

COCRYSTALS: AN ALTERNATIVE APPROACH TO MODIFY PHYSICOCHEMICAL PROPERTIES OF DRUGS

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ABSTRACT

Co-crystallization is a new approach of enhancement of solubility, stability, bioavailability and other physicochemical properties. It offers a better optimization of physical and biopharmaceutical properties of drugs. Co-crystal formation involves intermolecular interaction such as Hydrogen bonding, Vander Waals forces and π - π stacking interactions. Robustness of potential intermolecular interaction and hydrogen bonding rules are the important aspects of co-crystallization experiment design. Characterization of co-crystal can be performed by power X-ray diffraction, single crystal X-ray diffraction, infrared spectroscopy, differential scanning calorimetry, scanning electron microscopy, solid state NMR, THz-TDS method. This review covers general consideration of selection of drug for co-crystallization, chemistry of co-crystallization including role of hydrogen bonding in co-crystallization, co-crystal effect on physicochemical properties and characterization of co-crystal using suitable method.

Keywords: Co-crystallization, physicochemical properties, hydrogen bonding.

INTRODUCTION

Poor dissolution rate, solubility, chemical stability and moisture uptake influence therapeutic efficacy of many pharmaceuticals, and significantly lower the market value of a drug¹. Among the biopharmaceutical properties, solubility remains a key issue with drugs often discarded during commercial due to their low solubility. Improving solubility of drugs is currently one of the main challenges for the pharmaceutical industry. Co-crystals offer a different pathway, where any API regardless of acidic, basic, or ionizable groups, could potentially be co-crystallized². Over 40 % of marketed drugs today have low solubility and in the R & D pipeline, 80 - 90 % of drug candidates could fail because of solubility issues³. Therefore, in order to improve solubility and dissolution rate, formulation scientists often used various basic approaches such as formation of salts, polymorphic and amorphous forms, solid dispersions, and inclusion complexes^{4,5,6,7}. Co-crystallization alters the molecular interactions and composition of pharmaceutical materials, and is considered better alternative to optimize drug properties². Multi-component crystals e.g.

solvates, hydrates, co-crystals, salts play important role in the design of new solids particularly in the pharmaceutical area¹ [Fig:1]. Pharmaceutical cocrystals provide an alternative way to modify the physicochemical properties of APIs; besides salt formation, and polymorphic and amorphous forms, that all have limitations in their utility⁸. The definition of cocrystal has been a subject of intense debate. In absence of a commonly accepted definition and to facilitate the organization of this review, the author defines cocrystals as 'Crystals with structure constituted of multicomponents, generally in a stoichiometric ratio, among which one or more components are neutral compounds³. The cocrystal formation via crystal engineering approach requires a library of co-crystallizing agents or cofomers⁹. A pharmaceutically acceptable, nontoxic cofomer must be chosen to result in a pharmaceutically acceptable cocrystal.

Cocrystals can be made of non-ionizable drugs, which cannot undergo salt formation. In addition, for ionizable drugs, the number of suitable cocrystal formers can exceed the number of suitable salt formers¹⁰.

Consideration for co-crystals¹¹ [Fig: 2]

- (i) Drug molecules lacking easily ionisable functional groups (such as those containing carboxamide, phenol, weakly basic N-heterocyclic, etc.) can be intermolecularly manipulated via co-crystals to tune their physicochemical properties.
- (ii) Compound having particular sensitive groups to treatment of acid and base.
- (iii) Availability of larger number of neutral GRAS compounds to make co-crystals as compared to counter ions to make pharmaceutical salts.
- (iv) Overcoming problems in filterability through co-crystallizing a compound.

CHEMISTRY OF CO-CRYSTAL FORMATION

Co-crystals are formed to improve the solid-state properties of an API without affecting its intrinsic structure by co-crystal engineering. Crystal engineering is an application of the concepts of supramolecular chemistry to the solid state with particular emphasis upon the idea that crystalline solids are actual manifestations of self-assembly^{12,13}. Co-crystals are constructed from intermolecular interactions such as van der Waals contact forces, π - π stacking interactions, and hydrogen bonding. Crystal engineering involves modification of the crystal packing of a solid material by changing the intermolecular interactions that regulate the breaking and formation of non-covalent bonds, such as hydrogen bonding, van der Waals force, π -stacking, electrostatic interactions, and halogen bonding¹⁴. The term supramolecular synthesis is frequently used in the research field of co-crystals. It is defined as structural units within supramolecules which can be formed and/or assembled by known conceivable synthetic operations involving intermolecular interactions¹⁵. Co-crystals that contain carboxylic acids, amides, carbohydrates, alcohols, and amino acids are able to co-crystallize with APIs.

Role of hydrogen bonding in co-crystallisation

From a number of systematic studies of co-crystals it was recognized that, in general, all good hydrogen bond donors and acceptors would be used in hydrogen bonding. Furthermore, of particular importance to the design of co-crystals, it was noted that the best hydrogen bond donor tends to interact with the best hydrogen bond acceptor in a given crystal structure. This 'best-donor–best-acceptor' rule can be of great utility in the design of specific hydrogen bonding interactions¹⁶. Due to the

large number of counter-molecules available for possible cocrystallization, a rational approach to co-crystal design is required to maximize experimental efficiency. Two important aspects of co-crystallization experiment design include the robustness of potential intermolecular interactions (i.e., assessing the likelihood of formation of specific interactions, such as hydrogen bond motifs) and considering general hydrogen bonding rules. The evaluation of intermolecular interaction robustness may be performed by analysing trends within the Cambridge Structural Database (CSD)^{16,17}.

Cocrystal of caffeine with oxalic acid, 2:1 drug:acid ratio, the anticipated O-H...N bond is observed in each structure, with the equivalent nitrogen on each drug molecule hydrogen bonding to the carboxylic acid. This appears to be a result of the presence of the good N-H proton donor on theophylline. Rather than forming the weak C-H...O bond, the oxalic acid carbonyl is directed toward a second theophylline molecule to form what appears to be a long N-H...O interaction (N...O distance 3.204 Å). Lacking a strong donor on the caffeine molecule this interaction was not possible¹⁶.

Effect of co-crystallization on physicochemical properties

The need of co-crystallization is to improve the physicochemical property of the drug like solubility, melting point, stability, bioavailability etc. Each new co-crystal of any drug will exhibit a unique set of properties as expected by the structure-property relationship in materials science¹⁸. The changes in physical, chemical and mechanical properties of a drug introduced by co-crystallization are not always beneficial. Of course, whether or not a change is useful to drug delivery depends on various factors, such as intended route of administration, drug release profiles and manufacturing process. For example, high solubility is desired for fast release of a drug³.

Solubility and bioavailability

Co-crystallization may either enhance or reduce solubility or dissolution rate of a poorly soluble drug^{19,20}. For example, the solubility of acyclovir l-tartaric acid is greater than amorphous and hydrate forms of acyclovir²¹. A unique example of the deteriorated solubility by co-crystallization is the melamine and cyanuric acid 1:1 co-crystal³.

As solubility is complementary of dissolution, if co-crystal solubility is increased in comparison to API, intrinsic dissolution is also improved for co-crystals in comparison to pure drug and vice

versa. Co crystal of ionized drug co crystal solubility is mainly depending on solution pH. The prediction of this can be done by calculation based on degree of ionization and dissociation equilibria of cocrystals^{22,23}.

Melting point

The melting point is a fundamental physical property, and melting temperature shows the equilibrium between solid and liquid phase. We generally prefer the co-crystal having lower melting point than their API. The solid having lower melting point in comparison with other solid shows lowered susceptibility to degradation²⁴. Differential scanning calorimetry (DSC) is the preferred technique for obtaining comprehensive melting point data, over a standard melting point apparatus or Kofler method, because additional thermal data such as the enthalpy of fusion can be determined. For example, the melting point and heat of fusion, both determined from DSC, are necessary when attempting to characterize a polymorphic pair of compounds as monotropic or enantiotropic²⁵.

Stability

Stability is an important parameter for the design of a dosage form. During co-crystallization there is alteration in molecular assemblies that changes the mechanical properties of solids. For this reason study of stability of polymorphic co-crystal is important. In the case of cocrystals and salts, solution stability may be a factor due to dissociation of the material resulting in precipitation of the less soluble parent compound or a less soluble form (such as a hydrate in aqueous media)²⁶. The example of polymorphic cocrystals is Carbamazepine with saccharin and nicotinamide as coformer. These cocrystals are more stable than original API²⁷.

The other parameters such as tensile strength, elastic properties, breaking strength and tabletability, can be improved by using co-crystallization technique.

METHOD OF PREPARATION

Supercritical fluid atomization technique

Supercritical fluids use offers additional advantages compared to the classical co-crystal production methods. Co-crystallization with supercritical solvent (CSS) is a method where an API and a co-crystal former are mixed together by magnetic stirring after being pressurized by supercritical CO₂ in a high-pressure vessel. The Supercritical Anti-Solvent (SAS) technique explores the anti-solvent effect of supercritical CO₂ to precipitate particles (cocrystals) from solutions; the supercritical

fluid enhanced atomization SEA technique explores essentially the CO₂ atomization enhancement in a spray drying process. Theophylline-saccharin co-crystal new form with a 1:2 stoichiometry was obtained by the supercritical fluid enhanced atomization process method that has not been previously reported by traditional screening methods²⁸.

Four co-crystals of Levetiracetam [Levetiracetam-d-tartaric acid 1:1 (LDTA), Levetiracetam-R/S-mandelic acid 1:1 (L(RS)MA), Levetiracetam-S-mandelic acid 1:1 (LSMA), and Levetiracetam-2,4-dihydroxybenzoic acid 1:1 (L2,4DHBA) were obtained by solvent drop and neat grinding²⁹. Piracetam is used to treat memory and balance problems by stimulating the central nervous system. Levetiracetam is an anticonvulsant medication used to treat epilepsy. These compounds share a pyrrolidone nucleus and an amide functional group. Levetiracetam has an additional ethyl group (Figure 3)³⁰.

Solvent evaporation technique

This technique is commonly used for the preparation of cocrystals. In this technique both drug substance and coformer are dissolved in a common solvent and allowed to slow evaporation of a solvent. The technique works on the principle of formation of hydrogen bond in favourable drug substance and a complementary coformer³¹. For example:- Cocrystal forming ability of anti-HIV drug Zidovudine and lamivudine is studied in this work. In this work Zidovudine-lamivudine cocrystals prepared by using solvent evaporation technique by taking equimolar ratio of both. Ethanol is used as a solvent. Zidovudine-lamivudine is taken in equimolar ratios to which 10 ml of ethanol is used. The solvent is allowed to evaporate for 2 days. Single crystals were obtained³².

Grinding method

It has been witnessed a great progress in cocrystal formation via grinding method over the past few years. There are two different techniques for cocrystal formation via grinding. The first method is neat grinding, which is also called dry grinding, consisting of mixing the stoichiometric cocrystal together and grinding them either manually, using a mortar and pestle, or mechanically, using a ball mill or a vibratory mill. This method requires one or both reactants exhibiting significant vapour pressures in the solid state³³.

Solvent drop technology

In solvent drop grinding technology the drug substance (API) and coformer are taken in equimolar ratios and these equimolar ratios are ground in a mortar and pestle to this addition of a small amount of solvent. This solvent will act as a catalyst to favour co-crystallization. This method is advantageous than solid state grinding in terms of yield, ability to control polymorph production, better product crystallinity, and a larger scope of co-crystal forms³¹. For example- In this patent Intravenous formulation with water soluble co-crystals of Acetyl salicylic acid and theanine. In this Acetyl salicylic acid-theanine co-crystals prepared by taking both in equimolar ratios. Acetyl salicylic acid-theanine are taken in mortar and pestle in a few drops of methanol added and ground until dried mass is formed. Further it is characterized³⁴.

Ultrasound assisted solution co-crystallization

In ultrasound assisted solution co-crystallization the API and co-crystal former are mixed together in appropriate solvent at a proper temperature. This solution was subjected to ultrasound pulses in a sonoreactor after giving 6-12 pulses there is formation of turbid solution. To prevent fragmentation cold water was supplied during sonication. Turbid solution was left for overnight for drying of solvent. For example:- Ultrasound assisted co-crystals of Caffeine/maleic acid were prepared. Slurry of Caffeine-maleic acid was prepared by taking equimolar ratios in methanol. This slurry was subjected to ultrasound pulses. Solid was filtered³⁵.

CHARACTERISATION OF CO-CRYSTALS

The characterization of co-crystal can usually be performed by powder X-ray diffraction (PXRD), single crystal X-ray diffraction (SXRD), Raman spectroscopy, Infrared spectroscopy (IR), differential scanning calorimetry (DSC), scanning electron microscopy (SEM), solid state nuclear magnetic resonance spectroscopy (SSNMR) and terahertz spectroscopy.

Powder X-Ray diffraction

PXRD is the most commonly used technique for the characterization of co-crystals. This method includes the diffraction pattern of X-rays from co-crystal and API and seen that the diffractogram of co-crystal is distinct from the API.

Single crystal X-ray Diffraction

SXRD technique is used to determine solid state structure of co-crystal at atomic level. Single-

crystal X-ray diffraction may prove difficult on some co-crystals, especially those formed through grinding, as this method more often than not provides powders. However, these forms may be formed often through other methodologies in order to afford single crystals²⁵.

Raman Spectroscopy

Raman spectroscopy is a spectroscopic technique that is used as a powerful tool for distinguishing isostructural phase. Technique is used for the study of vibrational, rotational and other low frequency modes in a system.

Scanning Electron Microscope

SEM is a type of electron microscope that images a sample by scanning it with a high energy beam of electrons in a raster scan pattern. The electrons interact with the atoms that make up the sample producing signals which provide information about the sample's surface topography. It is applied to determine the co-crystal micrograph and particle size in many examples^{36,37}.

Terahertz time-domain-spectroscopy (THz-TDS)

Terahertz spectroscopy is an alternative to powder X-ray diffraction in the characterisation of molecular crystals and used to distinguish between chiral and racemic hydrogen bonded co-crystals that are similar in molecular and supramolecular structure. The investigation of the co-crystal of theophylline with chiral and racemic forms of coformers using PXRD and Raman spectroscopy suggested that THz-TDS is comparable in sensitivity to diffraction methods and more sensitive than Raman to changes in co-crystal architectures³⁸.

Other physical methods of characterization may be employed. Thermogravimetric analysis (TGA) and differential scanning calorimetry (DSC) are two commonly used methods in order to determine melting points, phase transitions, and enthalpic factors which can be compared to each individual co-crystal former³⁹.

APPLICATIONS OF CO-CRYSTALS

Compared to other solid-state modification techniques employed by pharmaceutical industry, co-crystal formation appears to be an advantageous alternative for drug discovery (e.g. new molecule synthesis, nutraceutical co-crystals), drug delivery (solubility, bioavailability) and chiral resolution. Experts are of the opinion that pharmaceutical intellectual property landscape may benefit through co-crystallization⁴⁰.

THE MARKET AWAITS A COCRYSTAL DRUG PRODUCT

The market awaits a cocrystal drug product was the message from the IQPC Cocrystal meeting in Amsterdam on the 21st-22nd September. Although it appears that both Pharma and Biotech industries are actively engaging in cocrystal development, which should be considered as an extension of the solid form landscape, a marketed cocrystal form is yet to be realized. Legally, cocrystals are thought to be as patentable as per crystalline salt forms i.e. non-obvious, although some ambiguity still exists. Regulators may consider any submission of a cocrystal drug substance on a case by case basis. Process chemists are also getting to grips with the complexities of multi Kg production. There appears no doubt that cocrystals have utility and may offer additional novel routes to

formulation and manufacture as well as increased patient benefits. The next few years may prove to be decisive as interest in cocrystals gains pace.

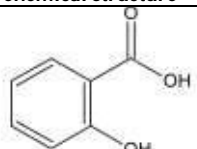
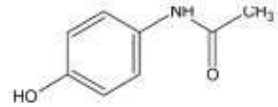
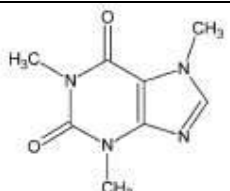
CONCLUSION

To achieve the desired therapeutic activity of drug, a research scientist goes through several approaches that can enhance solubility, stability, bioavailability and other parameters. Cocrystallization is a new approach to pharmaceutical industry and co-crystal provides a new direction to deal with problems of poorly soluble drugs. Co-crystals have more potential than hydrates, solvates and amorphous forms to improve physicochemical properties. Co-crystal research will go through co-crystal polymorphism, salt co-crystal, glassy co-crystal and higher order co-crystal in future.

Table 1: List of some works performed on co-crystallization

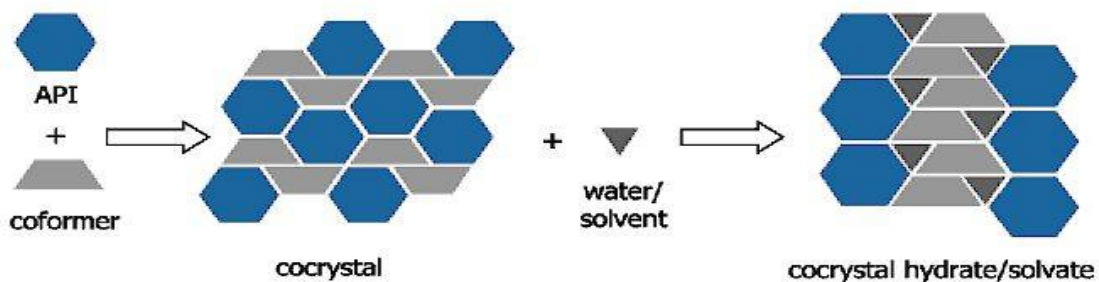
S. No.	Co-crystal	Method	Reference
1	Carbamazepine : itaconic acid	Solvent evaporation	Desai et al. 2014 [41]
2	Carbamazepine : Nicotinamide	Hot melt extrusion	Boksa et al. 2014 [42]
3	Danazol : Vanilin		Childs et al.
4	Lornoxicam : salicylic acid	Liquid assisted grinding	Patel et al. 2014 [43]
5	Paracetamol : Indomethacin, mefenamic acid	Solvent Evaporation, Grinding Method	Pathak et al. 2013 [44]
6	Tenoxicam : Maleic acid, malonic acid, oxalic acid	Solvent Drop Grinding	Patel et al. 2012 [45]
7	Aceclofenac : Nicotinamide	Neat Grinding, solution crystallization	Sevukarajan et al. 2011 [46]
8	Acyclovir : L Tartaric acid, anhydrous citric acid	solution crystallization, Liquid assisted co-grinding	Masuda et al. 2011 [9]
9	Theophylline : Maleic acid, Malonic acid, Gluteric acid	Solution precipitation, solid state grinding	Trask et al. 2006 [16]
10	Indomethacin : saccharin	supercritical solvent technique	Velaga et al. 2008 [47]

Table 2: Other Drugs that can go under co-crystallization

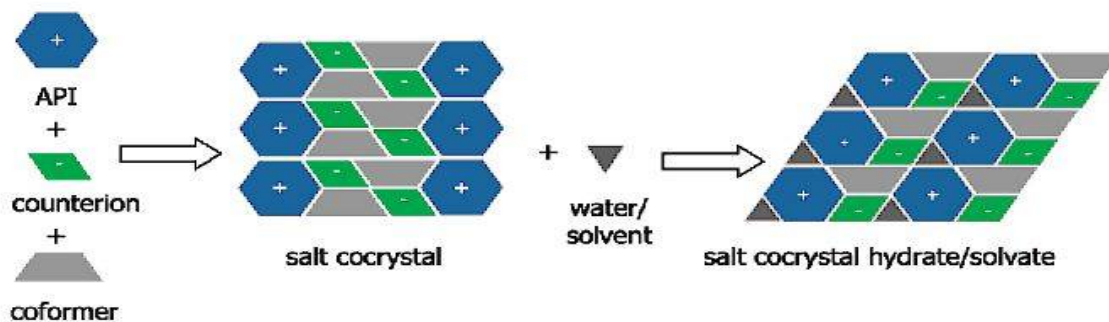
S. No.	Drug name	Chemical structure
1	Salicylic acid	
2	Acetaminophen	
3	Caffeine	

4	Acetazolamide	
5	Carbamazepine	
6	Cytosine	
7	Ethenzamide	
8	Isoniazid	
9	Lamotrigine	
10	Minoxidil	
11	Lidocaine	
12	Theophylline	

Example 1



Example 2



Example 3

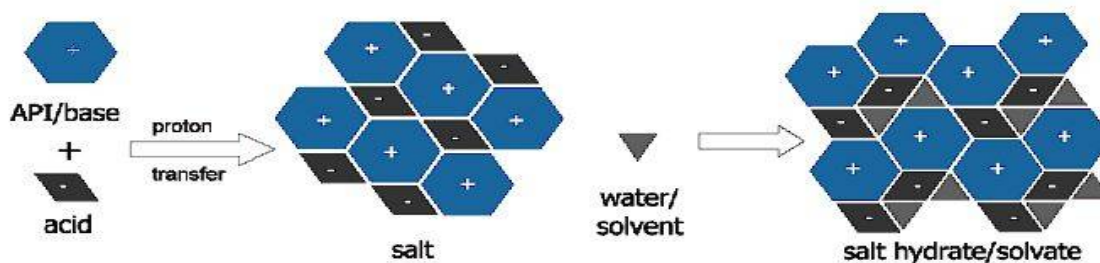


Fig. 1: Representation of a co-crystal, salt, co-crystal hydrate and salt co-crystal hydrate

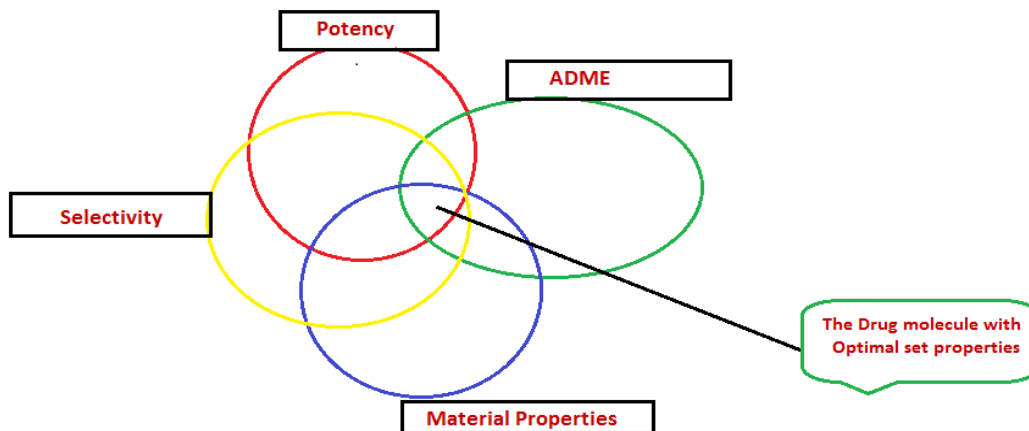


Fig. 2: A simplified schematic overview of the properties

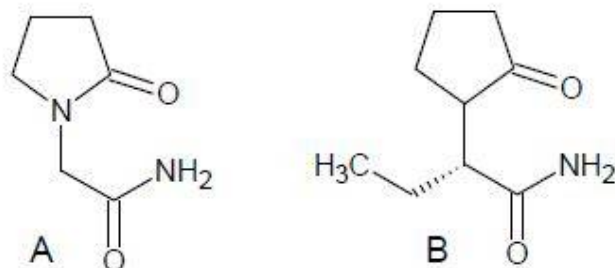


Fig. 3: The chemical structures of A. Piracetam and B. Levetiracetam

REFERENCES

1. Shan N and Zaworotko MJ. The role of co-crystals in pharmaceutical science. *Drug Disco Today*. 2008;13:440-446.
2. Deshpande A and Patole T. Co-Crystallization of Glipizide & Rosuvastatin Calcium and its Characterization. *Am. J. PharmTech Res*. 2014;4(4):73-87.
3. Changquan Calvin Sun. Cocrystallization for successful drug delivery. *Expert Opin Drug Deliv*. 2013;10(2):201-213.
4. Berge SM, Bighley LD and Monkhouse DC. Pharmaceutical salts. *J Pharm Sci*. 1977;66:1-19.
5. Kato Y, Okamoto Y, Nagasawa S and Ueki T. Solubility of a new polymorph of phenobarbital obtained by crystallization in the presence of phenytoin. *Chem Pharm Bull*. 1981;29:3410-3413.
6. Serajuddin ATM. Solid dispersion of poorly water-soluble drugs: early promises, subsequent problems, and recent breakthroughs. *J Pharm Sci*. 1999;88:1058-1066.
7. Koizumi K, Okada Y, Kubota Y and Utamura T. Inclusion complexes of poorly water-soluble drugs with glucosyl-cyclodextrins. *Chem Pharm Bull*. 1987;35:3413-3418.
8. Inoue K, Ogawa K, Okada J and Sugibayashi K. Enhancement of skin permeation of ketotifen by supersaturation generated by amorphous form of the drug. *J Control Release*. 2005;28:306-318.
9. Masuda T, Yoshihashi Y, Yonemochi E, Fujii K, Uekusac H and Terada K. Cocrystallization and amorphization induced by drug-excipient interaction improves the physical properties of acyclovir. *International Journal of Pharmaceutics*. 2012;422:160-169.
10. Childs SL and Hardcastle KI. Cocrystals of piroxicam with carboxylic acids. *Cryst Growth Des*. 2007;7:1291-1304.
11. Solubility advantage of amorphous drugs and pharmaceutical co-crystals, 26 February 2012, www.pharmnbiobiofuel.com/pharmaceuticals/solubility-advantage-of-amorphous-drugs-and-pharmaceutical-co-crystals.
12. Almarsson O and Zaworotko MJ. Crystal engineering of the composition of pharmaceutical phases, Do pharmaceutical co-crystals represents a new path to improved medicines? *Chem Comm*. 2004;1889-1896.
13. Khan M, Enkelmann V and Brunklaus G. Crystal engineering of pharmaceutical co-crystals: application of methyl paraben as molecular hook. *J Am Chem Soc*. 2010;132:5254-5263.
14. Aakeröy CB, Fasulo M, Schultheiss N, Desper J and Moore C. Structural competition between hydrogen bonds and halogen bonds. *J Am Chem Soc*. 2007;129:13772-13773.
15. Desiraju GR. Supramolecular synthons in crystal engineering a new organic synthesis, *AngewChemInt Ed Engl*. 1995;34:2311-2327.
16. Trask AV, Motherwell WDS and Jones W. Physical stability enhancement of theophylline via cocrystallization *International Journal of Pharmaceutics*. 2006;320:114-123.
17. Allen FH. The Cambridge structural database: a quarter of a million crystal structures and rising. *Acta Crystallogr*. 2002;B58:380-388.
18. Sun CC. Materials science tetrahedron - a useful tool for pharmaceutical research and development. *J Pharm Sci*. 2009;98:1671-87.

19. Bethune SJ, Huang N, Jayasanka A and Rodriguez HN. Understanding and predicting the effect of cocrystal components and pH on cocrystal solubility. *Cryst Growth Des.* 2009;9:3976-88.
20. Aakeroy CB, Forbes S and Desper J. Using cocrystals to systematically modulate aqueous solubility and melting behaviour of an anticancer drug. *J Am Chem Soc.* 2009;131:17048-9.
21. Masuda T, Yoshihashi Y, Yonemochi E, Fujii K, Uekusa H and Terada K. Cocrystallization and amorphization induced by drug-excipient interaction improves the physical properties of acyclovir. *Int J of Pharm.* 2012;422:160-169.
22. Rodriguez HN, Nehm SJ and Jayasankar A. Cocrystals: Design, Properties and Formulation mechanisms, In *Encyclopedia of Pharmaceutical Technology* 3rd ed. Informa Health care. 2006;615-635.
23. Nehm SJ, Rodriguez SB and Rodriguez HN. Phase solubility diagram of cocrystals are explained by solubility product and solution complexation. *Cryst Growth Des.* 2006;6:592-600.
24. Vitthalrao MA, Kumar FN and Radheshyam BK. Cocrystallization: an alternative approach for solid modification. *J of Drug Del and Ther.* 2013;3(4):166-172.
25. Burger A and Ramberger R. *Mikrochim Acta.* 259-271.
26. Reutzel ESM and Newman AW. The Physical Characterization of Hygroscopicity in Pharmaceutical Solids, In *Polymorphism*, Wiley-VCH: Weinheim. 2006;235-258.
27. Karki S, Friscic T, Fabian L, Lalty PR, Day GM and Jones W. Improving mechanical properties of crystalline solids by cocrystal formation with new compressible form of paracetamol. *Advan Materials.* 2009;21(38):3905-3909.
28. Padrela L, Rodrigues MA, Velaga SP, Fernandes AC, Matos HA and Azevedo EG. Screening for pharmaceutical cocrystals using the supercritical fluid enhanced atomization process. *J Supercrit Fluids.* 2010;53:156-164.
29. Springuel G, Norberg B, Robeyns K, Wouters J and Leyssens T. Advances in pharmaceutical co-crystal screening: Effective co-crystal screening through structural resemblance. *Cryst Growth Des.* 2012;12(1):475-484.
30. Sekhon BS. Pharmaceutical Cocrystals - An Update. *Int Bulletin of Drug Res.* 1(2):24-39.
31. Chandramouli YR, Gandhimathi, Rubiyasmeen B, Vikram A, Mahitha B and Imroz SM. Review on cocrystal as an approach with newer implications in pharmaceutical field. *Int J Medicinal Chemistry and Analysis.* 2012;2(2):91-100.
32. Bhatt PM, Azim Y, Thakur TS and Desiraju GR. Cocrystals of the Anti-HIV Drugs Lamivudine and Zidovudine. *Crystal Growth and Design.* 2009;9(2):951-957.
33. Friscic T and Jones W. Recent advances in understanding the mechanism of cocrystal formation via grinding. *Cryst Growth Des.* 2009;9:1621-1637.
34. Brittain HG and Felice PV. Intravenous formulation with water soluble cocrystals of Acetyl salicylic acid and theanine. US8173625B2, 2012.
35. Aher S, Dhumal R, Mahadik K, Paradkar A and York P. Ultrasound assisted cocrystallization from solution (USSC) containing a non-congruently soluble cocrystal component pair: Caffeine/maleic acid. *Eur J of Pharm Sci.* 2010;41:597-602.
36. Basavoju S, Boström D and Velaga S. Indomethacin-saccharin cocrystal design synthesis and preliminary pharmaceutical characterization. *Pharm Res.* 2008;25:530-541.
37. Prasad RV, Rakesh MJ, Jyotsna RM, Mangesh ST, Anita PS and Mayur PK. *Pharmaceutical Cocrystallization : A Review International journal of pharmaceutical and chemical sciences.* 2012;1(3):1074-1085.
38. Parrott EPJ, Zeitler JA, Friscic T, Pepper M, Jones W, Day GM and Gladden LF. Testing the sensitivity of terahertz spectroscopy to changes in molecular and supramolecular structure: a study of structurally similar cocrystal. *Cryst Growth Des.* 2009;9:1452-1460.
39. Durgashankar P, Ashish P and Anjali P. A Review on Co-Crystal. *J Sci Res Phar.* 2012;1(3):26-28.
40. Trask AV. An overview of pharmaceutical co-crystals as intellectual property. *MolPharma.* 2007;4:301-309.
41. Desai H, Rao L and Amin P. Carbamazepine cocrystals by solvent

- evaporation technique: formulation and characterisation studies. *Am J of Pharm Tech Res.* 04/2014.
42. Boksa K, Otte A and Pinal R. Matrix-Assisted Cocrystallization (MAC) Simultaneous Production and Formulation of Pharmaceutical Cocrystals by Hot-Melt Extrusion. *J of Pharm Sci.* 2014;103(9):2904–2910.
 43. Patel DM, Shah HR, Patel RJ and Patel CN. Preparation and characterization of lornoxicam co-crystals. *World J of Pharm and Pharm Sci.* 2014;3(6):713-732.
 44. Pathak CD, Savjani KT, Gajjar AK and Savjani JK. cocrystal formation of paracetamol with indomethacin and mefenamic acid: An efficient approach to enhance solubility. *Int J of Pharm and Pharm Sci.* 2013;5(4):414-419.
 45. Patel JR, Carlton RA, Needham TE, Chichester CO and Vogt FG. Preparation, structural analysis, and properties of tenoxicamcocrystals. *Int J of Pharm.* 2012;436:685–706.
 46. Sevukarajan M, Thanuja B, Sodanapalli R and Nair R. Synthesis and Characterization of Pharmaceutical Co-Crystal: (Aceclofenac: Nicotinamide). *J Pharm Sci and Res.* 2011;3(6):1288-1293.
 47. Velaga SP, Basavoju S and Borstrom D. Norfloxacin saccharinate–saccharin dehydrate cocrystal –A new pharmaceutical co-crystal with an organic counter ion. *J Mol Struct.* 2008;889:150-153.