

Scaffold Mediated Carrier as Topical Drug Delivery System: A Review

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ABSTRACT

Background: The development of new pharmaceutical approaches and products based on fiber-based scaffold-mediated carriers for targeted drug delivery is crucial for managing acute and chronic ailments.

Objective: Past research has shown the potential of fiber-based scaffolds in biomedical scaffold design and skin tissue engineering for resorbing skin layers and regenerating skin appendages.

Method: Various fabrication methods, including fiber bonding, gas foaming, phase separation, freeze drying, and solid freeform manufacturing, are employed to create scaffolds.

Results: This review explores the use of different grades of polymers and their pharmacokinetic behavior in scaffold fabrication. It comprehensively discusses various sources of polymers for developing potent fibrous scaffolds, evaluation methods for scaffold physicochemical characteristics, and therapeutic applications in healthcare.

Conclusion: Overall, this review highlights fiber-based scaffold-mediated carriers as promising tools pharmaceuticals and healthcare applications, offering significant potential for targeted drug delivery and tissue regeneration.

Keywords: Scaffold, Nanocomposites, Bone tissue engineering, Tissue engineering, Fiber Technology, Drug Delivery system, Pharmaceuticals.

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INTRODUCTION

As the past review and research studies throughout the several years, the development of using tissue engineering method made all of this possible and enabled the regeneration of tissue in practically all human tissues and organs. A crucial therapeutic approach for both current and future medicine is tissue engineering. Though conceptually basic and desirable, Regenerative medicine and tissue engineering have shown to be difficult technical tasks. Despite the quick development of this discipline, regenerative medicine and tissue engineering—to control, coordinate is the ultimate objective and direct tissue formation—remain difficult due to considerable information gaps.^{1,2} Tissue engineering has become a crucial therapeutic approach for both current and future medicine, enabling tissue regeneration in almost all human tissues and organs. Despite its potential, regenerative medicine and tissue engineering remain challenging due to significant information gaps. The finalized tissue is transferred to the patient, where it continues self-repair remodeling and development. Tissue engineering is a promising replacement for existing therapies for illnesses and organ damage, and has potential in drug discovery and research. The interdisciplinary organization TERM (Tissue Engineering and Regenerative Medicine) aims to develop 3D cells composed of porous, biocompatible, and biodegradable material complexes for regenerative materials. TERM employs three main tactics: transplantation into the body, tissue integration, and cell delivery scaffolds. Scaffolds are beneficial for tissue

engineering due to their properties such as tensile stresses, desired dimensions, form, mechanical strength, cell delivery, biocompatibility, and physical structure that supports cell adhesion.^{3,4}

Classification of Scaffold Mediated Carrier

These structures fit into the following groups: The first four components are a typical 3D porous matrix, a nanofiber matrix, a sol-gel transition hydrogel that is thermosensitive, and a porous microsphere. Injectable versions include thermosensitive sol-gel transition hydrogel and porous microspheres, while regular 3D porous matrix and nano fiber matrix are available in implantable forms.^{4,5} The core approaches or technologies being used tissue engineering and tissue regeneration that use naturally occurring materials, and encasing growth factors in hydrogels, microspheres, and porous scaffolds have been represented in the Figure 1.

Biomaterial used for Fabrication of Scaffold

Using among these polymers straightforward technique in order to produce biomimetic materials because majority of naturally occurring substances, particularly Polymers based on proteins may, can imitate numerous extracellular matrix properties. Below, a quick overview of a few typical polymers that, in some cases, is the most often used for drug or cell administration in tissue engineering.¹⁰⁻¹¹

EVALUATION PARAMETER OF SCAFFOLD

Physical examination

The uniformity and abrasiveness of a hydrogel are typically assessed visually and by tactile examination, running fingers through it to ensure consistency and smoothness.

Ratios of moisture loss, porosity, and swelling

$$\text{Moisture loss (\%)} = \frac{W_2 - W_1}{W_2} \times 100 \dots (1)$$

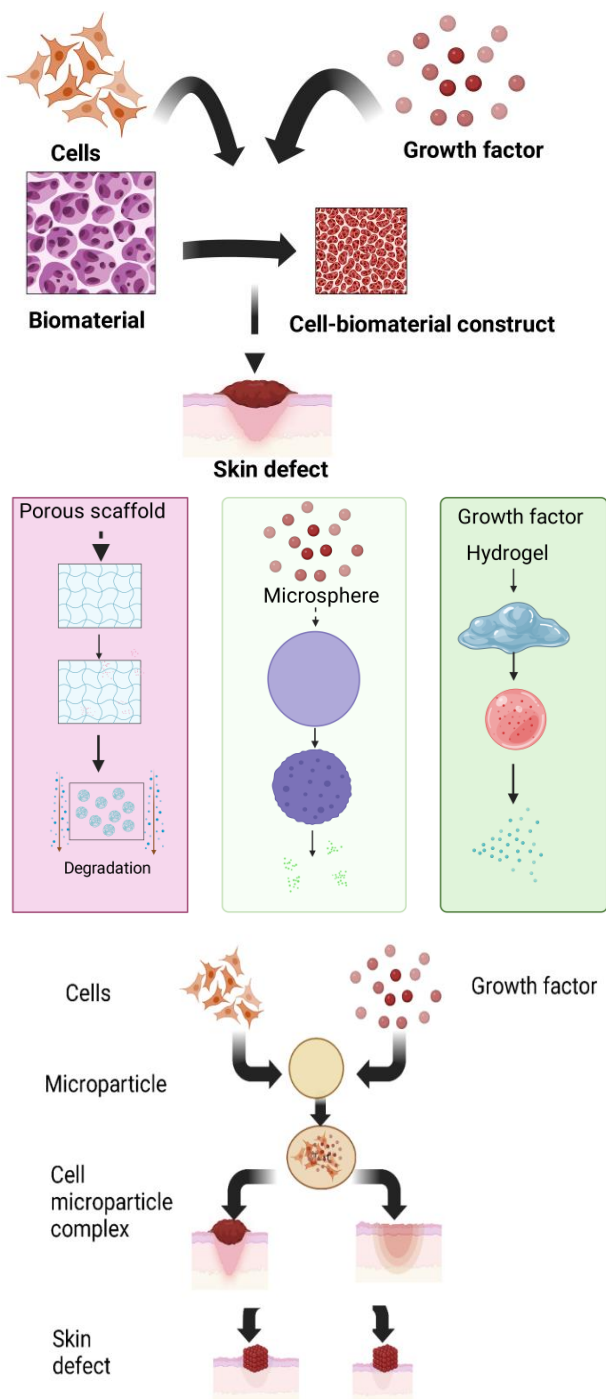


Figure 1: The essential techniques or technologies used in tissue engineering utilizing naturally produced materials (I) to promote in vivo tissue regeneration, a biomaterial scaffold made of organically generated materials is also used. (II) Other drug delivery methods include encasing growth factors in hydrogels, microspheres, and porous scaffolds. (III) The integration of controlled growth factor release into the same biopolymer may provide an enhanced versatile platform that might regulate and monitor the mechanism of tissue regeneration

Where W_1 and W_2 represent, respectively, the sample's weight before and after immersion

Porosity will then be calculated using Equation (2).

$$\text{Porosity (\%)} = \frac{W_2 - W_1}{\rho V_s} \times 100 \dots (2)$$

The swelling index is determined by immersing a sample at 37°C for 48 hours. Afterward, excess water is removed, and the sample is accurately weighed. Equation (3) is then used to calculate the swelling ratio.

$$\text{Swelling index (\%)} = \frac{W_w - W_d}{W_d} \times 100 \dots (3)$$

Where W_d is the scaffold's dry weight (before to submersion) and W_w is its wet weight (after immersion)

In vitro drug release

The produced scaffold and formulation will go through in vitro drug release testing using the dialysis bag diffusion technique at pH 7.4 and 6.8.

Drug loading capacity

When referring to a carrier system, the amount of drug that can be loaded onto the system at one time is referred to as its drug-loading capacity. The ratio of an active pharmaceutical component to one or more excipients in a pharmaceutical carrier system is the definition of this term. To calculate the loading capacity of different scaffold compositions, the following formulas were utilized.

$$\text{Drug loading (\%)} = \frac{\text{Mass of drug}}{\text{Mass of total polymers}} \times 100$$

Diffusion studies

To prevent the receptor media from evaporating, the samples were first positioned on either human skin or a synthetic cellulose membrane, which was then positioned on a Franz diffusion cell and covered with parafilm. A phosphate buffer with a pH of 7.4 was added to the receptor medium to maintain a consistent temperature.^{38,39}

THERAPEUTIC APPLICATION OF SCAFFOLD SYSTEM

Fiber-based scaffolds have a wide array of applications in the medical field, including tissue engineering, wound healing, medication delivery, and gene transfer. They're also utilized in filtration, affinity membranes, enzyme immobilization, and vascular graft implants. These applications extend beyond medicine into scientific, industrial, and military domains. Biomaterial scaffolds are indispensable in modern medical treatments for various diseases.

Delivery of drugs, cells, and genes via scaffolds

Drug delivery, cell and gene transport, and tissue engineering are among the most common applications for biomaterial-based scaffolds. These formulations can be administered through various routes such as intravenous, ophthalmic, peroral, topical, rectal, vaginal, transdermal, nasal, colonic, and breast administration. These formulations serve as attractive scaffolding materials by retaining cells within a three-dimensional gel matrix, enhancing tissue construct thickness and mechanical integrity

Tissue repairing**Cartilage tissue repair**

The challenges associated with cartilage repair, especially in older individuals, stem from the weak matrix turnover, vasculature, and limited ability of mature chondrocytes to

Table 1: Classification and advantages of scaffold mediated carrier

S.no	Classification/type of scaffold mediated carrier	Advantages of different type of scaffold mediated carrier	References
1.	Hydrogel based system	Scaffolds based on hydrogel are a particularly significant class of scaffolds because it is possible to adjust their mechanical characteristics to make them closely mirror those who genuine tissues.	(6)
2.	Microsphere and micro particle based system	To control processes like angiogenesis and cell migration and to determine cell death, nanofabricated particles may provide improved delivery qualities.	(7)-(8)
3.	Membrane based systems	The observations subsequently recommended that GG-EGF/TEECM may enhance wound healing as seen by significantly earlier re-epithelialization and skin maturation.	(9)- (10)

regenerate tissue. Current therapeutic methods like autografts, allografts, and microfracturing often yield unsatisfactory results with low effectiveness rates and patient dissatisfaction

Tendon and ligament repair

The ligaments and tendons in our musculoskeletal system play a crucial role in joint mobility and stability. The most common connective tissue injuries involve ligament or tendon tears, affecting over 800,000 people annually. Shepherd, for instance, investigated collagen fiber-reinforced collagen-chondroitin-6-sulfate (C6S) constructs, aiming to create bioactive and biomechanically robust scaffolds for tissue regeneration.

Corneal tissue repair

Corneal diseases represent a significant cause of preventable blindness globally, affecting millions annually. With donor corneas in short supply, tissue-engineered corneas offer promise as alternatives. The microstructure and properties of the corneal extracellular matrix (ECM), primarily collagen fibrils and proteoglycans, are crucial for tissue-engineered corneas' success. Researchers have developed collagen-based membranes reinforced with silk fibroin to mimic the cornea's mechanical qualities.

Table 1: Different polymer used for fabrication of scaffold with their application

S.No	Polymer name with type	Specific consideration	Application	Reference
1.	Absorbing material (PLLA, PLGA etc) (Synthetic polymer)	scaffolds with a regulated porosity structure made of biodegradable polymers	Porous 3D scaffolds structures, bone and cartilage tissue engineering	(10)
2.	PLGA, PLLA, and PDLLA, PLAGA, PLGA/PPA/PPF (Synthetic polymer)	regulated pore size and porosity sponge with high cell density and have "transplant scaffold	Tissue engineering and drug delivery, Bone repair, Complex forms for applications in tissue engineering	(11)-(12) (13)-(14)
3.	Chitosan, HAP, Collagen, (Natural polymer)	Substantial mechanical stability, A flexible, 3D porous sponge structure	Engineering of bone and cartilage tissue	(13)
4.	HAp, TCP, BCP, and CP ceramics (Synthetic and natural polymer)	Porosity and bioresorbability	Porosity and bioresorbability	(15)
5.	Hydrophilic/ hydrophic di block triblock, PGA, PLGA, and PEG copolymers. PEO, PPO etc (Synthetic and natural polymer)	Biomimetically, exhibit minimal inflammatory response	Engineering of cartilage, bone tissue, and medication delivery	(15)
6.	PMMA, HA, PEG, PNIPAAm, PAA, PAam, and PDMAEM (Synthetic polymer)	Microgel, biologically mechanical, Microrods, microbeads, pumps, and valves	Delivery of insulin with gene therapy and microreactors that employ cells, cell separation, controlled microreactors, and sensing	(16)
7.	Chitosan, fibronectin, Alginate (Natural polymer)	Microbeads, microrods, Microgel, biologically degradable	Insulin delivery, cell separation	(16)

8.	PGS,PEG,andPDMS (Synthetic polymer)	Microrods, microbeads, pumps, and valve	Sensing, cell separation, microreactors that use cells, and controlled microreactors	(17)
9.	Calcium alginate, silicon (Natural polymer)	Microrods, microbeads, pumps, and valves	Sensing, cell separation, microreactors that use cells, and controlled microreactors	(17)
10.	Collagen, gelatin, and HA (Natural polymer)	Cell diagnostic, Microgels, and Microsensors	Drug delivery methods that are sustainable and under your control	(18)
11.	Keratin (Natural polymer)	Biocompatibility	coatings for implants, and scaffolds for tissue engineering	(19)
12.	PGA,PLA,PLGA,PCL (Synthetic polymer)	biomechanical, biocompatible, and high surface area	Soft tissue artificial skin, as well as tissue engineering scaffolds	(19)-(20)
13.	PCL, PLA, and PLGA (Synthetic polymer)	fibers that are biocompatible and have strongmechanical qualities	scaffolds for tissue, non wetting textile surfaces, and vascular grafts	(20)
14.	PDO, PGA, and polyesters (Synthetic polymer)	Size of submicron fiber	Filtration, membrane separation, bandages, and tissue engineering scaffolds	(21)
15.	Alginate, chitosan, gelatin, collagen, and fibrin (Natural polymer)	Particles, microspheres, foams, hydrogels, and membranes	Bone regrowth, angiogenesis, and wound healing	(22)
16.	PLA, PEG, and PLGA (Synthetic polymer)	Particles, microspheres, foams, hydrogels, and membranes	Angiogenesis, boneregeneration,and wound healing	(22)
17.	Sodium alginate (Natural polymer)	To create complex tissues made up of several cell types (Hydrogel scaffold)	Active proteins are microdeposited on cellulose, biochips, and acellular polymeric scaffolds.	(18)-(23)
18.	Biodegradable polymers or blends (Natural polymer)	Complex, mechanically strong, 3D solid item	Hard-tissue scaffolds and honey comb structure scaffolds	(24)

Table 2: Current scenario of scaffold as therapeutic regimen for acute and chronic disease

S.no	Scaffold type with Effective dose	Drug loaded	Animal model/ Experimental trial	Tentative or possible mechanism or Biomolecular approach	Reference
1.	Chitosen biomaterial(4-5 ng/day)	based	<i>In-vitro and In- vivo</i>	Periodontics, orthopedics, and plastic surgery reconstructive treatment.	(25)-[37]
2.	scaffolds that are three dimensional	three	<i>both in-vivo and in-vitro</i>	Plans for identifying adverse outcomes and clinical follow- up.	(27)
3.	Polymerized heparin(L- lactide-co-glycolide) at (Zero order release rate)	heparin(L- lactide-co-glycolide) at (Zero order release rate)	<i>both in-vivo and in-vitro</i>	Enhance angiogenesis	[40]-(28)
4.	• Gelatin- chondroitin-hyaluronan tri- co polymer scaffold(5cmtri- copolymer scaffold disc)		<i>In- vivo</i>	Cartilage tissue engineering	(29)
5.	collagen/chitosan/ glycosaminoglycan scaffold(Scaffold 10 ng)		<i>both in-vivo and in-vitro</i>	Proliferation and cartilage tissue engineering scaffolds	(30)
6.	Glycosaminoglycan based hydrogel (250 ng of bFGF per 0.25 ml hydrogel)		<i>both in-vivo and in-vitro</i>	hydrogels for controlled release	(31)

7.	Alginate based non-woven scaffold(20 µm diameter)	<i>In- vivo</i>	cartilage tissue engineering	(32)
8.	hyaluronic acid (HA) and alginate based hydrogel (5×10 ⁴ cells/sponge)	<i>In- vivo</i>	cartilaginous tissue during the repair process	(33)
9.	PLGA,NMP based injectable scaffold Dose of (25 kGy)	<i>both in-vivo and in-vitro</i>	cartilage scaffold	(34)
10.	Alginate Hydrogels (Alginate at 2%)	<i>In-vivo</i>	Articular Cartilage Regeneration	(35)
11.	3D-Bioprinted Scaffolds bioinks with viable cells	<i>both in-vivo and in-vitro</i>	Wound Healing	(36)
12.	Agarose-Based Buccal Gels Scaffold Agarose and carbopol (0.5–1.25% w/v)	<i>both in-vivo and in-vitro</i>	Pharmacokinetic estimation of mucoadhesive property	(37)
13.	Nano composite scaffolds	<i>both in-vivo and in-vitro</i>	Chronic wound healing	(38)-(39)
15.	Porous Scaffold & Three dimensional bioprinting Collagen:HA: Gelatin (2:1:3) and 2% collagen-2%polyethylene oxide (PEO)	<i>both in-vivo and in-vitro</i>	Skin Regeneration & Muscle tissue engineering	(40)- (41)
17.	Herbal Extracts based Scaffolds (1.5% centella asiatica)	<i>In-vitro</i>	Wound healing therapy	(42)

CONCLUSION

This article discusses remarkable breakthroughs in regenerative medicine and tissue engineering, particularly focusing on advanced 3D scaffolds designed to sustain regenerated and transplanted cells while facilitating the local release of regulatory or medicinal chemicals. These scaffolds, which need to meet various biochemical and functional requirements, are typically created by combining biomaterials with supportive properties conducive to local regeneration. This article highlights that while the designed structures of these complex scaffolds enhance their biological impacts; this often comes with the challenge of rapidly evolving technologies. Advanced composite scaffolds may feature multiple layers with distinct variations in chemical or physical characteristics. These variations play crucial roles in organizing, guiding, and stabilizing multiple cellular phenotypes and heterogeneous extracellular matrix morphogenesis.⁴⁰⁻⁴²

REFERENCES

1. Laflamme MA, Murry CE. Heart regeneration. *Nature*. 2011.
2. Fisher MB, Mauck RL. Tissue engineering and regenerative medicine: Recent innovations and the transition to translation. *Tissue Engineering - Part B: Reviews*. 2013.
3. Han F, Wang J, Ding L, Hu Y, Li W, Yuan Z, et al. Tissue Engineering and Regenerative Medicine: Achievements, Future, and Sustainability in Asia. *Frontiers in Bioengineering and Biotechnology*. 2020.
4. Chen GQ, Wu Q. The application of polyhydroxyalkanoates as tissue engineering materials. *Biomaterials*. 2005.
5. Huang S, Fu X. Naturally derived materials-based cell and drug delivery systems in skin regeneration. *Journal of Controlled Release*. 2010.
6. Drury JL, Mooney DJ. Hydrogels for tissue engineering: Scaffold design variables and applications. *Biomaterials*. 2003.
7. Panyam J, Labhasetwar V. Biodegradable nanoparticles for drug and gene delivery to cells and tissue. *Advanced Drug Delivery Reviews*. 2003.
8. Mano JF, Silva GA, Azevedo HS, Malafaya PB, Sousa RA, Silva SS, et al. Natural origin biodegradable systems in tissue engineering and regenerative medicine: Present status and some moving trends. *Journal of the Royal Society Interface*. 2007.
9. Clark RAF. Wound Repair: Basic Biology to Tissue Engineering. In: *Principles of Tissue Engineering: Fourth Edition*. 2013.
10. Szunerits S, Boukherroub R. Heat: A highly efficient skin enhancer for transdermal drug delivery. *Front Bioeng Biotechnol*. 2018;6(FEB):1–13.
11. Sivaraj D, Chen K, Chattopadhyay A, Henn D, Wu W, Noishiki C, et al. Hydrogel Scaffolds to Deliver Cell Therapies for Wound Healing. *Front Bioeng Biotechnol*. 2021;9(May).
12. Salerno A, Netti PA. Review on Computer-Aided Design and Manufacturing of Drug Delivery Scaffolds for Cell Guidance and Tissue Regeneration. *Front Bioeng Biotechnol*. 2021;9(June):1–19.
13. Yuan TY, Zhang J, Yu T, Wu JP, Liu QY. 3D Bioprinting for Spinal Cord Injury Repair. *Front Bioeng Biotechnol*. 2022;10(April):1–13.

14. Chakote VR, R. Wagh MD, S. Waghmare MR, T. Jadhao U. Formulation and Evaluation of Ketoconazole Nanosponge gel. *J Univ Shanghai Sci Technol*. 2021;23(2):1–20.
15. Asmat S, Anwer AH, Husain Q. Immobilization of lipase onto novel constructed polydopamine grafted multiwalled carbon nanotube impregnated with magnetic cobalt and its application in synthesis of fruit flavours. *Int J Biol Macromol [Internet]*. 2019;140:484–95. Available from: <https://doi.org/10.1016/j.ijbiomac.2019.08.086>
16. Díez-Delhoyo F, Sanz-Ruiz R, Sarnago-Cebada F, Gutiérrez-Ibañes E, Rivera-Juárez A, Elízaga J, et al. Spontaneous Coronary Artery Dissection: Failure of the Conservative Strategy Due to Predominance of the False Lumen. *JACC Cardiovasc Interv*. 2017;10(15):e139–40.
17. Chhabra P, Tyagi P, Bhatnagar A, Mittal G, Kumar A. Optimization, characterization, and efficacy evaluation of 2% chitosan scaffold for tissue engineering and wound healing. *J Pharm Bioallied Sci*. 2016;8(4):300–8.
18. Crawford M, Dagnino L. Scaffolding proteins in the development and maintenance of the epidermal permeability barrier. *Tissue Barriers*. 2017;5(4).
19. Liu X, Wu K, Gao L, Wang L, Shi X. Biomaterial strategies for the application of reproductive tissue engineering. *Bioact Mater [Internet]*. 2022;14(November 2021):86–96. Available from: <https://doi.org/10.1016/j.bioactmat.2021.11.023>
20. Shanmugam K, Subha V, Renganathan S. Type 1 collagen scaffold functionalized with ciprofloxacin loaded gelatin microspheres – fabrication , In vitro & In vivo evaluation , histological and biochemical analysis. 2019;3(1):1–10.
21. Cho JJ, Stewart JM, Drashansky TT, Brusko MA, Zuniga AN, Lorentsen KJ, Keselowsky BG ADA antigen specific semi therapeutic treatment with local delivery of tolerogenic factors through a dual sized microparticle system blocks experimental autoimmune encephalomyelitis. *B 2017 O 92*. doi: 10. 1016/j. biomaterials. 2. Three dimensional bioprinting in skeletal muscle tissue engineering. *Physiol Behav*. 2016;176(1):139–48.
22. Ruparelia N, Chai JT. 乳鼠心肌提取 HHS Public Access. *Physiol Behav*. 2018;176(1):139–48.
23. Kayal T Al, Buscemi M, Cavallo A, Foffa I, Soldani G, Losi P. Plasminogen-Loaded Fibrin Scaffold as Drug Delivery System for Wound Healing Applications. *Pharmaceutics*. 2022;14(2).
24. Castillo-Henríquez L, Sanabria-Espinoza P, Murillo-Castillo B, de Oca-Vásquez GM, Batista-Menezes D, Calvo-Guzmán B, et al. Topical chitosan-based thermo-responsive scaffold provides dexketoprofen trometamol controlled release for 24 h use. *Pharmaceutics*. 2021;13(12):1–13.
25. George PM, Lyckman AW, Lavan DA, Hegde A, Leung Y, Avasare R, et al. Fabrication and biocompatibility of polypyrrole implants suitable for neural prosthetics. *Biomaterials*. 2005;
26. Lee JY, Nam SH, Im SY, Park YJ, Lee YM, Seol YJ, et al. Enhanced bone formation by controlled growth factor delivery from chitosan-based biomaterials. In: *Journal of Controlled Release*. 2002.
27. Marolt D, Knezevic M, Novakovic GV. Bone tissue engineering with human stem cells. *Stem Cell Research and Therapy*. 2010.
28. Jeon O, Kang SW, Lim HW, Hyung Chung J, Kim BS. Long-term and zero-order release of basic fibroblast growth factor from heparin-conjugated poly(L-lactide-co-glycolide) nanospheres and fibrin gel. *Biomaterials*. 2006;
29. Chang CH, Liu HC, Lin CC, Chou CH, Lin FH. Gelatin-chondroitin-hyaluronan tri-copolymer scaffold for cartilage tissue engineering. *Biomaterials*. 2003;
30. Lee JE, Kim KE, Kwon IC, Ahn HJ, Lee SH, Cho H, et al. Effects of the controlled-released TGF- β 1 from chitosan microspheres on chondrocytes cultured in a collagen/chitosan/glycosaminoglycan scaffold. *Biomaterials*. 2004;
31. Cai S, Liu Y, Xiao ZS, Prestwich GD. Injectable glycosaminoglycan hydrogels for controlled release of human basic fibroblast growth factor. *Biomaterials*. 2005;
32. Marijnissen WJCM, Van Osch GJVM, Aigner J, Van Der Veen SW, Hollander AP, Verwoerd-Verhoef HL, et al. Alginate as a chondrocyte-delivery substance in combination with a non-woven scaffold for cartilage tissue engineering. *Biomaterials*. 2002;
33. Dausse Y, Grossin L, Miralles G, Palletier S, Mainard D, Hubert P, et al. Cartilage repair using new polysaccharidic biomaterials: Macroscopic, histological and biochemical approaches in a rat model of cartilage defect. *Osteoarthritis Cartilage*. 2003;
34. Solouk A, Mirzadeh H, Amanpour S. Injectable scaffold as minimally invasive technique for cartilage tissue engineering: In vitro and in vivo preliminary study. *Prog Biomater*. 2014;
35. Liu W, Madry H, Cucchiari M. Application of Alginate Hydrogels for Next-Generation Articular Cartilage Regeneration. *International Journal of Molecular Sciences*. 2022.
36. Antezana PE, Municoy S, Álvarez-Echazú MI, Santo-Orihuela PL, Catalano PN, Al-Tel TH, et al. The 3D Bioprinted Scaffolds for Wound Healing. *Pharmaceutics*. 2022;14(2):1–46.
37. Syed MA, Aziz G, Jehangir MB, Tabish TA, Zahoor AF, Khalid SH, et al. Evaluating Novel Agarose-Based Buccal Gels Scaffold: Mucoadhesive and Pharmacokinetic Profiling in Healthy Volunteers. *Pharmaceutics*. 2022;14(8).
38. Nosrati H, Aramideh Khoy R, Nosrati A, Khodaei M, Banitalebi-Dehkordi M, Ashrafi-Dehkordi K, et al. Nanocomposite scaffolds for accelerating chronic wound healing by enhancing angiogenesis. *J Nanobiotechnology [Internet]*. 2021;19(1):1–21. Available from: <https://doi.org/10.1186/s12951-020-00755-7>
39. Rahmani Del Bakhshayesh A, Annabi N, Khalilov R, Akbarzadeh A, Samiei M, Alizadeh E, et al. Recent

- advances on biomedical applications of scaffolds in wound healing and dermal tissue engineering. *Artif Cells, Nanomedicine Biotechnol* [Internet]. 2018;46(4):691–705. Available from: <https://doi.org/10.1080/21691401.2017.1349778>
40. Wang HM, Chou YT, Wen ZH, Wang ZR, Chen CH, Ho ML. Novel Biodegradable Porous Scaffold Applied to Skin Regeneration. *PLoS One*. 2013;8(6):2–12.
41. Mouriño V, Boccaccini AR. Bone tissue engineering therapeutics: Controlled drug delivery in three-dimensional scaffolds. *J R Soc Interface*. 2010;7(43):209–27.
42. Jose H, Krishnakumar K, Dineshkumar B. Herbal extracts based scaffolds for wound healing therapy. *Res J Pharm Technol*. 2021;14(3):1805–10.