

Plant-Derived Bioactives in Nano-Platforms for Diabetes and Metabolic Syndrome Therapy

Kabazzi Douglas T.

Department of Pharmaceutics Kampala International University Uganda

Email: t.kabazzi@studwc.kiu.ac.ug

ABSTRACT

Diabetes and metabolic syndrome (MetS) are interconnected metabolic disorders characterized by hyperglycemia, insulin resistance, central obesity, dyslipidemia, hypertension, oxidative stress, and chronic inflammation. Plant-derived bioactives including polyphenols, flavonoids, alkaloids, terpenoids, saponins, and carotenoids demonstrate multi-targeted actions relevant to glycemic control, lipid regulation, endothelial protection, and anti-inflammatory modulation. However, their clinical utility is limited by poor aqueous solubility, low bioavailability, rapid metabolism, and non-specific tissue distribution. Nano-platforms provide innovative solutions by enhancing solubility, stability, controlled release, and tissue-specific delivery. Polymeric nanoparticles, liposomes, solid lipid nanoparticles, nanostructured lipid carriers, nanoemulsions, dendrimers, and biomimetic vesicles have been engineered to optimize pharmacokinetics and improve metabolic targeting. These systems enable targeted modulation of insulin-resistant tissues, hepatic lipid metabolism, adipose inflammation, and pancreatic β -cell preservation. Preclinical evidence demonstrates superior glycemic control, improved lipid profiles, reduced oxidative stress, and attenuation of vascular dysfunction compared with conventional formulations. Despite promising results, challenges remain regarding scalability, safety profiling, extract standardization, and regulatory approval. This review examines mechanistic foundations, nano-platform design strategies, therapeutic evidence, safety considerations, and translational prospects of plant-derived bioactives in advanced nano-delivery systems for diabetes and metabolic syndrome management.

Keywords: plant bioactives; nano-platforms; metabolic syndrome; diabetes therapy; targeted delivery

INTRODUCTION

Diabetes mellitus and metabolic syndrome (MetS) represent overlapping and escalating global health challenges. MetS is defined by a cluster of metabolic abnormalities including central obesity, insulin resistance, dyslipidemia, hypertension, and impaired glucose tolerance that significantly increase the risk of type 2 diabetes (T2DM) and cardiovascular disease[1–3]. The pathophysiological core of both conditions involves insulin resistance, chronic low-grade inflammation, oxidative stress, endothelial dysfunction, and altered lipid metabolism[4–6].

In T2DM, persistent insulin resistance in skeletal muscle, adipose tissue, and liver leads to compensatory hyperinsulinemia and eventual pancreatic β -cell dysfunction. Hepatic gluconeogenesis remains inappropriately elevated, muscle glucose uptake declines, and adipose lipolysis increases circulating free fatty acids[7, 8]. These disturbances amplify mitochondrial oxidative stress and inflammatory signaling, particularly through NF- κ B and JNK pathways. MetS further exacerbates cardiovascular risk through endothelial impairment, dysregulated adipokine secretion, and lipid abnormalities[7].

Conventional pharmacotherapy addresses specific components of these disorders. Metformin improves hepatic insulin sensitivity; statins regulate dyslipidemia; antihypertensive agents reduce cardiovascular strain; GLP-1 receptor agonists and SGLT2 inhibitors improve glycemic control. However, monotherapeutic approaches often fail to comprehensively target the interconnected pathways driving metabolic dysfunction. Polypharmacy increases adverse effects and reduces adherence[9–11].

Plant-derived bioactives offer multi-targeted therapeutic potential. Polyphenols such as resveratrol, curcumin, quercetin, and catechins activate AMP-activated protein kinase (AMPK), enhance insulin receptor signaling, reduce oxidative stress via Nrf2 activation, and suppress inflammatory cytokines[12]. Alkaloids like berberine

improve glucose metabolism and lipid profiles through AMPK modulation and gut microbiota interactions. Terpenoids, saponins, and carotenoids exhibit antioxidant, anti-inflammatory, and lipid-lowering properties. Many plant bioactives also modulate adipokine secretion, reduce visceral adiposity, and protect endothelial function[12].

Despite these benefits, clinical translation remains limited by pharmacokinetic constraints. Many phytochemicals are hydrophobic and poorly soluble in aqueous environments. Oral bioavailability is often low due to poor intestinal permeability, rapid first-pass metabolism, and efflux transporter activity[13]. Additionally, non-specific biodistribution limits therapeutic concentrations in metabolically active tissues such as the liver and adipose tissue.

Nano-platforms have emerged as transformative tools in drug delivery science. These nanoscale systems (10–200 nm) enhance solubility, protect labile compounds from degradation, and enable controlled or sustained release. Importantly, nano-platforms can be engineered for targeted tissue delivery and stimuli-responsive release, aligning therapy with disease-specific microenvironments[14].

For metabolic disorders, targeted nanodelivery offers strategic advantages. Hepatic targeting can reduce gluconeogenesis and lipid accumulation. Adipose tissue targeting can attenuate macrophage-driven inflammation. Skeletal muscle targeting enhances glucose uptake via GLUT4 activation[15]. Pancreatic targeting supports β -cell survival and insulin secretion. Additionally, nano-platforms may exploit enhanced permeability in inflamed tissues, improving localized therapeutic action[15]. Nano-formulations also enable combination therapy, co-encapsulating multiple bioactives to address interconnected metabolic pathways. Controlled release maintains stable plasma concentrations, reducing dosing frequency and minimizing side effects[16].

Nevertheless, challenges persist. Long-term safety and biodistribution must be carefully evaluated, especially for chronic metabolic diseases requiring sustained treatment. Standardization of plant extracts, reproducibility of nanoformulations, and regulatory clarity are essential for clinical translation.

This review explores the integration of plant-derived bioactives into advanced nano-platforms for diabetes and metabolic syndrome therapy. It examines mechanistic targets, nano-delivery systems, preclinical evidence, safety considerations, and translational opportunities. By combining phytochemistry with precision nanotechnology, these platforms may provide holistic and targeted approaches to metabolic disease management.

2. Mechanistic Roles of Plant Bioactives in Metabolic Regulation

Plant-derived bioactive compounds play a multifaceted role in the management of metabolic disorders such as diabetes and metabolic syndrome (MetS). Their ability to modulate multiple biochemical and signaling pathways makes them particularly valuable for complex disease states characterized by insulin resistance, dyslipidemia, oxidative stress, and chronic inflammation[17]. These compounds, including polyphenols, flavonoids, alkaloids, and terpenoids, interact with cellular pathways to restore metabolic homeostasis and protect against tissue damage.

Insulin sensitization is a central mechanism by which plant bioactives improve glucose metabolism. Activation of AMP-activated protein kinase (AMPK) enhances glucose uptake in skeletal muscle, promotes fatty acid oxidation, and suppresses hepatic gluconeogenesis. Alkaloids such as berberine and polyphenols like resveratrol have been shown to stimulate AMPK activity, leading to improved insulin sensitivity and glycemic control in preclinical models[18]. Anti-inflammatory effects constitute another critical mechanism. Bioactives can inhibit nuclear factor-kappa B (NF- κ B) signaling, reducing the production of pro-inflammatory cytokines such as TNF- α , IL-6, and MCP-1[19]. By attenuating chronic low-grade inflammation, these compounds alleviate insulin resistance, improve adipocyte function, and reduce metabolic stress.

Antioxidant activity is mediated through activation of nuclear factor erythroid 2–related factor 2 (Nrf2) pathways, enhancing endogenous antioxidant enzyme expression including superoxide dismutase, catalase, and glutathione peroxidase. This action protects tissues such as pancreatic β -cells, liver, and vasculature from reactive oxygen species (ROS)-mediated damage, a common feature of diabetes and MetS[20, 21]. Lipid regulation is another target of plant bioactives. They reduce hepatic lipogenesis, enhance β -oxidation, and improve lipid profiles, thereby mitigating hepatic steatosis and dyslipidemia. Flavonoids and stilbenes have demonstrated efficacy in normalizing triglyceride and cholesterol levels.

Endothelial protection is achieved through improved nitric oxide bioavailability, resulting in enhanced vasodilation and reduced vascular dysfunction commonly associated with MetS. This supports cardiovascular health and mitigates macrovascular complications. The multi-targeted actions of plant bioactives, encompassing insulin sensitization, anti-inflammatory, antioxidant, lipid-lowering, and endothelial-protective effects, make them highly suited for integrative management of complex metabolic disorders, offering a foundation for further development in combination with nanotechnology-based delivery systems[22].

3. Nano-Platform Design Strategies

Advances in nanotechnology have facilitated the development of diverse nano-platforms for efficient delivery of plant bioactives in metabolic disorders. Nanoformulations overcome limitations of conventional herbal compounds, including poor solubility, low bioavailability, and rapid degradation, while enhancing therapeutic targeting and controlled release[23–25].

Polymeric nanoparticles fabricated from biodegradable polymers such as PLGA, chitosan, or alginate provide sustained release of bioactive molecules. By protecting hydrophobic compounds from enzymatic degradation and modulating release kinetics, polymeric systems improve systemic circulation time and maintain therapeutic concentrations over prolonged periods[26–28].

Liposomes, composed of phospholipid bilayers, can encapsulate both hydrophilic and lipophilic bioactives. Their biocompatibility, structural similarity to cellular membranes, and ability to merge with lipid bilayers enable efficient cellular uptake and tissue penetration, enhancing intracellular delivery[29–32]. Solid lipid nanoparticles (SLNs) and nanostructured lipid carriers (NLCs) are particularly effective for lipophilic molecules such as curcumin, resveratrol, and carotenoids. These carriers enhance solubility, oral absorption, and stability, while providing controlled release through lipid matrix modulation[33].

Nanoemulsions are submicron oil-in-water dispersions that improve intestinal absorption of poorly water-soluble bioactives. Their high surface area facilitates rapid dissolution and uptake, increasing systemic bioavailability[34]. Dendrimers and biomimetic vesicles offer high loading capacity, tunable size, and potential for surface functionalization, allowing tissue-specific targeting. Functionalization with peptides, antibodies, sugars, or aptamers enables selective delivery to hepatocytes, adipocytes, or pancreatic β -cells[33].

Stimuli-responsive materials, integrated into these nano-platforms, allow release triggered by glucose, pH, reactive oxygen species (ROS), or enzymatic activity, enhancing precision delivery. Combining controlled release with targeted delivery improves therapeutic efficacy, reduces systemic toxicity, and aligns treatment with disease pathophysiology[35–37]. Overall, strategic selection of nano-platforms, tailored to the physicochemical properties of plant bioactives and the pathological features of metabolic disorders, establishes a robust framework for next-generation metabolic therapy.

4. Targeted Delivery in Diabetes and MetS

Targeted delivery of plant bioactives using nanoformulations enhances therapeutic localization, optimizing metabolic modulation while minimizing systemic exposure. Diabetes and metabolic syndrome involve multiple organs, including the liver, pancreas, skeletal muscle, and adipose tissue, each contributing to disease progression. Tissue-specific targeting ensures maximal efficacy by concentrating bioactives at pathological sites[38].

Liver targeting employs galactose- or N-acetylgalactosamine-modified nanoparticles, exploiting asialoglycoprotein receptors on hepatocytes[39]. This approach suppresses gluconeogenesis, reduces hepatic glucose output, and improves lipid metabolism, addressing central features of insulin resistance. Adipose tissue targeting focuses on inflamed visceral fat depots. Mannose-functionalized nanoparticles preferentially accumulate in adipose tissue macrophages, reducing pro-inflammatory cytokine secretion, restoring adipokine balance, and alleviating insulin resistance[39].

Skeletal muscle targeting utilizes peptide-decorated carriers to enhance GLUT4 translocation and glucose uptake. Muscle-specific delivery increases insulin sensitivity, promotes glycogen storage, and improves systemic glucose homeostasis[40]. Pancreatic targeting relies on ligand-based strategies to deliver bioactives to β -cells. This protects insulin secretion capacity, preserves β -cell mass, and maintains endogenous glycemic control. Antioxidant-loaded carriers also mitigate ROS-induced β -cell apoptosis[40].

By integrating controlled release and stimuli-responsiveness with organ-specific targeting, these nanoformulations provide precise, disease-state-responsive delivery. This reduces off-target toxicity and enhances metabolic benefits, offering a comprehensive approach to managing multifactorial conditions like diabetes and MetS.

5. Preclinical Evidence and Therapeutic Outcomes

Preclinical studies consistently demonstrate that nanoformulated plant bioactives outperform conventional extracts in modulating metabolic dysfunction. In diabetic rodent models, these formulations improve glycemic control, normalize lipid profiles, and reduce oxidative stress and inflammation[41].

Nano-resveratrol enhances insulin sensitivity, reduces hepatic steatosis, and attenuates systemic inflammation. Nano-berberine activates AMPK, lowers fasting glucose, and improves lipid metabolism. Nano-curcumin reduces adipose inflammation, mitigates oxidative stress, and preserves β -cell function[42].

Combination nanoformulations deliver multiple bioactives simultaneously, producing synergistic effects by targeting complementary pathways such as glucose metabolism, inflammatory signaling, and oxidative stress. These strategies enhance therapeutic outcomes, providing multi-organ protection[42]. While preclinical efficacy is robust, clinical evidence remains limited. Early-phase human studies indicate improved pharmacokinetics, enhanced tolerability, and reductions in inflammatory biomarkers. Nonetheless, large-scale randomized clinical trials are needed to confirm efficacy, safety, and optimal dosing strategies across diverse populations. The translational potential of these formulations is significant, offering a foundation for future integration into personalized medicine approaches for metabolic disorders.

6. Safety, Toxicity, and Regulatory Considerations

Safety evaluation of nanoformulated plant bioactives is essential for clinical translation. Toxicity depends on carrier composition, particle size, surface charge, and dosage. Biodegradable polymers and lipid-based carriers minimize long-term accumulation and improve biocompatibility[43, 44].

Chronic exposure requires comprehensive studies assessing organ accumulation, immunogenicity, genotoxicity, and systemic toxicity. Repeated dosing regimens must be evaluated for long-term safety, particularly in metabolic disorders requiring lifelong therapy[45]. Regulatory compliance demands standardized manufacturing protocols, reproducible formulation methods, and rigorous toxicological assessment. Differentiation between herbal dietary supplements and nano-medicinal products is critical, as regulatory frameworks for nanomedicine often impose stricter safety and quality standards than conventional nutraceuticals.

A careful balance between enhanced therapeutic efficacy and safety is necessary for successful clinical adoption, requiring thorough characterization, validated production methods, and ongoing pharmacovigilance.

7. Future Perspectives and Translational Prospects

Future research should focus on personalized nanotherapy, integrating metabolic biomarkers and patient-specific disease profiles. Smart glucose-responsive nano-platforms and multi-stimuli-responsive systems may allow dynamic, real-time regulation of bioactive release, improving glycemic control and reducing adverse events.

Combination formulations delivering multiple plant bioactives may provide synergistic metabolic benefits, simultaneously addressing insulin resistance, inflammation, and oxidative stress. Coupling nanocarriers with digital glucose monitoring and biosensor technology offers potential for adaptive therapy tailored to individual metabolic states. Scalable, cost-effective manufacturing and reproducible quality control are essential for global accessibility. Interdisciplinary collaboration between nanotechnologists, pharmacologists, clinicians, and regulatory authorities will accelerate clinical translation.

Ultimately, the integration of targeted, stimuli-responsive, and personalized plant bioactive nanoformulations represents a promising approach for the effective management of diabetes and metabolic syndrome, with the potential to reduce complications and improve long-term patient outcomes.

CONCLUSION

Plant-derived bioactives integrated into nano-platforms represent a promising approach for comprehensive management of diabetes and metabolic syndrome. By enhancing bioavailability, enabling targeted tissue delivery, and supporting controlled release, nanotechnology amplifies the multi-targeted therapeutic effects of phytochemicals. Preclinical evidence consistently demonstrates improved glycemic control, lipid modulation, and anti-inflammatory outcomes compared with conventional formulations. Nevertheless, translation to clinical practice requires rigorous safety evaluation, standardization, and regulatory clarity. With continued innovation and collaborative research, nano-enabled phytotherapy may provide precision, sustainable, and holistic solutions for metabolic disease therapy.

REFERENCES

1. Alnami, A., Bima, A., Alamoudi, A., Eldakhakhny, B., Sakr, H., Elsamanoudy, A.: Modulation of Dyslipidemia Markers Apo B/Apo A and Triglycerides/HDL-Cholesterol Ratios by Low-Carbohydrate High-Fat Diet in a Rat Model of Metabolic Syndrome. *Nutrients*. 14, 1903 (2022). <https://doi.org/10.3390/nu14091903>
2. Bilog, N.C., Mekoulou Ndongo, J., Bika Lele, E.C., Guessogo, W.R., Assomo-Ndemba, P.B., Ahmadou, Etage, N.B., Mbama Biloa, Y.J., Bindi, J.G.B.N., Temfemo, A., Mandengue, S.H., Guyot, J., Dupré, C., Barth, N., Bongue, B., Etoundi Ngoa, L.S., Ayina Ayina, C.N.: Prevalence of metabolic syndrome and components in rural, semi-urban and urban areas in the littoral region in Cameroon: impact of physical activity. *J. Health Popul. Nutr.* 42, 95 (2023). <https://doi.org/10.1186/s41043-023-00415-0>
3. Demidowich, A.P., Levine, J.A., Apps, R., Cheung, F.K., Chen, J., Fantoni, G., Patel, T.P., Yanovski, J.A.: Colchicine's effects on metabolic and inflammatory molecules in adults with obesity and metabolic syndrome: results from a pilot randomized controlled trial. *Int. J. Obes.* 2005. 44, 1793–1799 (2020). <https://doi.org/10.1038/s41366-020-0598-3>
4. Dimeji, I.Y., Ayodeji, A.S.: Pharmacological modulation of the gut microbiota and endotoxemia: A next-generation approach to treating metabolic syndrome. *ASPET Discov.* 1, 100010 (2025). <https://doi.org/10.1016/j.aspetd.2025.100010>
5. Liu, Y., Han, F., Xia, Z., Sun, P., Rohani, P., Amirthalingam, P., Sohoul, M.H.: The effects of bupropion alone and combined with naltrexone on weight loss: a systematic review and meta-regression analysis of randomized controlled trials. *Diabetol. Metab. Syndr.* 16, 93 (2024). <https://doi.org/10.1186/s13098-024-01319-7>
6. Alum, E.U.: Metabolic memory in obesity: Can early-life interventions reverse lifelong risks? *Obes. Med.* 55, 100610 (2025). <https://doi.org/10.1016/j.obmed.2025.100610>
7. Raz, I., Eldor, R., Cernea, S., Shafrir, E.: Diabetes: insulin resistance and derangements in lipid metabolism. Cure through intervention in fat transport and storage. *Diabetes Metab. Res. Rev.* 21, 3–14 (2005). <https://doi.org/10.1002/dmrr.493>
8. Obasi, D.C., Abba, J.N., Aniokete, U.C., Okoroh, P.N., Akwari, A.Ak.: Evolving Paradigms in Nutrition Therapy for Diabetes: From Carbohydrate Counting to Precision Diets. *Obes. Med.* 100622 (2025). <https://doi.org/10.1016/j.obmed.2025.100622>

9. Ali, A., Mekhaeil, B., Biziotis, O.-D., Tsakiridis, E.E., Ahmadi, E., Wu, J., Wang, S., Singh, K., Menjolian, G., Farrell, T., Mesci, A., Liu, S., Berg, T., Bramson, J.L., Steinberg, G.R., Tsakiridis, T.: The SGLT2 inhibitor canagliflozin suppresses growth and enhances prostate cancer response to radiotherapy. *Commun. Biol.* 6, 919 (2023). <https://doi.org/10.1038/s42003-023-05289-w>
10. Dąbrowski, M.: Diabetes, Antidiabetic Medications and Cancer Risk in Type 2 Diabetes: Focus on SGLT-2 Inhibitors. *Int. J. Mol. Sci.* 22, 1680 (2021). <https://doi.org/10.3390/ijms22041680>
11. Iqbal, N., Ambery, P., Logue, J., Mallappa, A., Sjöström, C.D.: Perspectives in weight control in diabetes – SGLT2 inhibitors and GLP-1–glucagon dual agonism. *Diabetes Res. Clin. Pract.* 199, 110669 (2023). <https://doi.org/10.1016/j.diabres.2023.110669>
12. Sheng, Z., Luo, Q., Liu, X., Yang, X.: Bioactives and exercise synergize to modulate AMPK and inflammation. *Front. Immunol.* 16, (2026). <https://doi.org/10.3389/fimmu.2025.1670379>
13. Clemente-Suárez, V.J., Martín-Rodríguez, A., Beltrán-Velasco, A.I., Rubio-Zarapuz, A., Martínez-Guardado, I., Valcárcel-Martín, R., Tornero-Aguilera, J.F.: Functional and Therapeutic Roles of Plant-Derived Antioxidants in Type 2 Diabetes Mellitus: Mechanisms, Challenges, and Considerations for Special Populations. *Antioxidants*. 14, 725 (2025). <https://doi.org/10.3390/antiox14060725>
14. Parvin, N., Aslam, M., Alam, M.N., Mandal, T.K.: Nanotechnology Driven Innovations in Modern Pharmaceuticals: Therapeutics, Imaging, and Regeneration. *Nanomaterials*. 15, 1733 (2025). <https://doi.org/10.3390/nano15221733>
15. Tiwari, P., Park, K.-I., Mandal, S.: Emerging Breakthroughs in Nano-Ginseng Innovations and Their Therapeutic Implications in Type 2 Diabetes. *Pharmaceuticals*. 19, (2026). <https://doi.org/10.3390/ph19010186>
16. Kurul, F., Turkmen, H., Cetin, A.E., Topkaya, S.N.: Nanomedicine: How nanomaterials are transforming drug delivery, bio-imaging, and diagnosis. *Nanotechnol.* 7, 100129 (2025). <https://doi.org/10.1016/j.nxnano.2024.100129>
17. Uti, D.E., Atangwho, I.J., Alum, E.U., Egba, S.I., Ugwu, O.P.-C., Ikechukwu, G.C.: Natural Antidiabetic Agents: Current Evidence and Development Pathways from Medicinal Plants to Clinical use. *Nat. Prod. Commun.* 20, 1934578X251323393 (2025). <https://doi.org/10.1177/1934578X251323393>
18. Cai, Y., Fang, L., Chen, F., Zhong, P., Zheng, X., Xing, H., Fan, R., Yuan, L., Peng, W., Li, X.: Targeting AMPK related signaling pathways: A feasible approach for natural herbal medicines to intervene non-alcoholic fatty liver disease. *J. Pharm. Anal.* 15, 101052 (2025). <https://doi.org/10.1016/j.jpha.2024.101052>
19. Liu, G.-T., Kuo, C.-Y.: Bioactives and Inflammation. *Curr. Issues Mol. Biol.* 45, 5824–5829 (2023). <https://doi.org/10.3390/cimb45070368>
20. Al-Waili, N., Al-Waili, H., Al-Waili, T., Salom, K.: Natural antioxidants in the treatment and prevention of diabetic nephropathy; a potential approach that warrants clinical trials. *Redox Rep. Commun. Free Radic. Res.* 22, 99–118 (2017). <https://doi.org/10.1080/13510002.2017.1297885>
21. Bešlo, D., Golubić, N., Rastija, V., Agić, D., Karnaš, M., Šubarić, D., Lučić, B.: Antioxidant Activity, Metabolism, and Bioavailability of Polyphenols in the Diet of Animals. *Antioxidants*. 12, 1141 (2023). <https://doi.org/10.3390/antiox12061141>
22. El-Saadony, M.T., Saad, A.M., Mohammed, D.M., Alkafaas, S.S., Abd El-Mageed, T.A., Fahmy, M.A., Ezzat Ahmed, A., Algopishi, U.B., Abu-Elsaoud, A.M., Mosa, W.F.A., AbuQamar, S.F., El-Tarabily, K.A.: Plant bioactive compounds: extraction, biological activities, immunological, nutritional aspects, food application, and human health benefits—A comprehensive review. *Front. Nutr.* 12, 1659743. <https://doi.org/10.3389/fnut.2025.1659743>
23. Anjum, S., Ishaque, S., Fatima, H., Farooq, W., Hano, C., Abbasi, B.H., Anjum, I.: Emerging Applications of Nanotechnology in Healthcare Systems: Grand Challenges and Perspectives. *Pharmaceuticals*. 14, 707 (2021). <https://doi.org/10.3390/ph14080707>
24. Awlqadr, F.H., Majeed, K.R., Altemimi, A.B., Hassan, A.M., Qadir, S.A., Saeed, M.N., Faraj, A.M., Salih, T.H., Abd Al-Manhel, A.J., Najm, M.A.A., Tsakali, E., Van Impe, J.F.M., Abd El-Maksoud, A.A., Abedelmaksoud, T.G.: Nanotechnology-based herbal medicine: Preparation, synthesis, and applications in food and medicine. *J. Agric. Food Res.* 19, 101661 (2025). <https://doi.org/10.1016/j.jafr.2025.101661>
25. Nwuruku, O.A., Ugwu, O.P.-C., Uti, D.E., Edwin, N.: Harnessing nature: plant-derived nanocarriers for targeted drug delivery in cancer therapy. *Phytomedicine Plus*. 5, 100828 (2025). <https://doi.org/10.1016/j.phyplu.2025.100828>
26. Eltaib, L.: Polymeric Nanoparticles in Targeted Drug Delivery: Unveiling the Impact of Polymer Characterization and Fabrication. *Polymers*. 17, (2025). <https://doi.org/10.3390/polym17070833>
27. Herdiana, Y., Wathoni, N., Shamsuddin, S., Muchtaridi, M.: Scale-up polymeric-based nanoparticles drug delivery systems: Development and challenges. *OpenNano*. 7, 100048 (2022). <https://doi.org/10.1016/j.onano.2022.100048>
28. Zhang, H., Chen, H., Hu, X., Muhammad, W., Liu, C., Liu, W.: Inflammation-modulating polymeric nanoparticles: design strategies, mechanisms, and therapeutic applications. *eBioMedicine*. 118, 105837 (2025). <https://doi.org/10.1016/j.ebiom.2025.105837>

29. Amin, M., Lammers, T., ten Hagen, T.L.M.: Temperature-sensitive polymers to promote heat-triggered drug release from liposomes: Towards bypassing EPR. *Adv. Drug Deliv. Rev.* 189, 114503 (2022). <https://doi.org/10.1016/j.addr.2022.114503>
30. García-Morales, J., Fimbres-Olivarría, D., González-Vega, R.I., Bernal-Mercado, A.T., Aubourg-Martínez, S.P., López-Gastélum, K.A., Robles-García, M.Á., de Jesús Ornelas-Paz, J., Ruiz-Cruz, S., Del-Toro-Sánchez, C.L.: Nanoliposomes as Effective Vehicles of Antioxidant Compounds in Food and Health. *Int. J. Mol. Sci.* 26, 5523 (2025). <https://doi.org/10.3390/ijms26125523>
31. Taher, M., Susanti, D., Haris, M.S., Rushdan, A.A., Widodo, R.T., Syukri, Y., Khotib, J.: PEGylated liposomes enhance the effect of cytotoxic drug: A review. *Heliyon.* 9, e13823 (2023). <https://doi.org/10.1016/j.heliyon.2023.e13823>
32. Yang, Q., Zhang, T., Wang, C., Jiao, J., Li, J., Deng, Y.: Coencapsulation of epirubicin and metformin in PEGylated liposomes inhibits the recurrence of murine sarcoma S180 existing CD133+ cancer stem-like cells. *Eur. J. Pharm. Biopharm.* 88, 737–745 (2014). <https://doi.org/10.1016/j.ejpb.2014.10.006>
33. Kumari, M., Gohil, D., Sadhu, P.: Nanostructured lipid carriers for topical drug delivery: A comprehensive review of design, mechanisms, and therapeutic advances. *Nanotechnol.* 9, 100367 (2026). <https://doi.org/10.1016/j.nxnano.2026.100367>
34. Lorenzett, A.K.P., de Lima, V.A., da Fonseca, C.O.P., Mainardes, R.M.: Nanoemulsions and Microemulsions for Intranasal Drug Delivery: A Bibliometric Analysis and Emerging Trends (2004–2024). *Pharmaceutics.* 17, 1104 (2025). <https://doi.org/10.3390/pharmaceutics17091104>
35. Chang, D., Ma, Y., Xu, X., Xie, J., Ju, S.: Stimuli-Responsive Polymeric Nanoplatforams for Cancer Therapy. *Front. Bioeng. Biotechnol.* 9, 707319 (2021). <https://doi.org/10.3389/fbioe.2021.707319>
36. Hou, J., Xue, Z., Chen, Y., Li, J., Yue, X., Zhang, Y., Gao, J., Hao, Y., Shen, J.: Development of Stimuli-Responsive Polymeric Nanomedicines in Hypoxic Tumors and Their Therapeutic Promise in Oral Cancer. *Polymers.* 17, (2025). <https://doi.org/10.3390/polym17081010>
37. Lee, H., Rho, W.-Y., Kim, Y.-H., Chang, H., Jun, B.-H.: CRISPR-Cas9 Gene Therapy: Non-Viral Delivery and Stimuli-Responsive Nanoformulations. *Molecules.* 30, 542 (2025). <https://doi.org/10.3390/molecules30030542>
38. Eremia, M.-C., Pavaloiu, R.-D., Sha'at, F., Miu, D.M., Savoiu, G., Raiciu, A.D.: Liposomal Nanosystems Versus Hydrogels in the Prevention and Treatment of Metabolic Diseases. *Gels.* 11, (2025). <https://doi.org/10.3390/gels11110917>
39. Ramírez-Cortés, F., Ménová, P.: Hepatocyte targeting via the asialoglycoprotein receptor. *RSC Med. Chem.* 16, 525–544. <https://doi.org/10.1039/d4md00652f>
40. Merz, K.E., Thurmond, D.C.: Role of Skeletal Muscle in Insulin Resistance and Glucose Uptake. *Compr. Physiol.* 10, 785–809 (2020). <https://doi.org/10.1002/cphy.c190029>
41. Shahzad, N., Alzahrani, A.R., Aziz Ibrahim, I.A., Shahid, I., Alanazi, I.M., Falemban, A.H., Imam, M.T., Mohsin, N., Azlina, M.F.N., Arulselvan, P.: Therapeutic strategy of biological macromolecules based natural bioactive compounds of diabetes mellitus and future perspectives: A systematic review. *Heliyon.* 10, e24207 (2024). <https://doi.org/10.1016/j.heliyon.2024.e24207>
42. Ali Sangouni, A., Abdollahi, S., Mozaffari-Khosravi, H.: Effect of resveratrol supplementation on hepatic steatosis and cardiovascular indices in overweight subjects with type 2 diabetes: a double-blind, randomized controlled trial. *BMC Cardiovasc. Disord.* 22, 212 (2022). <https://doi.org/10.1186/s12872-022-02637-2>
43. Janjua, T.I., Cao, Y., Kleitz, F., Linden, M., Yu, C., Popat, A.: Silica nanoparticles: A review of their safety and current strategies to overcome biological barriers. *Adv. Drug Deliv. Rev.* 203, 115115 (2023). <https://doi.org/10.1016/j.addr.2023.115115>
44. Parsons, K., Montalvo, M., Fischbach, N., Taylor, M., Alfaro, S., Lustberg, M.: The Impact and Safety of GLP-1 Agents and Breast Cancer. *Cancer Med.* 14, e70932 (2025). <https://doi.org/10.1002/cam4.70932>
45. Silva Lima, B., Videira, M.A.: Toxicology and Biodistribution: The Clinical Value of Animal Biodistribution Studies. *Mol. Ther. Methods Clin. Dev.* 8, 183–197 (2018). <https://doi.org/10.1016/j.omtm.2018.01.003>

CITE AS: Kabazzi Douglas T. (2026). Plant-Derived Bioactives in Nano-Platforms for Diabetes and Metabolic Syndrome Therapy. IDOSR JOURNAL OF EXPERIMENTAL SCIENCES 12(2): 77-82. <https://doi.org/10.59298/IDOSR/JES/06/1227782>