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### **The Study of Chloramphenicol for Ophthalmic Formulation**

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#### **ABSTRACT**

Chloramphenicol is still 'gold standard' for conjunctivitis in every age. However, chloramphenicol eye caps and eye drops have no satisfactory results. The objective of the study was to screen oil, evaluate solubility of chloramphenicol in them for ophthalmic formulation. Spectrum and calibration curve of chloramphenicol was prepared. Oils were subjected to scan between 200–400 nm. Those oils had no absorbance considered for equilibrium solubility study. The solubility of chloramphenicol was evaluated in different short listed oils by equilibrium solubility study. One-way ANOVA following Tukey-Kramer multiple comparisons test was used for statistical analysis. Absorbance maximum of chloramphenicol was found to be 274 nm in methanol. Chloramphenicol was exhibited linearity in the range of 10–30 µG/mL of methanol. Neem oil, heavy liquid paraffin, light liquid paraffin, olive oil, isopropyl myristate, peppermint oil, oleic acid, Jasminum sambac oil, mentha oil, isopropyl palmitate, and triacetin were selected for equilibrium solubility studies. Oils had significantly less solubility of chloramphenicol than water. Use of oil and water both phases i.e. emulsion or emulgel of chloramphenicol could be an appropriate formulation for the ophthalmic administration.

**KEYWORDS:** Chloramphenicol; Conjunctivitis; Solubility; Oil phase; Ophthalmic formulation.

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## INTRODUCTION

Multi-microbial infection is observed in conjunctivitis and is susceptible to streptomycin, ampicillin, and chloramphenicol<sup>1</sup>. *Staphylococcus epidermidis* is causing pathogen for conjunctivitis<sup>2</sup>. Chloramphenicol is effective against *Streptomyces venezuelae* and the other anaerobes bacteria's, gram-negative, gram positive bacteria. Chloramphenicol is still 'gold standard' for conjunctivitis in every age<sup>3</sup>. Chloramphenicol ophthalmic formulations available in Indian subcontinent pharmaceutical markets are eye caps (Chloromycetin eye caps), eye ointment (Chloromycetin eye ointment), and eye drops (Chloromycetin eye drops). My observations regarding both these formulations have two questions that do patients satisfy with eye drops (regarding recovery in conjunctivitis)? Does ophthalmologist satisfy with drug action of eye caps or ointment? The answers are no. As chloramphenicol is hydrophobic in nature, when eye drops entered into the eye there is less contact time of chloramphenicol with the conjunctiva<sup>4</sup>, less lubrication<sup>5</sup>, the drug can be drained into the throat by aqueous humor that is secreted by *Canal of Schlemm* and drug action is divided into eye and throat<sup>6</sup>. Patients can feel the bitter taste of chloramphenicol too<sup>7</sup>. Moreover, in eye caps or ointment, soft paraffin or petroleum jelly is not sufficient to base for the release of chloramphenicol and contact time of chloramphenicol to the conjunctiva is not high enough. Ointment provides blurred vision and is uncomfortable<sup>7,8</sup>.

The objective of the study was to screen out oils, evaluate solubility of chloramphenicol in them for ophthalmic formulation.

## EXPERIMENTAL

### *Material*

Neem oil was purchased from Parker Biotech Pvt. Ltd. Chennai, India. Olive, heavy liquid paraffin, light liquid paraffin, triacetin, mentha oil, oleic acid, and peppermint oil were purchased from Astron Chemicals Ltd, Ahmedabad, India. Isopropyl palmitate and isopropyl myristate, mogra (*Jasminum sambac*) oil were purchased from Chem dyes corporation Rajkot, India. Chloramphenicol eye caps were purchased from Jyoti capsules, Kanpur, India. Chloramphenicol was purchased from Oxford Laboratory Thane, India.

### *Calibration curve*

A stock solution of chloramphenicol was made with methanol. UV-scan of these solutions were performed between 200–400 nm by Double-Beam UV-visible Spectrophotometer (LT-2900, Labtronics (I) Pvt. Ltd, Ambala, India). A wavelength at which chloramphenicol showed maximum

absorbance was considered as absorbance wavelength( $\lambda_{max}$ )for research work. From the stock solution (100  $\mu\text{G}/\text{mL}$ ), appropriate solutions (5–30  $\mu\text{G}/\text{mL}$ ) were prepared in 10 mL volumetric flasks with methanol. The absorbance of these solutions was measured at  $\lambda_{max}$ <sup>9</sup>.

### ***Short listing of oils***

Oils were subjected to scan between 200–400 nm and were shortlisted. Those solutions had no absorbance was considered for equilibrium solubility study<sup>10</sup>.

### ***Equilibrium solubility study of chloramphenicol in different oils***

An excess amount of chloramphenicol was added into 5 mL of shortlisted oil, stirred continuously for 1 h at 50 rpm and 25 °C (Orbital shaking incubator, 1HB-164, Remi Equipments Ltd., Vasai, India). The oils were allowed to stand for 24 h with occasional shaking. After 24 h, the oils were shaken for 15 min at 50 rpm and 25 °C. The oil was filtered through filter paper (11  $\mu$  pore size, Angle trading, Rajkot, India). The filtrate was diluted with methanol as per requirement. The absorbance of the solution was made at  $\lambda_{max}$  by UV-visible spectrometer using methanol as blank<sup>11, 12</sup>.

### ***Statistical analysis***

All data were represented as mean of five independent experiments. One-way ANOVA (analysis of variance) following Tukey-Kramer multiple comparisons test (considering critical value  $q > 3.773$  as significant) was performed between solubility of oil and that of distilled water at 95% of confidence level<sup>13</sup>. In Stat (Graph Pad Software, Inc., La Jolla, CA, USA) was used for statistical analysis.

## **RESULTS**

The spectrum of chloramphenicol in methanol is shown in Fig. 1.  $\lambda_{max}$  of chloramphenicol was found to be 274 nm in methanol. Calibration curve of chloramphenicol in methanol is represented in Fig. 2.

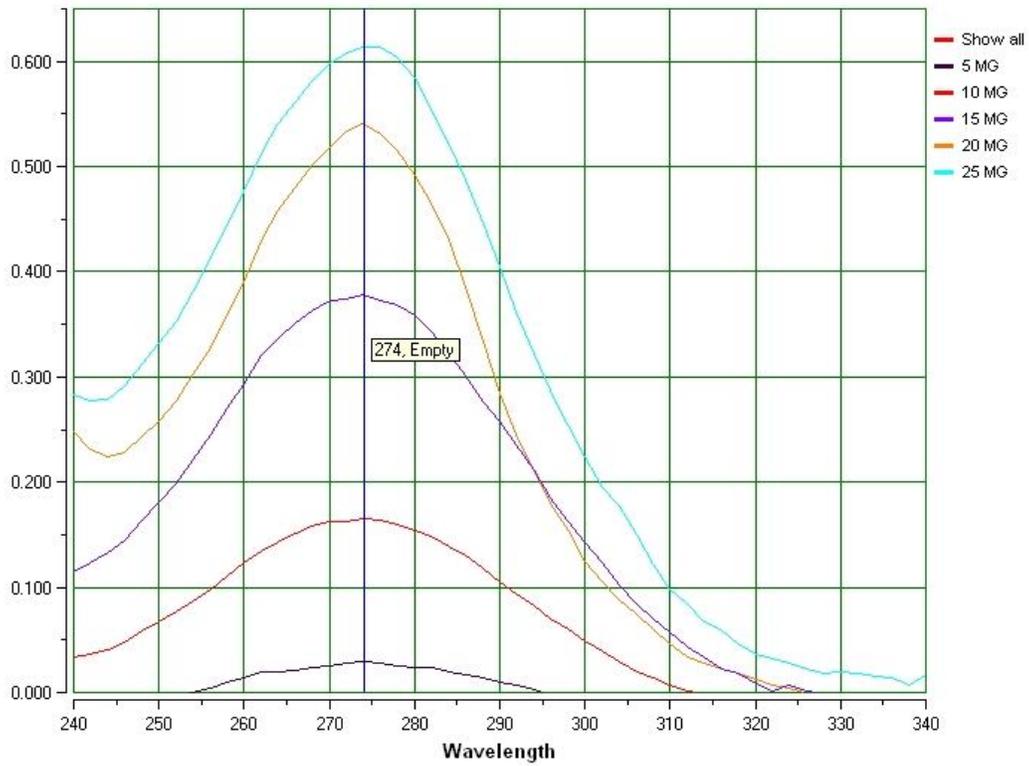


Figure 1: Scanning of chloramphenicol in methanol. Y-axis represented absorbance of chloramphenicol in methanol.

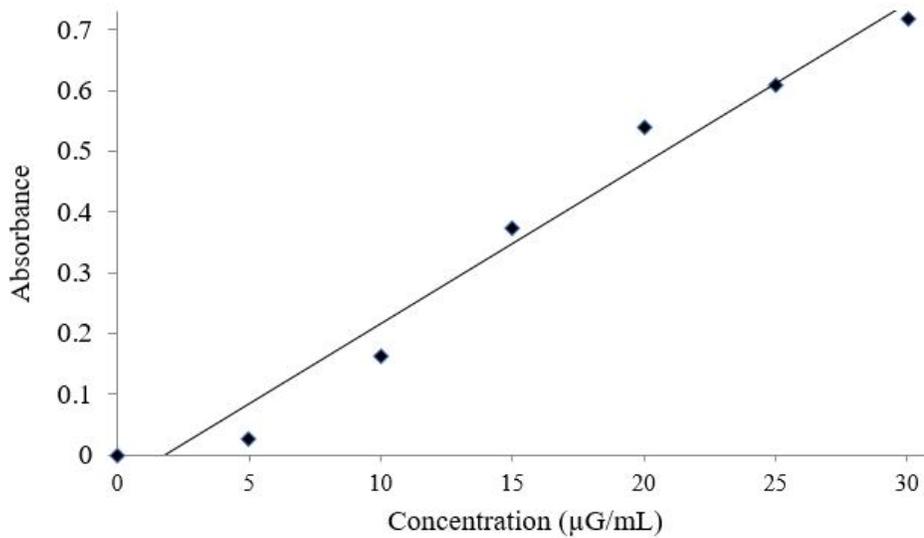


Figure 2: Calibration curve of chloramphenicol in methanol.  $y = 0.0243x - 0.031$ ,  $R^2 = 0.9464$ .

**Table 1: Screening oils for chloramphenicol**

Name Oil	Reason for Selection	Selected or Not Why?
Neem oil	No absorbance between 200–400 nm and strong antibacterial	Yes
Clove oil	No absorbance between 250–300 nm and penetration enhancer	No; eye irritant
Heavy liquid paraffin oil	No absorbance between 200–400 nm and pharmaceutically inert	Yes
Light liquid paraffin oil	No absorbance between 200–400 nm and pharmaceutically inert	Yes
Turpentine oil	No absorbance between 200–400 nm, antibacterial, and penetration enhancer	No; eye irritant
Eucalyptus oil	No absorbance between 200–400 nm, antibacterial, and penetration enhancer	No; eye irritant
Olive oil	No absorbance between 250–300 nm and penetration enhancer	Yes
Isopropyl myristate	No absorbance between 200–400 nm and penetration enhancer	Yes
Peppermint oil	No absorbance at 250–300 nm, antibacterial, and penetration enhancer	Yes
Oleic acid	No absorbance at 250–300 nm and penetration enhancer	Yes
Jasminumsambac oil	No absorbance at 250–300 nm, antibacterial, fragrance and penetration enhancer	Yes
Mentha oil	No absorbance at 250–300 nm, antibacterial, and fragrance	Yes
Isopropyl Palmitate	No absorbance between 250–300 nm and penetration enhancer	Yes
Triacetin	No absorbance between 250–300 nm and penetration enhancer	Yes

Screening of various oils for short listing of equilibrium solubility study is reported in Table 1. Oils had significantly less solubility of chloramphenicol than water (Table 2). The solubility of chloramphenicol in various oils is represented in Fig. 3.

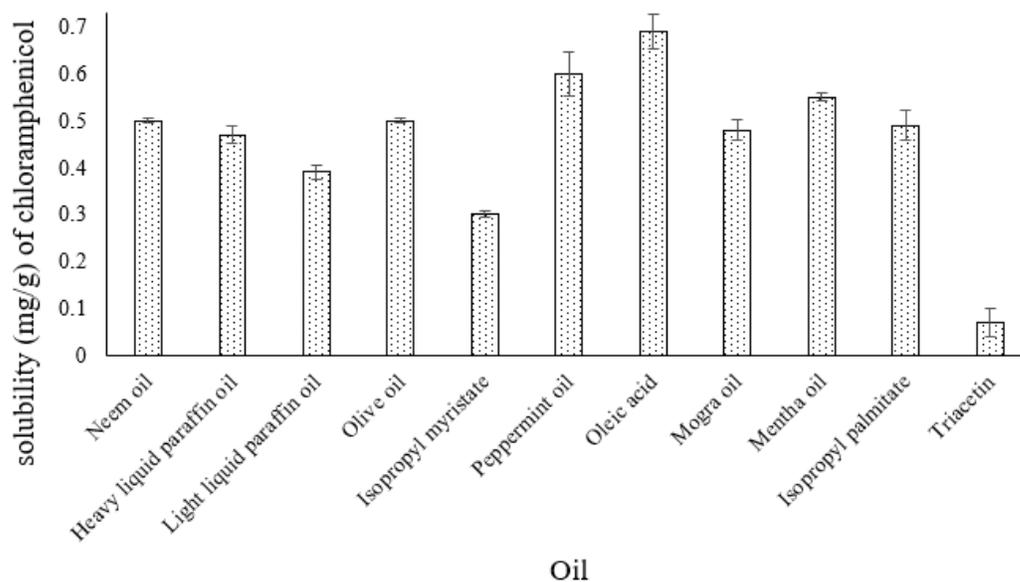


Figure 3: Solubility of Chloramphenicol in various oils. Data were represented as mean  $\pm$  SD; n = 5.

**Table2: Statistical analysis for solubility of different oils with respect to that of distilled water**

Oil	p-value	q-value
Neem oil	< 0.0001	5.164
Heavy liquid paraffin oil	< 0.0001	5.421
Light liquid paraffin oil	< 0.0001	5.448
Olive oil	< 0.0001	5.164
Isopropyl myristate	< 0.0001	5.68
Peppermint oil	< 0.0001	4.903
Oleic acid	< 0.0001	4.62
Jasminumsambac oil	< 0.0001	5.251
Mentha oil	< 0.0001	5.035
Isopropyl palmitate	< 0.0001	5.189
Triacetin	< 0.0001	6.273

One-way ANOVA following Tukey-Kramer Multiple Comparisons Test was used for statistical analysis.

A  $p < 0.05$  and  $> 3.773$  were considered as significant

## DISCUSSION

Chloramphenicol had high solubility in methanol. Chloramphenicol was exhibited linearity in the range of 10–30  $\mu\text{G}/\text{mL}$  in methanol<sup>14</sup>. With respect to calibration curve data of the study, it was possible to perform a study using methanol as solvent.

From the results of oils of absorption between 200–400 nm values and unique properties of oil, neem oil, heavy liquid paraffin, light liquid paraffin, olive oil, isopropyl myristate, peppermint oil<sup>15</sup>, oleic acid, Jasminumsambac oil, mentha oil, isopropyl palmitate, and triacetin were selected for equilibrium solubility studies.

All oils had less chloramphenicol solubility than water. Therefore, it was not possible to use only oil as a base than water. With respect to solubility studies of chloramphenicol, it was revealed that chloramphenicol eye caps had chloramphenicol in a triturated form, not in solubilized form, which had less penetration and less drug action.

Chloramphenicol has high solubility in water (2.5 mg/mL)<sup>16</sup>. This can easily diffuse chloramphenicol from eye drops into aqueous humor in inflamed eye condition<sup>17</sup>. With respect to the solubility of chloramphenicol in water, chloramphenicol eye drops cannot provide good drug action in *culde sac* of the eye.

Chloramphenicol eye drops have the high comfort of treatment for patients. Chloramphenicol eye ointment or caps have a significant effect on corneal epithelial problems due to high friction ability between eyelids and corneal epithelium. However, both formulations have a similar effect on

conjunctiva during eye problems<sup>7, 8</sup>. In respect to disadvantages of both formulations, both formulations are not provided enough drug action in conjunctivitis.

In limitations of the study, a calibration curve of chloramphenicol was performed in methanol only. It was not performed in oils. The dose oscillation study of chloramphenicol was not performed.

## **CONCLUSION**

The study of anophthalmic formulation for chloramphenicol had been recommended use of oil and water both phases i.e. emulsion or emulgel for the ophthalmic formulation of chloramphenicol. This dual phase can provide good solubility and penetration for chloramphenicol.

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### ***Conflict of interest***

Authors have no conflict regarding criticisms of well-established brands of the company. Authors have no any competing interest regarding results and/or discussion reported in the research work.

### ***Authors' contributions***

Kalpesh Ashara had performed an investigation, methodology, and drafted, review, and edited the manuscript for intellectual content. Ketan V. Shah had performed project administration, conceptualization, and formal analysis.

### ***Authors Disclosures***

The study was part of a Ph.D. project of Kalpesh Ashara. The study was presented as an oral presentation at National Conference on Recent Innovations in Science, School of Science, RK University, Rajkot, India on 20 January 2018.

## REFERENCES

1. Iwalokun BA, Oluwadun A, Akinsinde KA, Niemogha MT, Nwaokorie FO. Bacteriologic and plasmid analysis of etiologic agents of conjunctivitis in Lagos, Nigeria. *J OphthalmInflamm Infect* 2011; 1:95–103.
2. Bramantyo T, Roeslani RD, Andriansjah A, Sitorus RS. The efficacy of 1% chloramphenicol eye ointment versus 2.5% povidone-iodine ophthalmic solution in reducing bacterial colony in newborn conjunctivae. *Asia Pac J Ophthalmol* 2015; 4(3):180–183.
3. Hi-Media. Product information of Chloramphenicol; 2015 (Access on September 2015).
4. Cagini C, Piccinelli F, Lupidi M, Messina M, Cerquaglia A, Manes S, Fiore T, Pellegrino RM. Ocular penetration of topical antibiotics: study on the penetration of chloramphenicol, tobramycin and netilmicin into the anterior chamber after topical administration. *ClinExpOphthalmol* 2013; 41(7):644–647.
5. Hvidberg J. Fusidic acid in acute conjunctivitis. Single-blind, randomized comparison of fusidic acid and chloramphenicol viscous eye drops. *ActaOphthalmol (Copenh)* 1987; 65(1):43–47.
6. Rose PW, Harnden A, Brueggemann AB, Perera R, Sheikh A, Crook D, Mant D. Chloramphenicol treatment for acute infective conjunctivitis in children in primary care: A randomised double-blind placebo-controlled trial. *Lancet* 2005; 366(9479):37–43.
7. Barequet IS, Harizman N, Ziv H, Rosner M. Healing rate of corneal erosions: comparison of the effect of chloramphenicol eye drops and ointment and high-concentration hyaluronic acid in an animal model. *Cornea* 2014; 33(10):1080–1082.
8. Menghini M, Knecht PB, Kaufmann C, et al. Treatment of traumatic corneal abrasions: a three-arm, prospective, randomized study. *Ophthalmic Res* 2013; 50(1):13–18.
9. Nitin M. Mori, Patel PV, Seth NR. Fabrication and Characterization of Voriconazole transdermal spray for treatment of fungal infection, in Department of pharmaceuticals, Saurashtra University, Rajkot; 2013.
10. Andonova V, Georgiev G, Toncheva V, et al. Indomethacin loading and in vitro release properties from vinyl acetate homo- and co-polymer nanoparticles, coated with polyzwitterion and carbopol® shells. *Int J Pharm Pharm Sci* 2014; 6(1):691–699.
11. Thakkar H, Nangesh J, Parmar M, Patel D. Formulation and characterization of lipid-based drug delivery system of raloxifen microemulsion and self-microemulsifying drug delivery system. *J Pharm Bio Sci* 2011; 3(3):441–448.

12. Baboota S, Shakeel F, Ahuja A, Shafiq JS. Design, development, and evaluation of novel nanoemulsion formulations for transdermal potential of celecoxib. *Acta Pharm* 2007; 57:315–332.
  13. Poggio C, Lombardini M, Colombo M, Beltrami R, Rindi S. Solubility and pH of direct pulp capping materials: a comparative study. *J Appl Biomater Funct Mater* 2015; 13(2):e181–e185.
  14. Ashara KC, Shah KV. Emulsion of chloramphenicol: An Overwhelming approach for ocular delivery. *Folia Med* 2017; 59(1):23–30.
  15. Xu X, Yu N, Bai Z, et al. Effect of menthol on ocular drug delivery. *Graefes Arch ClinExp Ophthalmol* 2011; 249:1503–1510.
  16. Product Information of Chloramphenicol. Cayman Chemical, USA. (Access September 2015).
  17. Kato T, Hiraki S, Hayasaka S. Intracameral levels of intravenously injected fluorescein, cefmenoxime, and chloramphenicol in the prostaglandin E2-administered eyes of albino rabbits. *Ophthalmic Res* 1998; 30(2):113–119.
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