

Research and Reviews: Journal of Pharmaceutics and Nanotechnology

A Review on Transdermal Drug Delivery System

Sakshi Tripathi^{1*}

¹Department of Biotechnology Graphic Era University, Dehradun, India

Research Article

Received: 01/09/2016

Accepted: 14/09/2016

Published: 26/09/2016

*For Correspondence

Sakshi Tripathi, Department of Biotechnology, Graphic Era University, Clement Town, Dehradun, India. Tel: +919455301034

E-mail: sakshi21.t@gmail.com

Keywords: Transdermal drug delivery system, cavitation ultrasound, corneum, antibodies

ABSTRACT

Transdermal drug delivery system has made an essential commitment to therapeutic practice, yet has yet to completely accomplish its potential as a contrasting option to oral conveyance and hypodermic infusions. First generation transdermal delivery systems have proceeded with their unfaltering increment in clinical use for conveyance of little, lipophilic, low-measurement drugs. Second generation delivery frameworks utilizing compound enhancers, non-cavitation ultrasound and iontophoresis have additionally brought about clinical items; the capacity of iontophoresis to control delivery rates continuously gives included usefulness. Third generation delivery frameworks focus on their belongings to skin's obstruction layer of stratum corneum utilizing microneedles, warm removal, microdermabrasion, electroporation and cavitation ultrasound. Microneedles and warm removal are as of now advancing through clinical trials for conveyance of macromolecules and immunizations, for example, insulin, parathyroid hormone and flu antibody. Utilizing these novel second- and third-era upgrade methodologies, transdermal conveyance is ready to altogether increment sway on prescription.

INTRODUCTION

Transdermal conveyance speaks to an alluring contrasting option to oral conveyance of medications and is balanced to give another option to hypodermic injections. For a large number of years, individuals have set substances on the skin for remedial impacts and, in the advanced time, assortments of topical formulations have been created to treat local symptoms. The first transdermal framework for systemic delivery was developed. It was a three-day patch that delivers scopolamine to help in prevention and treatment of motion sickness and was affirmed for use in the United States in 1979. After 10 years, nicotine^[1] patches turned into the first transdermal blockbuster, raising the profile of transdermal conveyance in pharmaceutical and for the open when all is said in done. Today, there are 19 transdermal delivery frameworks for such medications as estradiol, fentanyl, lidocaine and testosterone; mix patches containing more than one medication for contraception and hormone substitution; and iontophoretic and ultrasonic conveyance frameworks for absence of pain. Somewhere around 1979 and 2002, another patch was endorsed by and large at regular^[2] intervals. In the course of recent years (2003–2007), that rate has dramatically multiplied to another transdermal conveyance framework at regular intervals. It is assessed that more than one billion transdermal patches are as of now made every year. Transdermal delivery has an assortment of points of interest contrasted and the oral course. Specifically, it is utilized when there is a huge first-pass impact of the liver that can rashly metabolize drugs. Transdermal conveyance additionally has favorable circumstances over hypodermic infusions, which are excruciating, create perilous medicinal waste and represent the danger of infection transmission by needle re-use, particularly in creating nations. What's more, transdermal frameworks are non-obtrusive what's more, can act naturally managed. They can give discharge to drawn out stretches of time (up to one week).

Transdermal conveyance has an assortment of points of interest contrasted and the oral course. Specifically, it is utilized when there is a noteworthy^[3] first-pass impact of the liver that can rashly metabolize drugs. Transdermal conveyance likewise has favorable circumstances over hypodermic infusions, which are agonizing, produce risky restorative waste and represent the danger of ailment transmission by needle re-use, particularly in creating

countries. What's more, transdermal frameworks are non-obtrusive and can act naturally controlled. They can give discharge to drawn out stretches of time (up to one week). They additionally enhance tolerant consistence and the frameworks are by and large reasonable.

Another zone of incredible interest is ^[4-8] the conveyance of antibodies. Notwithstanding keeping away from hypodermic needles, transdermal antibody conveyance could enhance insusceptible reactions by focusing on conveyance to immunogenic Langerhans cells in the skin. Given the outer position and patient control over patches, it may likewise be conceivable to create adjusted or pulsatile conveyance, which could include criticism control. Without a doubt, a pain relieving patch was as of late endorsed in the United States that utilizes persistent directed conveyance of fentanyl tweaked by power to control torment (iontophoresis), which has additionally been propelled in Europe.

Increasing Enthusiasm for Transdermal Vaccines

Transdermal conveyance offers convincing chances to enhance immunization organization. In spite of the fact that antibodies are regularly ^[9-12] macromolecules, viral particles, or other huge supramolecular builds, their little (microgram) dosages encourage the likelihood of transdermal conveyance. Antibody conveyance through the skin is significantly more appealing in light of the fact that it focuses on the powerful epidermal Langerhans and dermal dendritic cells that may create a solid invulnerable reaction at much lower dosages than more profound injection⁷. The best immunization ever—the smallpox antibody, which ^[13,14] annihilated the malady around the world—was controlled through the skin with the guide of a little needle gadget to break the stratum corneum obstruction. Albeit compelling, this methodology does not give great control over conveyance, which has inspired advancement of new conveyance techniques.

Disposal of the ^[15-20] requirement for hypodermic needles further rouses transdermal immunization development⁶. In this present reality where needle reuse murders no less than 1.3 million individuals for every year from hepatitis B and AIDS, without needle, patch-based inoculation could have substantial effect. Moreover, the likelihood of overseeing antibody patches by insignificantly prepared work force or patients themselves couldn't just encourage consistence with normal, occasional and pandemic inoculation needs, yet could likewise speed up immunization battles in creating nations where medicinal staff are hard to come by. Powerful immunization through the skin might be accomplished by expanding skin porousness ^[21] to the antibody utilizing the strategies talked about as a part of this audit. A portion of the physical improvement techniques have been appeared to have extra adjuvant impacts that expansion resistant reaction further. The resistant reaction can likewise be uplifted by including compound adjuvants.

At long last, there is the likelihood of ^[22] conveying medications, as well as removing atoms (analytes) through the skin. This has as of now been accomplished for glucose checking by extricating interstitial liquid utilizing electrical means and is as a part of clinical trials utilizing different methodologies, for example, ultrasound.

From a worldwide viewpoint, we suggest that ^[23-25] advances in transdermal conveyance frameworks can be sorted as experiencing three eras of improvement from the original of frameworks that created large portions of today's patches by reasonable choice of medications that can cross the skin at restorative rates with next to zero upgrade; during that time era that has yielded extra advances for little atom conveyance by expanding skin penetrability and main impetuses for transdermal transport; to the third era that will empower transdermal conveyance of little particle drugs, macromolecules (counting proteins and DNA) and ^[26] infection based/different antibodies through focused permeabilization of the skin's stratum corneum.

In this survey, we depict the transdermal conveyance strategies in every era. We then remark on their present and future potential effect in drug.

First-generation Transdermal Delivery Systems

The original of transdermal ^[27,28] conveyance frameworks is in charge ^[27] of the greater part of the transdermal patches that have so far been in clinical use. Critical advances in patch innovation, and open acknowledgment, have empowered the late surge in original transdermal patches achieving the business sector. In any case, this surge will decrease as medications with reasonable ^[29,30] properties for such frameworks are exhausted. Original conveyance applicants must be low-atomic weight, lipophilic and adequate at low measurements. As a rule, their transdermal conveyance ought to be more alluring than oral conveyance because of low oral bioavailability, the need or longing for less continuous dosing or enduring conveyance profiles, or different elements.

Transdermal Patch Design

In all transdermal [31-33] patch outlines, the medication is put away in a repository that is encased on one side with an impermeable support and has an adhesive that contacts the skin on the opposite side. A few plans utilize drug broke up in a fluid or gel-based supply, which can rearrange definitions and grant the utilization of fluid compound enhancers, for example, ethanol. These outlines typically are made out of four layers: an impermeable support film; a medication store; a semi-penetrable film that may serve as a rate-constraining hindrance; and a glue layer. Different plans consolidate the medication into a strong polymer [34] framework, which rearranges fabricating. Grid frameworks can have three layers, by wiping out the semi-porous film, or only two layers, by joining the medication specifically into the adhesive.

The original way to deal with transdermal conveyance is restricted principally by [35-37] the boundary postured by skin's peripheral layer called stratum corneum, which is 10 to 20 μm thick. Underneath this layer is the feasible epidermis, which measures 50 to 100 μm and is avascular. More profound still is the dermis, which is 1–2 mm thick and contains a rich slender bed for systemic medication retention just beneath the dermal–epidermal intersection. Nearer examination of the stratum corneum hindrance uncovers [38-40] a block and mortar structure, where the blocks speak to non-living corneocyte cells made principally out of cross-connected keratin and the intercellular mortar is a blend of lipids sorted out to a great extent in bilayers. Drug transport over the stratum corneum regularly includes dissemination through the intercellular lipids by means of a way that winds convolutedly around corneocytes, where hydrophilic atoms [41] go through the lipid head bunch districts and lipophilic particles go through the lipid tails. This vehicle pathway is exceedingly obliged by the auxiliary and solvency necessities for arrangement and dispersion inside stratum corneum lipid bilayers.

A minor departure from the conventional transdermal patch of original conveyance frameworks includes no patch by any means, yet applies a [42] metered fluid shower, gel or other topical definition to the skin that, upon vanishing or retention, can drive little lipophilic medications into the stratum corneum, which thus serves as the medication store for augmented discharge into the practical epidermis over hours. For instance, testosterone gels have been being used for quite a long while and a transdermal shower has been as of late affirmed for estradiol conveyance.

Second-generation Transdermal Delivery Frameworks

The second era of transdermal [43,44] conveyance frameworks perceives that skin porousness upgrade is expected to grow the extent of transdermal medications. The perfect enhancer if (i) increment skin penetrability by reversibly upsetting stratum corneum structure, (ii) give an additional main thrust to transport into the skin and (iii) keep away from harm to further, living tissues. Be that as it may, upgrade techniques created in this era, for example, routine concoction enhancers, iontophoresis and non-cavitation [45] ultrasound, have battled with the harmony between accomplishing expanded conveyance crosswise over stratum corneum, while shielding further tissues from harm. Thus, this second era of conveyance frameworks has progressed clinical practice essentially by enhancing little particle conveyance for limited, dermatological, corrective and some systemic applications, yet has had little effect on conveyance of macromolecules.

Conventional Chemical Enhancers

Perceiving the need to expand skin porousness, second-era conveyance [46,47] methodologies have swung to a great extent to the improvement of substance enhancers. This methodology is a legitimate expansion of the conventional pharmaceutical tool kit since it fundamentally includes planning new definitions with compound excipients. Numerous compelling substance enhancers upset the exceedingly requested bilayer structures of the intracellular lipids found in stratum corneum by embeddings amphiphilic atoms into these bilayers to disorder sub-atomic pressing or by extricating lipids utilizing solvents and surfactants to make lipid pressing deformities of nanometer measurements. Several distinctive concoction enhancers have been examined, including off-the-rack mixes and others particularly composed and combined for this reason, for example, Azone (1-dodecylazacycloheptan-2-one) and SEPA (2-n-nonyl-1,3-dioxolane).

One test of this methodology is that expanded pervasion upgrade, even of little particles, normally corresponds with expanded skin aggravation. A little subset of these enhancers [48,49] that expansion skin porousness without bothering have been utilized effectively to convey little atoms, however have had restricted effect on the issue of conveying hydrophilic mixes or macromolecules. By and large, substance enhancers can expand skin porousness and give an additional main thrust to transport by expanding drug dividing into the skin (subsequently expanding the fixation inclination driving dissemination), however the trouble of confining their belongings to the stratum corneum in order to dodge bothering or danger to living cells in the more profound skin has extremely obliged their application.

Utilizing Fourier change infrared (FTIR) spectroscopy as a screening instrument, they ^[50-52] recommended that powerful and non-bothering enhancers ought to modify stratum corneum lipid CH₂ symmetric extending (which connects with expanded skin porousness) and evade changes in stratum corneum protein amide I band ingestion (which corresponds with skin disturbance). These outline standards ^[53] anticipated that ideal substance structures for upgrading drug conveyance would be amphiphiles with since quite a while ago, immersed carbon tails or mixes with numerous fragrant rings; the creators went ahead to accept their forecasts tentatively.

Liposomes, dendrimers and microemulsions have additionally been utilized as ^[54,55] substance enhancers with supramolecular structure that can expand skin porousness, as well as increment medication solubilization in the detailing and medication parceling into the skin. Their supramolecular measure by and large blocks entrance into the skin and in this manner restricts impacts to the stratum corneum. These methodologies have discovered accomplishment for improved conveyance of some little atoms, particularly for topical dermatological and restorative applications. An exceedingly deformable liposome plan is at present in clinical trials for insulin conveyance.

Another transdermal conveyance approach ^[56-58] that has been connected is the utilization of prodrugs. Through the expansion of a cleavable substance bunches that normally builds drug lipophilicity, such prodrugs can encourage the exchange of a medication over the skin. This is proficient by including, for instance, alkyl side chains with enzymatically cleavable linkers, for example, esters or carbonates. One prodrug approach depends on the linkage of either two of the same or two diverse little particle medications to each other by a labile bond, which diminishes their hydrophilicity, yet to the detriment of expanding sub-atomic weight.

Since the prodrug methodology depends on modifying ^[59] drug structure, instead of skin structure, prodrugs can keep away from skin aggravation. Indeed, even along these lines, headway of this field has been constrained by the intricacy of prodrug outline, the pertinence of the methodology just to little atom drugs ^[60] and the need to pick up US Food and Drug Administration (FDA) endorsement of the prodrug as another compound element (instead of endorsement just of the transdermal conveyance course for an officially affirmed drug).

Iontophoresis

Iontophoresis has been concentrated on for moto increment ^[61,62] transdermal conveyance for over a century by commonly applying a constant low-voltage current. While there can be expanded skin penetrability, iontophoresis basically gives an electrical main impetus to transport crosswise over stratum corneum. Charged medications are moved by means of electrophoresis, while pitifully charged and uncharged mixes can be moved by electroosmotic stream of water produced by the particular development of portable cations (e.g., Na⁺) rather than settled anions (e.g., keratin) in the stratum corneum. Since iontophoresis does not essentially change the skin hindrance itself, it is for the most part relevant to little atoms that convey an energize and a few macromolecules to a couple of thousand Daltons.

The most grounded resource of iontophoresis is that the rate of medication conveyance ^[63] scales with the electrical current, which can be promptly controlled by a microchip or, at times, the patient. Along these lines, drug conveyance can be turned on and off and even tweaked after some time to empower complex conveyance profiles. Notwithstanding, the greatest current—and thusly the most extreme conveyance rate—is restricted by skin bothering and torment brought on by the general powerlessness of iontophoresis to limit its belongings to the stratum corneum .

Guided by these qualities and ^[64] shortcomings, current applications accentuate the capacity of iontophoresis to give control over medication dosing, in light of the fact that it scales with the measure of charge (i.e., the result of current and time) conveyed to the skin. Iontophoresis is as of now utilized clinically to quickly convey lidocaine for nearby anesthesia, pilocarpine to prompt sweating as a major aspect of a cystic fibrosis analytic test and faucet water to treat hyperhidrosis (i.e., unnecessary sweating), and also remove glucose from the skin for glucose monitoring. An as of late endorsed iontophoretic patch empowers patients to occasionally ^[65] enact the patch to oversee a bolus of fentanyl in view of their requirement for torment relief. As opposed to this exorbitant, chip controlled framework, another as of late endorsed iontophoretic patch includes basically associating the medication repository to a steady voltage, printed battery that can likewise have some basic control hardware and conveys drug until the battery runs out. In spite of the fact that the medication conveyance rate is not too controlled utilizing this ease elective, the aggregate sum of medication ^[66, 67] directed is controlled, in light of the fact that the aggregate sum of charge exchanged over the skin is restricted by the battery limit. An extra option that looks to accomplish a harmony between minimal effort and chip control of conveyance includes a solitary use iontophoretic framework in clinical trials for conveyance of acyclovir to treat herpes labialis.

Third Generation of Transdermal Conveyance Frameworks

The third era of transdermal [68,69] conveyance frameworks is ready to have huge effect on medication conveyance since it focuses on its belongings to the stratum corneum. This focusing on empowers more grounded disturbance of the stratum corneum obstruction, and consequently more viable transdermal conveyance, while as yet ensuring further tissues. Along these lines, novel synthetic enhancers, electroporation, cavitation ultrasound and all the more as of late microneedles, warm removal and microdermabrasion (Arora, Prausnitz and Mitragotri³¹) have been appeared to convey macromolecules, including [70] restorative proteins and immunizations, over the skin in human clinical trials. These advances were made conceivable partially by the rise of innovations to limit impacts to the stratum corneum joined with acknowledgment that the wellbeing managed by restriction ought to make these more forceful methodologies therapeutically worthy.

Combinations of Chemical Enhancers

Recent studies have proposed that reasonably [71,72] outlined blends of substance enhancers can adjust exchange offs amongst upgrade and disturbance taking into account the theory that specific enhancer mixes are particularly intense when present at particular, restricted pieces. This methodology empowers a technique to target impacts that improve skin penetrability in the stratum corneum, yet keeps away from disturbance in more profound tissues where the definition organization gets to be weakened or generally adjusted.

Finding such uncommon blends is tentatively concentrated [73-75] and in this manner profits by high-throughput screening. Such a study was completed, inspecting near 500 unique sets of concoction enhancers detailed to have more than 5000 compositions. Drastically expanded upgrade with low skin disturbance potential was found, for instance, for a blend of sodium laureth sulfate (an anionic surfactant) and phenyl piperazine (a compound with sweet-smelling nitrogen) at centralizations of 0.35 and 0.15 wt%, individually, in a 1:1 blend of ethanol and phosphate-supported saline. *In vitro* screening results were approved with *in vivo* conveyance of a peptide (leuprolide acetic acid derivation) to bare rats. These outcomes recommend [76] that blends of concoction enhancers may succeed for conveyance of macromolecules where singular enhancers have for the most part fizzled. Deal with this methodology proceeds in industry.

Biochemical Enhancers

As of recent studies, peptides have been inspected [77,78] as enhancers of skin porousness. In one methodology, phage presentation was utilized to screen a library of peptides, which yielded a 11-amino corrosive manufactured peptide that expanded transdermal conveyance of insulin in diabetic rats. Extra examination recommended that a pathway by means of hair follicles was focused on. Work in one of our research centers has demonstrated that a characteristic pore-framing peptide, magainin, can be utilized to build skin penetrability by a component proposed to target bilayer disturbance in stratum corneum lipids and not in more profound tissue. The magainin was just powerful when utilized as a part of synergistic blend with a surfactant compound enhancer, which filled the double need of expanding skin penetrability to the medication and in addition expanding entrance of magainin into the stratum corneum. Utilizing a prodrug approach, cyclosporine was covalently appended to a polyarginine-heptamer cell-infiltrating peptide, which prompted expanded topical retention that restrained cutaneous inflammation. In these illustrations, the profoundly particular bioactivity empowered by peptide science can empower conveyance by means of focused courses through the skin.

Electroporation

The utilization of short, high-voltage pulses is outstanding [79-82] as a technique to reversibly upset cell films for quality transfection and different applications. Electroporation has likewise been appeared to upset lipid bilayer structures in the skin. Despite the fact that the electric field connected for milliseconds amid electroporation gives an electrophoretic main impetus, dispersion through seemingly perpetual electropores can continue for up to hours, with the end goal that transdermal transport can be expanded by requests of greatness [83] for little model medications, peptides, immunizations and DNA. As of late, electroporation was appeared to convey a model peptide immunization into the skin of mice to produce a solid cytotoxic T lymphocyte response.

Since the stratum corneum electrical resistance [84-88] is requests of greatness more noteworthy than more profound tissues, the electric field connected amid electroporation is at first packed in the stratum corneum. Be that as it, endless supply of stratum corneum lipid bilayers, stratum corneum resistance quickly and significantly drops, and the electric field correspondingly disperses to a more prominent degree into the more profound tissues, which contain tangible and engine neurons. The related torment [89] and muscle incitement can be kept away from by utilizing firmly divided microelectrodes that oblige the electric field inside the stratum corneum.

Comparison of transdermal delivery systems

Notwithstanding more than 100 medications planned as ^[90,91] creams and balms, there are currently 19 medications or medication mixes controlled utilizing FDA-affirmed transdermal conveyance frameworks. A large portion of these original conveyance frameworks depend fundamentally on fitting ^[92,95] medication properties that license assimilation into the skin without huge skin saturation improvement. In any case, progresses in the field through second-and third-era transdermal conveyance frameworks are opening the way to transdermal organization of hydrophilic atoms, macromolecules and antibodies .

Most upgrade methodologies increment skin ^[96,97] porousness without giving an additional main impetus to transdermal transport. Compound enhancers are a special case, since they can disturb stratum corneum structure and in addition increment drug solvency and accordingly increment the medication fixation inclination main thrust. Microneedles are another special case, since they puncture the skin, as well as ^[98] can convey drug into the skin by means of covering and exemplification utilizing strong microneedles or implantation through empty needles. Albeit electrical strategies for conveyance can influence skin penetrability and in addition give an electrical main thrust, iontophoresis acts essentially to drive drugs into the skin and electroporation acts ^[99] to a great extent to disturb stratum corneum structure. Since iontophoresis gives a vehicle main impetus, it might be particularly valuable when combined with another strategy that builds skin porousness. Such joined upgrade systems have gotten past consideration in the literature.

Fruitful transdermal conveyance depends on accomplishing an appropriate ^[100] harmony between powerful conveyance and security to the skin. A portion of the third-era frameworks depend on the speculation that generally vast, micron-scale abandons in the stratum corneum ought to be very much endured by patients the length of noteworthy harm is not done to living cells in the suitable epidermis and dermis.

CONCLUSION

Looking to the future, it is likely that original patch innovation will keep on being utilized for conveyance of little particle drugs with the right arrangement of properties, particularly those medications that are as of now regulated orally and by infusion that are falling off patent. Second-era concoction enhancers ought to discover proceeded with use as definition excipients in topical dermatological creams and balms and some systemic patches for little atom drugs. They will presumably have little effect on conveyance of hydrophilic medications and macromolecules, on the grounds that the best synthetic enhancers for the most part diffuse out of the stratum corneum and disturb further tissue. Focused on, third-era mixes of compound enhancers and biochemical methodologies offer systems for more focused on improvement, however are still in early phases of advancement.

Second-era physical improvement utilizing iontophoresis has effectively had clinical effect, particularly for fast, confined conveyance to the skin. Its electronic control over conveyance rates gives iontophoresis a unique property that can be abused for patient-controlled dosing and other complex conveyance profiles. Nonetheless, on the grounds that iontophoresis does not considerably change the skin hindrance, it seems unrealistic to effect macromolecule or antibody conveyance, unless utilized as a part of mix with different techniques that expansion skin porousness. In like manner, non-cavitation ultrasound has discovered use for transdermal conveyance of hostile to inflammatories with regards to exercise based recuperation, yet does not seem appropriate for conveyance of extensive mixes.

Third-era physical improvement utilizing cavitation ultrasound and electroporation upgrade transdermal conveyance by upsetting stratum corneum on the nanometer scale. Cavitation ultrasound has as of now been endorsed for transdermal conveyance of lidocaine and might be affirmed later on for peptides and other little macromolecules. Albeit successful, uses of cavitation ultrasound might be constrained by the requirement for a complex gadget that lone expands skin porousness at the nanometer scale and in this manner may not be extensively pertinent to macromolecules and immunizations.

REFERENCES

1. Kalayci S. Antimicrobial Properties of Various Non-Antibiotic Drugs against Microorganisms. J Bioanal Biomed. 2016;8:142
2. Singh RP. Nanobiosensors: Potentiality towards Bioanalysis. J Bioanal Biomed. 2016;8:143.

3. Bagchi MC. Application of Chemoinformatics in Anti Tubercular Drug Design. *J Bioanal Biomed.* 2016;8:144.
4. Alam M, et al. QSAR and Structure Based Molecular Docking of Angelicin Compounds: an Attempt to Drug Design against Swine Influenza. *J Bioanal Biomed.* 2016
5. Kgomo MK, et al. The Prevalence of Helicobacter Pylori Infection in Bleeding and Non Bleeding Gastric Ulcers. A Cross Sectional Case Control Study. *J Bioanal Biomed.* 2016;8:058-062.
6. Kgomo M, et al. Helicobacter pylori Infection is Associated with an Increased Risk of Developing Squamous Cell Carcinoma of the Oesophagus. A Cross Sectional Case Control Prospective Study. *J Bioanal Biomed.* 2016;8:63-65.
7. Fischer WB. Classics and Hybrids - Approaches to Modeling the Dynamics of Biomolecules. *J Bioanal Biomed.* 2016;8:138.
8. Guertin PA (2016) Convergence of Strategies and Technologies - Next Generation Biocosmeceuticals and Biopharmaceuticals Products. *J Bioanal Biomed* 8:139.
9. Bagchi MC. In Silico Evaluations of Activity/Toxicity Profiles of Chemotherapeutic Agents. *J Bioanal Biomed.* 2016;8:140.
10. Shirzadfar H. Rapid Methods for the Detection of Bacteria via Giant Magnetoresistance Sensor and Biomagnetic Marker. *J Bioanal Biomed.* 2016;8:141.
11. Kar SK, et al. Variability of Presentation and Surgical Approach in Patients with Congenital Cystic Adenomatoid Malformation: Report of Two Cases. *J Bioanal Biomed.* 2016;8:34-40.
12. Taguchi S, et al. Spaceflight and Biohistochemical Alterations of Antigravity Soleus Muscle in Spontaneously Hypertensive Rats (SHR) to Dietary Low and High-Calcium Intake. *J Bioanal Biomed.* 2016;8:041-047.
13. Heidari A. Future Prospects of Point Fluorescence Spectroscopy, Fluorescence Imaging and Fluorescence Endoscopy in Photodynamic Therapy (PDT) for Cancer Cells. *J Bioanal Biomed.* 2016; 8:135.
14. Woźnica M, et al. Application of On-line HPLC-CD Detection in Separation and Structure Elucidation of Tricyclic Cephalosporine Oxaanalogues with Chromane Moiety. *J Bioanal Biomed.* 2016;8:136.
15. Dubey S and Garg A. Releasing the Brakes in Cancer. *J Bioanal Biomed.* 2016;8:17-22.
16. Zhang M and Hill T. Overcome Challenges to Successful Manufacture of Biosimilars through Media and Feed Screening and Cell Culture Process Optimization. *J Bioanal Biomed.* 2016;8:023-027.
17. Roberts J, et al. Capillary Microsampling of Mouse Blood in Early Pre-Clinical Studies: A Preferred Alternative to Dried Blood Spot Sampling. *J Bioanal Biomed.* 2016;8:028-033.
18. Jiang N, et al. Gas6/Axl Inhibits Osteosarcoma Apoptosis through Regulation of Apoptosis-Related Protein Bcl-2. *J Bioanal Biomed.* 2016;8:001-008.
19. Niimori-Kita K, et al. Nuclear Phosphoproteomics Features the Novel Smoking Markers in Mouse Lung Tissue Following Subacute Phase Exposure to Tobacco Smoke. *J Bioanal Biomed.* 2016; 8:009-016.
20. Kim JW, et al. The Biochemical Cascades of the Human Pancreatic β -Cells: The Role of MicroRNAs. *J Bioanal Biomed.* 2015;7:133.
21. Chung WO. Receptors in Oral Epithelial Innate Immunity. *J Bioanal Biomed.* 2015;7:134.
22. Sharma SK. Optimized Extraction and Antioxidant Activities of Polysaccharides from Two Entomogenous Fungi. *J Bioanal Biomed.* 2015;7:180-187.
23. Shoukier M, et al. In-Frame Insertion Mutation in the SPG11 Gene Causes Autosomal Recessive Spastic Paraplegia with Thin Corpus Callosum "In A" Turkish Family with Late Age of Onset of the Phenotype. *J Bioanal Biomed.* 2015;7:188-190.
24. Pignata MC, et al. Mechanical Parameters of the Mozzarella from Buffalo with Inclusion Levels of The Cow's Milk: Preliminary Study at the Lab Scale. *J Bioanal Biomed.* 2015;7:191-196.
25. Ahmed FUA, et al. Comparative Disposition Kinetics of Meloxicam Following a Single Intravenous Bolus Dose and Its Concurrent Administration with Ofloxacin in Yak and Cattle. *J Bioanal Biomed.* 2015;7:197-202.
26. Durisova M. Opinion: Journal of Drug Metabolism and Toxicology. *J Drug Metab Toxicol.* 2016; 7:128.
27. Heidari A. Human Toxicity Photodynamic Therapy Studies on DNA/RNA Complexes as a Promising New Sensitizer for the Treatment of Malignant Tumors Using Bio-Spectroscopic Techniques. *J Drug Metab Toxicol.* 2016;7:129.

28. Durisova M. Editorial: The International Journal of Pharmacology and Therapeutics. *J Drug Metab Toxicol.* 2016;7:130.
29. Durisova M. Editorial: Drug Metabolism and Toxicology. *J Drug Metab Toxicol.* 2016;7:131.
30. Aguiar CCT. Hyponatremia. *J Drug Metab Toxicol.* 2016;7:132.
31. Bandu R. Editorial: Drug Metabolism and Toxicology. *J Drug Metab Toxicol.* 2016;7:133.
32. Mishra S and Gomase VS. Prediction of Antigenic MHC Peptide Binders and TAP Binder of COX1 Protein through *in silico* Approach. *J Drug Metab Toxicol.* 2016;7:201.
33. Gueldner J, et al. Emerging Associations of the ALDH2*2 Polymorphism with Disease Susceptibility. *J Drug Metab Toxicol.* 2016;7:202.
34. Covey JM, et al. Comparative Metabolism of Batracylin (NSC 320846) and Nacetylbatracylin (NSC 611001) Using Human, Dog, and Rat Preparations *in vitro*. *J Drug Metab Toxicol.* 2016;7:203.
35. Mutafova B, et al. Microbial Transformations of Plant Origin Compounds as a Step in Preparation of Highly Valuable Pharmaceuticals. *J Drug Metab Toxicol.* 2016;7:204.
36. Durisova M. Mathematical Modeling Formation of 7-hydroxymethotrexate from Methotrexate in Patients Undergoing Treatment for Psoriasis with Methotrexate. *J Drug Metab Toxicol.* 2016;7:205.
37. Tokumoto T, et al. Effect of Curcumin on Sulfasalazine Pharmacokinetics in Healthy Volunteers. *J Drug Metab Toxicol.* 2016;7:206.
38. Karanja JK, et al. Highly Active Antiretroviral Therapy and Anti-tuberculosis Drug Interactions with Associated Clinical Implications: A Review. *J Drug Metab Toxicol.* 2016;7:207.
39. Tesfaye H. Serum Creatinine Levels May Not Necessarily Reflect a True Renal Function to Adjust Amikacin Dose in Paraplegic Patient: A Case Report and Literature Review. *J Drug Metab Toxicol.* 2016;7:209.
40. Onifade RS, et al. White Rot Fungus (*Pleurotus pulmonarius*) Cultivated on Lead Contaminated Rice Straw Induced Haematotoxicity and Lead Accumulation in Liver and Kidney of Wistar Rats. *J Drug Metab Toxicol.* 2016;7:210.
41. Mou H, Zhao X, et al. NRSF and CCR5 Established Neuron-glia Communication during Acute and Chronic Stresses. *J Drug Metab Toxicol.* 2016;7:197.
42. Rosas-Contreras C, et al. Identification and HPLC Quantification of Aflatoxins in Dried Chili Peppers (*Capsicum annum L.*) in Mexico and Other Countries. *J Drug Metab Toxicol.* 2016;7:198.
43. Sabbani PK, et al. Evaluation of Hepatoprotective Activity with different Fractions of *Gardenia gummifera* Linn. on Paracetamol Induced Liver Damage in Rats. *J Drug Metab Toxicol.* 2016;7:199.
44. Osano KO, et al. Evaluation of In Vivo Toxicity of Dichloromethane: Methanolic Leaf Extracts of *Prosopis juliflora* in Female Wistar Albino Rats. *J Drug Metab Toxicol.* 2016;7: 200.
45. Ghosh RK. Portal Vein Thrombosis in Cirrhotic Patients: Decision to Anticoagulate. *J Drug Metab Toxicol.* 2015;10:1.
46. Li L, et al. Effect of Chinese Medicine XIAOJI Decoction Combined with Platinum-Based Chemotherapy and Transfusion of Cytokine-Induced Killer Cells in Patients with Stage III B/IV Non-Small Cell Lung Cancer. *J Drug Metab Toxicol.* 2015;10:1.
47. Pawar HA and Lalitha KG. Toxicological Evaluation of Gum (Galactomannans) Isolated from *Senna tora* Seeds. *J Drug Metab Toxicol.* 2015;6:193.
48. Shanmugan P and Bandameedi R. Chronotherapeutic Drug Delivery Systems. *J Drug Metab Toxicol.* 2015;6:194.
49. Kebamo S, et al. The Role of Biotransformation in Drug Discovery and Development. *J Drug Metab Toxicol.* 2015;6:196.
50. Praveen PK, et al. Tuberculosis, a Milk-Borne Zoonosis: A Critical Review. *J Drug Metab Toxicol.* 2015;6:126.
51. Wakchaure R, et al. Marker Assisted Selection (MAS) in Animal Breeding: A Review. *J Drug Metab Toxicol.* 2015;6:127.
52. Rao G, et al. Ubiquitin-Proteasome System in Neurodegenerative Disorders. *J Drug Metab Toxicol.* 2015;6:187.
53. Jerônimo MC, et al. Chemical and Physical-Chemical Properties, Antioxidant Activity and Fatty Acids Profile of Red Pitaya [*Hylocereus Undatus* (Haw.) Britton & Rose] Grown In Brazil. *J Drug Metab Toxicol.* 2015;6:188.

54. Abdirahman YA, et al. The Hypoglycemic Activity and Safety of Aqueous Stem Bark Extracts of *Acacia nilotica*. *J Drug Metab Toxicol*. 2015;6:189.
55. Yu P, Zhang M, et al. Effect of Glutamate on Brain Iron Metabolism and the Regulation Mechanism. *J Drug Metab Toxicol*. 2015;6:190.
56. Hussien AMA, et al. Cranberry Extract as a Functional Food in Treatment of Oxidative Stress in Iron-Induced Hepatic Toxicity in Rats. *J Drug Metab Toxicol*. 2015;6:191.
57. Fernández V, et al. A Multienzyme Response is involved in the Phenomenon of *Fasciola hepatica* Resistance to Triclabendazole. *J Drug Metab Toxicol*. 2015;6:192.
58. Saganuwan SA. Arithmetic-Geometric-Harmonic (AGH) Method of Rough Estimation of Median Lethal Dose (Ld50) Using Up- and - Down Procedure. *J Drug Metab Toxicol*. 2015;6:180.
59. Huang H, et al. Ozone-Oxidation Products of Ibuprofen and Toxicity Analysis in Simulated Drinking Water. *J Drug Metab Toxicol*. 2015;6:181.
60. Juma KK, et al. A Review of the Biochemical, Hematological and Histological Modulations in Acetaminophen Induced Hepatotoxicity and the Potential of *Urtica Dioica* in the Regeneration of the Liver. *J Drug Metab Toxicol*. 2015;6:182.
61. Seçkin HY, et al. A Clinical Experience: A Cutaneous Leishmaniasis Case with Spontan Abortus Following To Meglumine Antimoniate Therapy. *J Drug Metab Toxicol*. 2015;6:183.
62. Piero NM, et al. In Vivo Antidiabetic Activity and Safety In Rats of *Cissampelos pareira* Traditionally Used In The Management of Diabetes Mellitus In Embu County, Kenya. *J Drug Metab Toxicol*. 2015; 6:184.
63. Birandra KS and Mason RP. Is Metabolic Activation of Topoisomerase II Poisons Important In The Mechanism Of Cytotoxicity?. *J Drug Metab Toxicol*. 2015;6:186.
64. Gandhimathi C, et al. Controlled Release of Dexamethasone in PCL/Silk Fibroin/ Ascorbic Acid Nanoparticles for the Initiation of Adipose Derived Stem Cells into Osteogenesis. *J Drug Metab Toxicol*. 2015;5:177.
65. Charfi R, et al. PRES Induced By Cyclosporin with Normal Blood Concentrations in a Bone Marrow Recipient. *J Drug Metab Toxicol*. 2015;6:178.
66. Jen HC, et al. Effect of Different Treatments on Excretion of Tetrodotoxin after Oral Administration in Rat. *J Drug Metab Toxicol*. 2015;6:179.
67. Fujita K, et al. Influence of Renal ABC and SLC Transporter Polymorphisms on Cisplatin-induced Nephrotoxicity in Patients with Esophageal Cancer. *Clin Pharmacol Biopharm*. 2016;5:158.
68. Shirae S, et al. Pharmacokinetics of Recombinant Soluble Human Thrombomodulin in Subjects with Normal and Various Impaired Renal Function. *Clin Pharmacol Biopharm*. 2016;5:159.
69. Favaretto G, et al. Influence of an Oral Supplementation Based on Orthosilicic Acid Choline-Stabilized on Skin, Hair and Nails: A Clinical Study with Objective Approach. *Clin Pharmacol Biopharm*. 2016;5:160.
70. Stein MN, et al. Phase II Study Evaluating the Effect of Concomitant Ramucirumab on the Pharmacokinetics of Docetaxel in Patients with Advanced Solid Tumors. *Clin Pharmacol Biopharm*. 2016;5:161.
71. Navarrete JM, et al. Fulvi-H as Possible Treatment for Viral Diseases. *Drug Des*. 2016;5:125.
72. Mishra S, et al. Identification of Antigenic Determinants, Solvent Accessibility and MHC Binders of Antigen NADH Dehydrogenase Subunit 5 from a Little Dragon from Medina (*Dracunculus medinensis*). *Drug Des*. 2016;5:126.
73. Mishra S, et al. Study of Hydrophobicity and Prediction of Antigenic Epitope of NADH dehydrogenase subunit 5 from *D. medinensis*. *Drug Des*. 2016;5:127.
74. Medioni J, et al. A New Adaptive Simon- Based Design Focusing on Subpopulation Heterogeneity. *Drug Des*. 2016;5:128.
75. Lopes CM and Soares C. Transdermal Drug Delivery Systems Activated by Physical stimuli: Techniques and Applications. *Drug Des*. 2015;4:129.
76. Fang J. Reliability of Machine Learning Based Algorithms for Designing Protein Drugs with Enhanced Stability. *Drug Des*. 2015;4:130.
77. El-Bastawissy EA and Elhasab MA. Molecular Docking and Molecular Dynamic Simulation: Insight into the Difference in Binding of HCV NS3/4A Macrocclic Inhibitors to Genotypes 1b and 4a. *Drug Des*. 2015;4:124.

78. Emamuzo ED, et al. Single Adult-human Equivalent Dose of Intramuscular Chloroquine did not Lower Blood Glucose Level in Fasted Wistar Rats. *Clin Exp Pharmacol*. 2016;6:213.
79. Nagata T, et al. Anti-cancer Effect in Volatile Components of Hiba Essential Oil (*Thujopsis dolabrata*). *Clin Exp Pharmacol*. 2016;6:214.
80. Saghiv M, et al. Comparison of Direct vs. Indirect Blood Pressure Measurements on Treadmill and Bicycle in Hypertensive Responders. *Clin Exp Pharmacol*. 2016;6:215.
81. Alebachew M, et al. The Position of Clinical Pharmacists in Delivering Advanced Pharmacy Practice Education and Services: Short Communication. *Clin Exp Pharmacol*. 2016;6:216.
82. Tanjir Islam Md, et al. Beneficiary Effect of Combination Therapy of Metformin and Pitavastatin Drug on Alloxan Induced Diabetic Rats Comparing to Single Drug Therapy. *Clin Exp Pharmacol*. 2016; 6:217.
83. Lopez-Munoz F. An Anniversary to Remember from the Pharmacology: The Nuremberg Trials. *Clin Exp Pharmacol*. 2016;6:137.
84. Durisova M. Computational Investigation of Time Dependent Changes in the Formation of 7-Hydroxymethotrexate from Methotrexate in Patients Undergoing Treatment for Psoriasis with Methotrexate. *Clin Exp Pharmacol*. 2016;6:205.
85. Seon-young Lee, et al. Combination of Coq10, Omega 3 and Zinc Improves the Severity of Collagen Induced Arthritis by Inhibiting the Immune-inflammatory Response. *Clin Exp Pharmacol*. 2016;6:206.
86. Fekadu N, et al. Evaluation of the Antidepressant-like Activity of the Crude Extract and Solvent Fractions of *Rosa Abyssinica* Lindley (Rosaceae) Using Rodent Models of Depression. *Clin Exp Pharmacol*. 2016;6:207.
87. Afroz R, et al. Honey-derived Flavonoids: Natural Products for the Prevention of Atherosclerosis and Cardiovascular Diseases. *Clin Exp Pharmacol*. 2016;6:208.
88. Li T, Yang M, et al. Combination of Nab-Paclitaxel with Trastuzumab as Neoadjuvant Chemotherapy for HER2- positive Breast Cancer Patients: Experience from a Single Center. *Clin Exp Pharmacol*. 2016;6:209.
89. Rathod NS, et al. Protective Effect of *Punica granatum* L. on Gentamicin Induced Acute Renal Failure in Adult Rats. *Clin Exp Pharmacol*. 2016;6: 210.
90. Nagata T, et al. Anti-cancer Effect of *Saxifraga stolonifera* Meerb. *Clin Exp Pharmacol*. 2016;6:211.
91. Afroz R, et al. Molecular Pharmacology of Honey. *Clin Exp Pharmacol*. 2016;6:212.
92. Khazraei H, et al. The Antianginal Agent Ranolazine Inhibits Mitochondrial β -Oxidation Pathway. *Clin Exp Pharmacol*. 2016;6:203.
93. Tao DG, et al. Telmisartan Improves Memory Impairment in a Mouse Model of Type 2 Diabetes. *Clin Exp Pharmacol*. 2016;6:204.
94. Kumar S. Plasma Exosomes and Drug Metabolic Cytochrome P450 Enzymes. *J Drug Metab Toxicol*. 2015;6:124.
95. Kumar V, et al. Nanostructures for Drug Delivery. *J Drug Metab Toxicol*. 2015;6:125.
96. Shindoh C, et al. Effects of Long-Acting β 2-Agonist and Corticosteroid Inhalation on Diaphragm Muscle in Mice. *J Drug Metab Toxicol*. 2015;5:176.
97. Lin L, et al. Ischemia-reperfusion Injury in the Brain: Mechanisms and Potential Therapeutic Strategies. *Biochem Pharmacol*. 2016;5:213.
98. Park EJ, et al. Induction of Activating Transcription Factor 6 via Activation of ERK and ROS-P38 MAPK is Related to Methylglyoxal-Induced Cytotoxicity in Human Retinal Pigment Epithelial Cells. *Biochem Pharmacol*. 2016;5:214.
99. Tabin S, et al. Phytochemical Analysis of Wild and In vitro Raised Plants of *Rheum* Species Using HPLC. *Biochem Pharmacol*. 2016;5:215.
100. Yadav YC. Effect of *Ficus benghalensis* L. Latex Extract (FBLE) on Cisplatin Induced Hypotension and Renal Impairment in Wistar Rats. *Biochem Pharmacol*. 2016;5:216.