

A Review on Solid dispersion- Solubility Enhancement of poorly soluble drug.

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Abstract- The minimum 40 % of the novel drug from the pharmaceutical industries are poor ability of solubilization in water. To improve the solubility of poorly water -soluble drug enhancing their bio availabilities. the most challenging aspects in formulation development is solubility behavior of drugs.so solve these problems and increase dissolution development of solid dispersion with carriers having good water solubility is beneficiary. The solid dispersion procedures are found to be a current method to develop the solubility factor of the drug which showing poor solubility in water. Different types of polymers and surfactant are use in solid dispersion they increase the solubility of poor soluble drug.

INTRODUCTION-

The most common and the most desirable route of drug administration is the oral route in which dosage forms such as tablets, capsules, or oral solution are generally used. One of the most difficult elements of medication development is improving the oral bioavailability of poorly water-soluble medicines 1. Therefore, compared to alternative modes of administration, oral drugs are more effective. At least 40% of innovative drugs produced by the pharmaceutical industry have poor solubilization properties in water due to sluggish release, slow dissolving, and poor bioavailability, necessitating the administration of high doses to provide desired pharmacological effects². Efforts to boost medication dissolution are frequently required when a medicine has a low water solubility since the oral bioavailability of a drug depends on its solubility and/or dissolution rate, and dissolution may be a rate-determining step for therapeutic efficacy. The development of numerous techniques to enhance these qualities includes the production of salts, micronization, and solvent or surface-active agents³. the solutions to these issues the best choice is using the solid dispersion method to increase water solubility, improve solubility, and increase the rate of dissolution of poorly soluble pharmaceuticals. Consequently, solid dispersion is among the finest methods. for increasing the solubility, oral bioavailability, and dissolution rate of poorly water-soluble drugs. Enhancing the solubility and rate of dissolution of drugs that dissolve slowly in water and improving the permeability of drugs that are poorly permeable are the two fields of pharmaceutical research that are focused on increasing the active agent's oral bioavailability^{4,5}.

TABLE 1 BCS CLASSIFICATION SYSTEM 6

Class	Solubility	Permeability
Class I	High Solubility	High Permeability
Class II	Low Solubility	High Permeability
Class III	High Solubility	Low Permeability
Class IV	Low Solubility	Low Permeability

Solubility-

When equilibrium is reached between the excess, or undissolved substance, and the solution at a specific temperature and pressure, that amount is said to have become soluble, or solubilized. The term "solute" refers to the substance that has to dissolve, while "solvent" refers to the liquid that carries out the dissolution, both of which combined make up.

Table No. 2; Definition of different solubility terms⁷

Description forms (solubility definition) for one part of solute	Parts of solvent required	Solubility range (mg/ml)	Solubility assigned. (mg/ml)
Very soluble	<1	>1000	1000
Freely soluble	1to 10	100-1000	100
Soluble	10-30	33-100	33
Sparingly soluble	30-100	10-33	10
Slightly soluble	100-1000	1-10	1
Very Slightly soluble	1000-10000	0.1-1	0.1
Practically insoluble	>10000	<0.1	0.01

Solid dispersion

To be considered a solid dispersion, a product must have at least two separate components, one of which must be a hydrophilic matrix and the other a hydrophobic medication. Both crystalline and amorphous matrixes are possible. And the medication is delivered as either crystalline or amorphous particles⁷.

Types of solid dispersion

1-Binary solid dispersion-A polymeric carrier and a medication are combined to form a binary solid dispersion.

2-Ternary solid dispersion-Drug, polymeric carrier, and surfactant are all present in a ternary solid dispersion.

3-Surface solid dispersion-Polymers and copolymers make up the surface solid dispersion.it is created using a fusion process to improve the solubility of a medicine that isn't very soluble

Types of solid dispersion

1-On the basis of carrier used

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First generation.

First generation solid dispersions were created utilizing crystalline carriers, the first to be used in solid dispersion. Examples of these carriers include sugars and urea. They are less effective than amorphous ones in terms of speed of drug release and have the drawbacks of generating crystalline solid dispersion.

Second generation.

Amorphous carriers are used in second generation solid dispersion in place of crystalline carriers, which are often polymers. Povidone (PVP), polyethylene glycols (PEG), and polymethacrylates are examples of synthetic polymers in this group. Other natural product-based polymers in this group include hydroxypropyl methylcellulose (HPMC), ethyl cellulose, and hydroxypropyl cellulose, as well as starch derivatives such cyclodextrins.

Third generation

It has recently been demonstrated that the carrier's surface activity or self-emulsifying capabilities can improve the dissolution profile. Consequently, third generation solid dispersion emerged. High polymorphic purity and improved in vivo bioavailability have been demonstrated when surfactants such inulin, inutecSP1, compritol 888 ATO, gelucire 44/14, and poloxamer 407 are used as carriers.

Advantage of solid dispersion-

- To make wettability better
- TO increase the drug's porosity
- To alter medications' crystalline structure so they take on an amorphous shape in order to cover up their odor.
- To make oral tablets with fast disintegration
- Poorly water-soluble pharmaceuticals can be made more soluble and bioavailable by using the solid dispersion approach, which is simpler to make and more practical.

It causes a drug's extent and rate of absorption to rise, which causes a quick rate of breakdown.

- Transformation of liquid form of drug into solid form

Disadvantages of solid dispersion-

- It leads to the poor scale-up for the purpose of manufacturing.
- The polymers employed in solid dispersion can absorb moisture, resulting in phase separation, crystal development, and the transformation of amorphous form into crystallin form, which lowers solubility and slows the rate of dissolution.
- It is laborious method of preparation.
- It causes reproducibility of physicochemical characteristics.¹⁰

Application of the solid dispersion-

- It is mostly used to provide homogenous medication distribution in modest amounts of solid state.
- It aids in stabilizing the unstable medication.
- It is utilized to administer the substance in a solid dose condition whether it is liquid or gaseous.
- quick release Sustained dosage forms for primary doses are possible.
- Additionally, it is employed to create soluble drugs with sustained release by using a weakly soluble or insoluble carrier.
- In solid dispersion systems like solid solutions and eutectic mixtures, polymorph is shown.^{11/12}

Carriers used in solid dispersion-13.**S. No. Category Carriers**

1 Sugars Dextrose, sucrose, galactose, sorbitol, maltose, xylitol, mannitol, lactose

2 Acids Citric acid, succinic acid

3 Polymeric materials

Polyvinyl pyrrolidone (PVP), polyethylene glycol (PEG), hydroxypropyl methyl cellulose (HPMC), methyl cellulose (MC), hydroxy ethyl cellulose, cyclodextrin, hydroxy propyl cellulose, pectin, galactomannan

4 Insoluble or enteric polymer

Hydroxy propyl methyl cellulose phthalate (HPMCP), eudragitL100, eudragit E100, eudragit RL, eudragit RS

5 Surfactants Polyoxyethylene stearate, poloxamer 188, deoxycholic acid, tweens, spans

6 Miscellaneous Pentaerythritol, pentaerythrityl tetraacetate, urea, urethane, hydroxy alkyl xanthins

Generations of Carriers: [14, 15]

- **First generation carriers:** Example: Crystalline carriers: Urea, Sugars, Organic acids
- **Second generation carriers:**
Example: Fully synthetic polymers include povidone (PVP), polyethylene glycols (PEG) and polymethacrylates. Natural product-based polymers are mainly composed by cellulose. Derivatives, such as hydroxypropyl methylcellulose (HPMC), ethyl cellulose or hydroxypropyl cellulose or starch derivatives, like cyclodextrins
- **Third generation carriers:**
Example: Surface active self-emulsifying carriers: Poloxamer408, Tween 80, and Gelu ire 44/

Techniques for Solid Dispersions:

Various methods of preparation solid dispersions are following.

A-Co-Melting method-

Co-melting technique in order to use this technique, a physical mixture of a medication and a water-soluble carrier must be prepared and heated until melting. The molten slurry is then vigorously stirred while swiftly solidifying in an ice bath. Crushed, ground, and sieved are used to create the final solid bulk. The co-melting approach has the advantages of being economical and solvent-free, but it is not appropriate for drugs or carriers that are unstable at fusion temperature or evaporate at higher temperatures 16.

B-Fusion method-

It is a variation on the co-melting technique. The carrier is put inside a porcelain dish and cooked in a steam bath until it melts. Using a glass rod and a properly measured amount of medication, an organic solvent is dissolved in hydroxyl propyl methyl cellulose (used as a carrier) to create a clear, translucent gel. The medicine is then sonicated for a short period of time to dissolve it in the gel. Under vacuum, organic solvent evaporates. By using a mortar and pestle and a sieve, solid dispersions are condensed in size. Little amount is gradually injected into a molten carrier. After the medicine has been completely distributed throughout the carrier, the dish is taken out of the steam bath and set aside to cool at room temperature until its contents have solidified. The resultant solid dispersion is next ground and sieved. This technique helps prevent the heat degradation of drugs 17.

C-Solvent evaporation method-

In a typical volatile solvent, both the medication and the carrier are dissolved, and the solvent is subsequently extracted under vacuum. Pulverized and sieved 26 are applied to the produced solid dispersion 18.

D-Kneading techniques-

This technique turns the carrier into paste by allowing water to permeate it. The drug is then added and mixed for a specific amount of time. The kneaded dough is then dried and, if necessary, put through a sieve. Medicines that are moisture-sensitive cannot be processed using this technology; only thermolabile medicines can be processed using it 19.

E-Co-precipitation method-

The necessary amount of medication is added to the carrier solution. The system is shielded from light and kept in magnetic agitation. By vacuum filtration, the precipitate is separated, then dried at room temperature 20.

F-Gel entrapment technique-

An organic solvent is dissolved in hydroxyl propyl methyl cellulose (used as a carrier) to create a clear, translucent gel. The medicine is then sonicated for a short period of time to dissolve it in the gel. Under vacuum, organic solvent evaporates. By using a mortar and pestle and a sieve, solid dispersions are condensed in size 21.

G-Spray drying method-

In this procedure, the medication and lipid carrier are carefully weighed out and then dissolved in methanol to produce a transparent solution. With the use of a lab-scale sprayer, this solution is applied there. Solid dispersion is created as a result of drying 22.

H-Electrospinning method-

In this procedure, solid fibers are created from a polymeric fluid stream given through a millimeter-sized delivery device. nozzle scale. It mostly entails applying a high electrostatic field across a conductor attached to a reservoir that contains a polymer solution or melt and a catalyst.

screen for conductive I collection. Charge species that collected on the surface of a pendant drop destabilized the hemispherical shape into a conical shape with an increase in the electrostatic field strength up to but not surpassing a critical value. It is the simplest and least expensive method used to manufacture solid dispersion in subsequent research, and it has considerably more promise for producing nanofibers and controlling the release of medicines 23,24, 25.

J-Supercritical fluid (SCF) method-

This method uses carbon dioxide to act as an anti-solvent for the solute and is known as the ultra-critical fluid anti-solvent approach. Drug particles may be recrystallized at greatly decreased particle sizes after being solubilized in supercritical fluid. The supercritical fluid technique' flexibility and precision enable for the micronation of medication particles within a constrained range of particle size, down to the sub-micron level 26.

The current super critical fluid methods are capable of producing and demonstrating nano-particular suspensions of particles with a diameter of 5000 nm or less. Spraying the solution, which consists of the solute and the organic solvent, into the concurrently developing continuous super critical phase was done.

Characterization of solid dispersion

Fourier Transform infra-red spectroscopy (FT-IR)

Scanning Electron Microscopy (SEM)

X-ray Diffraction
 Thermo-microscopic Methods
 Differential Thermal Analysis (DTA)
 Differential scanning calorimetry (DSC)

CONCLUSION-

One of the most efficient ways to improve the solubility of poorly water-soluble drugs and to boost their bioavailability is through the method of solid dispersion. Thus, it is necessary to solve several issues with medication stability and flow characteristics. As a result, the least poisonous, most biocompatible, and most widely accessible solid dispersion is the ideal option for increasing the solubility of the weakly water-soluble BCS-II medication. The development of the oral bioavailability and release rate of weakly water-soluble medicines utilizing solid dispersion be careful carrier selection. It is also possible to alter the drugs release pattern by delaying or slowing it

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