REVIEW ARTICLE

Recent Advances in Transdermal Drug Delivery Systems

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Abstract: Transdermal drug delivery systems (TDDS), particularly transdermal patches, represent a significant advancement in pharmaceutical technology, offering non-invasive drug administration through the skin. These systems provide controlled release mechanisms and improved therapeutic outcomes. The evolution of TDDS has effectively addressed various limitations of conventional drug delivery methods, by escaping first-pass metabolism and maintaining steady plasma drug concentrations. Technological innovations have introduced sophisticated materials and formulation strategies, including advanced polymer matrices, smart delivery systems, and novel permeation enhancers. The integration of nanotechnology has expanded the scope of transdermal delivery, enabling the administration of previously unsuitable drug molecules. Current knowledge of skin structure and its barrier function has led to improved transdermal patch designs incorporating microemulsions, nanocarriers, and smart polymers. Advanced technologies such as microneedles, iontophoresis, and sonophoresis have significantly improved drug permeation capabilities. Marketed formulations demonstrate successful implementation of these technologies, while ongoing research continues to optimize characterization methods and delivery mechanisms. The development of more effective and patient-friendly transdermal systems has resulted in improved therapeutic outcomes and enhanced patient compliance, marking a significant advancement in drug delivery technology. Recent innovations suggest a promising future for transdermal delivery systems in addressing complex therapeutic challenges and meeting diverse patient needs.

Keywords: Transdermal patches; Permeation; Controlled release; Skin barrier; Novel drug carriers.

1. Introduction

Drug delivery systems encompass various technologies and formulations designed to introduce therapeutic agents into the body while optimizing their efficacy and safety profiles [1]. Traditional administration routes, including oral and parenteral delivery, present inherent limitations such as enzymatic degradation, poor absorption, and variable bioavailability [2]. These challenges have driven the development of novel drug delivery approaches that offer improved therapeutic outcomes and patient compliance [3]. Recent advances in pharmaceutical technology have led to the emergence of sophisticated delivery systems that address the limitations of conventional methods. These innovations include liposomal formulations, nanoparticulate systems, and transdermal delivery platforms [4]. Among these, transdermal drug delivery systems (TDDS) have gained significant attention due to their ability to provide controlled drug release while avoiding first-pass metabolism [5].

TDDS, particularly in the form of patches, facilitate drug absorption through the skin into systemic circulation. These systems maintain consistent plasma drug levels, reduce administration frequency, and minimize adverse effects associated with oral delivery [6]. The non-invasive nature of TDDS, combined with their ease of application and removal, has enhanced their acceptance among patients and healthcare providers [7]. The development of TDDS involves careful consideration of various factors, including drug properties, skin barrier function, and formulation components. Modern transdermal patches incorporate advanced materials such as specialized polymers, permeation enhancers, and novel drug carriers to optimize therapeutic delivery [8]. These systems can be designed as reservoir or matrix types, each offering specific advantages for different drug molecules [9].

Despite their advantages, TDDS face certain challenges, primarily related to the skin's barrier properties and limitations in drug molecular weight and lipophilicity [10]. Recent technological advances have addressed these challenges through various approaches, including the use of chemical enhancers, physical methods like iontophoresis, and innovative formulation strategies [11].

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This review focuses on recent developments in transdermal patch technology, exploring the fundamental aspects of skin structure, drug permeation mechanisms, and advanced formulation approaches. The integration of novel materials and technologies in TDDS development is discussed, along with current applications and future perspectives in this field [12].

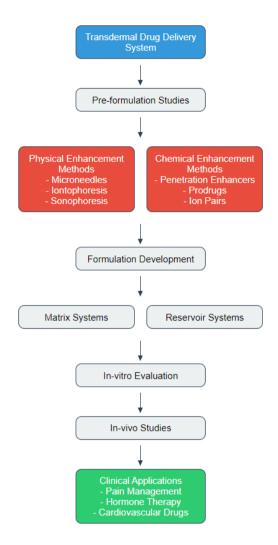


Figure 1. Formulation and development of Transdermal Drug Delivery Systems

2. Transdermal Drug Delivery Systems (TDDS)

2.1. Principle

Transdermal drug delivery systems function through controlled drug diffusion across skin layers into systemic circulation. The primary mechanism involves drug partitioning from the delivery system into the stratum corneum, followed by diffusion through various skin layers [13]. These systems maintain therapeutic drug concentrations over extended periods while minimizing plasma level fluctuations. The effectiveness of TDDS largely depends on the drug's ability to overcome the skin barrier and achieve sufficient bioavailability in the systemic circulation [14, 15].

2.2. Types of TDDS

Contemporary TDDS encompass several distinct designs based on their drug release mechanisms.

2.2.1. Matrix-Based Design

Matrix systems incorporate drugs uniformly dispersed within a polymer matrix, where release is governed by matrix diffusion kinetics [16].

2.2.2. Reservoir systems

Reservoir systems contain a drug pool enclosed by a rate-controlling membrane, offering precise control over release patterns [17].

2.2.3. Hybrid Systems

Microreservoir systems represent a hybrid approach, combining features of both matrix and reservoir designs to achieve enhanced stability and controlled release characteristics [18]

Table 1. Comparison of Current Transdermal Drug Delivery Technologies

Technology Type	Mechanism	Advantages	Limitations	Applications
Matrix Systems	Diffusion through	Simple design, cost-	Limited control over	Nicotine,
	polymer matrix	effective	release	Hormones
Reservoir Systems	Rate-controlled	Precise release control	Complex	Clonidine, Fentanyl
	membrane diffusion		manufacturing	
Microreservoir Systems	Combined matrix-	Enhanced stability	Higher production	Estradiol,
	reservoir		cost	Testosterone
Nanocarrier-Based	Enhanced penetration	Improved bioavailability	Stability concerns	Peptides, Proteins
	via carriers			
Smart Systems	Stimuli-responsive	Controlled delivery	Complex design, high	Novel therapeutics
	release		cost	

2.3. Components

2.3.1. Drug Storage System

The drug reservoir or matrix component houses the active pharmaceutical ingredient and determines initial drug loading and release patterns [19].

2.3.2. Protective Elements

A backing layer provides essential structural support while preventing drug loss and protecting against environmental factors. Modern backing materials typically consist of polyester or metallized laminates designed for optimal protection and flexibility [20].

2.3.3. Storage Protection

The release liner serves as a protective barrier for the adhesive surface prior to application, ensuring patch stability during storage and handling [21].

2.3.4. Adhesive Technology

The adhesive system, crucial for patch performance, maintains consistent skin contact throughout the application period. Contemporary adhesive materials, including advanced acrylates and silicone-based compounds, often incorporate both drug molecules and permeation enhancers [22].

2.3.5. Rate retardants

In reservoir systems, a rate-controlling membrane, typically composed of ethylene-vinyl acetate or polyethylene, regulates drug release kinetics [23].

2.4. Factors affecting drug delivery

The efficacy of transdermal drug delivery is influenced by multiple interdependent factors.

2.4.1. Multiple Determinants

The efficacy of transdermal drug delivery is influenced by multiple interdependent factors.

2.4.2. Drug Properties

Physicochemical properties of the drug molecule significantly impact its permeation capability. Optimal candidates typically exhibit molecular weights below 500 Da and partition coefficients between 1-3, along with suitable melting points and solubility characteristics [24].

2.4.3. Biological Variables

Physiological factors, including skin condition, hydration status, local blood flow, and temperature, play crucial roles in determining drug absorption and distribution patterns [25].

2.4.4. Formulation Parameters

Formulation factors represent another critical aspect affecting drug delivery efficiency. The selection of appropriate adhesive systems, vehicle composition, and concentration gradients significantly influences drug release and absorption.

2.4.5. Permeation Enhancement

The incorporation of permeation enhancers can substantially modify drug transport across the skin barrier [26].

Table 2. Factors Affecting Transdermal Drug Delivery Success

Parameter	Critical Factors	Optimal Range/Characteristics	Impact on Delivery
Drug Properties	Molecular Weight	<500 Da	Permeation efficiency
	Log P	1-3	Skin partitioning
	Melting Point	<200°C	Solubility/Permeation
Physiological Factors	Skin Hydration	20-70%	Penetration enhancement
	Skin Temperature	32-37°C	Diffusion rate
Formulation Factors	Adhesive Strength	200-400 g/cm ²	Patient compliance
	Drug Loading	1-25% w/w	Therapeutic efficacy
	рН	5-9	Skin compatibility

3. Anatomy of skin and drug permeation

3.1. Skin physiology

The skin, as the primary barrier for transdermal drug delivery, consists of distinct layers that influence drug permeation. The epidermis, particularly its outermost layer, the stratum corneum, serves as the rate-limiting barrier for drug transport [27]. Skin comprises of corneccytes embedded in a lipid matrix, creating a complex pathway for drug molecules [28]. The underlying viable epidermis and dermis contain various appendages and blood vessels that facilitate drug absorption into systemic circulation [29].

3.2. Drug permeation

Drug molecules traverse the skin barrier through multiple routes. The intercellular pathway involves drug diffusion through the continuous lipid matrix between corneocytes, particularly suitable for lipophilic compounds [30]. The transcellular route requires molecules to pass alternatively through hydrophilic corneocytes and lipophilic intercellular spaces, demanding specific physicochemical properties [31]. The appendageal pathway, utilizing hair follicles and sweat glands, provides an additional route, especially significant for larger molecules and ions [32].

3.3. Permeation enhancement

3.3.1. Chemical Enhancement

Chemical permeation enhancers modify skin barrier properties to facilitate drug transport. Solvents like alcohols and glycols increase drug solubility and alter stratum corneum structure [33]. Surfactants disrupt lipid organization, while fatty acids create transient pathways through interaction with intercellular lipids [34]. The selection of appropriate enhancers depends on drug properties and desired penetration profiles [35].

3.3.2. Physical Enhancement Methods

Modern physical enhancement techniques include iontophoresis, which employs electrical current to drive charged molecules across the skin [36]. Sonophoresis utilizes ultrasonic energy to create temporary channels in the stratum corneum [37]. Microneedle technology physically bypasses the stratum corneum barrier by creating microscopic pathways for drug delivery [38].

3.4. Altering skin barrier function

Understanding skin barrier function enables development of effective penetration enhancement strategies. Hydration state manipulation, temperature modulation, and pH adjustment can significantly influence drug permeation [39]. Occlusion techniques

enhance drug penetration by increasing skin hydration and temperature [40]. Recent advances include the development of smart materials that respond to environmental triggers, enabling controlled barrier modulation [41].

3.5. Altering drug properties

Molecular characteristics significantly influence transdermal penetration. Optimal candidates typically exhibit balanced lipophilicity and hydrophilicity, appropriate molecular size, and suitable melting points [42]. Drug solubility in both the vehicle and skin tissues affects partition behavior and overall permeation rates [43]. Understanding these properties guides formulation strategies and enhancer selection for improved therapeutic outcomes [44]

4. Formulation Methods

4.1. Modern Matrix Technologies

Contemporary matrix formulations employ advanced polymeric systems that offer enhanced control over drug release kinetics. Natural polymers including chitosan, alginate, and modified cellulose derivatives provide biocompatibility and controlled release properties [45]. Synthetic polymers such as polyvinyl pyrrolidone, polyethylene glycol, and various acrylate copolymers offer tailored drug release profiles and improved adhesion characteristics [46]. The incorporation of thermosensitive and pH-responsive polymers enables environmentally triggered drug release, enhancing therapeutic efficiency [47].

4.2. Nanocarrier-Based Systems

4.2.1. Lipid-Based Carriers

Lipid nanocarriers represent significant advancement in transdermal delivery. Solid lipid nanoparticles (SLNs) provide enhanced drug stability and controlled release properties while improving skin penetration [48]. Nanostructured lipid carriers (NLCs) overcome certain limitations of SLNs by incorporating liquid lipids, offering increased drug loading capacity and improved skin permeation [49]. Transfersomes and ethosomes, characterized by their deformability, facilitate enhanced drug penetration through confined skin channels [50].

4.2.2. Polymeric Nanocarriers

Polymeric nanoparticles offer versatile platforms for drug delivery through the skin. These systems provide controlled drug release, protection against degradation, and enhanced skin penetration [51]. The surface modification of polymeric nanocarriers with targeting ligands enables site-specific drug delivery and improved therapeutic outcomes [52]. Dendrimers, with their unique architectural features, facilitate enhanced drug solubility and permeation across skin barriers [53].

4.3. Novel Adhesive Technologies

Recent developments in pressure-sensitive adhesives (PSAs) have significantly improved patch performance. Silicon-based adhesives offer enhanced compatibility with a broad range of drugs while maintaining optimal skin adhesion [54]. Modified acrylate adhesives incorporating functional groups provide improved drug stability and controlled release characteristics [55]. The development of bio-adhesive polymers has led to enhanced skin compatibility and reduced irritation potential [56].

4.4. Smart Delivery Systems

4.4.1. Stimuli-Responsive Systems

Advanced formulations incorporating stimuli-responsive elements enable controlled drug release based on specific triggers. Temperature-sensitive systems utilize phase transition properties to modulate drug release in response to skin temperature variations [57]. pH-responsive formulations exploit changes in skin surface pH to optimize drug delivery [58]. Electromagnetic field-responsive systems enable externally controlled drug release patterns [59].

4.4.2. Microelectronic Integration

The integration of microelectronic components in transdermal systems represents a significant advancement. Programmable drug delivery systems enable precise control over release patterns through integrated circuits [60]. Sensors incorporated into patches monitor physiological parameters and adjust drug delivery accordingly [61]. These smart systems enhance therapeutic efficiency through real-time response to physiological changes [62]

5. Characterization and Evaluation of Transdermal Patches

5.1. Physicochemical Characterization

5.1.1. Physical Parameters

Physical evaluation of transdermal patches encompasses multiple parameters essential for quality assessment. Thickness uniformity measurements using digital micrometers ensure consistent drug loading and release characteristics across the patch surface [63]. Weight variation analysis provides insights into manufacturing consistency and drug content uniformity [64]. Surface morphology examination through scanning electron microscopy reveals structural details and distribution patterns of formulation components [65].

5.1.2. Drug-Excipient Compatibility

Thermal analysis techniques including differential scanning calorimetry (DSC) and thermogravimetric analysis (TGA) evaluate drug-excipient interactions and stability characteristics [66]. Fourier transform infrared spectroscopy (FTIR) identifies potential chemical interactions between formulation components and confirms drug integrity within the matrix [67]. X-ray diffraction studies assess crystallinity changes that may affect drug release properties [68].

5.2. Performance Evaluation

5.2.1. In Vitro Studies

Drug release studies using standardized dissolution apparatus provide crucial information about release kinetics and mechanisms [69]. In vitro permeation studies utilizing Franz diffusion cells assess drug transport across synthetic membranes or excised skin samples [70]. Mathematical modeling of release data helps understand the underlying mechanisms and predict in vivo performance [71].

5.2.2. Mechanical Properties

Mechanical characterization includes assessment of tensile strength, elongation at break, and folding endurance to ensure patch integrity during storage and application [72]. Adhesion studies measuring peel strength, shear strength, and tack properties evaluate the patch's ability to maintain skin contact [73]. These parameters significantly influence patient compliance and therapeutic efficacy [74].

5.3. Stability Assessment

5.3.1. Storage Stability

Accelerated stability studies under controlled temperature and humidity conditions evaluate formulation stability and shelf life [75]. Assessment of drug content, physical appearance, and mechanical properties over time ensures maintained therapeutic efficacy throughout the storage period [76]. Photostability studies determine the need for specific packaging requirements and storage conditions [77].

5.3.2. Environmental Impact

Environmental factors including temperature variations, humidity exposure, and light sensitivity significantly influence patch performance [78]. Stress testing under various conditions helps identify potential stability issues and establish appropriate storage requirements [79]. The impact of environmental factors on adhesive properties and drug stability guides packaging design and storage recommendations [80].

5.4. Quality Control Parameters

5.4.1. Content Uniformity

Analytical methods including high-performance liquid chromatography (HPLC) and spectrophotometric techniques ensure uniform drug distribution within patches [81]. Content uniformity testing across multiple batch samples confirms manufacturing consistency and meets regulatory requirements [82].

5.4.2. Microbiological Quality

Microbial limit testing ensures product safety and compliance with pharmacopoeial standards [83]. Preservative efficacy testing, when applicable, confirms adequate protection against microbial contamination during storage and use [84]

6. Clinical Applications and Marketed Formulations

6.1. Therapeutic Applications

6.1.1. Cardiovascular Disorders

Transdermal delivery systems have demonstrated significant success in managing cardiovascular conditions. Nitroglycerin patches remain fundamental in angina pectoris management, providing sustained vasodilation and reduced attack frequency [85]. Clonidine patches offer effective hypertension control with improved patient compliance compared to oral formulations [86]. Recent developments include beta-blocker patches showing promising results in maintaining steady plasma concentrations [87].

6.1.2. Hormonal Therapy

Hormone replacement therapy via transdermal routes has revolutionized treatment approaches. Estradiol patches provide effective menopausal symptom management while minimizing first-pass metabolism and associated side effects [88]. Testosterone patches address hypogonadism with controlled hormone delivery and reduced hepatic burden [89]. Contraceptive patches combining estrogen and progestin offer convenient weekly application schedules [90].

6.1.3. Pain Management

Transdermal analgesic systems provide sustained pain relief while avoiding gastrointestinal complications. Fentanyl patches effectively manage chronic pain in cancer patients with reduced dosing frequency [91]. Buprenorphine patches offer alternative options for moderate to severe chronic pain management [92]. Local anesthetic patches containing lidocaine provide targeted relief for post-herpetic neuralgia and localized pain conditions [93].

7. Conclusion

Transdermal drug delivery systems have evolved significantly through technological advancements in materials science and formulation strategies. The integration of novel carriers, smart polymers, and physical enhancement methods has expanded the scope of drugs suitable for transdermal delivery. While current marketed formulations demonstrate successful therapeutic applications across various medical conditions, challenges regarding skin permeation and drug selection persist. Continued research in emerging technologies, including microelectronics and stimuli-responsive systems, coupled with deeper understanding of skin barrier function, promises to advance the field of transdermal drug delivery.

References

- [1] Prausnitz MR, Langer R. Transdermal drug delivery. Nat Biotechnol. 2008;26(11):1261-1268.
- [2] Wiedersberg S, Guy RH. Transdermal drug delivery: 30+ years of war and still fighting! J Control Release. 2014;190:150-156.
- [3] Dhiman S, Singh TG, Rehni AK. Transdermal patches: A recent approach to new drug delivery system. Int J Pharm Pharm Sci. 2011;3(5):26-34.
- [4] Münch S, Wohlrab J, Neubert RHH. Dermal and transdermal delivery of pharmaceutically relevant macromolecules. Eur J Pharm Biopharm. 2017;119:235-242.
- [5] Paudel KS, Milewski M, Swadley CL, et al. Challenges and opportunities in dermal/transdermal delivery. Ther Deliv. 2010;1(1):109-131.
- [6] Marwah H, Garg T, Goyal AK, Rath G. Permeation enhancer strategies in transdermal drug delivery. Drug Deliv. 2016;23(2):564-578.
- [7] Pastore MN, Kalia YN, Horstmann M, Roberts MS. Transdermal patches: history, development and pharmacology. Br J Pharmacol. 2015;172(9):2179-2209.
- [8] Alexander A, Dwivedi S, Ajazuddin, et al. Approaches for breaking the barriers of drug permeation through transdermal drug delivery. J Control Release. 2012;164(1):26-40.
- [9] Bartosova L, Bajgar J. Transdermal drug delivery in vitro using diffusion cells. Curr Med Chem. 2012;19(27):4671-4677.
- [10] Williams AC, Barry BW. Penetration enhancers. Adv Drug Deliv Rev. 2012;64:128-137.
- [11] Naik A, Kalia YN, Guy RH. Transdermal drug delivery: overcoming the skin's barrier function. Pharm Sci Technol Today. 2000;3(9):318-326.

- [12] Benson HAE. Transdermal drug delivery: penetration enhancement techniques. Curr Drug Deliv. 2005;2(1):23-33.
- [13] Prausnitz MR, Mitragotri S, Langer R. Current status and future potential of transdermal drug delivery. Nat Rev Drug Discov. 2004;3(2):115-124.
- [14] Sharma N, Agarwal G, Rana AC, et al. A review: Transdermal drug delivery system: A tool for novel drug delivery system. Int J Drug Dev Res. 2011;3(3):70-84.
- [15] Ghosh TK, Pfister WR, Yum SI. Transdermal and topical drug delivery systems. Buffalo Grove: Interpharm Press; 1997.
- [16] Guy RH. Current status and future prospects of transdermal drug delivery. Pharm Res. 1996;13(12):1765-1769.
- [17] Kandavilli S, Nair V, Panchagnula R. Polymers in transdermal drug delivery systems. Pharm Technol. 2002;26(5):62-81.
- [18] Barry BW. Novel mechanisms and devices to enable successful transdermal drug delivery. Eur J Pharm Sci. 2001;14(2):101-114.
- [19] Valenta C, Auner BG. The use of polymers for dermal and transdermal delivery. Eur J Pharm Biopharm. 2004;58(2):279-289.
- [20] Scheindlin S. Transdermal drug delivery: past, present, future. Mol Interv. 2004;4(6):308-312
- [21] Kumar R, Philip A. Modified transdermal technologies: Breaking the barriers of drug permeation via the skin. Trop J Pharm Res. 2007;6(1):633-644.
- [22] Krishnaiah YSR, Satyanarayana V, Bhaskar P. Effect of limonene on the in vitro permeation of nicardipine hydrochloride across the excised rat abdominal skin. Pharm Dev Technol. 2002;7(3):305-316.
- [23] Finnin BC, Morgan TM. Transdermal penetration enhancers: applications, limitations, and potential. J Pharm Sci. 1999;88(10):955-958.
- [24] Hadgraft J. Skin, the final frontier. Int J Pharm. 2001;224(1-2):1-18.
- [25] Jampilek J, Brychtova K. Azone analogues: classification, design, and transdermal penetration principles. Med Res Rev. 2012;32(5):907-947.
- [26] El-Kattan AF, Asbill CS, Michniak BB. The effect of terpene enhancers on the percutaneous permeation of drugs with different lipophilicities. Int J Pharm. 2000;198(2):179-189.
- [27] Bouwstra JA, Honeywell-Nguyen PL. Skin structure and mode of action of vesicles. Adv Drug Deliv Rev. 2002;54:S41-S55.
- [28] Moser K, Kriwet K, Naik A, et al. Passive skin penetration enhancement and its quantification in vitro. Eur J Pharm Biopharm. 2001;52(2):103-112.
- [29] Cross SE, Roberts MS. Physical enhancement of transdermal drug application: Is delivery technology keeping up with pharmaceutical development? Curr Drug Deliv. 2004;1(1):81-92.
- [30] Bos JD, Meinardi MM. The 500 Dalton rule for the skin penetration of chemical compounds and drugs. Exp Dermatol. 2000;9(3):165-169.
- [31] Karande P, Mitragotri S. Enhancement of transdermal drug delivery via synergistic action of chemicals. Biochim Biophys Acta. 2009;1788(11):2362-2373.
- [32] Wiechers JW. The barrier function of the skin in relation to percutaneous absorption of drugs. Pharm Weekbl Sci. 1989;11(6):185-198.
- [33] Thomas BJ, Finnin BC. The transdermal revolution. Drug Discov Today. 2004;9(16):697-703.
- [34] Kanikkannan N, Kandimalla K, Lamba SS, Singh M. Structure-activity relationship of chemical penetration enhancers in transdermal drug delivery. Curr Med Chem. 2000;7(6):593-608.
- [35] Kalia YN, Guy RH. Modeling transdermal drug release. Adv Drug Deliv Rev. 2001;48(2-3):159-172.
- [36] Prausnitz MR. Microneedles for transdermal drug delivery. Adv Drug Deliv Rev. 2004;56(5):581-587.
- [37] Mitragotri S, Kost J. Low-frequency sonophoresis: a review. Adv Drug Deliv Rev. 2004;56(5):589-601.
- [38] Arora A, Prausnitz MR, Mitragotri S. Micro-scale devices for transdermal drug delivery. Int J Pharm. 2008;364(2):227-236.
- [39] Kasting GB, Smith RL, Cooper ER. Effect of lipid solubility and molecular size on percutaneous absorption. Maximum flux values and mechanisms. J Pharm Sci. 1987;76(6):485-489.
- [40] Benson HAE. Transdermal drug delivery: penetration enhancement techniques. Curr Drug Deliv. 2005;2(1):23-33

- [41] Thong HY, Zhai H, Maibach HI. Percutaneous penetration enhancers: an overview. Skin Pharmacol Physiol. 2007;20(6):272-282.
- [42] Potts RO, Guy RH. Predicting skin permeability. Pharm Res. 1992;9(5):663-669.
- [43] Siepmann J, Peppas NA. Modeling of drug release from delivery systems based on hydroxypropyl methylcellulose (HPMC). Adv Drug Deliv Rev. 2001;48(2-3):139-157.
- [44] Wiedersberg S, Guy RH. Transdermal drug delivery: 30+ years of war and still fighting! J Control Release. 2014;190:150-156.
- [45] Bhowmik D, Chiranjib B, Chandira M, et al. Recent advances in transdermal drug delivery system. Int J PharmTech Res. 2010;2(1):68-77.
- [46] Donnelly RF, Singh TR, Morrow DI, Woolfson AD. Microneedle-mediated transdermal and intradermal drug delivery. John Wiley & Sons; 2012.
- [47] Qiu Y, Park K. Environment-sensitive hydrogels for drug delivery. Adv Drug Deliv Rev. 2001;53(3):321-339.
- [48] Müller RH, Mäder K, Gohla S. Solid lipid nanoparticles (SLN) for controlled drug delivery a review of the state of the art. Eur J Pharm Biopharm. 2000;50(1):161-177.
- [49] Pardeike J, Hommoss A, Müller RH. Lipid nanoparticles (SLN, NLC) in cosmetic and pharmaceutical dermal products. Int J Pharm. 2009;366(1-2):170-184.
- [50] Cevc G, Blume G. Lipid vesicles penetrate into intact skin owing to the transdermal osmotic gradients and hydration force. Biochim Biophys Acta. 1992;1104(1):226-232.
- [51] Kumari A, Yadav SK, Yadav SC. Biodegradable polymeric nanoparticles based drug delivery systems. Colloids Surf B Biointerfaces. 2010;75(1):1-18.
- [52] Danhier F, Ansorena E, Silva JM, et al. PLGA-based nanoparticles: an overview of biomedical applications. J Control Release. 2012;161(2):505-522.
- [53] Svenson S, Tomalia DA. Dendrimers in biomedical applications—reflections on the field. Adv Drug Deliv Rev. 2005;57(15):2106-2129.
- [54] Tan HS, Pfister WR. Pressure-sensitive adhesives for transdermal drug delivery systems. Pharm Sci Technol Today. 1999;2(2):60-69.
- [55] Venkatraman S, Gale R. Skin adhesives and skin adhesion: 1. Transdermal drug delivery systems. Biomaterials. 1998;19(13):1119-1136.
- [56] Smart JD. The basics and underlying mechanisms of mucoadhesion. Adv Drug Deliv Rev. 2005;57(11):1556-1568.
- [57] Jeong B, Gutowska A. Lessons from nature: stimuli-responsive polymers and their biomedical applications. Trends Biotechnol. 2002;20(7):305-311.
- [58] Schmaljohann D. Thermo- and pH-responsive polymers in drug delivery. Adv Drug Deliv Rev. 2006;58(15):1655-1670.
- [59] Singh B, Sharma N. Mechanistic implications of plastic degradation. Polym Degrad Stab. 2008;93(3):561-584.
- [60] Zaffaroni A. Systems for controlled drug delivery. Med Res Rev. 1981;1(4):373-386
- [61] Siepmann J, Siepmann F. Mathematical modeling of drug delivery. Int J Pharm. 2008;364(2):328-343.
- [62] Hadgraft J, Lane ME. Skin permeation: the years of enlightenment. Int J Pharm. 2005;305(1-2):2-12.
- [63] Singh I, Sri P, Kumar B. Development and evaluation of transdermal drug delivery system. J Drug Deliv Ther. 2012;2(4):87-
- [64] Ahad A, Aqil M, Kohli K, et al. Chemical penetration enhancers: a patent review. Expert Opin Ther Pat. 2009;19(7):969-988
- [65] Costa P, Sousa Lobo JM. Modeling and comparison of dissolution profiles. Eur J Pharm Sci. 2001;13(2):123-133.
- [66] Cilurzo F, Minghetti P, Sinico C. Newborn pig skin as model membrane in in vitro drug permeation studies: a technical note. AAPS PharmSciTech. 2007;8(4):E94-E97.
- [67] Shah VP, Elkins JS, Williams RL. Evaluation of the test system used for in vitro release of drugs for topical dermatological drug products. Pharm Dev Technol. 1999;4(3):377-385.
- [68] Escobar-Chávez JJ, Merino-Sanjuán V, López-Cervantes M, et al. The tape-stripping technique as a method for drug quantification in skin. J Pharm Pharm Sci. 2008;11(1):104-130.

- [69] Ruela ALM, Perissinato AG, Lino MES, et al. Evaluation of skin absorption of drugs from topical and transdermal formulations. Braz J Pharm Sci. 2016;52(3):527-544.
- [70] Godin B, Touitou E. Transdermal skin delivery: predictions for humans from in vivo, ex vivo and animal models. Adv Drug Deliv Rev. 2007;59(11):1152-1161.
- [71] Uppuluri CT, Devineni J, Han T, et al. Microneedle-assisted transdermal delivery: a review. Curr Pharm Biotechnol. 2017;18(5):384-399.
- [72] Sarella PN, Godavari LR. The Expanding Scope of Emulgels: Formulation, Evaluation and Medical Uses. Int J Curr Sci Res Rev. 2023;6(5):3030-41.
- [73] Manabe K, Nishizawa S, Shiratori S. Recent progress in superhydrophobic surface development. KONA Powder Part J. 2014;31:50-59.
- [74] Panchagnula R. Transdermal delivery of drugs. Indian J Pharmacol. 1997;29(3):140-156.
- [75] Sarella PN, Valluri S, Vegi S, Vendi VK, Vipparthi AK. Microneedle Arrays: Advancements, Applications and Future Prospects in Pharmaceutical Delivery. Asian Journal of Pharmacy and Technology. 2024 Sep 19;14(3):229-36.
- [76] Kalia YN, Naik A, Garrison J, Guy RH. Iontophoretic drug delivery. Adv Drug Deliv Rev. 2004;56(5):619-658.
- [77] Gurugubelli S, Sarella MP, Mangam MV, Karim MS, Bharghavi MC, Vuddanda MP, Nallamolu BV, MK MV, Vadaga MA, editors. A Text Book of Pharmaceutics for I Year Diploma in Pharmacy. ThinkPlus Pharma Publications; 2024 Oct 15.
- [78] Tezel A, Mitragotri S. Interactions of inertial cavitation bubbles with stratum corneum lipid bilayers during low-frequency sonophoresis. Biophys J. 2003;85(6):3502-3512.
- [79] Banga AK. Microporation applications for enhancing drug delivery. Expert Opin Drug Deliv. 2009;6(4):343-354.
- [80] Karande P, Jain A, Ergun K, et al. Design principles of chemical penetration enhancers for transdermal drug delivery. Proc Natl Acad Sci USA. 2005;102(13):4688-4693.
- [81] Murthy SN, Maibach HI. Topical nail products and ungual drug delivery. CRC Press; 2012.
- [82] Jain KK. Drug delivery systems an overview. Methods Mol Biol. 2008;437:1-50.
- [83] Ita K. Transdermal drug delivery: progress and challenges. J Drug Deliv Sci Technol. 2014;24(3):245-250.
- [84] Sarella PN, Mangam VT. Enhancing Nutraceutical Bioavailability with Bilosomes: A Comprehensive Review. Asian Journal of Pharmacy and Technology. 2024 Sep 19;14(3):271-80.
- [85] Thadani U, Rodgers T. Side effects of using nitrates to treat angina. Expert Opin Drug Saf. 2006;5(5):667-674.
- [86] Anroop B, Bandari S. New insights into the transdermal drug delivery system. Drug Deliv. 2015;22(4):419-434.
- [87] Subedi RK, Oh SY, Chun MK, Choi HK. Recent advances in transdermal drug delivery. Arch Pharm Res. 2010;33(3):339-351.
- [88] Sathyanarayana Rao KN, Bhat KM. Transdermal drug delivery system for hormone replacement therapy. J Pharm Res. 2009;2(3):421-426.
- [89] Wang Y, Fan Q, Song Y, Michniak B. Effects of fatty acids and iontophoresis on the delivery of midodrine hydrochloride and the structure of human skin. Pharm Res. 2003;20(10):1612-1618.
- [90] Burkman RT. The transdermal contraceptive system. Am J Obstet Gynecol. 2004;190(4):S49-S53.
- [91] Pergolizzi JV, Mercadante S, Echaburu AV, et al. The role of transdermal buprenorphine in the treatment of cancer pain: an expert panel consensus. Curr Med Res Opin. 2009;25(6):1517-1528.
- [92] Hans G, Robert D. Transdermal buprenorphine a critical appraisal of its role in pain management. J Pain Res. 2009;2:117-134.
- [93] Dworkin RH, O'Connor AB, Backonja M, et al. Pharmacologic management of neuropathic pain: evidence-based recommendations. Pain. 2007;132(3):237-251

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