



## Enhancement of Transdermal Permeability of drug by Formulation of Novel Dosage Form

Sonawane PA<sup>1\*</sup>, Dr. Dhamdhare RB<sup>2</sup>, Punde DS<sup>3</sup>

Kasturi Shikshan Sanstha College of Pharmacy, Pratima Nagar, Shikrapur, Tal. Shirur, Dist. Pune-412208

[Pradipsonawane4141@gmail.com](mailto:Pradipsonawane4141@gmail.com)

### Abstract

Topical drug delivery systems significantly improve the therapeutic efficacy of drugs. Drug-release-retarding polymers are the key performers in such systems. The topical route of drug delivery is the most preferred route for administration of drugs. The rationale for the development of an emulgel formulation of a drug is to enhance its therapeutic benefits, minimizing its side effect while improving the management of the diseased condition. Psoriasis is an immune disease caused by rapid and incomplete differentiation of skin basal cells. Natural products such as Indirubin have historically served as excellent sources for the treatments of psoriasis. Indirubin, isolated from indigo naturalis, has been shown to improve psoriasis without causing any serious adverse events. The aim of the research was to develop and characterize emulgel formulations for Indirubin using different penetration enhancers identified and enhanced transdermal permeability. The drug content was found to be in the range of 81.13 – 98.25 %. From the *in-vitro* drug release data; it was observed that the percentage cumulative drug release of Indirubin was shown by formulation F3. F3 released 99.37 % of the drug in 60 min. The 'n' value of optimized formulation F3 was found to be 0.717 which indicated that the drug was released by first order kinetics with anomalous (Non-Fickian) release. From the stability studies, formulation F3 doesn't show significant difference for physical properties, homogeneity, consistency, drug content and viscosity. Based on the above evaluation studies, it could be concluded that Indirubin can be used as an emulgel by mixing equal quantities of a gel and emulsion portions for acute bacterial skin infection.

**Key Words:** Emulgel, transdermal permeability, psoriasis

### Introduction

Psoriasis is a psychosocially and therapeutically debilitating condition that has affected 1 to 3% of the global population.<sup>1</sup> It is an autoimmune illness characterized by significant hyper proliferation and aberrant epidermal differentiation on extensor surfaces of the elbows, umbilicus, knees, scalp, intergluteal cleft, and nails, among other

body sites. It is a painful inflammatory skin disorder characterized by itchy red or white scale so plaques.<sup>2</sup> Development of skin scalps is caused by epidermal hyper proliferation accompanied by early keratinocytes maturation and incomplete cornification. There are three types of psoriasis namely mild, moderate, and severe psoriasis. Mild psoriasis causes rashes and when it is

significant the skin becomes scaly. Red patches on the skin surface may appear in extreme cases and become irritating. It mostly affects the individuals of age between 20 and 30 years of age. However, the cases have been also reported in 50-60 years individuals.<sup>3</sup> At this age, a person's confidence in approaching strangers is eroding (adolescence). Due to stigmatization, the person loses confidence in approaching people during this formative phase (adolescence), becoming psychologically handicapped and unable to secure a stable life.

Despite the availability of arrange of topical and systemic anti psoriatic compounds to treat psoriasis, there is still an urgent need to develop additional safe and efficient treatment options for this skin condition.<sup>4</sup> The most common treatment choice is topical therapy for mild conditions to moderate conditions of psoriasis. Targeted topical drug delivery is challenging due to the barrier function of skin. The main difficulty of topical ant psoriatic therapy is to break the skin's defense or barrier and deliver optimum active drug concentrations in deeper layers of the skin with minimum systemic

damage. In this context, novel formulations must incorporate specific components that can improve the penetration of the drug through the skin and, as an outcome, improve topical therapeutic efficacy.<sup>5</sup> Innovative drug delivery systems have various advantages in terms of safety and efficacy.

## Materials and Methods

### Materials

Indirubin was obtained as gift sample from Vama Pharma (Nagpur). Carbopol 940, Liquid Paraffin, Span 20, Tween 20 etc was obtained from Shree Sadguru Hitech Lab, Pune. All chemicals used were analytical grade.

### Methods

#### Preparation of Indirubin Emulgel

Emulgel was prepared using carbopol 940, as gelling agents. The gels in formulations were prepared by dispersing carbopol in purified water with constant stirring at a moderate speed and then the pH are adjusted to around 6 using tri-ethanol amine. The oil phase of the emulsion was prepared by dissolving span 20 in light liquid paraffin while the aqueous phase was prepared by dissolving Tween 20 in purified water.

**Table No. 1: The Main Composition of Emulgel Formula**

Formulation code (mg)	F1	F2	F3	F4	F5	F6
<b>Indirubin</b>	10	10	10	10	10	10
<b>Carbopol 940</b>	10	10	10	10	10	10
<b>Liquid Paraffin</b>	50	50	75	75	100	100
<b>Span 20</b>	10	15	10	15	10	15
<b>Tween 20</b>	5	10	5	10	5	10
<b>Propylene glycol</b>	50	50	50	50	50	50
<b>Ethanol</b>	25	25	25	25	25	25
<b>Methyl Parabens</b>	0.3	0.3	0.3	0.3	0.3	0.3
<b>Ethyl Parabens</b>	0.1	0.1	0.1	0.1	0.1	0.1
<b>Distilled Water</b>	q.s	q.s	q.s	q.s	q.s	q.s

Methyl and propyl parabens were dissolved in propylene glycol whereas drug was

dissolved in ethanol and both solutions were mixed with the aqueous phase. Both the oily and aqueous phases were separately heated to 70° to 80°C; then the oily phase were added to the aqueous phase with continuous

### **Evaluation of the Indirubin Emulgel**

#### **Fourier Transform Infrared Spectroscopy (FTIR)**

The primary objective of this investigation was to identify a stable storage condition for the drug in solid state and identification of compatible excipients for formulation.

#### **Physical Properties of the Emulgel**

The prepared emulgel formulations were inspected visually for their color, homogeneity, consistency, and phase separation.

#### **Measurement of pH**

An emulgel solution prepared by dissolving 1gm of emulgel in 100 ml of deionized water and it was left for 2 hours. Then pH of the prepared emulgel solution was measured using digital pH meter. The measurement of pH of each formulation was done in triplicate and average values were calculated.

#### **Spreadability study of Emulgel**

To determine the Spreadability of micro-emulsion based emulgel, 0.5 mg of emulgel is placed within circle of 1 cm diameter pre-marked on a glass plate, over which second plate is placed. A weight of 500 mg is allowed to rest on the upper glass plate for 5 min. The increase in diameter is observed due to emulgel, the spreading is noted.

#### **Viscosity Measurements**

The viscosity of different emulgel formulation was determined at 37°C using a Brookfield viscometer. The samples were rotated using spindle 6 at 3, 5,10,20,30, 50

stirring until cooled to room temperature. Finally the emulgel was prepared by mixing the both gel and emulsion in 1:1 ratio. The composition of different formulations has been discussed in Table no. 1.

and 100 rpm and the viscosities were measured. With 30 seconds between these successive speeds.

#### **Drug Content Determination**

One gram of emulgel was dissolved in 100 ml of phosphate citrate buffer (pH 5.5), filtered to obtain clear solution. The absorbance of the solution is determined using UV spectrophotometer at Indirubin  $\lambda_{\text{max}}$  (dilution is performed when needed). Concentration and drug content was determined by using the same standard plot.

#### **Kinetics of Drug Release**

The cumulative amount of Indirubin released from the selected formulas at sequential time intervals were fitted to zero order, first order kinetics, Higuchi and Korsmeyer–Peppas models to characterize drug release kinetics and propose a mechanism of drug release.

**Selection of Optimum Formula** The prepared emulgel formulas were evaluated for their physical appearance, pH determination, and *in vitro* drug release and stability studies.

#### **Stability Studies**

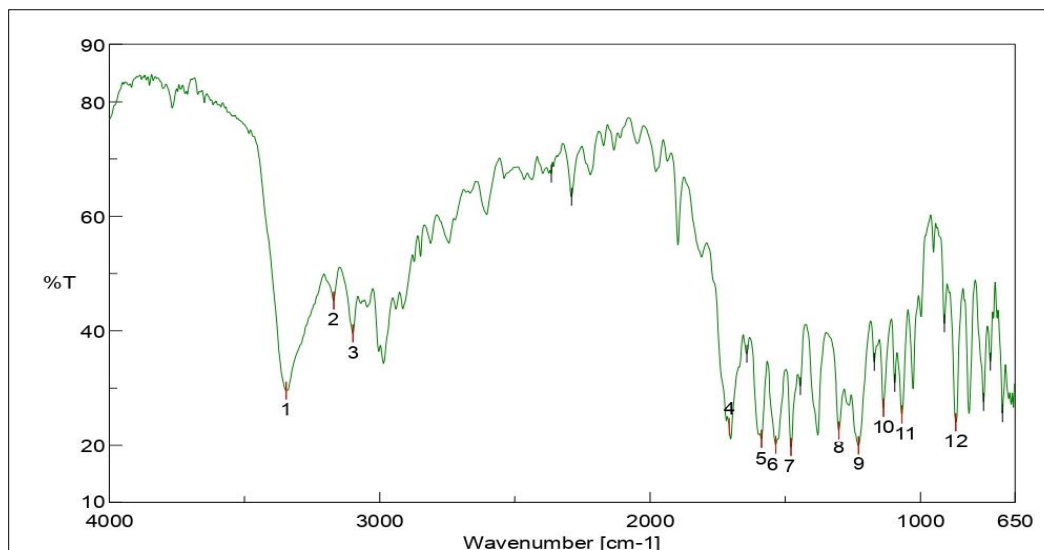
The selected optimum formula of the prepared emulgel formulas was subjected to accelerated stability studies at 30°C, 40°C and 50°C for a period of 3 months. Samples were withdrawn at 15-days time intervals. In addition, it evaluated for physical appearance, pH, rheological properties and drug content.

### **Results and Discussion**

#### **FTIR Study**

The FTIR spectrum of Indirubin is shown in figure. It showed that, functional group band frequencies of Indirubin were in

resemblance to the reported range of standard Indirubin that authenticated that the obtained sample of Indirubin was pure.



**Figure No.1: FTIR spectroscopy of Indirubin with excipients**

No.	Position	Intensity	No.	Position	Intensity
1	3346.79	29.508	7	1478.12	19.9701
2	3170.4	45.2375	8	1301.72	22.548
3	3089.05	39.5285	9	1239.05	19.9701
4	1707.66	23.2269	10	1136.83	26.531
5	1587.07	21.1235	11	1079.31	25.3767
6	1535.06	20.0654	12	869.739	23.9878

### Physical properties

Emulgel formulations were viscous creamy preparation with a smooth homogeneous texture and glossy appearance. The physical

properties of the prepared emulgel formulas are shown in table

**Table No. 2: Physical Properties of Prepared Indirubin Emulge**

Formula No.	Homogeneity and Consistency	Phase separation
F1	Excellent	None
F2	Excellent	None
F3	Excellent	None
F4	Excellent	None
F5	Excellent	None
F6	Excellent	None

### pH Measurement

pH of Prepared Emulgel were measured by using pH meter. The pH of the emulgel

formulation was in the range of 5.76-6.23 which considered acceptable to avoid the risk of skin irritation upon application to skin.

**TableNo.3: pH Study of Emulgel**

Formulation	pH
F1	5.83
F2	5.76
F3	6.19
F4	6.23
F5	5.80
F6	6.1

### Spreadability Study of Emulgel

**Table No.4: Spreading Study of Emulgel**

Formulation	Spreadability(gm.cm/sec)
F1	18.8±0.6
F2	29.2±0.3
F3	35.5±0.1
F4	32.3±0.7
F5	30.2±0.1
F6	21.6±0.4

The spread ability value of batch F1-F6 was depicted in the Table. The formulation F3 exhibited high spreading coefficient of  $35.5 \pm 0.1 \text{ gcm/s}$ . The Spreadability is dependent on the concentration of polymer and viscosity of the formulation. All formulation spread ability results were acceptable.

### Multi-Speed Viscosity Measurement

The maximum viscosity was observed in F3, that contains CP 940 and Liquid Paraffin, this could be explained by the higher molecular weight of the CP 940 in comparison with the other formulas and also refer to the addition of the neutralizing agent Triethanolamine in

CP 940 formulas. In gel systems, consistency depends on the ratio of solid fraction, which produces structure, to liquid fraction. The profiles showed that as the share stress increased, the normally arranged molecules align their long axes in direction of flow orientation reduce the internal resistance of material and hence decrease viscosity. The results showed that within each type of polymer the viscosity increased as the concentration of polymer increased. Most of the prepared formulations are of good acceptable rheological profile ranged mentioned in many literatures, which is 3349-3584mPas. However, the attentiveness of viscosity increases with the understanding of

the extent of increased viscosity on drug release retardation and stability of formulas prepared.

#### Drug content

The drug content of the formulated emulgel was estimated spectrophotometrically at 293 nm. The results were presented in table 5 and they were within the official limits.

**Table No.5: Drug Content of Prepared Indirubin Emulgel**

Sr. No.	Formulation	Drug content (%)
1	F1	96.82
2	F2	97.65
3	F3	98.25
4	F4	98.06
5	F5	92.07
6	F6	81.13

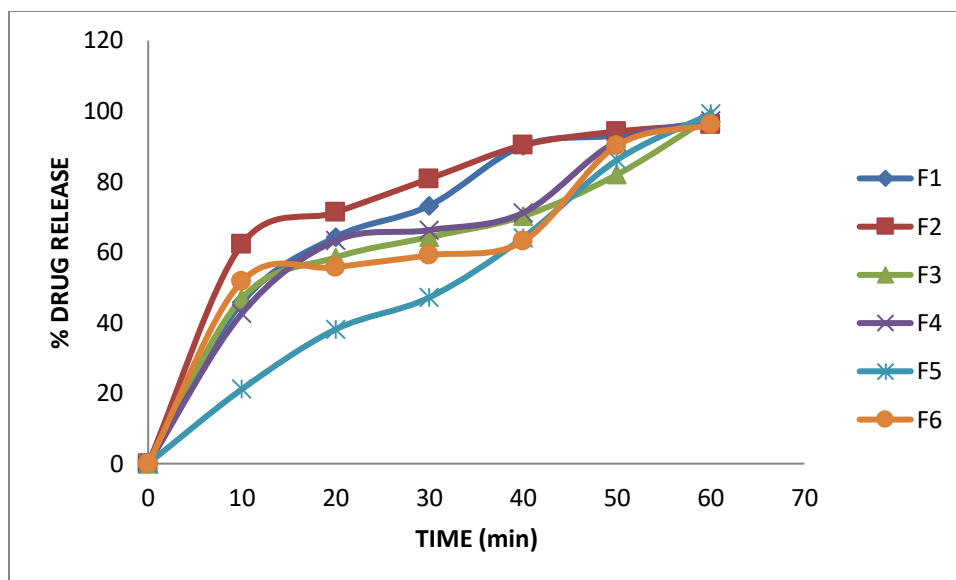
#### In-Vitro Drug Release Profile

We found that, the following order of the formula F3> F4 > F5> F1 > F2> F6, the highest percent of release over 60 min. The

release percent was decreased when the concentration of the gel base increased

**Table No.6: In Vitro Drug Release Profile of Prepared Indirubin Emulgel**

Time (Min)	F1 (%)	F2 (%)	F3 (%)	F4 (%)	F5 (%)	F6 (%)
10	45.78±0.76	62.31±0.57	42.73 ±0.56	46.98±0.93	21.21±0.69	51.79±0.62
20	64.37±0.70	71.35±0.41	63.34 ±0.44	58.60±0.55	38.18±0.55	55.78±0.76
30	73.29±0.61	80.93±0.72	66.34 ±0.67	64.37±0.70	47.25±0.51	59.21±0.69
40	90.30±0.47	90.41±0.56	71.25 ±0.51	70.29±0.61	64.18±0.54	63.17±0.22
50	93.22±0.51	94.30±0.34	91.43 ±0.92	81.88±0.90	86.20±0.46	90.30±0.47
60	97.10±0.58	96.30±0.17	99.37 ±0.11	98.48±0.66	97.28±0.70	96.21±0.46



**Figure No.2: In vitro Drug Release of Indirubin Emulgel**

### Kinetics Release study

**Table No.7: Release kinetics of Indirubin Emulgel**

Formulation code	Zero order $R^2$	First order $R^2$	Higuchi $R^2$	Korsmeyer $R^2$
F1	0.852	0.981	0.986	0.922
F2	0.729	0.984	0.937	0.884
F3	0.992	0.717	0.919	0.987
F4	0.867	0.751	0.973	0.912
F5	0.876	0.885	0.979	0.923
F6	0.839	0.836	0.928	0.900

### Selection of Optimum Formula

All the prepared formulas are subjected to characteristic's analysis. Stability on standings in order to select the optimum formula, Formula (F3) was selected as an optimum formula since it has the maximum release profile (99.37 %) after 60 min. in addition to pH value of (6.19) which is within the range of healthy skin pH. so, there is no irritation would be expected from this formula. Additionally (F3) has an acceptable physical properties, homogeneity, consistency,

drug content and viscosity. In addition, for the selected formula (F3), the release fitted mostly on Zero order kinetics. The release rate is independent of the concentration of the drug. Their release exponent value of First Order Kinetic equation ( $n$ ) was 0.717 i.e. this suggests that the emulgel follows case anomalous (non-Fickian) diffusion ( $0.45 < n < 0.89$ ). The Zero order kinetics, is considered a very desirable in drug release systems. Consequently, this formula was subjected to further studies like stability.



## Stability Studies

The stability of Indirubin selected formula (F3) was studied at three different temperatures 30°C, 40° C and 50° C for three months. Samples the emulgel was taken at

one month interval and was studied for drug content. After the stability study, formulation F3 doesn't show significant difference for physical properties, homogeneity, consistency, drug content and viscosity.

**Table No. 8: Stability study**

Formulation	Temp	1 Month	2 Months	3 Months
		% Drug Content		
<b>F3</b>	30°C	96.13 ±0.42	95.43 ±0.62	95.83 ±0.67
	40°C	98.88 ±0.63	98.82 ±0.34	97.93 ±0.75
	50° C	98.93 ±0.71	98.84 ±0.54	98.73 ±0.65

## Conclusion

Indirubin is an active agent in Danggui Longhui Wan (traditional Chinese medicine), used to treat chronic diseases including leukemia. Organoleptic properties, melting point determination, solubility studies, FT-IR frequencies showed that the Indirubin used was similar to the reported values. After the comparison of FTIR results, it was concluded that there was no incompatibility between drug and polymer. CP-940 was chosen as polymer of gel for the formation of

Indirubin emulgel. In this study, six formulations were prepared by mixing equal quantities of a gel and emulsion portions. Each batch of the formulations was evaluated for melting point, FTIR study and the results were within the limit. The prepared formulations were also evaluated for physical properties and pH, Multi-speed viscosity measurement, drug content *in-vitro* drug release studies and stability study.

## References

1. Qi-Yue, Y., Ting, Z., Ya-Nan, H., Sheng-Jie, H., Xuan, D., Li, H. and Chun-Guang, X., 2020. From natural dye to herbal medicine: A systematic review of chemical constituents, pharmacological effects and clinical applications of indigo naturalis. *Chinese Medicine*, 15(1), 1-13.
2. National Center for Biotechnology Information (2024). PubChem Compound Summary for CID 10177, Indirubin. Retrieved January 7, 2024
3. Xu Y, Zhao M, Cao J, Fang T, Zhang J, Zhen Y, Wu F, Yu X, Liu Y, Li J, Wang D. *Applications and recent advances in transdermal drug delivery systems for the treatment of rheumatoid arthritis*. *Acta Pharmaceutica Sinica B*. 2023 May 26.
4. McGrath JA, Eady RA, Pope FM. *Rook's Textbook of Dermatology* (7th ed.). Blackwell Publishing 2004:3.1–3.6.
5. Foldvari M. Non-invasive administration of drugs through the skin: challenges in delivery system design. *Pharmaceutical science & technology today*. 2000 Dec 1; 3(12):417-25.



6. Breitzkreutz D, Mirancea N, Nischt R. Basement membranes in skin: Unique matrix structures with diverse functions? *Histochemistry and Cell Biology* 2009; 132(1):1–10.
7. Karande P, Mitragotri S. Enhancement of transdermal drug delivery via synergistic action of chemicals. *Biochimica et Biophysica Acta (BBA)-Biomembranes*. 2009 Nov 1;1788(11):2362-73.
8. Mycek MJ, Harvey RA, Champe RC. *Lippincott's Illustrated Reviews Pharmacology*. Philadelphia: Lippincott-Raven 2009.
9. Karande P, Mitragotri S. Enhancement of transdermal drug delivery via synergistic action of chemicals. *Biochimica et Biophysica Acta (BBA)-Biomembranes*. 2009 Nov 1;1788(11):2362-73.
10. Elias PM, Menon GK. Structural and lipid biochemical correlates of the epidermal permeability barrier. *Adv Lipid Res* 1991; 24:1-26.
11. Touitou E. Drug delivery across the skin. *Expert Opinion on Biological Therapy* 2002; 2(7):723-733.
12. Walters KA. *Dermatological and Transdermal Formulations*; Marcel Dekker, New York, 2002, pp403, 203.
13. Bertens CJ, Gijs M, van den Biggelaar FJ, Nuijts RM. Topical drug delivery devices: A review. *Experimental eye research*. 2018 Mar 1;168:149-60.
14. Ansel HC., and Allen LV. *Pharmaceutical Dosage Forms and Drug Delivery System*; 7th edition; Lippincott Williams and Wilkins, Baltimore, 2000, 244-246.
15. Paul Beringer. *Remington - The Science and Practice of Pharmacy*; 21st Edn, Vol 1, Lippincott Williams and Wilkins publication, 2007, pp 871-888.
16. Aulton ME. "Pharmaceutics - The Science of Dosage Form Design." 2nd Edn, Harcourt publication limited, 2002, pp 499-503.
17. Parihar N, Saini M, Soni S, Sharma V. Emulgel: A Topical Preparation. *Asian Journal of Pharmaceutical Research and Development*. 2020;8(3):196-01.
18. Adepu S, Ramakrishna S. Controlled Drug Delivery Systems: Current Status and Future Directions. *Molecules*. 2021 Sep 29;26(19):5905.
19. Kaila YN., Guy RH. Modeling transdermal drug release. *Adv Drug Deliv Rev*. 2001; (48):159-72.
20. Ayub CA., Gomes AD., Lima MV. Vianna CD., Ferreira LM. Topical delivery of fluconazole: in vitro skin penetration and permeation using emulsions as dosage forms drug. *Dev. Ind. Pharm*. 2007; (33):273-280