Human Journals

Research Article

September 2019 Vol.:16, Issue:2

© All rights are reserved by Sandeep Ashokrao Wathore

Formulation and Evaluation of Flavoxate HCl Floating Tablet by Using Natural Gum



Sandeep Ashokrao Wathore

MUPS College of Pharmacy (B.Pharm), Degaon-444506, Dist.Washim (MS), India

Submission: 29 August 2019
Accepted: 5 September 2019
Published: 30 September 2019





www.ijppr.humanjournals.com

Keywords: *Limonia acidissima*, Xanthan gum, Floating Tablet, Flavoxate HCL, swelling studies

ABSTRACT

The objective of this research work was to formulate and evaluate the floating drug delivery system containing Flavoxate HCL tablets were prepared by direct compression technique. Formulations contained Limonia acidissima, Xanthan gum, and gas generating agents such as sodium bicarbonate and citric acid. Physical parameters like hardness, weight variation, thickness, and friability were within pharmacopoeial limit. The percentage of drug content in all floating tablet formulations was found to be 90% to 110%. A lesser floating lag time and a prolonged floating duration could be achieved by varying the amount of effervescent and using different polymer combinations. The in vitro drug release profiles obtained for tablets (F3) made with combinations of Limonia gum and xanthan gum showed lesser floating lag time(46 s) and a prolonged floating duration (18 hrs) which was a sustained release characteristic (94.30%) for 18h. Hydrophilic polymer like Limonia gum (10%) and Xanthan gum (10%) was found to be optimum. Xanthan gum was useful in the formation of matrix and Limonia gum was used as a drug release retardant. Among all the formulation, F4 showed drug release up to 94.30% at the end of 18 hours.

INTRODUCTION

Gastric floating drug delivery (GFDD) offers several benefits for drugs with poor bioavailability because of narrow absorption window in the upper part of the gastrointestinal tract. The gastric emptying time mainly depends upon on the design of the dosage form and physiological state of the subject, which last from a few minutes to 12hrs.1, 2 The average gastric emptying time in human is 2-3hrs through major absorption zone (stomach and upper part of the intestine), which leads to incomplete drug release from the DDS leading to diminished efficacy of the administered dose.3, 4 So drugs which have stability problem, GRDF plays an important role. These considerations have led to the development of oral controlled release dosage forms possessing gastric retention capabilities. GRDF will also greatly improve the pharmacotherapy of the stomach itself through local drug release leading to high drug concentrations at the gastric mucosa, which is sustained over a long period. This medication is used to treat certain bladder and urinary tract symptoms. Flavoxate HCL is a smooth muscle relaxant. It works by relaxing the muscles in the bladder. Flavoxate helps to reduce leaking of urine feelings of needing to urinate right away frequent trips to the bathroom and bladder pain.

MATERIALS AND METHODS

Materials: Flavoxate HCL gift sample from Mankind pharma laboratories limited, Baddi, District-Solan (HP). Limonia gum was collected from the incised trunk of *Limonia acidissima* tree in was his region. Talc and Magnesium stearate from Loba Chem (Mumbai, India). All other chemicals and ingredients were used for the study are of Analytical grade.

Characterization of Gum Procurement of plant material: the gum of *Limonia acidissima* Linn was collected from the local area in was him region in Maharashtra.

Drying and size reduction: After collection and procurement, gum of *Limonia acidissima* Linn was subjected to drying in normal environmental conditions and then size reduction to a coarse powder by pulverization. The powdered drug was stored in a tightly packed polythene bags. Extraction and Isolation: *Limonia acidissima* of gum the Limonia gum was collected from *Limonia acidissima* trees (injured trunk site). It was dried, milled and passed through sieve no 80. Dried gum was stirred in distilled water for 6-8 h at room temperature. The supernatant was obtained by centrifugation. The residue was washed with water and the washings were added to separate supernatant. The procedure was repeated four more times.

Finally, the supernatant was made up to 500 ml and treated with twice the volume of acetone by continuous stirring. The precipitated material was washed with acetone and dried at 50-60°C under vacuum. The dried gum was pulverized and stored in a tightly closed container.

Physicochemical properties: of *Limonia acidissima* gum the physicochemical properties such as visual identification, solubility, pH, Ash value, and loss on drying, pre-compression parameters and microbial load of the limonia gum were determined according to official Procedures.

Characterization of Drug and Excipients: using Fourier transform infrared spectroscopy FTIR spectra of pure drug, Limonia gum and physical mixture of drug and excipients were recorded on Shimadzu Corporation, (Tokyo, Japan) Model-1601 PC. The Fourier transform-infrared (FT-IR) spectrum of the sample was recorded in an IR spectrometer using potassium bromide (KBr) discs prepared from powdered samples. ⁸

Formulation of drug Tablet: Based on results obtained from a preliminary formulation study. The floating tablets of drug-using *Limonia acidissima* gum and xanthan gum combination were prepared by direct compression method. The drug, Polymer and other excipients (except talc and magnesium stearate) were mixed thoroughly, passed thoroughly, passed through sieved number 40 and compressed using multi-punch tablet compression machine after adding talc and magnesium stearate. 8 different formulations were prepared in which amount of all the ingredients (except polymers) were kept constant including drug.

Table No. 1: Formulation of floating tablets of Flavoxate HCL

Formulation	F1	F2	F3	F4	F5	F6	F7
Drug	220	220	220	220	220	220	220
Limonia Acidissima	10	20	30	40	50	60	70
Xanthan Gum	70	60	50	40	30	20	10
Sodium Bicarbonate	50	50	50	50	50	50	50
Citric Acid	20	20	20	20	20	20	20
Talc	5	5	5	5	5	5	5
Mg Stearate	5	5	5	5	5	5	5
Lactose	20	20	20	20	20	20	20
Total	400	400	400	400	400	400	400

Evaluation of Pre-compression Parameters: of Drug Polymeric Blend Excipients, polymers and drug were characterized for their physical properties such as the angle of repose, density, compressibility, Hausner's ratio.

Evaluation of Floating Tablets:

Thickness: The crown thickness of individual tablets is measured with a Vernier Caliper. The crown thickness of individual tablets is also determined for determining the density of tablet compacts. ⁹

Hardness: Hardness of the tablet is determined using Monsanto hardness tester. The tablet to be tested is placed between the spindle and anvil and pressure is applied by turning the knurled knob just sufficiently to hold the tablet in position. The reading of pointer on the scale is then adjusted to zero. The pressure is now increased as uniformly as possible until tablet breaks. The pointer now reads the pressure required to break the tablet.

Friability: Twenty tablets were accurately weighed and placed inside the chamber of friabilator. The apparatus was rotated for 100 revolutions. After rotations, the tablets were weighed and the loss in weight was determined. The loss in weight should not be more than 1%.

$$\% \ F = \quad \begin{array}{ll} \mbox{Initial weight - Final weight} \\ \mbox{------} & \times 100 \\ \mbox{Initial weight} \end{array}$$

Weight variation test: To find out weight variation, 20 tablets of each type of formulation were weighed individually using an electronic balance, the average weight was calculated and individual tablet weight was then compared with average value to find the deviation in weight.¹⁰

Floating Behavior: The *in-vitro* buoyancy was determined by floating lag time and floating time. The tablets were placed in a dissolution vessel containing 900 ml of 0.1N HCl. The time required for the tablet to rise to the surface and afloat was determined as floating lag time. The duration for which the tablet remains afloat on the surface of solution is known as floating time. ¹¹

Floating Lag Time: The in-vitro buoyancy was determined by floating lag time and floating time. The tablets were placed in a dissolution vessel containing 900 ml of 0.1N HCl. The time required for the tablet to rise to the surface and afloat was determined as floating lag time. The duration for which the tablet remains afloat on the surface of solution is known as floating time

Buoyancy Time: the time during which dosage forms remain buoyant was measured. 12

Swelling Index: Swelling increases as the time passes because the polymer gradually absorbs water due to hydrophilicity of polymer. The outermost hydrophilic polymer hydrates and swells and a gel barrier are formed at the outer surface. As the gelatinous layer progressively dissolved and/or is dispersed, the hydration swelling release process is continuous towards newly exposed surfaces, thus maintaining the integrity of the dosage form.¹³

Swelling Behavior of tablets: The swelling of the polymers can be measured by their ability to absorb water and swell. Water uptake studies of the formulation were performed using USP dissolution apparatus II. The medium used was 0.1 N HCl (900mL) rotated at 50 rpm, and maintained at 37 ± 0.5 °C throughout the study. After a selected time interval, the formulation is withdrawn, blotted to remove excess water and weighed ¹⁴⁻¹⁵. Swelling characteristics of the tablets expressed in terms of water uptake (WU) are calculated as follow-

WU % = Swollen weight
$$-$$
 Initial weight \times 100

Initial weight

Uniformity of drug content: From each batch, 10 tablets were weighed. Tablets were triturated in mortar and quantity of powder equivalent to 10 mg of drug was transferred to 100 ml volumetric flask. Sufficient quantity of 0.1N HCl was added with shaking and volume was made up to the mark. Further dilutions were made and the absorbance was recorded at 291 nm against 0.1N HCl as a blank. ¹⁶

In-vitro dissolution studies: *In-vitro* release of drug from the floating tablet was carried out using the USP dissolution test apparatus (Type-I). Dissolution media used was 900 ml of 0.1 N HCI (pH 1.2) maintained at 37 ± 0.5 °C and stirred at 50 rpm. At predetermined time intervals, 10 ml of sample was withdrawn and replaced with an equal amount of 0.1 N HCI (pH 1.2). The collected samples were filtered and suitably diluted with 0.1 N HCI and

analyzed spectrophotometrically at 291 nm to determine the amount of drug released in the dissolution medium.¹⁷

Accelerated Stability Testing: Stability testing of formulation batch was carried out to determine the stability of drug and carrier and also to determine the physical stability of formulation under accelerated storage condition at 45°C/70%RH. The prepared tablets were placed in borosilicate screw-capped glass containers. The samples were kept at the condition of 45°C/70% RH and were analyzed at 7th, 14th, 21st and 28th days for drug content, hardness and *in-vitro* dissolution study. ¹⁷

RESULTS AND DISCUSSION

Physicochemical properties And Evaluation of limonia acidissima gum:

The limonia gum is soluble in water and practically insoluble in alcohol, acetone, and chloroform. The moisture content was low, suggesting its suitability in formulations containing moisture-sensitive drugs. A 1% w/v solution of gum in water gave a pH of 6.9. The total ash and acid insoluble ash value of limonia gum was found to be 2.41% and 0.41% w/w respectively. The bulk density is 0.34 and tapped densities are 0.38. The compressibility index and angle of repose of Limonia gum was 11.76% and 23.53° respectively, implying that the limonia gum has good compressibility with moderate flow. The loss on drying, ash value and microbial count were well within official limits.

Characterization of Drug and Polymer: To determine possible interaction between the drug, limonia gum and other excipients used in the formulation, compatibility studies were conducted using FTIR spectroscopy. There was no significant shift in the positions of the wavenumbers when compared to that of the pure drug values. Thus there was no interaction between the drug and other excipients of the formulation.

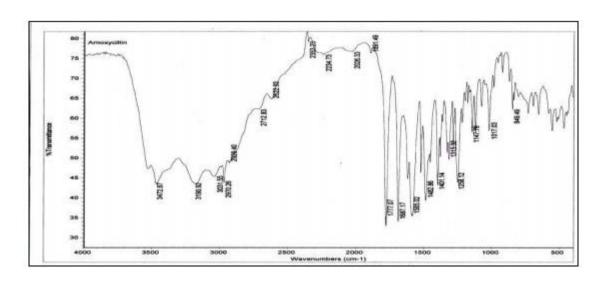


Figure No.1: FTIR Spectra of Flavoxate HCL

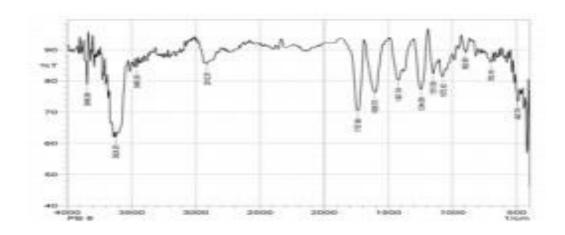


Figure No.2: FTIR Spectra of Limonia acidissima

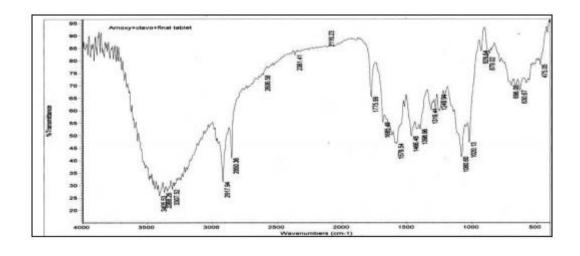


Figure No. 3: IR spectra of Flavoxate HCL and all excipients

Pre-compression parameters:

The bulk density obtained for all the formulations in the range of 0.655 to 0.726 (g/ml) and the tapped density in the range of 0.725 to 0.441(g/ml). The Angle of repose of the powder blend of all the formulations was found in the range of 17.29° to 18.61° which is in the good or the acceptable range means showing the good flowability necessary for proper flow of powder blend into the die cavity. The Carr's index of the powder blend of all the formulations was found in the range of 7.02 to 13.63% which is good or in the acceptable range means showing good or fair flowability for proper flow of powder blend. The Hausner's ratio was found to be in the range of 2.098 – 2.185. All these results indicated that the powder mixture possesses a good flow of powder blend. The prepared powder mixtures were evaluated for the physical properties like bulk density, tapped density, Carr's index and angle of repose and Hausner's ratio. Results obtained are shown below:

Table No. 2: Physical parameters of powder blend contain Limonia acidissima gum

Batches	Bulk Density (g/ml) ±SD	Tapped Density (g/ml) ±SD	The angle of Repose (0) ±SD	Carr's Index (%)±SD	Hausner's Ratio ±SD
F1	0.719±0.02	0.799±0.04	17.29±0.89	10.01±0.23	2.129±0.04
F2	0.706±0.01	0.814±0.02	18.61±0.18	13.26±0.46	2.178±0.006
F3	0.725±0.01	0.791±0.02	8.34±0.49	13.63±0.48	2.185±0.007
F4	0.726±0.03	0.91±0.03	18.10±0.51	20.39±0.49	2.103±0.006
F5	0.655±0.01	0.725±0.01	18.31±0.85	10.60±1.13	2.125±0.003
F6	0.701±0.03	0.761±0.04	16.44±0.56	7.88±0.58	2.098±0.007
F7	0.683±0.02	0.782±0.03	17.55±0.85	12.65±0.64	2.170±0.008

Evaluation of Floating Tablets:

The prepared final formulation of floating tablets was evaluated for hardness, thickness, % friability and weight variation. The results obtained indicated that the physical parameters were within the pharmacopoeial limit. As dissolution medium was imbibed into the matrix, the interaction of the acidic fluid with sodium bicarbonate resulted in the formation and entrapment of carbon dioxide gas within the swollen gel thus, causing floatation as the matrix volume expanded and its density decreased. Therefore the floating system was chosen to compromise the matrix integrity with the possible shortest lag time and floating duration

more than 12 h. It was observed that all the tablets floated within 4-5 min after immersion into 900 ml 0.1 N HCl at 37 ± 0.5 °C in the dissolution vessels and the systems remain buoyant over the entire dissolution period in each case. Tablets from each batch showed the uniformity of content in the range 90% to 110% which is within pharmacopoeial specifications. All the formulations comply with the test for uniformity of content as it found to be within the limit of 90-110%.

Table No. 3: Physical parameters of Flavoxate HCL Floating tablets

Batch es	Hardness(k g/cm2)	Thickness (mm ±)	% Friability	Wt.Varia tion	Flag (sec) (FLT)	Floating Time (h)	Uniformity of Content (%)
F1	4.4±0.20	2.148±0.0 5	0.454±0.3 05	198.9±2.2 86	46±1.5 2	>18	99.98
F2	5.6±0.50	2.218±0.0 2	0.7745±0. 159	199.8±1.6 09	38±2.0 8	>18	99.38
F3	5.4±0.25	2.238±0.0 6	0.4172±0. 102	198.75±2. 29	52±3.0 5	>18	99.58
F4	5.2±0.50	2.144±0.0 3	0.4969±0. 133	199.25±1.	46±2.0 8	>18	99.78
F5	4.4±0.15	2.150±0.0 1	0.7304±0. 189	199.9±1.9 43	34±3.5 1	>18	99.69
F6	4.6±0.60	2.362±0.0 5	0.6340±0. 253	199±1.02 6	109±1. 15	<12	99.48
F7	4.6±0.15	2.526±0.0 5	0.4044±0. 165	199±1.71 2	135±1. 23	<12	99.73

Swelling behavior:

The matrices behavior can be ascribed to a natural hydration process. Hydrophilic matrices in contact with water swell and increase their volume and weight due to water diffusion through the matrix. The polymer is getting hydrated as it absorbs the dissolution medium. The increasing dissolution medium content dilutes the matrix until an extrication concentration is attained. At this point, the arrangements of polymer molecules become lose and polymer molecules tend to diffuse into the bulk of the dissolution medium. Hence, due to polymer dissolution, the matrix volume decreases slowly. Simultaneously swelling, polymer dissolution and diffusion were observed in Polymeric matrices.

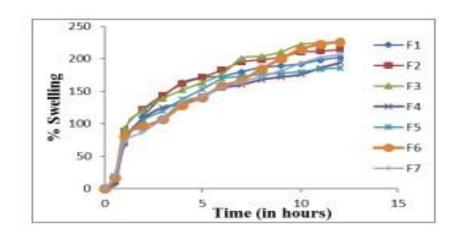


Figure No. 4: % Water uptake for F1-F7 Batches of Flavoxate HCL Floating tablets

In-vitro dissolution:

Floating tablet showed a sustained release of the drug in acidic condition (pH 1.2) and the drug release was found to be approximately linear. Approximately 4.95-10.65% of the drug was released initially. Furthermore, drug release from the floating tablet was controlled by the polymer. As the polymer content was increased and the drug loading was decreased, the release of drug was decreased significantly. To increase the release rate of drug, the ratio of the polymer was decreased and plasticizer was increased. The combination polymer of final formulation F3, F4 &F5 showed the best appropriate balance between buoyancy and drug release rate. Results of cumulative % release have been shown in tabular and graphical form. Among all the formulation, F3 shows 94.30% release at the end of 18 hrs. It was found the cumulative percentage of drug release decreases with increase in limonia gum concentration.

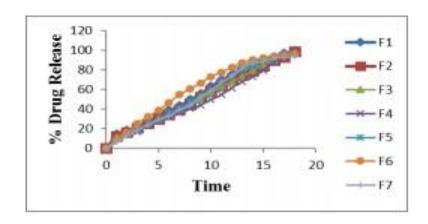


Figure No. 5: Dissolution profile of Flavoxate HCL floating tablets

KINETIC MODELING:

To predict the drug release mechanism from formulations, kinetics treatment was applied to *in-vitro* drug release data as follows:

Table No. 4: Kinetic model for the prepared batches

Batches	Best Fit Model	R	k	n (Peppas)
F1	1st Order	0.9952	13.17	0.6966
F2	Higuchi matrix	0.9900	13.63	0.6576
F3	1st Order	0.9988	10.98	0.7723
F4	1st Order	0.9955	10.51	0.7305
F5	1st Order	0.9987	8.56	0.8422
F6	Higuchi matrix	0.9912	19.33	0.5081
F7	1st Order	0.9986	9.74	0.7965

Considering the correlation (r2) as obtained from the different kinetics equation, the drug release of the formulations was found to follow different models but the best fit model was selected. First-order and Higuchi matrix model showed the highest r2 values compare to other models but, it follows the first order for most of the formulations. The release components of "n" for the different formulations ranged from 0.5081-0.8422. Optimized formulation F4 shows the greater r2 value than the other, and was best fitted in first-order kinetics and value is more than 0.5which shows the first-order release kinetics which met the requirements of sustained drug delivery system.

STABILITY STUDY:

Accelerated stability studies (AST) was carried for optimized formulation F3 by exposing it to 40°C/75% RH for one month and analyzed the sample at the interval of 0, 15,30,45,60 days. The sample was analyzed for drug content, hardness, and cumulative percentage drug release.

Table 5: AST of F3 formulation

Parameters	0 Day	15 Day	30 Day	45 Day	60 Day
Hardness	5.2±0.50	5.2±0.15	5.2±0.13	5.2±0.13	5.2±0.10
Drug content	99.76±3.81	99.70±3.79	99.57±2.34	99.47±1.89	99.20±2.41
%Drug release	94.30±0.41	94.10±0.32	94.01±0.62	93.97±0.42	93.72±0.39

CONCLUSION

In present work, a floating gastro-retentive system for Flavoxate HCL was developed. To improve bioavailability by retaining the drug in the acidic environment as its solubility decreases with increasing pH and to reduce wastage. Step by step studies was carried out to develop and optimize oral floating tablet for using hydrophilic polymers. The floating tablets were prepared by direct compression technique It may be concluded from the present study that slow and sustained release of over a period of 18 h was obtained (F1 to F7) by the using Limonia gum was successful in the formulation of floating tablet and at the same time it is effective in retarding the drug release. The cumulative percentage of drug release was decreased by an increase in Limonia gum concentration.

REFERENCES

1. Singh, B.N., Kim, K.H., Floating drug delivery systems: an approach to oral controlled drug delivery via gastric retention, J Contr. Rel 2000;63: 235-59.

HUMAN

- 2. Ahuja, A., Khar, R., Ali, J., Mucoadhesive drug delivery systems, Drug Dev Ind Pharm 1997; 23:489-92.
- 3. Tekade, B.W., Jadhao, U.T., Bari. P.H., A comprehensive review on gastro-retentive drug delivery system, IPP, 2017, 5 (2):94-102.
- 4. Tekade BW. Design and *in-vitro* evaluation of ethyl cellulose-based floating microspheres containing an antidiabetic drug. Asian Journal of Biomedical and Pharmaceutical Sciences. 2013 1; 3(23):33.
- 5. Baumgartner, S., Kristl, J., Vrecer, F., Vodopivec, P, Zorko, B., Optimization of floating matrix tablets and evaluation of their gastric residence time, Int J Pharm 2000; 195: 125–135.
- 6 Valera A, Upadhyay P, Deshpande J, Shah S, Patel J. Development of stable formulation and evaluation of the combination of Amoxycillin trihydrate and clavulanic acid by dry granulation method. J Pharm Sci Biosci Res 2013;3:127-35
- 7. Vinod, R., Formulation, and evaluation of sustained release matrix tablets using natural gum *limonia acidissima*s release modifier, Asian journal of biomedical and pharmaceutical sciences;3(23) 2013,38-44. 8. Rajput N., Thakare V.M., Formulation and Evaluation Of Fast Dissolving Tablet By Inclusion Complexation. Asian J Pharm.Sci. & tech. 4 (1) 2014:15-20.
- 8. Lachman L, Liberman HA, and Kanig JL. The Theory and Practise of Industrial Pharmacy. 3^{rd} edition. Varghese Publishing House. 1987, pp. 296.
- 9. Indian Pharmacopoeia, 2007. Government of India, New Delhi: Controller of Publications. 2; Vol., pp. 182.
- 10. Tekade B.W., Thakare V. M., et al., Optimization and In vitro evaluation of verapamil hydrochloride floating bilayer tablet., The Pharma. Innovation Journal 2014; 3(6): 48-56

- 11. Srivastava, A.K., Ridhurkar, D.N., Wadhwa, N., Oral sustained delivery of Atenolol from floating matrix tablets formulation and in vitro evaluation, Dru. Del.Dev. 2005; 31: 367-374.
- 12. Whitehead, L., Fell, J.T., Collett, J.H., Sharma, H.L., Smith, A., et al., Floating dosage forms: an in vivo study demonstrating prolonged gastric retention. 1998 30; 55(1):3-12.
- 13. Kumar, R., Philip, A., Gastroretentive dosage forms for prolonged gastric residence time, Int J Pharm Med 2007;21:157-71.
- 14. Tekade Bharat W., Jadhao Umesh T., Patil Pooja, Mahajan Sagar, Patil Vijay R.et al., Formulation and *Invitro* evaluation of Capecitabine Floating Tablet. The Pharma Innovation Journal., 2017; 6(8): 171-175
- 15. Indian Pharmacopoeia 2007, Government of India Ministry of Health and Family Welfare, Volume II, Published by the Controller of Publications, Delhi. pp.549.
- 16. USP-The official compendia of standards, National Formulary-USP32 NF27.Vol-2. United States Pharmacopoeial Convention Inc. Rockville; 2009; 2342-43
- 17. ICH Harmonised Tripartite Guideline, 2003. Stability testing of new drug substances and products Q1A (R2). Current Step. 4, pp.3-9.

