

Formulation and Evaluation of Floating Microspheres of Losartan Potassium Using Sodium Alginate and Gum Acacia

Ms. Ekta*, Dr. Gurpreet Singh, Dr. Rajesh Sharma, Dr. Jeyabalan G., Dr. Praveen Goyal

M.Pharm. Research Scholar, Alwar Pharmacy College, M.I.A. Alwar, Rajasthan, India

** Corresponding Author*

Date of Submission: 01-05-2025

Date of Acceptance: 10-05-2025

ABSTRACT:

This research aimed to prepare gastroretentive floating microsphere of antihypertensive drug. Nine batches of gum acacia alginate-based microspheres of Losartan Potassium were formulated by ionic gelation technique, each having 50mg drug strength. (F1 - F9) Compatibility studies confirmed no interaction between drug & excipients. Prepared microspheres were evaluated for physicochemical characteristics, entrapment efficiency, mucoadhesion potential and in vitro drug release potential. The drug loading (%) and entrapment efficiency (%) was calculated and it was observed that entrapment efficiency ranges from 67.85% to 96.88%. Batch F5 having maximum entrapment efficiency of 96.88% and in this batch Sodium Alginate & Gum Acacia are present in the ratio of 0.5:1. Results of in vitro drug release of batch F5 was compared with release of pure drug and it was found that pure drug showed 99.56% release in 3hours and batch F5 showed 98.54% release in 24 hours. Batch F5 showed very good stability profile as well. It was observed that the formulated microspheres of Losartan Potassium (F5) were superior, economic and effective in achieving patient compliance.

Keywords: gastroretentive, microsphere, antihypertensive, Losartan, mucoadhesion.

I. INTRODUCTION:

Oral controlled release (CR) dosage forms (DF) have been extensively used to improve therapy of many important medications. Gastroretentive dosage forms (GRDFs) are a drug delivery formulation that are designed to be retained in the stomach for a prolonged time and release their active materials and thereby enable sustained and prolonged input of the drug to the upper part of the gastrointestinal (GI) tract [1,2]. This technology has generated enormous attention over the last few decades owing to its

potential application to improve the oral delivery of some important drugs for which prolonged retention in the upper GI tract can greatly improve their oral bioavailability and/or their therapeutic outcome [3-5].

Hypertension is the most common modifiable risk factor for cardiovascular diseases (CVD), stroke and renal failure [6]. It is the second leading cause of chronic kidney disease (CKD). It is estimated that more than one billion adults are hypertensive worldwide and this figure is projected to increase to 1.56 billion by the year 2025, which is an increase of 60 % from 2000. Cardiovascular diseases and Hypertension are accounting for loss of 4 % gross domestic product for low and middle income countries annually which is amounting 500 billion USD [7]. Clinical evidence suggests that lowering blood pressure (BP) with antihypertensive drugs reduces the risk of myocardial infarction, stroke, heart failure, revascularization procedures and end-stage renal diseases in hypertensive patients [8].

Losartan potassium is an orally active non-peptide angiotensin II receptor (type AT1) antagonist used in the treatment of hypertension due to blockade of AT1 receptors. It is readily absorbed from the stomach and upper part of small intestine. The main limitation which causes low therapeutic effectiveness is due to narrow absorption window, poor bioavailability (25-35 %) and short biological half-life (1.5- 2 h). Conventional tablets should be administered 3-4 times to maintain plasma drug concentration [9].

To increase therapeutic efficacy, reduce frequency of administration and for better patient compliance, twice daily-sustained release Losartan potassium gastroretentive dosage forms will be prepared. Losartan potassium belongs to the class III of BCS (Biopharmaceutical classification of system), exhibiting high solubility and low permeability. Hence, enhanced gastric retention

time of Losartan potassium controlled release dosage form will increase its absorption. Therefore, Losartan potassium is selected as a suitable drug for designing gastroretentive drug delivery system (GDDS) with a view to improve its oral bioavailability.

II. MATERIALS & METHODS:

2.1. Materials:

Losartan Potassium (API), was obtained as a gift sample from M/s. Micro Labs Ltd., Pondicherry and other excipients Gum acacia, Sodium alginate, Hydrochloric acid, Ethanol AR, Hexane LR, Calcium chloride, Magnesium chloride, Sodium chloride, Potassium chloride, Disodium hydrogen phosphate, Sodium bicarbonate, Sodium acetate, Sodium citrate were procured from R.S. Enterprises, Jaipur, India manufactured by Central Drug House (P) Ltd – CDH, New Delhi, India. All chemicals used were of analytical grade.

2.2 Methods:

2.2.1 Preformulation Studies:

The drug Losartan Potassium, selected for present study was identified using different methods reported in the literature viz. melting point determination, partition coefficient determination, determination of absorption maxima (λ_{max}), and drug excipient interaction studies.

2.2.2 Drug Polymer Interaction Studies

The drug was white in color and when blended with polymer, the appearance of the physical mixture remains the same. In case of storage at accelerated condition ($40\pm 2^\circ\text{C}$ and $75\pm 5\%$ RH), there was no significant change in the physical characteristics of the drug in the presence of the polymer in closed container.

2.2.3 Design of gum acacia-alginate microspheres:

Losartan Potassium loaded microspheres were formulated using ionic gelation technique. Briefly appropriate quantities of gum acacia and sodium alginate were dissolved in distilled water with continuous stirring to polymeric solution. The weighed quantity of metformin hydrochloride was dissolved in polymeric solution with continuous stirring. The ratio of polymer to drug was maintained as per shown in table. The resulting medicated polymeric solution was injected in 100 ml of 7% w/v calcium chloride solution using 24-G needle with continuous stirring at 2600 rpm using magnetic stirrer. The resulting polymeric dispersion was stirred for 30 minutes for crosslinking of alginate in presence of calcium ions. After stirring continuous stirring for specified time, the dispersion was kept in standing for 1 hour for complete crosslinking of polymer. After 1 hour the microspheres were collected by filtration, washed with double distilled water and finally dried in hot air oven at 40°C for 10 hours [10].

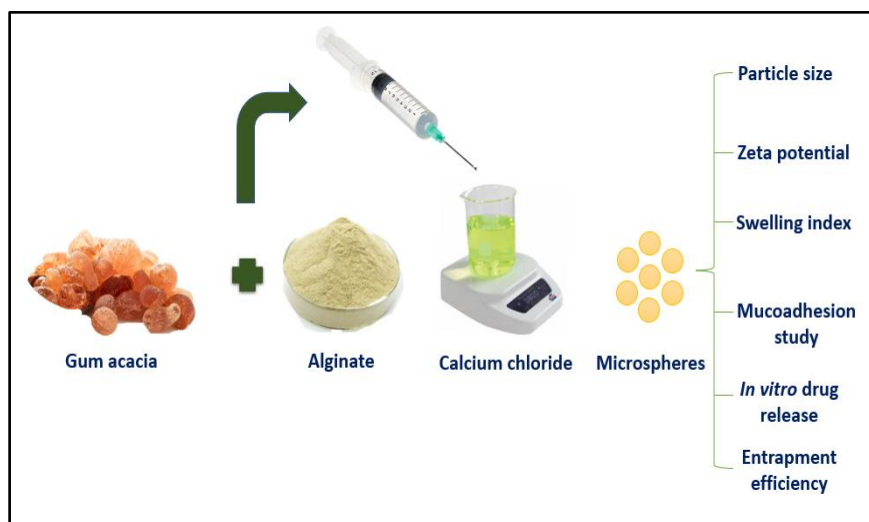


Figure 1: Overview of preparation and evaluation of gum-alginate microspheres

Table 1: Composition of different formulation of Losartan Potassium microspheres

Batch No.	Sodium Alginate (%w/v)	Gum Acacia (g)	Losartan (g)	% w/v CaCl ₂ Solution	rpm
F1	0.5	0.5	0.05	2%	2600
F2	1	0.5	0.05	2%	2600
F3	1.5	0.5	0.05	2%	2600
F4	2	0.5	0.05	2%	2600
F5	0.5	1	0.05	2%	2600
F6	1	1	0.05	2%	2600
F7	1.5	1	0.05	2%	2600
F8	2	1	0.05	2%	2600
F9	1	0	0.05	2%	2600

III. EVALUATION OF GUM ACACIA-ALGINATE MICROSPHERES

3.1 Percentage entrapment efficiency (EE %) and Drug Loading (%)

10 mg of floating beads were weighed and was dissolved in 10 ml of methanol with agitating at room temperature for 12 hours. Then it was filtered through wattmann's filter paper. The filtrate was assayed by spectrophotometrically at maximum wavelength (204nm). The drug loading (%) and entrapment efficiency (%) was calculated according to following relationship.

% Drug Loading = Weight of drug loaded in beads in gms / Weight of quantity of beads in gms

$$EE (\%) = WA/W_r \quad \dots(1)$$

Where:

WA = Actual drug content

W_r = theoretical drug content

The drug loading (%) and entrapment efficiency (%) was calculated and the results are shown in table 2. It was found that batch F5 showed 96.88% entrapment efficiency.

3.2. Percentage (%) yield

The prepared floating beads were collected and weighed. The measured weight was divided by the total weight of all the excipients and drug. The % yield was calculated using following formula

$$\% \text{ yield} = \text{Total bead weight} / \text{Total weight of all excipients} \dots(2)$$

The % yield was calculated and the results are shown in table. It was found that batch F5 showed maximum % yield. The drug loading (%) and entrapment efficiency (%) was calculated and the results are shown in table 2.

Table 2: Data representation of % yield and %EE of Aspirin containing Sodium Alginate beads

Formulation code	% Yield	%EE	Physical Appearance
F1	71.6	92.02	Oval
F2	73.3	85.57	Oval
F3	69.7	75.77	Round
F4	73.2	88.95	Round
F5	79.5	96.88	Round
F6	72.4	84.44	Oval
F7	73.1	80.67	Round
F8	71.2	74.42	Oval
F9	72.2	67.85	Round

3.3 In vitromucoadhesive and swelling behavior

Assessment of mucoadhesion potential and swelling ability of microspheres is essential evaluation parameter governing in vivo performance of microspheres based systems. The swelling behavior of microsphere in presence of phosphate buffer pH 6.8 has represented in figure 2. The microspheres showed increase swelling capability up to 6 hours with almost 67.67 %

swelling index. After the 6 hours swelling behavior of microspheres was progressively decline up to 12 hours. The reduction in swelling of microspheres after 8 hours could be due to slow erosion of polymer. The percent mucoadhesion of mucilage-alginate microspheres on porcine intestinal mucosa was found to be 68.61%. The formulated microspheres showed acceptable swelling and mucoadhesion capabilities [11].

Table 3: Swelling index of Gum acacia-alginate based microspheres microspheres

Time (Hrs.)	% Swelling
0	0
1	8.35
2	27.33
4	48.00
6	68.61
8	56.23
10	47.45
12	36.31

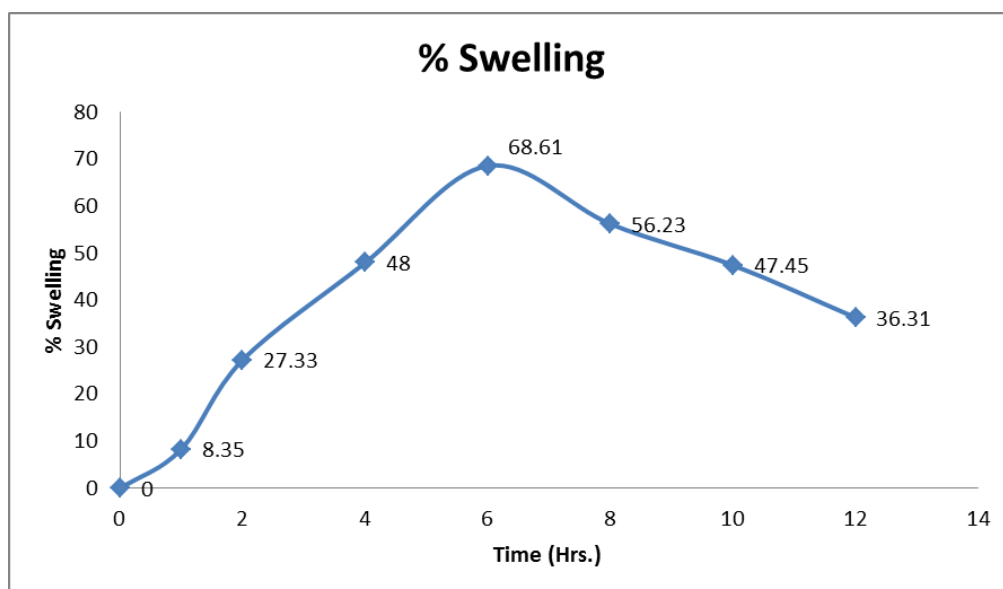


Figure 2: Swelling behavior of Gum acacia-alginate based microspheres

3.4 In-Vitro Drug Release Study [12,13]:

Dissolution studies were conducted to determine the release pattern of the product. Dissolution test for Drug was carried out as per USP method for dissolution test for tablets using LABINDIA DS-8000 apparatus-II. Dissolution medium used was 900ml of pH 1.2 HCl buffer rotating the paddle at 50 rpm with temperature $37^{\circ}\text{C} \pm 0.5^{\circ}\text{C}$. An aliquot of 5ml of samples were withdrawn at different time periods (1, 2, 4, 6, 8, 12, 16, 20, 24 hrs.). The samples were filtered

through nylon filters, suitably diluted and analysed at 204nm using double beam UV/Visible spectrophotometer (Shimadzu Corporation, UV-1601, Japan). The content of drug was calculated using equation generated from standard calibration curve. The dissolution study was continued for 24hours to get a stimulated picture if drug released in vivo condition.

Beads equivalent to weight 50 mg were taken and in-vitro dissolution study was carried

out. Results of In-vitro drug release of pure drug & F5 formulation showed in table 4 and fig. 3.

Table 4: Percentage drug release of pure drug (Losartan) and F5 formulation

Time	Drug release of Pure Drug	% Drug release of F5 formulation
0	0	0
0.25	38.9	10.54
0.5	51.11	19.59
1	77.61	25.59
2	92.75	36.69
3	99.56	44.07
4	-	50.01
5	-	58.9
6	-	61.91
7	-	67.53
8	-	73.66
10	-	78.64
12	-	83.01
14	-	88.73
16	-	92.17
24	-	98.54

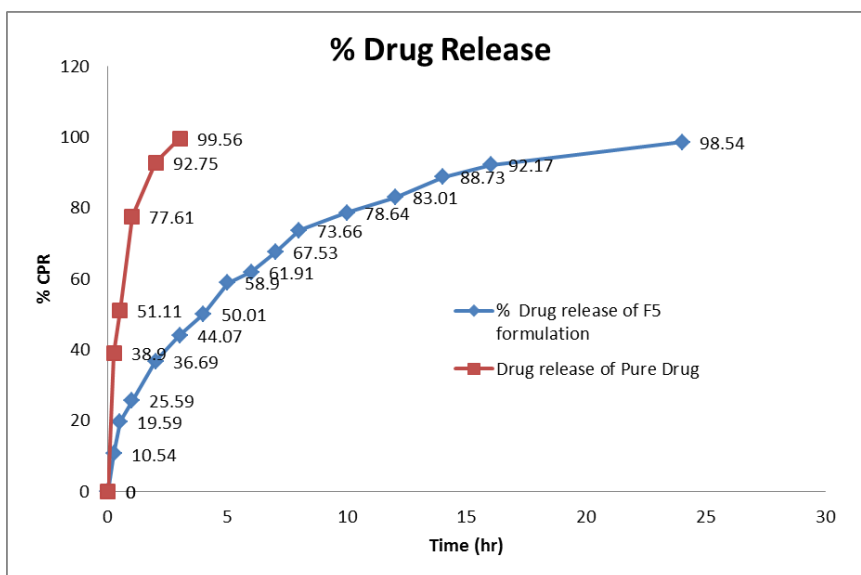


Fig 3: Percentage drug release of pure drug and Formulation

IV. IN VITRO RELEASE KINETICS [14]

In-vitro drug release kinetic study data of formulation F5 was given below.

The data obtained for in vitro release shown in Table 4 were fitted into equation for the

zero order, first order and Higuchi and Korsmeyerpeppas release models. The interpretation of data was based on the value of the resulting regression coefficients.

The zero order rates describes the system where the drug release independent of its concentration shows the cumulative amount of

drug release Vs time for zero order kinetics. The first order rate describes the release from systems where the release of drugs from a matrix as a square root of a time- dependent process based on Fickian diffusion.

The calculated regression coefficients for zero order, first order and higuchi models and

Korsmeyer were shown in Table 5 it was found that the in vitro drug release of F5 Formulation was best explained by higuchi model as the plot showed the highest linearity. **The value of R² found to be 0.984 highest for the Higuchi Model.**

Table 5: Kinetic equation parameter of F5 Formulation

Formulation code	Zeroorder		Firstorder		Higuchi		Peppas	
	R ²	Slope	R ²	Slope	R ²	Slope	R ²	Slope
F5	0.826	3.7362	0.847	-0.0824	0.968	21.348	0.984	0.4856

V. STABILITY STUDIES [15]

In order to assess stability, the microspheres were packed in wide mouth air tight glass container and stored at (40 ± 2°C and 75 ± 5% RH) for a period of 3 months. The tablets were withdrawn after a particular period of time, analyzed for physical appearance, entrapment efficiency, drug loading and % drug release.

VI. CONCLUSION

Nine batches of gum acacia alginate-based microspheres of Losartan Potassium were formulated by ionic gelation technique, each having 50mg drug strength. (F1 - F9) Prepared microspheres were evaluated for physicochemical characteristics, entrapment efficiency, mucoadhesion potential and in vitro drug release potential. The drug loading (%) and entrapment efficiency (%) was calculated and it was observed that entrapment efficiency ranges from 67.85% to 96.88%. Batch F5 having maximum entrapment efficiency of 96.88% and in this batch Sodium Alginate & Gum Acacia are present in the ratio of 0.5:1. Results of in vitro drug release of batch F5 was compared with release of pure drug and it was found that pure drug showed 99.56% release in 3hours and batch F5 showed 98.54% release in 24 hours. From this observation it was concluded that the formulated microspheres of Losartan Potassium (F5) were superior, economic and effective in achieving patient compliance.

REFERENCES:

- [1]. Nikita Dixit., Floating Drug Delivery System, J. Curr. Pharm. Res., 2011; 7(1): 6-20
- [2]. ShwetaArora., Javed Ali., AlkaAhuja., Roop K. Khar., SanjulaBaboota., Floating Drug Delivery Systems: A Review, AAPS PharmSciTech, 2005; 6(3): 372-390.
- [3]. Pallavi Pal., Vijay Sharma., Lalit Singh., A Review on Floating type Gastroretentive Drug Delivery System, IRJP, 2012; 3(4): 37-43.
- [4]. Hirtz J., The git absorption of drugs in man: a review of current concepts and methods of investigation. Br. J. Clin. Pharmacol., 1985; 19: 77S-83S.
- [5]. Nayak A.K., Maji R., Das B., Gastroretentive drug delivery systems: a review; Asian Journal of Pharmaceutical and Clinical Research, Vol.3 Issue 1, January-March 2010, 2-10.
- [6]. Go AS, Mozaffarian D, Roger VL, American Heart Association Statistics Committee and Stroke Statistics Subcommittee, et al. Heart disease and stroke statistics – 2014 update: A report from the American Heart Association. Circulation. 2013;129:e28–292.
- [7]. World Health Organization (WHO). A global brief on hypertension. Available at:http://www.who.int/cardiovascular_diseases/publications/global_brief_hypertension/en/.
- [8]. James PA, Oparil S, Carter BL, Eighth Joint National Committee (JNC 8) Members, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8), Supplemental Content. JAMA. 2014;311:507–20.
- [9]. Merck Sharp and Dohme Corp., a subsidiary of Merck & Co., Inc. Whitehouse station, NJ 08889, USA. 2011;9964305:1-16.



- [10]. Abrar A. Formulation and evaluation of microsphere of antiulcer drug using Acacia nilotica gum. *Int J Health Sci (Qassim)* 2020;14:10–7.
- [11]. Rajawat G, Shinde U, Nair H. Chitosan-N-acetyl cysteine microspheres for ocular delivery of acyclovir: Synthesis and in vitro/in vivo evaluation. *J Drug DelivSciTechnol* 2016;35:333–42.
- [12]. Dissolution Test. *Indian Pharmacopoeia*. Indian Pharmacopoeia Commission: Government of India, Ministry of Health and Family Welfare, Controller of Publications, Delhi. 2010;1:189-192.
- [13]. Dissolution. *United States Pharmacopoeia*. USP 30 NF 25. 711(1-4).
- [14]. Costa, P.; Manuel, J.; Sousa, L. Modeling and comparison of dissolution profiles: A review. *Eur. J. Pharm. Sc.* 2001;13:123-133.
- [15]. Lachman L, Lieberman HA, Kanig JL. *The Theory & Practice of Industrial Pharmacy*. Varghese Publishing House. 3rd Edition, Reprint 1991;760-803.