Preparation and Evaluation of Ethyl Cellulose Coated Microcapsules of Gliclazide for Controlled Release

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The objective of the study is to prepare and evaluate ethyl cellulose coated microcapsules of gliclazide for controlled release. Ethyl cellulose microcapsules of gliclazide were prepared by an industrially feasible emulsification-solvent evaporation method and were evaluated for controlled release. These microcapsules were spherical, discrete, free flowing and multi-nucleate monolithic type. Microencapsulation efficiency was in the range 95-101 %. Gliclazide release from the microcapsules was slow over 24 h and depended on core:coat ratio, wall thickness and size of the microcapsules and was performed by non-fickian diffusion mechanism. Good linear relationship was observed between wall thickness of the microcapsules and release rate. Ethyl cellulose was found suitable as a microencapsulating agent for gliclazide and the ethyl cellulose microcapsules exhibited good controlled release characteristics and were found suitable for once-a-day administration of gliclazide.

Key Words: Ethyl cellulose, Microencapsulation, Controlled release, Gliclazide.

INTRODUCTION

Controlled release drug delivery systems are aimed at controlling the rate of drug delivery, sustaining the duration of the activity and targeting the delivery of the drug to the tissue. Drug release from these systems should be at a desired rate, predictable and reproducible. Microencapsulation and microcapsules are widely accepted for controlled release. Polymers and release retarding materials used as coat plays vital role in controlling the drug release from the microcapsules. Microencapsulation by various polymers and their applications are described in standard text books^{1,2}. Ethyl cellulose is reported^{3,4} as an effective microencapsulating agent for controlled release. Gliclazide is an effective oral anti-diabetic agent that belongs to the sulfonylureas drug class. The recommended daily dosage of gliclazide is 30-120 mg in divided doses 2 to 3 times a day. The drug causes

gastro-intestinal disturbances such as gastric pain, constipation, nausea and vomiting if present in larger concentration in g.i. tract. Controlled release formulation is needed⁵ for gliclazide for better control of blood glucose levels to prevent hypoglycemia and enhance clinical efficacy, to reduce g.i. disturbances and to enhance patient compliance. A few controlled release formulations of gliclazide are available commercially.

The objective of the present investigation is to prepare and evaluate ethyl cellulose coated microcapsules of gliclazide for controlled release. Ethyl cellulose microcapsules containing gliclazide were prepared by an industrially feasible method of microencapsulation and the microcapsules were evaluated for controlled release of gliclazide.

EXPERIMENTAL

Gliclazide was a gift sample from M/s Ranbaxy Research Laboratories, Gurgaon. Ethyl cellulose (having an ethoxyl content of 47.5 % by weight and a viscosity of 22 cps in a 5 % concentration by weight in a 80:20 toluene-ethanol solution at 25 ºC), chloroform (Merck), sodium carboxy methyl cellulose (sodium CMC with a viscosity of 1500-3000 cps of a 1 % (w/v) solution at 25 \degree C, Loba-Chemie) were procured from commercial sources. All other materials used were of pharmacopoeial grade.

Preparation of microcapsules: Ethyl cellulose microcapsules containing gliclazide were prepared by an emulsification-solvent evaporation method employing chloroform as the solvent for the polymer.

Ethyl cellulose (2 g) was dissolved in chloroform (100 mL) to form a homogenous polymer solution. Core material, gliclazide (0.8 g) was added to the polymer (ethyl cellulose) solution (10 mL) and mixed thoroughly. The resulting mixture was then added in a thin stream to 200 mL of an aqueous mucilage of sodium CMC $(0.5 \% \text{ w/v})$ contained in a 500 mL beaker while stirring at 1000 rpm to emulsify the added dispersion as fine droplets. A medium duty stirrer (Remi Model RQT 124) was used for stirring. The solvent, chloroform was then removed by continuous stirring at room temperature (28 °C) for 3 h to produce spherical microcapsules. The microcapsules were collected by vacuum filtration and washed repeatedly with water. The product was then air dried to obtain discrete microcapsules. Different proportions of core to coat materials namely 9:1 (MC1), 8:2 (MC2) and 7:3 (MC3) were used to prepare microcapsules with varying coat thickness.

Estimation of gliclazide: Gliclazide content of the microcapsules was estimated by UV spectrophotometric method based on the measurement of absorbance at 229 nm in phosphate buffer of pH 7.4. The method was validated for linearity, precision and accuracy. The method obeyed Beer-Lambert's law in the concentration range 1-10 μ g/mL. When a standard drug solution was assayed repeatedly $(n = 6)$, the mean error (accuracy) 5910 Chowdary *et al. Asian J. Chem.*

and relative standard deviation (precision) were found to be 0.6 and 0.8 %, respectively. No interference from the excipients used was observed.

Characterization of microcapsules

Size analysis: For size distribution analysis, different sizes in a batch were separated by sieving, using a range of standard sieves. The amounts retained on different sieves were weighed.

Microencapsulation efficiency: Microencapsulation efficiency was calculated using the equation:

Scanning electron microscopy: The microcapsules were observed under a scanning electron microscope (SEM-LEICA, S340, UK). Microcapsules were mounted directly on to the SEM sample stub, using double sided sticking tape and coated with gold film (thickness 200 nm) under reduced pressure (0.001 torr).

Wall thickness: Assuming the microcapsules to be uniform and spherical, wall thickness of the microcapsules was determined by the method described by Luu *et al.*⁶ using the equation:

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h = \frac{\bar{r} (1-p)d_1}{3 [pd_2 + (1-p)d_1]}
$$

where h = wall thickness, \bar{r} = arithmetic mean radius of the microcapsule, d_1 = density of core material, d_2 = density of the coat material and 'p' = proportion of the medicament in the microcapsules. Mean radius of the microcapsules was determined by sieving. Densities were measured using petroleum ether as a displacement fluid at room temperature (28 ºC).

Drug release study: Drug release from the microcapsules was studied using 8-station dissolution rate test apparatus (Lab India, Disso 2000) employing a paddle stirrer at 50 rpm and at a temperature of 37 ± 1 °C. Phosphate buffer of pH 7.4 (900 mL) was used as dissolution fluid. A sample of microcapsules equivalent to 30 mg of gliclazide were used in each test. A 5 mL aliquot of dissolution medium was withdrawn through a filter (0.45 µm) at different time intervals and assayed spectrophotometrically by measuring absorbance at 229 nm. All drug release experiments were conducted in triplicate.

RESULTS AND DISCUSSION

Ethyl cellulose microcapsules of gliclazide could be prepared by an emulsification-solvent evaporation method employing chloroform as solvent for ethyl cellulose. The method involves emulsification of the polymer

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(ethyl cellulose) solution in chloroform containing the drug (gliclazide) in an immiscible liquid medium as micro droplets and removal of solvent by continuous stirring to form rigid microcapsules of ethyl cellulose. The microcapsules were found to be discrete, spherical and free flowing. SEM (Fig. 1) indicated that the microcapsules are spherical with smooth surface. The nature of the method of preparation indicates that the micro-capsules were multi-nucleated and monolithic type. The sizes could be separated and a more uniform size range of microcapsules could readily be obtained. A large proportion of microcapsules were in the size range 20/30 (50-60 %) and 30/50 (12-20%) mesh.

Fig. 1. SEM of ethyl cellulose microcapsules, MC1, (size 30/50) of gliclazide

Low c.v. $(< 0.5\%)$ in percent drug content indicates uniformity of drug content in each batch of microcapsules (Table-1). The microencapsulation efficiency was in the range of 95-101 %. Drug content of the microcapsules was found to be nearly the same in different sieve fractions. As the microcapsules are spherical, the theoretical mean thickness of the wall that surrounds the core particles in the microcapsule was calculated as described by Luu et al.⁶. Microcapsules prepared by employing various ratios of core:coat were found to have different wall thickness. Smaller microcapsules had thinner walls.

Gliclazide release from the microcapsules was studied in phosphate buffer of pH 7.4 (900 mL). Gliclazide release from the ethyl cellulose microcapsules was slow and spread over more than 24 h. The drug release parameters of various microcapsules are summarized in Table-1. The release data were analyzed as per zero order, first order, Higuchi⁷ and Peppas⁸

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TABLE-1 DRUG CONTENT, MICROENCAPSULATION EFFICIENCY, WALL THICKNESS AND RELEASE RATE OF ETHYL CELLULOSE COATED MICROCAPSULES OF GLICLAZIDE

*Figures in parentheses are coefficient of variation (c.v) values.

equation models. The correlation coefficient (R^2) values observed in fitting the release data into various kinetic models are given in Table-2. The drug release data more obeyed first order, Higuchi and Peppas equation models. When the release data were analyzed as per Peppas equation, the release exponent (n) was in the range 0.520-0.777 indicating non-fickian diffusion as the drug release mechanism from the microcapsules. Plots of per cent released *vs*. square root of time were found to be linear $(R^2 >$ 0.952) indicating that the drug release from the microcapsules was diffusion controlled. The release rate (K_0) depended on core:coat ratio, wall thick-

ness and size of the microcapsules. As the proportion of coat increased, gliclazide release rate decreased. The release rate increased as the size of the microcapsules decreased. Good linear relationship was observed between wall thickness of the microcapsules and drug release rate (K_0) (Fig. 2). As gliclazide release from the ethyl cellulose microcapsules, MC1 (size 30/50) was slow, controlled, complete and spread over 24 h, these microcapsules are considered suitable for controlled release of gliclazide over 24 h for once-a-day administration.

Fig. 2. Relationship between wall thickness and release rate (K_0) of ethyl cellulose microcapsules of gliclazide

Conclusion

(i) Spherical ethyl cellulose microcapsules of gliclazide could be prepared by the emulsification-solvent evaporation method developed. The method is industrially feasible as it involves emulsification and removal of the solvent, which can be controlled precisely. (ii) Microencapsulation efficiency was in the range 95-101 %. (iii) Gliclazide release from the ethyl cellulose microcapsules was slow and extended over 24 h and depended on core : coat ratio, wall thickness and size of the microcapsules. Drug release from these microcapsules was by non-fickian diffusion mechanism. (iv) Good linear relationship was observed between wall thickness of the microcapsules and release rate. (v) Ethyl cellulose was found suitable as a microencapsulating agent for gliclazide and the ethyl cellulose microcapsules exhibited good controlled release characteristics and were found suitable for once-aday (24 h) administration of gliclazide.

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