

NOVEL ROUTES OF INSULINE DELIVERY FOR DIABETES TREATMENT

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ABSTRACT

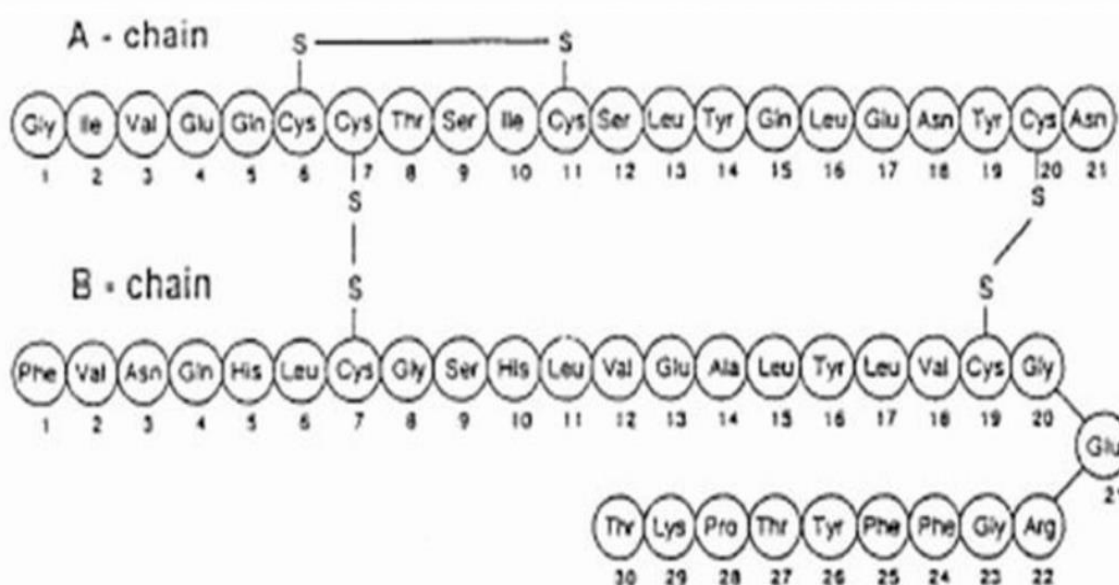
Insulin has been used to treat diabetes because the 1920s; but, regardless of some of one-of-a-kind formulations, intensive insulin therapy with multiple every day injections has not received great medical recognition. Routes for delivering insulin began inside the 1920s, Many sufferers with superior kind 2 diabetes mellitus (T2DM) and all sufferers with T1DM require insulin to maintain blood glucose stages inside the target range. The traditional subcutaneous insulin injections cause a lot of struggling to the patient typically because of ache and secondarily due to dose sensitivity and in addition complications. For this reason alternate transport structures are an area of undertaking for scientific professionals and a convenient

opportunity machine may be a boon to the patients, the routes have included ocular, buccal, rectal, vaginal, oral, nasal and uterine transport systems. Diabetes is a continual disorder characterised with the aid of inadequate insulin secretion with resulting hyperglycemia. Diabetes complications encompass each microvascular and macrovascular sickness, each of which might be suffering from choicest diabetes control. Many people with diabetes depend upon subcutaneous insulin administration by using injection or non-stop infusion to control glucose ranges. Novel routes of insulin management are an area of interest inside the diabetes area, given that insulin injection remedy is burdensome for many sufferers. This article reviews some of the unconventional routes of insuline for diabetes remedy.

KEYWORDS: glycemic manage, hemoglobin A1c, inhalation, insulin, kind 1 diabetes, kind 2 diabetes.

INTRODUCTION

Diabetes mellitus is a metabolic sickness or persistent life situation in which there is excessive blood sugar degree for longer time frame which leads to hyperglycemia, glycosuria or from time to time ketonaemia ensuing in intense vascular headaches which ends up in death. The main causes of diabetes mellitus are either the pancreas not producing insulin or the cells of the body will not reply well to insulin produced.^[1-3] modern repute of diabetic patients in global is anticipated to be 171.2 million (28%) in 2000 and 366.2 million by using the year 2030 (four.four%).^[4-6] Diabetes mellitus is of two kinds, kind-1 diabetes or absolutely known as insulin established diabetes mellitus (IDDM), which are characterised through destruction of Î²-cells in pancreatic islets result in the pancreas failure. Kind-2 diabetes or virtually referred to as non insulin structured diabetes mellitus consequences in insulin resistance both due to abnormality in the gluco-receptor of beta²-cells or reduced sensitivity of peripheral tissues to insulin.^[2-3]

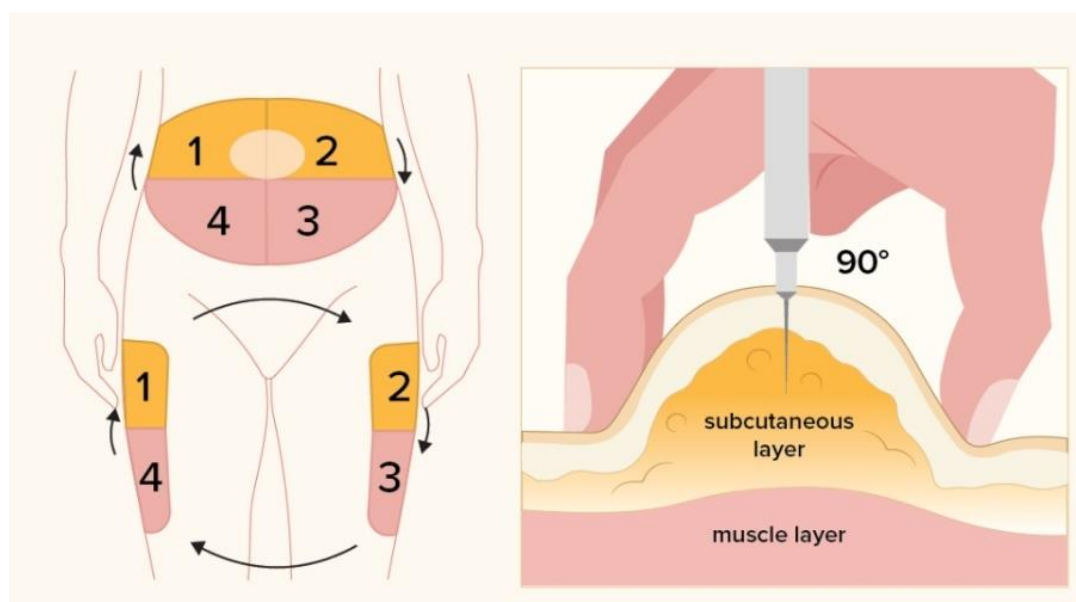


Insulin was observed with the aid of Benting and great, is a peptide hormone synthesized by beta-cells inside the pancreas as a unmarried chain peptide referred to as preproinsulin (one hundred ten) from which 24 are eliminated to form Proinsulin. Insulin basically includes two polypeptide chains made up from 51 amino acids; the a chain has 21, at the same time as B chain has 30 amino acids.^[7] The position of insulin in our frame is to facilitate glucose

shipping across mobile membrane and regulates the metabolism of carbohydrates and fat by way of increasing the glucose absorption from the blood to skeletal muscle. Failure, with admire to those features will motive serious headaches. But the resistance will broaden because of lifelong remedy. So it is crucial to regulate the delivery of insulin in frame to enhance the efficacy and additionally to save you from excessive sicknesses like diabetes mellitus. So in present evaluate, we highlighted some novel strategies to deliver insulin for the remedy of diabetes mellitus.

Novel routes of insuline delivery

Subcutaneous path



Subcutaneous routes of insulin delivery changed into set up inside the early nineteenth century (layout turned into referred to as ~I-Port) which became the primary tool to combine an injection port and an inserter in a single complete set that removes the need for more than one injections while not having to puncture the skin for each dose and the tool become beneficial for the insulin requiring sufferers having needle phobia and facilitates them to gain glycemic manipulate efficaciously.^[8] After that insulin pen become determined which become much less painful, handy shipping and a reusable device and may be mixed with vials and syringes without problems.^[9] Insulin pump therapy changed into found in 1976 and it turned into used alternatively of long acting insulin; the tool may be used to deliver variable quantity of insulin to the affected person even just after consumption of meals.^[10-11] Threshold suspend (TS) device can reduce severity of nocturnal hypoglycaemia by means of 30-forty% and it has the ability to lessen hypoglycaemia period; the machine suspends the

transport of insulin for as much as 2 hours, if affected person does no longer take movement with a low glucose alarm.^[12], forty. insulin is injected subcutaneously, because of this into the fat layer below the pores and skin.^[13] On this form of injection, a brief needle is used to inject insulin into the fatty layer between the pores and skin and the muscle. Insulin have to be injected into the fatty tissue just under your skin.(As shown in determine 0.1).

Oral delivery of insuline

In evaluation to other routes, oral routes are the maximum desired, appropriate and affected person pleasant and having a few blessings like as better compliance, greater comfort, and decreased chance of pass contamination and needle stick injuries.^[14] There are 3 possible procedures so as to conquer the issues regarding the oral insulin transport: physico-chemical houses of the insulin, as an instance, lipophilicity; move-linking with macromolecules; use of carrier systems. Novel techniques of Oral insulin transport consist of liposome, microsphere, nanoparticle, mouth dissolving strips, sprays exploiting oral and pulmonary path.^[15] those subsequent technology efficient treatments may help to enhance the first-class of lifestyles of diabetic sufferers specifically in insulin established diabetes Mellitus.^[16] Ormed prescribed drugs is in search of to revolutionize the remedy of diabetes via its proprietary flagship product, an orally ingestible insulin capsule (ORMD-0801) has completed segment three trials .for type 1 diabetes mellitus.^[17]

Lately, multifunctional polymers and self nanoemulsifying Drug delivery machine (SNEDDS) has been attempted for oral insulin by using Sakloetsakun et al.^[18] This SNEDDS become based on thiolated Chitosan. The formulations inside the presence or absence of insulin (five mg/mL) have been round with the scale variety between 80 and one hundred sixty nm. Entrapment performance of insulin extended drastically whilst the thiolated chitosan became hired (ninety five.14% 2.ninety six%), In assessment to the insulin SNEDDS (80.38% 1.22%). After 30 min, the in vitro launch profile of insulin from the Nanoemulsions changed into markedly expanded as compared with the manipulate . In vivo effects showed that insulin/thiolated chitosan SNEDDS displayed a vast increase in serum insulin (P 0.02) as compared to oral insulin answer. A brand new approach to combine SNEDDS and thiolated chitosan described in this have a look at ought to consequently be a promising and revolutionary approach to enhance oral bioavailability of insulin.^[18]

Nasal shipping of insuline

In principle, intranasal transport has several advantages over Oral (bypass 1 peptidases), subcutaneous (noninvasive and Painless) and inhalation direction (no difficulty with lung function) Which makes this course attractive for the shipping of insulin. however, intranasal shipping has shortcomings which include limited Permeability of a huge molecule thru the nasal mucosa and speedy mucociliary clearance ensuing in variable absorption.^[19]

Traditionally, intranasal shipping with early porcine and bovine Insulins changed into investigated in patients with T1DM.^[20-21] currently, technologies are below research: Nasulin (CPEX pharmaceuticals) and nasal insulin by Natestch Pharmaceutical agency Inc. both insulin arrangements have bioavailability of approximately 15-25% with the onset of action~10-20 min.^[22-23] Results From the phase 2 and 3 medical trials are awaited. The substances along with bile salt, surfactant and fatty acid derivatives are being Investigated to enhance mucosal permeability of insulin but they boom the risks for neighborhood infection, nasal secretion, sneezing or Durning sensation. Nasal insulin crosses the blood brain barrier hence it has a Hypothesized effect on reminiscence feature. Ina randomized Placebo controlled trial with 104 adults with amnesticmild Cognitive impairment or slight to slight Alzheimer's disorder Had been randomized to acquire either placebo or 20 IU or forty of Intranasal insulin. Å treatment with intranasal insulin improved Memory, preserved caregiver-rated functional potential and preserved General cognition without any sizable hypoglycemic occasion. these improvements in cognitive features were correlated withchanges in the Aβ42 stage and in the tau protein-to-Aβ42 ratio in cerebrospinal fluid. Based on this, massive randomized controlled trials (NCT01595646, NCT01767909) are ongoing to assess the usefulness of this agent for the remedy of Alzheimer's disorder.^[25-26]

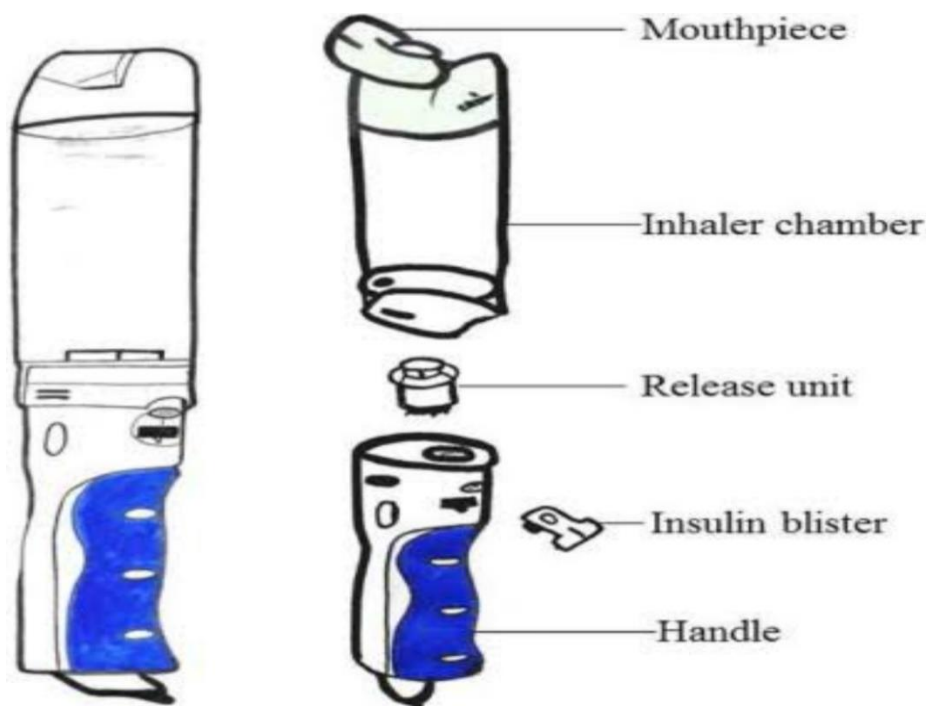
Inhaled direction of insuline shipping

Insulin transport to the lungs became the primary reported alternate to Subcutaneous injection. It has long been appreciated that insulin transport by aerosol reduces blood glucose.^[27] Early research confirmed That turning in bovine or porcine insulin using a nebulizer Produced a spark off hypoglycemia in subjects with and without Diabetes.^[28-29]

Advantages of the pulmonary path include a full-size and properly Perfused absorptive surface, absence of sure peptidases which might be gift inside the gastrointestinal (G) tract that breaks down Insulin, and the capacity to skip the "first pass metabolism."^[27] however,

the precise mechanism of insulin absorption across the Pulmonary epithelium stays doubtful, but it's miles believed to contain transcytotic and paracellular mechanisms.

The primary inhaled product, Exubera become authorized by way of the USFDA In year 2006.^[31] Exubera was a dry strength components available As 1 mg and three mg doses to be excited by the assist of an Inhance Inhaler device(31) Exubera became discovered to have pharmacokinetic And pharmacodynamic (PK/PD) properties just like insulin Aspart with a faster onset of motion (10-15 min).^[32] In clinical Trials in patients with uncontrolled TiDM and T2DM, Exubera became found to reduce postprandial blood glucose and Alc substantially. Pi however, Exubera changed into contraindicated in people who smoke because it improved the chance of hypoglycemia due to more Absorption as compared to nonsmokers.^[34] Similarly, patients had been Required to undergo pulmonary characteristic tests before treatment Initiation, after 6 months^[31-34] and annually thereafter.bs This Product did not do nicely commercially regardless of the noninvasive route possibly due to better fee, the cumbersome delivery tool,issues related to declining in pulmonary characteristic, and less Preference via the sufferers and physicians. This product turned into Withdrawn from the market via Pfizer in 2007.

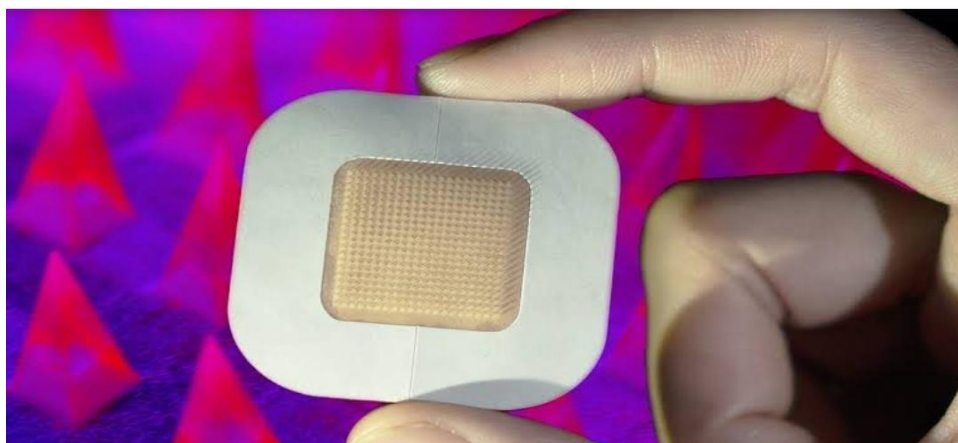


Another promising inhaled insulin is Afrezza (Sanofi and MannKind) based on Technosphere dry powdered formula.The onset of motion of Afrezza inhaled insulin is 15 min and period 1s

2-5 h, which is best for postprandial blood glucose manipulation. Transient nonproductive cough and a modest discount in lung function initially are the commonplace adverse-outcomes.^[35-36] Recently, MannKind finished massive section three clinical trials with the use of this device in sufferers with T1DM and T2DM (NCT01445951/NCT01451398) and a clinical trial is under research in sufferers with already compromised pulmonary function (NCT01021891). This device is inside the FDA approval manner. The AERx insulin Diabetes management system, Aerodose, ProMaxx (protein matrix microsphere) and strengthen inhalational studies are more recent inhalational gadgets being investigated in medical trials.^[37] Currently, Sanofi has released Afrezza in the U.S.A. marketplace for diabetes management in sufferers with T1DM. Although, the pulmonary route of insulin administration is noninvasive, it is limited via technical troubles associated with inhaler gadgets, higher price and lengthy-term protection specifically pulmonary characteristic.

Transdermal path of drug transport

Trans-dermal insulin transport removes the troubles associated with needles and injections and large floor place of the pores and skin. Makes it a convenient course for insulin shipping.^[38] However, the penetration of insulin is halted with the aid of the stratum corneum, the outer maximum layer of the skin. Several strategies were explored to conquer the barrier of stratum corneum.^[38]



There are several approaches insulin may be delivered transdermally.

Which includes.

- (a) Lontophoresis, the technique that makes use of small electric powered Currents,^[39]
- (b) Sonophoresis or phonophoresis uses ultrasound waves,^[40]
- (C) Microdermal ablation by removing the stratum corneum,^[41]

(D) Electroporation makes use of excessive voltage pulses which might be applied For a very brief time, S.^[42]

(E) Transfersulin is the insulin encapsulated in transterosome, An elastic, vesicle which squeeze by itself to supply pills through skin pores,^[43]

(F) Insupatch a device advanced as an upload-directly to an insulin Pump that applies local warmth to the skin for you to boom The absorption of insulin, 911.^[44-45]

(g) Recombinant human hyaluronidase (rHuPH20) to increase insulin absorption from subcutaneous tissue.^[46]

Moreover, microneedles with 1 um diameter and of numerous lengths can supply insulin in effective, accurate and unique way.1 Microneedle era also can be blended as a transdermal patch.^[47]

The transdermal insulin delivery strategies are restrained through pores and skin damage, burn or blister formation and infrequently significant pain and pain. These technology are still evolving and their lengthy- term utility, safety and usefulness aren't recognized a.

Buccal delivery of insuline

Buccal shipping of insulin involves aerosol shipping of the drug into the oral hollow space, and then absorption happens via the internal surfaces and reaches to the systemic circulate via putting the buccal formulation inside the mouth. Buccal and sublingual insulin management provide better effects due to the low degrees of proteolytic enzyme activity, excessive vascularization of the tissue, huge floor region for absorption and simplicity of administration.^[48-50] Drug delivery via the Buccal mucosa has a number of advantages, together with Pre-systemic metabolism inside the GI and liver can be prevented; notably big surface for absorption (100-2 hundred cm²); level of vascularization could be very high in a few regions; vulnerable variations of pH and so on.^[51] however also, some of drawbacks are slow absorption from the Buccal mucosa is a assignment, top notch variations of permeability most of the distinct regions of the oral mucosa exists, sublingual area is skinny and non-keratinized (exceptionally permeable), cheek mucosa is thicker and non-keratinized (pretty permeable) and palate is skinny epithelium however tremendously keratinized, negligible permeability.^[52]

The Eli-Lilly and Genex conducted section 1 and segment 2 trials in patients with T1DM and T2DM with promising effects.^[53-54] but, in 2004 each companies dissolved their development agreements.^[55] The segment 2 medical trial is on-going on and further information is awaited (NCT00948493 and NCT00668850). Another molecule being advanced by using Shreya lifestyles Sciences Pvt. Ltd., India is oral Recosulin® and the consequences of the phase 2 and phase three trials are awaited.^[56-57]

Vaginal route of insuline transport

In keeping with the literature review, tries had been made with lyso-phosphatidylcholine-containing insulin as an aqueous solution and as lyophilized powder with bioadhesive starch microspheres administered intravaginally to sheep.^[58] according to Golomb et al insulin has been administered thru intrauterine shipping in rats and observed to be absorbed in a biologically lively form in the uterus of rats. He defined the absorption and the systemic organic impact of peptide pills after instillation into the uterus of the rat. The purpose of this research became to first display for potential effectiveness several gels as insulin delivery structures and to select one promising dosage form as candidate for further evaluation in rabbits and guy.^[59-60] further research is going on regarding the vaginal direction of insulin transport in future.

Clonic insuline delivery

Oral colon delivery is presently considered of significance not only for the treatment of nearby pathologies, which includes normally inflammatory bowel sickness, however additionally as a means of undertaking systemic therapeutic desires. Huge intestine is preferably no longer perfect for absorption methods for capsules however it has certain advantages over small gut like, lengthy transit time, decrease ranges of peptidases (save you destruction of peptides) and better responsiveness to permeation enhancers. Therefore, it's been underneath significant research as a probable strategy to improve the oral bioavailability of peptide and protein capsules. Oral transport structures meant for colonic launch of insulin have been devised in keeping with microflora-, pH-and time-established techniques have been well defined in a assessment with the aid of Maroni et al.^[61] Bioavailability and pharmacological availability facts are generally nevertheless some distance from being reliable in terms of magnitude, onset, duration and especially, consistency for this direction of management and it's miles below investigation. despite the enthusiasm and progress in

making oral insulin, there's nonetheless a protracted manner to go earlier than these products may be available in the mark.

Rectal Route

In absence of absorption enhancers, bioavailability of healing peptides and proteins through rectal management is less than that accomplished with the aid of intramuscular, intravenous or subcutaneous management.^[64] as a consequence absorption enhancers are used and sodium salicylate is proved powerful in improving the rectal absorption of insulin in people. Insulin suppositories should manipulate the postprandial glycaemia in a extra physiological way than traditional insulin therapy because great quantities of insulin absorbed from the rectum input at once into the portal vein.^[65]

Rectal gels^[62] and suppositories^[63] confirmed truthful outcomes. But, this direction is not commercially possible.

Ocular transport

Insulin can also be instilled into eyes as eye drops which can be non-invasive and comparatively convenient which lets in rapid systemic absorption due to bypassing the GIT and liver. Nasal meatus is the web page in which the systemic absorption of instilled drug majorly takes location, even though some absorption takes area from the conjunctival sac and similarly studies is going on regarding ocular transport of insulin.^[66-67]

Intraperitoneal insuline/ intra- portal

The intravenous and subcutaneous course of insulin shipping are associated with peripheral hyperinsulinemia and considered nonphysiological. Direct delivery of insulin in the portal vein mimics the high portal insulin attention. This course of insulin shipping has been investigated because the Nineteen Seventies.^[68] The pump (The MIP 2007C Medtronic/Minimed, Northridge, CA, usa) is implanted underneath the subcutaneous tissue inside the decrease stomach under trendy anesthesia. From this subcutaneous pocket, the peritoneum is opened, and the end of the catheter is cautiously inserted and directed in the direction of the liver. After implantation, the pump reservoir is refilled in the outpatient health facility transcutaneously as a minimum each 3 months, relying at the character insulin requirement. scientific trials have proven safety and efficacy of intraperitoneal insulin delivery.^[70-71] the limitations of this direction of insulin management consist of it's far

invasive, may be related to subcutaneous infections, cannula blockage, better value, portal-vein thrombosis and peritoneal contamination.^[72]

PULMONARY shipping OF INSULIN

Insulin can be administered by pulmonary rout using techniques aerosol inhalation and Intratracheal instillation. Aerosol offers more Uniform distribution with greater extent of Penetration into peripheral or into alveolar location of the lungs.^[73] whilst added into the lungs, they Readily absorbed thru the alveolar vicinity immediately into blood circulate. This can be executed with the aid of liquid nebulizers, aerosol primarily based metered dose inhalers and dry powder dispersion gadgets. Simplicity of self management, large floor location of lungs that improves absorption, extraordinarily high bioavailability and non-invasiveness are the advantages of this transport machine.^[74]

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REFERENCES

1. Katjung BG, Masters SB, Trevor AJ; Basic and clinical pharmacology, McGraw Hill Education, 12th edition.
2. Arvind Arora; Self-assessment and review of pharmacology, Pulse publications, 5th edition, 542-543.
3. Triphati KD; Essentials of medical pharmacology.
4. Dunstan DW, Zimmet PZ, Welborn TA, Cameron AJ, Sicree RA. et. al; The rising prevalence of diabetes and impaired glucose tolerance: The Australian diabetes, obesity and lifestyle study. Diabetes. Care, 2002; 25: 829-834.
5. Rizvi AA; Type-2 diabetes: epidemiologic trends, evolving pathogenic concepts, and recent changes in therapeutic approach. South. Med. J, 2004; 97: 1027-8.
6. Wild S, Roglic G, Green a, Sicree R. et. al; Global prevalence of diabetes, estimates for the year 2000 and projections for 2030. Diabetes. Care, 2004; 27: 1047-53.
7. Rosenfeld L; Insulin: discovery and controversy. Clin. Chem, 2002; 48: 2270-2288.
8. Fry A. Insulin delivery device technology 2012: Where are we after 90 years? J Diabetes Sci Technol, 2012; 6: 94.
9. Selam JL. Evolution of diabetes insulin delivery devices. J diabetes Sci Technol, 2010; 4: 505-13.

10. Saboo BD, Talaviya PA. Continuous Subcutaneous Insulin Infusion: practical issues. *Indian J Endocrinol Metabol*, 2012; 259-62.
11. Neville KA, Ross LJ. Continuous Subcutaneous Insulin Infusion versus Multiple Daily Injections for Type 1 Diabetes. *J Paedia and Child Health*, 2019; 55(6): 718-22.
12. Brazg RL, Bailey TS, Garg S, Buckingham BA, Slover RH, Klonoff DC. The ASPIRE study: Design and methods of an in-clinic crossover trial on the efficacy of automatic insulin pump suspension in exercise-induced hypoglycemia. *J Diabetes Sci Technol*, 2011; 5: 1466-71.
13. Bergenstal RM, Klonoff DC, Garg SK, Bode BW, Meredith M, Slover RH et al. Threshold- Based Insulin-pump Interruption for Reduction of Hypoglycemia. *New Eng J Med*, 2013; 369: 224-32.
14. Fonte P, Araujo F, Reis S, Sarmiento B. Oral Insulin Delivery: How Far Are We? *J Diabetes Sci Technol*, 2013; 7: 520-31.
15. Aminabhavi TM. Oral Insulin Therapy for Diabetic Treatment. *J Pharmace care Health*, 2014; 1(4): 1-2.
16. Arbit E, Kidron M. Oral Insulin Delivery in a Physiologic Context: Review. *J Diabetes Sci Technol*, 2017; 11(4): 825-32.
17. Website: <http://www.oramed.com/pipeline/ormd-0801-type-2/>.
18. Sakloetsakun D, Dünnhaupt S, Barthelmes J, Perera G, BernkopSchnürch A. Combining two technologies: Multifunctional polymers and self-nanoemulsifying drug delivery system (SNEDDS) for oral insulin administration. *Int J Biol Macromol*, 2013; 61: 363-72.
70. Yaturu S. Insulin therapies: Current and future trends at dawn. *World J Diabetes* 2013; 4: 1-7.
19. Salzman R, Manson JE, Griffing GT, Kimmerle R, Ruderman N, McCall A, et al. Intranasal aerosolized insulin. Mixed-meal studies and long-term use in type I diabetes. *N Engl J Med*, 1985; 312: 1078-84.
20. Frauman AG, Cooper ME, Parsons BJ, Jerums G, Louis WJ. Long-term use of intranasal insulin in insulin-dependent diabetic patients. *Diabetes Care*, 1987; 10: 573.
21. Leary AC, Stote RM, Cussen K, O'Brien J, Leary WP, Buckley B. Pharmacokinetics and pharmacodynamics of intranasal insulin administered to patients with type 1 diabetes: A preliminary study. *Diabetes Technol Ther*, 2006; 8: 81-8.
22. Illum L. Nasal drug delivery — Recent developments and future prospects. *J Control Release*, 2012; 161: 254-63.

23. Stote R, Marbury T, Shi L, Miller M, Strange P. Comparison pharmacokinetics of two concentrations (0.7% and 1.0%) of Nasulin, an ultra-rapid-acting intranasal insulin formulation. *J Diabetes Sci Technol*, 2010; 4: 603-9.
24. Benedict C, Frey WH 2nd, Schiöth HB, Schultes B, Born J, Hallschmid M. Intranasal insulin as a therapeutic option in the treatment of cognitive impairments. *Exp Gerontol* 2011; 46: 112.
25. Illum L. Nasal drug delivery Recent developments and future prospects. *J Control Release*, 2012; 161(2): 254-63.
26. Shah RB, Patel M, Maahs DM, Shah VN. Insulin delivery methods: Past, Present and Future. *Int J Pharmace Investi*, 2016; 6(1).
27. Gänsslen M. Über inhalation von insulin. *Klin Wochenschr*, 1925; 4: 71.
28. Wigley FW, Londono JH, Wood SH, Shipp JC, Waldman RH. Insulin across respiratory mucosae by aerosol delivery. *Diabetes*, 1971; 20: 552-6.
29. Elliott RB, Edgar BW, Pilcher CC, Quested C, McMaster J. Parenteral absorption of insulin from the lung in diabetic children. *Aust Paediatr J*, 1987; 23: 293-7.
30. Heinemann L. Alternative delivery routes: Inhaled insulin. *Diabetes Nutr Metab*, 2002; 15: 417-22.
31. FDA Approved Drug Products. Available from: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.DrugDetails>. [Last accessed on 2013 Oct 27].
32. Patton JS, Bukar JG, Eldon MA. Clinical pharmacokinetics and pharmacodynamics of inhaled insulin. *Clin Pharmacokinet*, 2004; 43: 781-801.
33. Alabraba V, Farnsworth A, Leigh R, Dodson P, Gough SC, Smyth T. Exubera inhaled insulin in patients with type 1 and type 2 diabetes: The first 12 months. *Diabetes Technol Ther*, 2009; 11: 427-30.
34. Flood T. Advances in insulin delivery systems and devices: Beyond the vial and syringe. *Insulin*, 2006; 1: 99-108.
35. Richardson PC, Boss AH. Technosphere insulin technology. *Diabetes Technol Ther*, 2007; 9 Suppl 1: S65-72.
36. Neumiller JJ, Campbell RK, Wood LD. A review of inhaled technosphere insulin. *Ann Pharmacother*, 2010; 44: 1231.
37. Thippawong J, Otulana B, Clauson P, Okikawa J, Farr SJ. Pulmonary insulin administration using the AERx insulin diabetes system. *Diabetes Technol Ther*, 2002; 4:

- 499-504. 84. Prausnitz MR, Langer R. Transdermal drug delivery. *Nat Biotechnol*, 2008; 26: 1261-8.
38. Prausnitz MR, Langer R. Transdermal drug delivery. *Nat Biotechnol*, 2008; 26: 1261-8.
39. Kanikkannan N. Iontophoresis-based transdermal delivery systems. *Bio Drugs*, 2002; 16: 339-47.
40. Rao R, Nanda S. Sonophoresis: Recent advancements and future trends. *J Pharm Pharmacol*, 2009; 61: 689-705.
41. Andrews S, Lee JW, Choi SO, Prausnitz MR. Transdermal insulin delivery using microdermabrasion. *Pharm Res*, 2011; 28: 2110-8.
42. Charoo NA, Rahman Z, Repka MA, Murthy SN. Electroporation: An avenue for transdermal drug delivery. *Curr Drug Deliv*, 2010; 7: 125-36.
43. Malakar J, Sen SO, Nayak AK, Sen KK. Formulation, optimization and evaluation of transferosomal gel for transdermal insulin delivery. *Saudi Pharm J*, 2012; 20: 355-63.
44. Freckmann G, Pleus S, Haug C, Bitton G, Nagar R. Increasing local blood flow by warming the application site: Beneficial effects on postprandial glycemic excursions. *J Diabetes Sci Technol*, 2012; 6: 780-5.
45. Freckmann G, Pleus S, Westhoff A, Krinelke LG, Buhr A, Jendrike N, et al. Clinical performance of a device that applies local heat to the insulin infusion site: A crossover study. *J Diabetes Sci Technol*, 2012; 6: 3207.
46. Vaughn DE, Muchmore DB. Use of recombinant human hyaluronidase to accelerate rapid insulin analogue absorption: Experience with subcutaneous injection and continuous infusion. *Endocr Pract*, 2011; 17: 914-21.
47. Bariya SH, Gohel MC, Mehta TA, Sharma OP. Microneedles: An emerging transdermal drug delivery system. *J Pharm Pharmacol*, 2012; 64: 11-29. 48.
48. Rahman SK, Kawatra P. Insulin delivery: what is new in the queue? *Int J Basic Clin Pharmacol*, 2016; 6: 229-33.
49. Illum L. Nasal drug delivery Recent developments and future prospects. *J Control Release*, 2012; 161(2): 254-63.
50. Shah RB, Patel M, Maahs DM, Shah VN. Insulin delivery methods: Past, Present and Future. *Int J Pharmaceut Invest*, 2016; 6(1): 1-9.
51. Bargman JM. Intraperitoneal versus subcutaneous insulin in patients on nighttime IPD. *Adv Perit Dial*, 1994; 10: 116-9.
52. Kumria R, Goomber G. Emerging trends in insulin delivery. *J Diabetol*, 2011; 2(2): 5-10.

53. Heinemann L, Jacques Y. Oral insulin and buccal insulin: A critical reappraisal. *J Diabetes Sci Technol*, 2009; 3: 568-84.
54. Kumria R, Goomber G. Emerging trends in insulin delivery: Buccal route. *J Diabetol*, 2011; 2: 1-9.
55. Generex & Lilly dissolve Oral-in Insulin Spray collaboration. Available from: <http://www.islet.org/forum029/messages/26908.Htm>. [Last accessed on 2013 Nov 10].
56. World's First Oral Insulin Spray Launched in India. *Asia Pacific Biotech News*, 2008; 12: 60. Available from: <http://www.worldscientific.com/doi/abs/10.1142/S0219030308000918>. [Last accessed on 2013 Nov 10].
57. Generex Provides Update on Generex Oral-ly Conference Call. PR News wire. WORCESTER, Mass. And TORONTO, Sept. 27, 2013. Available from: <http://www.prnewswire.com/news-releases/generex-provides-update-on-generex-oral-lyn-conferencecall-225497092.html>. [Last accessed on 2013 Nov 10].
58. Bartlett JD, Henson AT, Atchison JA, Woolley TW, Pillion DJ. Insulin Administration to the Eyes of Normoglycemic Human Volunteers. *J ocular pharmacol and therapeutics*, 2009; 10(4): 15-21.
59. Shichiri M. Increase intestinal absorption of insulin: an insulin suppository *J Pharmacy Pharmacol*. 1978; 30(12): 806-8.
60. Sindhu A, Bharath S, Furtado S, Deveswaran R, Basavaraj BV. Development and advances in insulin delivery. *S Afr Pharm J*, 2011; 78(6): 32-7.
61. Maroni A, Zema L, Del Curto MD, Foppoli A, Gazzaniga A. Oral colon delivery of insulin with the aid of functional adjuvants. *Adv Drug Deliv Rev*, 2012; 64: 540-56.
62. Ritschel WA, Ritschel GB, Ritschel BE, Lückner PW. Rectal delivery system for insulin. *Methods Find Exp Clin Pharmacol*, 1988; 10: 645-56.
63. Yamasaki Y, Shichiri M, Kawamori R, Kikuchi M, Yagi T, Ara S, et al. The effectiveness of rectal administration of insulin suppository on normal and diabetic subjects. *Diabetes Care*, 1981; 4: 454-81.
64. Shichiri M. Increase intestinal absorption of insulin: an insulin suppository *J Pharmacy Pharmacol*, 1978; 30(12): 806-8.
65. Sindhu A, Bharath S, Furtado S, Deveswaran R, Basavaraj BV. Development and advances in insulin delivery. *S Afr Pharm J*, 2011; 78(6): 32-7.
66. Lee YC, Yalkowsky SH, Pahala S, Pinsuwan S. Review on the systemic delivery of insulin via the ocular route. *Int J Pharmacueu*, 2002; 233: 1-18.

67. Bartlett JD, Henson AT, Atchison JA, Woolley TW, Pillion DJ. Insulin Administration to the Eyes of Normoglycemic Human Volunteers. *J ocular pharmacol and therapeutics*, 2009; 10(4): 15-21.
68. Botz CK, Leibel BS, Zingg W, Gander RE, Albisser AM. Comparison of peripheral and portal routes of insulin infusion by a computer-controlled insulin infusion system (artificial endocrine pancreas). *Diabetes*, 1976; 25: 691-700.
69. Van Dijk P. Intraperitoneal insulin. *Diapedia the Living Textbook of Diabetes*. 2013. Available from: <http://www.diapedia.org/type1-diabetes-mellitus/2104588419/intraperitoneal-insulin>. [Last accessed on 2013 Nov 12].
70. Renard E. Insulin delivery route for the artificial pancreas: Subcutaneous, intraperitoneal, or intravenous? Pros and cons. *J Diabetes Sci Technol*, 2008; 2: 735-8
71. Gin H, Renard E, Melki V, Boivin S, Schaepelynck-Bélicar P, Guerci B, et al. Combined improvements in implantable pump technology and insulin stability allow safe and effective long term intraperitoneal insulin delivery in type 1 diabetic patients: The EVADIAC experience. *Diabetes Metab*, 2003; 29: 602-7.
72. Kumareswaran K, Evans ML, Hovorka R. Closed-loop insulin delivery: Towards improved diabetes care. *Discov Med*, 2012; 13: 159-70
73. Pandey Shivanand, Choudhary Amruta, Patel Binal, R. Mahalakshmi, Devmurari Viral, N. P. Jivan-Pulmonary delivery as a route for insulin, *Int. J. Pharmtech Res*, 2009; 1(4): 1190-1197.
74. Jaleh Varshosaz- Insulin Delivery Systems for Controlling Diabetes- Recent Patents on Endocrine, Metabolic and Immune Drug.