



Asian Journal
of
PHARMACEUTICAL RESEARCH
Journal homepage: - www.ajprjournal.com

INVESTIGATIONS ON BUCCOADHESIVE FORMULATIONS OF MICONAZOLE

Vincent Vidyasagar Jenugu*, C R Akila, Gadapuram Tharunkumar, Ramesh M

Department of Pharmaceutical Sciences, Scient Institute of Pharmacy, Ibrahimpatnam, Hyderabad-501506, Telangana, India.

ABSTRACT

The drug is delivered buccally through the mucosal membrane. The drug produce high bioavailability by delivering through the inner jugular vein and entered systemic circulation and passes the first hepatic metabolism. The bioavailability implement bioadhesive activity that produces controlled release of drug and shows effectivity of liver. The miconazole is the anti-fungal drug that that stops the growth of fungi infections used for the treatment of oropharyngeal candidiasis. The oral drugs are commonly preferred. The patient feels discomfort when drug is taken orally. Buccoadhesive microspheres incorporating miconazole drug were prepared using polymers and the same were investigated for various parameters like the drug loading, drug release and other physico-chemical properties. The formulations were efficient in retaining the drug inside the polymers and were effective in releasing the drug in the desired rate.

Key words: Miconazole, Buccoadhesion, Candidiasis, *in vitro* release.

INTRODUCTION

The drug is delivered buccally through the mucosal membrane. The drug produce high bioavailability by delivering through the inner jugular vein and entered systemic circulation and passes the first hepatic metabolism. The bioavailability implement bioadhesive activity that produces controlled release of drug and shows effectivity of liver. In the particular duration, the buccal drug delivery system has bio adhesive agents and are flexible which retains in mucosal membrane. The required therapeutic response is produced by controlled release of drug. The variety of buccal mucosal dosage forms like buccal tablets, patches and gels are delivered orally. The miconazole is the anti-fungal drug that that stops the growth of fungi infections used for the treatment of oropharyngeal candidiasis. The oral drugs are commonly preferred. The patient feels discomfort when drug is taken orally. The present research was conducted to produce the formulation of muco adhesive properties by using polymers and are monitors the parameters in formulation.

CHEMICALS & METHODS

Miconazole was obtained as a gift sample from Aarovin Pharmaceuticals Pvt Ltd., all the polymers and the

chemicals were of analytical grade and bought from SD Fine chem Ltd.

Preformulation studies

As a part of preformulation studies, melting point determination and polymer and drug compatibility were determined using FTIR studies.

Standard graph

100 mg of Pure Drug was dissolved in small amount of Methanol (5-10 ml), allowed to shake for few minutes and then the volume was made up to 100ml with phosphate buffer pH 6.8, from this primary stock (1mg/ml), 10 ml solution was transferred to another volumetric flask made upto 100 ml with phosphate buffer pH 6.8. From this secondary stock 1.0, 2.0, 3.0, 4.0, 5.0, ml was taken separately and made up to 10 ml with phosphate buffer pH 6.8 to produce 10, 20, 30, 40, 50 µg/ml respectively. The absorbance was measured at 274nm using a UV spectrophotometer [6,7].

Formulation of Buccoadhesive Formulation

Then the powder blend was compressed into tablets by the direct compression method using 6mm flat

Corresponding Author :- **Vincent Vidyasagar Jenugu** Email:-drvidyasagar@gmail.com

faced punches. The tablets were compressed using a 16 station Cadmach rotary tablet-punching machine. Composition of the prepared buccoadhesive tablet formulations of Miconazole were given in Table 1.

Evaluation Of Buccal Tablets

Weight variation

The percent deviation was calculated using the following formula:

$$\% \text{ Deviation} = (\text{Individual weight} - \text{Average weight} / \text{Average weight}) \times 100$$

Tablet Thickness

The thickness and diameter of the tablets was determined using a Digital Vernier caliper. Ten tablets from each formulation were used and average values were calculated. The average thickness for tablets is calculated and presented with standard deviation [8].

Tablet Hardness

Hardness was determined using Monsanto hardness tester and the average was calculated. It is expressed in Kg/cm².

Friability

Tablet strength is measured by using Roche friabilator. Test subjects to number of tablets to the combined effect of shock, abrasion by utilizing a plastic chamber which revolves at a speed of 25 rpm for 4 minutes, dropping the tablets to a distance of 6 inches in each revolution [9].

Percent friability (% F) was calculated as

$$F (\%) = [W_0 - W / W_0] \times 100$$

Where, W₀ is the initial weight of the tablets before the test and

W is the final weight of the tablets after test.

Assay

6 tablets of each formulation were taken and amount of drug present in each tablet was determined. Powder equivalent to one tablet was taken and added in 100ml of pH 6.8 phosphate buffer followed by stirring for 10 minutes. The solution was filtered through a 0.45µm membrane filter, diluted suitably and the absorbance of resultant solution was measured by using UV-Visible spectrophotometer at 262nm using pH6.8 phosphate buffer.

In vitro release studies

The drug release rate from buccal tablets was studied using the USP type II dissolution test apparatus. The dissolution medium was 500 ml of pH 6.8 phosphate buffer at 50 rpm at a temperature of 37 ± 0.5 °C. Samples of 5 ml were collected at different time intervals up to 8 hrs and analyzed after appropriate dilution by using UV Spectrophotometer at 262 nm.

RESULTS

Preformulation study

Preformulation studies are primarily done to investigate the physicochemical properties of drug and to establish its compatibility with other excipients used. FTIR spectra of pure drug and formulation with other ingredients were recorded. The FTIR Spectra of pure miconazole drug and polymer was compared with the FTIR spectrum of drug. There was no appearance or disappearance of any characteristics peak in the FTIR spectrum of drug and the polymers used. This shows that there is no chemical interaction between the drug and the polymers used. The presence of peaks at the expected range confirms that the materials taken for the study are genuine and there were no possible interactions.

Table 1. Composition of buccal formulations

Ingredients (mg)	F1	F2	F3	F4	F5	F6	F7	F8	F9
Miconazole	50	50	50	50	50	50	50	50	50
HPMC	25	37.5	50	-	-	-	-	-	-
Sodium Alginate	-	-	-	25	37.5	50	-	-	-
Carbopol 974	-	-	-	-	-	-	25	37.5	50
Carbopol 941	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25
PVPs	5	5	5	5	5	5	5	5	5
MCCs	107.25	95.25	82.75	107.25	95.25	82.75	107.25	95.25	82.75
Total Weight (mg)	200	200	200	200	200	200	200	200	200

Table 2: Standard graph of miconazole in phosphate buffer pH 7.4

S.No	Concentration (µg/mL)	Absorbance
1	0	0
2	5	0.456
3	10	0.624
4	15	0.841

5	20	0.978
6	25	3.9

Table 3: Physico-chemical Properties of Formulations

Formulation Code	Weight Variation (mg)	Thickness (mm)	Hardness (kg/cm ²)	Friability (%)	Assay (%)
F1	202.91 ± 0.84	4.23 ± 0.6	7.4±0.37	0.73	101.81± 0.68
F2	203.6 ± 1.03	5.72± 0.05	6.1±0.42	0.84	102.34± 0.91
F3	201.52± 0.96	4.67± 0.08	7.8±0.64	0.93	103.25± 1.02
F4	200.63 ± 0.85	5.54 ± 0.04	7.2±0.29	0.78	100.92±2.45
F5	199.89 ± 3.4	4.35± 0.07	6.3±0.51	0.89	99.05± 0.74
F6	202.24± 1.12	5.10± 0.03	7.25±0.73	0.62	101.13± 1.23
F7	203.71±±1.25	4.27± 0.08	8.13±0.2	0.81	102.46± 0.89
F8	201.8± 0.80	6.58± 0.09	7.6±0.85	0.96	102.7± 0.64
F9	202.19±1.44	4.41± 0.11	9.0±0.30	0.65	101.23± 1.02

Each value represents the mean ±SD (n =3).

Table 4. In vitro cumulative percentage drug release profile of miconazole Formulations

Time (hrs)	F1	F2	F3	F4	F5	F6	F7	F8	F9
0	0	0	0	0	0	0	0	0	0
0.5	40.23	36.94	35.51	40.2	36.90	35.63	28.62	26.19	33.01
1	48.41	43.52	46.92	48.67	43.73	46.90	46.5	41.02	39.49
2	54.04	57.83	52.05	54.70	57.80	52.11	55.87	46.67	45.34
3	65.87	61.68	60.73	65.84	61.72	60.56	64.50	57.81	54.63
4	70	68.74	64.69	71	68.12	64.53	71.21	63.04	58.3
5	74.92	75.1	72.5	74.53	74.21	72.11	76.8	68.57	62.9
6	80.24	81.52	78.91	81.72	80.40	78.73	82.35	75.62	66.61
7	85.57	84.73	83.38	85.81	84.5	83.42	88.9	91.71	71.52
8	95.8	91.40	87.74	95.14	91.53	87.81	92.57	98.20	78.70

Physico-chemical Properties

Acceptable physicochemical properties were observed for the prepared buccal tablets all the formulated tablets passed the weight variation test. The weight variations of all compressed tablets were within the limits as per USP. The thickness of the tablets varied from 4.23 to 5.72 all the batches showed uniform thickness. Hardness of the tablets was found to be good depending upon compression force applied (6.1 to 9.0kg/cm²). Friability was obtained between the ranges from 0.62 to 0.96 which was below 1% indicating sufficient mechanical integrity of the tablets. The drug content estimation showed values in the range of 99.5±0.74 to 103.25±1.02 which reflects good uniformity in the drug content among different formulations. Assay of all compressed tablets were within the limits as per USP.

In vitro drug release

In vitro drug release studies were conducted in phosphate buffer pH 6.8 and the studies revealed that the release of miconazole from different formulations varies with characteristics and composition of matrix forming

polymers as shown in graphs. Tablets formulated using Gum karaya, Sodium Alginate and Carbopol 974 P alone were eroded faster & dissolved completely within 1-2 hrs. While tablets containing Carbopol 941NF combination with polymers remain intactness and provide slow drug release up to 8 hrs. This might be due to swelling forming nature of Carbopol. As increase in the polymer concentration, causes an increase in the viscosity of the gel as well as formation of a gel layer with a longer diffusion path and decrease in diffusion coefficient of drug. Therefore, increased in polymers concentration leads to decrease in drug release. This was observed that there was a reduction in the amount of polymer ensures faster release. This may be attributed due to reduction in strength of gel layer which enhances drug diffusion and water uptake through matrix. From the Dissolution Data, it was evident that the F8 Formulation showed highest drug release 98.20% in 8 hours which consists of Carbopol 974 P, Carbopol 941NF.

CONCLUSION

Buccoadhesive microspheres incorporating

miconazole drug were prepared using polymers and the same were investigated for various parameters like the drug loading, drug release and other physico-chemical properties. The formulations were efficient in retaining the drug inside the polymers and were effective in releasing the drug in the desired rate.

CONFLICT OF INTEREST

Authors declare no conflict of interest.

FUNDING SUPPORT

There is no funding support for this work.

ACKNOWLEDGEMENT

Authors thank those who supported this work.

REFERENCES

1. K.Naga Raju, S.Velmurugan, B.Deepika, Sundar Vinushitha, Formulation and In-vitro Evaluation of Buccal Tablets of Metoprolol Tartrate, *International Journal of Pharmacy and Pharmaceutical Sciences*.3(2);239-246:2011.
2. Choy Fun Wong, Kah Hey Yuen, Kok Khiang Peh., Formulation and Evaluation of controlled release Eudragit buccal patches, *International Journal of pharmaceutics*.178;11-22:1999.
3. G.Ikinci, S.Senel, C.G.Wilson, Development of a buccal bioadhesive nicotine tablet formulation for smoking cessation, *International Journal of Pharmaceutics*.27;173-198:2004.
4. N Lagoth, H Kahibacher, G Scoffmann, I Schmerold, M Schuh, Sonja Franz, Peter Kurka, Andreas Bernkop-Schnurch, Thiolated Chitosans: Design and In-vivo Evaluation of a Mucoadhesive Buccal Peptide Drug Delivery Systems, *Pharmaceutical Research*. 23(3);573-579:2006.
5. Calum R Park, Dale L.Munday, Development and Evaluation of a biphasic buccal adhesive tablet for nicotine replacement therapy, *International Journal of Pharmaceutics*.237;215-226:2002.
6. Yajaman Sudhakar, Ketousetuo Kuotsu, A.K.Bandyopadhyay, Buccal bioadhesive drug delivery-A promising option for orally less efficient drugs, *Journal of Controlled Release*.114;15-40:2006.
7. Han-Gon Choi, Chong-Kook Kim, Development of omeprazole buccal adhesive tablet with stability enhancement in human saliva. *Journal of Controlled Release*.68;397-404:2006.
8. Gazzi Shaker, Chegonda K.Kumar, Chandra Sekhara Rao Gonugunta, Formulation and Evaluation of Bioadhesive Buccal Drug Delivery of Tizanidine Hydrochloride Tablets, *AAPS PharmSci Tech*.10(2);530-539:2009.
9. Noha A Nafee, Fatma A Ismail, Mucoadhesive buccal patches of miconazole nitrate: in-vitro/ in-vivo performance and effect of aging, *International Journal of Pharmaceutics*.264;1-14:2003.



This work is licensed under a Creative Commons Attribution-NonCommercial 3.0 Unported License.