

## LIPID DRUG DELIVERY SYSTEMS FOR BIOAVAILABILITY IMPROVEMENT OF POORLY WATER SOLUBLE ANTIHYPERTENSIVE MEDICATIONS

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### ABSTRACT

The majority of drugs used to treat different ailments are taken orally and delivered through a traditional delivery. Because of its low water solubility, chemical stability, and pre-systemic metabolism, oral administration has a low bioavailability. In terms of solubility and bioavailability, poorly water-soluble drugs pose a challenge to formulation experts. One of the new innovations intended to address such issues is lipid-based drug delivery system (LBDDS). Higher solubilization and absorption can be achieved by encapsulating or solubilizing the medicine in lipid excipients, resulting in enhanced bioavailability. We attempt to explore the different innovative delivery aspects created for the increase of oral bioavailability of poorly water-soluble medicines in this review. This review is mainly focused on the formulation approach of the lipid-based drug delivery system along

with its characterization. The review also focuses on the practical guidelines to design formulations and potential applications of the lipid-based drug delivery system.

**KEYWORDS:** Lipid-based drug delivery system, Lipid, Bioavailability, Solubility.

### INTRODUCTION

The FDA (Food and Medication Organizations) presented The biopharmaceutical order framework in 1995 which classifies the medications as per their dissolvability and porousness. As per this characterization there are four classes in the class first mixtures have

high penetrability and dissolvability and these are supposed to be all around consumed when directed orally. Any remaining mixtures in (class second and 4<sup>th</sup>) have low penetrability, dissolvability or both which will make creating oral bioavailabilities troublesome. The medication which have unfortunate oral bioavailability are not proficient to arrive at the base viable focus to show the remedial activity.

Most of these medications bear a couple of huge disadvantages like low penetrability, low bioavailability similarly short half life and bothersome incidental effects. To conquer such sorts of difficulties related two antihypertensive medication treatment, novel medication conveyance framework present a chance for the definition researcher which can give the accompanying trademark;

- Improved bioavailability
- Lower dosing recurrence
- Diminish the secondary effects
- Expanded the selectivity

Hypertension is a cardiovascular sickness (CVD) coming about expanded blood pressure. Hypertension raises the gamble of coronary illness and stroke which are one of the most regular reasons for death. According to the Places for Infectious prevention and Anticipation, there were 670,000 hypertension-related passings in the US in 2020. WHO appraises That there are 1.28 billion grown-ups who are experiencing Hypertension.

**The anti-hypertensive drugs that are now on the market may be divided into each of the following groups**

**A. Diuretics**

- a) Thiazides
- b) High ceiling
- c) Potassium sparing

**B. Renin angiotensin system inhibitors**

- a) ACE inhibitors
- b) Angiotensin (AT1) receptor blockers
- c) Direct renin inhibitors

**C. Sympathetic inhibitors**

- a) B-Adrenergic blocker
- b) A-Adrenergic blocker and  $\beta$ -Adrenergic blocker
- c) A-Adrenergic blocker
- d) Central sympatholytics

**D. Calcium channel blocker**

- a) Phenyl alkyl amines
- b) Benzothiazepine
- c) Dihydropyridines

**E. Vasodilator**

- a) Arteriolar dilator
- b) Arteriolar and veno dilator

**Problems Solved by LBDDS<sup>[18]</sup>****i. Solubilization of Inadequately Water-Dissolvable Medications**

Hauss has detailed that over 70% of new medication up-and-comers have low water solvency values.<sup>[19]</sup> Practically 40% Of lipophilic medication up-and-comers that shows great Pharmacological movement don't arrive at the market since Low watery dissolvability compromises bioavailability and Prompts low pharmacokinetic result show and low exposure.<sup>[20]</sup> The pattern is probably going to proceed with Regardless of how Promising a medication's pharmacological action is, its powerlessness To break up in the gastrointestinal plot renders it Incapable. In any case, lipid-based measurement structures can be utilized to rescue great remedial specialists that have low water solubilities.

LBDDS give the medication in a completely or to some extent solubilized state and, all the more significantly, hold the medication arrangement until it is retained. The medications stay in a solubilized state On the grounds that the LBDDS self-emulsify the emulsions after Processing. During processing, the oils in LBDDS go through Lipolysis to frame unsaturated fats and monoglycerides, which Join with parts of gastrointestinal liquids to Shape blended micelles that can assist with keeping the medication in Solution.<sup>[18]</sup>

## ii. Enhancement of Gastrointestinal Penetrability

To be retained into the fundamental flow, a medication particle should cross the GI wall. The subsequent colloidal scatterings brought about by the processing of LBDDS work on the proclivity of the medication for the defensive fluid monolayer (or layer of water without shaking) that covers the light and work with the circumstances for the porousness of the API.<sup>[21]</sup> This impact is connected with excipients, for example, Caprylocaproyl polyoxyglycerides (Labrasol®), which Further develops drug transport through digestive cell Films and its impact on the launch of tight epithelial Intersections.<sup>[22-23]</sup>

## iii. Protection From Enzymatic/Compound Debasement

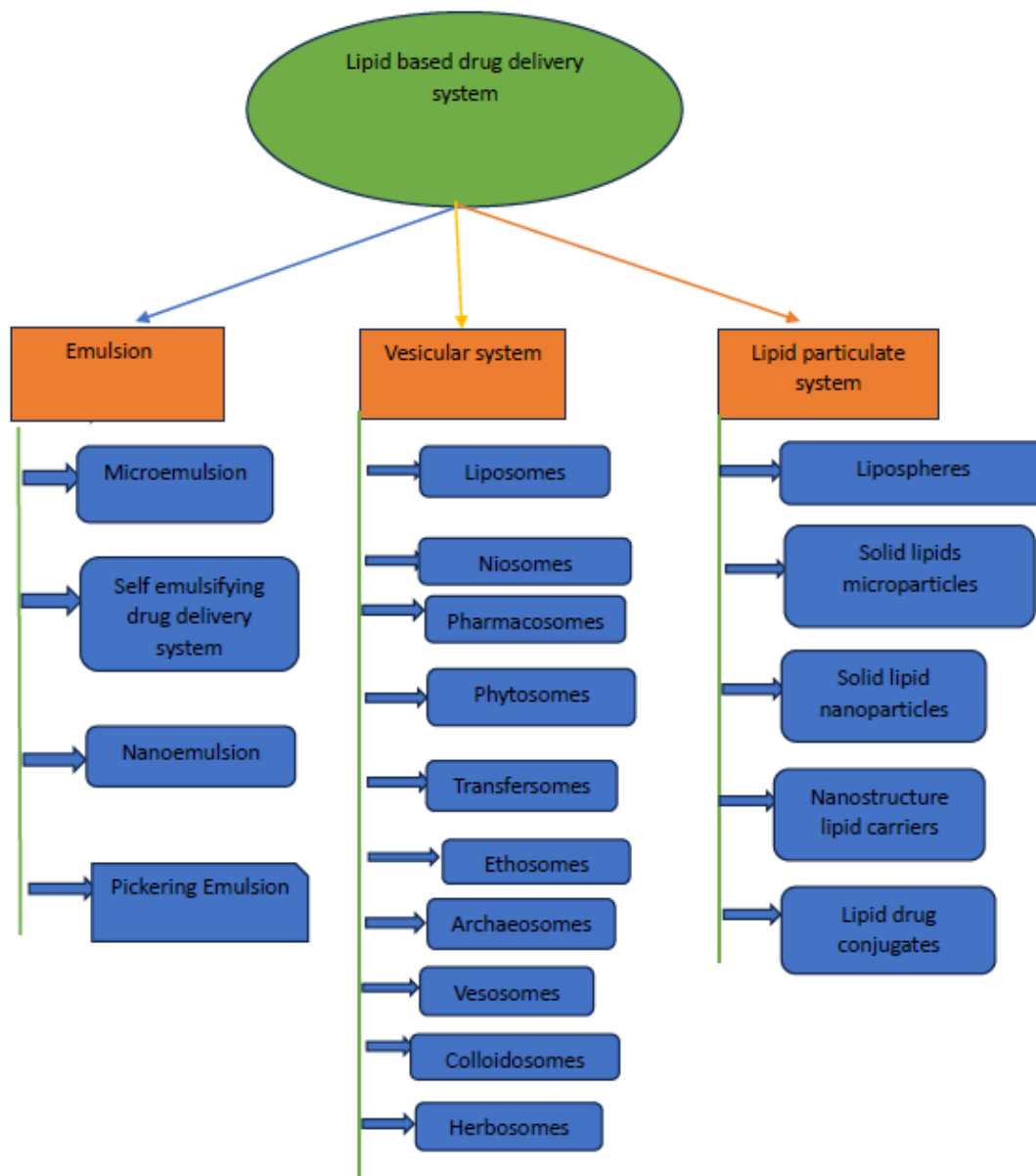
Hetenyi and partners uncovered that the remedial peptides, leuporelin, insulin, and desmopressin can be joined with docusate sodium and stacked into a SEDDS Formulation.<sup>[24]</sup> Scientists uncovered the figured out peptides to gastrointestinal proteases ( $\alpha$ -chymotrypsin, trypsin, And elastase). What's more, glutathione. They saw that there was no debasement of peptides in the SEDDS detailing, which was reliable with the perception that proteases and glutathione were  $\leq 0.1\%$  solvent in the sleek SEDDS. This work firmly proposes that a LBDDS can safeguard touchy peptide APIs from water-solvent reagents and corruption systems that require a fluid climate.

## iv. Reduction of the First-Pass Digestion

The fatty oils in a LBDDS are processed by the regular Lipolysis process in the GI plot to shape unsaturated fats and Monoglycerides. Unsaturated fats can be consumed by the Hepatic as well as lymphatic courses, and the dispersion Between the courses relies upon the length of the Hydrocarbon chain. Unsaturated fats with hydrocarbon chains Under 12°C will generally tie to egg whites, making them solvent In water. Subsequently, they latently diffuse through the Epithelial cells that line the digestive tract and are taken up into The circulation system through the entry vein prior to being Moved to the liver. Fatty acids with a chain length of 14C or more, because of their Hydrophobicity, can be substrates for the vehicle of Proteins to cells, where they can be resynthesized into Lipoproteins (known as chylomicrons) for retention by the Lymphatic pathway. Long-chain unsaturated fats (LCFA), specifically, are Known to invigorate chylomicron emission and increment Lymphatic take-up. They have been displayed to work on the Bioavailability of specific medications, like saquinavir, Ontazolast, halofantrine, through particular assimilation through the lymphatic vehicle

framework, and thus Diminishing the first-pass digestion of Programming interface in the liver.<sup>[25-26]</sup>

### Types of Lipid-Based Drug Delivery Systems



### Guidelines for Design of Lipid-Based Formulations<sup>[2]</sup>

The lipid-based plan is a significant method for forming inadequately solvent medications and the plan of such definition is a seriously difficult undertaking. Watchman et al<sup>[2]</sup> illustrated the seven rules for the plan of medication conveyance.

- i. It is fundamental to keep up with the dissolvability of the medication in The plan, after scattering, and after processing.

- ii. The properties of the colloidal species framed in the wake of Handling in the GI medium are likely more significant Than the properties of the actual detailing in further developing Assimilation.
- iii. A more huge extent of lipids (>60%) and a lower extent of surfactant (<30%) and cosolvent (<10%) initiate to more hearty medication solubilization after weakening.
- iv. Medium-chain fatty oils can give more noteworthy Solvency and security of the medication in the definition, however Lengthy chain fatty substances work with additional effective development Of colloidal lipid species from bile salts and consequently can Give more noteworthy bioavailability.
- v. After scattering, the drop shaped by type IIIB Selfemulsifying drug conveyance framework (SMEDDS) is tiny. In any case, the surfactant properties decide the idea of drops, and undigestible surfactants for the most part bring about higher bioavailability.
- vi. The utilization of two surfactants gives more effective scatterings as opposed to a solitary one for Type IV detailing.
- vii. Type IV plans confer better medication dissolvability. Nonetheless, they should be painstakingly planned with legitimate thoughtfulness regarding guarantee the precipitation of the medication doesn't happen after scattering.

#### Lipid Formulation Classification System<sup>[6]</sup>

Types	Composition	Examples of approved Drug products
I	Oils (Triglycerides, mixed mono, and diglycerides)	Amitiza, Rocaltrol
II	Oils, Low-HLB surfactants	Sandimmune, Neoral.
III	Oils, high-HLB surfactants Hydrophilic cosolvents	Lipofen, Xtandi, Kaletra
IV	Low-HLB surfactants, High-HLB surfactants, Hydroalcoholic cosolvents	Agenerase, Norvir

#### Benefits of LBDDS<sup>[3]</sup>

- Pharmaceutical stability.
- Biodegradable and biocompatible.
- Excipients versatility.
- Formulation versatility.
- Low risk profile.
- Improved oral bioavailability allowing dose reduction.

- More consistent time profiles of drug absorption.
- Selective targeting of drugs towards a specific.
- Protection of the drug (s) from the hostile environment in the intestine.
- Control of delivery profiles.
- Protection of sensitive pharmacological substances.

### **Formulation approaches of lipid-based drug delivery system**

#### **A. Oily liquids**

- ❖ These are the exceptionally lipophilic medications (for example Steroids)
- ❖ Only soluble in oil
- ❖ A sleek arrangement of bupivacaine, a free base was ready by utilizing a combination of fractioned coconut oil (viscoleo®) and coconut oil.<sup>[5]</sup>

#### **B. Mixed micelles**

- ❖ This framework incorporates lipid bilayer which seems like plate.
- ❖ In cleanser lipid blended micelle, the lipid atom is safeguarded by cleanser to safeguard against water on a superficial level.

E.g. PEG 2000–distearyl phosphatidylethanolamine (DSPE) and Vitamin E TPGS.<sup>[7]</sup>

#### **C. Liposomes**

- ❖ Liposomes are infinitesimal vesicles made out of at least one concentric lipid bilayers, isolated by a watery medium.
- ❖ Hydrophilic substances are exemplified in the fluid compartment, while adsorbed lipophiles are embedded into the film.
- ❖ Liposomes are ordered by their size, various lamellae, and surface charge. As to surface charge, liposomes are named anionic, cationic, or unbiased.
- ❖ Liposomal drug conveyance framework can build the helpful viability of natural medications.
- ❖ Liposome upgrades the fixing dissolvability, bio-appropriation, bioavailability, in-vitro and in-vivo solidness and modified pharmacokinetics.

e.g. Quercetin liposomes

Breviscapine liposomes

#### **D. Solid lipid nanoparticles**

- ❖ Solid lipid nanoparticles are circular particles (size range 10 – 1,000 nm) containing solid.

- ❖ Lipid core matrix which is stabilized by surfactants that can solubilize the lipophilic C molecule.<sup>[12]</sup>

### **Lipid excipients**

Different elements impacting the bioavailability, surface, and worthiness of LBDDS incorporate Miscibility, dissolvable limit, self-dispersibility, absorbability, and administrative issues like Irritancy, poisonousness, virtue, compound security. To set up the lipid-based details different dietary oils alongside various pervasion enhancers are utilized.<sup>[14,15]</sup>

#### **A. Triglycerides**

- ❖ Fatty oil vegetable oils that show no wellbeing issues are the most usually utilized excipients in the lipid-based plans.<sup>[50]</sup>
- ❖ Fatty oils are normally partitioned into long-Chain triglycerides(LCT), medium-chain triglycerides(MCT), and short-chain Triglycerides(SCT).
- ❖ MCT has more prominent dissolvable limit than LCT which is additionally less Inclined to oxidation.<sup>[52]</sup>

#### **B. Mixed glycerides and polar oils**

- ❖ Blended glycerides are acquired by halfway hydrolysis of vegetable oil.
- ❖ The synthetic structure of blended glycerides relies upon the beginning materials and degree of hydrolysis.
- ❖ Sorbitan trioleate (span 85) which is polar oil improves solvent capacity and dispersibility of the formulation.<sup>[16,17]</sup>

#### **C. Co-solvent**

- ❖ Cosolvents are utilized in detailing to expand the solubilization cycle.<sup>[8]</sup>
- ❖ They increment the dissolvable limit and improve the scattering of the framework.
- ❖ Different well known cosolvents utilized are ethanol, glycerol, propylene glycol, and polyethylene glycol.

#### **D. Water-insoluble surfactants**

- ❖ The lipid excipients with HLB values somewhere in the range of 8 and 12 goes under this classification.
- ❖ These Surfactants can frame micelles yet can't self emulsify because of inadequately Hydrophilic nature.



e.g. Sorbitan trioleate (tween85) and glyceryl trioleate (tarot-TO).<sup>[9,10]</sup>

### **E. Water-soluble surfactants**

- ❖ They are acquired from the compound hydrogenation of natural materials got from vegetable oils.
- ❖ These excipients are integrated by blending polyethylene glycol in with hydrolyzed vegetable oil. e.g. Cremophor RH40 and RH60 (ethoxylated hydrogenated castor oil).

## **Characterization of Lipid-Based Drug Delivery Systems**

### **i. Appearance**

The appearance can be really looked at in a graduated glass chamber or straightforward glass holder to check it's consistency and variety in balance.<sup>[27]</sup>

### **ii. Color, Smell, and taste**

These attributes are particularly significant in orally directed definitions. Varieties in taste, particularly of the dynamic parts, can frequently be credited to changes in molecule size, gem propensity, and ensuing disintegration of the particles. Changes in variety, Smell, and taste can likewise show synthetic flimsiness.<sup>[28]</sup>

### **iii. Density**

The particular gravity or thickness of the detailing is a fundamental boundary. A reduction in thickness frequently shows caught air inside the design of the definition. Thickness estimations at a given temperature can be made utilizing high accuracy hydrometers.<sup>[28]</sup>

### **iv. pH value**

The pH value of the fluid definition ought to be taken at a given temperature utilizing a pH meter and solely after the settlement balance has been reached, to limit "pH Float" and covering of the terminal surface with particles. In suspension. The electrolyte ought not be added to the outside period of the detailing to settle the pH, since impartial electrolytes modify the actual solidness of the suspension.<sup>[28]</sup>

### **v. Self-dispersion and size of dispersions**

Evaluation of the scattering rate and resultant molecule size of lipid-based frameworks is alluring so consideration has been given to estimating scattering rate. Particle size estimation should be possible by a light magnifying instrument involving a build magnifying lens for

particles with estimation inside microns. The molecule size analyzer can be utilized to gauge molecule size.

#### **vi. Drop size and surface charge (Zeta potential)**

The drop size dissemination of the microemulsion vesicles not entirely settled by electron microscopy or light dissipating technique. Dynamic light dispersing estimations are taken at 90 ° on a powerful light dispersing spectrophotometer utilizing a 632 nm frequency Neon laser. The surface charge is resolved utilizing a zeta potential (ZP) analyzer by estimating the zeta Potential (ZP) of the arrangements. Zeta Potential describes the surface charge of the particles and thusly gives data on the ghastly powers among particles and beads.

#### **vii. Viscosity measurement**

Brookfield type rotating viscometer can be utilized to gauge the consistency of lipid-based details of a few organizations at various shear rates at various temperatures. The examples for the estimation are to be drenched in it prior to testing and the example temperature should be kept up with at  $37 \pm 0.2^{\circ}\text{C}$  by a thermo bath. The viscometer ought to be appropriately aligned to gauge the evident consistency of the suspension at harmony at a given temperature to lay out suspension reproducibility.

#### **viii. In-vitro studies**

Lipid processing models are utilized for the in vitro assessment of the lipid-based drug conveyance framework. The plan of an in-vitro testing model is important to foresee in-vivo execution. This model is likewise named as a recreated lypolysis discharge testing model.<sup>[29]</sup> The central guideline engaged with the test stays the framework ought to run at a consistent pH during a response that consumes or delivers the hydrogen particle. In the event that any deviation perseveres, it is remunerated by the expansion of reagents. The model normally comprises of temperature-controlled vessels (37°C) in which standard gastrointestinal liquid is made out of bile salt, absorption support, and phospholipids. To start the absorption lipid-based detailing alongside pancreatic alongside colipase are included the model. When lipid absorption begins freedom of unsaturated fat and travel drop of pH is noticed. The pH terminal combined with the pH-detail meter regulator and auto burette evaluates the drop in pH. An equimolar measure of sodium hydroxide is precisely determined to titrate the delivered unsaturated fats via auto burette to limit the drop of pH of processing medium from a pre-set processing pH esteem. Subsequently, the degree of the absorption can be anticipated by the measurement of the pace of sodium hydroxide expansion and taking into account the

stoichiometric connection between sodium hydroxide and greasy acids. It is accounted for that the centralization of bile salts, calcium, and lipase action influences the assimilation cycle.<sup>[30,31]</sup> The review recommended an in-vitro lipid assimilation model for inadequately water-solvent medications.<sup>[32]</sup> The review has featured the meaning of the in-vitro lipolysis model for enhancing the oral lipid-based details concerning fundamental digestion in the stomach.<sup>[33]</sup>

#### **ix. In-vivo studies**

The effect of excipients on the bioavailability and pharmacokinetic profile of medications can be surveyed by planning fitting in-vivo examinations. A far reaching Investigation of gastrointestinal lymphatic retention is obligatory since lipid-based definitions further develop bioavailability by working on the digestive ingestion of the medication. Because of unsuitable clinical information and contrasts in the strategies and creature models utilized, concentrates on connected with the vehicle of medications through the lymphatic framework have become difficult.<sup>[34]</sup>

#### **New Trends In LBDDS<sup>[6]</sup>**

##### **Formation of Lipophilic Salts/Ion Pairs of Drugs for solubilization in Lipidic Excipients**

In spite of the extensive variety of excipients to permit the improvement of a LBDDS in which the medication is totally solubilized, a few particles won't break up in that frame of mind at the expected unit portion. In spite of the fact that suspensions in LBDDS can give great openness and are monetarily accessible, for instance, CiproTM oral suspension, ordinarily the best LBDDS openness is accomplished when the medication is completely solubilized in the measurements structure. Moreover, figuring out and fabricating arrangements present less difficulties than suspensions that can be inclined to collection and sedimentation. The failure to solubilize a functioning specialist in lipid excipients has driven formulators to dispose of LBDDS as a suitable innovation for the medication. This sad situation has limited the utilization of this exceptionally adaptable LBDDS way to deal with permit the plan of medications with high detailing boundaries, including low bioavailability.

Late work has been finished to plan lipophilic salts (or Particle sets) of medications that consider expanded drug loadings and are totally solubilized in lipid excipients. Sahbaz and partners arranged docusate or decyl sulfate salts of Itraconazole, Cinnarizine, and halofantrine to frame low-dissolving ionic fluids or solids that were miscible or could be solubilized in SEDDS made out of lengthy or medium-chain Fatty oils, surfactants, and

cosolvents.<sup>[35]</sup> Itraconazole docusate or Cinnarizine decyl sulfate was managed to rodents in SEDDS plans in which the portion was completely solubilized. The openness of totally solubilized drugs in the SEDDS plan (made conceivable by the blend of Lipophilic salts of these medications) was twice higher for Cinnarizine and multiple times higher for Itraconazole, comparative with the control definitions of the structures free-base suspended drugs at the very portion. This study exhibited that the development of lipophilic salts or particle matches could permit the total solubilization of medications in lipid excipients and enormously work on their openness. This significant review ought to start a change in perspective in which less water-solvent and more lipid-dissolvable salt structures or particle sets of medications are blended to permit the utilization of LBDDS for drug conveyance.

## CONCLUSION

Lipid-based drug delivery system is considered as the most encouraging and novel innovation to upgrade drug bioavailability by utilizing different lipids excipients in the formulation. This review focused on various formulation technologies along with the characterization of the lipid-based formulations. Although the lipid-based drug delivery system is the most accepted technique for bioavailability enhancement there are few limitations regarding stability, manufacturing methods, and official database regarding the solubility of drugs in lipids. Hence, there is a need for proper regulatory guidelines for the lipid-based formulations.

## REFERENCES

1. Hina Shrestha, Rajni Bala, and Sandeep Arora. Lipid-Based Drug Delivery Systems. Hindawi Publishing Corporation Journal of Pharmaceutics, 2014; 1-10.
2. C. J. H. Porter, C. W. Pouton, J. F. Cuine, and W. N. Charman. Enhancing intestinal drug solubilisation using lipid-based Delivery systems. Advanced Drug Delivery Reviews, 2008; 60(6): 673–691.
3. E. B. Souto and R. H. Muller, Nanoparticulate Drug Delivery Systems, Informa Healthcare, New York, NY, USA, 2007; 166.
4. Pouton C. Formulation of poorly water-soluble drugs for oral administration: Physicochemical and Physiological issues and the lipid formulation classification system. European Journal of Pharmaceutical Sciences, 2006; 29(3-4): 278-287.
5. Larsen DB, Joergensen S, Olsen NV, Hansen SH, Larsen C. In vivo release of bupivacaine from Subcutaneously administered oily solution. Comparison with in vitro release. Journal of controlled release, May 17, 2002; 81(1-2): 145-54.

6. A Review on Lipid Based Oral Drug Delivery Systems: Suraj Babanrao Pund\* Rajgad Dnyanpeeth's College of Pharmacy, Bhore, Dist- Pune, 412206, India.
7. Gill KK, Kaddoumi A, Nazzal S. Mixed micelles of PEG2000-DSPE and vitamin-E TPGS for concurrent delivery of paclitaxel and parthenolide: enhanced chemosensitization and antitumor efficacy against non-small cell lung cancer (NSCLC) cell lines. *European journal of pharmaceutical sciences*, May 12, 2012; 46(1-2): 64-71.
8. Millard JW, Alvarez-Nunez FA, Yalkowsky SH. Solubilization by cosolvents: Establishing useful constants for the log-linear model. *International Journal of Pharmaceutics*, Oct. 1, 2002; 245(1-2): 153-66.
9. Wakerly MG, Pouton CW, Meakin BJ, Morton FS. Self-emulsification of vegetable oil-nonionic surfactant mixtures: a proposed mechanism of action.
10. Pouton C. Formulation of self-emulsifying drug delivery systems. *Advanced Drug Delivery Reviews*, 1997; 25(1): 47-58.
11. Jores K, Mehnert W, Drechsler M, Bunjes H, Johann C, Mäder K. Investigations on the structure of solid Lipid nanoparticles (SLN) and oil-loaded solid lipid nanoparticles by photon correlation spectroscopy, field-flow Fractionation, and transmission electron microscopy. *Journal of Controlled Release*, Mar. 5, 2004; 95(2): 217-227.
12. Collnot E, Baldes C, Wempe M, Hyatt J, Navarro L, Edgar K et al. Influence of vitamin E TPGS.
13. Poly(ethylene glycol) chain length on apical efflux transporters in Caco-2 cell monolayers. *Journal of Controlled release*, 2006; 111(1-2): 35-40.
14. Collnot E, Baldes C, Wempe M, Kappl R, Hüttermann J, Hyatt J et al. Mechanism of Inhibition of P-Glycoprotein Mediated Efflux by Vitamin E TPGS: Influence on ATPase Activity and Membrane Fluidity. *Molecular Pharmaceutics*, 2007; 4(3): 465-474.
15. Strickley R. Solubilizing Excipients in Oral and Injectable Formulations. *Pharmaceutical Research*, 2004; 21(2): 201-230.
16. Strickley RG. Currently marketed oral lipid-based dosage forms: drug products and excipients. *Drugs and The Pharmaceutical sciences*, Jun. 8, 2007; 170: 1.
17. Fatouros D, Bergenstahl B, Mullertz A. Morphological Observations on a lipid-based drug delivery system during in-Vitro digestion. *European Journal of Pharmaceutical sciences*, 2007; 31(2): 85-94.
18. R. H. Muller, M. Radtke, and S. A. Wissing, Solid lipid Nanoparticles (SLN) and nanostructured lipid carriers (NLC) in Cosmetic and dermatological preparations. *Advanced Drug Delivery Reviews*, 2002; 54(1): 131-155.

19. Thakkar H, Patel B, Thakkar S. A review on techniques for oral Bioavailability enhancement of drugs. *International Journal Of Pharmaceutical Sciences Review and Research*, 2010; 4(3): 203-223.
20. Porter C, Trevaskis N, Charman W. Lipids and lipid-based Formulations: optimizing the oral delivery of lipophilic drugs. *Nature Reviews Drug Discovery*, 2007; 6(3): 231-248.
21. KOGA K, KUSAWAKE Y, ITO Y, SUGIOKA N, SHIBATA N, TAKADA K. Enhancing mechanism of Labrasol on intestinal Membrane permeability of the hydrophilic drug gentamicin Sulfate. *European Journal of Pharmaceutics and Biopharmaceutics*, 2006; 64(1): 82-91.
22. Sha X, Yan G, Wu Y, Li J, Fang X. Effect of self-microemulsifying Drug delivery systems containing Labrasol on tight junctions In Caco-2 cells. *European Journal of Pharmaceutical Sciences*, 2005; 24(5): 477-486.
23. Hetenyi G, Griesser J, Moser M, Demarne F, Jannin V, Bernkop-Schnürch A. Comparison of the protective effect of Self-emulsifying peptide drug delivery systems towards Intestinal proteases and glutathione. *International Journal of Pharmaceutics*, 2017; 523(1): 357-365.
24. Hauss D, Fogal S, Ficorilli J et al. Lipid-Based Delivery Systems for Improving the Bioavailability and Lymphatic Transport of a Poorly Water-Soluble LTB<sub>4</sub> Inhibitor. *Journal of Pharmaceutical Sciences*, 1998; 87(2): 164-169.
25. O'Driscoll C. Lipid-based formulations for intestinal lymphatic delivery. *European Journal of Pharmaceutical Sciences*, 2002; 15(5): 405-415.
26. C. J. H. Porter and W. N. Charman. In-vitro assessment of oral lipid based formulations. *Advanced Drug Delivery Reviews*, 2001; 50(1): 127-147.
27. L. Wei, P. Sun, S. Nie, and W. Pan, "Preparation and Evaluation of SEDDS and SMEDDS containing carvedilol," *Drug Development and Industrial Pharmacy*, 2005; 31(8): 785-794.
28. Porter CJH, Trevaskis NL, Charman WN. Lipids and lipid-based formulations: optimizing the oral delivery of lipophilic drugs. *Nat Rev Drug Discov*, 2007; 6: 231-48.
29. Zangenbergh NH, Müllertz A, Kristensen HG, Hovgaard L. A dynamic in vitro lipolysis model: I. Controlling the rate of lipolysis by continuous addition of calcium. *European Journal of Pharmaceutical Sciences*, Sep. 1, 2001; 14(2): 115-22.
30. Zangenbergh NH, Müllertz A, Kristensen HG, Hovgaard L. A dynamic in vitro lipolysis model: II: Evaluation of the model. *European Journal of Pharmaceutical Sciences*, Oct. 1, 2001; 14(3): 237-44.

31. Christensen JO, Schultz K, Mollgaard B, Kristensen HG, Mullertz A. Solubilisation of poorly water-soluble drugs during in vitro lipolysis of medium-and long-chain triacylglycerols. *European Journal of Pharmaceutical Sciences*, Nov 1, 2004; 23(3): 287-96.
32. Dahan A, Hoffman A. Use of a dynamic in vitro lipolysis model to rationalize oral formulation development for poor water-soluble drugs: correlation with in vivo data and the relationship to intra-enterocyte processes in rats. *Pharmaceutical research*, Sep 1, 2006; 23(9): 2165-74.
33. A. Edwards, C. J. H. Porter, S. M. Caliph, S. Khoo, and W. N. Charman. Animal models for the study of intestinal lymphatic drug transport. *Advanced Drug Delivery Reviews*, 2001; 50(1-2): 45–60.
34. Griesser J, Hetényi G, Moser M, Demarne F, Jannin V, Bernkop-Schnürch A. Hydrophobic ion pairing: Key to highly Payloaded self-emulsifying peptide drug delivery systems. *International Journal of Pharmaceutics*, 2017; 520(1-2): 267-274.