

FORMULATION DEVELOPMENT AND CHARACTERIZATION OF CLOTRIMAZOLE TRANSFEROMAL GEL FOR EFFECTIVE TREATMENT OF FUNGAL DISEASE

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ABSTRACT

Transdermal delivery system generally shows better regulation of blood levels, decreased occurrence of systemic toxicity, and first pass hepatic metabolism, and better compliance as compared with conventional formulations. Transdermal delivery systems are characterized as self-administered and disease dosage type, which supply the medication with a regulated rate of systemic circulation through the skin if applied to the moist skin. The aim of present work is to develop transdermal drug delivery system, transdermal incorporated gel of Clotrimazole for effective treatment of Candidiasis. Prepared Transdermal gel of Clotrimazole were optimized on the basis of vehicle type, drug, and drug: vehicle ratio. *In vitro* release studies were performed of prepared formulations at 37 °C in found 145.23µg and 11.25 µg respectively. Prepared gel was prepared and evaluated for viscosity, % assay, extractability, spreadability and drug release study. It was found that viscosity of prepared gel was 2120211 cps, % assay was 99.92±0.12, extractability was 97% and spreadability (g/cm sec) was found that 11.322041 g/cm sec respectively. In *in vitro* drug release from Transdermal gel was carried out using Franz diffusion cell method and found 90.12% at 10 hr, in that 10 hrs, it was 107.24 drug release which is slightly high, it was due to the release of drug from gel matrix after breaking from transdermal. Drug release from transdermal formulation was found in very sustained and controlled manner.

Keywords: Transdermal delivery, Clotrimazole, Transferomal, Gelation, Candidiasis.

1. INTRODUCTION

The prevalence of superficial fungal infections of the skin, hair, and nails has risen globally. In undeveloped and underdeveloped countries, it is believed that roughly 40 million people have been affected with fungi. Due to an compromised immune reaction, the course of fungal infections can be life and serious [1]. One of the most common causes of skin and nail infections is dermatophytes. *Candida* infections are also among the most common fungal infections of the skin. When the common fungi *Candida albicans* invades the outer layer of the skin and blood resulting in life-threatening systemic conditions. Topical treatment of fungal infections has become important, including the ability to target the infection site, reduced risk of systemic adverse effects, improved treatment efficacy, and high patient compliance. A range of topical antifungal agents have been employed in the treatment of various dermatological infections. These antifungal medicines are currently available in creams, gels, lotions, and sprays in traditional dose forms [2].

The membranes of topical antifungal medicines is determined in drug penetration through the moist skin. As a result, the effective medication concentration level in the skin should be obtained. When antifungal are applied topically, the drug components must penetrate through the stratum corneum, the lipid-containing layer, to reach the lower layers, notably the viable epidermis [3]. New carrier systems for topical and transdermal medications are being developed as alternate techniques for topical treatment of fungal infections of the skin. Antifungal medicines can be delivered to the skin more effectively using carriers such as colloidal carriers and vesicular carriers. George Chen coined the term Transferomal and developed the formulation model in 1991. Since that time, a great deal of research has been done on these vehicles, including several papers such as oleophilic vesicles, emulsions, and so on. A Transferomal is a non-aqueous vehicle, very viscous, and multidimensional while in the fullest sense. Its preferred shape is a highly flexible vesicle with a water center surrounded by a petroleum lipid bilayer. Transferomal is a trademarked term and

1 by the German company BBA AG to refer to its
2 patented medicine delivery technology. The main
3 transfer vectors from the Latin word *transfere*, which
4 mean 'to carry over' and the Greek word *fero*,
5 which means 'body'. A Transferrone transporter is a
6 synthetic vesicle that looks like a typical cell vesicle. It is
7 appropriate for targeted and regulated pharmaceutical
8 delivery in this manner (4-6). Transferrones are vesicles
9 such as the *liposomes* but are self-imposed

10 ions. These vesicular transformations are more flexible
11 than normal liposomes, with their vesicles for drug
12 passage (7-9).

13 A transferrone is a complex apparatus that is extremely
14 flexible and stress-resistant. Its prepared form is an
15 amphiphilic vesicle with an aqueous core and a
16 complex lipid bilayer surrounding it. Water-filled
17 spherical particles are known as vesicles. The walls of
18 these vesicles are made up of bilayers of amphiphilic
19 molecules (lipid and surfactant). In the case of typical
20 formulations, these vesicles serve as a depot for the
21 sustained release of active substances, as well as a non-
22 limiting membrane barrier for the control of systemic
23 absorption in the case of transdermal formulations (4-11).

24 *Clonidine*, a local anesthetic, has been widely
25 antihypertensive agent widely used to treat Clonidine. It can
26 be inhibited by systemic 14 α -demethylase enzyme of
27 the fungal cells responsible for cell wall synthesis
28 (12). *Clonidine* ($\text{MW} = 207$) (13) (14) (15)
29 *Clonidine* ($\text{MW} = 207$) is a weakly acidic
30 drug with $\text{Log } P$ of 0.1 and pKa of 7. It is the first oral
31 agent approved for fungal infections; however, it is not
32 used as an oral agent due to its limited oral absorption
33 and systemic toxicity. Transdermal delivery system
34 generally shows better *clonidine* blood levels,
35 decreased occurrence of systemic toxicity, as they pass
36 bypass metabolism, and higher compliance in comparison
37 with conventional formulations. Transdermal treatment
38 systems are characterized by well-controlled and obvious
39 drug levels, which apply the medication with a
40 regulated rate of systemic circulation through the skin if
41 applied to the target site. The aim of present work is
42 develop transdermal drug delivery system, *clonidine*
43 incorporated gel of *Clonidine* for effective treatment
44 of Clonidine.

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2. MATERIAL AND METHODS

2.1. Material

50 *Clonidine* and *Nonyl PC* was purchased from Merck
51 Laboratory, Mumbai, India, chloroform and surfactant

52 was purchased from CDH chemical, Pvt. Ltd. New Delhi.
53 Daily membranes of Milipore type 1300 was purchased
54 from Membrane Laboratory, Mumbai. Demineralized and
55 double distilled water was prepared locally and used
56 wherever required. All other reagents and chemicals
57 used were of analytical grade.

2.2. Formulation, development, clonidine loaded transferrones

2.2.1. Preparation of transferrone loaded transferrone

58 Required quantities of *Nonyl PC* and surfactant were taken
59 in a round bottom flask and dissolved by ethanol by
60 stirring. The thin film was formed by rotary evaporation
61 by using rotary evaporator for 16 hours at 25°C,
62 600mm. hg pressure and 100rpm. The solvent was then
63 evaporated under a nitrogen gas stream (16-18). The
64 thin film was placed in a desiccator for at least 12 h to
65 remove any remaining solvent. *Clonidine* was
66 dissolved in 10ml 0.4 pH phosphate buffered saline which
67 was heated to 35°C. The film was then hydrated with the
68 heated buffer by heat shaking for 16 h in turn. Then the
69 vesicles were stored in 50 ml in a clean vial under
70 N₂. The transferrone was then observed under
71 microscope. Transferrone suspension was stored in
72 refrigerator at 4°C.

2.2.2. Preparation of gel base

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79 Colloidal gel (10000) was carefully weighed and
80 dispersed into double distilled water (50ml) in a beaker.
81 This solution was stirred continuously at 200 rpm for 1
82 hour and then 10ml of propylene glycol was added to this
83 solution. Volume of gel was adjusted to 100ml and then
84 contained for 24 hrs in both vacuum to remove air
85 bubbles. Total pH of the gel base was adjusted to 4.5.
86 Transferrone preparation corresponding to 0.1% w/w
87 of *clonidine* was incorporated into the gel base to get
88 the desired concentration of drug in gel base.

2.3. Optimization of transferrone

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2.3.1. Optimization of ratio of lipid and surfactant
in the transferrone formulation, the ratio of lipid and
surfactant was optimized by using their different ratio
such as 0.1, 0.1, 0.1 and 0.4 % ratio and all other
parameters were kept remain constant. The prepared
formulations were optimized on the basis of average
vesicle size and its storage efficiency (12).

2.3.2. Optimization of drug concentration

Drug concentration was optimized by using different

1 concentration of drug and prepared three formulations and
 2 all other parameters such as Soya PC, stirrer time kept
 3 remain constant. The formulation optimized on the
 4 basis of entrapment efficiency and average particle
 5 size [16].

7 2.1.3. Optimization of stirrer duration

8 Stirrer duration was optimized by duration the
 9 formulation for different time duration i.e. 5, 10 and 15
 10 min. The optimization was done on the basis of average
 11 particle size, and % Entrapment efficiency [17].

12 Table 1: Optimization of ratio of lipid concentration

Formulation code	Soya PC: Span 20 (% w/v)	Ethanol	Drug (% w/v)	Average particle size (nm)	% entrapment efficiency
F1	9:1	10	1.0	339.82	65.15
F2	8:2	10	1.0	256.56	73.52
F3	7:3	10	1.0	298.82	67.31
F4	6:4	10	1.0	310.25	60.43

13 Table 2: Optimization of ethanol concentration

Formulation code	Soya PC (% w/v)	Ethanol	Drug (% w/v)	Average particle size (nm)	% entrapment efficiency
F5	9:1	5	1.0	295.38	61.58
F6	8:2	10	1.0	220.14	75.65
F7	7:3	15	1.0	261.38	65.52
F8	6:2	20	1.0	295.65	64.05

14 Table 3: Optimization of drug concentration

Formulation code	Soya PC (% w/v)	Drug (% w/v)	Ethanol (ml)	Average particle size (nm)	% Entrapment efficiency
F9	8:2	1.0	10	165.55	76.65
F10	8:2	1.5	10	195.65	69.55
F11	8:2	2.0	10	173.57	70.55

15 Table 4: Optimization of Stirrer duration

Formulation code	Soya PC: (% w/v)	Drug (% w/v)	Stirrer duration (min)	Average particle size (nm)	% Entrapment efficiency
F12	1.0	1.0	5	145.50	78.65
F13	1.0	1.0	10	135.65	65.65
F14	1.0	1.0	15	120.65	58.65

16 2.2. Characterization of Clotrimazole loaded transosomes

17 2.2.1. Surface charge and particle size

18 The zeta potential and size distribution and surface charge
 19 was determined by Dynamic Light Scattering method
 20 (DLS) (Malvern Zetasizer, ZENI 5000, Malvern, UK).
 21 Zeta potential measurement of the transosomes was
 22 based on the Zeta potential that was calculated
 23 according to Helmholtz-Smolodowsky from their
 24 electrokinetic mobility. For measurement of Zeta
 25 potential, a Zetasizer was used with field strength of
 26 20 V/cm on a large bore resistor cell. Samples were
 27 diluted with 0.9 % NaCl adjusted to a conductivity of

28 50 µS/cm [18].

29 2.2.2. Entrapment efficiency

30 One milliliter of transosomes suspension was
 31 centrifuged at 15,000 rpm for 1 h to allow to separate
 32 the entrapped drug from the un-entrapped drug. After
 33 removal of the supernatant, the sediment was lysed
 34 using methanol and then analyzed spectrophotom-
 35 etrically at 260nm using a UV spectrophotometer
 36 (Labtech 2000-). The Entrapment efficiency % of drug
 37 in the prepared transosomes was calculated applying
 38 the following equation:-

$$39 \text{ \% Entrapment Efficiency} = \left(\frac{\text{Theoretical drug content}}{40 \text{ Practical drug content}} \right) \times \text{Theoretical drug content} \times 100$$

2.4.5. *In vitro* drug diffusion study

2 In *in vitro* drug release of formulated transdermal was
3 performed by applying the dialysis diffusion technique,
4 using the diffusion cell apparatus (Hephaestus buffer,
5 pH 7.4) was used as the diffusion medium. The
6 dialysis method was applied using cellophane acetate
7 dialysis membrane of 11,000-14,000 molecular weight
8 cut off. The membrane across the penetration of the
9 drug and cessation of transdermal uptake. The
10 membrane was soaked in distilled water for 12 h before
11 use. Four ml of transdermal dispersion was placed in a
12 glass cylinder having a length of 3 cm and diameter of
13 1 cm and dialysis membrane was fixed to opening of
14 glass cylinder by a thread. Each glass cylinder was
15 attached to the shaft of the diffusion apparatus (DFP
16 Diffusion tests, Labmate DC-3000) and descended
17 down into a 100 ml beaker containing 70 ml of a
18 diffusion medium without touching the bottom
19 surface of the beaker. The beaker was then placed into
20 vessels of diffusion apparatus that contained about
21 100 ml of water to keep temperature at $34.2 \pm 0.2^\circ\text{C}$. The
22 glass cylinder were adjusted to rotate at a constant
23 speed of 21 rpm. One ml of diffusion medium was
24 withdrawn at predetermined time intervals (1, 2, 4,
25 6, 8, 10, 12, 15, 18, 24, 30, 36, 42, 48, 54, 60, 66, 72, 78,
26 and 84 h). The samples were replaced with fresh diffusion
27 medium to maintain constant volume. Drug concentra-
28 tions in samples were analyzed using spectrophotometry
29 at wavelength of drug (where the absorbance
30 experiments were carried out in triplicate and the
31 standard deviation recorded. During each sampling
32 several samples are withdrawn and analyzed by equal
33 volume of both receptor fluid on each sampling
34 [17-20].

2.5. Characterization of Transdermal containing Gel

2.5.1. Measurement of Viscosity

35 Viscosity measurement of prepared topical Transdermal
36 using known gel were measured by Brookfield
37 viscometer using spindle no. 83 with the optimum
38 speed of 10 rpm, viscosity.

2.5.2. pH measurement

39 pH of selected optimized formulations was determined
40 with the help of digital pH meter. Before each
41 measurement of pH, pH meter should be calibrated
42 with the help of buffer solutions of pH 4, pH 7 and pH
43 9. To effect calibration, the electrode was dipped into the
44 reaction to keep it covered by the residue. Then pH of

45 selected formulation was measured and readings shown
46 on display were noted.

2.5.3. Drug Content

47 Accurately weighed quantity of 100 mg of tested
48 transdermal gel was taken in beaker and added 20 ml
49 of methanol. The mixture was mixed thoroughly and
50 filtered using Whatman filter paper no. 1. Then 2-3 ml
51 of filtered solution was taken in 10 ml. number of
52 volumetric flask and release was made upto 10 ml with
53 methanol. The solution was analyzed using UV-
54 spectrophotometer at λ_{max} value.

2.5.4. Irritability study

55 Irritability was tested upon the quantity of the gel
56 extracted from collapsible tube on application of certain
57 load. More the quantity of gel extracted shows better
58 irritability. It was determined by applying the weight
59 on a filled collapsible tube and recorded the weight on
60 which gel was extracted from tube.

2.5.5. Spreadability

61 Spreadability of formulation is necessary to provide
62 uniform drug available to reach from skin to target
63 therapeutic region. An apparatus in which a slide
64 fixed to weighted block and upper slide has movable and
65 free end of movable slide tied with weight pan. To
66 determine spreadability, placed 2-3 g of gel between
67 two slide and gradually weight was increased by adding
68 more the weight pan and time required by the tray place
69 to cover a distance of 5 cm upon adding 50g of weight
70 was noted. Good spreadability time lower time to
71 spread.

72 Spreadability (g cm/sec) = $\frac{\text{Weight pan on upper slide}}{\text{Time taken to cover a length covered on the glass slide}}$. Time taken to cover

2.5.6. *In vitro* drug diffusion study

73 The *in vitro* diffusion study was carried by using Franz
74 Diffusion Cell. Dry transdermal was placed in semi
75 permeable membrane for diffusion. The Franz diffusion
76 cell has receptor compartment with an effective volume
77 approximately 10 ml and effective surface area of
78 approximately 6.45 cm². The $\frac{1}{2}$ membrane area
79 separated between the donor and the receptor
80 compartment. A one ml² disc patch was taken and
81 weighed then placed on one side of membrane facing
82 donor compartment. The receptor medium was
83 phosphate buffer (pH = 7). The receptor compartment
84 was surrounded by water jacket in order to maintain the
85 temperature at $32 \pm 0.2^\circ\text{C}$. Heat was provided using a

1. Commercial hot plate with a magnetic stirrer. The receptor fluid was stirred by Teflon coated magnetic bar which was placed in the diffusion cell. During each weighing, weighed samples were withdrawn and replaced by equal volumes of fresh receptor fluid or each weighing. The samples withdrawn were analyzed spectrophotometrically at wavelength of drug 260nm.

16. Antifungal activity of optimized transdermal vesicles

17. The well diffusion method was used to determine antifungal activity of thioacetamide loaded transdermal zinc stearate procedure [21]. There were 2 concentrations used which were 10 mg/ml and 20 mg/ml transdermal zinc stearate vesicles. A essential feature in the placing of wells with the medium on the surface of agar immediately after inoculation with the organism tested (diffused over agar) break cannot occur never be used in 24 incubation. The plates were incubated at 28°C for 48 hr. and then examined for clear zones of inhibition around the wells impregnated with germicide concentration of drug.

2. RESULTS AND DISCUSSION

19. Prepared formulations of Transdermal were optimized on the basis of vesicle size, shape, vesicle charge and vesicupor efficiency. Vesicle size of transdermal were increased and a suitable microscopic magnification (x1000) and also determined by light scattering method (Zetasizer, DLS) (x1000, and UK) and found that average vesicle size of optimized formulation F-11 was 145.0nm. Zeta potential was -31.15 It was observed that the vesicles

22. size of transdermal was increased with increasing the concentration of phosphotidylcholine and similarly results were. There was no significant difference in vesicle size was observed with increasing the drug concentration. But by increasing the storage time, the vesicle size was decreased from 147.33 to 136.67 after 15 days of storage.

23. % Transdermal efficiency of optimized transdermal formulation (F-11) was found to be 70.88% it was observed that the percent drug absorption was decreased with increasing the concentration of vesicle and on increasing the time of storage. It was to leach out of the drug from vesicles on increasing the mechanical force by stirring and side rotation. It was clearly shown when formulation was stored for 5, 15, 30, 45 min, the % transdermal efficiency was 70.88, 65.66 and 45.35 respectively. The F-11 was selected as optimized formulation because it provided the best vesicle size of vesicle 140.00 nm and good % Transdermal efficiency is 70.88. The F-11 formulation was selected as optimized formulation.

24. Prepared gel was prepared and evaluated for viscosity, in-vitro, in-vitro, in-vitro, in-vitro and drug release study. It was found that viscosity of prepared gel was 3122.10 cps. % in-vitro was 99.45, 100.12. Corrosibility was 175g and spreadability (g/cm²/sec) was found as 12.3120, 42 (g/cm²/sec) respectively. In-vitro drug release from transdermal was carried out using Franz diffusion cell method and found 86.12% at 10 hr. in 10 hr. 10 min., it was 3122.4 drug release which is slightly high. It was due to the release of free drug present in lag after leaching from transdermal. Drug release from transdermal formulation was found to very sustained and controlled manner.

Table II: In-vitro drug release study of prepared transdermal formulation, F12, F11 and F14

S. No.	Time (hr)	In-Cumulative Drug Release		
		F12	F11	F14
1	0	0	0	0
2	0.5	18.69	11.38	11.28
3	1	27.73	20.73	18.67
4	1.5	29.98	23.45	21.32
5	2	31.03	25.23	23.14
6	2.5	35.69	26.87	26.86
7	3	37.74	27.14	27.22
8	3.5	40.11	27.32	28.92
9	4	43.29	28.38	29.32
10	4.5	47.32	28.78	29.88
11	5	49.90	29.24	30.38
12	6	51.12	29.52	30.92

Table 4: *In-vitro* drug release data for F1

Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative* % Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	14.62	1.161	85.38	0.921
1	1	0	22.23	1.347	77.77	1.881
1.5	1.225	0.176	29.95	1.477	70.05	1.841
2	1.414	0.301	36.62	1.564	63.38	1.802
2.5	1.581	0.398	42.62	1.629	57.38	1.727
3	1.732	0.477	47.74	1.681	52.26	1.626
3.5	1.871	0.544	52.32	1.722	47.68	1.564
4	2	0.602	56.69	1.753	43.31	1.483
4.5	2.121	0.633	60.32	1.789	39.68	1.442
5	2.236	0.689	63.58	1.803	36.42	1.391
6	2.449	0.776	66.12	1.829	33.88	1.278

*Average of three readings (mean \pm SD)Table 5: *In-vitro* drug release data for F11

Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative* % Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	11.34	1.053	88.66	1.947
1	1	0	20.23	1.306	79.77	1.902
1.5	1.225	0.176	28.63	1.459	71.37	1.871
2	1.414	0.301	35.23	1.549	64.77	1.831
2.5	1.581	0.398	40.32	1.607	59.68	1.753
3	1.732	0.477	45.14	1.658	54.86	1.689
3.5	1.871	0.544	49.22	1.693	50.78	1.678
4	2	0.602	52.66	1.721	47.34	1.627
4.5	2.121	0.633	55.78	1.743	44.22	1.586
5	2.236	0.689	58.32	1.763	41.68	1.545
6	2.449	0.776	60.92	1.783	39.08	1.478

*Average of three readings (mean \pm SD)Table 6: *In-vitro* drug release data for F14

Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative* % Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	12.23	1.087	87.77	1.943
1	1	0	16.45	1.213	83.55	1.901
1.5	1.225	0.176	21.22	1.328	78.78	1.881
2	1.414	0.301	25.14	1.402	74.86	1.844
2.5	1.581	0.398	28.25	1.454	71.75	1.802
3	1.732	0.477	30.56	1.489	69.44	1.758
3.5	1.871	0.544	32.33	1.513	67.67	1.699
4	2	0.602	33.32	1.527	66.68	1.668
4.5	2.121	0.633	33.42	1.541	66.58	1.647
5	2.236	0.689	33.23	1.523	66.77	1.614
6	2.449	0.776	32.93	1.511	67.07	1.583

*Average of three readings (mean \pm SD)

Table 9: Characterization of Optimized formulation of transdermal Transferrin

Characterization	Average vesicle size (nm)	% Entrapment efficiency	Zeta Potential (mV)
F-12	143.38	78.95	-31.23

Table 10: Characterization of gel based formulation of prepared gel containing doximitazole loaded Transferrin

Formulation	Viscosity* (cgs)	Assay* (%)	Extrudability* (g)	Spreadability* (g/cm/sec)
Gel formulation	3100±17	99.45±0.17	137±4	17.43±0.47

*Average of three determinations

Table 11: In vitro drug release study of prepared gel formulation

S. No.	Time (hr)	% Cumulative Drug Release*
1	0.5	15.65
2	1	26.65
3	1.5	32.88
4	2	40.02
5	4	59.98
6	6	75.75
7	8	88.90
8	10	95.12

*Average of three determinations

Table 12: Regression analysis data of transdermal gel formulation

Batch	Zero Order	First Order	Higuchi's Model R ²	Korwar's and Peppas Equation
Optimized gel formulation	0.914	0.87	0.996	0.971

4. CONCLUSION

Transferrin was prepared and optimized on the basis of average vesicle size and % drug entrapment. The optimized formulation was further incorporated with gel base (Carbopol gel) and characterized for their viscosity, pH, % drug content, extrudability, spreadability and drug release study. It can be concluded that prepared gel containing doximitazole loaded transdermal formulation was optimized and can be used for topical preparation for an antifungal effect.

Conflict of interest

None declared.

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