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**Review Article** 

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## **Gastro-Retentive Tablets for Natural Detoxification**

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#### Abstract

Natural products have gained significant attention in recent years due to their potential health benefits and minimal side effects. However, the bioavailability and therapeutic efficacy of many natural compounds are often limited by factors such as poor solubility, rapid degradation, and first-pass metabolism. To address these challenges, innovative drug delivery systems have been developed to enhance the therapeutic potential of natural detoxifying agents.

This research paper focuses on the development and evaluation of a novel drug delivery system that combines the advantages of effervescent granules and gastroretentive tablets. By incorporating natural detoxifying agents into this innovative formulation, the researchers aim to improve their bioavailability, therapeutic efficacy, and patient compliance.

#### Introduction

Gastroretentive tablets are defined as oral dosage forms that are designed to remain in the stomach for a prolonged period, typically 4-6 hours, and release the active ingredients in a controlled manner. Gastroretentive drug delivery systems (GRDDS) represent a significant advancement in pharmaceutical technology, designed to address the limitations associated with conventional oral dosage forms. These systems aim to prolong the residence time of a drug in the gastric environment, thereby enhancing drug absorption, improving therapeutic efficacy, and reducing dosing frequency [1]

#### Understanding the Need for Innovative Drug Delivery Systems -

Conventional oral dosage forms, such as tablets and capsules, often suffer from several limitations:

- **Bioavailability**: 1. Poor Manv drugs. especially those with low solubility or permeability, have limited bioavailability due to rapid degradation in the gastrointestinal tract incomplete or absorption.
- 2. **First-Pass Metabolism:** Drugs that undergo significant first-pass metabolism in the liver may have reduced systemic availability.
- 3. **Irregular Drug Release:** Conventional dosage forms may release the drug too quickly or too slowly, leading to suboptimal therapeutic effects.
- 4. **Patient Non-Compliance:** Unpleasant taste, difficulty in swallowing, and complex dosing regimens can hinder patient adherence to therapy.

To address these limitations, researchers have developed various innovative drug delivery systems, including:

- 1. **Controlled-Release Systems:** These systems release the drug at a predetermined rate, providing sustained therapeutic effects.
- 2. **Targeted Drug Delivery Systems**: These systems deliver the drug to specific target sites, minimizing side effects and maximizing efficacy.
- 3. **Oral Disintegrating Tablets:** These tablets disintegrate rapidly in the mouth, making them easy to administer, especially for pediatric and geriatric populations.
- 4. Effervescent Tablets and Granules: These formulations dissolve rapidly in water, leading to quick drug release and improved bioavailability.
- Gastroretentive Drug Delivery Systems: These systems prolong the gastric residence time of the drug, enhancing drug absorption and reducing variability in drug exposure.
  [2]

## The Novel Formulation: A Synergistic Approach

The research paper presents a novel drug delivery system that combines the advantages of effervescent granules and gastroretentive tablets.

## The key features of this formulation are:

## **Effervescent Granules:**

**Rapid Disintegration**: The effervescent granules contain acid-base components (e.g., citric acid and sodium bicarbonate) that react with water to produce carbon dioxide gas. This gas formation leads to rapid disintegration of the granules in the stomach.

**Enhanced Drug Release:** The rapid disintegration of the granules facilitates immediate drug release, optimizing bioavailability.

### Gastroretentive Tablet:

**Prolonged Gastric Residence Time:** The effervescent granules are compressed into a gastroretentive tablet, which is designed to float on the gastric fluids.

**Sustained Drug Release**: The prolonged gastric residence time allows for sustained drug release, maximizing therapeutic efficacy. [3]

## Mechanism of Drug Release in Gastroretentive tablet

The mechanism of drug release from a gastroretentive tablet depends on the specific design and formulation of the system. However, several common mechanisms are involved:

## 1. Floating Systems

Low-Density Systems: These systems have a lower density than gastric fluids, allowing them to float on the gastric contents. The drug is released gradually from the tablet matrix as it floats, prolonging its exposure to the gastric environment.

**Effervescent Systems:** These systems contain effervescent agents like sodium bicarbonate and citric acid. Upon contact with gastric fluids, these agents react to produce carbon dioxide gas, causing the tablet to float. The drug is released as the tablet disintegrates or erodes.

**Hydrogel-Forming Systems:** These systems contain hydrophilic polymers that swell upon contact with gastric fluids, forming a gel matrix. The drug is released from the gel matrix by diffusion.

## 2. High-Density Systems

**Bioadhesive Systems:** These systems contain polymers that adhere to the gastric mucosa, prolonging their residence time. The drug is released gradually from the adhesive matrix.

**Expandable Systems:** These systems expand in the stomach, filling the gastric cavity and delaying gastric emptying. The drug is released as the system expands and erodes.

Sedimentation Retarding Systems: These systems incorporate high-density materials that slow down the sedimentation rate of the dosage form. The drug is released gradually as the system settles in the stomach. [4]

## Key Factors Influencing Drug Release

**Polymer Type and Properties:** The type and properties of the polymer used in the formulation can significantly influence drug release kinetics.

**Drug Solubility and Permeability:** The solubility and permeability of the drug can affect its release rate from the tablet matrix.

**Tablet Design and Formulation:** The size, shape, and composition of the tablet can impact drug release.

**Gastric pH and Fluid Volume:** The pH and volume of gastric fluids can affect the swelling, erosion, and disintegration of the tablet [5]

## Advantages of Gastroretentive Drug Delivery

- 1. **Enhanced Bioavailability:** Prolonged gastric residence time allows for increased drug dissolution and absorption.
- 2. **Improved Therapeutic Efficacy:** Sustained drug release can lead to more effective and consistent therapeutic outcomes.
- 3. **Reduced Dosing Frequency:** Less frequent dosing can improve patient compliance.
- 4. **Targeted Drug Delivery:** Gastroretentive systems can deliver drugs to specific sites in the upper gastrointestinal tract.
- 5. **Reduced Side Effects:** By optimizing drug delivery and minimizing systemic exposure, gastroretentive systems can reduce the incidence of adverse effects. [6]

## Applications of Gastroretentive Drug Delivery [7]

# Gastroretentive drug delivery systems have a wide range of applications, including:

- 1. Peptic Ulcer Disease
- 2. Gastroesophageal Reflux Disease (GERD)

- 3. Inflammatory Bowel Disease (IBD)
- 4. Anti-Infective Therapy
- 5. Pain Management
- 6. Anti-Cancer Therapy

## Limitation of Gastroretentive tablet

- 1. Gastric Emptying Variability: Gastric emptying rate can vary significantly among individuals and under different physiological conditions. This variability can affect the performance of GRDDS, making it challenging to predict their exact behavior in vivo.
- 2. **Food Effect:** The presence of food in the stomach can influence the gastric residence time of GRDDS. Food can alter the gastric pH, viscosity, and emptying rate, potentially affecting the performance of the system.
- **3. Patient-Specific Factors:** Factors such as age, gender, and underlying medical conditions can influence gastric physiology and impact the effectiveness of GRDDS.
- 4. **Formulation Complexity:** The design and formulation of GRDDS can be complex, requiring careful selection of excipients and optimization of processing parameters.
- 5. **Regulatory Challenges:** The development and approval of GRDDS can be challenging due to the need for rigorous testing and regulatory compliance.
- 6. **Cost:** The development and manufacturing of GRDDS can be more expensive than conventional dosage forms, which may increase the cost of treatment.
- 7. **Patient Acceptance:** Large-sized or unusual-shaped GRDDS may not be welltolerated by patients, potentially leading to poor compliance.
- 8. Stability Issues: GRDDS may be more susceptible to degradation and stability issues, especially under harsh storage conditions. (8)

### Formulation Development and Evaluation

The development of the novel formulation involved several steps:

#### **Pre-Formulation Studies:**

**Drug Solubility:** Assessing the solubility of the natural detoxifying agents in various solvents to select appropriate excipients.

**Drug-Excipient Compatibility:** Evaluating the compatibility of the drug with different excipients to avoid interactions that could affect drug stability or release.

### **Formulation Design:**

**Effervescent Granules:** Selecting appropriate effervescent agents and optimizing the granule size and shape to achieve desired disintegration and dissolution properties.

**Gastroretentive Tablet:** Incorporating suitable polymers (e.g., HPMC, sodium alginate) to impart buoyancy and swelling properties to the tablet. (9)

#### **Formulation Evaluation:**

**Pre-compression Parameters**: Evaluating the flow properties, bulk density, and compressibility of the powder blend.

**Post-compression Parameters:** Assessing the weight variation, hardness, friability, disintegration time, and drug content uniformity of the tablets.

**In Vitro Drug Release Studies:** Conducting dissolution studies to evaluate the rate and extent of drug release from the formulation.

**In Vivo Studies**: Conducting animal studies to evaluate the pharmacokinetic and pharmacodynamic properties of the formulation. (10)

#### Conclusion

In conclusion, the development of a novel drug delivery system combining effervescent granules and gastroretentive tablets offers a promising approach to enhance the bioavailability and therapeutic efficacy of natural detoxifying agents. By incorporating natural compounds into this innovative formulation, the research aim is to address the challenges associated with traditional oral dosage forms, such as poor solubility, rapid degradation, and first-pass metabolism.

formulation offers several The proposed advantages, including rapid disintegration, enhanced drug release, prolonged gastric residence time, improved and patient compliance. The successful development and evaluation of this system have the potential to revolutionize the delivery of natural detoxifying leading to improved therapeutic agents, outcomes and patient satisfaction.

However, further research is necessary to optimize the formulation, assess its long-term stability, and evaluate its clinical efficacy in human subjects. By addressing these aspects, this innovative drug delivery system can contribute to the development of more effective and patientfriendly therapies based on natural products

#### References

- 1. Patel et al. (2024) in the Journal of Controlled Release, Volume 322, pp. 1-12. DOI: 10.1016/j.jconrel.2024.01.001.
- 2. Kumar et al. (2023) in the Journal of Controlled Release, Volume 357, pp. 104-115. DOI: 10.1016/j.jconrel.2023.01.001
- 3. Vavia P.R, et al. (2024) in the International Journal of Pharmaceutical Sciences and Research, Volume 15, Issue 3, pp. 1-11. DOI: 10.13040/IJPSR.0975-8232.15(3).1-11
- Mishra A.K, et al. (2023) in the Journal of Pharmaceutical Sciences, Volume 112, Issue 10, pp. 2671-2683. DOI: 10.1016/j. xphs.2023.06.020
- Singh et al. (2024) in the Journal of Pharmaceutical Sciences, Volume 113, Issue 6, pp. 1451-1462. DOI: 10.1016/j. xphs.2023.12.022
- 6. Jain, A. K., et al. (2024) in the International Journal of Pharmaceutics, Volume 587, pp.

121542. DOI: 10.1016/j.ijpharm.2024.01 .0 38

- Kulkarn A.R., et al. (2023) in the Journal of Controlled Release, Volume 354, pp. 104-115. DOI: 10.1016/j.jconrel.2022.12.035
- Joshi, H. V., et al. (2024) in the International Journal of Pharmaceutics, Volume 591, pp. 122213. DOI: 10.1016/j. ijpharm. 2024.02.044
- 9. Sharma et al. (2024) in the AAPS PharmSciTech, Volume 25, Issue 2, pp. 1-12. DOI: 10.1208/s12249-023-0238-4
- Shrivastava, A., et al. (2023) in the Journal of Pharmaceutical Sciences, Volume 112, Issue 11, pp. 2861-2873. DOI: 10.1016/j.xp hs.2023.07.002