary tuberculosis. *Journal of Pharmaceutical Science and Technology*, 64, 278–287.
- Johnson, C. M., Pandey, R., Sharma, S., Khuller, G. K., Basaraba, R. J., Orme, I. M., et al. (2005). Oral therapy using nanoparticle-encapsulated antituberculosis drugs in guinea pigs infected with *Mycobacterium tuberculosis. Antimicrobial Agents and Chemotherapy*, 49, 4335–4338.
- Justo, O. R., & Moraes, A. M. (2003). Incorporation of antibiotics in liposomes designed for tuberculosis therapy by inhalation. *Drug Delivery*, 10, 201–207.
- Kabanov, A. V., & Vinogradov, S. V. (2009). Nanogels as pharmaceutical carriers: Finite networks of infinite capabilities. *Angewandte Chemie International Edition*, 48, 5418–5429.
- Kajjari, P. B., Manjeshwar, L. S., & Aminabhavi, T. M. (2012). Novel pH- and temperature responsive blend hydrogel microspheres of sodium alginate and PNIPAAm-g-GG for controlled release of isoniazid. AAPS PharmSciTech, 13, 1147–1157.
- Keijsers, R. R., Bovenschen, H. J., & Seyger, M. M. (2011). Cutaneous complication after BCG vaccination: Case report and review of the literature. *Journal of Dermatological Treatment*, 22, 315–318.
- Kennedy, E. J. (2013). Biological drug products: Development and strategies. Hoboken: Wiley.
- Kong, F., Zhou, F., Ge, L., Liu, X., & Wang, Y. (2012). Mannosylated liposomes for targeted gene delivery. *International Journal of Nanomedicine*, 7, 1079–1089.

- Lee, J. Y. (2015). Diagnosis and treatment of extrapulmonary tuberculosis. *Tuberculosis and Respiratory Diseases*, 78, 47–55.
- Lee, W., Loo, C., Traini, D., & Young, P. M. (2015). Nano- and micro-based inhaled drug delivery systems for targeting alveolar macrophages. *Expert Opinion on Drug Delivery*, 12, 1009–1026.
- Lee, H., Sun, E., Ham, D., & Weissleder, R. (2008). Chip-NMR biosensor for detection and molecular analysis of cells. *Nature Medicine*, 14, 869–874.
- Li, X., Xue, M., Raabe, O. G., Aaron, H. L., Eisen, E. A., Evans, J. E., et al. (2015). Aerosol droplet delivery of mesoporous silica nanoparticles: A strategy for respiratory-based therapeutics. *Nanomedicine*, 11, 1377–1385.
- Ling, D. I., Pai, M., Davids, V., Brunet, L., Lenders, L., Meldau, R., et al. (2011). Are interferongamma release assays useful for diagnosing active tuberculosis in a high-burden setting? *European Respiratory Journal*, 38, 649–656.
- Malathi, S., & Balasubramanian, S. (2011). Synthesis of biodegradable polymeric nanoparticles and their controlled drug delivery for tuberculosis. *Journal of Biomedical Nanotechnology*, 7, 150–151.
- Mamaeva, V., Sahlgren, C., & Lindén, M. (2013). Mesoporous silica nanoparticles in medicine— Recent advances. Advanced Drug Delivery Reviews, 65, 689–702.
- Manion, J. A. R., Cape, S. P., McAdams, D. H., Rebits, L. G., Evans, S., & Sievers, R. E. (2012). Inhalable antibiotics manufactured through use of near-critical or supercritical fluids. *Aerosol Science and Technology*, 46, 403–410.
- Martin, C. (2005). The dream of a vaccine against tuberculosis: New vaccines improving or replacing BCG? *European Respiratory Journal*, *26*, 162–167.
- Mazurek, G. H., Jereb, J., Lobue, P., Iademarco, M. F., Metchock, B., & Vernon, A. (2005). Guidelines for using the QuantiFERON-TB Gold test for detecting *Mycobacterium tuberculosis* infection, United States. *MMWR Recommendations and Reports*, 54, 49–55.
- Mehanna, M. M., Mohyeldin, S. M., & Elgindy, N. A. (2014). Respirable nanocarriers as a promising strategy for antitubercular drug delivery. *Journal of Controlled Release*, 187, 183–197.
- Metcalfe, J. Z., Everett, C. K., Steingart, K. R., Cattamanchi, A., Huang, L., Hopewell, P. C., et al. (2011). Interferon-gamma release assays for active pulmonary tuberculosis diagnosis in adults in low- and middle-income countries: Systematic review and meta-analysis. *Journal of Infectious Diseases*, 204(Suppl. 4), S1120–S1129.
- Misra, A., Hickey, A. J., Rossi, C., Borchard, G., Terada, H., Makino, K., et al. (2011). Inhaled drug therapy for treatment of tuberculosis. *Tuberculosis*, 91, 71–81.
- Mitchison, D. A., & Fourie, P. B. (2010). The near future: Improving the activity of rifamycins and pyrazinamide. *Tuberculosis*, 90, 177–181.
- Moghimi, S. M., Hunter, A. C., & Murray, J. C. (2005). Nanomedicine: Current status and future prospects. FASEB Journal, 19, 311–330.
- Moretton, M. A., Hocht, C., Taira, C., & Sosnik, A. (2014). Rifampicin-loaded 'flower-like' polymeric micelles for enhanced oral bioavailability in an extemporaneous liquid fixed-dose combination with isoniazid. *Nanomedicine (London)*, 9, 1635–1650.
- Mouritsen, O. G. (2011). Model answers to lipid membrane questions. *Cold Spring Harbor Perspectives in Biology, 3,* a004622.
- Muttil, P., Wang, C., & Hickey, A. J. (2009). Inhaled drug delivery for tuberculosis therapy. *Pharmaceutical Research*, *26*, 2401–2416.
- Nagel, T., Ehrentreich-Forster, E., Singh, M., Schmitt, K., Brandenburg, A., Berka, A., et al. (2008). Direct detection of tuberculosis infection in blood serum using three optical label-free approaches. Sensors and Actuators B: Chemical, 129, 934–940.
- Nimje, N., Agarwal, A., Saraogi, G. K., Lariya, N., Rai, G., Agrawal, H., et al. (2009). Mannosylated nanoparticulate carriers of rifabutin for alveolar targeting. *Journal of Drug Targeting*, 17, 777– 787.
- Onoshita, T., Shimizu, Y., Yamaya, N., Miyazaki, M., Yokoyama, M., Fujiwara, N., et al. (2010). The behavior of PLGA microspheres containing rifampicin in alveolar macrophages. *Colloids and Surfaces B: Biointerfaces*, 76, 151–157.

- Onozaki, I., & Raviglione, M. (2010). Stopping tuberculosis in the 21st century: Goals and strategies. *Respirology*, *15*, 32–43.
- Pai, N. P., & Pai, M. (2012). Point-of-care diagnostics for HIV and tuberculosis: Landscape, pipeline, and unmet needs. *Discovery Medicine*, 13, 35–45.
- Pandey, R., & Ahmad, Z. (2011). Nanomedicine and experimental tuberculosis: Facts, flaws, and future. *Nanomedicine*, 7, 259–272.
- Pandey, R., & Khuller, G. K. (2004). Chemotherapeutic potential of alginate-chitosan microspheres as anti-tubercular drug carriers. *Journal of Antimicrobial Chemotherapy*, 53, 635–640.
- Pandey, R., & Khuller, G. K. (2005a). Antitubercular inhaled therapy: Opportunities, progress and challenges. *Journal of Antimicrobial Chemotherapy*, 55, 430–435.
- Pandey, R., & Khuller, G. K. (2005b). Solid lipid particle-based inhalable sustained drug delivery system against experimental tuberculosis. *Tuberculosis*, 85, 227–234.
- Pandey, R., Sharma, S., & Khuller, G. K. (2005). Oral solid lipid nanoparticle-based antitubercular chemotherapy. *Tuberculosis*, 85, 415–420.
- Pandey, R., Sharma, A., Zahoor, A., Sharma, S., Khuller, G. K., & Prasad, B. (2003). Poly (DL-lactide-co-glycolide) nanoparticle-based inhalable sustained drug delivery system for experimental tuberculosis. *Journal of Antimicrobial Chemotherapy*, 52, 981–986.
- Patil, J. S., Devi, V. K., Devi, K., & Sarasija, S. (2015). A novel approach for lung delivery of rifampicin-loaded liposomes in dry powder form for the treatment of tuberculosis. *Lung India*, 32, 331–338.
- Patil-Gadhe, A., & Pokharkar, V. (2014). Single step spray drying method to develop proliposomes for inhalation: A systematic study based on quality by design approach. *Pulmonary Pharmacology* & *Therapeutics*, 27, 197–207.
- Peh, W. Y. X., Reimhult, E., Teh, H. F., Thomsen, J. S., & Su, X. (2007). Understanding ligand binding effects on the conformation of estrogen receptor α-DNA complexes: A combinational quartz crystal microbalance with dissipation and surface plasmon resonance study. *Biophysical Journal*, 92, 4415–4423.
- Pham, D. D., Fattal, E., & Tsapis, N. (2015). Pulmonary drug delivery systems for tuberculosis treatment. *International Journal of Pharmaceutics*, 478, 517–529.
- Pinheiro, M., Lima, J., & Reis, S. (2011). Liposomes as drug delivery systems for the treatment of TB. *Nanomedicine*, 6, 1413–1428.
- Pitt, J. M., Blankley, S., McShane, H., & O'Garra, A. (2013). Vaccination against tuberculosis: How can we better BCG? *Microbial Pathogenesis*, 58, 2–16.
- Pourshahab, P. S., Gilani, K., Moazeni, E., Eslahi, H., Fazeli, M. R., & Jamalifar, H. (2011). Preparation and characterization of spray dried inhalable powders containing chitosan nanoparticles for pulmonary delivery of isoniazid. *Journal of Microencapsulation*, 28, 605–613.
- Prabakaran, D., Singh, P., Jaganathan, K. S., & Vyas, S. P. (2004). Osmotically regulated asymmetric capsular systems for simultaneous sustained delivery of anti-tubercular drugs. *Journal of Controlled Release*, 95, 239–248.
- Prabhakar, N., Arora, K., Arya, S. K., Solanki, P. R., Iwamoto, M., Singh, H., et al. (2008). Nucleic acid sensor for *M. tuberculosis* detection based on surface plasmon resonance. *Analyst*, 133, 1587–1592.
- Qurrat-ul-Ain, S., Sharma, G. K., & Khuller, S. K. (2003). Garg, alginate-based oral drug delivery system for tuberculosis: Pharmacokinetics and therapeutic effects. *Journal of Antimicrobial Chemotherapy*, 51, 931–938.
- Radtke, M., Souto, E. B., & Muller, R. H. (2005). Nanostructured lipid carriers—A novel generation of solid lipid drug carriers. *Pharmaceutical Technology Europe*, 17, 45–50.
- Ranjita, S., Loaye, A. S., & Khalil, M. (2011). Present status of nanoparticle research for treatment of tuberculosis. *Journal of Pharmacy & Pharmaceutical Sciences*, 14, 100–116.
- Ren, J., He, F., Yi, S., & Cui, X. (2008). A new MSPQC for rapid growth and detection of Mycobacterium tuberculosis. Biosensors & Bioelectronics, 24, 403–409.

- Roa, W. H., Azarmi, S., Al-Hallak, M. H., Finlay, W. H., Magliocco, A. M., & Lobenberg, R. (2011). Inhalable nanoparticles, a non-invasive approach to treat lung cancer in a mouse model. *Journal* of Controlled Release, 150, 49–55.
- Rytting, E., Nguyen, J., Wang, X., & Kissel, T. (2008). Biodegradable polymeric nanocarriers for pulmonary drug delivery. *Expert Opinion on Drug Delivery*, 5, 629–639.
- Santos, J. B., Figueiredo, A. R., Ferraz, C. E., Oliveira, M. H., Silva, P. G., & Medeiros, V. L. (2014). Cutaneous tuberculosis: Epidemiologic, etiopathogenic and clinical aspects—Part I. Anais Brasileiros de Dermatologia, 89, 219–228.
- Sarkar, S., & Suresh, M. R. (2011). An overview of tuberculosis chemotherapy—A literature review. *Journal of Pharmacy & Pharmaceutical Sciences*, 14, 148–161.
- Schütz, C. A., Juillerat-Jeanneret, L., Käuper, P., & Wandrey, C. (2011). Cell response to the exposure to chitosan–TPP//alginate nanogels. *Biomacromolecules*, 12, 4153–4161.
- Semaan, R., Traboulsi, R., & Kanj, S. (2008). Primary Mycobacterium tuberculosis complex cutaneous infection: Report of two cases and literature review. International Journal of Infectious Diseases, 12, 472–477.
- Sethi, T., & Agrawal, A. (2011). Structure and function of the tuberculous lung: Considerations for inhaled therapies. *Tuberculosis*, 91, 67–70.
- Sethuraman, G., & Ramesh, V. (2013). Cutaneous tuberculosis in children. *Pediatric Dermatology*, 30, 7–16.
- Sharma, A., Sharma, S., & Khuller, G. K. (2004). Lectin-functionalized poly (lactide-coglycolide) nanoparticles as oral/aerosolized antitubercular drug carriers for treatment of tuberculosis. *Journal of Antimicrobial Chemotherapy*, 54, 761–766.
- Sharma, K., Somavarapu, S., Colombani, A., Govind, N., & Taylor, K. M. (2012). Crosslinked chitosan nanoparticle formulations for delivery from pressurized metered dose inhalers. *European Journal of Pharmaceutics and Biopharmaceutics*, 81, 74–81.
- Shen, Z. G., Chen, W. H., Jugade, N., Gao, L. Y., Glover, W., Shen, J. Y., et al. (2012). Fabrication of inhalable spore like pharmaceutical particles for deep lung deposition. *International Journal* of Pharmaceutics, 430, 98–103.
- Shingnapurkar, D., Dandawate, P., Anson, C. E., Powell, A. K., Afrasiabi, Z., Sinn, E., et al. (2012). Synthesis and characterization of pyruvate-isoniazid analogs and their copper complexes as potential ICL inhibitors. *Bioorganic & Medicinal Chemistry Letters*, 22, 3172–3176.
- Siddiqi, K., Lambert, M. L., & Walley, J. (2003). Clinical diagnosis of smear-negative pulmonary tuberculosis in low-income countries: The current evidence. *The Lancet Infectious Diseases*, 3, 288–296.
- Singh, H., Bhandari, R., & Kaur, I. P. (2013). Encapsulation of rifampicin in a solid lipid nanoparticulate system to limit its degradation and interaction with isoniazid at acidic pH. *International Journal of Pharmaceutics*, 446, 106–111.
- Son, Y. J., & McConville, J. T. (2011). A new respirable form of rifampicin. European Journal of Pharmaceutics and Biopharmaceutics, 78, 366–376.
- Song, X., Lin, Q., Guo, L., Fu, Y., Han, J., & Ke, H. (2015). Rifampicin loaded mannosylated cationic nanostructured lipid carriers for alveolar macrophage specific delivery. *Pharmaceutical Research*, 32, 1741–1751.
- Soo, P. C., Horng, Y. T., Chang, K. C., Wang, J. Y., Hsueh, P. R., Chuang, C. Y., et al. (2009). A simple gold nanoparticle probes assay for identification of *Mycobacterium tuberculosis* and *Mycobacterium tuberculosis* complex from clinical specimens. *Molecular and Cellular Probes*, 23, 240–246.
- Sosnik, A., Carcaboso, A. M., Glisoni, R. J., Moretton, M. A., & Chiappetta, D. A. (2010). New old challenges in tuberculosis: Potentially effective nanotechnologies in drug delivery. *Advanced Drug Delivery Reviews*, 62, 547–559.
- Sung, J. C., Padilla, D. J., Garcia-Contreras, L., Verberkmoes, J. L., Durbin, D., Peloquin, C. A., et al. (2009). Formulation and pharmacokinetics of self-assembled rifampicin nanoparticle systems for pulmonary delivery. *Pharmaceutical Research*, 26, 1847–1855.

- Sung, J. C., Pulliam, B. L., & Edwards, D. A. (2007). Nanoparticles for drug delivery to the lungs. *Trends in Biotechnology*, 25, 563–570.
- Thanyani, S. T., Roberts, V., Siko, D. G. R., Vrey, P., & Verschoor, J. A. (2008). A novel application of affinity biosensor technology to detect antibodies to mycolic acid in tuberculosis patients. *Journal of Immunological Methods*, 332, 61–72.
- Thiruppathiraja, C., Kamatchiammal, S., Adaikkappan, P., Santhosh, D. J., & Alagar, M. (2011). Specific detection of *Mycobacterium* sp. genomic DNA using dual labeled gold nanoparticle based electrochemical biosensor. *Analytical Biochemistry*, 417, 73–79.
- Tom, R. T., Suryanarayanan, V., Reddy, P. G., Baskaran, S., & Pradeep, T. (2004). Ciprofloxacinprotected gold nanoparticles. *Langmuir*, 20, 1909–1914.
- Turner, P. V., Brabb, T., Pekow, C., & Vasbinder, M. A. (2011). Administration of substances to laboratory animals: Routes of administration and factors to consider. *Journal of the American Association for Laboratory Animal Science*, 50, 600–613.
- Van Rie, A., Page-Shipp, L., Scott, L., Sanne, I., & Stevens, W. (2010). Xpert[®] MTB/RIF for pointof-care diagnosis of TB in high-HIV burden, resource-limited countries: Hype or hope? *Expert Review of Molecular Diagnostics*, 10, 937–946.
- van Zyl, L., du Plessis, J., & Viljoen, J. (2015). Cutaneous tuberculosis overview and current treatment regimens. *Tuberculosis*, *95*, 629–638.
- Varma, J. N. R., Kumar, T. S., Prasanthi, B., & Ratna, J. V. (2015). Formulation and characterization of pyrazinamide polymeric nanoparticles for pulmonary tuberculosis: Efficiency for alveolar macrophage targeting. *Indian Journal of Pharmaceutical Sciences*, 77, 258–266.
- Vashist, A., Vashist, A., Gupta, Y. K., & Ahmad, S. (2014). Recent advances in hydrogel based drug delivery systems for the human body. *Journal of Materials Chemistry B*, 2, 147–166.
- Videira, M. A., Botelho, M. F., Santos, A. C., Gouveia, L. F., de Lima, J. J., & Almeida, A. J. (2002). Lymphatic uptake of pulmonary delivered radiolabelled solid lipid nanoparticles. *Journal of Drug Targeting*, 10, 607–613.
- Vyas, S. P., Kannan, M. E., Jain, S., Mishra, V., & Singh, P. (2004). Design of liposomal aerosols for improved delivery of rifampicin to alveolar macrophages. *International Journal* of Pharmaceutics, 269, 37–49.
- Wallis, R. S., & Hafner, R. (2015). Advancing host-directed therapy for tuberculosis. *Nature Reviews Immunology*, 15, 255–263.
- Wang, S., Xu, F., & Demirci, U. (2010). Advances in developing HIV-1 viral load assays for resource-limited settings. *Biotechnology Advances*, 28, 770–781.
- WHO. (2011). Global tuberculosis control. Retrieved Jan 26, 2012 from http://www.who.int/tb/ publications/global_report/en/2011.
- WHO. (2015a). Global tuberculosis report 2015. WHO Library Cataloguing-in-Publication Data.
- WHO. (2015b). *The use of delamanid in the treatment of multidrug-resistant tuberculosis*. WHO Library Cataloguing-in-Publication Data.
- Wijagkanalan, W., Kawakami, S., Takenaga, M., Igarashi, R., Yamashita, F., & Hashida, M. (2008). Efficient targeting to alveolar macrophages by intratracheal administration of mannosylated liposomes in rats. *Journal of Controlled Release*, 125, 121–130.
- Willis, L., Hayes, D., Jr., & Mansour, H. M. (2012). Therapeutic liposomal dry powder inhalation aerosols for targeted lung delivery. *Lung*, 190, 251–262.
- Xie, H., Mire, J., Kong, Y., Chang, M., Hassounah, H. A., Thornton, C. N., et al. (2012). Rapid point-of-care detection of the tuberculosis pathogen using a BlaC-specific fluorogenic probe. *Nature Chemistry*, 4, 802–809.
- Yadav, A. B., Singh, A. K., Verma, R. K., Mohan, M., Agrawal, A. K., & Misra, A. (2011). The devil's advocacy: When and why inhaled therapies for tuberculosis may not work. *Tuberculosis*, 91, 65–66.
- Yeo, W. H., Liu, S., Chung, J. H., Liu, Y. L., & Lee, K. H. (2009). Rapid detection of *Mycobacterium tuberculosis* cells by using microtip-based immunoassay. *Analytical and Bioanalytical Chemistry*, 393, 1593–1600.

- Yu, W., Liu, C., Liu, Y., Zhang, N., & Xu, W. (2010). Mannan-modified solid lipid nanoparticles for targeted gene delivery to alveolar macrophages. *Pharmaceutical Research*, 27, 1584–1596.
- Zumla, A., Chakaya, J., Centis, R., D'Ambrosio, L., Mwaba, P., Bates, M., et al. (2015). Tuberculosis treatment and management—An update on treatment regimens, trials, new drugs, and adjunct therapies. *The Lancet Respiratory Medicine*, *3*, 220–234.
- Zwerling, A., Behr, M. A., Verma, A., Brewer, T. F., Menzies, D., & Pai, M. (2011). The BCG World Atlas: A database of global BCG vaccination policies and practices. *PLoS Medicine*, *8*, e1001012.