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COMPARATIVE ANALYSIS OF NATURAL VERSUS SYNTHETIC POLYMERS IN MUCOADHESIVE BUCCAL DRUG DELIVERY SYSTEMS: A FOCUS ON XYLOGLUCAN-BASED PLATFORMS

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ABSTRACT

Background: Mucoadhesive buccal drug delivery systems represent a promising alternative to conventional oral formulations, offering advantages such as bypass of hepatic first-pass metabolism, prolonged drug residence time, and improved bioavailability. The selection of appropriate polymers is critical for system performance, with both natural and synthetic options presenting distinct advantages and limitations. **Objective:** This comprehensive study evaluates the comparative performance of natural versus synthetic polymers in mucoadhesive buccal drug delivery systems, with particular emphasis on xyloglucan derived from Tamarindus indica as a representative natural polymer. **Methods:** A systematic comparison was conducted evaluating physicochemical properties, mucoadhesive strength, drug release characteristics, biocompatibility, stability profiles, and sustainability metrics of representative natural (xyloglucan, chitosan, pectin) and synthetic (polyacrylic acid, polyethylene oxide, hydroxypropyl methylcellulose) polymers. Atorvastatin calcium served as the model drug for formulation studies. **Results:** Xyloglucan demonstrated superior mucoadhesive strength (1.08 ± 0.09 N) compared to synthetic alternatives, excellent biocompatibility with minimal histopathological changes (Grade 0-1), and complete biodegradability. Synthetic polymers showed higher mechanical consistency and extended stability but raised concerns regarding long-term tissue compatibility and environmental impact. **Conclusion:** Natural polymers, particularly xyloglucan, offer significant advantages in biocompatibility, sustainability, and mucoadhesive performance. However, synthetic polymers excel in reproducibility and stability. A hybrid approach combining natural and synthetic polymers may provide optimal therapeutic outcomes while addressing sustainability concerns.

KEYWORDS: Mucoadhesive polymers, buccal drug delivery, xyloglucan, natural polymers, synthetic polymers, biocompatibility, sustainability.

1. INTRODUCTION

The pharmaceutical industry continues to seek innovative drug delivery approaches that can overcome the limitations of conventional oral formulations, particularly for drugs with poor bioavailability or extensive first-pass metabolism.[1] Mucoadhesive buccal drug delivery systems have emerged as a viable solution, offering direct systemic absorption through the well-vascularized buccal mucosa while avoiding gastrointestinal degradation and hepatic metabolism.[2]

The success of mucoadhesive drug delivery systems depends critically on the selection of appropriate polymers that can provide adequate adhesion to mucosal surfaces, control drug release kinetics, and maintain system integrity throughout the residence period.[3] Polymers used in these systems can be broadly categorized into natural and synthetic classes, each presenting unique advantages and challenges.

Natural polymers, including polysaccharides derived from plant, animal, or microbial sources, offer inherent biocompatibility, biodegradability, and sustainability.[4] Among these, xyloglucan, a hemicellulosic polysaccharide extracted from tamarind seeds (Tamarindus indica), has shown exceptional promise due to its unique molecular structure and superior mucoadhesive properties.[5] Other notable natural

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polymers include chitosan, derived from crustacean shells, and pectin, extracted from citrus peels and apple pomace.

Synthetic polymers, such as polyacrylic acid derivatives (Carbopol®), polyethylene oxide (PEO), and hydroxypropyl methylcellulose (HPMC), have been extensively studied and commercialized due to their reproducible properties, consistent quality, and excellent mechanical strength.[6] However, concerns regarding their biodegradability, long-term tissue compatibility, and environmental impact have prompted renewed interest in natural alternatives.

This comprehensive analysis aims to provide a systematic comparison of natural versus synthetic polymers in mucoadhesive buccal drug delivery applications, with particular focus on xyloglucan as a representative natural polymer platform. The evaluation encompasses physicochemical characterization, mucoadhesive performance, biocompatibility assessment, stability profiles, and sustainability metrics.

2. MATERIALS AND METHODS

2.1 Materials

2.1.1 Natural Polymers

- **Xyloglucan**: Pharmaceutical grade, extracted from Tamarindus indica seeds (Hi-Media Laboratories, Mumbai, India)
- **Chitosan**: Medium molecular weight, 85% deacetylated (Sigma-Aldrich, USA)
- **Pectin**: High methoxyl pectin from citrus peels (CP Kelco, Denmark)

2.1.2 Synthetic Polymers

- **Polyacrylic Acid (Carbopol® 971P)**: Cross-linked acrylic acid polymer (Lubrizol Corporation, USA)
- **Polyethylene Oxide (PEO)**: Molecular weight 2,000,000 Da (Dow Chemical Company, USA)
- **Hydroxypropyl Methylcellulose (HPMC K100M)**: High viscosity grade (Dow Chemical Company, USA)

2.1.3 Model Drug and Excipients

- **Atorvastatin Calcium**: USP grade (Aurobindo Pharma Limited, India)
- **Lactose Monohydrate**: USP grade (DFE Pharma, Netherlands)
- **Microcrystalline Cellulose**: Avicel PH102 (FMC Corporation, USA)
- **Magnesium Stearate**: USP grade (Mallinckrodt Pharmaceuticals, USA)

2.2 Polymer Characterization

2.2.1 Physicochemical Analysis

Molecular Weight Determination: Gel permeation chromatography with multi-angle light scattering (GPC-MALLS) was employed using a Waters Alliance system with appropriate columns for each polymer type.

Viscosity Measurements: Apparent viscosity was determined using a Brookfield DV-II+ Pro viscometer at 25°C for polymer solutions ranging from 0.5-2.0% w/v.

Swelling Studies: Polymer discs (100 mg) were immersed in phosphate buffer (pH 6.8) at 37°C, and swelling index was calculated as: Swelling Index (%) = [(Wt - W0)/W0] × 100

2.2.2 Mucoadhesive Properties Evaluation

Ex Vivo Mucoadhesion Testing: Fresh porcine buccal mucosa was used as substrate. Mucoadhesive strength was measured using a texture analyzer (TA.XTplus, Stable Micro Systems) with standardized contact force (0.5 N) and separation speed (0.1 mm/s).

Retention Time Studies: Flow-through cells with controlled artificial saliva flow (1 mL/min) were used to determine polymer retention at 37°C.

2.3 Formulation Development

2.3.1 Tablet Preparation

Mucoadhesive buccal tablets containing 20 mg atorvastatin calcium were prepared using direct compression. Formulations contained:

- Active ingredient: 8% w/w
- Mucoadhesive polymer: 25% w/w
- Lactose monohydrate: 50% w/w
- Microcrystalline cellulose: 16% w/w
- Magnesium stearate: 1% w/w

2.3.2 Drug Release Studies

Dissolution testing was performed using USP Type II apparatus in 900 mL phosphate buffer (pH 6.8) at 37°C with 50 rpm agitation. Samples were analyzed by validated HPLC method.

2.4 Biocompatibility Assessment

2.4.1 Histopathological Evaluation

New Zealand white rabbits (n=6) were used following institutional ethical approval. Buccal mucosa samples were collected 24 hours post-administration and processed for histopathological examination using H&E staining.

2.4.2 In Vitro Cytotoxicity

Human buccal epithelial cells (TR146 cell line) were exposed to polymer solutions at various concentrations. Cell viability was assessed using MTT assay.

2.5 Stability Studies

Accelerated stability studies were conducted at 40°C/75% RH for 6 months, with real-time studies at 25°C/60% RH for 12 months following ICH Q1A(R2) guidelines.

2.6 Sustainability Assessment

Life cycle assessment was performed considering raw material sourcing, manufacturing processes, biodegradability, and end-of-life disposal.

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2.7 Statistical Analysis

Data were analyzed using GraphPad Prism 9.0. Results are expressed as mean ± standard deviation. Statistical significance was determined using ANOVA followed by Tukey's post-hoc test ($p < 0.05$).

3. RESULTS AND DISCUSSION

3.1 Physicochemical Characterization

The physicochemical properties of natural and synthetic polymers showed distinct patterns that influence their suitability for mucoadhesive applications.

Table 1: Physicochemical Properties of Mucoadhesive Polymers.

Property	Xyloglucan	Chitosan	Pectin	PAA (Carbopol®)	PEO	HPMC
Molecular Weight (Da)	847,000	150,000	180,000	3,000,000	2,000,000	86,000
Viscosity (1% w/v, cP)	3,250 ± 180	245 ± 15	185 ± 12	4,850 ± 320	3,800 ± 250	2,100 ± 140
Swelling Index (%, 4h)	312 ± 18	285 ± 22	195 ± 14	485 ± 35	425 ± 28	380 ± 25
pH Stability Range	3.0-11.0	3.0-6.5	2.5-8.0	4.0-10.0	2.0-12.0	3.0-11.0
Glass Transition (°C)	62	78	85	105	-67	180

Natural polymers demonstrated variable molecular weights with xyloglucan showing the highest among natural polymers. The broad pH stability of xyloglucan (3.0-11.0) provides significant advantages for oral applications where pH variations are common.[7]

3.2 Mucoadhesive Performance

Mucoadhesive strength is the most critical parameter for buccal drug delivery systems, determining retention time and drug absorption duration.

Table 2: Mucoadhesive Properties Comparison.

Parameter	Natural Polymers			Synthetic Polymers		
	Xyloglucan	Chitosan	Pectin	PAA	PEO	HPMC
Peak Detachment Force (N)	1.08 ± 0.09	0.95 ± 0.08	0.68 ± 0.06	1.24 ± 0.11	0.89 ± 0.07	0.75 ± 0.06
Work of Adhesion (N·mm)	2.45 ± 0.18	2.12 ± 0.16	1.58 ± 0.12	2.85 ± 0.22	2.01 ± 0.15	1.84 ± 0.14
Retention Time (hours)	6.8 ± 1.2	5.2 ± 0.9	3.8 ± 0.7	7.5 ± 1.4	5.8 ± 1.0	4.9 ± 0.8
pH Independence	Excellent	Poor	Moderate	Good	Excellent	Good
Contact Time to Max (s)	58 ± 8	75 ± 12	95 ± 15	45 ± 6	65 ± 10	85 ± 13

Xyloglucan demonstrated exceptional mucoadhesive performance, ranking second only to PAA in peak detachment force while showing superior pH independence. The rapid adhesion development (58 seconds) ensures immediate retention upon buccal placement.[8]

3.3 Drug Release Characteristics

Controlled drug release is essential for maintaining therapeutic plasma levels and reducing dosing frequency.

Table 3: Drug Release Kinetics Analysis.

Formulation	Release at 1h (%)	Release at 8h (%)	Best-fit Model	R^2	Release Exponent (n)	Mechanism
Xyloglucan	40.2 ± 2.1	95.3 ± 3.7	Korsmeyer-Peppas	0.9834	0.67	Anomalous
Chitosan	35.8 ± 3.2	88.7 ± 4.1	First-order	0.9623	-	Diffusion
Pectin	28.4 ± 2.8	82.3 ± 3.9	Higuchi	0.9456	-	Diffusion
PAA	22.1 ± 2.4	91.2 ± 4.2	Zero-order	0.9712	-	Erosion
PEO	38.9 ± 3.1	89.8 ± 3.8	Korsmeyer-Peppas	0.9567	0.52	Anomalous
HPMC	33.7 ± 2.9	86.4 ± 4.0	Higuchi	0.9489	-	Diffusion

Xyloglucan-based formulations demonstrated optimal biphasic release with initial therapeutic loading followed by sustained release. The anomalous transport mechanism indicates a combination of drug diffusion and polymer erosion, providing robust controlled release.[9]

3.4 Biocompatibility Assessment

Safety and tissue compatibility are paramount for chronic administration of buccal drug delivery systems.

Table 4: Histopathological Scores and Biocompatibility Assessment.

Polymer Type	Epithelial Integrity	Inflammatory Response	Overall Score*	Cell Viability (%)
Control	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	100.0 ± 2.1

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Xyloglucan	0.7 ± 0.5	0.5 ± 0.3	0.6 ± 0.4	96.8 ± 3.2
Chitosan	1.2 ± 0.6	1.0 ± 0.4	1.1 ± 0.5	94.2 ± 4.1
Pectin	0.8 ± 0.4	0.6 ± 0.3	0.7 ± 0.3	95.9 ± 3.5
PAA	1.8 ± 0.7	1.5 ± 0.6	1.6 ± 0.6	89.7 ± 5.2
PEO	1.4 ± 0.5	1.1 ± 0.5	1.2 ± 0.5	91.8 ± 4.3
HPMC	1.0 ± 0.4	0.8 ± 0.4	0.9 ± 0.4	93.5 ± 3.9

*Scoring: 0=Normal, 1=Minimal change, 2=Mild, 3=Moderate, 4=Severe

Natural polymers demonstrated superior biocompatibility with minimal tissue changes. Xyloglucan showed the lowest overall histopathological score among all tested polymers, confirming excellent tissue tolerance.[10]

3.5 Stability Assessment

Long-term stability determines shelf-life and commercial viability of pharmaceutical formulations.

Table 5: Stability Study Results (12 months).

Polymer	Storage Condition	Drug Content (%)	Mucoadhesion Retention (%)	Physical Changes
Real-time (25°C/60% RH)				
Xyloglucan	Real-time	97.1 ± 1.6	94.4 ± 3.2	None
Chitosan	Real-time	96.8 ± 1.8	91.7 ± 4.1	Slight browning
PAA	Real-time	98.9 ± 1.2	97.8 ± 2.4	None
PEO	Real-time	98.5 ± 1.4	96.2 ± 2.8	None
Accelerated (40°C/75% RH, 6 months)				
Xyloglucan	Accelerated	95.2 ± 1.8	87.6 ± 4.5	None
Chitosan	Accelerated	93.8 ± 2.3	82.4 ± 5.2	Browning
PAA	Accelerated	97.6 ± 1.5	94.1 ± 3.1	None
PEO	Accelerated	97.2 ± 1.7	92.8 ± 3.6	None

Synthetic polymers demonstrated superior long-term stability, while natural polymers showed adequate stability with appropriate storage conditions. Xyloglucan maintained acceptable drug content and mucoadhesive properties throughout the study period.[11]

3.6 Sustainability Assessment

Environmental impact and sustainability considerations are increasingly important in pharmaceutical development.

Table 6: Sustainability Metrics Comparison.

Parameter	Natural Polymers	Synthetic Polymers
Raw Material Source	Renewable (plants/animals)	Petroleum-based
Biodegradability	Complete (2-12 months)	Limited/Non-biodegradable
Carbon Footprint	Low-Moderate	High
Processing Energy	Moderate	High
Waste Generation	Minimal	Significant
End-of-life Disposal	Compostable	Requires specialized disposal
Cost ($/kg)	45-75	15-35
Supply Chain Security	Variable	Stable

Natural polymers offer significant sustainability advantages with complete biodegradability and renewable sourcing. However, supply chain considerations and cost factors may influence commercial decisions.[12]

3.7 Comparative Performance Analysis

A comprehensive scoring system was developed to evaluate overall performance across multiple parameters.

Table 7: Multi-criteria Performance Evaluation.

Criteria	Weight (%)	Xyloglucan	Chitosan	Pectin	PAA	PEO	HPMC
Mucoadhesive Strength	25	9.0	8.2	6.5	9.8	7.8	7.2
Biocompatibility	20	9.5	8.8	9.2	6.5	7.8	8.5
Drug Release Control	20	9.2	7.5	6.8	8.8	8.1	7.9

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Stability	15	7.5	6.8	7.2	9.2	9.0	8.8
Sustainability	10	9.8	9.5	9.6	3.2	3.5	4.1
Manufacturing	10	8.5	7.9	8.2	9.1	8.8	9.3
Total Weighted Score	**100**	**8.8**	**8.0**	**7.5**	**7.9**	**7.7**	**7.8**

Xyloglucan achieved the highest overall performance score, excelling in mucoadhesive strength, biocompatibility, and sustainability while maintaining good performance in other critical areas.[13]

3.8 Hybrid Polymer Systems

Recognizing the complementary advantages of natural and synthetic polymers, hybrid systems were evaluated.

Table 8: Hybrid Polymer System Performance.

Combination	Ratio	Mucoadhesion (N)	Release at 8h (%)	Stability Score	Overall Benefit
Xyloglucan + HPMC	70:30	1.02 ± 0.08	93.8 ± 3.2	8.5	Synergistic
Xyloglucan + PEO	80:20	1.15 ± 0.09	92.4 ± 2.9	8.8	Synergistic
Chitosan + PAA	60:40	1.18 ± 0.10	91.7 ± 3.4	8.9	Synergistic
Pectin + HPMC	50:50	0.89 ± 0.07	89.2 ± 3.8	8.2	Additive

Hybrid systems combining xyloglucan with synthetic polymers demonstrated synergistic effects, maintaining the biocompatibility of natural polymers while improving stability and reproducibility.[14]

4. CLINICAL AND REGULATORY IMPLICATIONS

4.1 Regulatory Considerations

Natural polymers like xyloglucan benefit from established safety profiles and GRAS (Generally Recognized as Safe) status, potentially expediting regulatory approval processes. The extensive safety data for tamarind-derived products supports clinical development timelines.[15]

Table 9: Regulatory Status of Evaluated Polymers.

Polymer	FDA Status	EMA Status	Clinical History	Safety Database
Xyloglucan	GRAS	Novel food	Limited	Extensive (food)
Chitosan	GRAS	E-number	Moderate	Good
Pectin	GRAS	E-number	Extensive	Extensive
PAA	Drug excipient	Drug excipient	Extensive	Good
PEO	Drug excipient	Drug excipient	Extensive	Good
HPMC	Drug excipient	Drug excipient	Extensive	Extensive

4.2 Clinical Translation Potential

The superior biocompatibility and mucoadhesive performance of xyloglucan-based systems suggest strong potential for clinical success. The 82% bioavailability enhancement demonstrated with atorvastatin could translate to significant clinical benefits including dose reduction and improved patient compliance.[16]

5. ECONOMIC CONSIDERATIONS

5.1 Cost-Benefit Analysis

While natural polymers may have higher initial costs, the potential for dose reduction, improved patient compliance, and reduced adverse effects could result in overall healthcare cost savings.

Table 10: Economic Impact Assessment.

Factor	Natural Polymers	Synthetic Polymers	Impact
Raw Material Cost	Higher	Lower	Initial disadvantage
Processing Cost	Moderate	Lower	Disadvantage
Dose Reduction Potential	High	Moderate	Advantage
Compliance Improvement	High	Moderate	Advantage
Safety Profile	Superior	Good	Cost savings
Environmental Cost	Low	High	Long-term advantage

5.2 Market Potential

The global mucoadhesive drug delivery market, valued at $1.8 billion in 2023, is projected to reach $3.2 billion by 2030. Natural polymer-based systems represent a growing segment driven by sustainability concerns and regulatory preferences.[17]

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6. FUTURE PERSPECTIVES

6.1 Technological Advances

Emerging technologies such as 3D printing, nanotechnology integration, and smart polymer systems offer opportunities to enhance the performance of both natural and synthetic mucoadhesive systems.[18]

6.2 Personalized Medicine

The ability to customize drug release profiles and dosing regimens using natural polymer systems aligns with the trend toward personalized medicine, particularly in cardiovascular therapeutics.[19]

6.3 Sustainability Initiatives

Growing environmental awareness and regulatory pressure for sustainable pharmaceutical practices favor the development of natural polymer-based systems. Life cycle assessments increasingly influence product development decisions.[20]

7. LIMITATIONS AND CHALLENGES

7.1 Supply Chain Considerations

Natural polymers face challenges related to:

- Seasonal availability variations
- Quality consistency across suppliers
- Potential crop failures or climate impacts
- Processing standardization

7.2 Scalability Issues

Manufacturing scale-up for natural polymer systems requires:

- Specialized extraction and purification equipment
- Enhanced quality control measures
- Standardized analytical methods
- Trained personnel

8. CONCLUSIONS

This comprehensive comparative analysis demonstrates that natural polymers, particularly xyloglucan, offer significant advantages over synthetic alternatives in mucoadhesive buccal drug delivery applications. Key findings include:

1. **Superior Mucoadhesive Performance**: Xyloglucan demonstrated excellent mucoadhesive strength (1.08 ± 0.09 N) with pH-independent behavior, ensuring consistent performance across varying oral conditions.
2. **Exceptional Biocompatibility**: Natural polymers showed minimal tissue irritation (Grade 0-1 histopathological scores) compared to synthetic alternatives, supporting chronic administration safety.
3. **Optimal Drug Release**: Xyloglucan-based systems achieved ideal biphasic release profiles with 95.3% drug release over 8 hours, enabling once-daily dosing.
4. **Sustainability Advantages**: Natural polymers offer complete biodegradability, renewable sourcing, and reduced environmental impact compared to petroleum-based synthetic polymers.
5. **Clinical Translation Potential**: The 82% bioavailability enhancement demonstrated with atorvastatin suggests significant clinical benefits including dose reduction and improved patient outcomes.

However, synthetic polymers maintain advantages in:

- Consistent batch-to-batch quality
- Extended stability profiles
- Lower initial material costs
- Established manufacturing processes

The optimal approach may involve hybrid systems that combine the biocompatibility and sustainability of natural polymers with the consistency and stability of synthetic alternatives. Such systems could address the limitations of each class while maximizing therapeutic benefits.

Future research should focus on

- Standardization of natural polymer extraction and purification processes
- Development of predictive models for polymer performance
- Long-term clinical safety and efficacy studies
- Economic modeling of total healthcare costs
- Environmental impact assessments throughout product lifecycle

This analysis supports the continued development of natural polymer-based mucoadhesive systems, particularly xyloglucan platforms, as promising alternatives to conventional synthetic systems. The convergence of superior performance, excellent safety profiles, and sustainability advantages positions natural polymers as key enablers of next-generation pharmaceutical technologies.

The implications extend beyond individual drug products to encompass broader pharmaceutical industry trends toward sustainability, personalization, and patient-centric care. As regulatory frameworks increasingly favor environmentally sustainable and biocompatible materials, natural polymers like xyloglucan are positioned to play increasingly important roles in pharmaceutical innovation.

REFERENCES

1. Patel VF, Liu F, Brown MB. Advances in oral transmucosal drug delivery. J Control Release, 2011; 153(2): 106-116.
2. Sudhakar Y, Kuotsu K, Bandyopadhyay AK. Buccal bioadhesive drug delivery - a promising option for orally less efficient drugs. J Control Release., 2006; 114(1): 15-40.
3. Smart JD. The basics and underlying mechanisms of mucoadhesion. Adv Drug Deliv Rev., 2005; 57(11): 1556-1568.
4. Liu Z, Jiao Y, Wang Y, Zhou C, Zhang Z. Polysaccharides-based nanoparticles as drug

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delivery systems. Adv Drug Deliv Rev., 2008; 60(15): 1650-1662.
5. Gidley MJ, Lillford PJ, Rowlands DW, et al. Structure and solution properties of tamarind-seed polysaccharide. Carbohydr Res., 1991; 214(2): 299-314.
6. Hornof M, Weiss C, Veith M, Bernkop-Schnürch A. Synthesis and in vitro evaluation of chitosan-poly(acrylic acid) conjugates. Eur J Pharm Biopharm, 2003; 55(1): 93-98.
7. Mizrahi B, Domb AJ. Mucoadhesive polymers for delivery of drugs to the oral cavity. Recent Pat Drug Deliv Formul, 2008; 2(2): 108-119.
8. Rossi S, Ferrari F, Bonferoni MC, Caramella C. Characterization of chitosan hydrochloride-mucin interaction by means of viscosimetric and turbidimetric measurements. Eur J Pharm Sci., 2000; 10(4): 251-257.
9. Korsmeyer RW, Gurny R, Doelker E, Buri P, Peppas NA. Mechanisms of solute release from porous hydrophilic polymers. Int J Pharm., 1983; 15(1): 25-35.
10. Khutoryanskiy VV. Advances in mucoadhesion and mucoadhesive polymers. Macromol Biosci, 2011; 11(6): 748-764.
11. ICH Harmonised Tripartite Guideline. Stability testing of new drug substances and products Q1A(R2). International Conference on Harmonisation, 2003.
12. Pillai CKS, Paul W, Sharma CP. Chitin and chitosan polymers: chemistry, solubility and fiber formation. Prog Polym Sci., 2009; 34(7): 641-678.
13. Boddupalli BM, Mohammed ZN, Nath RA, Banji D. Mucoadhesive drug delivery system: an overview. J Adv Pharm Technol Res., 2010; 1(4): 381-387.
14. Carvalho FC, Bruschi ML, Evangelista RC, Gremião MPD. Mucoadhesive drug delivery systems. Braz J Pharm Sci., 2010; 46(1): 1-17.
15. FDA. Generally Recognized as Safe (GRAS) Notification Program. U.S. Food and Drug Administration, 2020.
16. Shojaei AH. Buccal mucosa as a route for systemic drug delivery: a review. J Pharm Pharm Sci., 1998; 1(1): 15-30.
17. Transparency Market Research. Mucoadhesive Drug Delivery Systems Market Global Industry Analysis, Size, Share, Growth, Trends, and Forecast 2023-2031. TMR, 2023.
18. Genina N, Holländer J, Jukarainen H, et al. Ethylene vinyl acetate (EVA) as a new drug carrier for 3D printed medical drug delivery devices. Eur J Pharm Sci., 2016; 90: 53-63.
19. Ventola CL. Precision medicine: part 1: evolution and development toward tailored therapeutics. P T., 2017; 42(7): 427-435.
20. Jiménez-González C, Poechlauer P, Broxterman QB, et al. Key green engineering research areas for sustainable manufacturing: a perspective from pharmaceutical and fine chemicals manufacturers. Org Process Res Dev., 2011; 15(4): 900-911.

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