Drug permeation enhancement, efficacy, and safety assessment of Azelaic Acid loaded SNEDDS hydrogel to overcome the treatment barriers of Atopic Dermatitis

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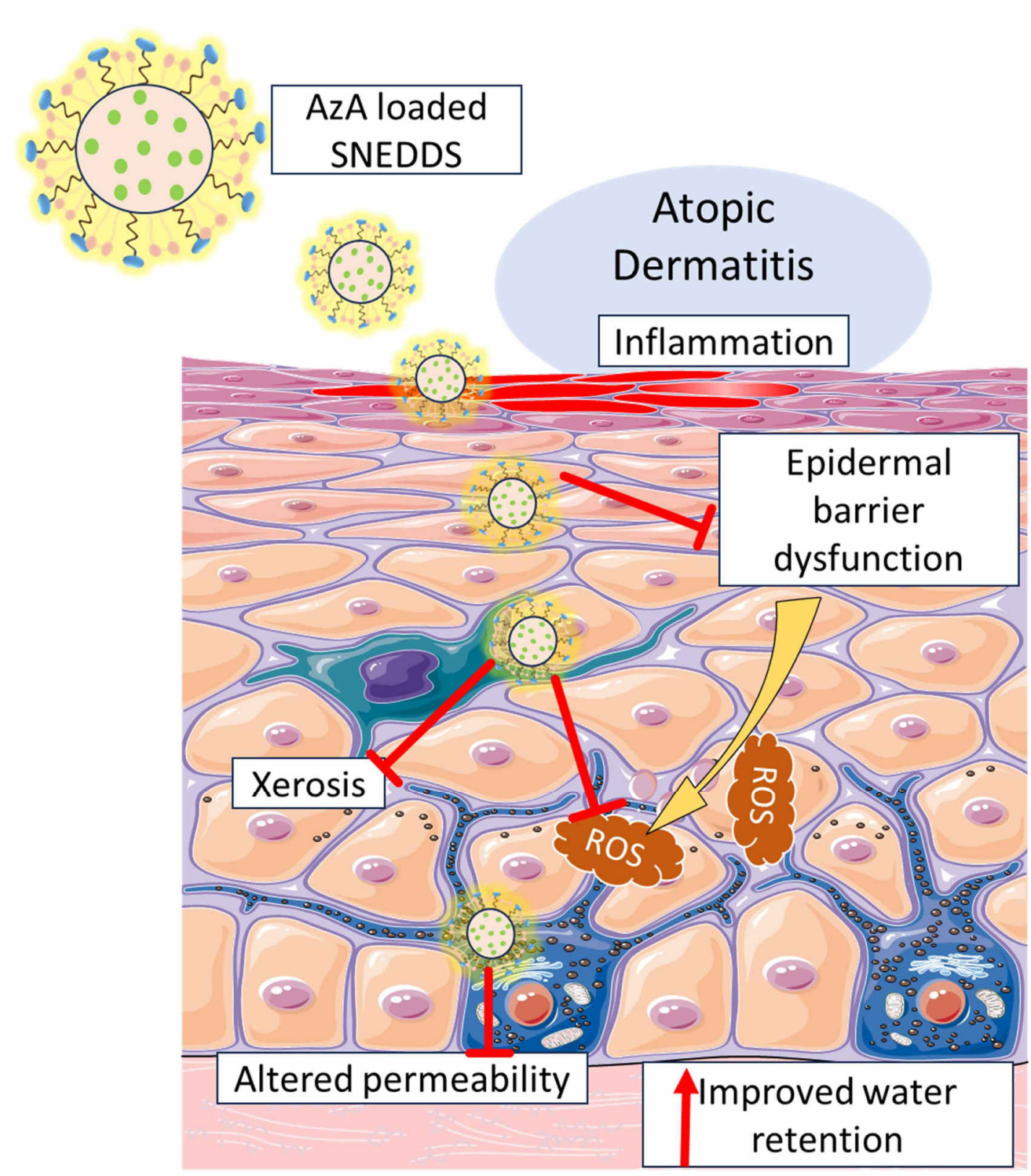
Abstract:

Atopic dermatitis is one of the most widespread chronic inflammatory skin conditions that can occur at any age, though the prevalence is highest in children. The purpose of the current study was to prepare and optimize the azelaic acid (AzA) loaded SNEDDS using Pseudo ternary phase diagram, which was subsequently incorporated into the Carbopol 940 hydrogel for the treatment of atopic dermatitis. The composition was evaluated for size, entrapment efficiency, *in vitro*, *ex vivo*, and *in vivo* studies. The polydispersity index of the optimized preparation was found to be less than 0.5, and the size of the distributed globules was found to be 151.20 ± 3.67 nm. The SNEDDS hydrogel was characterized for pH, viscosity, spreadability, and texture analysis. When compared to the marketed formulation, SNEDDS hydrogel was found to have a higher rate of permeation through the rat skin. In addition, a skin irritation test carried out on experimental animals showed that the SNEDDS formulation did not exhibit any erythematous symptoms after a 24-hour exposure. In conclusion, the topical delivery of AzA through the skin using SNEDDS hydrogel could prove to be an effective approach for the treatment of atopic dermatitis.

Keywords: Atopic dermatitis; azelaic acid; inflammation; topical delivery; SNEDDS, nanomedicine; skin permeation.

Graphical abstract:



1. Introduction

Atopic dermatitis (AD), commonly known as atopic eczema, is a chronic inflammatory skin disease marked by severe itching and recurring eczematous lesions (Cláudia Paiva-Santos et al., 2022). It is one of the most widespread chronic inflammatory skin conditions that can occur at any age, though the prevalence is highest in children (Akhtar et al., 2017). In developed nations, there is a 20% chance that someone will acquire AD at some point (Souto et al., 2019). Specifically, it appears to be more prevalent in women during adolescence or maturity (Zhuo et al., 2018). Although the pathological mechanism of the disease is not completely known, it seems to be a consequence of an intricate relationship between immune dysregulation and skin barrier dysfunction, exhibiting underlying infectious, environmental, and genetic factors (Silverberg, 2020). With a wide range of clinical features, including various lesions morphologies, and a pattern of distribution that changes depending on the patient's age (Zhang et al., 2022), AD is known to be an extremely heterogeneous disease (Hu et al., 2021). Patients with AD frequently experience skin pain, xerosis, and sleep problems, which significantly reduce their quality of life. In addition, it has a strong correlation with non-atopic comorbid conditions, specifically mental health issues like anxiety and melancholy, as well as other atopic comorbidities like allergic rhinitis and asthma (Pople and Singh, 2010). Adopting non-pharmacological measures, such as avoiding contact with allergens that cause disease, everyday skincare, and routine bathing, is crucial when considering disease prevention. AD treatment calls for a multistep strategy with various interventions aimed at enhancing the skin barrier and minimizing inflammation (Zheng et al., 2022).

The skin barrier is repaired as part of AD therapy, along with itch control, inflammation reduction, and infection prevention or reduction (Damiani et al., 2019; Hasan et al., 2023; Jain et al., 2022; Kaur and Kesharwani, 2021; Kumari et al., 2022; Tiwari et al., 2023; Zeng et al., 2023). Thus, in addition to anti-inflammatory treatments such as glucocorticoids and topical calcineurin inhibitors, people with AD needed topical therapy with emollients to provide moisturizing and soothing effects. Systemic therapy using mycophenolate mofetil, azathioprine, cyclosporine A, and glucocorticoids may be necessary for severe instances (Schäkel et al., 2014). But systemic therapy has limited efficacy and causes severe side effects in many patients, whose symptoms frequently return after treatment is stopped (Boguniewicz et al., 2017). Lotions, ointments, and creams used in traditional topical therapies have a restricted penetration depth into the skin (Akhtar et al., 2017). To address AD more effectively, there is a need for innovative topical formulations that penetrate deeply into the epidermis (Try et al., 2016).

Nanotechnology has numerous uses in several skin diseases, including creating drug-loaded nanostructured materials such as nanoparticles and nanoemulsions (Chandra et al., 2023; Kesharwani et al., 2023a; Mohammadpour et al., 2023; Qin et al., 2023). Due to their distinctive physicochemical features, nanostructured materials have attracted significant research in a variety of fields (Ahamed et al., 2023; Aziz Hazari et al., 2023; Dongsar et al., 2023; Karimi-Maleh et al., 2022; Kesharwani et al., 2023b, 2014; Parveen et al., 2023b, 2023a). The delivery of drugs to particular cell types is increasingly accomplished using nanoparticles as a carrier (Nodehi et al., 2021). Drugs could be incorporated into a nanoformulation as an approach to facilitating topical application and enhancing drug penetration into the epidermis. Self-nano emulsifying drug delivery systems (SNEDDS) are isotropic mixtures of nanoformulation of an active drug in a blend of hydrophilic solubilizers/co-solvent, surfactants, and lipids that spontaneously form ultrafine emulsions in the aqueous phase (usually less than 200 nm in size) after gentle agitation (Kazi et al., 2023). High lipophilic chemical solubilizing ability, thermodynamic stability, simplicity of fabrication, and attractive look are all characteristics of SNEDDS (van Staden et al., 2020). It has been demonstrated that they improve the skin's ability to absorb lipophilic compounds like azelaic acid and curcumin (Khan et al., 2019). When a SNEDDS is applied externally, an aqueous phase that is already present at the skin's surface as a result of trans-epidermal water loss or sweat secretion may be diluted, resulting in an occlusive dermal formulation with a potent thermodynamic force that allow for topical drug delivery system. (“Self-microemulsifying and microemulsion systems for transdermal delivery of indomethacin: Effect of phase transition - ScienceDirect,” n.d.). The highly lipophilic drugs can be delivered into the skin using the SNEDDS method to specifically target melanocytes in the epidermis basal layer, fibroblasts in the dermis, and UV-induced inflammation mechanisms that take place in the dermis and epidermal layers (Imokawa et al., 2015). The exclusion of aqueous phase during assembling and storing decreases the chance that

dissolved oxygen in an emulsion's aqueous phase will harm drugs, which suggests that SNEDDS may have benefits for drug stability.

Azelaic acid (AzA), also known as nonanedioic acid or 1,7 heptane dicarboxylic acid, is a naturally discovered, saturated, straight-chained dicarboxylic acid that is efficacious for topical therapy of several skin diseases that are associated with abnormal or hyperactive melanocyte function, including erythema, itching, inflammation (Dall'Oglio et al., 2021), lentigo maligna (Kasprzak and Xu, 2015), rosacea (Thiboutot, 2008), and photochemical and physical hyperpigmentation (Fitton and Goa, 1991). AzA also exhibits antiproliferative and cytotoxic actions against cancerous melanocytes both *in vivo* and *in vitro*, as well as on tumor cells without tyrosinase (Fitton and Goa, 1991). AzA appears to help AD, but the exact cause is unclear ("Azelaic Acid: Evidence-based Update on Mechanism of Action and Clinical Application - JDDonline - Journal of Drugs in Dermatology," n.d.). AzA may influence the microflora directly or by changing the composition of skin secretions if microorganisms are a factor in the etiology of AD (Takiwaki et al., 2003). Additionally, research conducted *ex vivo* and *in vitro* suggests that AzA may have a specific anti-inflammatory impact by preventing neutrophils from producing or releasing proinflammatory reactive oxygen species (Summarized in Figure 1) (Akamatsu et al., 1991). AzA's anti-inflammatory and antibacterial properties may therefore help reduce inflammatory sores and erythema in AD and rosacea (Passi et al., 1991). The effectiveness of 20% AzA cream formulation in treating dermatitis (erythema, itching, and inflammation) has been demonstrated, but the therapeutic benefits may not become apparent for up to 4 weeks after application. The patient should maintain treatment for at least 6 months (NGUYEN and BUI, 1995). Following topical administration of 1 g of 20% AzA cream, a plasma concentration of 0.038 g/mL and a percutaneous absorption of about 3% were calculated. Consequently, poor dermal penetration reduces its therapeutic efficacy (BLADON et al., 1986). AzA has a pilosebaceous unit as its site of action, and its buildup in this region can enhance the therapy of AD. Because of its poor solubility in water, which is approximately 2.4 mg/ml at 25°C, and restricted permeation throughout the outermost skin layer several nanoformulations have been suggested to improve the permeability and solubility of AzA via the stratum corneum and to decrease the quantity of drug utilized in the preparations (Schaller et al., 2016). The selection of a suitable dosage form in the pharmaceutical industry is affected by different types of factors, such as manufacturing method, patient compliance, cost, and therapeutic effect. To create adequate formulations, selecting suitable excipients and ingredients is a vital first step (Aytekin et al., 2013). The self-nanoemulsifying drug delivery system (SNEDDS) is an intriguing nanocarrier for the topical administration of hydrophobic therapeutic substances (Pratiwi et al., 2017). The composition is uncomplicated, containing merely the water phase, the oil phase, cosurfactant, and surfactants, and it is simple to produce a homogenous fine oil-in-water SNEDDS formulation. The formulation is less greasy and simple to remove from the applied areas because the continuous phase is water. As a result, O/W SNEDDS formulation was investigated in this research as a drug carrier to concurrently improve AzA solubilization and skin permeability (Ponto et al., 2021). Azelaic Acid can cause hypopigmentation, burning, tingling, stinging, etc, but these effects are overcome by loading the drug into the Carbopol 940 hydrogel. SNEDDS do not inherently possess any properties that are harmful to the human body. Their administration does not elicit any adverse reactions. As Azelaic Acid has anti-inflammatory and anti-bacterial activity, it is used to treat a number of skin conditions. It does not have any contraindications.

Hydrogels are 3D networks that can absorb a huge quantity of water and swell in the presence of water due to hydrophilic groups such as -SO_3H, -CONH, -$CONH_2$, -OH, -COOH, and -NH2 (Cong and Fu, 2022). Its network is often made up of crosslinked polymer chains, though occasionally crosslinked colloidal clusters can also form this network (Xu et al., 2022). Because of their capacity to absorb water, they can be soft and flexible. The hydrogels can be created by physically or chemically crosslinking natural or synthetic polymer strands. Hydrogels closely mimic live tissue due to their high-water content, supple shape, and porosity (Huang et al., 2022). Carbopol is a polymer made of acrylic. Carbopol is suitable for hydrogel preparations because it is non-irritating and non-toxic (Song et al., 2022). In hydrogel preparations, Carbopol 940 is frequently employed as a gelling agent. To create a high-quality gel preparation, Carbopol 940 concentration must be taken into consideration (Safitri et al., 2021). It was shown that Carbopol 940 hydrogel could perhaps be used to treat skin inflammation.

Carbopol 940 hydrogel is known for its anti-inflammatory properties and hence can be used in the treatment of skin diseases that cause inflammation like psoriasis, rosacea, full-thickness wound, etc (Song et al., 2022).

Therefore, the current research endeavored to develop and optimize AzA-loaded SNEDDS hydrogel to enhance effectiveness against AD by increasing permeability and solubility across the skin barrier. Consequently, is predicted that the finished SNEDDS hydrogel of AzA would offer a better anti-inflammatory effect. Pseudo ternary phase diagram was utilized in order to optimize and characterize the creation of SNEDDS formulation. To further demonstrate the supremacy of AzA-loaded SNEDDS hydrogel over commercial preparation, experiments on skin irritability and permeation across rat skin were performed.

2. Materials and Methods

2.1 Materials

AzA was procured from Sigma-Aldrich, Bangalore, India. Tween 80, Acetonitrile, Tween 20Propylene, PEG 200, PEG 400, Methanol, and Ethanol were bought from SD fine chemicals limited, Mumbai, India. Labrasol, Kolliphor RH40, Kolliphor EL, and Lauroglycol were procured from Loba Chemie Private Limited, Mumbai, India.

2.2 Formulation development and Characterization of SNEDDS formulation

2.2.1 Screening of Excipients

Screening and selection of Oil

The solubility of AzA in several oils (Transcutol-P, oleic acid, castor oil, labrasol, capryol 90, isopropyl myristate, and olive oil) was assessed by putting excessive quantities of the drug separately in 1ml oils in vials. To achieve proper mixing, the vials were firmly closed and mechanically shaken constantly for 72 hours at 25.0 ± 0.5°C. A high-speed centrifuge was used to centrifuge the mixture for 30 minutes after 72 hours at 12,000 rpm. Using a UV spectrophotometer, the supernatant was separated and diluted with methanol (because it was used as a blank), and the absorbance was measured in triplicate at λmax 213 nm for AzA (Date and Nagarsenker, 2007).

Screening and selection of Surfactant

The emulsifying power of different surfactants in the chosen oily phase was tested, including Tween 80, Tween 40, Tween 20, Cremophor S9, and Cremophor RH 40. The degree of clarity and simplicity of emulsification were taken into account when selecting the surfactant. Briefly, 500 µL of the chosen oil and 500 µL of each surfactant were mixed. For optimal homogeneity, the mixes were gradually heated for 2 minutes at 50°C. Each mixture was subsequently mixed with distilled water up to a maximum of 50 mL in a flask with a glass stopper. The stoppered flasks were repeatedly inverted to determine how many inversions were necessary to create homogenous nanoemulsions (devoid of phase separation turbidity). The generated emulsions were additionally left to remain for 2 hours while the percentage transmittance was measured at 650 nm (using a UV-Vis Spectrophotometer) with distilled water as the control. For each emulsion, the transmittance percentage has been determined three times, and the average values and standard deviation were computed. The transparent emulsion with minimal inversions and a larger percentage of transmittance was created by the surfactant that was selected (Patel and Vavia, 2007).

Screening and selection of Co-surfactant

The chosen surfactant and oily phase were utilized to subsequently test the effectiveness of emulsification of the various cosurfactants (PEG 400, Propylene glycol, PEG 600, PEG 200, and Glycerol). Preliminary screening of surfactants was used to generate and assess mixtures of cosurfactant, surfactant, and oil at volumes of 200 µL, 400 µL, and 600 µL respectively (Bahadur et al., 2020).

Construction of Pseudoternary phase diagram

A pseudo-ternary phase diagram was built at ambient temperature utilizing a water titration approach to ascertain the component concentrations for the current spectrum of the SNEDDS (Shafiq et al., 2007). For phase experiments, cosurfactant, surfactant, and oil were grouped in various ways. Each group received a different weight ratio (1:1, 2:1, 3:1, and 4:1) of surfactant and cosurfactant (Smix). These Smix ratios were set to increase surfactant concentration relative to co-surfactant. For each phase diagram, the oil and a certain Smix ratio were fully mixed in several glass vials at various weight ratios (9:1, 8:2, 7:3, 6:4, 5:5, 4:6, 3:7, 2:8, and 1:9). To properly define the limits of each phase, several oil

and Smix ratios were created (Atef and Belmonte, 2008). To achieve an aqueous phase concentration of 5% to 95% of the total, the amount of water phase was increased by 5%. The vial mixtures had been vortexed for two minutes before being allowed to equilibrate after each addition of the aqueous phase. The three-component ternary phase diagram, in which the water, Smix, and oil were each represented by one axis, was used to visually examine and mark the shift from transparent to turbid and vice versa in terms of physical conditions. The software Tri Draw was used to draw the various phase diagrams.

2.2.2 Preparation of drug-loaded SNEDDS formulation

According to Hong et al.'s method, the SNEDDS was developed utilizing a spontaneous emulsification technique and high-energy input (Hong et al., 2017). SNEDDS formulations were created with the necessary component ratios after the self-nano emulsifying region was found. Using pseudo ternary phase diagrams, the ratio of surfactant to cosurfactant (Smix) was also optimized. In a nutshell, 4 ml of surfactant was mixed with 3 mg of AzA using magnetic stirring at a speed of 1000 rpm for 10 minutes. The mixture was then thoroughly mixed in 1 ml of the oil phase while being magnetically stirred for 10 minutes at 1000 rpm. This mixture was then mixed with 1 ml of co-surfactant utilizing magnetic stirring for 10 min, followed by 1 h at room temperature of sonication in a water bath. The preliminary AzA solubility analysis of each vehicle component served as the basis for the formulation vehicle addition sequence. The system was then filled with distilled water drop by drop until the self-nanoemulsions were created. There were numerous further tests conducted utilizing various concentrations of oil, surfactant, and different sonication time settings. The resulting SNEDDS formulations were put through evaluation testing.

2.2.3 Characterization of AzA-loaded SNEDDS formulation

Particle size and polydispersity index (PDI)

Droplet size is a significant component in self-emulsification efficiency because it affects the degree and rate of drug release. One mL of each SNEDDS formulation was neutralized with distilled water ten times before measurement. Dynamic light scattering (DLS) was employed to determine the polydispersity index and particle size of the synthesized nanoemulsions using a photon correlation spectrometer (Zetasizer, Malvern Instruments LTD, Malvern, UK), which examines variations in the dispersion of light caused by particles of Brownian motion. At 25°C and a 90° scattering angle, light scattering was observed ("(PDF) A novel lipid-based oral drug delivery system of nevirapine," n.d.). Three measurements were taken for each, and the mean and standard deviation were calculated.

Zeta potential

Zetasizer (Malvern Instruments) was used to calculate the zeta potential of the diluted SNEDDS formulation. Results were recorded after samples were put in clean disposable cuvettes. We assessed the zeta potential and charge of emulsion droplets (Nasr et al., 2016).

Transmission Electron Microscopy (TEM)

Transmission electron microscopy was used to determine the SNEDDS formulae's surface appearance and globule size. Distilled water was used to dilute the SNEDDS samples ten times before examination. On a copper grid with a film coating, a drop of the resulting nanoemulsion was applied, forming a thin liquid film. After that, 2% (w/v) phosphotungstic acid solution was used to adversely stain the films. The stained films were air-dried before being imaged by transmission electron microscopy (Balakumar et al., 2013).

FTIR analysis

The infrared spectrum of optimized AzA SNEDDS formulation was obtained by combining potassium bromide (KBr) and sample in a (100:1) ratio and then forming pellets. To examine any chemical interactions between the drug, oil, and surfactant, FTIR spectra of the sample were acquired utilizing an FTIR spectrometer (Bruker).

Entrapment efficiency and drug loading

Any insoluble compound that was present in the produced SNEDDS was removed by passing it through 0.22 μm Millex filters (EMD Millipore Corporation, MA, US). In methanol (9 volumes), one volume of SNEDDS formulation was mixed. Quantifying the concentration or amount of AzA in SNEDDS (C_{total}) was done using the established and validated UV method. To separate the non-encapsulated (free) drug from the encapsulated drug, the SNEDDS was vortexed for 5 min, then centrifuged at 12,000 rpm for 30 min. Through the use of the UV technique, the supernatant was analyzed to determine the

concentration (C_{free}) of the free drug (Elnaggar et al., 2009). The drug loading and entrapment efficiency of AzA were determined using one volume of dried and weighed SNEDDS and the following equation:

Drug loading (%) = $(C_{total} - C_{free})$/Total SNEDDS particle × 100

Entrapment efficiency (%) = $(C_{total} - C_{free})/C_{total} \times 100$

2.3 Development and Characterization of SNEDDS Carbopol hydrogel

2.3.1 Preparation of SNEDDS-loaded Carbopol 940 Hydrogel

SNEDDS hydrogel containing AzA was created utilizing Carbopol 940 as a gelling agent in 1.0% concentrations for topical application. The gelling agent concentration must be chosen carefully because it's one of the factors that can alter the nature and physical stability of the gel since it may impact the penetration of drug-like substances on the skin. Firstly, 1g of Carbopol 940 was dissolved in 100mL of distilled water using a magnetic stirrer to create a Carbopol solution (1%), which was then allowed to sit overnight to swell. Then, SNEDDS formulation and other excipients propylparaben and methylparaben were mixed with Carbopol solution. Finally, triethanolamine was added and mixed into the mixture using a magnetic stirrer. Propylparaben and methylparaben was added as the preservatives (Indrati et al., 2020).

2.3.2 Characterization of Hydrogel

Determination of pH

Precisely weighed 5 ± 0.01 g of the gel, dissolved in 45 ml of water, and the pH of the solution was assessed at 27ºC using the pH meter (Bajaj and Sharma, 2015).

Determination of viscosity

We used a cone and plate viscometer to evaluate the viscosity of SNEDDS-based hydrogels (0.5g), a spindle 52 at 50 rpm and room temperature (Brookfield, Middleborough, USA) (Ojha et al., 2022).

Determination of spreadability

The term "spreadability" is used to indicate the extent to which a topical treatment penetrates the skin when administered to the afflicted areas. The formulation's spreadability has an impact on how effective it is as a treatment. As a result, figuring out spreadability is essential for evaluating the qualities of topical treatments The excess sample (3 g) was put between two glass slides to test spreadability, and it was compacted to a uniform thickness for 5 minutes using a weight of 1000 gm. After that, the pan was given additional weight (50 g), and the top plate was pulled with the aid of a line tied to the hook. The amount of time required for the upper glass slide to move the lower plate 10 cm is recorded. Better spreadability is indicated by a shortened interval (Bajaj and Sharma, 2015)(Bajaj and Sharma, 2015). The following formula was utilized for calculating the spreadability (S):

$$S = \frac{M \times L}{T}$$

Where, S – Spreadability, L - Length moved on a glass slide, M -Weight tied to the upper glass slide, T - Time taken

Determination of homogeneity

Visual inspection was used to examine the SNEDDS hydrogel homogeneity test to determine whether any lumps or particles were present. We classified the scores as follows: A: Good, B: Fair, and C: Poor. Additionally, a small quantity of SNEDDS hydrogel was pressed between the thumb and index finger to test whether the hydrogel was homogenous or non-homogenous (Ahmad et al., 2019).

Determination of stability

The created compound underwent 8 weeks of room temperature storage. Phase separation and homogeneity, as well as any other physical appearance alterations, were noticed. The outcomes were carefully noted and evaluated (Ahad et al., 2017).

Texture analysis

The texture characteristics of the hydrogels were ascertained using a Texture Analyser. A standard 100 mL beaker was loaded with roughly 50 mL of the gel preparation to guarantee the production of a smooth top surface and to keep air out of the sample. A 40-mm disc was pushed into the gel and then drawn once again. The technique parameters, such as depth of insertion and speed rate were dependent on the hydrogel type. As we prepared the Carbopol hydrogel so the speed rate was 1 mm/s and the distance was 15 mm from the above surface of the hydrogel. For SNEDDS formulation hydrogel, five identical analyses were performed in the same manner at room temperature for every reading. The

resulting force-time plot was used to calculate gel characteristics like adhesiveness, cohesiveness, and hardness (Hurler et al., 2012).

2.4 *In vitro* Drug Release Study

To test *in vitro* release, Franz diffusion cells were employed. 10 mL was the size of the receptor compartment, and the diffusion area was 2.5 cm^2. The partition across the receptor and donor compartments was a dialysate membrane. The donor compartment of a diffusion cell held 750 microlitres of the formulation. The receptor compartment received phosphate-buffered saline (PBS) with 5% SDS (pH 6.5) and was continuously agitated at 600 rpm. At certain intervals, samples were taken out, and to keep the sink condition, an equal amount of PBS solution was supplied. AzA concentration in the collected samples was calculated using UV analysis (Ugur Kaplan et al., 2019).

2.5 Skin permeation enhancement study

DSC and FTIR were used to analyze a rat skin permeation study using the prepared formulation. The SNEDDS hydrogel was applied on top of the excised skin to compare it to untreated skin. On Franz diffusion cells, epidermis samples were placed, and they were left there for 8 hours. Following a normal saline wash, the samples were divided into tiny pieces and drained at a constant 60 degrees Celsius in a hot air oven. According to the previously published research, the dried samples were then examined using DSC and FTIR (Iqubal et al., 2021).

2.6 HET-CAM Assay

The Hen's Egg Test was conducted to gauge the formulation irritant potential. Ten days were spent incubating fertilized chicken eggs at a temperature of 37 degrees Celsius and 65% relative humidity for the test. After that, the white membrane and the outermost shell were taken off, and samples were applied to the chorioallantoic membrane in amounts of 300 µL for a SNEDDS formulation and 0.300 g for formed hydrogels. A physiological solution was added to the CAM after 20 seconds in consideration of the opaqueness of the SNEDDS formulation. The CAM was watched for 300 s sequentially. Further changes to the membrane (such as coagulation, haemorrhage, and vasoconstriction) were observed during this time, and the length of time it took for each alteration to take place was noted. The SNEDDS formulations were tried without AzA to see if the ingredients had any irritating effects. The negative (saline solution) and positive (0.1 N sodium hydroxide-NaOH) controls were assessed for the goal of experimental validation. The preparations were categorized as non-irritating (0-0.9), somewhat irritating (1-4.9), moderately irritating (5-8.9), and severely irritating (9-21) based on the acquired IS values. The equation was used to calculate the irritation score (IS):

$$IS = \frac{301 - TIME\ H}{300} \times 5 + \frac{301 - TIME\ V}{300} \times 7 + \frac{301 - TIME\ C}{300} \times 9$$

where H is the period of haemorrhage, V is the time of vasoconstriction, and C is the time of coagulation.

2.7 *Ex vivo* studies

2.7.1 *Ex vivo* permeation studies on rat skin

Ex vivo permeation experiments have been carried out utilizing the Franz diffusion cell, which has a 1.76 cm^2 surface area and 10 ml volume, to find out how well AzA-loaded SNEDDS hydrogel permeates across epidermal rat skin (Salimi et al., 2020). 10 mL of PBS solution was placed inside the receptor chambers. The epidermal skin of the rat was freshly excised and subcutaneous fat was removed, cut to the proper size, and installed in the Franz diffusion cell across the receptor and donor compartments with the corneum layer spreading towards the compartment of the donor. To prevent diffusion media leakage, the donor compartment of the diffusion cell was positioned over the rat skin mounting and clamped to the rim of the receptor compartment. Permeation studies of AzA-loaded SNEDDS hydrogel and AzA solution were performed by placing 2 ml in the donor compartment of a Franz diffusion cell and magnetically stirring constantly at 200 rpm. A sample (0.5 ml) from the receptor compartment was taken out at present intervals (0.5, 1, 2, 4, 6, 8, 12, and 24 hours) and then subjected to UV spectrophotometer analysis at 213 nm. Each sample that was withdrawn was promptly swapped with an equivalent volume of fresh PBS diffusion medium that was kept at 32 ± 0.5°C. At each sampling site, the amount of AzA that had crossed the epidermal skin was calculated using the UV technique. Plotting the quantity of drug permeated per unit epidermal skin surface area (g/cm^2) versus time (h) allowed for the creation of the permeation profile. By analyzing the slope of the plot using linear regression, the steady state flux (Jss, µ/cm^2/h) was calculated. The results of each test were performed three times.

2.7.2 Ex-Vivo confocal laser scanning microscopy (CLSM) visualization

Rhodamine B dye stacked AzA suspension and an optimized AzA loaded SNEDDS formulation was created. The epidermal rat skin with PBS (pH 6.5) was installed in a Franz diffusion cell and exposed to rhodamine-loaded SNEDDS and a methanolic solution of rhodamine was utilized as the control for 12 hours. The cleaned rat skin was then sliced into small segments and rinsed with distilled water to create a microscopic slide. To monitor the penetration of optimized SNEDDS and suspension over the entire epidermal layers, CLSM was used to inspect the produced slides. In this study, rhodamine fluorescence was optically excited using a 488 nm Argon laser beam, and fluorescence emission above 532 nm was analyzed. CLSM was used to measure the extent of SNEDDS and suspension penetration (Bağcı et al., 2019).

2.8 *In vivo* studies

2.8.1 Animals and Study Protocol

According to a previously approved by the Institutional Animal Ethics Committee (IAEC) of the Central Animal House Facility, Hamdard University (Protocol no. 1981, date 21/12/22), the *in vivo* tests were conducted on female Wistar rats that were 6-8 weeks old. These animals were kept in a typical dark-light cycle at room temperature and ranged in weight from 120-150 g. The rats had unhindered access to water and food. The hair on the upper back of rats was clipped and shaved while they were under the effects of ether anesthesia (Alam et al., 2013).

2.8.2 Induction of AD: Erythema Score and Scratching Score

Following a published procedure, calcipotriol, a low-calcaemic vitamin D3 analog (bought from Sigma, 2 nM dissolving in ethanol), was topically treated to the upper back of rats to create an AD rat model (Chu et al., 2021). The animals have been divided into five groups. After trichotomization, all groups were induced with calcipotriol dissolved in ethanol on the upper back, except the first group, which got only 20 µL ethanol and maintained under the same feeding and environmental conditions as the remaining groups, serving as the control group (C). Dermatitis was induced 7 days after induction with calcipotriol in ethanol (10 treatments with 24-hour intervals) on the abdomen after trichotomization. The first group, that got only ethanol, was euthanized 72 hours immediately following the final application of the induction agent. The rats in the second group, which served as the positive control, were euthanized following their final administration of calcipotriol. The AzA hydrogel was applied topically on the abdomen of the third group, the fourth group got marketed cream (Aziderm), while the fifth received topical administration of the AzA-loaded SNEDDS hydrogel on the abdomen. One milligram of AzA was the dosage for applying the SNEDDS hydrogel and commercial cream. On days 7, 14, and 21, groups 3, 4, and 5 were given 0.5 ml of the AzA hydrogel, drug-loaded SNEDDS hydrogel, and marketed cream for 15 days. To achieve greater drug permeation, all formulations were massaged evenly throughout the abdomen. After that, a digital camera was used to take a 30-minute snapshot of the scratching score and erythema scores thrice a week. After the conclusion of each treatment, the rats were euthanized (Alam et al., 2013).

2.8.3 Skin irritation test

All of the ingredients used to make SNEDDS formulation are in the generally recognized as safe (GRAS) group. The concentration of all the ingredients is a crucial factor in this composition. Surfactants in large quantities typically irritate the epidermis. To prove that the material concentration used to prepare SNEDDS is safe, a skin irritancy test was conducted. Therefore, a skin sensitivity analysis was done to validate the safety of the AzA-loaded SNEDDS that had been optimized. Histological microscopy was used to assess the amount of skin irritation brought on by the formulations under evaluation. The female Wistar rats were split into four groups: the tested groups (treated with drug-loaded and drug-free SNEDDS hydrogel, and a commercial product), the water-treated group serving as the negative control, and the 0.8% paraformaldehyde-treated group serving as the positive control. For testing, 2.54 cm^2 of shaved abdominal skin was covered with 0.5 mL of the formulation and parafilm for 24 hours. The applied skin tissue was then removed from the rats after they were sacrificed, put in a 10% buffered solution of formaldehyde for not fewer than 24 hours, and used for histological analysis. Tissue samples were prepared by fixing, rinsing under flowing distilled water, dehydrating with a progressive series of ethanol solutions, and embedding in paraffin. For histological

analysis, the tissue samples were divided into 20 μm slices, rehydrated, and stained with eosin and haematoxylin. A light microscope was employed to inspect each sample (Hung et al., 2021).

2.8.4 Histological observation of skin

Dorsal skin sections were preserved with 10% neutral formalin, sectioned at a 4 μm, and encased in paraffin. Haematoxylin-eosin was used to stain the sections. To identify the eosinophils and mast cells, sections were also labeled with direct first scarlet and toluidine blue, respectively. Under a light microscope with a magnification of about 200, the number of mast cells was counted in five arbitrarily chosen fields of view (Espinoza et al., 2020).

3. Results and discussion

3.1 Selection of SNEDDS Components

3.1.1 Screening of oil phase

The solubility of the drug in various formulation components determines how self-nanoemulsion systems for poorly soluble pharmaceuticals can be created, and drug loading per formulation is a crucial design element. To give the drug in a form that is encapsulated at the recommended dosage, the formulation's volume should be kept to a minimum. An essential factor in choosing oils is the drug's solubility in the oil phase. This is crucial when developing topical formulations because the solubility of the drug in the oil phase has a substantial effect on the self-nanoemulsion capacity to keep the solubilized form of the drug. There may be a chance of precipitation if the cosurfactant or surfactant is helping to solubilize the drug. For this reason, it's crucial to comprehend the variables affecting drug capacity for loading while preserving the system's ability to endure monophasic dispersion via water and reducing the risk of precipitation of drugs or crystallization in diluted systems are important considerations when constructing robust and appropriate low-volume self-nanoemulsion systems for the delivery of drugs. Recently, amphiphilic compounds with surfactant characteristics, such as novel semisynthetic medium chain derivatives, have gained favor. Additionally, creating a self-nanoemulsion with oil that has inadequate drug solubility would necessitate adding more oil to reach the desired drug dose, which would then necessitate adding more surfactant to accomplish oil solubilization, potentially making the system more toxic. New semi-synthetic medium-chain compounds with surfactant characteristics are gradually and successfully replacing conventional medium-chain triglyceride oils. The comparative solubility studies of the AzA in different oils are depicted in Figure 2a. According to Figure 2a, labrasol (4.09 ± 0.2 mg/mL) demonstrated the highest solubility for AzA among the oils. To build pseudo-ternary phase diagrams, the labrasol was chosen as an oil phase for phase titration experiments.

3.1.2 Screening of surfactant

The toxicity of the constituents is the most serious issue with systems built on self-nanoemulsions. When applied topically, excessive surfactants may irritate the skin. As a result, careful surfactant selection is required. Thus, it's crucial to accurately calculate the surfactant concentration and apply the formulation's lowest concentration. Non-ionic surfactants usually have low CMCs and are less harmful than their ionic counterparts. Additionally, non-ionic surfactant-based o/w nanoemulsion dosage forms for topical use are expected to provide *in vivo* stability. Consequently, choosing the right surfactant becomes essential. After labrasol was chosen as the oil phase, the objective was to determine the surfactant with the greatest ability to solubilize the oil. Five non-ionic surfactants—Tween 80, Tween 40, Tween 20, Cremophor S9, and Cremophor RH40—were selected for screening in the current research.

The certain number of flask inversions are necessary to make a SNEDDS was used to gauge the surfactant's emulsion-forming capacity, and two hours after preparation, the percentage UV transmittance of the emulsion was used to assess its stability. A high transmittance is correlated with optical clarity because clear dispersions are less effective at scattering incident light than opalescent dispersions. When optical homogeneities are absent in the medium, scattering of light that results cause the light intensity traveling by dispersion to occur. Therefore, the relative droplet size of the emulsion could be accurately predicted using percentage transmittance. Based on this idea, droplets of oil were assumed to be in a condition of nanodispersion, and high transmittance (means absorbance is lower) aqueous dispersions were regarded as optically transparent. Table 1a contains the total no. of flask inversions and values of % for different dispersions. Cremophor S9 had the highest reported number of

flask inversions (11 inversions) among all screened surfactants, suggesting the most challenging emulsion formation. Cremophor S9 emulsions also had the least stability, as shown by the lowest recorded percentage of UV transmission (19.90 ± 0.87%). However, using Tween 80 as the emulsifying agent, only three flask inversions were necessary to create an emulsion. Further evidence of the formed nanoemulsion's durability came from the fact that their UV transmission percentage (two hours after preparation) nearly reached 100%. Due to its improved nanoemulsification effectiveness, Tween 80 was chosen as the surfactant for further research.

3.1.3 Screening of Cosurfactants

To create nanoemulsion systems at low surfactant concentrations, cosurfactants are introduced. Cosurfactants with short to medium chains are widely used to progressively decrease interfacial tension and enhance interface fluidity. Additionally, they make the hydrocarbon tail more mobile and let more oil get into this area. Because of its partitioning between oil and aqueous phases, alcohols can improve the miscibility of both phases. As a result, the cosurfactants propylene glycol, glycerol, PEG 400, PEG 200, PEG 600 was chosen. Additionally, PEG 400 was chosen because they exhibit greater permeation in formulations and are generally tolerable. PEG 400 used in this research seemed to enhance Labrasol and Tween 80 capacity to emulsify. The drug absorption and dispersibility from formulations containing surfactants were said to be improved by the addition of a cosurfactant. In contrast to other used cosurfactants, PEG 400 demonstrated high emulsification efficiency with Tween 80 and Labrasol mixture, demonstrating the highest transmittance (99.43 ± 0.09%) and only 4 inversions as shown in Table 1b.

3.1.4 Construction of Pseudo ternary phase diagram

The change that occurs if the system is diluted is one of the key characteristics of SNEDDS, as this could result in the precipitation of drugs because of the decrease in solvent capacity. For the development of SNEDDS, pseudo-ternary phase diagrams were made to identify the self-nano emulsifying regions and determine the ideal ratios of cosurfactant, surfactant, and oil. At certain ratios of surfactant to cosurfactant (1:1, 2:1, 3:1, and 4:1) the phase diagrams were plotted. A comparison was made between the sizes of the nanoemulsion regions in the diagrams; the bigger the size, the more effectively the sample self-nano emulsified. Based on a visual examination of the material, the nanoemulsion phase was found to be the region where transparent and clear formulations have been achieved on dilutions. According to pseudo ternary phase diagrams, as shown in Figure 2b, a formulation made with a 4:1 ratio of Tween 80-PEG 400 mixture (Smix) had the largest nanoemulsion zone. So, from the perspective of stability, setting the surfactant/cosurfactant mixture at 4:1 is preferable. When the water concentration was greater than 69% of the SNEDDS formulation, it was found that emulsification efficiency was high. The largest nanoemulsion region was seen at Smix 4:1, possibly as a result of the interface's enhanced fluidity and further lowering of interfacial tension.

3.2 Characterization of AzA-loaded SNEDDS formulation

3.2.1 Particle size and polydispersity index (PDI)

The mean diameter and PDI of optimized AzA-loaded SNEDDS was found to be 151.20 ± 3.67 nm and 0.2278 ± 0.011, respectively (Figure 3a). The size of the distributed globules, a crucial self-nanoemulsion characterizing measure, contributes to the formulation's stability while the nanometric lipid globules facilitate simple permeation via the stratum corneum. The drug's capacity to be permeated is based on the self-nanoemulsion particle size. Small particle size generates a large surface area, which increases drug release and boosts drug permeation. In particular, if the drugs show a lipophilic characteristic, it could be speculated that the incorporation of drug particulates allows particles to come into contact with the microstructure of the system, decreasing globule size. PDI guarantees globule size consistency within the formulation. A homogeneous and consistent globule size characterizes the formulation if the PDI value is less than 0.5. Since it promotes skin permeability, a smaller globule size is crucial for the topical application of the formulation. The optimized drug measurements show that our drug-loaded SNEDDS formulation is suitable for topical administration. The PDI in the current study was 0.22, indicating a monodisperse system, as it has been cited in the literature for different nanoformulations such as nanoemulsion, ethosomes, cubosomes, and so on. A PDI of 0.40 or less is regarded as appropriate because it indicates a homogenous population of phospholipid-containing vesicles (Marzuki et al., 2019).

3.2.2 Zeta potential

Zeta potential is a measure of colloidal dispersions' physical stability that can usually be estimated by the magnitude of the charge surface, which reveals the electrostatic mobility of nanoparticles which is dispersed. The ideal zeta potential of the AzA-loaded SNEDDS formulation was -13.18 ± 0.152 mV (Figure 3b), showing the system's physical stability. Zeta values serve as an indicator of electrostatic attraction between particles. From the literature, values of zeta potential more than +30 mV or low than -30 mV guarantee the stability of the formulations with no aggregation (Sharifi et al., 2021). The negative charge provides repulsive interactions within the globules and so inhibits aggregation or coagulation of the dispersed globules. The non-ionic surfactant used in the formulation is responsible for the low zeta potential. These globules can be added to the polymeric matrix to prevent them from moving around, which will increase the formulation's stability. Additionally, the dispersed drug-loaded oil globules' negative charge may be due to the anionic moieties in the oil core and cosurfactant.

3.2.3 Transmission Electron Microscopy (TEM)

The SNEDDS particles are roughly spherical with a dark globule, as illustrated in Figure 4a, according to the results of the exterior morphological investigation of the optimized AzA-loaded SNEDDS conducted using TEM. The results of particle size analysis using Zetasizer and the TEM were well correlated. The observation from the TEM image closely resembles the information previously provided by Rathore et al (Rathore et al., 2023).

3.2.4 FTIR Analysis

FT-IR spectrum of the AzA displays characteristic bands coming from the stretching of the carboxylic acid O-H atom at 2933 cm^{-1}, the stretching of the carboxylic acid C=O atom at 1683 cm^{-1}, the plane bend of the C-O-H atom at 1409 cm^{-1}, the stretching of the carboxylic acid C-O atom at 1251 cm^{-1}, and the out-of-plane bending of bound OH at 914 cm^{-1} (Figure 4b). FTIR spectra of AzA loaded SNEDDS formulation revealed that the typical peak of azelaic acid at 1683 cm^{-1} disappeared and the peak shifted from 1251 cm^{-1} to a lower wavenumber whereas the band at 1409 cm^{-1} and 914 cm^{-1} shifted towards a higher wavenumber (Figure 4c). As a result, the proof that AzA has been effectively incorporated into the SNEDDS formulation is supported by the FT-IR data. The observation data of FTIR analysis closely resembles the information previously provided by Berlitz et al (Jacobus Berlitz et al., 2019).

3.2.5 Entrapment efficiency and drug loading

The developed AzA-loaded SNEDDS formulation calculated entrapment efficiency for the drug AzA was 92.85% and the drug loading was reported to be 9.07 ± 0.09%. AzA solubility in oil phase and disarranged structure of SNEDDS formulation are responsible for the high drug loading and entrapment efficiency.

3.3 Characterization of SNEDDS hydrogel

3.3.1 Determination of pH

The produced SNEDDS hydrogel pH was discovered to be 6.71 ± 0.22. The pH of the prepared hydrogel was within the range of healthy skin, making them suitable for applying topically without causing any skin irritation. The developed SNEDDS hydrogel formulation's pH value was determined to be 6.7, which is in acceptance with the pH value (6. 67) cited in the literature and lies within an acceptable range to prevent skin irritation. As a result, the developed SNEDDS hydrogel is suitable for dermal application (Al-Suwayeh et al., 2014).

3.3.2 Determination of viscosity

The viscosity of the AzA-SNEDDS hydrogel was discovered to be 9.12 ± 0.03 Pa.s, at a shear rate of 6 s^{-1} and shear stress of 60 Pa. It was discovered that incorporating optimized nanoemulsion into a blank hydrogel did not change the formulation's rheological characteristics. The results we obtained are consistent with previous literature (Md et al., 2020), which indicates that the formulation's viscosity would be at a point where it may spread easily throughout the skin.

3.3.3 Determination of spreadability

It was discovered that the spreadability was 5.18 ± 0.12 g-cm/sec. The spreading of gels affects their therapeutic efficacy. The prepared gels must be well spreadable and meet the ideal requirements for topical application to aid in the uniform administration of the gel to the skin. Additionally, this is thought to be a key element in patient adherence to therapy. One of the most essential characteristics of anti-inflammatory and analgesic topical preparations is their consistency. The gel's spreadability

characteristics demonstrated a very short spreading time as well as consistency. The gel's ability to be ejected from the tube in a consistent and desirable amount depends on its consistency. The distance covered by a falling cone is inversely correlated with its consistency. In this investigation, optimized AzA-SNEDDS-Hydrogel was discovered to have a very good spreadability which is also reported in the literature provided by Ahmed (Ahmed, 2015).

3.3.4 Homogeneity

The developed SNEEDS hydrogel was created to look pleasant and well-homogenized. As well as no phase separation or coarse particles were seen.

3.3.5 Stability testing

The hydrogel organoleptic properties remained unchanged for the first 30 days of storage at ambient temperature and in a refrigerator, indicating that their physical stability was adequate for the time frame suggested by the US pharmacopoeia. To assure the hydrogel formulation's security and quality during the shelf life, stability testing was done at a temperature of 25ºC/60% RH. After the investigation was finished, or after one month, no changes in the hydrogels' appearance, color, viscosity, homogeneity, or pH were noticed. There was never any skin irritation.

3.3.6 Texture analysis

When hydrogels are placed on dermis, they ought to develop a microgel network that can withstand the physiological stress brought on by the body's mobility while also allowing for closer and more sustained contact with the skin. A balance between gel cohesiveness and gel adhesiveness must be kept while creating the ideal topical formulation, especially about extended retention duration at the site of application for hydrogels intended for the management of AD. A trustworthy summary of those qualities might be offered through texture analysis. Gel properties like adhesiveness, cohesiveness, and hardness were calculated by the demonstrated force-time plot (Figure 5a). The hardness of the hydrogel formulation is demonstrated by the maximal force. The amount of effort necessary to distort the hydrogel during the probe's downward motion is referred to as cohesiveness. The hydrogel's ability to adhere to the probe is demonstrated in the second area. These characteristics of hydrogels will also impact how quickly the drug integrated into them is released from the delivery system.

3.4 *In vitro* drug release study

In-vitro drug release tests have been employed to assess the drug release patterns to meet the requirement. A UV spectrophotometer with a 213 nm wavelength was used to achieve this. The Franz diffusion cell was employed to analyze the *in vitro* release characteristics of AzA formulations. Under circumstances that mimicked physiological skin conditions, the *in vitro* drug release was calculated. In this investigation, phosphate buffer with a pH of 6.5 and maintained at a temperature of 32°C ± 0.5 °C was used as the receptor media. The results of the comparative study between AzA plain hydrogel and AzA SNEDDS hydrogel are shown in Figure 5b. The first drug release from AzA plain hydrogel was rapid in the first two hours, followed by a sustained release that lasted for 20 hours. The drug's immediate burst expulsion from the simple hydrogel could be caused by the superficial trapping of the drug. The prolonged and sustained release of drug behaviour that has been observed in nano dermatology is really interesting. Therefore, it may be assumed that this kind of drug release behaviour can be used to identify the intended topical delivery of the drug. As an outcome, the first quick and then gradual release lessens the AzA possibility of drug loss due to routine activities. Sweating and changing clothes are two instances of actions. Because of the occlusive/moisturizing qualities of the nanoemulsions and maintained effectively delayed and sustained drug release, this encourages enhanced skin administration. After 12 hours, AzA plain gel at pH 6.5 releases approximately 98.63 ± 0.97 % of the drug. The order of the drug release characteristics was AzA plain hydrogel greater than the AzA-SNEDDS hydrogel (ANOVA, $p < 0.05$). The drug partitioning between the oil and aqueous phases as well as interactions with surfactants are all controlling factors for the release of drugs. To effectively release the medicine from the SNEDDS hydrogel, the particles need to be smaller in size and have a larger surface area. The formulation’s nanosize accelerates AzA solubility into the aqueous phase. The solubility and medication release are both enhanced. The release takes place in a controlled way. The AzA plain gel formulation does not exhibit a burst release pattern, except an immediate rapid release within the initial 2 hours. In contrast to a rapid or burst release, a steady release is the best parameter for long-term disorders like dermatitis. However, the drug is absorbed and released rapidly

in inflammatory dermatitis lesions, and a burst delivery also results in toxic effects. The optimized SNEDDS formulation was converted into hydrogel form to provide a sustained release of the active ingredient and superior retention of drug properties.

3.5 Skin permeation enhancement study

DSC and FTIR were used to analyze the mechanism of AzA-SNEDDS hydrogel permeation into the skin from the hydrogel (Figure 6). The band of absorption in the region of 3000 to 2700 cm^{-1} in FTIR of healthy skin is caused mostly by the C-H stretching motion of alkyl groups found in lipids and proteins. Peaks in the absorption bands 2853.81 and 2926.14 cm^{-1} are caused by symmetric and asymmetric C-H stretching in lipids, respectively. The stretching vibrations of the proteins amide I and amide II are the primary cause of the values of 1639.56 and 1550.83 cm^{-1}. The amide – I band and the amide II band are produced by the vibration of the atoms C=O and C-N, respectively. Component bands that indicate different keratin structural variants make form the amide I band. In contrast, the FTIR spectra of the treated skin showed an absorption band at 3062.13, 3421.87, and 3576.18 cm^{-1}. Stretching of alkenes is illustrated by the band at 1665.60 cm^{-1}, stretching of C=O by the band at 1750.48 cm^{-1}, and stretching of C-H by the band at 2855.73 cm^{-1}. Alkane C-H bending, as well as O-H bending and C=C bending, may be seen in the absorption band at 1462.11 cm^{-1}, 1426.42 cm^{-1}, and 971.20 cm^{-1} respectively. Both the AzA spectrum and the rat skin undergoing the preparation exhibits comparable features with slight variations. The chemical reaction between skin and AzA-SNEDDS hydrogel is the cause of this variance in peak. The results show that AzA-SNEDDS hydrogel effectively fluidized the skin's protein and lipid by increasing the permeability of the membrane, leading to enhanced formulation retention and permeation. According to FTIR research, skin dermis treated with AzA-SNEDDS hydrogel changed to higher wavenumbers at 3303.04 cm^{-1} and 3344.03 cm^{-1}, which are representative of N-H or O-H bonds in lipids, keratin, or ceramide. Furthermore, compared to the dermis that had not been treated, skin that had been exposed to the formulation showed a greater wavenumber of the FTIR band at 2852 cm^{-1} and 2920 cm^{-1}. The hydrogen bond strength of the skin is said to be lowered by interactions between AzA SNEDDS hydrogel and keratin or polar ceramide areas, as well as lipid components in the stratum corneum, leading to effective skin fluidization. The results show that the improved AzA SNEDDS formulation fluidized the skin's epidermis and dermis efficiently, possibly enhancing drug retention and permeability. On the other hand, the addition of PEG 400 and tween 80 considerably increased these effects.

3.6 HET-CAM Assay

After applying all of the test groups, no haemorrhage, lysis, or coagulation was seen in the HET-CAM study (IS=0). The positive control was categorized as harsh irritants as predicted (IS=19.9 ± 0.0). After the test was performed, the HET-CAM study is depicted in typical images in Figure 7.

3.7 *Ex vivo* studies

3.7.1 *Ex vivo* permeation studies on rat skin

The *ex vivo* drug permeation response of AzA-SNEDDS hydrogel and AzA hydrogel was discovered utilizing rat skin. Figure 8 displays the outcomes of the *ex vivo* permeation of AzA from the AzA-SNEDDS hydrogel and AzA hydrogel preparations at pH 6.5. As can be seen from a comparison of the permeation patterns of the two products, the percentage cumulative drug permeated of AzA from the produced SNEDDS hydrogel formulation is 96.09 ± 1.21 % whereas in the case of plain AzA hydrogel formulation only 60.18 ± 0.29 % drug was permeated (Figure 8a). This accelerated permeation may be caused by an abundance of AzA-containing nanosized oil globules, which may accelerate the rate at which the drug permeates through the skin's lipophilic layers and allow for immediate passage of the drug through the skin. The permeation flux was substantially increased ($P < 0.05$) with AzA-SNEDDS hydrogel (84.954 ± 1.19 μg cm^{-2} h^{-1}) as contrasted to the hydrogel formulation (65.986 ± 0.21 μg cm^{-2} h^{-1}) when the permeation characteristics were compared simultaneously (Figure 8b). This may be caused by the enhanced skin permeation brought on by PEG 400 presence, while the nanometric lipophilic globules also contributed to this permeation. The optimized SNEDDS formulation increased the amount of drug permeated as compared to plain AzA hydrogel indicating that the drug will be able to effectively permeate from epidermal layers.

3.7.2 Ex-Vivo confocal laser scanning microscopy (CLSM) visualization

Confocal microscopic analysis was done to assess the permeation of AzA-SNEDDS hydrogel and regular AzA hydrogel. The intensity of the red color depicts the amount of medication deposited on the skin of the rats. The results of the CLSM investigation showed that, in comparison to the AzA hydrogel which could only permeate the rat skin up to 25 micrometers, AzA-SNEDDS hydrogel was highly permeable (up to 35 micrometers) through the epidermal layer of the rat skin (Figure 9). The findings thus demonstrate that the drug may effectively cross the epidermal-dermal barrier, which is necessary for the treatment of AD.

3.8 *In vivo* studies

3.8.1 *In vivo* Study of Scratching Score and Erythema Score

A calcipotriol-induced AD model of Wistar female rats was developed to study scratching, scabs, edema, and erythema behavior. After that, rats in groups 3, 4, and 5 received treatments from AzA hydrogel, market formulations, and AzA-SNEDDS hydrogel. Every time they used their hind paws to massage their dorsal skin, the scratching score and erythema score were observed and quantified as shown in Figures 10a and 10b. After 2 weeks of AzA-SNEDDS hydrogel treatment, the inflammatory skin began to heal and developed a scab. Scabs developed into healing skin throughout this process, and the injured stratum corneum began to sprout new hairs. Scratching scores for the control and the plain AzA hydrogel-based group were 55.01 ± 0.09 and 15.01 ± 0.16, respectively. In the second week of the experiment with calcipotriol-induced AD Wistar rats, the scratching score considerably decreased after a dose of AzA-SNEDDS hydrogel (from 30.43 ± 0.34 to 6.57 ± 1.83) as shown in Figure 9b. However, after receiving a high dose of plain AzA hydrogel, the scratching score went up. This demonstrates that, when compared to the dose of AzA hydrogel, the dose of AzA-SNEDDDS hydrogel maintained AzA in various skin layers and had an immediate effect. As seen in Figures 10a and 10b, low-dose of plain AzA hydrogel can reduce erythema and scratching scores to the same extent as the marketed formulation. Figure 11 demonstrates how the clinical characteristics of the Wistar rat skin are covered.

3.8.2 Skin irritation study

Skin irritation is a significant problem for preparations that are administered topically. In this study, a histological examination of the skin after 24 hours of administration was done to determine whether the intended formulations may irritate. As a positive control and negative control, the skin samples were exposed to 0.8% paraformaldehyde aqueous solution and distilled water, respectively. Figure 12 shows the histological representation of the treated rat skin segment. The epidermal and dermal layers were delineated in the negative control (Figure 12a), whereas the positive control displayed erythema, itching, minor edematous exfoliating subcutaneous layer (disruption and swelling in the inner layer of skin), the epidermal and dermal layer was even and lose texture of collagen in dermis layer (reduce thickness and stiffness of skin) (Figure 12b). The marketed product showed a mild edematous exfoliation of the subcutaneous layer (Figure 12c). Negligible erythema and edema were observed in the blank (Figure 12d) and drug-loaded SNEDDS formulation-treated skin segments (Figure 12e), when compared to the skin sections treated with distilled water in Figure 12b. Based on the findings, it seemed that the developed SNEDDS formulation was a secure vehicle for the topical application of AzA.

3.8.3 Histopathological Examination

According to a negative control group (Figure 13a), the histological analysis of healthy Wistar rat skin revealed a homogenous epidermis and dermis along with a healthy capillary loop. The literature states that AD is thought to develop when the body's immune system sets off aberrant or excessively active inflammatory reactions in the epidermis and dermis. The histological skin segment from the positive control group that received calcipotriol treatment showed all of these alterations. The positive control group (Figure 13b) depicts the localized haemorrhage, leukocytes in the muscle and dermis, inflammatory cell infiltration, and a modest layer of compact hyperkeratosis. The control group likewise displayed focal interface dermatitis with persistent inflammation and a thick dermal layer. As seen in Figure 13c, the AzA hydrogel-treated group displayed recovered epidermis and dermis cell structure, but no change was seen in the skin appendages or focal acanthosis, and leukocytes were not seen. Concurrently, AzA hydrogel-treated group (Figure 13c) from the histological section demonstrates that the epidermal layer grew noticeably thinner and that the number of inflammatory cell nuclei also decreased. Similar skin healing improvements and substantially enhanced hair growth are shown in

Figure 13c. Rats were given a marketed formulation and exhibited minor infiltration of inflammatory cells and the presence of leukocytes in subcutaneous adipose tissue. Additionally, a foreign body granuloma was visible in the skin's dermis (Figure 13d). The epidermal and dermal layers were even and uninterrupted in the Wistar rat's skin that had received the AzA-SNEDDS hydrogel. In addition, as shown in Figure 13e, the group resulted in a thinner epidermis and reduced infiltration of inflammatory cells in subcutaneous adipose tissue. The scratching and erythema scores shown in Figure 10 were supported by the histology data that were seen.

4. Conclusion

In this research, AzA-loaded SNEDDS hydrogel was successfully developed for the topical delivery of drugs in the management of AD. AzA is an anti-inflammatory drug with low skin penetration, which reduces its therapeutic efficacy and raises the intensity of skin irritants. The SNEDDS formulations are effective in treating various skin diseases. They provide higher skin permeation, which enhances the topical action and skin retention. The development of SNEDDS formulation was optimized using a pseudoternary phase diagram. The ideal SNEDDS formulation included labrasol as an optimized oil phase, PEG 400 as a cosurfactant, and Tween 80 as a surfactant. The polydispersity index of the optimized preparation was found to be less than 0.5, and the size of the distributed globules was found to be 151.20 ± 3.67 nm. AzA-SNEDDS containing hydrogel for topical administration was developed using Carbopol 940 as a gelling agent. The prepared SNEDDS hydrogel's texture analysis, spreadability, viscosity, and pH were all deemed acceptable and suited for topical application. Additionally, it was discovered that the produced SNEDDS hydrogel of AzA activity is better than the plain hydrogel of AzA and marketed formulation in terms of *in vitro* release rate and anti-inflammatory action. Comparatively to the plain AzA hydrogel, the SNEDDS improved AzA penetration into the epidermal layers. When compared to the marketed formulation, the *ex vivo* skin permeability of AzA from the produced SNEDDS was shown to be greater; as a result, there was a 35.91 ± 0.19% increased flux with AzA-SNEDDS hydrogel. Additionally, the histological examination showed that the skin of the experimental animals had no signs of toxicity, indicating that the formulation could be administered topically safely, and effectively. In conclusion, the developed AzA-SNEDDS hydrogel formulation can be employed as a potential carrier for the treatment of inflammation and AD.

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Table 1: (a) Emulsification efficiency of different surfactants in Labrasol oil; (b) Emulsification efficiency of different cosurfactants in Labrasol oil and Tween 80 surfactant

(a) Emulsification efficiency of different surfactants in Labrasol oil		
Surfactants	**% Transmittance**	**No. of inversion**
Tween 80	99.67 ± 0.17	3
Cremophor RH40	98.72 ± 0.34	7
Tween 40	83.98 ± 0.12	11
Tween 20	91.66 ± 0.89	6
Cremophor S9	19.90 ± 0.87	13
(b) Emulsification efficiency of different cosurfactants in Labrasol oil and Tween 80 surfactant		
Cosurfactants	**% Transmittance**	**No. of inversions**
PEG 400	99.43 ± 0.09	4
PEG 200	99.33 ± 0.13	7
PEG 600	96.89 ± 0.04	9
Glycerol	92.78 ± 0.19	11

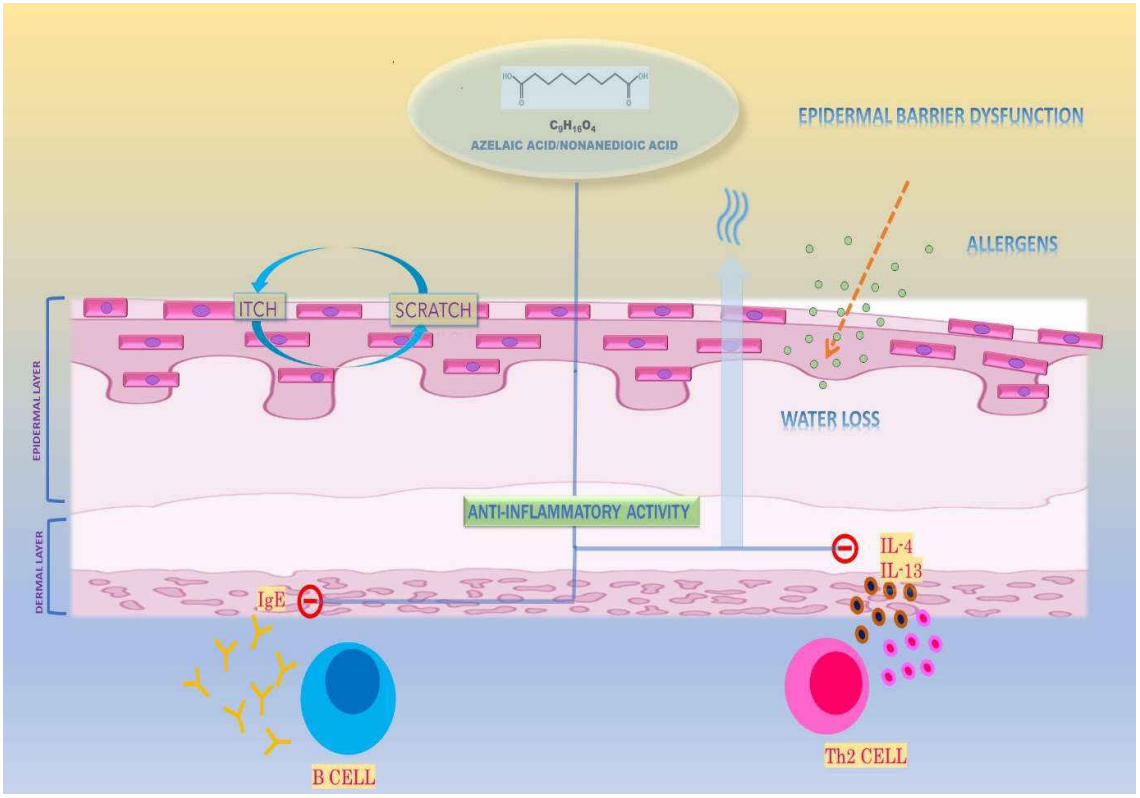

Figure 1: Schematic diagram of the mechanism of action of Azelaic Acid in treating Atopic Dermatitis

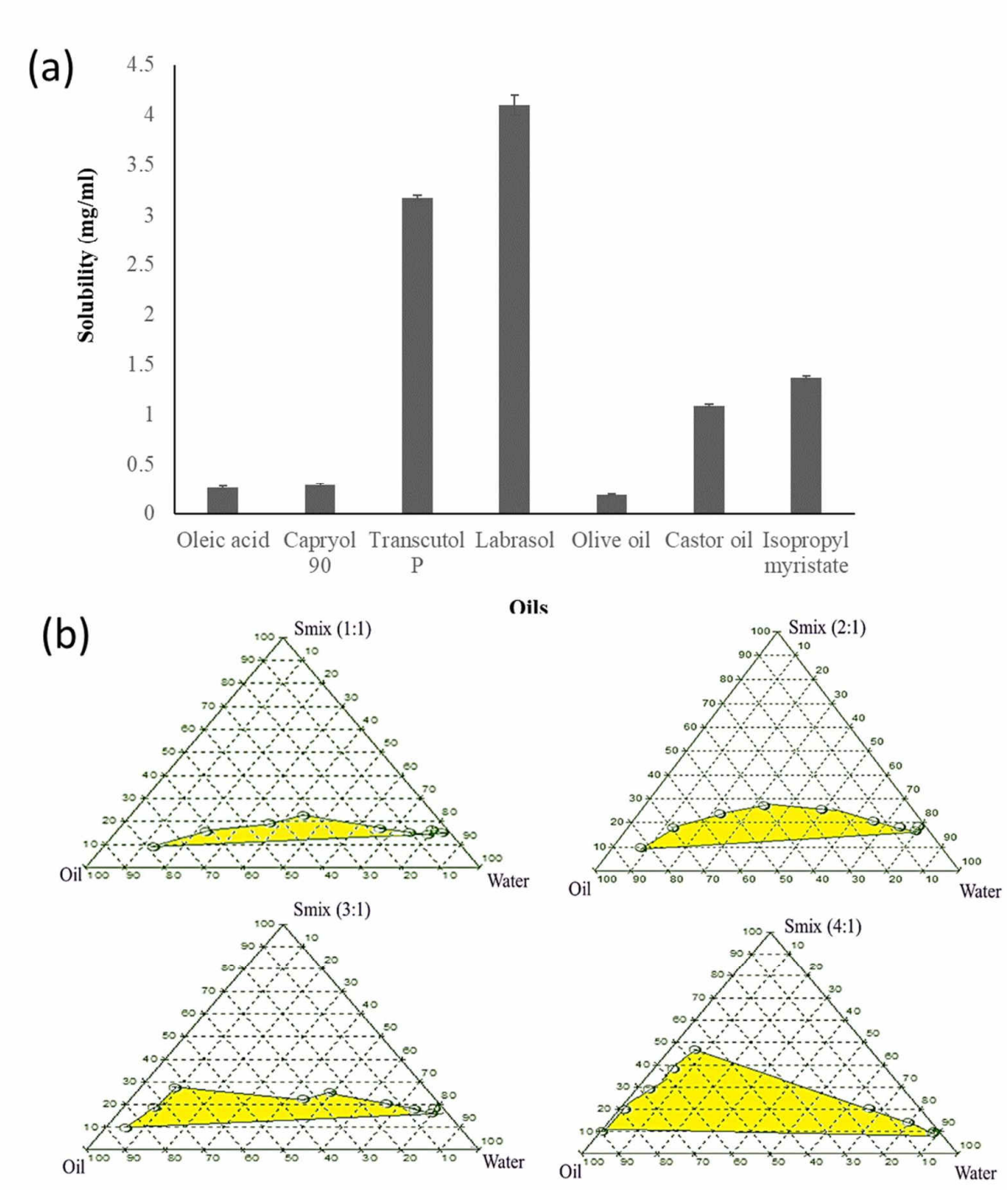

Figure 2: (a) Equilibrium solubility of azelaic acid in various oils in mg/ml, data represented as mean±SD; (n=3); (b) The Pseudoternary phase diagrams of the Oil-Smix–Water system at the 1:1, 2:1, 3:1 and 4:1 weight ratio of Labrasol -Tween 80/ PEG 400 at ambient temperature, shaded area show nanoemulsions zone.

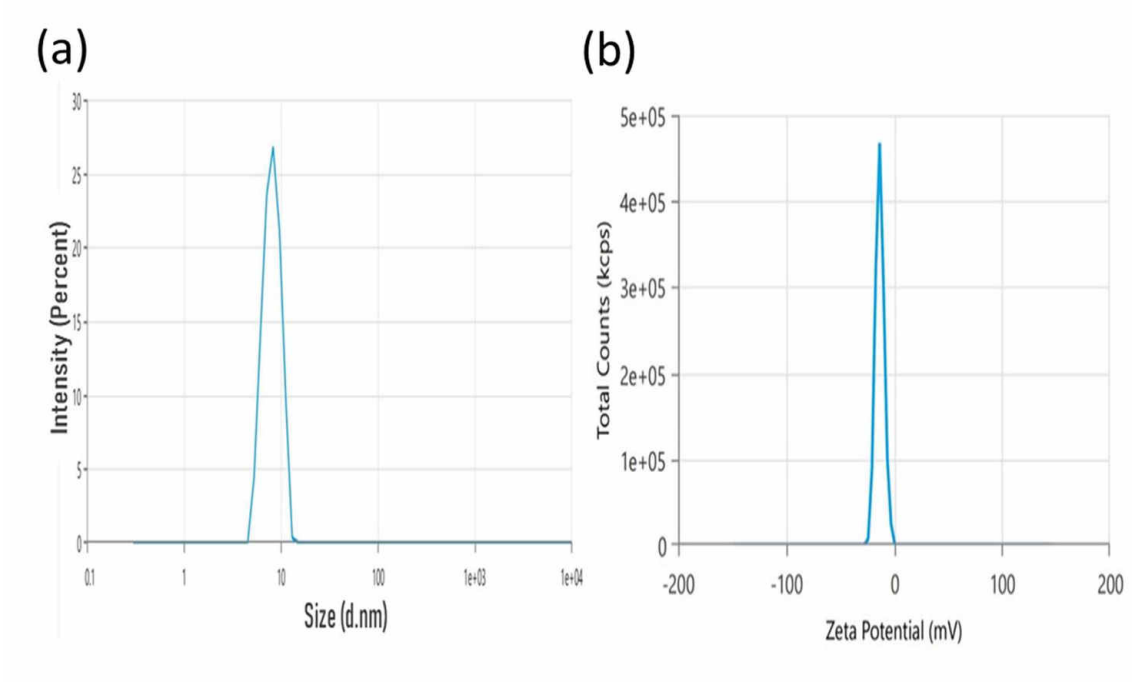

Figure 3: (a) Mean particle size and PDI of optimized azelaic acid loaded SNEDDS formulation; (b) Zeta potential of optimized azelaic acid loaded SNEDDS formulation.

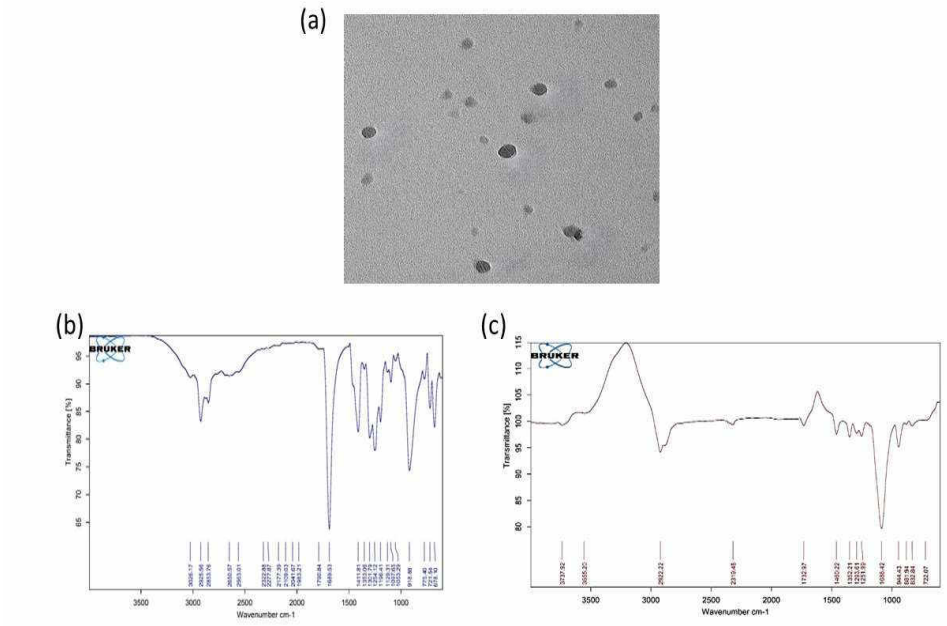

Figure 4: (a) TEM image of optimized AzA-SNEDDS formulation; (b) FTIR spectra of Azelaic acid c) FTIR spectra ofAzelaic acid loaded SNEDDS**.**

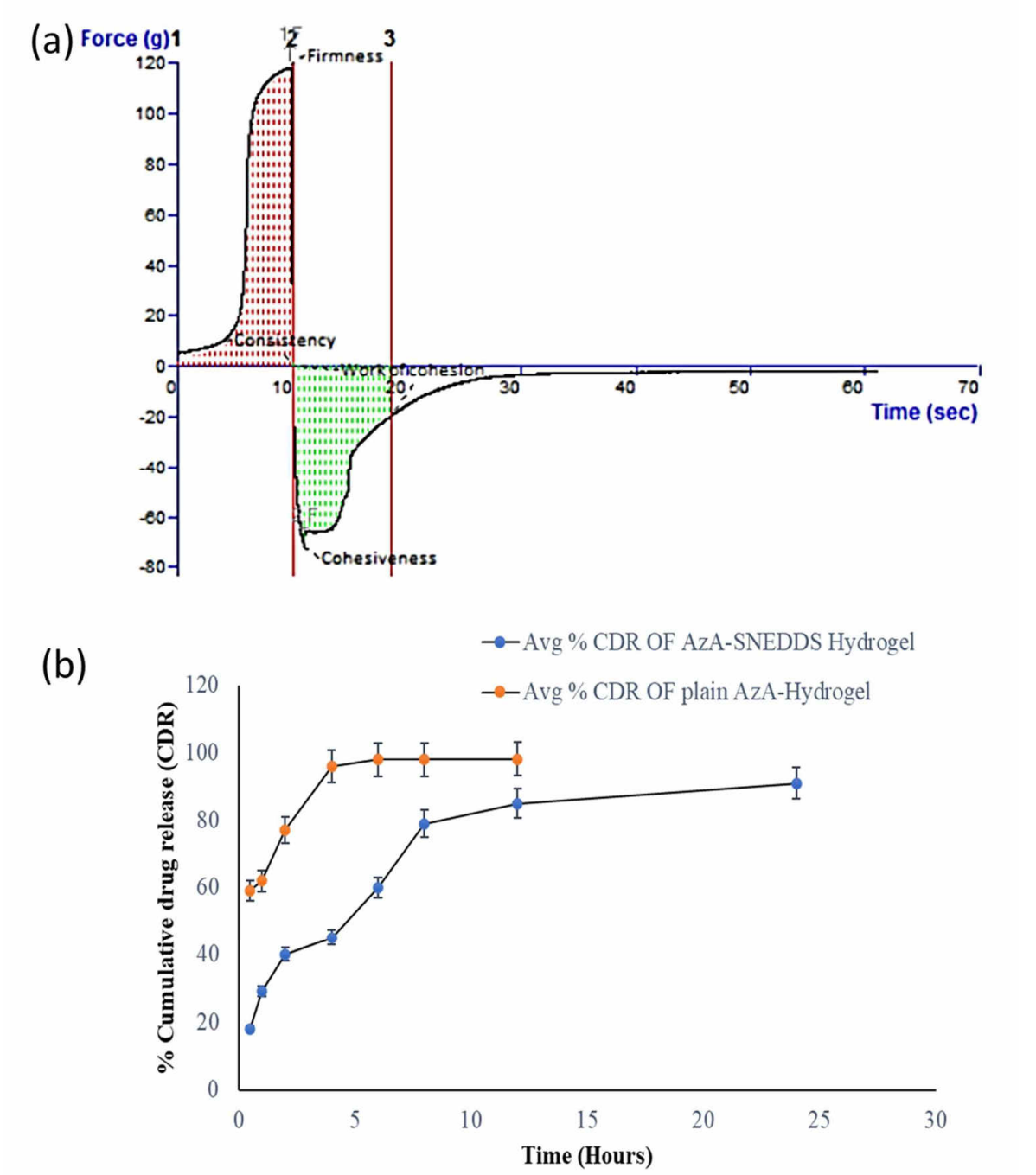

Figure 5: (a) Representative force versus time curve of a backward extrusion assessment of SNEDDS Carbopol hydrogels. (b) *In vitro* drug release curve for AzA plain hydrogel and AzA-SNEDDS hydrogel.

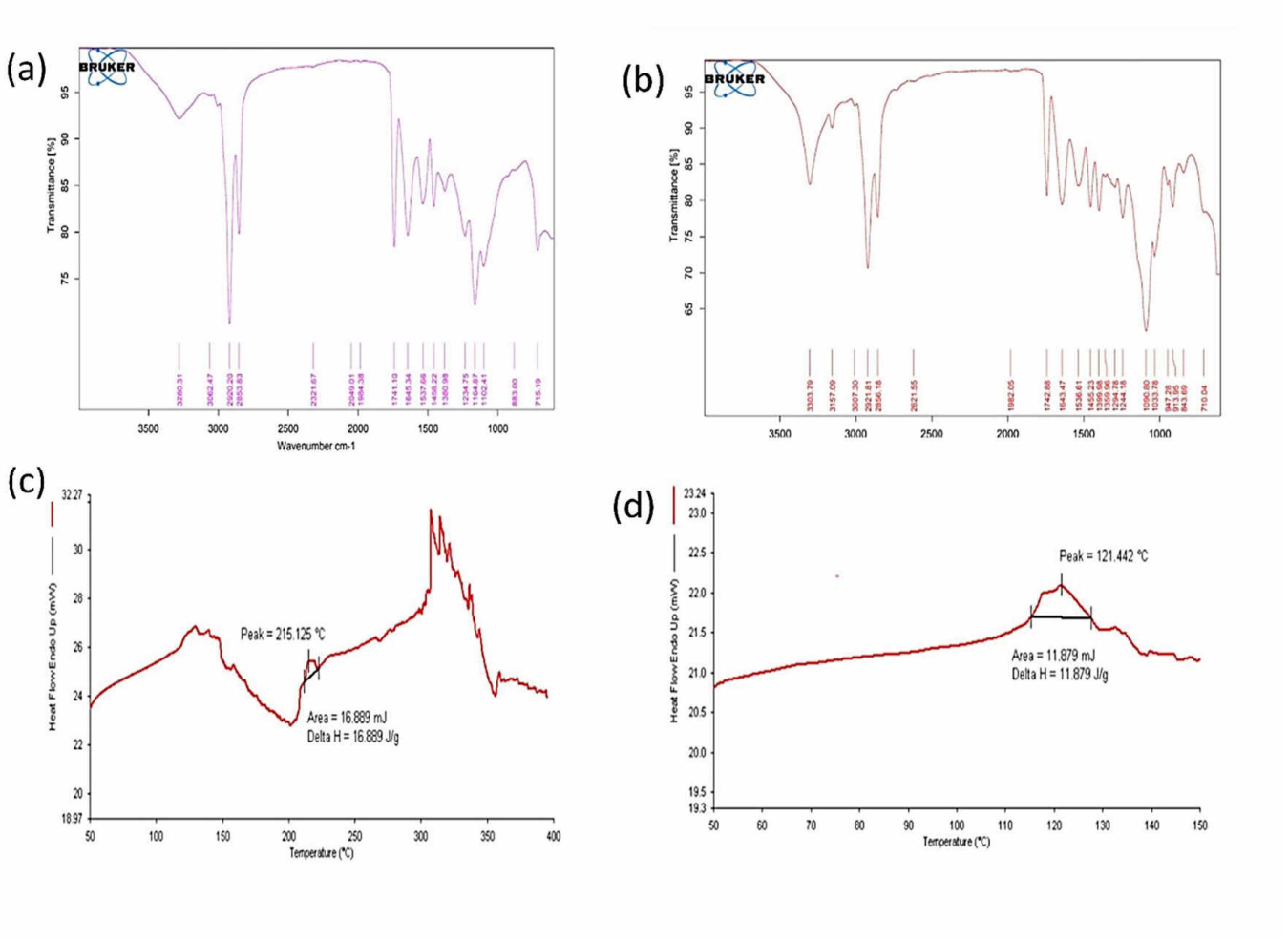

Figure 6: Skin permeation enhancement study evaluated by FTIR and DSC: (a) FTIR of normal skin (b) FTIR of AzA-SNEDDS hydrogel treated skin (c) DSC of normal skin and (d) DSC OF AzA-SNEDDS hydrogel treated skin.

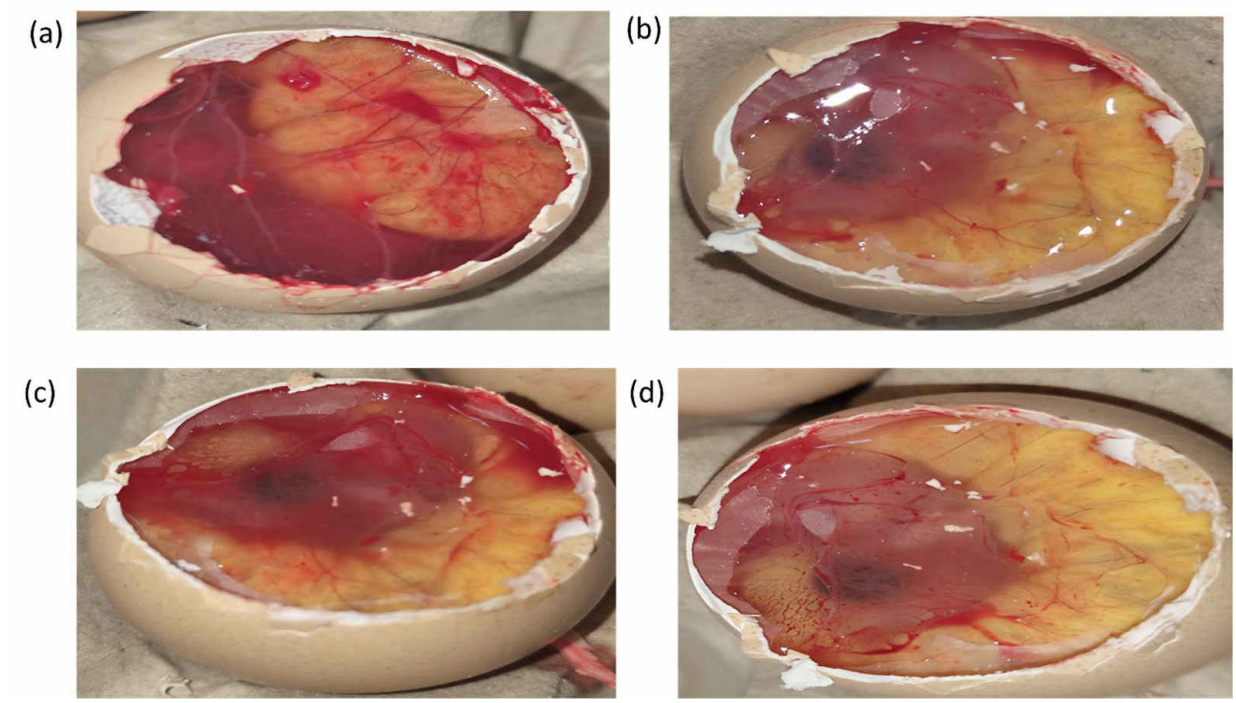

Figure 7: Representative pictures of HET-CAM study after the administration of (a) Positive control- 0.1 M NaOH; (b) Negative control- 0.9% NaCl; (c) SNEDDS Hydrogel; (d) Azelaic acid SNEDDS hydrogel.

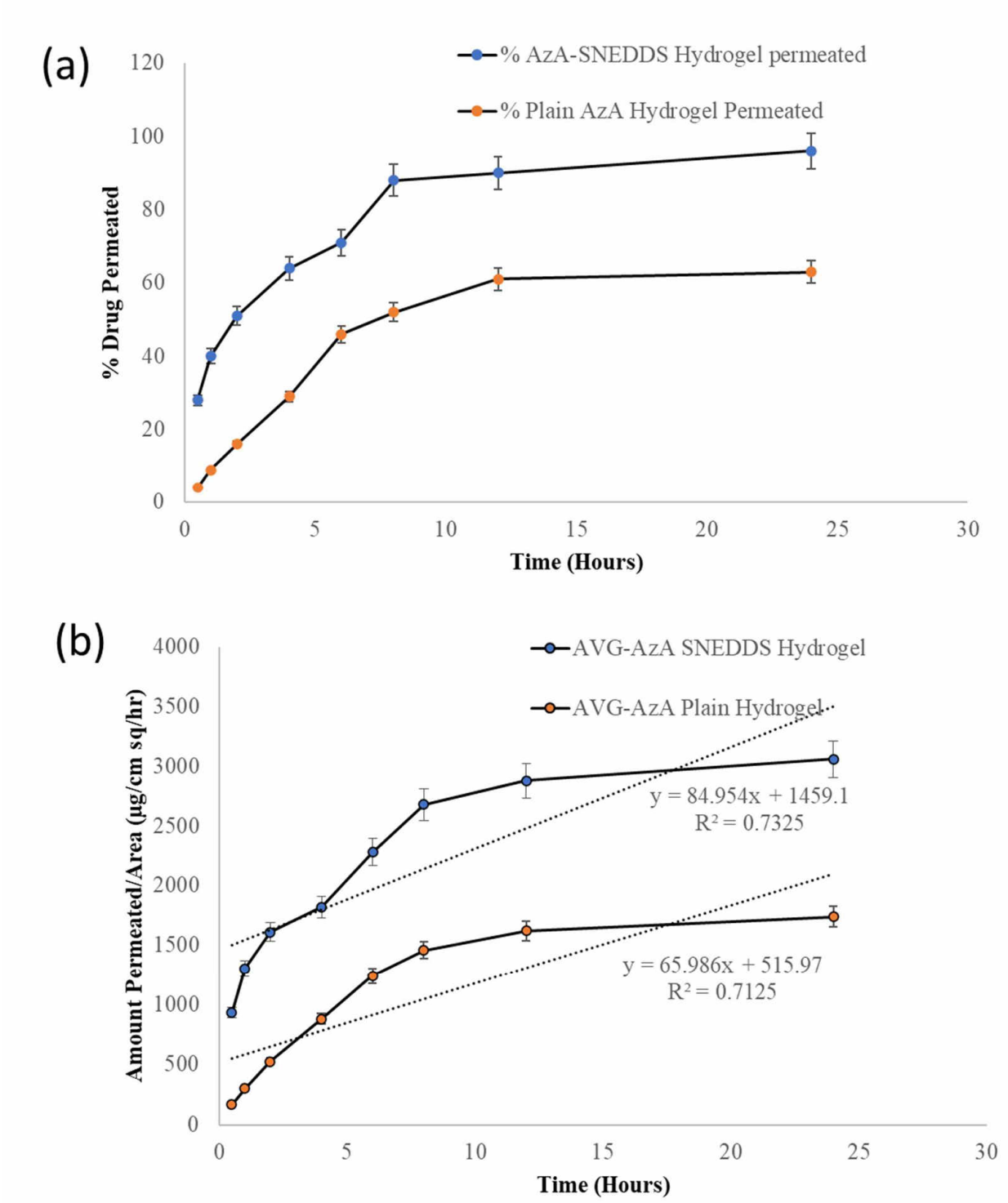

Figure 8: (a) *Ex vivo* permeation of AzA from SNEDDS hydrogel and plain hydrogel. (b) Flux for AzA-SNEDDS hydrogel and Plain AzA.

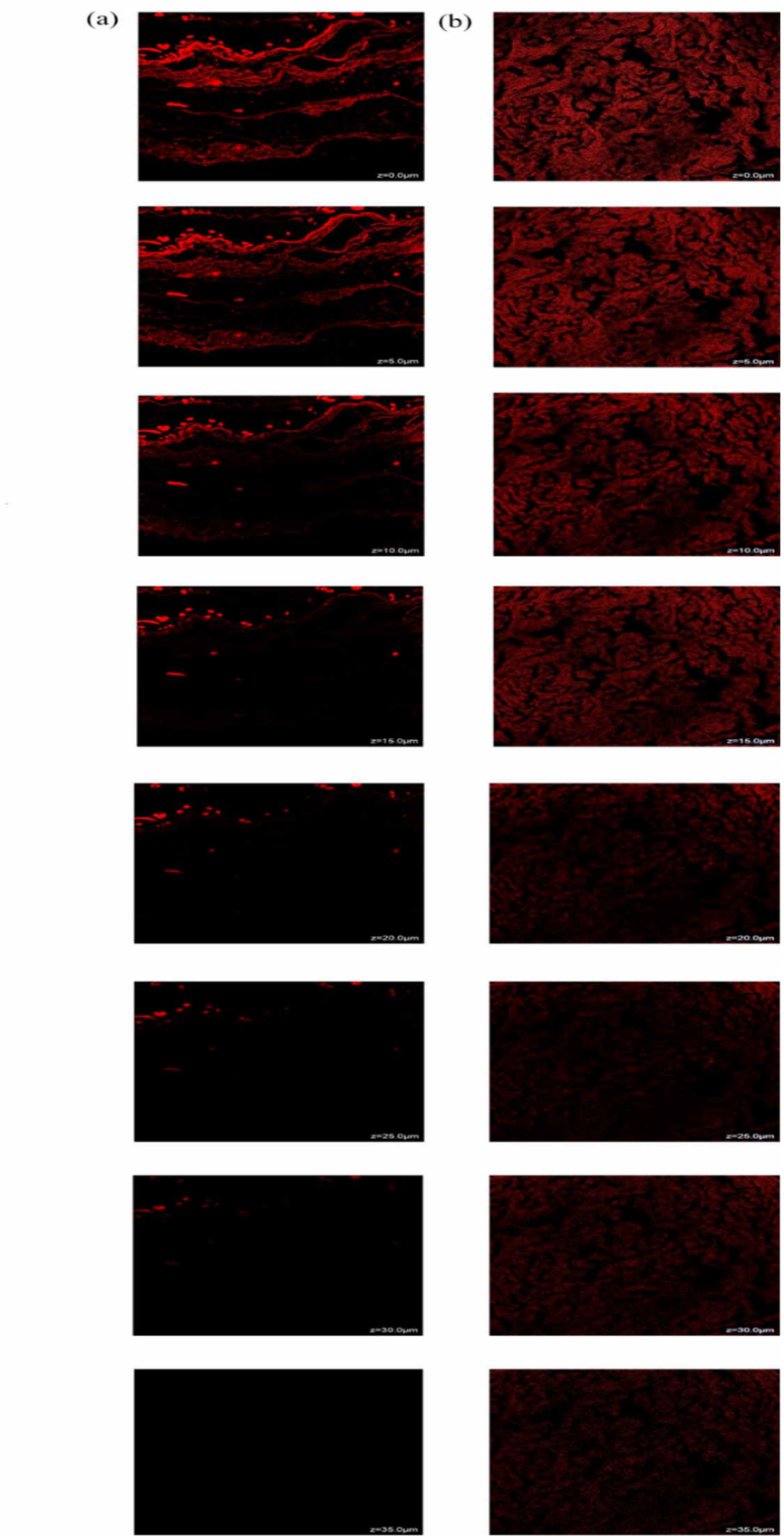

Figure 9: (a) CLSM penetration for AzA Hydrogel (b) CLSM penetration for AzA-SNEDDS Hydrogel**.**

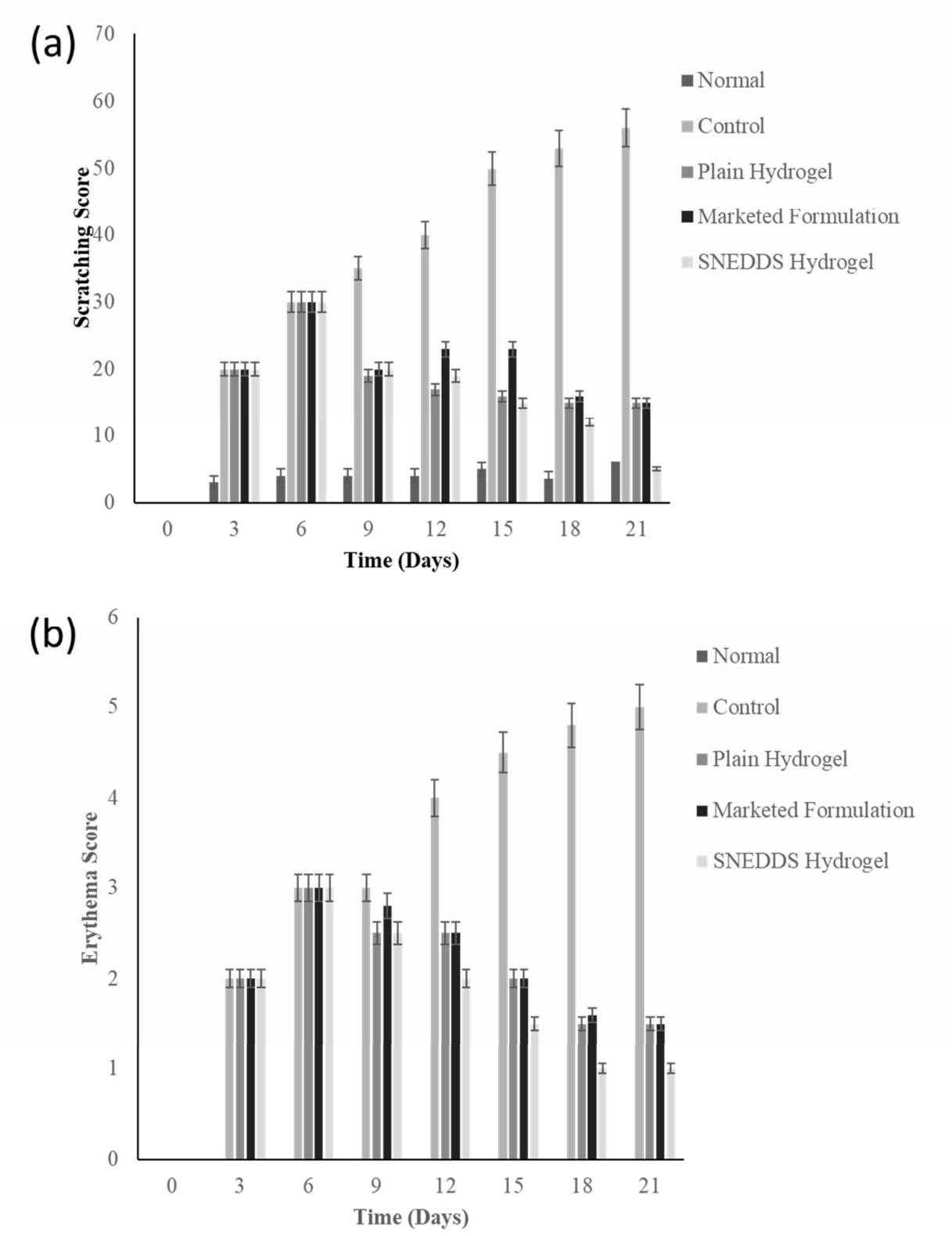

Figure 10: Two weeks of treatment with AzA-SNEDDS hydrogel showed considerable skin recovery when compared to the marketed formulation, as demonstrated by reduced (a) Erythema score and (b) Scratching score (±SD, $n = 3$, $p < 0.5$).

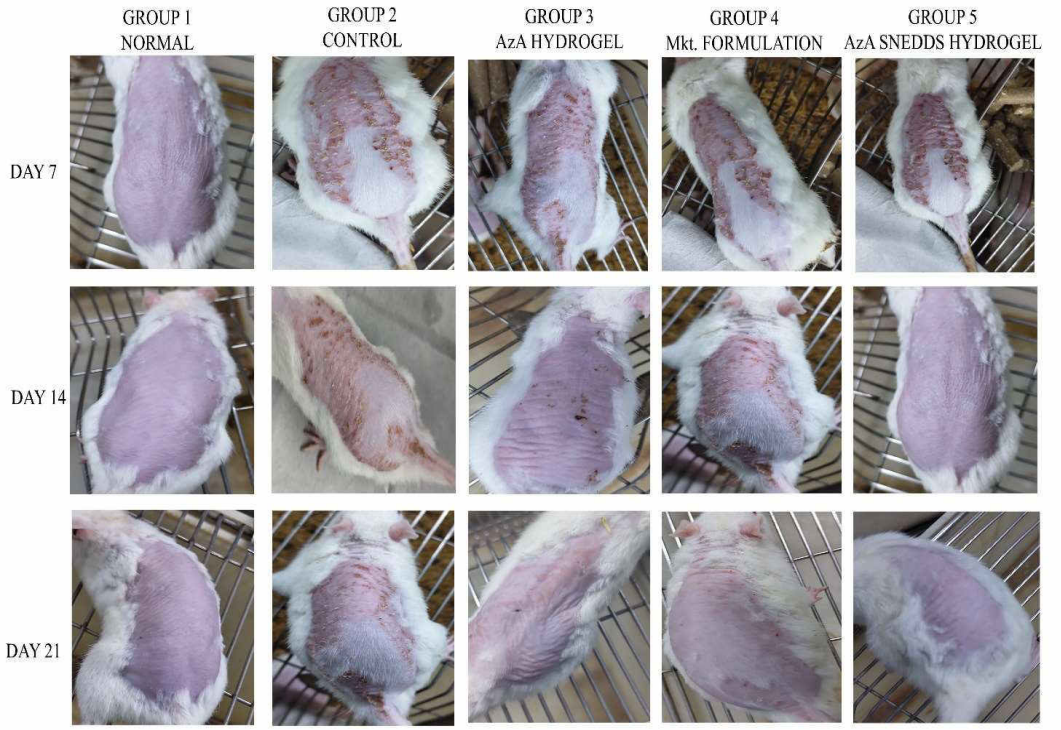

Figure 11: Clinical characteristics of Wistar rat skin following topical administration of AzA-hydrogel, marketed formulation and AzA-SNEDDS hydrogel on calcipotriol-induced atopic dermatitis.

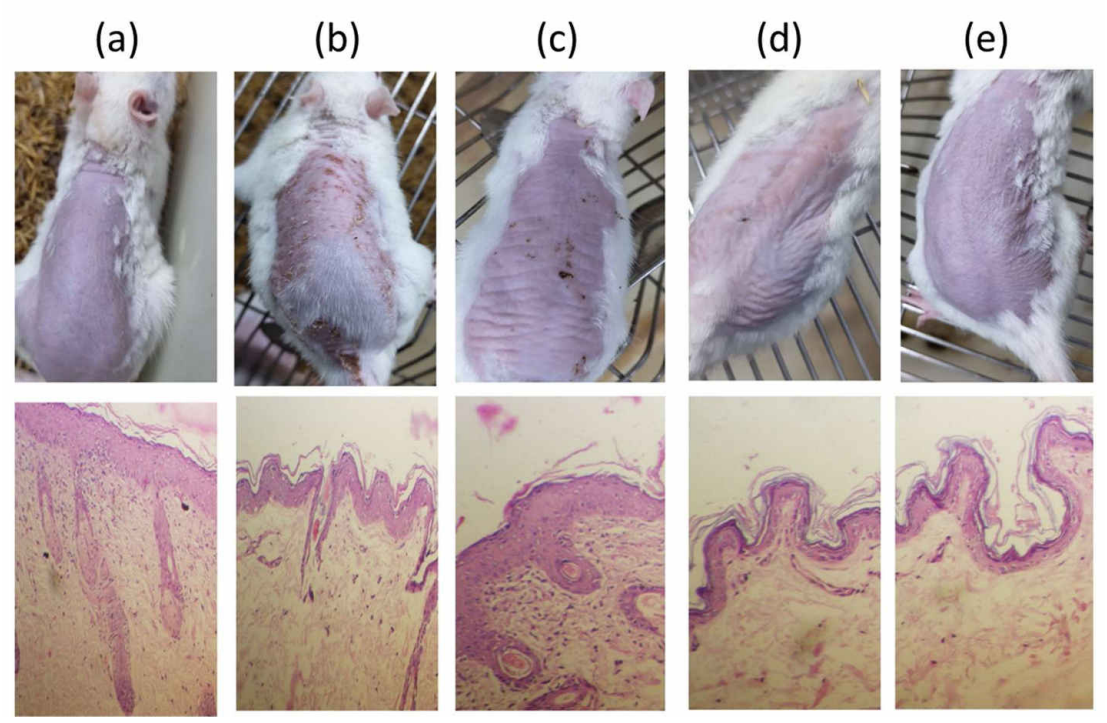

Figure 12: The pictures of rat skin sections treated in various ways and seen below a light microscope (a) Negative control group demonstrating intact skin and integrity; (b) Positive control group that had been exposed to paraformaldehyde showed slightly exfoliated skin and the dermis' collagen had a looser texture; (c) Marketed formulation treated group skin showed minor exfoliation of edema; (d) SNEDDS hydrogel treated group showed negligible erythema and edema; (e) AzA-SNEDDS hydrogel treated group displaying well delineated epidermal and dermal layers.

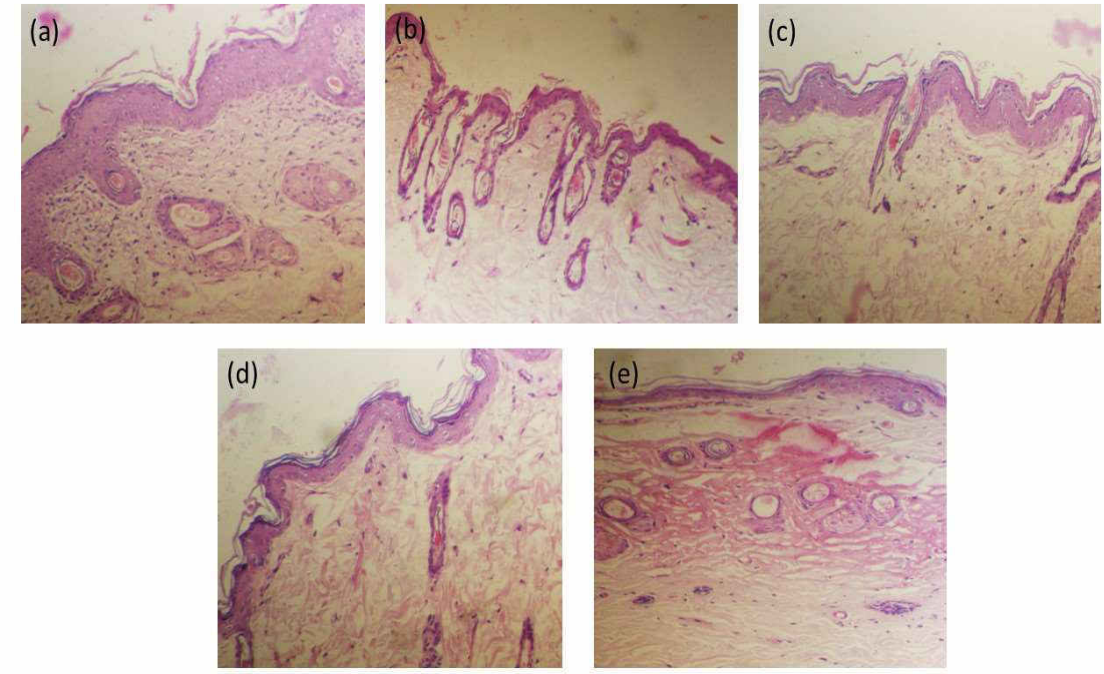

Figure 13: Histopathology of (a) Negative control group; (b) Positive control group (induced by calcipotriol); (c) Plain AzA-hydrogel treated group; (d) Marketed formulation treated group; (e) AzA-SNEDDS hydrogel treated group.

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Date: 31 August 2024