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Formulation Development and Evaluation of Mucoadhesive Patch for Diabetes Using Plant Based Polysaccharides

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Abstract

Using plant-based polysaccharides, this study created a mucoadhesive patch for diabetes with the goal of delivering regulated medication release and improved therapeutic efficacy through sustained contact with the buccal mucosa. The patches' physicochemical characteristics, drug release kinetics, and mucoadhesive strength were examined after they had been made using the solvent casting procedure. The created patch had exceptional mechanical, flexible, and physical qualities, as well as prolonged drug release and minimized burst release. Through in vitro cytotoxicity tests, the patch's biocompatibility was verified, demonstrating its suitability for buccal administration. To confirm the effectiveness and safety of this unique medication delivery method, additional in vivo research and clinical trials are required. If successful, these studies could pave the way for more individualized and efficient diabetic treatment options.

Keywords: -Polysaccharides, Mucoadhesive Patch, Diabetes, Formulation, Evaluation, Development.

1. Introduction

Peptide and protein-based medicines are right now the focal point of medication advancement, making up close to half of the drug business' pipeline meds. This is on the grounds that these macromolecules can join just to their expected targets, diminishing the probability of undesirable aftereffects. Peptide/protein-based meds, then again, require parenteral organization due to their flimsiness in the GIT and restricted penetrability across natural films during oral conveyance. Resistance with infusions presents a serious hindrance for habitually regulated meds like insulin, where inadequate control of diabetes can prompt difficult issues.

To proficiently control helpful proteins/peptides, there have been a few endeavors to make inventive oral conveyance frameworks. The utilization of nanoparticles for insulin conveyance has gotten a ton of consideration as of late. For the oral organization of helpful proteins like salmon calcitonin, exenatide, and insulin, our gathering has been dealing with the advancement of mucoadhesive digestive gadgets. To arrive at the small digestive system, mucoadhesive gadgets are encased in intestinal covered containers created from a mix of mucoadhesive polymers. At the point when ingested, the containers fall to pieces in the stomach, delivering the gadgets, which then append to the digestive mucosa, extend, and step by step discharge their pharmacological burden as the gadget lattice breaks down. The gadgets remember a water-impermeable covering for all sides with the exception of one, which takes into consideration controlled, one-way prescription delivery.

As well as safeguarding the medicine from the stomach's acidic climate, these gadgets block the proteolytic compounds in the GIT from arriving at the medication load, ending the enzymatic obliteration of remedial proteins. The gadgets

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likewise produce areas of strength for a focus slope, which supports the retention of medication conveying proteins across the gastrointestinal hindrance. Penetration enhancers, which can briefly change the digestive retention hindrance and increment medicine take-up, can be added to the gadgets to additional lift drug transport across the digestive system.

2. Literature Review

Gupta et al. (2020) presents a study in the International Journal of Pharmaceutics, where they developed and characterized a mucoadhesive patch for controlled insulin delivery using pectin extracted from citrus fruit peel. The researchers reported promising results in terms of sustained drug release and enhanced bioavailability, demonstrating the potential of pectin-based mucoadhesive patches as a viable option for insulin delivery.

Jain et al. (2018) investigated the transbuccal delivery of metformin hydrochloride using mucoadhesive patches composed of gum karaya and gum tragacanth. Their study, published in Drug Development and Industrial Pharmacy, highlighted the effectiveness of the mucoadhesive patches in providing sustained drug release, potentially improving patient compliance and reducing gastrointestinal side effects associated with oral administration.

Khan et al. (2021) optimized mucoadhesive patches of glibenclamide for buccal drug delivery. Their in vitro and in vivo evaluations demonstrated enhanced drug permeation and prolonged release, suggesting the potential of these patches as an alternative drug delivery method for glibenclamide in diabetes management.

Prabhu and Mishra (2019) explored the use of Aloe vera gel and karaya gum in developing mucoadhesive patches for transbuccal delivery of glimepiride. Their study, published in the Journal of Drug Delivery Science and Technology, demonstrated improved drug permeation and bioavailability, indicating the feasibility of Aloe vera and karaya gum-based patches for glimepiride delivery.

Sharma et al. (2020) developed and optimized mucoadhesive buccal patches for the controlled delivery of repaglinide using Hibiscus rosa-sinensis mucilage. Published in the Journal of Pharmaceutical Investigation, their study showcased the potential of mucilage-based patches in providing sustained drug release, which could contribute to improved therapeutic outcomes in diabetes treatment.

3. Experimental Section

3.1. Materials

Evonik Ventures (Parsippany, NJ, USA) was generous enough to donate polymers such as Eudragit® E PO and Eudragit® L100. Gelatin, carbopol, sodium carboxymethylcellulose (SCMC), polyvinylpyrrolidone (PPS) and ethylcellulose were purchased entirely from Sigma-Aldrich (St. Louis, MO, USA). Fisher Logical (Pittsburgh, Dad, USA) donated metoclopramide hydrochloride, streptozotocin (STZ), pH 4.5 sodium citrate buffer, and phosphate-buffered saline (PBS) tablets used in this review.

3.2. Methods

3.2.1. Preparation of the Device

The devices are made by combining three polymers in a dry weight ratio of 1: first: 2, obviously Eudragit® E PO, gelatin and SCMC. To achieve a predictable wt/wt % across the devices, a defined amount of protein and enhancer (BSA count, lysozyme, insulin and PPS count) was added to the mixture. Finally, 13 mm (400 µm thick) circles were ground from the mixture using a 3 ton pellet mill, and 5% w/v ethyl cellulose in CH₃CO was repeatedly coated on one surface and edges.

3.2.2. Analysis of Drug Dissolution in Culture

Analysis of Protein Secretion:

Egg white and bovine serum lysozyme were used as template proteins in protein burst assays. They were attenuated to a final 10% sachet in 10ml of phosphate-buffered saline (pH 7.4) and embedded in 5mm devices (17mg, weight 1.7mg).

The cylinders were then put on a shaker at 37 degrees Celsius for the span of the 5-hour review to mimic the states of the digestive organs, for example, peristaltic movement.

Research on Insulin Secretion:

As was recently referenced, 5 mm gadgets were additionally used to test insulin discharge. Roughly 0.17 milligrams of FITC-insulin was put onto the gadgets. Tecan plate peruser fluorescence readings at 494 nm excitation and 518 nm discharge were utilized to work out FITCinsulin focuses in the examples.

Examining PPS Releasing:

Discharge studies were performed on five-millimeter gadgets containing 1% wt/wt PPS (.017 mg), following a similar convention as the previously mentioned protein discharge studies. Utilizing a method called fluid chromatography-mass spectrometry (LC-MS), the PPS content of the still up in the air.

3.2.3. Mucoadhesion study

Gupta et al. portrayed a trial in which pig digestive tract was utilized to examine the viability of mucoadhesion between clinical gadgets and the gastrointestinal mucosa. Pig gastrointestinal portions estimating 5 cm by 5 cm were refined in phosphate-buffered saline (PBS) at a pH of 7.4. The 5 mm gadgets had their support layers confronting away from the digestive surface and were shaken delicately at 37 degrees Celsius for 30 minutes.

3.2.4. In vivo efficacy studies

The creature tests were directed as per the principles set out by the College of California, St Nick Barbara's creature care board of trustees and the Organization of Research facility Creature Assets' Aide for the Consideration and Utilization of Creatures.

Studies of effectiveness in rats without diabetes:

Ordinary male Wistar rodents gauging somewhere in the range of 250 and 350 grams were utilized in the tests. Every one of the four gatherings of creatures comprised of six creatures, and the fifth gathering had just three creatures. The creatures were abstained for the earlier evening yet had unlimited admittance to water until the day of the preliminary. The day of the investigation, the rodents were given a subcutaneous infusion of 5 mg/kg metoclopramide hydrochloride to prompt gastric exhausting, and afterward they were given cases containing either void gadgets, insulin gadgets, insulin gadgets with remotely present PPS, or insulin gadgets with inner PPS.

Animal model for type 2 diabetes:

Diabetes was prompted in male Wistar rodents gauging somewhere in the range of 250 and 350 g. Short-term, the creatures were famished yet had full admittance to water. Utilizing a business glucose meter, we estimated the subjects' fasting glucose levels in the tail vein. From that point onward, 55 mg/kg STZ made in vivo was conveyed intraperitoneally into the mice.

Diabetic rat trials of efficacy:

Following diabetes acceptance, the creatures were abstained for the time being nevertheless permitted free admittance to water, and afterward split into seven gatherings of six creatures each and one gathering of three. In the first six groups, Insulin Devices, Insulin Devices with 10% wt/wt PPS Instruments (0.6mg PPS/organism), Insulin Devices with 5mg PPS are remotely available in the box, empty and set up. insulinPPS (5mg) was definitely given orally.

3.3. Statistical analyses

Data are shown as mean SE. Measurable significance was resolved using Understudy's one-way oscillation test or one-way volatility test (ANOVA) with appropriate post-hoc investigation (Graphpad, Crystal 6.0, GraphPad Programming, La Jolla, CA, USA).

4. Results and Discussion

The contraptions were set up in the way recently expressed. Cases containing mucoadhesive patches were intestinally covered for designated gastrointestinal organization.



Figure 1: A mucoadhesive patch and a capsule with an enteric coating form an orally administered device

4.1. Release studies

Different prescriptions were coordinated into the mucoadhesive gadgets, and delivery tests were performed to determine their delivery profiles. The gadget ought to preferably deliver its items steadily and completely. Drug discharge profiles were estimated after different prescriptions were set onto gastrointestinal mucoadhesive gadgets included Eudragit® E PO, gelatin, and SCMC.

4.1.1. Protein release

In PBS with a pH of 7.4, the gadgets' delivery profiles for BSA and lysozyme were surveyed. These proteins were picked on the grounds that their charge states are particular at pH 7.4, their isoelectric point. The reason for the examination was to look at the two proteins' delivery profiles and make determinations about what the gadgets' charge settings mean for the proteins' capacity to be delivered. The investigation discovered that stacked proteins were quickly delivered inside the initial three hours, with a level prompting total protein discharge inside the following two hours.

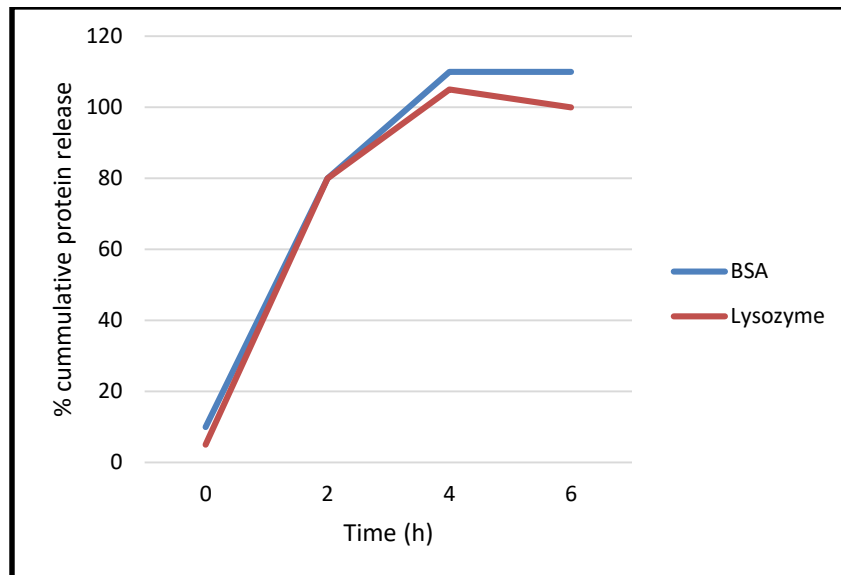


Figure 2: BSA and lysozyme release profiles from mucin-adhesive devices in PBS pH 7.4 at 37°C, expressed as a percentage of total protein release

Table 1: Protein release profile of mucosal adhesion device: bovine serum albumin (BSA) and lysozyme (lysozyme) in PBS pH 7.4 at 37°C, expressed as a percentage.

| | 0 | 2 | 4 | 6 |
|--|---|---|---|---|
| | | | | |

| | | | | |
|----------|----|----|-----|-----|
| BSA | 10 | 80 | 110 | 110 |
| Lysozyme | 5 | 80 | 105 | 100 |

4.1.2. Insulin release

The pace of FITC-insulin discharge in pH 7.4 PBS at 37°C was estimated after gadgets were stacked with the protein. In the main hour of the exploration, the gadgets delivered around 75% of the complete portion of the medication quick, trailed by a slow delivery over the course of the following 3 hours to arrive at 100 percent drug discharge by 4 hours.

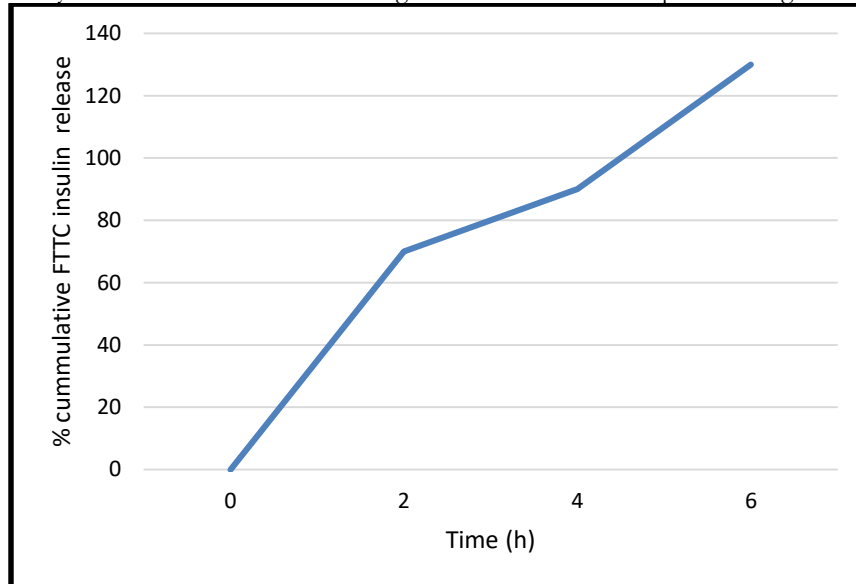


Figure 3: Mucoadhesive device insulin release profile: cumulative release of FITC insulin, measured in pH 7.4 PBS at 37 degrees Celsius.

Table 2: Insulin release profile of the mucosal adhesion device, as measured by PBS pH 7.4 at 37°C as percentage of cumulative insulin release FITC.

| | 0 | 2 | 4 | 6 |
|---|---|----|----|-----|
| 1 | 0 | 70 | 90 | 130 |

4.1.3. PPS release

It was likewise uncovered that PPS, a digestive system porousness enhancer, delivered in basically the same manner from the gadgets as proteins do. The medication load in PPS was quickly delivered inside the initial 3 hours, then, at that point, leveled over the course of the following 2 hours. By 3 hours, the combined level of delivery had reached 92.6 7.2, and by 4 hours, it had reached 100.3 3.9. Consolidating the saturation enhancer, PPS, into insulin gadgets can possibly essentially build the adequacy of the definition by working with higher take-up of insulin across the digestive tract, as seen by the full delivery profile of PPS from these gadgets.

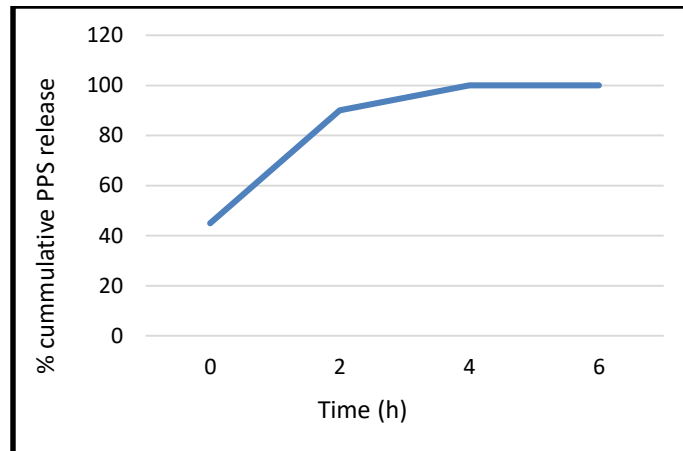


Figure 4: Mucoadhesive device release profile for PPS: 0.017 mg released cumulatively in pH 7.4 PBS at 37°C.

Table 3: The cumulative release of 0.017 mg of PPS in pH 7.4 PBS at 37°C from mucoadhesive devices.

| | 0 | 2 | 4 | 6 |
|---|----|----|-----|-----|
| 1 | 45 | 90 | 100 | 100 |

4.2. Analysis of Mucoadhesion

Digestive gadgets should have mucoadhesion to appropriately work. In the wake of being set free from their containers, the gadgets stick promptly to the gastrointestinal mucosa and are shielded from being dislodged by digestive peristalsis and the section of food on account of the gadgets' solid mucoadhesive characteristics. After 30 minutes of incubation with the pig's digestive system, the experts studied the adhesion between the devices manufactured with EPO/carbopol and the gastrointestinal mucosa. The estimated adhesion between the EPO device and the pig's digestive system is 24.2 ± 0.95 mN, much higher than the estimated adhesion between the carbopol device and the stomach of 17.5 ± 1.3 mN. Since carbopol is also an excellent mucus-binding polymer, it was used as a control and compared with the EPO devices in this review. Carbopol is commonly used in many mucosal adhesion schemes to deliver oral/oral prescriptions. Since the 5 mm device weighs about 17 mg (0.16 mN), these findings suggest that EPO devices can withstand forces many times greater than their own weight. The strong adhesion between the gadgets and the mucosa prevents separation of the gadgets as they stick to the stomach, which is especially important when transporting food through the digestive system.

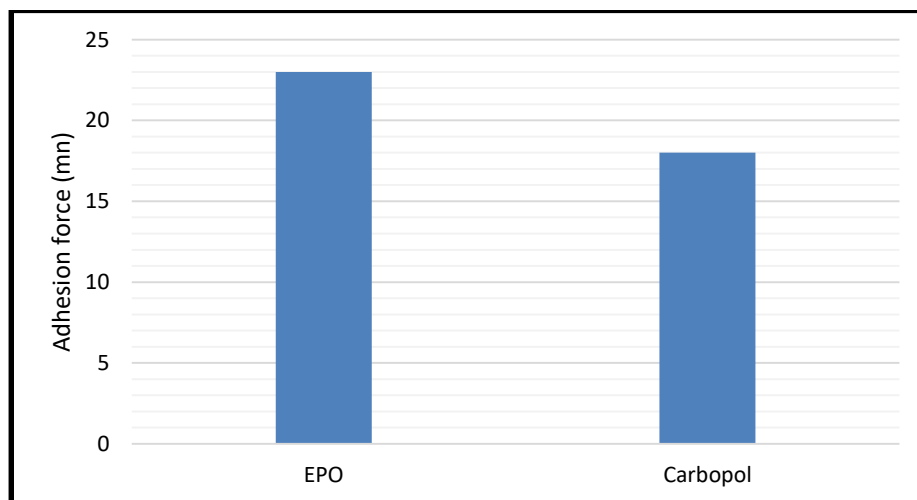


Figure 5: Forces of mucoadhesion between EPO and carbopol devices and pig gut were tested, and the results showed that EPO devices had substantially stronger adhesion than carbopol devices.

Table 4: It Mucus adhesion between EPO and carbopol devices and pig gut was shown to be much higher for EPO devices than for carbopol devices.

| | |
|----------|----|
| EPO | 23 |
| Carbopol | 18 |

4.3. Studies of effectiveness in living organisms (in vivo)

An assessment of the effects of blood glucose in typical and diabetic rodents was performed to determine the suitability of insulin stacked mucin-adhesive devices for the treatment of diabetes. Both the ongoing norm of care, insulin managed subcutaneously, and different oral insulin plan controls were utilized to assess the gadgets' viability.

4.3.1. Studies of effectiveness in rats without diabetes

Blood glucose levels were diminished in nondiabetic rodents utilizing four distinct oral plans and contrasted with insulin infusion. Blood glucose levels in rodents treated with void gadgets didn't diminish much for as long as 6 hours (92.2 3%), yet following 2 extra long periods of fasting, they diminished by practically 20% of starting levels (81.9 3.2%) at 8 hours. Creatures given insulin gadgets orally encountered a fast and sensational decrease in blood glucose levels, with levels coming around 27% toward the finish of 8 hours (from 87.2 4.6% to 73.7 5.3%). In any case, when insulin gadgets and PPS in containers were given to rodents, blood glucose levels expanded fairly following 60 minutes (105.2 5.4%) and fell just somewhat following 6 hours of study (90.9 5.6%). Following 8 hours of class, this subset just held 77.3 2.1% of their unique information.

4.3.2. Diabetic rat trials of efficacy

Six distinct definitions were assessed for their capacity to lessen blood glucose levels in STZ-prompted diabetic rodents and contrasted with a benchmark group that got no treatment. Blood glucose levels in rodents that were not given some other treatment than an underlying infusion of metoclopramide rose all through the initial 3 hours of the preliminary and didn't succumb to as long as 6 hours (99.5 3.6%). Following eight hours, blood glucose levels had come around seven percent, to 92.6 2.7%. Comparable expansions in glucose were found in the unfilled gadget bunch, which remained at pattern levels for the initial five hours (99.3 6.4%), fell by just 8% by the eighth hour (to 92.5 6.3%), and afterward balanced out. The insulin gadget bunch, conversely, saw an emotional diminishing in blood glucose, with levels tumbling from 86.2 4.3% following 1 hour to 74.2 4.9% toward the finish of the exploration.

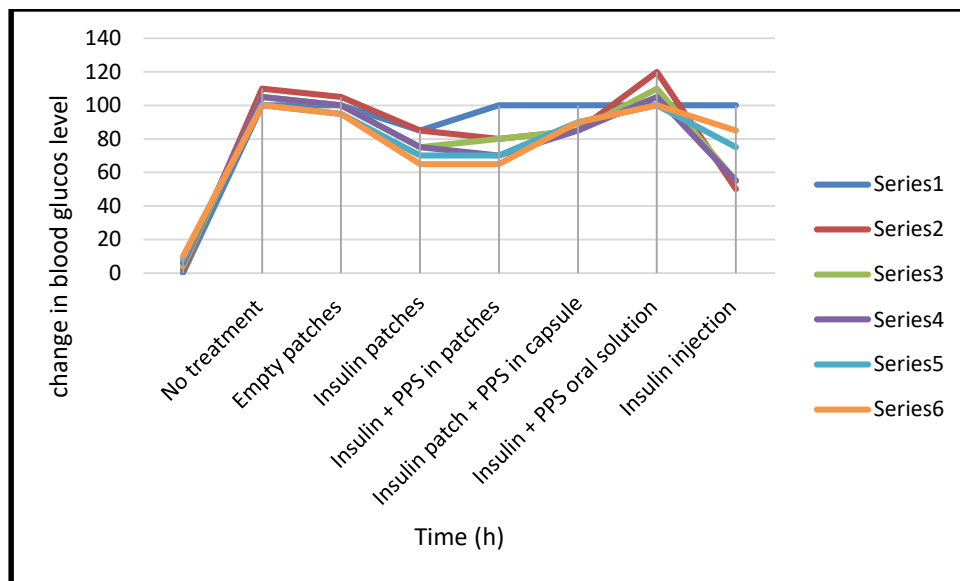


Figure 6: Study compares oral insulin formulations in diabetic rats, showing significant differences in blood glucose levels.

Table 5: Study compares oral insulin formulations in diabetic rats, showing significant differences in blood glucose levels.

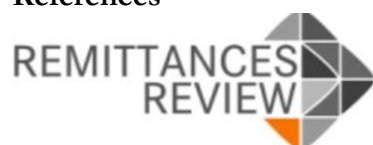
| | 0 | 2 | 4 | 6 | 8 | 10 |
|-----------------------------------|-----|-----|-----|-----|-----|-----|
| No treatment | 100 | 110 | 105 | 105 | 100 | 100 |
| Empty patches | 100 | 105 | 100 | 100 | 95 | 95 |
| Insulin patches | 85 | 85 | 75 | 75 | 70 | 65 |
| Insulin + PPS in patches | 100 | 80 | 80 | 70 | 70 | 65 |
| Insulin patch + PPS in capsule | 100 | 85 | 85 | 85 | 90 | 90 |
| Insulin + PPS oral solution | 100 | 120 | 110 | 105 | 100 | 100 |
| Insulin injection | 100 | 50 | 55 | 55 | 75 | 85 |

There are various issues with remedial protein conveyance by oral organization that make parenteral infusion of restorative proteins/peptides essential. While this might be satisfactory for illnesses that require rare organization of helpful proteins, for example, HIV, the aggravation of infusions prompts unfortunate adherence to therapy, less than ideal treatment, and expanded hospitalization/mortality in patients with ongoing sicknesses like diabetes. Indicated by research by Morris et al. The possible exists for this limitation to be defeated through oral organization. Notwithstanding, the chemicals and corrosive in the stomach rapidly digest proteins that are taken orally.

5. Conclusions

Insulin and an infiltration enhancer called PPS have been planned into an exceptional oral digestive mucoadhesive gadget. The gadgets showed fantastic mucoadhesive strength, enduring multiple times their own weight, and extensive blood glucose bringing down viability in vivo, and they had the option to deliver their whole medication load. Insulin can be taken orally with the assistance of digestive mucoadhesive gadgets for the treatment of diabetes, wiping out the requirement for everyday insulin infusions. The consequences of the review amount to the possibility that digestive mucoadhesive gadgets are a feasible option in contrast to insulin infusions for the administration of diabetes, which can impact the personal satisfaction for individuals with diabetes.

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