

# MERCURY SUBSTRATE METHOD NOVEL APPROACH FOR FORMULATION OF DROTAVERINE HYDROCHLORIDE TRANSDERMAL PATCHES

**Bhambar Kunal V<sup>1\*</sup>, Dr. Bhambar Rajendra S.<sup>2</sup>, Prof. Rutuja Aher<sup>3</sup>**

<sup>1</sup>MGV's Pharmacy College, Panchavati, Nashik, Maharashtra, India.

<sup>2</sup>MGV's Pharmacy College, Panchavati, Nashik, Maharashtra, India.

<sup>3</sup>Modern College of Pharmacy, Dehu Alandi Road, Borhadewadi, Moshi, Pune.

Correspondence Author: Bhambar Kunal V.

E-mail: kunalbhambar@gmail.com

**DOI: 10.48047/IJFANS/S1/117**

## ABSTRACT:

**Background:** Aim of the present investigation is to prepare sustained release transdermal patches of Drotaverine hydrochloride. Transdermal drug delivery has ability to bypass liver first pass metabolism and deliver the drug towards systemic circulation. Drotaverine hydrochloride is used to treat the spasticity as muscle relaxant.

**Methods:** Mercury substrate method is utilized for formulation of Transdermal patches of Drotaverine Hydrochloride. Ethyl cellulose and Eudragit RL 100 were used to retard the drug release. Dibutyl phthalate used as plasticizer and Dichloromethane as a solvent solvent system. Transdermal patches were evaluated for physical appearance, weight variation, drug content, folding endurance, Fourier-transform infrared spectroscopy (FTIR), Differential scanning calorimetry (DSC) and invitro drug release study.

**Result:** The DSC curve of transdermal patch (TDDS D3) shows a sharp endothermic peak at 208.17°C indicating crystalline structure. The dissolution curve shows that formulation TDDS D3 shows maximum drug release 83.57% at the end of 12 Hrs.

**Conclusion:** For transdermal Patches according to 'r' value, Kors Meyer- Peppas's model was the best suited for drug release but n value obtained from Kors Meyer- Peppas's equation was within 0.5 -1.0 which indicates anomalous releases.

**Key Words:** Transdermal patch, Drotaverine Hydrochloride, Eudragit, Ethyl cellulose, TDDS

## INTRODUCTION:<sup>1,2,3,4</sup>

In Transdermal drug delivery system drug is delivered to systemic circulation with least variation. Transdermal drug delivery system is one of the widely used approach for drug application. It reduces dosing frequency and improve the bioavailability of drug. The primary object of transdermal drug delivery is to ensure safety, efficacy of drugs and patient compliance. This is achieved by better control of plasma drug level and less frequent dosing. Conventional drug delivery requires frequent dosing results in fluctuation in plasma drug concentration. Transdermal patches are adhesive patches which deliver drug through the skin. Transdermal patches are available in different sizes and shapes. Drotaverine hydrochloride shows smooth muscle relaxant activity mediated via inhibition of phosphodiesterase IV, specific for smooth muscle. It has a rapid and direct action on the smooth muscle. It acts to correct cyclic AMP and Calcium imbalance at the spastic site, thereby relieving smooth muscle spasm and pain. The average half-life of drotaverine is 6-

10hrs. Oral bioavailability of Drotaverine hydrochloride ranges from 25-91%. Drotaverine and its metabolite are 80% to 95% protein bound.

#### **METHOD:**

Tizanidine Hydrochloride was purchased from Blue Cross Pharmaceuticals, Nasik, India. Eudragit RL, Ethyl Cellulose was procured from Molychem, Mumbai. All other reagent and materials were of analytical grade.

#### **Formulation of Drotaverine Hydrochloride Transdermal Patch:<sup>5</sup>**

Transdermal patches of Drotaverine Hydrochloride were prepared by using mercury substrate method. Transdermal drug delivery system is one of the widely used approach for drug application. Polymers were weighed (total weight was 900 mg) in appropriate ratio and dissolved in 10 ml of dichloromethane which was used as solvent. Then Drotaverine Hydrochloride was added slowly in the polymeric solution and thoroughly stirred in the magnetic stirrer to get a uniform solution. In mixture 0.3 ml or 5 drops of dibutyl phthalate was added which acts as a plasticizer. Solution was spread on mercury placed on a glass Petri dish. Funnel was placed in inverted position to get uniform evaporation. The Petri dish was dried at room temperature for 24 hrs. After complete drying the films were removed by utilizing sharp blade. Films were cut into size of 2x2 cm<sup>2</sup> patches, stored and wrapped in butter paper until its use.

#### **Evaluation of Drotaverine Hydrochloride Matrix Transdermal Patch<sup>5</sup>**

##### **Physical appearance**

Transdermal patches of Tizanidine Hydrochloride were visually inspected for color, clarity and for surface texture.

##### **Weight variation test**

Patches were cut (2x2 cm<sup>2</sup> size) from the film and weighed individually. The average weight of patch was calculated.

##### **Thickness**

Vernier caliper was utilized to measure thickness of the patches. Patches were placed between the measuring jaws of the calliper at three different positions and thickness was determined by rotating the screw.

##### **Folding endurance**

Folding endurance was calculated manually by repeatedly folding a small strip (2 cm x 2 cm) at the same place till it breaks. The number of times film can be folded at the same place without breaking yield folding endurance.

##### **Drug content uniformity**

Patches were cut (2x2 cm<sup>2</sup> size) and dissolved in 100 ml of phosphate buffer pH 6.8. The absorbance was then measured at 240 nm. The drug content in the film was calculated.

##### **Percentage Moisture Loss**

Individually patches were weighed and place in desiccators. When there was no change final weight was calculated. Moisture content was calculated by using formula,

$$\text{Moisture Content} = \frac{\text{Initial weight} - \text{Final weight}}{\text{Initial weight}} \times 100$$

### Percentage Moisture Uptake

The patches were placed in desiccators and weighed accurately. Humidity was maintained 80-90% by using saturated solution of ammonium chloride. Until uniform weighed was obtained it was kept in desiccators. Percentage moisture content was calculated

$$\text{Moisture Uptake} = \frac{\text{Final weight} - \text{Initial weight}}{\text{Initial weight}} \times 100$$

### FTIR Spectroscopy for Patch

The FTIR spectrum of Drotaverine Hydrochloride Patch was measured using FTIR spectrophotometer (Shimadzu 84005) using KBr pellet technique.

### Differential Scanning Calorimetry

DSC analysis was performed by utilizing Shimadzu Thermal Analyzer DSC 60 of formulation TM8. 2-5 mg sample was taken for analysis on DSC. Open aluminium pan were used to heat the samples at a rate of 10°C/min conducted. Temperature range for analysis was 30 to 300°C with nitrogen flow of 2 bars.

### Skin Irritation Study

Prior permission of Institutional Animal Ethical committee (IPEC) under the purview of Committee for the Purpose of Control and Supervision of Experimental Animals (CPCSEA) was taken for use of Wistar rats. Before starting the experiment on dorsal side hair remover cream was applied under anaesthesia. 4 groups were made. In every group 5 rats were taken. Group I act as control, In Group II 0.5 ml of a 0.8% V/V aqueous formalin solution topically administered as a standard irritant. In Group III diclofenac transdermal patch was applied as standard and Group IV treated by using medicated Patch. Site of application was examined for signs of Edema, Erythema after 24 and 72 hr. It was graded 0 upto 4 as per visual scoring scale. Erythema and Edema scale was 0 for none, 1 for slight, 2 for well define, 3 for moderate, 4 for severe.

### Ex-Vivo Permeation Study

The rats were sacrificed and through razor hair on abdominal skin was removed. Skin was excised and placed in distilled water covered with Aluminum foil. The film was placed on skin obtained from rat and finally attached to diffusion cell. Arrangement was in such way that drug releasing surface was facing towards the receptor compartment. Phosphate buffer solution of pH 6.8 at 37± 10°C was used as medium. % ml sample was taken and same amount of buffer was added. Drug content was analyzed UV Spectrophotometer at 240 nm.

### Stability Studies

Stability studies were performed as per ICH Q1A guidelines. Stability studies of samples carried out at normal conditions of temperature, humidity. The optimized Tizanidine Hydrochloride formulations were used for stability studies.

## RESULT

All the prepared patches of Drotaverine hydrochloride from TDDS D1 up to TDDS D5 were found to be smooth in nature and has good appearance. The thickness and average weight of the patches are 58.2-59.9 mm and 227-233mg respectively. Drug content for each patch was more than 99%. DSC analysis was performed by taking 2 to 5mg sample. DSC profiles of formulation TDDS D3 shows endothermic peak at 208.17°C indicating its crystalline nature. Folding endurance for all patches was found in the range of 60-120.

## DISSCUSSION

On Wistar Rats skin irritation test was performed for TDDS D3 formulation and no signs of redness or erythema was observed for 72 hrs after patch application. To determine the release kinetic pattern of drug release, the in-vitro release data were fitted into zero order, first order, Hixson Crowell, Higuchi and Kors Meyer Peppas's model. The highest  $R^2$  value was obtained for Kors Meyer Peppas's model for Drotaverine HCl Transdermal Patches. Stability studies was performed on TDDS D3, after the 90 days, it was found that there was no change in appearance of the films and negligible change in thickness.

## CONCLUSION

In TDDS Patches the highest drug release was observed for TDDS D3 at the end of 12 hours while TDDS D1 shows lowest drug release. According to 'r' value Kors Meyer Peppas's model was the best suited for drug release which shows diffusion phenomenon but n value was within  $0.5 < n > 1.0$  which indicates anomalous releases. Actual mechanism of drug release was swelling or rearrangement of polymers followed by diffusion and erosion.

**Conflict of Interest:** No

### Acknowledgment:

The Authors are thankful to Swapna Roop Drugs and Pharmaceuticals, Aurangabad, India for providing the sample of Drotaverine Hydrochloride.

**Abbreviations:** TDDS-Transdermal Drug Delivery System, FTIR-Fourier-transform infrared, DSC- Differential scanning calorimetry

## REFERENCES:

1. Jalwal P, Jangra A, Dhaliya L, Sangwan Y, Saroha R. A review on transdermal patches. Pharm Res. J, 2010; 3: 139-149.
2. Bhowmik D, Chiranjib, Chandira M, Jayakar B, Sampath K P. Recent advances in transdermal drug delivery system. Int. J Pharm Tech Res, 2010; 2(1): 68-77.
3. Kumar A, Pullankandam N, Prabhu SL, Gopal V. Transdermal drug delivery system: an overview. Int. J Pharm Sci. Review Res, 2010; 3(2): 49-54
4. Divya A, Rao MK, Gnanprakash K, Sowjanya A, Vidyasagar N, Gobinath M. A review on current scenario of transdermal drug delivery system. Int. J Res. Pharm Sci, 2012; 3(4): 494-502.
5. Singh K., Singh S., Rana A., "Formulation and Evaluation of matrix type patch of bisoprolol fumarate by Mercury substrate method" Eur. Jour. of Bio. and Pharm. Sciences, 2018; 5(1): 346-350.
6. Chowdary K. P. R and Naidu R. A. S, "Transdermal Drug Delivery: A Review of Current Status, Indian Drugs", 1995; 32(9): 414-422.

7. Sanap G S, Dama GY, Hande A S, Karpe S P, “Nalawade SV and Kakade R S. Preparation of transdermal monolithic systems of Indapamide”. *Int. J. G. Pharm*, 2008; 2: 129-33.
8. Patel H J, Patel J S, Desai B G and Patel D K, “Design and evaluation of amlodipine besilate transdermal patches containing film former”. *Int. J. Pharm. Res.*, 2009; 7: 1-2.
9. Kulkarni R V, Mutalik S and Hiremath D, “Effect of plasticizers on the permeability and mechanical properties of Eudragit films for transdermal application”. *Ind. J. Pharm. Sci.*, 2002; 64 (1): 28-31.
10. Murthy TEGK and Kishore VS, “Effect of casting solvent and polymer on permeability of propranolol hydrochloride through membrane controlled transdermal drug delivery system”. *Ind. J. Pharm. Sci.*, 2007; 69(5): 646-5.
11. Subramanian K, Sathyapriya L S, Jayaprakash S, Prabhu RS, Abirami A and Madhumitha B, “Formulation and evaluation of transdermal drug delivery of Isoxsuprine HCl”. *Int. J. Pharm Sci Tech.*, 2008; 1(1): 22-8.
12. Sankar V, Johnson DB, Sivanand V, Ravichandran V, Raghuraman S and Velrajan G, “Design and evaluation of Nifedipine transdermal patches”. *Ind. J. Pharm. Sci.*, 2003; 65(5): 510-50.
13. Shinde A J, Garala KC and More H N, “Development and characterization of transdermal therapeutics system of Tramadol hydrochloride”. *Asian J Pharm*, 2008; 2: 265-69.
14. Devi K V, Saisivam S, Maria GR and Deepti P U, “Design and evaluation of matrix diffusion controlled transdermal patches of Verapamil hydrochloride”. *Ind. Pharm. Drug Deliv.*, 2003; 29(5): 495-03

Table No. 1 Formulation of Drotaverine Hydrochloride Transdermal Patch

Ingredients	TDDS T1	TDDS T2	TDDS T3	TDDS T4	TDDS T5
Drotaverine Hydrochloride (mg)	160	160	160	160	160
Eudragit R1 100(mg)	900	—	450	675	225
Ethyl cellulose(mg)	—	900	450	225	675
Dichloromethane(ml)	10	10	10	10	10
Dibutyl phthalate(ml)	0.3	0.3	0.3	0.3	0.3

Table No. 2 Organoleptic properties of transdermal patches

Sr. no	Formulation	Colour	Odour	Texture
1.	TDDS D1	Light Yellow	No odour	Smooth
2.	TDDS D2	Light Yellow	No odour	Smooth
3	TDDS D3	Light Yellow	No odour	Smooth
4	TDDS D4	Light Yellow	No odour	Smooth
5	TDDS D5	light Yellow	No odour	Smooth

Table No. 3: Weight Uniformity, Thickness, Folding Endurance of Transdermal patches

Formulation Code	Weight Uniformity (mg)	Thickness (mm)	Folding Endurance
TDDS D1	230.15 ± 1.53	58.67 ± 2.01	105 ± 7.505
TDDS D2	230.66 ± 2.07	57.24 ± 1.97	68 ± 6.12
TDDS D3	231.18 ± 2.41	58.41 ± 2.45	73 ± 6.327
TDDS D4	227.33 ± 1.24	58.34 ± 1.05	42 ± 6.027
TDDS D5	229.95 ± 2.64	59.87 ± 1.87	71 ± 4.932

Table 4: Percent moisture loss, Percent moisture uptake and Drug content

Formulation code	% Moisture loss	% Moisture absorption	Drug content
TDDS D1	1.97 ± 0.337	2.81 ± 0.059	95.4 ± 0.67
TDDS D2	3.43 ± 1.257	2.36 ± 0.687	91.8 ± 0.44
TDDS D3	3.97 ± 0.587	3.61 ± 0.257	96.1 ± 0.45
TDDS D4	2.47 ± 0.064	3.51 ± 0.567	93.28 ± 0.06
TDDS D5	3.14 ± 0.089	3.34 ± 0.567	93.94 ± 0.27

Table 5: Cumulative % drug released profile of Drotaverine Hydrochloride Transdermal Patches.

Time (Hours)	Cumulative % Release (Mean ± S.D.)				
	Formulation Code				
	TDDS D1	TDDS D2	TDDS D3	TDDS D4	TDDS D5

1	12.44± 0.54	13.54±0.78	16.82±0.76	15.37±0.56	10.38±0.84
2	17.54±0.53	16.67±0.64	24.28±0.67	19.38±0.84	17.67±0.75
3	22.67±0.45	22.54±0.82	31.94±0.58	25.66±0.95	21.38±0.94
4	25.27±0.48	28.58±0.61	40.93±0.98	31.82±0.87	25.11±0.72
5	29.56±0.51	32.37±0.95	47.14±0.91	37.64±0.48	31.67±1.34
6	35.54±0.88	36.75±0.51	55.64±0.81	42.67±0.87	36.62±0.86
7	39.55±0.63	40.51±0.73	60.57±0.94	49.37±0.95	39.44±0.95
8	42.54±0.85	44.78±0.64	66.37±0.55	56.34±0.77	43.85±0.72
9	48.87±0.86	50.51±0.97	71.64±0.56	60.38±1.84	48.67±0.64
10	55.67±0.54	55.64±0.55	74.57±0.84	65.48±0.92	56.55±0.74
11	61.44±0.89	63.54±0.82	78.85±0.65	69.64±0.68	63.64±0.97
12	69.79± 0.91	70.51±0.73	83.57±0.67	72.56±0.85	71.37±0.94

Table 6: Kinetic treatment of Drotaverine Hydrochloride Transdermal Patches.

Formulation Code	Coefficient of determination ( $r^2$ )					Kors Meyer plot n (release exponent)
	Zero order	First order	Higuchi square root	Hixson Crowell Cube Root	Kors Meyer plot	
TDDS D1	0.985	0.946	0.985	0.967	0.989	0.751
TDDS D2	0.986	0.953	0.986	0.972	0.988	0.864
TDDS D3	0.992	0.993	0.968	0.997	0.998	0.685
TDDS D4	0.984	0.990	0.984	0.995	0.985	0.816
TDDS D5	0.987	0.943	0.987	0.966	0.992	0.842

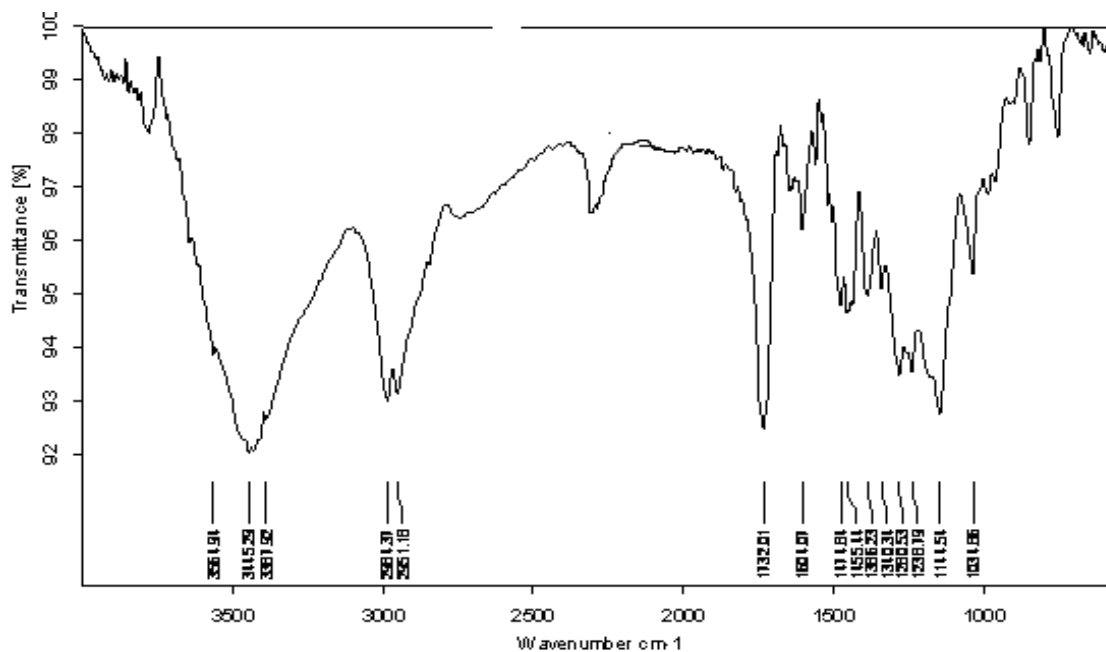


Figure 1 FTIR of TDDS D3  
Table No 7: FTIR spectrum of TDDS D3

Peak observed ( cm <sup>-1</sup> )	Interpretation
2882.58	C-H stretch (aliphatic)
2961.20	C-H stretch (aromatic)
1585.45	C=C stretch
1656.11	C=N stretch
1037.54	C-O stretch
1706.45	C=O stretch



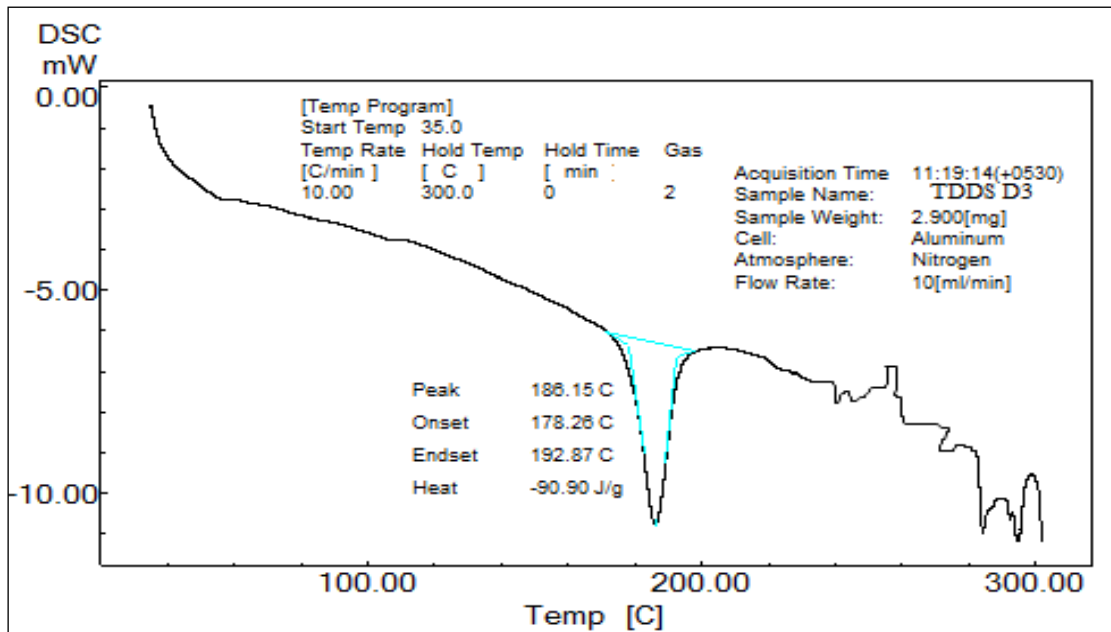


Figure 2 DSC of Tizanidine Hydrochloride patch TDDS D3

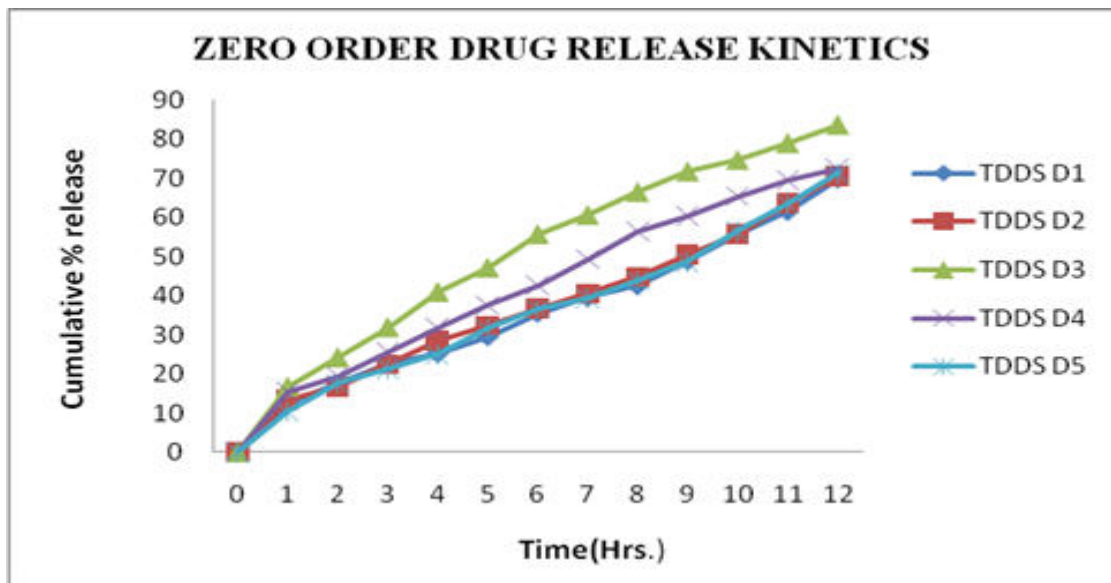


Figure 3 Zero order graphs of Drotaverine HCl Transdermal Patches

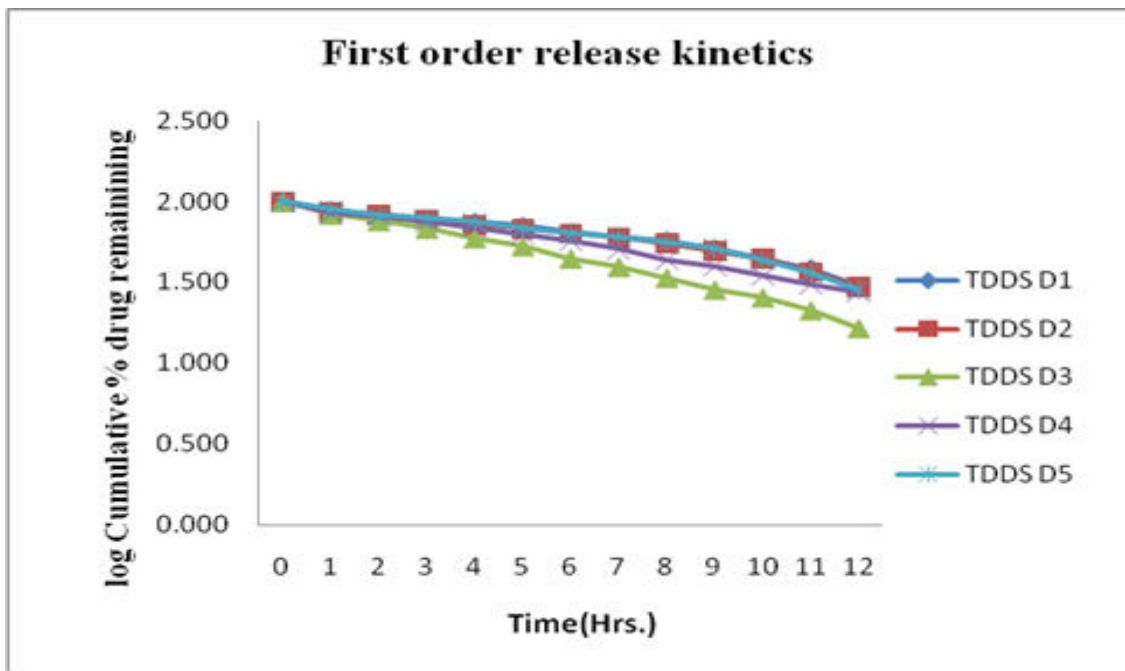


Figure 4 First order graphs of Drotaverine HCL Transdermal Patches

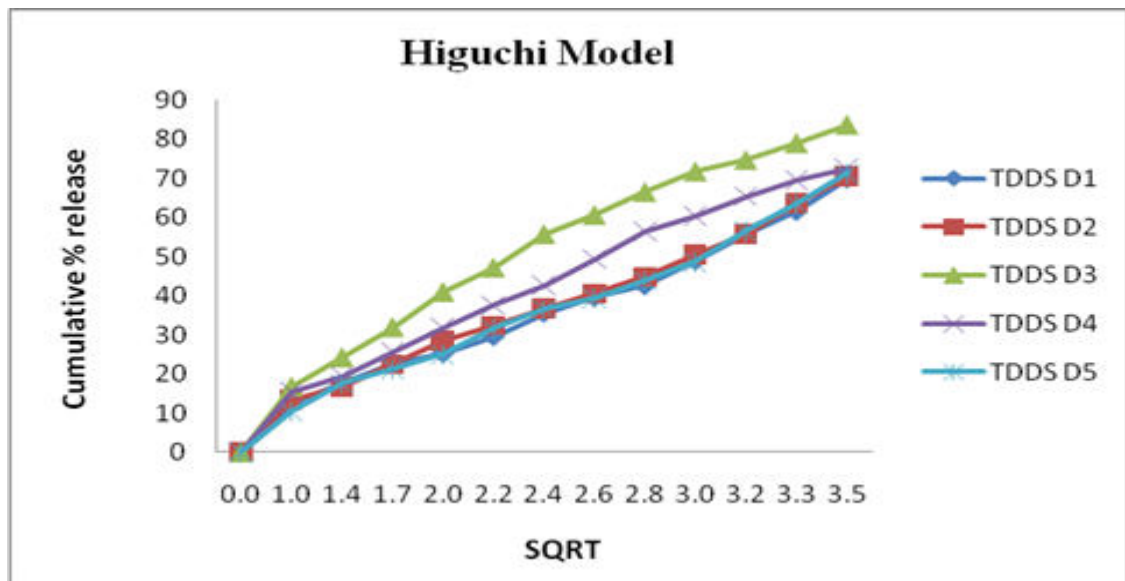


Figure 5 Higuchi graphs of Drotaverine HCL Transdermal Patches

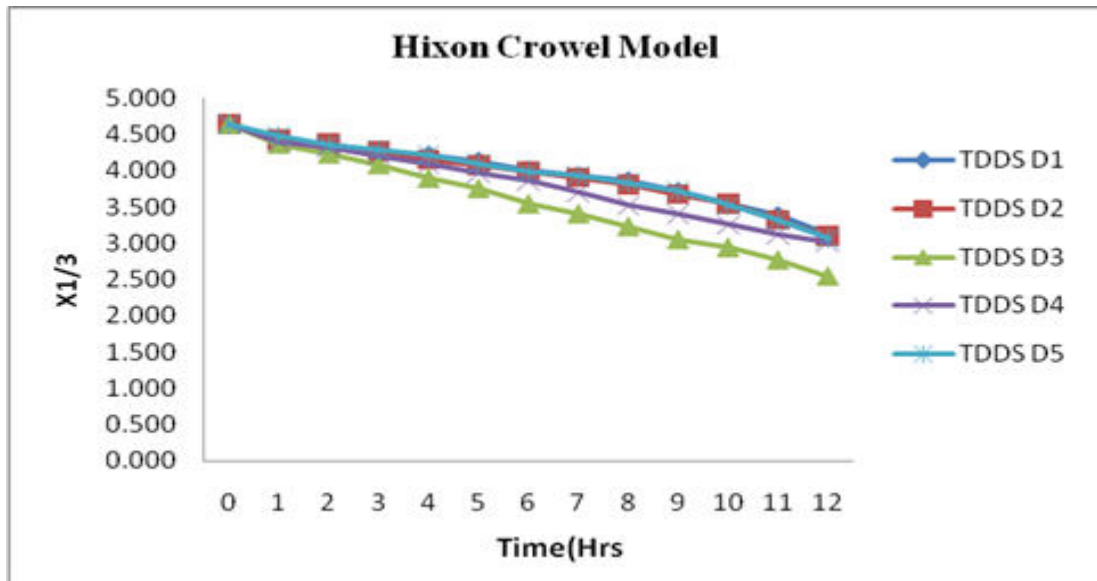


Figure 6 Hixson Crowel11 graphs of Drotaverine HCL Transdermal Patches

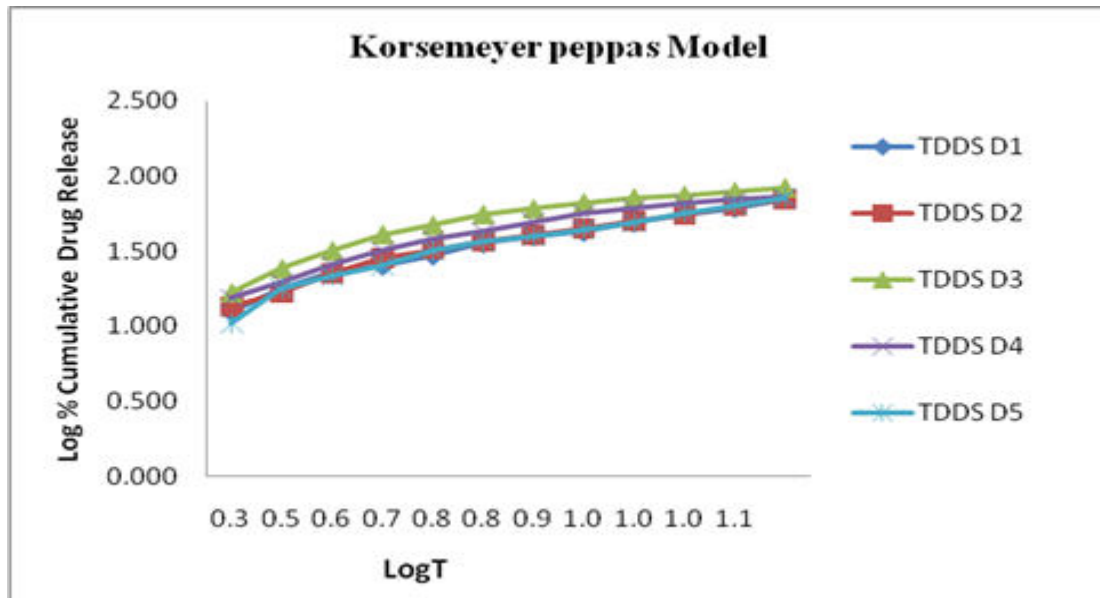


Figure 7 Kors Meyer Peppa's graphs of Drotaverine HCL Transdermal Patches