

To develop and optimize a Self-Nanoemulsifying Drug Delivery System (SNEDDS) for enhancing the oral bioavailability of poorly water-soluble itraconazole drugs.

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ABSTRACT

The main objective of this study was to enhance the bioavailability of Itraconazole, a BCS II antifungal drug with poor water solubility, by developing a self-Nanoemulsifying drug delivery system (SNEDDS). Poor water solubility and bioavailability are significant challenges for many drugs. This study aims to enhance the solubility and bioavailability of ITZ through the development of a Self-Nanoemulsifying Drug Delivery System (SNEDDS). Preformulation studies including Fourier Transform Infrared Spectroscopy (FTIR), Differential Scanning Calorimetry (DSC), and X-ray Diffraction (XRD) confirmed the purity, crystalline nature, and absence of drug-excipient interactions. Pseudo-ternary phase diagrams were constructed to identify optimal ratios of oil, surfactant, and co-surfactant, selecting Capmul MCM, Tween 20, and Lutrol E 400 as key components. Fifteen trial formulations (IF1 to IF15) were prepared and evaluated for drug content, self-emulsification time, and in vitro drug release. Among them, formulation IF6 demonstrated the highest drug content (95.26%), rapid self-emulsification (50 seconds), and superior cumulative drug release, indicating efficient solubilization and potential for improved bioavailability. Statistical analysis using ANOVA confirmed the significant impact of Capmul MCM on drug content and self-emulsification time. The DSC and XRD results indicated successful amorphization of ITZ in the optimized formulation. Overall, the SNEDDS approach significantly enhanced the solubility, dissolution rate, and potential bioavailability of ITZ, presenting a promising strategy for improving the therapeutic efficacy of poorly water-soluble drugs.

Keywords: Itraconazole, Self-Nanoemulsifying Drug Delivery System (SNEDDS), Solubility Enhancement, Bioavailability, Capmul MCM, Pseudo-Ternary Phase Diagram, Drug Release.

1. INTRODUCTION

Poor water solubility is a major challenge in oral drug delivery, significantly limiting the bioavailability and therapeutic efficacy of many pharmaceutical compounds. Itraconazole, a widely used antifungal agent, exemplifies this issue due to its low solubility in gastrointestinal fluids, resulting in poor and variable oral bioavailability. Enhancing the solubility and absorption of itraconazole is, therefore, essential to improve its therapeutic performance and patient outcomes. [1-2]

Self-Nanoemulsifying Drug Delivery Systems (SNEDDS) have emerged as a promising strategy to address these challenges. SNEDDS are isotropic mixtures of oils, surfactants, and co-surfactants that can spontaneously form fine oil-in-water nanoemulsions upon mild agitation in the gastrointestinal tract. The formation of nano-sized droplets significantly increases the surface area available for drug dissolution, thereby enhancing the solubilization and absorption of poorly water-soluble drugs. Additionally, SNEDDS can facilitate lymphatic transport, bypassing hepatic first-pass metabolism and further improving oral bioavailability. [3-6]

The primary aim of this research is to develop and optimize a SNEDDS formulation for itraconazole to enhance its oral bioavailability. This involves selecting suitable oils, surfactants, and co-surfactants that can efficiently dissolve itraconazole and form a stable nanoemulsion. The optimization process will be guided by evaluating key parameters such as droplet size, polydispersity index (PDI), and zeta potential. A smaller droplet size and low PDI indicate a uniform and stable nanoemulsion, while an appropriate zeta potential prevents droplet aggregation, ensuring long-term stability. [7-8]

Furthermore, in-vitro dissolution studies will be conducted to compare the drug release profile of the optimized SNEDDS with that of conventional oral formulations of itraconazole. A faster and more complete drug release

is anticipated from the SNEDDS due to the enhanced solubilization provided by the nano-sized droplets. Stability studies in accordance with the International Council for Harmonisation (ICH) guidelines will also be performed to assess the robustness of the optimized formulation under various storage conditions. Key stability parameters, including drug content, droplet size, PDI, and zeta potential, will be monitored over time. The development of an optimized SNEDDS for itraconazole has the potential to overcome the limitations associated with its poor water solubility and low bioavailability. By improving solubilization, dissolution rate, and stability, the optimized SNEDDS could provide a more effective and reliable oral delivery system for itraconazole, enhancing its therapeutic efficacy and patient compliance. [9-12]

2. MATERIALS AND METHODS

2.1 MATERIALS

The Itraconazole drug sample was supplied by Solanki Enterprise in Pune. Capmul CMC, Tween 80, Propylene Glycol, Capryol 90, Maisine 35-1, Lutrol E-400, and Labrafac, Acetone, Methanol, Ethanol, and Potassium Dihydrogen Phosphate were sourced from Cosmo Chem. Pvt. Ltd.

2.2 METHODS [13]

2.1 Formulation and development of SNEDDS of Itraconazole

Step-1: Determination of Itraconazole solubility in different oils

Excess amount of Itraconazole was added to 1ml of oils. The suspension was equilibrated on a mechanical shaker for 24 h at 25 °C and resulting suspensions were filtered through 0.5 µm Whatmann filter paper no.41. The filtrate (0.1 ml) was diluted with 10 ml of distilled water to determine the dissolved amount of Itraconazole using UV visible spectrophotometer (Jasco V- 630) at 265 nm.

Step-2: Identification of micro-emulsion region

Solubility study, oil, surfactant and cosurfactant were selected to construct a pseudo ternary phase diagram. Capmul MCM were selected as oil phase; Tween 20 and Propylene Glycol were selected as surfactant and co-surfactants respectively. From pseudo-ternary phase diagram, a stable micro-emulsion zone was identified. For the identification of a micro emulsion zone, surfactant to co-surfactant ratio (S mix) was kept at 1:1. The S mix concentration was increased from 1 to 9 by keeping oil phase as constant. Oil and surfactant mixture were mixed at a ratio of 1:1, 1:2, 1:3, 1:4, 1:5, 1:6, 1:7, 1:8 and 1:9, Respectively. Furthermore, study was carried out by keeping S mix as constant 1:1. Oil and surfactant mixture was mixed at a ratio of 1:1, 2.5:1, and 3.5:1 [9]. To each of the mixture distilled water was added drop wise until the first sign of turbidity occurred; the solution was allowed to equilibrate and if turbidity changed to a clear solution again, excess amount of water was added to the observed turbidity.

Step-3: Preparation of liquid L-SNEDDS and S-SNEDDS

Based on the phase diagram, oil and S mix ratio were selected as vehicle at which wide micro emulsion region is observed were selected as the vehicle for the formulation of L-SNEDDS. Itraconazole was added to the oil phase and sonicated for 10 min. To it, surfactant and co-surfactant were added in the proportions shown in Table 1. The resultant mixtures were heated over a water bath maintained at 40°C for 10 min to facilitate solubilization of ITZ, and vortexed for 15 min until ITZ was completely dissolved.

2.3 Experimental design [14]

Formulation and optimization using central composite design (CCD)

In this study, a Response Surface Methodology (RSM) known as Central Composite Design (CCD) was utilized with Design Expert® software (Version 13.0). The CCD involved three independent variables: the Capmul MCM (ml) (A), Tween 20(ml) (B) and the Propylene Glycol (ml) (C). The dependent variables examined were Drug content (%), Self-emulsification time (sec) and drug release (%). The CCD design included factorial points, a center point, and axial points, resulting in a total of 15 experimental runs. The details of the independent variables, their coded levels, and the CCD scheme matrix are provided in the accompanying table.

Table 1: List of Independent and Dependent variables in central composite design.

INDEPENDENT VARIABLE	LOW Level(-1)	High Level(+1)
CapmulMCM(ml)	2	3
Tween20(ml)	2	2.5
Propylene Glycol (ml)	2	2.5
DEPENDENT VARIABLE	Constraint	
Drug Content (%)	Maximize	
Self-emulsification time (sec)	Maximize	

Drug release (%)	Maximize	
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Table 2: DOE suggested batches.

Formulation code	Itraconazole	Capmul MCM (ml)	Tween 20(ml)	Propylene Glycol (ml)
IF1	100	3	2.5	2.5
IF2	100	2.5	2.25	1.82955
IF3	100	2.5	2.25	2.25
IF4	100	2	2	2
IF5	100	3	2	2
IF6	100	2	2.5	2.5
IF7	100	2	2.5	2
IF8	100	3.3409	2.25	2.25
IF9	100	2.5	2.25	2.67045
IF10	100	1.6591	2.25	2.25
IF11	100	2.5	1.82955	2.25
IF12	100	2.5	2.67045	2.25
IF13	100	3	2	2.5
IF14	100	3	2.5	2
IF15	100	2	2	2.5

2.4 Preformulation Study

2.4.1 FTIR spectroscopy [15]

The drug excipients compatibility study was performed by FTIR technique. The ITZ samples were scanned over wave number range of 500-4000 cm⁻¹ with diffraction reflectance scanning technique.

2.4.2 Differential Scanning Calorimetry (DSC) [16]

Differential scanning calorimetric (DSC) measurements were carried out on a modulated DSC (Mettler Toledo, SW STARE, and USA). The ITZ were weighed (2-8mg), the aluminum pans were Used and hermetically covered with lead. The heating rage was 50-250 °C for sample with constant increasing rate of temperature at 10°C /min under nitrogen atmosphere (50-60ml/min). The resultant thermograms of formulation was obtained.

2.4.3 XRD [17]

ITZ were compared in the crystallographic investigation using an X-ray diffractometry (XRD) (Bruker D8 Advance) with Cu-K radiation ($\lambda=1.54$) at a voltage of 40 kV, 50 mA, at increments of 0.02° from 5° to 100° diffraction angle (2 θ) at 1 s/step. SF1 were scanned against a zero backdrop

2.5 EVALUATION OF L-SNEDDS

2.5.1 Drug Content [18]

Self-emulsifying drug delivery systems formulation 100 μ L was taken and dissolved in 10 ml of methanol. Samples were prepared in triplicate and absorbance measured at 265 nm using UV-visible spectrophotometer (Jasco V-630).Methanol was used as a reference solution.

2.5.2 Determination of self-emulsification time [19]

The emulsification time of L- SNEDDS was determined according to USP dissolution apparatus type II (paddle Apparatus) each formulation added drop-wise to 900 ml of ph 6.8 at 37°C. Gentle agitation was provided by a standard stainless steel dissolution paddle at 50 rpm. Emulsification time was assessed visually.

2.5.3 In vitro diffusion study [20]

Using a vertical Franz diffusion cell (DBK Sr No-210796), the drug release from the SNEDDS formulation was assessed in a Phosphate buffer solution (PBS) with a pH of 6.8.A recently made phosphate buffer with a pH of 6.8 was utilized as the receptor media. It was on the Franz's Diffusion cell assembly that the dialysis membrane (Molecular weight 12000, pore size 2.4nm) was soaked in the receptor media overnight. The system was maintained on the multistation diffusion study apparatus (DBK Sr No- 210796) at 370C \pm 20C with stirring at 100 rpm after 2 milliliters of the L- SNEDDS formulation was added to the donor compartment. Two milliliter portions of the medium were removed at specific intervals (1, 2, 3, 5, 6, 8, and 12 hours) and promptly replaced with an identical volume of fresh medium. After the portions were appropriately diluted with the solution, they

were examined using a UV-Vis Spectrophotometer set at 265nm (λ_{max}). The mechanism of drug release from the Nanomicelle was determined by fitting the data acquired from the in-vitro diffusion investigations to various kinetic equations.

2.5.4 Particle size and Zeta potential analysis [21]

The 3-5ml L- SNEDDS was taken and mixed with distilled water and sonication was kept for 30 min. The analysis was performed at a temperature of 25 °C. Same procedure repeated at zeta potential.

2.5.5 Thermodynamic stability studies [22]

Three freeze-thaw cycles between 21°C and 25°C with storage at each temperature for not < 48 h. Those formulation that pass this test show good stability with no phase separation, cracking or creaming. The formulations that pass this test are then further taken for dispersibility test for assessment of self emulsification efficiency.

2.5.6 FTIR spectroscopy [15]

The drug excipients compatibility study was performed by FTIR technique. The optimized batch samples were scanned over wave number range of 500-4000 cm^{-1} with diffraction reflectance scanning technique.

2.5.7 Differential Scanning Calorimetry (DSC) [16]

Differential scanning calorimetric (DSC) measurements were carried out on a modulated DSC (Mettler Toledo, SW STARE, and USA). The optimized batch sample, the aluminum pans were Used and hermetically covered with lead. The heating rage was 50-250 °C for sample with constant increasing rate of temperature at 10°C /min under nitrogen atmosphere (50-60ml/min). The resultant thermograms of formulation was obtained.

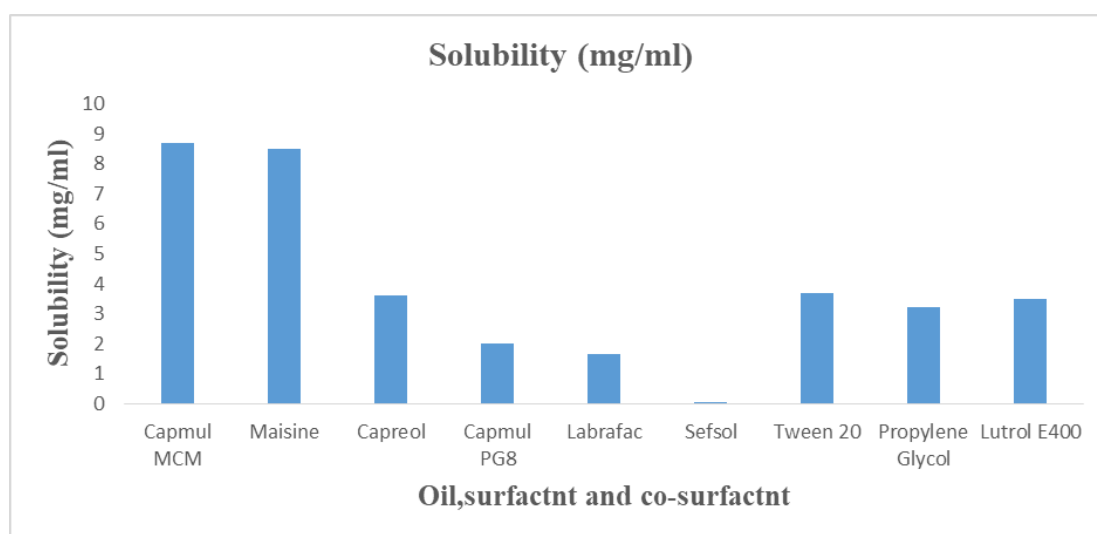
3. RESULT AND DISUSSION

3.1 PREFORMULATION STUDY

3.1.1 Solubility of ITZ in different, oils, Surfactant and co-surfactant

Table 3: Solubility of ITZ in various oils, surfactant and co-surfactant.

Name Of Oil,surfactnt and co-surfactant	Solubility (mg/ml)
Capmul MCM	8.7
Maisine	8.5
Capreol	3.6
Capmul PG8	2
Labrafac	1.65
Sefsol	0.07
Tween 20	3.7
Propylene Glycol	3.2
Lutrol E400	3.5



3.1.2 FTIR

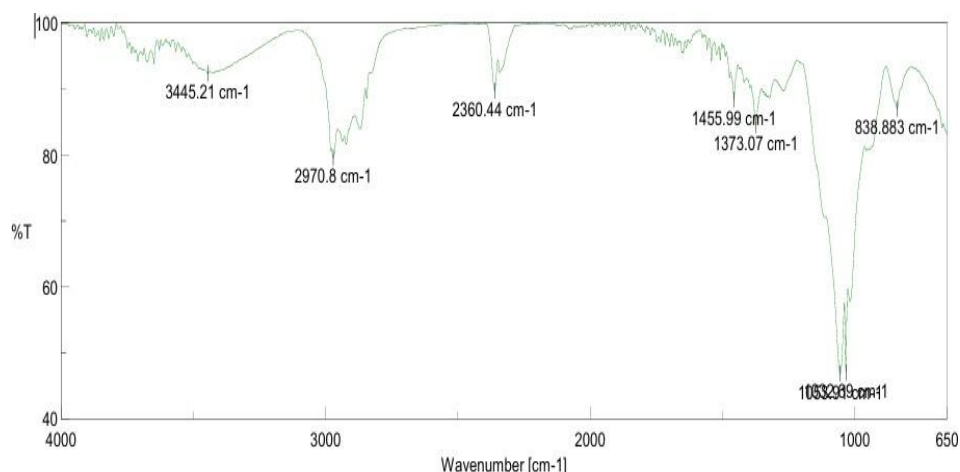


Figure 1: FTIR Spectra of ITZ.

Conclusion

The FTIR spectrum of Itraconazole (ITZ) confirms the presence of characteristic functional groups, validating its chemical structure. The broad O-H stretching band at 3445.21 cm^{-1} indicates hydroxyl functional groups, while the C-H stretching vibrations at 2970.8 cm^{-1} correspond to aliphatic hydrocarbons. The presence of a $\text{C}\equiv\text{N}$ stretching band at 2360.44 cm^{-1} confirms the nitrile functional group, which is a key feature of ITZ. The C=C stretching vibrations at 1455.99 cm^{-1} and 1373.07 cm^{-1} indicate the aromatic nature of the compound, while the C-O stretching band at 1083.99 cm^{-1} confirms the presence of ether groups. Additionally, the C-H bending vibration at 838.883 cm^{-1} is characteristic of aromatic substitution. These peaks are consistent with the reported literature values, confirming the structural integrity and purity of ITZ.

3.1.3 DSC

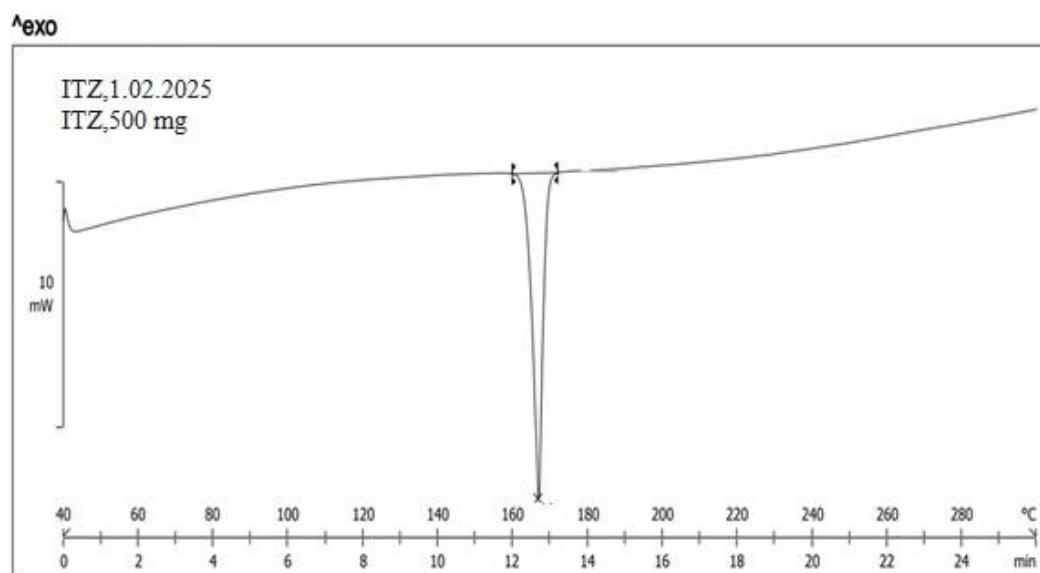


Figure 2: DSC thermogram of ITZ.

Conclusion

The DSC thermogram of Itraconazole (ITZ) exhibits a sharp endothermic peak at approximately 168°C , which corresponds to its melting point, indicating its crystalline nature. The absence of additional peaks suggests that no polymorphic transitions or major impurities are present. The observed melting range aligns well with the reported values ($\sim 165^{\circ}\text{C}$), confirming the purity and thermal stability of ITZ in its crystalline form.

3.1.4 XRD

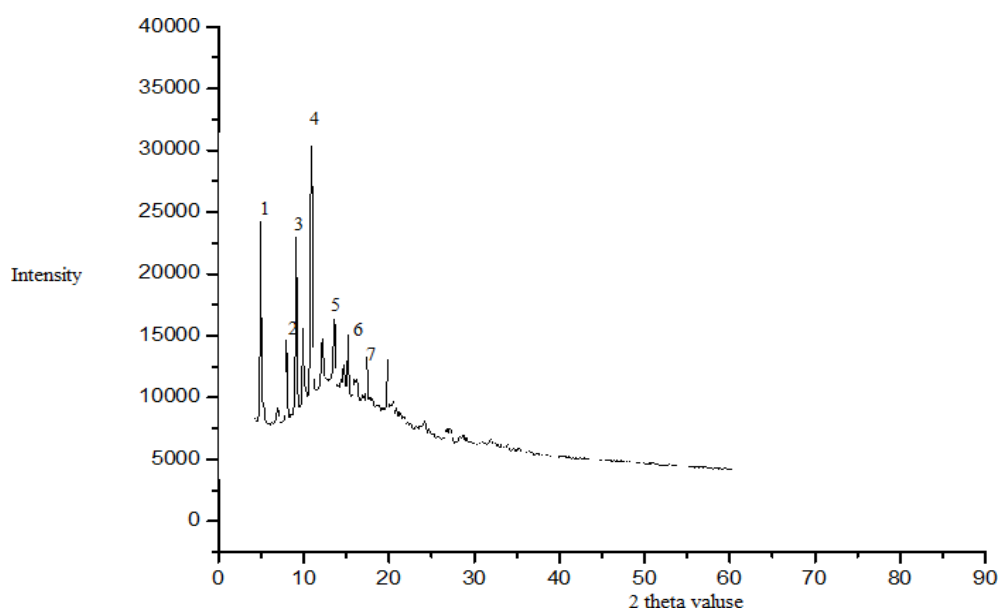


Figure 3: Diffractogram of ITZ.

Conclusion

The X-ray diffraction (XRD) analysis of itraconazole (ITZ), as shown in Figure 20, confirms its crystalline nature. The Diffractogram exhibits distinct characteristic peaks at 2θ values of 9.8° , 10.2° , 11.2° , 13.4° , 14.25° , 15.1° , and 18.2° , indicating the presence of well-defined crystalline domains. The sharp and intense peaks suggest that ITZ exists in a highly ordered crystalline form. This crystallinity may contribute to its poor aqueous solubility, highlighting the need for formulation strategies such as amorphization, solid dispersions, or nanoformulations to enhance dissolution and bioavailability.

3.2 Trial batches

Identification of micro-emulsion zone

Self-microemulsifying system form fine oil in water emulsion upon gentle agitation when added to aqueous medium. Surfactant and cosurfactant gets preferentially adsorbed at interface, reducing the interfacial energy as well as providing mechanical barrier for coalescence. As seen from the ternary plot (Figure 1), LAS gave a wider microemulsion region as compared to Capryol 90 and Maisine 35-1. 9 Combinations of Capryol 90 and Maisine 35-1 resulted into increased oil concentration as that of individual oil. Thus LAS and Capryol 90: Maisine 35-1 were preferred vehicle with Tween 20 and Lutrol E 400 as surfactant and co-surfactant, respectively, for development of formulation. Based on the pseudo ternary phase diagram formulation were selected which has less % w/w concentration of Smix and greater % w/w of oil phase.

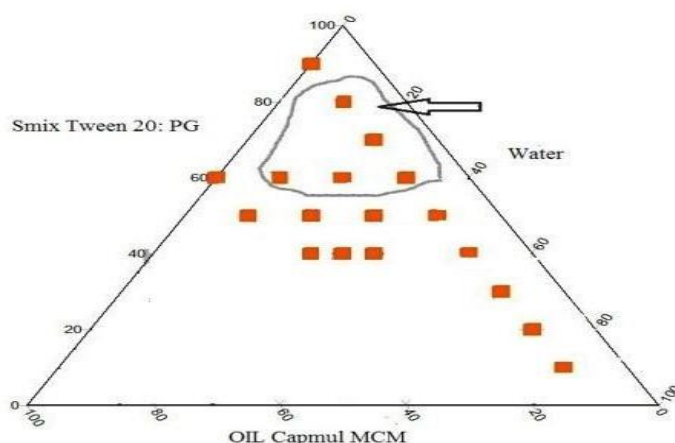


Figure 4: Pseudo-ternary phase diagrams of Capmul MCM, Smix (Tween20: PG).

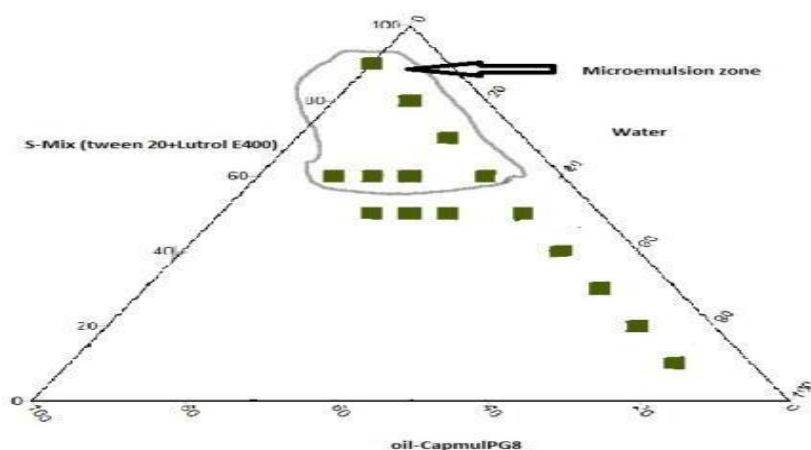


Figure 5: Pseudo-ternary phase diagrams of Capmul PG8, Smix (Tween20:LutrolE400).

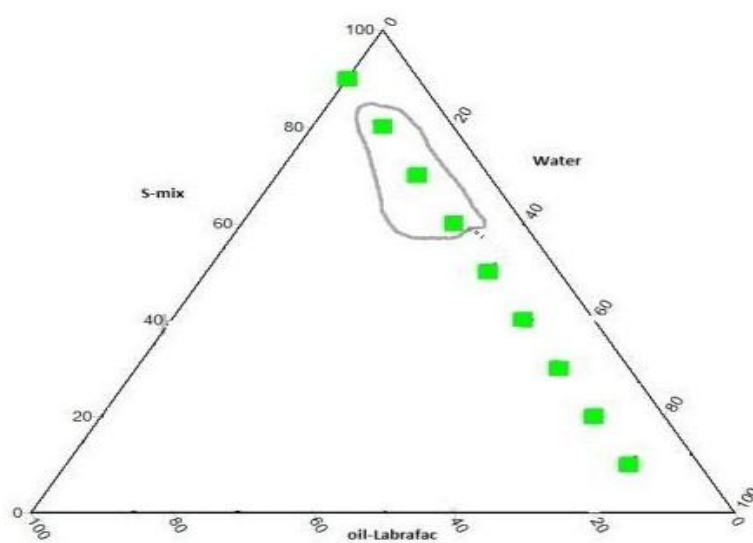


Figure 6: Pseudo-ternary phase diagrams of Labrafac, Smix (Tween20: PG).

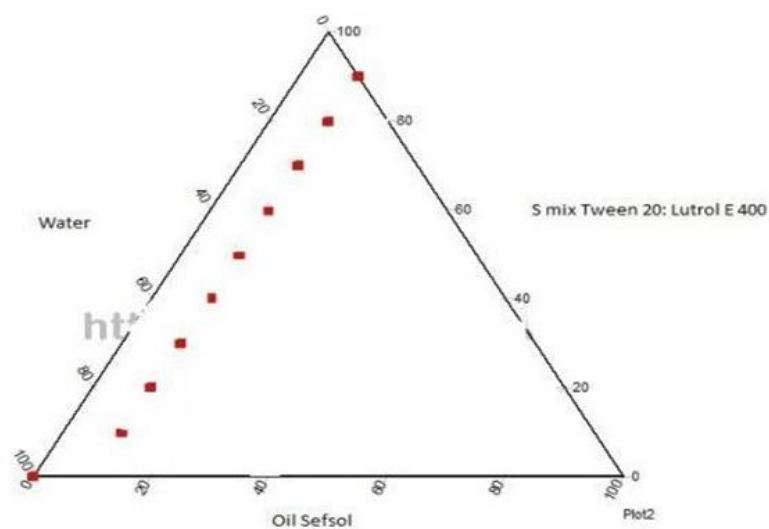


Figure 7: Pseudo-ternary phase diagrams of Sefsol, Smix (Tween20:LutrolE400).

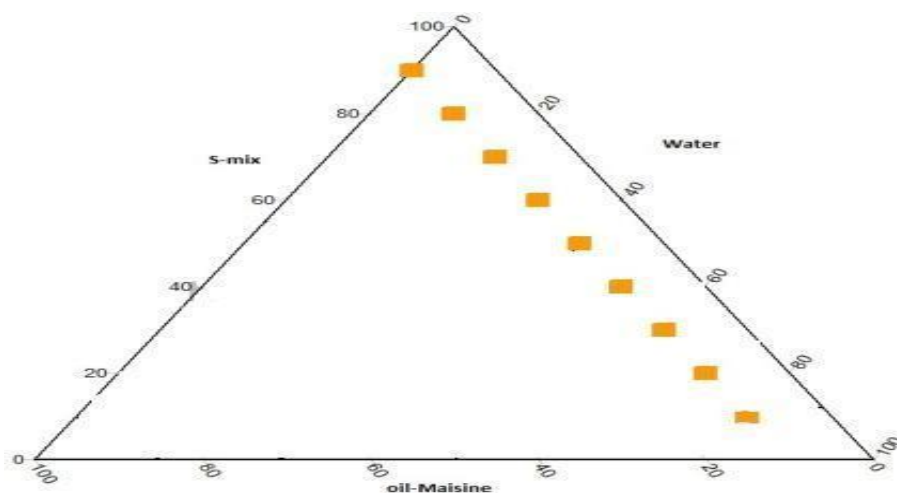


Figure 8: Pseudo-ternary phase diagrams of Maisine 35-1, Smix (Tween20:LutrolE400).

3.2 EVALUATION OF L-SNDDS

3.2.1 Drug Content

Table 4: Drug content of IF1-IF15.

Formulation code	Drug Content (%)
IF1	87.26±0.12
IF2	90.12±0.03
IF3	80.14±0.87
IF4	93.47±0.09
IF5	80.14±0.45
IF6	95.26±0.36
IF7	79.84±0.75
IF8	68.45±0.01
IF9	88.36±0.65
IF10	81.47±0.45
IF11	90.17±0.21
IF12	86.47±0.13
IF13	78.45±0.21
IF14	82.49±0.08
IF15	87.45±0.07

Conclusion

The drug content of formulations IF1 to IF15 varied significantly, ranging from 68.45% (IF8) to 95.26% (IF6). Among all formulations, IF6 exhibited the highest drug content (95.26%), indicating efficient drug loading and formulation stability. Conversely, IF8 had the lowest drug content (68.45%), suggesting potential issues with drug incorporation or homogeneity. Most formulations demonstrated drug content above 80%, which is generally acceptable for pharmaceutical formulations. However, variations in drug content across different formulations may be attributed to differences in formulation composition, excipient interactions, or manufacturing parameters. Optimized formulations should maintain high and consistent drug content to ensure uniform dosing and therapeutic efficacy.

ANOVA for Quadratic model Response 1: Drug Content

Source	Sum of Squares	df	Mean Square	F-value	p-value	
Model	604.60	9	67.18	5.86	0.0330	significant
A-CapmulMCM	179.97	1	179.97	15.69	0.0107	
B-Tween20	0.0570	1	0.0570	0.0050	0.9465	
C-PropyleneGlycol	6.64	1	6.64	0.5785	0.4812	

AB	36.04	1	36.04	3.14	0.1365	
AC	4.99	1	4.99	0.4352	0.5386	
BC	97.30	1	97.30	8.48	0.0333	
A ²	14.21	1	14.21	1.24	0.3164	
B ²	61.64	1	61.64	5.37	0.0682	
C ²	74.85	1	74.85	6.52	0.0510	
Residual	57.36	5	11.47			
CorTotal	661.96	14				

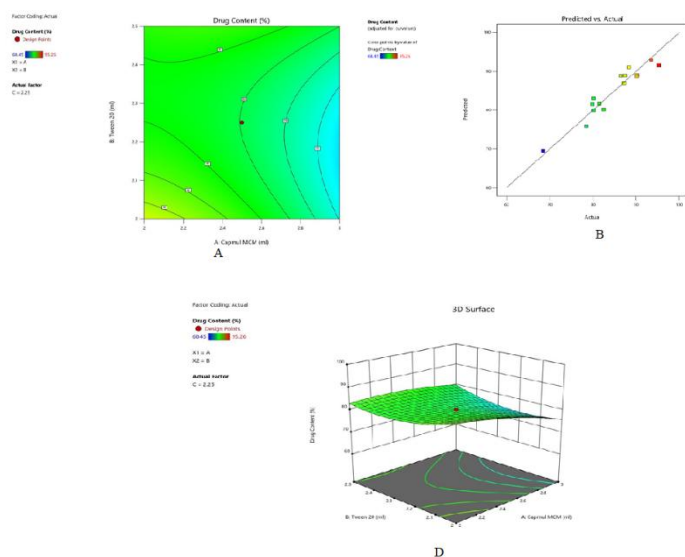


Figure 9:A - Counterplot, B-Predicted vs Actual plot, C-3D Surface plot.

3.2.2 Determination of self-emulsification time

Table 5: Self-emulsification time of IF1-IF15.

Formulation code	self-emulsification time(s)
IF1	60
IF2	58
IF3	120
IF4	75
IF5	130
IF6	50
IF7	145
IF8	142
IF9	88
IF10	65
IF11	74
IF12	80
IF13	162
IF14	89
IF15	71

Conclusion

The self-emulsification time of formulations IF1 to IF15 varied widely, ranging from 50 seconds (IF6) to 162 seconds (IF13). IF6 exhibited the shortest self-emulsification time, indicating rapid and efficient emulsification,

which is desirable for enhancing drug solubility and absorption. On the other hand, IF13 required the longest time (162 seconds), suggesting slower emulsification, which may impact the bioavailability of the drug. Most formulations showed self-emulsification times within an acceptable range (below 100 seconds), except for IF3, IF5, IF7, IF8, and IF13, which exceeded this threshold. These variations could be attributed to differences in surfactant concentration, oil phase composition, or droplet size formation. An optimized formulation should achieve a balance between rapid emulsification and stable droplet formation to ensure effective drug delivery.

ANOVA for 2FI model

Response 2: Self-emulsification time

Source	Sum of Squares	df	Mean Square	F-value	p-value	
Model	13320.57	6	2220.10	3.58	0.0499	significant
A-CapmulMCM	3856.62	1	3856.62	6.22	0.0372	
B-Tween20	515.55	1	515.55	0.8321	0.3883	
C-PropyleneGlycol	151.90	1	151.90	0.2452	0.6338	
AB	4608.00	1	4608.00	7.44	0.0260	
AC	1300.50	1	1300.50	2.10	0.1854	
BC	2888.00	1	2888.00	4.66	0.0629	
Residual	4956.36	8	619.55			
CorTotal	18276.93	14				

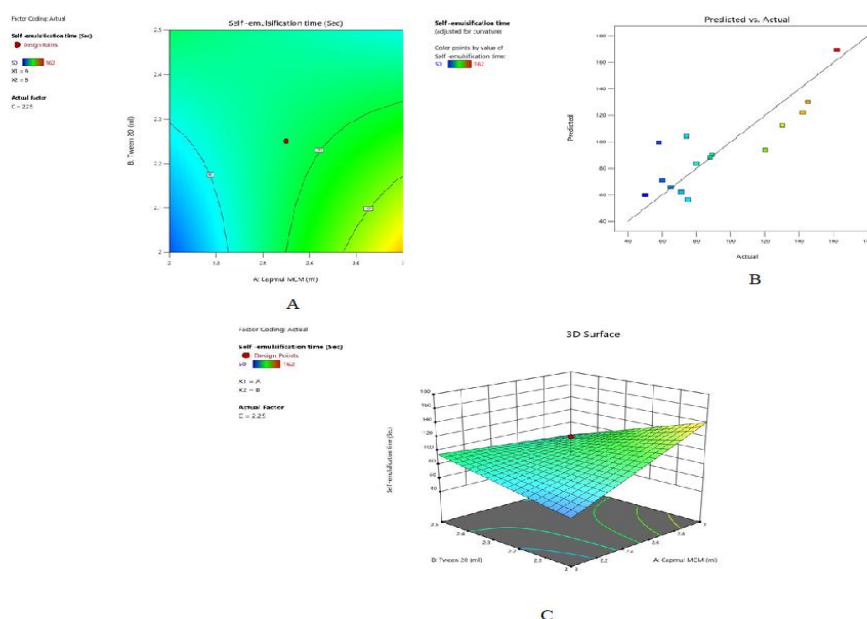


Figure 10:A-Counter plot, B- Predicted vs Actual plot, C-3D Surface plot.

3.2.2 In vitro diffusion study

Table 6: Drug release of IF1-IF7.

Time (hr)	IF1	IF2	IF3	IF4	IF5	IF6	IF7
0	0	0	0	0	0	0	0
1	10.23±0.23	15.56±0.96	12.56±0.89	16.23±0.09	10.15±0.63	15.36±0.79	9.78±0.05
2	24.56±0.45	27.89±0.45	27.89±0.56	28.75±0.75	25.68±0.74	30.14±0.61	20.12±0.41
3	34.58±0.36	32.56±0.87	34.58±0.36	37.89±0.60	36.98±0.25	38.98±0.07	30.48±0.98
4	44.23±0.	43.56±0.	49.56±0.	42.56±0.	49.86±0.	46.23±0.	42.35±0.

	01	36	96	42	02	23	75
5	52.56±0.05	58.96±0.89	58.75±0.24	57.49±0.28	57.12±0.12	55.87±0.33	53.69±0.69
6	64.59±0.63	63.59±0.45	65.23±0.96	68.79±0.14	61.45±0.97	68.79±0.47	68.59±0.89
7	75.89±0.89	79.56±0.25	71.45±0.36	80.12±0.77	73.58±0.12	82.45±0.08	78.59±0.35
8	86.45±0.75	89.45±0.38	78.45±0.12	90.48±0.8	85.96±0.37	97.89±0.05	82.45±0.12

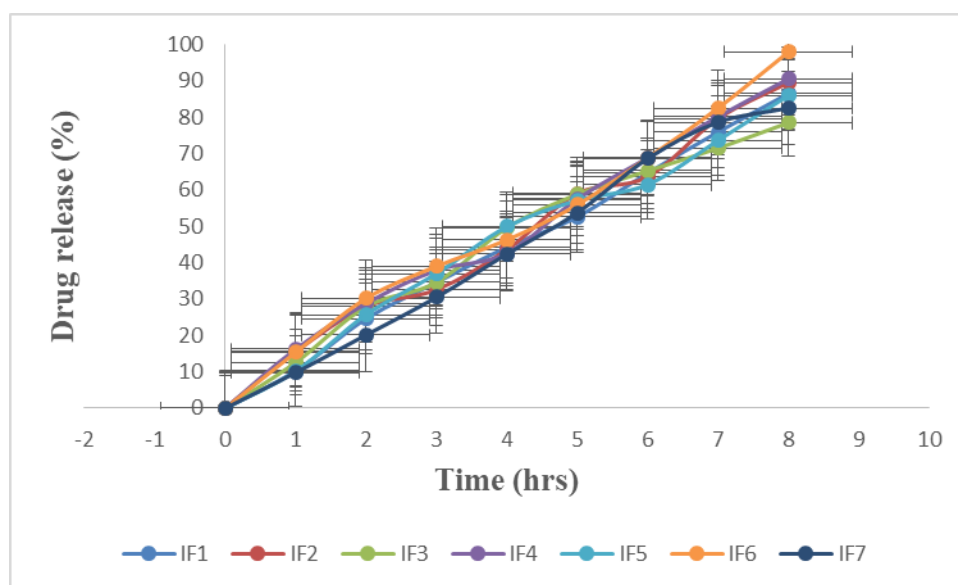


Figure 11: Drug release of IF1-IF7.

Table 7: Drug release of IF8-IF15.

Time (hr)	IF8	IF9	IF10	IF11	IF12	IF13	IF14	IF15
0	0	0	0	0	0	0	0	0
1	8.59±0.01	10.58±0.3	9.86±0.89	11.25±0.39	9.56±0.25	10.89±0.96	9.56±0.04	13.58±0.28
2	22.56±0.23	25.63±0.02	20.15±0.36	25.36±0.14	23.25±0.03	24.56±0.74	21.58±0.63	28.46±0.12
3	34.56±0.06	37.89±0.25	32.48±0.14	39.56±0.36	30.14±0.12	31.59±0.12	30.14±0.72	36.48±0.13
4	42.89±0.12	46.23±0.36	40.15±0.25	48.26±0.25	42.79±0.36	43.78±0.17	39.45±0.52	44.58±0.54
5	53.48±0.87	58.96±0.96	53.69±0.36	55.36±0.18	52.35±0.98	50.69±0.23	48.26±0.13	50.14±0.85
6	60.25±0.36	67.89±0.89	67.89±0.48	72.15±0.39	63.54±0.47	63.89±0.02	59.63±0.87	64.89±0.35
7	70.14±0.45	75.56±0.25	75.62±0.69	80.25±0.36	70.12±0.03	73.58±0.03	71.23±0.36	75.63±0.45
8	78.45±0.96	89.74±0.36	86.54±0.38	91.48±0.75	87.88±0.21	80.17±0.93	84.25±0.89	89.63±0.44

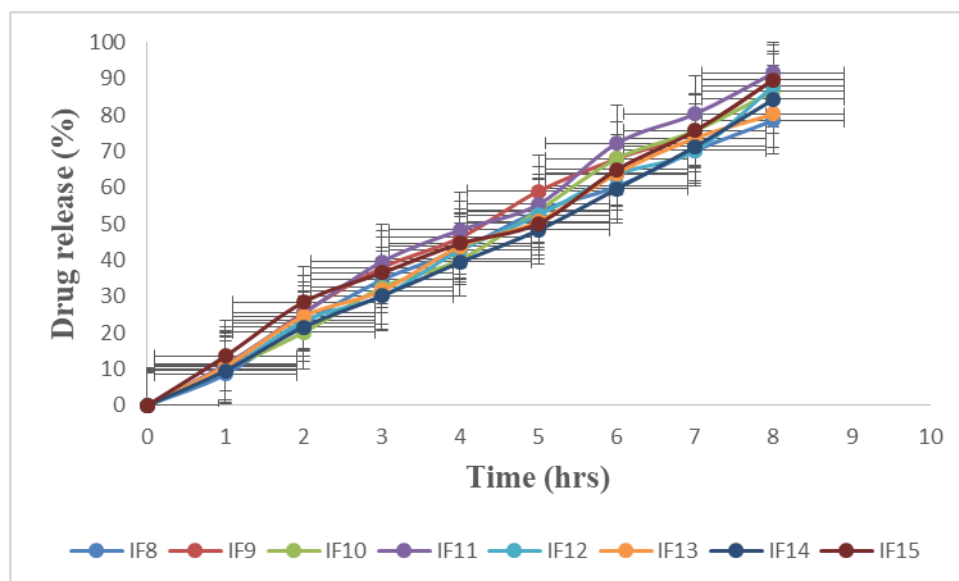


Figure 12: Drug release of IF8-IF15.

Conclusion

The drug release profiles of formulations IF1 to IF15 indicate notable variations in release rates over the 8-hour period. Among IF1 to IF7, IF6 demonstrated the highest drug release (97.89% at 8 hours), suggesting efficient drug dissolution and availability. In contrast, IF3 and IF7 exhibited slower release rates, with 78.45% and 82.45% at 8 hours, respectively. These differences could be attributed to formulation composition, emulsification efficiency, and excipient interactions. For IF8 to IF15, IF11 achieved the highest drug release (91.48% at 8 hours), followed closely by IF9 (89.74%) and IF15 (89.63%). IF8 displayed the lowest release (78.45%), indicating a slower drug dissolution profile. The overall results suggest that formulations with optimized emulsification properties, such as IF6 and IF11, tend to release the drug more efficiently, which is crucial for achieving the desired therapeutic effect. Further optimization of formulation parameters can help improve consistency in drug release and enhance bioavailability.

ANOVA for model Response 3:

Drug release

Source	Sum of Squares	df	Mean Square	F-value	p-value	
Model	364.75	9	40.53	7.75	0.0182	significant
A-CapmulMCM	101.47	1	101.47	19.41	0.0070	
B-Tween20	0.1152	1	0.1152	0.0220	0.8878	
C-PropyleneGlycol	8.91	1	8.91	1.71	0.2484	
AB	2.35	1	2.35	0.4504	0.5319	
AC	41.31	1	41.31	7.90	0.0375	
BC	73.69	1	73.69	14.10	0.0132	
A ²	9.84	1	9.84	1.88	0.2283	
B ²	88.12	1	88.12	16.86	0.0093	
C ²	84.56	1	84.56	16.18	0.0101	
Residual	26.14	5	5.23			
CorTotal	390.88	14				

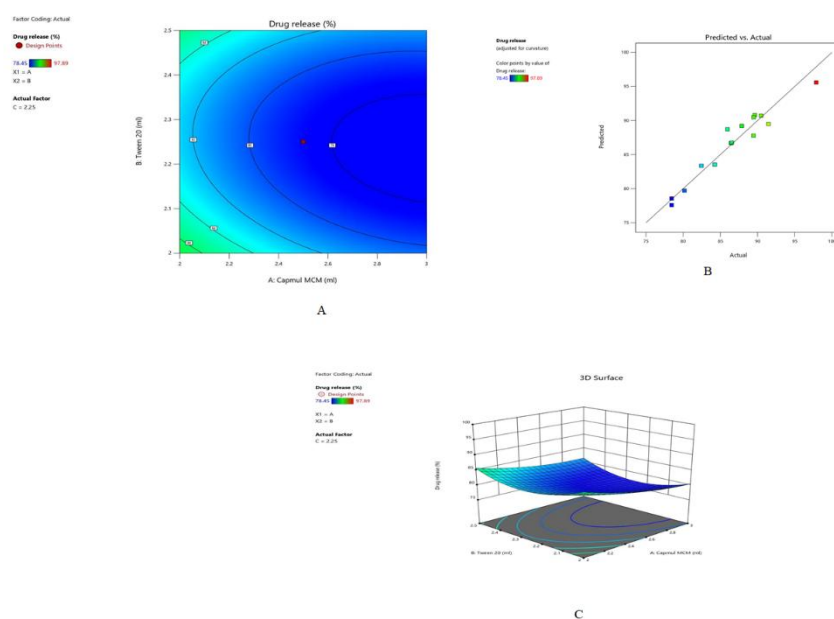


Figure 13:A-Counter plot-Predicted vs Actual plot-3D Surface plot.

3.2.4 Particle size and Zeta potential Analysis

Table 8: Particle size, PDI and zeta potential of IF1-IF15.

Formulation code	Particle size(nm)	PDI	Zetapotential(mV)
IF1	248.2	0.354	-12
IF2	198.23	0.268	-9.2
IF3	325.6	0.318	-16.5
IF4	237.8	0.298	-10.2
IF5	345.2	0.416	-17.2
IF6	98.22	0.125	-28.2
IF7	156.3	0.278	-20.1
IF8	214.5	0.366	-14.2
IF9	348.7	0.387	-23.5
IF10	229.4	0.244	-25.1
IF11	419.23	0.423	-9.8
IF12	274.5	0.296	-17.6
IF13	197.5	0.187	-26.3
IF14	277.3	0.228	-27.8
IF15	363.9	0.364	15.8

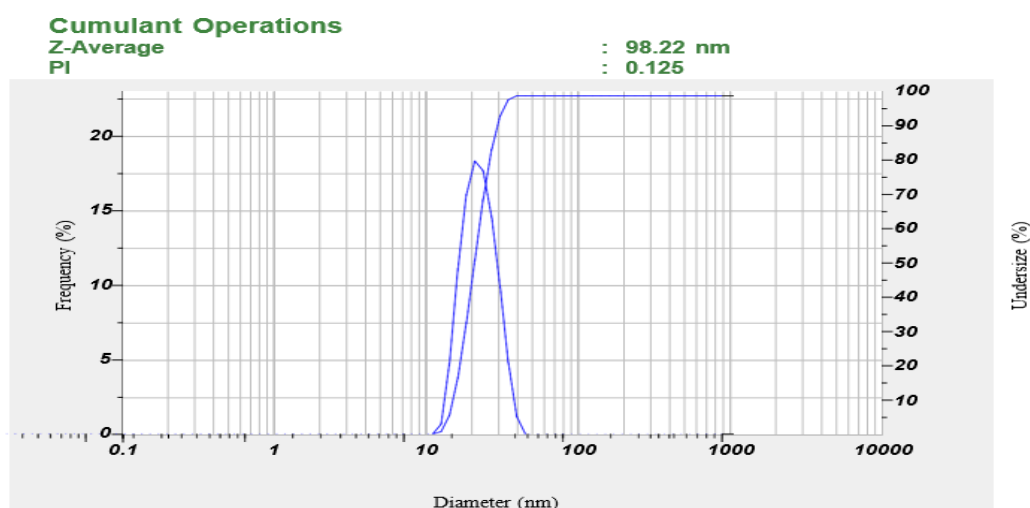


Figure 14: Particle Size and PDI of optimized batch IF6.

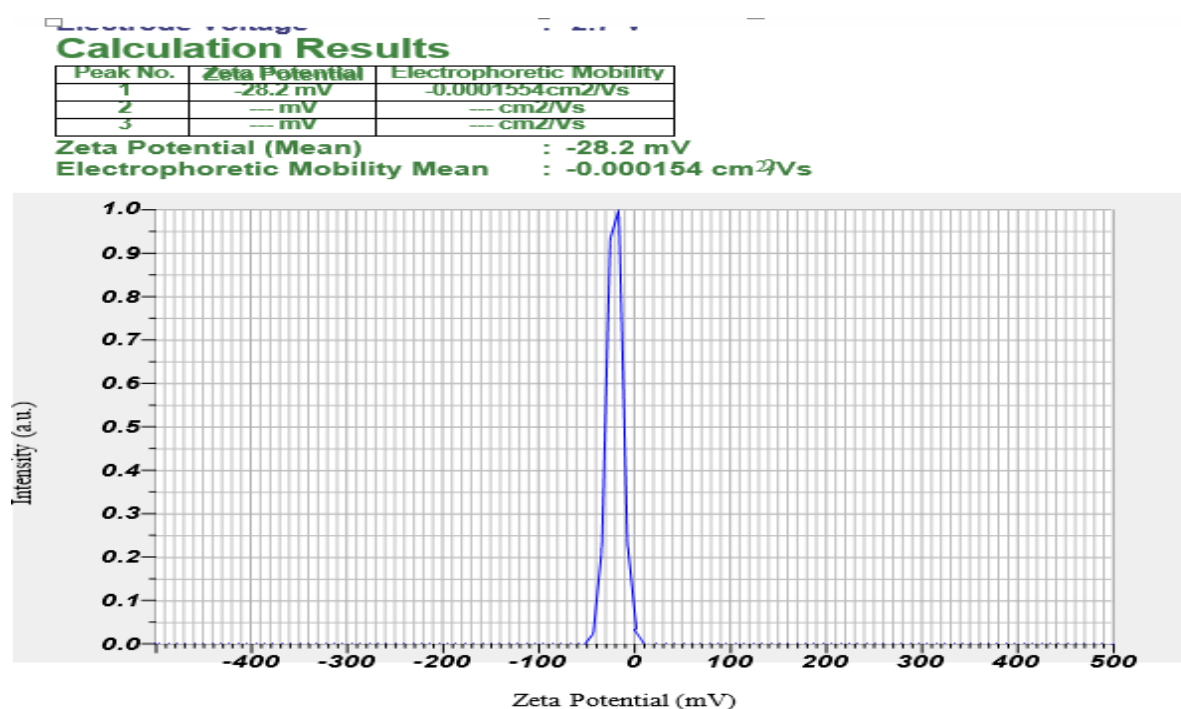


Figure 15: Zeta potential of optimized batch IF6.

Conclusion

The particle size, polydispersity index (PDI), and zeta potential of the formulations (IF1–IF15) reveal significant variations in their physicochemical properties. Among them, IF6 exhibits the smallest particle size (98.22 nm) with a low PDI (0.125), indicating a more uniform and stable formulation. Additionally, its zeta potential (-28.2 mV) suggests good colloidal stability. Similarly, IF13 (197.5 nm, PDI 0.187, zeta potential -26.3 mV) and IF14 (277.3 nm, PDI 0.228, zeta potential -27.8 mV) also demonstrate relatively small particle sizes with favorable zeta potential values, suggesting their potential stability. On the other hand, IF11 has the largest particle size (419.23 nm) and a high PDI (0.423), indicating greater heterogeneity in particle distribution, which may impact its stability and performance. Formulations IF5, IF9, and IF15 also exhibit large particle sizes (>345 nm) with high PDIs, suggesting less uniformity and possible aggregation. Overall, IF6 appears to be the most promising formulation due to its small, uniform particle size and high zeta potential, which can contribute to enhanced stability and bioavailability.

3.2.5 Thermodynamic stability studies (Freeze thaw cycle)

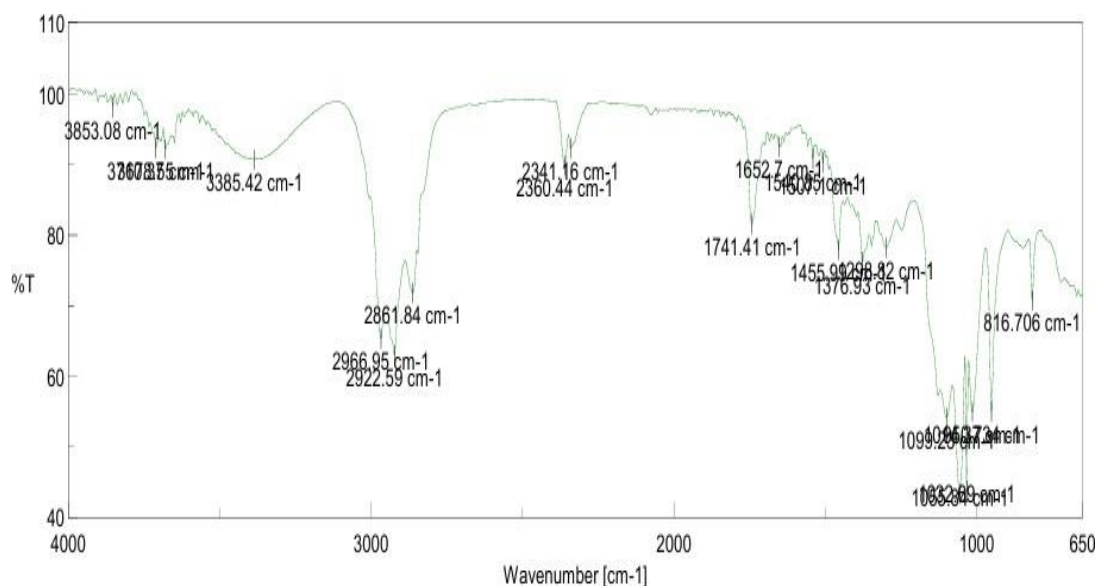
Table 9: Freeze thaw cycle of IF1-IF15.

Formulation code	Freeze thaw cycle
IF1	No phase Separation
IF2	No phase Separation
IF3	No phase Separation
IF4	No phase Separation
IF5	No phase Separation
IF6	No phase Separation
IF7	No phase Separation
IF8	No phase Separation
IF9	No phase Separation
IF10	No phase Separation
IF11	No phase Separation
IF12	NophaseSeparation
IF13	No phase Separation
IF14	No phase Separation
IF15	No phase Separation

Conclusion

The freeze-thaw stability study of formulations IF1–IF15 indicates that none of the formulations exhibited phase separation after undergoing freeze-thaw cycles. This suggests that all formulations possess good physical stability under temperature variations, which is crucial for long-term storage and transportation. The absence of phase separation indicates that the formulations maintain their homogeneity, preventing aggregation or instability issues. This stability is particularly beneficial for ensuring consistent drug release and efficacy. Overall, the formulations demonstrate excellent robustness under freeze-thaw conditions, making them suitable for further development and application.

3.2.6 FTIR

**Figure 16: FTIR Spectra of optimized batch IF6.**

Conclusions

The FTIR analysis of the optimized batch IF6 confirms the presence of characteristic functional groups corresponding to the reported spectral ranges. The broad peaks at 3853.08 cm^{-1} , 3385.42 cm^{-1} , and 3360.83 cm^{-1} indicate O-H stretching, confirming hydroxyl functional groups. The peaks at 2966.95 cm^{-1} , 2922.59 cm^{-1} , and 2861.84 cm^{-1} correspond to C-H stretching, typical of alkanes. The presence of nitrile ($\text{-C}\equiv\text{N}$) groups is confirmed by absorption at 2360.44 cm^{-1} and 2341.16 cm^{-1} . The characteristic carbonyl (C=O) stretch at 1741.41 cm^{-1} signifies the presence of ketones, esters, or carboxylic acids. The peaks at 1652.7 cm^{-1} and

1600.91 cm^{-1} confirm C=C stretching of aromatic rings, while bending vibrations of C-H and C-O stretching are also observed. The absorption at 816.70 cm^{-1} corresponds to out-of-plane C-H bending, further validating the structural integrity of the formulation. These findings suggest that IF6 retains its chemical identity, confirming the successful formulation and compatibility of the components.

3.2.7 DSC

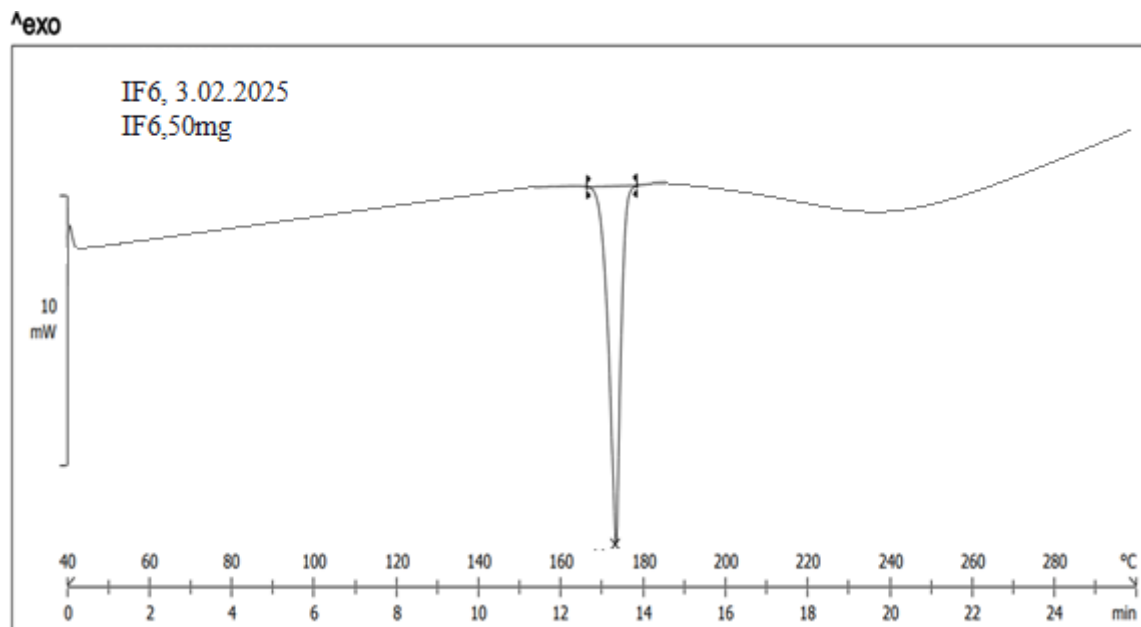


Figure 17: DSC thermo gram of optimized batch IF6.

Conclusions

The DSC thermo gram of the optimized batch IF6 shows a sharp endothermic peak around 167°C, indicating the melting point of the formulation. This sharp peak suggests the crystalline nature of the drug in the formulation. The absence of additional peaks indicates no significant polymorphic transitions or degradation, confirming the stability of IF6. The thermal analysis supports the compatibility of the excipients used in the formulation, ensuring the integrity of the nanoparticles under thermal stress conditions.

CONCLUSION

The development of the optimized L-SNEDDS formulation (IF6) for itraconazole effectively enhanced its solubility, dissolution rate, and potential bioavailability. The formulation demonstrated high drug content, rapid self-emulsification, and superior in vitro drug release, confirming its potential to overcome the limitations of poor water solubility and bioavailability. The successful amorphization of itraconazole, as indicated by DSC and XRD results, along with the significant influence of Capmul MCM, supports the L-SNEDDS approach as a promising strategy for improving the therapeutic efficacy of poorly water-soluble drugs.

Conflict Of Interest

The authors declare no conflict of interest.

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