

# Formulation and Evaluation of Glibenclamide Immediate Release Tablets

Permula Praveen Kumar<sup>1</sup>, M. Shiroja<sup>2</sup>, Chandrasekhara Rao Baru<sup>3</sup>

<sup>1</sup>Assistant Professor, Chilkur Balaji college of Pharmacy, Aziz nagar, Moinabad, 500075, India  
permulapraveen[at]gmail.com

<sup>2</sup>Assistant Professor, Chilkur Balaji college of Pharmacy, Aziz nagar, Moinabad, 500075, India  
mshiroja[at]gmail.com

<sup>3</sup>Professor and Principal, Chilkur Balaji college of Pharmacy, Aziz nagar, Moinabad, 500075, India  
barupharma[at]gmail.com

**Abstract:** Glibenclamide Immediate delivery tablets were formed by utilizing a direct pressure strategy involving lactose as a diluent, PVP K 30 as fastener, croscarmellose sodium and crospovidone as deteriorating specialist and magnesium stearate and Aerosil as grease and glidant. Similarity reads were done for the actual combination and the medication was viewed as viable with all excipients utilized in various details. The mix was packed into tablets and was broken down for the boundaries like normal weight, deterioration, friability, thickness, and hardness. Detailing F12 containing crospovidone (7.5mg) shows a fast pace of crumbling when contrasted and different plans. The in-vitro disintegration profiles of F1 and F12 were viewed as per I.P (i.e.) 80% of medication has been delivered inside 30 min. However, the crumbling season of F12 was moderately low (9 sec) when contrasted with the F1 (29 sec) and inferred that F12 is a better plan with 7.5% of crospovidone as it showed in-vitro drug arrival of 100 per cent inside 30 min. Glibenclamide, also known as glyburide, is an antidiabetic medication used to treat type 2 diabetes. It is recommended that it be taken together with diet and exercise. It may be used with other antidiabetic medication. It is not recommended for use by itself in type 1 diabetes.

**Keywords:** Antidiabetic Medication, Disintegration profiles, croscarmellose sodium and crospovidone as deteriorating specialist

## 1. Introduction

- Diabetes mellitus is a gathering of metabolic infections wherein there are high glucose levels over a drawn-out period.
- Manifestations: Incessant pee, expanded thirst, and expanded craving.
- Long-haul entanglements: coronary illness, stroke, kidney disappointment, foot ulcers and harm to the eyes.

There are three primary sorts of diabetes mellitus:

- Type 1 DM results from the body's inability to create sufficient insulin
- Type 2 DM starts with insulin opposition

- Gestational diabetes is the third fundamental structure

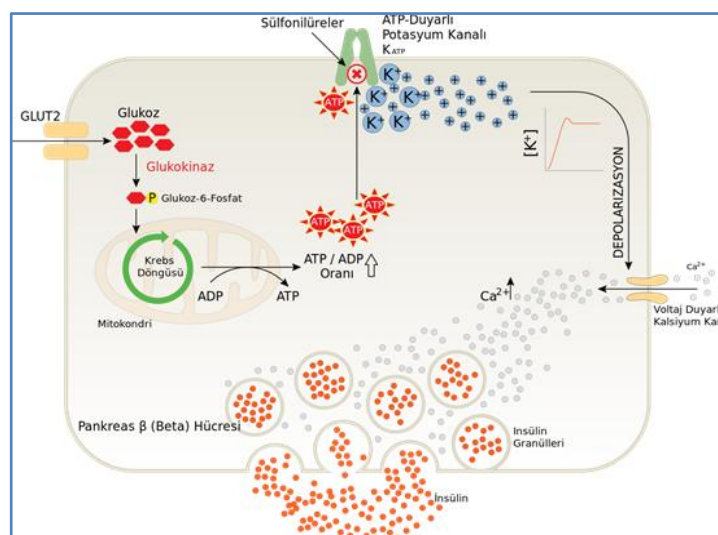
Treatment:

Type 1 diabetes should be made do with insulin infusions. Type 2 diabetes might be treated with drugs with or without insulin.

### Sulfonylureas

These drugs exert their hypoglycaemic effects by stimulating insulin secretion from the pancreatic beta-cell. Their primary mechanism of action is to close ATP-sensitive K-channels in the beta-cell plasma membrane, and so initiate a chain of events that results in insulin release

### Mechanism of Sulfonylureas



## 2. Literature Survey

- Stanifort John N et al.: concentrated on that microcrystalline cellulose excipient having further developed compressibility whether used in direct pressure, dry granulation or wet granulation and have amazing crumbling and disintegration properties when presented to gastrointestinal liquid
- Bi YX et al.: evaluated quickly breaking down tablets arranged by direct pressure strategy utilizing excipients MCC, lactose, croscarmellose sodium and erythritol. Inside the ideal locale, the base elasticity was 5kg/cm<sup>2</sup> while the greatest crumbling time was 15 seconds. The technique depicted here was valuable for the planning of quickly breaking down tablets
- Chaudhari PD et al.: formed quick-dissolving tablets of famotidine by utilizing croscarmellose sodium and crospovidone as superdisintegrants. Famotidine was at first veiled for its unpleasant taste by planning solid scattering with eudragit E100. Packed tablets containing various groupings of super disintegrants showed deterioration time between 11 to 26 seconds. In vitro discharge was around 92% to 100% toward the finish of 12 minutes

## 3. Material and Methods

S.No	Raw Materials	Manufacturer
1	Glibenclamide	Loba Chemie limited, Mumbai
2	Lactose	Venkar Labs, Hyderabad
3	PVP K30	Signet Chemicals, Mumbai
4	Crospovidone	Signet Chemicals, Mumbai
5	Magnesium stearate	SD Fine Chemicals limited, Mumbai
6	Aerosil	SD Fine Chemicals limited, Mumbai

S. No	Equipments	Manufacturer
1	Balance	Mettler Toledo, USA
2	Mechanical sifter	Anchor mark
3	Rapid mixing granulator	Sreenex machines Pvt.Ltd, Hyderabad
4	Blender	Erweka
5	Fluid bed dryer	Alliance, Mumbai
6.	Compression machine	Rimek Mini Press

Formulation code/Parameters	Bulk Density (g/ml)	Tapped density(g/ml)	Angle of Repose	Compressibility index (%)	Hausners ratio
f1	0.53	0.56	21.25	15.5	1.058
f2	0.46	0.56	20.43	18.19	1.23
f3	0.53	0.63	30.25	17.121	1.18
f4	0.463	0.592	27.07	21.9	1.26
f5	0.468	0.562	25.43	21.38	1.18
f6	0.49	0.638	23.73	24.6	1.26
f7	0.476	0.567	23.46	17.03	1.18
f8	0.49	0.57	24.62	14.29	1.17
f9	0.452	0.58	23.35	20.18	1.26
f10	0.51	0.626	28.18	21	1.26
f11	0.54	0.63	19.25	17.121	1.18
f12	0.54	0.63	29.25	17.13	1.18

### Precompression studies

The mass thickness, and tapped thickness, Point of rest and Compressibility were determined in Precompression studies.

S. No	% Compressibility index	Powder flow
1	<11	Outstanding
2	Dec-16	Decent
3	17-21	Reasonable
4	22-26	Drivable
5	27-32	Deprived
6	33-38	Actual Deprived
7	>39	Very deprived

S. No	% Compressibility index	Powder flow
1	<11	Outstanding
2	Dec-16	Decent
3	17-21	Reasonable
4	22-26	Drivable
5	27-32	Deprived
6	33-38	Actual Deprived
7	>39	Very deprived

### Assessment of Tablets

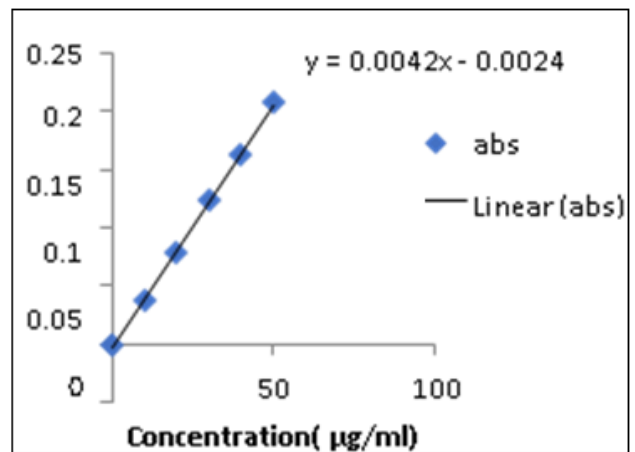
- To plan tablets and later screen tablet creation quality, quantitative assessment and appraisal of tablet synthetic, physical and bioavailability properties should be made.
- Hardness, Friability and deterioration tests were conducted to assess tablets.

### Procedure

Tablets were gauged and powdered, an amount of powder comparable to Glibenclamide was moved to a 25 ml volumetric flacon and water is added. The medication is extricated in water by vivaciously shaking the stoppered jar for 15 minutes. Then, at that point, the volume is acclimated to the imprint with refined water and the fluid is separated. The Glibenclamide is not entirely set in stone by estimating the absorbance at 220.2 nm after fitting weakening. The medication content was determined utilizing the standard adjustment bend. The mean per cent drug content was determined as a normal of three judgments.

## 4. Results and Discussion

Formulation code/Parameter	Hardness	Weight variation	Friability	Content uniformity	Disintegration time(sec)
f1	3.02	Pass	0.19	99.18	28
f2	3.03	Pass	0.23	99.45	25
f3	3.03	Pass	0.44	98.65	22
f4	3.01	Pass	0.21	100.3	19
f5	3.02	Pass	0.39	99.88	16
f6	3.01	Pass	0.13	99.98	14
f7	3.01	Pass	0.24	99.88	27
f8	3.02	Pass	0.18	99.69	23
f9	3.01	Pass	0.47	99.48	18
f10	2.8	Pass	0.36	98.64	15
f11	3.01	Pass	0.18	99.48	12
f12	3.01	Pass	0.34	99.64	8



- The hardness of the tablet definition was viewed as in the scope of 3 - 3.03 kg/cm<sup>2</sup>. The friability values were viewed as in the scope of 0.10-0.19%.
- The percent drug content of the relative multitude of tablets was viewed as 98.3-100.02 with low upsides of standard deviation and inside the endorsed IP limits.

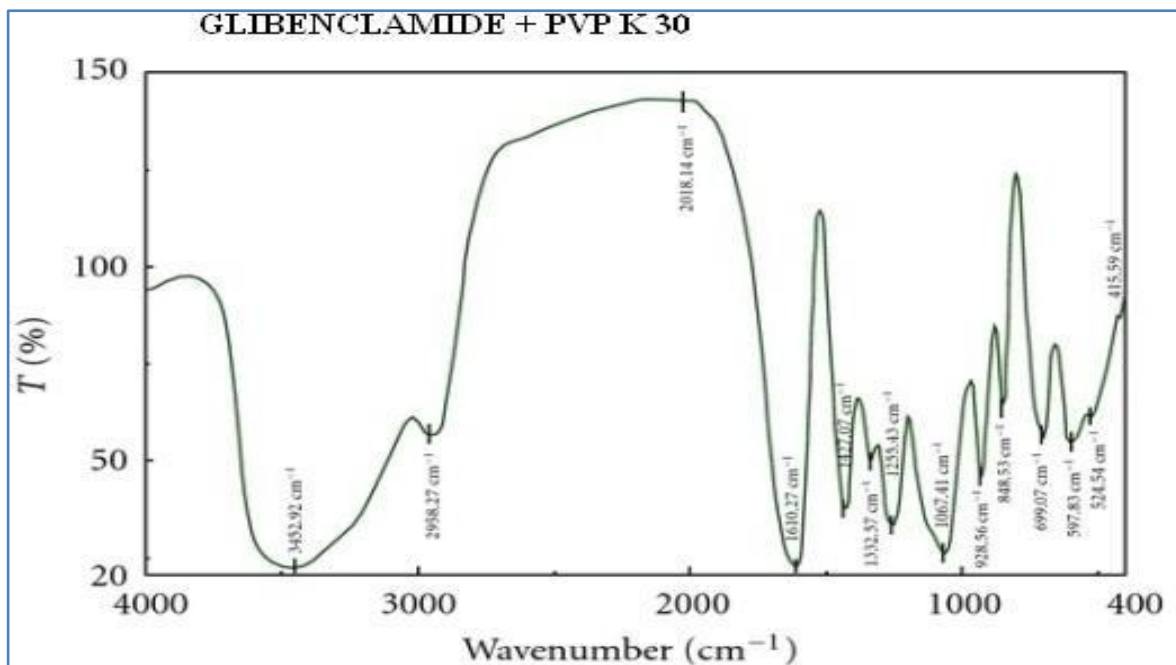
Standard chart of Glibenclamide in pH 7.4 phosphate cushion showed linearity in the focus scope of 10-50 with connection coefficient of 0.999.

**Standard Calibration Curve of Glibenclamide**

S.NO	Concentration (µg/ml)	The standard
1	0	0
2	11	0.073
3	22	0.152
4	33	0.222
5	44	0.295
6	55	0.39

**Fourier Transform Infrared Spectroscopy studies**

S No	Drug	Characteristic Peaks (cm <sup>-1</sup> )
1.	Glibenclamide	3460.69 cm <sup>-1</sup> , 3021.54 cm <sup>-1</sup> , 1467.56 cm <sup>-1</sup>
2.	Physical mixture of optimized formula	3460.57 cm <sup>-1</sup> , 3150.23 cm <sup>-1</sup> , 1467.12 cm <sup>-1</sup>



**Invitro Disintegration Studies**

Formula ton code/Parameter	f1 (%)	f2 (%)	f3 (%)	f4 (%)	f5 (%)	f6 (%)	f7 (%)	f8 (%)	f9 (%)	f10 (%)	f11 (%)	f12 (%)
6 min	46	48	53	58	63	68	49	56	58	66	73	77
11 min	55	59	65	67	75	79	58	66	68	79	82	83
16 min	65	65	77	79	86	88	66	76	78	88	89	98
31 min	82	83	87	87	92	98	87	88	92	95	97	101
46 min	87	88	92	95	99	101	88	94	97	99	98	101

- 1) Glibenclamide Immediate delivery tablets were formed by utilizing a direct pressure strategy involving lactose as a diluent, PVP K 30 as folio, crospovidone as deteriorating specialist and magnesium stearate and aerosil as oil and glidant.
  - 2) Mass thickness and tapped thickness values range between 0.451 – 0.53 gm/cc and 0.55 - 0.637g/cc w.
  - 3) Compressibility file values range between 14.28 - 21.8 % for F1 to F12 definitions and the qualities are arranged.
  - 4) Hausner's proportion values of thickness for F1 to F12 territory between 1.057 to 1.25 and classified.
  - 5) Friability values were viewed as under 1% in all cases and viewed as good and the qualities 0.12 to 0.46% were arranged.
  - 6) Every one of the tablets passed the pharmacopoeial determinations for the deterioration of uncoated tablets within 15min.
  - 7) The crumbling season of the relative multitude of definitions from F1 to F12 went from 29 sec to 9 sec and the qualities were organized.
  - 8) The pre-arranged tablets were checked for tests according to USP particulars. Every one of the definitions finished the assessment and the level of dynamic fixing goes from 98.63 to 99.97%.
  - 9) In vitro disintegration investigations of plans F1-F12 were done in 0.1N HCl medium and the level of medication discharge was determined. In vitro disintegration investigations of plans F1-F12 were done in 0.1N HCl medium and the level of medication discharge was determined.
- tablets of Propranolol hydrochloride. *Acta Pharm.*2007; 57:479-89.
- [2] Galeone F, Fiore G, Arcangeli A, Mannucci E. Gliclazide and metformin mix in patients with type 2 diabetes. *Fundamental information. Minerva Endocrinol* 1998; 23: 71-75.
  - [3] Gohel MC, Parikh RK, Nagori SA, Jethwa BA. Manufacture and assessment of bilayer tablet containing regular Paracetamol and adjusted delivery Diclofenac sodium. *Ind. J. Pharm sci*, 2010; 72(2):191-9.
  - [4] Herbert, A., Lieberman Leon Lachmann, Joseph, B., Schwartz, *Pharmaceutical Dosage Forms: Tablet, Vol.1, second release, Revised and Expanded*, 108-160.
  - [5] Jantratid, E., Reported the biowavier Monographs for promptly discharge strong measurements structures cimetidine, *Journal of Pharmaceutical Research.*, May 2006, volume :17, P: 381.
  - [6] Parikh, M., *Handbook of Pharmaceutical Granulation Technology*, Edited by Dilip., Volume 81, Dekker 7-9.
  - [7] Schreiner, T., Immediate medication discharge from strong oral dose structures, *J Pharm Sci.*, 2005, 94:120-133
  - [8] Sonar SG, Jain DK, More DM. Readiness, and in vitro assessment of bilayer and drifting bioadhesive tablets of Rosiglitazone maleate. *Asian. J. Pharma sci.* 2007; 2(4): 161-69.

## 5. Summary and Conclusion

- Glibenclamide Immediate delivery tablets were planned by utilizing a direct pressure strategy involving lactose as a diluent, PVP K 30 as a fastener, croscarmellose sodium and crospovidone as deteriorating specialist and magnesium stearate and Aerosil as oil and glidant.
- Similarity reads were completed for the actual combination and the medication was viewed as viable with all excipients utilized in various plans.
- The mix was compacted into tablets and was broken down for the boundaries like normal weight, deterioration, friability, thickness, and hardness.
- Detailing F12 containing crospovidone (7.5mg) shows a quick pace of deterioration when contrasted and different definitions.

The in-vitro disintegration profiles of F1 and F12 were viewed as indicated by I.P (i.e) 80% of medication has been delivered inside 30 min. However, the deterioration season of F12 was somewhat low (9 sec) when contrasted with the F1 (29 sec) and reasoned that F12 is a better plan with 7.5% of crospovidone as it showed in-vitro drug arrival of 100 per cent inside 30 min.

## References

- [1] Chinam NP, Arethi BK, Hemant KP, Prakash S, Vimala DM. Plan and assessment of supported delivery bilayer