

Formulation and Development of Microemulsion Based Topical Drug Delivery of Ketoconazole

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ABSTRACT:

This study used microemulsion-based ketoconazole topical delivery to improve solubility and permeability. Ketoconazole permeates poorly topically.Ketoconazole containing microemulsion using oleic acid, Tween-80, and isopropyl alcohol was prepared. Pseudo-ternary and ternary phase diagrams prepared microemulsion. Surfactant, cosurfactant, water, globule size, in-vitro drug release, and permeability were examined. The globule size and in-vitro drug release as well as the permeability study were two of the three factors examined.

All of the prepared microemulsion had a globule size between 0 and 254 nm, with the F13 formulation having the smallest globule size. The malvern Zeta sizer was used to determine the droplet size distribution of the F13 formulation.

Keywords: Microemulsion; Ketoconazole; Phase diagram; Optimization; In-vitro drug release.

I. INTRODUCTION:

Because they can solubilizes weakly water-soluble drugs and increase systemic and availability, topical microemulsion on thermodynamically more stable and optically isotropic systems of water, oil, surfactant, and/or co-surfactant-have been investigated to drug delivery techniques¹. It swiftly penetrates skin and solubilizes lipophilic drug moiety. It enhances topical medication delivery. Topical microemulsion extends skin contact. Creams, ointments, and lotions can create stickiness, irritation, and instability². Topical pharmaceutical application increases microemulsion viscosity and stratum corneum hydration, improving drug dermal penetration and skin flux. Transparent hydrogels are being used in cosmetics and pharmaceuticals

because to these semisolid characteristics³. Hydrogels cannot deliver lipophilic medicines despite their many benefits. Thus, microemulsionbased hydrogels can contain and distribute hydrophobic medicinal molecules. Drug/oil/water emulsions can integrate hydrophobic medicines into microemulsion-based hydrogel. Microemulsion-based hydrogel incorporates hydrophobic medicines in oil phase and distributes oily globules in aqueous phase to formation of oil and water emulsion⁴⁻⁵.

Ketoconazole, an imidazole-containing fungistatic chemical, is used as a systemic and topical antifungal. Because of its effect on 14-alpha demothylase, a cytochrome P-450 enzyme required for the conversion of lanosterol to ergosterol, it is particularly effective against candidiasis. The main mechanism of action is blocking the activity of cytochrome P450 14-demethylase (P450, 14DM). Synthetic imidazole-derived antifungal drug. Mainly used as antifungal infections⁶⁻⁷.

This study used microemulsion-based ketoconazole topical delivery to improve solubility and permeability.

II. METHODS

Preformulation studies

Characterization of ketoconazole

Physical examination like colour, nature and melting point was determined. Fourier transform infrared spectrophotometer measured ketoconazole infrared spectrum (Shimadzu MIRacle10). IR platform received a small sample. Spectra were scanned at 4 cm⁻¹ resolution from 4000 to 400 cm⁻¹. IR spectra of ketoconazole shown in Fig.1



UV spectroscopy

a. Determination of λ_{max} of ketoconazole⁷

100 mg ketoconazole was added to 100 ml volumetric flask. Methanol and PBS Isotonic (7.4) filled 100 ml (Stock I). 10 ml from Stock I was transferred to a 100 ml volumetric flask and filled with methanol, PBS Isotonic (7.4). (Stock II). Finally, 10 ml methanol, PBS Isotonic, and 1 ml Stock II solution were added to a 10 ml volumetric flask (7.4). UV spectrophotometric study (200-400 nm) determined λ_{max} for the solution. Fig. 2 shows the λ max of ketoconazole in methanol and PBS Isotonic.

Calibration curve of ketoconazole in methanol⁸

Dissolved 100 mg of medication in 100 ml of methanol which observed yielded 1 mg/ml stock solution. Second stock solution made by diluting 5ml in 100ml methanol to produce 50μ g/ml. This was aliquoted and diluted to $5-40\mu$ g/ml. All solutions were scanned with a Shimadzu UV1800 spectrophotometer at 243 nm against methanol as a blank(Fig.3). Readings were tripled. Recorded mean values. Regressed absorbance values were graphed against concentration.

Calibration curve of ketoconazole in Isotonic PBS (pH 7.4)

Dissolving 100 mg of medication in 100 ml of methanol yielded 1 mg/ml stock solution. Second stock solution made by diluting 4ml in 100ml isotonic PBS (pH 7.4) to produce 40µg/ml. These aliquots were diluted to 2-20 µg/ml. All solutions were scanned with a Shimadzu UV1800 spectrophotometer at 225 nm against a blank of isotonic PBS (pH 7.4)(Fig.3). Readings were tripled. Recorded mean values. Regressed absorbance values were graphed against concentration.

Selection of oils, surfactants and co-surfactant for formulation study Solubility determination of ketoconazole in various oils, surfactant and cosurfactant:⁹⁻¹²

Ketoconazole solubility screening microemulsion oils. Oleic acid dissolved ketoconazole well. Solubilizing microemulsion improved dermal flow. Oleic acid increased stratum corneum lipid fluidity and permeability in ketoconazole microemulsion. According to literature, oleic acid, castor oil, eucalyptus oil, and olive oil are good microemulsion excipients. Choose micro-emulsion oils, surfactants, and cosurfactants. Oils, surfactants, and co-surfactants chosen ketoconazole solubility. Tween-80, 40, 20, and 60 surfactants and co-surfactants tested OA, eucalyptus, castor, and olive oils (including isopropyl alcohol, Ethanol, n-butanol and npropanol). In 10 ml stopper vials, extra ketoconazole was mixed with 5 ml of oil, surfactants, and co-surfactants to test solubility. 72hour rotating shakers agitated mixtures at room temperature. 24-hour equilibrium. A 0.45-µm membrane filter filtered equilibrated samples. UV spectrophotometers measured max 243 nm ketoconazole solubility after methanol dilution¹³⁻¹⁴. Results are listed in Table 4.

Construction of pseudoternary phase diagram¹⁵

Phase diagram and microemulsion area determined surfactant-cosurfactant ratio (Km). kilometres simplified pseudoternary phase diagram. Titration of homogeneous liquid solutions of water, surfactant, and cosurfactant with oil phase at ambient temperature gave the phase diagram. The surfactant and co-surfactant were combined from 1:9 to 9:1, the nine results were mixed with water equally and separately, and oleic acid was added drop-by-drop. 2.0 g water, surfactant, cosurfactant (Table 1). A magnetic stirrer equilibrated samples during titration. After adding an aliquot of oil, the liquid was visually tested for transparency until it clouded. Clear window microemulsions. Oil. surfactant, and cosurfactant created the pseudoternary phase diagram with constant water ratio. This simplified phase diagram revealed the optimal surfactant-co-surfactant ratio for water and oil solubility, Km. Water-shaped phase diagrams. mixed Oil-compatible low-water-content surfactant. Low oil-water compatibility. Both hindered Km discovery. Water scatters pseudoternary phase diagrams. Water titrates oil. Untitrated liquid crystal phase. Pseudoternary phase diagrams determined the correct surfactantcosurfactant weight ratio (Km). Km was fixed and combinations were 9:1-1:9. 1.0 g. Each mixture received filtered water drop-by-drop. A magnetic stirrer equilibrated samples during titration. Watertested transparency. Semi-opaque may mean end. Pseudoternaryphases diagram is showed in Fig.4



Sr. No.	Water(ml)	Smixratio	Tween80(ml)	Isopropylalcohol (ml)	OleicAcid
1	2	9:1	1.70	0.25	0.1
2	2	8:2	1.51	0.51	0.2
3	2	7:3	1.32	0.76	0.5
4	2	6:4	1.13	1.02	1.3
5	2	5:5	0.94	1.27	1.6
6	2	4:6	0.752	1.52	1.4
7	2	3:7	0.56	1.78	0.9
8	2	2:8	0.37	2.03	0.5
9	2	1:9	0.18	2.29	0.4

Ternary phase diagram

Based on pseudoternary phase diagram results, the best weight ratio of surfactant and cosurfactant (Km) was selected. A homogenous oil surfactant-cosurfactant blend was prepared, where Km was fixed, contents of mixed surfactant and oil blend in the mixtures varied from 9:1 to 1:9.The total quantity maintained in 1.0 g. Purified water was added drop by drop to each mixture (Table 2). During the titration, samples were stirred by a magnetic stirrer to allow equilibration. Following addition of an aliquot of water, the mixture was visually examined for transparency. The slightly opaque could present the end. In the pseudoternary phase diagram, transparent, single-phase mixtures were designated as microemulsion. Ternary phase diagram showed in Fig.5.

Sr.No	Oleicacid	Smix(1:1)	Water
1	0.9	0.1	0.1
2	0.8	0.2	0.1
3	0.7	0.3	0.1
4	0.6	0.4	0.1
5	0.5	0.5	0.2
6	0.4	0.6	0.2
7	0.3	0.7	0.2
8	0.2	0.8	0.5
9	0.1	0.9	0.8

Table 2: Ternary	phase diagram
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Preparation ketoconazole loaded of microemulsion: 16-17

Drop by drop, the oil-water microemulsion system was added. Magnetically stirred microemulsion. Ketoconazole was dissolved in oleic acid. Ketoconazole was 2%w/w in microemulsion.

The microemulsion was prepared as per following table 3, according to watertitration method of constructing phase diagram. The drug was dissolved with the aid ofultrasonication.

Batch	Ketoconazole (mg)	Oleic acid (ml)	Smix (ml)	Water (ml)
F1	600	0.957509	17.95028	11.14062
F2	600	1.596201	17.02557	11.4288
F3	600	1.598352	16.53179	11.92114
F4	600	1.602654	15.54036	12.90938

Table 2. Composition of microsmulsion formulation



F5	600	0.319358	18.58017	11.14718
F6	600	1.589749	18.49827	9.959775
F7	600	0.962155	16.17144	12.91694
F8	600	0.639818	17.52654	11.88222
F9	600	0.747178	16.9768	12.32539
F10	600	0.955961	18.53922	10.55222
F11	600	0.957509	17.95028	11.14062
F12	600	0.320906	16.80324	12.9245
F13	600	1.6952	14.83	16.32

Design and optimization of ketoconazole microemulsion

Ketoconazole was formulated using D-Optimal Design Expert 8.0. Classical experimental designs lack experimental limitations and cannot predict better. In a three-component mixture design, an equilateral triangle illustrates possible experimental runs, and real responses can be represented as distance orthogonal to factor space. The design space's irregular polyhedron with extreme vertices limits component range. Doptimal design maximises prediction power in selected experimental runs and minimises model coefficient variance. Pseudo ternary phase diagrams and early tests determined the quantities of oil (X1), Smix (X2), and water (X3) in this inquiry. Oleic acid below 10% prevents skin irritation. Skin hydration affects drug penetration. To keep medication in the skin, we restricted water content to 55%. Design components included these. $5\% \le X1 \le 10\%$

 $40\% \leq X2 {\leq}\, 60\%$

 $30\% \le X3 \le 55\%$

The globule size (in nanometers; Y1) and In-vitro drug release of MEs (Y2), percent Permeability study (Y3) were selected as the dependent variables (responses). Formulation batches in a D-optimal design shown in table 6.

Characterization and evaluation of microemulsion¹⁸

The prepared microemulsion (F1-F13) was evaluated for the following characteristics.

A. Optical transparency

Viewing the sample in a clear container with good light against eye reflection and against a black and white illuminated background assessed the formulations' optical transparency (Table 10).

B. Measurement of globule size

The	average	glob	oule/droplet	size	was
measured	using	a	malvern	zetas	izer.

The measurement was performed at $25^{\circ}C^{19}$ (Table 10).

C. Phase Separation

Microemulsion system were subjected to centrifugations at 5,000 rpm for aperiod of 10 min. and examined for any change in phase separation (Table 10).

D. Viscosity measurement

The viscosities of microemulsion were measured using a Brookfield (LVDVE) rotational viscometer equipped with the spindle no.64. The measurement was performed at ambient temperature and in triplicate²⁰ (Table 12).

E. Determination of pH

A 10% dispersion of formulation was prepared in distilled water and pH wasdetermined by using Chemiline CL-120 pH meter standardized with standard buffersof pH 4 and pH 7.4 (Table 12).

F. Zeta potential

Zeta potential is determined by using malvernzetasizer. Zeta potential isessentially useful for assessing flocculation since electrical charges on particles influence the rate of flocculation (Fig. 6).

In vitro drug release studies

Franz diffusion cells with cellophane sheets were used for in vitro drug release research. The receiver compartment held 30 ml and contained two arms for sampling and a thermometer. Donor compartments were 2 cm wide. Donor compartment touched receptor compartment diffusion medium. PBS 7.4 at $37^{\circ}C \pm 1^{\circ}C$ was in the receptor compartment. Before applying the donor-side microemulsion with 10 mg of medication, the membrane was equilibrated. A spectrophotometer at 254 nm measured samples taken from the receptor compartment and replaced



with the same amount of fresh isotonic PBS 7.4 solution^{10,17}(Fig. 7).

Permeation study

Franz diffusion cells were used to study permeation. Franz diffusion cells constricted the egg membrane between donor and receptor compartments. The donor compartment received 10mg ketoconazole microemulsion. The receptor compartment was filled with isotonic PBS pH 7.4 at 37°C with 100 rpm stirring. At predefined time intervals (30 min), 1 ml receptor medium was withdrawn and the same volume of pure medium was immediately reintroduced into the receptor compartment. The technique was repeated up to 5 h. All samples were filtered via Whatman filter paper and examined by UV spectrophotometer at 225 nm (Fig. 10).

IR spectra ketoconazole

Transmission electron microscopy (TEM) Analysis

Morphology and structure of the microemulsion were studied usingtransmission electron microscopy (TEM) (Technai 20, Philips, Holland) at anacceleration voltage of 200 kV. In order to perform the TEM observations, a drop of the microemulsion was directly deposited on the holey film grid and observed afterdrying (Fig. 13).

III. RESULTS AND DISCUSSIONS Determination of melting point of drug:

It is white to pale yellow powder. The melting point of ketoconazole was found in the range of 149-151°C.



Fig. 1: IR spectra of ketoconazole

The FTIR spectrum of ketoconazole shows the presence of unique peaks at 1641cm⁻¹ (C=O stretch), 1672.28cm⁻¹ (C-Cl), 1247cm⁻¹ (3° amine) and 1381.28 cm⁻¹ (NH2 rocking).

Estimation of ketoconazole by UV spectroscopy

The λ max of ketoconazole was found to be 243 nm in methanol and 225 nm inisotonic phosphate buffer 7.4









Calibrationcurveofketoconazole inmethanol and isotonic PBS 7.4



Slope	0.04118
Intercept	0.0244
R^2	0.999

Solubility determination of ketoconazole:

Details of solubility of oil shoed in table 2.

Sr. No.	Phase	Oils	Solubility (µg /ml)
1		Oleic acid	41.36
2	0'1	Eucalyptus oil	25.79
3	Oils	Castor oil	25.44
4		Olive oil	23.24
5		Tween-80	42.81
6		Tween-60	34.62
7	Surfactants	Tween-40	31.27
8		Tween-20	26.41
9		Span-80	13.44
10		Isopropyl alcohol	30.03
11	Co- Surfactants	Ethanol	15.87
12		n-butanol	17.72

Tween-80 and isopropyl alcohol act as penetration enhancer. So oleic acid, Tween-80 and Isopropyl alcohol were subsequently used as oil, surfactant and co- surfactant for the formulation of microemulsion containing ketoconazole in present study.

Microemulsion is an optically transparent system hence one of the important criteria for microemulsion preparation is that the selected oil and surfactant combination should show very high % transmittance (~ 99%). It was observed (Table 5) that the combination of oleic acid and Tween-80 showed % transmittance above 99 % and hence were selected for the preparation of microemulsion.



Table 5: % Transmittance study of oil and surfactant			
Oil : surfactant	% Transmittance		
Oleic acid: Tween 80	99.42		

Pseudo-ternary phase diagrams

Pseudo-ternary phase diagrams were constructed to examine the formation of microemulsion using four-component system consisting of an oil phase (oleic acid), a non-ionic surfactant Tween-80, a cosurfactant isopropyl alcohol and purified water (aqueous phase). The pseudo-ternary phase diagram was constructed with help of sigma plot 12.0 software.



Figure 4: Optimization of Smix (Km) ratio

From the above table 1 and figure 4, the optimized surfactant, co surfactant ratio(Smix) was found to be 1:1.



Figure 5: Ternary phase diagram

Unshaded part in each phase diagram indicates the region of two immiscible phases, whereas all plotted points indicates the instantaneous formation of microemulsions for respective oil to water ratios with specific amount of surfactant/cosurfactant ratio.\

The ternary diagram indicated that the surfactant, cosurfactant was required up to 50-60% to form a microemulsion. From diagrams it was concluded that microemulsion existing zone was more with the surfactant: cosurfactant ratio of 1:1

as compared to the other ratios. Hence 1:1 ratio of surfactant and co-surfactant was promising for preparation of microemulsion. The increasing concentration of surfactant in S/Co ratio leads to rise in the microemulsion region because of enhanced hydrolipophilicity, where as further rise in the surfactant concentration leads to too much hydrophilicity (Tween-80, HLB-15) which fells to emulsification with oil phase.

Optimization of formulation



A D-optimal experiment design was adopted to optimize the composition of microemulsion (W. Zhu et al) .In this design three factors were evaluated by changing their concentration simultaneously and keeping their total concentration constant. The D-optimal design for three-component system is represented. The concentration of surfactant, cosurfactant and water were selected as independent variables. The globule size (in nanometers; Y1) and In-vitro drug

release (percent; Y2) of MEs, permeability study (percent; Y3) were selected as the dependent variables (responses).

Because of high content, oleic acid could cause skin irritation, 5% oleic acid was chosen as oil phase in this study. Also it was well reported the relationship between hydration effect of stratum corneum and dermal permeation, 40-65% water content was chosen as water phase.

Table 6. For indiation batches in a D-optimal design							
Sr. No.	Run	Oleic Acid	Smix (1:1)	Water			
1	1	3	58	39			
2	2	5	55	40			
3	3	5	53.33	41.667			
4	4	5	50	45			
5	5	1	60	39			
6	6	5	60	35			
7	7	3	52	45			
8	8	2	56.5	41.4			
9	9	2	54	43			
10	10	3	60	37			

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Design summary

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The formulation were prepared using a Doptimal design, with the help of Design-Expert 8.0.7.1.Here three factors were evaluated and experimental trials were performed at twelve possible combinations with one optimized trial. The concentration of oleic acid (X1) ,concentration of Smix (X2) and concentration of water were selected as independent variables, while globule

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size, % cumulative drug release and % permeability were selected as dependent variables.

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54

39

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The prepared microemulsion contains oleic acid as an oil phase at different concentrations to assess the controlled release effect. Again concentration of Surfactant cosurfactant (Smix) also plays an important role in the globule size and drug release. Concentration of water also shows predominant effect on the drug release profile of the microemulsion.

Table 7:	Coded	leve	el as	per D	optimal	design.
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Coded factor	Actual factor	Unit	Туре	Limits (%)	
				Lower	Higher
X1	Oleic acid	%	Numerical	1	5
X2	Smix	%	Numerical	50	60
X3	Water	%	Numerical	35	45

Factor	Response	Unit	Analysis	Minimum	Maximum				
Y1	Globule size	nm	Polynomial	52.9	254.9				
Y2	Drug release	%	Polynomial	57.31	85.05				
Y3	permeability	%	Polynomial	55.85	83.44				

Table 8: Response summary

Table 9: Coded level as D-optimal design with observed responses.



Runs	Oleicacid(%)	Smix(1:1) (%)	Water (%)	Globulesize(nm)	Drug release(%)	Permeabilityy (%)
1	3	58	39	121.1	79.94	79.50
2	5	55	40	254.9	63.73	63.88
3	5	53.33	41.66	123.5	71.03	69.71
4	5	54	45	197.3	78.62	77.34
5	1	67	39	155.7	63.15	61.69
6	5	60	36	168.4	85.05	83.44
7	3	51	44	99.7	69.86	68.87
8	2	56.5	41.5	57.07	61.54	60.54
9	2.33	54.66	41	63.4	63.44	61.64
10	3	60	36	52.9	57.31	55.85
11	3	57	38	77.6	64.75	62.40
12	1	54	44	71.5	73.22	71.32

The data clearly indicates that globule size, % drug release and % permeability strongly dependant on selected independent variables such as oleic acid concentration, Smix concentration and water concentration.

Influence of independent variables on dependent variables

The influence of independent variables on dependent variables can be well explained by using 3D plot (surface response plot), 2D plot (contour plot) and polynomial equations of globule size, % drug release and % permeability.

Evaluation of prepared microemulsion: Optical transparency, globule size and phase separation

All the formulation batches were analyzed for the optical transparency; the results were given

in table10. All the batches were transparent in nature. Globule size of all prepared microemulsion observed in between 0-254 nm range which was acceptable range for microemulsion formulations. Formulation F13 shown the least globule size as compared to the all other microemulsions, This is due to presence of appropriate surfactant, cosurfactant and oil concentration. The surfactant and co-surfactant reduces the interfacial tension formed between oil and water phase and helps to reduce the globule size. Droplet size distribution of formulation F13 was given in figure 6, which were measured by malvern Zeta sizer (nanoseries). None of the microemulsion systems showed signs of phase separation on centrifugation at 1000 rpm for 30 minutes. This result provided a rapid and full proof identification of the system as microemulsion, and which was the sign of stability of microemulsion.

Formulation	Transparency	Globule size	Phase Separation
F1	Transparent	121.1	No Phase Separation
F2	Transparent	254.9	No Phase Separation
F3	Transparent	123.5	No Phase Separation
F4	Transparent	197.3	No Phase Separation

 Table 10: Optical transparencies, globule size and Phase separation data



F5	Transparent	155.7	No Phase Separation
F6	Transparent	168.4	No Phase Separation
F7	Transparent	99.7	No Phase Separation
F8	Transparent	57.0	No Phase Separation
F9	Transparent	63.4	No Phase Separation
F10	Transparent	52.9	No Phase Separation
F11	Transparent	77.6	No Phase Separation
F12	Transparent	71.5	No Phase Separation
F13	Transparent	53.3	No Phase Separation

Source	Sum ofsquares	df	Meansquare	F value	P-valueprobe>F
Model	41383.18	9	4598.13	3.47	0.2435
Linear mixture	17109.22	2	8554.61	6.46	0.1340
AB	1005.71	1	1005.70	0.76	0.4754
AC	1156.41	1	1156.41	0.87	0.4487
BC	1218.11	1	1218.11	0.92	0.4387
ABC	1004.53	1	1004.53	0.76	0.4756
AB(A-B)	795.40	1	795.40	0.60	0.4756
AC(A-C)	1081.05	1	1081.05	0.82	0.4616
BC(B-C)	7180.01	1	7180.01	5.42	0.1453
Residual	2648.10	2	1324.05	-	-
Lack of fit	1701.97	1	1701.97	1.80	0.4079
Pure error	946.13	1	946.13	-	-
Cor Total	44031.28	11	-	-	-

Table 11: Summary of ANOVA for globule size

Above plots and polynomial equation shows that the Smix and water concentration has

negative effect on globule size and as the concentration of Smix and water increases there is



decreases in globule size of microemulsion. Also the concentration of water has significant positive effect on globule size of microemulsion and as the concentration of water increases there is increase in globule size of microemulsion.

Viscosity and pH measurement:

The values of viscosity and pH measurements of all formulations were listed in Table 12. The microemulsion being the combination of oil, surfactant, co-surfactant and water; these could affect the viscosity of the formulation. Formulation F13 which contains least

amounts of water, with proper amount of surfactant, and it may be due to which it shows highest viscosity as compared to all formulations. Formulation F1 shows least viscosity this could be due to presence of high concentration of water in formulation and very low concentration of the surfactant. Also as the concentration of surfactant co-surfactant mixture increases the viscosity of formulation get increased. pH of all formulations were found in between 6-6.5 which was acceptable for pH of skin. This is an important parameter as the skin pH ranges between pH 5.5-6.5.

Table 12: Viscosity of microemulsion formulations

Batches	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13
Viscosity (Cps)	60	68	69	65	73	67	70	69	65	73	67	70	73
рН	5.20	6.25	6.21	6.3	5.12	6.20	5.35	6.23	6.51	6.30	6.26	5.00	6.13

Zeta potential measurement:

Zeta potential of F13 was -40 mV. The negative Zeta potential indicate that droplets of the microemulsion having -40 charge on each globule, and that could responsible for the repulsion of

globule from each other and that not allows the globule to settle downfor longer period of time, indirectly causing the long stability of the formulations. Zetapotential was determined by using malvernzetasizer (Fig 6).



Figure 6: Zeta potential of microemulsion

In-vitro drug release study

The in vitro drug release profile of ketoconazole microemulsions through cellophane paper were represented in Fig. 7. All the formulation shown the drug release about 57-88%

through cellophane membrane within the 5 hours time period, which was acceptable for the topical formulations and were meant for the localized effect, not the systemic effect. Formulation F13 had smallest droplet size with greater % drug release.





Figure 7: In-vitro diffusion study

Permeability study 3D plot (Response surface plot)



Figure 9: Contour plot of in-vitro drug release



Permeability study





The permeability study of ketoconazole microemulsions through egg membrane were represented in above Fig. 10. All the formulation shown the % permeability about 55-84% through egg membrane within the 5 hours time period,

which was acceptable for the topical formulations and were meant for the localized effect, not the systemic effect. Formulation F13 had smallest droplet size with greater % permeability.

Influence on in-vitro drug release Influence on % permeability 3D plot (Response surface plot)



Figure 11: Response surface plot of % permeability



2D plot (Contour plot)



Figure 12: Contour plot of % permeability

Transmission electron microscopy (TEM) Analysis



Figure 13: Transmission electron microscopy (TEM) Analysis

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The result of TEM figure reveal that ketoconazole microglobules were almost sphericalin shape.

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Summary of ANOVA

Source	Sum of	df	Mean square	F value	P-value
	squares				probe>F
Model	675.73	9	75.08	1.26	0.5179
Linear Mixture	142.26	2	71.13	1.20	0.4554
AB	181.52	1	181.52	3.05	0.2227
AC	175.71	1	175.71	2.95	0.2278
BC	182.84	1	182.84	3.07	0.2216
ABC	185.60	1	185.60	3.12	0.2193
AB(A-B)	180.13	1	180.13	3.03	0.2239
AC(A-C)	177.10	1	177.10	2.98	0.2266



BC(B-C)	18.27	1	18.27	0.31	0.6351
Residual	118.95	2	59.47	-	-
Lack of fit	3.58	1	3.58	0.031	0.8890
Pure error	115.37	1	115.37	-	-
Cor Total	794.67	11	-	-	-

Above plots and polynomial equation shows that the oleic acid concentrationhas significant negative effect on % drug release and as the concentration of oleic acidincreases there is decreases in % in-vitro drug release of microemulsion. Also the concentration of oleic acid and Smix has significant positive effect on % invitro drugrelease of microemulsion and as the concentration of oleic acid and Smix increases there is increase in globule size of microemulsion.

Polynomial equation

1 able 14. Summary of ANOVA for % permeabilit	Table 14	Summary	of ANOVA	for %	permeability
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Source	Sum ofsquares	df	Mean square	F value	P-valueprobe>F
Model	160.92	2	80.46	1.13	0.3657
Linear mixture	160.92	2	80.46	1.13	0.3657
Residual	64240	9	71.38	-	-
Lack of fit	496.54	8	62.07	0.43	0.8362
Pure error	145.86	1	145.86	-	-
Cor Total	803.32	11	-	-	-

Above plots and polynomial equation shows that the oleic acid concentrationhas significant positive effect on % permeability and as the concentration of oleic acidincreases there is increase in % permeability of microemulsion.

IV. CONCLUSION:

The melting point of ketoconazole is between 149 and 151 degrees Celsius, and its calibration curve has the following characteristics: isotonic PBS 7.4, slope 0.04118, intercept 0.0244, R 2 0.999, and NH 2 1381. To create the drugcontaining microemulsion, oleic acid, Tween-80, and isopropyl alcohol were used as the oil, surfactant, and co-sulphurant, respectively. A ternary phase diagram and a pseudo-ternary phase diagram were built as part of the microemulsion preparation process.

The globule size and in-vitro drug release as well as the permeability study were two of the three factors examined. The following is a list of the ingredients that went into making the microemulsions: Ketoconazole (mg) (mg) Acid oleic (ml) Smix (ml) (ml) Water (ml) (ml). All of the prepared microemulsion had a globule size between 0 and 254 nm, with the F13 formulation having the smallest globule size. The malvern Zeta sizer was used to determine the droplet size distribution of the F13 formulation.

Twelve experimental trials were conducted at different permutations of the three factors, and one trial was found to be optimal. Oleic acid concentration was found to have a negative effect on drug release, while oleic acid and Smix concentration had the opposite effect. A transmission electron microscopy study showed that the microglobules were nearly round.

REFERENCES:

- Singh PK, Iqubal MK, Shukla VK, Shuaib M. Microemulsions: current trends in novel drug delivery systems. J Pharm Chem Biol Sci. 2014 Feb;1(1):39-51.
- [2]. Mehta DP, Rathod HJ, Shah DP. Design, development and characterization of microemulsion based hydrogel of clotrimazole for topical delivery system. Emerg Med J. 2019:1-0.
- [3]. Patel RR, Patel ZK, Patel KR, Patel MR. Micro emulsion based gel: recent expansions for topical drug delivery system. J Med Pharm Allied Sci. 2014;1:1-5.
- [4]. Mehta DP, Rathod HJ, Shah DP. Design, development and characterization of microemulsion based hydrogel of



clotrimazole for topical delivery system. Emerg Med J. 2019:1-0.

- [5]. Grampurohit N, Ravikumar P, Mallya R. Microemulsions for topical use–a review. Ind J Pharm Edu Res. 2011 Jan;45(1):100-7.
- [6]. Patel A, Patel J. Mucoadhesive microemulsion based prolonged release vaginal gel for anti-fungal drug. American Journal of Pharma Tech. Research. 2012;2(4):650-61.
- [7]. Urmaliya H, Gupta M, Agrawal A, Jain NK, Dubey A. Formulation development and evaluation of microemulsion gel of Ketoconazole as an antifungal agent. Pharmacia: An Int J of Pharm Sci. 2016;2:120-30.
- [8]. Lewis GA, Mathieu D, Phan-Tan-Luu R. Pharmaceutical experimental design. CRC press; 1998 Sep 10.
- [9]. Chen H, Chang X, Du D, Li J, Xu H, Yang X. Microemulsion-based hydrogel formulation of ibuprofen for topical delivery. International journal of pharmaceutics. 2006 Jun 6;315(1-2):52-8.
- [10]. Barot BS, Parejiya PB, Patel HK, Gohel MC, Shelat PK. Microemulsion-based gel of terbinafine for the treatment of onychomycosis: optimization of formulation using D-optimal design. AapsPharmscitech. 2012 Mar;13:184-92.
- [11]. Hashem FM, Shaker DS, Ghorab MK, Nasr M, Ismail A. Formulation, characterization, and clinical evaluation of microemulsion containing clotrimazole for topical delivery. AapsPharmscitech. 2011 Sep;12:879-86.
- [12]. Glujoy M, Salerno C, Bregni C, Carlucci AM. Percutaneous drug delivery systems for improving antifungal therapy effectiveness: A review. Int. J. Pharm. Pharm. Sci. 2014;6:8-16.
- [13]. Rowe R, Sheskey PJ, Quinn ME. Handbook of Pharmaceutical Excipients.6th edition, Pharmaceutical Press and American Pharmaceutical Association,London. 2006; 494, 624

- [14]. Sabale V, Vora S. Formulation and evaluation of microemulsion-based hydrogel for topical delivery. International journal of pharmaceutical investigation. 2012 Jul;2(3):140.
- [15]. Hou P, Cao S, Ni J, Zhang T, Cai Z, Liu J, Wang Y, Wang P, Lei H, Liu Y. In-vitro and in-vivo comparison of T-OA microemulsions and solid dispersions based on EPDC. Drug Development and Industrial Pharmacy. 2015 Feb 1;41(2):263-71.
- [16]. Chen H, Chang X, Du D, Li J, Xu H, Yang X. Microemulsion-based hydrogel formulation of ibuprofen for topical delivery. International journal of pharmaceutics. 2006 Jun 6;315(1-2):52-8.
- [17]. Hashem FM, Shaker DS, Ghorab MK, Nasr M, Ismail A. Formulation, characterization, and clinical evaluation of microemulsion containing clotrimazole for topical delivery. AapsPharmscitech. 2011 Sep;12:879-86.
- [18]. Chudasama A, Patel V, Nivsarkar M, Vasu K, Shishoo C. Investigation of microemulsion system for transdermal delivery of itraconazole. Journal of advanced pharmaceutical technology & research. 2011 Jan;2(1):30.
- [19]. Salerno C, Carlucci AM, Bregni C. Study of in vitro drug release and percutaneous absorption of fluconazole from topical dosage forms. AapsPharmscitech. 2010 Jun;11:986-93.
- [20]. Patel MR, Patel RB, Parikh JR, Solanki AB, Patel BG. Effect of formulation components on the in vitro permeation of microemulsion drug delivery system of fluconazole. AAPS PharmSciTech. 2009 Sep;10:917-23.
- [21]. Talegaonkar S, Azeem A, Ahmad FJ, Khar RK, Pathan SA, Khan ZI. Microemulsions: a novel approach to enhanced drug delivery. Recent patents on drug delivery & formulation. 2008 Nov 1;2(3):238-57.