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NANOEMULSION: A PROMISING AND NOVEL NANOTHERAPEUTIC VEHICLE FOR TRANSDERMAL DRUG DELIVERY

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ABSTRACT: Transdermal delivery of therapeutics has been identified by scientific researchers as an alternative choice of drug administration, owing to its unique and tremendous benefit over conventional and oral administrations, but its exploration has been limited because of the "skin barricade" as its major challenge. A special formulation that is capable of meeting up and overcoming its associated challenges is required. Nanotechnology is already established as one of the developing areas of technology, and its application in drug delivery has proven overwhelming success. Nanoemulsions are unique nanotechnological formulations that represent a novel drug delivery system towards resolving pharmaceutical challenges as well as improves dermal and transdermal drug delivery. Since the majority of novel drug candidates, especially those phytopharmaceutically discovered, are of less solubility and bioavailability, their pharmaceutical applications have been underexplored. This study aims at presenting nanoemulsion as a novel formulation capable of solving undesirable pharmaceutical challenges such as toxicity, first-pass metabolic effect, drug solubility, and bioavailability. Its potential as an exclusive nanocarrier that mobilizes and promotes transdermal therapeutic delivery is also reviewed. Improvement in drug potential and delivery using nanoemulsions as a recent advance with particular attention to the possibility of its journey through the skin and its consideration as a multiple delivery tool for the systemic circulation through the skin as a transdermal drug delivery route is also highlighted.

INTRODUCTION: Novel and promising drug candidates represent our therapeutic dependence in different health conditions, but the majority of these drug candidates are of reduced exploration because of their limited bioavailability.



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Also, in recent years, there has been an overwhelming interest in the dermal and percutaneous delivery of pharmaceuticals as well as bioactive. Fortunately, the use of nanoemulsion as the vehicle reflects a good future in both transdermal drug delivery ¹ and bioavailability enhancement.

Transdermal drug delivery is an innovative research area that is becoming prominent globally as a result of its unique merits over other routes ². This system uniquely achieves the therapeutic concentration of drug through skin with proper

delivery at a controlled rate, making it very conducive for the treatment of both chronic and acute disorders ^{3, 4}. These delivery systems also constitute a novel research area of drug delivery as it helps to overcome drawbacks associated with parenteral routes ⁵. Its ability to promote therapeutic efficacy can be based on its improving bioavailability of drug, non-invasive nature, overcoming gastrointestinal side effects, patient's accessibility, pain-free nature, ability to avoid hepatic first-pass metabolism and facilitation of self-medication in patients ⁶⁻⁸. In addition, extensive investigation shows this route as a substitute to the oral route of drug transport because the rich supply of blood by the dermis ease the unswerving passage of drug into the blood for systemic circulation and effects 9, 10-12.

In contrast, the biophysical properties of the skin impose a barrier towards enhanced permeation of drug through the stratum corneum ¹³. Also, limitations are associated with percutaneous delivery of semi-solid formulations as a result of their large particle size, slow skin entry, fast volatilization of highly vaporous compounds, environmental disintegration, etc. ⁸ In order to promote drug permeation through this significant barrier, chemical and physical methods such as iontophoresis, microneedle array, laser and thermal ablation including chemical penetration enhancers have been explored ^{9, 11, 14}. However, these techniques pose limitations such as irritation and damage to the skin barrier. A higher dosage of chemical enhancers could also lead to increased toxicity 14. Extensive investigation has also been carried out in the area of nanotechnology to be able to deliver less soluble, highly volatile as well as photosensitive and charged surface ¹⁵.

In view of the best technique to display safe and improved drug bioavailability and drug delivery approach, as evident from the literature, Nanoemulsion-based technology is expected to fit in ¹⁶. Nanoemulsion based technology allows the combined possibility of enhancing penetration across the skin by altering the lipid bilayer and at the same time, acts as a tiny storage channel for drugs ¹⁷. Considering its flowing (fluidic) nature, notable interrelation with skin cells, adequate permeation ability, small globule size, ability to protect and deliver even irritant as well as the

compound of high volatility and molecular weight makes it the best ¹. Nanoemulsion droplets are able to overcome the barrier posed by the skin by penetrating the skin pores and arrive at the systemic circulation, getting successfully channelized for effective delivery of drugs ¹⁸. This delivery vehicle also offers advantages such as the great solubilizing ability of both hydrophilic and hydrophobic drugs, reduced cost of preparation, reduced viscosity with Newtonian behavior, thermodynamic and increased storage stability, and protection of bioactive ingredients against oxidation and hydrolysis ^{7, 13, 19}.

The prospect significance of this area of research has extended the hand of researchers into the challenging issues associated with the formulation of nanoemulsions and its applicability in the treatment of crucial and challenging issues associated with the transdermal delivery route. In this manuscript, some of the vital findings in various literature were represented, thereby discussing nanoemulsions and their association with the skin barrier. The skin physiology and mechanism of transdermal drug transport are also reviewed.

2. Bioavailability of Orally Administered Drugs:

Bioavailability includes drug absorption, drug distribution, drug metabolism, drug excretion, and drug toxicology despite the efficacy of such drugs. According to U.S. Food the and Administration (FDA), bioavailability is defined as "the rate and extent to which an active drug ingredient or therapeutic fraction is absorbed from a drug product and becomes accessible at the site of drug action. It can further be said to be the absorption of a drug from the gastrointestinal tract after administration of an oral dosage form. The journey of an orally administered dosage form is majorly through the site of first-pass metabolism (Intestine and Liver) where metabolism of the drug takes place before reaching the circulation. Low bioavailability is also due to poor aqueous solubility especially with oral dosage forms of lipophilic (poorly water-soluble) which displays slow absorption, hence, insufficient time for absorption in the GI tract. If the drug does not dissolve readily or cannot penetrate the epithelial membrane, the time required at the absorption site insufficient, thereby may be altering bioavailability.

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]	TABLE 1: THE STEPS I	NOLVED IN THE DIST	TRIBUTION OF ORALLY	ADMINISTERED DRUG

Steps	Distribution		
Step 1	Oral dosage form gets to stomach/intestine		
Step 2	Undergo disintegration into small particles		
Step 3	Dissolution occurs in gastrointestinal (GIT) fluids and reaches GIT wall/membrane		
Step 4	Drug returns to GIT lumen by P-glycoprotein efflux pump		
Step 5	Metabolism of drug by intestinal enzymes		
Step 6	Absorption of drug into the hepatic circulation		
Step 7	Drug reaches systemic circulation		
Step 8	Excretion of drug through the urine		
Step 9	Drug is metabolized		
Step 10	The active metabolite approaches its site of action, causing a pharmacological response unrelated to desired		
	therapeutic activity		
Step 11	A Response related to desired clinical response is produced		

3. Nanoemulsion Basics:

3.1. Nanoemulsion and **Classification:** its emulsions Nanoemulsions or submicron optically isotropic system composed of a mixture of two immiscible liquids (mainly oil and aqueous medium) resulting in a fine dispersion of drugs in nanodroplets with small size distribution ²⁰⁻²². They are kinetically stabled colloidal particulate systems with uniform size distribution stabilized by an interfacial layer of suitable surfactant ^{8, 23}.

Nanoemulsions can be classified based on their 'components' and 'surface charge' over the nanodroplets. For the former, nanoemulsions can be grouped into:

- (a) Oil-in-water (O/W) nanoemulsions: It is a type of nanoemulsion formed when an oil phase is dispersed into an aqueous medium
- (b) Water-in-oil (W/O) nanoemulsions: It is a type of nanoemulsion formed when water is dispersed into an oil medium
- (c) Bicontinuous nanoemulsion i.e. interdispersion of microdomains of oil and water phase ^{19, 24}. The latter classifies nanoemulsions into Neutral nanoemulsions, Anionic nanoemulsions and Cationic nanoemulsions - where, neutral, anionic cationic surfactants are used respectively ^{21, 25}.

Recent research has proven O/W nanoemulsion to be of high popularity in medicine than the W/O counterpart owing to its compatibility with water, safe and wide use in drug delivery ^{26, 27}.

3.2 Nanoemulsion Composition: Basically, nanoemulsions comprise oil, surfactants /emulsifiers including co-surfactants/co-emulsifiers and the aqueous phase ²⁸. **Fig. 1** represents an illustration of

an O/W nanoemulsion, including the general composition of a nanoemulsion. Oil Phase is one of the important adjuvants in nanoemulsions, where solubilizing ability in relation to drugs (phytoactive or synthetic drugs) of choice is an important factor in choosing oil. Depending on the lengths, long-chain triglycerides medium-chain triglycerides are used either alone or in combination for nanoemulsion formulation. Recent studies have reported that nanoemulsion can be employed to improve the bioavailability of drugs with poor water solubility, such as curcumin by solubilizing ²⁹. Also, the permeability of cytotoxic drugs such as piplartine can be enhanced ³⁰ into cancer cells.

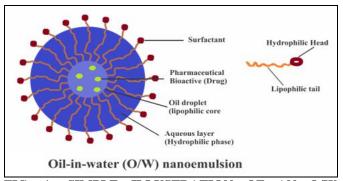


FIG. 1: SIMPLE ILLUSTRATION OF NANOEMULSION ENCAPSULATING A PHYTO-PHARMACEUTICAL

An increased interest has aroused in the use of natural products in the field of drug delivery due to their preferred advantages. These include low toxicity and widespread therapeutic benefits ³¹. The use of essential oils as oil phase in nanoemulsion formulation is not only safe and biocompatible but are volatile natural compounds that are susceptible to oxidation, thermal and photodegradation ³² with complex fatty acids composition known to have diverse benefits ³³.

Da Silva Gundel *et al.*, 2018, recently developed nanoemulsion that contains Basil oil. The objective is to determine its stability as well as cytotoxicity in healthy cells of humans with the antioxidant, including potential antimicrobial evaluation. Result indicated reduced activity of the free oil and the antioxidant. Also, cytotoxicity was not represented but the antimicrobial activity proves effective ³².

Ge *et al.*, 2018, prepared a complex comprising a phospholipid and dabigatranetexilate (DE) nanoemulsion matrix. The formulation displayed an improved dissolution in simulated intestinal fluids. This is carried out by containing DE into an oil phase. DE, (a direct thrombin inhibitor for treatment of thromboembolism) in a phospholipid complex (DE-PC) showed a significant reduction (p<0.05) in drug leakage. Relatively, the bioavailability of DE-PC was found to increase to 147.3% and 606.6% ³⁴.

Tumtibsri et al., 2018 also carried out recent research on spearmint oil (SMO), which was incorporated into a nanoemulsion. Spearmint oil acts as a cytotoxic agent to adverse oral carcinoma cell line using MTT assay. SMO is mostly used in oral hygiene products, and it has numerous interesting potentials, especially its anticancer Unfortunately, its application combating cancer is reduced because it is naturally insoluble in water. In this study, nanoemulsion was chosen as an alternative vehicle for SMO to impede oral cancer cells. Surfactant amount and type, oil loading as well as the proportion of SMO in relation to virgin coconut oil (VCO) were studied. The SMO-VCO nanoemulsions showed a notable cytotoxic effect against oral carcinoma (KON) cell line using MTT assay. The investigation reveals the improved feasibility of SMO-VCO nanoemulsions as a potential unique carrier for oral cancer treatment ³⁵.

Mohd. Aqil, 2015 investigated the development and optimization of clove oil with olmesartan nanoemulsion formulation in a transdermal application using the Box-Behnken design. The result suggested that the developed nanoemulsion carrier of the olmesartan provides 53.11 ± 3.13 nm as the particle size, 0.335 ± 0.008 as the polydispersity index with a transdermal flux of $12.65 \pm 1.60 \, \mu \text{g/cm}^3/\text{h}$. Confocal laser scanning

microscope unveiled an improved entry of the Rhodamine - B loaded nanoemulsion, extending far down into the deeper layers of the skin 36.

Barabbas *et al.*, 2017, developed and characterized o/w hydrogel thickened nanoemulsion (HTN). The transdermal delivery of 8-methoxsalen (8-MOP) encapsulated in an HTC comprising sweet fennel oil as well as clove essential oil as the oil phase was studied. The incorporation of 8-MOP into two nanoemulsions that encompasses either sweet fennel or clove essential oil as oil phase led to the development of a formulation that brings possibility in the modulation of drug delivery transdermally and skin retention. This formulation proves to be promising for photo-chemotherapy and also guaranteed increased efficacy and reduced systemic exposure ³⁷.

Surfactants are amphiphilic molecules that absorb readily at oil and water interface, thereby providing steric or electrostatic stabilization ¹⁷. Surfactant renders a repulsive surface force while stabilizing the droplets against aggregation and coalescence ³⁸, In nanoemulsion, a lower concentration of surfactants is required, exposing nanoemulsions to thermodynamic instability ^{7, 40, 41}. Still, they end up being more kinetically stable due to a reduction from macroemulsion to nanoemulsion after the external application of shear/energy ⁴². Since lower surfactant concentration is required, little or no toxicity is accompanied by the generated nanoemulsion.

Surfactants used in nanoemulsion are collected considering their toxicity profile, solubility in nanoemulsion phases, i.e., the oil and water, together with their emulsification ability, i.e., hydrophile-lipophile (HLB) value. Non-ionic surfactants are the preferred choice of surfactants for therapeutic purposes because of their reduced toxicity as well as less irritant compared to the ionic counterparts ^{8, 28}. Also, the use of O/W nanoemulsions for medicinal purposes requires non-ionic surfactants, and this is likely to render invivo stability ⁴³. Choosing a suitable surfactant is a critical factor. To improve the stability of nanoemulsions, a right blend of low and high HLB surfactants should be considered upon dilution with water. The selection of a surfactant blend not only shows a great effect on the size and stability of

nanoemulsion but sometimes also determines its pharmacokinetics including toxicity, pharmacodynamics ^{44, 45}. Surfactants that have their HLB values between 4 and 6 generally find application in stabilizing W/O emulsions, while surfactants that have their HLB values between 8 and 18 stabilizes O/W nanoemulsions. Recently, sugar-based natural surfactants are employed because of their environmental skin and friendliness ⁴⁶.

Co-surfactants in nanoemulsion could also be added in low concentration to further reduce the interfacial tension by complementing structurally weaker areas ⁴⁷. Independent use of single-chain emulsifiers might not prove enough ability to bring down the interfacial tension to a large extent; hence, it's used with a co-surfactant that possesses an amphiphilic character is also encouraged. A co-emulsifier is able to further penetrate the interfacial layer, thereby reducing the fluidity and elevating the entropy of the emulsion system ⁴⁸.

Pengon et al., 2009, investigated the role surfactants play in the physical properties of a nanoemulsion prepared with coconut oil. Different amount of surfactants that includes, polyoxyethylene sorbitanmono stearate (POS), polyethylene glycol hydrogenated castor oil (PHC), polyethylene glycol phenyl ether (PGO), sodium lauryl sulfate (SLS) and poloxamer 407 (PLX) were used. From the result, it was indicated that Coconut oil nanoemulsion exhibited a small percent creaming index when the surfactants employed were: POS, PGO, and PHC ²⁶. Yin et al., 2017 also conducted research on biocompatible nanoemulsion using hemp oil with less surfactant for the oral delivery of baicalein with enhanced bioavailability ⁴⁹. Aside from the major role of surfactants in the preparation and stability of nanoemulsions, surfactants can also upset the skin barrier function and play a penetration enhancing role to these systems ⁴⁶.

3.3 Method of Nanoemulsion Preparation: Formulation of nanoemulsion is an important and crucial aspect that needs to be considered before the formation of a nanoemulsion. Various methods of nanoemulsion development are discussed in this review in order to help scientists for proper selection of the suitable method of formulation.

Numerous methods have been developed for nanoemulsion formulation but can be grouped into High and Low energy methods ^{27, 50, 51}.

3.3.1 The High Energy Methods: Here, high shear forces are required. The nanoemulsion prepared using this technique requires external energy in the form of high shear stress to generate a nanosized emulsion ^{41, 52}. These methods employ specially designed mechanical devices to break the intermolecular forces that exist between the liquids ¹⁶ by intense shear turbulence and cavitational flow profile ⁵⁰. The most common techniques employed in the high energy/intensity emulsification are Microfluidization; High-Pressure Homogenization (HPH); Sonication Method and production with High Magnitude Ultrasound ⁵³⁻⁵⁵.

In the Sonication method, a sonication mechanism is employed to reduce the droplet size of conventional emulsion to form small batches of nanoemulsions ⁵⁶. Here, the system is exposed to the substantial amplitude of sound waves in the presence of a sonicator probe. Cavitation occurs, and during this process, there exists a generation of sound waves and energy is supplied to the emulsion droplets, which are coarse. Due to these sound waves, globule size becomes reduced to nanosized droplets with optimum frequency and time ⁴¹.

In High-pressure Homogenization (HPH), very intense pressure is supplied into the emulsion system that contains oily phase, aqueous (water) phase, surfactants, and co-surfactants with the aid of high-pressure homogenizer. O/W nanoemulsion that contains less than 20% oil can be prepared with this method ⁵⁷. And the fluid is finally discharged as a homogenized nanoemulsion58. Limitation of this method aside, its selectivity also includes the deterioration of active ingredients due to exposure of the emulsion system to a large amount of heat ^{17, 54, 55, 59}.

Microfluidization of an emulsion system is a technique that also generates nanosized droplets through its mechanism of flow that occurs through microchannels 41 . It is a modified or revised high-pressure homogenization that works with a positive displacement pump of high pressure (500 – 20,000 psi) that pressurizes the liquid to pass along microchannels arranged in it. The materials passing

through the micro-channels breaks down ⁶⁰ into very fine particle. The liquid phases (oil phase and aqueous phase) give a coarse emulsion in an inline homogenizer after processing. This coarse emulsion then undergoes further processing in the microfluidizer for the generation of stable nanoemulsions of submicron range ^{7,56}.

High Amplitude Ultrasound is a technique that requires high-frequency sound waves supported with significant amplitude; hence, the process "Ultrasonication". The system creates uneven air current in the solution with pressure fluctuation being generated for vibration at specific frequency ^{19, 61}. In this technique, adjusting of experimental conditions such as temperature, amplitude, frequency as well as sonication time, nanoemulsions with appropriate nanosized droplets can be obtained. However, this technique is not acceptable for industrial application because of variation in particle size during large scale manufacturing. Also, the technique is capable of decomposing surfactants in surfactant-based formulations due to the effect of the high-frequency sound waves 42, 62, 63

From this review, the advantages and disadvantages of high energy method can be summarized. High energy methods can be said to be of advantages in respect to the fact that nanoemulsions are produced from a flexible sample of materials, and they can easily be scaled to industrial quantities. However, their limitations can be associated with their exposure to intense external energy input requirements and hence, highly expensive to operate. Also, newly created interfaces suffer from stabilization due insufficient surfactant ³⁸.

3.3.2 Low Energy Methods: This method, unlike high intensity (energy) methods, relies on the spontaneous generation of small droplets whenever the system composition experience a phase change or inversion as a way of responding to alterations generated from changes in the composition of surfactants or temperature of the system ^{64, 65}. In this method, significantly less input of energy density is needed since energy required can readily be attained in a simple magnetic stirring system ⁶⁴. These methods are typically named as 'Phase inversion' method because it usually involves the

generation of thermodynamically-stable nanoemulsion by altering the conditions (temperature and composition) which affects the HLB of the emulsion system ⁶⁶. Alteration in physicochemical parameters could lead to changes in properties of surfactants that enforce phase transformation, making them either fat-loving or hydrophilic molecules. The two most important low energy methods include Phase Inversion Composition or Emulsion Inversion Point (PIC or EIP respectively) and Phase Inversion Temperature (PIT) ^{19, 60}.

In the PIT method, the solubilization pattern of the surfactants (hydrophilic to lipophilic) is changed by increasing the temperature of the emulsion system forms bicontinuous microemulsions which followed by emulsion inversion ⁷. The principle of this technique is dependent on the specific properties of temperature-sensitive surfactants, which have the capability of changing its distribution affinity towards water and oil (HLB) with temperature change. Non-ionic surfactants, usually the polyethoxylated surfactants, are mostly chosen in this regard because of their temperature sensitivity. At low temperatures, the surfactant tends to be hydrophilic because of the presence of hydrated polar groups, leading to O/W system. When temperature increases, the dehydration of the polyoxyethylene group makes it hydrophobic because of the presence of aliphatic groups ^{7, 67}. At HLB temperature, there is a common affinity for water and the oil, hence, kinetically stable nanoemulsion with narrow droplet size distribution and low polydispersity 42. The main challenge associated with this particular method is that thermolabile agents and other excipients cannot be employed as temperature plays a major role in PIT 60, 68

Emulsion Inversion Point (EIP) is also known as the Phase Inversion Composition (PIC) method since the composition of the surfactant plays an important role in the phase transformation of the system ⁴². At a constant temperature, phase transitions are produced by the composition of dilution of dispersed phase to convert ⁶⁹. In PIC, W/O macroemulsions are generated at ambient temperature, followed by slow dilution using water. In the process of dilution, what happens is that the system undergoes a transition where inversion from W/O to O/W emulsification occurs.

At this inversion point, the interfacial tension of the oil-water interface becomes greatly reduced; therefore, nano-droplets having a high specific surface area is obtained without significant energy or pressure required ^{70, 71}.

4. Nanoemulsions through Transdermal Route: Basic Considerations:

4.1 The Skin: The Skin is the most extensive multilayered organ of the body, having a surface expanse of 1.7 - 2.0m² ⁷². The skin not only covers the body surface but also serves as a shield for the internal organs against direct exposure to the external environment. Amongst its numerous functions are: immunity against microorganisms, electrolytic balance, protection against and from physical injuries, temperature regulation ability UV radiation and harmful chemical substances ⁷³. Additionally, the skin serves as a route of absorption for drugs as well as an avenue for the expression of drug efficacy ⁷³⁻⁷⁵.

As represented in Fig. 2, the skin comprises three layers microscopically, namely: Epidermis, Dermis and Subcutaneous Layer, i.e., the Outer, middle, and the inner layer respectively ⁵⁹. The Epidermis, which is composed of several cell layers, can be subdivided into viable Epidermis (VE) and nonviable epidermis. The non-viable epidermis is also known as stratum corneum (SC) where the SC represents the outermost layer of the epidermis while the viable epidermis represents the beneath layer ^{76, 77}. The stratum corneum (SC) consists of keratin filled corneocytes that are surrounded by a lipophilic matrix, which comprises of esters, ceramides, cholesterol, and fatty acids Corneocytes are flat dead cells that contain a huge amount of water, including keratin filaments. The Corneccytes further have interconnections with some special juncture called Corneodesmosomes ⁷⁶. The complexity of the SC can, therefore, be summarized as described by Menon et al., 2012 as 'brick and mortar' structure with the corneocytes representing the bricks stuffed in a mortar (the surrounding lipophilic matrix), hence, the barrier of this layer for transdermal drug permeation especially hydrophilic drugs ⁷⁸.

The dermis represents the thick layer of the skin with 500-3000 µm depth. This layer contains lymph vessels, blood vessels, sweat glands, and

nerve endings. It is the middle layer of the skin ⁷⁹. The subcutaneous fatty layer forms the most inner layer of the skin. It lies below the dermis, and it contains adipose tissue (fat). It is responsible for providing support such as nutrition, temperature regulation, and physical protection ⁷⁹.

Nanoemulsion:

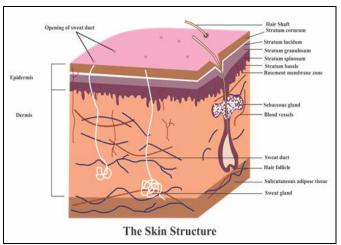


FIG. 2: THE SKIN AS A DRUG DELIVERY VEHICLE

4.2 Position of the Skin in Transdermal **Delivery:** Transdermal drug delivery systems refer to the delivery of drugs across the skin in order to accomplish local and systemic therapeutic effect 80. Transdermal drug delivery is an attractive alternative to conventional administration of drugs owing to its numerous advantages 81 including the convenient administration route of the drug, ease of accessibility, non-invasive nature, and increase in patience compliance 82. This mode of drug administration increasingly becomes a research focus in pharmaceutical preparation. It's numerous potential and features also include the reduction in the fluctuation of drug concentration in the blood. easy drug detection, reduced chances of an overdose, provision of steady plasma levels and escape from the gastrointestinal environment: pH and enzymatic reactions 83. Most importantly is its ability to shelve the first-pass effect, increases the therapeutic efficacy of the drug, and increases their long-time stability because there will be little or no drug interference 84. Despite its long list of advantages, drug absorption through the skin seems to be a bit difficult. Drug permeation through the skin can be a little bit challenging 85. Its transport through the skin to systemic circulation can be divided into three steps:

- (a) **Penetration:** Release of drug from the vehicle/dosage form and passage into the external layer of the skin.
- **(b) Permeation:** Passage of the drug from one layer of the skin to the other.
- **(c) Resorption:** Penetration of the drug into systemic circulation through the blood and lymph vessels within the dermis.

The transepidermal (across SC) or the transappendageal are the two potential pathways for drug permeation through the skin ⁷². The SC route can take place as intra or intercellular penetration where the intracellular route passes through the cornecytes allowing hydrophilic substances to be transported in and out of the cell membrane. On the other hand, intercellular transport allows the transportation of lipophilic drugs around corneocytes in the lipid-rich extracellular regions. For the transappendageal route, transportation of substances is granted through the sebaceous glands across hair follicles and sweat glands 9, 86. Animal models are usually explored in assessing penetration properties of drug candidates for human consumption. This is because ethical as well as practical issues have made specimens associated with human skin to be very less available. Hence, alternative models, especially models of animal skin, have been developed ⁸⁷.

4.3 Nanoemulsions and Transdermal Drug **Delivery: Means of Operation:** As earlier discussed, the delivery of drugs through the skin experiences high resistance against diffusion into the blood pool because the upper layer of the skin is the most restricted layer, thereby making diffusion across the SC a rate-limiting step for drugs 41. To overcome this difficulty, nanoformulations seem to be the required choice. Amongst the most favorable nanoformulations for improvement of transdermal permeation and delivery of drugs is nanoemulsion technique 88. Dermally applied nanoemulsion penetrates the stratum corneum and firmly exists in the whole horny layer altering both lipid and polar pathways ⁸⁹. Their small particle size brings better results on 'drug retention,' 'drug specificity,' and 'drug targeting' with these three making an ideal transdermal drug delivery 90.

a unique aspect of nano-Nanoemulsion, formulations are an isotropic, low viscous mixture with extremely small droplet size comprising of clear or translucent oil globules that are dispersed in an aqueous phase with stability offered through an interfacial surfactant or co-surfactant film 17. Since the droplet or particle size of nanoemulsions exists below 25% of the wavelength of visible light, they tend to come out clear or transparent ⁹¹. Due to these unique particle sizes, large surface area and low surface tension, nanoemulsions show great wettability, which makes them maintain close contact with the skin. They also give shorter transdermal time and better percutaneous absorption ⁷⁵.

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Bakshi *et al.*, 2018, reported the topical delivery of nanoemulsion-based formulation containing heparinoid, an anticoagulant derived from heparin. Its potential in delivering a transdermal therapy towards the treatment of superficial thrombophlebitis was studied. Results indicated that the developed O/W nanoemulsion transported a greater amount of heparinoid (91.25 \pm 25.75 μ g/sq.cm and 62.29 \pm 5.66 μ g/sq.cm) respectively after 72 h ⁹².

Aqil, 2015 also developed a clove oil-based nanoemulsion for the transdermal supply of olmesartan, a lipophilic, and an anti-hypertensive drug. The optimized formulation revealed a small droplet size of 53.11 ± 3.13 nm with an enhanced bioavailability of Olmesartan proven by an improved penetration through the rat skin 36 .

Transdermal delivery of Diacerein that was formulated with glucosamine sulfate laden oil in water nanoemulsion as the homing carrier was reported by Chattopadhyay and Datta, 2018. The nanoemulsion system was reported to contain an oleic acid oil phase with Tween 20 and PEG 400 as the surfactants. The result revealed a powerful permeation ability and good stability, thereby identifying nanoemulsion as a potential carrier to achieve an enhanced topical transport of lipophilic diacerein ⁹³.

The success of nanoemulsion in promoting drug penetration transdermally as well as achieving therapeutic success can be traced to its channel of operation. The first agent that can be considered is the nanoemulsion composition: the oil and the

surfactant/cosurfactant and distilled water as the aqueous phase showed the highest favorable formula. This was proven from the *in-vitro* and *in-*

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vivo antioxidant effect and a great hepatoprotective potential after 7 days of single transdermal application ⁹⁸.

surface-active agents ⁹⁴. According to Shakeel, 2008, increased solubility of the drug in the oil phase, surfactants and co-surfactants efficiently improve the extent at which the nanoemulsion system maintains the drug in the solubilized form. This leads to a better permeability for improved permeability and successful delivery. Also, since nanoemulsion contains both lipids and aqueous phase, it is expected that if the drug gets dissolved in the lipid domain of the nanoemulsion, direct penetration of the lipid layer of the SC can take place, causing destabilization of its bilayer structure ⁹⁴. This interaction leads to a high increase in the drug permeability through the transdermal lipid pathway. In contrast, hydrophilic aspect of nanoemulsion can largely serve as a source of hydration to the SC, resulting in transdermal uptake of drugs. Possibility of this can be explained that when the aqueous fluid of nanoemulsions migrates into the polar pathway, the interlamellar volume of the stratum corneum lipid bilayer increases, thereby resulting in a disarrangement of its interfacial structure ⁹⁵. The oil component of nanoemulsion finds compatibility with the sebum, an oily secretion from the sebaceous gland found in the follicular openings. These openings are alternate entry point that opens up chances of leading and trapping drugs with therapeutic capabilities to clinically active skin lesions ¹⁷.

The presence of surfactants in nanoemulsions increases skin permeation by altering the cellular integrity of the skin in several ways making the stratum corneum become hydrated ⁹⁶. Both oil and surfactants interact readily with different layers of the skin and assist in the distribution of loaded moiety to the deeper part of the skin ⁹⁷.

Moustafa et al., 2015 reported his study on transdermal cumin oil nanoemulsions for effective and increased systemic antioxidant and hepatoprotective properties. The surfactant/co-surfactant used in this study was tween 20/ ethanol. Oleic acid /capryol was employed as the oil phase. From the results, phenolic content of Cumin oil showed increased encapsulation efficiency, including remarkable phenol permeation across the rat skin was recorded. From the different surfactant mix prepared, the formulation containing cumin/oleic acid as the oil phase Tween 20/ethanol (2:1) as

Elmateeshy et al., 2018 developed a novel nanoemulgel for enhanced transdermal permeability of terbinafine (TB), an antifungal drug with inadequate water solubility. The formulation, which comprises Peceol (oil phase) and Tween 80/propanol (Surfactant/co-surfactant mix) were prepared in different weight ratio which ranges from 1:9 to 9:1. From the pseudo ternary phase required formulae were diagram, obtained, followed by formulation and characterization of nanoemulsions. The thermodynamic stability studies including the *in-vitro* drug release studies were also carried out. The nanoemulsion formulae containing 10 or 15% w/w oil, 45% w/w Smix (1:2/1:3) and 45-40% w/w aqueous phase) were selected as the optimum formulae and incorporated into Carbopol 940 gel bases to form three groups of TB nanoemulsion formulated emulgel formulae (F1-F3). These were investigated for ex-vivo drug permeation as well as in-vivo antifungal activity. Results indicated that all the prepared nanoemulsion based gel formulae reveals significant (p<0.05) improvement when compared to the commercially prepared emulgel ⁹⁹.

Rachmawati, 2015 also studied a curcumin nanoemulsion for transdermal evaluation. The nanoemulsion prepared by self nanoemulsification method includes glyceryl monooleate as oil phase, cremophor RH-40 and PEG 400 as surfactant/cosurfactant. In vitro permeation of curcumin was studied using casted (shed) snakeskin of a python reticulatus and a modified vertical diffusion cell. Evaluation of nanoemulsions was carried out using particle size analyzer, polydispersity index (PDI), zeta potential, physical stability, and Raman spectra. The overall study revealed improved curcumin permeability; it also protected curcumin from chemical degradation ¹⁰⁰.

Another factor that contributes to the permeability effect of nanoemulsion through skin is the little particle size and high specific surface area of the nanoemulsion ¹⁰¹. Transdermal delivery is made possible when the size of the nanoemulsion droplet is low. Permeability of nanoemulsions through the skin is inversely proportional to the magnitude of the nanoemulsion droplet. A nanoemulsion with droplet size above 150 nm may find difficulty in penetrating the skin efficiently, limiting its application topically while a nanoemulsion droplet below 60 nm ensures great possibilities in transdermal delivery ¹⁰².

Other important factors could be associated with the special and unique structure of nanoemulsions which gives them the capability of solubilizing both lipophilic and hydrophilic drugs. When this occurs, a greater chance of deeper drug penetration is allowed since a high permeable concentration gradient will take place both in and out of the skin ¹⁰³. Also, nanoemulsion ability to act as tiny reservoirs for drugs gives them inner storage ability, thereby prolonging drug absorption. This is because diffusion of drug is constantly maintained because of the forceful pull from the external phase to the inner phase ¹⁰².

CONCLUSION: Nowadays, an alternative route of drug delivery is highly invested as the parenteral route seems challenging. The transdermal route of drug delivery is now embraced strongly as it has confidently reflected positivity and uniqueness. To resolve the challenges of drug bioavailability, improved solubility increased penetrability, and enhanced therapeutic effectiveness, nanoemulsions considered. have been The identity nanoemulsions has advantageously playedan outstanding part in the improved transdermal delivery of drugs. In this review, the components and transdermal mechanism of nanoemulsions is summarized with the aim to improve understanding of the role of nanoemulsions in transdermal drug delivery systems. This review encourages further research in the field of drug delivery for improved transdermal treatment.

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REFERENCES:

 Shakeel F and Ramadan W: Transdermal delivery of anticancer drug caffeine from water-in-oil nanoemulsions. Colloids Surf B Biointerfaces 2010; 75(1): 356-62. Rao S, Mahant S, Chabbra L and Nanda S: Transdermal innovation in diabetes management. Current Diabetes Review 2014; 10: 343-59.

E-ISSN: 0975-8232; P-ISSN: 2320-5148

- 3. Ahad A, Al-Jenoobi FI, Al-Mohizea AM, Aqil M and Kohli K: Transdermal delivery of calcium channel blockers for hypertension. Expert Opinion on Drug Delivery 2013; 10(8): 1137-53.
- 4. Ahad A, Al-Mohizea AM, Al-Jenoobi FI and Aqil M: Transdermal delivery of angiotensin II receptor blockers (ARBs), angiotensin-converting enzyme inhibitors (ACEIs) and others for management of hypertension. Drug Delivery 2016; 23(2): 579-90.
- Desai P, Patlolla RR and Singh M: Interaction of nanoparticles and cell-penetrating peptides with skin for transdermal drug delivery. Molecular Membrane Biology 2010; 27(7): 247-59.
- Paudel KS, Milewski M, Swadley CL, Brogden NK, Ghosh P and Stinchcomb AL: Challenges and opportunities in dermal/transdermal delivery. Therapeutic Delivery 2010; 1(1): 109-31.
- Kumar BS and Amin LM: Nanoemulsions: Increasing possibilities in drug delivery. European journal of Nanomedicine 2013; 5(2): 97-110.
- Rai VK, Mishra N, Yadav KS and Yadav NP: Nanoemulsion as pharmaceutical carrier for dermal and transdermal drug delivery: Formulation development, stability issues, basic considerations and applications. J Control Release 2018; 270: 203-25.
- Alkilani AZ, McCrudden MT and Donnelly RF: Transdermal Drug Delivery: Innovative Pharmaceutical Developments Based on Disruption of the Barrier Properties of the stratum corneum. Pharmaceutics 2015; 7(4): 438-70.
- Barakat NFE and Elmedany A: Formulation and design of indomethacin-loaded nanoemulsion for transdermal delivery. Pharm Anal Acta 2011; 10: 1-8.
- Kogan AGN: Microemulsions as transdermal drug delivery vehicles advances in colloid interface science 2006: 369-85.
- 12. Bruno BJ, Miller GD and Lim CS: Basics and recent advances in peptide and protein drug delivery. Therapeutic Delivery 2013; 4(11): 1443-67.
- Yamada M, Tayeb H, Wang H, Dang N, Mohammed YH, Osseiran S, Belt PJ, Roberts MS, Evans CL and Sainsbury F: Using elongated microparticles to enhance tailorable nanoemulsion delivery in excised human skin and volunteers. J Control Release 2018; 288: 264-76.
- 14. Ahad A, Aqil M, Kohli K, Chaudhary H, Sultana Y, Mujeeb M and Talegaonkar S: Chemical penetration enhancers: a patent review. Expert Opinion on Therapeutic Patents 2009; 19(7): 969-88.
- Ghalandarlaki N, Alizadeh AM and Ashkani-Esfahani S: Nanotechnology-applied curcumin for different diseases therapy. Biomed Research International 2014: 23.
- 16. Shakeel F, Shafiq S, Haq N, Alanazi FK and Alsarra IA: Nanoemulsions as potential vehicles for transdermal and dermal delivery of hydrophobic compounds: an overview. Expert Opinion on Drug Delivery 2012; 9(8): 953-74.
- Singh Y, Meher JG, Raval K and Khan FA: Nanoemulsion: Concepts, development and applications in drug delivery. Journal of Controlled Release 2017; 252: 28-49.
- 18. Ravi TPU and Padma T: Nanoemulsions for drug delivery through different routes. Res in Biot 2011; 2(3): 1-13.
- Jaiswal M, Dudhe R and Sharma PK: Nanoemulsion: an advanced mode of drug delivery system. Biotech 2015; 3(5): 123-7.

- Sood S, Jain K and Gowthamarajan K: Optimization of curcumin nanoemulsion for intranasal delivery using design of experiment and its toxicity assessment. Colloids Surf B Biointerfaces 2014; 113: 330-7.
- 21. Kumar D, Ali J and Baboota S: Omega 3 fatty acidenriched nanoemulsion of thiocolchicoside for transdermal delivery: formulation, characterization and absorption studies. Drug delivery 2016; 23(2): 591-00.
- Gao F, Zhang Z, Bu H, Huang Y, Gao Z, Shen J and Zhao C and Li Y: Nanoemulsion improves the oral absorption of candesartan cilexetil in rats: Performance and mechanism. J Control Release 2011; 149(2): 168-74.
- Javadzadeh Y and Bahari LA: Nano and Microscale Drug Delivery System 2017; 131-46.
- 24. Sigward E, Mignet N, Rat P, Dutot M, Muhamed S, Guigner JM, Scherman D, Brossard D and Crauste-Manciet S: Formulation and cytotoxicity evaluation of new self-emulsifying multiple W/O/W nanoemulsions. International Journal of Nanomedicine 2013; 8: 611-25.
- Patil PA and Bhutkar BR: Biomedical application of nanoemulsion. International Journal of Research Methodology 2016; 1(3): 37-58.
- Pengon S, Limmatvapirat C and Limmatvapirat S: Preparation and evaluation of antimicrobial nanoemulsion containing herbal extracts. Drug Metabolism Review 2009; 41: 85.
- 27. Gupta A, Eral HB, Hatton TA and Doyle PS: Nanoemulsions: Formation, properties and application. Soft Matter 2016; 12: 2826-41.
- 28. Azeem A, Rizwan M, Ahmad FJ, Iqbal Z, Khar RK, Aqil M and Talegaonkar S: Nanoemulsion components screening and selection: a technical note. AAPS Pharm Sci Tech 2009; 10(1): 69-76.
- Vecchione R, Quagliariello V, Calabria D, Calcagno V, De Luca E, Iaffaioli RV and Netti PA: Curcumin bioavailability from oil in water nano-emulsions: In vitro and in vivo study on the dimensional, compositional and interactional dependence. J Control Rel 2016; 233: 88-100.
- Fofaria NM, Qhattal HS, Liu X and Srivastava SK: Nanoemulsion formulations for anti-cancer agent piplartine--Characterization, toxicological, pharmacokinetics and efficacy studies. International Journal of Pharmaceutics 2016; 498(1-2): 12-22.
- 31. Chouhan S, Sharma K and Guleria S: Antimicrobial Activity of Some Essential Oils-Present Status and Future Perspectives. Medicines (Basel, Switzerland) 2017; 4(3).
- 32. Da Silva Gündel S, Velho MC, Diefenthaler MK, Favarin FR, Copetti PM, De Oliveira Fogaça A, Klein B, Wagner R, André Gündel R and Sagrillo MR: Basil oil nanoemulsions: Development, cytotoxicity and evaluation of antioxidant and antimicrobial potential. J Drug Deliv Sci Tec 2018; 46: 378-83.
- 33. Bayerski L, Michels LR, Colome LM, Bender EA, Freddo RJ, Bruxel F and Haas SE: The use of Brazilian vegetable oils in nanoemulsions: an update on preparation and biological applications. Braz J Pharm Sci 2016; 52(3).
- 34. Ge L, He X, Zhang Y, Zhang Y, Chai F, Jiang L, Webster TJ and Zheng C: A dabigatran etexilate phospholipid complex nanoemulsion system for further oral bioavailability by reducing drug-leakage in the gastrointestinal tract. Nanomedicine: Nanotechnology, Biology, and Medicine 2017.
- 35. Tubtimsri S, Limmatvapirat C, Limsirichaikul S, Akkaramongkolporn P, Inoue Y and Limmatvapirat S: Fabrication and characterization of spearmint oil loaded nanoemulsions as cytotoxic agents against oral cancer cell. Asian J Pharm Sci 2018; 13: 425-37.

- Aqil M, Kamran M, Ahad A and Sarim Imam S: Development of clove oil based nanoemulsion of olmesartan for transdermal delivery: Box–Behnken design optimization and pharmacokinetic evaluation. J Mol Liq 2016: 214: 238-48.
- 37. Barradas TN, Senna JP, Cardoso SA, Nicoli S, Padula C, Santi P, Rossi F, de Holanda ESKG and Mansur CRE: Hydrogel-thickened nanoemulsions based on essential oils for topical delivery of psoralen: Permeation and stability studies. Eur J Pharm Biopharm 2017; 116: 38-50.
- 38. Helgeson ME: Colloidal behavior of nanoemulsions: Interactions, structure, and rheology. Current Opinion in Colloid and Interface Science 2016; 25: 39-50.
- Wulff-Pérez MMRA; Gálvez-Ruiz MJ and Vicente J: The effect of polymeric surfactants on the rheological properties of nanoemulsions. Colloid Poly Sci 2013; 291: 709-16.
- Anton N and Vandamme TF: Nano-emulsions and microemulsions: clarifications of the critical differences. Pharmaceutical Research 2011; 28(5): 978-85.
- Patel MR, Patel RB and Thakore SD: Nanoemulsion in drug delivery In: Inamuddin., Abdullah MA, Muhammed. A, editors. Applications of nanocomposite materials in drug delivery. 13. 2015/09/02 ed. Amsterdam, Elsevier Science B. V: 2016; 668-00.
- 42. Koroleva MY and Yurtov EV: Nanoemulsions: the properties, methods of preparation and promising application,. Russ Chem Rev 2012; 81: 21-43.
- 43. Kawakami K, Yoshikawa T, Hayashi T, Nishihara Y and Masuda K: Microemulsion formulation for enhanced absorption of poorly soluble drugs. II. *In-vivo* study. J Control Release 2002; 81(1-2): 75-82.
- 44. Ali MS, Alam MS, Alam N and Siddiqui MR: Preparation, characterization and stability study of dutasteride loaded nanoemulsion for treatment of benign prostatic hypertrophy. Iran J Pharm Res 2014; 13(4): 1125-40.
- 45. Li SJ, Liao YF and Du Q: Research and application of quercetin-loaded nano drug delivery system. Zhongguo Zhong yao za zhi = Zhongguo zhongyao zazhi = China Journal of Chinese Materia Medica 2018; 43(10): 1978-84.
- 46. Isailovi TMTMN, Dordevic SM and Savic SD: Natural Surfactants-based micro/nanoemulsion systems for nsaids—practical formulation approach, physicochemical and biopharmaceutical characteristics/performances In: Calija B, editor. Microsized and Nanosized Carriers for NSAIDs: Formulation challenges and Potential Benefits. Serbia, Elsevier Academic Press, 2017.
- 47. Zhang Y, Shang Z, Gao C, Du M, Xu S, Song H and Liu T: Nanoemulsion for solubilization, stabilization, and in vitro release of pterostilbene for oral delivery. AAPS Pharm Sci Tech 2014; 15(4): 1000-8.
- 48. Figen TSA and Nevin C: Nanoemulsions as drug delivery systems. In: Fanun M, editor. Colloids in Drug Delivery;, CRC Press Taylor and Francis Group, 2010.
- 49. Yin J, Xiang C, Wang P, Yin Y and Hou Y: Biocompatible nanoemulsions based on hemp oil and less surfactants for oral delivery of baicalein with enhanced bioavailability. International Journal of Nanomedicine 2017; 12: 2923-31.
- Mc Clements DJJ and SM: General aspects of nanoemulsions and their formulation In: Seid Jafari DJMC, editor. Nanoemulsion Basics. Amsterdam, Elsevier Academic Press B. V, 2018: 3-20.
- Shams N and Sahari MA: Nanoemulsions: preparation, structure, functional properties and their antimicrobial effects. Applied Food and Biotechnology 2016; 3: 138-49.
- Tayeb HH and Sainsbury F: Nanoemulsions in drug delivery: formulation to medical application. Nanomedicine (London, England) 2018; 13(19): 2507-25.

- Singh TGDS, Manish J, Sandhu IS and Chitkara M: Nanobiomaterials: applications in biomedicine and biotechnology. In: Grumezescu AM, editor. Fabrication and Self-Assembly of Nanobiomaterials. 1. Amsterdam, Elsevier Science B. V, 2016; 409-21.
- 54. Debnath S, Satayanarayan and Vijay KG: Nanoemulsion-a method to improve the solubility of lipophilic drugs. Pharmanest 2011; 2(2-3): 72-82.
- 55. Reza HK: Nanoemulsion as a novel transdermal Drug Delivery System. Int J Pharm Sci Res 2011; 8: 1938-46.
- 56. Sharma N, Mishra S, Sharma S, Deshpande RD and Sharma RK: Preparation and Optimization of nanoemulsions for targeting drug delivery. Int J Drug Deliv Res 2013; 5(4): 37-48.
- 57. Floury J, Desrumaux A, Axelos MA and Legrand J: Effect of high pressure homogenisation on methylcellulose as food emulsifier. J Food Eng 2002; 58: 227-38.
- 58. Mason TJ, Wilking JN, Meleson K, Chang CB and Graves SM: Nanoemulsions: formation, structure and physical properties. J Phys-Condens Matter 2006; 18: 636-43.
- Jain S, Patel N, Shah MK, Khatri P and Vora N: Recent advances in lipid-based vesicles and particulate carriers for topical & transdermal application. JPS 2017; 106: 423-45.
- Yukuyama MN, Ghisleni DDM, Pinto TJA and Bouchacra N: Nanoemulsion: process selection and application in cosmetics-a review. Int J Cosmet Sci 2016; 38: 13-24.
- Quintanilla-carvajal MX, Camacho-diaz BH, Meraz-torres LS, Chanonaperez J, Alamilla-Beltran L, Jimenez-Aparicio A and Gutierrez-Lopez GF: Nanoencapsulation: a new trend in food engineering processing. Food Eng Rev 2010; 2: 39-50.
- 62. Maali A and Mosavian MTH: Preparation and application of nanoemulsions in the last decade (2000-2010). J Disper Sci Technol 2013; 34: 92-105.
- 63. Kale SN and Deore SL: Emulsion micro emulsion and nano emulsion: a review. Sys Rev Pharm 2017; 8: 39-47.
- 64. Komaiko JS and McClements DJ: Formation of foodgrade nanoemulsions using low-energy preparation methods: a review of available methods. Compr Rev Food Sci Food Saf 2016; 15: 331-52.
- Forgiarini AM, Esquena J, Gonza lez C and Solans C: Formation and stability of nanoemulsions in mixed non ionic surfactants system Trends in Colloids and Interface Science 2011; 184-9.
- Solè I, Maestro A, Pey CM, González C, Solans C and Gutiérrez JM: Nano-emulsions preparation by low energy methods in an ionic surfactant system. Colloids Surf 2006; 288: 138-43.
- Date AA, Desai N, Dixit R and Nagarsenker M: Selfnanoemulsifying drug delivery systems: formulation insights, applications and advances. Nano 2010; 5: 1595-16.
- 68. Lovelyn C and Attama A: Current state of nanoemulsions in drug delivery. J Biomater Nanobio 2011; 2: 626-39.
- 69. Sharma S, Kumar S and Gupta R: A review on transdermal drug delivery. International Journal of Analytical and Bioanalytical Chemistry, IJAPBC 2012; 1(1): 100-10.
- Forgiarini AM, Esquena J, Gonzalez C and Solans C: Study of the relation between phase behavior and emulsification methods with nanoemulsion formation. Trends in Colloids and Interface Sci 2000; XIV: 36-9.
- 71. Izquierdo P, Esquena J, Tadros TF, Dederen C, Garcia M, Azemar N and Solans C: Formation and stability of nanoemulsions prepared using the phase inversion temperature method. Langmuir 2002; 18: 26-30.
- Czajkowska-Ko´snik A, Szekalska M and Winnicka K: Nanostructured lipid carriers: a potential use for skin drug delivery systems. Pharmacological Reports 2018.

- 73. Yasin ZAM, Ibrahim F, Rashid NN, Razif MFM and Yusof R: The importance of some plant extracts as skin anti-aging resources: A review. Curr Pharm Biotechnol 2017; 18: 864-76.
- 74. Ventrelli L, Strambini LM and Barillaro G: Microneedles for transdermal biosensing: Current picture and future direction. Adv Healthc Mater 2015; 4: 2606-40.
- 75. Zhou X, Hao Y, Yuan L, Pradhan S, Shrestha K, Pradhan O, Liu H and Li W: Nano-formulations for transdermal drug delivery: a review. Chin Chem Lett 2018.
- Bouwstra JA, Hofland HEJ, Spies F and Gooris GS, Junginger HE, editors. Changes in the Structure of the Human Stratum Corneum Induced by Liposomes. Springer Griesbach Conference; 1992; Berlin Heidelberg: Springer nature
- 77. El-Maghraby GM, Barry BW and Williams AC: Liposomes and skin: from drug delivery to model membranes. Eur J Pharm Sci 2008; 34: 203-22.
- Menon GK, Cleary GW and Lane ME: The structure and function of the stratum corneum. Int J Pha 2012; 435: 3-9.
- Chen X: Current and future technological advances in transdermal gene delivery. Adv Drug Deliv Rev 2018; 127: 85-105.
- 80. Hao Y, Li W, Zhou X, Yang F and Qian Z: Microneedlesbased transdermal drug delivery systems: a review. Journal of Biomedical Nanotechnology 2017; 13: 1581-97.
- 81. Schoellhammer CM and Blankschtein D: Skin permeabilization for transdermal drug delivery: recent advances and future prospects. Expert Opin Drug Deliv 2014: 11: 393-407.
- 82. Barry BW: Mode of action of penetration enhancers in human skin. J Control Release 1987; 6: 85-8.
- 83. Marwah H, Garg T, Goyal AK and Rath G: Permeation enhancers strategy in transdermal drug delivery. Drug Deliv 2016; 23: 564-78.
- 84. Singh K, Arora N and Garg T: Am J Pharm Tech Res 2012; 2: 113-26.
- 85. Bolognia JL, Jorizzo JL and Schaffer JV: Dermatology. In: Louis S, editor. 2, Elsevier Health Sciences 2012.
- 86. Shahzad Y, Louw R, Gerber M and du Plessis J: Breaching the skin barrier through temperature modulations. J Control Release 2015; 202: 1-13.
- 87. Abd E, Yousef SA, Pastore MN, Telaprolu K, Mohammed YH, Namjoshi S, Grice JE and Roberts MS: Skin models for the testing of transdermal drugs. Clinical Pharmacology: Advances and Appl 2016; 8: 163-76.
- 88. Osborne DW, Ward AJ and Neil KJ: Microemulsions as topical delivery vehicles: in-vitro transdermal studies of a model hydrophilic drug. J Pharm Phama 1991; 43: 450-4.
- Thacrodi D and Panduranga RK: Transdermal absorption of nifedipine from microemulsions of lipophilic skin penetration enhancers. Int J Pharm Sci Res 1994; 111: 235-40.
- Liu J, Chen QW and Wu K: On-surface construction of low dimensional nanostructures with terminal alkynes: Linking strategies and controlling methodologies. Chin Chem Lett 2017; 28(8): 1631-9.
- 91. Preethi B, Anjali CH and Aswathy R: Nanoemulsion: synthesis, characterization and its applications. J Bionanoscience 2013; 7: 323-33.
- 92. Bakshi P, Jiang Y, Nakata T, Akaki J, Matsuoka N and Banga AK: Formulation development and characterization of nanoemulsion-based formulation for topical delivery of heparinoid. J Pharm Sci 2018; 107(11): 2883-90.
- Chattopadhyay HDS: In. Proceedings of the International Conference on Functional Nanomaterials, Shibpur, India, 28-29 September, 2016. Materials Today Proceedings

- 2018; editor Transdermal delivery of Diacerein with homing carrier glucosamine sulphate laden in oil-in-water nanoemulsion. International Conference on Functional Nanomaterials; 2016 28-29 September; Shibpur, India: Materials Today Proceedings; 2018.
- 94. Shakeel F, Baboota S, Ahuja A, Ali J and Shafiq S: Skin permeation mechanism and bioavailability enhancement of celecoxib from transdermally applied nanoemulsion. Journal of Nanobiotechnology 2008; 6: 8.
- 95. Baboota S, Shakeel F, Ahuja A, Ali J and Shafiq S: Design, development and evaluation of novel nanoemulsion formulations for transdermal potential of celecoxib. Acta Pharm 2007; 57(3): 315-32.
- 96. Schneider M, Stracke F, Hansen S and Schaefer UF: Nanoparticles and their interactions with the dermal barrier. Dermato-Endocrinology 2009; 1(4): 197-06.
- 97. Boutounne HL, Guillaume YC, Michel L, Makki S, Humbert P and Millet J: Study and development of encapsulated forms of 4, 5', 8-Trimethylpsoralen for topical drug delivery. J Drug Dev Res 2004; 61: 86-94.
- Mostafa DM, Alaa Kassem A, Asfour MH, Al Okbi SY, Mohamed DA and El-Sayed Hamed T: Transdermal cumin

essential oil nanoemulsions with potent antioxidant and hepato-protective activities: *In-vitro* and *in-vivo* evaluation. J Molliq 2015; 212: 6-15.

E-ISSN: 0975-8232; P-ISSN: 2320-5148

- Elmataeeshy ME, Sokar MS, Bahey-El-Din M and Shaker DS: Enhanced transdermal permeability of Terbinafine through novel nanoemulgel formulation; Development, invitro and in-vivo characterization. Future Journal of Pharmaceutical Sciences 2018; 4: 18-28.
- 100. Rachmawati H, Budiputra DK and Mauludin R: Curcumin nanoemulsion for transdermal application: formulation and evaluation. Drug Dev Ind Pharm 2015; 41(4): 560-6.
- 101. Zhou H, Yue Y, Liu G, Li Y, Zhang J, Gong Q, Yan Z and Duan M: Preparation and characterization of a lecithin nanoemulsion as a topical delivery system. Nanoscale Res Lett 2009; 5: 224-30.
- 102. Khurana S, Jain NK and Bedi PM: Nanoemulsion based gel for transdermal delivery of meloxicam: physicochemical, mechanistic investigation. Life Sci 2013; 92(6-7): 383-92.
- 103. Lawrence MJ and Rees GD: Microemulsion-based media as novel drug delivery systems. Advanced Drug Delivery Reviews 2000; 45(1): 89-121.

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