

Past Work Done on the Matrix Tablets: A Quick Reference for the Research Beginner in Sustained-release Dosage Forms

Hindustan Abdul Ahad^{1,*}, Haranath Chinthaginjala², Bake Meharajunnisa², Nayakam Vandana¹, Renuka Gudisipalli¹, Peddapotheula Nikhila¹

¹Department of Industrial Pharmacy, Raghavendra Institute of Pharmaceutical Education and Research (RIPER)-Autonomous, K.R. Palli Cross, Ananthapuramu, Andhra Pradesh, INDIA.

²Department of Pharmaceutics, Raghavendra Institute of Pharmaceutical Education and Research (RIPER)-Autonomous, K.R. Palli Cross, Ananthapuramu, Andhra Pradesh, INDIA.

ABSTRACT

Matrix tablets are also referred to as sustained-release, controlled-release, or prolonged-release extended-release tablets, which will prolong the duration of the release of drug content into the systemic circulation. This work was to collect matter about polymers so far tried in making matrix tablets. Due to the prolonged duration of release, this may increase the bioavailability of the drug. They are made with various polymers, starting with cellulose, its derivatives, and plant gums or mucins. This data was obtained by viewing to peer-reviewed journals and magazines. These tablets can be prepared by direct compression of a blended mixture containing polymers, blending agents, glidants, and other additives. The blend was made as granules and compressed as tablets. The matrix tablets are sustained drug release forms and show better action. The study revealed that the matrix tablet is a simple method for extending drug release for a prolonged period.

Keywords: Drug, Gums, Literature, Matrix, Mucilage, Release.

Correspondence:

Prof. Hindustan Abdul Ahad

Department of Industrial Pharmacy,
Raghavendra Institute of Pharmaceutical
Education and Research (RIPER)-
Autonomous, K.R. Palli Cross- 515721,
Ananthapuramu, Andhra Pradesh, INDIA.
Email: abdulhindustan@gmail.com

Received: 28-01-2023 ;

Revised: 17-02-2023;

Accepted: 02-04-2023.

INTRODUCTION

Dosage Forms (DF) are the drugs that deliver drug molecules to specific sites of action within the body. Oral DFs include pills, tablets, capsules, syrups, powders, buccal films; and so on.¹ The classification of oral DFs is mainly based on the route and physical form of the drug molecule. Among the various DFs, oral DFs are the most convenient.² It is the most straightforward method. It is the best option among the various DFs, and these are the most highly preferred DFs among all the DFs. Oral DFs have many advantages. These DFs have different mechanisms of action in their release.³ The oral systems are available as tablets, capsules, suspensions, emulsions, lozenges, pills, solutions, etc.

Merits of oral DFs

The virtues are as follows:^{4,5}

- Available in various DFs.
- Drugs are readily available by prescription.

- Economical.
- The most natural and easiest drug-giving route.
- Oral routes are less objectionable than parenteral routes.
- require only minimal training for administration.
- Safe.
- Simple and convenient to use.
- Suitable for patients of all ages.
- Toxicity is lagged owing to their delayed onset in their effect.
- Various DFs are available.

Shortcomings of oral DFs

The main pitfalls include:⁶

- Dosages are mostly arbitrary, and titration to the clinical endpoint is impossible.
- In some cases, these medications cause gastric irritations and infections, and sometimes they may lead to a gastric ulcer.
- Late onset of action because it takes time for complete absorption.
- Not a better choice for children and infants.



DOI: 10.5530/ijpi.13.3.047

Copyright Information :

Copyright Author (s) 2023 Distributed under
Creative Commons CC-BY 4.0

Publishing Partner : EManuscript Tech. [www.emanuscript.in]

- Not suitable for emergencies or for patients who are unconscious.
- Not suitable for patients who are suffering from malabsorption.
- Not suitable for patients who suffer from chronic disorders.
- Patient non-compliance.
- The duration of action may extend into the post-treatment period.
- The level of sedation cannot be altered.

These drugs are not suitable for patients who are suffering from gastrointestinal disorders such as diarrhoea, gastric ulcers, constipation, hyperacidity, constipation, etc.

In these oral DFs in drug is unvaryingly blended in the inert solvent. Matrix polymers are mainly available as swellable hydrophilic polymers and non-swellable hydrophobic polymers. In hydrophilic polymer matrices, the drug molecule will be dispersed in the hydrophilic solvents, and then it hydrates into the gel layer over the tablet surface. This gel layer serves as a barrier against drug diffusion and stops excessive water from entering the tablet; more hydration may result in a thicker layer; balance is achieved by swapping out the inner core of the tablet with the dissolved outside thick gel layer. Non-ionic soluble ethers [HPMC K4M, K15M, HEC]. Water-soluble natural gums [xanthan gum, locust bean gum, and Karyya gum]. The drug molecule will be dissolved in hydrophobic solvents in hydrophobic polymer matrices. Examples of hydrophobic polymers are waxes, fatty acids/esters/alcohols, glycerides, etc. The extended discharge of drug is owing to the network passages between the drug and polymer.

USES OF MATRIX TABLETS

Amebiasis

Entamoeba histolytica causes amoebic diseases, which are parasite illnesses that mostly affect the intestine and liver. Matrix Tablets (MT) are used to treat these conditions. Matrix tablets are used in the handling of amoebic disorders, which are parasitic infections that majorly affect the intestine and liver and are caused by *Entamoeba histolytica*.

Bacterial vaginosis

MT are used to prevent the growth of bacteria in the vagina, which is primarily impacted by *Lactobacillus* species. Matrix tablets are used to inhibit bacterial growth in the vagina, which is mainly affected by species of *Lactobacillus*.

Prostatitis

Prostatitis, or bacterially-induced swelling of the prostate gland, is treated with MT. Matrix tablets are used in the handling of prostatitis, which means swelling of the prostate gland hindered by bacteria like *Escherichia coli*, *Pseudomonas*, and *Enterococci*.

Trichomoniasis

Trichomonas vaginalis-related sexually transmitted diseases are treated with MT. Matrix tablets are used in the dealing of sexually transmitted disorders caused by *Trichomonas vaginalis*.

Urinary Tract Infections

MT are mostly used to treat bacteria such *E. coli*, *P. aeruginosa*, *Enterococci*, and *K. pneumoniae* that cause cystitis. Matrix tablets are mainly used to treat bacteria that cause urinary tract infections like cystitis caused by *E. coli*, *Pseudomonas aeruginosa*, *Enterococci*, and *Klebsiella pneumoniae*.

Side effects

- A missed dose or an overdose may cause some problems.
- Drug resistance.
- Impaired liver functions.
- Toxicity of neurons (convulsions, meningitis, peripheral neuropathy).
- Pregnant or breastfeeding women should avoid this product.
- It can sometimes cause a drop in blood cell count (leukopenia, thrombocytopenia, bone marrow aplasia).
- Tendinitis and tendon rupture.

EVALUATION OF MATRIX TABLETS

Some evaluation methods—friability test, uniformity of weight, and hardness test should be performed for the evaluation of tablets according to British pharmacopoeia. By using vernier callipers dimensional tests are performed on tablets. The formulation blend was studied for flow properties before they were compressed into tablets.^{7,8}

FLOW PROPERTIES

Angle of Repose (AR)

The force inherent in loose powder can be determined using the AR. It is clarified as the largest possible angle between the surface of the granule pile and the horizontal plane. More powder will slide down the pile's sides if more is added, doing so until the surface angle created by the gravitational force and particle friction is equal. The AR was calculated using Newman's funnel

method. A funnel was used to pour the mixture through, and it could be raised vertically to raise the cone to its highest point (h). The AR was determined using the following formula after measuring the heap's radius (r) (e.q.1).

$$\tan \theta = \frac{h}{r} \text{ --- (1)}$$

Where, θ = AR; h = Height of the cone; r = Radius of the cone base.

Bulk Density

It is described as "weight per unit volume." Pb is calculated by dividing the mass of the particle by the bulk volume. The key elements that affect a powder's bulk density are the spreading of particle sizes, the form of the particles, and their propensity to adhere to one another. There are two types of bulk densities. The arrangement of the particles results in a light powder with a low bulk density because there are large voids between the surfaces of the particles. Because the smaller particles in this situation slip between the large particles, the result is a heavy powder with a high bulk density. The bulk density has a significant impact on the size of containers needed for the handling, delivery, and storage of raw materials and mixtures. It is also necessary for size blending machines. The mixture's apparent bulk density was calculated after being poured into a graduated cylinder (Pb). Calculations were made for the bulk volume (Vb) and powder weight (M) (e.q.2).

$$Pb = \frac{M}{Vb} \text{ --- (2)}$$

Where, P_b = Bulk Density; M = Weight of sample in gm; V_b = Final volume of blend in cm^3 .

Tapped Density

It is the proportion of the powder's overall mass to its tapped volume. The powder was tapped 500 times to determine the volume. The tapping was repeated and the volume of each tap was recorded (e.q.3).

$$Pt = \frac{M}{Vt} \text{ --- (3)}$$

Where, Pt= Tapped Density; M= Weight of the sample in gm;
Vt= Tapped volume of blend in cm^3 .

Compressibility Index (CI) and Hausner's Ratio (HR)

The CI and HR are the simple, rapid, and effective methods for estimating powder flow assets. The CI has been proposed as an indirect measure of bulk density of materials because all of

these variables may affect the measured CI. To determine the CI and HR, the bulk volume and tapped volume of a powder are measured.

The fundamental procedure is measuring the powder's unsettled apparent volume (V_0) and final tapped volume (V_f) after tapping the substance until no more volume changes occur. The process for calculating the CI and HR varies in some ways. As seen below, the HR and CI are calculated (e.q. 4 and 5).

$$CI = \frac{\text{Tapped density}}{\text{Bulk density}} \times 100 \text{ --- (4)}$$

$$HR = \frac{\text{Tapped density}}{\text{Bulk density}} \text{ -- (5)}$$

EVALUATION OF TABLETS

The manufactured MT's overall appeal, thickness, hardness, weight fluctuation, friability, and medication amount were evaluated.

General Appeal

The prepared tablets were spherical, white, and of a rounded shape. They had no chips or cracks and were uniformly smooth.

Hardness test

Affords necessary to break a tablet is known as hardness (diameter-based crushing strength). A tablet's strength can be determined by its hardness. The tablet must maintain its stability while being handled and transported mechanically. The level of hardness varies depending on the different tablet types and manufacturers. Hardness can be more than $4\text{kg}/\text{cm}^2$. A Monsanto tester was used to gauge the hardness.

Uniformity of weight

Periodically reviewing this vital in-process quality control test is required (every half an hour). During compression, the tablets underwent adjustments. Any variation in the weight of the tablet causes under medication or overmedication. Therefore, each batch of tablets should weigh the same amount. The 20 tablets were all individually weighed. The average weight was determined using the combined weight of all pills. The average weight and the individual weights were compared. The % difference between the weight variations should be within the permissible range (7.5%). (e.q.6).

$$\% \text{ Deviation} = \frac{\text{Individual weight} - \text{Average weight}}{\text{Average weight}} \times 10 \text{ -- (6)}$$

Table 1: Plant gums/mucilage for making MT.

Drug	Polymer	References
Albendazole	Guar Gum (GG), Xanthan Gum (XG), and dextrin gum	Kohri <i>et al.</i> , 1999. ⁹
Flubiprofen	Hydroxy Propyl Methyl Cellulose (HPMC)	Park <i>et al.</i> , 1999. ¹⁰
Nifedipine	GG and XG	Yan <i>et al.</i> , 2000. ¹¹
Ambroxol HCl	XG	Heinanan <i>et al.</i> , 2001. ¹²
Ibuprofen	HPMC	Paradkar <i>et al.</i> , 2003. ¹³
Diltiazem HCl	Methacrylic acid, Ethyl Cellulose (EC)	Shimpi <i>et al.</i> , 2004. ¹⁴
Glipizide	Olibanum gum and HPMC	Patel <i>et al.</i> , 2005. ¹⁵
Amoxicillin	HPMC and GG	Patel <i>et al.</i> , 2007. ¹⁶
Nimodipine	HPMC	Kale <i>et al.</i> , 2008. ¹⁷
Propranolol HCl	XG, Karaya Gum (KG)	Hu <i>et al.</i> , 2009. ¹⁸
Ciprofloxacin	Sida acuta gum, kondagogu gum and chitosan	Nithiyananthan <i>et al.</i> , 2009. ¹⁹
Aceclofenac	<i>Prunus americana</i> gum	Shah <i>et al.</i> , 2010. ²⁰
Tramadol HCl	Gum copal and gum dammar	Deore <i>et al.</i> , 2010. ²¹
Aceclofenac	XG	Katteboina <i>et al.</i> , 2010. ²²
Indomethacin	KG and <i>Terminalia elliptica</i> gum	Mokarram <i>et al.</i> , 2010. ²³
Ropinirole	GG	Stocchi <i>et al.</i> , 2011. ²⁴
Repaglinide	Carrageen gum and bhara gum	Prajapati <i>et al.</i> , 2011. ²⁵
Flutamide	Glucires gum and badam gum	Jyothi <i>et al.</i> , 2011. ²⁶
Metformin	Irvingia gabonensis gum	Garud <i>et al.</i> , 2012. ²⁷
Biguanide	<i>Grewia mollis</i> gum	Dilamian <i>et al.</i> , 2013. ²⁸
Ketotifen fumarate	HPMC and XG	Prasad <i>et al.</i> , 2013. ²⁹
Quetiapine fumarate	GG and tara gum	Naral <i>et al.</i> , 2013. ³⁰
Diclofenac sodium	Tamarind gum	Hundekar <i>et al.</i> , 2014. ³¹
Fluvastatin	Neem gum	El-Helw <i>et al.</i> , 2015. ³²
valsarton	GG and XG	Zhao <i>et al.</i> , 2015. ³³

Drug	Polymer	References
Labetalol HCl	Polyox, EC, and sodium alginate	Kumar <i>et al.</i> , 2016. ³⁴
Felodipine	XG, pectin, and cashew gum	Jing <i>et al.</i> , 2016. ³⁵
Licozinat	Glycine, L-D methionine	Otgonsuren <i>et al.</i> , 2018. ³⁶
Eplerenone	Aloe vera, GG, and Povidone-k	Ozdemir <i>et al.</i> , 2018. ³⁷
Ivabradine	HPMC K-100, GG, and XG	Sharma <i>et al.</i> , 2019. ³⁸
Glibenclamide	Locust bean gum and KG	Chellappan <i>et al.</i> , 2019. ³⁹
Lamivudine	GG, XG, and pectin	Ozturk <i>et al.</i> , 2019. ⁴⁰
Losartan K	XG and GG	Harshitha <i>et al.</i> , 2019. ⁴¹
Azathioprine	Wheat gluten and dextrin	Aziz <i>et al.</i> , 2019. ⁴²
Dextromethorphan HCl	HPMC and carbopol	Mohamed <i>et al.</i> , 2020. ⁴³
Ambroxol HCl	XG and pectin	Hu <i>et al.</i> , 2020. ⁴⁴
Furosemide	Poly ethylene oxide	Vlachou <i>et al.</i> , 2020. ⁴⁵
Metoprolol succinate	Polyethene glycol	Shinde <i>et al.</i> , 2021. ⁴⁶
Ciclopirox olamine	GG	Mahajan <i>et al.</i> , 2021. ⁴⁷
Aceclofenac	HPMC and GG	Singh <i>et al.</i> , 2021. ⁴⁸
Amoxicillin clavulanate	HPMC and GG	Mancabelli <i>et al.</i> , 2021. ⁴⁹
Biguanide	GMG	Tang <i>et al.</i> , 2021. ⁵⁰
Ketotifen fumarate	HPMC	Salman <i>et al.</i> , 2021. ⁵¹
Glibenclamide	LBG and GG	Arrua <i>et al.</i> , 2021. ⁵²
Ciprofloxacin	Chitosan and KG	Hosseini <i>et al.</i> , 2021. ⁵³

Friability test

Friability is the term used to describe the weight loss of the tablet inside the container or package as a result of the disposal of microscopic particles from the surface. This in-process quality control test is done to confirm that tablets can resist shocks throughout production, handling, transit, and shipment. A Roche friability test was used to gauge the tablets' level of friability. It was rotating at a speed of 25 rpm. Five pills that had each been individually weighed were placed inside the friabilator's chamber. The tablets were subjected to rolling inside the friabilator's chamber where they fell freely. Later on of 4 min, the tablets were

taken and the entire batch of intact tablets was weighed once more (e.q.7).

$$\text{loss on friability} = \frac{(W_1 - W_2)}{W_1} \times 10 \quad \text{--- (7)}$$

Where, W_1 = weight of the tablets before test; W_2 = weight of the tablets after test.

Plant gums that were tried for making matrix tablets were summarized in Table 1.

CONCLUSION

Matrix tablets have many advantages that make them interesting to use as an oral DF. Matrix tablets help increase the efficacy of the dose and patient compliance. The problem of high production costs, which was a disadvantage in the early days, has been solved with improvements in technology. These tablets improve safety and efficacy when used as an oral sustained-release formulation, but they should not be used for more effective therapies.

ACKNOWLEDGEMENT

The authors are thankful to the college management for their encouragement and support.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ABBREVIATIONS

DF: Dosage forms; **HPMC:** Hydroxy Propyl Methyl cellulose; **HEC:** Hydroxy Ethyl Cellulose; **E. coli:** *Escherichia coli*; **CI:** Carr's Index; **HR:** Hausner ratio, **GG:** Guar gum; **XG:** Xanthan gum, **EC:** Ethyl cellulose, **KG:** Karaya gum, **LBG:** Locust bean gum.

REFERENCES

- Hindustan AA, Babu UA, Nagesh K, Kiran DS, Madhavi KB. Fabrication of glimepiride *Datura stramonium* leaves mucilage and polyvinyl pyrrolidone sustained release matrix tablets: *in vitro* evaluation. Kathmandu Univ J Sci Eng Technol. 2012;8(1):63-72.
- Chinthaginjala H, Abdul H, Reddy APG, Kodi K, Manchikanti SP, Pasam D. Nanosuspension as promising and potential drug delivery: a review. Int J Life Sci Pharm Res. 2020;11(1):59-66.
- Hindustan AA, Chitta Suresh K, Kishore Kumar Reddy B, Suma Padmaja B, Chandra Sekhar A. Formulation and evaluation of *Ficus glomerata* mucilage sustained release matrix tablets of gliclazide; 2011.
- Ahad HA, Kumar CS, Kumar BA, Reddy B, Shekar A, Ravindra B, et al. Development and *in vitro* evaluation of glibenclamide *Aloe barbadensis* Miller leaves mucilage controlled release matrix tablets. Int J PharmTech Res. 2010;2(2):1018-21.
- Chinthaginjala H, Telkar MB, Hindustan AA, Bhupalam P. Formulation development and optimization of famotidine mucoadhesive tablets by central composite design. Indian J Pharm Educ Res. 2022;56(4):1044-51. doi: 10.5530/ijper.56.4.185.
- Annepogu H, Ahad HA, Nayakanti D. Determining the best poloxamer carrier for thiolcholicoside solid dispersions. Turk J Pharm Sci. 2020;17(4):372-80. doi: 10.4274/tjps.galenos.2019.78800, PMID 32939132.
- Ahad H, Bindu V, Padmaja B, Sreeramulu J, Ramyasree P, Sravanthi M. Isolation and physicochemical characterization of *Ficus reticulata* fruit mucilage. Int J Green Pharm. 2011;5(2). doi: 10.4103/0973-8258.85176.
- Kousar S, Abdul Ahad HA, Chinthaginjala H, Babafakruddin P, Lakunde J, Tarun K. Gas generating floating tablets: A quick literature review for the scholars. Asian J Res Chem. 2022;15:171-5. doi: 10.52711/0974-4150.2022.00029.
- Kohri N, Yamayoshi Y, Xin HE, Iseki KE, Sato N, Todo S, et al. Improving the oral bioavailability of albendazole in rabbits by the solid dispersion technique. J Pharm Pharmacol. 1999;51(2):159-64. doi: 10.1211/0022357991772277, PMID 10217314.
- Park KM, Kim CK. Preparation and evaluation of flurbiprofen-loaded microemulsion for parenteral delivery. Int J Pharm. 1999;181(2):173-9. doi: 10.1016/s0378-5173(99)00029-0, PMID 10370213.
- Yan G, Li H, Zhang R, Ding D. Preparation and evaluation of a sustained-release formulation of nifedipine HPMC tablets. Drug Dev Ind Pharm. 2000;26(6):681-6. doi: 10.1081/ddc-100101284, PMID 10826117.
- Heinänen M, Barbas C. Validation of an HPLC method for the quantification of ambroxol hydrochloride and benzoic acid in syrup as pharmaceutical form stress test for stability evaluation. J Pharm Biomed Anal. 2001;24(5-6):1005-10. doi: 10.1016/s0731-7085(00)00533-1, PMID 11248495.
- Paradkar AR, Maheshwari M, Ketkar AR, Chauhan B. Preparation and evaluation of ibuprofen beads by melt solidification technique. Int J Pharm. 2003;255(1-2):33-42. doi: 10.1016/s0378-5173(03)00081-4, PMID 12672599.
- Shimpi S, Chauhan B, Mahadik KR, Paradkar A. Preparation and evaluation of diltiazem hydrochloride-Gelucire 43/01 floating granules prepared by melt granulation. AAPS PharmSciTech. 2004;5(3):e43. doi: 10.1208/pt050343, PMID 15760076.
- Patel JK, Patel RP, Amin AF, Patel MM. Formulation and evaluation of mucoadhesive glipizide microspheres. AAPS PharmSciTech. 2005;6(1):E49-55. doi: 10.1208/pt060110, PMID 16353963.
- Patel JK, Patel MM. Stomach specific anti-helicobacter pylori therapy: preparation and evaluation of amoxicillin-loaded chitosan mucoadhesive microspheres. Curr Drug Deliv. 2007;4(1):41-50. doi: 10.2174/156720107779314811, PMID 17269916.
- Kale AA, Patravale VB. Design and evaluation of Self-Emulsifying Drug Delivery Systems (SEDDS) of nimodipine. AAPS PharmSciTech. 2008;9(1):191-6. doi: 10.1208/s12249-008-9037-9, PMID 18446481.
- Hu X, Pan J, Hu Y, Li G. Preparation and evaluation of propranolol molecularly imprinted solid-phase microextraction fiber for trace analysis of β -blockers in urine and plasma samples. J Chromatogr A. 2009;1216(2):190-7. doi: 10.1016/j.chroma.2008.11.064, PMID 19084232.
- Nithiyanthan TS, Shankarnath V, Rajashekar KK, Jyothikrishna K. Preparation and evaluation of ciprofloxacin ocuserts. J Pharm Res. 2009;2(9):1496-9.
- Shah RR, Magdum CS, Patil SS, Niakwade NS. Preparation and evaluation of aceclofenac topical microemulsion. Iranian journal of pharmaceutical research: IJPR. 2010;9(1):5-11.
- Deore R, Kavitha K, Tamizhmani T. Preparation and evaluation of sustained release matrix tablets of tramadol hydrochloride using glyceryl palmitostearate. Trop J Pharm Res. 2010;9(3). doi: 10.4314/tjpr.v9i3.56289.
- Katteboina S. Aceclofenac Extended Release Matrix Tablets: Formulation and *in vitro* Evaluation. Research Journal of Pharmacy and Technology. 2010;3(1):206-9.
- Mokarram AR. Preparation and *in vitro* evaluation of indomethacin nanoparticles. DARU J Pharm Sci. 2010;18(3):185-92.
- Stocchi F, Giorgi L, Hunter B, Schapira AH. Prepared: comparison of prolonged and immediate release ropinirole in advanced Parkinson's disease. Mov Disord. 2011;26(7):1259-65. doi: 10.1002/mds.23498, PMID 21469195.
- Prajapati ST, Patel CG, Patel CN. Formulation and evaluation of transdermal patch of repaglinide. ISRN Pharm. 2011;2011:651909. doi: 10.5402/2011/651909, PMID 22389856.
- Jeevana JB, Sreelakshmi K. Design and evaluation of self-nanoemulsifying drug delivery system of flutamide. J Young Pharm. 2011;3(1):4-8. doi: 10.4103/0975-1483.76413, PMID 21607048.
- Garud N, Garud A. Preparation and *in vitro* evaluation of metformin microspheres using nonaqueous solvent evaporation technique. Trop J Pharm Res. 2012;11(4):577-83. doi: 10.4314/tjpr.v11i4.8.
- Dilamian M, Montazer M, Masoumi J. Antimicrobial electrospun membranes of chitosan/poly (ethylene oxide) incorporating poly (hexamethylene biguanide) hydrochloride. Carbohydr Polym. 2013;94(1):364-71. doi: 10.1016/j.carbpol.2013.01.059, PMID 23544550.
- Prasad SR, Elango K, Damayanthi D, Saranya JS. Formulation and evaluation of azathioprine loaded silver nanoparticles for the treatment of rheumatoid arthritis. AJBPS. 2013;3(23):28-32.
- Narala A, Veerabrahma K. Preparation, characterization and evaluation of quetiapine fumarate solid lipid nanoparticles to improve the oral bioavailability. J Pharm (Cairo). 2013;2013:265741. doi: 10.1155/2013/265741, PMID 26555970.
- Hundekar YR, Saboji JK, Patil SM, Nanjwade BK. Preparation and evaluation of diclofenac sodium cubosomes for percutaneous administration. World J Pharm Pharm Sci. 2014;3(1):523-39.
- El-Helw AR, Fahmy UA. Improvement of fluvastatin bioavailability by loading on nanostructured lipid carriers. Int J Nanomedicine. 2015;10:5797-804. doi: 10.2147/IJN.S91556, PMID 26396513.
- Zhao K, Yuan Y, Wang H, Li P, Bao Z, Li Y. Preparation and evaluation of valsartan by a novel semi-solid self-microemulsifying delivery system using Gelucire 44/14. Drug Dev Ind Pharm. 2016;42(10):1545-52. doi: 10.3109/03639045.2016.1151034, PMID 26857923.
- Rebecca, Kumar R, Swamy VN. Formulation and *in vitro* evaluation of mouth dissolving tablets of labetalol HCl by sublimation method. Asian J Pharm Technol. 2016;6(2):70-80. doi: 10.5958/2231-5713.2016.00010.6.
- Jing B, Wang Z, Yang R, Zheng X, Zhao J, Tang S, et al. Enhanced oral bioavailability of felodipine by novel solid self-microemulsifying tablets. Drug Dev Ind Pharm. 2016;42(3):506-12. doi: 10.3109/03639045.2015.1058816, PMID 26177197.

36. Otgonsuren D, Davaasuren TS, Enkhtuul B, Davaadagva D, Jambaninj D. Formulation and evaluation of Licozinat matrix tablet. *J Dev Drugs*. 2018;7(190):2.
37. Özdemir S, Çelik B, Sümer E, Acar ET, Üner M. Eplerenone nanoemulsions for treatment of hypertension. Part II: Physical stability assessment and *in vivo* study. *J Drug Deliv Sci Technol*. 2018;45:287-95. doi: 10.1016/j.jddst.2018.03.014.
38. Sharma V, Dewangan HK, Maurya L, Vats K, Verma H, Singh S. Rational design and *in vivo* estimation of ivabradine hydrochloride loaded nanoparticles for management of stable angina. *J Drug Deliv Sci Technol*. 2019;54:101337. doi: 10.1016/j.jddst.2019.101337.
39. Chellappan DK, Yee NJ, Kaur Ambar Jeet Singh BJ, Panneerselvam J, Madheswaran T, Chellian J, et al. Formulation and characterization of glibenclamide and quercetin-loaded chitosan nanogels targeting skin permeation. *Ther Deliv*. 2019;10(5):281-93. doi: 10.4155/tde-2019-0019, PMID 31094299.
40. Öztürk AA, Kırımloğlu GY. Preparation and *in vitro* of characterization lamivudine loaded nanoparticles prepared by acid or ester terminated PLGA for effective oral antiretroviral therapy. *J Res Pharm*. 2019;23(5):897-913.
41. Harshitha PS, Sahoo BM, Malini N, Kumar YT. Formulation and evaluation of losartan potassium as bilayered buccal tablets. *J Pharm Adv Res*. 2019;2(1):458-63.
42. Aziz S, Hosseinzadeh L, Arkan E, Azandaryani AH. Preparation of electrospun nanofibers based on wheat gluten containing azathioprine for biomedical application. *Int J Polym Mater Polym Biomater*. 2019;68(11):639-46. doi: 10.1080/0914037.2018.1482464.
43. Mohamed D, Hegazy MA, El-Sayed GM, Youssef SH. Greenness evaluation of different chromatographic approaches for the determination of dextromethorphan, phenylephrine and brompheniramine in their pharmaceutical formulation. *Microchem J*. 2020;157:104893. doi: 10.1016/j.microc.2020.104893.
44. Hu M, Zhu Z, Wu Y, Meng Q, Luo J, Wang H. Exploring the potential of hydrophilic matrix combined with insoluble film coating: preparation and evaluation of ambroxol hydrochloride extended release tablets. *AAPS PharmSciTech*. 2020;21(3):93. doi: 10.1208/s12249-020-1628-0, PMID 32076885.
45. Vlachou M, Geraniou E, Siamidi A. Modified release of furosemide from Eudragits® and poly (ethylene oxide)-based matrices and dry-coated tablets. *Acta Pharm*. 2020;70(1):49-61. doi: 10.2478/acph-2020-0010, PMID 31677367.
46. Shinde MB, Shinde GV, Patel RS, Dharmasi AT. Computational predictability of polyethylene glycol encapsulated modified release multiple unit pellets formulation of metoprolol succinate using different multivariate models. *Mater Technol*. 2021:1-6.
47. Mahajan SS, RY Chaudhari C, VR Patil P. Formulation and evaluation of topical proniosomal gel of ciclopirox for antifungal therapy. *Int J Pharm Investig*. 2021;11(1):56-62. doi: 10.5530/ijpi.2021.1.11.
48. Singh P, Shrivastava AK, Kumar S, Dwivedi MD. Formulation and evaluation of sustained release matrix tablets of aceclofenac. *Borneo J Pharm*. 2021;4(2):99-109. doi: 10.33084/bjop.v4i2.1854.
49. Mancabelli L, Mancino W, Lugli GA, Argenti C, Longhi G, Milani C, et al. Evaluation of amoxicillin-clavulanic acid resistance in the *Bifidobacterium* genus. *Appl Environ Microbiol*. 2021. doi: 10.1128/AEM.03137-20.
50. Tang G, Tian Y, Niu J, Tang J, Yang J, Gao Y, et al. Development of carrier-free self-assembled nanoparticles based on fenhexamid and polyhexamethylene biguanide for sustainable plant disease management. *Green Chem*. 2021;23(6):2531-40. doi: 10.1039/D1GC00006C.
51. Salman ZD. Optimization and evaluation of orodispersible solid dispersion tablet of ketotifen fumarate. *Res J Pharm Technol*. 2021;14(7):3610-6. doi: 10.52711/0974-360X.2021.00624.
52. Arrua EC, Hartwig O, Ho DK, Loretz B, Murgia X, Salomon CJ, et al. Surfactant-free glibenclamide nanoparticles: formulation, characterization and evaluation of interactions with biological barriers. *Pharm Res*. 2021;38(6):1081-92. doi: 10.1007/s11095-021-03056-2, PMID 34002324.
53. Hosseini-Ashtiani N, Tadjarodi A, Zare-Dorabei R. Low molecular weight chitosan-cyanocobalamin nanoparticles for controlled delivery of ciprofloxacin: preparation and evaluation. *Int J Biol Macromol*. 2021;176:459-67. doi: 10.1016/j.ijbiomac.2021.02.093, PMID 33607143.

Cite this article: Ahad HA, Chinthaginjala H, Meharajunnisa B, Vandana N, Gudisipalli R, Nikhila P. Past Work Done on the Matrix Tablets: A Quick Reference for the Research Beginner in Sustained-release Dosage Forms. *Int. J. Pharm. Investigation*. 2023;13(3):367-72.