

# The Transdermal Drug Delivery System: An Evaluation

Dileep Kumar Awasthi<sup>1</sup> and Dr. Sangamesh B. Puranik<sup>2</sup>

Research Scholar, Department of Pharmacy<sup>1</sup>

Professor, Department of Pharmacy<sup>2</sup>

OPJS University, Churu, Rajasthan, India

**Abstract:** A revolutionary medication distribution system must include a transdermal drug delivery system. Medications used topically come in patches that, when placed to the skin, release the medicament. The medication for operational TDDS may readily pass through skin and arrive at the intended location. With TDDS, gastrointestinal side effects are reduced, administration frequency is decreased, and first pass metabolism is avoided. Because of the constant and ideal blood concentration, side effects are reduced to minimum. Its medication effectiveness and bioavailability are higher. The human skin is a complex organ with several histological layers. The biggest organ in the body is the skin. Its main duties include controlling body temperature, controlling the flow of fluids, and protecting the main or critical internal organs from external threats. Polymers need to be non-toxic, chemically inert, non-reactive, and reasonably priced. They should also not break down during storage. For instance, gelatin, zein, and compounds of cellulose. Protecting the active layer of the transdermal patch is the primary function of backing films. Evaluation of transdermal patches may be done by *in vitro* investigations, interaction studies, thickness, weight uniformity, drug content, moisture content, and swelling index, which is a fundamental component of TDDS.

**Keywords:** Transdermal drug delivery, Drug absorption

## I. INTRODUCTION

Part of the innovative drug delivery system is TDDS. Humans have been applying various chemicals to their skin as cosmetics and medicinal agents since the dawn of life on Earth. The eleventh century saw the introduction of the skin as a long-term medication delivery method. Transdermal medication delivery is among the most dependable and efficient methods available. Transdermal distribution has emerged as one of the most inventive and effective methods of medication administration.

## II. MATERIAL AND METHOD

### Polymer

The polymer backbone of TDDS regulates the drug's release. Polymers should be nontoxic, chemically inert, and inexpensive. They should also not break down during storage. For instance, zein, gelatin, shellac, cellulose derivatives, waxes, and gums nitrile, acrylonitrile, neoprene, silicon rubber, hydrin rubber, polyisobutylene, and polybutadiene Polyacrylate, polyamide, polyurea, polyvinylpyrrolidone, polyethylene, polypropylene, polyvinyl alcohol, polyvinyl chloride, and polymethylmethacrylate.

### Backing Films

Backing films are essential for both utilizing the transdermal patch and the device itself. The film's functions include preserving the system's stability, defending the active layer, and influencing skin permeability and tolerance based on breathability or occlusion. The release liner has to be completely inert to the components in order to prevent any kind of incompatibility. In addition, it has to be soft, flexible, and have outstanding printability and adhesive affinity. The most often used release liners are made of nylon, polyester, PVC, and polypropylene.

### **Release Liners**

The release liners will be coated with an anti-adherent material. The release liner's function is to safeguard the system while it is in the packaging; it will be taken out just before TDDS is applied to the skin. The stability, safety, and affectivity of the patch are significantly influenced by release liners. The release lines should be carefully chosen. An improper release liner might interfere with the active(s) or other components, making it difficult for the patch to release and shortening its shelf life. Paper-based, plastic-based, and composite films are the most often used films as release liners. The silicone and fluoro-polymer coating classes are the two main categories.

### **Pressure Sensitive Adhesives**

Pressure-sensitive adhesives (PSAs) are crucial to the effectiveness of both forms of TDDS since they function as the matrix through which active ingredients such as permeation enhancers and additives are carried, as well as providing a way to attach the patch to the skin. Rubber-based PSAs, acrylic PSAs in the form of acrylic solutions, emulsion polymers or hot melts, and silicon PSAs are the three types of PSAs. There are several subcategories within each category that provide the necessary flexibility for the patch.

### **Penetration Enhancers**

These are entirely distinct chemical compounds that share features with one another as members of the same family. They increase the pace at which the active component penetrates the skin by many times. Because most of the active ingredients do not penetrate the skin via a relatively small region in the appropriate dose, this improves the viability of a system. To have the right boosting impact, these compounds may sometimes need to be combined. These are the substances that increase skin permeability by modifying the skin's capacity to act as a barrier to the necessary penetration flux.

## **III. EVALUATION PARAMETERS**

### **Thickness**

Transdermal film thickness may be measured at various places along the film using a traveling microscope, dial gauge, screw gauge, or micrometre.

### **Uniformity of Weight**

Ten randomly chosen parches are weighed individually, and the average weight is then determined in order to study weight variance. There shouldn't be a big difference between the average weight and the individual weight.

### **Drug Content Determination**

A precisely weighed piece of the film (about 100 mg) is dissolved in 100 ml of a suitable solvent (the medication should dissolve in this solvent). The solution is then constantly agitated in a shaker incubator for a whole day. After that, the whole mixture is sonicated. The medication in solution is calculated spectrophotometrically by the proper dilution after being sonicated and then filtered.

### **Moisture Content**

Each produced film is weighed separately and is stored for 24 hours at room temperature in a desiccator filled with calcium chloride. After a certain amount of time, the films are weighed once again until they display a consistent weight.

### **Swelling Index**

Pieces that are weighed At 5, 10, 30, and 60 minutes, 1x1 cm<sup>2</sup> of film was submerged in distilled water. At a prearranged time, soaked films were taken out of the medium, wiped to remove extra liquid, and then promptly weighed. The weight gain was used to compute the swelling index.

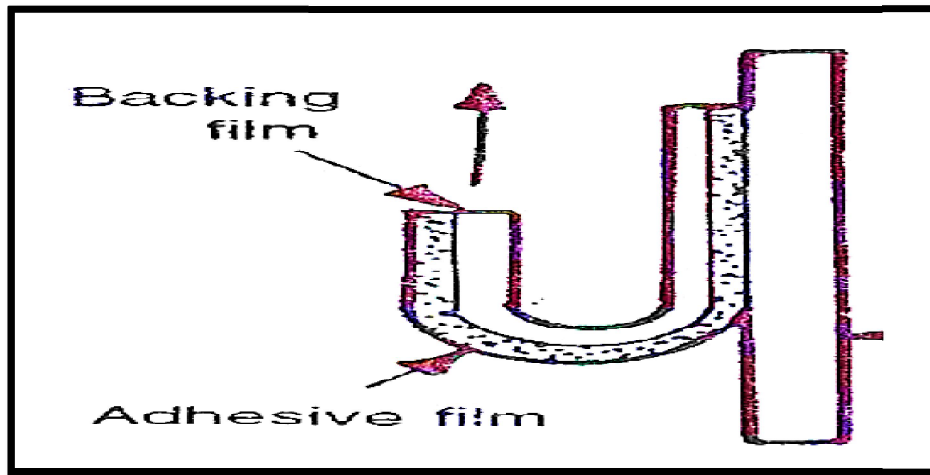
$$\text{Swelling Index} = (W_2 - W_1) / W_1$$

Where  $W_1$  and  $W_2$  represent the film's weights, respectively, before and after it is submerged in the medium.

**IV. EVALUATION OF ADHESIVES**

**Peel Adhesion Properties**

The amount of effort needed to remove an adhesive covering from a test substrate is known as peel adhesion. The sticky polymer's molecular weight, the kind and quantity of additives and the composition of the polymer all influence these characteristics. The force needed to pull a single coated tape placed to a substrate at an 1800 angle is used to test it.



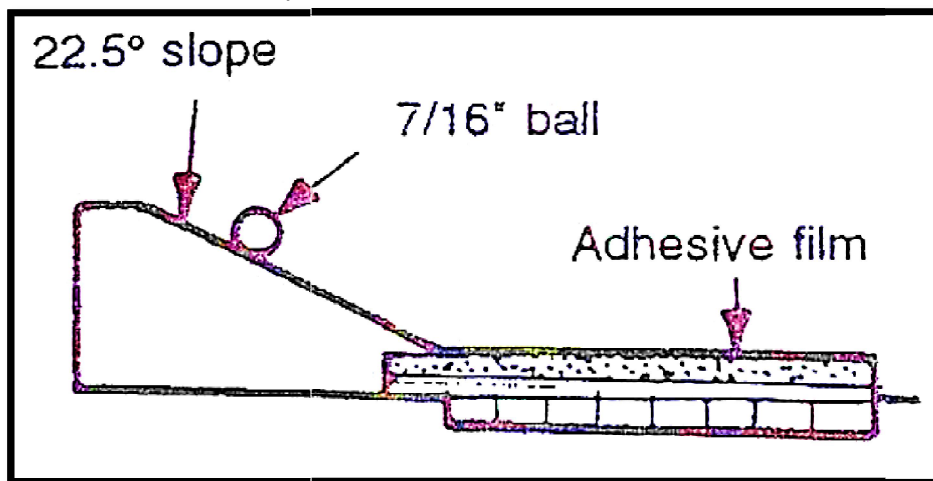
**Figure: Peel Adhesion Test.**

**Tack Properties**

The polymer's tack refers to its capacity to stick to a substrate with little contact pressure. This is contingent upon the molecular weight, composition, and application of tackifying resin inside the polymer. Among the tack tests are.

**Rolling Ball Test**

The distance that a stainless steel ball travels along an upward-facing adhesive is measured in this test. The ball will move further if the adhesive is less sticky.



**Figure: Rolling ball test.**

**Quick-Stick (Or Peel-Tack) Test**

Pulling the tape away from the substrate at 900 at a pace of 12 inches per minute is how one measures the peel force needed to break the binding between an adhesive and substrate. Higher numbers indicate increased tack. The force is measured as the tack value, which is given in ounces or grams per inch width.

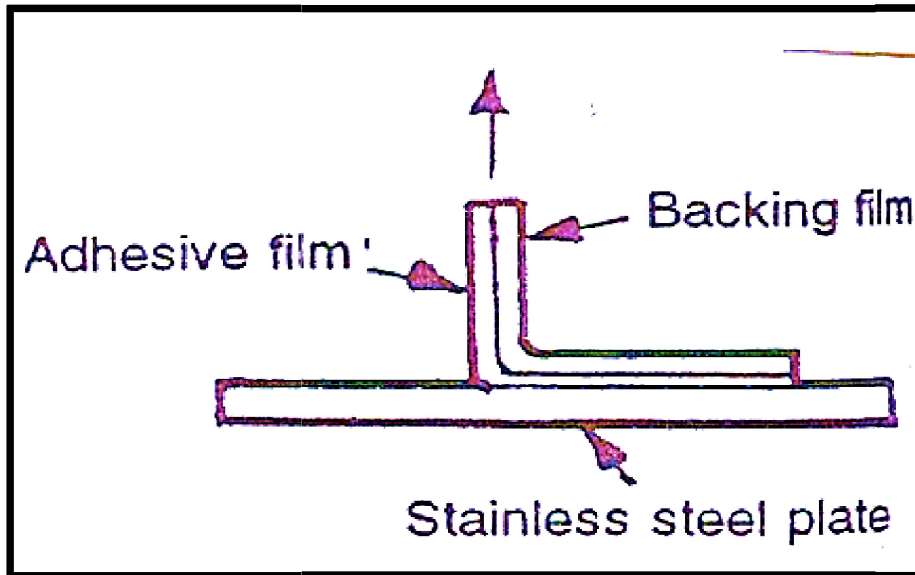


Figure: Quick-stick (or peel-tack) test.

**Probe Tack Test**

This involves bringing the tip of a probe with a specific surface roughness into contact with the adhesive. Once a bond is established between the glue and the probe, the probe is removed from the adhesive at a certain pace, breaking the connection. The amount of force needed to break the bond is measured in grams and recorded as tack.

**Shear Strength Properties**

An adhesive polymer's cohesive strength is measured using its shear strength. It is influenced by the kind and quantity of tackifier applied, in addition to molecular weight. The time it takes to remove an adhesive-coated tape from a stainless steel plate after a certain weight is suspended from the tape and pulls the tape in a direction parallel to the plate is used to measure shear strength or creep resistance.

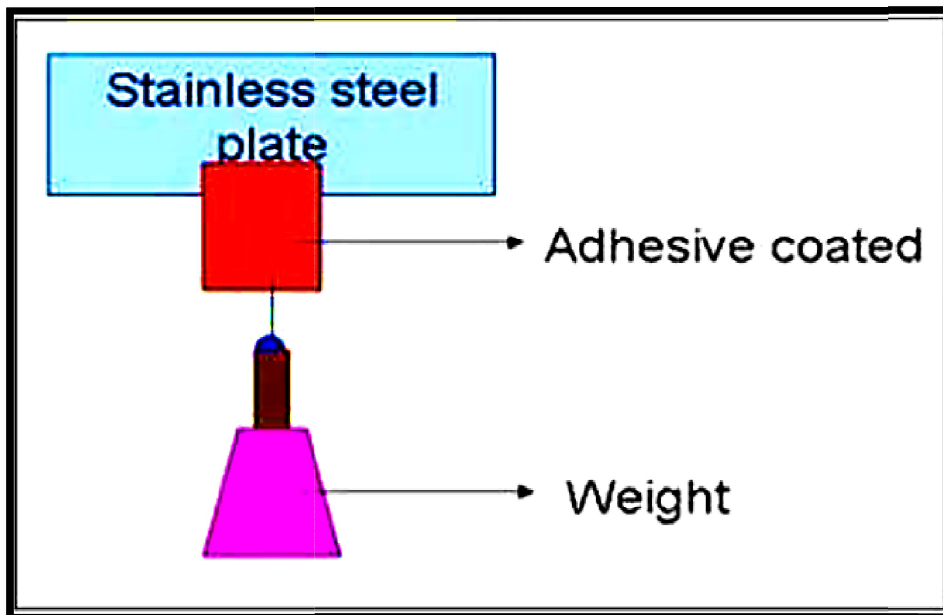


Figure no: Shear strength.

### V. RESULT AND DISCUSSION

The transdermal patch's main goal is to distribute the medication into the bloodstream. It will enter the site of action via the circulation and provide pharmacological activity. After being dispersed across the cell membrane, the drug molecule must penetrate through the various layers of the skin in order to reach the systemic circulation. The medications must penetrate the skin's outer layer in order to bind to the specific target receptor and cause pharmacological effect. The medicine will discharge into the bloodstream at a set pace, while the drug reservoir will release the drug more gradually to maintain a stable state. It is a completely disposable method that is easy for the patient to utilize. Through the use of a special manufacturing process called TDDS, drugs may be delivered to the dermis or epidermis more precisely and reliably while avoiding the stratum corneum at a much reduced cost. Drug delivery characteristics in this mode of administration might be either passive or active.

### VI. CONCLUSION

The membrane transdermal method is successful because of current technological advancements and the drug's integration to the site of action without rupturing the skin. Regarding the formulation and assessment features of transdermal drug delivery systems, this research offers useful information. Since TDDS represents the next generation of drug delivery systems, it is a realistically applied solution. This page offers useful details on transdermal medication delivery systems, including several patch types, components, and the assessment procedure. The information above demonstrates the immense promise of TDDS, since it may be used to create potentially deliverable medications with both hydrophobic and hydrophilic active substances. Many medications, including hormone treatment, a variety of analgesics, medications for cardiac conditions, and medications for GI side effects and first pass metabolism, have been developed in TDDS form. Improved understanding of the physiology and anatomy of the skin aids in our further advancement in this area. More knowledge of the various biological interaction processes and polymers are needed to improve this drug delivery method.

### REFERENCES

- [1]. Sakalle P, Dwivedi S and Dwivedi A. Design, Evaluation, Parameters and Marketed Products of transdermal patches: A Review. *Journal of Pharmacy Research*, 2010; 3(2): 235-240.
- [2]. Panchagnula R. Transdermal delivery of drugs. *Indian journal of pharmacology*, 1997; 29: 140-156.
- [3]. Sharma N, Agrawal G, Rana A, Alibhat Z and Kumar D. A Review: Transdermal Drug Delivery System: A Tool For Novel Drug Delivery System. *International Journal of Drug Development & Research*, 2011; 3(3): 70-84.
- [4]. Singh MC, Naik AS and Sawant SD. Transdermal Drug Delivery Systems with major emphasis on Transdermal patches: A Review. *Journal of Pharmacy Research* 2010; 3(10): 2537-2543.
- [5]. Kurz A, Farlow M and Lefevre G. Pharmacokinetics of a novel transdermal rivastigmine patch for the treatment of Alzheimer's disease: a review. *International Journal of Clinical Practice*, 2009; 63(5): 799-805.
- [6]. Panner Selvam R, Kumar Singh A and Sivakumar T. Transdermal drug delivery systems for antihypertensive drugs - A review. *International Journal of Pharmaceutical And Biomedical Research*, 2010; 1(1): 1-8.
- [7]. Shiva Kumar H N, et al, Formulation characterization, and evaluation of matrix-type transdermal patches of a model antihypertensive drug, *Asianpharm*, 2009; 56: 59-65.
- [8]. Kusuma Devi V, et al, Design and evaluation of matrix diffusion controlled Transdermal patches of verapami hydrochloride. *Drug Dev Ind Pharm*, 2003, 29: 95-103.
- [9]. *Controlled drug delivery – Fundamental and Application*, 2nd edition, by Joseph R. Vincent, H.C. Lee, 524-589.
- [10]. *The Eastern Pharmacist – “Transdermal drug delivery system”*, 1991; 34.
- [11]. Jain N K. *Advances in controlled and Novel drug delivery*, cbs, New Delhi, 1st Edition, 2001; 108.
- [12]. Chein Y W, *Transdermal drug delivery systems*, Marcel Dekker, Inc, 2nd edition, 1992; 301.
- [13]. USP. *US pharmaceutical national formulary, usp 27 NF 22.22nd edition*, Rockville, Md, USP, 2003; 140.