Design and *in vitro* evaluation of alginate beads of ambroxol hydrochloride

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ABSTRACT

Oral slow and sustained release drug delivery system can release their drug content with a controlled manner, producing a desirable blood serum level, reduction in drug toxicity and improving the patient compliance by prolonging dosing intervals. The major drawback of orally administered drug like ambroxol as mucolytic agent in a variety of respiratory disorders has a shorter biological half-life. To overcome these drawbacks, an attempt has been made to develop a sustained release dosage form of ambroxol embedded alginate microbeads prepared by ionotropic gelation technique. The beads were characterized for its particle size, drug content and *in vitro* release studies. The results revealed that the surface adhering drug was found to release immediately and a steady state of release was obtained up to 12 h from all the batches. The results indicated there was an inverse relationship between the concentration of alginate and drug release. The drug release was found to follow non-fickian diffusion obeying first order kinetics.

**Key words:** Sodium alginate, ambroxol, microbeads, ionotropic gelation technique and peppa’s model

INTRODUCTION

Ideally, a drug delivery system release the drug in the right body compartment at the rate required for a specific treatment. Most available drug delivery system use biodegradable, biocompatible and natural biopolymers and are capable of rate and (or) time controlled drug release. Considerable research effort is being spent on oral sustained drug delivery system, with majority of this system being solid dosage form1-2. Researchers developed various sustained release dosage forms by embedding the drug in agar and forming a gel. Beads loaded with antibiotics would be useful for oral delivery to treat gastric disease such as peptic ulcer and for the ulcerative colitis, carcinomas and infections of the intestine. In addition, sustained systemic absorption specifically in the intestinal region offers interesting possibilities for the treatment of diseases such as asthma, arthritis or inflammation. Sodium alginate is widely used in various files of application due its remarkable mechanical and hydrogel forming properties3. Ambroxol, a mucolytic agent has been used for decades as a secretion releasing expectorant in the treatment of variety of respiratory disorders. This drug has a shorter half life 4 h that requires frequent daily dosing and chronic respiratory diseases necessitates its formulation into a sustained release dosage form. Once or twice daily administration of controlled release preparations is recommended and improves patient compliance. In this study an attempt has been made to develop a sustained release dosage form by formulating ambroxol embedded alginate microbeads by ionotropic gelation technique. These microbeads were characterized for its particle size, drug content and *in vitro* drug release studies. An attempt was also made to understand the mechanism involved in the release kinetics of alginate microbeads.

MATERIALS AND METHODS

Ambroxol was obtained as the gift sample from Sipali Chemicals, Chennai. Sodium alginate (AR grade) was purchased from S.D. Fine Chemicals, Mumbai. Calcium
Table 1. Characteristics of ambroxol microbeads

<table>
<thead>
<tr>
<th>Formulation code</th>
<th>Drug content (mg)</th>
<th>Particle Size (mm)</th>
<th>First order plot</th>
<th>Peppa's</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMB-I</td>
<td>82.17±1.1</td>
<td>0.77±1.2</td>
<td>1.2363×10^{-3}</td>
<td>0.9881</td>
</tr>
<tr>
<td>AMB-II</td>
<td>88.16±1.2</td>
<td>0.82±1.1</td>
<td>1.3521×10^{-3}</td>
<td>0.9799</td>
</tr>
<tr>
<td>AMB-III</td>
<td>90.24±0.9</td>
<td>0.84±0.9</td>
<td>1.3204×10^{-3}</td>
<td>0.9789</td>
</tr>
<tr>
<td>AMB-IV</td>
<td>92.28±0.7</td>
<td>0.98±1.3</td>
<td>1.3323×10^{-3}</td>
<td>0.9976</td>
</tr>
<tr>
<td>AMB-V</td>
<td>95.87±0.8</td>
<td>1.31±1.2</td>
<td>1.3568×10^{-3}</td>
<td>0.9969</td>
</tr>
</tbody>
</table>

n=3±S.D

Figure 1. Scanning electron micrograph of ambroxol microbeads

Figure 2. Comparative *in vitro* release profiles of ambroxol from microbeads AM–I (♦), AM–II (■), AM–III (▲), AM–IV(×) and AM–V(†). Samples withdrawn at different time intervals and the drug was estimated by UV spectrophotometer.
chloride was obtained from Ranbaxy Laboratories, Delhi. All other chemicals used in the present study were of AR grade.

Preparation of ambroxol embedded alginate microbeads

Ambroxol embedded alginate microbeads (AMB) were prepared by ionotropic gelation technique\(^5\). An aqueous solution of various concentration of sodium alginate (0.5, 1, 1.5, 2, and 2.5\% w/v) was prepared using distilled water with vigorous stirring and heating to form a clear solution. To this solution, the drug ambroxol (2\%w/v) was added and stirred continuously until a uniform suspension was obtained. The suspension was extruded into a beaker containing calcium chloride (2\%) using a 5 ml of hypodermic syringe with 18 gauze needle and stirred at 100 rpm for 15 min. After extrusion the beads were washed with water allowed to solidify for a period of 30 min and dried at room temperature for 24 h and coded as AMB-I (0.5\%), AMB-II (1.0\%), AMB-III (1.5\%), AMB-IV (2.0\%), and AMB-V (2.5\%).

Estimation of drug content and particle size of microbeads

Four portions each containing 50 mg were randomly picked from the prepared samples and placed in phosphate buffer (pH 7.4). The resulting mixture was agitated using a mechanical stirrer for a period of 24 h to determine the amount of ambroxol. After 24 h the samples were filtered, suitably diluted and spectrophotometrically measured at 248 nm. The estimation was done in triplicate to determine the uniformity of drug content with low coefficient of variation. A random sample of 50 microbeads was taken and sizes were determined by using vernier caliper in triplicate. The sizes of the alginate microbeads were found to be in the range of 0.77\pm1.2 to 1.31\pm1.1 mm in diameter. The surface of the alginate beads was found to be spherical and smooth in nature (figure 1). The drug content in the microbeads was found to be in the range of 82.17\pm1.1 to 95.87\pm0.8\%. Ambroxol release from the microbeads was studied in 900 ml of 0.1 N HCl and phosphate buffer (pH 6.8) for 12 h (figure 2). The cumulative percentage of drug release from the microbeads was found to be 84.71\pm1.2 to 96.15\pm1.1\%. From the release profiles, it was observed that the drug present at the surface was found to be released immediately. It was observed that the release was found to be uniform and constant during the study period. These findings suggested that the gel strength of the alginate played a vital role in controlling the drug release. Also, the release of drug from the prepared microbeads was found to decrease as the concentration of alginate was increased\(^6\). This could be due to the gel strength of alginate in microbeads, which retards drug release from the microbeads. Further, it can be supported by the fact that the release of drug from microbeads controlled by the increasing the concentration of alginate. In order to predict and correlate the release behavior of dissolution data were fitted according to well-known exponential equation\(^7\), which is often used to describe the drug release behavior from polymeric system.

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m/m_\infty = k t^n
\]

Where, \(m/m_\infty\) is the fractional release of the drug, \(t\) is the time, ‘\(k\)’ is a constant which indicates the properties of a macromolecular polymeric and ‘\(n\)’ is the release exponent indicative of the mechanism of release. The ‘\(n\)’ values used for analysis of drug release mechanism from the ambroxol microbeads were determined from log (\(m/m_\infty\)) vs log (\(t\)) plots. To calculate the release constant ‘\(k\)’ the logarithm of remaining ambroxol in microbeads is plotted versus time. Table 1 shows the values of ‘\(k\)’, ‘\(n\)’ and ‘\(r\)’ for four batches are reported, and the ‘\(n\)’ values were in the range of 0.5233 to 0.6488. The results of the kinetic analysis revealed that the release of
ambroxol from alginate microbeads followed non-fickian diffusion obeying first order kinetics.

CONCLUSION

Formulation and evaluation of sustained release microbeads containing ambroxol was found to be potential, cost effective and satisfactory in vitro release studies. In turn, it may enable to release the drug in a sustained manner for prolonged period of time and thereby accompanying some of the benefits like reduction in total done, frequency of administration, dose related side effects and better patient compliance.

REFERENCES

2] Lauwo, JAK, Agarwal, DK and Emenike, IV. Some pharmaceutical studies on sustained release coprecipitation of ampicillin trihydrate with acrylin resin (Eudragit (R) RS), Drug Dev Ind Pharm, 16, 1990, 1375-1389.

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