iJRASET
International Journal For Research in Applied Science and Engineering Technology

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 **Issue:** IV **Month of publication:** April 2025

DOI: https://doi.org/10.22214/ijraset.2025.68939

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 13 Issue IV Apr 2025- Available at www.ijraset.com

A Review on Recent Transdermal Drug Delivery Techniques and its Evaluation

Rohit Lahu Birajdar[1], Prof. Nikhil Jadhav[2], Dr.Nitin. M. Gawai[3]
[1]*Research Scholar, Mahadev Kanchan College Of Pharmaceutical Education And Research, Uruli Kanchan, Pune, 412202*
[2]*Research guide, Mahadev Kanchan College Of Pharmaceutical Education And Research, Uruli Kanchan, Pune, 412202*
[3]*Principal,Mahadev Kanchan College Of Pharmaceutical Education And Research, Uruli Kanchan, Pune, 412202*

Abstract: ***In today's world, around 74% of medications are taken orally, and many of them are discovered to be ineffective. Transdermal medication delivery systems have been developed to improve these characteristics. Many biomedical advantages linked with this technique of medication delivery have piqued the interest of researchers. Apart of it the greatest challenge, though, is to achieve high skin imperviousness. Overcome in order to distribute therapeutic molecules to the systemic circulation via this pathway. It differs from standard topical drug delivery because it is delivered through the skin. The development of transdermal medication delivery systems is a multidisciplinary endeavour that includes everything from basic feasibility studies through final product development. The demonstration of adequate drug flow in an ex vivo and/or in vivo model the construction of a medication delivery method that satisfies all of the drug molecule's demanding requirements. The patient (comfort and cosmetic appeal), the physicochemical and stability aspects, and the economy, as well as the manufacturer (scale-up and manufacturability). Transdermal delivery routes, penetration enhancers, and other Transdermal components. Transdermal patches come in a variety of shapes and sizes. This analysis focuses on a recent innovation in transdermal drug delivery systems that can serve as a model for pharmaceutical dosage form research and development for transdermal drug delivery. The TDDS (transdermal drug delivery system) enhances the therapeutic value of drugs. It is critical to decrease the risk of injury by defining the manner and temporal position in the body.The number and quantity of doses required to meet the goal of systemic treatment. Topical treatment on the skin's surface that is still intact. TDDS has a lot more benefits than typical. Route of medication distribution is the transdermal route or therapy is non-invasive and does not require any prior preparation. Passing metabolic impact, high bioavailability, and consistent medication plasma concentration. A Transdermal Patch is an adhesive patch with a medication (drug) covering that is applied on the skin to deliver a particular amount of medicine (drug) into the bloodstream over time. The focus of this study was on the transdermal administration of several herbal drugs. The fundamental goal of creating novel medication delivery systems is to provide more convenience for patients while also increasing the efficacy and safety of drugs.***

Keywords: TDDS, Patch, clinical trials, Iontophoresis, Polymer, Permeation

I. INTRODUCTION

Transdermal drug delivery devices (TDDS), often known as "patches," are dosage forms that transfer a therapeutically effective amount of medicine over the skin of a patient. The US Food and Drug Administration (FDA) has received multiple reports of TDDS delivery devices that are "adhesion poor." The TDDS adhesive is crucial to the product's safety, efficacy, and quality. Patch lift or even the patch falling off reduces the surface area of contact, which reduces the medication delivery from the patch. The TDDS is an important component of a new drug delivery system. Humans have applied a variety of substances to their skin as cosmetics and therapeutic agents since the dawn of time on this planet. The skin was first employed as a channel for long-term medication delivery in the tenth century. One of the most reliable and effective medicine delivery methods is transdermal drug delivery. Transdermal drug delivery has shown to be one of the most effective and novel methods of drug delivery. Only a few drugs have been demonstrated to be successful when administered via transdermal patches, therefore their use in pharmaceuticals has been restricted in recent years.[1] On the skin, nitroglycerin and other cardiac medicines are regularly utilised. Hormones such as oestrogen and others . A skin patch is composed of a one-of-a-kind substance .A membrane can flow through the reservoir within the patch, past the skin, and into the circulatory system to modulate the rate at which liquid medication is absorbed. The following elements must be present in any transdermal administration method. A polymer matrix; a paper, plastic, or metal backing film foil, as well as a pressure-sensitive drug(s) in a reservoir or inert medium a polymer matrix; a paper, plastic, or metal backing film foil, as well as a pressure-sensitive drug(s) in a reservoir or inert medium.

The foil is held in place by an adhesive.[2] The glue is protected by a release sheet. The need to remove eyeliner before applying foundation leaves a scar on the skin. Scopolamine, nicotine, oestrogen, nitroglycerin, and other drugs administered to the skin as patches, as well as lidocaine. Transdermal distribution not only provides for more exact control, but also for faster absorption. At all times, administration. The transdermal drug delivery system (TDDS), sometimes known as patches, is a dosage form used to administer a therapeutic dose of medicine to a patient's skin. Transdermal patches have been a tried-and-true technology for the past two decades, providing a wide range of benefits. When compared to other dosage types, there is a benefit. In a skin patch, a specific membrane is employed to control the rate at which the liquid medicine in the reservoir is eaten.[3] The patch contains chemicals that can enter the bloodstream through the skin. Transdermal delivery not only provides a controlled and consistent distribution system. In addition to medication administration, continuous input of medications with short biological half-lives is possible. Half-lives and inhibits pulsed entry into the systemic circulation, which could cause complications.[3]

A. Transdermal Drug Delivery System Evaluation

Physicochemical Evaluation:-[4]

1) Thickness.
2) Weight uniformity is a term used to describe the consistency of a product's weight.
3) Determination of drug content.
4) Uniformity of content test.
5) Moisture Absorption.
6) Flatness is a term that describes the state of being flat.
7) Endurance Folding.
8) Properties of peel adhesion.
9) Tensile strength.
10) Properties of tack.
11) The thumb tack test is a method of determining the quality of a product.
12) Test with a rolling ball.
13) Test with a quick stick (Peel tack).
14) Probe tack test.
15) Properties of shear strength.

In Vitro Release Studies

1) The Paddle over Disc.
2) The Cylinder modified USP Basket.
3) The reciprocating disc is a device that rotates back and forth.
4) Horizontal-type skin permeation system.
5) Franz diffusion cell.
6) In vitro permeation experiments.
7) Diffusion cell with a flow-through.

In Vitro Testing

1) Models of animals.
2) Models based on humans.

Toxicological Evaluation of the Skin

1) Dermatitis caused by irritants in the content.
2) Managing evaporative water loss.

.

II. EVALUATION OF PHYSICOCHEMICAL PROPERTIES

Thickness (in millimeters):- A traveling microscope, dial gauge, and screw gauge are used to determine the thickness of transdermal film. At various spots on the film, use a gauge or a micrometre. And an SD was used to calculate the average. Weight uniformity :- Individually weighing 10 randomly selected patches and examining weight fluctuation figuring out the average weight.

The individual's weight should not stray too far from the average height and weight. Determination of drug content :- A quantity of film (about 100 mg) is carefully weighed and dissolved in 100 mL of suitable liquid. The solution is then agitated continuously for 24 hours in a shaker in the solvent in which the medication is soluble. The entire solution is then sonicated. After sonication and filtering, the liquid is ready to drink. A suitable dilution is used to calculate the amount of medication in solution spectrophotometrically.[5]

Uniformity of content test :- Ten patches are chosen, and each patch's content is determined. If 9 out of 10 patches include content that is between 85% and 115 percent of the stated figure, and one patch has content that is less than that, transdermal patches that are less than 75 percent to 125 percent of the stated value pass the content test. However, if three patches have content in the range of 75 to 125 percent, an additional 20 percent is required. The medication content of patches is checked. If the percentages of these 20 patches range from 85% to 115 percent, the patches for transdermal use pass the test.[5]

Uptake of Moisture :- The produced films are weighed separately and maintained at room temperature for 24 hours in desiccators containing calcium chloride. After a certain amount of time has passed, the films are weighed again till they have the same weight. The following formula is used to compute the percent moisture content.

Initial weight – Final weight X 100 Equals percent moisture content [5]

Flatness :- This can be proved through a study of flatness. One strip is cut from each sheet to determine flatness. Patches in the centre and two on either side .Each strip is measured for length and variance. The % constriction is used to determine the length.[6]

I1 – I2 X 100 = percent restriction

I2 = Each strip's final length

I1 = Each strip's initial length

Endurance in Folding :- The capacity of the films to fold is determined when evaluating folding endurance. Folding extremes are seen on a regular basis. The ability to fold for an extended period of time is determined by fold the film in the same spot over and over until it breaks. The amount of times the movies could be shown folding endurance is the ability to be folded in the same spot without breaking.[7]

Tensile Strength :- The use of an iron screen, one end of the films is maintained fixed, and the other end is over a pulley, attached to a freely moveable thread. The weights are progressively added to the pan.Fastened using the theme's dangling end. The length of the thread is measured with a pointer on the thread. The film's lengthening it is stated that the weight is just enough to break the film. Tensile strength is a measure of how strong a material is when it is stretched. The given equation can be used to determine it. F/a.b (1+L/l) = tensile strength F denotes the breaking force; a denotes the breadth of the film; and b denotes the thickness of the film. b is film thickness; L is film length; l is film elongation at break point.[8]

Tack properties :- It refers to a synthetic resin capacity to cling to a substrate with minimal contact pressure. Tack is a term used to describe a piece of depending on the synthetic resin molecular weight and composition, as well as the usage of adhesive agents.[9]

a) Thumb tack test :- A characteristics test was used to determine the adhesive's tack quality.The relative tack quality is detected by merely pressing the thumb on the glue[9].

b) Test with a rolling ball :- This test determines how soft a polymer is in relation to tack. In this experiment, a stainless steel 7/16-inch-diameter steel ball is launched onto an inclined track, rolling down and away. Comes into contact with upward-facing horizontal adhesive.The distance travelled by the ball tackiness is measured along the adhesive and is usually stated in inches. The ball will travel further if the adhesive is less sticky[10]

c) Peel tack (quick stick) test :- The tape is pulled away from the substrate at 90 degrees Celsius at a speed of 12 inches per minute. The amount of force needed to break the binding between the adhesive and the substrate is determined as tack value, which is stated in ounces (or grammes) per inch width, is measured and recorded. The greater the force required, the greater the degree of tack[10].

d) Tack probe test :- A cylinder-shaped probe is placed into contact with a test specimen, and the results are recorded.When it is peeled, the tack property (instantaneous adhesion) is examined.

Shear strength properties :-[11]

• The cohesive strength of an adhesive polymer is measured by shear strength.

• When a device's cohesive strength is adequate, it will not slip during application.

• When removed, there will be no residue. The time it takes to pull on is used to calculate it. When a predetermined weight is hanged from the

adhesive coated tape, it is removed from a stainless steel plate.

• It pushes the tape in a parallel to the plate direction.

In vitro Release studies :- [12]

The paddle over disk :-

he transdermal system is coupled to a disc or cell sitting at the bottom of the vessel, which holds medium at 32.5°C, and the procedure is identical to the USP paddle dissolution apparatus.

USP Basket with Cylinder Modification :[12]-

This approach is comparable to the USP basket dissolution equipment, however the system is different is affixed to the surface of a hollow cylinder immersed in medium at 32.5 degrees Celsius. The reciprocating disc :- Patches affixed to holders are oscillated in small quantities of medium in this process. Allowing the equipment to be used in drug delivery systems with low drug concentrations. It is possible to use the addition paddle method over the extraction cell approach.

Permeation studies in vitro :- Drug released from polymeric transdermal films has a significant impact on the amount of drug available for absorption into the systemic pool. The medication is then applied to the skin's surface transmitted to the dermal microcirculation by penetrating the epidermis cells, which are located between the epidermis and the dermis. Epidermis cells are accessed via skin appendages. In most permeation investigations, the produced transdermal patch with rat skin or synthetic membrane is placed between the receptor and donor compartment in a vertical diffusion cell, such as a Franz or Keshary-chien diffusion cell. The system is applied on the membrane's hydrophilic side and then installed in the diffusion chamber. In contact with the receptor fluid is a cell with a lipophilic side. The receiver chamber is kept in good condition.It's kept at a specified temperature (typically 325°C for skin) and constantly stirred. At various time intervals, samples are extracted and an equivalent volume of buffer is replaced each and every time The samples are adequately diluted, and the absorbance is determined spectrophotometrically. The amount of drug penetrated per centimetre square is then computed for each time interval. Some variables that may affect medication release include system design, patch size, skin surface area, skin thickness, and temperature. As a result, the permeation research comprises skin preparation, skin mounting on a permeation cell, and experimental setup. Temperature, stirring, sink conditions, and taking samples at different times are all factors to consider intervals, sample analysis, and flux (drug permeated per cm2 per sec) computation. Skin permeation system with horizontal axis :- This method has been routinely used to assess drug penetration across skin. The cell is separated into receptor and donor compartments, each with a small volume of fluid (3.5ml) a tiny membrane area and a compartment (0.64cm2). They are constantly agitated by a set of matched paddles set of star-head magnets with a 600rpm rotational speed The system is in charge of water was circulated through a water jacket that encircled the two compartments and was kept at a constant temperature. Franz diffusion cell :- The cell has two compartments: a donor compartment and a receptor compartment.[12] The receptor compartment is a compartment that contains receptors contains a capacity of 5-12ml and a 1-5 cm2 effective surface area. The diffusion buffer is made up of magnetic bar constantly stirs the mixture at 600rpm. Franz Cells are a frequently used method for evaluating in vitro drug penetration that has been around for a long time. benefits, such as

i) Tissue handling is limited.

(ii) There is no continuous sampling and

(iii) Only a small amount of medication is needed for analysis.

Flow through diffusion cell:- Flow via diffusion cells have the advantage of being able to be used when the drug in the receptor compartment has a reduced solubility. This cell is fully automated and may be immediately connected to HPLC. They have a big donor chamber to ensure proper loading of the machine. A limited volume (0.3ml) receiving chamber that ensures fast removal of the applied chemical. At modest pumping rates, it is penetrant. When you consider the benefits of saving time and work by using it, it's a no-brainer. The use of a flow-through cell with an automatic fraction collector looks to be a viable alternative to the use of a flow-through cell with an automatic fraction collector[12].

In Vitro Testing :- In vivo tests are the most accurate representation of a drug's effectiveness. Variables to consider. In vitro research cannot take this into account. can be thoroughly investigated during in vivo research. Animal models and human volunteers can be used to evaluate TDDS in vivo.[12]

1) Animal models:- Human research need a significant amount of time and resources, hence small-scale animal experiments are preferable. The most prevalent animal species utilised in transdermal drug testing is the rat. Mouse, hairless rat, hairless dog, hairless rhesus monkey, rabbit, and hairless rhesus monkey are examples of drug delivery systems. Guinea pig, and so on. Various experiments have led us to the conclusion that hairless animals are superior to haired animals. In both in vitro and in vivo trials, hairless animals were preferred to hairy animals. One of them is the Rhesus monkey. One of the most dependable models for assessing transdermal medication delivery in humans in vivo .[13]

2) Human models:- Following the application of the patch to human skin, the final stage of transdermal device development involves collecting pharmacokinetic and pharmacodynamic data. Clinical trials have been carried out to determine efficacy, risk, and side effects. Patient compliance, for example. [14]

a. Phase I clinical trials are used to determine the safety of a drug in healthy volunteers.
b. Phase II clinical trials assess patients' short-term safety and effectiveness.
c. Phase III trials show that the drug is safe and effective in a large number of patients.
d. Phase IV For marketed patches, phase IV trials are conducted as part of post-marketing surveillance to detect adverse effects.

Human studies take a lot of time and money, but they are the most accurate way to evaluate performance of the medication Toxicological Evaluations of the Cutaneous Surface:

1) Irritant dermatitis due to content :- Direct toxic injury to cell membranes, cytoplasms, or nuclei causes content irritating dermatitis nuclei. This is characterised by information, cutaneous erythema, and itching, and it can be life-threatening occur as a result of the medicine, vehicle, adsorption enhancers, and the type of adhesive used to secure the device. Animals such as mice are used in the testing of innovative technologies for contact irritant dermatitis.[14]

2) Controlling evaporative water loss :- The stratum corenum barrier is also disrupted by content irritation, resulting in an overflow of water. Evaporimetry can be used to measure the loss from the damaged surface. Recent TDDS Enhancement Techniques of Late:- Techniques for Improving Structure:[15]-

1) Transdermal Patches:- A transdermal patch, also known as a skin adhesive patch, is a device that contains a drug candidate and is placed to the skin to transport a particular amount of medication through the skin and into the bloodstream. The glue has two purposes: In nature, it is an adhesive.This retains the patch in place on the skin and functions as a suspension for the medicine.The concentration of the medication within the adhesive directly presents a difficulty and affects the adhesive's "stickiness," therefore if significant amounts of medication are to be delivered,either the patch's size has to be raised, or the patch needs to be reapplied and again.[14]

2) Microfabricated Microneedles :- These are the devices that combine the features of a hypodermic needle and a transdermal patch to deliver a medicine and successfully transport it throughout the memberane. A medication reservoir and various projections make up the system (microneedles).These, which extend from the reservoir, aid in entering the stratum corneae and epidermis. Administer the medication microneedles Microneedles are small, slender devices that are used to treat a variety of ailments made using silicon etching technology and micromechanical system fabrication (MEMS) method, which does not go deep enough into the skin to reach the nerve. As a result, there is no pain sensation during the insertion of microneedles into approaches that have been used to work with the skin. These include the following: The poke with patch method entails piercing the skin. For TDDS, a number of delivery microneedles are used, followed by the administration of a medication patch to the treatment location. The coat-and-poke method is used to coat the needles. The substance is introduced into the skin, and the medication is released by breakdown. Biodegradable microneedles encapsulate the medicine within a biodegradable needle.Microneedles made of polymer that are injected into the skin Hollow microneedles entails the use of hollow microneedles.The medication is injected with a hollow bore needle[14].

3) Macroflux: These are devices with an area of around 8cm and 300 micro projections per cm2 with each micro projection lengths of less than 200Î14m. There are three different forms of Macroflux. Dry-Coated Macrofluxsystem is one of them, and it's only employed for a brief time. Comprises of a microprojection array coated with medication and bonded to an elasticb sticky backing made of polymer. A titanium disk affixed to a polymeric adhesive back is the main component of the microprojection patch. The titanium disk is 8 cm 2 in size and is made up of a series of small titanium microprojections that look like teethbthat have been sprayed with a medicated ingredient Per cm, there are up to 300 microprojections. Individual micro projections must be smaller than 200m long. They only reach a depth of 10 meters. Dead cells of the stratum corneum form a 25 m-thin layer in which they generate 'holes'-microchannels large enough to allow large molecules to be transported to physiologically important sites. Deeper layers of the epidermis are active. The titanium micro projections aren't large enough to cause harm pain..[15]

4) Topically Metered-Dose Transdermal Spray :- Which is made composed of a volatile or nonvolatile vehicle, and which consists of entirely unique It is a dissolved liquid preparation in the form of a solution that is employed (Mdts). solution of a medication The use of MDTS reaches a stable level with improved permeation of the medication through the skin The MDTS may provide the following benefits:[16]

Due to its non-occlusive nature, it a.improves delivery potential without causing skin irritation.
b. Higher acceptability
c. Dose versatility
d. Simple manufacture.

5) Techniques for Electrically-Based Enhancement: Iontophoresis (Iontophoresis) is a type of iontophoresis It is described as the penetration of an ionized medication through 0.5 mA/cm electrical shocks by either voltaic or galvanic cell It has a cathode and anode that attract positively charged ions and electrons. ions with a negative charge, and vice versa. Its mechanism is really tight.[17]

The law of Faraday :- D ¼ IT/ (IZI) where D is the permeable drug, I is the current (amperes), IZI is the valance, and F is the Faraday constant (coloumb/Mol). The drug drawn is calculated using this equation.The amount of current that is injected into the skin is proportional to the amount of current that is administered. The PH of the skin is vital; the greater the PH, the better.

The higher the skin's pH, the greater its permeability. The action of iontophoresis can be seen in Electromagnation, for example, is a phenomenon in which charged ions are attracted to oppositely charged ions. Electroosmosis is a process in which a non-ionic material permeates a solvent. The use of a decoy of nuclear factor-kappa B (NF-kappa B) in the treatment of cancer Atopic dermatitis and inflammation. ODN investigated topical calcium and phosphate administration for the treatment of osteoporosis. The outcomesrevealed that restoring calcium and phosphate in bone P bone density.[16]

Iontophoresis can be classified into the following categories:[17]

a. Direct iontophoresis: Anions are permeated through passive diffusion.

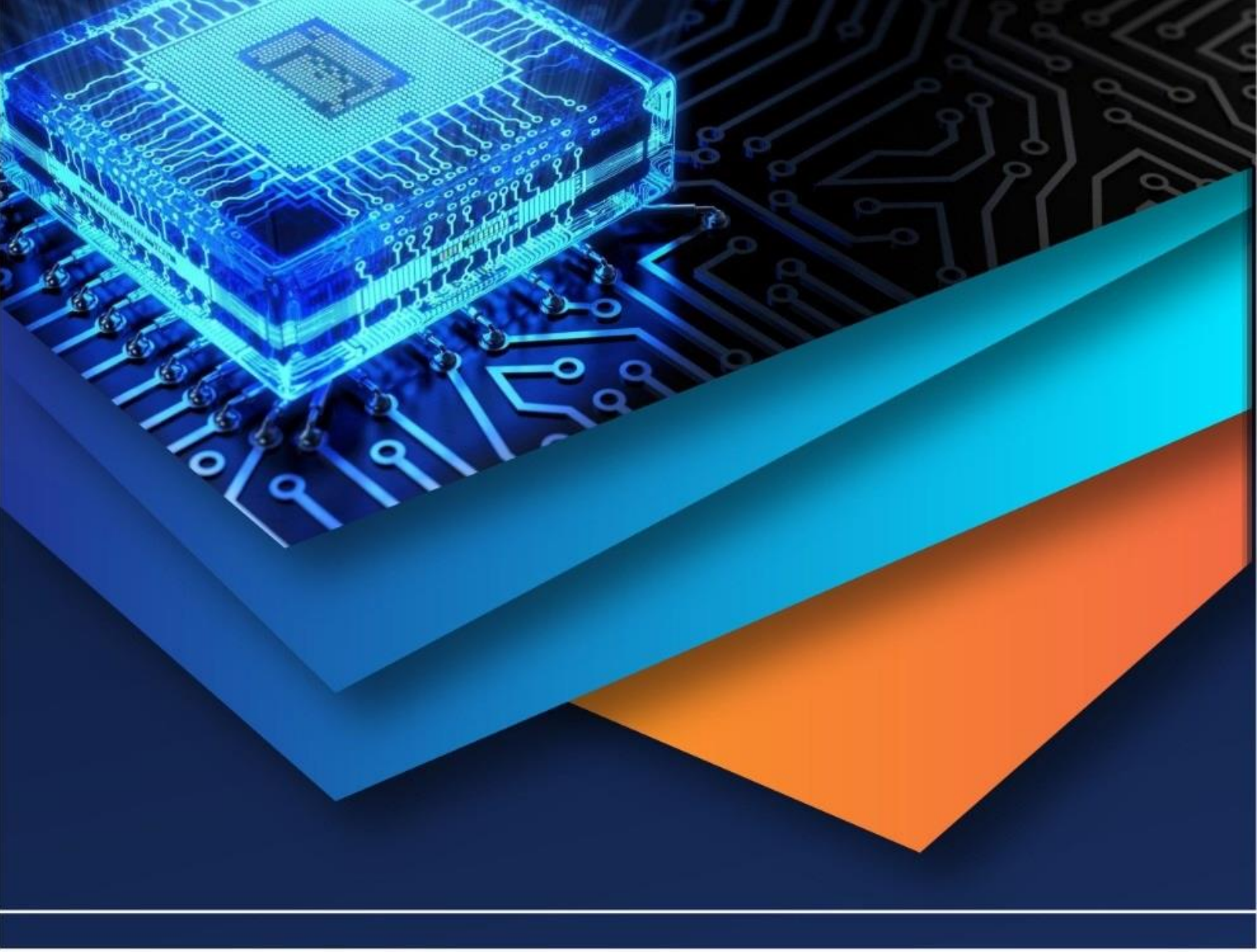
b. Reverse iontophoresis: This allows neutral and positive ions to move into the cathode.Negative ions into the cathode, and positive ions into the anode Expectations for the delivery of large molecular weight pharmaceuticals in the future.Calcitonin, inulin, gonadotropin-releasing hormone, parathyroid hormone, vassopresin, and other hormones. This method can actively distribute insulin. Presently Apo morphine has a promising future in the treatment of idiopathic Parkinson's disease in many volunteers and Cystic fibrosis diagnosis

III. CONCLUSION

Transdermal drug delivery is a painless, convenient, and potentially effective method of delivering regular doses of many medications. Improved delivery of a wide range of medications is possible. medication absorption Complications and negative effects are kept to a minimum. Low-cost and simple to use tenth example. The nicotine patch had revolutionized smoking cessation a few years ago; people were being treated with it.nitroglycerin for angina, clonidine for hypertension, scopolamine for motion sickness, and more medications. Estradiol patches are used by over a million people each year to treat estrogen insufficiency.

REFERENCES

[1] Panchagnula R., Transdermal delivery of drugs. Indian journal of pharmacology, 1997; 29:140-156.
[2] World Journal of Pharmaceutical Research Scientific Journal Impact Factor 8.074 Volume 7, Issue 7, 260-288. ISSN 2277– 7105.
[3] Chein Y., Transdermal Controlled-Release Drug Administration, Novel Drug Delivery System: Fundamental Development concepts and Biochemical Applications New York: Marcel Dekker; 1982.
[4] Puttipipatkhachorn S., Journal of Controlled Release, 2001; 75:143-153.
[5] Frost and Sullivan - Drug delivery. - World Pharma Frontiers, 167-169, 2003.
[6] Jain. N., Controlled and novel drug delivery, first edition, CBS publishers and distributors, New Delhi.1997.
[7] Chung S., Future drug delivery research in South Korea. Release. 1999; 62: 73-9
[8] Lec S., Yac S., Kim S., Berner B., One way membrane for transdermal drug delivery systems / system optimization. Int. J. Pharm. 1991; 77: 231-7.
[9] Nirit R., Will the evolution of overactive bladder delivery systems increase patient compliance Reviews in Urology. 2009; 11(2):45-51
[10] Sandhu P., International Journal of Research in Pharma& Chemistry, 1(4) 1141-1142.
[11] Hopp S., Developing Custom Adhesive Systems for Transdermal Drug Delivery Products. Pharmaceutical Technology 2002, 30-36.
[12] Wade A., and Weller P., Handbook of pharmaceutical Excipients. Washington, DC: American Pharmaceutical Publishing Association 1994; 362-366.
[13] Bouwstra J., Nguyen P., Skin structure and mode of action of vesicles. Advanced Drug Delivery Reviews, 2002; 54(12): 41–55.
[14] Giudice E., Campbell J., Needle-free vaccine delivery. Advanced Drug Delivery Reviews, 2006; 58 (1): 68-89.
[15] Patel D., Patel N., Parmar M., Kaur N., Transdermal delivery System: An overview. International Journal of Biopharmaceutical & Toxicological Research 2011; 1(1): 61-80.
[16] Vyas S., Theory and practice in Novel Drug Delivery System first edition Published by Satish Kumar, 2009,
[17] Kulkarni K., Gupta D., A Estimating Relative Permeability from Production Data: A Streamline Approach. 2000, 5, 402–411. [CrossRef]



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY