



## Improvement of Advanced Assisted gastro retentive floating tablet using TRZ and S

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### ABSTRACT

Definition advancement is a significant piece of medication plan and improvement. Bioavailability and bioequivalence are absolutely reliant on definition improvement. Presently a-days detailing advancement is finished by following Quality through Design. Floating drug conveyance frameworks are the gastro retentive structures that absolutely control the delivery pace of target medication to a particular site which encourage a tremendous effect on medical care. This can be accomplished by utilization of different polymeric substances. Trazodone-Hydrochloride (TRZ), is a notable substance aggravate that is utilized as an energizer that has a place with a particular serotonin repeated inhibitors (SARI). The delivery information was fitted to different numerical models, for example, Higuchi, Korsmeyer-Peppas (KP), 1<sup>st</sup> request & 0 request to assess the energy and system of the medication discharge. Arranged coating tablets of TRZ may end up being a possible possibility for sheltered and successful controlled medication conveyance over an all-encompassing time frame for gastro retentive medication conveyance framework. The oral assisted medication architecture conveyance has been confounded through confined habitation time gastric. Also, rapid gastrointestinal transmission might predict overall discharge medication in zone of retention and diminish the handled portion adequacy, as many of medications have been invested on small digestive upper piece system. Also, it handles structure measurement at assimilation site & in this way updates bio-availability as stated in.



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### INTRODUCTION

TRZ doesn't have comparative properties to particular serotonin-repeated-inhibitors (SSRIs) since its inhibitory impact on serotonin reuptake and 5-HT<sub>2C</sub> receptors are generally feeble (Marek *et al.*, 1992). The effect of  $\alpha$ -adrenergic activity hindering and unobtrusive histamine barricade at H receptor because of narcotic impact of TRZ. It feebly impedes presynaptic  $\alpha$ 2-adrenergic receptors and emphatically hinders postsynaptic  $\alpha$ 1 receptors. TRZ doesn't show any activity on the reuptake of norepinephrine or dopamine inside the CNS (Haria *et al.*, 1994).

The central nervous system (CNS) is the part of the nervous system consisting primarily of the brain and spinal cord. The CNS is so named because it integrates the received information and coordinates and influences the activity of all parts of the bodies of bilaterally symmetric animals—i.e., all multicellular animals except sponges and radially symmetric animals such as jellyfish—and it contains the majority of the nervous system. The CNS also includes the retina and the optic nerve (cranial nerve II), as well as the olfactory nerves (cranial nerve I) and olfactory epithelium as parts of the CNS, synapsing directly on brain tissue without intermediate ganglia.

As such, the olfactory epithelium is the only central nervous tissue in direct contact with the environment, which opens up for therapeutic treatments. The CNS is contained within the dorsal body cavity, with the brain housed in the cranial cavity and the spinal cord in the spinal canal. In vertebrates, the brain is protected by the skull, while the spinal cord is protected by the vertebrae. The brain and spinal cord are both enclosed in the meninges. Within the CNS, the interneuronal space is filled with a large amount of supporting non-nervous cells called neuroglia or glia from the Greek for "glue" (Marek *et al.*, 1992).

It is having lower anti-cholinergic outcomes than huge amount of antidepressants tricyclic for instance, blockage, dry-mouth as well as tachycardia. Also, TRZ utilizes its requirements MCP (m-chlorophenyl-piperazine) that is non-serotonin definite receptor in aversive to might exceed the TRZ benefits.

The floating conveyance of drug offers some of the implementations aimed at drugs possessing helpless bio-accessibility because of confined assimilation upper parameter window of parcel. Also, the objective of existing contribution is to provide retentive gastro determination, which provide once every day, incessantly dose type delivery over TRZ (Fong *et al.*, 1982; Maes *et al.*, 1997).

"Quality by design means designing and developing manufacturing processes during the product development stage to consistently ensure a predefined quality at the end of the manufacturing process."

Quality by Design (QbD) has become a new concept for development of quality pharmaceutical products, It is an essential part of the modern approach to pharmaceutical quality, QbD is a best solution to build a quality in all pharmaceutical products but it is also a major challenge to the Pharmaceutical industry whose processes are fixed in time, despite inherent process and material variability, Under this

concept of QbD throughout designing and development of a product, it is essential to define desire product performance profile [Target product Profile (TPP), Target Product Quality Profile (TPQP)] and identify critical quality attributes (CQA). On the basis of this we can design the product formulation and process to meet the product attributes. This leads to recognize the impact of raw materials [critical material attributes (CMA), critical process parameters (CPP) on the CQAs and identification and control sources of variability.

QbD is an emerging idea which offers pharmaceutical manufacturer with increased self-regulated flexibility while maintaining tight quality standards and real time release of the drug product (Kast, 2009).

## MATERIALS AND METHODS

### Pre-pressure assessment

Stream properties and compressibility properties of powder blend were assessed by estimation of point of rest, mass thickness, tapped thickness, Carr's record and Hausner's proportion.

### Thickness of Mass

Both LBD & TBD were resolved were determined utilizing the accompanying recipes.

$LBD = \text{weight of Powder} / \text{volume}$ ,  $TBD = \text{weight of Powder} / \text{pressing volume}$

### CARR'S index (CI)

The CI of the granules was dictated through CI record.

$$CI (\%) = [(TBD - LBD)/TBD] \times 100.$$

### Hausner's ratio (HR)

HR is a backhanded list of simplicity of estimating the powder stream. It was determined by the accompanying equation.

$$HR = \text{Tapped thickness} / \text{Bulk thickness}.$$

### Detailing development of gastro retentive floating tablets

#### Direct pressure technique

Various tablets details (F1-F9) were set up by direct pressure method. All powders were gone through 40 lattices. Required amounts of medication and polymers were blended completely Magnesium stearate was included as ointment. Powder was utilized as glidant. Lactose was utilized as diluents (Mihara *et al.*, 2002).

#### Tablets assessment

Overall tablets have been assessed for the succeeding diversified aspects that incorporates

**Table 1: Formulation structure of TRZ gastro retentive tablets**

Excipients(mg)	F1	F2	F3	F4	F5	F6	F7	F8	F9
Trazodone Hydrochloride	150	150	150	150	150	150	150	150	150
HPMC K 15	100	120	140	-	-	-	50	60	70
HPMC K 4	-	-	-	100	120	140	50	60	70
PVP K30	15	15	15	15	15	15	15	15	15
Citric acid	5	5	5	5	5	5	5	5	5
NaHCO <sub>3</sub>	20	20	20	20	20	20	20	20	20
Mg(C <sub>18</sub> H <sub>35</sub> O <sub>2</sub> ) <sub>2</sub>	5	5	5	5	5	5	5	5	5
Talc	5	5	5	5	5	5	5	5	5
Lactose	100	80	60	100	80	60	100	80	60
Overall mass	400	400	400	400	400	400	400	400	400

**Table 2: Outcomes of pre-compression TRZ FGR characteristics**

Material	THETA(Degree)	BD(gm/ml)	CD(gm/ml)	CI	HR
TRZ-HCL					
F1	32.56±0.15	0.416±0.015	0.501±0.012	16.966±0.12	0.085±0.012
F2	32.25±0.12	0.415±0.015	0.502±0.015	17.331±0.15	0.087±0.012
F3	31.95±0.14	0.418±0.025	0.501±0.042	16.567±0.25	0.083±0.015
F4	31.25±0.12	0.416±0.012	0.512±0.014	18.750±0.23	0.096±0.021
F5	32.25±0.11	0.412±0.045	0.521±0.012	20.921±0.12	0.109±0.014
F6	32.47±0.08	0.418±0.065	0.521±0.012	19.770±0.41	0.103±0.036
F7	31.45±0.14	0.419±0.032	0.520±0.015	19.423±0.12	0.101±0.036
F8	32.15±0.15	0.417±0.012	0.510±0.025	18.235±0.25	0.094±0.012
F9	33.45±0.06	0.418±0.018	0.502±0.023	16.733±0.23	0.084±0.021

**Table 3: Outcomes of after compression TRZ FGR tablets characteristics**

Code of formulation	Thickness (mm)	Hardness (kg/cm <sup>2</sup> ) N is 3	variation of Weight (mg) N is 3	Friability (%) N is 3	content of Drug (%) N is 3	Overall duration of floating (h)
F1	3.21±0.05	4.8±0.2	405±8	0.58 ± 0.10	98.98±0.12	8
F2	3.20± 0.10	4.4±0.3	410±5	0.51 ± 0.08	97.56±0.42	10
F3	3.22± 0.05	4.5±0.2	409±4	0.38 ± 0.12	98.65±0.25	>12
F4	3.22± 0.05	4.7±0.1	395±6	0.16 ± 0.04	98.98±0.32	>12
F5	3.23± 0.10	5.2±0.5	400±7	0.31 ± 0.07	99.45±0.21	>12
F6	3.25± 0.06	5.3±0.3	406±5	0.27 ± 0.05	98.78±0.14	>12
F7	3.23± 0.05	4.8±0.4	408±6	0.29 ± 0.08	98.95±0.23	>12
F8	3.15± 0.05	4.5±0.3	405±4	0.34 ± 0.12	98.98±0.21	>12
F9	3.12±0.06	4.9±0.3	405±5	0.32±0.09	98.45±0.14	>12

**General occurrence**

5 tablets from diversified batches have been chosen randomly & organoleptic characteristics like odor, shape, color, and taste has been assessed. Occurrence of it has been visually certified.

**Diameter & Thickness**

The diameter & thickness aimed at the tablets has been assessed by utilizing VC. Here, 5 tablets from every batch have been utilized and the average value has been computed.

**Table 4: Outcomes of IVB study of TRZ FGR**

Code of Formulation	lag times Floating (sec)	Overall time of Floating (hrs)
F1	53	>12
F2	53	>12
F3	50	>12
F4	52	>12
F5	54	>12
F6	56	>12
F7	52	>12
F8	50	>12
F9	45	>12

**Toughness**

For every formulation, 5 tablets toughness has been measured by using as hardness tester called Monsanto.

**Friability**

The 10 tablets sample friability has been assessed by utilizing tester caller friability. Here, 10 tablets have been weight over 4 mins at a speed of 25 rpm rotated. Also, tablets have been weighted again. After fines eradication and weight loss percentage has been computed.

**Weight consistency**

Here, 20 tablets have been chosen randomly from group weighed individually. The average mass & 20 tablets standard deviation has been computed.

**Content of Drug**

20 tablets have been considered and definite quantity of drug existed in every tablet has been measured. Tablets have been mixed in mortar & powdered similar to drug of 100mg and has been transmitted into 100ml. The dissolved powder of 0.1HCL of 50ml and created by 0.1HCL volume. Moreover, sample has been thoroughly combined & filtered by membrane filter of 0.45 $\mu$ . Also, the solution, which has been filtered was appropriately diluted & examined for the content of drug.

**In-Vitro Buoyancy (IVB) research**

IVB has been examined by lag time floating according to model stated in. Moreover, tablets have been isolated in glass beaker of 100ml comprising of experimental fluid of gas, and 1.2 pH according to USP. Also, the required time for tablet in enhancing towards outside & float has been measured as lag time floating. The simulations have been carried out in triplicate. Moreover, overall times of floating has been evaluated at the time of IVB researches.

**Mathematical treatment of IVR data**

The examination in quantitative attained released tests or dissolution as easier while mathematical equations, which explains dissolution comes regarding as portion of element of attributes measurement frames have been used.

**Kinetics of 0 order**

The dosages frames of pharmaceutical succeeding this profile enables identical medication measure by time unit & it has been an ideal medication release model keeping that in mind the final objective to attain pharmacological extended action. Moreover, succeeding relation might simply express in the following.

$$Q_t = Q_o + K_o t$$

$$\log Q_t = \log Q_o + \frac{K_o t}{2.303}$$

Higuchi approach (HA)

The equation of Higuchi approach is

$$Q = K_H t^{1/2}$$

The higuchi approach has been considered as a hypothetical approach for examining the water-soluble content arrival and less medications solvent in semi-robust & moreover robust lattices. Several articulation have been attained for the scattered particles of drug in stable architecture conducting on media distribution (Rajinikanth and Mishra, 2008).

The highlighted Higuchi approach has been inter-acted in the following way:

Where, the notation Q indicated delivered time t of medication and the notation KH indicates higuchi collapse steady. Also, this method represents discharge of drug as distributed cycle placed in law of fick, subordinate square root time.

Also, this connection has been used for representing the disintegration of medication from some of the organizations of adapted delivery drug measurements frameworks, for instance, transdermal architectures & network tablets through medications of water dissolvable (Mahant and Nasa, 2011; Sinko, 2006).

**Table 5: IVRGRF tablets**

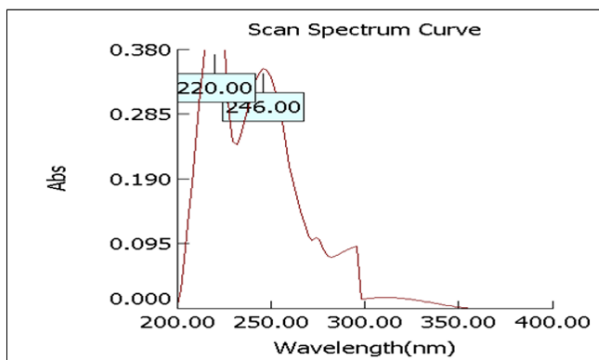
Time (hr)	% Cumulative Release of Drug								
	F1	F2	F3	F4	F5	F6	F7	F8	F9
0.5	48.560	45.5	40.2	38.8	36.2	33.2	28.4	26.6	23.3
1	78.890	75.5	68.9	49.9	42.2	40.5	36.4	30.3	26.6
1.5	89.980	82.2	79.7	65.5	58.9	50.5	45.5	40.5	38.7
2	96.560	95.5	88.7	78.8	75.5	70.2	65.5	61.2	45.2
3		97.2	95.5	90.1	88.9	81.2	73.3	70.2	55.5
4			97.4	95.5	95.5	90.2	88.9	83.2	68.8
6				96.98	97.4	96.4	97.8	93.5	78.5
8								96.5	89.9
12									97.9

**Table 6: IVR data for optimal F9 formulation**

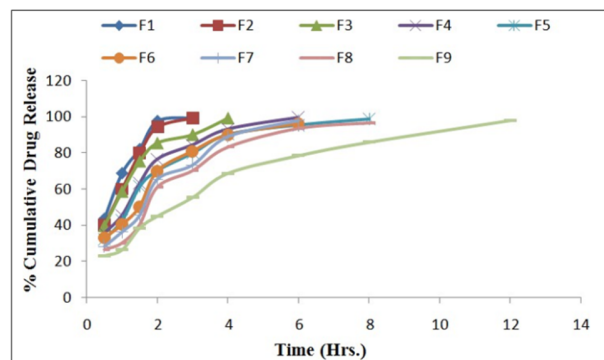
Time (h)	Square-Root-of-Time(h)1/2	Log-Time	Cumulative*% of Drug Release	Log-Release of Cumulative %Drug	Remaining Cumulative % Drug	Remaining Log-Cumulative % Drug
0.5	0.707	-0.301	23.36	1.368	76.64	1.884
1	1	0	26.69	1.426	73.31	1.865
1.5	1.225	0.176	38.78	1.589	61.22	1.787
2	1.414	0.301	45.25	1.656	54.75	1.738
3	1.732	0.477	55.56	1.745	44.44	1.648
4	2	0.602	68.89	1.838	31.11	1.493
6	2.449	0.778	78.58	1.895	21.42	1.331
8	2.828	0.903	85.98	1.934	14.02	1.147
12	3.464	1.079	97.98	1.991	2.02	0.305

**Table 7: Regression data examination of TRZ Tablets Floating**

Batch	0th Order R <sup>2</sup>	1st Order R <sup>2</sup>
F9	0.892	0.996



**Figure 1: Determination of λmax of TRZ**



**Figure 2: IVR study of GRF tablets**

**KP model**

This model has been utilized as fundamental observation circumstance for representing usual solute conduct discharge from regulated delivery of lattices polymer

Where the notation Mt/M infinity has been depicted as medication delivered division, s is termed as stability of motor, the notation t indicates time of dis-



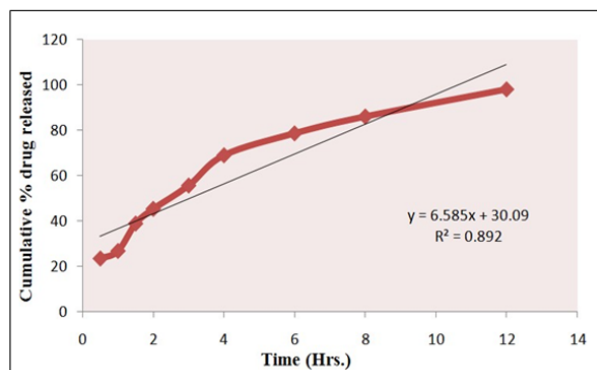


Figure 3: 0<sup>th</sup> order kinetics release

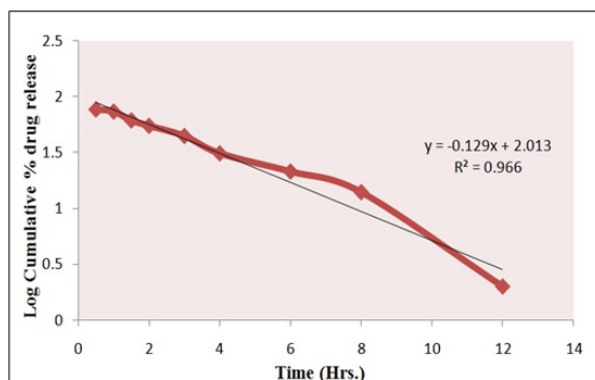


Figure 4: 1<sup>st</sup> order kinetics release

charge and the notation  $n$  indicates drug discharge diffusional kind. Here, also  $n$  represents the prediction slant of  $\log MT/M$  vs bend of  $\log$  time. Here, KP has been expressed as above stated circumstance could adequately depict the solutes arrival from the circles, plates, chambers & sections, paying small mind for delivering device. The KP has been utilized in this regard for representing the delivery model diversity, completing the chunk value where  $n$  is 0.5 for dissemination of fickian & maximal  $n$  predictions, where range of 0.5 & 1.0 or else  $n$  is 1 for exchange of mass in the succeeding way of non-fickian approach. When it happens with  $n$  as 0.45 instead of 0.89, & 0.5 regardless of 1 has been depicted. Moreover, this circumstance has been used in this architecture with coefficient of medication dissemination focus automatically (Chein, 1992; Liberman et al., 1990).

### Experimental outcomes & Discussion

The TRZ solvency has been solvent unreserved in ethanol & methanol, dissolvable marginally in naoh 0.1, with water solvent, HCL 0.1n & pH 6.8 cushions phosphate (Ambati et al., 2011; Jimenezcastellanos et al., 1994). Also, TRZ purpose dissolving has been 223-226°C & TRZ max has been introduced as 246nm by UV utilization as stated in Figure 1.

At long last the powder blend was exposed to pressure subsequent to blending consistently in a poly-bag. Before pressure, the mixes were assessed for a few tests (Jimenezcastellanos et al., 1994). The structure of TRZ coating tablets was appeared in Table 1.

In the current examination 9 definitions with variable grouping of polymers were set up by direct pressure strategy and assessed for physicochemical properties Tables 2 and 3 (Rajesh et al., 2009; Patil et al., 2006). The aftereffects of lightness slack time, absolute coating time and in vitro drug discharge was given in Tables 4 and 5 and Figure 2. The outcomes demonstrated that enhances detailing F9 on inundation in 0.1N HCL at  $37 \pm 0.50^\circ\text{C}$  tablets promptly and stay light up to 12hr without deterioration (Ritger and Peppas, 1987).

These 2 components are fundamental for tablets to secure density < 1, so it stays light on the gastric liquids. The in vitro drug discharge information of the improved definition was exposed to integrity of fit test by direct relapse investigation as indicated by zero request, first request dynamic condition, Higuchi's and Korsmeyer's models so as to decide the component of medication discharge (Brahmankar and Jaiswal, 2006). At the point when the relapse coefficient estimations of were thought about, it was seen that 'r' estimations of first request was most extreme for example 0.996 hence showing drug discharge from details was found to follow first request discharge energy Tables 6 and 7 and Figures 3 and 4.

### CONCLUSIONS

In this contemporary contribution, it has been finalized that floating tablets of TRZ could be fascinating model for TRZ delivery. The optimal F9 formulation comprises HPMC K4, K15 & a gas producing agent. Also, the optimal F9 optimization exhibited 97.98% of drug release with 12h. Also, IVR optimization formulation data has been subjected as goodness for fitting test through regression linear examination as per 0<sup>th</sup> order, 1<sup>st</sup> sequence kinetic-equation, KP, Higuchi's approach for defining drug release technique.

### Conflict of interest

The authors declare that they have no conflict of interest for this study.

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## REFERENCES

- Ambati, B. R., Rani, B. S., Tony, E., D, Raja, S., D 2011. Aceclofenac floating tablets- a promising sustained release dosage form. *Int J Drug Devel Res*, 3:290-300.
- Brahmankar, D. M., Jaiswal, S. B. 2006. Biopharmaceutics and Pharmacokinetics: A Treatise, 1st edition. pages 335-357, Vallabh Prakashan, New Delhi.
- Chein, Y. W. 1992. Novel drug delivery systems. *Marcel Dekker, INC*.
- Fong, M. H., Garattini, S., Caccia, S. 1982. 1-m-Chlorophenylpiperazine is an active metabolite common to the psychotropic drugs trazodone, etoperidone and mepiprazole. *Journal of Pharmacy and Pharmacology*, 34(10):674-675.
- Haria, M., Fitton, A., McTavish, D. 1994. Trazodone. *Drugs & Aging*, 4(4):331-355.
- Jimenezcastellanos, M., Zia, H., Rhodes, C. 1994. Design and testing in vitro of a bioadhesive and floating drug delivery system for oral application. *International Journal of Pharmaceutics*, 105(1):65-70.
- Kast, R. E. 2009. Trazodone generates m-CPP: In 2008 risks from m-CPP might outweigh benefits of trazodone. *The World Journal of Biological Psychiatry*, 10(4-2):682-685.
- Liberman, H. A., Lachman, L., Schwartz, J. B. 1990. Pharmaceutical dosage forms: Tablets, 3rd edition. Marcel Dekker, New York.
- Maes, M., Westenberg, H., Vandoolaeghe, E., Demedts, P., Wauters, A. 1997. Effects of trazodone and fluoxetine in the treatment of major depression: therapeutic pharmacokinetic and pharmacodynamic interactions through formation of meta-chlorophenyl piperazine. *J Clin Psycho pharmacol*, 17(5):358-364.
- Mahant, S., Nasa, P. 2011. Floating drug delivery system using Methocel K100M and E50: formulation and characterization. *Acta Pharma Sci*, 53(1):57-65.
- Marek, G. J., McDougle, C. J., Price, L. H., Seiden, L. S. 1992. A comparison of trazodone and fluoxetine: implications for a serotonergic mechanism of antidepressant action. *Psychopharmacology*, 109(1-2):2-11.
- Mihara, K., Yasui-Furukori, N., et al. 2002. Relationship Between Plasma Concentrations of Trazodone and Its Active Metabolite, m-Chlorophenylpiperazine, and Its Clinical Effect in Depressed Patients. *Therapeutic Drug Monitoring*, 24(4):563-566.
- Patil, J. M., Hirlekar, R. S., Gide, P. S., Kadam, V. J. 2006. Trends in floating drug delivery systems. *J Sci Ind Res*, 65(01):11-21.
- Rajesh, K., Nagaraju, U. E., R 2009. Design and evaluation of sustained release floating tablets for the treatment of gastric ulcer. *J Pharm Sci Res*, 1(4):81-87.
- Rajinikanth, P. S., Mishra, B. 2008. Floating In Situ Gelling System of Acetohydroxamic Acid for Clearance of H. pylori. *Drug Development and Industrial Pharmacy*, 34(6):577-587.
- Ritger, P. L., Peppas, N. A. 1987. A simple equation for description of solute release II. Fickian and anomalous release from swellable devices. *Journal of Controlled Release*, 5(1):37-42.
- Sinko, P. J. 2006. Physical Pharmacy and Pharmaceutical Sciences, Lippincott Williams and Wilkins, 5th Edition.