

**Formulation And Evaluation of Novel Liquorice-based Nutraceutical Floating Tablets**Sonali Pawar<sup>1</sup>, Pratiksha Nahar<sup>2</sup>, Anuja Bhosale<sup>\*3</sup><sup>1</sup>Department of Pharmaceutical Chemistry, M GV's Pharmacy College, Panchavati, Nashik<sup>2</sup>Department of Pharmaceutics, NGSPM College of Pharmacy, Malegaon<sup>3</sup>Department of Pharmaceutical Chemistry, MGV's Pharmacy College, Panchavati, Nashik

\*Email: anujabhosale87@gmail.com

**ABSTRACT**

Floating pills promote the distribution of drugs to the stomach, raise the absorption of pharmaceuticals, and extend their time in the body. With this objective, For the purpose of achieving this goal, floating tablets comprising an aqueous extract of liquorice and Xanthan Gum were prepared and evaluated. Floating Herbal tablets increase bioavailability, speed up local medication distribution to the stomach, and extend the duration that pharmaceuticals remain in the stomach. For the treatment of stomach ulcers, floating tablets with liquorice alcohol extract as the primary active ingredient were created in this study. The tablets containing alcoholic liquorice extract, HPMC K100M, sodium bicarbonate, talc, and magnesium stearate were made utilising the direct compression technique. The physical characteristics of the tablets, such as their diameter, thickness, hardness, uniformity of weight, and buoyancy duration, were also assessed. Formulation was improved using buoyancy time. All tablet formulations had a buoyancy time of less than 2 minutes and maintained their floating state for the duration of the research, up to a maximum of 2 hours. The formulation with the best performance, f1, had a buoyancy time of 0.25 minutes. For gastro retentive drug delivery systems, a formulation including liquorice, sodium bicarbonate, and HPMC K100M can be promising.

**KEYWORDS**

Nutraceutical, floating tablets, Xanthum gum, liquorice extract, gastric ulcer, floating drug delivery system.

**Introduction**

A "Nutraceutical" is an item that has been separated or refined from food and is typically sold in non-food-related therapeutic forms. A nutraceutical offers a physiological advantage or offers protection from chronic diseases [1]. Gastric ulcers are usually triggered by the imbalance between the quantity of acid generated in the stomach and the mucous protection barrier, leading to damage stomach or duodenum mucous lining [2]. Unattended ulcers may result into severe health issues such as intestinal bleeding, intestinal lining perforation, vomiting of the blood and obstruction of the gastric outlet. Stomach ulcers may affect people of any age group. An estimated 15,000 deaths occur because of peptic ulcer every year [3]. It is apparent in modern science and literature that in scholarly and industrial research organizations, today, there is enhanced interest in novel dosage forms that are maintained in the stomach for a prolonged and predictable period. Regulating gastric residence time (GRT) is one of the most effective ways to promote continuous and predictable medication administration to the GI tract. i.e. dose form with gastro

retention (GRDFs or GRDS) [4]. “Nutraceuticals” goods that are utilised for medical purposes in addition to being food. An ingredient with physiological benefits or that offers defence against chronic disease may be referred to as a nutraceutical product. A dietary supplement is considered as a product that possesses or contains any of the following nutritional elements: A mineral, a vitamin, an amino acid, a medical herb or other botanical. By increasing the total daily intake, the diet can be supplemented with a concentrate, metabolite, component, extract, or mixtures of these ingredients. Among these dietary supplements are nutraceuticals, which are used for health purposes other than nutrition. The types of gastro retentive dosage forms are: floating drug systems effervescent and non-effervescent systems [5]. Hydrocolloids, polysaccharides, and polymer-forming matrix are commonly used in non-effervescent systems to generate polymers that take the form of gel or very swellable cellulose [6].

Effervescent systems use matrices made up of swellable polymers; for example, methylcellulose, alginate-chitosan, as well as effervescent substances like sodium bicarbonate, citric acid, or tartaric acid. [7]. There are numerous ways to ensure that dosage forms remain in the stomach, including floating, strong adhesion, swellable systems, hydrodynamically balanced systems, etc., sedimentation, expansion modified shape systems, and so on [8]. Floating drug delivery system (FDDS) has a lower volume density than gastric liquids and thus stays in the abdomen for a long time without changing the rate of gastric emptying. The gastric emptying rate gets prolonged when the FDDS system floats on the gastric contents, and the drug is gradually released from the system at a required speed [9]. In order to create a customised release dosage forms, Xanthum gum was used as a matrix agent. Xanthum gum has been used to treat constipation, diarrhoea, irritable bowel syndrome, inflammatory bowel illness, colitis ulcerative, colon cancer, diabetes, and hypercholesterolemia [10]. Licorice is made out of the dried, peeled or unpeeled roots and stolons of the Fabaceae family plant *Glycyrrhiza glabra* Linn [11]. It has been shown that licorice works well to treat stomach ulcers. [12] and glycyrrhetic acid. Aglycone of glycyrrhizin has an anti-inflammatory and anti-ulcerative effect [13]. Licorice It has also been claimed that licorice extends the life of neurons on the stomach surface and has an anti-pepsin action. It has also been shown to raise prostaglandin concentration in the digestive tract, boosting stomach mucus secretion. Additionally, it has been found that licorice extract predisposes *Helicobacter pylori* to growth. [14].

## 2. Materials And Methods:-

### 2.1. Materials

The roots and rhizomes of Licorice and Xanthan gum were purchased from the local market. Plant materials were authenticated by the Department of Pharmacognosy. The Herbarium specimen of the plant was deposited and identified from Samajshree Prashantdada Hiray College of Pharmacy, Malegaon. HPMC K100M was obtained from the Laboratory. Talc, Magnesium stearate. All chemicals used as received were of analytical and pharmaceutical grade. The research used double distilled water.

## 2.2. Methods

### 2.2.1. Extraction of Liquorice

The 250 milligrams of extract were refluxed in 50 mL of 1N HCl for 4 hours. Chloroform (20/5) mL was taken out once it had reached room temperature. In order to get rid of the chloroform extract, it was rinsed and filtered with water. At a temperature of 30 °C, the solution was evaporated. The residue was then dissolved in a mixture of one part chloroform to one part methanol, resulting in a volume of 25 ml.

### 2.2.2. Formulation of Tablets

In this research, all the tablets were prepared using Direct compression was used to create the tablets. using polymer HPMCK100M and other components such as Xanthan gum, magnesium stearate, talc and sodium bicarbonate. All ingredients were accurately weighed after being correctly filtered using Sieve No. 80. The extract, HPMC K100 M, sodium bicarbonate, and Xanthan gum were successfully blended in a mortar and pestle to create a consistent tablet combination. Talc and magnesium stearate were finally incorporated into the mixture. The tablet mixture was then divided into different portions and crushed into tablets using a direct compression machine in accordance with the formula [15].

**Table 1. Composition of floating tablet formulations.**

Ingredients (mg)	F1	F2	F3	F4	F5	F6	F7
Xanthan gum	125	100	75	100	100	100	100
Liquorice Extract	250	250	250	250	250	250	250
HPMCK100M	50	50	50	40	60	50	50
Sodium Bicarbonate	100	100	100	100	100	100	100
Talc	20	20	20	20	20	20	20
Magnesium Stearate	5	5	5	5	5	5	5

### Direct compression method

Direct Compression is the most straight forward manufacturing option, with the fewest manufacturing steps, making it the easiest to control and least expensive. Excipients in API and compressing the completed tablets are the two main phases in the direct compression tablet process. Direct compression is the most advanced technology. It involves only blending and compression, presenting a benefit, especially in terms of quick production. Due to the fact that it involves significantly fewer unit operations, less machinery, fewer employees, and less processing time along with increased product stability.

**Role of Diluents**

If the pill is unable to produce the desired volume, diluents are utilized as fillers to cover the discrepancy. Diluents used as disintegrants in dispersible and orally disintegrating tablets. For instance, calcium salts, lactose that has been spray-dried, starch, mannitol, sorbitol, and MCC

**Role of Binders**

Tablets contain binders as a binding agent because they provide powdered medications a cohesive strength. E.g. Gelatin, Glucose, Lactose, Cellulose derivatives, Methyl cellulose, Ethyl Cellulose, Hydroxypropylmethyl cellulose, poly vinylpyrrolidone, starch, sodium alginate, Acacia, etc.

**Role of Lubricants**

It is utilized to inhibit tablet adherence to dies and punches and minimize friction between die walls and tablets. E.g. Talc, paraffin, stearic acid, sodium benzoate, etc.

**3. Evaluation****3.1. Physical Evaluation**

Physical Assessment Vernier callipers were used to measure and evaluate the thickness of the manufactured floating tablets. Using a Monsanto hardness analyzer, the tablets' hardness was evaluated. A Roche friabilator was used to determine the friability. Twenty tablets from each formulation were weighed and their average weight was determined and presented in Table 2 [16].

**Table 2. Evaluation of formulated tablets.**

Formulation	Thickness (mm)	Diameter (mm)	Hardness (kg/cm)	Friability (%)	Uniformity of weight (mg)	Drug content (%)	Buoyancy time (Minute)
F1	4.02	11.166	3.133	0.85	510.4	97.273	5
F2	4.016	11.31	3.26	0.716	515.285	99.61	4
F3	4.04	11.73	3.23	0.804	530.16	97.44	5
F4	4.07	11.7	3.4	0.77	532.2	98.52	3.5
F5	4.04	11.4	3.36	0.81	52.2	96.10	5
F6	4.035	11.833	3.2	0.826	540.6	98.527	4
F7	4.046	11.543	3.1	0.868	520.3	98.02	4.5



**Fig.1.FloatingTablettime**



Fig.2.Floating Tablet Time After 30min

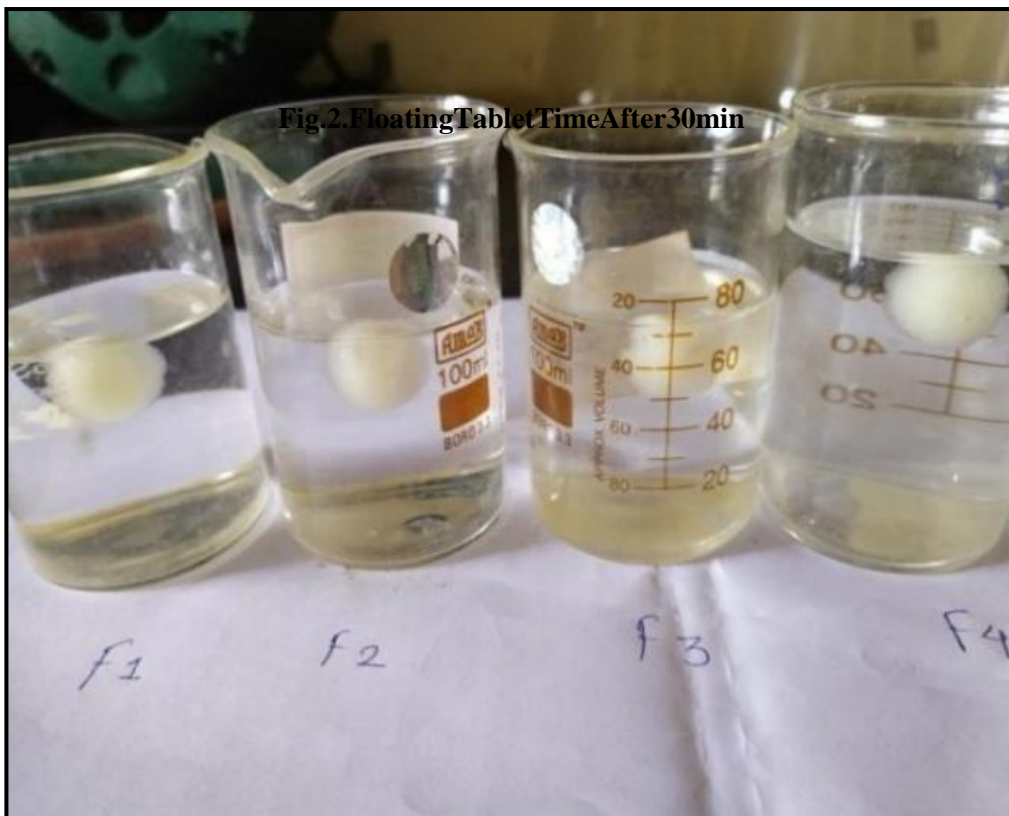


Fig.3.Floating Tablet Time After 40min





**Fig.4. After 2 hours**

### 3.2. Buoyancy Time

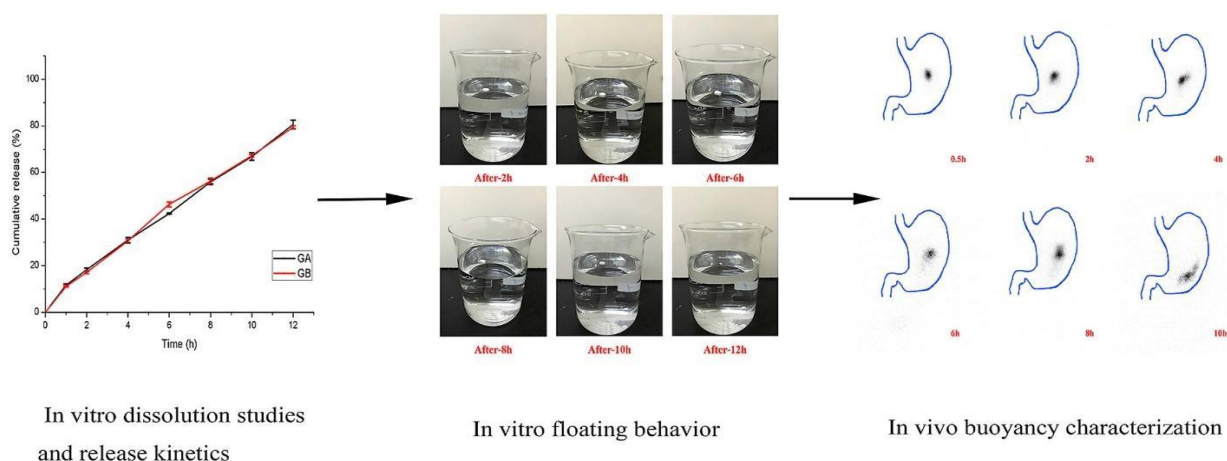
Floating lag time (FLT) or buoyancy lag time (BLT) is the amount of time needed for a dosage form to surface on the medium. A USP class II (paddle) B apparatus was used to conduct floating behaviour investigations at a speed of 100 rpm in 900 mL of 0.1N HCl at a temperature of  $37 \pm 0.2^\circ\text{C}$  to simulate in vivo circumstances. On the basis of a visual inspection, FLT was determined, which is shown in Fig.(1) and Fig.(2)[17].

### 3.3. Drug Release In-vitro

The in-vitro dissolution studies were carried out using USP type I (basket) apparatus. The dissolution medium was 900 mL 0.1N HCl. The dissolution medium was kept in a thermostatically controlled water bath, maintained at  $37 \pm 0.5^\circ\text{C}$ . The tablet was placed into the basket and the speed of rotation was kept at 100 rpm. The dissolution medium was kept constant throughout the procedure by replacing the 5 mL of sample at regular intervals with an equal amount of the dissolution medium. The aliquots were extracted using 30 mL of chloroform, and the chloroform fraction was tested for drug release using a spectrophotometric method at 251 nm in comparison to control chloroform. The investigation was carried out three times. [18].

### 3.4. Analysis of Release Kinetics

The mechanism of release was determined by fitting the release data to the various kinetic equations such as first order, zero-order, Higuchi, and Korsmeyer-Pappas and the  $R^2$  values of the release profile corresponding to each model were found. The results are shown in Table 3[19].



**Fig.5. Tablet Floating to Buoyancy Test**

## 4. Results

All the formulations were prepared successfully by using Xanthum gum and liquorice extract.

### 4.1. Evaluation of Formulated Tablets

All of the formulations had a diameter between 11.310 and 11.833 mm and a thickness between 4.0 and 4.071 mm. The hardness was in the 3.1–3.4 kg/cm range. (Table 2) [20].

### 4.2. Buoyancy Time

Boating Time Table 2 displays the formulas' buoyancy times. All formulations' FLT was found to be less than 5 minutes.. [21].

### 4.3 Drug Release In-vitro

We performed in-vitro drug studies in 0.1N HCl as the dissolution medium. The effect on in vitro release of Xanthum gum is presented in Fig. (1). As the xanthum gum concentration decreased from 125 (F1) to 75 mg (F3) per tablet, the percentage of cumulative drug release increased from  $98,527 \pm 0.662\%$  (F1) to  $98,026 \pm 0.902\%$  (F2). The cumulative drug release for (F3) after 8 hrs. was  $97.273 \pm 0.499$  percent, which is shown in Figs. (3, 4, and 5) [22].

### 4.4. Analysis of Release Kinetics

To study the release rate kinetics and the release mechanism of the drug from the tablet formulations, the in vitro drug release data were analysed by the mathematical equation such as first-order kinetic equation, zero-order kinetic equation, Higuchi's equation, and Korsmeyer's equation. The data obtained are represented in Table 3. For all the formulations, the value of  $n$  was 0.6242–0.8408, suggesting an anomalous transport in which both diffusion and polymer relaxation



control the drug release mechanism [23].

**Table 3. Analysis of release mechanism.**

Formulation	Zero order R <sup>2</sup>	First order R <sup>2</sup>	First order k <sub>h</sub> -1	Higuchi R <sup>2</sup>	Korsmeyer R <sup>2</sup>	Korsmeyer n
F1	0.94	0.7658	0.3075	0.9908	0.9973	0.6141
F2	0.935	0.9275	0.2134	0.9865	0.9949	0.625
F3	0.9698	0.9261	0.2052	0.9714	0.9954	0.6177
F4	0.9812	0.9141	0.1651	0.9523	0.9982	0.7408
F5	0.9403	0.9061	0.2345	0.9799	0.9817	0.6295
F6	0.9568	0.9039	0.2015	0.9794	0.9973	0.6793
F7	0.9651	0.9119	0.1496	0.9738	0.9904	0.6688

#### 4.5. Optimization of Tablet Formulation

The idealized formulation was discovered to be F7. The buoyant period lasted 3.5 minutes, and the percentage cumulative drug release was 98.3% [24].

### 5. Discussion

#### 5.1. Evaluation of Formulated Tablets

All the formulations passed the USP requirements for friability and uniformity of weight.

#### 5.2. Buoyancy Time

Within the swelling polymer's gellified layer (hydrocolloids), the carbon dioxide produced from sodium bicarbonate after contact with the acidic medium will stay trapped. This creates and retains its buoyancy with an upward motion of the dosage form. The FLT is explained by the time it takes for the dissolution medium to penetrate the tablet matrix and to develop the swollen layer for in situ generated CO<sub>2</sub> trapping. Due to CO<sub>2</sub> release and drug release from the matrix, the tablet mass reduced gradually. On the other hand, the swelling of the HPMCK 100M triggered an increase in tablet quantity as the solvent penetrated the glassy polymer layer. The combined impact is a net decrease in tablet density, which extends the floating time beyond 8 hr. The combined effect results in a net reduction in tablet density, extending the floating time past 8 hours.

#### 5.3. Drug Release In-vitro

Drug Release In-vitro Xanthum gum gelling characteristics may have been attributed to the tablet's

sluggish release. The effect on the in-vitro release of various concentrations of HPMC K100 M is shown in Fig. (2). As the HPMCK100 M level increased from 40 (F4) to 60 mg (F5), the release of drugs declined from  $99.61 \pm 0.631\%$  to  $97.442 \pm 0.521\%$ . This may be due to the enhanced concentration of polymer that shortens the diffusion route for the drug, which may delay the release of the drug. Fig. (3) shows the impact of sodium bicarbonate on the in-vitro drug release. Sodium bicarbonate functions as a gas-generating agent in such systems. When it comes into contact with an acidic stomach environment, it produces gas. The water-soluble polymer matrix entraps the gas, and the formulation floats in the stomach's acidic environment.

Analysis of Release Kinetics

When Higuchi's equation was used to learn the drug release system, it was noted that the values did not provide a good fit for the Higuchi equation. None of the formulations followed the kinetics of the first order, verified by the inappropriate correlation coefficient values. Equations of Korsmeyer and Peppas ( $R^2 = 0.9817-0.9982$ ) were best suited for all the formulations. When  $n$  is 0.5, it shows the controlled release of drugs by Fickian diffusion and at the value 1.0, it shows case II transport (swelling-controlled release of drugs). Values of  $n$  between 0.5 and 1.0 are considered as a non-Fickian (anomalous transport) diffusion indicator.

#### 5.4. Optimization of Tablet Formulation

Based upon the buoyancy time and percentage cumulative drug release, formulations were optimized. All of the formulations' buoyancy times fell between 3.5 and 5 minutes. The range of the cumulative total drug release was between 93.34 and 99.

## 6. Conclusion

The balance in floating and drug release profile has been accomplished. Formulation F7 has shown excellent floating conduct along with better-controlled drug release compared to other prepared formulations. Therefore, both the diffusion and polymer relaxation control the drug release mechanism. We can conclude that sodium bicarbonate and HPMC K100 M in a mixture can act as a promising polymer for buoyancy, helpful for regulating the drug floating and also the release of drugs. The current work can, therefore, be regarded as a platform, providing information related to the development of xanthum gum and liquorice floating formulations.

**7. Conflict of Interest:** Authors have declared that no competing interests exist.

## 8. Acknowledgement

I sincerely thank Management and Principal, SPH College of Pharmacy, Malegaon, for providing necessary facilities for this study.

## 9. References

- [1] Upendra, N.; Ashok, K. P.; Charu Bharti, C. Gulati, N. Formulation and evaluation of nutraceutical tablet using herbal drugs by direct compression method. *J. Drug Deliv. Ther.*, 2014, 4(2) .pp.47-1
- [2] Shanthi, A.; Radha, R.; Jaysree, N. Antiulcer activity of newly formulated herbal capsule. *Asian J. Pharm. Clin. Res.*, 2011, 4(3), pp.86-89
- [3] Waugh, A.; Grant, A. Wilson, R.; *Anatomy & Physiology in Health and Illness*, 11th ed.; Churchill Livingstone: New York, 2013, pp. 315.
- [4] Yeole, P. G. floating drug delivery system: Need and development *Ind. J. Pharm. Sci.*, 2005, 67(3), 265-272.
- [5] Garg, R.; Gupta, G. D. Progress in controlled gastrointestinal delivery systems. *Trop. J. Pharm. Res.*, 2008, 7, 1055-1066. <http://dx.doi.org/10.4314/tjpr.v7i3.14691>
- [6] Singh, B. N.; Kim, K. H. Floating drug delivery systems: an approach to oral controlled drug delivery via gastric retention. *J. Control. Release*, 2000, 63(3), 235-259. [http://dx.doi.org/10.1016/S0168-3659\(99\)00204-7](http://dx.doi.org/10.1016/S0168-3659(99)00204-7) PMID:10601721
- [7] Rubinstein, A.; Friend, D. R. Specific delivery to the gastrointestinal tract. Domb, A. J. Chichester; *Pharmacotherapy*, P. S-S., Ed.; Wiley, 1994, pp. 283-285.
- [8] Streubel, A.; Siepmann, J.; Bodmeier, R. Drug delivery to the upper small intestine window using gastroretentive technologies. *Curr. Opin. Pharmacol.*, 2006, 6(5), 501-508. <http://dx.doi.org/10.1016/j.coph.2006.04.007> PMID:16890020
- [9] Deshpande, A. A.; Shah, N. H.; Rhodes, C. T.; Malick, W. Development of a novel controlled-release system for gastric retention. *Pharm. Res.*, 1997, 14(6), 815-819. <http://dx.doi.org/10.1023/A:1012171010492> PMID:9210203
- [10] Gohel, M. C.; Patel, M. M.; Amin, A. F. Development of modified released diltiazem HCl tablets using composite index to identify optimal formulation. *Drug Dev. Ind. Pharm.*, 2003, 29(5), 565-574. <http://dx.doi.org/10.1081/DDC-120018645> PMID:12779286
- [11] Bennett, A.; Melhuish, P. B.; Stamford, I. F. Carbenoxolone and deglycyrrhized liquorice have little or no effect on prostanoid synthesis by rat gastric mucosa ex vivo. *Br. J. Pharmacol.*, 1985, 86(3), 693-695. <http://dx.doi.org/10.1111/j.1476-5381.1985.tb08947.x> PMID:3840708
- [12] Yano, S.; Harada, M.; Watanabe, K.; Nakamaru, K.; Hatakeyama, Y.; Shibata, S.; Takahashi, K.; Mori, T.; Hirabayashi, K.; Takeda, M. Antiulcer activities of glycyrrhetic acid derivatives in experimental gastric lesion models. *Chem. Pharm. Bull. (Tokyo)*, 1989, 37(9), 2500-2504. <http://dx.doi.org/10.1248/cpb.37.2500> PMID:2605700
- [13] Aly, A. M.; Al-Alousi, L.; Salem, H. A. Licorice: A possible anti-inflammatory and anti-ulcer drug. *AAPS Pharm Sci Tech*, 2005, 6(1), E74-E82. <http://dx.doi.org/10.1208/pt060113> PMID:16353966
- [14] Masoomeh, M. J.; Kiarash, G. In vitro susceptibility of *Helicobacter pylori* to licorice extract. *Iran. J. Phar*

m. Res., 2007, 6, 69-72.

- [15] Tiwari, R.K.; Singh, L.; Sharma, V.; Singh, P. Formulation development of fast dissolving tablet of clove - The best nutraceutical analgesic tablet. *Asia.F. Sci.*, 2018, 1(3), 1-7.
- [16] Tiwari, R.K.; Singh, L.; Sharma, V. Performance optimization of sustained release arginine alginate micro beads with a natural polysaccharide. *J. Pharma. Res. Int.*, 2017, 17(5), 1-11. <http://dx.doi.org/10.9734/JPRI/2017/34305>
- [17] Singh, L.; Nanda, A.; Sharma, S.; Sharma, V. Design optimization and evaluation of gastric floating matrix tablet of glipizide. *Trop. J. Pharm. Res.*, 2013, 12(6), 869-876. <http://dx.doi.org/10.4314/tjpr.v12i6.2>
- [18] Sharma, V.; Singh, L. Formulation variable study and optimization of taste masked mouth dissolving tablets using design of experiment. *D. Dev. Thera.*, 2015, 6(1), 20-28. <http://dx.doi.org/10.4103/2394-2002.148887>
- [19] Singh, L.; Nanda, A.; Sharma, S.; Sharma, V. Formulation by design: understanding the formulation variables and optimization of glipizide buoyant bioadhesive microcarriers by central composite design. *Malays. J. Pharm. Sci.*, 2014, 12(1), 1-18.
- [20] Basak, S.C.; Rao, K.N.; Manavalan, R.; Rao, P.R. Development and in vitro evaluation of an oral floating matrix tablet formulation of ciprofloxacin. *Indian J. Pharm. Sci.*, 2004, 66, 313-316.
- [21] Nanda, A.; Singh, L.; Sharma, S.; Sharma, V. Performance optimization of buoyant beads of anti-diabetic drug using quality by design (QbD). *Lat. Am. J. Pharm.*, 2014, 33(1), 14-23.
- [22] Sharma, D. Formulation Development and Evaluation of Fast Disintegrating Tablets of Salbutamol Sulphate for Respiratory Disorders. *ISRN Pharmaceutics*, 2013, 8, Article ID 674507.
- [23] Ritger, P.L.; Peppas, N.A. A simple equation for description of solute release. II. Fickian and anomalous release from swellable devices. *J. Control. Release*, 1987, 5, 37-42. [http://dx.doi.org/10.1016/0168-3659\(87\)90035-6](http://dx.doi.org/10.1016/0168-3659(87)90035-6)
- [24] Thadkala, K.; Perma Kumari, N.P.; Prathyusha, R.; Raju, A. Formulation development, optimization and characterization of floating beads of captopril. *Int. J. Pharm. Res. Allied. Sci.*, 2013, 2, 32-46.