

Precision Nanomedicine for Obesity and Diabetes Management: From Pathophysiology to Targeted Therapy

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ABSTRACT

Obesity and type 2 diabetes (T2D) are major contributors to the global burden of chronic diseases, with their coexistence exacerbating the health challenges faced by millions of people worldwide. The close association between obesity and insulin resistance in T2D requires innovative treatment approaches that target the underlying pathophysiological mechanisms. Precision nanomedicine, leveraging the unique properties of nanomaterials, offers a transformative approach to treating these conditions by enabling highly specific, controlled, and efficient delivery of therapeutics to the affected tissues. This review discusses the pathophysiology of obesity-driven diabetes and highlights the potential of precision nanomedicine in offering targeted solutions for their management. It explores the latest advancements in nanotechnology, focusing on drug delivery systems, biomolecular modulation, and tissue-specific therapies that can address the complexities of obesity and diabetes at the metabolic interface. By combining precision targeting, enhanced bioavailability, and reduced side effects, nanomedicine holds the promise of improving patient outcomes and revolutionizing the management of obesity-driven diabetes. The review also discusses the clinical prospects, challenges, and regulatory considerations for translating these innovative therapies into practice, emphasizing the need for a multidisciplinary approach to optimize their potential.

Keywords: Nanomedicine, Obesity, Diabetes, Targeted Therapy, Precision Medicine.

INTRODUCTION

Obesity and type 2 diabetes (T2D) represent two of the most prevalent and challenging metabolic disorders of the modern era. Obesity, particularly abdominal obesity, is a major risk factor for the development of insulin resistance, a key feature of T2D[1–3]. The pathophysiology of these interconnected diseases is complex, involving an interplay of genetic, environmental, and metabolic factors. At the core of obesity-related diabetes lies chronic low-grade inflammation, dysregulated lipid metabolism, and impaired insulin signaling. These metabolic disturbances not only contribute to insulin resistance but also create a vicious cycle, whereby obesity accelerates the onset and progression of T2D, while T2D worsens the complications associated with obesity[4, 5].

Traditional treatments for obesity and T2D, such as oral medications, insulin therapy, and lifestyle changes, have had limited success in achieving long-term control and reversing disease progression[6–8]. The complexity of the underlying mechanisms calls for more targeted, effective strategies that can address multiple aspects of the diseases simultaneously. Nanomedicine, a field that uses nanotechnology to design precise therapeutic solutions, offers a promising approach to overcoming the limitations of conventional therapies[9–12]. By utilizing the unique properties of nanoscale materials, such as enhanced bioavailability, tissue-specific targeting, and controlled drug release, precision nanomedicine can provide more effective treatments for obesity-driven diabetes. This review aims to explore the pathophysiology of obesity and diabetes, discuss how precision nanomedicine can target key mechanisms involved in these diseases, and evaluate the clinical prospects and challenges of these novel therapies. The integration of nanotechnology into the treatment paradigm holds

the potential to revolutionize the management of obesity and diabetes by providing highly effective and personalized therapeutic strategies.

Pathophysiology of Obesity-Driven Diabetes

Obesity is characterized by excessive fat accumulation, particularly in the visceral adipose tissue (VAT), which plays a central role in the development of insulin resistance[13–16]. Adipocytes, or fat cells, secrete various bioactive molecules called adipokines, including pro-inflammatory cytokines such as TNF- α , IL-6, and resistin. These adipokines play a crucial role in the inflammatory response that underlies insulin resistance. Chronic low-grade inflammation in adipose tissue disrupts insulin signaling pathways, impairing the ability of cells to take up glucose in response to insulin, a hallmark of T2D[17–19].

In addition to inflammation, obesity induces dysregulated lipid metabolism[4]. Excessive accumulation of free fatty acids (FFAs) in circulation leads to lipid overload in non-adipose tissues, such as the liver, muscle, and pancreas. These ectopic lipids interfere with insulin signaling and contribute to the development of insulin resistance[20]. Furthermore, the increased production of reactive oxygen species (ROS) in adipose tissue leads to oxidative stress, further exacerbating insulin resistance and promoting inflammation[21].

The pancreas plays a crucial role in glucose homeostasis through the secretion of insulin. However, the increased demand for insulin in the context of insulin resistance places a strain on pancreatic β -cells, leading to their dysfunction and eventual failure[22–24]. This results in the progression of T2D, where the pancreas can no longer produce sufficient insulin to maintain normal blood glucose levels.

The development of obesity-driven diabetes also involves alterations in gut microbiota composition, with dysbiosis (imbalanced microbial communities) being implicated in both obesity and insulin resistance[25, 26]. Recent studies suggest that gut microbiota may influence metabolic processes by modulating inflammation, glucose metabolism, and lipid metabolism.

Nanotechnology provides a promising platform to target the complex pathophysiology of obesity-driven diabetes by delivering therapeutic agents that can modulate inflammation, lipid metabolism, insulin sensitivity, and gut microbiota. Precision nanomedicine allows for targeted interventions that can address these key processes, offering a novel approach to managing these diseases.

Precision Nanomedicine for Targeted Drug Delivery

One of the key advantages of nanotechnology is its ability to enable targeted drug delivery. Traditional drugs often suffer from poor bioavailability, systemic side effects, and off-target toxicity[27–29]. Nanomedicine overcomes these limitations by encapsulating drugs in nanoparticles, which can be engineered to deliver therapeutic agents directly to specific tissues or cells.

Lipid-based nanoparticles, such as liposomes and solid lipid nanoparticles (SLNs), are commonly used for encapsulating hydrophobic drugs that are poorly soluble in water[30–32]. These nanoparticles can be functionalized with targeting ligands, such as antibodies, peptides, or small molecules, that enhance their specificity for particular cells involved in the obesity–diabetes crosstalk, such as insulin-resistant adipocytes or pancreatic β -cells. By directing drugs to the site of action, these nanoparticles increase therapeutic efficacy and reduce the risk of systemic side effects[33].

Polymeric nanoparticles are another promising approach for targeted drug delivery in obesity and diabetes therapy. These nanoparticles can be engineered to release their cargo in a controlled manner, either in response to specific environmental stimuli (e.g., changes in pH, temperature, or enzymatic activity) or over an extended period[34, 35]. This controlled release improves the stability and bioavailability of drugs, ensuring that therapeutic agents are delivered at the right time and in the right amounts to their intended target. Additionally, combination therapies can be delivered using multifunctional nanoparticles that carry multiple therapeutic agents. For example, a single nanoparticle could simultaneously deliver anti-inflammatory agents, insulin-sensitizing drugs, and lipogenesis inhibitors, offering a comprehensive approach to managing obesity and diabetes[36–38].

Modulation of Inflammation and Insulin Sensitivity via Nanomaterials

Chronic inflammation plays a central role in the development of insulin resistance and the progression of both obesity and diabetes. Nanomaterials can be used to modulate inflammatory pathways by delivering small molecules, peptides, or RNA-based therapeutics that target specific inflammatory cytokines or signaling pathways[39, 40]. For example, nanoparticles can be designed to deliver anti-inflammatory agents, such as cytokine inhibitors or NF- κ B inhibitors, directly to inflamed adipose tissue. By reducing the inflammatory response, these nanotherapies can help improve insulin sensitivity and reduce the systemic inflammation associated with obesity and diabetes[40].

Nanoparticles can also be used to modulate insulin sensitivity by delivering insulin-sensitizing agents, such as metformin, thiazolidinediones (TZDs), or glucagon-like peptide-1 (GLP-1) agonists. By enhancing insulin action in peripheral tissues, such as the liver and muscle, these agents can help restore normal glucose metabolism and reduce hyperglycemia[41].

Furthermore, nanomaterials can be designed to activate or inhibit key molecular pathways involved in insulin resistance. For example, nanoparticles can be used to activate AMP-activated protein kinase (AMPK), a key regulator of insulin sensitivity, or to inhibit pro-inflammatory pathways that disrupt insulin signaling.

Nanotechnology for Modulating Lipid Metabolism and Adipogenesis

Nanomedicine offers several strategies for modulating lipid metabolism and adipogenesis, two key processes that contribute to obesity and diabetes. By targeting the molecular pathways involved in lipid accumulation, storage, and breakdown, nanotechnology can help regulate fat distribution and improve metabolic function [42, 43]. Nanoparticles can be used to deliver small molecules that inhibit the differentiation of pre-adipocytes into mature adipocytes. For example, nanoparticles can carry inhibitors of transcription factors such as PPAR- γ , which plays a critical role in adipogenesis. By preventing the formation of new fat cells, these therapies can help reduce obesity and its associated complications [44].

Nanotechnology can also be used to regulate lipid metabolism by modulating enzymes involved in fatty acid oxidation and lipogenesis. For example, nanoparticles can deliver compounds that activate AMPK, which promotes the breakdown of fatty acids, or inhibit acetyl-CoA carboxylase (ACC), an enzyme involved in lipid synthesis [45]. By regulating these metabolic pathways, nanomedicine can help reduce lipid accumulation and improve insulin sensitivity.

Clinical Prospects and Challenges in Nanomedicine for Obesity and Diabetes Therapy

The promise of nanomedicine in the treatment of obesity and diabetes is immense, but several challenges remain in translating these therapies from the laboratory to clinical practice. One major concern is the potential toxicity of nanoparticles [45]. Although nanomaterials offer numerous advantages, their small size and surface properties may lead to accumulation in vital organs, such as the liver, kidneys, and spleen, posing a risk of adverse effects. Rigorous toxicological studies and long-term safety evaluations are necessary to assess the biocompatibility of these therapies [46, 47].

Another challenge is the complexity of obesity and diabetes, which involve multiple interconnected metabolic pathways. Nanomedicine has the potential to target several of these pathways simultaneously, but the design of multifunctional nanoparticles that can effectively modulate multiple targets is a significant challenge. Additionally, the variability in patient responses and disease stages further complicates the clinical implementation of nanomedicine.

Regulatory approval is also a significant hurdle for the widespread adoption of nanomedicine in clinical practice. The regulatory frameworks for nanomedicines are still evolving, and ensuring that these therapies meet safety, efficacy, and quality standards is essential for their approval.

CONCLUSION

Precision nanomedicine offers a transformative approach to the management of obesity and type 2 diabetes by targeting the underlying pathophysiological mechanisms that drive these conditions. Through advanced drug delivery systems, biomolecular modulation, and tissue-specific therapies, nanomedicine has the potential to improve the precision, efficacy, and safety of treatments. However, translating these innovative therapies into clinical practice requires overcoming challenges related to safety, regulatory approval, and patient variability. As research in nanomedicine progresses, these barriers will likely be addressed, leading to the integration of nanotechnology into routine clinical care for obesity-driven diabetes. The future of precision nanomedicine holds promise for revolutionizing the treatment of metabolic disorders and improving patient outcomes on a global scale.

REFERENCES

1. Allocca, S., Monda, A., Messina, A., Casillo, M., Sapuppo, W., Monda, V., Polito, R., Maio, G.D., Monda, M., Marra, M.L.: Endocrine and Metabolic Mechanisms Linking Obesity to Type 2 Diabetes: Implications for Targeted Therapy. *Healthcare*. 13, (2025). <https://doi.org/10.3390/healthcare13121437>
2. Oh, K.-J., Lee, D.S., Kim, W.K., Han, B.S., Lee, S.C., Bae, K.-H.: Metabolic Adaptation in Obesity and Type II Diabetes: Myokines, Adipokines and Hepatokines. *Int. J. Mol. Sci.* 18, (2016). <https://doi.org/10.3390/ijms18010008>
3. Aloh, H.E., Obasi, D.C., Okoroh, P.N., Aniokete, U.C., Emeruwa, A.P.: Maternal Nutrition, Toxicants, and Epigenetic Programming of Obesity Across Generations. *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*, 18, 4873–4911. <https://doi.org/10.2147/DMSO.S579409>
4. Uti, D.E., Atangwho, I.J., Omang, W.A., Alum, E.U., Obeten, U.N., Udeozor, P.A., Agada, S.A., Bawa, I., Ogbu, C.O.: Cytokines as key players in obesity low grade inflammation and related complications. *Obes. Med.* 54, 100585 (2025). <https://doi.org/10.1016/j.obmed.2025.100585>
5. Wokoma, M.A., Oplekwu, R.I., Atangwho, I.J., Egbung, G.E.: Targeting CD44-Hyaluronic Acid Signalling in Obesity Treatment: Insights from Small Molecules and Nanobioconjugates. *Nutr. Metab. Insights*. 19, 11786388251408961 (2026). <https://doi.org/10.1177/11786388251408961>
6. Sannidhi, D., Abeles, R., Andrew, W., Bonnet, J.P., Vitale, K., Niranjana, V., Gulati, M., Pauly, K., Moran, R., Alexander, L., Le, C., Rajan, S., Romero, C.: Lifestyle Medicine for Obesity in the Era of Highly Effective Anti-Obesity Treatment. *Nutrients*. 17, (2025). <https://doi.org/10.3390/nu17142382>
7. Ruze, R., Liu, T., Zou, X., Song, J., Chen, Y., Xu, R., Yin, X., Xu, Q.: Obesity and type 2 diabetes mellitus: connections in epidemiology, pathogenesis, and treatments. *Front. Endocrinol.* 14, (2023). <https://doi.org/10.3389/fendo.2023.1161521>

8. Izah, S.C., Betiang, P.A., Paul-Chima Ugwu, O., Ainebyoona, C., Uti, D.E., Echegu, D.A.: The Ketogenic Diet in Obesity Management: Friend or Foe? *Cell Biochem. Biophys.* (2025). <https://doi.org/10.1007/s12013-025-01878-0>
9. Ntaobeten, E., Obeten, U.N., Bawa, I., Agada, S.A., Ukam, C.I.-O., Egbung, G.E.: Antioxidants in cancer therapy mitigating lipid peroxidation without compromising treatment through nanotechnology. *Discov. Nano.* 20, 70 (2025). <https://doi.org/10.1186/s11671-025-04248-0>
10. Chai, B., Li, Y., Wang, Y., Yang, D., Zhang, L.: Advances in Targeted Engineered Nanoparticle-Based Therapeutics for Respiratory Diseases: Current Insights and Future Perspectives. *Int. J. Nanomedicine.* 20, 12831–12857 (2025). <https://doi.org/10.2147/IJN.S539908>
11. Chen, L., Deng, X., Shen, Q., Chen, M., Li, C., Wang, S.: Novel Dual Strategy Based on EPR/AT for Optimizing Therapeutic Effect by Improving Drug Delivery System Physicochemical Properties and Regulating TME. *Int. J. Nanomedicine.* 21, 1–26 (2026). <https://doi.org/10.2147/IJN.S559763>
12. Hua, S., de Matos, M.B.C., Metselaar, J.M., Storm, G.: Current Trends and Challenges in the Clinical Translation of Nanoparticulate Nanomedicines: Pathways for Translational Development and Commercialization. *Front. Pharmacol.* 9, (2018). <https://doi.org/10.3389/fphar.2018.00790>
13. Umoru, G.U., Atangwho, I.J., David-Oku, E., Uti, D.E., Agwupuye, E.I., Obeten, U.N., Maitra, S., Subramaniam, V., Wong, L.S., Aljarba, N.H., Kumarasamy, V.: Tetracarpidium conophorum nuts (African walnuts) up-regulated adiponectin and PPAR- γ expressions with reciprocal suppression of TNF- α gene in obesity. *J. Cell. Mol. Med.* 28, e70086 (2024). <https://doi.org/10.1111/jcmm.70086>
14. David-Oku, E., De Campos, O.C., Udeozor, P.A., Nfona, S.O., Lawal, B.: Modulation of Lipogenesis by Tetracarpidium conophorum Nuts via SREBP-1/ACCA-1/FASN Inhibition in Monosodium-Glutamate-Induced Obesity in Rats. *Nat. Prod. Commun.* 20, 1934578X251344035 (2025). <https://doi.org/10.1177/1934578X251344035>
15. Ibiam, U.A., Omang, W.A., Udeozor, P.A., Umoru, G.U., Nwadium, S.K., Bawa, I., Mordi, J.C., Okoro, E.O., Obeten, U.N., Onwe, E.N., Zakari, S., Opotu, O.R., Aja, P.M.: Buchholzia coriacea Leaves Attenuated Dyslipidemia and Oxidative Stress in Hyperlipidemic Rats and Its Potential Targets In Silico. *Pharm. Fronts.* 05, e141–e152 (2023). <https://doi.org/10.1055/s-0043-1772607>
16. Bartelt, A., Widenmaier, S.B., Schlein, C., Johann, K., Goncalves, R.L.S., Eguchi, K., Fischer, A.W., Parlakg  l, G., Snyder, N.A., Nguyen, T.B., Bruns, O.T., Franke, D., Bawendi, M.G., Lynes, M.D., Leiria, L.O., Tseng, Y.-H., Inouye, K.E., Arruda, A.P., Hotamisligil, G.S.: Brown adipose tissue thermogenic adaptation requires Nr1-mediated proteasomal activity. *Nat. Med.* 24, 292–303 (2018). <https://doi.org/10.1038/nm.4481>
17. Jouy, S.H., Mohan, S., Scichilone, G., Mostafa, A., Mahmoud, A.M.: Adipokines in the Crosstalk between Adipose Tissues and Other Organs: Implications in Cardiometabolic Diseases. *Biomedicines.* 12, (2024). <https://doi.org/10.3390/biomedicines12092129>
18. Ormazabal, P., Bast  as-P  rez, M., Inestrosa, N.C., Cisternas, P.: Adipokines at the Metabolic–Brain Interface: Therapeutic Modulation by Antidiabetic Agents and Natural Compounds in Alzheimer’s Disease. *Pharmaceuticals.* 18, (2025). <https://doi.org/10.3390/ph18101527>
19. 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>
20. Nwali, B.U., Aniokete, U.C., Emeruwa, A.P., Obasi, D.C., Okoroh, P.N., Akwari, A.A., Nwuruku, O.A., Nzubechukwu, E., Aja, P.M.: Gut microbiota at the crossroads of food additives, pollutants, and chronic disease risk. *Toxicol. Environ. Health Sci.* 1–31 (2025). <https://doi.org/10.1007/s13530-025-00295-3>
21. 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>
22. Rorsman, P., Ashcroft, F.M.: Pancreatic β -Cell Electrical Activity and Insulin Secretion: Of Mice and Men. *Physiol. Rev.* 98, 117 (2017). <https://doi.org/10.1152/physrev.00008.2017>
23. Pereira de Lima, R., Li, A., Gilani, A., Rubio-Navarro, A., Warren, C.D., Kong, I.Y., Geri, J.B., Lo, J.C.: C3aR1 on β cells enhances β cell function and survival to maintain glucose homeostasis. *Mol. Metab.* 96, 102134 (2025). <https://doi.org/10.1016/j.molmet.2025.102134>
24. Li, M., Chi, X., Wang, Y., Setrerrahmane, S., Xie, W., Xu, H.: Trends in insulin resistance: insights into mechanisms and therapeutic strategy. *Signal Transduct. Target. Ther.* 7, 216 (2022). <https://doi.org/10.1038/s41392-022-01073-0>
25. Wang, X., Guo, Q., Liu, Z., Wang, Y., Cao, C., Jin, L., Li, C., Xiao, J., Zhao, W.: Alterations in the Gut Microbiota Composition in Obesity with and without Type 2 Diabetes: A Pilot Study. *Diabetes Metab. Syndr. Obes.* 17, 3965–3974 (2024). <https://doi.org/10.2147/DMSO.S477494>
26. Geng, J., Ni, Q., Sun, W., Li, L., Feng, X.: The links between gut microbiota and obesity and obesity related diseases. *Biomed. Pharmacother.* 147, 112678 (2022). <https://doi.org/10.1016/j.biopha.2022.112678>

27. Islam, S., Ahmed, M.M.S., Islam, M.A., Hossain, N., Chowdhury, M.A.: Advances in nanoparticles in targeted drug delivery—A review. *Results Surf. Interfaces.* 19, 100529 (2025). <https://doi.org/10.1016/j.rsurfi.2025.100529>
28. Malik, S., Muhammad, K., Waheed, Y.: Emerging Applications of Nanotechnology in Healthcare and Medicine. *Molecules.* 28, 6624 (2023). <https://doi.org/10.3390/molecules28186624>
29. Alum, E.U., Manjula, V.S., Uti, D.E., Echegu, D.A., Ugwu, O.P.-C., Egba, S.I., Agu, P.C.: Metabolomics-Driven Standardization of Herbal Medicine: Advances, Applications, and Sustainability Considerations. *Nat. Prod. Commun.* 20, 1934578X251367650 (2025). <https://doi.org/10.1177/1934578X251367650>
30. Anwar, D.M., Hedeya, H.Y., Ghozlan, S.H., Ewas, B.M., Khattab, S.N.: Surface-modified lipid-based nanocarriers as a pivotal delivery approach for cancer therapy: application and recent advances in targeted cancer treatment. *Beni-Suef Univ. J. Basic Appl. Sci.* 13, 106 (2024). <https://doi.org/10.1186/s43088-024-00566-x>
31. Mohite, P., Singh, S., Pawar, A., Sangale, A., Prajapati, B.G.: Lipid-based oral formulation in capsules to improve the delivery of poorly water-soluble drugs. *Front. Drug Deliv.* 3, (2023). <https://doi.org/10.3389/fddev.2023.1232012>
32. Yun, Y., An, J., Kim, H.J., Choi, H.K., Cho, H.-Y.: Recent advances in functional lipid-based nanomedicines as drug carriers for organ-specific delivery. *Nanoscale.* (2025). <https://doi.org/10.1039/D4NR04778H>
33. Uti, D.E., Atangwho, I.J., Ugwu, O.P.-C., Egbung, G.E., Aja, P.M.: Lipid-based nano-carriers for the delivery of anti-obesity natural compounds: advances in targeted delivery and precision therapeutics. *J. Nanobiotechnology.* 23, 336 (2025). <https://doi.org/10.1186/s12951-025-03412-z>
34. 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>
35. Wang, Y., Li, H., Rasool, A., Wang, H., Manzoor, R., Zhang, G.: Polymeric nanoparticles (PNPs) for oral delivery of insulin. *J. Nanobiotechnology.* 22, 1 (2024). <https://doi.org/10.1186/s12951-023-02253-y>
36. Adekiya, T.A., Hudson, T., Bakare, O., Ameyaw, E.E., Adebayo, A., Olajubutu, O., Adesina, S.K.: PSMA-targeted combination brusatol and docetaxel nanotherapeutics for the treatment of prostate cancer. *Biomed. Pharmacother.* 177, 117125 (2024). <https://doi.org/10.1016/j.biopha.2024.117125>
37. Langelotto, M.D., Rassu, G., Serri, C., Demartis, S., Giunchedi, P., Gavini, E.: Plant-derived extracellular vesicles: a synergetic combination of a drug delivery system and a source of natural bioactive compounds. *Drug Deliv. Transl. Res.* 15, 831–845 (2025). <https://doi.org/10.1007/s13346-024-01698-4>
38. Zabeti Touchaei, A., Norollahi, S.E., Najafizadeh, A., Babaei, K., Bakhshalipour, E., Vahidi, S., Samadani, A.A.: Therapeutic combinations of exosomes alongside cancer stem cells (CSCs) and of CSC-derived exosomes (CSCEs) in cancer therapy. *Cancer Cell Int.* 24, 334 (2024). <https://doi.org/10.1186/s12935-024-03514-y>
39. Nnolum-Orji, N.F., Kumar, P., Ngema, L.M., Choonara, Y.E.: Adipose tissue NLRP3 inflammasome: a therapeutic target in obesity and type 2 diabetes mellitus. *Drug Discov. Today.* 30, 104456 (2025). <https://doi.org/10.1016/j.drudis.2025.104456>
40. Lee, Y.S., Olefsky, J.: Chronic tissue inflammation and metabolic disease. *Genes Dev.* 35, 307–328 (2021). <https://doi.org/10.1101/gad.346312.120>
41. Xu, Y., De Keersmaecker, H., Braeckmans, K., De Smedt, S., Cani, P.D., Préat, V., Belouqui, A.: Targeted nanoparticles towards increased L cell stimulation as a strategy to improve oral peptide delivery in incretin-based diabetes treatment. *Biomaterials.* 255, 120209 (2020). <https://doi.org/10.1016/j.biomaterials.2020.120209>
42. Jakic, K., Selc, M., Razga, F., Nemethova, V., Mazancova, P., Havel, F., Sramek, M., Zarska, M., Proska, J., Masanova, V., Uhnakova, I., Makovicky, P., Novotova, M., Vykoukal, V., Babelova, A.: Long-Term Accumulation, Biological Effects and Toxicity of BSA-Coated Gold Nanoparticles in the Mouse Liver, Spleen, and Kidneys. *Int. J. Nanomedicine.* 19, 4103–4120 (2024). <https://doi.org/10.2147/IJN.S443168>
43. Lin, X., Chen, L., Jia, K., Li, S., Li, Q., Yi, J., Xing, J.: Targeted Delivery of Nucleic Acid Therapeutics: Emerging Carriers and Applications in Common Metabolic and Inflammatory Diseases. *Int. J. Nanomedicine.* 21, 1–34 (2026). <https://doi.org/10.2147/IJN.S566642>
44. Hu, D., Yang, R., Wang, G., Li, H., Fan, X., Liang, G.: Emerging Strategies to Overcome Current CAR-T Therapy Dilemmas - Exosomes Derived from CAR-T Cells. *Int. J. Nanomedicine.* Volume 19, 2773–2791 (2024). <https://doi.org/10.2147/IJN.S445101>
45. Tu, B., Gao, Y., Sun, F., Shi, M., Huang, Y.: Lipid Metabolism Regulation Based on Nanotechnology for Enhancement of Tumor Immunity. *Front. Pharmacol.* 13, (2022). <https://doi.org/10.3389/fphar.2022.840440>
46. Jia, R., Teng, L., Gao, L., Su, T., Fu, L., Qiu, Z., Bi, Y.: Advances in Multiple Stimuli-Responsive Drug-Delivery Systems for Cancer Therapy. *Int. J. Nanomedicine.* 16, 1525–1551 (2021). <https://doi.org/10.2147/IJN.S293427>
47. Kazi, R.N.A., Hasani, I.W., Khafaga, D.S.R., Kabba, S., Farhan, M., Aatif, M., Muteeb, G., Fahim, Y.A.: Nanomedicine: The Effective Role of Nanomaterials in Healthcare from Diagnosis to Therapy. *Pharmaceutics.* 17, 987 (2025). <https://doi.org/10.3390/pharmaceutics17080987>

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