

The Factorial Design of Experiments to Check Multiple Factors at Once with a Special Focus on Past Efforts in The Optimization of Gastro Retentive Microcapsules

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ABSTRACT

A current literature review aims to determine whether microcapsules that are gastro-retentive can be made by factorial design for drug delivery. The use of design-of-experiments (DoE) in the optimization of dosage form design is preferred over using trial-and-error in order to eliminate errors and observe the impact of process variables. Software for DoE is easy to use, cheap, and accessible by a simple click of the mouse. In this study, the authors gathered information on all drugs and polymers that have so far been explored in the creation of gastro retentive microspheres, as well as their contributions and the response they produced. A glance is given here at the attempts made so far to create gastro retentive microspheres by using factorial design.

Keywords: Microspheres, Gastro retentive, Design, Variables, Optimization

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INTRODUCTION

A well-designed experiment can be set up efficiently and effectively under an experimental design. For an untested effort, an appropriate experimental design exploits the quantity of data achievable. Since a few years ago, design of experiments (DoE) techniques have been used in the pharmaceutical arena to optimize processes, familiarizing many researchers with them [1, 2]. In 1967, the first article on comprehensibly using optimization was published when it studied the optimization of sodium salicylate tablets using factorial designs. Even with marvellous improvements in the various ways of taking medicines, oral administration remains the preferred method as it is totally natural, economical, and easier for patients to take. It is fairly common to take extended-release medications orally. An example would be a conventional dosage form followed by a sequence of schemes. DoE's bibliographic literature is largely focused on optimizing polymer levels for rate-sensitive polymers.

For the scheming of floating microcapsules, the usual independent variables were the polymers (natural/semi-synthetic/synthetic origin) and other excipients. This Table 1 cites numerous approaches to gastro-retentive drug delivery using factorial designs. An experimental statistical design for optimizing experiments was described here [3, 4].

FACTORIAL DESIGN (FD)

Because of the difficulty of applying statistics to many variables at once, traditional research tactics only investigate one variable at a time. Moreover, multiple factors at once fail as they are non-interdependent, producing false results. In multivariate assessment, the DOE has become a vital component. An accord with a fractional number of factors is implied by DOE

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[5]. DOE is concerned with response and optimization to broadcasts. An FD identifies every possible incorporation of the factors in the imitation. In FD, each level is designated as “high” (+1) or “low” (-1), and the inputs are all characterized by two levels. An example of a two-level design would be 2, 3, 4, 5, 6, 7 and so forth. There will be 4 numerical runs, 8 numerical runs, 16 numerical runs, 32 numerical runs, 64 numerical runs, etc. In trials with more than five factors, fractional FD or Plackett-Burman design (PBD) must be used. Screening goals for 2-4 factors are flushed and response surface goals are Central composite (CCD) or Box-Behnken (BBD). If 5 factors are present, the screening goal is either FD or PBD, and the screening goal suits the response surface. There are many software optimization tools available, including Design expert (stat-ease), STATISTICA, SPSS, and Minitab, etc. [6]. By entering controllable independent variables, designs were created to produce a controlled outcome. Numerous industrial products or processes have been optimized using experimental designs. Factorial designs are becoming increasingly popular.

DoE Steps

The stages involved in the DOE are explained in Figure 1 [7].

Applications of DOE in Process Development

The applications of DOE in the development of the process are demonstrated in Figure 2 [8, 9].

DOE Targets

DOE has the following goals (Figure 3) [10, 11]:

DOE Applications in Designing

The applications of DOE in design are as follows [12, 13].

- Any additive/antagonistic/synergistic interactions among ingredients
- Identify the key parameters of the design
- A minimal number of trials are required to gather data about a product or process.
- DOE is developing a new formula to achieve controlled dissolution of the drug *in vivo*
- Eliminate or reduce impurities during drug production.
- Equations can be used to simulate the product/process behavior.
- The products’ durability.
- Research time spent on inventions, evaluation, and comparison of substitutes is halved.
- A fixed input variable can calculate all response variables in an optimal formulation, so vicissitudes in the formulation can be effortlessly combined.
- It yields the best conceivable formulation.

Figure 1: Various Phases in the DOE

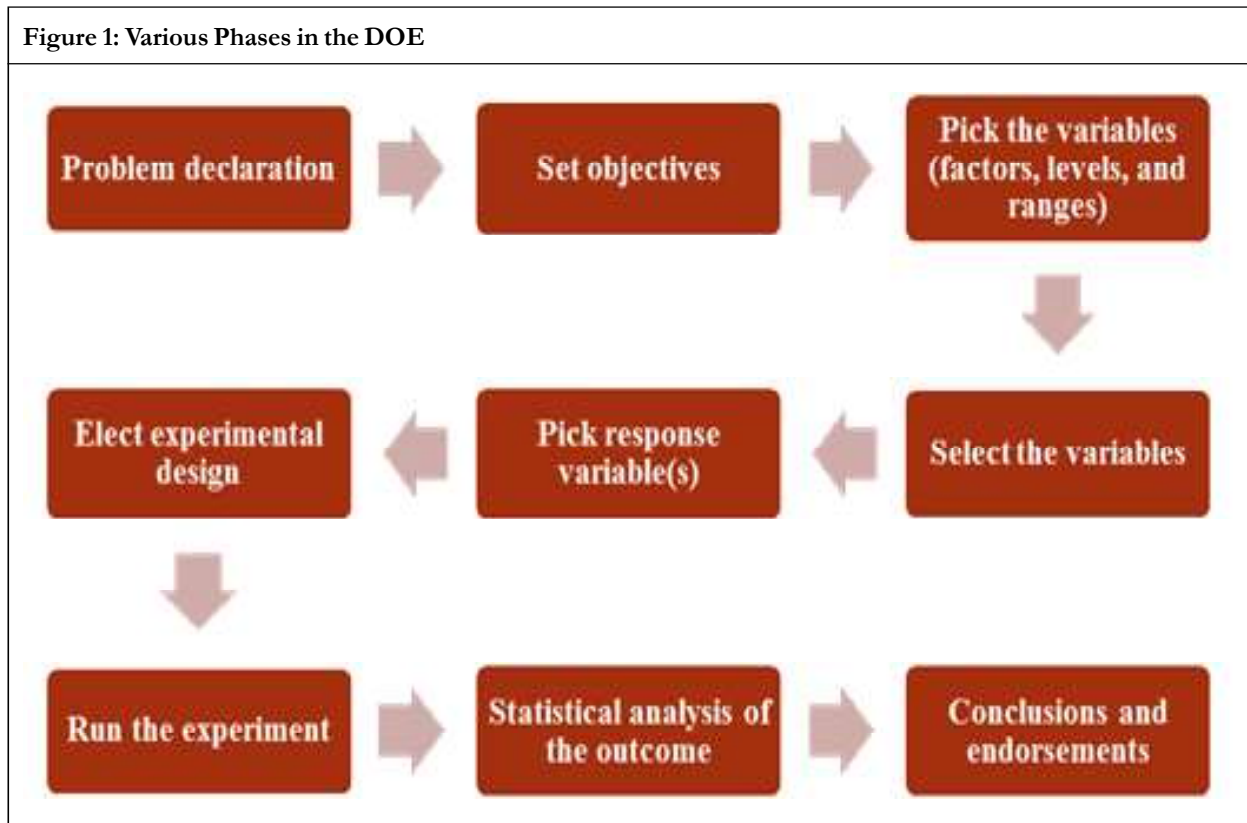


Figure 2: Presentations of DOE on the Progress of a Process

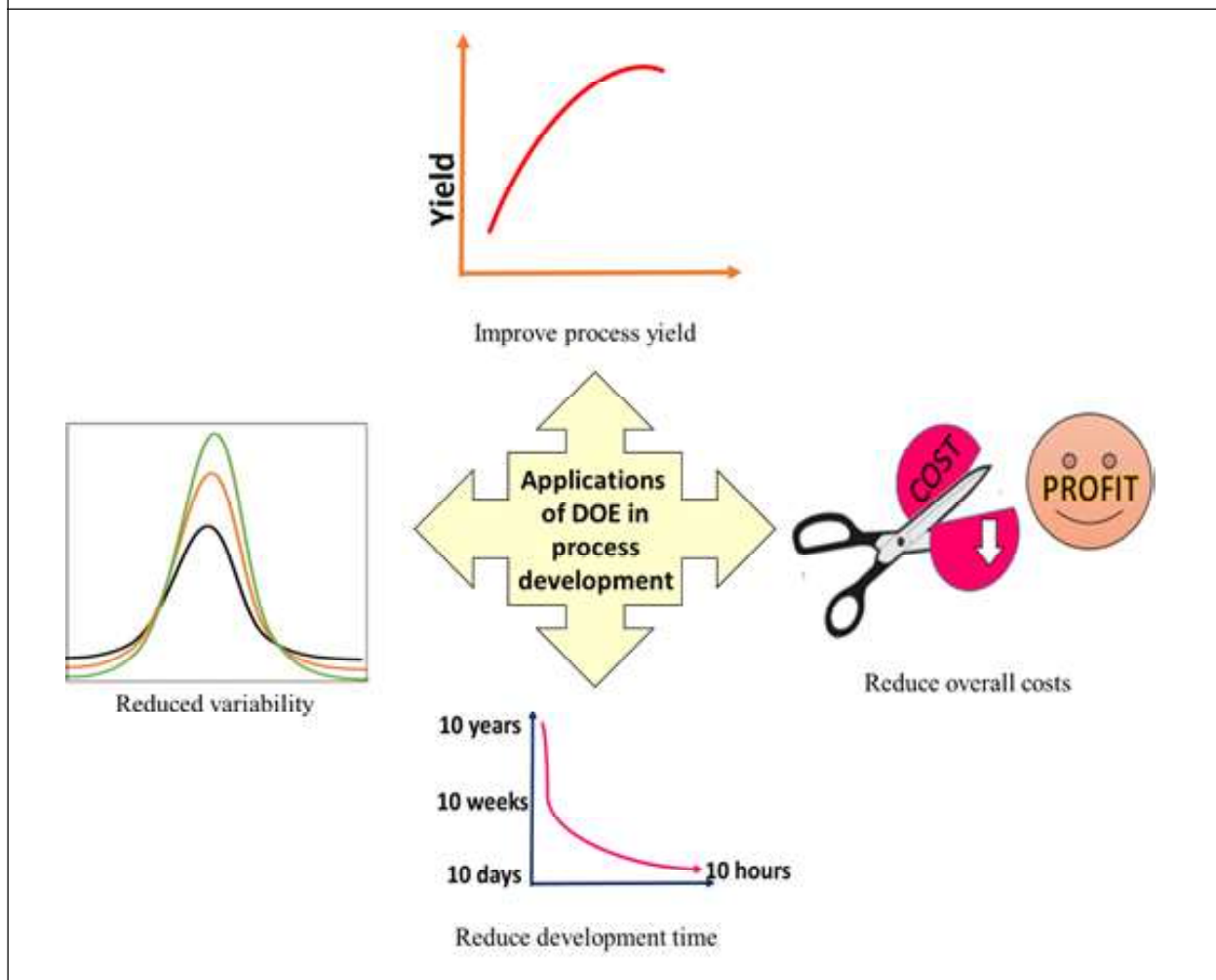
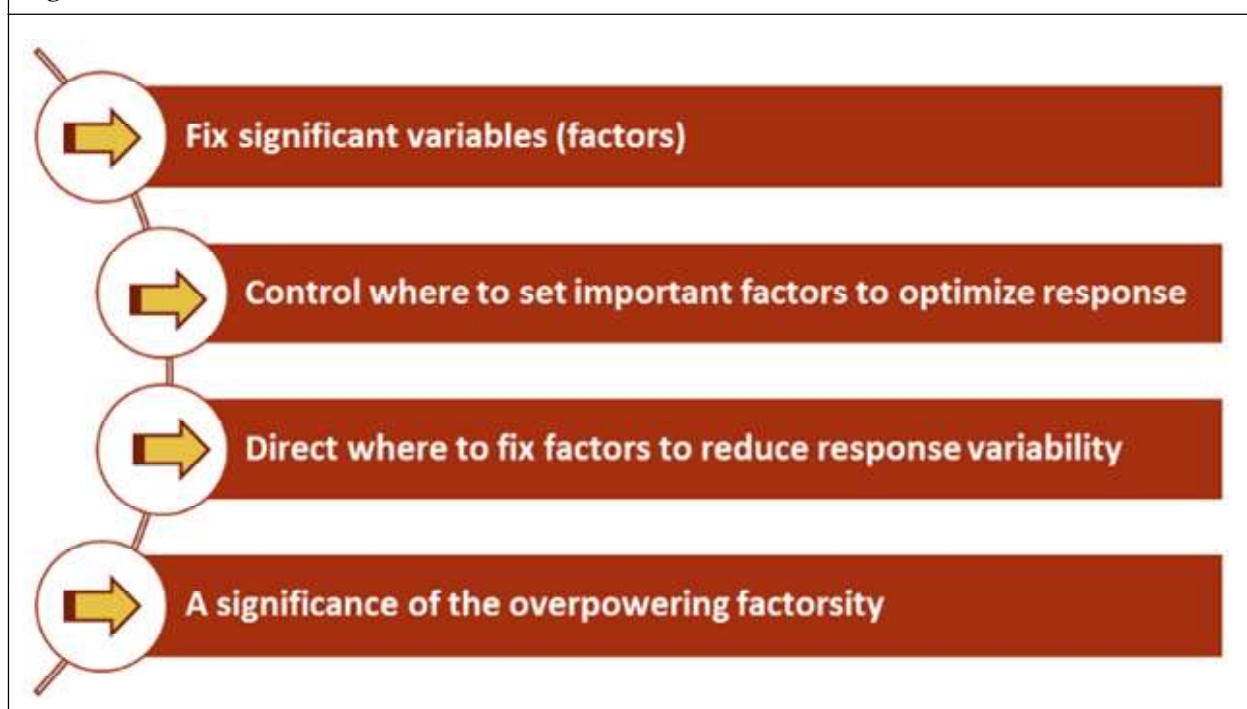


Figure 3: The Goals of DOE



OPTIMIZING ORAL GASTRO RETENTIVE MICROCAPSULES

There is evidence from pharmaceutical journals and texts that the DoE optimization process has been employed for almost

all dosage forms. This article describes the DoE optimization practices (factory designs) that have been implemented and successfully used to design gastro retentive microcapsules (Table 1).

Table 1: Earlier Attempts on Gastro Retentive Microcapsules by the Factorial Design

Drug	Polymers	Design	Predictor Variables	Response Variables	Reference
Sitagliptin	Thiolated chitosan	Box–Behnken design (BBD)	Polymer concentration (PC) (X ₁)	Particle size (PS), entrapment efficiency (EE), and drug release (DR)	Prabakar <i>et al.</i> , 2020 [14]
Acyclovir	Methocel K15M and Ethocel	BBD	PC (X ₁), (X ₂), and rotations per minute (RPM) (X ₃)	DR at 8 h (Y ₁), bond strength (BS) (Y ₂), and swelling at 4 h (Y ₃)	Karmoker <i>et al.</i> , 2019 [15]
Carvedilol phosphate	Karaya gum and Carboxymethyl locust bean gum	3 ² full factorial design (FFD)	PC (X ₁)	PS (Y ₁), EE (Y ₂), and DR (Y ₃)	Bibek <i>et al.</i> , 2019 [16]
Zidovudine	sodium alginate (SA) and uriddall	BBD	PC (X ₁)	EE (Y ₁), and PS (Y ₂)	Gada <i>et al.</i> , 2019 [17]
Repaglinide	Methocel K15M, and Eudragit L 100	3 ² FFD	Methocel K15M CR (X ₁), Eudragit L 100 (X ₂) and rpm (X ₃)	DR at 8 h (Y ₁), BS (Y ₂), and swelling at 8 h (Y ₃)	Bhowmick <i>et al.</i> , 2019 [18]
Valsartan	Ethyl cellulose (EC), and carbopol 934P	BBD	EC (X ₁), carbopol 934P (X ₂) and RPM (X ₃)	Mucoadhesive strength (MS) (Y ₁), DR at Q1h (Y ₂), t90% (Y ₃) and EE (Y ₄)	Lal <i>et al.</i> , 2019 [19]
Cefixime Trihydrate	Alginate- chitosan	3 ² FFD	Alginate (X ₁), chitosan (X ₂)	EE (Y ₁), and PS (Y ₂)	Sindhumul, 2018 [20]
Metoclopramide HCl	Eudragit S100, L100,RS 100 & RL 100 and EC	3 ² FFD	Eudragit S100 (X ₁), Eudragit L100 (X ₂), Eudragit RS 100 (X ₃), & RL 100 (X ₄), and EC (X ₅)	EE (Y ₁), and PS (Y ₂)	Monika <i>et al.</i> , 2018 [21]
Lopinavir	Thiolated xyloglucan, Alginate	3 ² FFD	Thiolated xyloglucan (X ₁), and Alginate (X ₂)	EE, 80% DR (T80) (Y ₁), and MS after 1 h (Y ₂).	Madgulkar <i>et al.</i> , 2018 [22]
Sildenafil citrate	<i>Azadirachta Indica</i> (AI) gum	3 ² FFD	AI (X ₁)	EE (Y ₁), PS (Y ₂).	Vijayavani <i>et al.</i> , 2018 [23]
Clopidogrel bisulphate	HPMC K15 and Sodium bicarbonate	3 ² FFD	HPMC K15 (X ₁)	EE (Y ₁), PS (Y ₂)	Sanjeevani <i>et al.</i> , 2018 [24]
Metronidazole	Carbopol 934P	3 ² FFD	Carbopol 934P (X ₁)	EE (Y ₁), PS (Y ₂)	Bolai, 2018 [25]
Saxagliptin	SA and HPMC K4M.	3 ² FFD	SA (X ₁) and HPMC K4M (X ₂)	EE (Y ₁), PS (Y ₂)	Talat <i>et al.</i> , 2018 [26]

Drug	Excipients	Design	Factors	Responses	Reference
quetiapine fumarate	EC, HPMC (K4M, K15M & K100M) and Chitosan	2 ⁵⁻² FFD	EC (X ₁), HPMC-K4M (X ₂), HPMC- K15M (X ₃) & HPMC-K100M) (X ₄) and Chitosan (X ₅)	EE (Y ₁), PS (Y ₂) and DR (Y ₃)	Someshwar <i>et al.</i> , 2018 [27]
diclofenac sodium	Tamarind seed gum, hydrolyzed polymethacrylamid e-g-gellan (h-Pmaa-g-GG)	3 ² FFD	Polymer concentration (PC) (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Gouranga <i>et al.</i> , 2018 [28]
Ibuprofen	Acetylated plantain starches	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Adenike and Tokoni, 2018 [29]
Lafutidine	HPMC K4M, calcium carbonate and SA	2 ³ FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Ritesh <i>et al.</i> , 2018 [30]
dipyridamole	HPMC K4M, and EC	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Vanshiv <i>et al.</i> , 2017 [31]
Repaglinide	<i>Dioscorea dumetorum</i> and <i>Dioscorea oppositifolia</i>	3 ² FFD	PC (X ₁) and X ₂	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Adenike <i>et al.</i> , 2017 [32]
Losartan potassium	EC	3 ² FFD	EC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Gokul <i>et al.</i> , 2017 [33]
Losartan potassium	EC	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Khairnar <i>et al.</i> , 2017 [34]
Ranitidine HCl	chitosan, chitosan/HPMC, and chitosan/methylcellulose (MC)	3 ² FFD	PC (X ₁ , X ₂ , and X ₃)	PS (Y ₁), SI (Y ₂), EE (Y ₃) and MA (Y ₄)	Khattab <i>et al.</i> , 2017 [35]
Amoxicillin	EC, carbopol-934P	3 ³ FFD	EC (X ₁), carbopol-934P (X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Hardenia and Gupta, 2016 [36]
Carbamazepine	Eudragit RL 100	2 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Nusrat <i>et al.</i> , 2016 [37]
Clarithromycin	Pullulan acetate	2 ³ FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Mishra <i>et al.</i> , 2016 [38]
Carvedilol	Carbopol 940, and HPMC	3 ² FFD	Carbopol 940 (X ₁) and HPMC (X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Khalid, 2016 [39]
cefditoren pivoxel	HPMC K4M and EC	3 ² FFD	HPMC K4M (X ₁) and EC (X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Swathi 2016 [40]
Amoxicillin	Carbopol-934P	3 ³ FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Anu, 2016 [41]
Diltiazem HCl	SA and HPMC K4M	3 ² FFD	SA (X ₁) and HPMC K4M (X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Naresh and Shrikant, 2016 [42]

Drug	Excipients	Design	Factors	Responses	Reference
Ramipril	Sod. CMC, HPMC K4M and Carbopol-934	3 ² FFD	PC (X ₁ , X ₂ and X ₃)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Iftequar, 2016 [43]
Sitagliptin	HPMC K4M and Psyllium husk	3 ² FFD	PC (X ₁ , and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sushil <i>et al.</i> , 2016 [44]
Carvedilol	SA and sodium CMC	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sakhare <i>et al.</i> , 2016 [45]
Paclitaxel	Acacia, Carbomer 941, hypromellose K-15, methyl cellulose, povidone K-30, PEG 6000, gelatin, SA, chitosan	2 ⁴ FFD	PC (X ₁ , X ₂ , X ₃ , X ₄ , X ₅ , X ₆ , X ₇ , X ₈ , and X ₉)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Chinmaya <i>et al.</i> , 2016 [46]
Loratadine	EC, PVA	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sonam and Kamla, 2016 [47]
Melatonin	Chitosan/Pluronic ® F127	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Marieta <i>et al.</i> , 2016 [48]
Acyclovir	SA and Gelatin	3 ² FFD	PC (X ₁ and X ₂)	Viscosity (Y ₁), gel strength (Y ₂), the onset of floatation (Y ₃), and DR (Y ₄)	Singh <i>et al.</i> , 2016 [49]
Ibuprofen	Poly (ε-caprolactone), and poly(ethylene glycol)-poly(ε-caprolactone) copolymer	2 ⁴ FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Azouz <i>et al.</i> , 2016 [50]
Ketoprofen	EC and Eudragit RL 100	3 ³ FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sanjoy <i>et al.</i> , 2016 [51]
Diltiazem HCl	Polycarbonate	2 ³ FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Panwar <i>et al.</i> , 2015 [52]
Carvedilol	HPMCK100M	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Gunda <i>et al.</i> , 2015 [53]
Prochlorperazine	EC	2 ³ FFD	feed flow rate (X ₁) and volume of gluteraldehyde (X ₂)	PS, and EE	Shah <i>et al.</i> , 2015 [54]
Ranitidine HCl	HPMC K100M and Carbopol 971	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Jabbar, 2015 [55]
Fluconazole	β-cyclodextrin, HPMC, hydroxyethyl	2 ³ FFD	PC (X ₁ and X ₂ , X ₃ and X ₄)	Hardness (Y ₁), SI (Y ₂), and DR (Y ₃)	Hani <i>et al.</i> , 2015 [56]
Captopril	Xanthan gum and HPMC K100M	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Ahsan, 2015 [57]
Tenofovir	Eudragit RS PO	BBD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂)	Matlhola <i>et al.</i> , 2015 [58]

Drug	Excipient	Design	Factors	Responses	Reference
Propranolol HCl	EC	3 ³ FFD	PC (X ₁), RPM (X ₂) and proportion of dispersion medium (X ₃)	PS (Y ₁), %yield (Y ₂), buoyancy (BA) (Y ₃), drug content (Y ₄), EE (Y ₅), and DR (Y ₆)	Joshi <i>et al.</i> , 2015[59]
Prazosin HCl	HPMC K100	2 ³ FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Vanitha, 2015 [60]
Zolpidem Tartarate	EC and HPMC 5 cps	2 ³ FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sachin, 2015[61]
Carvedilol	EC and HPMC	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Nila <i>et al.</i> , 2014[62]
Gabapentin	SA and sodium CMC	BBD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Gaur <i>et al.</i> , 2014 [63]
Acyclovir	EC and Carbopol 940	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Kyada <i>et al.</i> , 2014 [64]
Cefpodoxime Proxetil	Eudragit S100	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Monica, 2014 [65]
Ramipril	Eudragit E100, and Glycerol monostearate	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Tushar <i>et al.</i> , 2014 [66]
Glipizide	HPMCK4M and Carbopol934	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sujata <i>et al.</i> , 2014 [67]
Cefdinir	Gum Karaya	2 ³ FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sarath and Suresh, 2014 [68]
Ziprasidone HCl	EC and PVP	2 ³ FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Praneeth <i>et al.</i> , 2014 [69]
Pioglitazone	HPMC K100 and Carbopol 934	3 ³ FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Wattamwar <i>et al.</i> , 2014 [70]
Clopidogrel bisulphate	Xanthan gum, HPMC K15M, and HPMC K4M	2 ³ FFD	PC (X ₁ , X ₂) and X ₃)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Bhadouriya <i>et al.</i> 2013 [71]
Acyclovir	HPMC K15M and polyethylene oxide (PEO)	3 ² FFD	PEO (X ₁) and HPMC K15M (X ₂)	DR at 3h-Q ₃ (Y ₁), 9h-Q ₉ (Y ₂) and 12 h-Q ₁₂ (Y ₃)	Shahi <i>et al.</i> , 2013 [72]
Verapamil HCl	HPMC K4M	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Shahi <i>et al.</i> 2013 [73]
Duloxetine HCl	Eudragit L-100	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Anupama, 2013 [74]
Cefpodoxime proxetil	Chitosan	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Nappinnai and Sivaneswari, 2013 [75]
Agrochemical 2,4 D	EC, HPMC, cellulose acetate butyrate	2 ² FFD	PC (X ₁ , X ₂) and X ₃)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Fatima <i>et al.</i> , 2013 [76]

Drug	Excipients	Design	Factors	Responses	Reference
Captopril	HPMC K4M, EC and SA	3 ² FFD	PC (X ₁ , X ₂) and X ₃)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Durgavale <i>et al.</i> , 2012 [77]
Captopril	Eudragit RL-100 and EC	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sanket, 2012 [78]
Ranitidine HCl	Eudragit RL-100.	2 ³ FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Jhansipriy, 2012 [79]
Captopril	HPMC K4M	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Devesh, 2012 [80]
Ciprofloxacin HCl	EC and HPMC 5 cps	2 ³ FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Narendra <i>et al.</i> , 2012 [81]
Tolperisone	EC and HPMC 15 cps	2 ³ FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Pooja <i>et al.</i> , 2012 [82]
Celecoxib	Eudragit L-100 and PVP	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Shahzad <i>et al.</i> , 2012 [83]
Acyclovir	HPMC 4000, Compritol 888.	3 ² FFD	HPMC4000 (X ₁) and Compritol 888 (X ₂)	DR in 1h-Q ₁ (Y ₁), 6h-Q ₆ (Y ₂), and 12h-Q ₁₂ (Y ₃)	El Gamal <i>et al.</i> , 2011 [84]
Cephalexin	EC and PVA	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Kamini and Rajesh, 2011 [85]
Acyclovir	EC	3 ² FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Parmar, 2011 [86]
Acyclovir	Poly (lactic-co-glycolic acid) (PLGA), and polycarbophil	2 ³ FFD	PC (X ₁ , and X ₂)	PS (Y ₁), EE (Y ₂) and DR in 12 h (Y ₃)	Bhosale <i>et al.</i> , 2011 [87]
Metformin HCl	EC, HPMC and SA	3 ² FFD	PC (X ₁ , X ₂ and X ₃)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Masa <i>et al.</i> , 2011 [88]
Risedronate sodium	PLGA	2 ⁴ FFD	PC (X ₁)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Maha <i>et al.</i> , 2011 [89]
Stavudine	EC	3 ² FFD	PC (X ₁) and RPM (X ₂)	EE (Y ₁), EE (Y ₂), PS (Y ₃) and DR-t ₈₀ (Y ₄)	Sanjay <i>et al.</i> , 2011 [90]
Venlafaxine HCl	EC, Eudragit RS100 and HPMC K4M	2 ³ FFD	PC (X ₁ , X ₂ and X ₃)	DR-t ₈₀ (Y ₁), MS (Y ₂)	Senthil <i>et al.</i> , 2011 [91]
Pioglitazone HCl	EC and HPMC K100M	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Satish, 2010 [92]
Acyclovir	psyllium husk and HPMC K4M	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Kharia <i>et al.</i> , 2010 [93]
Bovine serum albumin	Chitosan and Alginate	3 ² FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Sevgi and Aybige, 2010 [94]
Metformin	SA and Gellan gum	3 ³ FFD	PC (X ₁ and X ₂)	EE (Y ₁), PS (Y ₂). DR (Y ₃)	Nagarwal <i>et al.</i> , 2009 [95]

Drug	Excipients	Design	Factorial Design	Response	Reference
Clarithromycin	HPMC 15M, HPMC K4M, HPMC 100LV and EC.	3^2 FFD	PC (X_1 and X_2 , X_3 and X_4)	EE (Y_1), PS (Y_2). DR (Y_3)	Chudiwal <i>et al.</i> , 2009 [96]
Metformin	SA and gellan gum	3^3 FFD	PC (X_1 and X_2)	EE (Y_1), PS (Y_2). DR (Y_3)	Ramesh, 2009 [97]
Glipizide	Polycarbophil and SA	3^2 FFD	PC (X_1 and X_2)	EE (Y_1), PS (Y_2). DR (Y_3)	Hosmani <i>et al.</i> , 2009 [98]
Glipizide	SA, carbapol 974P and SCMC	2^3 FFD	PC (X_1 and X_2 and X_3)	EE (Y_1), PS (Y_2). DR (Y_3)	Sanap, 2009 [99]
Clarithromycin	carbapol 934 P & polycarbophil	3^2 FFD	PC (X_1 and X_2)	EE (Y_1), PS (Y_2). DR (Y_3)	Yogesh <i>et al.</i> , 2009 [100]
Clarithromycin	HPMC K4M	3^2 FFD	PC (X_1 and X_2)	EE (Y_1), PS (Y_2). DR (Y_3)	Shahi, 2008 [101]
Tretinoin	cellulose acetate, PVA	2^3 FFD	PC (X_1 and X_2)	EE (Y_1), PS (Y_2). DR (Y_3)	Tabbakhian <i>et al.</i> , 2008 [102]
Cinnarizine	Eudragit S100, Eudragit RL,	3^2 FFD	PC (X_1 and X_2)	EE (Y_1), PS (Y_2). DR (Y_3)	Varshosaz <i>et al.</i> , 2007 [103]
Glipizide	Chitosan	3^2 FFD	PC (X_1)	EE (Y_1), PS (Y_2). DR (Y_3)	Jayvadan <i>et al.</i> , 2005 [104]
Acyclovir	Poly (d,l-lactide-co-glycolide)	2^2 FFD	PC (X_1)	EE (Y_1), PS (Y_2). DR (Y_3)	Martinez <i>et al.</i> , 2004 [105]
Propranolol	HPMC K4M, K100LV and Carbopol P934	2^3 FFD	PC (X_1 and X_2 , and X_3)	EE (Y_1), PS (Y_2). DR (Y_3)	Li, <i>et al.</i> , 2003 [106]
5-fluorouracil	Poly (D, L-Lactide-Co-Glycolide)	3^2 FFD	PC (X_1)	EE (Y_1), PS (Y_2). DR (Y_3)	Rajesh <i>et al.</i> , 2003 [107]
Flurbiprofen	Cetyl alcohol	3^2 FFD	PC (X_1)	EE (Y_1), PS (Y_2). DR (Y_3)	Anant <i>et al.</i> , 2003 [108]
Diclofenac sodium	SA	3^3 FFD	PC (X_1)	EE (Y_1), PS (Y_2). DR (Y_3)	Gohel and Amin, 1998 [109]
Salbutamol sulphate	Poly (lactic acid-co-glycolic and PVA)	2^3 FFD	PC (X_1)	EE (Y_1), PS (Y_2). DR (Y_3)	Nevin <i>et al.</i> , 1996 [110]

CONCLUSION

Earlier, one factor at a time was a trial-and-error procedure that took time when multiple experiments were planned. Multi-factor checks lead to many errors. To avoid errors and to understand the impact of independent variables on the output, these DoE methods are more often applied. Researchers will be able to use the information collected on

experiments to microsphere gastro-retentive dosage forms using QbD optimization in the future to carry out experiments and to determine the impact of variables on results. DoE is being adopted as an industry standard due to its ease, accuracy, and affordability. It can be implemented with one click of the mouse. Researchers will find the article helpful if they want to optimize gastro-retentive microspheres quickly by working on DOE.

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