A Wide-Ranging Analysis of Ethosomes

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ABSTRACT

Ethosomes are noninvasive release carriers that facilitate drugs to attain the deep skin layers and the universal movement. Though ethosomal systems are theoretically complicated, they are effortless in their training, safe for use an arrangement that can highly enlarge their relevance. Ethosomes are soft, compliant vesicles tailored for improved liberation of vigorous agents. Because of their exclusive organization, ethosomes can encapsulate and deliver during the skin highly lipophilic molecules such as cannabinoids, testosterone, and minoxidil, as well as cationic drugs such as propranolol, trihexaphenidyl, Cyclosporine, insulin, salbutamol etc.

Improved release of bioactive molecules during the skin and cellular membranes by means of an ethosomal delivery service opens numerous challenges and opportunities for the research and future improvement of novel improved therapies. Ethosomes are gaining a reputation in designing drug delivery systems for topical and transdermal use for their ability to reach deep skin layers and universal circulation. Although ethosomes are theoretically complicated, they are simple in training and safe for use. Although with their high efficiency, the ethosomes show possible for the development of their applications. The aim of the review to make an inclusive description of properties and training of ethosomes followed by the classification and the list of drugs encapsulated in ethosomes.

Keywords: *Ethosomes, malleable vesicles, ethosomal carrier, Transdermal*

I. INTRODUCTION

Transdermal drug release is ahead significance due to its noninvasive process for management. The transdermal drug rescue overcomes many limitations of oral drug release such as degradation of drugs by digestive enzymes, irritation of gastrointestinal mucosa and first-pass effect. Also, due to the pain on management linked with the parenteral route, patients highly prefer a transdermal route. Therefore transdermal dosage forms enjoy being the most patient obedient mode of drug delivery.

A. Confident challenges to be addressed while scheming Transdermal Dosage Forms

The skin is a multi-layered arrangement made up of stratum corneum (S.C.), the furthest layer, under which lies the epidermis and dermis. Within these layers of skin are interspersed fibroblasts, hair follicles and sweat glands that create in the dermis blood supply. The almost unsurmountable nature of S.C. is a major confront for systemic release of percutaneously applied drugs. The Obrick and mortarO collection of corneocytes, flattened mononucleated keratinocytes, with interspersed lipids and proteins make S.C. just about 1000 times less porous than other organic membranes.

B. Require for Transdermal Drug release

Despite the challenges, TDD offers numerous unique advantages, including a comparatively great and willingly available surface area for incorporation, ease of application and termination of therapy. Further, development of better technologies for delivering drug molecules, safe infiltration enhancers and the use of vesicular carriers have invigorated the attention for designing TDD scheme for drugs that were considered to be unfit for transdermal release.

C. ETHOSOMES

The ethosomes are vesicular carrier consisting of hydroalcoholic or hydro/alcoholic/glycolic phospholipids in which the attentiveness of alcohols or their combination is relatively high. The ethosomes may enclose phospholipids with a variety of chemical phosphatidylcholine structures like (P.C.), hydrogenated P.C., phosphatidic acid (P.A.), phosphatidylserine (P.S.), phosphatidylethanolamine (P.E.), phosphatidylglycerol (PPG), phosphatidylinositol (P.I.), hydrogenated P.C., alcohol (ethanol or isopropyl alcohol), water and propylene glycol (or other glycols). Such a composition enables discharge of high special treatment of vigorous ingredients during the skin. Modify in alcohol: water or alcoholpolyol: water ratio, alters drug delivery.

The phospholipids typically used are soya phospholipids such as Phospholipon 90 (PL-90) inattentiveness choice of 0.5-10% w/w. Cholesterol at concentrations ranging between 0.1-1% can also be used in the preparation to boost immovability of ethosomes. Alcohols like ethanol and isopropyl alcohol and glycols like propylene glycol and Transcutol are usually used. In addition, non-ionic surfactants (PEGalkyl ethers) in combination with the phospholipids are sometimes used in these preparations. Cationic lipids like cocamide, POE alkyl amines, dodecyl amine, cetrimide etc. can also be included. The attentiveness of alcohol in the final product may range from 20 to 50%. The assimilation of the non-aqueous phase (alcohol and glycol combination) may provide variety between 22 to 70%.

II. METHODS OF PREPARATIONS OF ETHOSOMES

Ethosomal formulation may be ready by the hot or cold method as described below. Both the methods are expedient, do not necessitate any complicated apparatus and are easy to scale up at a developed stage.

A. Cold Method

In this process Phospholipids, drug and other lipid materials are dissolved in ethanol in a covered vessel at room warmth by dynamic inspiring with the use of a mixer. Propylene glycol or other polyol is added during inspiring. This combination is heated to 300C in a water bath. The water animated to 300C in a divide craft is added to the combination, which is then stimulated for 5 min in an enclosed vessel. The vesicle size of ethosomal formulation can be decreased to the desired amount using probe sonication or extrusion method. Lastly, the formulation is stored under refrigeration.



Fig.1: Preparation of Ethosomes by Cold Method

B. Hot Method

In this method, Phospholipid is detached in water by heating in a water bath at 400C until a colloidal solution is obtained. In a separate vessel, ethanol and propylene glycol are mixed and heated to 400C. Once both mixtures reach 400C, the organic phase is added to the aqueous one. The drug is dissolved in water or ethanol depending on its hydrophilic or hydrophobic properties. The vesicle size of ethosomal formulation can be decreased to the desired amount using probe sonication or extrusion technique.



Fig.2: Preparation of Ethosomes by Hot Method

III. SKIN DELIVERY FROM ETHOSOMAL SYSTEM

The main advantage of ethosomes over liposomes is the increased penetration of the drug. The instrument of the drug amalgamation from ethosomes is not clear. The drug incorporation possibly occurs in the following two phases:

A. Ethanol effect

Ethanol acts as a diffusion enhancer during the skin. The device of its saturation ornamental effect is well known. Ethanol penetrates intercellular lipids and increases the fluidity of cell casing lipids and decrease the concentration of lipid multilayer of the cell membrane.

B. Ethosomes effect

Augmented cell cover lipid changeability caused by the ethanol of ethosomes results augmented skin permeability. So the ethosomes permeates very simply inside the deep skin layers, where it got fused with skin lipids and released the drugs into a reflective layer of skin.

IV. CHARACTERIZATION OF ETHOSOMES

A. Vesicle shape

Transmission electron microscopy (TEM) and Scanning electronic microscopy (SEM) are used to illustrate the exterior morphology of the ethosomal vesicles. Before analysis, mount the ethosomes onto double-sided tape that has before been secured on copper stubs and coated with platinum, then analyzed at diverse magnifications.

B. Vesicle size and Zeta potential

Dynamic light scattering (DLS) using a mechanized examination scheme and photon correlation spectroscopy (PCS) are the two methods used in assessing the particle size and zeta possible of equipped Ethosomes.

C. Entrapment Efficiency

Ultracentrifugation is the widely used method to determine the entrapment competence of ethosomes. The vesicles are alienated in a high-speed cooling centrifuge at 20,000 rpm for 90 minutes in the temperature maintained at 4°C. Divide the sediment and supernatant liquids determine the quantity of drug in the sediment by lysing the vesicles using methanol. From this, decide the entrapment competence by the following equation,

D. Penetration and Permeation Studies

Confocal laser scanning microscopy (CLSM) method is used to decide the depth of infiltration from Ethosomes. The ethosomes shows significantly higher skin evidence, possibly due to the mutual effect of ethanol and Phospholipid, thus providing a mode for dermal and transdermal release.



Fig.3: Mechanism of drug delivery from Ethosomes

E. Transition Temperature

The Transition temperature (T) of vesicular lipids is measured in reproduction by DSC in an aluminium pan at a heating rate of 10° C per min, under an invariable nitrogen stream.

F. Vesicle constancy

The capability of ethosomal preparations to retain the drug can be checked by keeping the preparations at dissimilar temperatures. The ethosomal preparations were kept in sealed vials (10 ml capacity) after flushing with nitrogen. The constancy of ethosomes was also resolute quantitatively by monitoring the size and morphology of the vesicles using DLS and TEM.

G. Drug Content

The drug can be quantified by a modified high recital liquid chromatographic method.

V. ADVANTAGES OF ETHOSOMAL DRUG DELIVERY

1. Improved drug penetration during the skin.

2. Delivery of large and varied group of drugs (peptides, protein molecules).

3. Secure masterpiece and the mechanism are accepted for pharmaceutical and cosmetic use.

4. Low-risk profile.

5. High patient observance.

6. Application in Pharmaceutical, Veterinary, Cosmetic field.

VI. CONCLUSION

Ethosomes has initiated a new area in vesicular research for transdermal drug delivery. Ethosomes are characterized by ease in their training, safety and efficacy and can be tailored for the enhanced skin penetration of active drugs. The main restrictive factor of transdermal drug delivery system, i.e. epidermal barrier can be defeat by ethosomes to significant amount Ethosomes have been tested to encapsulate hydrophilic drugs, cationic drugs, proteins and peptides. Thus, ethosomal formulations possess promising future inefficient transdermal liberation of bioactive agents.

REFERENCES

- [1] Godin B, Tauitou Elka. (2005) Current Drug Delivery. 2: 269-275.
- [2] Akiladev D, Basak S, (2010) International Journal of Current pharmaceutical research. 2(4): 1-4.
- [3] Dave A, (2010) International Journal of Drug Delivery. 2: 81-92
- [4] Hadgraft J, Guy R. "Transdermal Drug Delivery, Developmental Issues and Research Initiatives". New York: Marcel Dekker, 1989.

- [5] Chourasia MK, (2011), Nanosized ethosomes are bearing ketoprofen for improved transdermal delivery, Results in Pharma Sciences (1); 60–67.
- [6] Michaels AS, Chandrasekaran SK, Shaw JW. (1975) "Drug permeation through human skin: theory and in vitro experimental measurement". AlChE 21: 985-96.
- [7] Mustafa MA., Elsayed, (2006) International Journal of Pharmaceutics (322); 60–66.
- [8] Pilgram GS. (1999) J Invest Derm 113: 403–409.
- [9] Verma P, (2011) Nanomedicine: Nanotechnology, Biology, and Medicine, 1-8.
- [10] Rahul G.S. Maheshwari, Rakesh K. Tekade, Piyoosh A. Sharma, Gajanan Darwhekar, Abhishek Tyagi, Rakesh P. Patel, Dinesh K., (2012), Jain Saudi Pharmaceutical Journal, Volume 20, Issue 2, Pages 161-170.
- [11] Schreier H, Bouwstra JA. (1994) J Control Rel. 30:1 15.
- [12] Touitou E, Dayan N, Bergelson L, Godin B, Eliaz M. (2000) J Control Release 65: 403-18.
- [13] Vijayakumar MR, (2010) International Journal of Pharmacy and Pharmaceutical Sciences 2(4).82-86.
- [14] Williams ML, Elias PM. The extracellular matrix of stratum corneum: the role of lipids in normal and pathological function. Crit rev Therapy drug carrier Systems (1987) 3: 95–122.
- [15] Zhen Zhang, (2011) Nanomedicine: Nanotechnology, Biology, and Medicine, 1-7.
- [16] Sathalia et al., Int J Pharm Pharm Sci, Vol 2, Issue 4, 8286
- [17] Jha AK, (2011) Der Pharmacia Sinica, , 2(4):192-202
- [18] Shingade G, (2012) International Journal of Universal Pharmacy and Life Sciences 2(3)
- [19] Naimi TS, LeDell KH, Como-Sabetti K (2003) JAMA, 290:2976–84.
- [20] Kaplun-Frisckhoff Y, Touitou E, (1997) J. Pharm. Sci., 86:1394-1399
- [21] Kirjavainen M, Urtti A, Valjakka KR, Kiesvaara Jm, (1997) Eur. J. Pharm. Sci. (1999)7(4): 279-286.
- [22] Subjeet J, Ashok KT, Bharti S, Narendra KJ. (2007) AAPS Pharm SciTech 8(4): E1 – E9.
- [23] Dayan N, Touitou E, (2000) Biomaterials 21: 1879 1885.
- [24] Jun Shi, Yiming Wang and Guoan Luo, (2012), AAPS PharmSciTech, Volume 13, Number 2, Pages 485-492
- [25] Fiddan AP, Yeo JM, Strubbings R, Dean D. (1983) Vesicular Approach for Drug Delivery into or Across the Skin Br. Med. J. 286, 701,1699.