



**INTERNATIONAL JOURNAL OF
PHARMACEUTICAL SCIENCES**
[ISSN: 0975-4725; CODEN(USA): IJPS00]
Journal Homepage: <https://www.ijpsjournal.com>



Review Article

A Complete Review on Self-Emulsifying Drug Delivery System

Vijay Shinde*, Sakshi Shitole, Kiran Bhosale, Dr. Tushar Shelake

Genba Sopanrao Moze College of Pharmacy, Wagholi, Pune

ARTICLE INFO

Published: 01 Oct 2025

Keywords:

drug delivery methods that self-emulsify, biological absorption, fluid-based and isotropy.

DOI:

10.5281/zenodo.17241690

ABSTRACT

Self-emulsifying drug delivery systems are isotropic blends of petroleum-based organic chemical solvents, and co-solutions and surfactants the fact that can be incorporated in creating formulations that maximize the oral absorption of highly viscous pharmaceutical drugs. Jello tablets, either firm or soft, are designed to be consumed by mouth. These mechanisms produce small formulations, sometimes referred to as miniature emulsions, in the gastrointestinal tract with the aid of belly activity. For oral drug absorption from SEDDS, a number of variables are essential, such as the surfactant/oil ratio, surfactant quantity, emulsion orientation, droplet dimension, and voltage. This formulation reduced gastrointestinal irritation and increased medication solubility, which improved bioavailability. The fact that almost forty percent of the new drug components are aqueous indicates that more SEDDS-derived study will be done and that more pharmaceutical products will eventually be on the marketplace.

INTRODUCTION

Due to their low biological absorption, substantial internal and between-patient differences, and insufficient dosage ratios, almost forty percent of innovative medications have limited solubility in water, which makes taking them by mouth difficult. However, the vast majority of drugs are taken by mouth. Among the strategies employed to overcome these problems are surfactants as well as liquid absorption improvement, micritization, salt creation,

carbohydrate tiny particles, and dispersions that are solid. Self-emulsification solvent-based compositions are isotropic combination of emulsifiers (liquid or solid), lipids (natural or synthetic oils), and medications, typically combined with a variety of water-soluble additives or emulsifying agents. SEDDS are isotropic compounds composed of either organic or synthetic oils, solids or liquids, surfactants that can be used, and multiple hydrophilic solvents and co-solvents/surfactants.

***Corresponding Author:** Vijay Shinde

Address: Genba Sopanrao Moze College of Pharmacy, Wagholi, Pune

Email ✉: vijayshindee123@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.



The broad term "SEDDS" encompasses formulations with droplet dimensions ranging from some micrometers to a few millimetres. These solutions are classified as pre-concentrates, nanoemulsions, or concentrated microemulsions based on the size of the molecules. The compounds known as self-micro emulsified drug delivery systems produce clear tiny emulsions having droplet sizes of oil varying in size between 100 to 250 nm.

As a relatively new term, self-nano emulsified drug delivery systems refer to formulations having globule sizes less than 100 nm. Despite the fact that there have been a lot of reviews on this subject in previous years, an updated evaluation is necessary because the variety of SEDDS and the quantity of medications encapsulated in these carriers have grown considerably since then.[1]

Also referred to as emulsification by itself as well as *vivo* emulsifier, this process takes place after the SEDDS-based composition is discharged into the passageway of the gastrointestinal tract and comes into proximity to GI liquid, creating a tiny dispersion. It makes the medication even more soluble so that it can be absorbed through lymphatic channels without having a liver preliminary effect. This aspect of the fatty compositions that improves absorption has been connected to a number of *in vivo* properties, such as:

1. To prevent the therapeutic ingredient from precipitating and re-crystallizing, micellar suspensions and small particles are made.
2. The possibility that particular lipid compounds and their byproducts could cause changes in the fluid in the stomach that facilitates enhanced digestion of medications.
3. Avoiding medications to entering the bloodstream by blocking bacterial detoxification processes system.[2]

ADVANTAGES OF SEDDS:[2][3][22]

1. Fast onset of action
2. Drug dosage reduction
3. Oral bioavailability improvement
4. Diversity within and between subjects and the impact of food
5. The ability to transport molecules that the digestive tract may break down via enzymes
6. The cholesterol breaking down mechanism has no effect
7. A greater ability to load drugs
8. Compared to viscous solvents, they provide a greater contact region for the medication's splitting between water and oil.
9. The following advantages could be offered by these systems: enhanced oral bioavailability, more consistent timing of drug uptake, and focused drug delivery to a specific intake
10. Reduced dose due to improved oral bioavailability

DISADVANTAGES OF SEDDS:[2][3][22]

1. Because these medications can depend on metabolism prior to the release of the medication, traditional breaking down procedures are unsuccessful.
2. Further investigation and verification are needed before evaluating the durability in this embryonic system.
3. A number of concept formulations composed of lipids need to be developed and assessed *in vivo* using a suitable mouse experiment, as in the end, these correlations will serve as the foundation for future development.
4. Large solvent quantities in formulations and drug chemical instability are two drawbacks of this approach, which GIT
5. It gets harder to verify compositions with multiple parts.
6. High manufacturing expenses.
7. Incompatibility of drugs is low.

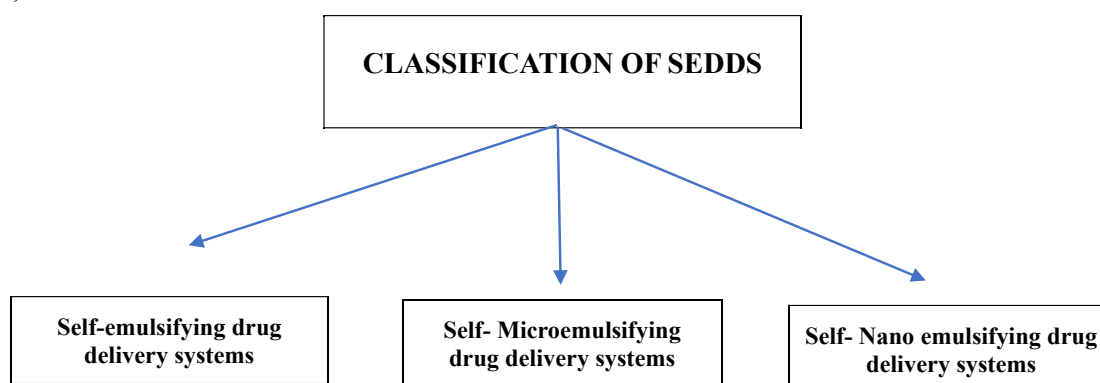


8. The spillage of drugs. Consequently, it might permit reduced drug loading.
9. Accurate predictive laboratory models for evaluating the compounds are scarce.

2. CLASSIFICATION OF SEDDS:

Self-emulsifying drug delivery systems are categorized based on particle dimensions, durability, and absorption. The types of solvents, additives, and other surfactants used in these

frameworks also differ substantially, which has an impact on how well they self-emulsify and function as a whole. While standard SEDDS primarily use long-chain triglycerides, SMEDDS and SNEDDS blend moderate- and small-chain glycerol to improve emulsification and absorption. To achieve the best stability and bioavailability, SMEDDS and SNEDDS also require specific additives and high concentrations of surfactants.[4]



Difference of SEDDS, SMEDDS, and SNEDDS: [5][6][7]			
Qualities	SEDDS	SMEDDS	SNEDDS
Average size of droplets	250 nm–5 μ m	100–250 nm	<100 nm
Observe	Overcast and turbulent	Transparent to clear	Optically clear
Potential to dissolve	Higher	Higher	Higher
Consistency	Not Constant thermodynamics	Constant thermodynamics	Constant Kinetically
Absorption	Medium	Improved	More effective
Surfactant treatment HLB	<10	10–12	>12
Co-surfactants	Not necessary	Alcohols with short chains, such as propylene glycol	Transcutol® with polyethylene glycol (PEG)

2.1. Drug Delivery System Self-Nano Emulsifying:

it produces small particles known as SNEDDS. Regardless of the preparation technique, they are diverse mixtures of two liquids that are indistinguishable with nanometric dimensions of droplets. This is especially important for drugs like

atorvastatin² and simvastatin, which are medicines that improve immersion.[2]

2.2. Self-Micro Emulsifying Drug Delivery System:

SMEDDS are made from SEDDS tiny emulsions. It creates transparent in appearance emulsions and



is thermally stable. The dimension of the drops is the primary difference between small-scale and regular emulsions. Conventional droplet sizes of emulsion are between 0.2 and 10 μm in size, whereas SMEDDS droplets are between 2 and 100 nm. It may easily enter and dissolve in the gastrointestinal system because of its tiny number of particles, which results in a significantly greater overall area of surface for intake and distribution than that of a dose in solid type. This increases the absorption of medications.[2]

3. SEDDS components:

To aid in differentiating between various fatty-based mediums, Pouton created the solvent composition system for classification.[8] According to LFCS, SNEDDSs are class III formulations consisting of cosolvents, oils, and fluid-soluble surface-active compounds. Careful ingredient selection is necessary for SNEDDS formulation to be successful. The right choice of SNEDDS constituents should be determined by preliminary research.[9]

Below is a summary of the fundamental components used in the composition of SNEDDSs.

3.1. Oil Phase:

Short and moderate-chain fatty fats with different degrees of saturation can be used to create self-dispersing compositions. The “rawest” foundation for fat carriers is provided by unmodified dietary oils; yet, they have a limited ability to break down large quantities of aqueous medications and have significant challenges with effective themselves.[10] Mid- and extended-chain fat containing fats ranging in degrees of saturation are commonly used in the formulation of SNEDDSs. Since it greatly impacts the ability to load of formulations as well as the absorption of

medications, the oil that has the best potential to dissolve a particular medication is typically selected.[11]

Substantial dissolution in an oil is not always a reliable sign of improved in real life effectiveness, as Larsen et al. discovered when they showed that SNEDDS using an oil with the smallest dissolution ability had the greatest tablet intake.[12] Due to their relative difficulty in establishing effective self-microbial emulsion and their incapacity to break down large quantities of aqueous medications, original food-grade oils are not recommended over transformed or degraded plant-based oils. Altered or degraded plant-based oils are frequently used to create SEDDS because of their biocompatibility.[22] The fatty acids can be used with single- and di-fatty acids to increase the solution capability of medications that are less aqueous.[23]

3.2. Surfactants:

Self-emulsifying formulations frequently include 30–60% w/w surfactant to sustain a solution in the digestive system since surface-active chemicals are amphiphilic. Excellent fluid-liquid equilibrium of surfactants that are not ionic are frequently advised.[13] Only a small number of the surfactant-containing composites that can be used to create tone-emulsifying systems are appropriate for oral usage. Since non-ionic surfactants have a better lipophilic- hydrophilic proportion and are less hazardous than surfactants that are ionic, they are recommended. On the other hand, they might momentarily change the gastrointestinal cavity's transparency. Choosing a surfactant requires careful consideration of safety.[14] For autonomous dispersion structures, surfactants that are not ionic with a significant lipophilic-hydrophilic ratio are advised. The solvent tween 80 and both solid and liquid synthetic polymer zed fats are the most often used excipients. Hydroxide



surface-active compounds are more dangerous than surfactants that are not ionic. They might, however, result in mildly reversible alterations in the permeability of the gastrointestinal membrane. For self-emulsifying formulations to form and sustain an emulsion in the gastrointestinal tract, a surfactant concentration of 30–60% w/w is usually necessary.[15] The size of the droplet may be affected by the surfactant content. Because the molecules of surfactant localize at the boundary between oil and water, they maintain droplets of oil, which explains why increasing the amount of surfactant in some situations results in droplets with a lower mean dimension.[22]

3.3. Co-Solvents:

Ethanol along with various unpredictably occurring substances are known to be present in traditional tone. Emulsification phrasings are utilized to precipitate lipophilic compounds in both harder and soft gelatinous capsules. When utilized in capsule tablets, they do not, nonetheless, provide appreciable advancements above previous formulations.[14] Co-solvents that dissolve significant amounts of the aqueous solvent or medication in the fat base, such as alcohol, synthetic propylene glycol, and polyethylene glycol, are useful for consumption.[13] Glyceryl triacetate, triacetin, or other suitable water-soluble solvents are added as additional solvents. Triacetin is perfect since it can be used to dissolve drugs that are hydrophobic and is soluble in fat and oily stages.[22] As a companion solvent, a water-based solvent is added, such as glyceryl triacetate, triacetin, or other suitable solvents. Triacetin is perfect since it may be used to dissolve a substance that is hydrophobic and is soluble in both liquid and fat stages.[23]

4. Self-emulsification mechanism:

Little is known about how self-emulsification works. According to Reiss, self-emulsification occurs when the energy required to increase the diffusion's surface area is less than the energy shift favoring diffusion. According to the equation below, the energy needed to create a new surface between the two phases is proportional to the energy that is free of a conventional emulsifier creation.[10]

$$\Delta G = \Sigma N \pi r^2 \sigma$$

where σ is the interfacial energy, r is the droplet's radius, and N is the number of droplets.

Emulsification takes very little power and destabilizes the system by contracting particular interfacial regions. An interfacial structure with very little resistance to surface shearing is necessary for emulsification. According to earlier studies, the entry of water into the droplet's crystallized or gelatin stages is associated with emulsification capacity.[16]

According to the thermal theory for producing tiny emulsions, formulation happens when the amount of free energy (ΔG) is negative and the level of entropy shift supporting scattering is greater than the amount of power needed for area of surface expansion.[17]

To form the interface between the oil and aqueous phases, a binary mixture of oil and non-ionic surfactant is added to water. The oil phase experiences water solubilization as a result of fluid absorption through the interface. This will go on until the limit of solubilization is approached close to the interphase. As water continues to seep in, the dispersed LC phase is formed. A binary mixture's surfactant concentration dictates the amount of LC present close to the boundary. Aqua rapidly enters the water-based centres once the self-emulsifying

system has moved slightly, breaking the contact and creating droplets.[13]

To measure the quality of emulsification, Groves & Mustafa employed phosphorus fat ethanol acetate and phosphorus nonylphenoxyate were used in n-hexane as a substrate. They discovered that the development of a fluid's transparent phase is correlated with the simplicity at which fluid permeates through the interface between oil and water.[16]

Emulsification happens when the energy density shift promoting distribution is greater than the amount of energy needed to increase the overall area between the aqueous and oily stages of the dispersion process, according to thermodynamic theory. Emulsifying compounds create a single layer of particles to stabilize the mixture. This serves as a barrier to stop formation and lowers surface power. At the interface between the oil and the water, a complicated layer of solvent and complementary surfactant led to the formation of dispersion particles. [22]

5. SEDDS types in medication delivery systems:[24] [25] [26]

5.1. Delivery by mouth:

A. Controlled self-emulsification:

These benefits include enhanced safety and effectiveness of bioactive chemicals, as well as flexibility in the design and development of dosage forms. Pellets' easy distribution throughout the digestive system improves the uptake of drugs, which lowers maximum blood variability and prevents possible adverse effects while preserving the bioavailability of the drug. Additionally, granules lessen variations in transit times and elimination patterns, which lowers blood

characteristic diversity both within and between subjects.

B. Drug delivery systems that solidly self-emulsify:

it comes in solid as well as liquid forms. Since many of the excipients used in SMEDDS are not rigid at temperatures below freezing, SMEDDS are usually only available in fluid usage formats. Since S-SMEDDS are often more successful than conventional fluid SMEDDS medications, their use has increased recently due to the advantages of solid forms of dosage. Dose forms that are solid with the ability to dissolve themselves are designated S-SMEDDS. S-SMEDDS focuses on using several consolidation techniques to include fluid or partially solid ingredients in granules or tiny particles.

C. Self-emulsifying capsule:

After ingesting pills carrying conventional liquid SE compositions, tiny particles develop and spread throughout the gastrointestinal tract, eventually arriving at the location of absorption point. No enhancement in medication absorption is anticipated if a tiny emulsion suffers permanent phase division. By adding the substance sodium dodecyl sulcate into the SE composition, this problem might be resolved. A little quantity of HPMC can be used to create super saturable SEDDS, which create and maintain a supersaturated state in real time, preventing medication from precipitating. Liquids can be combined with rigid transporters to create either semi-solid or solid capsules. A rigid polyethylene glycol structure, for instance, can be chosen.

5.2. External Transport:

One benefit of external medication administration over alternative methods is the prevention of the



first-pass metabolism in the liver and the side effects that go along with it.

5.3. Delivery to the eyes and lungs:

Most medications are applied topically for managing eye conditions. For ocular delivery, digesting poorly soluble medications, enhancing digestion, and offering an extended-release structure, with or without microemulsions have been investigated.

5.4. Intravenous transport:

Because so little medication is transported to the intended location, the intravenous administration of pharmaceuticals with minimal solubility poses a significant problem for industry.

6. How SEDDS are prepared:

6.1. A high-pressure homogenizer procedure:

High vacuum is used to create the nano-structure. Applying a high shear stress is necessary to produce a fine emulsion. There are two ideas that can explain particle dimensions: agitation and detonation. With this approach, with droplet sizes within the range of 100 nm can be produced. The mixer type, material structure, and operating conditions including temperatures, period, and amount of energy all affect the size of the droplets of the small particles created by the high-pressure mixers. tiny emulsion of food, healthcare, and technology ingredients are frequently made via homogenization under extreme pressure.[1]

High pressure is required to prepare the nano-formula. A tiny droplet occurs as a result of high shear stress. Turbulence and hydrolysis are two theories that explain the dimension of droplets. tiny emulsions having droplet dimensions within the range of 100 nm are created using this method. The type of mixer, the sample's makeup, and the

mixer's operating parameters—such as the temperature, duration, and strength—all affect the dimension of the droplets of the tiny emulsion created by high pressure mixers. A common method for producing tiny emulsions of biomedical, pharmacological, and culinary materials is mixer under high pressure.[18]

6.2. High-powered procedure:

The high-power technique requires a large amount of mechanical energy to create tiny emulsions by combining surfactants, fatty fluid, and a co-solution. Highly energetic techniques are heavily utilized in the formulation of tiny emulsions. The considerable mechanical energy required to break up large droplets into tiny particles, which produces tiny emulsions with significant kinetic energy, provides significant forces that disrupt. In essence, SNEDDS depend on the self-emulsifying process and use less power.[18]

To create the tiny emulsion, the high energy approach requires a lot of mechanical energy to mix ingredients like fat, additives, and a co-solution. Energy-efficient technologies are often used to manufacture tiny emulsions. High adverse effects are delivered by higher mechanical power, which breaks up big droplets into tiny particles and creates strong-kinetic-energy tiny emulsions. However, Self- Nano emulsifying drug delivery systems use little energy and depend on the internal emulsification mechanism.[1]

6.3. The process of micro fluidization:

The micro-flow technique requires an equipment called a Micro-Fluidizer. The product is transported to the relationship room using the force of the positive movement compressor. A tiny particle canal termed a small canal is a feature of this structure. Very small particles of tiny emulsion emerged as the end result that was sent



through the small channels to the impact area. In the mixer, the water and petroleum stages mix to produce a coarse emulsion. Once that, it undergoes processing to produce consistent, stable, visible Small emulsions. Therefore, drugs incorporated into Self-Emulsifying Drug Delivery System preconcentrates avoid the dissolution process, which normally prevents them from being absorbed. The broad application of fluid Self-Emulsifying Drug Delivery System is hampered by instability during handling or preservation, and by irreparable medication as well as additive dissolution.[18]

6.4. Sonication method:

One effective technique for producing SNEDDS is sonication. When it comes to cleanliness and execution, ultrasonic technology performs better compared to other high-powered techniques. Using the bubbling effects generated by ultrasonic frequencies, ultrasound formulations convert macroemulsions into tiny emulsions. By reducing the emulsion's droplet size, this technique produces an emulsion that is nanoscale in size. The sonication mechanism is in charge of decreasing the droplet size.[18]

For the preparation of SNEDDS, using the sonication technique is quite helpful. When it comes to cleaning and execution, the ultrasonic method operates better compared to comparable energy-intensive technologies. Ultrasonic impulses produce cavity forces throughout ultrasonic emulsions which cause the tiny emulsion to break down into tiny particles.[1]

7. SEDDS Characterization: [1][18][20][21]

7.1. Optical assessment:

self-emulsifying substances can be evaluated with the help of Optical assessment. After SEDDS is

diluted with fluid, the presence of a pure, partially translucent mixture indicates the production of a smaller emulsion, whereas an impure, milky white look predicts the formation of a large emulsion. The composition is steady if there is zero precipitation or division of phases.

7.2. Medication composition:

The medication is obtained by dispersing it in a suitable solvent from already-weighed SEDDS. A suitable method of analysis is used to figure out the quantity of drug found in the solution extraction.

7.3. Evaluation of particle dimension:

The dimension of the particle is determined by the kind of solvent and the amount present in it. For effective drug dissolution, in vivo consumption, and durability, the tiny emulsion created by mixing SMEDDS with fluid must have an extremely small particle diversity. Droplet Size Estimation algorithms are used to determine the dimension of droplets.

7.4. Electrical resistance Research:

water, fat, with anionic or surfactants that are not ionic make up the Self-Emulsifying Drug Delivery System. The purpose of this test is to ascertain whether the system is conductive to electricity. An electrical conductor is used to test the resulting system's electrical resistivity.

7.5. Calculating the cloud level location:

The degree Celsius at which an even mixture acquires its ability to transparency is known as the point where the cloud forms.

A surfactant generally loses its capacity to produce micelles when it gets above the point of cloud formation. It is established by gradually increasing the mixture's temp and using an ultraviolet



spectrophotometer to determine the amount of turbidity. The point of cloud formation of a solvent is the point in temperature at which the transmitted proportion declines. The solution should have a cloudy boiling point above 37.5°C for emulsification by themselves.

7.6. In Vitro Dispersion Research:

Using the dilution method, experimental dispersion research occurs to investigate the composition's discharge characteristics from the liquid crystalline state around the droplet of medication.

8. SEDDS APPLICATIONS: [1][19]

8.1. Dispersion enhancement:

When a medication is placed in SEDDS, it increases dispersion by eliminating the process of disintegrating step, which is what happens with BCS category 2 medications. For oral administration, a SMEDDS dosage form of the drug candesartan containing cilexetil was developed right away placed in gelatin capsules that were hard.

8.2. Improved accessibility:

The medication Ketoprofen, a relatively water-soluble nonsteroidal pain reliever, is a favourite for long-term use but possesses an elevated chance of causing indigestion over time. The medication's limited solubility results in partial delivery from extended delivery dosage forms. The medication, which is available in a SEDDS-based formulation, which improves medication solubility and mitigates stomach pain.

8.3. Preservation over decomposition:

Medications that have poor dispersion and GI tract degradation, which result in restricted mouth

accessibility, may benefit significantly from the enzyme's ability to reduce decomposition while still improving uptake. The digestive system's acidity pH level, biochemical or water-based decomposition and other factors enable several medications to be broken down in the human system.

CONCLUSION:

A creative solution to the issue of lipophilic medications' poor oral bioavailability is the use of self-emulsifying drug delivery systems. For this type of drug, SEDDS may mark a significant turning point in the pharmaceutical industry.

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HOW TO CITE: Vijay Shinde, Sakshi Shitole, Kiran Bhosale, Dr. Tushar Shelake, A Complete Review on Self-Emulsifying Drug Delivery System, *Int. J. of Pharm. Sci.*, 2025, Vol 3, Issue 10, 121-131. <https://doi.org/10.5281/zenodo.17241690>

