

HUMAN METAPNEUMOVIRUS: A COMPREHENSIVE REVIEW OF AN EMERGING RESPIRATORY PATHOGEN

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ABSTRACT

Human metapneumovirus (hMPV) is a respiratory virus that primarily causes infections in the lungs and airways, particularly affecting young children, elderly individuals, and those with weakened immune systems. Discovered in 2001, hMPV has since been recognized as a long-circulating pathogen. It spreads through respiratory droplets via coughing, sneezing, or close contact with an infected person. The virus typically produces cold- or flu-like symptoms, such as cough, fever, runny nose, and shortness of breath. However, in more severe cases, it can lead to bronchitis or pneumonia, especially in individuals with pre-existing health conditions. hMPV belongs to the *Paramyxoviridae* family, which includes other respiratory viruses like Respiratory Syncytial Virus (RSV). It possesses a single-stranded RNA genome and is classified into two major types—type A and type B—each further divided into two subtypes. These variants may differ slightly in clinical presentation and tend to circulate seasonally, with peaks in winter or early spring. While most infections are self-limiting and treated with supportive care, hMPV can exacerbate chronic conditions like asthma or COPD in vulnerable individuals. Currently, there is no specific antiviral treatment or approved vaccine for hMPV, though research is ongoing. Enhancing understanding of the virus's transmission and impact is crucial for developing preventive strategies and protecting high-risk populations.

KEYWORDS: Human Metapneumovirus, hMPV respiratory virus, bronchiolitis, pneumonia, RNA virus, Paramyxoviridae.

INTRODUCTION

Human Metapneumovirus (HMPV) is a significant cause of respiratory infections, particularly in young children, elderly adults, and individuals with compromised immune systems. Since its discovery in 2001, HMPV has been recognized globally as a major contributor to acute respiratory illness now it has been circulating in humans for many decades.^[31,32,33]

HMPV is one of the leading causes of colds, bronchitis, pneumonia, and other breathing problems. It is often confused with other respiratory viruses like Respiratory Syncytial Virus (RSV) and influenza because the symptoms can be very similar—fever, cough, nasal congestion, and difficulty breathing.^[1,34]

Acute respiratory tract infection (ARI) is a leading cause of morbidity and mortality worldwide. Globally, ARIs were responsible for about 20% of total deaths in children less than 5 years of age in 2000 alone; moreover, about 70% of these deaths occurred in Sub-Saharan Africa and the southern regions of Asia.^[35,36,37] Human metapneumovirus (hMPV) was first discovered in 2001 in the Netherlands, when the virus was isolated from a paediatric patient who had symptoms similar to those of hRSV infection. Since then, hMPV has been detected in 4–16% of patients with ARIs. The incidence of hMPV may vary from year to year in the same area. hMPV causes disease primarily in children, but can infect adults and immunocompromised individuals as well. The clinical features of the illness caused by hMPV infection range from a mild upper respiratory tract infection to life-threatening severe bronchiolitis and pneumonia.

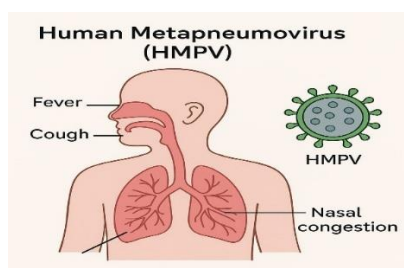


Figure 1: Human Metapneumovirus.

Symptoms

There symptoms are similar to those of the common cold and flu and may include- Cough, Fever, Runny or stuffy nose, Sore throat, Shortness of breath, Wheezing (in severe cases).More infection are mild but in some cases hMPV can lead to more serious conditions like bronchitis or pneumonia.^[2,38,39]

History and discovery

For many years, doctors and scientists noticed that people—especially children—were getting respiratory infections that couldn't be explained by the usual viruses like RSV (Respiratory Syncytial Virus) or influenza. There were missing pieces in the puzzle. Then, in 2001, a group of researchers in the Netherlands made a major discovery. HMPV was first identified by Dutch It was isolated from children with symptoms of acute respiratory tract infections. Retrospective analysis revealed that the virus had likely been circulating in human populations for decades before its discovery.^[40,41,42] Since its discovery, HMPV has been found all over the world. It's now considered one of the most important respiratory viruses, especially in children under 5 years old, older adults, and people with weakened immune systems. Thanks to improved diagnostic tools like PCR testing, scientists and doctors are much better at detecting and studying the virus today.

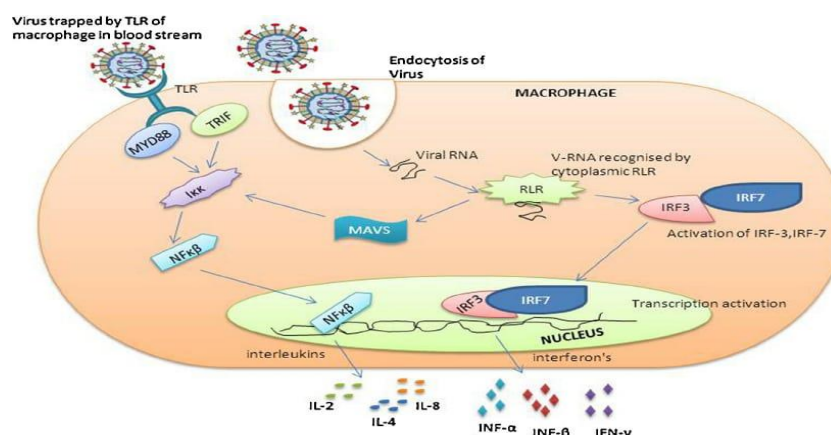


Figure 2: Timeline of HMPV discovery and milestone.

Classification and structure

Human Metapneumovirus (HMPV) is part of a family of viruses called Pneumoviridae. Within this family, it belongs to a group known as Metapneumovirus. It's closely related to another common virus called Respiratory Syncytial Virus (RSV), which also causes lung infections.^[3]

HMPV is a virus made up of RNA, which is its genetic material. This RNA is single-stranded and negative-sense, meaning it needs to be converted inside the host's cells before it can start making more virus copies. The entire virus is surrounded by a protective layer called an envelope.^[43,44,45]

There are several important proteins on and inside the virus that help it function:

- F protein (Fusion protein): Helps the virus enter human cells by merging with the cell membrane.
- G protein (Attachment protein): Helps the virus stick to the cells in our respiratory tract.
- N protein (Nucleoprotein): Protects and organizes the virus's genetic material.
- M protein (Matrix protein): Gives the virus its shape and structure.
- L protein (Large polymerase): Helps copy the virus's RNA.
- P protein (Phosphoprotein): Supports the L protein during replication.^[4]

HMPV is divided into two major groups, A and B, and each group has subtypes. These different strains may cause similar illness, but sometimes one group is more dominant in a given season.

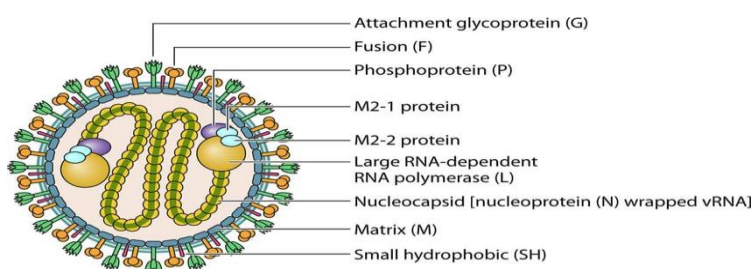


Figure 3: Schematic structure of HMPV particle.

EPIDIMOLOGY

Human Metapneumovirus (hMPV) is a globally distributed respiratory virus that primarily affects young children, older adults, and individuals with weakened immune systems. Nearly all children are infected by the age of five. hMPV

infections are seasonal, with peaks in winter and early spring in temperate regions, and during the rainy season in tropical areas. The virus spreads through respiratory droplets and contaminated surfaces. In developed countries, it is a major cause of hospital visits for respiratory illness in children and can trigger outbreaks in nursing homes. In developing countries, its impact may be greater due to limited healthcare access and underreporting. hMPV accounts for approximately 5–15% of pediatric respiratory hospitalizations, and increased surveillance is helping track and manage its spread.^[5,46,47]

Transmission and Pathogenesis

Human Metapneumovirus (hMPV) spreads mainly through respiratory droplets when an infected person coughs, sneezes, or talks, and also through contact with contaminated surfaces like doorknobs or toys. It commonly spreads in crowded settings such as schools, hospitals, and nursing homes. Once inhaled, the virus attaches to the epithelial cells of the respiratory tract using its G and F proteins, then enters the cells to replicate. This triggers inflammation, mucus production, and tissue damage, causing symptoms like coughing and breathing difficulty. While infections are usually mild in healthy individuals, they can lead to bronchiolitis or pneumonia in infants, the elderly, and immunocompromised people. Reinfection can occur, but symptoms are typically milder.^[6,48,49]

Clinical Manifestation

Clinical manifestations refer to the signs and symptoms a person shows when they are infected with a disease. In the case of Human Metapneumovirus (HMPV), the symptoms can vary from mild to severe, depending on the person's age, immune system strength, and overall health.

For most healthy children and adults, HMPV usually causes symptoms similar to the common cold. These include:^[7]

Runny or stuffy nose, Cough, Sneezing, Sore throat, Mild fever, Fatigue, Decreased appetite

These symptoms usually appear 3 to 6 days after a person is exposed to the virus and can last from a few days to a week.^[8,50,51]

However, in some people—especially young children, older adults, or those with chronic health problems or weakened immune systems—the virus can travel deeper into the lungs. This can lead to more serious respiratory conditions, such as:

- Bronchiolitis (inflammation of the small airways in the lungs)
- Pneumonia (infection of the lung tissue)
- Wheezing or noisy breathing
- Shortness of breath or difficulty breathing
- Low oxygen levels

In infants, HMPV can cause irritability, poor feeding, and pauses in breathing (apnea), especially if they were born prematurely or have underlying heart or lung disease.^[52,53]

In elderly people, HMPV can also worsen existing health conditions such as asthma, COPD (chronic obstructive pulmonary disease), or heart failure.^[54,55]

While most people recover without complications, severe cases of HMPV may require hospitalization, oxygen therapy, or even intensive care support.

It's important to remember that the symptoms of HMPV can look very similar to other respiratory infections like RSV (Respiratory Syncytial Virus), influenza, or COVID-19, which is why testing is often needed for a clear diagnosis.^[9,56,57]

Diagnosis

Diagnosing HMPV can be tricky because its symptoms—like cough, fever, runny nose, and breathing problems—are similar to many other respiratory illnesses, such as the flu, RSV, or even COVID-19. That's why laboratory tests are often needed to tell HMPV apart from other viruses.

Doctors usually begin by asking about symptoms and medical history. If someone is experiencing signs of a respiratory infection, especially during cold seasons, and they belong to a high-risk group (such as a young child, elderly person, or someone with a weak immune system), testing for HMPV may be considered.^[10,58,59]

Here are the main ways HMPV is diagnosed:

1. PCR (Polymerase Chain Reaction) Test

This is the most accurate and widely used method. It detects the genetic material of the virus in a sample taken from the nose or throat using a swab. PCR tests are fast and can detect even small amounts of the virus, making them very reliable.^[11,60,61]

2. Antigen Detection Tests

These tests look for proteins (antigens) from the virus. They are quicker but less sensitive than PCR. Antigen tests are more commonly used for other viruses like RSV or flu but can be used in HMPV studies.^[12,62,63]

3. Viral Culture

This involves trying to grow the virus in a lab from a sample. It's not used often because it takes a long time (several days) and needs special lab conditions.

4. Serology (Antibody Testing)^[13]

This checks the blood for antibodies against HMPV. It can help show whether someone was infected recently, but it's more useful in research than in everyday clinical practice.^[14,64]

Most of the time, HMPV is not tested for in healthy people with mild symptoms. But in hospitals, especially when patients have severe illness or when it's important to rule out other causes, doctors may request specific tests for HMPV.^[14,65]

Early and accurate diagnosis can help doctors make better treatment decisions, avoid unnecessary antibiotics, and take steps to prevent the virus from spreading to others—especially in hospitals and care facilities.^[15,66]

Treatment and management

There is currently no specific antiviral medicine to cure Human Metapneumovirus (HMPV). This means that treatment mainly focuses on managing symptoms and helping the body recover on its own. Fortunately, most healthy people who get HMPV experience only mild cold-like symptoms and can recover at home with basic care.^[16,67,68]

1. Supportive care

The main approach is supportive care, which means easing the symptoms until the infection goes away. This can include:

- Getting plenty of rest
- Drinking lots of fluids to stay hydrated
- Using a humidifier or breathing in steam to ease congestion
- Taking over-the-counter medicines like acetaminophen or ibuprofen to reduce fever and relieve pain (only if recommended, especially for children)^[17,69,70]

2. Medical care for severe cases

In some people—especially infants, older adults, or those with weak immune systems—the infection can be more serious and may require hospital care. In these cases, treatment may include:

- Oxygen therapy if the person is having trouble breathing
- IV fluids to treat dehydration
- Monitoring of breathing and heart rate
- In rare cases, use of ventilators (breathing machines) in intensive care^{18,71}

3. Antibiotics are not effective

Since HMPV is caused by a virus (not bacteria), antibiotics do not work against it. However, if a person develops a secondary bacterial infection, such as bacterial pneumonia, doctors may prescribe antibiotics for that separate problem.^[19,72]

4. Experimental treatments and research

Researchers are working on potential antiviral drugs and vaccines for HMPV, but none have been officially approved yet. Clinical trials are ongoing to test new treatment options.

5. Infection control in healthcare settings

In hospitals or nursing homes, managing HMPV also includes preventing its spread to others. This may involve:

- Isolating infected patients
- Using face masks and gloves
- Cleaning hands and surfaces regularly.^[20,73]

Prevention and Vaccination

Preventive measures focus on good hygiene, isolation of infected individuals, and surveillance. Several vaccine candidates are under investigation, including live-attenuated and subunit vaccines.

Currently, there is no approved vaccine available to prevent Human Metapneumovirus (HMPV) infection. However, scientists around the world are working on developing a vaccine, especially because HMPV can cause serious illness in young children, older adults, and people with weak immune systems.

Even though we don't have a vaccine yet, there are many important steps people can take to reduce the risk of infection and prevent the virus from spreading.^[21,74]

Here are the key prevention strategies:

1. Good hygiene practices

- Wash your hands often with soap and water for at least 20 seconds.
- Use alcohol-based hand sanitizer when soap is not available.
- Avoid touching your face—especially your eyes, nose, and mouth—with unwashed hands.²²

2. Cover your mouth and nose

- Always cover your mouth and nose with a tissue or your elbow when coughing or sneezing.
- Dispose of used tissues right away and wash your hands afterward.

3. Avoid close contact with sick people

- Try to stay away from individuals who have cold or flu-like symptoms.
- If you're sick, stay home and rest to avoid spreading the virus to others.

4. Clean and disinfect surfaces

- Regularly clean objects and surfaces that are frequently touched—like door handles, phones, toys, and countertops.^[23]

5. Use of masks in healthcare settings

- In hospitals or nursing homes, wearing masks and using protective gear can help protect both healthcare workers and vulnerable patients.

6. Protecting high-risk groups

- Extra care should be taken to protect infants, older adults, and people with chronic health conditions, as they are more likely to develop severe illness.

7. Research on vaccines

- Several types of vaccines are being studied, including live-attenuated vaccines (weakened virus), protein-based vaccines, and mRNA vaccines.^[24]

Similarities with Other Viruses

- HMPV, like RSV and influenza, spreads through respiratory droplets and by touching contaminated surfaces.
- It often causes mild cold-like symptoms but can lead to serious illness in high-risk individuals.
- It follows a seasonal pattern, especially in colder months.²⁵

Differences

- Unlike influenza and COVID-19, there is no vaccine for HMPV yet.
- While influenza tends to cause high fever and body aches, HMPV more commonly causes wheezing and breathing difficulties in young children.
- HMPV and RSV are very similar in how they affect infants but differ slightly in genetic structure and how the body responds to them.^[26]

Public health Implication: Human Metapneumovirus (HMPV) is a growing public health concern, especially because it can cause serious respiratory illness in infants, older adults, and people with weak immune systems. While it may not be as widely known as other viruses like flu or COVID-19, HMPV has significant implications for public health systems around the world.^[27]

1. High Risk for Vulnerable Groups

HMPV can lead to hospitalization, especially in children under five, elderly adults, and people with chronic lung or heart conditions. These groups may develop pneumonia or severe breathing problems, increasing the burden on hospitals and long-term care facilities during respiratory virus seasons.

2. Seasonal Outbreaks Strain Healthcare Systems

Like influenza and RSV, HMPV usually causes outbreaks in the winter and early spring. During these months, hospitals often see an increase in respiratory illnesses. Since HMPV symptoms are similar to other viruses, it adds to the diagnostic and treatment workload for healthcare workers.

3. Lack of Vaccine and Targeted Treatment

The absence of an approved vaccine or specific antiviral medication means that prevention and treatment rely mainly on supportive care and infection control. This puts more pressure on hospitals, especially in resource-limited areas, to manage severe cases and prevent the spread.

4. Diagnostic Challenges

Because HMPV symptoms are similar to many other respiratory illnesses, and testing is not always done, cases may be underreported. This can lead to missed opportunities for controlling outbreaks and protecting vulnerable people, especially in community or institutional settings.

5. Economic and Social Impact

Severe HMPV infections may lead to missed school and work, hospital stays, and the use of costly healthcare resources. For families with young children or elderly relatives, this can cause emotional stress and financial strain. For healthcare systems, the cost of managing seasonal surges in respiratory illness adds to annual budgets.

6. Need for Surveillance and Awareness^[28]

Many people, including healthcare providers, are still not fully aware of HMPV. Increasing awareness, improving testing availability, and including HMPV in routine respiratory virus surveillance can help identify outbreaks earlier and guide better responses.

7. Opportunities for Prevention

Basic public health strategies—like good hand hygiene, respiratory etiquette (covering coughs and sneezes), staying home when sick, and isolating infected patients in hospitals—remain key tools for preventing the spread of HMPV.^[29,30]

CONCLUSION

- Human Metapneumovirus (HMPV) is an important and often under-recognized respiratory virus that can cause illness in people of all ages, but especially in infants, the elderly, and those with weakened immune systems. Since its discovery in 2001, research has shown that HMPV is a common cause of respiratory tract infections worldwide and plays a major role in seasonal outbreaks, often alongside viruses like RSV and influenza.
- Although most HMPV infections are mild, severe cases can lead to hospitalization and even death in vulnerable populations. Because symptoms of HMPV are very similar to other respiratory viruses, proper diagnosis through laboratory tests is essential. While there is currently no specific treatment or vaccine for HMPV, supportive care remains effective in most cases, and ongoing research is actively exploring new therapies and preventive options.
- Public health strategies such as hand hygiene, respiratory etiquette, early detection, and surveillance play a key role in limiting the spread of the virus. At the same time, scientific advances—especially those driven by lessons from the COVID-19 pandemic—are helping to accelerate vaccine development and diagnostic tools for HMPV.
- HMPV is a globally prevalent respiratory pathogen with substantial clinical and public health impact. Ongoing research and development efforts are vital to reduce its burden. Understanding its virology, epidemiology, and clinical aspects is essential for healthcare professionals

REFERENCES

1. Krati, Dr. Martolia Jaya, et. al, A comprehensive review on in-vitro methods for anti- microbial activity, IP International Journal of Comprehensive and Advanced Pharmacology, 2024; 9(3).
2. Neeru, Shilpi Kashyap, Esha Vatsa, Jitendra Singh and Ankush Sundriyal “Determination of Total Phenolic Content, Total flavonoid Content and Total Antioxidant capacity of different extracts of *Roylea elegans* Wall. (aerial parts)” World journal of pharmacy and pharmaceutical sciences (WJPPS), 2016; 5(6): 1884-1891.
3. Neeru, Esha Vatsa, Jitendra Singh and Ankush Sundriyal “Pharmacognostic Standardization Parameters of *Roylea elegans* Wall. (Aerial Parts)” International Journal for Pharmaceutical Research Scholars (IJPRS), 2016; 5(2): 133-140.
4. Kundan Singh Bora and Esha Vatsa “Pharmacognostic Evaluation of *Dendrobium macraei* Lindl.” Universities Journal of Phytochemistry and Ayurvedic Heights (UJPAH), 2016; 1(20): 29-36.
5. Amit Sharma, Bharat Parashar, Esha Vatsa, Shilpa Chandel and Surbhi Sharma “Phyto chemical screening and Anthelmintic activity of leaves of *Cedrus deodara* (Roxb.)” World journal of pharmacy and pharmaceutical sciences (WJPPS), 2016; 5(8): 1618-1628.
6. Amit Sharma, Surbhi Sharma, Shilpa Chandel, Esha Vatsa and Dr. Bharat Parashar “A review on *Morchella esculanta*: Therapeutically Potent plant” World journal of pharmacy and pharmaceutical sciences (WJPPS), 2016; 5(9): 685- 699.
7. Esha Vatsa and Kundan Singh Bora “Memory Enhancing Activity of *Dendrobium macraei* Lindl. in Swiss Albino Mice” British Journal of Pharmaceutical Research (BJPR), 2016; 13(2): 1-11.

8. Vatsa Esha, Chandel Shilpa, Parashar Bharat, Neeru “Physico-Chemical and Phytochemical Evaluation of *Dendrobium macraei* Lindl. (Whole Plant)” International Journal of Pharmacognosy and Phytochemical Research (IJPPR), 2016; 8(11): 1801-1811.
9. Esha Vatsa, Mehak Aggarwal, Shipra Gautam “Formulation and Evaluation of Polyherbal Facial Scrub” Just Agriculture multidisciplinary e-Newsletter, Article ID: 023, 2021; 1(9): 1-6.
10. Shipra Gautam, Madhubala Thakur, Mehak Aggarwal, Esha Vatsa “*Azadirachta indica*- A Review as a Potent Anti-Diabetic drug” Just Agriculture multidisciplinary e-Newsletter, Article ID:98, 2021; 1(10): 1-6.
11. Esha Vatsa, Samriti Faujdar, Nidhi Sharma, Shilpa Chandel, Mehak Aggarwal “*Dendrobium macraei* Lindl.: A review on medicinally potent orchid on the basis of recent evidences” Chinese Journal of Medical Genetics, 2022; 31(3): 560-571.
12. Krati, Babita Rawat, Abhishek Bhardwaj, Amandeep Singh, A Comprehensive Review on Indian Barnyard Millet (*Echinochloa frumentacea*), International Journal of Pharmaceutical Technology and Biotechnology, 2025; 12(1): 01-07.
13. Krati, Dr. Martolia Jaya, et. al, A Comprehensive review on in-vitro methods for antimicrobial activity” Educational administration: Theory and Practice”. 2024; 30(6): 8 (2977-2984).
14. Esha Vatsa, Dr. Samriti Faujdar, Shilpa Chandel, Nidhi Chaudhary, Ashok Kumar, Neeru, “Studies on anti-inflammatory activities of whole plant of *Dendrobium macraei* Lindl.” European Chemical Bulletin, 2023; 12(Special Issue 1): 657-664.
15. Esha Vatsa, Dr. Samriti Faujdar, Nitin Kumar, Nidhi Chaudhary, Shilpa Chandel, Neeru, Mehak Aggarwal “Current studies to justify the medicinal potential of the orchid *Dendrobium macraei* Lindl.” European Chemical Bulletin, 2023; 12(S3): 5822-5830.
16. Divya Negi Rawat, Anjali Bisht, Esha Vatsa, Deepika Chandra, Nidhi Chaudhary, Ashok Kumar “Urinary bacterial profile and antibiotic susceptibility pattern among patients of urinary tract infections” High Technology letters, 2023; 29(10): 115-128.
17. Mehak Aggarwal, Ujjwal Nautiyal, Harmeet Singh, Esha Vatsa, Nidhi Chaudhary, Anjali Bisht, Divya Negi “Development and evaluation of drug delivery system containing luliconazole” High Technology letters, 2023; 29(11): 633-652.
18. Jagriti Gairola, Prashant Kukreti, Anjali Bisht, Divya Negi, Nidhi Chaudhary, Esha Vatsa “Development of Chronotherapeutic Delivery System for the Oral Administration of Aceclofenac for Rheumatoid Arthritis by Using Different Polymers” Journal of Chemical Health Risks, 2023; 13(6): 1180-1192.
19. Nidhi Chaudhary, Dr. Deepak Nanda, Dr. Esha Vatsa, Mithilesh Kesari, Harshita Chandra, Simran Singh Rathore “The Promise of Usefulness of the Evergreen Shrub *Cassia auriculata*” Journal of Advanced Zoology, 2023; 44(4): 1249-1261.
20. Ms Pooja Yadav, Dr. Esha Vatsa, Dr Arti Rauthan, “Enhancing Menstrual Awareness among Adolescent Girls: Evaluating the Influence of School Initiatives” Journal of Chemical Health Risks, 2024; 14(02): 3141-3149.
21. Mehak Aggarwal, Esha Vatsa, Nidhi Chaudhary, Shilpa Chandel, Shipra Gautam, “Formulation and Evaluation of Polyherbal Face Pack” Research Journal of Pharmacy and Technology, 2024; 17(6): 2481-2485.
22. Esha Vatsa, Mehak Aggarwal, Nidhi Chaudhary, Shipra Gautam, Neeru, Nitin Kumar, “Comparison Based on Pharmacognostical and Pharmacological Profile of *Thuja Orientalis* Linn. And *Thuja Occidentalis* Linn.: A Review” Naturalista Campano, 2024; 28(1): 3208-3219.

23. Priya Pandey, Esha Vatsa, Gaurav Lakhchora, Md Shamsheer Alam, Niyaz Ahamad Ansari, Mohammad Dabeer Ahamad, Sarafarz Ahamad, Mukul Singh, Nitin kumar, "Nano Medicine Advancements in Addressing Rare Neurological Disorders: A Focus on Globoid Cell Leukodystrophy (Krabbe's Disease) Treatment" African Journal of Biological Sciences, 2024; 6(3): 2654-2684.
24. Esha Vatsa, Nidhi Chaudhary, Priya Khadwal, Mehak Aggarwal, Tanya Aggarwal, and Nishant Bhardwaj, "In vitro Antidiabetic Effect and Phytochemical Screening of Cassia biflora Mill." Indian Journal of Natural Sciences, 2025; 15(88): 87726-87733.
25. Anil Kumar, Dr. Esha Vatsa, "AI-Powered Embryo Selection is revolutionized: A Review" South Eastern European Journal of Public Health, 2025; XXVI (1): 6223-6230.
26. Lohani, V., A R, A., Kundu, S., Akhter, M. Q., & Bag, S. Single-Cell Proteomics with Spatial Attributes: Tools and Techniques. ACS omega, 2023; 8(20): 17499–17510. <https://doi.org/10.1021/acsomega.3c00795>.
27. Amandeep Singh, Deepak Nanda, Ashok Kumar and Abhishek Bhardwaj. In vitro evaluation of anti-inflammatory activity of ageratum conyzoides leaves by Human Red Blood Cell (HRBC) membrane stabilization method, International Journal of Research in Pharmaceutical and Nano Sciences, 2023; 12(6): 196-202.
28. Amandeep Singh, Deepak Nanda, Ashok Kumar, Abhishek Bhardwaj. In vitro evaluation of anti-inflammatory activity of ageratum conyzoides leaves by Human Red Blood Cell (HRBC) membrane stabilization method, International Journal of Research in Pharmaceutical and Nano Sciences, 2023; 12(6): 196-202.
29. Singh A, Nanda D, Bhardwaj A, Kumar A. A pharmacological investigation for therapeutic potential of Callistemon citrinus as an anthelmintic agent (Bottle-Brush Plant). IP Int J Comprehensive Adv Pharmacol, 2024; 9(3): 206-210.
30. Yogesh Tiwari, Amandeep Singh, Bhupendra Kumar, Ashok Kumar. "In Vitro Evaluation of Alpha Amylase Activity of Bark Extracts of Ficus Auriculata". International Journal of Innovative Science and Research Technology. December, 2017; 2(12): 88-92.
31. Bhupendra Kumar, Amandeep Singh, Yogesh Tiwari, Ashok Kumar. UV PROTECTIVE ACTIVITY OF GLYCINE MAX SEEDS. Indian Research Journal of Pharmacy and Science, 2017; 15: 1190-1195.
32. Reena Bhatt, Ashok Kumar, Ankita Sharma. Formulation and evaluation of shampoo formulated by glycine max seeds. Indian Research Journal of Pharmacy and Science; 15(2017): 1232-1238.
33. Kumar A, Nanda D and Gupta A. "A Prospective Study on the Risk Determinants and Economic Burden of Adverse Drug Reactions in Tertiary Care Hospital". Indian Journal of Natural Sciences, 2025; 15(88): 87957-87961.
34. Ashok Kumar, Deepak Nanda and Abhishek Gupta A holistic approach to adverse drug reactions in hospitals: Classification, risk factors, assessment and economic evaluation- A review. J. Exp. Zool. India, 2024; 27: 2337-2348. DOI: <https://doi.org/10.51470/jez.2024.27.2.2337>
35. Sakshi Garg, Ashok Kumar, Varsha Deva, Preeti Biswas, Harsh Rastogi, Heena Farooqui. Immediate-Release Drug Delivery System, Current Scenario, and Future Perspective-A Narrative Review. Jundishapur Journal of Microbiology, 2022; 15(1): 6509-6519.
36. Ashok Kumar, Deepak Nanda, Abhishek Gupta Pattern of Adverse Drug Reactions and Their Economic Impact on Admitted Patients in Medicine Wards of a Tertiary Care Hospital. Library Progress International, 2024; 44(4): 1120-1139.

37. Alisha Rawat, Meenakshi Sajwan, Yamini Chandola, Nidhi Gaur "Assaultive role of thiamine in coalition with selenium in treatment of liver cancer", Journal of emerging technologies and innovative research, 2022; 9(1); 2349-5162.
38. Ghildiyal, P., Bhatt, A., Chaudhary, N., Narwal, S., Sehgal, P. "Study of various biochemical parameters on atrazine induced glucose-6-phosphate dehydrogenase deficiency in brain" International Journal of Health Sciences, 2022; 6(S7): 2552-2558.
39. Alok Bhatt, Arun Kumar, Pallavi Ghildiyal, Jyoti Maithani, Nidhi Chaudhary, Manish Nawani, Sonia Narwal "Phytochemical Profile of Melissa parviflora Benth" Neuro Quantology, 2022; 20(9); 2426-2428.
40. Palika Sehgal, Alok Bhatt, Sonia Narwal, Deepak P. Bhagwat, Nidhi Chaudhary et.al Formulation Characterization Optimization and In Vitro Evaluation of Aceclofenac Topical Emulgel, Neuro Quantology, 2022; 20(14): 1-09.
41. Sneha Rawat, Praveen Kumar Ashok, Abhishek bhardwaj "A review on Oro dispersible Tablet of Telmisartan" Org-Journal of Emerging Technologies and Innovative research (JETIR), May 2023; 10(5):i104-i112.
42. Jaison Varghese, Nitin kumar, Sapna Chaudhar, Abhishek Bhardwaj(2024) "Comparative In-Vitro Antioxidant and Antimicrobial Potential of Some Medicinal Plants" African Journal of Biological Sciences, <https://doi.org/10.48047/AFJBS.6.Si3.2024.3340-3346>.
43. Asima Imtiyaz, Ajay Singh, Abhishek Bhardwaj(2024) "Green synthesis of iron oxide nanoparticles from Iris kashmiriana (Mazar-Graveyard) Plant Extract its characterization of biological activities and photocatalytic activity" Journal of Industrial and Engineering Chemistry, <https://doi.org/10.1016/j.jiec.2024.09.004>.
44. Hem Chandra Pant, Bhawana Goswami, Ashok Kumar, Abhishek Bhardwaj, Shanti Rauthan and Amita pandey "A Review Paper on Bacopa monniera and Role of Artificial Intelligence (AI) in Medicinal Plant for Management and Treatment of Various Diseases" Indian Journal of Natural Sciences, 2025; 15(88): 01-10.
45. Vishwajeet Bachhar, Vibha Joshi, Ajay Singh, M. Amin Mir, Abhishek Bhardwaj(2025)"Antibacterial, Antioxidant, and Antidiabetic Activities of TiO₂ Nanoparticles Synthesized Through Ultrasonication Assisted Cold Maceration from Stem Extract of Euphorbia hirta" Nano Bioscience, <https://doi.org/10.33263/LIANBS141.001>.
46. Nidhi Chaudhary, "A review on: The deciduous shrub "Punica granatum", European journal of biomedical and pharmaceutical sciences, 2016; 3(7); 2349-2388.
47. Singh Harmeet and Nidhi Chaudhary, "Evaluation of Lakshadi Guggul on experimentally induced global cerebral ischemia/reperfusion injury". World journal of Pharmacy and Pharmaceutical Sciences, 2016; 6(1); ISSN 2278-4357.
48. Nidhi Chaudhary and Harmeet Singh, "Evaluation of Punica Granatum Leaves Extract In Scopolamine Induced Learning And Memory Impairment In Mice". World journal of Pharmacy and Pharmaceutical Sciences, 6(6); 1677-1703.
49. Amandeep Singh, Pankaj Nainwal, Deepak Nanda,D.A. Jain, SOLUBILITY ENHANCEMENT OF PIOGLITAZONE WITH COMPLEXATION OF HYDROXYPROPYL- β -CYCLODEXTRIN, Digest Journal of Nanomaterials and Biostructures, Apr 2012 2(4): p.91-97.
50. Pankaj Nainwal Deepak Nanda, Amandeep Singh, D. A. Jain, Quantitative spectrophotometric determination of domperidone tablet formulations using ibuprofen sodium as hydrotropic solubilizing agent, Digest Journal of Nanomaterials and Biostructures, 2012; 2(4): 751 – 753
51. Deepak Nanda, Pankaj Nainwal, Amandeep Singh, D.A.Jain, Review on mixed-solvency concept: a novel concept of solubilization, Deepak Nanda et al.,Journal of Pharmacy Research, 2012; 3(2):411-413

52. Pankaj Nainwal, Amandeep Singh, Deepak Nanda, D.A.Jain, NEW QUANTITATIVE ESTIMATION OF ROSUVASTATIN BULK SAMPLE USING SODIUM BENZOATE AS HYDROTROPIC SOLUBILIZING AGENT, *Journal of Pharmacy Research*, 2012; 3(1): 6-8
53. Nainwal.P, Bhagla.A, Nanda.D, STUDY ON ANTIOXIDANT POTENTIAL AND WOUND HEALING ACTIVITY ON THE AQUEOUS EXTRACT OF FRUITS OF GARCINIA MANGOSTANA, *IJPI's Journal of Pharmacognosy and Herbal Formulations*, Volume-1
54. Pankaj Nainwal, Kapil Kalra, Deepak Nanda, Amandeep Singh, STUDY OF ANALGESIC AND ANTI-INFLAMMATORY ACTIVITIES OF THE ETHANOLIC EXTRACT ARIAL PARTS OF FUMARIA VAILLANTII LOISEL, *Asian Journal of Pharmaceutical and Clinical Research*, 2011; 4(1).
55. Amandeep Singh, Pankaj Nainwal, Deepak Nanda, D.A.Jain, SOLUBILITY ENHANCEMENT STUDY OF PIOGLITAZONE USING SOLID DISPERSION AS SOLUBILIZATION TECHNIQUE, *International Journal of Science Innovations and Discoveries*, Amandeep Singh et al., IJSID, 2011; 1(2): 95—100
56. Amandeep Singh, Pankaj Nainwal, Deepak Nanda, D. A. Jain, THE SOLUBILITY ENHANCEMENT STUDY OF PIOGLITAZONE USING DIFFERENT SOLUBLIZATION TECHNIQUES, *International Journal of Pharmacy & Pharmaceutical Sciences*, 2012; 4(2).
57. Deepak Nanda, Pankaj Nainwal, Amandeep Singh, D.A.Jain, SOLUBILITY ENHANCEMENT STUDY OF DOMPERIDONE USING DIFFERENT SOLUBILIZATION TECHNIQUES, *International Journal of Pharmacy and Pharmaceutical Sciences* 2012; 2(3).
58. Pankaj Nainwal, Priyanka Sinha, Amandeep Singh, Deepak Nanda, D.A.Jain, A COMPARATIVE SOLUBILITY ENHANCEMENT STUDY OF ROSUVASTATIN USING SOLUBILIZATION TECHNIQUES, *International Journal of Applied Biology & Pharmaceutical Technology*, Oct - Dec -2011; 2(4).
59. Pankaj Nainwal, Deepak Nanda, Amandeep Singh, D. A. Jain, FORMULATION AND EVALUATION OF SOLID DISPERSION OF ROSUVASTATIN WITH VARIOUS CARRIERS, *Pharmacie Globale International Journal Of Comprehensive Pharmacy*, Issn 0976-8157.
60. Pankaj Nainwal, Amandeep Singh1, Deepak Nanda, D.A.Jain, SOLUBILITY ENHANCEMENT OF AN ANTIHYPERLIPIDEMIC DRUG ROSUVASTATIN BY SOLID DISPERSION TECHNIQUE, *International Journal of PharmTech Research IJPRIF* ISSN: 0974-4304, March-June 2012; 2: 3.
61. Kshitiz Agrawal, Pragati Bailwal, Amandeep Singh. Prem Saini, DEVELOPMENT OF QUALITY STANDARDS OF SUPRABHATAM CHURNA: A POLY HERBAL FORMULATION, *International Journal of Pharmaceutical Research & Development, IJPRD*, 2011; 4, June 2012.
62. Kapil Kalra, Amandeep Singh, Manisha Gaur, Ravindra P. Singh, and D. A. Jain, ENHANCEMENT OF BIOAVAILABILITY OF RIFAPENTINE BY SOLID DISPERSION TECHNIQUE, *International Journal Of Pharmacy & Life Sciences*, Kalra et al., April, 2011; 2(4).
63. Pankaj nainwal, Ranveer batsa, Amandeep singh, Deepak nanda, MEDICINAL PLANT STUDIES INFLUECED BY THE BIOTECHNOLOGICAL METHODS: A UPDATED REVIEW, *International Journal of Pharma and Bio Sciences* Apr-June-2011; 2(2).
64. Amandeep Singh, Sandhiya Pal, Prem Saini, IN- VITRO EVALUTION OF ANTI-INFLAMMATOTRY ACTIVITY OF TERMANALIA ARJUNA BARK EXTRACT, *Journal of Innovative trends in Pharmaceutical Sciences*, Vol-1(1): 9-12.

65. Amandeep Singh, Pramila Chauhan, Prem Saini, IN-VITRO ANTI-INFLAMMATORY EVALUTION OF HYDROALCOHALIC LEAVES EXTACT OF PINUS ROXBURGHII BY HRBC METHOD, International journal of Research in Pharmaceutical and Nano Sciences, 2013; 2(3): 268-271.
66. Amandeep Singh, Sumit Negi, Prem Saini, In Vitro Anti-Inflammatory Evaluation Of Leaves Using Hydroalcoholic Extract Of "Mangifera indica" International Journal of Pharmacy and Integrated Life Sciences, V1-(17) PG (93-98).
67. Aman Deep Baghla, Kshitij Agarwal, Ramesh Verma and Deepak Nanda, Wound Healing Effect of the Aqueous Extract of the Leaves of Psidium guajava Linn., International Journal of chemicals and Life Sciences, 2013; 02 (03): 1104-1106.
68. Aman Deep Baghla, Kshitij Agarwal, Ramesh Verma and Deepak Nanda, WOUND HEALING EFFECT OF THE AQUEOUS EXTRACT OF THE LEAVES OF PSIDIUM GUAJAVA LINN., International Journal of chemicals and Life Sciences, 2013; 02(03): 1104-1106.
69. Bhupendra Kumar, Meenakshi Ghildiyal, Yogesh Tiwari, Deepika Chauhan, Amandeep Singh, IN-VITRO ANTI-INFLAMMATORY ACTIVITY OF GLYCINE MAX SEEDS, Indo American Journal Of Pharmaceutical Sciences, 2018; 05(02): 868-871.
70. Piyali Dey, Jyoti Pandey, Bhupendra kumar, Amandeep Singh, IN VITRO ANTHELMINTIC ACTIVITY OF BARK EXTRACTS OF ARTOCARPUS HETEROPHYLLUS, International Journal of Pharmacy & Pharmaceutical Research, 2018; 03(11): 33-40.
71. Bhupendra Kumar, Yogesh Tiwari, Amandeep Singh, Vineet Kumar, IN VITRO ANTIUROLITHIC ACTIVITY OF FICUS PALMATA LEAVES, International Journal Of Pharmaceutical Technology And Biotechnology, 2019; 6(1): 01-09.
72. Md. Daneyal Khurshid, Vivek Shukla, Bhupendra Kumar and Amandeep A Review Paper on Medicinal Properties of Phyllanthus emblica, International Journal of Pharmacy and Biological Sciences, 2020; 10(3): 102-109.
73. Mr. Dwivedi Vishal, Mrs. Nisha A Bhatt, Dr. Amandeep Singh PREPARATION AND STANDARDIZATION OF NAVKARSHIKA CHURNA, World Journal of Pharmacy and Pharmaceutical Sciences, 2020; 9(8).
74. Mitun Saha¹, Mr. Bhupendra Kumar, Dr. Amandeep Singh Review Article on Various Phytochemicals and Different Medicinal Activities of Haritaki International Journal of Innovative Science and Research Technology, June 2020; 5(6).