

HERBAL MEDICINE A NOVEL DRUG DELIVERY SYSTEM: A REVIEW

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Abstract

Self-emulsifying drug delivery system may be defined as the mixture of isotropic substances like oil, surfactant solvents/ co-solvents. These are used for the improvement of oral drug delivery system. For oral drug delivery system this may contains the soft and hard gelatin capsule. These are stable O/W emulsion preparation. Many types of parameters are used in this process. In a recent era, herbal medicine is mostly been used. Herbal drugs are also used in self emulsion drug delivery system due to their isotropic a thermodynamic property. Lipophilic nature of this formulation may solve the problem of poor solubility of drugs. The bioavailability of poor soluble drugs is been calculated by drug dissolution process. For improving the bioavailability pro drug process is used.

KEYWORDS: SEDDS and SMEDDS, Herbal drugs, bioavailability and oral dosage form

1. INTRODUCTION

Isotropic substances (oil and surfactant mixture) are used for the preparation of Self emulsifying drug delivery system (SEDDS).¹ It may include many types of co-solvents and solvents. These systems have diluted aqueous media which contains oil in water emulsions and micro emulsions.^{2,3} It may spread in GI tract and may digested in stomach and intestine. Intestine may give some agitation for digestion.^{4,5} The size of this emulsification is between 100 to 300nm but the size of the micro emulsion may be range between 50nm. Self-emulsification drug delivery system (SEDDS) and self-micro emulsification drug delivery systems (SMEDDS) are more stable and are easy to manufacture.^{6,7} For sustained release drug dosage form SMEDDS is used. It contains polymeric matrix. These matrixes are not ionized by pH and when it goes through the GI tract it forms gelled micro polymers and produced continuously with sustained matter by diffusion.^{8,9} In oral ingestion these contain chain of triglyceride oils and surfactant which are non-ionic. The drugs like cyclosporine, digoxin etc are lipophilic in nature are used in SMEDDS. These drugs are used for oral route of administration.^{10,11} The choice of excipient may confirm that whether these drugs are in liquid form or in semisolid form. These drugs may be given in a form of hard and soft gelatin of capsule.^{12,13} Bioavailability plays a main role in drug abortion. If the bioavailability of a drug is good it will be absorbed better or if the bioavailability of a drug is poor it did not absorb into the body cavity.^{14,15} The bioavailability of a lipophic drug is more when it was taken with meal which are reach in fats. This type of formulation may enhance the drug solubility in GI tract. Lipid base and therapeutic index-based drug may normalise the absorption of drug.^{16,17,18} Various types of mechanism are there to enhance the drug absorption: -

1. P-glycoprotein-mediated inhibitions of drug and gut membrane bound for pre absorptive metabolism.
2. Lymphatic transport promotion.
3. GI membrane permeability increased.

Dissolution rate is improved, if there are some small modification is done in physiochemical properties and may focus in the lipid-based formulations.^{19,20,21,22}

HERBAL MEDICINE A NOVEL DRUG DELIVERY SYSTEMS

In recent era, herbal formulation is been used against the synthetic formulation. Many formulations are been used or in market and some are in process. Some formulations are mucoadhesive, transdermal dosage forms, microcapsules, nanoparticles etc. of herbs.^{23,24} Prolong release dosage form may be included in conventional dosage form. It may unable to satisfy the drug holding components and the period of treatment which are unable to response to therapeutic dosage.^{25,26,27} Nano-sized dosage may be occurred in Phyto-formulation and it has advantages in herbal

drugs. It enhanced the bioavailability, stability and solubility, it gives toxicity protection, pharmacological activity may increase, it may help in macrophage distribution, it helps in protecting from degradation.^{28,29,30} The nano-sized herbal drugs may improve the activity and remove the problems which are associated with plant medicines. For encapsulating hydrophilic and hydrophobic may encapsulated by liposomes and this may biodegradable and has non-toxic vehicles.³¹

HERBAL NANOMEDICINES OF SNEDDS AND SMEDDS

Herbal medicine is also known as traditional medicine. Now a day herbal medicine is mostly used. These medicines are cheap in cost.^{32,33} Now a day every researcher has focus on medicinal plants due to their elucidating of chemical composition. These may use for the poor water-soluble drugs. The drugs have low absorption and bioavailability in GI tract.^{34,35,36} Dissolution rate are used for the enhancing the bioavailability of solid and liquid dosage form. Surface area is expanded in solid dosage form which increases the dissolution rate.^{37,38} Polymers are used for the stabilizing the compounds. Lipid based excipient are used for the preparation of these formulation.^{39,40} SEDDS used oil solution, emulsions and micellar system. LBDDS may avoid the dissolution of excipient digestion, colloid phases. Lamellar and hexagonal phase are obtained in the formulation of drugs.^{41,42,43} Extraction process is done for the herb. It may follow boiling and percolation technique. Different types of solvents are used in this process. The plant extract then heated and dried. It forms the powder materials and pastes.^{44,45,46} These contains organic chemicals like sterols, alkaloids, tannins etc. active constituent of herbal drugs have poorly soluble. It has hydrophobic and poor distribution properties. It has low bioavailability and the efficacy of treatment is been decreases.^{47,48,49} Doses may require regularly or repeatably. In recent time, liposomes, solid lipid nanoparticles and nano-emulsion process are used for the overcome the toxicity, enhancing the bioavailability and solubility, pharmacological activity.^{50,51,52} It is also used for improving the macrophage tissues distribution. These may enhance the stability, provide protection from physical and chemical degradation. By the use of nano size drug delivery system, enhanced and overcomes the problems of herbal drugs. SEDDS increases the bioavailability of poor soluble drugs. These have a potential carrier system.^{53,54,55,56}

SMEDDS and SNEDDS are used for the drug load of herbal. Due to the presence of lipophilic natures, these may help to solve the problems like poor solubility, bioavailability, oral absorption is low and instability.^{57,58,59} These techniques are very easy to use and have a advantages like direct production, higher loading dose etc as compared to any other formulation delivering herbal medicine. SEDDS contains oil, surfactant, co-surfactant, thermodynamically stable and isotropic in nature.^{60,61,62} In lymphatic pathway, drugs are easily absorbed. Globule size is used in micro-emulsion. these sizes of the drugs may pass the first pass effect. The size of the SEDDS is 5100nm. Lipophilic capacity may help these drug filled into the soft and hard gelatin capsules.^{63,64,65} Solubility of herbal drugs are increased by this process. SEDDS are also used to increases the *in vivo* bioavailability for herbal drugs. SEDDS has great advantages in pharmaceuticals due to their lipophilic property. Extract chemical complexity are most important in the formulation success.^{66,67,68} In this formulation active medicament is released. Some vehicles are also used in this formulation. These vehicles are help to improve the solubility, degradation process minimized, toxicity reduction etc of drugs. Vehicles are also used to control the biological and active response in absorption.^{69,70,71}

SLNs, PSLCs and LC technique are also used in the manufacture of the herbal formulation. These may help to allow the substance property and change the behaviour property of herbal drugs.^{72,73,74} The technique may produces revolutionized in the herbal drug delivery system. These drug delivery systems reintroduce the other components and also increase the effectiveness of the active components. These are used in cosmetic industries. This process may help to combined the different types of active substances of hydrophilic and lipophilic.^{75,76,77}

The poor water-solubility of a drug indicates low absorption, and the rate of drug dissolution in the gastrointestinal tract often controls bioavailability. Two principles commonly used to increase compound bioavailability that is enhancing the dissolution rate of solid dosage forms and dissolving the compound in solution to obtain liquid dosage forms. In solid dosage forms, the dissolution rate is improved by expanding the surface area (such as in nanoparticles) or by stabilizing the compound's amorphous or molecular structure in polymers (for solid dispersions and complexes with cyclodextrin) [4–6]. Several reports proved that solid dispersion and cyclodextrin complexes could enhance the dissolution of itraconazole, disulfiram, and glimepiride [7–9]. For liquid dosage forms, lipid-based excipients are used to prepare formulations with the compound dissolved in solution [6]. Lipid-based drug delivery systems (LBDDS) include a range of various methods, such as oil solutions, micellar systems, emulsions, and self-emulsifying drug delivery systems (SEDDS). LBDDS avoid dissolution in the gastrointestinal tract but

involve complex processes, such as digestion of the excipients, the formation of different colloid phases, and transfer of the drug among these phases. The drug in the solution obtained from the formulation is partitioned into lamellar or hexagonal phases, which are developed during the digestion process, and then into mixed micelles [6,10]. Besides, Self-Nano Emulsifying Drug Delivery System (SNEDDS) has recently been enhanced to obtain better dissolution, solubility, and The poor water-solubility of a drug indicates low absorption, and the rate of drug dissolution in the gastrointestinal tract often controls bioavailability. Two principles commonly used to increase compound bioavailability that is enhancing the dissolution rate of solid dosage forms and dissolving the compound in solution to obtain liquid dosage forms. In solid dosage forms, the dissolution rate is improved by ex- panding the surface area (such as in nanoparticles) or by stabilizing the compound's amorphous or molecular structure in polymers (for solid dispersions and complexes with cyclodextrin) [4–6]. Several reports proved that solid dispersion and cyclodextrin complexes could enhance the dissolution of itraconazole, disulfiram, and glimepiride [7–9]. For liquid dosage forms, lipid-based excipients are used to prepare for- mulations with the compound dissolved in solution [6]. Lipid-based drug delivery systems (LBDDS) include a range of var- ious methods, such as oil solutions, micellar systems, emulsions, and self-emulsifying drug delivery systems (SEDDS). LBDDS avoid dissolu- tion in the gastrointestinal tract but involve complex processes, such as digestion of the excipients, the formation of different colloid phases, and transfer of the drug among these phases. The drug in the solution obtained from the formulation is partitioned into lamellar or hexagonal phases, which are developed during the digestion process, and then into mixed micelles [6,10]. Besides, Self-Nano Emulsifying Drug Delivery System (SNEDDS) has recently been enhanced to obtain better dissolution, solubility, and

2. SELF EMULSIFICATION PROCESS

There are two types of self-emulsifying process which are: -

1. Self-Nano Emulsifying Drug Delivery System (SNEDDS): self-nano emulsion is used for the manufacturing of SNEDDS. These are oil in water type and water in oil type. These are heterogenous dispersions. The mean droplet size is 20- 200nm. This process helps to increases the drug solubility.^{78,79}

2. Self-Micro Emulsifying Drug Delivery System (SMEDDS): self-nano emulsion is used for the manufacturing of micro emulsion. These emulsion systems may have lowest chemical equilibrium. Particle sizes is the main reasons for micro-emulsion and normal emulsions. The normal emulsion sizes are 0.2 to 10 μm and the micro emulsions sizes are 2 to 100nm.^{34,35} It has large surface aera for absorption and dispersions. These are easily penetrating the GI tract and may easily absorbed. This is the reason it has higher bioavailability.^{80,81}

3. INGREDIENT REQUIRED FOR FORMATION OF SELF-EMULSIFICATION DRUG DELIVERY SYSTEM

1. EXCIPIENTS

Excipients are selected by the toxicity issues of the components. Some restrictions are used. Factors like temperature, oil/surfactant ratio etc are used in the self-micro emulsification process. For efficient self- micro emulsifying system, a combination of excipients is used.^{82,83}

In SMEDDS, the most important excipient is oil. Self-emulsification and lipophilic drugs are solubilized due to transport fraction of lipophilic drugs in intestinal system. It may increase the triglyceride molecular nature.^{84,85} For designing of self-emulsification nano formulations long chain triglyceride and medium chain triglyceride are used. Edible oil and lipids are not used for the development of SMEDDS because it has poor ability of drug absorption but it did not dissolve the lipophilic drugs. Some drugs contain vegetable oils which are modified and hydrolysed and approved for oral use. It exhibits good solubility properties.^{86,87} This product has physiological advantages of degradation in intestine. In SMEDDS regular chain of triglyceride is replace by novel semisynthetic medium chain derivatives.⁸⁸

2. SURFACTANTS

For designing of self-emulsified system several types of surfactant are been used. HLB (hydrophilic-lipophilic balance) is are the most commonly used non-ionic surfactant. polyoxyethylene oleate and polyglycolyzed glycerides are the most common emulsifiers.^{89,90} For choosing a surfactant safety play the most important role. Natural origin surfactant is mostly used rather than synthetic one but natural surfactant has some limited capacity of self-emulsifications. Ionic surfactant is more toxic than non-ionic surfactant. It shows some changes in intestinal

lumen.^{91,92} For the formation of SMEDDS higher amount of surfactant and cosurfactant ratios is required. There is a relation between the surfactant concentration and droplet sizes. If the concentration of droplet is increases there is a decrease in droplet size. In some cases, if the concentration of surfactant is increasing the droplet size is also increases.^{93,94} Interfacial disruption may enhance the water penetration power. These waters may enter into the oil and the increased concentration of surfactant were help oil droplets for the removable from this aqueous phase.^{95,96} For improving the bioavailability surfactants is used in the formulation. There is various mechanism by which the surfactant is enter into the body cavity like dissolution of drug, permeability of intestinal epithelial increased etc. GI tract may get irritated by some surfactant. Surfactant are chosen by the nature of hydrophilic groups.^{97,98} There are four main types of surfactant: -

- a. Anionic surfactants
- b. Cationic surfactants
- c. Ampholytic surfactants
- d. Non-ionic surfactants

3. CO-SURFACTANT

In this HLB value ranging from 10-14 is used. Co-surfactant may contain alcohols chain. The oil and water interfaces are reduced by the alcohols. These are used for the manufacturing of micro emulsion formulations.^{100,101} Surfactant is used for the manufacturing of SEDDS. Concentration of SEDDS may be controlled by surfactant. interfacial tension was low due the use of Co-surfactant. Fine dispersed droplets are formed by the value of interface.^{102,103} It will absorb more surfactant and co-surfactant last up to depletion of bulk conditions and make the interfacial tension positive. Spontaneous emulsion formed from the microemulsion. Non-ionic surfactants did not require co-surfactant.^{104,105} This co-surfactant is used for the formation and solubilization of drugs in SEDDS. Oral administration of drugs is very much suitable when the amount of hydrophilic surfactant is dissolved in self-emulsifying. When it is incorporated into the capsule dosage form the formulations exhibits very much advantages. Some migrate formulations may contain a soft and hard gelatin shell capsule.^{106,107}

IMPORTANT OF SEDDS

1. Formulation of capsule may contain poor water-soluble compounds which may pre-dissolved the compounds in a solvent.
2. These pre-dissolving compounds may overcome the GI rate limiting steps.
3. In hydrophilic solvent, when formulation may disperse in GI tract it creates some potential problems in that.
4. in lipid vehicles, the drug may be less dissolved and less dilution in GI tract.
5. Poor soluble drugs may have been formulated in a solid solution with different types of water-soluble polymers.
6. Drugs may require more thermodynamically stable potentials and it contains crystallized polymers matrix.
7. there are some technique may use in SEDDS like calorimetry and X-ray crystallography.^{108,109,110,111,112}

MECHANISM OF SEDDS

Formation of Micro emulsion has been done by no single theory. At oil and water interface a complex is formed. Thermodynamics theory explain the formation of micro-emulsion. The dispersion is changed due to the entropy. The energy required is greater than the surface area of dispersion and the free energy is negative.^{113,114,115} These free energy formed the new surface between the phases and shown by the equations: -

$$\Delta G = \Sigma N \pi r^2 \sigma$$

Where, ΔG = free energy

N = number of droplets

r = radius

σ = interfacial energy

these two layers may be separated when interfacial area reduces and the system may reduce. conventional emulsified agents help in the formation of emulsion. surrounding of emulsion droplets, a mono layer is formed. It may provide a barrier to prevent coalescence.^{116,117,118}

DOSAGE FORMS FROM SEDDS

Liquid dosage form is usually used in SEDDS due to excipient used in that these excipients are not solid at room temperature.

1. Dry emulsions

This formulation is prepared by oil in water (O/W). Spray drying, freeze drying and rotary evaporation are used in emulsion which contain solid carrier in aqueous phase. It will disperse *in vivo* and in aqueous solution. This is also used in tablet and capsule preparation. Oral protein and peptone is also delivered.^{119,120,121}

2. Sustained and Controlled-release tablets

For reduction of solidifying excipients requirement SEDDS transformation is used in solid dosage forms. Sustained release tablets have a greater obviating in adverse effect. Thorough the GI tract self-emulsification could increase the penetration effect and it may reduce the GI tract bleeding. self-emulsifying osmotic pump tablet are the improve and newest self-emulsifying tablet. In this the pump may carry the elementary system.^{122,123}

3. Self-emulsifying suppositories

SEDDS may increase the GI tract absorption as well as these may increase the rectal and vaginal adsorption. For better results or therapeutic effects these may be taken orally. These may be inserted by vaginal and rectal for better results.^{124,125}

4. Implants of Self-emulsifying

The implants of self-emulsification may improve the utility and application. These are used in chemotherapeutic agents. It has short half-life. It enhances the stability and permeability of self-emulsifying system. By compression method it should be wafers into flat and smooth surface. It increases the *in vitro* half-life from 45 mins to 130mins and prolong for 7 days.^{126,127}

DRUG PROPERTIES AND CHARACTERIZATION OF SEDDS

Drug property should have –

1. The drug concentration should not be high
2. These drugs must be oil soluble
3. Melting point is high
4. The value of log P should be high

For characterisation of SEDDS-

1. Equilibrium phase: - In this process non equilibrium interfacial phenomena are used for the detection of self-emulsification behaviour.^{128,129}

2. Measurement of turbidity: - This process helps to detect whether the dispersion has reached to target in rapidly and reproducible time. It was done by Hach turbidity meter or the Orbeco-helle turbidity meter.^{130,131}

3. Size of droplet: - this is the main factor. It helps to determine the drug rate and extent release. It may also help to determine the emulsion. For the detection of emulsion droplet size Coulter Nanosizer and Photon correlation spectroscopy are used. Study of dispersed phase system Freeze-fracture electron microscopy is used.^{132,133}

4. Measurement of zeta potential: - This process is used for the detection of charge in the droplet. In SEDDS the charges are negative.^{134,135}

5. Emulsification time: - Light microscopy is used for this process. The surface of large droplets has erosion of fine cloud due to mechanism of emulsification. It has the reduction in droplet size.^{136,137}

6. Liquefaction of time: - Process is done to estimate the time required for melting the drug into the GI.^{138,139}

7. Small angle neutron scattering: - This gives the information of size and shape of droplets.

8. Small-angle X-ray scattering: this process gives the information on macromolecules size which is between 5 to 25nm and it should be distances up to 150nm. The micro scale and nano scale systems are determined with a parameter like size, shapes, distribution etc.^{140,141}

BIOAVAILABILITY ENHANCEMENT OF DRUGS BY SEDDS

Solubility and permeability are the main chemical stable drugs used in drug bioavailability. Low permeation, extent of drug and rate the main causes of poor drug absorption. It should be divided into class I to IV. Poor bioavailability of class II drugs should depend on solubility and dissolution rate. It exhibits the bioavailability of drugs in vivo with correlated with in vitro dissolution. Micronization, co-solvents, solid dispersions and complexation are technique used for the better solubility of class II.^{142,143,144}

SNEDDS AND SMEDDS IMPROVED DISSOLUTION RATE AND BIOAVAILABILITY OF POORLY SOLUBLE DRUG

From SNEDDS and SMEDDS compound of drugs will be take place into the intestinal fluid due to the droplet transport and disintegration in GI tract. Particle size and polarity are used for the determination of drug release in SNEDDS and SMEDDS.^{145,146,147} In polarity the oil droplets may be reached to the drug capillaries. In animal study this oral bioavailability may show better absorption. These have limited uses due to their poor stability and large volumes. These system shows high stability and ability to soft gelatin capsules. Now a day, SEDDS formulation are used for HIV diagnosed.^{148,149,150,151}

Surfactants Effect

Surfactant are used to enhanced the permeability interfering by the single layer of lipid. By passive transcellular route drugs are absorbed. Surfactants may help in the partition of the cell membrane.^{152,153} It also enhanced the permeation of lipid bilayer. It increases the dissolution rate by enhancing the absorption. The large droplets are less neutralized due to the mucin and smaller micron are also formed. Coenzymes are also used in this. This are lipid soluble compound and show antioxidant activity.^{154,155,156} These are also used in cardiovascular treatment. Drugs which have high molecular weight and show water insolubility are absorbed into the GI tract.^{157,158}

Lipids effect

For oral drug delivery system lipid also show the greater advantages. It exerts the effects on biopharmaceutical properties of drug. Dissolution rate is increased in this process. Solubility is also increased and also degrade the chemical in the oil droplets.^{159,160,161} It also helps in the formation of lipoproteins and also help in the transport of lymphatic promoting drugs. The acid chain of triglyceride may affect the blood and lymph absorption profile of drug component.^{162,163,164} Lipid core associated the intestinal lymph and transport to the circulation system. It helps the formation of lipoprotein. Chylomicrons are formed in the systemic circulation. In intestinal cells, re-esterified of fatty acid are re-esterified to form a long chain. It is been secreted by exocytosis and flow through by lymph vessels. These increases the drug absorption into the blood.^{165,166,167}

P-glycoprotein inhibition

The bioavailability of hydrophobic and lipophilic drugs are increases by SEDDS in GIT tract. In oral bioavailability of drug is metabolism by cytochrome P450s by multidrug efflux pump.^{168,169} The drug which is been manufactured by SEDDS and SMEDDS inhibit the metabolism and the cytoplasm of drug is increased.^{170,171}

SNEDDS AND SMEDDS DRUG DELIVERY SYSTEM FOR IMPROVING THE BIOAVAILABILITY/LYMPHATIC UPTAKE/LIVER UPTAKE/PEPTIDE ETC.

SNEDDS and SMEDDS have O/W or W/O type system. In which some additives are used for the therapeutics agent. These microstructures are varying form the droplet of solution and bi- continuous.^{172,173} These are

thermodynamically stable. In various peptides and proteins these drugs are soluble. SMEDDS AND SNEDDS improve the absorption of drugs peptides. Surfactant, oil and concentration of drugs are used in the formulation of this system.^{174,175} These may disperse the droplets of microemulsion. Control release of drugs may contain water-in-oil type system. The parameters can adjust by protein and protein drugs. These contain hydrophilic molecules.^{176,177,178} Lymph is been present in lymphatic system. It forms the intricate network. Body water maintain the lymphatic system in intestinal fluid. These may return the immune cells to the lymph nodes. The SMEDDS and SNEDDS drugs are well absorption in lymph system.^{179,180,181} It crosses the first pass metabolism and protect disease spreading in lymphatic system. These protected the cancerous cell metastatic in the body. Drugs may be delivered by certain process into the intestinal lymphatic vessels. These are single-layer of endothelial cells.^{182,183} The lymphatic vasculature contains the porous walls and may be overlapped and are highly gapped. These increases the macro conjugated in open paracellular route by absorption enhancer. The entry point drug are Peyer's patches. Transcellular patch absorbed the drugs.^{184,185} These lymphatic systems are increased by polymer-based lipid nanoparticles and also used as a therapeutic agent. Endothelial wall provides the high molecular weight drugs. Lipid based formulation are used to improve the bioavailability of poorly soluble drugs.^{186,187,188} If the surface area is large the area of drug absorption is higher. Bile fluids may solubilize the emulsion globules. Surfactant may enhance the absorption of permeation changes. The value of HLB in SEDDS is smaller than 12 and in SMEDDS HLB value is greater than 12. These emulsions may help the drug to flow into the bloodstream.^{189,190,191}

ADVANTAGES OF SELF-EMULSIFYING DRUG DELIVERY: -

1. In gastro-intestinal fluids these self- emulsions are rapidly absorbed. Peristaltic agitation is provided it form a o/w emulsion.
2. Hydrophobic and hydrophilic drugs are effectively within the oil mixture.
3. These are used in solid dosage form and in liquid dosage form
4. In conventional dosage forms, these drugs are in lower dose.
5. SMEDDS may help to distributed the drugs in the stomach and also distributed though out the GI tract. By the helps of this the irritation may be minimized and may encounter between the bulk of drug substances to the gut wall.
6. SMEDDS formulations are fully stable and normal emulsions are sensitive and in dispersed form.
7. when it compared with oil solutions, it gives large surface area of drug in between water and oil.
8. it may enhance the bioavailability of oral drug delivery system.
9. scale up and manufacture ease may have the advantages.^{192,193,194,195}

DISADVANTAGES OF SELF-EMULSIFYING DRUG DELIVERY SYSTEMS:

1. In SMEDDS, in-vitro may have lack of predicative goods.
2. In SMEDDS, formulation may contain the soft and hard gelatin capsules which forms the precipitate in lipophilic drugs.
3. for validate the formulation many challenges are occurs.
4. the production cost is very much high.
5. incompatibility of drug is very low.
6. leakage of drug that's allow less drug loading.^{196,197,198}

EMERGING CHALLENGES AND POTENTIAL SOLUTIONS OF SNEDDS AND SMEDDS

In recent time, most types of drugs have same problem poor solubility and also has poor bioavailability. Oral dosage form of tablets has poor water solubility as well as poor bioavailability. It should be classified as a BCS (biopharmaceutical classification system). It should be put into either class II or class IV.^{199,200,201} Class II and IV have poor soluble drugs and class I has highly soluble drugs. According to BCS class III has permeability issues. To minimized these problems many processes are been developed such as complexation, size reduction of particles, formation of salt, dispersions of solid, surfactant uses, nanoparticles. Lipid based system may improve the bioavailability of poor soluble drugs.^{202,203,204} The lipid-based vehicles are used in the lipophilic drug. Lipophilic drugs are corrected the bioavailability problem. SNEDDS may help to improved the poorly water-soluble drugs. There are different types of methods for these biopharmaceuticals. Body may easily uptake this lipid-based

formulation system. Coarse powder contains fat globules. SNEDDS has contributed in the degradation of products.^{205,206,207,208}

FUTURE PROSPECTS

For solve the problem of drugs solubility SMEDDS are used. It has less solubility in GIT tract. Different types of methodology (dispersion and digestion) are used for the understand of lipid-based formulation.^{209,210} Emulsion prefix has high stability. So that it can be used in the *in-situ* emulsion formulation. In coming years SMEDDS and SNEDDS will used for the removal of complication of drug which has poor solubility. But these have some limitations. It shows some problem in *in-vitro* bioavailability and development and *in-vivo* (IVIVC). SEOPT needs some exploitation.^{211,212,213} SMEDDS and SNEDDS are used to enhanced the biological activity of herbal drugs. It also helps to solve the problems related them. Clinical implementation has a challenge in viable therapies. Current challenge is how to use these nanomaterial interaction technologies in therapies.^{214,215,216} It also includes: scale-up processes feasibility therapeutic technique. It also used in the fulfilment of therapeutics and biological requirements. Nanoparticles efficiency must be increases and also satisfy the toxicology and biocompatibility.^{217,218}

CONCLUSION

For increases the properties of poor solubility of drugs SNEDDS and SMEDDS are used. SMEDDS and SNEDDS are useful for the manufacturing of hydrophobic drugs. It can improve the oral bioavailability of drugs due to which the dose is been reduced.^{219,220,221} For the future, SMEDDS and SNEDDS enable the application of drug delivery system and also solve the problem of poorly soluble drugs. Herbal drugs are hydrophobic and poor soluble. It may decrease the efficacy of the treatment and increases the dose.^{222,223,224} SNEDDS and SMEDDS are used to enhanced the activity of herbal drugs. SNEDDS and SMEDDS are porous particle size. These may be manufactured by granules, tablets, capsules and pellets. Herbal drugs which are formulated by SNEDDS and SMEDDS are show less irritation and avoid the controlled and sustained release drugs.^{225,226,227} These techniques are effective and show high advantages like good formulation in *in-vitro* models and show less allergic reaction in higher concentration. The toxicity reduced, activity increases and clinical application should be satisfying due to the development of *in-vitro* and *in-vivo*. SNEDDS and SMEDDS are mainly concentrated on natural active ingredients.^{228,229,230}

REFERENCES

1. Porter CJH, Pouton CW, Cuine JF, Charman WN. Enhancing intestinal drug solubilization using lipid-based delivery systems. *Adv Drug Deliv Rev.* 2008; 60:673–91.
2. Crouse RG. Human pharmacology of griseofulvin: effect of fat intake on gastro intestinal absorption. *J Invest Dermatol*, 1961;77:529–33.
3. Charman WN, Rogge MC, Boddy AW, Berger BM. Effect of food and a monoglyceride emulsion formulation on danazol bioavailability. *J Clin Pharmacol.* 1993;33:381–6.
4. Humberstone AJ, Porter CJH, Charman WN. A physiological basis for the effect of food on the absolute oral bioavailability of halofantrine. *J Pharm Sci.* 1996; 85:525–9.
5. Welling PG. Effects of food on drug absorption. *Ann Rev Nutr.* 1996; 16:383–415.
6. Charman WN, Porter CJH, Mithani S, Dressman JB. Physicochemical and physiological mechanisms for the effects of food on drug absorption: the role of lipids and pH. *J Pharm Sci.* 1997; 86:269–82.
7. Sunesen VH, Vedesdal R, Kristensen HG, Christrup L, Mullertz A. Effect of liquid volume and food intake on the absolute bioavailability of danazol, a poorly soluble drug. *Eur J Pharm Sci.* 2005; 24:297–303.
8. Pouton CW. Formulation of poorly watersoluble drugs for oral administration: physicochemical and physiological issues and the Lipid Formulation Classification System *Eur J Pharm Sci.* 2006;29:278–87.

9. 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.
10. Vonderscher J, Meinzer A. Rationale for the development of Sandimmune Neoral. *Transplant Proc.* 1994;26:2925–7.
11. Cornaire G, Woodley J, Hermann P, Cloare A, Arellano C, Houin G. Impact of excipients on the absorption of Pglycoprotein substrates in vitro and in vivo. *Int J Pharm.* 2004; 278:119–31.
12. Wandel C, Kim RB, Stein M. “Inactive” excipients such as Cremophor can affect in vivo drug disposition. *Clin Pharmacol Ther.* 2003;73(5):394–6.
13. Charman WN. Lipid vehicle and formulation effects on intestinal lymphatic drug transport, 1st Edition, CRC Press, and Boca Raton, Florida; 1992: 113-179.
14. Hauss DJ, Fogal SE, Ficorilli JV, Price CA, Roy T, Jay Raj AA, et al. Lipid-based delivery systems for improving the bioavailability and lymphatic transport of a poorly water-soluble LTB4 inhibitor. *J Pharm Sci.* 1998; 87:164-9.
15. Rege B, Kao J, Polli J. Effects of nonionic surfactants on membrane transporters in Caco-2 cell monolayers. *J Pharm Sci.* 2002; 16:237-46.
16. Amidon GL, Lennerna H, Shah VP, Crison JR. A theoretical basis for a biopharmaceutical drug classification: the correlation of in vitro drug product dissolution and in vivo bioavailability. *Pharm Res.* 1995; 12:413-20.
17. Wadke DA, Serajuddin ATM, Jacobson H. *Preformulation testing*, 1st Edition, Marcel Dekker, NewYork; 1998: 1-73.
18. Gurso RN, Benita S. Self-emulsifying drug delivery systems (SEDDS) for improved oral delivery of lipophilic drugs. *Biomed Pharmacotherapy.* 2004; 58:173-82.
19. Pouton CW. Self-emulsified drug delivery systems: assessment of the efficiency of emulsification. *Int J Pharm.* 1985; 27:335-48.
20. Reiss H. Entropy induced dispersion of bulk liquids. *J Colloid Interface Sci.* 1975; 53:6170.
21. Constantinides PP. Lipid microemulsions for improving drug dissolution and oral absorption: physical and biopharmaceutical aspects. *Pharm Res.* 1995; 12:1561–72.
22. Dabros T, Yeung A, Masliyah J, Czarnecki J. Emulsification through area contraction. *J Colloids Interface Sci.* 1999; 21:222–4.
23. Patel D, Sawant KK. Self-micro emulsifying drug delivery system formulation and development and biopharmaceutical evaluation of lipophilic drug curre. *Drug delivery.* 2009; 6:419-24.
24. Constantinides PP. Lipid microemulsions for improving drug dissolution and oral absorption: physical and biopharmaceutical aspects. *Pharmaceutical Research.* 1995;11(12):1561–72.
25. Pouton CW. Formulation of poorly watersoluble drugs for oral administration: physicochemical and physiological issues and the lipid formulation classification system. *European Journal of Pharmaceutical Science.* 2006; 29:278-87.
26. Myers RA, Stella VJ. Systemic bioavailability of penclomedine (NSC- 338720) from oil-in-water emulsions administered intraduodenally to rats. *International Journal of Pharmacy.* 1995; 78:217-26.
27. Pouton CW. Formulation of selfemulsifying drug delivery systems, *Advanced Drug Delivery Reviews.* 1997; 25:47-58.

28. Cuine JF, McEvoy CL, Charman WN, Pouton CW, Edwards GA, Benameur H, et al. Evaluation of the impact of surfactant digestion on the bioavailability of danazol after oral administration of lipidic self-emulsifying formulations to dogs. *Journal of Pharmacy Science*. 2008; 97:993-1010.
29. Pouton CW. Self-emulsifying drug delivery systems: assessment of the efficiency of emulsification, *International Journal of Pharmacy*. 1985; 27:335-48.
30. Gershanik T, Benita S. Self-dispersing lipid formulations for improving oral absorption of lipophilic drugs, *European Journal of Pharmaceutical Science*. 2000; 50:179-88.
31. Constantinides PP. Lipid microemulsions for improving drug dissolution and oral absorption: physical and biopharmaceutical aspects. *Pharmaceutical Research*. 1995; 12:1561-72.
32. Strickley RG. Solubilizing excipients in oral and injectable formulations. *Pharmaceutical Research*. 2004; 21:201-30.
33. Kimura M, Shizuki M, Miyoshi K, Sakai T, Hidaka H, Takamura H, et al. Relationship between the molecular structures and emulsification properties of edible oils. *Biotechnology Biochemistry*. 1994; 58:1258-61.
34. Tolle S, Zuberi T, Lawrence MJ. Physicochemical and der-solubilisation properties of N, N-dimethyl-N-(3- dodecyloxy propyl) amine oxide: a biodegradable nonionic surfactant. *Journal of Pharmaceutical Science*. 2000; 89:798- 806.
35. Lawrence MJ, Rees GD. Microemulsion based media as novel drug delivery system. *Advanced Drug Delivery Review*. 2000; 45:89-121.
36. Kimura M, Shizuki M, Miyoshi K, Sakai T, Hidaka H, Takamura H, et al. Relationship between the molecular structures and emulsification properties of edible oils. *Biotechnology Biochemistry*. 1994; 58:1258-61.
37. Hauss DJ, Fogal SE, Ficorilli JV, Price CA, Roy T, Jayaraj AA, et al. Lipid-based delivery systems for improving the bioavailability and lymphatic transport of a poorly water-soluble LTB4 inhibitor. *Journal of Pharmaceutical Science*. 1998; 87:164-9.
38. Georgakopoulos E, Farah N, Vergnault G. Oral anhydrous non-ionic microemulsions administered in softgel capsules. *B T Gattefosse*. 1992; 85:11-20.
39. Swenson ES, Milisen WB, Curatolo W. Intestinal permeability enhancement: efficacy, acute local toxicity and reversibility. *Pharmacy Research*. 1994;11:1132-42.
40. Serajuddin AT, Shee PC, Mufson D, Bernstein DF, Augustine MA, Effect of vehicle amphiphilicity on the dissolution and bioavailability of a poorly water-soluble drug from solid dispersion. *Journal of Pharmaceutical Science*. 1988; 77:414-7.
41. Patel AR, Vavia PR. Preparation and in vivo evaluation of SMEDDS (SelfMicroemulsifying Drug Delivery System) containing fenofibrate. *International Journal of Pharmacy*. 2005; 288:27-34.
42. Patravale VB, Date AA, Kale AA. Oral self microemulsifying system; potential in DDS. *Pharm. Technol. Express Pharm. Pulse spec. Feature*. 2003; 29:44-48.
43. Ozawa K, Olsson U, Kunieda H. Oilinduced structural change in nonionic microemulsion. *J Dispersion Sci Technol*. 1986; 22:119-24.
44. Nazzal S, Smalyukh II, Lavrentovich OD, Khan MA. Preparation and in vitro characterization of a eutectic based semisolid self-nanoemulsified drug delivery system (SNEDDS) of ubiquinone: mechanism and progress of emulsion formation. *International Journal of Pharmaceutics*. 2002;235(1-2):247-65.

45. Pouton CW. Lipid formulations for oral administration of drugs: non-emulsifying, self-emulsifying and self-microemulsifying drug delivery systems. *European Journal of Pharmaceutical Sciences*. 2000;11(2): S93–8.
46. Abdalla A, M'ader K. Preparation and characterization of a self-emulsifying pellet formulation. *European Journal of Pharmaceutics and Biopharmaceutics*. 2007;66(2):220–6.
47. Erratoni MS, Newton M, Booth S, Clarke A. Controlled drug release from pellets containing water-insoluble drugs dissolved in a self-emulsifying system. *European Journal of Pharmaceutics and Biopharmaceutics*. 2007;65(1):94–8.
48. Patil P, Paradkar A. Porous polystyrene beads as carriers for self-emulsifying system containing loratadine. *AAPS Pharm SciTech*. 2006;7(1): E199–E205.
49. Sriraksa S, Sermkaew N, Setthacheewakul S. Floating alginate beads as carriers for self-emulsifying system containing tetrahydrocurcumin. *Advanced Materials Research*. 2012; 506:517–20.
50. You J, Cui FD, Han X, et al. Study of the preparation of sustained-release microspheres containing zedoary turmeric oil by the emulsion-solvent-diffusion method and evaluation of the Selfemulsification and bioavailability of the oil. *Colloids and Surfaces B*. 2006;48(1):35–41.
51. Attama AA, Nkemnele MO. In vitro evaluation of drug release from self microemulsifying drug delivery systems using a biodegradable homolipid from *Capra hircus*. *International Journal of Pharmaceutics*. 2005;304(1-2):4–10.
52. Cui SX. Preparation and evaluation of self-micro emulsifying drug delivery system containing vinpocetine. *Drug Dev Ind Pharm*. 2009; 35:603–11.
53. Wei L. Preparation and evaluation of SEDDS and SMEDDS containing carvedilol. *Drug Dev Ind Pharm*. 2005; 31:785–94.
54. Nazzal S. Preparation and in vitro characterization of a eutectic based semisolid self-nanoemulsified drug delivery system (SNEDDS) of ubiquinone: mechanism and progress of emulsion formation. *Int J Pharm*. 2002; 235:247–65.
55. Palamakula A, Khan MA. Evaluation of cytotoxicity of oils used in coenzyme Q10 selfemulsifying drug delivery systems (SEDDS). *Int J Pharm*. 2004; 273:63–73.
56. Goddeeris C. Light scattering measurements on microemulsions: estimation of droplet sizes. *Int J Pharm*. 2006; 312:187–95.
57. Yang S. Enhanced oral absorption of paclitaxel in a novel self microemulsifying drug delivery system with or without concomitant use of P-glycoprotein inhibitors. *Pharm Res*. 2004; 21:261–70.
58. Vyas SP, Khar RK. Targeted and Controlled Drug Delivery Novel Carriers Systems, 1st Edition, CBS Publishers and Distributors, New Delhi, India; 2002: 291–294.
59. Gershanik T, Benita S. Positively charged self-emulsifying oil formulation for improving the oral bioavailability of progesterone. *Pharm Dev Technol*. 1996; 1:147–57.
60. Cole ET. Challenges and opportunities in the encapsulation of liquid and semi-solid formulations into capsules for oral administration. *Adv Drug Deliv Rev*. 2008; 60:747-56.
61. Rodriguez L, Passerini N, Cavallari C, Cini M, Sancin P, Fini A. Description and preliminary evaluation of a new ultrasonic atomizer for spray-congealing process. *Int J Pharm*. 1999; 183:133–43.
62. Ito Y, Kusawake T, Ishida M, Tawa R. Oral solid gentamicin preparation using emulsifier and adsorbent. *J control release*. 2005; 105:23–31.

63. Venkatesan N, Yoshimitsu J, Ito Y, Shibata N, Takada K. Liquid filled nanoparticles as a drug delivery tool for protein therapeutics, *Biomaterials*. 2005; 26:7154–63.
64. Venkatesan N, Yoshimitsu J, Ohashi Y, Ito Y, Sugioka N, Shibata N. et al. Pharmacokinetic and pharmacodynamic studies following oral administration of erythropoietin Mucoadhesive tablets to beagle dogs. *Int j Pharm*. 2006; 310:46–52.
65. Chambin O, Jannin V. Interest of multifunctional lipid excipients: case of Gelucire 4/14. *Drug Dev Ind Pharm*. 2005; 31:527–34.
66. Evrard B, Amighi K, Beten D, Delattre L, Moes AJ. Influence of melting and rheological properties of fatty binders on the melt granulation process in a High-Shear mixer. *Drug Dev Ind Pharm*. 1999; 25:1177– 84.
67. Royce A, Suryawanshi J, Shah J, Vishnupad K. Alternative granulation technique: melt granulation. *Drug Dev Ind Pharm*. 1996; 22:917–24.
68. Verreck G, Brewster ME. Melt extrusionbased dosage forms: excipients and processing conditions for pharmaceutical formulations, *Bull Tech Gattefossé*; 2004: 85–95.
69. Breitenbach J. Melt extrusion: from process to drug delivery technology. *Eur J Pharm Biopharm*. 2002; 54:107–17.
70. Bhupinder S, Shantanu B, Rishi K, Ramandeep S, Katare OP. Self-emulsifying drug delivery system (SEDDS): Formulation Development, Characterization and application. *Critical reviews in therapeutic drug carrier systems*. 2009;26(5):427-521.
71. Patel D, Sawanth KK. Oral bioavailability enhancement of acyclovir by self-micro emulsifying drug delivery System (SMEDDS). *Drug Dev Ind Pharm*. 2007;33(12):1318-26.
72. Jing Q, Shen Y, Ren F, Chen J, Jiang Z, Peng B, et al. HPLC determination of anethole trithione and its application to pharmacokinetics in rabbits, *J Pharm Biomed Anal*. 2006;42(5):613-7.
73. Shen HR, Li ZD, Zhong MK. Preparation and evaluation of self microemulsifying drug delivery system containing atorvastatin. *Yao Xue Bao*. 2005;40(11):982-7.
74. Singh AK, Chaurasiya A, Jain JK, Awasthi A, Asati D, Mishra G, et al. HPLC method for the pharmacokinetic study of bicalutamide SMEDDS and suspension formulations after oral administration to rats. *Talanta*. 2009;78(4-5):1310-4.
75. Wei L, Sun P, Nie S, Pan W. Preparation and evaluation of sedds and smedds containing carvedilol. *Drug Dev Ind Pharm*. 2005;31(8):785-94.
76. Wei L, Li J, Guo L, Nie S, Pan W, Sun P, et al. Investigations of novel self-emulsifying osmotic pump tablet containing carvedilol. *Drug Dev Ind Pharm*. 2007;33(9):990-8.
77. Mistry R, Sheth N S: Self emulsifying drug delivery system. *International Journal of Pharmacy and Pharmaceutical Sciences* 2011; 3(2): 23-28.
78. Chouksey r, et al: Preparation and evaluation of the self-emulsifying drug delivery system containing atorvastatin HMGCOA inhibitor. *International Journal of Pharmacy and Pharmaceutical Sciences* 2011; 3(3): 147-152.
79. Shukla J B, et al: Self micro emulsifying drug delivery system pharma science monitor. *Journal of Pharmacy and Pharmaceutical Sciences* 2010; 1(2): 13-33.
80. Sapraa K, et al: Self Emulsifying Drug Delivery System: A Tool in Solubility Enhancement of Poorly Soluble Drugs; *Indo Global Journal of Pharmaceutical Sciences* 2012; 2(3): 313-332.
81. Kumar S, Malviya R, and Sharma P K: Solid Dispersion: Pharmaceutical Technology for the Improvement of Various Physical Characteristics of Active

- Pharmaceutical Ingredient; African Journal of Basic and Applied Science 2011; 3(4): 116-125.
82. Kumar S, Gupta S and Sharma P K: Self-Emulsifying Drug Delivery Systems (SEDDS) for oral delivery of lipid-based formulations. African Journal of Basic & Applied Science 2012; 4 (1): 07-11.
83. Nigade P M, Patil S, Tiwari S S: Self Emulsifying drug delivery system (SEDDS): A review. International Journal of Pharmacy and Biological Sciences 2012;2(2): 42-52.
84. Sharma V, *et al*: SMEDDS: A novel approach for lipophilic drugs. International Journal of Pharmaceutical Science and Research 2012; 3(8): 2441-2450.
85. Bhargava P, Bhargava S, and Daharwal S J: Self-emulsifying drug delivery System: an approach to improve the solubility of poorly water-soluble drugs. Advance Research in Pharmaceuticals and Biologicals 2011; Vol 1(1): 1-9.
86. Christopher Porter J H, *et al*: Enhancing intestinal drug solubilization using lipid-based delivery systems. Advanced Drug Delivery Reviews 2008; 60: 673–691.
87. Kumar A, Sharma S, Kamble R: Self-emulsifying drug delivery system (SEDDS): future aspects. International Journal of Pharmacy and Pharmaceutical Sciences 2010; 2(4): 7-13.
88. Mittal P, Seth N, Rana AC: Self-microemulsifying drug delivery system (SMEDDS): An alternative approach for hydrophobic drugs. International Journal of Natural Product Science 2012; 1: 80.
89. Sudheer P, *et al*: Approaches to development of solid- self micron emulsifying drug delivery system: formulation techniques and dosage forms – a review. Asian Journal of Pharmacy and Life Science 2012; 2(2):214-225.
90. Patel P A, *et al*: Self Emulsifying Drug Delivery System: A Review. Research Journal of Pharmacy and Technology 2008; 1(4): 313-323.
91. Revathi S, Dhana Raju MD: Self-emulsifying drug delivery system: A review. World Journal of Pharmacy and Pharmaceutical Sciences 2013; 2(1): 89-107.
92. Sunitha R, Satya sireesha D and Aparna M V: Novel self-emulsifying drug delivery system- an approach to enhance bioavailability of poorly water soluble drugs. International Journal of Research in Pharmacy and Chemistry 2011; 1(4): 828-838.
93. Singh G, *et al*: Self-emulsifying drug delivery systems (SEEDS): An approach for delivery of poorly water-soluble drug. International Journal of Pharmacy & Life Sciences 2012; 3(9): 1991-1996.
94. Rajinikanth P S, Suyu Y, and Garg S: Development and In-Vitro Characterization of Self-nanoemulsifying Drug Delivery Systems of Valsartan. World Academy of Science, Engineering and Technology 2012; 72: 1418-1423.
95. Sachan R, Khatri K, Kasture S B: Self-Eumlsifying Drug Delivery System A Novel Approach for enhancement of Bioavailability. International Journal of PharmTech Research 2010; 2(3): 1738-1745.
96. Patil P, Patil V, Paradkar A: Formulation of SEDDS for oral delivery of Simvastatin: *In vitro* and *in vivo* evaluation. Acta pharma. 2007; 57: 111-122.
97. Kohli K, *et al*: Self-emulsifying drug delivery systems: an approach to enhance oral Bioavailability. Drug Discovery Today 2010; 15: 958-965.
98. Jang D J, *et al*: Improvement of bioavailability & photo stability of amlodipine using redispersible dry emulsion. European Journal of Pharmaceutical Science 2006; 28: 405-411.
99. Kinesh V P, *et al*: Novel approaches for oral delivery of insulin and current status for oral insulin product. International Journal of Pharmaceutical Science and Nanotechnology 2010; 3(3): 1057-1064.

100. Gupta M K, et al: Hydrogen Bonding with Adsorbent during storage governs drug dissolution from solid dispersion granules. *Pharmaceutical Research* 2002; 19: 1663-1672.
101. Shah VP, Amidon GL (2014) Amidon GL, Lennernas H, Shah VP, Crison JR. A theoretical basis for a biopharmaceutic drug classification: the correlation of in vitro drug product dissolution and in vivo bioavailability, *Pharm Res* 12, 413-420, 1995--backstory of BCS. *AAPS J* 16: 894-898.
102. Williams HD, Trevaskis NL, Charman SA, Shanker RM, Charman WN, et al. (2013) Strategies to address low drug solubility in discovery and development. *Pharmacol Rev* 65: 315-499.
103. Croy SR, Kwon GS (2004) The effects of Pluronic block copolymers on the aggregation state of nystatin. *J Control Release* 95: 161-171.
104. Thi TD, Van Speybroeck M, Barillaro V, Martens J, Annaert P, et al. (2009) Formulate-ability of ten compounds with different physicochemical profiles in SMEDDS. *Eur J Pharm Sci* 38: 479-488.
105. Serajuddin AT (2007) Salt formation to improve drug solubility. *Adv Drug Deliv Rev* 59: 603-616.
106. Vandana KR, Raju YP, Chowdary VH, Sushma M, Kumar NV (2014) An overview on in situ micronization technique - An emerging novel concept in advanced drug delivery. *Saudi Pharm J* 22: 283-289.
107. Arcari M, Brambilla A, Brandt A, Caponi R, Corsi G, et al. (1992) [A new inclusion complex of silybinin and beta-cyclodextrins: in vitro dissolution kinetics and in vivo absorption in comparison with traditional formulations]. *Boll Chim Farm* 131: 205-209.
108. Wu W, Wang Y, Que L (2006) Enhanced bioavailability of silymarin by selfmicroemulsifying drug delivery system. *Eur J Pharm Biopharm* 63: 288-294.
109. Woo JS, Kim TS, Park JH, Chi SC (2007) Formulation and biopharmaceutical evaluation of silymarin using SMEDDS. *Arch Pharm Res* 30: 82-89.
110. Liu X, Sun Y, Zhang Y, Tang X (2007) Preparation and in vitro-in vivo evaluation of silybin lipid microspheres. *Asian Journal of Pharmaceutical Sciences* 2: 204-210.
111. Sun N, Zhang X, Lu Y, Wu W (2008) In vitro evaluation and pharmacokinetics in dogs of solid dispersion pellets containing Silybum marianum extract prepared by fluid-bed coating. *Planta Med* 74: 126-132.
112. Jia L, Zhang D, Li Z, Duan C, Wang Y, et al. (2010) Nanostructured lipid carriers for parenteral delivery of silybin: Biodistribution and pharmacokinetic studies. *Colloids Surf B Biointerfaces* 80: 213-218.
113. Duan RL, Sun X, Liu J, Gong T, Zhang ZR (2011) Mixed micelles loaded with silybin-polyene phosphatidylcholine complex improve drug solubility. *Acta Pharmacol Sin* 32: 108-115.
114. Zhu Y, Yu J, Tong S, Wang L, Peng M, et al. (2010) Preparation and in vitro evaluation of povidone-sodium cholate-phospholipid mixed micelles for the solubilization of poorly soluble drugs. *Arch Pharm Res* 33: 911-917.
115. Xu W, Riikonen J, Lehto VP (2013) Mesoporous systems for poorly soluble drugs. *Int J Pharm* 453: 181-197.

116. Bummer PM (2004) Physical chemical considerations of lipid-based oral drug delivery--solid lipid nanoparticles. *Crit Rev Ther Drug Carrier Syst* 21: 1-20.
117. Gershanik T, Benita S (2000) Self-dispersing lipid formulations for improving oral absorption of lipophilic drugs. *Eur J Pharm Biopharm* 50: 179-188.
118. Kohli K, Chopra S, Dhar D, Arora S, Khar RK (2010) Self-emulsifying drug delivery systems: an approach to enhance oral bioavailability. *Drug Discov Today* 15: 958-965.
119. Nielsen FS, Gibault E, Ljusberg-Wahren H, Arleth L, Pedersen JS, et al. (2007) Characterization of prototype self-nanoemulsifying formulations of lipophilic compounds. *J Pharm Sci* 96: 876-892.
120. Pouton CW (2000) Lipid formulations for oral administration of drugs: nonemulsifying, self-emulsifying and 'self-microemulsifying' drug delivery systems. *Eur J Pharm Sci* 11 Suppl 2: S93-98.
121. Kang BK, Lee JS, Chon SK, Jeong SY, Yuk SH, et al. (2004) Development of self-microemulsifying drug delivery systems (SMEDDS) for oral bioavailability enhancement of simvastatin in beagle dogs. *Int J Pharm* 274: 65-73.
122. Vetter RD, Carey MC, Patton JS (1985) Coassimilation of dietary fat and benzo(a)pyrene in the small intestine: an absorption model using the killifish. *J Lipid Res* 26: 428-434.
123. Charman WN, Stella VJ (1991) Transport of lipophilic molecules by the intestinal lymphatic system. *Adv Drug Del Rev* 7: 1-14.
124. O'Driscoll CM (2002) Lipid-based formulations for intestinal lymphatic delivery. *Eur J Pharm Sci* 15: 405-415.
125. Porter CJ, Trevaskis NL, Charman WN (2007) Lipids and lipid-based formulations: optimizing the oral delivery of lipophilic drugs. *Nat Rev Drug Discov* 6: 231-248.
126. Charman SA, Charman WN, Rogge MC, Wilson TD, Dutko FJ, et al. (1992) Self-emulsifying drug delivery systems: formulation and biopharmaceutical evaluation of an investigational lipophilic compound. *Pharm Res* 9: 87-93.
127. Constantinides PP (1995) Lipid microemulsions for improving drug dissolution and oral absorption: physical and biopharmaceutical aspects. *Pharm Res* 12: 1561-1572.
128. Shah NH, Carvajal MT, Patel CI, Infeld MH, Malick AW (1994) Self-emulsifying drug delivery systems (SEDDS) with polyglycolized glycerides for improving in vitro dissolution and oral absorption of lipophilic drugs. *Int J Pharm* 106: 15-23.
129. Wei Y, Ye X, Shang X, Peng X, Bao Q, et al. (2012) Enhanced oral bioavailability of silybin by a supersaturatable self-emulsifying drug delivery system (S-SEDDS). *Colloids Surf Physicochem Eng Aspects* 396: 22-28.
130. Patel D, Sawant KK (2009) Self micro-emulsifying drug delivery system: formulation development and biopharmaceutical evaluation of lipophilic drugs. *Curr Drug Deliv* 6: 419-424.
131. Singh B, Bandopadhyay S, Kapil R, Singh R, Katare O (2009) Self-emulsifying drug delivery systems (SEDDS): formulation development, characterization, and applications. *Crit Rev Ther Drug Carrier Syst* 26: 427-521.

132. Craig DQM, Barker SA, Banning D, Booth SW (1995) An investigation into the mechanisms of self-emulsification using particle size analysis and low frequency dielectric spectroscopy. *Int J Pharm* 114: 103-110.
133. Buyukozturk F, Benneyan JC, Carrier RL (2010) Impact of emulsion-based drug delivery systems on intestinal permeability and drug release kinetics. *J Control Release* 142: 22-30.
134. Gao P, Akrami A, Alvarez F, Hu J, Li L, et al. (2009) Characterization and optimization of AMG 517 supersaturatable self-emulsifying drug delivery system (S-SEDDS) for improved oral absorption. *J Pharm Sci* 98: 516-528.
135. Chiu YY, Higaki K, Neudeck BL, Barnett JL, Welage LS, et al. (2003) Human jejunal permeability of cyclosporin A: influence of surfactants on P-glycoprotein efflux in Caco-2 cells. *Pharm Res* 20: 749-756.
136. Porter CJ, Charman WN (2001) Intestinal lymphatic drug transport: an update. *Adv Drug Deliv Rev* 50: 61-80.
137. Wasan KM (2002) The role of lymphatic transport in enhancing oral protein and peptide drug delivery. *Drug Dev Ind Pharm* 28: 1047-1058.
138. Trevaskis NL, Porter CJ, Charman WN (2006) The lymph lipid precursor pool is a key determinant of intestinal lymphatic drug transport. *J Pharmacol Exp Ther* 316: 881-891.
139. Porter CJ (1997) Drug delivery to the lymphatic system. *Crit Rev Ther Drug Carrier Syst* 14: 333-393.
140. Gursoy RN, Benita S (2004) Self-emulsifying drug delivery systems (SEDDS) for improved oral delivery of lipophilic drugs. *Biomed Pharmacother* 58: 173-182.
141. Date AA, Nagarsenker MS (2007) Design and evaluation of self-nanoemulsifying drug delivery systems (SNEDDS) for cefpodoxime proxetil. *Int J Pharm* 329: 166-172.
142. Elnaggar YS, El-Massik MA, Abdallah OY (2009) Self-nanoemulsifying drug delivery systems of tamoxifen citrate: design and optimization. *Int J Pharm* 380: 133-141.
143. Basalious EB, Shawky N, Badr-Eldin SM (2010) SNEDDS containing bioenhancers for improvement of dissolution and oral absorption of lacidipine. I: development and optimization. *Int J Pharm* 391: 203-211.
144. Araya H, Tomita M, Hayashi M (2005) The Novel Formulation Design of Selfemulsifying Drug Delivery Systems (SEDDS) Type O/W Microemulsion II: Stable Gastrointestinal Absorption of a Poorly Water-Soluble New Compound, ER-1258 in Bile-fistula Rats. *Drug Metabolism and Pharmacokinetics* 20: 257-267.
145. Shafiq S, Shakeel F, Talegaonkar S, Ahmad FJ, Khar RK, et al. (2007) Development and bioavailability assessment of ramipril nanoemulsion formulation. *Eur J Pharm Biopharm* 66: 227-243.
146. Attivi D, Ajana I, Astier A, Demoré B, Gibaud S (2010) Development of microemulsion of mitotane for improvement of oral bioavailability. *Drug Dev Ind Pharm* 36: 421-427.
147. Dixit AR, Rajput SJ, Patel SG (2010) Preparation and bioavailability assessment of SMEDDS containing valsartan. *AAPS PharmSciTech* 11: 314-321.

148. Nielsen FS, Petersen KB, Müllertz A (2008) Bioavailability of probucol from lipid and surfactant-based formulations in minipigs: influence of droplet size and dietary state. *Eur J Pharm Biopharm* 69: 553-562.
149. Wu X, Xu J, Huang X, Wen C (2011) Self-microemulsifying drug delivery system improves curcumin dissolution and bioavailability. *Drug Dev Ind Pharm* 37: 15-23.
150. Cui J, Yu B, Zhao Y, Zhu W, Li H, et al. (2009) Enhancement of oral absorption of curcumin by self-microemulsifying drug delivery systems. *Int J Pharm* 371: 148-155.
151. Kommuru TR, Gurley B, Khan MA, Reddy IK (2001) Self-emulsifying drug delivery systems (SEDDS) of coenzyme Q10: formulation development and bioavailability assessment. *Int J Pharm* 212: 233-246.
152. Zhao Y, Wang C, Chow AH, Ren K, Gong T, et al. (2010) Self-nanoemulsifying drug delivery system (SNEDDS) for oral delivery of Zedoary essential oil: formulation and bioavailability studies. *Int J Pharm* 383: 170-177.
153. Qi X, Wang L, Zhu J, Hu Z, Zhang J (2011) Self-double-emulsifying drug delivery system (SDEDDS): a new way for oral delivery of drugs with high solubility and low permeability. *Int J Pharm* 409: 245-251.
154. Yi T, Wan J, Xu H, Yang X (2008) A new solid self-microemulsifying formulation prepared by spray-drying to improve the oral bioavailability of poorly water soluble drugs. *Eur J Pharm Biopharm* 70: 439-444.
155. Royce A, Suryawanshi J, Shah U, Vishnupad K (1996) Alternative Granulation Technique: Melt Granulation. *Drug Dev Ind Pharm* 22: 917-924.
156. Booth SW, Clarke A, Newton JM (2003) Microcrystalline cellulose, an oily substance, surfactant, and water; capsule or tablet solid dosage forms; oil in water emulsion.
157. Nazzal S, Khan MA (2002) Response surface methodology for the optimization of ubiquinone self-nanoemulsified drug delivery system. *AAPS PharmSciTech* 3: E3.
158. Kang JH, Oh DH, Oh Y-K, Yong CS, Choi H-G (2012) Effects of solid carriers on the crystalline properties, dissolution and bioavailability of flurbiprofen in solid self-nanoemulsifying drug delivery system (solid SNEDDS). *Eur J Pharm Biopharm* 80: 289-297.
159. Tang B, Cheng G, Gu JC, Xu CH (2008) Development of solid self-emulsifying drug delivery systems: preparation techniques and dosage forms. *Drug Discov Today* 13: 606-612.
160. Patil P, Joshi P, Paradkar A (2004) Effect of formulation variables on preparation and evaluation of gelled self-emulsifying drug delivery system (SEDDS) of ketoprofen. *AAPS PharmSciTech* 5: e42.
161. Kang MJ, Jung SY, Song WH, Park JS, Choi SU, et al. (2011) Immediate release of ibuprofen from Fujicalin®-based fast-dissolving self-emulsifying tablets. *Drug Dev Ind Pharm* 37: 1298-1305.
162. Takeuchi H, Nagira S, Yamamoto H, Kawashima Y (2005) Solid dispersion particles of amorphous indomethacin with fine porous silica particles by using spray-drying method. *Int J Pharm* 293: 155-164.

163. Uchino T, Yasuno N, Yanagihara Y, Suzuki H (2007) Solid dispersion of spironolactone with porous silica prepared by the solvent method. *Pharmazie* 62: 599-603.
164. Beg S, Jena SS, Patra ChN, Rizwan M, Swain S, et al. (2013) Development of solid self-nanoemulsifying granules (SSNEGs) of ondansetron hydrochloride with enhanced bioavailability potential. *Colloids Surf B Biointerfaces* 101: 414-423.
165. Thomas N, Holm R, Müllertz A, Rades T (2012) In vitro and in vivo performance of novel supersaturated self-nanoemulsifying drug delivery systems (superSNEDDS). *J Control Release* 160: 25-32.
166. Mohsin K, Shahba AA, Alanazi, FK (2012) Lipid Based Self Emulsifying Formulations for Poorly Water Soluble Drugs-An Excellent Opportunity. *Indian Journal of Pharmaceutical Education and Research* 46: 88-96.
167. Kalepu S, Manthina M, Padavala V (2013) Oral lipid-based drug delivery systems - an overview. *Acta Pharmaceutica Sinica B* 3: 361-372.
168. Pathak A, Jain V, Nagariya AK (2010) Recent advances in self-emulsifying drug delivery system - A review. *Drug Invention Today* 2: 123-129.
169. Stuchlík M, Zák S (2001) Lipid-based vehicle for oral drug delivery. *Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub* 145: 17-26.
170. Dabros T, Yeung A, Masliyah J, Czarnecki J. Emulsification through area contraction. *J Colloid Interface Sci.* 1999;210(1):222-4.
171. Craig DQM, Lievens HSR, Pitt KG, Storey DE. An investigation into the physico-chemical properties of self-emulsifying systems using low frequency dielectric spectroscopy, surface tension measurements and particle size analysis. *Int J Pharm.* 1993;96(1-3):147-55.
172. Pautot S, Frisken BJ, Cheng J-X, Xie XS, Weitz DA. Spontaneous formation of lipid structures at oil/water/lipid interfaces. *Langmuir.* 2003;19 (24):10281-7.
173. Gao P, Morozowich W. Development of supersaturatable self-emulsifying drug delivery system formulations for improving the oral absorption of poorly soluble drugs. *Expert Opin Drug Deliv.* 2006;3(1):97-110.
174. Gao P, Rush BD, Pfund WP, Huang T, Bauer JM, Morozowich W, Kuo MS, Hageman MJ. Development of a supersaturatable SEDDS (S-SEDDS) formulation of paclitaxel with improved oral bioavailability. *J Pharm Sci.* 2003;92(12):2386-98.
175. Poelma FG, Breas R, Tukker JJ, Crommelin DJ. Intestinal absorption of drugs: the influence of mixed micelles on the disappearance kinetics of drugs from the small intestine of the rat. *J Pharm Pharmacol.* 1991;43(5):317-24.
176. Gao P, Guyton ME, Huang T, Bauer JM, Stefanski KJ, Lu Q. Enhanced oral bioavailability of a poorly water-soluble drug PNU-91325 by supersaturatable formulations. *Drug Dev Ind Pharm.* 2004;30(2):221-9.
177. Dahan A, Hoffman A. Rationalizing the selection of oral lipid-based drug delivery systems by an in vitro dynamic lipolysis model for improved oral bioavailability of poorly water-soluble drugs. *J Control Release.* 2008;129(1):1-10.

178. Morozowich W, Gao P, Charton M. Speeding the development of poorly soluble/poorly permeable drugs by SEDDS/S-SEDDS formulations and prodrugs, Part 1. *Am Pharm Rev.* 2006; 9:110–4.
179. Gao P, Charton M, Morozowich W. Speeding the development of poorly soluble/poorly permeable drugs by SEDDS/S-SEDDS formulations and prodrugs, Part 2. *Am Pharm Rev.* 2006; 9:16–23.
180. Pellett MA, Davis AF, Hadgraft J. Effect of supersaturation on membrane transport: 2. Piroxicam. *Int J Pharm.* 1994;111(1):1–6.
181. Pellett MA, Roberts MS, Hadgraft J. Supersaturated solutions evaluated with an in vitro stratum corneum tape stripping technique. *Int J Pharm.* 1997;151(1):91–8.
182. Raghavan SL, Trividic A, Davis AF, Hadgraft J. Effect of cellulose polymers on supersaturation and in vitro membrane transport of hydrocortisone acetate. *Int J Pharm.* 2000;193(2):231–7.
183. Lu J-L, Wang J-C, Zhao S-X, Liu X-Y, Zhao H, Zhang X, Zhou S-F, Zhang Q. Self-microemulsifying drug delivery system (SMEDDS) improves anticancer effect of oral 9-nitrocamptothecin on human cancer xenografts in nude mice. *Eur J Pharm Biopharm.* 2008;69(3):899–907.
184. Taha EI, Al-Saidan S, Samy AM, Khan MA. Preparation and in vitro characterization of self-nanoemulsified drug delivery system (SNEDDS) of all-trans-retinol acetate. *Int J Pharm.* 2004;285(1–2):109–19.
185. Wang DK, Shi ZH, Liu L, Wang XY, Zhang CX, Zhao P. Development of self-microemulsifying drug delivery systems for oral bioavailability enhancement of alpha-Asarone in beagle dogs. *J Pharm Sci Technol.* 2006;60(6):343–9.
186. Wasan EK, Bartlett K, Gershkovich P, Sivak O, Banno B, Wong Z, Gagnon J, Gates B, Leon CG, Wasan KM. Development and characterization of oral lipid-based Amphotericin B formulations with enhanced drug solubility, stability and antifungal activity in rats infected with *Aspergillus fumigatus* or *Candida albicans*. *Int J Pharm.* 2009;372(1–2):76–84.
187. Shen H, Zhong M. Preparation and evaluation of self-microemulsifying drug delivery systems (SMEDDS) containing atorvastatin. *J Pharm Pharmacol.* 2006;58(9):1183–91.
188. Chae GS, Lee JS, Kim SH, Seo KS, Kim MS, Lee HB, Khang G. Enhancement of the stability of BCNU using self-emulsifying drug delivery systems (SEDDS) and in vitro antitumor activity of self-emulsified BCNU-loaded PLGA wafer. *Int J Pharm.* 2005;301(1–2):6–14.
189. Rao SV, Shao J. Self-nanoemulsifying drug delivery systems (SNEDDS) for oral delivery of protein drugs: I. Formulation development. *Int J Pharm.* 2008;362(1–2):2–9.
190. Rao SVR, Agarwal P, Shao J. Self-nanoemulsifying drug delivery systems (SNEDDS) for oral delivery of protein drugs: II. In vitro transport study. *Int J Pharm.* 2008;362(1–2):10–5.
191. Wei L, Sun P, Nie S, Pan W. Preparation and evaluation of SEDDS and SMEDDS containing carvedilol. *Drug Dev Ind Pharm.* 2005;31(8):785–94.

192. Singh B, Singh R, Bandyopadhyay S, Mohapatra A. Self-nano emulsifying drug delivery systems (snedds) of carvedilol: design, optimization, characterization and evaluation. Proceedings of the AICTE-Sponsored National Conference on Nano-Colloidal Carrier: Site Specific & Controlled Drug Delivery, I.S.F. College of Pharmacy, Moga, Punjab, India, October 10–11, 2008.
193. Mahmoud EA, Bendas ER, Mohamed MI. Preparation and evaluation of self-nanoemulsifying tablets of carvedilol. *AAPS PharmSciTech*. 2009;10(1):183–92.
194. Kuentz M, Wyttenbach N, Kuhlmann O. Application of a statistical method to the absorption of a new model drug from micellar and lipid formulations--evaluation of qualitative excipient effects. *Pharm Dev Technol*. 2007;12(3):275–83.
195. Date AA, Nagarsenker MS. Design and evaluation of self-nanoemulsifying drug delivery systems (SNEDDS) for cefpodoxime proxetil. *Int J Pharm*. 2007;329(1–2):166–72.
196. Subramanian N, Ray S, Ghosal SK, Bhadra R, Moulik SP. Formulation design of self-microemulsifying drug delivery systems for improved oral bioavailability of celecoxib. *Biol Pharm Bull*. 2004;27(12):1993–9.
197. Palamakula A, Khan MA. Evaluation of cytotoxicity of oils used in coenzyme Q10 self-emulsifying drug delivery systems (SEDDS). *Int J Pharm*. 2004;273(1–2):63–73.
198. Balakrishnan P, Lee BJ, Oh DH, Kim JO, Lee YI, Kim DD, Jee JP, Lee YB, Woo JS, Yong CS, Choi HG. Enhanced oral bioavailability of coenzyme Q10 by self-emulsifying drug delivery systems. *Int J Pharm*. 2009;374(1–2):66–72.
199. Seo DW, Kang MJ, Sohn Y, Lee J. Self-microemulsifying formulation-based oral solution of coenzyme Q10. *Yakugaku Zasshi*. 2009;129(12):1559–63.
200. Zidan AS, Sammour OA, Hammad MA, Megrab NA, Habib MJ, Khan MA. Quality by design: understanding the formulation variables of a cyclosporine A self-nanoemulsified drug delivery systems by BoxBehnken design and desirability function. *Int J Pharm*. 2007;332(1–2):55–63.
201. Tan A, Simovic S, Davey AK, Rades T, Prestidge CA. Silica-lipid hybrid (SLH) microcapsules: a novel oral delivery system for poorly soluble drugs. *J Control Release*. 2009;134(1):62–70.
202. Hu YX, Chang J, Guo Y, Yuan XB, Kang CS, P. P. Preparation and evaluation of 5-FU/PLGA/gene nanoparticles. *Key Eng Mat*. 2005; 6:147–50.
203. Trickler WJ, Nagvekar AA, Dash AK. A novel nanoparticle formulation for sustained paclitaxel delivery. *AAPS PharmSciTech*. 2008;9(2):486–93.
204. Talukder R, Fassihi R. Gastroretentive delivery systems: a mini review. *Drug Dev Ind Pharm*. 2004;30(10):1019–28.
205. Gao P, Morozowich W. Development of supersaturatable self-emulsifying drug delivery system formulations for improving the oral absorption of poorly soluble drugs. *Expert Opin Drug Deliv*. 2006;3(1):97–110.
206. Mathews CDC, Sugano K. Super saturable formulations. *Drug Deliv System*. 2010;25(4):371–4.
207. Thomas N, Holm R, Garmer M, Karlsson JJ, Mullertz A, Rades T. Supersaturated self-nanoemulsifying drug delivery systems (super-SNEDDS) enhance the bioavailability of the poorly water-soluble drug simvastatin in dogs. *AAPS J*. 2013;15(1):219–27.
208. Wei Y, Ye X, Shang X, Peng X, Bao Q, Liu M, Guo M, Li F. Enhanced oral bioavailability of silybin by a supersaturate self-emulsifying drug delivery system (S-SEDDS). *Colloids Surf A*. 2012; 396:22–8.
209. Khoo SM, Humberstone AJ, Porter CJH, Edwards GA, Charman WN. Formulation design and bioavailability assessment of lipidic self-emulsifying formulations of halofantrine. *Int J Pharm*. 1998;167(1-2):155–64.

210. Nan Z, Lijun G, Tao V, Dongqin Q. Evaluation of carbamazepine (CBZ) supersaturable self-microemulsifying (S-SMEDDS) formulation In-vitro and In-vivo. *Iranian J Pharm Res.* 2012;11(1):257–64.
211. Chen Y, Chen C, Zheng J, Chen Z, Shi Q, Liu H. Development of a solid supersaturable self-emulsifying drug delivery system of docetaxel with improved dissolution and bioavailability. *Biol Pharm Bull.* 2011;34(2):278–86.
212. Mukherjee T, Plakogiannis FM. Development and oral bioavailability assessment of a supersaturated self-microemulsifying drug delivery system (SMEDDS) of albendazole. *J Pharm Pharmacol.* 2010;62(9):1112–20.
213. Gao P, Akrami A, Alvarez F, Hu J, Li L, Ma C, Surapaneni S. Characterization and optimization of AMG 517 supersaturable self-emulsifying drug delivery system (S-SEDDS) for improved oral absorption. *J Pharm Sci.* 2009;98(2):516–28.
214. Gao P, Guyton ME, Huang T, Bauer JM, Stefanski KJ, Lu Q. Enhanced oral bioavailability of a poorly water-soluble drug PNU-91325 by supersaturable formulations. *Drug Dev Ind Pharm.* 2004;30(2):221–9.
215. Gao P, Rush BD, Pfund WP, Huang T, Bauer JM, Morozowich W, Kuo MS, Hageman MJ. Development of a supersaturable SEDDS (S-SEDDS) formulation of paclitaxel with improved oral bioavailability. *J Pharm Sci.* 2003;92(12):2386–98.
216. Whittle B, Guy G. Pharmaceutical formulations. United States patent US 6730330 2001.
217. Dongis LC. L-OROS® SOFTCAPTM for controlled release of non-aqueous liquid formulations. *Drug Deliv.* 2002; 2:1–10.
218. Baskaran V, Sugawara T, Nagao A. Phospholipids affect the intestinal absorption of carotenoids in mice. *Lipids.* 2003 Jul;38(7):705–11.
219. Yonekura L, Nagao A. Intestinal absorption of dietary carotenoids. *Mol Nutr Food Res.* 2007; 51:107–15.
220. Beg S, Rizwan M, Sheikh A, Hasnain M, Anwer K, Kohli K. Advancement in carbon nanotubes: basics, biomedical applications and toxicity. *J Pharm Pharmacol.* 2011;63(2):141–63.
221. Venkatesan N, Yoshimitsu J, Ito Y, Shibata N, Takada K. Liquid filled nanoparticles as a drug delivery tool for protein therapeutics. *Biomaterials.* 2005;26(34):7154–63.
222. Kuentz M, Roethlisberger D, inventor. Galenic composition for low bioavailability medicaments. United States patent US 20020114837. 2002 Aug 22.
223. Benita S, Kleinstern J, Gershanik T, inventor; Yissum Research Development of The Hebrew University of Jerusalem, assignee. Self-emulsifying formulation producing a positively charged emulsion. Canada patent CA 2215800. 1996 Apr 24.
224. Gershanik T, Benzeno S, Benita S. Interaction of a self-emulsifying lipid drug delivery system with the everted rat intestinal mucosa as a function of droplet size and surface charge. *Pharm Res.* 1998;15(6):863–9.
225. Singh SK, Verma PRP, Razdan B. Development and characterization of a carvedilol-loaded self-microemulsifying delivery system. *Clin Res Reg Affairs.* 2009;26(3):50–64.
226. Singh SK, Verma PR, Razdan B. Development and characterization of a lovastatin-loaded self-microemulsifying drug delivery system. *Pharm Dev Technol.* 2010;15(5):469–83.
227. Chen Y, Li G, Wu X, Chen Z, Hang J, Qin B, Chen S, Wang R. Self-microemulsifying drug delivery system (SMEDDS) of vinpocetine: formulation development and in vivo assessment. *Biol Pharm Bull.* 2008;31(1):118–25.
228. Gershanik T, Haltner E, Lehr CM, Benita S. Charge-dependent interaction of self-emulsifying oil formulations with caco-2 cells monolayers: Binding, effects on barrier function and cytotoxicity. *Int J Pharm.* 2000;211(1-2):29–36.
229. Gershanik T, Benita S. Positively charged self-emulsifying oil formulation for improving oral bioavailability of progesterone. *Pharm Dev Technol.* 1996;1(2):147–57.

230. Qi X, Wang L, Zhu J, Hu Z, Zhang J. Self-double-emulsifying drug delivery system (SDEDDS): a new way for oral delivery of drugs with high solubility and low permeability. *Int J Pharm.* 2011;409(1-2):245-51.

