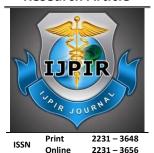
Research Article



Available Online at: www.ijpir.com

International Journal of Pharmacy and Industrial Research

Formulation and evaluation of rebampide extended release tablets

B. Shailaja¹, Munija Pancheddula^{*2}

¹Assistant Professor, Vision College of Pharmaceutical Sciences and Research, Boduppal, Hyderabad.

*2Assistant Professor, Department of Pharmaceutics, Vision College of Pharmaceutical Sciences and Research, Boduppal, Hyderabad.

ABSTRACT

The aim of the present study was to develop Extended-release formulation of Rebampide to maintain constant therapeutic levels of the drug for over 12 hrs. Carbopol 71 G, HPMC K100M, HPMC (K4M) were employed as polymers. All the formulations were passed various physicochemical evaluation parameters and they were found to be within limits. Whereas from the dissolution studies it was evident that the formulation (F6) showed better and desired drug release pattern i.e., 98.85% in 12 hours. It contains the HPMC (K4M) as Extended-release material. It followed peppas release kinetics mechanism.

Keywords: Rebampide, HPMC (K4M), HPMC K100M.

INTRODUCTION

The oral route is the most popular route used for administration of drugs, which is due in part to the ease of administration and to the fact that gastrointestinal physiology offers more flexibility in dosage form design than most other routes. The terms Sustained release, prolonged release, modified release, extended release or depot formulations are used to identify drug delivery systems that are designed to achieve or extend therapeutic effect by continuously releasing medication over an extended period of time after administration of a single dose. ^{1,2}Extended release formulations make the drug available over extended time period after oral administration. The extended release product will optimize therapeutic effect and safety of a drug at the same time improving the patient convenience and compliance. Rebamipide {2-(4-chloroben zolylamino)- 3- [2(1H)- quinolinon- 4-yl] propionic acid} which is used to treat gastric and gastric mucosal lesions in acute gastritis and acute exacerbation of chronic gastritis. In this study, we adopt a direct compression method to prepareextended Release rebamipide tablets

MATERIALS AND METHOD

Rebamipide, HPMC (K4M), Carbopol 71 G, PVP K 30, MCC 102, Magnesium stearate were used for formulation. All the formulations were prepared by the direct compression method. The compositions of different formulations are given in table 1, the tablets were prepared as per the procedure given below and the aim is to prolong the release of Rebamipide.

Methodology

Preparation of Rebampide Extended-release tablets

Rebamipide and all ingredients were individually passed through sieve no. 60. All the ingredients were mixed thoroughly by triturating up to 15min and the powder mixture was lubricated with talc. The tablets were prepared by using the direct compression method [6-8]

Table 1: Formulation of Extended release tablets

IN	FORMULATION CODE								
GR									
ED	F	F	F	F	F	F	F	F	F
IE	г 1					г 6		г 8	9
NT	1	2	3	4	5	0	7	8	9
S									
Reb	3	3	3	3	3	3	3	3	3
am	0	0	0	0	0	0	0	0	(
pid	0	0	0	0	0	0	0	0	(
e	U	U	U	U	U	U	U	U	,
HP	1	1	1						
MC	0	0	0						
K10	0	0	0	-	-	-	-	-	-
0M	U	U	U						
HP				1	1	1			
MC					0	0			
(K4	-	-	-	0	0	0	-	-	•
M)				U	U	U			
Car									
bop							1	1	
ol	-	-	-	-	-	-	0	0	(
71							0	0	(
G									

PV	5	5	5	5	5	5	5	5	5
PΚ									
30	0	0	0	0	0	0	0	0	0
MC	2	2	2	2	2	2	2	2	2
C10	3	3	3	3	3	3	3	3	3
2	0	0	0	0	0	0	0	0	0
Mg.	1	1	1	1	1	1	1	1	1
Stea									1
rate	0	0	0	0	0	0	0	0	0
Tal	1	1	1	1	1	1	1	1	1
c	0	0	0	0	0	0	0	0	0
Tot									
al	_	_	_	_	_	_	_	_	_
Wei	5	5	5	5	5	5	5	5	5
ght	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
(mg									
)									

Evaluation Parameters

Pre-Compression parameters

Bulk density (D_B)Bulk density is the ratio between a given mass of the powder and its bulk volume.

Bulk density = Mass of Powder / Bulk volume of the powder Bulk density (D_B) = W / V_0

Procedure: An accurately weighed quantity of granules (w) (which was previously passed through sieve No: 40) was carefully transferred into 250 ml measuring cylinder and measure the bulk volume.

Tapped Density (**D**_T)Tapped density is the ratio between a given mass of powder (or) granules and the constant (or) fixed volume of powder or granules after tapping.

Procedure: An accurately weighed quantity of granules (w) (which was previously passed through sieve No: 40) was carefully transferred into 250 ml measuring cylinder and the cylinder was tapped on a wooden surface from the height of 2.5 cm at two second intervals. The tapping was continued until no further change in volume (until a constant volume) was obtained (V_f). The tapped density was calculated by using the formula

Tapped density = mass of the powder/ tapped volume Tapped density $(D_T)=W/V_f$

Hausner's ratio

Hausner's ratio⁴⁷ is an indirect index of ease of powder flow and was calculated by the formula,

Hausner's ratio = D_T/D_B

Where, D_T is the tapped density

D_B is the bulk density

Compressibility index

Compressibility index (CI) was determined by measuring the initial volume (V_o) and final volume (V_f) after hundred tapping's of a sample in a measuring cylinder. It indicates the powder flow properties and expressed in terms of percentage and given in table no. 14 and calculated by using the formula

% Compressibility index = $V_0 - V/V_0 \times 100$

Angle of repose 52

Angle of repose was measured by fixed funnel method. It determines flow property of the powder. It is defined as maximum angle formed between the surface of the pile of powder and the horizontal plane.

The powder was allowed to flow through the funnel fixed to a stand at definite height (h). By measuring the height and radius of the heap of powder formed (r), angle of repose was calculated by using formula given below and the calculated values obtained was shown in table no. 14

$\theta = \tan^{-1}(h/r)$

Where, θ is the angle of repose

h= is the height in cm r= is the radius in cm

Flow property

Table No.2The flow property of powder blend

Flow property	Angle of repose	Compressibility index (%)	Hausner's ratio
Excellent	25-30	<10	1.00-1.11
Good	31-35	11-15	1.12-1.18
Fair	36-40	16-20	1.19-1.25
Passable	41-45	21-25	1.26-1.34
Poor	46-55	26-31	1.35-1.45
Very poor	56-65	32-37	1.46-1.59
Very very	>66	>38	>1.60
poor	~ 00	/30	>1.60

Post Compression parameters Weight variation test ⁵³

Twenty tablets were randomly selected and weighed, to estimate the average weight and that were compared with individual tablet weight. The percentage weight variation was calculated as per Indian Pharmacopeial Specification. Tablets with an average weight 250 mg so the % deviation was ± 5 %.

Table No.3 IP standards of uniformity of weight

Average	%
weight of	0
tablet	f
	d
	e
	V
	i
	a
	ti
	0
	n
≤ 80 mg	1
	0
> 80 mg to	7.
<250 mg	5
	5
	weight of tablet ≤ 80 mg > 80 mg to

Friability test ⁵⁵Twenty tablets were weighed and subjected to drum of friability test apparatus. The drum rotated at a speed of 25 rpm. The friabilator was operated for 4 minutes and reweighed the tablets. % loss(F) was calculated by the following formula.

F = 100 (W0-W)/W0

Where W0 = Initial weight, W = Final weight

Hardness test

The hardness of tablets was measured by using Monsanto hardness tester. The results were complies with IP specification.

Thickness test

The rule of physical dimension of the tablets such as sizes and thickness is necessary for consumer acceptance and maintain tablet uniformity. The dimensional specifications were measured by using screw gauge. The thickness of the tablet is mostly related to the tablet hardness can be used as initial control parameter.

Drug content 56

The amount of drug in tablet was important for to monitor from tablet to tablet, and batch to batch is to evaluate for efficacy of tablets. For this test, take ten tablets from each batch were weighed and powdered. Weighed equivalent to the average weight of the tablet powder and transferred into a 100 ml volumetric flask and dissolved in a suitable quantity of media. The solution was made up to the mark and mixed well. Then filter the solution. A portion of the filtrate sample was analyzed by UV spectrophotometer.

In vitro drug release studies 56

Apparatus -- USP-II, Paddle Method

Dissolution Medium -- 0.1 N HCl, p H 6.8 Phosphate buffer

RPM -- 50

Sampling intervals (hrs) -- 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 10, 11 and 12

Temperature -- 37°c + 0.5°c

Procedure

900ml 0f 0.1 HCl was placed in vessel and the USP apparatus –II (Paddle Method) was assembled. The media was allowed to equilibrate to temp of $37^{\circ}c \pm 0.5^{\circ}c$. Tablet was placed in the vessel and apparatus was operated for 2 hours. Then 0.1 N HCl was replaced with pH 6.8 phosphate buffer and process was continued upto 12 hrs at 50 rpm. At specific time intervals, withdrawn 5 ml of sample and again 5ml media was added to maintain the sink condition. Withdrawn samples were analyzed at wavelength of drug using UV-spectrophotometer.

Application of Release Rate Kinetics to Dissolution Data 57

Various models were tested for explaining the kinetics of drug release. To analyze the mechanism of the drug release rate kinetics of the dosage form, the obtained data were fitted into zero-order, first order, Higuchi, and Korsmeyer-Peppas release model.

Zero order release rate kinetics

To study the zero-order release kinetics the release rate data ar e fitted to the following equation.

$F = K_0 t$

Where, 'F' is the drug release at time 't', and ' K_o ' is the zero-order release rate constant. The plot of % drug release versus time is linear.

First order release rate kinetics: The release rate data are fitted to the following equation Log (100-F) = kt

A plot of log cumulative percent of drug remaining to be released vs. time is plotted then it gives first order release.

Higuchi release model: To study the Higuchi release kinetics, the release rate data were fitted to the following equation.

F = k t1/2

Where, 'k' is the Higuchi constant.

In higuchi model, a plot of % drug release versus square root of time is linear.

Korsmeyer and Peppas release model:

The mechanism of drug release was evaluated by plotting the log percentage of drug released versus log time according to Korsmeyer- Peppas equation. The exponent 'n' indicates the mechanism of drug release calculated through the slope of the straight Line.

$M_t/M_\infty = K t^n$

Where, M_t/M_∞ is fraction of drug released at time 't', k represents a constant, and 'n' is the diffusional exponent, which characterizes the type of release mechanism during the dissolution process. For non-Fickian release, the value of n falls between 0.5 and 1.0; while in case of Fickian diffusion, n=0.5; for zero-order release (case I I transport), n=1; and for supercase II transport, n>1. In this model, a plot of log (M_t/M_∞) versus log (time) is linear.

RESULTS AND DISCUSSION

Evaluation parameters Pre-compression parameters

Table 4: Pre-compression parameters of powder blend

For mul atio n Cod e	Angle of Repos e	Bul k dens ity (gm/ cm³)	Ta ppe d den sity (g m/ cm ³)	Ca rr' s ind ex (%	Hau sner 's Rati o
F1	25.01	0. 59	0.5 7	14. 03	1.16
F2	26.8	0. 46	0.6 7	16. 41	1.19
F3	27.7	0. 32	0. 54	18. 75	1.23
F4	25.33	0.54	0.6 4	15. 62	1.18
F5	25.24	0.52	0.6 5	18. 46	1.22
F6	28.12	0.46	0. 56	15. 15	1.17
F7	27.08	0.58	0.6 9	15. 94	1.18
F8	25.12	0.48	0.6 7	15. 78	1.18
F9	26.45	0.54	0.6	16. 92	1.25

Tablet powder blend was subjected to various pre-compression parameters. The angle of repose values was showed from 25.01 to 28.12; it indicates that the powder blend has good flow properties. The bulk density of all the formulations was found to be in the range of 0.32-0.59 (gm/cm³) showing that the powder has good flow properties. The tapped density of all the formulations was found to be in the range of 0.54-0.69 showing the powder has good flow properties. The compressibility index of all the formulations was found to be ranging from 14.03 to 18.75 which showed that the powder has good flow properties. All the

formulations were showed the hausner ratio ranging from 1.16 to 1.25 indicating the powder has good flow properties.

Post Compression Parameters For tablets

Table 5: Post Compression Parameters of Tablets

For mul atio n code s	Weig ht varia tion (mg)	Hardn ess (kg/cm 2)	Fria bilit y (%l oss)	T hi ck ne ss (m m	Drug conte nt (%)
F1	498.6 2	5.9	0.52	3. 16	96.35
F2	496.3 5	5.1	0.34	3. 56	99.61
F3	499.2 1	5.6	0.62	3. 41	98.52
F4	497.4 9	5.2	0.41	3. 22	97.42
F5	495.3 2	5.8	0.26	3. 61	97.12
F6	499.5 8	5.1	0.39	3. 25	99.33
F7	497.9 6	5.7	0.65	3. 42	98.64
F8	499.6 7	5.9	0.73	3. 13	95.78
F9	498.3 2	5.5	0.15	3. 24	96.41

Weight variation and thickness: All the formulations were evaluated for uniformity of weight using electronic weighing balance and the results are shown in table 5. The average tablet weight of all the formulations was found to be between 495.32 to 499.67. Thus, all the formulations were found to comply with the standards given in I.P. And thickness of all the formulations was also complying with the standards that were found to be between 3.13 to 3.61.

Hardness and friability: All the formulations were evaluated for their hardness, using Monsanto hardness tester and the results are shown in table 5. The average hardness for all the formulations was found to be between (5.1 to 5.9) Kg/cm² which was found to be acceptable.

Friability was determined to estimate the ability of the tablets to withstand the abrasion during packing, handling and transporting. All the formulations were evaluated for their percentage friability using Roche friabilator and the results were shown in table 5. The average percentage friability for all the formulations was between 0.15 and 0.73, which was found to be within the limit.

Drug content: All the formulations were evaluated for drug content according to the procedure described in methodology section and the results were shown in table 5. The drug content values for all the formulations were found to be in the range of (95.78 to 99.61). According to IP standards the tablets must contain not less

than 95% and not more than 105% of the stated amount of the drug. Thus, all the FDT formulations comply with the standards given in IP.

In Vitro Drug Release Studies

The formulations prepared with different natural polymers by wet granulation method. The tablets dissolution study was carried out in paddle dissolution apparatus using 0.1N HCl for 2 hours and 6.8 pH phosphate buffers for remaining hours as a dissolution medium.

Table 6: Dissolution Data of Rebampide Tablets Prepared with HPMC K100M In Different Concentrations

TIME	CUMULATIVE PERCENT DRUG					
(hr)	RELEASED					
	F1	F2	F3			
0	0	0	0			
0.5	25.32	20.04	18.63			
1	34.53	27.56	21.63			
2	49.90	34.35	28.52			
3	54.96	43.52	31.31			
4	59.14	48.75	38.25			
5	62.85	52.54	45.78			
6	73.92	59.26	50.17			
7	80.41	65.95	57.79			
8	89.61	70.14	62.27			
9	93.17	73.45	69.64			
10	96.33	81.57	74.87			
11		98.18	84.10			
12			98.64			

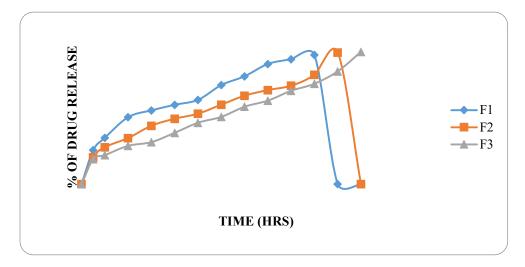


Figure 1: Dissolution study of Rebampide extended tablets (F1 to F3)

Table 7: Dissolution Data of Lornoxicam tablets Prepared with HPMC (K4M) in Different Concentrations

TIME (hr)	CUMULAT RELEASEI	RUG	
	F4	F5	F6
0	0	0	0
0.5	15.17	13.90	10.49
1	22.12	19.45	16.63
2	36.64	25.02	27.55
3	42.20	31.31	33.21
4	48.56	37.82	40.96
5	55.43	43.47	45.11
6	58.01	50.74	55.28
7	67.57	54.05	61.71
8	73.91	57.93	67.34
9	79.41	63.26	74.98
10	83.72	75.45	80.74
11	86.02	80.36	86.12
12	90.14	95.47	98.85

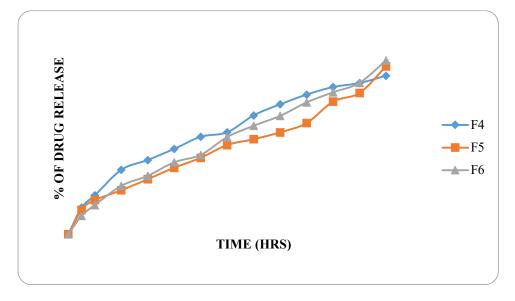


Figure 2: Dissolution study of Rebampide tablets (F4 to F6)

Table 8: Dissolution Data of Rebampide tablets Prepared with Carbopol 71 G in Different Concentrations

TIME (hr)	CUMULAT RELEASED	RUG	
	F7	F9	
0	0	0	0
0.5	20.56	17.58	10.62
1	26.45	23.20	15.28

2	31.23	27.35	20.95
3	40.54	34.14	25.51
4	49.73	39.75	29.32
5	56.46	43.09	33.96
6	58.12	46.16	39.78
7	62.59	55.75	44.35
8	71.41	60.11	50.62
9	78.98	64.67	56.43
10	83.24	68.34	60.02
11	89.72	76.40	64.10
12	90.14	85.18	70.16

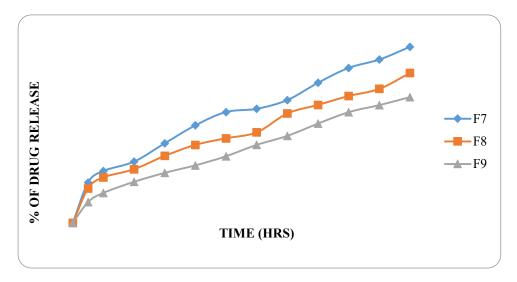


Figure 3: Dissolution study of Rebampide tablets (F7 to F9)

From the dissolution data it was evident that the formulations prepared with HPMC K100M as polymer were retarded the drug release more than 12 hours.

Whereas the formulations prepared with higher concentration of HPMC (K4M) retarded the drug release up to 12 hours in the concentration 12 mg. In lower concentrations the polymer was unable to retard the drug release.

The formulations prepared with Carbopol 71 G showed very less retardation capacity hence they were not considered.

Hence from the above dissolution data it was concluded that F6 formulation was considered as optimised formulation because good drug release (98.85%) in 12 hours.

Application of Release Rate Kinetics to Dissolution Data

Data of *in vitro* release studies of formulations which were showing better drug release were fit into different equations to explain the release kinetics of Rebampide release from Extended tablets. The data was fitted into various kinetic models such as Zero, First order kinetics; Higuchi and Korsmeyer peppas mechanisms and the results were shown in below table

Table 09: Release kinetics data for optimised formulation (F6)

LOG(1	P	%
%)	L	L	REL	/	\mathbf{E}	D
RELE	0	0	EAS	C	P	r
ASE	G	G	E	U	P	u

	((RAT	M	A	g R
	Ť	%	E	%	\mathbf{S}	
)) R	(CU	R	l	e
		R	MU	E	0	m
		E	LAT	L	g	a
		M	IVE	E	Q	i
		A	%	A	/	n
		I	REL	S	1	i
		N	EAS	E	0	n
			\mathbf{E}/\mathbf{t}		0	g
		2				8
		2				
						1
		0				1
		0				0
		0				0
	-			0	-	
	0	1			0	8
				0		9
	3	9		o o	9	
	0	5	20.9	9 5	7	5
1.021		3	20.9	3		
1.021	1	2	80	3	9	1
				0	=	
	0	1		•	0	8
				0		3
	0	9		6	7	
	0	2	16.6	0	7	3
1.221	0	1	30	1	9	7
1.221	U	1	30			/
	0			0	-	_
	0	1		•	0	7
				0		2
	3	8		3	5	•
	0	6	13.7	6	6	4
1.440	1	0	75	3	0	5
		-	, -	0	-	
	0	1		V	0	6
	U	1			U	6
	•	•		0	•	6
	4	8		3	4	•
	7	2	11.0	0	7	7
1.521	7	5	70	1	9	9
				0	-	
	0	1			0	5
	-	_		0	-	9
	6	7		2	. 3	
			10.2		3	
1.612	0	7	10.2	4	8	0
1.612	2	1	40	4	8	4
				0	-	
	0	1		•	0	5
				0		4
	6	7		2.	3	
	9	3	9.02	2 2	4	8
1.654	9	9	2	2	6	9
1.034			<u> </u>		U	
	0	1		•		4
		•		0	=	4
	7	6			0	•
	7	5	9.21	0		7
1.743	8	1	3	1	2	2
			-	-		

				0		
				8	5	
				1	7	
		_		0	-	_
	0	1		•	0	3
	•	•		0	•	8
	8	5		1	2	•
	4	8	8.81	6	1	2
1.790	5	3	6	2	0	9
				0	-	
	0	1		•	0	3 2
	•	•		0	•	2
	9	5		1	1	•
	0	1	8.41	4	7	6
1.828	3	4	8	9	2	6
				0	_	
	0	1		•	0	2
		•		0		5
	9	3		1	1	•
	5	9	8.33	3	2	0
1.875	4	8	1	3	5	2
				0	_	
	1	1			0	1
				0		9
	0	2		1	0	
	Ö	8	8.07	2	9	2
1.907	0	5	4	4	3	6
1.507			·	0	=	-
	1	1		Ü	0	1
	1	1		0	V	3
	0	1		1	0	5
	4	4	7.82	1	6	8
1.935	1	2	9	6	5	8
1./33	1	<u> </u>		0	- -	<u> </u>
	1	0		U	0	
	1	U		0	U	1
	0	0		1	0	1
	7	6	8.23	0	0	1
1.995	9	0 1	8.23 8	1	5	5
1.993	9	1	8	1	3	3

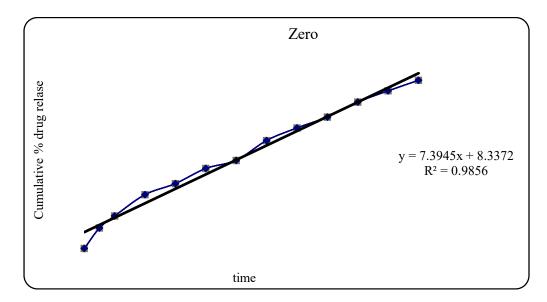


Figure 4: Graph of zero order kinetics

Higuchi

Separate Sero order kinetics

Higuchi

Root Time

Figure 5: Graph of Higuchi release kinetics

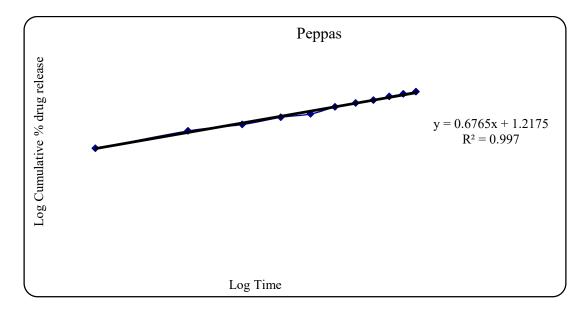


Figure 6: Graph of peppas release kinetics

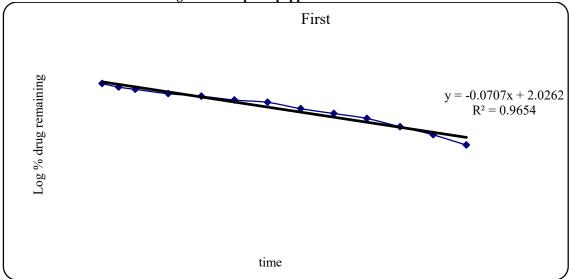


Figure 7: Graph of first order release kinetics

Optimised formulation F6 was kept for release kinetic studies. From the above graphs it was evident that the formulation F6 was followed peppas release

CONCLUSION

The present study concludes that Extended drug delivery of Rebampide tablets can be a good way to prolong duration of action of drug by reducing the frequency of dosing of Rebampide Present study concludes that extended drug delivery system should be a suitable method for Rebampide administration. The optimised formulation was found to be F6 formulation.

ACKNOWLEDGEMENT

We sincerely thank Management, Vision College of pharmaceutical science & Research, for the encouragement, support & Facilities which served as strength to our research work.

REFERENCES

- 1. Mr. Samir J. Shah, Dr. Paresh B. Shah Dr. Mukesh S. Patel, Dr. Mukesh R. Patel. A review on extended release drug delivery system And multiarticulate system. Vol 4, Issue 08, 2015.
- 2. Gupta PK and Robinson JR. Oral controlled release delivery. Treatise on controlled drug delivery., 1992; 93(2): 545-555.
- 3. Jantzen GM and Robinson JR. Sustained and Controlled-Release Drug Delivery systems. Modern Pharmaceutics., 1995; 121(4): 501-502.
- 4. Khyati Patel, dr. Upendra Patel, Bhavin Bhimani, Ghanshyam Patel, Dhiren Dulhaniya. Extended Release Oral Drug Delivery System. IJPRBS, 2012: Volume1(3): 1-26.
- 5. Wani MS. Controlled Release System A Review; Pharmaceutical Reviews., 2008; 6(1): 41-46.
- 6. Hayashi T. Formulation, study and drug release mechanism of a new Theophylline sustained release preparation, Int. J Pharm., 2005; 304: 91-101.
- 7. Venkatraman S, Davar N and Chester A. An overview of controlled release systems: Edited by Donald L Wise, New York, Marcel Dekker Inc. Handbook of Pharmaceutical controlled release Technology., 2000; 431-465.
- 8. Hamed Barzeh, Bharani S Sogali, Sepideh Shadvar. A Review on Extended Release Matrix Tablet. Journal of Pharmaceutical Research Vol.15. No.4, Oct. Dec. 2016: 148.
- 9. Chauhan M J, Patel S A. A concise review on sustained drug delivery system and its opportunities. Am J Pharm Tech Res. 2012;2(2): 227-238.
- 10. Venkatraman S, Davar N, Chester A. An overview of controlled release systems. Donald L Wise, Marcel Dekker Inc; 2000.p.431-465.
- 11. Brahmankar H A, Jaiswal S B. Bio pharmaceutics and pharmacokinetics. Treatise: Vallabh Prakashan; 2000.p. 337,348-357.
- 12. Patel KK, Patel MS, Bhatt NM, Patel LD, Pathak NL, Patel KJ. An overview: extended release matrix technology. Int J Pharm Chem Sci 2012;1(2):828.
- 13. Jantzen GM., Robinson JR, Sustained and controlled-release drug delivery systems, in Banker GS, Rhodes CT (Eds.) Modern Pharmaceutics, Third Edition, Revised and Expanded, Drugs and the Pharmaceutical Sciences, Marcel Dekker, Inc., New York., 1995; 72: 575-609.
- 14. Brahmankar HA ., Jaiswal SB. Biopharmaceutics and Pharmacokinetics A Treatise, Vallabh Prakashan., 2000; 337: 348-357.
- 15. Schwartz JB., Simonelli AP., Higuchi WI. Drugs release from wax matrices L: Analysis of data with first order kinetics and with the diffusion-controlled model. J Pharm Sci.; 1968; 57: 274-277.
- 16. Mukesh Gupta, Amiya Kanta Mishra. A review on extended release dosage form of nsaids used in colon targeted drug delivery. January 2013, Vol-4, Issue -1.