



MICROSPHERE A PROMISING APPROACH OF DRUG DELIVERY SYSTEM FOR HYPERTENSION

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Abstract

In order to raise pharmacokinetics of the drug, stabilising the drug, and concentrating it to a specific spot at a specific rate, microspheres are a unit multiparticulate drug delivery system that can administer drugs for prolonged time period under regulated circumstances. It is the easiest and most efficient way drug delivery method in the microsphere. High blood pressure might harm end organs, as well as accumulated morbidity and mortality as a long-term increase in vital signs. Microspheres containing size of the particle in the range of one to thousand micrometer they are free flowing powders made of artificial polymers or the proteins. Solvent evaporation, chemical synthesis, double emulsion, single emulsion, ionotropic gelation, etc. are a few of the different methods used to create microspheres. In this gift critique, various methods of microsphere preparation and various kinds of antihypertensive medications are discussed along with their mechanisms of action. Hypertension may be a serious challenge worldwide. it's one among the foremost rife conditions seen these days by researchers in each developed an underdeveloped country. relying upon progression of heartbeat and pulse force per unit area it's classified into prehypertension, stage one and a pair of high blood pressure. In regular follow, drug medical aid is being designated from diuretics, β -blockers, atomic number 20 channel blockers and proteolytic enzyme vasoconstrictive system inhibitors either alone or together for each initial and maintenance medical aid.

Keywords: Microspheres, Novel drug delivery, Controlled release, Hypertension, High Blood Pressure.

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Introduction:

Microspheres containing diameter of one to thousand micrometres. They are circular, freely soluble substances made of proteins or synthetic polymers. They are perishable free-flowing powders made of artificial polymers or proteins, depending on their composition. There are two different kinds of microspheres: micromatrices and microcapsules.

In micromatrices the substance that is being imprisoned particle is spread throughout the matrix of the microsphere, while microcapsules are those in which the entrapped substance is clearly ringed by distinct capsule wall. The potential for controlled drug release exists in solid perishable microspheres that contain a medicine that is dissolved or dispersed via the particle matrix have the potential for controlled drug release. They are made of synthetic chemicals, wax, or other types of protective compounds, i.e., perishable artificial polymers and modified natural goods.^[1-4]

Hypertension is known for excessive rise in the diastolic pressure and/or the systolic pressure. Cardiovascular illness associated with an increase in mean blood pressure, which is rarely tested in healthy individuals. When evaluating cardiovascular illness in the past, the importance of pulse value was emphasized. Systolic hypertension, or HBP, is dependent on an rising a risk of coronary and vascular disease (such as stroke), though. As a result, we generally agree that it's important to pay attention to each heartbeat and blood pressure reading. Beta blockers, diuretics, inhibitors of the hypertensin-changing protein, angiotonin receptor antagonists, and calcium channel blockers are the five main kinds of antihypertensive medicines that need to be taken into consideration. The following lists various phases of hypertension in accordance with the most recent national guidelines from the United States.^[5]

Microspheres' ideal characteristics:

- The capacity to incorporate a medication at somewhat high quantities.
- The preparation's capacity to remain stable after synthesis for a time frame that is clinically appropriate.
- Controlled particle size and unneeded material in binary compound injection vehicles.
- Release of an active chemical agent for long time period with the well management.
- Manageable biodegradability and biocompatibility.
- The ability to undergo chemical change.^[6-7]

Symptoms of high blood pressure:

Patients with uncomplicated rise in a blood pressure might occasionally go without symptoms, but they frequently experience headaches, dizziness, and light headedness. facial flushing, blurred vision, or a symptom. It is deemed to be quicken high blood pressure when the beat pressure level (SBP) or beat pressure level (DBP) is >120 mmHg or >240 mmHg, respectively. Confusion, visual abnormalities, nausea, and reflex are associated with accelerated high blood pressure.^[8,9,10]

Types of Microspheres**1. Bioadhesive Microspheres**

Adhesion is frequently describing the medication protruding onto the membrane while taking use of the water-soluble polymers' protruding feature. Bio adhesion is the phrase used to the bonding of a drug delivery system to a tissue layer membrane., such as the nasal, optic or buccal membrane. These kinds exhibit persistent behaviour over time at the application placement, establishing close contact with the absorption area with greater therapeutic effect.^[11,12]

2. Magnetic Microspheres

This kind of delivery action is particularly important for directing the drug to the site of the illness. A minor quantity of the magnetically acting medicine replaced the major quantity of the easily current drug during this. Materials used to make magnetic microspheres, like dextran and chitosan are incorporated into magnetic carriers to receive the magnetic responses to a field of force.

There are different kinds are as follows:

1. Therapeutic magnetic microspheres: These are known for delivering therapeutic particles to liver tumours. These kinds used to select drugs like proteins and peptides.
2. Diagnostic microspheres: These are known to image liver metastases and can also be utilised to differentiate internal organ loops from various abdominal structures via producing ferromagnetic nanoparticles oxides of iron.^[13,14,15]

3. Floating microspheres

When it comes to floating kinds, the majority density is lower than the volume of stomach fluid, which allows them to float freely in the abdomen without impairing stomach acid production. Plasma concentration variation will increase if the system is floating on stomachal content, which is responsible to increase stomachal residency, the medicine is released slowly at the set pace. Additionally, it decreases placement and dose

marketing opportunities. By extending the therapeutic effect in another way, it lowers the frequency of dose. Floating microspheres are small, hollow objects that lack a centre and are easily recognisable as such. They range in size from one to one thousand micrometres and are free-flowing cells.^[16]

4. Radioactive microspheres

Medicine for radio immobilisation the initial tissue they come into contact with is tapped by microspheres that are 10–30 nm in size and big in size than capillaries. they are introducing into to increase fuel attentiveness. As a result, under every circumstance, these kinds of microspheres give significant radiation doses to the sites of interest without endangering the normal tissues around them. It varies from medication delivery systems in that radioactivity isn't free from microspheres but somewhat acts from intervals of an atom's average distance, leading to the entirely completely distinct types, which are α emitters, β emitters, γ emitters.^[17, 18]

5. Polymeric microsphere

Following are some categories that can be used to group various polymeric microsphere types:

I. Polymeric microspheres that degrade naturally: Starch and other natural polymers are used because they are easily degradable, biometric, and naturally sticky.

II. Synthetic polymeric microspheres: Although these microspheres have been extensively utilised in clinical settings and having been demonstrated to be both safe and biocompatible, they also serve as bulking agents, fillers, embolic particles, drug delivery vehicles, and other functions. The biggest drawback of these microspheres is that they have a tendency to migrate far from the injection site, which increases the risk of embolism and further organ damage.^[19,20]

Medications Used For Hypertension

1. Beta-Blockers

The heart related-selectivity, partial agonist action, and related vasodilating properties of beta-blockers all influence their pharmacodynamic features.

Mechanism of action:

One of the most important factors for lowering mean blood pressure is the decrease in cardiac output in response to bradycardia, among other proposed mechanisms of action for the antihypertensive activity of beta-blockers. The concomitant rises the total peripheral resistance is expected since any BP lowers that activates baroreflex system. However, a resetting of the baroreceptors attenuated this increase. It is also possible that the decrease in renin secretion will be accompanied by, or occur independently of, a decrease in sympathetic activity of central origin, which will result in a decrease in vasomotor tone.^[21]

2. Diuretics

Diuretics, also referred to as "water pills," are used to treat hypertension. They assist the body in eliminating excess salt and water through the urine.

A. Loop diuretics

Mostly used type of loop diuretics are Furosemide and bumetanide.

Mechanisms of action:

The thick ascending limb of the Henle loop is where loop diuretics act on the nephron at the apical membrane. By competing with Cl^- at the $\text{Na}^+/\text{K}^+ / 2\text{Cl}^-$ cotransporter (NKCC), they prevent Na^+ and chloride (Cl^-) reabsorption. A sigmoidal curve represents the typical dose-response relationship, or the link between Na^+ excretion and loop diuretic excretion rate.

B. Thiazides

The three most commonly used thiazide diuretics are hydrochlorothiazide, chlortalidone, and indapamide.

Mechanism of action:

Thiazide diuretics act on the nephron by inhibiting the combined simultaneous Na^+ and Cl^- reabsorption at the apical membrane in the early convoluted distal tubule. Thiazides' natriuretic impact is less pronounced than loop diuretics' due to a minor proportion of filtered amount of Na^+ being re-immersed there than at the more proximal area of process of loop diuretics.

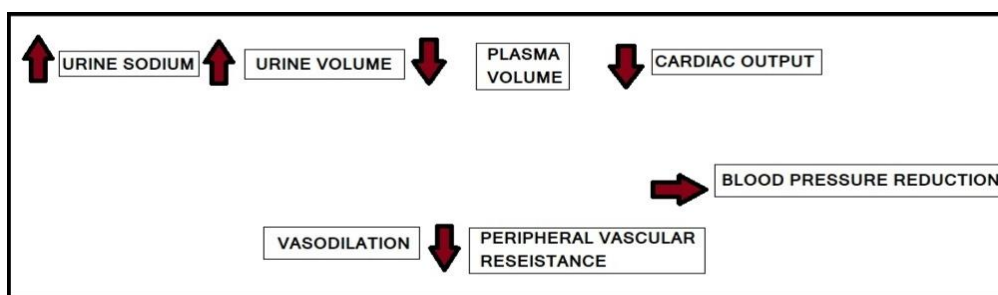


Fig 1: Mechanism of Thiazides

C. Potassium-sparing diuretics

This subclass contains aldosterone antagonists that compete with one another, such spironolactone and eplerenone, as well as aldosterone-independent medications, including amiloride and triamterene.

Mechanisms of action:

These drugs block recent distal tube and aggregation duct amounts of active Na+ resorption. The live material of cannular nucleus in the late distal tube and the aggregation duct are where antihypertensive medications are getting compete with the anti-agonist action of corticosteroid sense organ.^[23]

3. Angiotensin Converting Enzyme Inhibitors

These are ACE hindrance medications for rise in blood pressure by widening or dilating your blood arteries, to enhance the volume of blood through heart pumps.

Mechanism of action: The pluripotent zinc metalloproteinase, often known as the ACE, which promotes the transformation of angiotensin I into angiotensin II (ACE), is the target of angiotensin converting enzyme inhibitors (ACEIs). Capillaries, venules, pulmonary endothelial cells, and the endothelial cells of both big and smaller arteries all contain ACE.

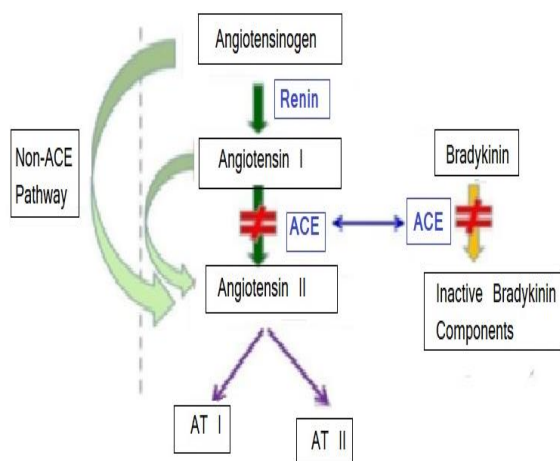


Fig 2. Mechanism of Action of ACE Inhibitors

4. Angiotensin II Receptor Blockers

In late 1990s, the 1st angiotensin II receptor blocker (ARB) that was furnished to treat the hypertension is losartan.

Mechanism of action: At the level of the angiotensin II type 1 subtype receptor, ARBs work to mitigate Ang II (AT1)'s effects. The AT1 receptor has a more respond for all ARBs and is widely distributed in a variety of organs, including smooth muscle cells, cardiac, renal, and aorta. It utilized in clinical processes which attach to AT1 receptor in a competitive manner but dissociate slowly, which explains the reasons behind the lowering in the rate of blood pressure effects may last longer than their pharmacokinetic features suggest.^[24]

5. Calcium Channel Blockers

Blood pressure is lowered with medications which inhibit calcium channels. In order to expand blood vessels and improve cardiac pumping, they function by reducing the speed at which calcium reaches the heart and blood vessel cells.

Mechanism of action: DHPs obstruct the long-lasting, voltage-dependent L-type calcium channels, where "L" refers to long established and refers to the duration of activation. It prevents cardiac myocytes, vascular smooth muscle cells (VSMCs), sinoatrial / atrioventricular nodal tissue from depolarizing in a Ca²⁺-dependent manner. In contrast to DHP, which has vascular selectivity and blocks the calcium channel of the VSMC instead of the calcium channel of the cardiac myocyte, verapamil and diltiazem have cardiac selectivity, making them more effective in treating cardiac problems.^[25]

Method Of Preparation of Microsphere

1. Spray drying method

This done to create drug-loaded polymer microspheres. This can be accomplished by combining the raw material with a liquefied coating liquid and spraying the mixture in the air, where the solvent will immediately evaporate and the substance will harden on the surface. In some lab settings, an organic solvent and polymer

solution are created, sprayed in different weigh amounts of the ratios, and then processed to prepare microspheres containing pharmaceuticals. Despite being rapid, the quick drying could cause the crystallinity to be lost.

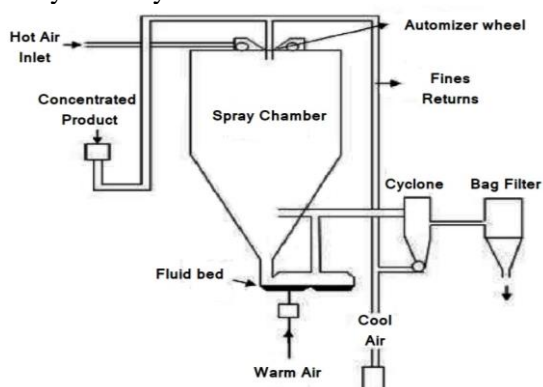


Fig 3: Spray drying method

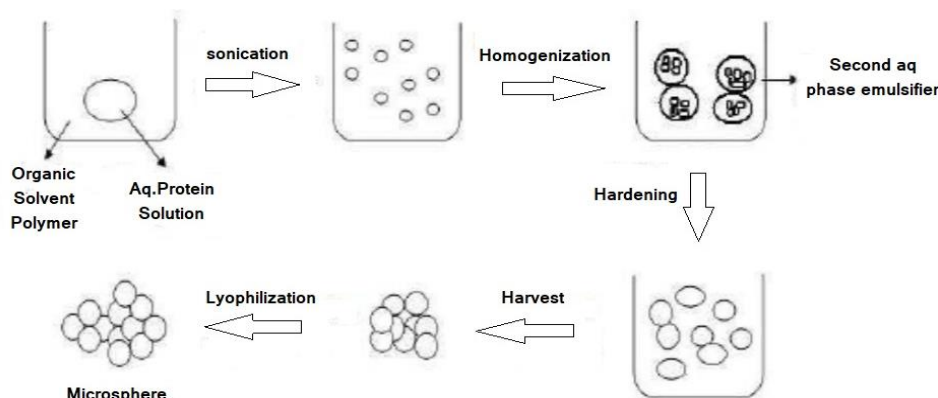


Fig 4: Solvent evaporation method

3. Single Emulsion Solvent

In this process, an aqueous environment containing the emulsifying agent must first be emulsified before the polymer is getting fully soluble in an organic solvent. After being stirred for a number of hours in an atmosphere that allows the solvent to

get removed, the finished emulsion is cleaned, washed and removed the humidity in desiccators. Diffusion-evaporation is an emulsion solvent were used to manufacture and synthesise polymer-based medication microspheres.

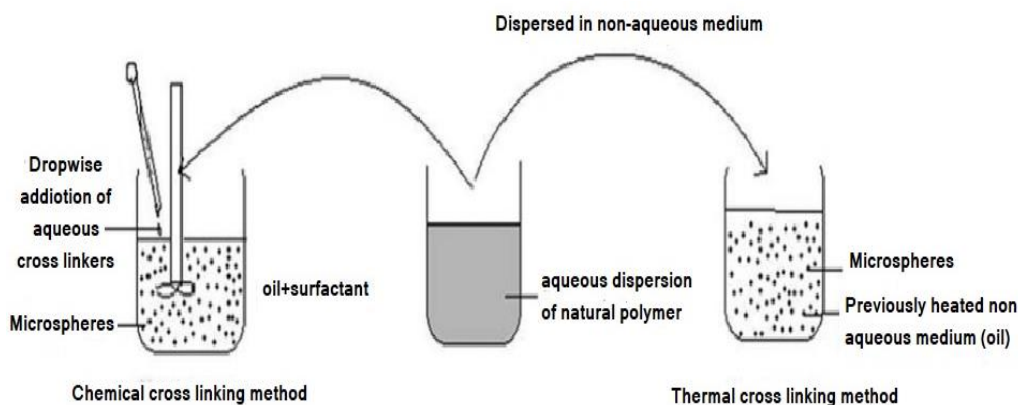


Fig 5: Single emulsion solvent

4. Double emulsification method

In order to create a double-emulsion, mixing must take place with little to no processing. An organic phase that is continuously lipophilic surrounds the product's aqueous solution. The medication, which

was previously visible in the dispersed aqueous layer, is lastly encapsulated by a polymer mixture utilised in a continuous process to generate primary emulsion. The primary emulsion is created by homogenising or ultrasonically blending the

pre-formed emulsion with the aqueous alcohol solution. The medication's release was prolonged by 24 hours by the drug-filled microspheres, which also controlled how quickly it diffused and eroded.

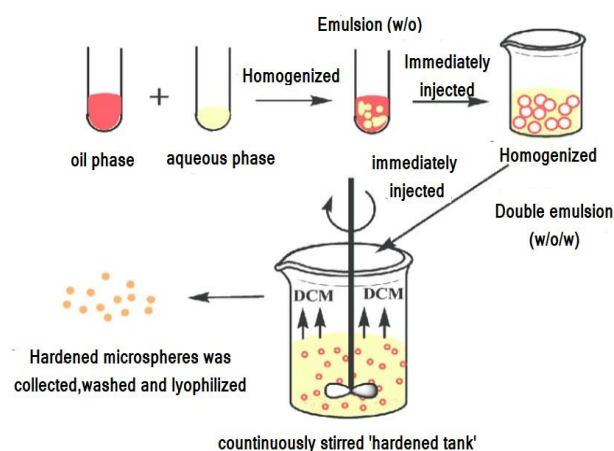


Fig 6: Double emulsification method

5. Coacervation method

This process involves the straightforward distillation of equilibria from a fluid of macromolecular molecules into a wide, somewhat macromolecule-condensed coacervate layer. This process is called basic coacervation when there is only one macromolecule present.

Any coacervation that involves two or more opposite-charge macromolecules is referred to as complex. The former occurs as a result of certain factors including temperature changes, the addition of non-solvents, or the presence of micro-ions, which help to dehydrate macromolecules by promoting connections with the polymers through connection with polymer solvents. These are the set up for creating different microsphere characteristics.

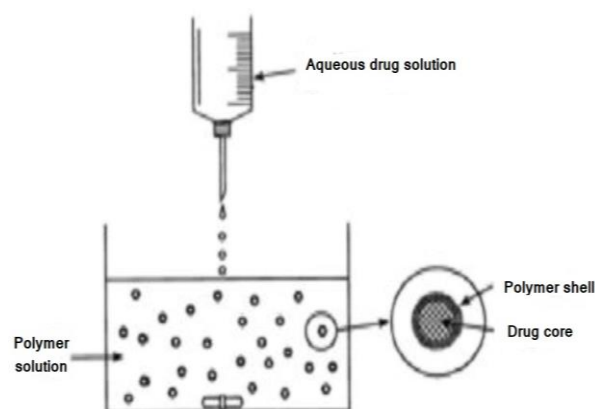


Fig 7: Coacervation method

6. solvent extraction:

The organic phase is eliminated during the solvent evaporation process, which creates microparticles, by extracting an organic solvent. It employs

organic water-soluble solvents for example isopropanol. To eliminate the organic phase, utilize water extraction. The microspheres' time to solidify is shortened as a result. Direct integration of a protein or medicine into an organic polymer solution is one form of the procedure. The ratio of the emulsion's volume to the water and the water's temperature, and the solubility profile of the polymer all affect how quickly solvent is removed using the extraction process.

7. Quassi Emulsion Solvent Diffusion

Controlled release drug microspheres comprised of acrylic polymers have been created in the literature using a unique quasi-emulsion solvent diffusion method. Micro sponges are created with the use of quasi-emulsion solvent diffusion technique with an external phase consisting of polyvinyl alcohol and distilled water. 20% of the polymer is added to the internal phase, which contains a drug, ethanol, and polymer to promote flexibility. After that the internal phase is formed at 60°C and has reached room temperature, the external phase is next introduced to the internal phase.

Two hours after emulsification, the mixture is continuously stirred. After that, the solution can be separated to get rid of microscopic sponges. Lastly object is cleaned and dried in an oven for a day at 40°C.

8. Ionic gelation method

In order to create hydrogel beads, sometimes referred to as gelspheres, polyelectrolytes have a tendency to cross link when counterions are present. This process is known as ionotropic gelation. They are spherical referred to as 'gelspheres', cross-linked polymeric substances which are hydrophilic and greatly thicken and gelate biological model fluids. By allowing the polymer to relax, they can also regulate the release of medications. The process of making hydrogel beads involves mixing an aqueous solution with polyvalent cations with a polymeric solution containing medications. A three-dimensional lattice is created by the hydrophilic drug molecules, which allow the cations to pass through them. The biomolecules in these gelspheres may also help them maintain their three-dimensional shape in benign circumstances.

9. Hydroxyl appetite (HAP) microspheres with a sphere morphology

Microspheres with atypical sphere morphologies were made using this technique. It required forming an o/w emulsion and allowing the solvent to evaporate. The organic phase was first dispersed in the aqueous phase of the surfactant to create an

o/w emulsion. Small droplets of organic phase, ringed by surfactant molecules, were spread throughout the mixture. By avoiding co-solventation, this preserved the droplets' uniqueness. DCM droplets were separately solidifying to create microspheres while slowly evaporating while being agitated.^[26-30]

Drug Release Kinetics

The removal of the active substance in the case of microspheres is an important consideration. The drug release from the microparticulate could be accomplished by a number of theoretically possible techniques, including:

- Pore self-diffuseness;
- Get ridden from the polymers base;
- pulse delivery through application of acoustic field

- release brought on by erosion or degradation polymer

Drug

- microspheres position;
- count of molecules;
- Physical and Chemical Characteristics;
- Matrix Interlinkage

Components of microsphere:

- Size and density,
- the kind and quantity of the matrix polymer
- cross-linking and denaturation
- as well as adjuvants

Environment

- Enzyme presence
- Polarity
- pH^[29]

A Comparison Study Of Mucoadhesive And Floating Microspheres

	Mucoadhesive microsphere	Floating microsphere
Definition	The preparation of newly drug carriers like mucoadhesive microspheres, which are responsible to rise the use of bio adhesion in the transport of drugs, has been facilitated by drug carrier techniques and advances in polymer science. Contains entirely of mucoadhesive polymer.	Microballoons are free-flowing powders made of artificial polymers and proteins. These low-density microballoons have enough buoyancy to float above stomach fluid for an lengthen period of time with no irritation to the GIT.
process of action	As previously stated, mucoadhesion is the bonding of the medicine to the mucosal layer coupled with an appropriate carrier. Important components of the complex phenomenon known as mucoadhesion include wetting, adsorption, and the polymer chain interpenetrating. The contains the mechanisms as follows: 1. Direct interaction between a delivery method for mucoadhesive substance and a mucosal membrane. 2. The mucoadhesive delivery method entering the tissue or the mucous membrane's surface.	When stomach fluid and microspheres come into contact, gel formers, polysaccharides, and polymers hydrate to create a colloidal gel barrier. an adjacent hydrocolloid layer's hydration preserves the gel layer when the dosage form's external surface dissolves. The air that the expanded polymer traps reduce the density and gives the microspheres buoyancy. To ensure effective accomplishment of buoyancy, however, a minimum stomach content was required.
Benefits of microsphere	1. Easily administered locally to increase and improve the absorption of medications. 2. Make it easier for the formulation to make close touch with the surface underneath where it will be absorbed. 3. Prolonged time period of dose 4. Gives great pathway for systemic intake of medicine. 5. Because API is located near the illness site, significant cost savings may also be made.	1. Improved biotransformation on the first pass. 2. Reduced frequency of dose and sustained medication delivery. 3. Specific treatment for upper GIT problems. 4. Less erratic medication concentration changes. 5. Increased selectivity of receptor activation. 6. A reduction in the body's counteractivity.
A Microsphere's Drawbacks	1. The formulas' release may be altered. 2. Different circumstances, such as meals, the speed at which it travels through the stomach, the pace at which mucin turns over etc., work in release rate. 3. Differ dose variations 4. impact of toxicity on release pattern of dosage forms.	1. To float and function well, these systems need a lot of fluid in the stomach to transport drugs. 2. Unsuitable for medications with GIT solubility or stability issues. 3. Drugs that irritate the stomach mucosa are also inappropriate. 4. Approximately 200-250 ml of water should be consumed along with the dosage form.
Size of micro sphere	These consist of 1 to 1000 m-diameter microparticles and microcapsules.	These includes particle size ranges from 200 µm.

Conclusion

In the end microsphere will take the idealistic drug delivery via fusing together with variety of other techniques, particularly in sample separation, identifying, determination of gene and genetic substances, sheltered, selected, and well-organized in vivo delivery, and addiction as tiny representations of the body's ill organs and tissues. There are several primary pharmacological categories of hypertension medications- angiotensin II receptor antagonists, ACE initiators,

diuretics, beta blockers and calcium channel blockers. This article also discusses the very varied nature of medication absorption in the gastrointestinal tract and how lengthen the gastric retention of the dose form can extend the duration of drug absorption.

There are condensed summaries of the pharmacological classes of renin inhibitors, alpha adrenergic receptor blockers, medicines with central action, and direct acting vasodilators.

References

- Freitas S, Merkle HP, Gander B. (2004), Microencapsulation by solvent Extraction/Evaporation: reviewing the state of the art of microsphere preparation process technology. *J Controlled Release*; 102(2),313–32.
- Sahil K, Akanksha M, Premjeet S, Bilandi A, Kapoor B, (2011) Microsphere: a review. *Int J Res Pharm Chem* 1(4): 2231- 781.
- Rajput S, Agarwal P, Pathak A, Shrivastava N, Baghe SS, Baghe RS. (2012), A review on microspheres: methods of preparation and evaluation. *World J Pharm Sci*; 11(4):422-38.
- Dhadde Gurunath S.*, Mali Hanmant S., Raut Indrayani D., Nitalikar Manoj M., Bhutkar Mangesh A.: April - June, (2021). A Review on Microspheres: Types, Method of Preparation, Characterization and Application, *Asian Journal of Pharmacy and Technology*, 11(2),34-41.
- Dhakar R. C., Maurya S. D., Sagar B. PS., Bhagat S., Prajapati S. K., Jain C. P., (2010) Variables influencing the drug entrapment efficiency of microspheres: A pharmaceutical review, *Der Pharmacia Lettre*, 2(5):102-116.
- Sree Giri Prasad B., Gupta V. R. M., Devanna N., Jayasurya K., (2014) Microspheres as drug delivery system – A review, *JGTPS*,5(3): 1961-72.
- Mohan M., Sujitha H., Dr. Rao V. U. M., Ashok M., Arun kumar B., (2014) A brief review on mucoadhesive microspheres, *IJRRPAS*.2014 ;4(1):975-86.
- T. Anantha lakshmi*, M. Ramesh, B. Mounika, K. Bhuvanewari, Sreekanth Nama, Review on Hypertension, *International Journal of Current Trends in Pharmaceutical Research*, 2013, Vol.1(2): 88-96
- Kataria Sahil¹, Middha Akanksha¹, Sandhu Premjeet¹, Ajay Bilandi and Bhawana Kapoor 2011, *International Journal Of Research In Pharmacy And Chemistry*, Ijrpc, 1(4), Issn: 2231–2781.
- Manoj Kumar Das*, Abdul Baquee Ahmed, Dipankar Saha,2019, Microsphere A Drug Delivery System–A Review, *International Journal of Current Pharmaceutical Research*, Vol 11, Issue 4, ISSN- 0975-70
- Meghna KS, Krishna MP, Giridas S, Sreelakshmi C, Vijayakumar B. (2017) Microsphere a drug delivery system–a review. *Int J Novel Trends Pharm Sci*;11(7):109-18.
- Kumar A, Mahajan S, Bhandari N, Microspheres: a review. (2017) *World J Pharm, Pharm Sci* 11(6):724-40
- Gholap SB, Banarjee SK, Gaikwad DD, Jadhav SL, Thorat RM. (2010) Hollow microsphere: a review. *Int J Pharm Sci Rev Res*; vol 1(1):10-5.
- Agusundaram M, Madhu SC. (2009), Microsphere, as a novel drug delivery system a review. *Int J ChemTech Res*; 1(3):526-34.
- Sudha MT, Naveen KK. (2010), At preparation and evaluation of ethyl cellulose microspheres of ibuprofen for sustained drug delivery. *Int J Pharma Res Dev*, vol 2(4);120-1.
- Jagtap Yogesh Mukund, et. al.,2012, Floating microspheres: a review, *Brazilian Journal of Pharmaceutical Sciences*, 48 (1), Page 17-30.
- Urs Häfeli, et. al., Review: Radioactive Microspheres for Medical Applicationsm, Cleveland Clinic Foundation, Radiation Oncology Department T28,1(1), page no 1-29.
- Lachman LA, Liberman HA, Kanig JL. (1991), *The Theory and Practice of Industrial Pharmacy*. Varghese Publishing House, Mumbai, India,3rd edition (1); P-414-415.
- Ando S, Putnam D, Pack DW, and Langer R. PLGA (1998), Microspheres Containing Plasmid DNA: Preservation of Super coiled DNA via Cry preparation and Carbohydrate Stabilization. *J. Pharmaceut. Sci.*;88(1): 126–130.
- Ketie Saralidze, et. al., (2010), Polymeric Microspheres for Medical Applications, *Materials*, 3(6), Page 3537-3564.
- Pavan Kumar B., Chandiran I. S., Bhavya B., Sindhuri M., (2011), Microparticulate drug delivery system: A Review, *Indian journal of pharmaceutical science & research* ;1(1):19-37.
- Oates JA. (1995), Antihypertensive agents and the drug therapy of hypertension. In Goodman and Gilman's, *The pharmacological basis of therapeutics*. 9th Ed. JG Hardman, A Goodman Gilman, Lee E Limbird. McGraw Hill (New York),6(4), pp 780-808.
- Sica DA, Moser M. (2007), Diuretic therapy in cardiovascular disease. In hypertension, a companion to Braunwald's heart disease. Ed. HR Black and WJ Elliott. Saunders (Philadelphia), pp 213-230
- Williams GH, Burgess E, Kolloch RE, Ruilope LM, Niegowska J, Kipnes MS, Roniker B, Patrick JL, Krause SL. (2004), Efficacy of eplerenone versus enalapril as monotherapy in systemic hypertension. *Am J Cardiol*; 93(8):990-996.
- Nazzareno Galie, Adam Torbicki, Robyn Barst, Philippe Dartevelle, Sheila Haworth, Tim Higenbottam, Horst Olschewski, Andrew Peacock, Giuseppe Pietra, Lewis J. Rubin, Gerald Simonneau, (2004), Guidelines on diagnosis and treatment of pulmonary arterial

- hypertension. *European heart journal*;25(7): 2243-2278.
26. Patel B., Modi V., Patel K., Patel M., (2012) Preparation and evaluation of ethyl cellulose microspheres prepared by emulsification - solvent evaporation method, *International Journal for Research In Management And Pharmacy* ;1(1):83-91.
27. Bansal H., kaur S. P., Gupta A. K., (2011) Microsphere: Methods of preparation and applications; A comparative study, *Int J Pharm Sci Rev Res.*;10(1):69-78.
28. Alagusundaram M., Chetty.C. M. S., Umashankari.K, Badarinath A. V., Lavanya.C., Ramkanth.S., *Microspheres as a novel drug delivery sytem- A review*, *Int J ChemTech Res.* 2009;1(3):526-34.
29. Poovi Ganesan, Arul Jasmine Deepa Johnson, Lakshmi Sabapathy and Arun Duraikannu, 2014. Review on Microsphere. *American Journal of Drug Discovery and Development*, 4(3): 153-179.
30. Hemmelgarn BR, McAlister FA, Grover S et al. (May 2006). "The 2006 Canadian Hypertension Education Program recommendations for the management of hypertension: Part I – Blood pressure measurement, diagnosis and assessment of risk". *Canadian Journal of Cardiology* 22 (7): 573–81. doi: 10.1016/S0828-282X(06)70279-3. PMC 2560864. PMID 16755312.