

RESEARCH ARTICLE

Formulation and Evaluation Lumfantrine Nanoemulsion

Kuldeep Sen, Arun Patel, Shailendra Patel

Department of Pharmacy, Faculty of Pharmacy, Shri Ram Group of Institutions, Jabalpur, Madhya Pradesh, India

Received: 20-05-2021; Revised: 10-06-2021; Accepted: 11-07-2021

ABSTRACT

The aim of the present study was to develop a self-nano emulsifying delivery system of lumefantrine (LF) to achieve rapid and complete dissolution independent of food-fat and surfactant in dissolution media. LF is a highly lipophilic fluorine derivative and a Biopharmaceutical Classification System CLASS II drug which is an important agent in the treatment of falciparum malaria. Poor oil solubility of LF has restricted the development of lipid-based system. In view of this inadequacy, the current study aims at improving the solubility of LF, especially to eliminate the co-administration of milk or any other fatty meal. Considering the basic nature of LF, we have planned to form LF-oleic acid ionic complex and to prepare self-emulsifying system of complex by addition of appropriate surfactant. Such a self-emulsifying hydrophobic complex enables rapid dissolution of LF, without the need of BKC in dissolution media, hence provide better correlation to *in vivo* condition.

Keywords: Dissolution rate, Oleic acid, Hydrophobic complex, Lipophilic, Lumefantrine, Nanoemulsion

INTRODUCTION

Nanoemulsions can be defined as oil-in-water (O/W) emulsions with mean droplet diameters ranging from 50 to 1000 nm. Usually, the average droplet size is between 100 and 500 nm, terms sub-micron emulsion and mini-emulsion are used as synonyms. Since, the preparation of the first nanoemulsion in the 1940s, it can be of three types such as O/W, water-in-oil (W/O), and bi-continuous. The transformation between these three types can be achieved by varying the components of the emulsions. Due to their small droplet size, nanoemulsions possess stability against sedimentation or creaming with Ostwald ripening forming the main mechanism of Nanoemulsion breakdown. The main application of

Nanoemulsions is the preparation of nanoparticles using a polymerizable monomer as the disperse phase (the so-called miniemulsion polymerization method) where Nanoemulsion droplets act as Nanoreactors.

MATERIALS AND METHODS

Material and instrument used for the study [Tables 1 and 2]

In vitro release studies were carried out using tablet USP XXIII dissolution test apparatus. The dissolution study, by using USP paddle Type Dissolution Apparatus was carried out at $37 \pm 50C$ at 100 rpm frequency of the paddle and 900ml of 0.1N HCL as the dissolution media. The nanoemulsion was added in dissolution media and the sample of 1ml was removed from beaker at an interval of 30, 1, 2, 4, 6, and 8 hrs and diluted appropriately. The absorbance of each sample was noted at 243.0 nm.

*Corresponding Author:

Kuldeep Sen,

E-mail: kuldeepsen2611@gmail.com

Table 1: List of drugs and excipients used

Materials used	Grade/Company
Lumefantrine	Pharma Grade
Sodium Chloride	Sodium Chloride
Acetic acid	Acetic acid
Isopropanol	Isopropanol
Iso propyl Myrestate	Iso propyl Myrestate
Paraffin oil (Light)	Paraffin oil (Light)
Oleic Acid	Oleic Acid
Span 80	Span 80
Groundnut oil	Sunkem, India

Table 2: List of instruments used

Instrument	Manufacturer
Double beam UV Visible Spectrometer	Lab India 3000+
FT-IR	Brukers Alpha
Dissolution Apparatus	Lab India DS-8000
Electronic Balance	Wenser
Hot air oven	Labotech India
Melting point apparatus	Chemline

FTIR: Fourier-transform infrared spectroscopy, UV: Ultraviolet

Determination of λ_{\max} of lumefantrine (LF)

The λ_{\max} of LF was determined by running the spectrum of drug solution in double-beam ultraviolet spectrophotometer.

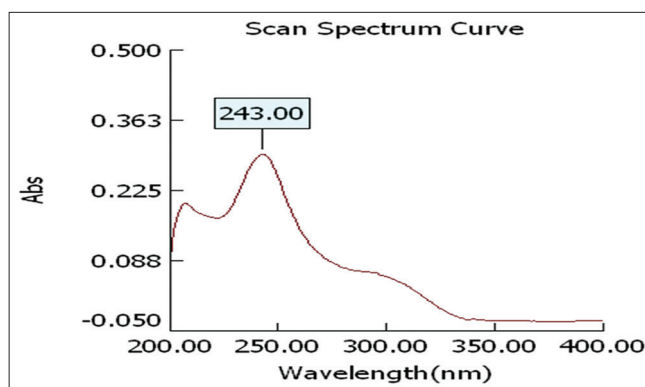
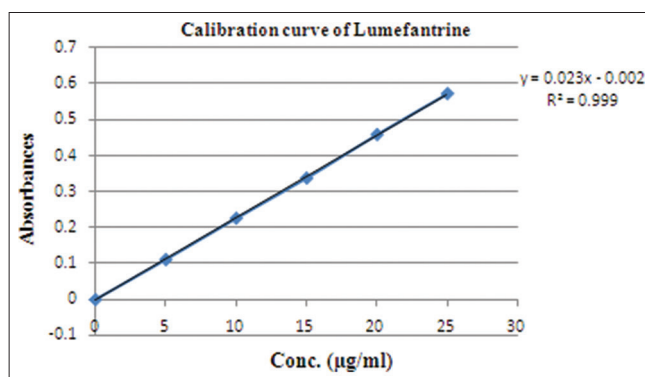
Procedure

Accurately weighed 10 mg of drug was dissolved in 10 ml of 0.1 N HCl buffer solution in 10 ml of volumetric flask. The resulted solution 1000 $\mu\text{g/ml}$ and from this solution 1 ml pipette out and transfer into 10 ml volumetric flask and volume make up with 0.1 N HCl buffer solution prepare suitable dilution to make it to a concentration range of 5–25 $\mu\text{g/ml}$. The spectrum of this solution was run in 200–400 nm range in the U.V. spectrophotometer (Labindia-3000+). The spectrum peak point graph of absorbance of LF versus wavelength was shown in Figure 1.

Calibration curve of LF at λ_{\max} 243 nm [Table 3 and Figure 2]

Observation table

The linear regression analysis was done on absorbance data points. The results are as follow for standard curve.

**Figure 1:** Standard calibration curve of lumefantrine**Figure 2:** The linear regression analysis for standard curve

Slope = 0.023

The intercept = 0.002

The correlation coefficient (r^2) = 0.999.

Preparation and characterization

Solubility determination in the various oils, surfactants, and cosurfactants for formulating nanoemulsion drug delivery system the solubility of the drug in different oils is an essential step for the nanoemulsion formulation. Hence, before starting the phase diagram one must have to select the oil, surfactant, and co-surfactant in which the drug shows maximum solubility, to be in the desired solubility range, which is essential for the formulation of nanoemulsion drug delivery system [Table 4].

On the basis of the above study, it was concluded that the solubility in the combination of surfactant and co-surfactant was found to be favorable for the nanoemulsion preparation of LF. The maximum solubility was obtained in a mixture of Ethanol and Tween 20, and Oleic acid was selected as oil phase

for further formulations developments.

Construction of pseudo-ternary phase diagrams surfactant and cosurfactant (Smix) in each group were mixed in different volume ratios (1:0, 1:1, 1:2, 1:3, 2:1, 3:1, and 4:1) and the stock of 100 mL of each groups was prepared. These smix ratios were chosen in increasing concentration of cosurfactant with respect to surfactant and increasing concentration of surfactant with respect to cosurfactant for detailed study of the phase diagrams for the nanoemulsions formation.

Table 3: Calibration curve of LF

Conc. ($\mu\text{g/ml}$)	Absorbance (λ max at 243 nm)			
	I	II	III	Average
5	0.111	0.112	0.111	0.111
10	0.224	0.224	0.225	0.224
15	0.335	0.336	0.337	0.336
20	0.446	0.447	0.448	0.447
25	0.562	0.563	0.563	0.563

LF: Lumefantrine

Table 4: Solubility of LF in different oil, surfactants, and co-surfactants

Component	Solubility
Span 20	Slightly Soluble
Span80	Freely Soluble
Tween 20	Soluble
Tween 80	Soluble
Pluronic F127	Freely soluble
Castor Oil	Soluble
Sunflower Oil	Slightly soluble
Oleic acid	Soluble
PEG 400	Soluble
Pluronic F127	Soluble
Ethanol	Soluble

LF: Lumefantrine

Table 5: Different volumes of surfactant and cosurfactant taken to make a stock Smix ratio

Vol. of Surfactant (ml)	Vol. of Cosurfactant (ml)	Ratio of Smix (ml)
100	0	1:0
50	50	1:1
33.3	66.7	1:2
25	75	1:3
75	25	3:1
80	20	4:1

Different volumes of surfactant and cosurfactant taken to make a stock Smix ratio [Table 5]

Procedure For each phase diagram, oil and specific Smix ratio was mixed thoroughly in different volume ratios from 1:9 in different small glass test tubes. Eight different combinations of oil and each Smix, 1:9, 1:8, 1:7, 1:6, 1:5, 5:1, 4:1, 3:1, were made so that maximum ratios were covered for the study to delineate the boundaries of phases precisely formed in the phase diagrams.^[1-11]

Formulation

After the development of phase diagram, Six different formulations has been selected by keeping the total quantity of the formulation constant as 100% and varying all components of the system. Each formulation has been loaded with LF of 10 mg/ml. All eight formulations have been evaluated for different parameters such as pH, *In-vitro* release, solubility and stability study.^[12-21]

Evaluation of formulations

1 pH determination

The pH of each formulation was found before and after dilution by using pH meter [Table 6].

Centrifugation

This parameter characterized to check the physical stability of formulation. The nanoemulsion system was centrifuged at 5000 rpm for 10 min to determine whether the system shows signs of

Table 6: Results of pH of LF loaded nanoemulsion

Formulation code	pH*
F1	6.81 \pm 0.02
F2	6.92 \pm 0.01
F3	7.11 \pm 0.02
F4	7.04 \pm 0.01
F5	6.84 \pm 0.02
F6	6.95 \pm 0.03

LF: Lumefantrine

creaming or phase separation. The system was observed visually for appearance.

Determination of % drug content in nanoemulsion

The mixture (Nanoemulsion) was centrifuged at 10000 rpm for 15 min, 0.2 ml of supernatant was taken and diluted with 0.1 N HCl. Absorbance was measured at 243 nm by UV Spectrophotometer [Table 7]. Concentration of LF was determined using standard curve equation and % drug content was calculated. Results of Centrifugation and % Drug Content in nanoemulsion.

Table 7: Results of centrifugation and % drug content in nanoemulsion

Formulation Code	Centrifugation	% Drug Content in nanoemulsion*
F1	Transparent	78.23±0.23
F2	Transparent	75.58±0.15
F3	Transparent	89.98±0.25
F4	Transparent	82.25±0.25
F5	Precipitated	70.15±0.65
F6	Precipitated	65.56±0.32

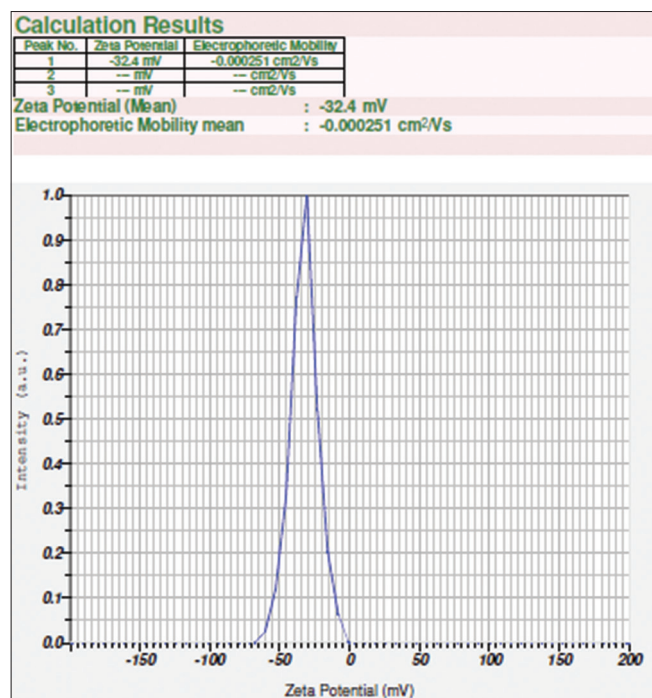


Figure 3: Result of Zeta Potential of Optimized Batch F3 = 32.4 mV

Zeta potential and vesicle size measurement of optimized batch F3

Zeta Potential of samples was measured by Zetasizer. Samples were placed in clear disposable zeta cells and results were recorded [Figure 3].

Result of vesicle size of optimized batch F3 [Figure 4]

In vitro drug release study

In vitro release studies were carried out using tablet USP XXIII dissolution test apparatus. The dissolution study, by using USP paddle Type Dissolution Apparatus was carried out at 37 ± 50C at 100 rpm frequency of the paddle and 900 ml of 0.1 N HCL as the dissolution media. The nanoemulsion was added in dissolution media and the sample of 1 ml was removed from beaker at an interval of 30, 1, 2, 4, 6, and 8 h and diluted appropriately. The absorbance of each sample was noted at 243.0 nm.

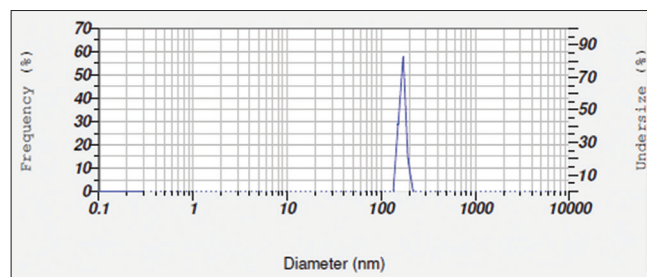


Figure 4Z: Result of Vesicle size of Optimized Batch

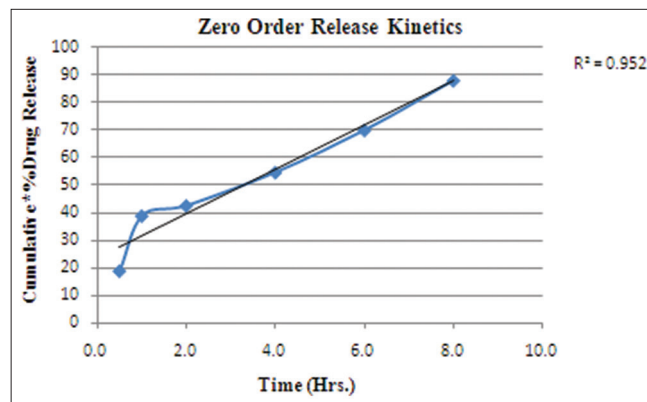


Figure 5: Cumulative % drug released versus Time

Table 8: *In-vitro* drug release data for formulation F1

Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative*% Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	13.560	1.132	86.440	1.937
1	1.000	0.000	32.560	1.513	67.440	1.829
2	1.414	0.301	65.560	1.817	34.440	1.537
4	2.000	0.602	75.580	1.878	24.420	1.388
6	2.449	0.778	76.200	1.882	23.800	1.377
8	2.828	0.903	76.210	1.882	23.790	1.376

*Average of three readings

Table 9: *In-vitro* drug release data for formulation F1

Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative*% Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	20.250	1.306	79.750	1.902
1	1.000	0.000	45.580	1.659	54.420	1.736
2	1.414	0.301	68.890	1.838	31.110	1.493
4	2.000	0.602	73.250	1.865	26.750	1.427
6	2.449	0.778	73.560	1.867	26.440	1.422
8	2.828	0.903	74.150	1.870	25.850	1.412

*Average of three readings

Table 10: *In-vitro* drug release data for formulation F2

Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative*% Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	18.890	1.276	81.110	1.909
1	1.000	0.000	38.890	1.590	61.110	1.786
2	1.414	0.301	42.560	1.629	57.440	1.759
4	2.000	0.602	54.650	1.738	45.350	1.657
6	2.449	0.778	69.980	1.845	30.020	1.477
8	2.828	0.903	87.980	1.944	12.020	1.080

*Average of three readings

Table 11: *In-vitro* drug release data for formulation F3

Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative*% Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	20.250	1.306	79.750	1.902
1	1.000	0.000	38.980	1.591	61.020	1.785
2	1.414	0.301	56.650	1.753	43.350	1.637
4	2.000	0.602	75.580	1.878	24.420	1.388
6	2.449	0.778	81.150	1.909	18.850	1.275
8	2.828	0.903	81.560	1.911	18.440	1.266

*Average of three readings

In-vitro drug release data [Tables 8-13]

In vitro release studies were carried out using tablet USP XXIII dissolution test apparatus. The dissolution study, by using USP paddle Type Dissolution Apparatus was carried out at 37 ± 50 C at 100 rpm frequency of the paddle and 900

ml of 0.1N HCL as the dissolution media. The nanoemulsion was added in dissolution media and the sample of 1ml was removed from beaker at an interval of 30, 1, 2, 4, 6, and 8 hrs and diluted appropriately. The absorbance of each sample was noted at 243.0 nm.

Table 12: *In-vitro* drug release data for formulation F4

Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative*% Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	45.580	1.659	54.420	1.736
1	1.000	0.000	68.890	1.838	31.110	1.493
2	1.414	0.301	70.120	1.846	29.880	1.475
4	2.000	0.602	71.560	1.855	28.440	1.454
6	2.449	0.778	72.250	1.859	27.750	1.443
8	2.828	0.903	70.250	1.847	29.750	1.473

*Average of three readings

Table 13: *In-vitro* drug release data for formulation F5

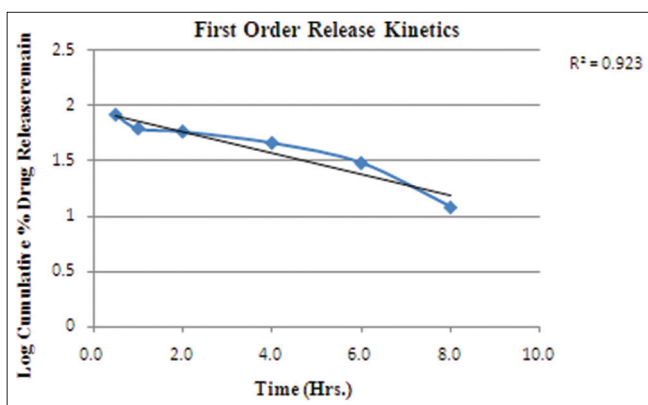
Time (h)	Square Root of Time(h) ^{1/2}	Log Time	Cumulative*% Drug Release	Log Cumulative % Drug Release	Cumulative % Drug Remaining	Log Cumulative % Drug Remaining
0.5	0.707	-0.301	45.690	1.660	54.310	1.735
1	1.000	0.000	60.250	1.780	39.750	1.599
2	1.414	0.301	64.560	1.810	35.440	1.549
4	2.000	0.602	65.250	1.815	34.750	1.541
6	2.449	0.778	65.250	1.815	34.750	1.541
8	2.828	0.903	65.320	1.815	34.680	1.540

*Average of three readings

Table 15: Regression analysis data of optimized formulation

Batch	Zero Order	First Order
	R ²	R ²
F3	0.936	0.936

*Average of three readings

**Figure 6:** Log cumulative % drug remaining versus Time

Release kinetics of optimized formulation F3 [Tables 15, Figures 5 and 6]

Stability studies

LF loaded nanoemulsion was prepared and stored for 2 months first at refrigerating condition

(2°C–8°C), room temperature and at elevated temperature (50°C ± 2°C) and shelf life of the stored nanoemulsion system was evaluated by visual inspection (phase separation) and % drug content. Samples were obtained on the 2nd month and evaluated.^[22-27]

CONCLUSION

Poor oil solubility of LF has restricted development of lipid based system. In view of this inadequacy, the current study worked to improving the solubility of LF, especially to eliminate the co administration of milk or any other fatty meal. Considering the basic nature of LF, we have planned to form LF-oleic acid ionic complex and to prepare self-emulsifying system of complex by addition of appropriate surfactant. The present work concluded that LF nanoemulsion formulation for solubility enhancement. Now a day, nanoemulsion as carrier systems are more acceptable in drug delivery system. Hence it is concluded the prepared nanoemulsion for LF can be further studied for topical application in the treatment of disease and work need to be performed towards the area of drug administration.

REFERENCES

1. Thomas VH, Bhattachar S, Hitchingham L, Zocharski P, Naath M, Surendran N. The road map to oral bioavailability: An industrial perspective. *Expert Opin Drug Metab Toxicol* 2006;2:591-608.
2. Stegemann S, Leveiller F, Franchi D, de Jong H, Lindén H. When poor solubility becomes an issue: From early stage to proof of concept. *Eur J Pharma Sci* 2007;31:249-61.
3. Patel AR, Vavia PR. Preparation and *in vivo* evaluation of SMEDDS (self-microemulsifying drug delivery system) containing fenofibrate. *AAPS J* 2007;9:E344-5.
4. Singh SP, Raju KSR, Nafis A, Puri SK, Jain GK. Intravenous pharmacokinetics, oral bioavailability, dose proportionality and *in situ* permeability of anti-malarial lumefantrine in rats. *Malar J* 2011;10:293.
5. Ezzet F, Mull R, Karbwang J. The population pharmacokinetics of CGP 56697 and its effects on the therapeutic response in malaria patients. *Br J Clin Pharmacol* 1998;46:553-61.
6. Ashley EA, Annerberg A, Kham A, Brockman A, Singhasivanon P, White NJ. How much fat is necessary to optimize lumefantrine oral bioavailability? *Trop Med Int Health* 2007;12:195-200.
7. Gahoi S, Jain GK, Tripathi R, Pandey SK, Anwar M, Warsi MH. Enhanced antimalarial activity of lumefantrine nanopowder prepared by wet-milling DYNO MILL technique. *Colloids Surf B Biointerf* 2012;95:16-22.
8. Date AA, Nagarsenker MS. Design and evaluation of self-nanoemulsifying drug delivery systems (SNEDDS) for cefpodoxime proxetil. *Int J Pharm* 2007;329:166-72.
9. Pawar SK, Vavia PR. Rice germ oil as multifunctional excipient in preparation of self-microemulsifying drug delivery system (SMEDDS) of tacrolimus. *AAPS PharmSciTech* 2012;13:254-61.
10. Patel KD, Padhye SG, Nagarsenker MS. Duloxetine HCl lipid nanoparticles: Preparation, characterization, and dosage form design. *AAPS Pharm Sci Tech* 2012;13:125-33.
11. Babalola CP, Adegoke AO, Ogunjinmi MA, Osimosu MO. Determination of physicochemical properties of halofantrine. *Afr J Med Med Sci* 2003;32:357-9.
12. Cuiné JF, McEvoy CL, Charman WN, Pouton CW, Edwards GA, Benameur H, *et al.* Evaluation of the impact of surfactant digestion on the bioavailability of danazol after oral administration of lipidic self-emulsifying formulations to dogs. *J Pharm Sci* 2008;97:995-1012.
13. Lopez-Montilla JC, Herrera-Morales PE, Pandey S, Shah D. Spontaneous emulsification: Mechanisms, physicochemical aspects, modeling and applications. *J Dispersion Sci Technol* 2002;23:219-68.
14. Biradar SV, Dhupal RS, Paradkar AR. Rheological investigation of self-emulsification process: Effect of co-surfactant. *J Pharm Pharm Sci* 2009;12:164-74.
15. Bindschedler M, Degen P, Lu ZL, Jiao XQ, Liu GY, Fan F. Comparative Bioavailability of Benflumetol after Administration of Single Oral Doses of Co-artemether under Fed and Fasted Conditions to Healthy Subjects (Abstract P-01-96). Proceedings of the Xivth International Congress for Tropical Medicine and Malaria, Nagasaki, Japan; 1996. p. 17-22.
16. Müller RH, Jacobs C, Kayser O. Nanosuspensions as particulate drug formulations in therapy. Rationale for development and what we can expect for the future. *Adv Drug Deliv Rev* 2001;23:3-19.
17. Umaphathi P, Ayyappan J, Quine SD. Development and validation of a dissolution test method for artemether and lumefantrine in tablets. *Trop J Pharm Res* 2011;10:643-53.
18. Sanghai B, Aggarwal G, Harikumar S. Solid self microemulsifying drug delivery system: A review. *J Drug Deliv Ther* 2013;3:168-74.
19. Gupta E, Barends DM, Yamashita E, Lentz KA, Harmsze AM, Shah VP, *et al.* Review of global regulations concerning biowaivers for immediate release solid oral dosage forms. *Eur J Pharm Sci* 2006;29:315-24.
20. Yeung P, Hubbard J, Korchinski E, Midha, K. Pharmacokinetics of chlorpromazine and key metabolites. *Eur J Clin Pharmacol* 1993;45:563-9.
21. Kassem A, Mohsen M, Ahmed S, Essam M. Self-nanoemulsifying drug delivery system (SNEDDS) with enhanced solubilization of nystatin for treatment of oral candidiasis: Design, optimization, *in vitro* and *in vivo* evaluation. *J Mol Liq* 2016;218:219-32.
22. Hou J, Sun E, Zhang Z, Wang J, Yang L, Cui L, *et al.* Improved oral absorption and anti-lung cancer activity of paclitaxel loaded mixed micelles. *Drug Deliv* 2017;24:261-9.
23. Zhang B, Xue A, Zhang C, Yu J, Chen W, Sun D. Bile salt liposomes for enhanced lymphatic transport and oral bioavailability of paclitaxel. *Pharmazie* 2016;71:320-6.
24. Zhang T, Luo J, Fu Y, Li H, Ding R, Gong T, *et al.* Novel oral administered paclitaxel micelles with enhanced bioavailability and antitumor efficacy for resistant breast cancer. *Colloid Surf B Biointerfaces* 2016;150:89-97.
25. Pooja D, Kulhari H, Kuncha M, Rachamalla SS, Adams DJ, Bansal V, *et al.* Improving efficacy, oral bioavailability, and delivery of Paclitaxel using protein-grafted solid lipid nanoparticles. *Mol Pharm* 2016;13:3903-12.
26. Ding D, Sun B, Cui W, Chen Q, Zhang X, Zhang H, *et al.* Integration of phospholipid-drug complex into self-nanoemulsifying drug delivery system to facilitate oral delivery of Paclitaxel. *Asian J Pharm Sci* 2019;14:552-8.
27. Baloch J, Sohail MF, Sarwar HS, Kiani MH, Khan GM, Jahan S, *et al.* Self-nanoemulsifying drug delivery system (SNEDDS) for improved oral bioavailability of chlorpromazine: *In vitro* and *in vivo* evaluation. *Medicina* 2019;55:210.