

Formulation and Evaluation of Topical Anti Fungal Gel Containing Econazole Nitrate

Yashraj Mundada^{*},Gitanjali Chavan, Naresh Jaiswal, Krushna Zambare, Maya Sonwane

SBSPMs B.Pharmacy College, Ambajogai, Maharashtra, India

Date of Submission: 10-06-2021	Date of Acceptance: 25-06-2021
ABSTRACT	dermatologicalproblems. Thephysicianshave awidec
Objective: Thepresent researchhasbeen	hoicefor
undertakenwiththe aimtodevelop a	treatmentfromsoliddosagetosemisoliddosageforman
topicalgelformulation of Econazole	dtoliquiddosageformulation. Among thetopical
Nitrate.Econazole Nitrateisan	formulation, clear
imidazolederivativeandusedforthetreatmentoflocala	transparentgelshavewidelyacceptedinbothcosmetics
ndsystemicfungalinfection.TheoraluseofEconazole	and
Nitrate	pharmaceuticals[1].Topicaltreatmentofdermatologi
isnotmuchrecommendedCommerciallyEconazole	caldiseaseas
Nitratetopicalgelpreparationarenotavailableinthema	wellasskincare, awide variety of vehicle ranging froms
rket, thus this formulation is made for better patient	olidstosemisolidsandliquidspreparationsisavailablet
compliance andtoreduce	ocliniciansand
thedoseofthedrugandtoavoidthesideeffectslikeliverd	patients.Withinthemajorgroupofsemisolidpreparati
amageandkidneydamage.	ons, the use of transparent gels has expanded both incos
Methods: Thegelwasformulated by changing the poly	meticsandin
merratio.Variousformulation(F1 to	pharmaceuticalpreparation[2].Formanydecadestreat
F12)weredevelopedbyusingasuitable	mentofan
polymer(carbopol934p,Sodium alginate, DMSO	acutediseaseorachronicillnesshasbeenmostlyaccom
,HPMC, Triethanolamine).Theformulation	plishedbydeliveryofdrugstopatientsusingvariouspha
wasevaluated for % drug content, Clarity,	rmaceuticaldosageforms, including tablets, capsules,
ph,spreadability,Extrudability	pills,suppositories,cream,gel,
andviscosityinvitrodrug	ointments, liquids, aerosols and injectable, as drug carri
releasestudy, stability testing.	ers.Deliveryofdrugstotheskinisaneffectiveandtarget
Results: Viscositystudies of various formulations revea	edtherapyforlocal
ledthatformulationF5wasbettertocomparetoothers.Fr	dermatologicaldisorders. Thisrouteofdrugdeliveryha
omamongallthedevelopedformulation,F7	sgained popularitybecauseitavoidsfirst-
showsbetterdrugdiffusion,didgoodRheologicalprope	passeffects,gastrointestinal irritation,
rties.pHoftheF9formulationissufficientenoughtotreat	andmetabolicdegradation associated withoral
theskininfections.	administration.Duetothefirstpasteffect,only25-
Results indicated that the concentration of carbopol-	45% of the orally
934andHPMCK4Msignificantlyaffectsdrugreleasean	administereddosereachesthebloodcirculation.Inorde
drheologicalpropertiesofthegels.	rtobypass
Conclusion: Itwasconcluded that formulation F2	these disadvantages, the gelformulations have been pro
AND	posedasa
F7wasthebestformulationamongthisformulation.	topicalapplication.Gelsaredefinedas"semisolidsyste
Keywords:Econazole Nitrate,	minwhicha
Carbopol934p,HPMC ,DMSO	Iquidphaseisconstrainedwithinapolymericmatrixin
	whicha highdegreeofphysicalandchemicalcross-
I. INTRODUCTION	linkingintroduced".

 $\label{eq:constraint} Fungalinfection of the skin is now adays one of the common \\ mon$



International Journal of Pharmaceutical Research and Applications Volume 6, Issue 3 May - June 2021, pp: 1377-1383 www.ijprajournal.com ISSN: 2249-778

Econazole

Nitrateisasyntheticantifungalagentoftheimidazolecl ass;it

worksbyslowingthegrowthoffungithatcauseinfectio n.Itisused

totreatfungalinfection. Triazoledrugtargetsthefungal -specificsynthesisofmembranelipids. Alkylation of imidazole (2) with bromoketone (1) prepared from o,p-dichloroacetophenone affords the displacement product(3). Reduction of ketone with sodium bromohydride gives the corresponding alcohol(4). Alkylation of the alkoxide from alcohol with pchlorobenzyl chloride leads to Econazole (5).

II. MATERIALS AND METHODS[5,6] Material

Econazole

Nitrate,HPMC,carbopol934,triethanolamine,Methyl paraben,DMSO,Sodium alginate, water.

Method

It is performed by cold mechanical method Polymer(likeCarbopol934porHPMC)andpurifiedw aterwere

taken in a beaker and allowed to so a k for 2h. To this required

 $amount of drug (2gm) was dispersed in water and then Ca\ rbopol$

934porHPMCwasthenneutralizedwithsufficientqua ntityofTriethanolamine.Then approx. quantity of DMSO was added which behaves as penetration enhancer. Methylparaben as preservativeswereaddedslowlywithcontinuousgentl ystirringuntilthehomogenous gelwasformed.

Constituents	<u>F1</u>	<u>F2</u>	<u>F3</u>	<u>F4</u>	<u>F5</u>	<u>F6</u>	<u>F7</u>	<u>F8</u>	<u>F9</u>	<u>F10</u>	<u>F11</u>	<u>F12</u>
Econazole nitrate (gm)	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Sodium Alginate (gm)	1	-	-	0.5	0.25	0.75	-	-	-	0.5	0.25	0.75
HPMC K4M (gm)	-	1	-	0.5	0.75	0.25	0.5	0.25	0.75	-	-	-
Carbopol 934 (gm)	-	-	1	-	-	-	0.5	0.75	0.25	0.5	0.75	0.25
Triethanolami ne(ml)	.023	.023	.023	.023	.023	.023	.023	.023	.023	.023	.023	.023
DMSO (ml)	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2
Methyl Paraben (mg)	15	15	15	15	15	15	15	15	15	15	15	15
Water upto 100ml												

Table1:Optimizedformulaeof Econazole Nitrate gel

EvaluationofEconazole Nitrate gels Drugcontent

Weighed10gmofeachgelformulationweretransferre din250ml

of the volumetric flask containing 20 mlofal coholands tirred for 30 min. The volume was made up to 100 ml and filtered. 1 mlof the above solution was further diluted to 10 ml with alcoholand again 1 mlof the above solution was further diluted to 10 ml with alcohol.

Theabsorbanceofthesolution

wasmeasuredspectrophotometricallyat260nm.Dru gcontentwascalculatedbythefollowingformula

DeterminationofPh

Weighed50gmofeachgelformulationweretransferre din10mlof

thebeakerandmeasureditbyusingthedigitalpHmeter. pHofthe topicalgelformulationshouldbebetween3– 9totreattheskin infections.

DOI: 10.35629/7781-060313771383 | Impact Factor value 7.429 | ISO 9001: 2008 Certified Journal Page 1378



Spreadability

Thespreadabilityofthegelformulationwasdetermine d,by

measuringthediameterof1gmgelbetweenhorizontalp lates(20×20cm2)after1minute.Thestandardizedweig httiedonthe upperplatewas125gm.

Extrudability

Thegelformulationswere filled into a collapsible metal tubeor

aluminium collapsible tube. The tube was pressed to ext rude the

materialandtheextrudabilityoftheformulationwasch ecked.

Viscosityestimation

The viscosity of gelwas determined by using a Brook field viscometer DVII model with a T-

 $Barspindle in combination with a helipath \, stand.$

$a) {\small \textbf{Selection of spindle}}: Spindle T95$

wasusedforthemeasurement ofviscosityofallthe gels.

b)**Samplecontainersize**:Theviscositywasmeasured using50gm of gel filledin a 100mlbeaker.

c)Spindleimmersion:TheT-

barspindle(T95)waslowered

perpendicularinthecentretakingcarethatspindledoes nottouch thebottomofthejar.

d)Measurementofviscosity:TheT-

barspindle(T95) was used for determining the viscosity of the gels. The factors like temperature,

pressureandsamplesizeetc.Whichaffecttheviscosityw asmaintainedduring theprocess. ThehelipathT-barspindlewas

movedupanddowngivingviscositiesatanumberofpoin tsalongthepath.

Thetorquereading was always greater than 10%. The ave rage of three readings taken in one minute was noted as the viscosity of gels.

Invitrodiffusionstudy

In-vitro diffusion study was carried out for 4 hours using diffusion cell. The cumulative % amount of the drug release from the gel at the end of 240 mins was found to be 99.29 % in formulation F7 containing 0.5% w/w of Carbopol and HPMC K4M each. The cumulative % amount of the drug release from the gel at the end of 240 mins was found to be 75.01 % in formulation F12 containing 0.75% w/w of Sodium alginate and Carbopol 0.25% w/w.Individual gel formulations F1, F2 and F3 prepared by using 1% w/w of Carbopol, HPMC K4M and Sodium alginate. Showing the release of 93.71%, 97.58 and 92.55. Amongst which F2 showed the best and highest release of 97.58% was selected. In combination formulation F4, F7 and F10 (0.5% w/w of Carbopol, HPMC k4M and Sodium alginate) which showed the release of 90.95%, 99.29% and 78.53% out of which F7 was considered the best formulation for showing the release of 99.29%. Combination formulation F5, F8 and F11 (0.25% w/w of Carbopol, HPMC K4M and sodium alginate) which showed the release of 93.16%, 96.38 and 88.43%. out of which F8 showed the best release of 96.38%Combination formulation F6, F9 and F12 (0.75% w/w of Carbopol, HPMCK4M and sodium alginate) which showed the release of 90.14%.89.74% and 75.01%, out of which F6 showed the best release of 90.14%.

FORMULATION	% DRUG
CODE	CONENT
F1	98.5%
F2	98.4%
F3	98.1%
F4	98.3%
F5	98.6%
F6	98.7%
F7	98.4%
F8	98.1%
F9	98.4%
F10	98.5%
F11	98.2%
F12	98.0%

III. RESULTS AND DISCUSSION

Table2:Percentdrug content ofgelformulations



FORMULATION CODE	pН
F1	6.8
F2	6.5
F3	6.7
F4	6.9
F5	6.2
F6	6.1
F7	6.6
F8	6.9
F9	6.3
F10	6.6
F11	6.9
F12	6.2

Table3:pHofgelformulations

FORMULATION CODE	VISCOSITY
F1	8952
F2	8120
F3	8631
F4	8222
F5	9321
F6	8887
F7	8140
F8	8824
F9	9113
F10	8871
F11	8952
F12	8761

Table4:Viscosityofgelformulations

FORMULATION CODE	SPREADABILITY
F1	18.60±0.0113
F2	24.9±0.0150
F3	18.03±0.0153
F4	25.80±0.0249
F5	28.20±0.052
F6	22.03±0.0301
F7	27.52±0.0262
F8	25.45±0.0150
F9	18.04±0.0112
F10	23.08±0.0053
F11	22.31±0.022
F12	18.70±0.0200

Table5:Spreadabilityofgelformulations



FORMULATION CODE	EXTRUDABILITY
F1	++
F2	+++
F3	++
F4	++
F5	++
F6	++
F7	+++
F8	++
F9	+
F10	++
F11	++
F12	++

Table6:Extrudabilityofgelformulations

Excellent (+++), Good(++), Average(+), Poor(-)

IV. CONCLUSION

Variousformulation(F1

ТО

F12)weredevelopedbyusinga suitablepolymer (carbopol934pandHPMC). Preformulation studies on EN comply with the reported literature limits.The adopted method yielded uniform and reproducible release gel prepared using EN.The Average drug content, spreadability, viscosity, extradurbality, washability and in-vitro release were uniform and reproducible. The release was directly proportional to concentration of polymers used. The adopted methods vielded uniform and reproducible gel formulations with all the polymers used.Gel formulations prepared with carbopol 934 and HPMC K4M showed good homogeneity, no skin irritation, good stability, and antifungal activity. However, the carbopol 934 and HPMC k4m based gel proved to be the formula of choice, since it showed the highest percentage of drug release and good rheological properties. In-vitro release rate studies showed that the drug release were maximum from formulations F2 (containing 1% w/w of HPMC polymer) that is 97.58% and F7 (containing combination of 0.5% w/w Carbopol + 0.5 % w/w HPMC K4M polymers) that is 99.29%.It can be concluded from the present investigation that proper selection of polymers and drug is a prerequisite for designing and developing a topical drug delivery system. The IR and UV studies suggest that polymer selected i.e Carbopol 934, HPMC, sodium alginate were found to be compatible with the drug EN. The varying concentrations of the three polymers were found to affect the gel parameters like drug release, spreadability and its viscosity. Overall formulation F2 (containing 1% of HPMC polymer) and F7 (containing combination of 0.5% Carbopol + 0.5 %

	1
FORMULATION CODE	CLARITY
F1	++
F2	+++
F3	++
F4	+
F5	++
F6	+
F7	++
F8	++
F9	+
F10	++
F11	++
F12	+

Table7: Clarity of gelformulations

HPMC K4M polymers) based on diffusion release, viscosity and antifungal activity were found to be an excellent gels. The Selected best formulations F2 and F7 were found to follow zero order release followed by non fickian diffusion control mechanism (Higuchi's model). The combination of EN Carbopol 934, HPMC with DMSO provides results and no side effects such as skin irritation. All formulation containing triethanolamine, which act as a not only preservative but it also, acts as slight penetration enhancer didn't show any kind of interaction. Anti-fungal effects of gels had been observed just in 72 hours after inoculation. The % zone of inhibition of selected formulation F2 and F7 tested in Candida albicans was found to be good when compared to econazole nitrate alone.All the formulations were found to be stable over the storage period.

V. SUMMARY

In the present study an attempts were made to formulate and evaluate topical gels of Econazole Nitrate. In our preliminary study the standardization of Econazole Nitrate was carried out for purity and identity. Estimation of Econazole Nitrate was done in phosphate buffer pH 7.4 spectrophotometrically at 220nm. The formulation studies include identification, melting point, pH, solubility and In-vitro release studies were carried out. The gels of all formulation have acceptable physical parameters. The gels prepared by cold mechanical method showed drug content in the range of 98 ±0.0147 %, 98.9 ±0.0146%, in-vitro diffusion release of 88.43% to 99.29 %, viscosity was found in between 8874 cps to 9856 cps, Spreadability was found to be between 18.08 ±0.0152 to 27.72 ±0.0264,pH ranging between 6 to

DOI: 10.35629/7781-060313771383 | Impact Factor value 7.429 | ISO 9001: 2008 Certified Journal Page 1381



6.9. All the gels were evaluated for their appearance, pH, drug content, rheological properties, in-vitro release, stability studies and antifungal activity. Visually Carbopol gels were sparkling & transparent, HPMC gels were translucent, sodium alginate gels were translucent. The pH range of Carbopol gels, HPMC gels and sodium alginate gels were found to be suitable for topical application. The drug content of formulated gels found in the range of 98.1% and 98.96% respectively. The viscosity measurement was done for selected gels using Brookfield viscometer at room temperature.Which was found between8874 cps to 9856 cps.Anti-fungal activity of selected best gels was compared with Econazole nitrate using Candida albicans using cup plate method. The percentage of zone of inhibition observed for carbopol and HPMC in 0.5% w/w each and carbopol 1% w/w alone showed good results

SCOPE OF STUDY

Further studies can be carried out by using different proportions and different combination of natural, synthetic and semisynthetic polymers with econazole nitrate by other methods method. The work can be extended to in-vivo studies by using Rabbit as animal model.

AUTHORSCONTRIBUTIONS

All the authorhavecontributed equally **CONFLICTOFINTERESTS** Declared none

REFERENCES

- [1]. ProvostC.Areviewontransparentoilwatergels.IntJCosmetSci1986;8:233-47.
- [2]. Sushil R, Vaibhav U, Avinash G, Santosh B, Shrishail P et.al., Development, Characterisation and Investigation of antiinflammatory potential of valdecoxib topical gel. J sciind res 2012;71:273-8.
- [3]. Nirmal HB, Bakliwal SR, Pawar SP. In-situ gel: new trends in controlled and sustained drug delivery system. Int journal of pharm tech res. 2010;2(1):1398-1408.
- [4]. Ankur J, Piyusha D, Naveen V, Jitendra C, Hemant K et.al., Development of antifungal emulsion based gel for topical fungal infection(s). Int journal of pharm. res and dev 2003;2(12):18-19.
- [5]. Pfaller MA, Sutton DA. In-vitro activity of sertaconazole nitrate in the treatment of superficial fungal infections. Diagnostic

microbiology and infectious disease 2006; 56:147-52.

- [6]. Bloch B, kretzel A. Econazole nitrate in the treatment of candidal vaginitis. South African med jou 1980; 23:314.
- [7]. MitkariBV ,Korde SA, Mahadik KR, Kokare CR . Formulation and evaluation of topical liposomal gel for fluconazole. In jour of pharm educ and res 2010;44(1)324-32.
- [8]. Swamy NG, Mazhar P, Zaheer A. Formulation and evaluation of diclofenac sodium gels using sodium carboxymethylhydroxypropyl guar and hydroxypropyl methylcellulose. In jour of pharm ed and res2010;44(4)310-14.
- [9]. Abhijeet P, Jui V, Polshettiwar SA. Formulation and evaluation of in-vitro antimicrobial activity of gel containing essential oils and effect of polymer on their antimicrobial activity.Inter jour of pharm and pharmaceutical sci 2011:3(1):235-6.
- [10]. Naresh A, Vipin S, Vijay KB, Atul G, Monika H et.al., Lalit S, Aakash SP, Gajanan D, Dinesh KJ. Formulation and evaluation of fluconazole amphiphilogel. . Schl res lib 2011;3(5)125-31.
- [11]. Lalit S, Aakash SP, Gajanan D, Dinesh KJ. Formulation and evaluation of fluconazole amphiphilogel. Sch res library 2011;3(5)125-31.
- [12]. Ravi P, Raghavendra NG, Chowdary S. Formulation, evaluation and antiinflammatory activity of topical etoricoxib\gel. Asian J of pharm and clinical res 2010;3(1)126-8
- [13]. Loveleenpreet K, Prabhjot K. Formulation and evaluation of topical gel of meloxicam. Int J Res Pharm Chem 2014;4:619-23.
- [14]. PK Lakshmi, Marka KK, Aishwarya S, Shyamala B. Formulation and evaluation of ibuprofen topical gel: a novel approach for penetration enhancement. Int J Appl Pharma 2011;3:25-30.
- [15]. Joshi B, Gurpreet AC, Saini S, Singla V, Emulgel A. Comprehensive review on the recent advances in topical drug delivery. Int Res J Pharm 2011;2:66-70.
- [16]. Arun RR, Elwin J, Jyoti H, Sreerekha S. Formulation and evaluation of Ketoprofen solid dispersion incorporated topical gels, Eur J Biomed Pharm Sci 2016;3:156-64.
- [17]. Swetha CH, Sellappan VP, Narayana RG, Nagarjuna R. Formulation and evaluation of



clarithromycin topical gel. Int J Drug Dev Res 2013;5:194-202.

- [18]. Ganesh M, Gouri D, Vijay G. Formulation and evaluation of herbal gels. Int J Nat Prod Res 2012;3:501-5.
- [19]. Marwa HS, Ghada FM. Evaluation of topical gel bases formulated with various essential oils for antibacterial activity against methicillin-resistant staphylococcus aureus. Trop J Pharm Res 2013;12:877-84.
- [20]. Aejaz A, Azmail K, Sanaullah S, Mohsin AA. Formulation and invitro evaluation of aceclofenac solid dispersion incorporated gels. Int J Appl Pharm 2010;2:7-12.
- [21]. Barhate SD, Potdar MB, Nerker P. Development of meloxicam sodium transdermal gel. Int J Pharm Res Dev 2010;2:1-7.
- [22]. Bazigha AK, Eman AF, Sahar FA, Heyam SS, Saeed KA, Development and evaluation of Ibuprofen transdermal gel formulations. Trop J Pharm Res 2010;9:355-63.
- [23]. Akshata A Fulse,JSPM'sRajarshishahu College of pharmacy and research. Pune
- [24]. Jain S, Padsalg BD, Patel AK, Mokale V. Formulation,
- [25]. development and evaluation of fluconazole gel in various polymer bases. Asian J Pharm 2007;1:3-8.