

DESIGN AND FORMULATION OF NOVEL COLON TARGETED FENOPROFEN TABLET

M.Pradeep Kumar¹, Uttam Prasad Panigrahy², Satyabrata Bhanja³, A Venkata Badari Nath⁴, Jahasultana Mohammed⁵, M. Kishore Babu⁶

¹Professor, Department of Pharmaceutics, Vasavi institute of Pharmaceutical sciences, Kadapa-516247

²Associate Professor, Department of Pharmaceutical Analysis, Faculty of Pharmaceutical sciences, Assam down town University, Sankar Madhab Path, Gandhi Nagar, Panikhaiti, Guwahati, Assam, India- 781026

³Professor & principal, Pharmaceutics Department, RITEE College of Pharmacy, Mandira hasaud, chhatauna, Raipur, Chhattisgarh, 492101

⁴Professor & Head, Department of Pharmaceutics & Industrial Pharmacy, Santhiram College of Pharmacy, NH 40, neravada, Nandyala 518112.

⁵Assistant professor Department of Pharmaceutics KL College of Pharmacy, KLEF, Vaddeswaram, Guntur, AP

⁶Professor, Department of Pharmaceutics, Krishna Teja Pharmacy College, Chadalawada Nagar, Renigunta Rd, Tirupati, Andhra Pradesh 517506

Email: pradeepbadvel98@gmail.com

Abstract

Fenopropfen is a propionic acid derivative and is a prototypical NSAID used to reduce fever, mild to moderate pain, inflammatory diseases like rheumatoid, juvenile arthritis and ankylosing spondylitis, Fenopropfen Plasma half-life is approximately 3 hours, and having rapid absorption which requires frequent dose administration, So to avoid repeated frequent dose administration The colon targeted tablets of Fenopropfen tablets were prepared by direct compression method by using natural polymers like xanthan gum and guar gum, alone and in combinations in different concentrations. In the present work, total nine formulations were prepared and the detailed composition is shown in Table. The prepared colon targeted tablets of Fenopropfen were then subjected to FTIR, pre compression parameters like Angle of repose, Bulk density, Tapped density, Carr's index and Hausner's ratio. Then the tablets were evaluated for post compression parameters like Thickness, Hardness, average weight, friability, drug content, in vitro dissolution, and drug release kinetics. Among all the nine formulations formulated by using xanthan gum and guar gum. Formulation F7 containing xanthan gum and guar gum in 1:1 ratio shows sustained drug release by targeting the drug release at colon pH. when compared with all other formulations. So the drug release kinetics were performed for the F7 formulation containing xanthan gum and guar gum in 1:1 ratio. The diffusion exponent 'n' values of Korsemeyer-Peppas model was found to be in the range of 2.359 for the Fenopropfen colon targeted tablets prepared with xanthan gum and guar gum in 1:1 ratio indicating super case transport of drug through Fenopropfen colon targeted tablets.

Keywords: Fenopropfen, xanthan gum and guar gum, FTIR.

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INTRODUCTION

Targeted drug delivery to the colon is highly desirable for local treatment of a variety of bowel diseases such as ulcerative colitis, crohan's disease amebiosis, colonic cancer, and for local treatment of local colonic pathologies, and the systemic delivery of protein and peptide drugs [1,2].

Dosage forms that deliver drugs in the colon rather than upper GIT has number of advantages. Oral delivery of drugs in the colon is valuable in the treatment of diseases of colon where by high local concentration can be achieved while minimizing side effects. The colon is attracting interest as a site where poorly absorbed drug molecule may have an improved bioavailability because the colon has a long retention time and appears highly

responsible to agents that enhance the absorption of poorly absorbed drugs. The simplest method for targeting of drugs to the colon is to obtain slower release rates or longer release periods by the application of thicker layers of conventional enteric coating or extremely slow releasing matrices [3,4]. There are various methods or techniques through which colon drug targeting can be achieved, for example, formation of prodrug, coating with pHsensitive polymers, coating with biodegradable polymers, designing formulations using polysaccharides, timed released systems, pressure-controlled drug delivery systems, osmotic pressure controlled systems. Coating of the drugs with pH-sensitive polymers provides simple approach for colon-specific drug delivery [5,6].

Fenopropfen is highly bound to plasma proteins. Fenopropfen is a Cyclooxygenase (COX) inhibitor. An

anti-inflammatory analgesic and antipyretic highly bound to plasma proteins. [7,8] It is pharmacologically similar to aspirin, but causes less gastrointestinal bleeding.

Fenoprofen is a nonsteroidal anti-inflammatory drug used to treat inflammation and pain related to colon. The frequent intake of Fenoprofen leads to gastric ulceration, bleeding, and other gastric complications. Thus the development of colonic delivery of Fenoprofen is appropriate to reduce its side effects and achieve high local drug concentrations in the colon [9,10].

The half-life following a single oral dose is approximately 3 hours. The success of a therapy depends on selection of the appropriate delivery system and the drug. Controlled release dosage forms are designed to complement the pharmaceutical activity of a medicament in order to achieve better selectivity and longer duration of action. Thus, Fenoprofen is chosen as a suitable candidate for colon targeted drug delivery system [11-19]

MATERIALS AND METHODOLOGY

Fenoprofen Pharma grade is gifted from Cipla pharmaceuticals limited Pvt, ltd. Guar gum, Xanthan gum MCC, Mg-Stearate Talc, Mumbai Hydrochloric acid, Shreeji chemicals, Mumbai

Determination of Melting Point

Melting point of Fenoprofen was determined by capillary method. Fine powder of Fenoprofen was filled in glass capillary tube (previously sealed on one end). The capillary tube is tied to thermometer and placed in oil bath (light paraffin oil bath), The temperature at which it starts to melt was noted.

Solubility Studies:

Solubility of Fenoprofen was determined in pH 1.2 HCL, pH 6.8 and pH 7.4 phosphate buffers. Solubility studies were performed by taking excess amount of Fenoprofen in different beakers containing the solvents. The mixtures were shaken for 24 hrs at regular intervals. The solutions were filtered by using whattmann's filter paper grade no.

41. The filtered solutions were analyzed spectrophotometrically at 269 nm.

Determination of λ_{max} of Fenoprofen using 0.1 N HCL

A solution of Fenoprofen containing the concentration 10 μ g/ml was prepared in 0.1 N HCL and UV spectrum was taken. The solution was scanned in the range of 200-400nm.

Standard Calibration Curve of Fenoprofen using 0.1 N HCL

Method

10 mg drug was accurately in 10ml volumetric flask. It was dissolved in 0.1N HCL to gives 1000 μ g /ml. the standard stock solution was then serially diluted with 0.1 N HCL to get 1 to 10 μ g/ml of Fenoprofen. The absorbance was measured against 0.1 N HCL as blank using UV spectrophotometer at 269 nm. The absorbance values were plotted against concentration (μ g/ml) to obtain the standard calibration curve.

Standard Calibration Curve of Fenoprofen using 6.8pH Buffer

Method

10 mg drug was accurately in 10ml volumetric flask. It was dissolved in 6.8pH buffer to gives 1000 μ g /ml. the standard stock solution was then serially diluted with 6.8pH buffer to get 1 to 10 μ g/ml of Fenoprofen. The absorbance was measured against 6.8pH buffer as blank using UV spectrophotometer at 269 nm. The absorbance values were plotted against concentration (μ g/ml) to obtain the standard calibration curve.

Compatibility studies:

Compatibility studies were performed through FTIR spectroscopy. The IR spectrum of pure drug and physical mixture of drug and polymer was studied. The characteristic absorption peaks of Fenoprofen obtained were obtained at 4000-500cm⁻¹.

COMPOSITION OF FENOPROFEN COLON TARGETED TABLETS

Table: Composition of Fenoprofen colon targeted tablets

Ingredients	F1	F2	F3	F4	F5	F6	F7	F8	F9
Fenoprofen	200	200	200	200	200	200	200	200	200

Xanthan gum	30	45	60	-	-	-	30	30	60
Guar gum	-	-	-	30	45	60	30	60	30
MCC	Q.S	Q.S	Q.S	Q.S	Q.S	Q.S	Q.S	Q.S	Q.S
PVP K 30	30	30	30	30	30	30	30	30	30
Talc	8	8	8	8	8	8	8	8	8
Mg. stearate	8	8	8	8	8	8	8	8	8
Total weight(mg)	400	400	400	400	400	400	400	400	400

RESULTS & DISCUSSION

PREFORMULATION STUDIES

Melting Point Determination

The melting point of Fenopropfen was found to be 168-170o C, which was official melting point of the Fenopropfen as per monograph.

Solubility

Table No 1: Solubility Studies of Fenopropfen Pure

Solvents	Solubility (mg/ml)
0.1N HCL	0.038
6.8 pH buffer	0.141
7.4 PH buffer	0.120

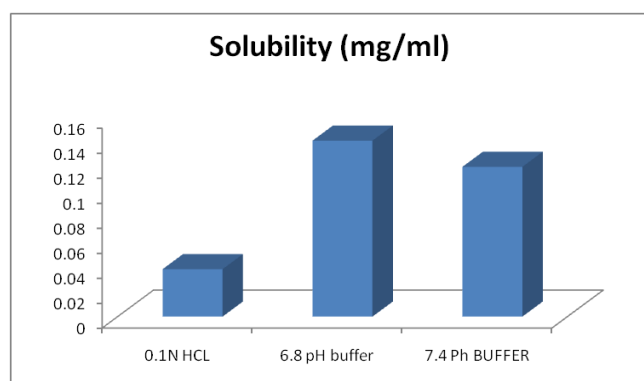


Fig 1: solubility Studies of Fenopropfen pure

Determination of UV Spectrum of Fenopropfen:

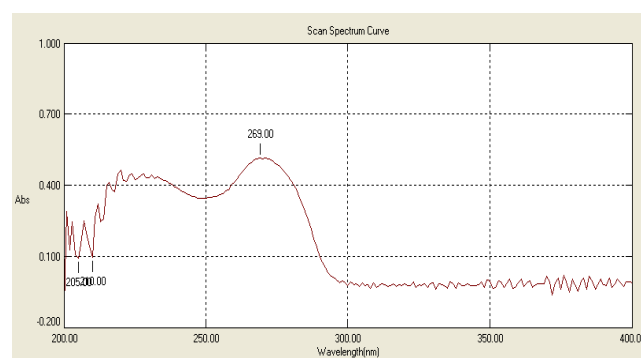


Fig 2: UV Spectra of Fenopropfen at 10 µg/ml Concentration

Table 1: Wavelength of Maximum Absorption of Fenopropfen in 0.1N HCL

Sl. No.	Solvent	λ_{max}
1	0.1N HCL	269nm

Table 2: Standard Calibration Data of Fenopropfen in 0.1N HCL

Concentration (µg/ml)	Absorbance
0	0
2	0.079

4	0.181
6	0.271
8	0.376
10	0.468
12	0.573

EVALUATION OF FENOPROFEN COLON TARGETED TABLETS

Drug Polymer Interaction (FTIR) Study

From the spectra of Fenopropfen, physical mixture of Fenopropfen and polymer, i.e., optimized formulation, it was observed that all characteristic peaks of Fenopropfen were present in the combination spectrum, thus indicating compatibility of the Fenopropfen and polymer. IR Spectra shown in Figures

Fig 3: IR Spectra of Fenopropfen

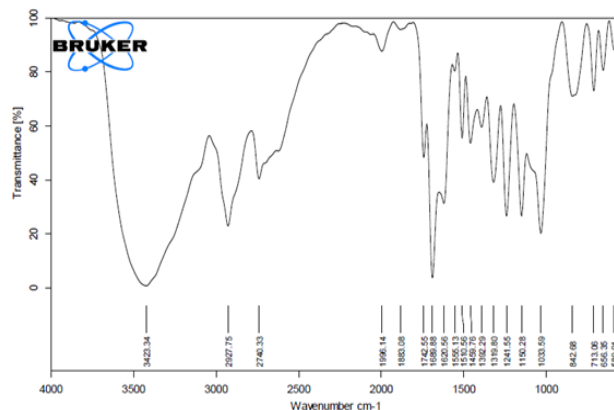
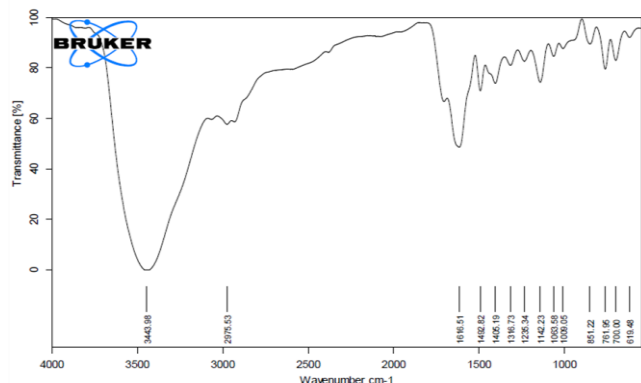


Fig 4: IR Spectra of Fenopropfen Optimized Formulation.



Pre Compression Parameters of Fenopropfen Colon Targeted Tablets:

Table 3: Pre Compression Parameters of Fenopropfen Colon Targeted Tablets

FC	Angle of Repose	Bulk density	Tapped density	Hausner's ratio	Carr's Index
F1	22.21±0.84	0.324±0.04	0.282±0.10	1.14±0.24	12.96±0.48
F2	21.84±0.62	0.316±0.12	0.270±0.02	1.17±0.10	14.55±0.12
F3	22.96±0.22	0.327±0.16	0.266±0.56	1.22±0.62	18.65±0.46
F4	22.85±0.14	0.330±0.54	0.270±0.84	1.22±0.58	18.18±0.28
F5	22.46±0.58	0.325±0.28	0.264±0.52	1.20±0.42	18.76±0.46
F6	22.64±0.02	0.334±0.22	0.268±0.46	1.24±0.48	19.76±0.28
F7	23.64±0.42	0.320±0.46	0.252±0.12	1.26±0.26	21.25±0.64
F8	22.85±0.23	0.330±0.28	0.268±0.28	1.23±0.22	18.78±0.22
F9	21.54±0.14	0.320±0.54	0.266±0.66	1.20±0.10	16.87±0.84

Based upon the post compression parameters like bulk density, tapped density, carr's index and Hausner's ratio it was concluded that the flow properties of Fenopropfen colon targeted tablets were found to be within the range indicates better flow property.

Post Compression Parameters of Fenopropfen Colon Targeted Tablets:

Table 4: Post Compression Parameters of Fenopropfen Colon Targeted Tablets

FC	Avg.Wt (mg)	Thickness (mm)	Hardness (kg/cm ²)	Friability (%)	Drug Content (%)
F1	401.28±0.54	4.12±0.10	8.54±0.48	0.22±0.48	86.14±0.14
F2	400.02±0.16	4.02±0.26	8.92±0.26	0.16±0.54	90.54±0.28
F3	398.56±0.22	4.22±0.54	9.12±0.22	0.54±0.22	94.26±0.26
F4	400.28±0.54	4.28±0.67	8.26±0.48	0.28±0.01	93.64±0.24
F5	399.64±0.68	4.10±0.89	8.54±0.22	0.10±0.26	92.41±0.58
F6	402.14±0.46	4.02±0.46	9.20±0.16	0.46±0.28	88.26±0.66
F7	400.01±0.22	4.98±0.22	8.86±0.28	0.29±0.54	96.14±0.59
F8	399.87±0.10	4.52±0.18	8.24±0.29	0.84±0.42	96.20±0.54
F9	398.54±0.48	4.26±0.62	8.26±0.18	0.12±0.68	95.61±0.22

The average weight of the Fenopropfen colon targeted tablets were found to be in the range of 398.54 to 402.14mg. Thickness of the Fenopropfen colon targeted tablets were found to be in the range of 4.00 to 4.52mm. Hardness of the Fenopropfen colon targeted tablets were

found to be in the range of 5.98 to 6.52 kg/cm². Friability of the Fenopropfen colon targeted tablets were found to be in the range of 0.10 to 0.84% Drug content of the Fenopropfen colon targeted tablets were found to be in the range of 86.14 to 96.20%.

In vitro Dissolution Studies of Fenopropfen Colon Targeted Tablets:

Table 5: In vitro Release Data of Fenopropfen Colon Targeted Tablets of Formulations F1-F9

Time (hrs)	F1	F2	F3	F4	F5	F6	F7	F8	F9
0	0	0	0	0	0	0	0	0	0
1	9.36±0.18	7.82±1.02	3.24±0.48	14.77±0.08	10.03±0.48	6.46±0.18	0.26±0.58	0.20±0.48	0.54±0.64
2	24.26±0.32	20.26±0.54	5.24±0.52	36.42±0.28	26.93±0.52	10.54±0.15	0.62±0.42	0.38±0.22	0.62±0.24
3	48.61±0.42	35.24±0.26	36.64±0.62	54.41±0.69	39.07±0.66	19.08±0.28	2.26±0.12	1.94±0.16	1.69±0.58
4	64.65±0.26	49.84±0.58	48.81±0.28	67.92±0.24	48.26±0.58	33.03±0.36	3.41±0.36	2.68±0.24	3.52±0.36
5	78.96±0.28	57.86±0.22	56.6±0.10	79.72±0.58	56.19±0.24	47.52±0.58	6.32±0.28	5.81±0.58	10.92±0.25
6	82.26±0.39	71.92±0.16	68.98±0.49	88.35±0.12	67.93±0.18	58.10±0.29	27.87±0.14	22.87±0.26	16.68±0.22
7	98.62±0.86	86.29±0.59	74.89±0.58	99.08±0.69	77.73±0.01	67.54±0.30	44.51±0.22	34.82±0.42	24.84±0.48
8		99.86±0.69	82.21±0.01		86.54±0.36	75.95±0.48	57.35±0.38	55.46±0.28	33.62±0.52
9			90.64±0.68		99.62±0.48	86.81±0.52	68.62±0.54	68.84±0.64	66.86±0.10
10			98.62±0.54			90.54±0.10	76.86±0.26	76.76±0.52	78.42±0.26
11						98.22±0.36	84.19±0.68	85.92±0.10	80.98±0.24

IN VITRO DRUG RELEASE STUDIES:

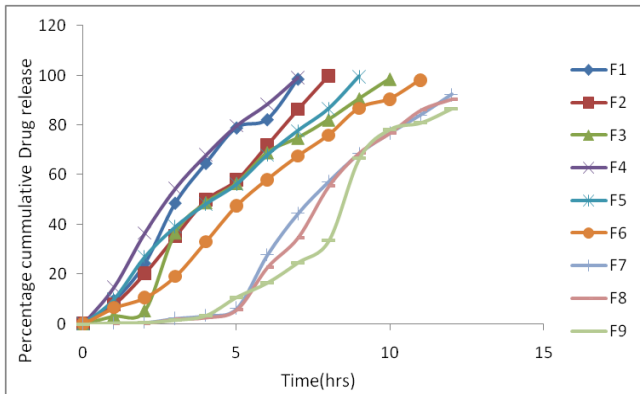


Fig 5: In Vitro Drug Release Studies of F1-F9 Formulation

The in vitro performance of Fenoprofen colon targeted tablets showed prolonged and controlled release. The results of the in vitro dissolution studies shows controlled and predictable manner as the polymer concentration increases the drug release from the colon targeted tablets

decreases. Among all the nine formulations formulated by using xanthan gum, guar gum, alone and in combinations with different ratios. Formulation F7 containing xanthan gum and guar gum in 1:1 ratio shows sustained drug release of Fenoprofen tablets by targeting the drug release at the colon. Remaining formulations failed to sustained the drug release in colon region.

Xanthan gum in three different ratios of 30,45 and 60mg alone in the formulations of F1-F3 fails to release the drug at colon region. While F4-F6 formulations were prepared by using guar gum as same as the above concentrations, but none of the trails satisfy our aim and objective.

So further trails were formulated by using xanthan gum and guar gum in combinations in 1:1, 1:2 ratios of xanthan gum and guar gum, whereas F9 formulation was prepared by using 1:2 ratio of guar gum and xanthan gum. From the in vitro dissolution studies it was clearly observed that xanthan gum plays a vital role in retarding the drug release along with guar gum in 1:1 ratio. So the drug release kinetics were performed for the F7 formulation containing xanthan gum and guar gum in 1:1 ratio.

Table 6: Drug Release Kinetics of Optimized Formulation(F7)

R² values					n values
Formulation	Zero order	First order	Higuchi	Korsmeyer Peppas	Korsmeyer-Peppas (n)
F7	0.921	0.835	0.740	0.919	2.359

The plots of cumulative percentage drug release V/s. time, cumulative percent drug retained V/s. root time, log cumulative percent drug retained V/s. time and log cumulative percent drug release V/s. log time were drawn and represented graphically as shown in Fig respectively. The slopes and the regression co-efficient of determinations (r²) were listed in Table 5.13. The co-efficient of determination indicated that the release data was best fitted with zero order kinetics. Higuchi equation explains the diffusion controlled release mechanism. The diffusion exponent 'n' values of Korsemeyer-Peppas model was found to be in the range of 2.359 for the Fenoprofen colon targeted tablets prepared with xanthan gum indicating super case transport of drug through Fenoprofen colon targeted tablets.

CONCLUSION

In the present work, total nine formulations were prepared and the detailed composition is shown in Table. The prepared colon targeted tablets of Fenoprofen were then subjected to FTIR, pre compression parameters like Angle of repose, Bulk density, Tapped density, Carr's index and Hausner's ratio. Then the tablets were evaluated for post compression parameters like Thickness, Hardness, average weight, friability, drug content, in vitro dissolution, and drug release kinetics. Among all the nine formulations formulated by using xanthan gum and guar gum. Formulation F7 containing xanthan gum and guar gum in 1:1 ratio shows sustained

drug release by targeting the drug release at colon pH. when compared with all other formulations. So the drug release kinetics were performed for the F7 formulation containing xanthan gum and guar gum in 1:1 ratio. The diffusion exponent 'n' values of Korsmeyer-Peppas model was found to be in the range of 2.359 for the Fenoprofen colon targeted tablets prepared with xanthan gum and guar gum in 1:1 ratio indicating super case transport of drug through Fenoprofen colon targeted tablets. Thus Fenoprofen is a suitable candidate for treating colon inflammations and to reduce pain, by formulating as a colon targeted tablet by using xanthan gum and guar gum in 1:1 ratio.

REFERENCES

- Tiwari Gaurav *, Tiwari Ruchi Wal Pranay , Wal Ankita , Rai Awani K . A Review on Primary and novel approaches for colon targeted drug delivery. *International Journal of Drug Delivery* 2 (2010) 01-11.
- Nicholas Madhu E. *, Panaganti Shanker, Prabakaran L. Jayveera K. N. A Review on Novel Colon Specific Drug Delivery System. *International journal of pharmaceutical sciences and research* (2011), Vol. 2, Issue 10 pg: 2545-2561.
- Nishant Singh* and Dr. R. C. Khanna. Colon targeted drug delivery systems – A Potential Approach. *The Pharma journal*. Vol. 1 No. 1 2012.
- Cherukuri S, Neelabonia V.P, Reddipalli S, Komaragiri K. A Review on Pharmaceutical approaches on current trends of colon specific drug delivery system. *International Research journal of pharmacy*. 2012; 3(7):45-46.
- Jain NK: *Advances in Controlled and novel Drug Delivery*. 1st edition. New Delhi, Cbs publisher and distributors; 2008. p. 86-90.
- Ratna V, Prabhakaran L, Puroshottam M. An Overview-Colon targeted drug delivery system. *International Journal of Pharmaceutical and Research*. 2010; 8(2).
- Sreelatha D, Brahma C.K. A Review on primary and novel approaches of colon targeted drug delivery system. *Journal of Global Trends in Pharmaceutical Sciences*. 2012; 4(3): 1174-1183.
- Sinha v.r, Rachna K. A Review on Polysaccharides in colon specific drug delivery. *International Journal of Pharmaceutics*. 2001; 224: 19-38.9. Kumar Ravi, Patil M.P, Sachin, A review on polysaccharides based colon specific drug delivery. *International journal of pharm tech research* 2009; vol 1 :334-346.
- Surender Verma, Vipin Kumar, D.N. Mishra. Colon targeted drug delivery: Current and Novel approaches. *Int. Journal of Pharmaceutical Sciences and Research*. 2012; 3(5): 1274-1284.
- Anil K. Philip. Colon Targeted Drug Delivery Systems: A Review on Primary and Novel Approaches. *OMJ*. 2012; 70-78.
- Ankita Patel, Dhruvita Patel, TruptiSolanki, Dr. P. D. Bharadia, Mr. V. M. Pandya and Mr. D.A. Modi. Novel Approaches for Colon Targeted Drug Delivery System. *IJPI's Journal of Pharmaceutics and Cosmetology*. 2011;1(5): 86-97.
- Sharma Anuj, Jain K Amit. Colon targeted drug delivery using different approaches. *Int. Journal of Pharmaceutical Studies and Research*. 2010; 1(1): 60-66.
- Tarak Jayraj Mehta, A. D. Patel, Mukesh R. Patel, N. M. Patel. Need of colon specific drug delivery: Review on primary and novel approaches. *Int. Journal of Pharma. Research & Development*. March 2011; 3(1): 134-153.
- Mundhe Vinayak S, Dodiya Shamsundar S. Review Article: Novel Approach for Colon Targeted Drug Delivery. *Indo American Journal of Pharmaceutical Research*. 2011; 3:158-173.
- S. Pradeep Kumar, D. Prathibha, R. Parthibarajan, C. Rubina Reichal. Novel colon specific drug delivery system: A Review. *Int. Journal of Pharmacy & Pharmaceutical Sciences*. 2012; 4(1): 22-29.
- Vishal V. Rajguru, Preeti D. Gaikwad, Vidyadhar H. Bankar, Sunil P. Pawar. An overview on colonic drug delivery system. *Int. Journal of Pharmaceutical Sciences Review & Research*. 2011; 6(2):197-204.
- Sachin D. Bhalersao, Paresh R. Mahaparale. Different approaches for colon drug delivery systems: A Review. *International Journal of Research and Reviews in Pharmacy and Applied science*. 2(3): 529-549.
- Koteshwara K.B. Primary and novel approaches for colon targeted drug delivery – A review. *Int. Journal of Research in Ayurvedic & Pharmacy*. 2011; 2 (1): 60-65.
- Bhushan Prabhakar Kolte, et.al. Colon Targeted Drug Delivery System – A Novel Perspective. *Asian journal of biomedical and pharmaceutical sciences*. 2012; 2 (14):21-28.