Evaluation of a Novel, Natural Locust Bean Gum as a Sustained Release and Mucoadhesive Component of Tizanidine Hcl Buccal Tablets

Harikrishnan. V1, S. Madhusudhan2, A. Santhiagu3

1 Assistant Professor, Department of Pharmaceutics, National College Of Pharmacy, Kerala, India.
2 Assistant Professor, Department of Pharmacy, Annamalai University, Tamil Nadu, India.
3 Associate Professor, School of Biotechnology, NIT Calicut, Kerala, India.

*Corresponding author: Harikrishnan.V , E-mail: harik84pharma@gmail.com
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ABSTRACT

Mucoadhesive polymers that bind to the gastric mucin or epithelial cell surface are useful in drug delivery for the purpose of increasing the intimacy and duration of contact of drug with the absorbing membrane. Mainly synthetic polymers are in use for this purpose. Probably the biodegradability of the synthetic polymers are questionable, In the present work mucoadhesive buccal tablets of Tizanidine hydrochloride (TZD HCl) were prepared by using locust bean gum that have better mucoadhesive property than synthetic polymer. The in-vitro adhesivity and mucoadhesive strength and swelling property of mucoadhesive polymers were evaluated by Share Stress and Park and Robinson methods. Buccal formulations of tizanidine HCL tablets were prepared using locust bean gum and thickness, hardness, friability, weight variation and assay of tablets were tested. The in-vitro drug release study of tizanidine HCL exhibited extended drug release profile for tablets prepared. Higuchi and Peppas data reveals that the drug released by non-Fickian diffusion mechanism. The present study shows that formulation containing 50% locust bean gum have greater mucoadhesive property than all other formulation.

Keywords: Mucoadhesive, Tizanidine HCL, and tablets. bioadhesive

INTRODUCTION

Tizanidine HCL is an agonist Fat α2-adrenergic receptor sites and presumably reduces spasticity by increasing presynaptic inhibition of motor neurons. In animal models, tizanidine has no direct effect on skeletal muscle fibers or the neuromuscular junction, and no major effect on monosynaptic spinal reflexes. The effects of tizanidine are greatest on polysynaptic pathways. The overall effect of these actions is thought to reduce facilitation of spinal motor neurons. Absolute oral bioavailability of tizanidine is approximately 40% (CV = 24%), due to extensive first-pass hepatic metabolism. Tizanidine is extensively distributed throughout the body with a mean steady state volume of distribution of 2.4 L/kg (CV = 21%) following intravenous administration in healthy adult volunteers. Tizanidine is approximately 30% bound to plasma proteins. Tizanidine has linear pharmacokinetics over a dose of 1 to 20 mg. Tizanidine has a half-life of approximately 2.5 hours (CV=33%).1,2,3

Buccal drug delivery has been considered as an alternative to oral dosage for subjected to degradation in the GI tract or to hepatic first pass metabolism. Buccal drug delivery offers a safer mode of drug utilization in case of toxicity. Since natural polymers are found in abundance, safe, nontoxic, the present study was undertaken by using such natural polymers4,5,6

The aim of the present study was to design buccoadhesive tablets to release the drug unidirectionally in buccal cavity for extended period of time in order to avoid first-pass metabolism for improvement in bioavailability, to reduce the dosing frequency and to improve patient compliance. Evaluate natural polymer Locust bean gum in the concentration 20, 30, 40 and 50 mg as a mucoadhesive component in buccal tablets, following their application to the buccal mucosa. The release characteristics of Tizanidine HCL were compared with oral formulation.

MATERIALS AND METHOD

Tizanidine HCL purchased from balaji drugs gujrath, Locust bean gum Fluka, Japan. Microcrystalline sulphate, magnesium street, lactose, Aspartame and ethyl cellulose were purchased from loba chemie Mumbai, India.

Evaluation of Gum

Organoleptic evaluation, physical evaluation, determination of ash value and microbial count of tamarind seed gum were performed according to Indian pharmacopeia.

PREPARATION OF BILAYERED BUCCAL TABLET

Preparation of mucoadhesive layer4,5,8,9

The mucoadhesive layer containing tizanidine HCL (7.5mg) was prepared by using 20, 30, 40 and 50 mg of badam gum. Various components of each formulation were weighed, mixed and passed through the mesh (250 micron) to ensure complete mixing. The average weight of about 150mg were separately weighed and compressed using a 13 mm diameter of a die on an infrared hydraulic pellet press using a force of 8 tons for 60 seconds. The placebo tablets were also prepared in the same manner. The prepared mucoadhesive layers were 13.32 mm in diameter and 1.10 mm in thickness.

Formulation of backing layer to the mucoadhesive layer

The backing layer was made up of ethyl cellulose. The solution was prepared by dissolving 5% ethyl cellulose in chloroform. The prepared solution was sprayed onto one surface of the
mucoadhesive layer leaving the other side free. Then it was air-dried at room temperature.

The double layered structure design was expected to provide drug delivery in a unidirectional fashion to the mucosa, avoids loss of drug due to washout of saliva and swelling profile of buccal disc can be changed dramatically by the amount of backing material and those changes could alter the drug release profile.

Table 1.1: Composition of mucoadhesive layer of buccal tablets of Tizanidine HCL with Locust bean gum

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Tizanidine HCL (mg)</th>
<th>Locust bean gum (mg)</th>
<th>Microcrystalline cellulose (mg)</th>
<th>Lactose (mg)</th>
<th>Aspartame (mg)</th>
<th>Magnesium stearate (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 1</td>
<td>2</td>
<td>0</td>
<td>141</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>F 6</td>
<td>2</td>
<td>20</td>
<td>121</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>F 7</td>
<td>2</td>
<td>30</td>
<td>111</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>F 8</td>
<td>2</td>
<td>40</td>
<td>101</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>F 9</td>
<td>2</td>
<td>50</td>
<td>91</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

EVALUATION OF BUCCAL TABLETS

All the formulated dosage forms of Tizanidine HCL buccal tablets have been subjected to the following quality control test. Uniformity of weight and medicament content

Test for uniformity of weight of tablets was done according to I.P. ten tablets from each batch were evaluated for uniformity in tablet weight. Ten tablet from each batch were powdered individually and a quality equivalent to 7.5 mg of Tizanidine HCL was accurately weighed and transfer to a volumetric flask containing 50 ml of phosphate buffer (pH 6.8), sonicated for 30 minutes, and stirred continuously for 8 hours on a magnetic stirrer the volume was made unto 100ml with phosphate buffer pH 6.8 and the absorbance were measured in a UV spectrophotometer at 276 nm.

Hardness and friability testing

Hardness and friability of each ten randomly selected tablets of each formulation using Erweka hardness tester (TBH30) and the Erweka friabilitor (GmbH, Germany) respectively.

Infrared (IR) absorption spectroscopy

To investigate any possible interactions between the drug and the polymers, the IR spectra of pure drug Tizanidine HCL and its physical mixtures (1:1) with badam gum were carried out using FT R–8400S(CE), SHIMADZU spectrophotometer. The samples were prepared as KBr disks compressed under a pressure of 6 ton/nm². The wavelength selected ranged between 400 and 4000cm⁻¹. The data are shown in fig.1.1-1.3.

Fig: 1.1: IR spectrum of Tizanidine HCL

Fig: 1.1: IR spectrum of Locust bean gum

Fig: 1.1: IR spectrum of Tizanidine HCL+ Locust bean gum
Bioadhesion study

**In vitro bioadhesion study**

Satisfactory bio adhesion is essential for successful application of a buccal bioadhesive drug delivery system. It implied the strength of attachment of the dosage form to biological tissue. Several techniques for in vitro determination of bioadhesion have been reported, which include tensile testing shear stress testing, adhesion weight method, fluorescent probe method, flow channel technique and colloidal gold staining method. In our study the polymers evaluated using TA.XT2 texture analyzer equipment rabbit buccal mucosa as a model tissue under simulates buccal condition.

**Bioadhesion measurement**

A TA.XT2 texture (stable Mirosystem, Haslemere, Surrey, U.K.) equipped with a 5 g load cell was employed to determine the bioadhesion using pig buccal mucosa as the model tissue. The buccal mucosa was stored frozen in a simulated saliva solution and thawed to room temperature before used. The pig buccal mucosa was mounted on to a cylindrical Perspex support of 2 cm diameter and 2 cm length and secured with a string. A foam type was placed underneath the porcine buccal mucosa on the Perspex support at the cross sectional end to provide cushioning effect. The pig buccal mucosa was further secured by placing an aluminium cap over the Perspex support. A circular hole of 17 mm diameter was made on the top of the cap to expose the buccal membrane for contact with the tablet during measurements. The whole Perspex support was positioned at the bottom of the measuring system and held in place by a clamp. The tablet was fixed to another Perspex support of similar dimension using a double sided tape and the support was then screwed on to the upper probe of instrument. These two Perspex support were aligned to ensure that the tablet would come to direct contact with the exposed surface of buccal mucosa when the upper tablet support was lowered on measurements were conducted at a room temperature of 250°C and a relative humidity of 52-60%.

During measurements, 200 μl of stimulated saliva solution was evenly spread on the surface of tissues. The upper Perspex support was lowered at speed of 1 mm/sec until contact was made with the tissue and the contact force of 0.5 N was applied. At various contact times 5, 10, 15, 20, 25 and 30 min. The detachment force in ‘N’ was measured.

**SWELLING STUDY**

The swelling index of the tablet was evaluated for six tablets of each formulation. These were weighed and placed separately in pre-weighed basket made of stainless steel mesh. The total weight was recorded (W₂). This basket was placed in a plastic vessel containing 4 ml of isotonic buffer (pH6.8) in an incubator at 37°C. At time intervals 0.5, 1, 2, 3 and 4 hrs excess water was carefully removed and the swollen tablets were weighed (W₃). The swelling index was determined from formula:

Swelling index = \( \frac{W₃ - W₁}{W₁} \)

**SURFACE pH OF THE TABLET**

The surface pH of the tablet was determined to investigate the effect of pH on the bioadhesion and possible side effects of the tablets in vivo. This was determined by allowing the tablet to swell in 1.0 ml of demineralised water (pH 6.8) for 2 hrs. A combined glass pH electrode was brought in contact of the swollen tablet and the pH measured after 1 min equilibrium.

**INVITRO DRUG RELEASE STUDIES**

**Dissolution studies**

It has been reported that the normal pH of human saliva varies from 5.8 to 7.8 with an average of 6.8. So the release studies were conducted in the pH 6.8 to find out the amount of drug release into the solution from the buccal tablet before diffusion through the membrane. For the dissolution study of the buccal tablets a specially designed glass cylinder closed at one end and opened at the other end was employed. This glass cylinder allows the tablets to dissolve from the fixed place without any movement (since the tablet should release the drug from a fixed area in the buccal region).

**Tizanidine HCL buccal tablet**

Release of Tizanidine HCL from buccal tablets was studied in phosphate buffer of 6.8 pH (900 ml) using a USP XXI/XXII dissolution rate apparatus, with a paddle rotating at a rate of 75 rpm and at 37°C.

**RESULTS AND DISCUSSION**

**Evaluation of tablet**

Table 1.1 shows the composition of buccal tablets. The microcrystalline cellulose added in the formulation as direct compression adjuvant.

Table 1.1: Composition of buccal tablets.

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**Surface pH**
An acidic or alkaline pH may cause irritation to buccal mucosa. The surface pH of tablet was determined in order to investigate the possibility of any side effects in vivo. The surface pH of the tablet has been given in Table 1.2. The surface pH of all the formulation was found to be within the pH range of 5.7 (salivary pH) and hence these formulations do not produce any irritation in the buccal cavity.

Table 1.2 : Surface pH of Tizanidine HCL buccal tablets containing Locust Bean Gum

<table>
<thead>
<tr>
<th>Drug + Polymer</th>
<th>Formulation</th>
<th>Surface pH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tizanidine HCL + Locust bean gum</td>
<td>F1</td>
<td>7.1</td>
</tr>
<tr>
<td></td>
<td>F6</td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td>F7</td>
<td>6.2</td>
</tr>
<tr>
<td></td>
<td>F8</td>
<td>6.5</td>
</tr>
<tr>
<td></td>
<td>F9</td>
<td>6.6</td>
</tr>
</tbody>
</table>

**Drug release characteristics**
The drug release profiles from the prepared Tizanidine HCL buccal tablets containing various concentration of locust bean gum are shown in Fig. 1.6
Sustained release of Tizanidine HCL was obtained from F6, F7, F8 and F9 and with almost 102.88, 95.87, 96.09 and 90.64 in 13th hour respectively.
Increase in concentration of locust bean gum decreased the release of Tizanidine HCL.

**Drug release kinetics**
To examine the release mechanism of Tizanidine HCL from the prepared bioadhesive tablets, the results were analysed according to the following equation

\[
\frac{M_t}{M_a} = K t^n
\]

Where \(\frac{M_t}{M_a}\) is fractional drug released at time \(t\), \(k\) is the kinetic constant incorporating structural and geometric characteristic of drug/polymer system (device) and \(n\) is diffusional expecorant that characterizes the mechanisms of drug release. For non-Fickian release, the \(n\) value falls between 0.5 and 1 (0.5 < \(n\) < 1.0), whereas in the case of Fickian diffusion, \(n=0.5\), for zero order release (case II transport) \(n=1\) and for super case II transport, \(n>1\). The values of \(n\) as estimated bilinear regression of log \(M_t/M_a\) vs log (t) of different formulations are shown in Table 1.3

**CONCLUSION**
Increase in concentration of locust bean gum increases in the bioadhesive strength and swelling ratio in the 50 mg of locust bean gum. Cumulative percentage release decreases with increase in concentration of tamarind seed gum. The formulations F6, F7 and F8 shows fickian diffusion mechanism. And formulation F9 shows non fickian mechanism. Fickian release kinetics involving diffusion mechanism and non-Fickian release kinetics involving a combination of both diffusion and chain relaxation mechanism

**Acknowledgment**
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