DESIGN AND DEVELOPMENT OF COLON TARGETED DRUG DELIVERY SYSTEM OF 5-FUORURACIL & METRONIDAZOLE

1. Introduction:

Oral controlled-release formulations for the small intestine and colon have received considerable attention in the past 25 years for a variety of reasons including pharmaceutical superiority and clinical benefits derived from the drug-release pattern that are not achieved with traditional immediate (or) sustained-release products. By definition, colonic delivery refers to targeted delivery of drugs into the lower GI tract, which occurs primarily in the large intestine (i.e., colon). The site-specific delivery of drugs to lower parts of the GI tract is advantageous for localized treatment of several colonic diseases, mainly inflammatory bowel disease (Crohn’s disease and ulcerative colitis), irritable bowel syndrome, and colon cancer. Other potential applications of colonic delivery include chronotherapy, prophylaxis of colon cancer and treatment of nicotine addiction. It has also gained increased importance not just for the delivery of drugs for the treatment of local diseases, but also potential site for the systemic delivery of therapeutic proteins and peptides which are being delivered by injections. These delivery systems when taken orally, allow drugs to release the drug from the delivery system once the delivery system arrives into the colon. These delayed mechanisms are designed to improve the efficacy of the drug by concentrating the drug molecules where they are need most, and also minimize the potential side effects and drug instability issues associated with premature release of drug in the upper parts of the GIT, namely stomach and small intestine.

Colon targeted drug delivery would ensures direct treatment at the disease site, lower dosing and less systemic side effects. In addition to restricted therapy, the colon can also be utilized as a portal for the entry of drugs into the systemic circulation. For example, molecules that are degraded/poorly absorbed in the upper gut, such as peptides and proteins, may be better absorbed from the more benign environment of the colon. Overall, there is less free fluid in the colon than in the small intestine and hence, dissolution could be problematic for poorly water-soluble drugs. In such instances, the drug may need to be delivered in a pre-solubilized form, or delivery should be directed to the proximal colon, as a fluid gradient exists in the colon with more free water present in the proximal colon than in the distal colon. Aside from drug...
solubility, the stability of the drug in the colonic environment is a further factor that warrants attention. The drug could bind in a nonspecific manner to dietary residues, intestinal secretions, mucus or general faecal matter, thereby reducing the concentration of free drug. Moreover, the resident micro-flora could also affect colonic performance via degradation of the drug $^{5,6}$.

1.1. Advantages of Colon targeting drug delivery system

- Targeted drug delivery to the colon would ensure direct treatment at the disease site, lower dosing and fewer systemic side effects.
- Site-specific or targeted drug delivery system would allow oral administration of peptide and protein drugs, colon-specific formulation could also be used to prolong the drug delivery.
- Colon-specific drug delivery system is considered to be beneficial in the treatment of colon diseases.
- The colon is a site where both local or systemic drug delivery could be achieved, topical treatment of inflammatory bowel disease, e.g. ulcerative colitis or Crohn’s disease. Such inflammatory conditions are usually treated with glucocorticoids and sulphasalazine (targeted).
- A number of others serious diseases of the colon, e.g. colorectal cancer, might also be capable of being treated more effectively if drugs are targeted to the colon.
- Formulations for colonic delivery are also suitable for delivery of drugs which are polar and/or susceptible to chemical and enzymatic degradation in the upper GI tract, highly affected by hepatic metabolism, in particular, therapeutic proteins and peptides.
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Types or modified release formulations for colon targeted drug delivery systems

These are of two types:

- Single unit colon targeted drug delivery system: It may suffer from the disadvantage of unintentional disintegration of the formulation due to manufacturing deficiency or unusual gastric physiology that may lead to drastically compromised systemic drug bioavailability or loss of local therapeutic action in the colon.
Multiparticulate dosage form systems: These are developed in comparison to single unit systems because of their potential benefits like increased bioavailability, reduced risk of systemic toxicity, reduced risk of local irritation and predictable gastric emptying. Multiparticulate approaches tried for colonic delivery includes formulations in the form of pellets, granules, microparticles and nanoparticles. The use of multiparticulate formulations in preference to single unit dosage forms for colon targeting purposes. Showed that multiparticulate formulations enabled the drug to reach the colon quickly and are retained in the ascending colon for a relatively long period of time. Because of their smaller particle size as compared to single unit dosage forms these systems tend to be more uniformly dispersed in the GI tract and also ensure more uniform drug absorption. Most commonly investigated multiparticulate formulations for colon specific drug delivery include pellets, granular matrices, beads, microspheres, and nanoparticles.

Opportunities in colon targeted drug delivery⁵

- In the area of targeted delivery, the colonic region of the GI tract is the one that has been embraced by scientists and is being extensively investigated over the past two decades.
- Targeted delivery to the colon is being explored not only for local colonic pathologies, thus avoiding systemic effects of drugs or inconvenient and painful trans-colonic administration of drugs, but also for systemic delivery of drugs like proteins and peptides, which are otherwise degraded and/or poorly absorbed in the stomach and small intestine but may be better absorbed from the more benign environment of the colon.
- This is also a potential site for the treatment of diseases sensitive to circadian rhythms such as asthma, angina and arthritis. Moreover, there is an urgent need for delivery of drugs to the colon that reported to be absorbable in the colon, such as steroids, which would increase efficiency and enable reduction of the required effective dose.
- The treatment of disorders of the large intestine, such as irritable bowel syndrome (IBS), colitis, Crohn’s disease and other colon diseases, where it is necessary to attain a high concentration of the active agent, may be efficiently achieved by colon-specific delivery.
- The development of a dosage form that improves the oral absorption of peptide and protein drugs whose bioavailability is very low because of instability in the GI tract is one of the greatest challenges for oral peptide delivery.
1.2 Limitations and challenges in colon targeted drug delivery

- One challenge in the development of colon-specific drug delivery systems is to establish an appropriate dissolution testing method to evaluate the designed system in-vitro. This is due to the rationale after a colon specific drug delivery system is quite diverse.
- As a site for drug delivery, the colon offers a near neutral pH, reduced digestive enzymatic activity, a long transit time and increased responsiveness to absorption enhancers; however, the targeting of drugs to the colon is very complicated. Due to its location in the distal part of the alimentary canal, the colon is particularly difficult to access. In addition to that the wide range of pH values and different enzymes present throughout the gastrointestinal tract, through which the dosage form has to travel before reaching the target site, further complicate the reliability and delivery efficiency.
- Successful delivery through this site also requires the drug to be in solution form before it arrives in the colon or, alternatively, it should dissolve in the luminal fluids of the colon, but this can be a limiting factor for poorly soluble drugs as the fluid content in the colon is much lower and it is more viscous than in the upper part of the GI tract.
- In addition, the stability of the drug is also a concern and must be taken into consideration while designing the delivery system. The drug may potentially bind in a nonspecific way to dietary residues, intestinal secretions, mucus or faecal matter.
- The resident microflora could also affect colonic performance via metabolic degradation of the drug. Lower surface area and relative ‘tightness’ of the tight junctions in the colon can also restrict drug transport across the mucosa and into the systemic circulation.
1.3. Current and futures of potential of Colon targeting drug delivery system\textsuperscript{1-3}

Currently, there are several modified release solid formulation technologies available for colonic delivery. These technologies rely on GI pH, transit times, enterobacteria and luminal pressure for site-specific delivery. Each of these technologies represents a unique system in terms of design but has certain shortcomings, which are often related to degree of site-specificity, toxicity, cost and ease of scale up/manufacturing. It appears that microbially-controlled systems based on natural polymers have the greatest potential for colonic delivery, particularly in terms of site-specificity and safety. In this regard, formulations that employ a film coating system based on the combination of a polysaccharide and a suitable film forming polymer represents a significant technological advancement. Further developments in this area require means to improve the co-processing of the polymeric blend of a polysaccharide(s) and a film forming material while maintaining the propensity of the composition to microbial degradation in the colon.