



Development And Evaluation Of Micro-Engineered Solid Dosage Form An Anti-Hypertensive Agent

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Abstract

Pharmaceutics is the Science of measurement frame plan. Pharmaceutical Dose Shapes are comprised of Dynamic Sedate Substances (dynamic pharmaceutical fixing) and Excipients. Dynamic Sedate Substances (dynamic pharmaceutical fixings, API) are chemical compounds with pharmacological planning for utilization within the conclusion, treatment, or prophylaxis of maladies. Excipients or added substances are Dormant pharmaceutical fixings counting diluents/fillers, covers, oils, coatings, additives, colorants, flavoring operators, and disintegrants. Coordinate clinical utilize of the dynamic sedate substances "as they are" is uncommon due to a few great reasons: - API dealing with can be troublesome or inconceivable (e.g., moo mg and μg dosages) - Precise sedate dosing can be troublesome or outlandish - API organization can be unreasonable, unfeasible, or not agree to the remedial points - Some APIs have the advantage of reducing exposure to environmental factors (light, humidity) or require chemical stabilization due to non-transitive chemical sensitivities. - APIs can break down in tissues (eg at neutral pH) - APIs can cause degradation or damage if in high concentrations in tissue areas. - APIs have organoleptic properties (taste, aroma)..

Key words- Pharmaceutical Dosage Forms, Active drugs, API, Excipients, Drug dosing, Pharmaceutical agents.

Introduction

Strong measurement shapes, e.g., tablets, dragees, capsules, powders, etc., speak to the larger part of the therapeutic items on the showcase around the world. The notoriety of strong measurement shapes could be a result of their ease of administration, good steadiness, and productive generation.

It must be kept in intellect, be that as it may, that the definition and the connected prepare innovation ought to be tailor-made, i.e., adjusted to the Physico-chemical properties of the sedate substance to realize ideal bioavailability for helpful utilization and fulfill the necessities of GMP. Frequently, this sort of definition work is still considered a craftsmanship and not a science. Tragically, in numerous cases, a suitable experimentally sound system for the advancement of a strong dose shape on a judicious premise is still missing. In this way, the advancement work is based on observational information and, as well frequently, on a trial-and-error sort of approach.

There are a few focuses to be said. To begin with, that definition works and handles innovation, the two columns of pharmaceutical innovation, are based on the standards of physical drug stores, where the pace of advance is tragically still or maybe moderate. This articulation is related to the reality that the substance of numerous papers distributed within the region of pharmaceutical innovation is comparatively of small common utilize, as they come about are graphic and as it were appropriate to the framework particularly considered. Moreover, in numerous papers, a straightforward run of the show is regularly dismissed, i.e., the earlier explanation of speculation as a beginning point of a logical issue to be treated.

It is of auxiliary significance whether the theory put forward turns out to be genuine or wrong, but the positive or negative result may be a critical step within the progression of science.^[1]

High Blood Pressure

- Blood weight that's higher than ordinary is alluded to as tall blood weight, or hypertension. All through the day, your blood weight varies agreeing to how much you work out. Tall blood weight (too known as hypertension) may be analyzed on the off chance that blood weight readings are reliably higher than typical.
- • Increased blood weight increments the hazard of heart infection, heart assault, and stroke, among other wellbeing issues.
- • By looking at your systolic and diastolic blood weight levels and comparing them to levels decided in particular criteria, your healthcare group can look at your tall blood weight and make treatment choices.
- A health care professional's and a health care proficient's methods for analyzing tall blood weight may vary.

- Some healthcare professionals diagnose high blood pressure in patients with blood pressure greater than 140/90 mmHg.² These limits are based on guidelines published in 2003, as shown in the table below.
- Screening by other healthcare professionals: Cancer patients with blood pressure greater than 130/80 mmHg.¹ These limits are based on guidelines published in 2017, as shown in the table below.^[2]

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Fig.1.1 Blood Pressure Readings

Diagnosis

Millimeters of mercury (mm Hg) are utilized by specialists to degree blood weight.

Blood weight can be measured in two ways. Systolic blood weight, the most elevated figure in a blood weight estimation, speaks to the weight at which the heart beats. The blood weight in between heartbeats is known as the diastolic blood weight. When the heart is at rest in between beats, the blood weight is spoken to by the most reduced number on the gage.

Your systolic blood weight is 120 mmHg and your diastolic blood weight is 80 mmHg in case your blood weight is 120/80 mmHg. N.

.Cerebrovascular Disease

- 1 The word is cerebrovascular has two parts: "Brain", which means the large part of the brain, and "vau", which means the muscles. The words cerebrovascular together refer to blood flow in the brain.
- 2 Any condition involving one or more cerebral blood arteries involved in a pathological process that causes the brain to be momentarily impacted by ischemia or hemorrhage is referred to as a cerebrovascular illness.
- 3 3.Stroke, carotid stenosis, spinal stenosis, intracranial stenosis, aneurysm, and vascular malformation are examples of cerebrovascular disorders.

4 Obstruction of blood flow due to narrowing of blood vessels (stenosis), blood formation (thrombosis), and blockage (embolism).), or bleeding due to: A broken blood vessel. Poor blood flow (ischemia) can affect brain tissue and cause a stroke.^[4]

1.4 Current Remedies:

Your doctor's prescription for high blood pressure medication is based on both your blood pressure readings and general health. One anticoagulant may not be as effective as two or more. It may take some trial and error to choose the best medication or combination of medications.

1.5 Antihypertensive Drugs

Antihypertensive drugs are several classes of compounds with a therapeutic purpose to prevent, control, or treat high blood pressure. Antihypertensive drugs differ in structure and function. It is important to the promotion process because of its prevalence within The prevalence of hypertension within the UK is 31% [characterized by the National Founded for Wellbeing and Care Fabulousness (Decent) as a estimation of 140/90 mm.].135/85 mmHg or higher when blood pressure is measured at home]. Antihypertensive medications are often used for other unrelated conditions, such as beta-blockers for thyrotoxicosis and anxiety and angiotensin-converting enzyme (ACE) inhibitors for heart failure. Therefore, drugs and their symptoms affect how the flu works..^[6]

1.6 Classification of Antihypertensive Drugs

Graphs of the classes of blood weight arrangements Rundowns of some of the major sorts of commonly embraced cardiovascular solutions are given here.

- We have included non-specific names and key exchange names to assist you get it the items you will be taking.
- It is critical to examine all medicines you take together with your specialist to decide the specified impacts and anticipated side impacts. Usually vital.
- Never halt taking your medication or alter measurements and rehash it without talking to your specialist.

The classes of blood pressure medications include:

- Diuretics
- Beta blockers
- ACE inhibitors
- Angiotensin II receptor blockers
- Calcium channel blockers
- Alpha blockers
- Alpha-2 receptor agonists
- Alpha mixed blockers and beta
- Central agonists
- Peripheral adrenergics
- Vasodilators

.Physiology

Homeostasis, cardiac work and structure. He has been included within the pathophysiology of vascular illnesses, counting hypertension, heart disappointment, diabetic nephropathy, and atherosclerosis. Noninvasive inhibition of the RAS by Pro blockers has been shown to be highly effective in treating hypertension and reducing heart failure risk and mortality. Experts reduce the progression of diabetic nephropathy and prevent ventricular remodeling, thereby reducing the risk of apoptotic myocardial tissue..

- AT1 fans offer a wide range of lenses that can be compared to the Pro stops. Because ACE inhibitors are competitive inhibitors, they can overcome the limitations of high angiotensin I. This explains why plasma angiotensin II returns to normal and is maintained with administration of ACE inhibitors. ACE is not a complex substance. Other tools include angiotensin II, bradykinin, substance P, and tachykinin. The adverse effects of hacking and angioedema are caused by the accumulation of bradykinin and other tachykinins. Also, although the evidence is very conflicting, some experimental data suggest that bradykinin may play a role in some of the benefits of Pro inhibitors. Finally, non-ACE pathways have been identified in some human cardiac chymase for angiotensin II secretion, and these pathways are not inhibited by antihypertensive agents.

Adverse Reaction

- In common, ARBs are well endured. None of the drugs surveyed includes a particular, dose-dependent antagonistic impact. Since hacking is seen as a lesson impact of Expert inhibitors, things about ARBs have particularly tended to this concern. The recurrence of hack has been essentially lower in patients taking ARBs than in patients taking lisinopril.

- Losartan contains a put within the collection of drugs called angiotensin II receptor opponents. It avoids blood vessels from narrowing, brings down blood weight and makes strides blood stream.
- Losartan is utilized to treat tall blood weight (blood weight). It is additionally utilized to diminish the chance of stroke in a few individuals with heart malady.
- Losartan is utilized to decrease long-term kidney harm in individuals with sort 2 diabetes who have tall blood weight blood weight. weight This is often a common illness, and on the off chance that cleared out untreated, it can harm the brain, heart, blood vessels, kidneys, and other parts of the body. Harm to these organs can lead to heart illness, heart assaults, heart disappointment, stroke, kidney malady, vision issues, and other issues. Way of life changes, counting taking medicine, can moreover offer assistance control blood sugar. These changes incorporate eating less calories from fat and salt, keeping up a solid weight, working out at slightest 30 minutes a day, stopping smoking, and drinking liquor in control..^[10]

Physicochemical components impacting verbal sustained-release dose frame plan.

- **Does size**

For verbal control outlines, there's an upper restrain to the number of measures to be controlled. A single measurements of 0.5 to 1.0 g is considered the greatest for a few ordinary measurements. This too applies to media discharge dose shapes. For compounds that require a huge measurements appraise, they can be given in equal sums in several sums or characterized in a straightforward system. Another thought is the security angle included in numerous pharmaceutical companies and the degree of contract recuperation.

Matrix Devices

Network gadgets, as the title proposes, are drugs that are scattered all through the polymer lattice. Within the demonstrate, the external layer is uncovered to a shower arrangement, which is first broken up and after that scattered from over. This prepare proceeds at the interface between the shower arrangement and the strong arrangement put in it, this framework works. The rate of dissemination of the sedate particles from the tumor must be quicker than the rate of dissemination of the broken up sedate from the tumor. go out.^[17]

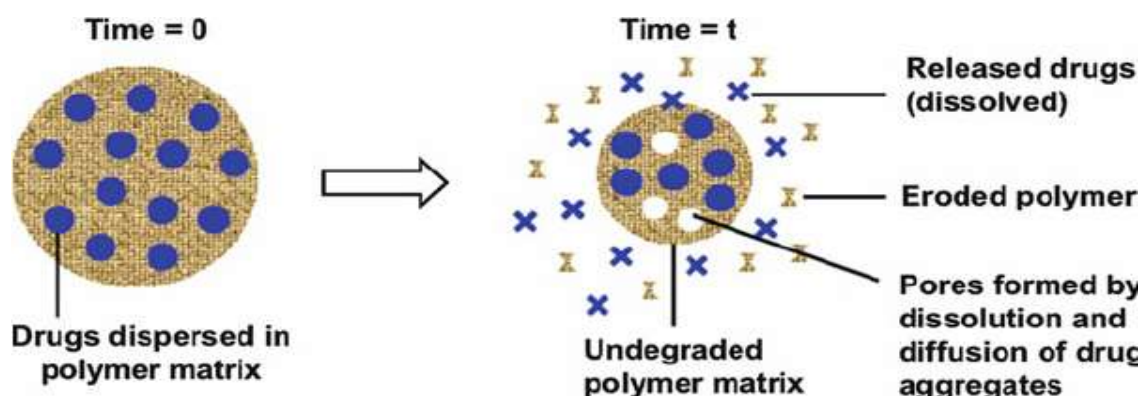


Fig.1.4 Lattice diffusional framework some time recently medicate discharge (time=0) and after fractional medicate.

Matrix Systems

One of the most difficult ways to create sustained-release dosage forms is to precisely compress a mixture of drugs, excipients, and excipients to form a tablet with the core matrix of the retardant. The drug mixture can be filtered before compression.^[18]

PRE FORMULATION STUDY

Determination of Absorption maxima (λ_{max})

Losartan (10 mg) was accurately weighed and transferred to a 100 mL vial. Dissolve and dilute with 100 ml of distilled water. Animal solutions of 100 $\mu\text{g/ml}$ losartan were diluted separately to obtain final concentrations of 8–26 $\mu\text{g/ml}$. The solutions were scanned for λ_{max} in the fundamental mode range of 200–400 nm in a UV spectrophotometer (Shimadzu 1800) using a computerized UV probe. The peak at which there was maximum absorbance was determined as the λ_{max} 234 of the drug. The graph is shown in the figure. 4.1

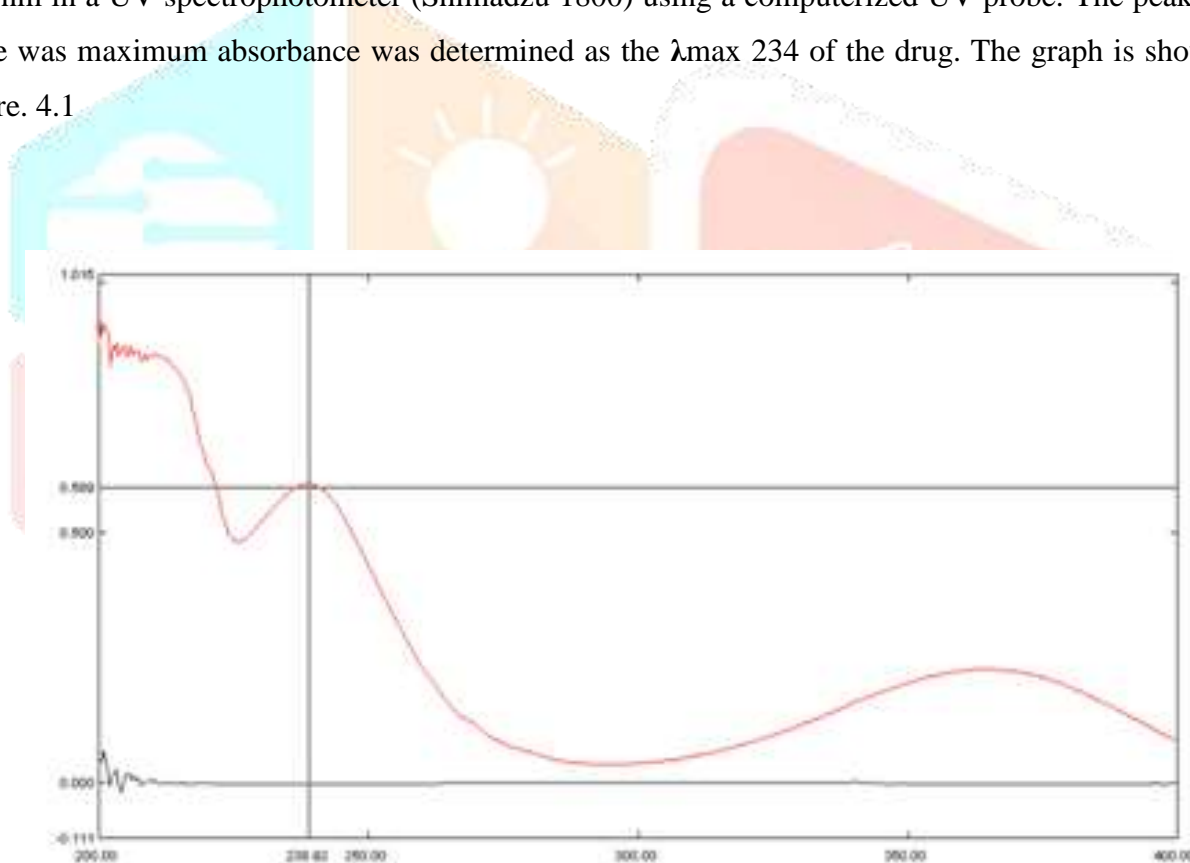


Figure-4.1 Determination of λ_{max} of Losartan

pH determination of Losartan

A 5% w/v solution of the drug dissolved in deionized water (DM) was prepared and the pH was assessed using a calibrated pH meter.

Partition coefficient:

At a temperature of 37⁰, the octanol/water partition coefficient was calculated. After adding 20 mg of precisely weighed medication to 50 ml of octanol and 50 ml of distilled water, the mixture was shaken with the aid of a mechanical shaker for 24 hours. It was then transferred to a separating funnel and left to equilibrate for 6 hours. The aqueous and octanol phases were separated, and Table 4.4 shows the spectrophotometric analysis of the drug content in the organic phase (octanol).

Drug	Partition Coefficient
Losartan	1.19

The procedure followed for preparing calibration curves in different media

Procedures were carried out to prepare the calibration curves in different media

A stock arrangement of Losartan (100 g/ml) was arranged by precisely weighing 10 mg of losartan into a 100 ml bottle and broken up in 40 ml of methanol. The blend was sonicated for 10 minutes and made up to 100 ml. The arranged stock arrangements were encourage weakened with suitable buffers to realize concentrations of 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 g/ml. To affirm linearity, the absorbance of the 10 concentrations was measured at 205 nm (n=3) and the constriction coefficients were calculated. At that point, the absorbance esteem of each concentration was factually assessed and displayed in a standard chart.

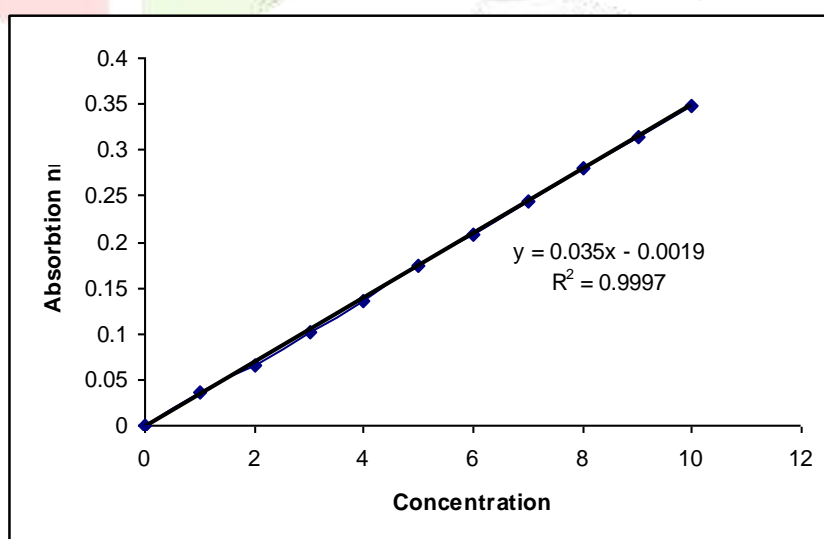


Figure 4.6 Standard curve of losartan in methanol

FTIR of drug

IR spectroscopy was performed using a Fourier transform infrared (FTIR) spectrophotometer (Perkin Elmer Spectrum version 10.03.06). Fully diluted Losartan (2–3 mg) was administered at a ratio of 1:10 with potassium permanganate (KBr). The prepared mixture was converted into 9 tons of pellets using a KBr press and IR spectra were taken by scanning between 4000–450 cm^{-1} . The IR spectrum is compared to the reported spectrum to match the characteristic peaks. The importance of the drug is shown in Figure 4.2.

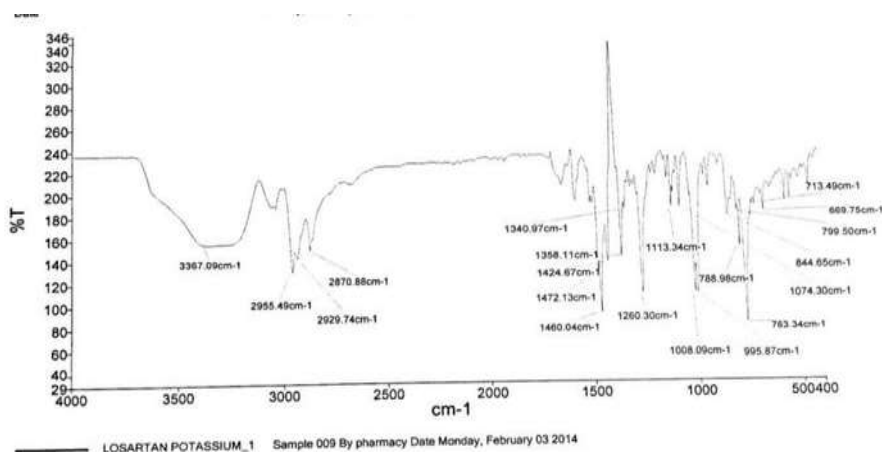


Figure- 4.2 IR Spectra of Losartan (Identification of drug)

Compatibility studies

Losartan was precisely weighed and combined in a 1:1 ratio with the chosen excipients. For four weeks, four sets of each physical mixture and the control (losartan) were made, placed in glass vials, and hermetically sealed. The vials were subsequently opened to check for any signs of caking, liquefaction, discoloration, odor, or gas generation.

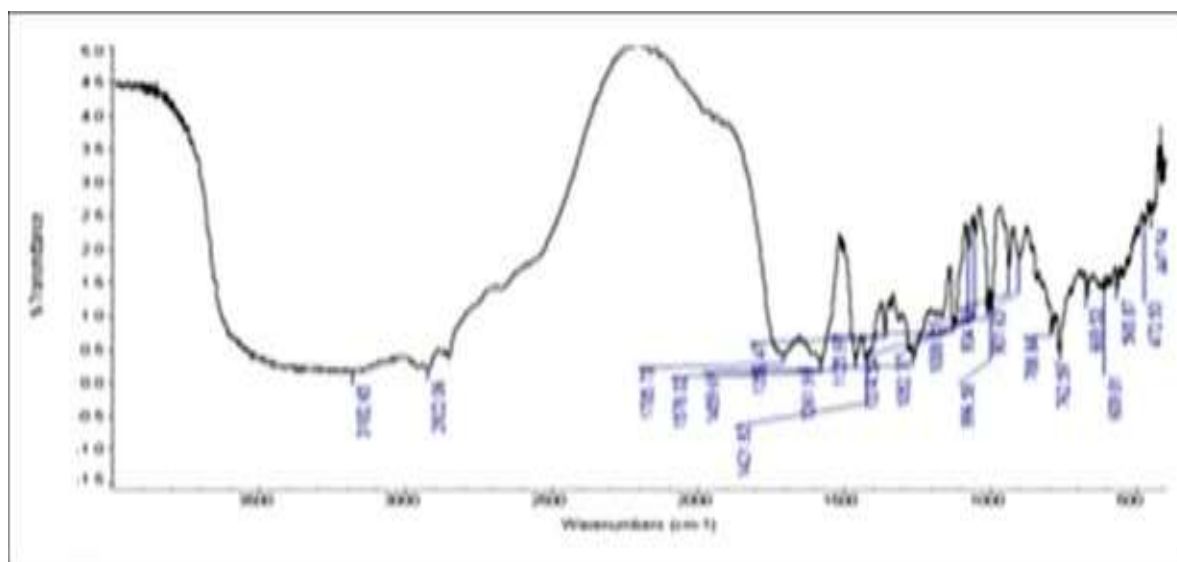


Figure- 4.5 IR Spectra of the physical mixture (Compatibility study)

Formulation Development^[56]

Solid Lipid Microparticles

Solid lipid Microparticles (SLM) have gained an increasing attention as novel Microparticles (SLM) drug carriers due to the associated merits such as ability to incorporate hydrophobic/ hydrophilic drugs, drug targeting, avoidance of organic solvents, good tolerability and stability and scaling-up feasibility [33–35]. SLNs administered through oral route exhibit lymphatic drug transport as major drug absorption mechanism and bypass first-pass metabolism. Lipidic Microparticles (SLM) pass through the digestive and absorption phase followed by the circulatory uptake for augmenting the oral bioavailability of the lipid encapsulated drug [36–40].

The goal of this study to prepare Losartan Solid Lipid Microparticles (SLM) by using surfactant.

Preparation of Losartan loaded SLN.

The Losartan- Microparticles (SLM) were prepared by modified homogenization and ultrasonication method with slight modification. In this technique, the lipid phase consisted of stearic acid and Losartan, and the aqueous phase consisted of non-ionic surfactant (tween 80), both were heated separately at 75°C. The aqueous phase was poured slowly in the lipid phase using a high-speed mechanical stirrer while maintaining the temperature at 75°C. The stirring was continued for 30 minutes at 75°C. The droplet size of the prepared emulsion was reduced by sonication using ultra sonicator for 8 minutes. But on increasing amplitude and time beyond a limit, particle size increases due to particle aggregation. The formed MET- Microparticles (SLM) were stored at 4°C immediately after Sonication, nanoparticle suspension is obtained. Microparticles (SLM) were collected by centrifugation at 4000 rpm for 60 min at 4±1 °C and clean the Microparticles (SLM) with deionized water. Then the particles are frozen using freeze dryer at -20 °C. the final concentration of Losartan- Microparticles (SLM) collected after freeze drying was 100 mg/g.

Zeta Potential

The electric potential differential throughout the ionic layer around a positive ion in colloids is zeta potential. The lower the zeta potential value, the less aggregation. Their zeta potentials influence Losartan- Microparticles (SLM)' potential stability. The zeta potential assessment is one of the quick tests for reducing candidate formulation stability investigations, reducing experimental time and testing costs, and boosting shelf-life. The zeta potential indicates the electrical voltage difference in surface-charged particles and forecasts the formulation's stability; its optimal range is more than -30 mV. The formulation's zeta potential (-potential) was determined in the original dispersion media. For very stable suspensions, the absolute value of -potential should be around -30 mV.

Losartan- Microparticles (SLM) formulation

The Losartan- Microparticles (SLM) formulation was optimized by using 3² CCD model. The independent variables were selected and applying certain limitations, an optimized formulation was generated from the software Design Expert v12.0.3.0. Total 11 formulations prepared it includes two centre points. Batches contains 2 independent variables the stearic acid and tween 80 at minimum (-1), medium (0) and maximum (+1). The dependent variables responses such as particle size, % EE and %CDR were recorded. The significance of the model was evaluated in terms of R² value. 3D and 2D plots were employed to evaluate the relationship between the dependent and independent variables. All the responses were recorded and compared to get the optimize batch.

Preparation of SR Formulation using the wet granulation method

The total dose of Valsartan per day The maximum release formulation was calculated using the available pharmacokinetic data using the following equation.

$$D_t = \text{Dose} (1 + 0.693 \times t/t_{1/2}) + \text{overage}$$

Where, D_t = total dose of drug;

Dose = conventional dose (40mg);

t = time (hrs) during which the sustained release is desired (24 hrs);

t_{1/2} = half-life of the drug (6 hrs).

5.1.1. Preparation of SR Formulation using wet granulation method:

Table 5: 1 Losartan sustained release formulation of study

S.No.	Ingredients	Required quantity (mg/tablet)			
		F1	F2	F3	F4
1	Losartan Microparticles (SLM)	150	150	150	150
2	Dicalcium phosphate	36.75	36.75	36.75	36.75
3	Microcrystalline cellulose	16	26	36	41
4	Hydroxypropyl methyl cellulose +Carbopol 934 P	35(14%)	25(10%)	15(6%)	10(4%)
5	Aerosil	1	1	1	1
6	Magnesium stearate	1.25	1.25	1.25	1.25

Table: 5.1 Hand-rolled rugs are made by wet drying technique method using the ingredients given in the formula

- A. Components 1–3 were precisely weighed and passed through sieve # 40.
- B. Using a poly bag, mix uniformly.
- C. Using a mechanical stirrer, dissolve ingredient 4 in the needed amount of water.
- D. Thoroughly combine B and C, then dry the moist material at 60°C for 30 minutes. Pass the granules obtained through sieve #16.
- E. Continue to dry D at 60°C until the moisture content reaches 1 - 1.5%.
- F. Strain ingredient 5 through filter # 60 and thoroughly combine with (E).
- G. Thoroughly lubricate ingredient 6 (60 mesh passed) with F in a poly bag.
- H. Following blend analysis, prepared blend (G) was compressed in a single-punch tablet compression machine with 9 mm biconcave standard round punches and dies. Each pill was perforated and weighed a total of 250 mg.

Result and Discussion-

Weight Variation

Twenty plates from each detailing were arbitrarily chosen and weighed employing a Shimadzu advanced adjust. SD values were calculated.

Thickness

Ten plates were randomly taken from each construct and their thickness was measured with a digital microscope. SD values were calculated.

Hardness and Friability

The hardness or smashing of the tablets for the verbal break test was measured employing a tablet analyzer (Monsanto sort). The ductility of 20 verbal tablet samples was measured employing a Roche USP sort machine (Camp-bell Hardware, Mumbai). Some time recently weighing, the plate was put in a turning plastic chamber gadget joined to a engine driven at a speed of 25 rpm for 4 minutes. After the sheets are pulverized, they are weighed once more and the weight rate (delicate quality) is calculated.

$$\% \text{Friability} = \frac{\text{Initial weight} - \text{Final weight}}{\text{Initial weight}} \times 100$$

Wetting Time

Five circular sheets of tissue were put in a 10 cm distance across Petri dish. 10 mL of water containing 0.5% eosin, a water-soluble color, was included to the Petri dish. The color is utilized to damp the floor surface. The plate was carefully put on a tissue paper surface in a Petri dish at 25°C. The time it took for water to reach the soil surface and the overall water substance were recorded as the wetting time. These estimations were performed on six tests. Damp times were recorded by perception.

5.6 Flow and consolidation properties

5.6.1 Angle of Repose

The methods measured the parameters for determining the flow and consolidation properties of the losartan angle of repose, bulk density, tapped density, Carr's index, and Hausner's ratio. The information gathered is summarized in (Table 5.1).

The flow and consolidation data indicated that the material had passable to poor flow qualities, indicating the use of 0.5- 1.0% glidant. However, because the medication dose is 25-100 mg and the anticipated level of excipients in the formulation is substantially larger than the drug itself, a poorly flowing drug may not offer critical formulation concerns.

Swelling index

When polymeric matrix tablets come into touch with water, they form a gel coating around the tablet core. This gel layer controls medication release. Because the gel barrier is generated through water penetration, the swelling kinetics are critical. Swelling is also an important role in keeping medication release under control. The tablet's weight gain was used to calculate the level of edema. The swelling behavior of the F11 formulation was investigated.

Each formulation's tablet was stored in a Petri dish with a pH 6.8 phosphate buffer. After 1 hour, the tablet was removed, soaked in tissue paper, and weighed. The weights of the tablet were then recorded every 2 hours, and the process was repeated until the end of the 24 hours. The swelling index was measured to obtain insight into the phenomenon of polymer hydration and to assess the level of media penetration within the tablets.

Table 5.9 Swelling index of optimized sustained release formulation (F11)

Time interval (hr)	Swelling index (%)
0	0.00 ± 0.00
2	52.43 ± 0.33
4	92.01 ± 0.47
6	135.04 ± 0.02
8	166.47 ± 0.21
10	188.87 ± 0.81
12	193.95 ± 0.93
24	38.27 ± 0.87

Stability studies

The soundness of a sedate can be characterized as the capacity of the definition to preserve its physical, chemical, microbiological, clinical and poisonous properties in a closed framework.

Sustainability research is a methodological process. This ensures that your medicines are safe, high quality and effective for life. Development phase sustainability studies provide useful information for selecting appropriate shelf life formulations, packaging closure systems, and storage methods for new product development. Steadiness thinks about look at the impacts on the sedate of changes in temperature, time, mugginess, light concentrated, and fractional vapor weight

Stability Testing of a Drug An important part of the stability research process is storage conditions based on climatic conditions. Since sustainability research is a cGMP tool, it can contribute to quality products and increase the company's reputation in the international market.

"Term" is the "time" for which the drug's impact keeps going. Properties" Soundness tests are utilized to evaluate the impact of natural conditions on the quality of a medicate substance or item and to decide capacity and labeling rules in steadiness ponders. Weight on drugs^[68].

7.1 Guidelines For Stability Testing

To guarantee legitimate fabricating, dissemination and conveyance to patients, administrative specialists in numerous nations have built up lawful necessities for producers to supply dependable information. The most objective is to conduct comparative tests between producers. This direct centers on fundamental issues related to solidness, information solidness prerequisites for applications, and implementation angles. These rules were to begin with distributed within the 1980s. Afterward, it was joined into the Worldwide Conference on Harmonization (ICH) to dispose of financing for the launch and enlistment of items in numerous nations. The ICH could be a bunch shaped with the support of organizations and organizers from the European Commission, Japan and the Joined together States.^[70]

In 1996, the World Wellbeing Organization (WHO) changed the ICH rules since they did not take under consideration the climatic conditions of numerous nations and as it were secured modern chemicals and pharmaceuticals, not how they are conveyed at domestic. Shortcoming of WHO. In June 1997, the Joined together States Nourishment and Medicate Organization moreover distributed a direction book entitled "Rack Life of Strong Verbal Details Containing Press". In 2004, WHO moreover published guidelines for wellbeing investigate within the worldwide environment (WHO, 2004). The ICH rules were afterward extended to incorporate creature items. The India Sedate Producers Affiliation has moreover distributed a specialized paper on soundness testing of pharmaceutical substances and items in India. In expansion, the Direct to Speculations in Dynamic Plan, Recreations, Directions and Connections gives a few tests and controls.

7.2 As per ICH, WHO, FDA

- Storage conditions for rapid tests according to ICH and WHO are $400c \pm 20c$ $75\%RH \pm 5\%$.
- use If the product is inconclusive under the above conditions, use intermediate conditions. $300c \pm 20c$ $65\% RH \pm 5\%$
- use FDA Recommendation 0, 2, 4, 6 months.
- use WHO Recommendation 0, 1, 2, 3, 4, 6 months.
- use ICH is 3 months a year, and the following frequencies: 6 months every 2 years, then every year
^[71]

7.3 Importance Of Stability Testing

- Quality and ensure of therapeutic items to guarantee understanding security. This guarantees the security of the measurement shape for patients with the illness.
- Confirmatory considers are valuable in selecting fitting measurement shapes to decide the security of tablets, framework bundle closures, and capacity strategies for the improvement of modern items.
- Stability thinks about assess the appearance and physical properties (eg, color, conglomeration, hardness, stage division, resuspension), strength, and immaculateness of the medicate amid which it is considered imperative to decide the sedate quality. Altered or republished drugs.
- Stability testing must be performed on dose shapes bundled in holder closure frameworks for utilize in clinical trials.
- .Test parameters vary by dosage form. Stability studies should include testing for drugs that may change during storage and affect quality, safety, and potency.^[72]

7.4 Storage Condition

The choice of capacity conditions is based on the climatic zone where the item is promoted or for which official endorsement of the item is asked. ICH given common proposals for capacity conditions. Abbreviated/recommended ICH conditions for drugs are given^[73].

7.5 Accelerated stability studies

7.5.1 . Accelerated stability study (WHO guidelines):

Studies on stability were conducted to ascertain the impact of the polymer and additives on the drug's stability as well as the formulation's physical stability under accelerated storage settings for temperature and humidity. To determine stability and shelf life, three-month accelerated stability research was conducted at 40 °C, 50 °C, and 60 °C with 65 5% RH. The optimized tablet was duplicated enough to be packaged in sealed 30 ml HDPE bottles with a 1 g canister (desiccant).

7.5.2. Accelerated stability testing according to ICH Q1A (R2) guidelines

They were placed in a closed room at 40 ± 0.5 °C and $75 \pm 5\%$ RH. Samples were collected on days 30, 60, and 90. Samples were evaluated for drug content and release behavior.

7.6 Accelerated stability studies of optimized losartan SR tablets

Losartan tablet stability experiments were conducted to establish its nature in the presence of polymers and other formulation ingredients under storage circumstances. Using UV spectroscopy, stability testing was performed to estimate the drug concentration in losartan SR tablets.

7.6.1 Accelerated stability study (WHO guidelines):

Prepared plates (30 samples were taken at 0, 30, 60 and 90 days and analyzed for drug content by UV spectroscopy using a standard curve. The logarithm of drug residue was plotted against time (in days) (Figure 7.1). obtained the slope of each line and the pollution frequency was calculated using the formula..

$$\text{Slope} = -K / 2.303.$$

where K is a constant..

$$t_{0.9} = 0.1052 / K_{25}$$

Here, $t_{0.9}$ is the time required for the solution to degrade by 10% and is called the lifetime.

S.No	Time (days)	Temperature (°C)	Mean conc. of drug remaining (\pm SD, N=3) $\mu\text{g/ml}$	% drug remaining	Log % drug remaining
1	0	40 °C and 65 % RH	158.86 \pm 0.03	99.90725	1.9996927
2	30		159.32 \pm 0.04	99.55875	1.9981241
3	60		158.38 \pm 0.04	98.99198	1.9945996
4	90		158.08 \pm 0.07	98.80725	1.9947843
5	0	50 °C and 65 % RH	159.75 \pm 0.02	99.90635	1.9995827
6	30		158.33 \pm 0.04	98.89376	1.9941688
7	60		157.59 \pm 0.04	98.49475	1.9934097
8	90		156.92 \pm 0.05	98.07875	1.9915406
9	0	60 °C and 65 % RH	159.86 \pm 0.01	99.90725	1.9995937
10	30		157.55 \pm 0.02	98.5625	1.9942809
11	60		156.73 \pm 0.02	98.01975	1.9913093
12	90		156.43 \pm 0.04 \pm	97.70725	1.9899233

Table 7.1 Degradation of losartan (SR) according to WHO guidelines

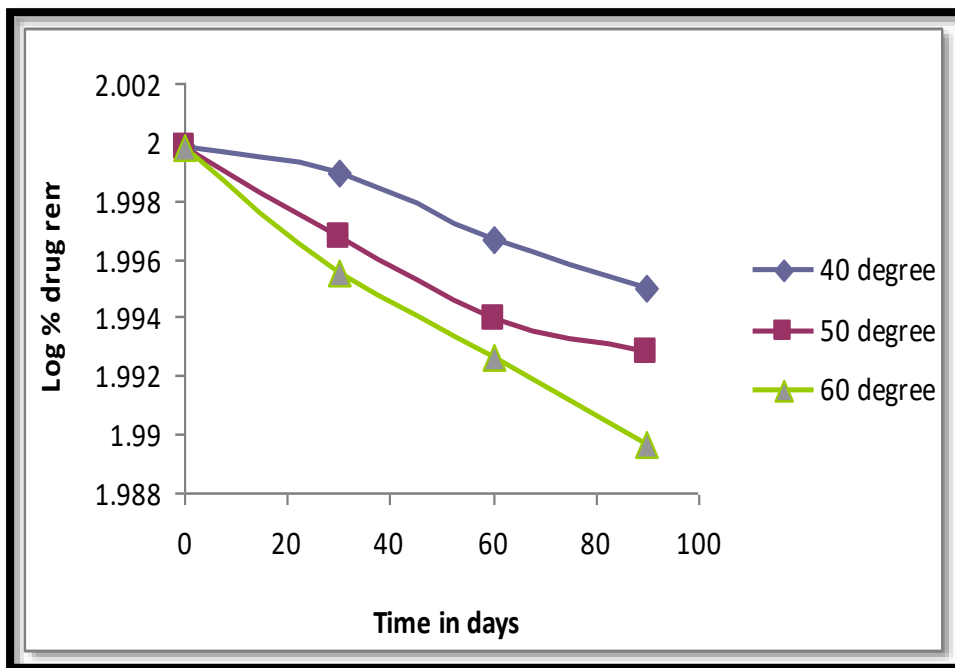


Figure 7.1: Kinetics of losartan degradation from optimized SR tablets

7.6.2 Accelerated stability testing according to ICH Q1A (R2) guidelines

The samples were held at a temperature of 40 °C and a humidity of 75 % RH for the stability evaluation of the sustained release tablets. The samples were collected after 0, 30, 60, and 90 days. The samples taken at zero time served as controls.

Table 7.2 shows the assay results (n=3) obtained at each sampling interval of 0, 1, 2, and 3 months.

Time (months)	Drug content	
	(mg) (± S.D.) (n=3)	% of label claim
0	159.89 ± 0.02	100.0 ± 0.2
1	159.866 ± 0.03	99.92 ± 0.3
2	159.738 ± 0.05	99.84 ± 0.1
3	159.22 ± 0.04	99.55 ± 0.4

Table 7.2 Stability analysis data of optimized sustained release tablets at 40 ± 5°C and 75 ± 5 % RH

Parameters	Conventional Tablet	SR (F 11)
C_{\max} ($\mu\text{g/ml}$)	1.6 ± 0.072	1.35 ± 0.33
T_{\max} (hr)	1.0 ± 0.15	6.0 ± 0.75
AUC_{0-t} ($\mu\text{g.hr/ml}$)	8.40 ± 0.46	23.815 ± 0.33
MRT(hr)	11.7 ± 0.66	18.0 ± 0.088
V_d (ml)	5911.5 ± 32.0	2650.3 ± 71.66
CL (ml/hr)	441.53 ± 16.90	187.43 ± 11.14
$T_{1/2}$ (hr)	6.28 ± 0.19	9.81 ± 0.46
K_e (1/hr)	0.747 ± 0.03	0.706 ± 0.02

Table 7.3 Pharmacokinetic Parameters of losartan after administration of conventional, and SR tablet

- Losartan's maximum concentration was found to be 1.6 ± 0.072 g/ml for marketed preparation, which was used as a comparison to created formulations in the study. C_{\max} for tablets with continuous release was determined to be 1.35 ± 0.33 g/ml (Table 7.3). The peak of sustained-release tablets was discovered to be three times higher than that of regular tablets (23.815 ± 0.33 g.hr/ml). The T_{\max} of sustained-release tablets was raised from 1 (as with normal tablets) to 6 hours, which also improved the drug's bioavailability.
- The volume of distribution and renal clearance of the conventional tablets was higher, and although not significantly so, so was the elimination rate.
- These findings suggest that a sustained-release tablet formulation for chronotherapy of hypertension may be effective. It is more effective than conventional tablets at controlling the length of time that a drug remains in the plasma.

SUMMARY AND CONCLUSIONS

The show examination includes the definition and assessment of supported discharge tablets of Lalsartan with a see to draw out the sedate discharge within the gastrointestinal tract and thus into the plasma.

The maintained discharge tablets were defined by utilizing the combination of different discharge retardant polymers/excipients. The polymers utilized were hydroxypropyl methylcellulose, Miniaturized scale Crystalline Cellulose, and Carbopol 934 P. Tablets were arranged by wet granulation technique.

References

1. Hemanth, , (2020), Research on Non-conforming Product Quality, Indian Journal of Pharmaceutical Education and Research, Vol 54, Issue 3, Jul-Sep, 5473-5484
2. [https://www.cdc.gov/bloodpressure/about.htm#:~:text=High%20blood%20pressure%2C%20also%20called,blood%20pressure%20\(or%20hypertension\).](https://www.cdc.gov/bloodpressure/about.htm#:~:text=High%20blood%20pressure%2C%20also%20called,blood%20pressure%20(or%20hypertension).)
3. <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/diagnosis/treatment/drc20373417#:~:text=This%2024%2Dhour%20blood%20pressure,an%20average%20d ay%20and%20night.>
4. William B. Owens, MD, (2011), Blood Pressure Control in Acute Cerebrovascular Disease, The Journal of Clinical Hypertension, Vol.13, No.13, 205-211
5. https://en.wikipedia.org/wiki/Cardiovascular_disease
6. Jarar Noah, (2016), A review on prescribing patterns of antihypertensive drugs, Clinical Hypertension, 2-8
7. National Library of Medicine, <https://www.ncbi.nlm.nih.gov/>
8. Types of Blood Pressure Medications, https://www.heart.org/en/health-topics/high-blood-pressure/changes-you-can-make-to-manage-high-blood-pressure/types-of-blood_pressure_medications
9. Deysi Casba Andras, (2016), The Different Therapeutic Choices with ARBs. Which One to Give? When? Why?, American Journal Cardiovascular Disease, 16, 255–266
10. <https://www.webmd.com/drugs/2/drug-6616/losartan-oral/details>
11. <https://www.sciencedirect.com/topics/medicine-and-dentistry/sustained-drug-release>
12. S Darandale Abhishek, (2017), Sustained Release Dosage Form: a Concise Review, International Journal of Pharmaceutics & Drug Analysis Vol.5 Issue 5,153 – 160 <http://ijpda.com>; ISSN: 2348-8948

13. Robinson J. R.,(1966), Theoretical formulation of sustained-release dosage forms, Journal of Pharmaceutical Science, Vol. 55 (11), 1254-1263, <https://onlinelibrary.wiley.com/doi/epdf/10.1002/jps.2600551118>
14. Karna Sudhir, (2015), Formulation Approaches for Sustained Release Dosage Forms: A Review, Asian J Pharm Clin Res, Vol 8, Issue 5, 46-53
15. Mishra Sandhya, (2019), Sustained Release Oral Drug Delivery System: A Concise Review, International Journal of Pharmaceutical Sciences Review and Research, 54(1), 5-15
16. <https://www.14impressions.in/2020/11/factors-affecting-drug-design.html>
17. Zalte H.D., Review on Sustained Release Matrix Tablet, International Journal of Pharmacy and Biological Sciences, Vol 3(4), 17-29
18. https://www.researchgate.net/publication/327861067_Formulation_and_Evaluation_of_Sustained_Release_Matrix_Tablets_of_Furosemide_Using_Different_Polymers_Formulation_and_Evaluation_of_Sustained_Release_Matrix_Tablets_of_Furosemide_Using_Different_Polymers
19. Chandan Rajesh Sindhi , Pankaj Motilal Chaudhari ,, Anup Mukund Akarte , Kalpesh Shankant Wagh and Prakash Hiranman Pati , (2021), Develop and evaluate novel drug delivery system of valsartan for treatment of Hypertension: A review, 15(03), 302–306
20. Trupti Ghatage , Srashti Gopal Goyal , Arti Dhar1 , Audesh Bhat2, (2021), Novel therapeutics for the treatment of hypertension and its associated complications: peptide- and nonpeptide-based strategies, Hypertension Research, 44:740–755, <https://doi.org/10.1038/s41440-021-00643-z>
21. Kanwal U, Mukhtar S, Waheed M, Mehreen A, Abbas N, Shamim R, Hussain K, Rasool F, Hussain A, Bukhari NI, (2021), Fixed Dose Single Tablet Formulation with Differential Release of Amlodipine Besylate and Simvastatin and Its Pharmacokinetic Profile: QbD and Risk Assessment Approach, 2021:15, 2193—2210 DOI <https://doi.org/10.2147/DDDT.S240506>
22. M.Prashanthi Evagelin, Y.Elisha2, P.Prem Kumar, G.Sai Lakshmi3, K.Arathi, (2020), Design and evaluation of amlodipine and losartan potassium immediate release tablets by direct compression method, The Journal of Medical Research, 6(3), 103-105
23. Mohammed Yunus Khan · Sucheta Pandit · Saumitra Ray · Jagdish Chander Mohan · B. C. Srinivas · Santosh Ramakrishnan · Amey Mane · Suyog Mehta · Snehal Shah, (2020), Drugs - Real World Outcomes (2020) 7:281–293, <https://doi.org/10.1007/s40801-020-00211-w>

24. Ozan Tekdemir , Gizem Tilki , Timuçin UĞURLU, (2020), Development of a multiple-unit system: Tablets containing amlodipine besylate which have different release kinetics, Journal of Research in Pharmacy, 24(4), 572-581.
25. Raosaheb S Shendge¹, Kishor S Salunkhe², Kashid Girish, (2020), formulation development of modified release dosage form of antihypertensive drug, European Journal of Molecular & Clinical Medicine, 7(4), 2124-2133
26. Chong Li, Jiancheng Wang,, Yiguang Wang, Huile Gao, (2019), Recent progress in drug delivery, Acta Pharmaceutica Sinica B, 9(6), 1145-1162.
27. Bandawane Akash, Saudagar Ravindranath, (2019), A Review on Novel Drug Delivery System: A Recent Trend, Journal of Drug Delivery & Therapeutics, 9(3), 517-521.
28. Xiao-ou Wang, MD, Wen Tian, MD, (2019), Efficacy of amlodipine besylate and Valsartan for the treatment of mild to moderate hypertension, Wang and Tian Medicine (2019) 98:26, www.md-journal.com
29. Helgi Jung-Cook, Lourdes Mayet-Cruz, María Elena Girard-Cuesy, (2018), Comparative *in vitro* dissolution and *in vivo* bioavailability of commercial amlodipine tablets, Tropical Journal of Pharmaceutical Research September, 17 (9), 1685-1691.
30. Selçuk S, en, MD , Meral Demir, MSc, Zerrin Yiğit, MD, and Ali Yağız Uğur, MD, (2018), Efficacy and Safety of S-Amlodipine 2.5 and 5 mg/d in Hypertensive Patients Who Were Treatment-Naive or Previously Received Antihypertensive Monotherapy, Journal of Cardiovascular Pharmacology and Therapeutics, 2018, 23(4) 318-328
31. Mohd. Gayoor Khan, (2017), topic –the novel drug delivery system, world journal of pharmacy and pharmaceutical sciences, 6(7), 477-487
32. Vivek Agrahari, (2018), Novel drug delivery systems, devices, and fabrication methods, Drug Delivery and Translational Research, 8, 303–306
33. Sharmin Jahan Chisty, Sumaiya Mehjabin TOSHA, Ashima AZIZ, Mohiuddin Ahmed Bhuiyan, (2016), and Formulation Parameters on Antibiotic Loaded PLGA Microparticles for Pulmonary Delivery, Turk J Pharm Sci 13(1), 81-90,
34. Muhammad Ali Sheraz, Syed Furqan Ahsan, Marium Fatima Khan, Sofia Ahmed, and Iqbal Ahmad, (2016), Formulations of Amlodipine: A Review, Journal of Pharmaceutics, Volume 2016, 1-11
35. Shaktipal Patil, Amrapali Mhaiskar, Dharmendra Mundhada, (2016), a review on novel drug delivery system: a recent trend, International Journal Current Pharmaceutical & Clinical Research, 6(2), 89-93.

36. Hassan Fares, James J DiNicolantonio, James H O'Keefe,2 Carl J Lavie, (2016), Amlodipine in hypertension: a first-line agent with efficacy for improving blood pressure and patient outcomes, 3, doi:10.1136/openhrt-2016-000473
37. Chang Gyu Park, MD, PhD, (2016), Comparison of the Efficacy and Safety of Fixed-dose S-Amlodipine/Telmisartan and Telmisartan in Hypertensive Patients Inadequately Controlled with Telmisartan: A Randomized, Double-blind, Multicenter Study, *Clinical Therapeutics*, 38, 2184-2195
38. Anjuman Arora, Nusrat Shafiq, Sanjay Jain, G. K. Khuller, Sadhana Sharma, Samir Malhotra, Development of Sustained Release "NanoFDC (Fixed Dose Combination)" for Hypertension—An Experimental Study, (2015), DOI:10.1371/journal.pone.0128208
39. Suzanne Oparil and Roland E. Schmieder, (2015), New Approaches in the Treatment of Hypertension, *Circulation Research*, 1074–1095, doi.org/10.1161/CIRCRESAHA.116.303603
40. Jaswant Goyal, Zafer Yab Khan, Prerna Upadhyaya, Barkha Goyal, Shipra Jain, (2014), comparative study of high dose mono- therapy of amlodipine or telmisartan, and their low dose combination in mild to moderate hypertension, *Journal of Clinical and Diagnostic Research*, 28(6), HC08-HC11
41. Anna Jakimska, Magdalena S´liwka-Kaszyn´ska, Piotr Nago´rski, Jacek Namies´nik, Agata Kot-Wasi, (2014), Phototransformation of Amlodipine: Degradation Kinetics and Identification of Its Photoproducts, Volume 9 (10),www.plosone.org
42. Uday Jadhav , Jagdish Hiremath, Deepak J. Namjoshi, Vinod K. Gujral, Kamlakar K. Tripathi, Mohammad Siraj, Paramesh Shamanna, Michel Safar, (2014)Blood Pressure Control with a Single-Pill Combination ofIndapamide Sustained-Release and Amlodipine in Patientswith Hypertension: The efficient Study, doi.org/10.1371/journal.pone.0092955
43. Barrett W Jeffers, Rahul Bhambri, Jeffery Robbins, (2014), Uptitrating amlodipine significantly reduces blood pressure in diabetic patients with hypertension: a retrospective, pooled analysis, *Vascular Health and Risk Management* 2014:10 651–659
44. R.R. Bhagwat and I.S. Vaidhya, (2013), novel drug delivery systems: an overview, *International Journal of Pharmaceutical Sciences and Research*, 4(3), 970-982.
45. Soham Shukla, Vikram Pandya, Praful Bhardia, Nitin Jonwal, Shashank Mishra, Deepak Bhatt, Deependra Jain, (2013), Formulation and In vitro Evaluation of Immediate Release Bilayer Tablets of Telmisartan and Amlodipine Besylate, *Research J. Pharma. Dosage Forms and Tech*, 5(2), 79-87

46. Sudheshnababu Sukhavasi, V. Sai Kishore, (2012), Formulation and evaluation of fast dissolving tablets of amlodipine besylate by using Fenugreek seed mucilage and Ocimum basilicum gum, International Current Pharmaceutical Journal, 1(9), 243-249
47. Kumar Vikas, Sharma Arvind, Sharma Ashish, Joshi Gourav, Dhillon Vipasha, (2011), Recent Advances In Ndds (Novel Drug Delivery System) For Delivery Of Anti- Hypertensive Drugs, International Journal of Drug Development & Research,(3)1, 252-259
48. Fang Liu, MD; Meng Qiu, MD; and Suo-Di Zhai, MD (2010), Tolerability and Effectiveness of (S)-Amlodipine Compared With Racemic Amlodipine in Hypertension: A Systematic Review and Meta-Analysis, 7(1), 1-29.
49. <https://go.drugbank.com/drugs/DB00678>
50. Panzade [Prabhakar](#) (2010), 1.Carbopol Polymers: A Versatile Polymer for Pharmaceutical Applications. Research J. Pharm. and Tech.3 (3), 672-675. <https://rjptonline.org/AbstractView.aspx?PID=2010-3-3-56>
51. Majumder Tamasree (2016), Hydroxy Propyl Methyl Cellulose: Different Aspects in Drug Delivery, Journal of Pharmacy and Pharmacology 4, 381-385
52. <https://pharmaguidances.com/preformulation-tablets-capsules-liquid-orals/>
53. Sachin S. Gaikwad, J.Sanjay J. Sagar Kshir (2020), Review on Tablet in Tablet techniques, Gaikwad and Kshirsagar Beni-Suef University Journal of Basic and Applied Sciences, 9:1
54. Nyol Sandeep, Gupta Dr. M.M. (2013), immediate drug release dosage form: a review, Journal of Drug Delivery & Therapeutics; 2013, 3(2), 155-161
55. Varma M. Mohan, Kumar K. T. Sunil, Durga Srivalli (2021), a review on nanoparticles: synthesis, characterization and applications, wjpmr, 2021,7(8), 169 – 179.
56. Jadhav S. D. Shaikh A (2019),International Journal of Trend in Scientific Research and Development (IJTSRD), 3(3), Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470
57. DOI: <http://dx.doi.org/10.1016/j.jsps.2017.02.009>
58. Liew [Celine V.](#) (2011), Evaluation of the Physicochemical Properties and Compaction Behavior of Melt Granules Produced in Microwave-Induced and Conventional Melt Granulation in a Single Pot High Shear Processor, *AAPS PharmSciTech.* 2011, 12(4): 1374–1383.

J

59. Ames A. Seitz, Gerald M. Flessland (1965), Evaluation of the Physical Properties of Compressed Tablets I: Tablet Hardness and Friability, *Journal of Pharmaceutical Sciences*, 54(9), Pages 1353-1357
60. Rivera-Leyva J. C. (2012), Comparative Studies on the Dissolution Profiles of Oral Ibuprofen Suspension and Commercial Tablets using Biopharmaceutical Classification System Criteria, *Indian J Pharm Sci.*, 74(4): 312–318
61. D'Souza Susan (2014), A Review of In Vitro Drug Release Test Methods for Nano-Sized Dosage Forms, Hindawi Publishing Corporation *Advances in Pharmaceutics* Volume 2014, Article ID 304757, 12 pages <http://dx.doi.org/10.1155/2014/304757>
62. Reddy Boi Basanta Kumar, Nagoji Kambhayathughar Eswara Venkata, Sahoo Satyanarayan (2018), Preparation and in vitro & in vivo evaluation of cephalexin matrix tablets, *Braz. J. Pharm. Sci.*, 54(3), e17277, 1-12
63. Dash suvakanta, Murthy padala narasimha, Nath lilakanta and Chowdhury prasanta (2010), kinetic modeling on drug release from controlled drug delivery systems, *acta poloniae pharmaceutica ñ drug research*, vol. 67 no. 3 pp. 217-223
64. Aydın Alptekin, and Hidayet Taga (2019), Prediction of Compression and Swelling Index Parameters of Quaternary Sediments from Index Tests at Mersin District, *Open Geosci.*, 11:482–491
65. Madgulkar ashwini r., Bhalekar m. r., v. j. kolhe and kenjale y. d. (2009), formulation and optimization of sustained release tablets of venlafaxine resinates using response surface methodology, *indian j. pharm. sci.*, 71 (4): 387-394
66. DOI:[10.1016/S0731-7085\(02\)00360-](https://doi.org/10.1016/S0731-7085(02)00360-)
67. Murali Mohan Babu (2002), In Vivo Evaluation of Modified Gum Karaya as a Carrier for Improving the Oral Bioavailability of a Poorly Water-Soluble Drug, Nimodipine, *AAPS PharmSciTech*, 3 (2) article 12 (<http://www.aapspharmscitech.org>)
68. https://www.paho.org/hq/dmdocuments/2008/6_Annex_5_report_34.pdf
69. A. Arunachalam, M. Shanka (2013), stability studies: a review, *Asian Journal of Pharmaceutical Analysis and Medicinal Chemistry*. 1(4), 184 - 195.

70. <https://www.fda.gov/science-research/clinical-trials-and-human-subject-protection/ich-guidance-documents>
71. zothanpuii f, rajesh r, selvakumar k (2020), a review on stability testing guidelines of pharmaceutical products, Asian J Pharm Clin Res, 13(10), 2020, 3-9
72. Bajaj Sanjay, Singla Dinesh and Sakhuja Neha (2012), Stability Testing of Pharmaceutical Products, Journal of Applied Pharmaceutical Science 02 (03); 2012: 129-138
73. <https://www.mdpi.com/2218-0532/81/4/1089>

