



Review Article

Nanomedicine Approaches in Male Infertility Treatment: Targeted Drug Delivery and Sperm Function Enhancement

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Abstract

Male infertility affects a significant portion of the global population, contributing to nearly half of all infertility cases. Common underlying causes include disruptions in spermatogenesis, hormonal imbalances, and genetic anomalies. Traditional treatments, such as hormone therapy, surgical interventions, and assisted reproductive technologies, often exhibit limited efficacy due to their invasive nature, systemic side effects, and high financial costs. This study explores nanomedicine's potential as a targeted approach to address these limitations, particularly through advanced nanoparticle-based drug delivery systems aimed at enhancing sperm function and improving fertility outcomes. Various types of nanoparticles, including liposomes, polymer-based nanoparticles, and metal nanoparticles, are assessed for their abilities to deliver therapeutic agents directly to spermatogenic cells and support cells in the testes. By modulating critical cellular pathways necessary for sperm production and survival, nanoparticles offer enhanced therapeutic effects with minimized systemic exposure. Additionally, the study highlights the potential of nanoparticle applications in personalized reproductive medicine, allowing for tailored treatment approaches based on individual profiles. Although further clinical trials are needed to confirm efficacy and safety, nanoparticle-based therapies offer a promising path forward in the minimally invasive, targeted treatment of male infertility.

Keywords: Male Infertility, Nanoparticles, Drug Delivery Systems, Spermatogenesis, Reproductive Medicine

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1. Introduction

Reproductive system disorders are a significant health concern that affect individuals worldwide, compromising fertility and impacting psychological well-being, population growth, and quality of life. In both humans and animals, the reproductive system is complex and vulnerable to various disorders caused by genetic, environmental, physiological, and lifestyle factors. Male infertility, which is implicated in about 40–50% of human infertility cases, can arise from a range of reproductive system disorders, with a substantial proportion of cases remaining idiopathic (unexplained) despite advanced diagnostic methods [1]. In animals, reproductive disorders can lead to reduced fertility and productivity, with implications for agriculture, livestock management, and wildlife conservation [2].

The prevalence of male infertility is on the rise, reportedly affecting approximately 7% of men globally [3]. Various reproductive system disorders contribute to this increase, including disruptions in spermatogenesis, hormonal imbalances, and lifestyle-related factors such as exposure to environmental toxins. Additionally, conditions such as varicocele, infections, and genetic anomalies play a crucial role in male infertility [4]. Understanding the underlying causes and potential treatments for these disorders is essential, as fertility issues can lead to psychosocial stress and have a broader societal impact. Advancements in reproductive medicine, including the use of nanotechnology, offer promising new approaches for improving treatment outcomes and addressing the challenges of traditional therapies.

2. Spermatogenesis Disorders in the Male Reproductive System

Spermatogenesis, the process by which male germ cells (spermatogonia) develop into mature spermatozoa, is crucial for male fertility. This highly regulated process occurs in the seminiferous tubules of the testes and is influenced by endocrine signals, particularly follicle-stimulating hormone (FSH) and luteinizing hormone (LH), which stimulate the Sertoli and Leydig cells, respectively [5]. Disruptions to any aspect of this process can lead to a spectrum of spermatogenesis disorders, which are a primary cause of male infertility.

2.1. Genetic Abnormalities in Spermatogenesis

Genetic factors play a significant role in male infertility, with an estimated 10–15% of severe infertility cases linked to genetic anomalies [6]. Chromosomal abnormalities, such as Klinefelter syndrome (47,XXY), can lead to impaired spermatogenesis by disrupting testicular development and hormone production [7]. Microdeletions in the Y chromosome, particularly in the azoospermia factor (AZF) region, are associated with azoospermia or severe oligozoospermia and can hinder sperm production by affecting germ cell development [8].

2.2. Hormonal Imbalances Affecting Spermatogenesis

Hormonal regulation is essential for spermatogenesis. Hypogonadotropic hypogonadism, characterized by low levels of FSH and LH, disrupts the stimulation of Sertoli and Leydig cells, leading to reduced testosterone production and impaired sperm maturation [9]. Conditions such as pituitary adenomas, congenital hypogonadism (e.g., Kallmann syndrome), and other endocrine disorders can result in insufficient hormone levels, compromising sperm production.

2.3. Environmental and Lifestyle Factors

Environmental exposure to toxins, heavy metals, and endocrine-disrupting chemicals (EDCs) is a growing concern in male infertility. Compounds such as bisphenol A (BPA) and phthalates interfere with endocrine signaling and disrupt spermatogenesis by inducing oxidative stress, apoptosis, and epigenetic changes in germ cells [10]. Occupational exposure to chemicals and lifestyle factors, including smoking, excessive alcohol intake, and poor diet, also contribute to the development of spermatogenesis disorders [11].

3. Conventional Treatments for Spermatogenesis Disorders and Their Challenges

Current treatments for spermatogenesis disorders vary depending on the underlying cause but generally include hormone replacement therapy, surgical interventions, and assisted reproductive technologies (ART). However, these approaches are often limited by low success rates, side effects, and high costs.

3.1. Hormone Replacement Therapy

Hormone replacement therapy, typically with exogenous FSH or human chorionic gonadotropin (hCG), is used to restore hormonal balance in men with hypogonadotropic hypogonadism [12]. Although effective for certain hormonal deficiencies, this approach has variable success rates and may not be beneficial for cases without hormonal etiology.

3.2. Surgical Interventions

Surgical treatments, such as varicocelectomy for varicocele and microsurgical sperm retrieval for azoospermic patients, can improve fertility outcomes in some cases. However, these procedures are invasive, require significant recovery time, and are not universally effective [13]. Additionally, surgical intervention is often costly and may not be feasible for all patients.

3.3. Assisted Reproductive Technologies (ART)

ART, including in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI), is widely used in cases of severe male infertility. While ART can bypass some obstacles in natural conception, such as low sperm count or motility issues, it does not address the underlying causes of infertility and has limited success rates [14]. ART also involves high financial and emotional costs for couples, often requiring multiple attempts to achieve a successful pregnancy.

4. Role of Nanoparticles in Treating Male Infertility Disorders

Nanotechnology offers promising avenues for overcoming the limitations of conventional treatments. Nanoparticles (NPs) can enhance drug delivery, target specific cells or tissues, and improve treatment efficacy through controlled release mechanisms. Nanoparticles, due to their small size and customizable surface properties, can cross biological barriers and interact directly with cellular and molecular components involved in spermatogenesis [15]. In reproductive medicine, various types of nanoparticles including liposomes, polymer-based nanoparticles, and metal nanoparticles are under investigation for their potential to deliver therapeutic agents directly to testicular cells or reproductive tissues.

5. Liposomes

Liposomes are phospholipid-based vesicles that can encapsulate drugs and release them in a controlled manner. Due to their biocompatibility and ability to carry both hydrophilic and hydrophobic molecules, liposomes have shown promise in delivering hormones or antioxidants to target cells in the testes [16]. Studies have demonstrated that liposomal delivery systems can improve drug bioavailability and reduce off-target effects, making them ideal for treating spermatogenesis disorders.

6. Polymer-based Nanoparticles

Polymeric nanoparticles, such as those made from poly (lactic-co-glycolic acid) (PLGA), have demonstrated utility in drug delivery due to their biodegradability and sustained-release capabilities. PLGA nanoparticles have been employed to deliver hormones, antioxidants, and gene therapy agents to the testes, providing targeted treatment for disorders involving oxidative stress and hormonal imbalances [17].

7. Metal Nanoparticles

Metal nanoparticles, particularly those made of gold and silver, exhibit unique physicochemical properties that enable them to enhance drug delivery, improve cellular uptake, and generate reactive oxygen species

(ROS) for controlled therapeutic effects. Gold nanoparticles (AuNPs) have been explored for their ability to interact with germ cells and potentially restore disrupted spermatogenesis pathways by modulating cellular redox states [18].

8. Mechanisms of Nanoparticles in Spermatogenesis and Sperm Function

Nanoparticles interact with spermatogenesis at the cellular and molecular levels, influencing germ cell development and enhancing sperm function through targeted delivery and pathway modulation.

8.1. Enhanced Drug Targeting and Retention

Nanoparticles can be engineered to target specific cells involved in spermatogenesis, such as Sertoli cells, Leydig cells, and germ cells. Targeting these cells allows for localized therapeutic effects, which can address specific disruptions in spermatogenesis without affecting surrounding tissues [19]. Enhanced targeting and retention improve the therapeutic efficacy of drugs by concentrating active agents where they are most needed.

8.2. Interaction with Cellular Pathways in Spermatogenesis

Nanoparticles have been shown to influence key pathways involved in spermatogenesis, such as the mitogen-activated protein kinase (MAPK) pathway and the phosphatidylinositol 3-kinase (PI3K) pathway. These pathways are critical for cell proliferation, differentiation, and survival, and their modulation by nanoparticles can improve germ cell survival and maturation [20]. Additionally, nanoparticles can modulate oxidative stress levels in the testes, which is crucial since oxidative stress is a common factor in male infertility.

9. Specific Nanoparticles Effective in the Reproductive System

In recent years, a range of nanoparticles has been investigated for their therapeutic efficacy in male infertility. Each nanoparticle type exhibits distinct properties that enhance sperm function, improve spermatogenesis, or deliver drugs effectively to reproductive tissues.

9.1. Gold Nanoparticles (AuNPs)

Gold nanoparticles (AuNPs) are extensively studied for their stability, biocompatibility, and ability to modulate cellular pathways. AuNPs can pass through biological membranes and deliver therapeutic

agents directly to target cells within the testes [18]. Studies in animal models have shown that AuNPs can enhance sperm motility and viability by reducing oxidative stress and promoting mitochondrial function in germ cells [21]. AuNPs also modulate the MAPK and PI3K pathways, which play critical roles in cell proliferation and survival.

9.2. Silver Nanoparticles (AgNPs)

Silver nanoparticles (AgNPs) exhibit antimicrobial properties that make them useful for treating infections that may impair spermatogenesis [22]. AgNPs can target and eliminate pathogens in the reproductive system, reducing inflammation and promoting healthy sperm production. While promising, the use of AgNPs is controversial due to their potential to generate ROS, which, at high levels, can harm spermatogenic cells [23].

9.3. Mesoporous Silica Nanoparticles (MSNs)

Mesoporous silica nanoparticles (MSNs) have gained attention for their high loading capacity and biocompatibility. MSNs can encapsulate drugs or bioactive compounds and release them in a controlled manner. Research on MSNs has shown that they can effectively deliver antioxidants to the testes, reducing oxidative damage and improving sperm quality [24]. MSNs are particularly valuable in treating oxidative stress-induced infertility, as they stabilize the cellular environment and protect spermatogenic cells from ROS-induced apoptosis [25].

9.4. Quantum Dots (QDs)

Quantum dots (QDs) are semiconductor nanoparticles that exhibit unique photoluminescent properties, enabling them to be used in imaging and drug delivery applications. Although their use in fertility treatment is still exploratory, QDs have potential as carriers for targeted drug delivery in the reproductive system [26]. However, the potential cytotoxicity of QDs limits their use, as they can release heavy metals that may impair spermatogenesis.

9.5. Polymer-based Nanoparticles (e.g., PLGA)

Poly lactic-co-glycolic acid (PLGA) nanoparticles have shown promise in delivering therapeutic agents to testicular tissues. Due to their biodegradability and compatibility with a wide range of drugs, PLGA nanoparticles are effective carriers for hormone delivery, antioxidants, and gene therapies targeting specific pathways in spermatogenesis [27]. PLGA nanoparticles can improve therapeutic outcomes by providing sustained release and minimizing systemic exposure.

10. Nanoparticle Delivery Mechanisms to Target Tissues and Cells

Delivering nanoparticles to target cells within the reproductive system requires sophisticated delivery mechanisms to ensure specificity and efficacy. Several approaches have been developed to optimize the transport and uptake of nanoparticles in testicular tissues.

10.1. Passive Targeting and EPR Effect

The enhanced permeability and retention (EPR) effect allows nanoparticles to accumulate in tissues with high vascular permeability, such as inflamed or damaged reproductive tissues. Passive targeting through the EPR effect is advantageous in treating testicular inflammation or infections that impair spermatogenesis, as it enables nanoparticles to concentrate in affected areas without requiring specific targeting ligands [28].

10.2. Ligand-mediated Active Targeting

Active targeting involves functionalizing nanoparticles with ligands that bind specifically to receptors on target cells. For instance, nanoparticles functionalized with FSH or LH analogs can target Sertoli or Leydig cells, respectively, delivering therapeutic agents precisely to the cells involved in spermatogenesis regulation [16]. Ligand-mediated targeting enhances specificity, reduces off-target effects, and improves therapeutic efficacy in male infertility treatment.

10.3. Cellular Uptake and Intracellular Trafficking

Once inside the reproductive tissue, nanoparticles interact with cellular membranes and are taken up through endocytosis. Nanoparticles can be engineered to escape endosomes and release their cargo directly into the cytoplasm, ensuring efficient drug delivery [29]. Understanding the intracellular trafficking pathways is crucial, as it helps researchers design nanoparticles that can reach specific organelles or cellular compartments involved in spermatogenesis.

10.4. Controlled Release Systems

Controlled release systems are essential for delivering therapeutic agents at a consistent rate over an extended period. Nanoparticles like MSNs and PLGA are engineered to release drugs gradually, ensuring sustained therapeutic levels within the target tissue [16]. Controlled release minimizes the frequency of administration and enhances drug bioavailability in reproductive tissues.

11. Controversies and Potential Toxicity of Nanoparticles in the Reproductive System

While nanoparticles offer exciting potential for infertility treatment, their application is accompanied by safety concerns, particularly regarding their toxicity and long-term effects on the reproductive system [30, 31].

12. Oxidative Stress and ROS Generation

Certain nanoparticles, such as AgNPs and QDs, can induce oxidative stress by generating ROS [23]. Although low levels of ROS are necessary for sperm function, excessive ROS can cause DNA damage, lipid peroxidation, and apoptosis in spermatogenic cells, ultimately impairing fertility [32]. The balance between therapeutic effects and ROS generation remains a significant challenge in nanoparticle design.

13. Potential Cytotoxicity and Genotoxicity

Nanoparticles may interact with cellular DNA or other genetic materials, potentially leading to genotoxic effects. For example, QDs release heavy metals that can interfere with cellular processes and cause genetic mutations [33]. Long-term exposure to certain nanoparticles could impact not only the individual but also future generations, raising ethical concerns about their use in fertility treatments.

14. Immune Response and Inflammatory Reactions

The immune system may recognize nanoparticles as foreign particles, triggering an inflammatory response that can damage reproductive tissues [34]. Immunotoxicity is particularly problematic for male infertility treatments, as inflammation in the testes can exacerbate existing conditions and further impair sperm production.

15. Discussion

The use of nanomedicine in male infertility treatment represents a promising frontier with unique mechanisms for addressing the limitations of traditional therapies. This discussion synthesizes the results of recent research on targeted drug delivery systems, nanoparticle efficacy, and the challenges surrounding these new technologies for treating male infertility.

Nanoparticles (NPs) have shown significant potential in overcoming the challenges associated with conventional treatments, such as low efficacy, high costs, and side effects from non-targeted therapies

[1]. Traditional treatments often rely on hormone replacement therapy and surgical intervention, both of which are invasive, costly, and carry limited success in reversing infertility [13]. Nanoparticles, however, enable targeted drug delivery that directly interacts with the cells or tissues involved in spermatogenesis, which could make treatments less invasive and more efficient [17].

The mechanisms by which nanoparticles influence male reproductive health are central to their potential. Nanoparticles can be engineered to deliver therapeutic agents to specific cell types, such as Sertoli and Leydig cells, which play crucial roles in spermatogenesis [5]. By targeting these cells, nanoparticles minimize systemic side effects, concentrating active agents at precise sites within the testes, and effectively bypassing the metabolic degradation that often limits drug efficacy in conventional therapies [15]. This targeted approach allows for the modulation of key molecular pathways, including the mitogen-activated protein kinase (MAPK) and phosphatidylinositol 3-kinase (PI3K) pathways, essential for cell growth and spermatogenesis [20].

Among the types of nanoparticles, liposomes and polymer-based nanoparticles like PLGA (poly lactic-co-glycolic acid) are particularly notable for their biocompatibility and sustained release capabilities. These characteristics allow them to maintain therapeutic levels within target tissues, providing a controlled release over time [27]. Additionally, gold and silver nanoparticles demonstrate high stability and biocompatibility, which facilitate cellular uptake and potentially improve germ cell function [18].

Studies demonstrate that liposomes are effective for delivering both hydrophilic and hydrophobic molecules, essential for carrying antioxidants and hormones to target cells. This encapsulation ability is especially beneficial for delivering drugs that typically struggle with bioavailability, such as those affected by high metabolic rates or poor absorption [16]. Gold nanoparticles (AuNPs), similarly, are capable of enhancing mitochondrial function within germ cells, which helps counteract the oxidative stress commonly linked to infertility [21]. Oxidative stress, often heightened by environmental factors or lifestyle-related oxidative damage, is a major contributor to male infertility, leading to apoptosis and sperm dysfunction [10].

Meanwhile, silver nanoparticles (AgNPs) serve a different role by reducing inflammation and infection-related disruptions in spermatogenesis, as their antimicrobial properties make them suitable for treating reproductive infections [22]. However, AgNPs must be carefully managed due to their potential to produce reactive oxygen species (ROS), which can have detrimental effects on cells if left unchecked [23].

16. Limitations of Nanoparticles in Reproductive System Treatments

Despite their potential, several limitations hinder the widespread use of nanoparticles in treating male infertility. Technical challenges, regulatory concerns, and patient variability contribute to the complexity of developing nanoparticle-based treatments.

Nanoparticles must remain stable throughout their journey to the target tissue, which can be challenging given the physiological barriers they encounter. For example, the acidic environment of the testes can destabilize certain nanoparticles, reducing their efficacy [35]. Ensuring stability and precise delivery remains a major focus of current research.

Nanoparticle-based therapies are subject to stringent regulatory requirements due to the potential for toxicity and unknown long-term effects. Ethical considerations, particularly regarding the impact on future generations, add an additional layer of complexity [36]. Regulatory bodies require extensive data on safety and efficacy before approving nanoparticles for clinical use in reproductive medicine. Individual differences in genetics, lifestyle, and reproductive health can impact the effectiveness of nanoparticle treatments. Personalized approaches to nanoparticle design are needed to address variability in patient responses, but these are challenging and costly to develop [37].

17. Future Prospects: Nanoparticles as a Game Changer in Reproductive Medicine

The future of nanomedicine in male infertility treatment is promising, with advancements in personalized medicine and nanoparticle engineering paving the way for more effective and safe therapies. Nanoparticles can be tailored to suit individual patient needs, such as specific hormone profiles, genetic predispositions, or environmental exposures. Personalized nanoparticles could improve treatment outcomes by targeting the underlying causes of infertility with precision [38]. Integrating nanotechnology with genomic and proteomic data could revolutionize infertility treatment. Research is ongoing to develop nanoparticles that degrade naturally within the body, minimizing toxicity and potential long-term effects [39]. Biodegradable nanoparticles can enhance safety profiles and facilitate regulatory approval, making them more feasible for reproductive treatments. Gene therapy, combined with nanoparticles, offers a promising approach to treat genetic causes of male infertility. For instance, nanoparticles could deliver gene-editing tools, such as CRISPR/Cas9, directly to spermatogenic cells to correct genetic mutations responsible for infertility [40]. This approach has the potential to address the root cause of genetic infertility and improve outcomes. As nanotechnology in reproductive medicine advances, ethical questions regarding the impact on future generations and potential societal implications must be addressed. Nanomedicine holds promise not only for treating infertility but also for enhancing reproductive potential, which raises important discussions about fairness, access, and long-term societal impact [36].

18. Conclusion

This study underscores the significant potential of nanotechnology as a transformative tool in the treatment of male infertility. By enabling precise, targeted drug delivery directly to affected cells in the testes,

nanoparticles address major limitations of traditional therapies, such as invasiveness and systemic side effects. Nanoparticles not only enhance drug retention and bioavailability but also offer new mechanisms to support spermatogenesis through cellular pathway modulation. As nanotechnology advances, its application in personalized reproductive medicine offers a promising solution to tailor treatments to individual genetic and hormonal profiles. While further research is essential to establish safety and regulatory standards, nanoparticle-based therapies represent an innovative and effective approach that could revolutionize infertility treatment and improve patient outcomes worldwide.

Authors Contribution

The authors have same contribution as first author.

References

- [1] Agarwal A, Baskaran S, Parekh N, Cho C-L, Henkel R, Vij S, et al. Male infertility. *The Lancet*. 2021;397(10271):319-33.
- [2] Verma O, Kumar R, Kumar A, Chand S. Assisted Reproductive Techniques in Farm Animal-From Artificial Insemination to Nanobiotechnology. *Veterinary World*. 2012;5(5).
- [3] Levine H, Jørgensen N, Martino-Andrade A, Mendiola J, Weksler-Derri D, Mindlis I, et al. Temporal trends in sperm count: a systematic review and meta-regression analysis. *Human reproduction update*. 2017;23(6):646-59.
- [4] Choy JT, Ellsworth P. Overview of current approaches to the evaluation and management of male infertility. *Urologic Nursing*. 2012;32(6).
- [5] Sengupta P, Arafa M, Elbardisi H. Hormonal regulation of spermatogenesis. *Molecular signaling in spermatogenesis and male infertility*: CRC Press; 2019. p. 41-9.
- [6] Tüttelmann F, Werny F, Cooper T, Kliesch S, Simoni M, Nieschlag E. Clinical experience with azoospermia: aetiology and chances for spermatozoa detection upon biopsy. *International journal of andrology*. 2011;34(4pt1):291-8.
- [7] Agarwal A, Sengupta P. Oxidative stress and its association with male infertility. *Male infertility: contemporary clinical approaches, andrology, ART and antioxidants*. 2020:57-68.
- [8] Krausz C, Rosta V, Swerdloff RS, Wang C. Genetics of male infertility. *Emery and rimoin's principles and practice of medical genetics and genomics*. 2022:121-47.
- [9] Sengupta P, Dutta S, Karkada IR, Chinni SV. Endocrinopathies and male infertility. *Life*. 2021;12(1):10.
- [10] Sengupta P. Environmental and occupational exposure of metals and their role in male reproductive functions. *Drug and chemical toxicology*. 2013;36(3):353-68.

- [11] Sharma R, Biedenharn KR, Fedor JM, Agarwal A. Lifestyle factors and reproductive health: taking control of your fertility. *Reproductive biology and endocrinology*. 2013;11:1-15.
- [12] Jayasena CN, Anderson RA, Llahana S, Barth JH, MacKenzie F, Wilkes S, et al. Society for Endocrinology guidelines for testosterone replacement therapy in male hypogonadism. *Clinical endocrinology*. 2022;96(2):200-19.
- [13] Esteves SC, Majzoub A, Agarwal A. Integrating surgical and clinical andrology is essential to improve the quality of care delivered to infertile couples. *Translational Andrology and Urology*. 2017:S629-S31.
- [14] Schlegel P. Evaluation of male infertility. *Minerva ginecologica*. 2009;61(4):261-83.
- [15] Zhao F, Fan M, Jing Z, Zhang Y, Wang Y, Zhou C, et al. Engineered nanoparticles potentials in male reproduction. *Andrology*. 2024.
- [16] Acharya B, Behera A, Behera S, Moharana S. Recent advances in nanotechnology-based drug delivery systems for the diagnosis and treatment of reproductive disorders. *ACS Applied Bio Materials*. 2024;7(3):1336-61.
- [17] Thangaraj P, Junior LJQ, Ponpandian N. *Nanophytomedicine: an emerging platform for drug delivery*: CRC Press; 2022.
- [18] Sperling RA, Gil PR, Zhang F, Zanella M, Parak WJ. Biological applications of gold nanoparticles. *Chemical Society Reviews*. 2008;37(9):1896-908.
- [19] Taylor U, Barchanski A, Kues W, Barcikowski S, Rath D. Impact of metal nanoparticles on germ cell viability and functionality. *Reproduction in Domestic Animals*. 2012;47:359-68.
- [20] Mukherjee AG, Gopalakrishnan AV, Mukherjee A. The application of nanomaterials in designing promising diagnostic, preservation, and therapeutic strategies in combating male infertility: A review. *Journal of Drug Delivery Science and Technology*. 2024:105356.
- [21] Liu Y, Li X, Xiao S, Liu X, Chen X, Xia Q, et al. The effects of gold nanoparticles on Leydig cells and male reproductive function in mice. *International Journal of Nanomedicine*. 2020:9499-514.
- [22] Chen X, Schluesener HJ. Nanosilver: a nanoparticle in medical application. *Toxicology letters*. 2008;176(1):1-12.
- [23] Kovacic P, Somanathan R. Nanoparticles: toxicity, radicals, electron transfer, and antioxidants. *Oxidative Stress and Nanotechnology: Methods and Protocols*. 2013:15-35.
- [24] Barkalina N, Jones C, Kashir J, Coote S, Huang X, Morrison R, et al. Effects of mesoporous silica nanoparticles upon the function of mammalian sperm in vitro. *Nanomedicine: Nanotechnology, Biology and Medicine*. 2014;10(4):859-70.
- [25] Slowing II, Trewyn BG, Giri S, Lin VY. Mesoporous silica nanoparticles for drug delivery and biosensing applications. *Advanced Functional Materials*. 2007;17(8):1225-36.
- [26] Medintz IL, Uyeda HT, Goldman ER, Mattoussi H. Quantum dot bioconjugates for imaging, labelling and sensing. *Nature materials*. 2005;4(6):435-46.

- [27] Jain RA. The manufacturing techniques of various drug loaded biodegradable poly (lactide-co-glycolide)(PLGA) devices. *Biomaterials*. 2000;21(23):2475-90.
- [28] Luo L, Zhou H, Wang S, Pang M, Zhang J, Hu Y, et al. The application of nanoparticle-based imaging and phototherapy for female reproductive organs diseases. *Small*. 2023;2207694.
- [29] Donahue ND, Acar H, Wilhelm S. Concepts of nanoparticle cellular uptake, intracellular trafficking, and kinetics in nanomedicine. *Advanced drug delivery reviews*. 2019;143:68-96.
- [30] Ilani M, Alaee S, Khodabandeh Z, Jamhiri I, Owjifard M. Effect of titanium dioxide nanoparticles on the expression of apoptotic markers in mouse blastocysts. *Toxicological & Environmental Chemistry*. 2018;100:228-234
- [31] Bakhtari A, Nazari S, Alaee S, Kargar-Abarghouei E, Mesbah F, Mirzaei E, Molaei MJ. Effects of Dextran-Coated Superparamagnetic Iron Oxide Nanoparticles on Mouse Embryo Development, Antioxidant Enzymes and Apoptosis Genes Expression, and Ultrastructure of Sperm, Oocytes and Granulosa Cells. *International Journal of Fertility and Sterility*. 2022;14:161.
- [32] 30. Aitken RJ, Curry BJ. Redox regulation of human sperm function: from the physiological control of sperm capacitation to the etiology of infertility and DNA damage in the germ line. *Antioxidants & redox signaling*. 2011;14(3):367-81.
- [33] Yao Y, Zhang T, Tang M. The DNA damage potential of quantum dots: Toxicity, mechanism and challenge. *Environmental Pollution*. 2023;317:120676.
- [34] Orlando A, Colombo M, Prosperi D, Gregori M, Panariti A, Rivolta I, et al. Iron oxide nanoparticles surface coating and cell uptake affect biocompatibility and inflammatory responses of endothelial cells and macrophages. *Journal of Nanoparticle Research*. 2015;17:1-13.
- [35] de PF Dantas G, Ferraz FS, Coimbra JL, Paniago RM, Dantas MS, Lacerda SM, et al. The toxicity of superparamagnetic iron oxide nanoparticles induced on the testicular cells: In vitro study. *NanoImpact*. 2024;35:100517.
- [36] Barkalina N, Charalambous C, Jones C, Coward K. Nanotechnology in reproductive medicine: emerging applications of nanomaterials. *Nanomedicine: Nanotechnology, Biology and Medicine*. 2014;10(5):e921-e38.
- [37] Bell IR, Ives JA, Wayne BJ. Nonlinear effects of nanoparticles: biological variability from hormetic doses, small particle sizes, and dynamic adaptive interactions. *Dose-Response*. 2014;12(2):dose-response. 13-025. Bell.
- [38] Ryu JH, Lee S, Son S, Kim SH, Leary JF, Choi K, et al. Theranostic nanoparticles for future personalized medicine. *Journal of controlled release*. 2014;190:477-84.
- [39] Fraser B, Peters AE, Sutherland JM, Liang M, Rebourcet D, Nixon B, et al. Biocompatible nanomaterials as an emerging technology in reproductive health; a focus on the male. *Frontiers in physiology*. 2021;12:753686.

- [40] Davidson LM, Barkalina N, Coward K. Development of nanoparticle-mediated delivery tools to investigate the role of molecular genetic mechanisms underlying male infertility. *Science Advances Today*. 2016;1:25210.